

INITIATIVES OF KERALA STATE FOR THE EMPOWERMENT OF TRANSGENDER COMMUNITY

Thesis submitted to the

University of Calicut

for the award of the degree of

Doctor of Philosophy in Commerce

Under the Faculty of Commerce and Management Studies

By

MUVISH K. M.

Under the Supervision of

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SEPTEMBER 2025

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I hereby declare that the work presented in the thesis entitled “**Initiatives of Kerala State for the empowerment of transgender community**” is based on the original work done by me under the guidance of Dr. Josheena Jose, Associate Professor, Christ College (Autonomous), Irinjalakuda and has not been included in any other thesis submitted previously for the award of any degree. The contents of the thesis are undergone plagiarism check using iThenticate software at C.H.M.K. Library, University of Calicut, and the similarity index found within the permissible limit. I also declare that the thesis is free from AI generated contents.


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Certificate

This is to certify that the thesis entitled **“Initiatives of Kerala State for the empowerment of transgender community”** is a record of the bonafide research work done by Mr. Muvish K. M., Part Time Research Scholar under my supervision and guidance. The thesis is the outcome of his original work and has not formed the basis for the award of any degree, diploma, associateship, fellowship or any other similar title and is worth submitting for the award of the Degree of Doctor of Philosophy in Commerce under the Faculty of Commerce and Management Studies, University of Calicut. All the relevant corrections and modifications recommended by the Doctoral Committee during the pre-submission seminar have been incorporated in the thesis.

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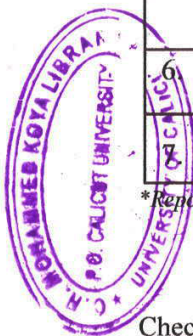


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Muvish KM

Abstract

Transgender individuals represent one of the most historically marginalized and socially excluded communities across the world. Despite centuries of cultural existence and recognition in various societies, including India, their rights, identities, and dignity have often remained invisible in legal, institutional, and social frameworks. In India, ancient texts and traditions acknowledged gender diversity, yet colonial and postcolonial structures reinforced rigid binaries that excluded non-conforming identities. This marginalization has led to systemic barriers in accessing education, employment, healthcare, and social protection. The transgender community has thus continued to face stigma, discrimination, and violence, often relegated to the margins of both policy and public discourse. Against this broader national backdrop, Kerala has emerged as a pioneering state in advancing transgender rights and inclusion, marking a significant shift in the recognition and empowerment of the community.

In 2014, the Supreme Court judgment in the National Legal Services Authority (NALSA) v. Union of India case. An affirmation of the right to self-identify as a 'third gender;' an affirmation of rights to receive legal recognition; an affirmation of rights to equal rights and equal opportunities, the court recognised transgender persons as a 'third gender'. It also directed the centre and states to formulate a comprehensive policy for the transgender socio-economic upliftment. Following this directive, several other states began to bring policy interventions into place. However, with the launch of Kerala's first and most comprehensive Transgender Policy in 2015, Kerala made an early foray. This policy sought to empower transgender people to access rights to education, skill development, employment, healthcare, legal aid, and social protection. It also suggested measures to end the societal stigma and demeanour of girls and respect for sex variety by means of awareness campaigns, institutional training, and affirmative action. Kerala's proactiveness to recognize the dignity, identity and aspirations of the transgender was widely applauded.

However, despite progressive legal frameworks and policy initiatives, important horizontal gaps exist between policy intent and what is happening on the ground. In Kerala, many transgender people are unaware of their entitlement under the Transgender Policy and the Act of Transgender Persons (Protection of Rights) Act 2019 passed at the national level. Although some of these individuals are aware of this, they still face bureaucratic hurdles, attitudinal barriers, and social prejudice when attempting to access these services. In addition, implementation challenges, including the lack of trained officials, inadequate monitoring tools, and failure to allocate a sufficient budget to interventions, are bottlenecks to these interventions. Additionally, ongoing discrimination and exclusion continue to affect a community's well-being. Against this backdrop, this study aims to examine the range and scope of initiatives carried out by the Kerala Government to empower transgender individuals. This study intended to measure awareness levels, analyse the socioeconomic and psychological effects of these measures, and obtain a list of obstacles to inclusion to aid in shaping more realistic perceptions of policy effectiveness and empowerment of the community in Kerala.

Keywords: Transgender, National Legal Services Authority (NALSA) v. Union of India, marginalised community, empowerment, Transgender Policy and the Act of Transgender Persons (Protection of Rights) Act 2019.

സംഗ്രഹം

ലോകമെമ്പാടുമുള്ള ചരിത്രപരമായി ഏറ്റവും അരികുവൽക്കരിക്കപ്പെട്ടതും സാമൂഹികമായി ഒഴിവാക്കപ്പെട്ടതുമായ സമൂഹങ്ങളിൽ ഒന്നാണ് ട്രാൻസ്ജെൻഡർ വ്യക്തികൾ. ഇന്ത്യയുൾപ്പെടെ വിവിധ സമൂഹങ്ങളിൽ നൂറ്റാണ്ടുകളുടെ സാംസ്കാരിക നിലനിൽപ്പും അംഗീകാരവും ഉണ്ടായിരുന്നിട്ടും, അവരുടെ അവകാശങ്ങൾ, സ്വത്വങ്ങൾ, അന്തസ്സ് എന്നിവ നിയമ, സ്ഥാപന, സാമൂഹിക ചട്ടക്കൂടുകളിൽ പലപ്പോഴും അദ്യശ്യമായി തുടരുന്നു. ഇന്ത്യയിൽ, പുരാതന ഗ്രന്ഥങ്ങളും പാരമ്പര്യങ്ങളും ലിംഗ വൈവിധ്യത്തെ അംഗീകരിച്ചിരുന്നു, എന്നിരുന്നാലും കൊളോണിയൽ, പോസ്റ്റ് കൊളോണിയൽ ഘടനകൾ അനുരൂപമല്ലാത്ത ഐഡൻറിറ്റികളെ ഒഴിവാക്കുന്ന കർക്കശമായ ദമ്പടങ്ങളെ ശക്തിപ്പെടുത്തി. വിദ്യാഭ്യാസം, തൊഴിൽ, ആരോഗ്യ സംരക്ഷണം, സാമൂഹിക സംരക്ഷണം എന്നിവയിലേക്ക് പ്രവേശിക്കുന്നതിൽ വ്യവസ്ഥാപിത തടസ്സങ്ങൾക്ക് ഈ പാർശ്വവൽക്കരണം കാരണമായി. അങ്ങനെ ട്രാൻസ്ജെൻഡർ സമൂഹം കളങ്കം, വിവേചനം, അക്രമം എന്നിവ തുടർന്നും നേരിടുന്നു, പലപ്പോഴും നയങ്ങളുടെയും പൊതു വ്യവഹാരങ്ങളുടെയും അരികുകളിലേക്ക് തരംതാഴ്ത്തപ്പെടുന്നു. ഈ വിശാലമായ ദേശീയ പശ്ചാത്തലത്തിൽ, ട്രാൻസ്ജെൻഡർ അവകാശങ്ങളും ഉൾപ്പെടുത്തലും മുന്നോട്ട് കൊണ്ടുപോകുന്നതിൽ കേരളം ഒരു മുൻനിര സംസ്ഥാനമായി ഉയർന്നുവന്നിട്ടുണ്ട്, ഇത് സമൂഹത്തിന്റെ അംഗീകാരത്തിലും ശാക്തീകരണത്തിലും ഒരു പ്രധാന മാറ്റത്തെ അടയാളപ്പെടുത്തുന്നു.

2014ൽ, നാഷണൽ ലീഗൽ സർവീസസ് അതോറിറ്റി (NALSA) യൂണിയൻ ഓഫ് ഇന്ത്യ കേസിൽ സുപ്രീം കോടതി വിധി. 'മൂന്നാം ലിംഗക്കാർ' എന്ന് സ്വയം തിരിച്ചറിയാനുള്ള അവകാശത്തിന്റെ സ്ഥിരീകരണം; നിയമപരമായ അംഗീകാരം ലഭിക്കാനുള്ള അവകാശങ്ങളുടെ സ്ഥിരീകരണം; തുല്യ അവകാശങ്ങൾക്കും തുല്യ അവസരങ്ങൾക്കുമുള്ള അവകാശങ്ങളുടെ സ്ഥിരീകരണം, കോടതി ട്രാൻസ്ജെൻഡർ വ്യക്തികളെ മൂന്നാം ലിംഗക്കാർ ആയി അംഗീകരിച്ചു. ട്രാൻസ്ജെൻഡർ സാമൂഹികസാമ്പത്തിക ഉന്നമനത്തിനായി ഒരു സമഗ്ര നയം രൂപീകരിക്കാൻ കേന്ദ്രത്തോടും സംസ്ഥാനങ്ങളോടും നിർദ്ദേശിച്ചു. ഈ നിർദ്ദേശത്തെത്തുടർന്ന്, മറ്റ് നിരവധി സംസ്ഥാനങ്ങൾ നയപരമായ ഇടപെടലുകൾ നടപ്പിലാക്കാൻ തുടങ്ങി. എന്നിരുന്നാലും, 2015-ൽ കേരളത്തിലെ ആദ്യത്തേതും ഏറ്റവും സമഗ്രവുമായ ട്രാൻസ്ജെൻഡർ നയം ആരംഭിച്ചതോടെ, കേരളം നേരത്തെ തന്നെ ഒരു നീക്കം നടത്തി. വിദ്യാഭ്യാസം, നൈപുണ്യ വികസനം, തൊഴിൽ, ആരോഗ്യ സംരക്ഷണം, നിയമ സഹായം, സാമൂഹിക സംരക്ഷണം

എന്നിവയ്ക്കുള്ള അവകാശങ്ങൾ ലഭ്യമാക്കാൻ ട്രാൻസ്ജെൻഡർമാരെ ശാക്തീകരിക്കാൻ ഈ നയം ശ്രമിച്ചു. ബോധവൽക്കരണ കാമ്പെയ്നുകൾ, സ്ഥാപന പരിശീലനം, സ്ഥിരീകരണ പ്രവർത്തനങ്ങൾ എന്നിവയിലൂടെ പെൺകുട്ടികളുടെ സാമൂഹിക കളങ്കവും പെരുമാറ്റവും ലൈംഗിക വൈവിധ്യത്തോടുള്ള ബഹുമാനവും അവസാനിപ്പിക്കുന്നതിനുള്ള നടപടികളും ഇത് നിർദ്ദേശിച്ചു. ട്രാൻസ്ജെൻഡറിന്റെ അന്തസ്സ്, ഐഡൻറിറ്റി, അഭിലാഷങ്ങൾ എന്നിവ തിരിച്ചറിയുന്നതിൽ കേരളം കാണിച്ച മുൻകൈയെ പരക്കെ പ്രശംസിച്ചു.

എന്നിരുന്നാലും, പുരോഗമനപരമായ നിയമ ചട്ടക്കൂടുകളും നയപരമായ സംരംഭങ്ങളും ഉണ്ടെങ്കിലും, നയപരമായ ഉദ്ദേശ്യത്തിനും അടിസ്ഥാനപരമായി എന്താണ് സംഭവിക്കുന്നതെന്ന് മനസ്സിലാക്കാനും തമ്മിൽ പ്രധാനപ്പെട്ട തിരശ്ചീന വിടവുകൾ നിലനിൽക്കുന്നു. കേരളത്തിൽ, ട്രാൻസ്ജെൻഡർ നയം, ദേശീയ തലത്തിൽ പാസാക്കിയ 2019 ലെ ട്രാൻസ്ജെൻഡർ വ്യക്തികളുടെ അവകാശ സംരക്ഷണ നിയമം എന്നിവ പ്രകാരം തങ്ങൾക്ക് എന്ത് അവകാശമുണ്ടെന്ന് പല ട്രാൻസ്ജെൻഡർ വ്യക്തികൾക്കും അറിയില്ല. ഈ വ്യക്തികളിൽ ചിലർക്ക് ഇതിനെക്കുറിച്ച് അറിയാമെങ്കിലും, ഈ സേവനങ്ങൾ ആക്സസ് ചെയ്യാൻ ശ്രമിക്കുമ്പോൾ അവർ ഇപ്പോഴും ഉദ്യോഗസ്ഥ തടസ്സങ്ങൾ, മനോഭാവ തടസ്സങ്ങൾ, സാമൂഹിക മുൻവിധികൾ എന്നിവ നേരിടുന്നു. കൂടാതെ, പരിശീലനം ലഭിച്ച ഉദ്യോഗസ്ഥരുടെ അഭാവം, നിരീക്ഷണ ഉപകരണങ്ങളുടെ അപര്യാപ്തത, ഇടപെടലുകൾക്ക് മതിയായ ബജറ്റ് അനുവദിക്കുന്നതിൽ പരാജയം എന്നിവ ഉൾപ്പെടെയുള്ള നടപ്പാക്കൽ വെല്ലുവിളികൾ ഈ ഇടപെടലുകൾക്ക് തടസ്സങ്ങളാണ്. കൂടാതെ, തുടർച്ചയായ വിവേചനവും ഒഴിവാക്കലും ഒരു സമൂഹത്തിന്റെ ക്ഷേമത്തെ ബാധിക്കുന്നു. ഈ പശ്ചാത്തലത്തിൽ, ട്രാൻസ്ജെൻഡർ വ്യക്തികളെ ശാക്തീകരിക്കുന്നതിനായി കേരള സർക്കാർ നടത്തുന്ന സംരംഭങ്ങളുടെ വ്യാപ്തിയും വ്യാപ്തിയും പരിശോധിക്കാൻ ഈ പഠനം ലക്ഷ്യമിടുന്നു. അവബോധ നിലവാരം അളക്കുന്നതിനും, ഈ നടപടികളുടെ സാമൂഹികസാമ്പത്തികവും മാനസികവുമായ പ്രത്യാഘാതങ്ങൾ വിശകലനം ചെയ്യുന്നതിനും, കേരളത്തിലെ സമൂഹത്തിന്റെ നയപരമായ ഫലപ്രാപ്തിയും ശാക്തീകരണവും സംബന്ധിച്ച കൂടുതൽ യാഥാർത്ഥ്യബോധമുള്ള ധാരണകൾ രൂപപ്പെടുത്തുന്നതിന് സഹായിക്കുന്നതിന് ഉൾപ്പെടുത്തലിനുള്ള തടസ്സങ്ങളുടെ ഒരു പട്ടിക നേടുന്നതിനും ഈ പഠനം ലക്ഷ്യമിടുന്നു.

പ്രധാനപദങ്ങൾ: ട്രാൻസ്ജെൻഡർ, നാഷണൽ ലീഗൽ സർവീസസ് അതോറിറ്റി (NALSA) : യൂണിയൻ ഓഫ് ഇന്ത്യ, അരികുവൽക്കരിക്കപ്പെട്ട സമൂഹം, ശാക്തീകരണം, ട്രാൻസ്ജെൻഡർ നയം, ട്രാൻസ്ജെൻഡർ വ്യക്തികളുടെ (അവകാശ സംരക്ഷണ) നിയമം

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Chapter 5

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List of Abbreviations

ALTC	Awareness Level of Transgender Community
ASB	Access to Service and Benefits
AVE	Average Variance Extracted
BAB	Bureaucratic and Administrative Barriers
CR	Composite Reliability
CSAP	Community Support and Advocacy Programmes
d G	Geodesic Discrepancy
d ULS	Unweighted Least Squares Discrepancy
FEB	Financial and Economic Barriers
LPR	Legal Protection and Recognition
M	Sample Mean
MHPWB	Mental Health and Psychological Well-Being
NALSA	National Legal Service Authority
NFI	Normed Fit Index
PLS-SEM	Partial Least Square Structural Equation Modelling
PSS	Perceived Social Support
RDS	Reduction in Discrimination and Stigma
S E	Standard Error
SCB	Social and Cultural Barriers
SI	Social Integration
SRMR	Standardized Root Mean Square Residual
STDEV	standard Deviation
VIF	Variation Inflation Factor

Chapter 1

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Chapter 1

INTRODUCTION

1.1 Introduction

Transgender individuals represent one of the most historically marginalized and socially excluded communities across the world. Despite centuries of cultural existence and recognition in various societies, including India, their rights, identities, and dignity have often remained invisible in legal, institutional, and social frameworks. In India, ancient texts and traditions acknowledged gender diversity, yet colonial and postcolonial structures reinforced rigid binaries that excluded non-conforming identities. This marginalization has led to systemic barriers in accessing education, employment, healthcare, and social protection. The transgender community has thus continued to face stigma, discrimination, and violence, often relegated to the margins of both policy and public discourse. Against this broader national backdrop, Kerala has emerged as a pioneering state in advancing transgender rights and inclusion, marking a significant shift in the recognition and empowerment of the community.

In 2014, the Supreme Court judgment in the National Legal Services Authority (NALSA) v. Union of India case. An affirmation of the right to self-identify as a 'third gender;' an affirmation of rights to receive legal recognition; an affirmation of rights to equal rights and equal opportunities, the court recognised transgender persons as a 'third gender'. It also directed the centre and states to formulate a comprehensive policy for the transgender socio-economic upliftment. Following this directive, several other states began to bring policy interventions into place. However, with the launch of Kerala's first and most comprehensive Transgender Policy in 2015, Kerala made an early foray. This policy sought to empower transgender people to access rights to education, skill development, employment, healthcare, legal aid, and social protection. It also suggested measures to end the societal stigma and demeanour of girls and respect for sex variety by means of awareness campaigns, institutional training, and affirmative action. Kerala's

proactiveness to recognize the dignity, identity and aspirations of the transgender was widely applauded.

However, despite progressive legal frameworks and policy initiatives, important horizontal gaps exist between policy intent and what is happening on the ground. In Kerala, many transgender people are unaware of their entitlement under the Transgender Policy and the Act of Transgender Persons (Protection of Rights) Act 2019 passed at the national level. Although some of these individuals are aware of this, they still face bureaucratic hurdles, attitudinal barriers, and social prejudice when attempting to access these services. In addition, implementation challenges, including the lack of trained officials, inadequate monitoring tools, and failure to allocate a sufficient budget to interventions, are bottlenecks to these interventions. Additionally, ongoing discrimination and exclusion continue to affect a community's well-being. Against this backdrop, this study aims to examine the range and scope of initiatives carried out by the Kerala Government to empower transgender individuals. This study intended to measure awareness levels, analyse the socioeconomic and psychological effects of these measures, and obtain a list of obstacles to inclusion to aid in shaping more realistic perceptions of policy effectiveness and empowerment of the community in Kerala.

1.1.1 Legal and Policy Milestones in Transgender Empowerment

It is a decade that has seen tighter integration of transgender persons in Indian society at the legal and civil levels, furthering the trajectory of a transition to rights-based visibility from prior invisibility. Landmark judgment in National Legal Services Authority (NALSA) v. Union of India case in 2014, the Supreme Court of India legally recognised transgender persons as 'third gender' (NALSA v. Union of India, 2014). According to the ruling, transgender individuals have constitutional rights to equality (Article 14), non-discrimination (Article 15), freedom of expression (Article 19), and the right to life and dignity (Article 21). It asked both Central and State governments to craft far-reaching welfare policies, grant legal recognition of a person's gender based on the realisation of their true identity, and provide them with access to education, free and quality healthcare, and

other public services on a non-discriminatory basis. This judgment is a legal precedent for future transgender-inclusive policies in India, such as those fostered by the Kerala government.

However, after the NALSA verdict, the national legal infrastructure was further fortified with the enactment of the Transgender Persons (Protection of Rights) Act, 2019. Discrimination based on sex, namely transgender persons, is prohibited in the workplace, education, healthcare, housing, and access to public services (Ministry of Social Justice and Empowerment 2019). It is also necessary to establish a National Council for Transgender Persons and grant certificates of identity. However, the Act has been severely criticised by civil society and queer rights activists, as it supplements the right to self identify, as codified in NALSA, with the requirement of certification by district magistrates (Hindu, 2019). Despite these limitations, the Act has institutionalised transgender rights in India, and states have taken fresh turns at themselves and re-drafted their policies.

The First Indian State to respond positively to the NALSA judgment was the State of Kerala, which introduced a comprehensive state policy for transgender Kerala in 2015. The progressive intent of this policy was to protect transgender persons' access to constitutional rights and dignity through access to education, employment, healthcare, housing, and legal aid (Government of Kerala, 2015). The policy represented diversity within the transgender community: trans-men, trans-women, intersex people, and gender nonconforming persons. It also asked about gender-neutral bathrooms, inclusive curricula, skill development programs, and shelter homes. In addition, it mooted transgender justice boards, grievance redressal bodies, and state-level monitoring entities to oversee the enforcement. As one of the first policies to adopt a rights-based, inclusive, and affirmative approach to transgender welfare, Kerala set precedence for other states in India.

The 2015 policy of the Government of Kerala saw the start of several impressive programs and administrative actions, including the establishment of the Transgender Cell within the Social Justice Department, the launch of transgender ID

cards, and the allocation of financial assistance for transgender affirming surgeries (Social Justice Department, 2021). In 2018, Kerala introduced welfare schemes (monthly subsistence pensions, self-employment grants, and scholarship programs) that catered specifically to the transgender section. The Kerala State Literacy Mission Authority and Kudumbashree Mission initiated transgender-inclusive initiatives for skill development and literacy promotion. In 2021, the state set up a dedicated gender helpline and began deploying Transgender Facilitators to support service delivery. Something promising seems to be happening to institutionalise this policy framework for the transgender beyond symbolic gestures.

While these achievements are being celebrated, the legal and policy landscape continues to be studied. These transgender people from Kerala still report facing problems in generating identity cards, non-inclusiveness in government-sponsored schemes, and the lack of sensitisation of officials. Similarly, in some districts, even today, the need for medical tests or approval by institutions to confirm gender identity runs counter to the NALSA judgement's ideal of self-identification Nirmala (2024). In addition, intersectional vulnerabilities, such as caste, disability, and regional disparities add another layer to the accessibility of policy benefits. However, for genuine empowerment, legal and policy frameworks must become increasingly community-led, have proper monitoring mechanisms, and achieve greater social integration. Kerala has done remarkably well, as pioneering policies till date prove, but even by Kerala standards, the journey to holistic transgender empowerment has only begun and requires consistent legal, administrative, and societal will.

1.1.2 Kerala's Strategic Interventions: A Policy Overview

Before the 2019 national-level Transgender Persons (Protection of Rights) Act came into force, Kerala proved its trailblazer to provide welfare for transgenders by becoming the first state to formulate and implement a comprehensive transgender policy in 2015. To respond to the 2014 Supreme Court NALSA judgment and proactively reaffirm the rights, dignity, and identity of transgender persons in the state, a policy was formulated (Government of Kerala, 2015). The League is a society

in which transgender people enjoy the same right to equal opportunities and rights in all areas of life, including education, work, healthcare, housing, and legal recognition. Kerala's policy was developed in consultation with transgender rights activists and community based organisations, resulting in a grounded and authentic policy. Self-identified gender, access to education and employment, creation of transgender welfare boards, and protection from discrimination are progressive policy elements.

The central pillar of Kerala's strategic intervention is the dedicated budget and programmatic allocation for transgender empowerment. Finally, as part of the state's annual plans, the Social Justice Department of Kerala introduced a gender-responsive budgeting framework that included an earmarked allocation of schemes specific to transgenders (Kerala Budget Document, 2023). From these allocations, we finance a variety of services, including monthly subsistence allowances, financial support for sex reassignment surgeries, shelter homes, legal assistance, and educational scholarships. Even on days when financial constraints do not allow, at least five crores were released directly towards transgender welfare initiatives in the 2022–2023 budget. It is significant that with this financial visibility, policy implementation becomes more assured than before, and accountability for policies increases as parliament and citizen's audit.

Kerala's flagship programs under the Transgender Policy provide innovative and inclusive models that move beyond the realm of gestures. As part of a larger vision for gender equity, the Kozhikode "Gender Park" initiative hosts a transgender-focused initiative that provides vocational training, startup incubation, and safe housing (Gender Park 2021). In a parallel vein, the "Mazhavillu" campaign (Rainbow) attempts to make transgender issues commonplace in public discourse and in safe spaces in educational and workplace environments. Fulfilling the benefits and avoiding duplication, transgender identity cards are now linked to Aadhaar. Additionally, transgender people are now emerging in the realm of social representation for local governance roles and the mobilisation of community efforts as a sign that policy has turned from

welfare to empowerment. Other states where policies remain mostly aspirational do not have flagship interventions.

The Kerala government also implements a policy through an intersectional lens, understanding that the transgender population is not homogenous and that one's accessibility to various pieces of social capital, such as caste, religion, disabilities, and geographic locations, adds to one's marginalisation. Because of the physical and social barriers to access, particular emphasis has been placed on transgender people in tribal regions, coastal zones, and urban slums (Kline et al. 2023). Moreover, separate schemes of assistive devices for transgender persons with disabilities and geriatric care for the elderly were devised within the programs. Kerala's transgender policy framework adopts a holistic view of social justice, public health, and inclusive development, considering the lived realities of its target beneficiaries.

Kerala has furthered the above by laying down the monitoring and evaluation and redressal mechanisms applicable to transgender welfare to ensure accountability and adaptability. Digital dashboards and performance indicators for monitoring the progress of schemes have been introduced by the state, beneficiary databases have been updated, and the outcomes have been evaluated. Transgender individuals can report issues concerning access, discrimination, or procedural delays on a grievance redressal platform at the district and state levels (Social Justice Department, 2022). Additionally, evidence based feedback loops were provided through periodic social audits conducted in partnership with academic institutions and civil society groups. Through a data driven approach coupled with participatory governance, we have ensured that Kerala's transgender policy is not just a big picture strategic but can also be agile in execution.

Table 1.1*Strategic Policy Interventions for Transgender Empowerment in Kerala*

Year	Key Intervention	Details
2015	State Policy for Transgenders in Kerala	Kerala became the first Indian state to introduce a comprehensive transgender policy, focusing on rights, education, employment, and healthcare.
2016	Transgender Identity Cards Issued	Initiated the issuance of ID cards to transgender individuals to facilitate access to welfare schemes.
2017	Transgender Clinic at Kottayam Medical College	Established a dedicated clinic for transgender individuals, providing specialized healthcare services.
2018	Monthly Pension Scheme Introduced	Announced a monthly pension of ₹1,000 for transgender individuals; however, implementation faced challenges.
2019	Gender Park Initiatives	Launched programs under the Gender Park to promote entrepreneurship and skill development among transgender individuals.
2020	COVID-19 Relief Measures	Provided emergency assistance, including food and medical aid, to transgender individuals affected by the pandemic.
2021	Karuthal Scheme Implementation	Introduced the Karuthal Scheme to offer emergency medical assistance and support to transgender individuals in distress.
2022	Skill Development Programs	Collaborated with Kudumbashree to provide vocational training and employment opportunities for transgender individuals.
2023	Awareness Campaigns and Surveys	Conducted state-wide surveys and awareness programs to understand and address the needs of the transgender community.
2024	Policy Review and Updates	Initiated a review of existing policies to enhance effectiveness and inclusivity based on community feedback.
2025	Digital Inclusion Initiatives	Launched digital platforms to streamline access to welfare schemes and services for transgender individuals.

Sources: Social Justice Department, Kerala, Kerala State Planning Board, 2021, State Policy for Transgenders in Kerala, 2015

Kerala, who is proactively working toward transgender empowerment, has undertaken a series of strategic interventions related to employment, education, healthcare, and social inclusion. The most remarkable milestone was the adoption of Kerala's State Policy for Transgenders in 2015, which made the state the first country in India to integrate an inclusive transgender policy. Specifically, this policy aims to remedy the social and economic vulnerabilities of transgender communities through education, employment, healthcare, and access to welfare benefits. In 2015, the creation of the Transgender Welfare Board, with an outlay of ₹3 crore, represented a first concrete step towards meeting the needs of the community as well as enhancing its capacity to deliver welfare initiatives. Seminal interventions, such as the Transgender Identity Cards initiative in 2016 and the Transgender Clinic at Kottayam Medical College in 2017, were a testimony to the state government's approach towards making accessibility and healthcare services more available for transgender individuals. Additionally, the state has gone further in relief from the economic challenges that transgendered people have gone through, including the introduction of the Monthly Pension Scheme in 2018, but faced some implementation challenges. Kerala's welfare schemes have extended over the years with important milestones ranging from Gender Park initiatives 2019 to promote entrepreneurship, skill development, and economic inclusion of the transgender community to COVID relief efforts 2020, providing emergency assistance to the community during COVID times.

Table 1.2*Key Transgender Empowerment Initiatives and Achievements in Kerala*

Year	Intervention/Initiative		Details	Statistics/Outcomes
2015	Transgender Welfare Board Formation		Established to oversee and implement welfare programs for transgender individuals.	Board launched with a dedicated budget allocation of ₹ 3 crore for the first year.
2016	Transgender Awareness Campaign		Conducted workshops and awareness programs to reduce stigma and discrimination.	Over 50,000 individuals reached through workshops in schools, colleges, and public forums.
2017	Scholarships for Transgender Students		Scholarships introduced to support transgender students in pursuing higher education.	100+ transgender students awarded scholarships to pursue higher education.
2018	Skill Development Centres		Launched skill development centres to train transgender individuals in various vocations.	150+ transgender individuals trained in sewing, computer skills, and hospitality.
2019	Employment Support Initiatives		Partnered with private companies to provide job placements and internships.	200+ transgender individuals employed in government and private sectors.
2020	COVID-19 Welfare Measures		Introduced special relief packages for transgender individuals during the pandemic.	3,000+ transgender individuals received relief kits, including food and medical supplies.
2021	Transgender Health Insurance Scheme		Introduced a health insurance scheme covering medical needs of transgender individuals.	Over 500 transgender individuals enrolled in the health insurance program.
2022	Integration into Public Housing Schemes		Ensured transgender individuals were included in state housing programs.	150+ transgender families provided with homes under the Kerala Housing Scheme.
2023	Awareness Campaign on Legal Rights		Launched a state-wide campaign to inform the transgender community about legal rights and protections.	Over 20,000 transgender individuals educated on their rights under the Transgender Persons (Protection of Rights) Act, 2019.
2024	Transgender Fund	Entrepreneurship	Introduced a special fund to encourage transgender entrepreneurship.	₹ 5 crore allocated to support transgender-owned businesses and startups.

Sources: Kerala State Welfare Board, 2018, Kerala State Legal Services Authority, 2023, Government of Kerala, 2024

Kerala is also tabling a set of targeted initiative aimed at empowering the transgender community socioeconomically, providing right to mainstream so that they could progress. This includes the introduction of scholarships for transgender students in 2017 for 100 plus transgender students who suffered economic hardships, enabling them to seek higher education. In 2018, Skill Development Centres were set up to provide vocational training in sewing, computers, computer Hindi, and hospitality, among other trades, for 150 individuals. In 2019, Kerala rolled out Employment Support Initiatives to place transgender people in employment and internships, which yielded more than 200 transgender people being hired in both the government and private sectors. Last year, the state introduced a Transgender Health Insurance Scheme, which is a big step towards assuring transgender individuals' access to healthcare services. With this initiative, 500 or more people signed up for the program. In addition, transgender citizens in Kerala were included in public housing schemes; when the Kerala Housing Scheme began in 2022, more than 150 families were housed. In addition, in 2023, the Awareness Campaigns on Legal Rights educated more than 20,000 transgender persons about their legal rights and integration into mainstream society. For instance, Kerala had taken a number of steps to support transgender entrepreneurship, a first of its kind, by launching a special Transgender Entrepreneurship Fund in 2024 with ₹5 crore set aside to give a boost to transgender run businesses and startups. Kerala's interventions in this regard reflect its integrated response to the multidimensional problems confronting the transgender community and helping them be incorporated within society, gaining economic participation and legal recognition.

1.1.3 Governance and Institutional Support Systems in Kerala

In Kerala, the effective empowerment of the transgender community was tied to the governance ecosystem and its institutional mechanism which was put into effect to implement inclusive policies. The Social Justice Department (SJD) of Kerala is a nodal agency that coordinates and implements the state's transgender welfare initiatives. The Transgender Cell (TGC) of SJD is an exclusive administrative body responsible for executing, monitoring, and overseeing policy

implementation/welfare schemes/grievance redressal and stakeholder engagement for transgender persons. In this capacity, it is the central link in a governance structure that brings government departments, government departments, and civil society organisations (CSOs), and plays a key role in connecting policy objectives to grassroots implementation (Social Justice Department, 2022). Additionally, these identity cards are issued by the Transgender Cell itself, and the functioning of shelter homes and helplines is supervised by the cell itself.

Transgender welfare has been decentralised in response to Kerala by encouraging local self-governments (LSGs), such as panchayats and municipalities, to include the transgender in their development agenda. With this decentralisation model, local bodies can provide funds for gender-neutral sanitation facilities, livelihood projects, and awareness programs in their jurisdictions. Kerala's allocation of participatory technologies and the localisation of systems are in tune with the wider ethos of its governance philosophy of participatory planning, as is evident in the people's plan campaign (Isaac & Heller, 2003). The most significant success stories of local-level implementation include inclusive housing schemes and entrepreneurship training performed through units, such as Kudumbashree. However, disparities persist in the ability or willingness of local officials to implement policies efficiently across districts.

Another important facet of Kerala's institutional support system is inter-departmental convergence. These are the departments of education, health, labour, and local governance, which partner with the Social Justice Department to work in a multisectoral response to the needs of the transgender community. For example, the Department of Education has championed transgender-inclusive school curricula and programs for dropout reintegration, and the Department of Health has set up transgender-friendly clinics and has worked partners with private hospitals for gender affirmation surgeries. To help transgender adults, the Labor Department launched skill-building programmes and job fairs. However, owing to a lack of seamless coordination and data sharing among departments, service delivery can break up and responsibilities can overlap Mothusi (2016).

In addition, public-private partnerships (PPPs) and collaboration with civil society organisations have been instrumental in developing institutional support structures. Queerhythm and Sahayathrika are community-based organizations (CBOs) and non-governmental organizations (NGOs) that are very important to support these critical support services such as legal aid, mental health counselling and community mobilization. In rural and underserved regions, these organisations are frequently intermediaries between the trans population and state institutions. In addition, several corporate social responsibility (CSR) initiatives have not only contributed to the skill development and employment of transgender persons but have also provided pathways for their inclusion independent of government-sponsored schemes Fontana (2020). While long-term sustainability and the official recognition of their role in the governance table remain problematic, these collaborations have increased the value of the institutional framework and the worth of citizens and their expertise.

Despite its robust institutional architecture, several systemic challenges weaken its effectiveness. The first is a substantial capacity building and sensitisation gap at the frontline service provider and bureaucrats' level. Trans-inclusivity has not yet permeated everyday administrative practices, and reports of stigma, misgendering, and denial of services tell the narrative (UNDP India, 2020). Second, transgender beneficiaries lack disaggregated real-time data, which can be used for targeted policy design and subsequent performance measurements. Third, while grievance redressal mechanisms do exist, many transgender people are unaware of and/or reluctant to use them for fear of reprisal or past negative experiences. This implies that a confluence of administrative reforms, digital tracking tools, and community-led monitoring is required for governance and institutional support systems to have meaningful effects.

1.1.4 Challenges in Accessing State Initiatives

Although Kerala's record of mainstreaming transgender issues by developing inclusive transgender policies is laudable, effective access to state-sponsored welfare and empowerment programs is still limited as two major challenges persist. At the grassroots level, transgender people face a major barrier: they do not have institutional

sensitivity or procedural rigidity. Many transgender people say that they face prejudice and bureaucratic delays in gaining access to welfare registration, educational assistance, and distribution of a national identity card. However, despite the mandate of inclusive governance established in the 2015 Transgender Policy, frontline staff, particularly in rural administrative offices, frequently lack the training and sensitivity required to speak to transgender applicants with dignity (Rajeev and Thomas 2020). Many local bodies do not have sensitisation programs which result in discriminatory practices, such as denying applications based on false identity proofs or denying the same application, because the person is addressing the officer with pronouns which do not correspond to the gender mentioned in the identification proofs. It is an ongoing struggle for transgender people who have not updated their identity records post-transition.

Another major obstacle is the need for documentation and legal identity-matching. Because the legal change process is systemic, many people do not have official documents that accurately reflect their gender identity. Inconsistencies in the gender marker in different documents (Aadhaar, educational certificates, and ration cards) still mean that people are not getting registered for identity cards and even if they are being made ineligible or disqualified from welfare schemes. Bureaucratic incompatibility creates an impenetrable obstacle by discouraging many from attempting to apply it. Kerala was one of the first Indian states to allow people to self identify in a transgender policy, yet this process has struggled to align with national level documentation systems (Menon and Nair 2021). With no standard procedures or help with document correction, transgender individuals must negotiate a complicated legal landscape.

In addition to economic vulnerability, a lack of financial literacy restricts access to entrepreneurship or employment programs aimed at transgender communities. However, most beneficiaries of programs, such as the Transgender Entrepreneurship Fund, lack training to develop viable propositions or meet the eligibility criteria to go alone and take advantage of start-up capital and business support. Surprisingly, a few transgender individuals cannot fulfil the documentation

and banking purposes to access loans or grants because they grow up facing social exclusion and educational disruption. This is ironic because the schemes do exist, but access is structurally restricted to transgender persons (Social Justice Department, Kerala, 2022). Consequently, many of the most marginalised informal and begging labour continue to be excluded from these initiatives.

However, access to healthcare continues to demonstrate inequalities. According to many transgender people, stigmatisation that results in poor treatment occurs in both public and private healthcare settings. Since Kerala has made progress in this direction, in establishing specialised transgender clinics, they are few in number and mostly confined to major urban centres. Although rural transgender individuals still have to travel great distances to access hormones and psychological support, this is financially and emotionally draining. Additionally, many healthcare providers lack gender affirmative care training, leading to misdiagnoses or avoidance of healthcare (Fernandez & Gaitonde, 2024). However, for the Karuthal Scheme and similar interventions, transgender healthcare is truly accessible, needs to be more decentralised, and providers need to be sensitised more widely.

Barriers from social stigma and family alienation continue to exist as a way of preventing transgender people from being able to fully utilise these state initiatives. Owing to profound rejection by their families, many of the state's transgender populations are homeless and lack social support. The extent of this dislocation severely restricts their ability to obtain information about the available schemes, how to apply, or deal with the delivery of services. However, community organisations have attempted to span this gap and do not sufficiently reach a population that is distributed at a statewide level. However, many transgender people fall through administrative cracks when they do not have stable housing or familial networks (Transgender Welfare Board & Kerala, 2020). Closing this gap involves much more than programmatic reform and will require a change in societal attitudes that can only be brought about by ongoing awareness and inclusion at all levels.

1.2 Need and Significance of the Study

Kerala claimed to be a pioneer in India by proactively adopting legislative and policy related measures for the transgender community. Both the State Policy on Transgender in Kerala (2015) and the measures after the Transgender Persons (Protection of Rights) Act, 2019, were a radical change in the way Indians think about public policy and human rights. However, while commendable frameworks are legislated, we are left with significant questions around the actual range, scope, and implementation of such initiatives. Therefore, to document policy initiatives under the policy framework, it is necessary to systematically quantify and document various welfare schemes, medical aid schemes, educational support, skill development programs, and social inclusion endeavours. We do so to set the ground for understand how well the state's legislative intent is implemented operationally on the ground (Menon & Nair, 2021). This emerges as the first objective of this study to quantify the range and scope of initiatives to determine the extent to which the policy encompasses and aligns with the rights granted by the Transgender Policy and Bill.

This is a chronic problem in marginalised populations if policy availability differs from that of community awareness. However, there is insufficient empirical evidence to judge how many of the messages of the many awareness campaigns and legal rights education drive Kerala's government to get through to the transgender population. According to previous studies, an overwhelming segment of the group is ignorant of the advantages they have the privilege to access, and for reasons such as social segregation, illiteracy, or absence of correspondence techniques (Rajeev and Thomas, 2020). Therefore, understanding how transgender people are aware of their rights and entitlements is critical for understanding why the uptake of such schemes is low when they are available. Awareness was closely associated with empowerment. Without this information, the community can neither assert its rights nor demand accountability from the public institutions. The starting point of this study is the need for empirical clarity regarding information dissemination and policy visibility.

This reasoning is informed by the intricate interaction between social stigma, economic vulnerability, and psychological distress channelled by transgender

people, who remain excluded due to legal reforms. In Kerala, unemployment, lack of housing, poor mental health, inadequate healthcare, familial alienation, and social exclusion further worsen the life situations of many transgender individuals (Fernandez & Gaitonde, 2024). However, there is little scholarly enquiry into the real socioeconomic and psychosocial impacts of government interventions, including the provision of health insurance, entrepreneurship funds, and housing schemes. Consequently, a multidimensional evaluation is required to determine whether these interventions have resulted in lasting changes in terms of income stability, employment, mental health, and community integration. Therefore, objectives aimed at evaluating socioeconomic impact, identifying barriers to access, and assessing social and psychological effects on this population are driven by the need to fill the gap between policy intent and lived experience in Kerala's transgender population.

1.3 Statement of the Problem

Although national media viewers across the country have been following Kerala's transgender community, as they were seen as the first Indian state to introduce a policy which comprehensively protects the rights and entitlements of the transgender community in 2015, they fall short of promised realisations. Despite the implementation of policies such as the State Policy for Transgenders in Kerala and the much-lauded Transgender Persons (Protection of Rights) Act 2019, the gap between policy intent and outcome remains huge. Although many transgender people no longer face discrimination, social exclusion, and unemployment, they do not have access to healthcare or education Lekha and Palackal (2022). Additionally, skill development, housing, and monthly pension programs have been inconsistently implemented, defunded, and often poorly targeted. The underlying problem is a more structural one poorly designed policies will not work well if the systems to deliver and fund them lack functional and sustainable delivery mechanisms, particularly where stigma entrenches and systems of exclusion persist.

Beyond that, these initiatives are often not well understood, particularly among the transgender community, limiting their ability to be shared in the programme. However, studies suggest that while Kerala has been successful in issuing identity

cards and separate healthcare facilities for transgender persons, a substantial section remains ignorant about entitlements and the documentation needed to avail them (Rajeev & Thomas, 2020). With limited formal education, many transgender people have little experience communicating in person with government portals or registration processes and are further excluded due to the digital divide. Furthermore, many institutional frameworks, such as local governance bodies and service delivery agencies, are ill-prepared, either through a lack of sensitivity training and inclusive practices or simply through a lack of concern towards benefiting from their terms. Kerala's otherwise pioneering transgender welfare agenda was hindered by the perpetuation of inequality because of this knowledge and access gap.

In addition, the lack of an empirical basis for the evaluation of the socioeconomic and psychological impact of Kerala's transgender focused initiatives acts as a major barrier for policy improvement and accountability. While scattered reports celebrate small success stories or anecdotal improvements, only a few academic enquiries have systematically gauged whether the interventions have resulted in real outcomes, such as employment, income security, mental health, social inclusion, or quality of life for transgender persons (Menon & Nair, 2021). Without such data, not only do these needs remain unseen but existing policies cannot be sufficiently refined to meet changing situations. Accordingly, the present research problem is based on the requirement for a thorough data driven evaluation of the breadth, awareness, accessibility, and effectiveness of Kerala's transgender empowerment programs, which justifies this study.

1.4 Scope of the Study

This study comprehensively examines the initiatives of the Kerala State Government for empowerment of the transgender community at the community level, with a specific focus on the Transgender Policy of 2015 and the Transgender Persons (Protection of Rights) Act of 2019. The research is geographically limited to Kerala, which has come to be perceived by many as a trail-blazing Indian state taking conscientious steps to protect the rights, dignity, and social integration of

transgender individuals. Despite this, the state's policy framework is multidimensional, as indicated in a study covering different domains such as education, healthcare, employment, legal recognition, and social welfare. This includes both qualitative and quantitative evaluations of policy implementation, program effectiveness, institutional mechanisms, and stakeholder participation. The study analyses transgender lived experiences and perceptions as the primary unit of analysis, thereby protecting the voices of the 'beneficiaries' in the realm of the research enquiry.

This study broadens its scope to focus on the gaps that exist between policy intent and actual implementation, and how these gaps impact transgender people on a daily basis. To offer consistent yet nuanced insights into the heterogeneous experiences of transgender individuals, this study considers different demographic factors, including age, gender identity spectrum, socio-economic status, and educational background. In addition, the roles of the Social Justice Department, Transgender Welfare Board, other supporting institutions, and non-governmental agencies in carrying out these initiatives were studied. The study also examined barriers to government programs, including stigma, lack of awareness, administrative delays, and sociocultural resistance. The ultimate objective is to provide evidence based recommendations that could change the operational efficiency and inclusiveness of Kerala's transgender empowerment framework so that, like Kerala, it can become a replicable model for other Indian states.

1.5 Research Questions

Systemic discrimination, marginalisation, and exclusion from mainstream social, educational, and economic systems have long been problems for the transgender community in India. The Government of Kerala became a pioneer in 2015 when it introduced the first-ever Kerala Transgender Policy, acknowledging these long-standing problems. Following this, a number of welfare programs and support initiatives were put into place with the goal of enhancing the lives of transgender people, with an emphasis on social inclusion, education, employment, and healthcare. Even with these positive developments, there are still concerns

regarding how these programs will affect transgender people's lives. So, the present study aims to answer the following research questions

- 1) How far have the Transgender Policy (2015) and the Transgender Persons (Protection of Rights) Act (2019) been implemented and what measurable impact do they have on the transgender community in Kerala?
- 2) What is the level of awareness among transgender individuals in Kerala regarding the government's empowerment initiatives?
- 3) What are the effects and barriers to scaling out these interventions in practice?
- 4) How have Kerala's state-led initiatives facilitated and what kind of socio-economic changes within the transgender community?
- 5) What prevents transgendered people from access to government welfare schemes?
- 6) To what extent have government initiatives contributed to improving the social inclusion and psychological well-being of the transgender community in Kerala?

1.6 Objectives of the Study

To comprehensively address the initiatives undertaken by the Kerala government under the Transgender Policy (2015) and Transgender Persons (Protection of Rights) Act (2019), the following four research objectives were formulated: To illustrate, these goals are to not only determine whether the policy implementation covers a broad range of services but also how well the transgender community knows the initiatives (or lack thereof) implemented in policies. Additionally, the research examines the social and economic repercussions of the government's endeavours, discovers barriers to state privileges, and analyses the larger ramifications of social incorporation and mental prosperity. Together, these objectives form a multidimensional framework for examining the effectiveness,

inclusion, and challenges of transgender empowerment programs in Kerala. The main objectives of the study are

- 1) To examine the initiatives of Kerala state for the empowerment of transgender community.
- 2) To measure the awareness levels of the transgender community in Kerala regarding the state's empowerment initiatives.
- 3) To evaluate the socio-economic impact of the Kerala government's initiatives on the transgender community.
- 4) To study the barriers faced by the transgender community in accessing government initiatives in Kerala.
- 5) To assess the effect of government initiatives on the social integration and psychological well-being of the transgender community in Kerala.

1.7 Major Hypotheses of the Study

In this study, an attempt was made to investigate various contingencies of transgender empowerment in Kerala regarding transgender policy and bills. For this purpose, a series of hypotheses have been formulated, proposing important factors and touchpoints for the transgender community's experience with legal recognition, access to services, community engagement, socioeconomic barriers, and psychological well-being. To test these hypotheses, the researcher first grounded them in theoretical frameworks and empirical literature and then utilised both comparative and causal models. The hypotheses were structured to explore group differences across demographic variables such as age, education, and income, and to evaluate the direct, indirect, and mediating effects among key constructs such as Legal Protections and Recognition (LPR), Access to Services and Benefits (ASB), Community Support and Advocacy Programs (CSAP), Awareness Level of Transgender Community (ALTC), Improvement in Quality of Life (IQL), Reduction in Discrimination and Stigma (RDS), various perceived barriers, and psychological well-being indicators including Mental Health and Psychological Well-Being (MHPWB), Perceived Social Support (PSS), and Social Integration (SI). Through these hypotheses, this study seeks to find

out the extent to which government initiatives and societal dynamics contribute to or hinder the total empowerment of transgender individuals in the state.

H₀: There is no significant difference in Legal Protections and Recognition (LPR) Access to Services and Benefits (ASB) and Community Support and Advocacy Programs (CSAP) among transgender individuals across different Age groups, Educational Qualification levels, and Monthly Income categories.

H₁: Access to Services and Benefits (ASB) and Legal Protections and Recognition (LPR) has a significant positive effect on Community Support and Advocacy Programs (CSAP) of Transgenders.

H₁: Legal Protections and Recognition (LPR) has a significant positive effect on Access to Services and Benefits (ASB) of Transgenders.

H₀: There is no significant difference in Awareness Level of Transgender Community (ALTC) among transgender individuals across different Age groups, Educational Qualification levels, and Monthly Income categories.

H₁: Access to Services and Benefits (ASB) has a significant positive effect on Awareness to Transgender Community (ALTC) of Transgenders.

H₁: Community Support and Advocacy Programs (CSAP) has a significant positive effect on Awareness to Transgender Community (ALTC) of Transgenders.

H₁: Legal Protections and Recognition (LPR) has a significant positive effect on Awareness to Transgender Community (ALTC) of Transgenders

H₁: There is no significant difference in Reduction in Discrimination and Stigma (RDS) among transgender individuals across different Age groups, Educational Qualification levels, and Monthly Income categories.

H₁: Access to Service Benefits (ASB) has a significant positive effect on Improvement in Quality of Life (IQL) and Reduction in Discrimination and Stigma (RDS) of Transgenders.

- H₁:** Community Support and Advocacy Programs (CSAP) has a significant positive effect on Improvement in Quality of Life (IQL) and Reduction in Discrimination and Stigma (RDS) of Transgenders.
- H₁:** Legal Protections and Recognition (LPR) has a significant positive effect on Improvement in Quality of Life (IQL) and Reduction in Discrimination and Stigma (RDS) of Transgenders.
- H₀:** There is no significant difference in the perceived bureaucratic and administrative barriers faced by transgender individuals.
- H₀:** There is no significant difference in the perceived Social and Cultural Barriers faced by transgender individuals.
- H₀:** There is no significant difference in the perceived Financial and Economic Barriers faced by transgender individuals.
- H₀:** Access to Service Benefits (ASB) has a significant negative effect on Bureaucratic and Administrative Barriers (BAB), Financial and Economic Barriers (FEB) and Social and Cultural Barriers (SCB) of Transgenders.
- H₀:** Community Support and Advocacy Programs (CSAP) has a significant negative effect on Bureaucratic and Administrative Barriers (BAB), Financial and Economic Barriers (FEB) and Social and Cultural Barriers (SCB) of Transgenders.
- H₀:** Legal Protections and Recognition (LPR) has a significant negative effect on Bureaucratic and Administrative Barriers (BAB), Financial and Economic Barriers (FEB) and Social and Cultural Barriers (SCB) of Transgenders.
- H₁:** Access to Service Benefits (ASB) has a significant positive effect on Mental Health and Psychological Well-Being (MHPWB), Perceived Social Support (PSS) and Social Integration (SI) of Transgenders.
- H₁:** Community Support and Advocacy Programs (CSAP) has a significant positive effect on Mental Health and Psychological Well-Being (MHPWB), Perceived Social Support (PSS) and Social Integration (SI) of Transgenders.

- H₁:** Legal Protections and Recognition (LPR) has a significant positive effect on Mental Health and Psychological Well-Being (MHPWB) , Perceived Social Support (PSS) and Social Integration (SI) of Transgenders.
- H₁:** Perceived Social Support (PSS) and Social Integration (SI) has a significant positive effect on Mental and Psychological Well-Being (MHPWB) of Transgenders.
- H₁:** Perceived Social Support (PSS) has a significant positive effect on Mental Health and Psychological Well-Being (MHPWB) of Transgenders.
- H₁:** Social Integration (SI) has a significant positive effect on Mental Health and Psychological Well-Being (MHPWB) of Transgenders.

Mediation Hypotheses

- ME.H1:** Access to Services and Benefits (ASB) significantly mediates the relationship between Legal Protections and Recognition (LPR) and Community Support and Advocacy Programs (CSAP) of Transgenders.
- ME.H2:** Perceived Social Support (PSS) significantly mediates the relationship between Legal Protections and Recognition (LPR), Access to Service Benefits (ASB) and Community Support and Advocacy Programs (CSAP) on Mental Health and Psychological Well-Being (MHPWB) of Transgenders.
- ME.H3:** Social Integration (SI) significantly mediates the relationship between Legal Protections and Recognition (LPR), Access to Service Benefits (ASB) and Community Support and Advocacy Programs (CSAP) on Mental Health and Psychological Well-Being (MHPWB) of Transgenders.

1.8 Conceptual Model

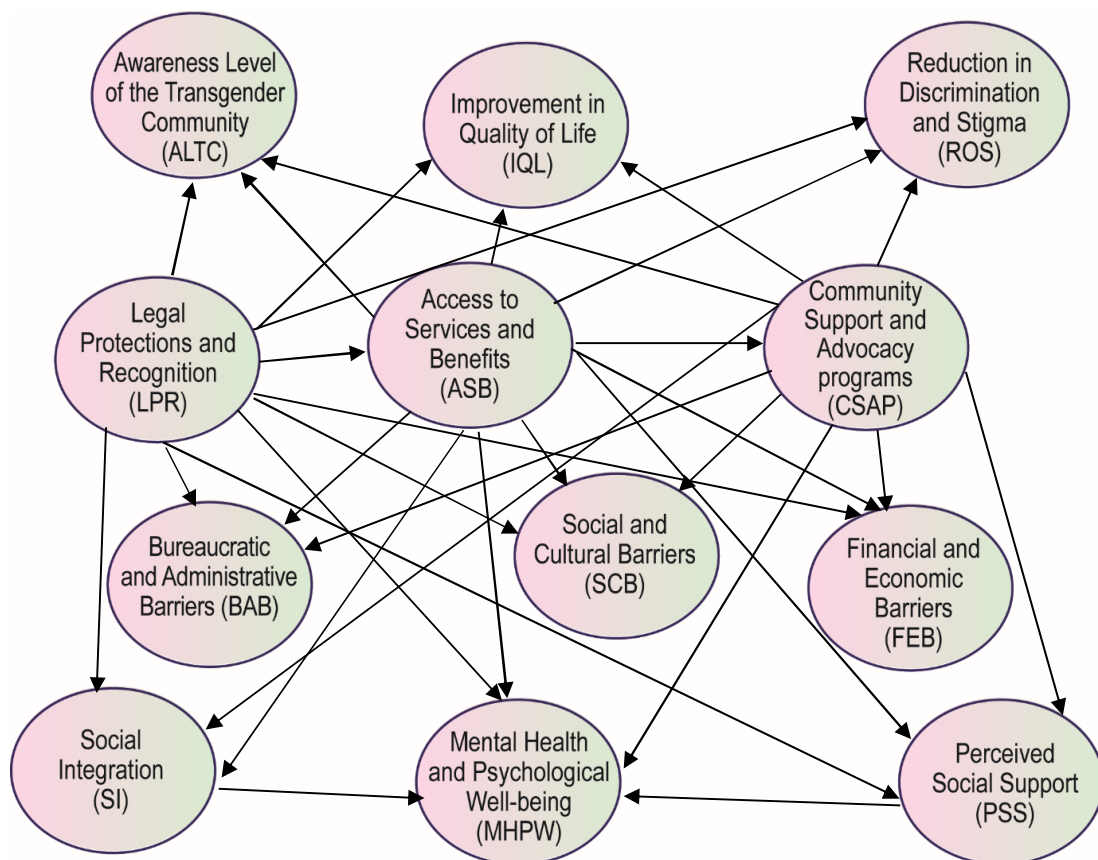
The conceptual framework presents a dynamic and multi-dimensional picture of empowerment outcomes, including both direct and mediated outcomes. Improvements in Quality of Life (IQL), Social Integration (SI), and Psychological Well-being (MHPW) are positioned as key outcome variables, deeply influenced by the transgender community's awareness, legal entitlements, and support structures.

The framework focuses on the dual aspect of government programs: the first are the programs that directly create access by legal and institutional means, and the second is the broader social environment in which stigma reduction, advocacy, and economic assistance influence access. These mechanisms are all geared towards improving the lives of transgender people.

The diagram shows how feedback can improve mental health and help people integrate better into society. This can raise awareness and support advocacy efforts, creating a stronger, more informed community that is more resilient. Because of this, the framework is strong enough to evaluate strategies that can empower Kerala's transgender community. It also fits well with research projects that focus on awareness, measuring impact, identifying challenges, and understanding psychosocial effects.

Figure 1.1

Conceptual Framework Illustrating the Interrelationships Between Government Initiatives, Barriers, and Empowerment Outcomes Among the Transgender Community in Kerala



1.9 Methodology and Database

This study devises a methodology to systematically study the effectiveness, accessibility, awareness, and impact of the Kerala State Government's initiatives towards empowerment of the transgender community, especially for the Transgender Policy (2015) and the Transgender Persons (Protection of Rights) Act (2019). This study applied a mixed-methods research design incorporating quantitative and qualitative approaches to show policy implementation and lived experiences as a whole. The quantitative aspect of this thesis consists of structured questionnaires administered to a statistically significant sample of transgender persons spread across various districts in Kerala to measure variables, such as levels of awareness, ease of access to welfare schemes, employment status, health coverage, and social integration. The second part compliments the first and involves informal interviews and discussions with selected transgender persons, policymakers, and NGO representatives aimed at capturing the facts related to barriers, perceptions, and contextual reality beyond what can be assessed quantitatively alone. By combining this dual approach, this study enables the depth, reliability, and validity of the findings from concrete outcome measurements, as well as the subjective experiences and systemic gaps, to guide more inclusive and effective policy formulation.

1.9.1 Research Methodology

This study adopts a mixed methods research approach both quantitative and qualitative methods, to achieve a holistic understanding of the empowerment of transgender communities through initiatives undertaken by the government of Kerala. Thus, the quantitative part is based on statistical analysis for the purpose of awareness level measurement, the impact of socioeconomic effects, and overcoming access barriers, and matches the purpose of quantifying policy effectiveness and community response. While the qualitative component was utilised to gain insight into the complexities of the transgender experience and perception of policy outcomes via interviews and discussions to understand the subtle emotions, psychology, and social effects of policy outcomes. Given the complexity of gender issues and the requirement for context to understand the policy implications of the

concrete and abstract, the mixed methods strategy responded well to this thesis. This study integrates these approaches to deliver a balanced, layered study that considers the voices of marginalised and ground conclusions in statistically observed facts.

1.9.2 Collection of Data

This study employs a descriptive and analytical research strategy to discover and explain the effectiveness of Kerala State's initiatives for transgender empowerment. Importantly, this strategy was selected to permit a structured study of the implementation and outcomes of the Transgender Policy and Bill in the state but to remain flexible enough to embrace themes and issues that are not predefined. The study uses surveys and interviews to theorise the lived experiences of transgender individuals in Kerala by using the intersection of their interaction with governmental support systems, levels of awareness, and socioeconomic and psychological outcomes of state based interventions. In addition, the strategy entailed collecting data from different stakeholders, such as government officials, NGO representatives, and transgender people themselves, to triangulate data and make findings credible. In addition, this study builds on both primary and secondary sources to comprehensively examine the range, scope, and impact of policy measures. Through this multilayered and inclusive research strategy, the study shows that the complex bases of social, institutional, and individual dynamics leading to transgender empowerment in Kerala can be effectively understood and interpreted.

1.9.3 Sample Design

The study uses descriptive and analytical design to explore how Kerala State has attempted to empower the transgender community, examining its efficacy and challenges. This design is well suited for probing real world policies, offering a rich analysis of structured programmatic interventions and their community responses. Since it focuses on the dynamics from policy intentions to ground reality, it allows researchers to identify patterns, correlations, and contextual variances across different transgender populations. This study traces the evolution of government initiatives, assesses their sociocultural and economic impacts, and understands their accessibility and inclusiveness. Additionally, this research aims to examine the

indirect outcomes of these initiatives concerning social inclusion, psychological resilience, and the assertion of transgender identity. This research design provides an empirical understanding of how state-led efforts complement community needs and provides evidence based insights to refine policy and inclusive governance.

The sampling design in the research study involves decisions regarding Sampling population, sampling element, sampling method, sampling size and Sampling unit.

1.9.3.1 Sampling Population and Element of the study

The current study, Transgender individuals in Kerala as the sampling Population.

1.9.3.2 Sampling Technique

The sampling technique used in this study was multistage sampling which is the most appropriate sampling technique when the population is large and geographically spread, as is the case for the transgender community in Kerala. This study is a mixture of Probability Proportionate to Size (PPS) sampling, Lahiri Method sampling and stratified sampling, all of which are best suited for obtaining a representative and unbiased sample from the transgender community in Kerala.

Stage 1: According to the Social Justice Department of Kerala (2024), the number of transgender people in each of the 14 districts is very different. To study this difference, the districts were divided into four groups using quartiles. This means the districts were arranged in order from lowest to highest based on the transgender population and then split into four equal parts.

Table 1.3

Quartile-wise Distribution of Transgender Population Across Districts in Kerala

Based on Quartile	Districts	Number of Transgenders
Group 1	Wayanad, Kasargod, Idukki, Pathanamthitta	20, 26, 32, 44
Group 2	Kannur, Palakkad, Kottayam, Kozhikode	47, 60, 71, 84
Group 3	Alappuzha, Malappuram, Thrissur, Ernakulam	94, 105, 105, 148
Group 4	Kollam, Thiruvananthapuram	185, 187

Notes: The quartile classification of the transgender population across Kerala's 14 districts is derived by first arranging the districts in ascending order based on the number of transgender individuals.

Stage 2: In Stage 2, one district was selected from each quartile group using the probability proportionate-to-size (PPS) sampling technique based on the transgender population. This means that districts with more transgender people have a higher chance of being chosen, which increases the statistical relevance and inclusivity of the sample. Adopting a stratified approach using PPS and Lahiri's method ensures a much more robust and inclusive analysis of transgender empowerment in Kerala, as the selected districts represent the population well.

Table 1.4

Selection of Districts Based on Probability Proportionate to Size (PPS) Sampling through Lahiri Method

Group	Districts	Selected District
Group 1	Wayanad, Kasargod, Idukki, Pathanamthitta	Pathanamthitta
Group 2	Kannur, Palakkad, Kottayam, Kozhikode	Kozhikode
Group 3	Alappuzha, Malappuram, Thrissur, Ernakulam	Ernakulam
Group 4	Kollam, Thiruvananthapuram	Thiruvananthapuram

Stage 3: In third stage, samples are taken from the selected districts on proportionate basis ie, on proportionate to the sample size fixed for the study (300 transgenders) and total number of transgenders in selected districts (463).

Table 1.5

Proportional Allocation of Sample Size Based on Transgender Population in Selected Districts

District	Transgender Population	Proportion of Total Population	Allocated Sample Size (300 Total)
Pathanamthitta	44	$44 / 463 = 0.095$	$300 * 0.095 = 29$
Kozhikode	84	$84 / 463 = 0.181$	$300 * 0.181 = 54$
Ernakulam	148	$148 / 463 = 0.319$	$300 * 0.319 = 96$
Thiruvananthapuram	187	$187 / 463 = 0.404$	$300 * 0.404 = 121$

1.9.3.3 Sample size determination

When it comes to research, selecting the correct sample size is important for ensuring that the results are accurate and reliable. A formula is needed for population studies with specific populations, such as the transgender community in Kerala, so that the total population size and expected margin of error can be used. Yamane's (1967) formula is a commonly used method to determine the sample size gives the population is. We have an optimal sample size (n_0) calculated from the total population size (N) and the margin of error (e), using a margin of error of 0.05 at a confidence level of 95%; a sample accurately representative of the population would allow the conclusion of transgender experiences, legal recognition, and socioeconomic conditions in Kerala to be generalised and reliable.

Population Size is known (Yamane, 1967)

$$n_0 = \frac{N}{1+N(e)^2}$$

N = Size of Population (Transgender Community in Kerala)

n_0 = Sample Size

e = margin of error i.e. error (0.05) reliability level 95%

$$n_0 = \frac{1208}{1+1208*(.05)^2}$$

$$n_0 = \frac{1208}{1+1208*.0025}$$

$$n_0 = \frac{1208}{1+3.02}$$

$$n_0 = \frac{1208}{4.02}$$

$$n_0 = 300.49$$

Hence, sample size is 300

Table 1.6*Sampling Design*

Sl. No.	Sample Design Stages	
1	Sample frame	Transgender individuals registered with the Kerala Social Justice Department
2	Population for sample selection	All transgender individuals living in Kerala
3	Sampling Unit	Each Transgender individuals registered with the Kerala Social Justice Department
4	Sampling Technique	Multistage random sampling
5	Sample size	300

1.9.4 Tools and Techniques used for Data Collection

A well-structured questionnaire was used as the instrument for the collection of primary data. The questionnaire starts with the demographic profile of the transgenders followed by the questions related to the variables of awareness levels, access to welfare schemes, socioeconomic status, and perception of psychological well-being using Likert Scale items. (Appendix 1)

1.9.5 Statistical Tools used for Analysis

Both descriptive (percentage, mean, standard deviation) and inferential (Kruskal-Wallis H test, regression coefficient, Friedman Test) statistical methods were used to analyse the Kerala Government's initiatives on the empowerment of transgenders. Statistical software, such as SPSS and Smart PLS, were also used to build an integrated empowerment model which will help to evaluate the effectiveness of Kerala's transgender empowerment initiatives and make necessary modifications in the present transgender policy.

1.9.6 Variables used for the study

In this study, empowerment of the transgender community in Kerala was investigated in terms of a set of multidimensional indicators which act as facilitators and hinder their experiences. We carefully selected these variables to obtain a complete view of the legal, social, psychological, and economic environments experienced by transgender individuals. Including these variables enables one to

judge not just how great institutional and societal support is but also the perception of the outcomes in terms of quality of life, social integration, and mental well-being. This study examines the factors that enable transgender empowerment (legal protection, access to services, and community advocacy) and the barriers to transgender empowerment (transphobia, stigma, and institutional hurdles).

Table 1.7

Constructs used in the study

Transgender Initiative Model of the Government
Access to Services and Benefits (ASB)
Legal Protections and Recognition (LPR)
Community Support and Advocacy Programs (CSAP)
Awareness to Initiative Model of Transgender
Awareness Level Transgender Community (ALTC)
Socio-Economic Impact Model of Transgender
Reduction in Discrimination and Stigma (RDS)
Improvement in Quality of Life (IQL)
Transgenders Barriers Model
Bureaucratic and Administrative Barriers (BAB)
Financial and Economic Barriers (FEB)
Social and Cultural Barriers (SCB)
Social Integration and Psychological Well-being Model of Transgender
Social Integration (SI)
Perceived Social Support (PSS)
Mental Health and Psychological Well-Being (MHPWB)

1.9 Pilot Study

The researcher conducted pilot study among 100 transgender individuals in various districts of Kerala.

A) Reliability testing

The reliability of the twelve constructs was checked with the help of Cronbach alpha values. Cronbach's alpha is a widely recognised statistical means for studying the internal consistency of a questionnaire. Cronbach's alpha tests the reliability of

the multi-item scales used in surveys and questionnaires by investigating the correlations of individual items with the scale as a whole. This provides an understanding of whether the items in the questionnaire appropriately and consistently measure the intended variables and represents the instrument's robustness. Cronbach's alpha looked at the inter-item correlation, and if the value was higher, there was greater consistency and reliability. Nunnally (1978) defined a Cronbach's alpha value of more than 0.70 is acceptable, meaning that they can reliably measure the same construct using the questionnaire items. The reliability of the questionnaire was tested during the pilot phase of this study, and if the alpha score was less than 0.70, the questionnaire was adjusted. This guarantees that the research instrument is reliable as well as consistent, a strong assurance to collect valid data from the transgender community and generate suitable results.

Table 1.8

Internal consistency analysis based on pilot study

SL No.	Cconstructs	Cronbach's Alpha	No. of Items	No. of items deleted
1	Legal Protections and Recognition (LPR)	0.856	4	Nil
2	Access to Services and Benefits (ASB)	0.741	4	Nil
3	Community Support and Advocacy Programs (CSAP)	0.788	4	Nil
4	Improvement of Awareness Level (IAL)	0.826	4	Nil
5	Improvement in Quality of Life (IQL)	0.820	4	Nil
6	Reduction in Discrimination and Stigma (RDS)	0.810	4	Nil
7	Bureaucratic and Administrative Barriers (BAB)	0.715	4	Nil
8	Social and Cultural Barriers (SCB)	0.767	4	Nil
9	Financial and Economic Barriers (FEB)	0.794	4	Nil
10	Social Integration (SI)	0.835	4	Nil
11	Mental Health and Psychological Well-being (MHPWB)	0.833	4	Nil
12	Perceived Social Support (PSS)	0.868	4	Nil

Source: Primary Data

Table 1.8 shows the internal consistency analysis of twelve constructs by Cronbach's Alpha for 100 samples based on pilot study. Cronbach's Alpha values obtained from the pilot study indicate that all the constructs are reliable in terms of

its internal consistency. When it comes to reliability coefficients, a value of 0.70 or more is generally considered to be good (Nunnally, 1967). Between 0.60 and 0.70 is the appropriate range for the coefficient. As a result, the researcher can carry on with the next round of data collection.

B) Validity Testing

In this study, the validity of the questionnaire was tested through the application of Pearson's correlation coefficient which is a statistical measure that measures the strength and direction of the linear relationship between two variables. Pearson's correlation was used in the validation of the questionnaire to compare respondent scores with those on a criterion measure—a preexisting benchmark or another external measurement reflecting the same constructs of interest. Validity was considered stronger when there was a significant correlation between the questionnaire score and criterion measure, and when p-values were less than 0.05, this was a statistically significant relationship. In the present study all the items had acceptable correlation values ($r > 0.30$) confirms the validity.

1.9.9 Normality of Data

Table 1.9

Test of Normality for Constructs (Kolmogorov-Smirnov with Lilliefors Correction)

Sl No.	Constructs	Kolmogorov-Smirnov ^a		
		Statistic	df	Sig.
1	Legal Protections and Recognition (LPR)	0.126	300	0.000
2	Access to Services and Benefits (ASB)	0.099	300	0.000
3	Community Support and Advocacy Programs (CSAP)	0.121	300	0.000
4	Awareness Levels of the Transgender Community (ALTC)	0.090	300	0.000
5	Improvement in Quality of Life (IQL)	0.157	300	0.000
6	Reduction in Discrimination and Stigma (RDS)	0.139	300	0.000
7	Bureaucratic and Administrative Barriers (BAB)	0.144	300	0.000
8	Social and Cultural Barriers (SCB)	0.166	300	0.000
9	Financial and Economic Barriers (FEB)	0.140	300	0.000
10	Social Integration (SI)	0.169	300	0.000
11	Mental Health and Psychological Well-being (MHPWB)	0.171	300	0.000
12	Perceived Social Support (PSS)	0.145	300	0.000

a. Lilliefors Significance Correction

Table 1.9 shows the normality of data. The Kolmogorov–Smirnov test (with Lilliefors correction) was used to check normality for all the constructs in the study. The test statistics ranged between 0.090 and 0.117 for all constructs, with a sample size of 300. The p-values were 0.000 in all cases, which is less than the standard significance level of 0.05. Therefore, the null hypothesis of normal distribution was rejected. This indicates that the data were not normally distributed, and it justifies the use of non-parametric statistical tests in the analysis such as Kruskal Wallis H test, Friedman test and partial least squares structural equation modelling (PLS-SEM).

1.10 Operational Definitions of Terms and Concepts

An operational definition is a clear and detailed description of the variables used in the study. It helps the researcher to limit the scope of the study and focus on the required elements of the study at the time of data collection. The operational definition of the various variables used in the present study are given below.

1.10.1 Legal protections and recognition (LPR) refer to the legal protections and recognition of transgendered people under law. The right to self-identification, protection from discrimination in employment, education, and health care, and inclusion of transgender identity in official documents are some of the areas included in this definition. The LPR examines which legal frameworks exist, what the levels of implementation have been, and how well legal frameworks protect and allow the dignity and equality of transgender persons.

1.10.2 Access to Services and Benefits (ASB) addresses the extent to which transgender people can use public welfare schemes, healthcare, educational services, housing, and employment opportunities. We examined the physical and institutional accessibility and responsiveness of public systems to transgender-specific needs.

1.10.3 Community Support and Advocacy Programs (CSAP) consider the presence and performance of neighbourhood and district endeavours to ensure that transgender individuals are brought into the area of influence. The programs for these, such as those run by government bodies, NGOs, or community-based organisations, are assessed for the way they promote rights, awareness, and solidarity, and exclude or include groups such as persons with disabilities, women, or elderly people, and their sustainability and outreach.

1.10.4 The term Awareness Level of Transgender Community (ALTC) is used as the level of awareness of transgender people towards their rights, policies, and available support systems. This variable represents education, outreach, and information dissemination; how they help build the capacity of the transgender community to self-advocate; and their civic participation.

1.10.5 Improvement in Quality of Life (IQL) measures perceived improvements in health, employment, education, personal safety, and social relationships. Empowerment initiatives successfully translate into improvements in day-to-day living; this is a key outcome variable, that is, whether empowerment initiatives have yielded real improvements.

1.10.6 Reduction in Discrimination and Stigma (RDS) means there are fewer people with prejudiced attitudes who verbally or physically abuse transgender people, and that society has less systemic exclusion of transgender people. This enables an understanding of the advancement of society towards inclusiveness and acceptance of gender diversity.

1.10.7 Bureaucratic and Administrative Barriers (BAB) focus on the procedural hindrance that transgender people face in accessing basic government services, such as documentation, identity verification, and institutional bias. This variable is a vital indicator of the need for reforms

at the system level to improve ease of access and fairness in service delivery.

1.10.8 Social and Cultural Barriers (SCB) represent entrenched social norms, religious beliefs, and society-level prejudices which create hindrances for transgendered people as part of social, religious, and familial spheres. This variable helps explore how much it opposes culturally, including and accepting the LGBTQ population.

1.10.9 Financial and Economic Barriers (FEB) identify stiff economic hurdles related to unemployment, lack of income-generating projects, workplace discrimination, debts, and access to credit. This variable is required to determine the level of financial independence and economic security of transgender individuals.

1.10.10 Social Integration (SI) assesses the degree to which transgender people are involved in mainstream social networks and the life of the community. The entry ranges from taking part in local events to being able to use public spaces and how its relations with non-transgender communities reflect overall community cohesion.

1.10.11 Perceived Social Support (PSS), defined as the amount of supervision someone felt they had in their life from a friend or someone else, was assessed. It is a subjective sense of being valued and supported that can greatly affect resilience and well-being.

1.10.12 Mental health and psychological well-being (MHPWB) specialise in the emotional and psychological conditions of transgender people featuring assertions regarding depression, anxiety, self-esteem, and life satisfaction. This variable provides vital evidence of the dimensions of empowerment and personal stability.

1.11 Limitations of the Study

- 1) Many transgender persons live in isolated areas or remain outside the formal community networks. So, the researcher faced Difficulty in Reaching Respondents
- 2) Respondents were hesitant to share personal information openly.
- 3) Some participants were unwilling or fearful, leading to incomplete or hesitant responses.
- 4) Many government departments and service institutions were either hesitant or unwilling to cooperate by sharing relevant data or granting access to documents regarding transgender welfare. These factors caused delays in data collection.
- 5) The study is confined to the state of Kerala and maybe some findings are unique and exclusive to it, so it couldn't be generalised.

1.12 Structure of the Thesis

This thesis is systematically divided into five chapters, which are also structured (and intended) to serve distinct roles in exploring the initiatives taken by Kerala State for the empowerment of the transgender community.

Chapter 1 **Introduction:** The research topic is introduced in the first chapter, covering a complete background in relation to the study. The socio-political and cultural aspects of transgender empowerment in the state of Kerala have emphasised the need to create inclusive development policies. The research problem, objectives, research questions, scope, and relevance of this study are also presented. It explains why the topic was chosen and what population it targeted and briefly discusses the methodology that was chosen. This chapter serves to lay down the foundation for the entire thesis and how it sets the goal and course of the research.

Chapter 2 **Review of Literature:** This chapter is a critical review of scholarly work, research, policy documents, and reports regarding transgender rights and welfare policies as well as social inclusion concerns in general. First, it can identify research gaps, theoretical contributions, and patterns of methods from previous research, at both the national and international levels. Thus, the main idea of this review concerns the evolution of transgender policies, problems of discrimination, mental health factors, and empowerment of the transgender community. This chapter synthesises and builds on the existing literature to provide an intellectual foundation, and, in so doing, shows how the current study adds to the existing academic and policy literature.

Chapter 3 **Theoretical and Conceptual Framework:** This section builds a conceptual framework using variables from the study that are most crucial to the accomplishment of performance, including legal protection, access to services, awareness, social support, and psychological well-being. It shows the relationships among these variables and how institutional, social, and economic factors influence outcomes. Second, this framework provides a guideline for formulating the hypothesis and performing statistical analysis. Understanding the dynamics of transgender empowerment and how different elements work together to make up for the lived experience is aided by it. This study draws from relevant social science and human rights theories, such as the intersectionality theory, minority stress theory, and empowerment theory. In addition, this chapter theorises about unreported cases of electrical violence. These are those through which the issues facing the transgendered community are assessed. An academic theoretical framework aligns the ‘paper’ constructs to the realities of the phenomena that it sets about explaining and further affords the interpretation of the findings in a broader philosophical and analytical sense. In addition, it can help explain the systemic challenges and institutional behaviours affecting transgender people.

Chapter 4 **Data Analysis and Interpretation:** Chapter five shows the empirical findings from the primary data that was collected from the selected district through stratified and multistage sampling techniques. A detailed statistical analysis based on descriptive and inferential methods and PLS SEM was performed to analyse the data.

Chapter 5 **Findings, Suggestions, Policy Implications, Recommendations to Policy Makers and Conclusion:** The last chapter summarises the significant prevalence derived from the research analysis and shows congruence with the research objectives. It provides actionable suggestions to those who improve policy implementation, increase accessibility to services, and reduce stigma. The policy implications section translates research into practical recommendations for governmental and non-governmental agencies. Bridging the gaps in awareness, service delivery, and legal enforcement are recommendations made to policymakers. Furthermore, the chapter discusses the constraints of the current study and suggests other potential areas for future research, advocating for a further examination of emerging issues. It ends with a brief overview of the study's contribution to both knowledge and practice, and how sustained efforts toward transgender empowerment in Kerala are still needed.

1.13 Chapter Summary

The chapter gives a background for the research study. It gives explanation of the Governments initiatives towards the empowerment of transgender community and the awareness level of transgender and the barriers fed by TG community in accessing these initiatives. The present chapter deals with the description of the research problem, the objectives, scope, significance, methodology and limitations of the study. It ends with the operational definitions and structure of the thesis of the research work. Thus, the chapter gives a clear idea about the topic and constructs used to measure the objectives of the study.

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Chapter 2

REVIEW OF LITERATURE

2.1 Introduction

To provide an in-depth view of the state of the transgender picture in India, especially in Kerala, the literature review of this study has been structured as follows. It begins by reviewing the fundamental principles of transgender identity that are directly intertwined with the historical, social, and cultural, as well as legal accounts of marginalisation. The negative outcomes of deep-seated social exclusion and systematic discrimination against the transgender community, as documented by many investigators, include limited access to education, work, and healthcare opportunities. Transgender discrimination is also enhanced by the deeply held stigma imposed by society, the absence of family support, and the non-protection of transgender individuals by institutions, which limits their complete involvement in the social arena. Owing to the changing dynamics of academic discourses, there has been an orientation towards the necessity of legal establishment and policy patterns in restoring dignity, equity, and social justice to this historically marginalised cohort.

Building on this understanding, the literature examines the development of transgender rights in India, particularly highlighting the enactment of The Transgender Persons (Protection of Rights) Act, 2019, and Kerala's pioneering role through its state-specific Transgender Policy in 2015. However, the effectiveness of these legislative measures has been critical to various studies, where the progressive nature of the measures and challenges encountered during actual implementation were noted. Such policy initiatives in Kerala, including identity cards, housing schemes, job support, and health access, have attracted considerable scholarly interest because they demonstrate examples of inclusive governance. However, the literature also shows a disparity with regard to awareness, accessibility, and real impact, particularly in grassroots implementation. The review also includes information pertaining to the socio-economic performance, psychological wellness, and integration of communities through state-based interventions and makes a

comparative analysis with other such experiences in India with other states. This literature review provides a firm foundation for evaluating the role of Kerala in empowering transgender people, showing that there are high hopes and important obstacles that need to be solved.

2.2 Understanding Transgender Identity and Social Marginalization

Transgender identity refers to individuals whose gender identity does not match the sex assigned to them at birth. This deviation from conventional gender norms has historically positioned transgender individuals outside the traditional male-female binary, leading to social exclusion and marginalisation (Stryker, 2008). The concept of gender as a socially constructed and performative idea has been explored by theorists such as Judith Butler (2006), who contends that gender identity is formed through repeated social performances rather than being determined by biology. For transgender people, this is a challenge to the normalcy of society, and they usually go against this imposed culture of opposing cultural traditions and beliefs. Hijras, kinnars, and aravanis are centuries-old transgender communities in India with religious and cultural associations. However, they continue to be marginalised from mainstream social, economic, and political spheres (Reddy, 2005).

Transgender people face social marginalisation in many aspects, including education, health, work, and social places. Studies indicate that systemic obstacles hinder transgender people from accessing formal education, often due to bullying, exclusion, and the absence of gender-sensitive policies (Mushika, 2022). This initial stigmatisation often creates limited employment opportunities, which in turn forces many to return to informal or stigmatised jobs, including begging or sex work. A study by More (2021) revealed that over 90% of transgender individuals in India rely on begging or sex work for their income, mainly because of societal rejection and a lack of opportunities. Such a situation is perpetuated by societal perceptions that consider transgender identities deviant, abnormal, or even pathological, further alienating transgender people from conventional support systems such as families, schools, and employers. The family is considered the most important social

institution in Indian society; however, it may be the first perception in Indian society where transgender people are excluded. Upon disclosing their gender identity, many transgender people are either cast out or endure emotional and physical abuse within their homes (Narain & Bhan, 2005). This is because family members reject them, increasing their vulnerability and making them more prone to homelessness, poverty, and mental illness. A nationwide survey by the Kerala Development Society (2017) found that a large number of transgender individuals suffered domestic violence and were forced to leave their homes at an early age. It is also enhanced by the invisibility and marginalisation of their lives, reinforced by a lack of social security systems and the inability to depict a state-recognised identity.

Another area of great concern is marginalisation in terms of health, where, in most cases, transgender people encounter a lot of stigma and discrimination in health set-ups. Research indicates that numerous healthcare professionals lack the necessary awareness and sensitivity regarding the specific health needs of transgender individuals, especially concerning mental health, hormone treatments, and surgeries that affirm gender identity (Poteat et al., 2013). This lack of informed healthcare results in the evasion of health centres, home treatment, and an increase in the likelihood of getting infections like HIV/AIDS. The India HIV Estimations report (NACO & ICMR–NIMS 2020) revealed that the HIV prevalence rate among transgender people is nearly 20 times higher than that of the general population. Lack of access and stigma lead to adverse health effects in the population and greatly hinder life expectancy.

The marginalisation of transgender issues in India is compounded by caste, class, and gender. Although all transgender people encounter societal bias, those from lower castes or economically disadvantaged backgrounds face additional layers of discrimination (Ung Loh 2018). It is through these intersectional lives that there is a need to appreciate the full meaning of oppression and not just a glance at gender identity. The concept of intersectionality, introduced by Crenshaw (1991), is crucial for comprehending how intersecting systems of disadvantage contribute to the distinct challenges faced by transgender individuals, especially in diverse sociocultural settings like India.

Nevertheless, over the past few years, academia and policymakers have paid greater attention to the problems facing the transgender community. The Supreme Court of India's pivotal 2014 NALSA ruling acknowledged transgender individuals as a "third gender", upholding their rights to self-identification and equal legal protection (NALSA v. Union of India, 2014). Although this was a landmark decision that would lead to legal recognition, deep-rooted cultural, institutional, and attitudinal barriers still constitute major hindrances. Researchers such as Hines (2007) and Salih (2023) contend that while legal changes are crucial, true societal change necessitates sustained efforts to raise awareness, education, and craft inclusive policies. Thus, an informed understanding of transgender identity and marginalisation is fundamental to the creation of efficient empowerment and welfare programmes, especially in progressive states like Kerala.

Table 2.1

Summary of Important Literature Related to Understanding Transgender Identity and Social Marginalization

Theme/Aspect	Key Findings/Issues	Supporting Studies	Remarks
Definition of Transgender Identity	Gender identity diverges from assigned sex at birth; challenges the male-female binary and traditional norms.	Stryker (2008); Butler (2006)	Highlights the social construct of gender and performance theory, challenging biological determinism.
Historical and Cultural Presence	Existence of hijras, kinnars, and aravanis in Indian history with religious roles, but socially marginalized today.	Reddy (2005)	Cultural recognition has not translated into social inclusion in contemporary society.
Education and Employment Discrimination	Systemic barriers to education, workplace bias, and confinement to informal sectors like begging or sex work.	Mushika, R. (2022); More (2021)	Lack of inclusive education and skill-building pathways perpetuates economic vulnerability.
Familial Rejection and Domestic Violence	Transgender individuals often face rejection, abuse, and are driven out of their homes, leading to homelessness and mental health issues.	Narrain & Bhan (2005); Kerala Development Society (2017)	The family normally a safety net becomes the primary source of trauma and exclusion.

Theme/Aspect	Key Findings/Issues	Supporting Studies	Remarks
Healthcare Discrimination	Stigma and ignorance in medical settings, poor access to gender-affirmative care, and high HIV prevalence.	Poteat et al. (2013); NACO & ICMR–NIMS (2020)	Lack of specialized transgender healthcare leads to mistrust, self-medication, and poor outcomes.
Intersectionality	Marginalization is amplified for lower-caste and economically poor transgender persons; multiple oppressions intersect.	Ung Loh (2018); Crenshaw (1991)	Intersectional approach is critical to understanding layered discrimination in Indian context.
Legal Recognition and Reform	NALSA (2014) judgment affirmed third gender rights and self-identification under the law.	NALSA v. Union of India (2014)	Legal recognition is a milestone but needs strong institutional and societal follow-up.
Need for Societal Transformation	Legal reforms are insufficient without cultural change; education, awareness, and inclusive policies are needed.	Hines (2007); Salih (2023)	Legal rights must be supported by societal attitudinal shifts to ensure true empowerment.

2.3 Evolution of Transgender Rights and Policy Frameworks: A Review of Existing Studies

The development of transgender rights and policy frameworks in India provides a good example of how judicial practices, civil society activism, and international action on human rights can harmonise in a challenging relationship. In the past, transgender people were both criminalised and pathologised, with colonial-era legislation, such as the Criminal Tribes Act of 1871, categorising them as "eunuchs" and treating them as inherently criminal (Hinchy, 2019). This law symbolised the state's coercive stance on gender nonconformity until it was repealed in the mid-20th century. Although India gained independence, it offers little official legal protection to transgender persons and therefore places them in legal limbo. Early policy and legal discussions either overlooked or misrepresented the community, with medicalisation and marginalisation being the prevailing approaches in public health and law enforcement (Nair 2009). The invisibility of the transgender

community continues in the form of the absence of official acknowledgement of their existence in governmental documents or the policy system; thus, the fight to obtain rights legally is a long and difficult process.

The discourse on transgender rights has experienced a notable transformation owing to the impact of international human rights standards, especially those supported by the United Nations and the Yogyakarta Principles, which advocate for equal rights for individuals with diverse sexual orientations and gender identities (O'Flaherty & Fisher, 2008). These international standards have united Indian civil society groups and legal activists to challenge established binary gender standards in Indian law and policy. Driven by the increased attention given to LGBTQ + rights at the international level, Indian advocacy work began to enjoy significant popularity, and many public interest litigations and judicial hearings have focused on establishing the legal identity of transgender people. Academic research increasingly views transgender exclusion not just as a social issue but as a violation of human rights, highlighting the necessity for comprehensive state-led initiatives to address historical injustices (Khanna 2022).

In a pivotal moment for transgender rights in India, the Supreme Court's ruling in the *National Legal Services Authority v. The Union of India* (NALSA, 2014) case marked a significant advancement. This decision acknowledged the transgender community as a 'third gender' and underscored their constitutional rights to equality, dignity, and freedom of expression. This ruling empowered the right of people to determine their own gender without undergoing sex reassignment surgery due to being transgender. Scholars have regarded this landmark case as a constitutional milestone that integrated gender identity into the right to life and dignity (Bhargava et al. (2024). The NALSA judgment directed the government to treat transgender people as a socially and educationally backward group and to take affirmative action in education and government employment. It has provided a foundation for legal changes and acted as a catalyst for the formation of particular policy structures at the national and state levels.

In response to the judicial mandate of NALSA, the Indian Parliament introduced the Transgender Persons (Protection of Rights) Act, 2019. Although this was the first national ordinance specifically focused on the rights of the transgender community, it was heavily criticised by scholars, activists, and transgender individuals. Detractors contend that the Act contradicts the essence of the NALSA ruling by mandating that transgender individuals undergo an assessment by a district magistrate to have their identity acknowledged, thus compromising their right to self-identification (Mudraboyina et al., 2019). Moreover, on issues such as reservations in education and employment, the Act is weak and therefore leaves gaps in its implementation. Research indicates that although the Act formally prohibits discrimination and acknowledges transgender rights, its practical mechanisms are inadequate and fail to ensure substantial inclusion or address grievances (Singh & Vashisht, 2025). The failure to supplement infringements with a form of punishment and poor strategies to redress grievances are labelled as major weaknesses.

Development of the Transgender Policy frameworks at the state level has been more vibrant, with Kerala being the first state to launch the first comprehensive transgender policy in India in 2015. This policy is also centred on freedom, self-identification, and rights-based development and is an example of inclusive governance. It has provisions for educational scholarships, health insurance, skill-building programs, and housing schemes. Scholars such as Modaffari and Galli (2025) have observed that Kerala's policy was a significant milestone that motivated other states like Tamil Nadu, Karnataka, and Maharashtra to create similar frameworks. However, there has been inconsistency in the execution of these policies in terms of their practicality. Various studies have pointed out the gap between progressive policy documents and the lack of institutional mechanisms for their effective execution (Martino et al., 2020). Moreover, the trans-inclusiveness of data collection remains an obstacle to the formulation and tracking of specific programs.

Comparative studies on cross-Indian state policies have indicated various discrepancies in the conceptualisation, scale, and implementation of transgender empowerment programmes. For example, Tamil Nadu was the pioneer in offering

state-funded sex reassignment surgeries and setting up a transgender welfare board; however, it did not adopt the comprehensive rights-based approach found in Kerala's model (Chakrapani, 2014). Conversely, Maharashtra and West Bengal had social inclusion initiatives, which were commonly erratic and dependent on donor financing. Researchers have stressed the importance of a national transgender policy that integrates legal recognition with socio-economic rights and ensures consistency across states (Sudeesh 2024). Moreover, policies are usually drafted without valuable contributions from the community, and they tend to have a top-down approach that neglects the practical experiences of transgender people. Participatory policymaking and research by trans people is one of the most significant approaches in this context that would be conducted in realisation of transgender rights in India.

Table 2.2

Summary of Important Literature Related to Evolution of Transgender Rights and Policy Frameworks

Theme/Aspect	Key Findings/Issues	Supporting Studies	Remarks
Colonial Legacy and Criminalization	Transgender persons historically criminalized under laws like the Criminal Tribes Act (1871), reinforcing stigma and surveillance.	Hinchy (2019); Nair (2009)	Colonial narratives set a foundation for legal exclusion and continued societal marginalization.
Post-Independence Legal Vacuum	Absence of protective laws led to continued invisibility; public institutions and health frameworks perpetuated marginalization.	Nair (2009)	Transgender persons remained legally and socially excluded for decades after independence.
Influence of Global Human Rights Norms	UN principles and the Yogyakarta framework mobilized domestic advocacy for gender inclusivity and rights.	O'Flaherty & Fisher (2008); Khanna (2022)	International frameworks provided ideological and legal backing for domestic legal reform.
NALSA Judgment (2014)	Landmark legal recognition of transgender persons as a 'third gender'; emphasized dignity, equality, and self-identification.	NALSA v. Union of India (2014); Bhargava et al. (2024)	Judicial activism catalyzed a shift from token welfare to rights-based discourse.

Theme/Aspect	Key Findings/Issues	Supporting Studies	Remarks
Transgender Persons Act (2019)	First national law on transgender rights but criticized for diluting self-identification and lacking implementation clarity.	Mudraboyina et al., 2011); Singh and Vashisht (2025)	Despite symbolic progress, the Act has legal and operational deficiencies that hinder inclusion.
Kerala Transgender Policy (2015)	India's first comprehensive rights-based policy; includes health, education, housing, and livelihood schemes.	Modaffari and Galli (2025); Martino et al., 2020	A model framework, but implementation issues and lack of trans-specific data persist.
State-Level Policy Diversity	States like Tamil Nadu, Karnataka, and Maharashtra developed schemes with varying degrees of success and scope.	Subbiah and M. (2017); Sudeesh (2024)	Implementation is inconsistent across states; Kerala's model seen as more holistic and inclusive.
Lack of Community Participation in Policy	Policies often designed in a top-down manner without trans community involvement, leading to gaps in relevance and effectiveness.	Sudeesh (2024)	Trans-led research and participatory policy design are recommended for better outcomes.

2.4 The Transgender Persons (Protection of Rights) Act, 2019: Perspectives on its Implementation and Challenges

The Transgender Persons (Protection of Rights) Act, 2019, represents a significant advancement in the legal acknowledgement of transgender rights in India. This legislation was crafted in response to the Supreme Court's 2014 NALSA judgment, with the goal of offering legal protection against discrimination and ensuring that transgender individuals have equal opportunities in education, employment, and healthcare (Ministry of Law and Justice, 2019). At first, the Act appears to be progressive legislation that incorporates transgender rights within the larger range of constitutional rights. Nevertheless, as Pathakji and Konduru and Hangsing (2018) observed, a closer examination of the law reveals that many of its provisions do not adequately address the systemic inequalities and real-life experiences of transgender people. Scholars have noted how the language, design,

and enforcement policies of the law are state-centred and paternal instead of being community-empowering in focus.

Section 5, which states that a transgender person would be required to secure a certificate of identity to establish themselves as transgender by a district magistrate, is one of the most controversial aspects of the Act. This stipulation conflicts with the right to self-identification highlighted in the NALSA ruling and adds a bureaucratic barrier that infringes on bodily autonomy and personal dignity (Jain et al. 2018). This process has been condemned by many transgender activists as invasive, stigmatising, and re-traumatising, since applicants can be questioned about their appearance or medical history. The lack of well-defined procedural guidelines has also led to inconsistencies in many districts, leaving transgender people in a legal limbo. These practices have been condemned for violating the essence of the Indian Constitution and international human rights standards (Kumar, 2021).

Furthermore, the Act does not include a reservation in the education and public service peripheries which is a serious oversight that goes against attempts to help historically marginalised groups. Kaur and Garg (2024) contend that simply banning discrimination without implementing proactive state measures does little to create equal opportunities for transgender individuals who still face systemic exclusion. Although the Act includes a clause requiring non-discriminatory access to healthcare, research shows that most hospitals do not have trans-inclusive facilities or adequately trained staff (Jain, 2022). The lack of dedicated funding and implementation strategies further hinders the Act's effectiveness. Such shortcomings are indicative of disparities between law-making intentions and organizational readiness, portraying the shallow character of inclusion in the numerous policies of governments.

Among the areas of concern are the penal provisions contained in the Act. Although sex and physical abuse of transgender people is prohibited by legislation, the punishment for crimes against transgender people is significantly reduced compared to that for such crimes against cisgender people. For instance, the maximum sentence for sexual abuse under this Act is two years, a point that has been

widely criticised as discriminatory and contrary to the principle of equal legal protection (Sudeesh, 2024). This unequal treatment of the law perpetuates the myth that transgender rights are secondary and brings the justice system into question. Moreover, the law remains silent on issues such as the right to inheritance, adoption, marriage equality, and access to reproductive technologies, which represents a narrow, protectionist view of transgender identities.

The community has given responses to the act that have mostly been negative, and demonstrated strongly all over the country following its passing in Parliament. Transgender groups, civil rights organisations, and human rights advocates have criticised the Act for lacking a consultative approach and for not incorporating the perspectives of transgender stakeholders during its formulation (Pautunthang 2024). Researchers examining the public dialogue surrounding the Act stress that genuine policy reform should be inclusive, transparent, and attentive to the voices of those it aims to support (Sen & Narula, 2024). At present, the Act is viewed as a statist imperative, which maintains control of gender identity as institutionalised rather than fostering inclusiveness and questioning the status quo power ratios.

Despite its flaws, certain scholars suggest a strategic approach to dealing with the Act, which would include using its more favourable elements as tools of advocacy and promoting changes. For example, the acknowledgement of transgender individuals as an "officially protected category" under national law can be utilised to urge public institutions to adopt more inclusive policies, improve data collection, and develop targeted welfare programs (Tripathi 2022). In addition, legal progress may be achieved in the future due to constant judicial checks and proletarian activism. As Bhattacharya et al. (2022) suggest, gradual reform through ongoing legal and civil society involvement is essential in the face of state opposition. Consequently, the introduction of the 2019 Act has left a rather mixed picture, being both an immense success in some senses and a tremendously disappointing failure in others. This had to be examined critically from legal, sociological, and even policy perspectives.

Table 2.3

Summary of Important Literature Related to The Transgender Persons (Protection of Rights) Act, 2019

Theme/Aspect	Key Findings/Issues	Supporting Studies	Remarks
Legal Framing of the 2019 Act	Introduced post-NALSA to safeguard transgender rights; focuses on anti-discrimination and access to basic rights.	Ministry of Law and Justice (2019); Pathakji and Konduru and Hangsing (2018)	Though progressive in tone, the Act lacks depth in structural change and inclusive framing.
Self-Identification and Bureaucratic Barriers	Mandates identity certification by district magistrate, undermining the NALSA ruling on self-identification and bodily autonomy.	Jain et al., (2018); Morgan (2016)	Creates bureaucratic gatekeeping, legal uncertainty, and emotional distress among applicants.
Lack of Affirmative Action	No provision for reservation in education or employment; limited health access despite formal recognition of rights.	Kaur and Garg (2024); Jain (2022)	Without proactive measures, the Act's promises remain symbolic rather than transformative.
Inequitable Penal Provisions	Punishments for crimes against transgender persons are lighter than for cisgender individuals, suggesting legal inequality.	Sudeesh (2024)	Signals unequal protection under the law, undermining trust in the justice system.
Non-Participatory Policy Making	Act drafted without substantial consultation with transgender communities; sparked widespread protest and criticism.	Pautunthang (2024); Sen and Narula (2024)	Lack of stakeholder involvement contributes to policy alienation and implementation resistance.
Strategic Engagement and Reform Advocacy	Some scholars suggest leveraging positive aspects of the Act while lobbying for amendments and better implementation through activism.	Tripathi (2022); Bhattacharya et al., (2022)	Incremental change through legal engagement and civil society pressure seen as a path forward.

2.5 Kerala's Transgender Policy: A Literature-Based Assessment of Its Scope and Impact

Kerala became the first state in India in 2015 to put up a detailed policy on transgender rights. This effort was shaped after *NALSA v. Union of India* (2014) ruling and sought to acknowledge the rights of transgender individuals in areas such as education, employment, healthcare, housing and social protection. As noted by Poornima (2022), this policy represented a significant shift from perceiving transgender individuals as mere beneficiaries of welfare to recognising them as citizens with rights and entitlements. It signalled a shift towards the medicalisation of gender categories to self-definitions and provided text that was inclusive of the diversity of the transgender community, which included trans men, trans women, intersex, and non-binary gender individuals.

The policy incorporates a wide range of welfare and empowerment programs, including specialised housing programs, scholarship programs for students with disabilities, skills development programs, health insurance, and legal assistance for PWD. The intent of these measures is to make transgender people a part of mainstream society and deal with the kinds of discrimination they face in society. As noted by P. K. (2023), the policy's significance lies not only in its content but also in the consultative process through which it was developed, involving stakeholders from the transgender community, civil society, and academia. This broad-based policymaking provided a benchmark for other states to follow and was largely recognised as a model that had to be emulated.

Although Kerala's transgender policy is designed with high aspirations, research highlights the numerous obstacles in its execution. Most existing programs remain underutilised because of low awareness, bureaucratic barriers, and a lack of inter-departmental coordination. Nelson (2024) note that by 2018, more than 25 welfare initiatives had been introduced under the policy, yet only a small portion effectively reached those they were meant to help. Although the ID card program aimed to provide legal status and access to government services, it has been subject to critical relations due to its complicated application process and the discretion of local officials. These

issues reveal a disconnect between the policy's progressive goals and its practical implementation, where institutional inertia and limited capacity hinder its success.

The health provision part of the policy has received commendations and criticisms. On the one hand, Kerala became the first State to announce free gender affirmation surgery in state-run hospitals and include transgender in state health insurance schemes. Conversely, research such as that of Kantilal et al. (2025) indicates that transgender people still face stigma in healthcare environments, and numerous government hospitals lack the capability to perform gender-affirming surgeries. Additionally, the absence of trained counsellors and mental health experts specialising in gender identity issues is a significant shortfall that impacts the community's psychological health. This highlights the need to change the structure and create public health awareness.

Kerala's policy is notably strong in its focus on education and skill enhancement, offering scholarships, hostel accommodation, and career counselling for transgender students. Despite these provisions, research indicates that dropout rates remain elevated due to persistent bullying, insufficient peer support, and a lack of sensitivity from institutions (Vats and Purohit, 2017). Despite the ease of access to educational resources achieved through the policy, it fails to address the sociocultural issues faced by transgender persons in the education sector. Moreover, the vocational training programmes of the policy have not been as successful; in some, the probability of employment of people participating has improved, but the lack of involvement in the privileged sector and the formation of links with the markets restrict the success of such techniques.

The wider effects of the policy on social inclusion and the public's view of the transgender community have become a significant focus in academic circles. Researchers such as Hotchandani (2017) have observed that Kerala's efforts have enhanced the visibility and acceptance of transgender identities in public discourse. Any movement, such as the foundation of transgender justice boards or cultural events specifically dedicated to transgender people, gave them the opportunity to be empowered and advocate on the territory of the nation. Nevertheless, the representation

of tokens and low media coverage still determine the attitude of society towards the community. According to scholars, total change requires more than paperwork (policies); it entails restructuring cultural ideologies by repeatedly engaging the general population, embracing all forms of education, and providing long-term institutional aid.

Table 2.4

Summary of Important Literature Related to Kerala's Transgender Policy

Theme/Aspect	Key Findings/Issues	Supporting Studies	Remarks
Policy Genesis and Framework	Kerala's 2015 policy was the first in India to adopt a rights-based and self-identification approach following the NALSA verdict.	Poornima (2022)	A paradigm shift from welfare to rights-based recognition of transgender individuals.
Scope of Welfare Schemes	Includes housing, scholarships, health insurance, skill training, and legal aid with a goal of mainstream inclusion.	P. K. (2023)	Comprehensive in coverage and consultative in design, engaging transgender stakeholders.
Implementation Challenges	Underutilization of schemes due to low awareness, bureaucratic hurdles, and weak inter-departmental coordination.	Nelson (2024)	Gap between progressive policy and on-ground execution reduces effectiveness of interventions.
Healthcare Component	Free gender-affirmation surgeries and insurance included, but stigma and infrastructural inadequacies persist in public hospitals.	Kantilal et al. (2025)	While pioneering, health systems require deeper structural reforms and provider sensitization.
Education and Skill Development	Offers scholarships and training, but dropout rates remain high due to discrimination and lack of support in educational institutions.	Vats and Purohit (2017)	Socio-cultural barriers continue to affect educational retention and employment integration.
Public Perception and Social Inclusion	Visibility and recognition have improved through justice boards and cultural platforms, but tokenism and limited media narratives still persist.	Hotchandani (2017)	Long-term social change requires transformation in public attitudes, not just policy mandates.

2.6 Implementation of Government Initiatives Under the Kerala Transgender Policy

Kerala's pioneering Transgender Policy of 2015 was hailed as a major advancement towards gender equality in India, aiming to integrate the transgender community into mainstream development. However, the true test of a policy's effectiveness lies in its implementation, and Kerala's experience reveals a complex scenario of the same. While the policy outlines ambitious objectives such as free gender affirmation surgeries, housing programs, and inclusive education, its execution has encountered hurdles such as bureaucratic red tape, inconsistent funding, and a lack of institutional coordination (Kumar Ajith & Vidya, 2021). The different departments of the state government that are involved with health, social justice, and education usually work individually, resulting in a fractured delivery mechanism that undermines the desired multi-sector approach. As the implementation process depends strongly on local officials at the district level, there are differences in the level of awareness and commitment of district officials, thereby leading to varying issues in terms of the availability and quality of services for transgender individuals in India.

The issuance of transgender identity cards that would help them access different welfare programs was one of the major initiatives in the policy's implementation. Nonetheless, empirical research has highlighted considerable delays in processing these applications, a lack of clarity regarding the required documentation, and inconsistent standards enforced by authorities (Jayalakshmi and Jayadev, 2024). Numerous transgender applicants faced misgendering or were denied certificates due to subjective decisions made by officials unfamiliar with the policy's self-identification guidelines. This has not only caused emotional distress but has also made people avoid future contact with government systems. Research shows that acquiring an identity card is usually the first step in acquiring healthcare, housing, and education assistance, and the barrier at this point has a ripple effect and harms general access to empowerment programs.

According to the Government of Kerala, in the context of healthcare provision, the state intends to offer free gender-affirmation surgeries at a few state-owned hospitals.

Although this initiative was hailed as a big step, its enforcement has not been on a steady path. Nayar and Vinu (2023) revealed that only a limited number of hospitals possess the necessary expertise and infrastructure to conduct gender-affirming surgeries. In addition, most healthcare practitioners are not trained in transgender health matters, which causes prejudiced behaviour and poor services. The slow growth of these services outside large cities has resulted in the inability to access quality healthcare for a large number of the transgender population. Although the health insurance plan contained in this policy is promising, it often fails to cover the necessary postsurgical treatment and hormone therapy, which play a vital role in full gender confirmation.

The policy was also characterised by housing programs aimed at addressing the homeless and family refusal that transgender people were experiencing. Although the government established a prototype transgender shelter in Thiruvananthapuram, subsequent studies have revealed that these initiatives have been isolated and inadequate to satisfy the demand throughout the state (Kurian & Manoj, 2021). The shortage of decentralised, numerous community-based housing opportunities has led to many trans persons still living in conditions of instability or dependent on exploitative housing. Researchers have highlighted the importance of an extensive set of inclusionary housing policies beyond temporary shelters and suggested that the housing market should become integrative in the long term by facilitating rental support, educating housing rights, and securing housing markets with anti-discriminatory laws.

To increase educational performance and employment opportunities, the government has initiated scholarships, special hostels, and vocational training. However, studies have revealed that not all citizens within the community equally benefit from such opportunities. According to a report by Philip and Raju (2020), numerous transgender students continue to experience harassment in educational settings despite existing policies. Moreover, vocational training programs are usually not in tandem with the needs of the market or serve the varied aspirations of transgender youth. Inadequate implementation issues include a lack of awareness among educational institutions of their obligation to the policy, little monitoring of program results, and poor community networks to encourage the enrolment and retention of women.

Employment policies also under the same policy include priority consideration in government jobs and the facilitation of self-employment. Despite such assurances, the employment rate among transgender people is notably low. Critics contend that simply allocating funds is inadequate if active hiring practices are not established within government agencies and private companies (Prabhu and Nirmala 2024). Moreover, transgender entrepreneurs often face numerous challenges in opening microcredit or starting their businesses, such as gender-appropriate stigma and insufficient support for collaterals. Support programs associated with employment have lacked consistency, and little or no mentorship has been provided to individuals receiving support. Scientists have urged a more comprehensive plan where training, financial support, and market support intersect, as well as increasing employer awareness to create trans-inclusive workplaces.

Table 2.5

Summary of Important Literature Related to Implementation of Government Initiatives Under the Kerala Transgender Policy

Theme/Aspect	Key Findings/Issues	Supporting Studies	Remarks
Overall Policy Implementation	Fragmented implementation due to departmental silos, inconsistent funding, and district-level variation in execution.	Kumar Ajith and Vidya, (2021)	Progressive goals undermined by lack of coordination and monitoring at the grassroots level.
Transgender Identity Card Issuance	Delays, misgendering, unclear documentation, and discretion-based approval processes create barriers to accessing services.	Jayalakshmi and Jayadev (2024)	First step to welfare access is flawed, discouraging participation and trust in public systems.
Healthcare and Gender Affirmation	Very few hospitals offer surgeries; lack of trained staff; stigma persists; health insurance often excludes key procedures like hormone therapy.	Nayar and Vinu (2023)	Strong policy intent weakened by limited infrastructure, urban bias, and insensitivity.

Theme/Aspect	Key Findings/Issues	Supporting Studies	Remarks
Housing and Shelter Initiatives	Only a few shelter homes exist; most transgender persons lack secure housing; absence of scalable, community-based housing models.	Kurian and Manoj, 2021	Needs a rights-based, decentralized housing strategy with rental aid and anti-discrimination laws.
Education and Skill Development	Scholarships and hostels are underutilized; bullying and ignorance continue in educational institutions; training often mismatched with job market demands.	Philip and Raju (2020)	Institutional awareness is lacking; schemes need better targeting, support, and market alignment.
Employment and Livelihood Schemes	Low uptake of public sector jobs; limited access to credit for self-employment; discrimination in workplaces and lack of entrepreneurship support persist.	Prabhu and Nirmala (2024)	Implementation should focus on bundling training, credit access, employer sensitization, and mentoring.

2.7 Awareness and Accessibility of Empowerment Schemes Among Transgender Individuals

Government welfare programs are only effective when they are both well-known and accessible, especially when they are programs meant to address historically marginalised populations, that is, transgender people. Despite gradual policy reform in India, especially in Kerala, a study found that not many transgender people are aware of such initiatives. Sudeesh (2024) conducted a field-based study revealing that many transgender people in both urban and rural areas of Kerala are unaware of crucial empowerment programs, including educational scholarships, skill development initiatives, and health coverage. This ignorance is mainly because of the lack of communication strategies that involve reaching communities in their languages, by trusted sources, and via channels unique to a particular community.

Limited access to information and minimal interest from local bodies of governance have worsened the transmission of these programs in India. Internally

based structures and attitudes that limit the receipt of care are revealed even in cases where awareness exists because of accessibility issues. Accessing these programs often requires navigating bureaucratic processes that demand documentation that transgender individuals frequently lack, such as birth certificates, school records, or family identification proofs (Fernandez and Gaitonde, 2025). They also fear embarrassment or lack of support due to the stigma attached to the transgender identity that will be present in government offices, keeping most away. Most programs involve digital applications which may be difficult for transgender people, especially low-income earners and those with low literacy. The social exclusion caused by the digital divide implies that many people in the community may view benefits such as pensions, better housing subsidies, or ways of supporting livelihoods as a dream topic rather than a reality-oriented discussion.

Another important factor is the absence of trans-inclusive service delivery intermediaries. Government officials, social welfare officers, and data collection staff often lack sensitivity and training, negatively affecting transgender individuals' experiences when accessing programs (Ministry of Social Justice and Empowerment, 2022). The negative institutional culture preaches alienation and not repeated interactions. In many instances, transgender individuals rely on NGOs or community-based organizations (CBOs) to facilitate these processes. Nevertheless, the ability to access such things is not being distributed equally, and as a result of such dependency, the better the CBO, the more likely it is to get better access to whatever is provided. Researchers promote the integration of transgender staff members into the field of state service and the creation of special outreach departments within departments to establish a sense of trust and responsibility.

Language and literacy are additional barriers to awareness and availability. Many official announcements about welfare programs are written in formal Malayalam or English, without considering the varied language skills within the transgender community, especially among those who have experienced disrupted education or early separation from their families (Pandya and Redcay 2021). Unless

it is simplified, accessible and context-sensitive, crucial information fails to fall into the hands of the recipients. Moreover, Dalit, tribal, or minority religious backgrounds of transgender people cause enhanced disadvantage inequalities, compounding other systematically disadvantaged aspects such as caste and class exclusions, and significantly complicating access to the state. There is a need in specific outreach and custom policy responses to these overlapping marginalities which are not yet in place.

A constant problem is that most empowerment movements do not consider the experiences of transgender individuals. For example, vocational training programs might not match the interests or job prospects of transgender people, resulting in low levels of participation and retention, as noted by the UNDP India (2017). Similarly, housing programs fail to support other communal living practices of transgender communities, where people share houses. Scholars have pointed out that this gap is caused by the lack of supporting information on transgender needs. Moreover, most programs created without the community involvement do not take into account an aspect called cultural nuances, so they lack participation, even though officially they may be indicated. Thus, a needs assessment that considers the transgender angle is important for enhancing the awareness and relevance of programs.

Despite viable approaches to utilising empowerment schemes, they tend to be small. In certain urban areas of Kerala, district-level transgender justice boards and active partnerships with civil society have led to increased awareness and higher enrolment rates (Jayalakshmi, 2024). Community outreach advocates trained in navigating these schemes have played an important role in connecting peers and building trust, as well as application processes. Nonetheless, such successes are often created by personal rather than institutional systematic planning. To render such practices more prevalent, community-level management of policies and the incorporation of transgender people in local government are increasingly in demand. The realisation of awareness and accessibility cannot stop at administrative steps; it should be a major change in the manner in which policies are communicated and implemented as well as how they are experienced.

Table 2.6

Summary of Important Literature Related to Awareness and Accessibility of Empowerment Schemes Among Transgender Individuals

Theme/Aspect	Key Findings/Issues	Supporting Studies	Remarks
Low Awareness of Schemes	Many transgender individuals remain unaware of welfare schemes due to lack of targeted communication and trans-led dissemination efforts.	Sudeesh (2024)	Communication strategies must be tailored to community languages, networks, and contexts.
Structural Barriers to Access	Bureaucratic red tape, lack of ID documents, digital exclusion, and stigma in government offices inhibit access to welfare benefits.	Fernandez and Gaitonde (2025)	Structural reforms and alternative ID pathways are needed to overcome systemic gatekeeping.
Lack of Inclusive Intermediaries	Government officials often lack sensitivity; NGOs and CBOs fill the gap, but uneven presence results in inequitable access.	Ministry of Social Justice and Empowerment (2022)	Trans-personnel in service delivery can enhance trust and reduce alienation in state systems.
Language and Literacy Constraints	Official information is not accessible to those with low literacy or disrupted education, especially from Dalit or minority backgrounds.	Pandya and Redcay (2021)	Inclusive, simplified, and multilingual materials are essential for effective outreach.
Mismatch Between Schemes and Realities	Programs often fail to reflect transgender individuals' lived experiences, housing patterns, and vocational aspirations.	UNDP India (2017)	Community consultation and needs assessments should guide program design for better relevance.
Localized Successes and Best Practices	In areas with proactive governance and trained community advocates, enrollment and awareness have improved, but these remain isolated cases.	Jayalakshmi (2024)	Successful models must be institutionalized and scaled with trans-inclusive monitoring mechanisms.

2.8 Impact of Government Initiatives on the Socio-Economic Status of the Transgender Community

There has been socioeconomic marginalisation of the transgender community in India, with institutional factors limiting the accessibility of education, employment, and housing structures. The government's attempts, especially in a state like Kerala since the 2014 NALSA judgment, have aimed at ensuring that these problems are resolved. However, the performance of these projects in changing the socioeconomic position has varied. Nayar et al. (2023) suggest that while policy announcements often attract attention, their true impact is better assessed through metrics such as income stability, literacy rates, employment levels, and housing security. Their study of the effect of housing and pension programs in the north of Kerala showed that the latter experienced a slight increase in the level of financial stability, which, however, was one-off instead of changing the game at all and was rather a product of intermittent payouts and the lack of proper institutional support.

Education has been perceived as a condition and an important tool for socioeconomic mobility. The government in Kerala has made scholarships, hostel facilities, and the enrolment of transgender students inclusive among its policies and strategies for enhancing higher education. Nevertheless, Raji and Tiwari (2024) revealed that while there was a slight increase in the enrolment of transgender students, dropout rates remained high due to ongoing social isolation, bullying, and a lack of inclusive classroom practices. Individuals who managed to attend higher education continuously due to state-financed programs indicated a better prospect of getting stable jobs; thus, stable state support appeared to have a positive influence on the long-term economic and socioeconomic results of citizens. Nonetheless, institutional shortages in sensitivity usually interfere with the flow of educational progress.

In the realm of employment, the state's initiatives to enhance skill development and foster entrepreneurship have achieved only modest success. Labour remains a key indicator of socioeconomic empowerment. Self-employment funding schemes, vocational training, and placement drives have been launched enthusiastically by the government to counter this problem. Nevertheless, research such as that by Sudeesh

(2024) indicates that although training is frequently provided, job placement opportunities remain limited due to widespread stigma in the labour market. Transgender people have also complained of being unable to secure loans and other credit facilities, mainly because of the absence of collateral and discriminatory mindsets of bank staff members. This forms a cycle where the training provided does not reflect significant economic involvement, hence diminishing the efficiency of the program.

There have been minor changes that the transgender community has enjoyed within the past decade with regard to their access to economic benefits, including pensions, ration cards, and social security schemes. Kuriakose and P K (2018) observed that the implementation of transgender identity cards and state welfare databases facilitated the inclusion of a portion of this community in formal entitlements. The beneficiaries interviewed also reported that they had improved access to food resources, health services, and even the capacity to earn their basic living needs. However, the discrepancy in implementation periods and in various districts and its reliance on gatekeeping officials have hindered wide-scale socioeconomic change. Many transgender people are not documented because they are estranged from their families or moved abroad at an early age and therefore cannot access such benefits.

Welfare programs in the states have encouraged financial stability because individuals can afford health insurance. A qualitative study conducted by Fernandez and Gaitonde (2025) in central Kerala revealed that transgender individuals participating in state health insurance plans could access essential treatments, such as hormone therapy and gender affirmation surgeries, at reduced prices. As a result, a number of the participants indicated enhanced psychological health, which contributed to an increase in work and educational behaviour. However, some problems presented in the study include limitations in reimbursement payments and other issues, such as unawareness of the full coverage of these programs, all of which were barriers to the consistent delivery of care. Therefore, although healthcare initiatives have recorded some significant improvements, such gains can only have a sustainable impact on economic productivity

upon the implementation of a higher-efficiency level in delivery and a higher amount of institutional accountability.

Socio-economic impact considerations, such as community integration and respect in the area of livelihood, are keen but often overlooked. In a participatory study by Garai (2023), transgender individuals involved in state-backed cooperatives and microenterprises reported enhanced self-esteem and decreased reliance on traditional jobs such as begging or sex work. These alternative livelihoods also helped dispel stereotypes in society and created a new avenue for people to participate in economic activities. However, the researchers noted that these activities were mainly urban and barely touched the rural locales, where the transgender communities were yet to undergo extremely impoverished and marginalised conditions. Thus, despite the fact that government efforts have begun to impact the socioeconomic environment, the scope of changes is yet to be determined, and their equity and sustainability remain to be established.

Table 2.7

Summary of Important Literature Related to Impact of Government Initiatives on the Socio-Economic Status of the Transgender Community

Theme/Aspect	Key Findings/Issues	Supporting Studies	Remarks
Policy Announcements vs. Real Impact	Benefits of housing and pension schemes observed but remain marginal due to weak implementation and inconsistent disbursement.	Nayar et al. (2023)	Headlines do not always translate into transformation; follow-through and monitoring are essential.
Education and Literacy Outcomes	Scholarships and enrollment have increased, but high dropout rates persist due to discrimination and non-inclusive environments.	Raji and Tiwari (2024)	Educational continuity is key; policy should address social climate, not just access.
Employment and Entrepreneurship	Vocational training is widespread, but employment opportunities are lacking; stigma and credit inaccessibility hinder entrepreneurship.	Sudeesh (2024)	Programs should bridge training with market entry and include sensitization for employers and banks.

Theme/Aspect	Key Findings/Issues	Supporting Studies	Remarks
Social Security and Entitlements	Introduction of ID cards improved access to schemes like pensions and ration cards, yet undocumented individuals remain excluded.	Kuriakose and P K (2018)	Broader inclusion requires flexible ID systems and outreach to unregistered community members.
Healthcare and Economic Stability	Health insurance access has reduced healthcare costs and improved well-being; however, delivery is uneven and awareness is limited.	Fernandez and Gaitonde (2025)	Streamlined reimbursements and better awareness campaigns can amplify economic benefits.
Alternative Livelihoods and Dignity	Cooperatives and micro-enterprises boost dignity and reduce reliance on begging/sex work, but success is mostly urban-centric.	Garai (2023)	Rural reach must improve; localized support structures and market access are critical for scaling.

2.9 Socio-Economic Empowerment Through State Interventions

Socio-economic empowerment is a multifaceted process with multifarious objectives that include access to resources, skills, and opportunities, thus ensuring that members learn to live with dignity and participate in society as equals. In the case of transgender individuals, government empowerment means breaking the vicious cycle of exclusion, poverty, and social invisibility that has historically characterised transgender lives. A 2015 report by the Government of Kerala observed that such empowerment could be achieved through well-formulated government policies that harness the underlying systemic challenges. Kerala has taken steps that include affirmative action in education, reserved places in housing, and free access to healthcare which have benefited from slow socioeconomic change. However, the impacts vary depending on the geographical setting, the extent of mobilisation in the communities being served, and the degree of interdepartmental cooperation in the transmission of such programs.

State interventions have played a major role in increasing educational participation and skill levels among transgender people in India. The issuance of scholarships, transgender-specific hostels, and job-related skill training have inspired most individuals to resume or even join education. As noted by Kumar (2025), these measures have instilled confidence and ambition among transgender youth, especially in urban areas. Nevertheless, the authors determined that socio-cultural stigma in educational institutions is also a constant problem since it interferes with the positive outcomes of such interventions in most cases. To maximise the empowering possibilities of education, it is critical to design facilitating settings and offer financial and logistical resources.

Government-initiated livelihood programs are vital for financial liberation. In Kerala, such endeavours include encouraging entrepreneurship, membership in cooperative societies, and financial support for self-employability. Akhila and Ursula (2019) studied government-supported micro-enterprises for transgender individuals in Kochi and Kozhikode and revealed that while financial aid was essential, ongoing mentorship and market connections were equally vital for maintaining economic progress. The women in such programs felt better about themselves, were respected by the community, and stopped working in volatile situations, that is, they stopped begging or being prostitutes. However, these efforts will not be successful in the long term unless these initiatives are supported on an ongoing basis, skill improvement, and social acceptance in local businesses.

Transgender welfare programs have been very helpful in healthcare transformation, which has largely contributed to socioeconomic empowerment. These projects include free gender-affirmation surgery in government hospitals, mental health services, and coverage by government health insurance. According to Nair and Kumar (2024), access to gender-affirming healthcare bolsters the emotional health and economic engagement of transgender individuals. Improved health attracts fewer sick days, increased efficiency, and better social adaptation. However, there is still room to improve the issues of rural medical infrastructure, shortage of qualified staff, and awareness of the transgender community regarding their rights.

Therefore, although the state should always play an active role in healthcare, it should be universal and guided by the needs of the community so that it can yield results.

The state's intervention in housing has also indicated the possibilities of empowerment in the housing industry. Stable housing does not only protects the body against dangerous elements and provides a sense of belonging and stability. To help the community, measures, including the creation of transgender-friendly housing societies in several divisions in Kerala and effective rental assistance, were offered to the transgender community in Kerala. According to an empirical study by Glick et al. (2020), housing security leads to a decrease in harassment incidents, enhanced hygiene and health outcomes, and the establishment of safe communal environments. However, the research findings also noted that even segregated housing models reinforce social exclusion. The authors promote the idea of inclusive housing policies to promote integration without violating the specific needs of the communities and their cultural identities.

The importance of institutional structures in the empowerment process cannot be overemphasised. Accountability and inclusivity in institutions can be achieved through institutions such as the Transgender Justice Board, Gender Cell Coordination Committee, and the formation of grievance redressal methods. According to a policy analysis by Satish and Kataria (2022), the presence of these institutions leads to state interventions that are more responsive, adaptable, and community focused. Engaging the transgender community in the development, follow-up, and assessment of policies facilitates the alignment of programs with their real needs. The report suggests legislative provisions on the participation of representatives of transgender people in local governance as a basic factor for continued socioeconomic empowerment.

Table 2.8

Summary of Important Literature Related to Socio-Economic Empowerment Through State Interventions

Theme/Aspect	Key Findings/Issues	Supporting Studies	Remarks
Educational Empowerment	Scholarships, hostels, and skill training have improved educational access and aspirations, particularly in urban centers. However, institutional stigma remains.	Kumar (2025)	Structural and cultural reforms in education are needed alongside financial support for sustainable impact.
Livelihood and Entrepreneurship	Financial aid and cooperative inclusion boosted confidence and reduced dependency on marginal work. Mentorship and market access are key to sustainability.	Akhila and Ursula (2019)	Economic empowerment requires long-term planning, capacity building, and social inclusion in employment spaces.
Healthcare Access and Productivity	Gender-affirming care improved health, reduced absenteeism, and enhanced participation in work life. Rural gaps and low awareness hinder full realization.	Nair and Kumar (2024)	Holistic health access must include mental health, rural outreach, and trans-aware service delivery systems.
Housing and Social Belonging	Secure housing reduced harassment and improved hygiene and well-being. Segregated models, however, may reinforce isolation.	Glick et al. (2020)	Integrated housing policies should balance safety with social inclusion to avoid spatial marginalization.
Institutional Inclusion	Functional justice boards and coordination bodies led to better policy responsiveness and grounded implementation.	Satish and Kataria (2022)	Trans representation in governance ensures accountability and contextualization of empowerment policies.
Intersectional Implementation	Success varies by region and coordination; where departments and community groups align, outcomes are more effective and inclusive.	Government of Kerala, (2015)	Empowerment outcomes depend on local governance strength and interdepartmental synergy.

2.10 Barriers and Challenges in Accessing Government Schemes

Although progressive transgender policies are gaining ground in India, especially in Kerala, transgender people face many challenges in accessing government programs. They are structural and social: they arise from institutional exclusion, stigma, and bureaucratic inefficiency. According to Hotchandani (2017), while various welfare programs are available covering areas such as healthcare, housing, and education their uptake by transgender individuals remains disproportionately low due to systemic discrimination ingrained in public service delivery systems. Transgenders are also frequently rejected services or dealt with harshly in local administrative agencies, and many of the people at the front line do not display the awareness or sensitivity necessary to appreciate the provisions of the transgender persons act and the corresponding state policies.

The greatest challenge is obtaining documentation. Transgender individuals, especially those who have been ostracised by their families or who have not received any formal education, usually lack key identity identification forms, such as Aadhaar cards, voter ID, and ration cards. Such unavailability of records limits their access to different programs and creates a vicious cycle of bureaucratic refusal. In their ethnographic research, Konduru and Hangsing (2018) discovered that district-level officials often requested documentation that did not align with the self-identification provisions of the NALSA judgment and the Transgender Persons (Protection of Rights) Act, 2019 (TPPRA). Transgender applicants were often made to pass through medical or physical-casual examinations or to submit irrelevant documents, which defied their legal right to self-identify, hence continuing the process of marginalising them before applying at all.

These concerns are exacerbated by digital exclusion. With welfare services shifting to the Internet, digital skills deficiency, inaccessible smartphones, and erratic Internet connections emerge as considerable barriers, especially for transgender persons living in rural areas or with low income. Dubey and Rawat (2025) highlighted how online-only application systems and digital submission requirements isolate those

with limited literacy and no technical assistance. The study pointed out that although digital governance is advocated for its transparency and efficiency, it has effectively created a "digital bureaucracy" that marginalised groups find difficult to navigate. This digital divide is also increased by the absence of help desks or community centres that would help transgendered people join such schemes.

Among the major problems is the lack of dissemination of this information. Government programs are often not promoted in a medium accessible to the transgender population or in a reliable medium of trust for the transgender community. According to Butz and Gaynor (2022), public announcements about these programs tend to be generic, often appearing on official government websites, in newspapers, or on platforms not commonly used by marginalised groups. As a result, most transgender people are ignorant of their rights or the procedures they need to follow to enjoy them. According to the researchers, one of the methods to bridge the information gap is by using grassroots civil society groups, transgender groups, and peer networks as a medium. Inclusive outreach strategies are essential because the most well-intended programs remain ineffective without their use.

Stigma and worry of humiliation within the population are some of the reasons why many transgenders avoid contacting state institutions. According to Raghuram et al. (2024), people frequently avoid government offices because of past experiences involving ridicule, verbal harassment, and misgendering. Consequently, in such environments, even the process of making an application is an emotionally discomfoting experience. The study revealed that although some programs, such as health insurance or ration cards, may technically be available, users are afraid to come in person to avail them, either because of a sense of shame or fear of facing a world of discrimination. This emphasises that it is not only the policy frameworks that affect access to services but also the culture in the institutions. Even in such environments, they are not inclusive without sensitising administrative systems.

Follow-ups and coordination among departments remain a significant challenge in this respect. Various studies, such as Poornima (2023), emphasise that transgender welfare is dispersed among different sectors social justice, health, education, and employment without adequate collaboration. This is what normally results in the scrapping of the beneficiaries between departments without a discernible solution, resulting in what the researchers describe as a labyrinth of neglect. Policy fatigue is also caused by the lack of reporting systems, grievance redressal mechanisms for transgender people, and inefficient Transgender Justice Boards. A unified and trans-inclusive governance system is required to address these structural problems, and this should not mean the inclusion of transgender people as concerned benefactors but as equal members of the policy-making process.

Table 2.9

Summary of Important Literature Related to Barriers and Challenges in Accessing Government Schemes

Theme/Aspect	Key Findings/Issues	Supporting Studies	Remarks
Institutional Discrimination	Frontline officials lack awareness/sensitivity; many transgender individuals face mistreatment or rejection at public offices.	Hotchandani (2017)	Institutional culture must be transformed through mandatory sensitization and accountability reforms.
Documentation Barriers	Lack of identity documents restricts access; officials often demand unnecessary or illegal proof, violating self-identification rights.	Konduru and Hangsing (2018)	Legal safeguards need effective local enforcement; training on the 2019 Act is critical.
Digital Exclusion	Online-only portals and digital procedures disadvantage transgender individuals lacking devices, skills, or connectivity.	Dubey and Rawat (2025)	Digital public service delivery must be supplemented with physical help desks and guided support.
Information Gaps	Government schemes are not advertised through transgender-friendly or community-based channels; awareness remains low.	Butz and Gaynor (2022)	Outreach strategies must leverage CBOs, peer networks, and trans-led organizations.

Theme/Aspect	Key Findings/Issues	Supporting Studies	Remarks
Fear and Stigma in Public Spaces	Negative past experiences (mockery, misgendering) deter transgender individuals from engaging with government services.	Raghuram et al. (2024)	Emotional safety is as important as physical access; trans-safe service environments are essential.
Fragmented Implementation	Poor inter-departmental coordination results in confusion, policy fatigue, and lack of follow-through.	Poornima (2023)	Unified governance with cross-sectoral coordination and functional grievance redress systems needed.

2.11 Government Policies and Transgender Health: A Review of Psychological and Social Well-being Studies

In recent years, government initiatives concerning transgender health have garnered considerable attention, especially after the implementation of the Transgender Persons (Protection of Rights) Act, 2019. Although such initiatives have recognised the importance of the right to health as an essential means of empowering transgender people, empirical research has shown that their real impact on both psychological and social well-being is inconsistent. Sarika et al. (2025), in their comprehensive review, contend that most state policies, including those in Kerala, primarily emphasise the physical dimensions of transgender health, such as gender-affirmation surgeries and hormone treatments. However, psychological support programs, trauma-informed practices, and long-term psychological services are often ignored, even though they play a significant role in empowering transgender people to live decent lives.

Studies have continually reported that transgender people are at an elevated risk of depression, anxiety, substance abuse, and suicide because of constant exposure to stigma, discrimination, and violence. Although Kerala's policies have included measures for free counselling and mental health support, their implementation has been hindered by a shortage of trained professionals and

systemic transphobia within healthcare institutions. A qualitative study by Connolly et al. (2025) found that many transgender individuals refrained from seeking psychological assistance from public health facilities because of their past experiences of being misgendered, mocked, or encountering ignorance about transgender issues. Even when mental health services were offered through state programs, they were frequently provided by staff unfamiliar with the community's unique challenges, making these services ineffective or even re-traumatising.

Another key gap in the majority of transgender health policies in India is the absence of intersectional approaches that address how gender identity, caste, class, disability, and regional factors intersect to affect health conditions. According to Kantilal et al. (2025), transgender individuals from Dalit or tribal backgrounds in Kerala face compounded health challenges, often encountering additional discrimination, even within state-sponsored transgender health initiatives. Such people show a greater proportion of unexplained health reimbursements and poor access to governmental schemes, as well as heightened mental disturbance compared to the general population. The lack of an overall policy framework, which considers the levels of marginalisation, will leave attempts to promote improved psychological well-being less than optimal and rather skewed towards those who are already closer to the power capitals of the urban and institutes.

Social well-being, which refers to the capacity to engage with and feel supported by one's community, is an essential aspect of health that is often neglected by government policies. Although some policies incorporate public awareness and sensitisation initiatives, research by Waggy and Bashir (2024) indicates that these efforts are infrequent, superficial, and frequently fail to address deeply rooted stereotypes. This means that transgender people are still socially isolated, rejected by their families, and segregated from society. Such social issues considerably compromise the psychological benefits of clinical therapy. The authors propose the implementation of a community mental health supportive structure, peer counselling,

and integration of family approaches to organise and increase the current healthcare services.

The possible advantages of hiring transgender individuals in the healthcare sector are outlined in the recent literature. Acceptance of transgender people into the healthcare system helps increase their trust in the system and results in healthier outcomes, as transgender people are trained and employed whose roles are either as peer counsellors, community health workers, or mental health advocates. In their study of a transgender-led health model in southern Kerala, Sukumar et al. (2020) found that counselling units through transgender people largely improved access to mental health services, particularly for first-time health service users. Participants found themselves to be more emotionally safe, culturally cognizant, and less discriminated against than before. However, such pilot projects have been largely left without state funding or transferred into formal health systems.

The pandemic revealed the sensitivity of healthcare access for the transgender population in the United States. According to a post-COVID analysis by Restar et al., 2024, many transgender individuals faced difficulties in obtaining ART (hormone replacement therapy), mental health support, and even basic medical services during the lockdowns. The lack of a particular policy regarding pandemic reaction underscores the insufficiencies of existing health systems for transgender people and highlights the necessity of more developed and inclusive systems. The research also revealed an increase in psychological stress, food insecurity, and homelessness among the transgender community during the period. Government policies must move toward a more proactive and coordinated approach and implement long-term, comprehensive, and preventive policies to care for the physical and mental health of transgender people.

Table 2.10

Summary of Important Literature Related to Government Policies and Transgender Health: A Review of Psychological and Social Well-being Studies

Theme/Aspect	Key Findings/Issues	Supporting Studies	Remarks
Focus of Health Policies	Emphasis on physical health (surgeries, hormone therapy); neglect of mental health and psychological services.	Sarika et al. (2025)	Policies need to adopt a more holistic understanding of health, integrating mental and emotional well-being.
Mental Health Service Gaps	Lack of trained, sensitive professionals; fear of misgendering, ridicule, and traumatization deters access to public mental health care.	Connolly et al. (2025)	Mental health services should be trauma-informed and delivered by trained, inclusive professionals.
Intersectionality in Health Access	Transgender persons from marginalized caste and tribal backgrounds face higher health vulnerabilities and systemic exclusion.	Kantilal et al. (2025)	Inclusive policies must address intersecting identities like caste, class, and disability.
Social Well-being and Stigma	Social isolation and community rejection persist; public awareness programs are inconsistent and ineffective in addressing stereotypes.	Waggy and Bashir (2024)	Long-term, community-based sensitization and family integration initiatives are needed.
Transgender Involvement in Healthcare	Trans-led health interventions (e.g., peer counselling) increase trust and access; proven effectiveness in pilot projects.	Sukumar et al. (2020)	Institutionalize trans-led models into state healthcare systems with long-term funding.
COVID-19 Impact on Health Access	Pandemic disrupted access to essential health services (e.g., HRT, ART); increased psychological distress and economic vulnerability.	Restar et al. (2024)	Future health frameworks must be resilient, inclusive, and responsive to crisis scenarios.

2.12 Psychological Well-being and Mental Health Outcomes

Transgender people, particularly in Kerala and India, have to deal with many more psychological issues than their cisgender counterparts. This has been majorly associated with systemic discrimination, rejection by the family, stigma by society, and lack of inclusion in institutions. Nair (2021) noted that ongoing social exclusion results in a high incidence of mental health issues among transgender individuals, such as depression, anxiety, PTSD, and suicidal tendencies. The authors mention that the government has been successful in recognising the transgender community on a policy level, yet its mental health crisis has not been solved practically, and not much is being done to support people at the psychological level. The lag in policy awareness and the real performance of mental health points out a gap between legal advancement and psychosocial safety.

One of the main causes of poor mental health in transgender individuals is not being accepted or being rejected by their families, which can begin in early adolescence when the transgender person starts demonstrating their gender identity. According to Ramos and Marr (2023), early trauma from family rejection not only results in homelessness but also worsens psychological problems, such as low self-esteem, substance abuse, and self-harm. The research found that approximately 70 percent of the respondents had to move out of their homes before they were 18 years old, and many of them did not have counselling services or anyone to counsel them. Failure to provide psychological treatment to such individuals early in life results in these people living with untreated trauma into adulthood and developing chronic mental illness symptoms despite subsequent social integration attempts.

School-going transgender youth face harassment and bullying, which negatively affects their psychological development. Lefevor et al. (2018) note that transgender students frequently experience being misgendered by classmates and teachers, are denied access to suitable restrooms, and are excluded from extracurricular activities. Such marginalisation leads to constant stress and anxiety, lack of interest in their studies, and inability to socialise. A study involving five

government colleges in Kerala revealed that the lack of institutional support and mental health services within the college campus worsened these problems. Counselling centres exist in most institutions; however, their effectiveness is limited to transgender students, as they lack personnel with knowledge of gender-sensitive counselling practices. To address this gap, the authors suggest introducing gender-affirming mental health services in educational establishments.

Barriers to mental healthcare can mostly be found in the lack of professionally trained personnel and culturally sensitive services. Transgender identities are commonly viewed as invalid by traditional psychiatric forms of treatment, which serves to deter patients. Inch (2016) conducted a field study revealing that numerous government mental health professionals either lacked awareness of transgender-specific concerns or continued to perceive gender diversity as a disorder. Such conditions not only lead to incorrect diagnoses but also cause an increase in the mistrust between the community and healthcare providers. The participants also showed their preference for mental health support systems based on the community, peer-based counselling model, and gender-affirming care providers that were in tune with their lived experiences.

Evidence regarding the impacts of hormone therapy and gender-affirmation surgeries on mental health has been increasingly collected, with researchers finding significant improvements in mental health when applied as a part of well-informed consent and competent care. In a study conducted over time, Hughto et al. (2020) discovered that transgender individuals in Kerala who received gender-affirming procedures with state support experienced decreased gender dysphoria, better body image, and increased emotional stability. However, the study also noted that these psychological benefits were muted in situations where access was prolonged by bureaucratic red tape or where there were no postoperative counselling services put in place. This highlights the need to integrate mental healthcare into the continuum of gender healthcare.

Peer support networks have emerged as a powerful way to improve the psychological lives of transgender people. In a study involving community participation, Kia et al. (2023) found that transgender people who engaged in peer-led groups experienced increased life satisfaction, felt less isolated, and demonstrated greater resilience. Through these networks, trauma, coping strategies, and emotional support are discussed in a secure environment. Peer support is regarded as easier, more sympathetic, and based on shared stories than traditional counselling. The authors recommend the adoption of policies by the government to formally acknowledge and finance peer-led mental health programs as helpful for the well-being of transgender individuals and psychological empowerment.

Table 2.11

Summary of Important Literature Related to Psychological Well-being and Mental Health Outcomes

Theme/Aspect	Key Findings/Issues	Supporting Studies	Remarks
Psychological Distress & Social Exclusion	High rates of depression, anxiety, PTSD, and suicidality due to systemic exclusion, stigma, and marginalization.	Nair (2021)	Legal recognition alone is insufficient without psychosocial safety mechanisms and sustained care.
Familial Rejection and Early Trauma	Rejection during adolescence leads to homelessness, substance abuse, and long-term trauma; lack of early psychological intervention worsens outcomes.	Ramos and Marr (2023)	Family-focused counseling and early interventions are critical to preventing lifelong psychological issues.
Bullying in Educational Institutions	Transgender students face harassment, misgendering, and institutional neglect; lack of gender-affirmative mental health services in academic settings.	Lefevor et al. (2018)	Educational policies must include gender-sensitive mental health services and inclusive institutional culture.

Theme/Aspect	Key Findings/Issues	Supporting Studies	Remarks
Healthcare Access and Professional Competency	Government mental health professionals often lack trans-specific knowledge; traditional psychiatry pathologizes gender diversity.	Inch (2016)	Reform of mental health training is needed to ensure cultural competency and affirming practices.
Gender Affirmation and Mental Health Outcomes	Hormone therapy and surgeries improve mental health when combined with competent care; delays and lack of post-op support reduce these benefits.	Hughto et al. (2020)	Mental health must be integrated into the full gender-affirmation process, including follow-up counseling.
Role of Peer Support Networks	Peer-led support improves resilience, reduces loneliness, and enhances life satisfaction; seen as more empathetic and accessible than formal services.	Kia et al. (2023)	Government should institutionalize and fund peer support as a key component of transgender mental healthcare.

2.13 Transgender Social Integration and Community Perception

There are many facets of transgender social integration, as it shows the degree to which transgender individuals are embraced, accepted, and allowed to exercise full participation in the social, economic, and cultural life. In India, especially in more liberal states such as Kerala, a precedent set by law and policies has been laid down to welcome transgenders. Nonetheless, as Vinshy (2023) contends, societal acceptance significantly trails behind legal acknowledgment. In their ethnographic study in Thiruvananthapuram, it was evident that even though transgender people had the ability to get an identity card and to receive social welfare, they still remained in the marginalised group and experienced discrimination in social places, at work, and in school. The state's symbolic acceptance has not entirely translated into broad societal inclusion, highlighting a notable disparity between policy objectives and the social reality.

Transgender individuals are often marginalised from mainstream society due to religious and cultural norms. Chandran (2019) highlights that in some rural parts of Kerala, traditional beliefs still view gender diversity as either immoral or a disorder. This has led to transgender people being excluded from family ceremonies, religious events, and communities. Over 60 percent of the participants in the study were socially excluded following their gender transition. Despite Kerala's high literacy levels and advanced public health metrics, these entrenched social attitudes are difficult to change. The authors stress the need for sensitisation campaigns at the grassroots level and inter-faith dialogues to fight cultural stigmatisation and promote community-based inclusion paradigms.

The way transgender people are represented in the media or visibility campaigns also influences their acceptance in the population, and both have been growing over the past few years. Transgender voices are becoming increasingly prominent in movies, documentaries, and social media platforms, becoming more visible. However, Koch-Rein et al. (2020) warned that this visibility can be a double-edged sword. Media coverage can perhaps create some awareness, but at the same time, the coverage may act on stereotypes reinforce certain kinds of transgender lives and not others, that is, urban, upper-caste, sensations, and so on. This does not give importance to the voices of many others in the marginalised sections of the community and creates a skewed perception among the masses of the community. In turn, true social inclusion will always be unattainable to those whose lives fail to be portrayed in media-friendly terms.

Intergroup relationships and education are important in shaping community perceptions. In a study conducted by Cohen et al. (2024) in a school setting, it was discovered that students who participated in organised discussions about gender identity and engaged with transgender speakers developed notably more positive attitudes. This research favours Allport's intergroup contact theory, which states that personal contacts, even in favourable surroundings, are capable of reducing prejudice. However, scientists indicate that these programs are rare and usually periodical. In Kerala, the school curriculum lacks adequate education on gender

diversity, and most teachers are unconsciously biased. To introduce long-term shifts in community attitudes, it is important to consider introducing transgender issues into curricula, teacher education, and school regulations.

Workplaces provide considerable information about how society judges transgender people. Although the state promotes the inclusion of transgender people in government and other job opportunities in the private sector, problems with workplace acceptance abound. Karthick and Raju (2024) conducted research involving transgender employees in Ernakulam's public and private sectors and revealed that even when employed, transgender individuals frequently encounter exclusionary behaviours such as being misgendered, socially isolated, or overlooked for promotions. Gender diversity is not addressed in colleagues through training, and institutional HR policies rarely go beyond the slimmest form of inclusivity. Therefore, it can be explained by the fact that transgender workers usually feel alienated, which influences not only their work but also their social adjustment.

The social interaction of transgender people cannot be underestimated on a daily basis because of the effects of neighbourhood dynamics. Bharathi et al. (2021) found in their research on residential segregation that many transgender people face housing denial or are compelled to reside in isolated "transgender colonies" on the outskirts of cities. As much as such places may give a feeling of being secure and part of the community, they also boost social isolation among the elderly. Their recommendations for urban planning policies include promoting integration in housing as well as anti-discrimination policies for landlords. They also proposed the implementation of community awareness programs to lessen bias and induce empathy among local residents. In the absence of such initiatives, it would be hard to expect full social integration, even with increased rights on the legal front.

Table 2.12

Summary of Important Literature Related to Transgender Social Integration and Community Perception

Theme/Aspect	Key Findings/Issues	Supporting Studies	Remarks
Legal Recognition vs. Social Acceptance	Legal frameworks exist, but social discrimination persists; symbolic recognition hasn't led to full inclusion in public and institutional spaces.	Vinshy (2023)	Bridging the gap between legal reform and everyday social attitudes is a major challenge.
Cultural and Religious Exclusion	Traditional beliefs contribute to exclusion from family, rituals, and local communities; widespread social ostracization reported.	Chandran (2019)	Cultural stigma requires long-term interfaith dialogue and grassroots-level sensitization campaigns.
Media Representation and Visibility	Media has increased visibility but often reinforces stereotypes, especially urban and sensational portrayals, marginalizing diverse voices.	Koch-Rein et al. (2020)	Representation needs to be nuanced and inclusive to avoid reinforcing narrow narratives.
Education and Intergroup Contact	Structured school interventions improved student attitudes; however, these efforts are rare and lack systemic integration into curricula and teacher training.	Cohen et al. (2024)	Sustained education reform is essential for fostering inclusive attitudes from a young age.
Workplace Inclusion	Despite policy-level inclusion, transgender employees report misgendering, isolation, and lack of promotion opportunities.	Karthick and Raju (2024)	Workplace training and comprehensive HR reforms are needed to move beyond tokenism.
Housing and Neighbourhood Dynamics	Transgender persons often live in segregated colonies due to discrimination; while safer, these perpetuate social isolation.	Bharathi et al. (2021)	Inclusive urban planning and anti-discrimination housing policies are crucial for integration.

2.14 Comparative Analysis of Transgender Policies: Lessons from Kerala and Other Indian States

Kerala is frequently recognized as a leader in advancing transgender welfare in India, having introduced the country's first comprehensive transgender policy in 2015. This, referred to as the Kerala Transgender Policy, also advanced some lofty goals, including sex reassignment surgeries without charging any money, skill-building activities, and financial aid in terms of education and sheltering of transgender people. In contrast, several other states in India have deferred the formulation of such policies or adopted a partial approach to their formulation. As noted by Kapoor and Meenakshi (2021), although states like Tamil Nadu had previously established welfare boards for transgender individuals, their initiatives were primarily focused on welfare and lacked the rights-based, intersectional perspective that Kerala's policy sought to incorporate. This transition from a charity- to a rights-focused model is a key feature that sets Kerala's approach apart.

As one of the first steps to becoming more inclusive of transgender people, Tamil Nadu created the Aravani Welfare Board in 2008. This program offered vocational training as well as identity and ration cards. Nonetheless, as noted by Shekhar and Rani (2022), the Tamil Nadu approach was somewhat restricted, mainly serving individuals already affiliated with the Hijra or Aravani groups. In contrast, Kerala's model aimed to encompass the full spectrum of transgender identities, including trans men, genderqueer, and non-binary individuals, thereby making its policy more inclusive of gender diversity. With this wider meaning, transgenerness in Kerala has developed a richer and advanced process of policy formulation and implementation.

Maharashtra and Karnataka are two states that have formulated transgender policies in recent years, but their approaches differ in terms of comprehensiveness. According to Yadav and Mohanty (2022), Karnataka has introduced job reservations for transgender individuals in the public sector and taken steps towards inclusive education, but the execution of these initiatives is lacking. Numerous areas have failed to earmark any particular budgets or build monitoring systems. Conversely,

Kerala has established cells dealing with transgender issues in the Social Justice Department and transgender boards at the district level to oversee implementation. This is because these localised forms of governance have ensured that the transgender welfare programs are supported and monitored more effectively, which is not the case with the models of other states.

Kerala's transgender policy has been successful partly because of its alignment with broader developmental initiatives, such as literacy campaigns, healthcare improvements, and decentralised planning. According to Joseph and Nair (2023), the state's strong local governance anchored in its Panchayati Raj institutions has facilitated targeted community interventions. For example, transgender people have been incorporated into local development councils and planning committees in certain districts, where they have a platform to express themselves politically and make an influence. On the other hand, states including Uttar Pradesh and Bihar have not provided effective outreach and mere implementation of transgender-related programs due to the lack of a decentralised structure and low administrative capacity.

Kerala can be distinguished yet again through its unwavering adherence of budget and follow up policy. As highlighted in a fiscal analysis by Dutta and Ramesh (2023), since 2016, Kerala has regularly earmarked funds in its annual budgets specifically for the welfare of transgender people. These funds are used to subsidise some form of healthcare, education grants, housing support, and livelihood programs. Other states, on the other hand, either provide transgender welfare within their overall social justice programs or use centralised programs. This drawback of not paying special attention to financial resources leads to erratic program delivery and reduced program effectiveness. Additionally, Kerala's routine audits and public disclosures regarding transgender welfare introduce a level of transparency that is seldom observed in the frameworks of other states.

Although Kerala's model has achieved a certain level of success, it is not without its shortcomings, and it is important to learn from both its achievements and

difficulties. Banerjee and Shaheen (2023) note that Kerala's policy, like those in other states, has faced challenges in terms of long-term rehabilitation and social reintegration. Although access to surgery and education has improved, many transgender people experience housing discrimination, employment barriers, and mental health issues. Therefore, a comparative framework should not only acknowledge Kerala's pioneering efforts but also incorporate evolving models from other regions, such as Delhi's initiative for inclusive shelters or Odisha's digital registration for transgender individuals, as complementary innovations. There would be a lot of improvement in transgender policy in India through a national system of best practices, based on Kerala and other enlightened projects.

Table 2.13

Summary of Important Literature Related to Comparative Analysis of Transgender Policies: Lessons from Kerala and Other Indian States

Theme/Aspect	Key Findings/Issues	Supporting Studies	Remarks
Policy Framing: Rights vs. Welfare	Kerala's 2015 policy adopts a rights-based, intersectional approach, unlike earlier welfare-oriented models like Tamil Nadu's.	Kapoor & Meenakshi (2021)	Kerala shifted the paradigm from charity to rights, influencing future transgender policy frameworks.
Inclusivity of Trans Identities	Kerala includes a broader spectrum (transmen, genderqueer, non-binary), whereas Tamil Nadu's policies focus on Hijra/Aravani communities.	Shekhar & Rani (2022)	More inclusive definitions in Kerala foster wider representation and participation.
Governance Structures	Kerala has transgender cells and district-level boards ensuring implementation; other states lack such localized governance mechanisms.	Yadav & Mohanty (2022)	Localized structures allow for better monitoring and responsiveness.
Integration with Development Plans	Kerala links transgender welfare to decentralization and local governance via Panchayati Raj; such integration is weak in other states.	Joseph & Nair (2023)	Inclusion in grassroots governance gives transgender persons political voice and localized support.

Theme/Aspect	Key Findings/Issues	Supporting Studies	Remarks
Budgetary Commitment	Kerala earmarks specific transgender welfare budgets annually, unlike most states that club it under general social welfare.	Dutta & Ramesh (2023)	Dedicated funding ensures policy continuity and measurable outcomes.
Transparency and Accountability	Regular audits and public reports in Kerala enhance transparency; this is lacking in many states.	Dutta & Ramesh (2023)	Transparency mechanisms increase credibility and stakeholder trust.
Policy Limitations and Evolving Models	Kerala still faces challenges in rehabilitation and social integration; other states offer innovations like inclusive shelters (Delhi) and digital ID systems (Odisha).	Banerjee & Shaheen (2023)	Learning from diverse state models can inform a national best practices framework.

2.15 Research Gap

Although Kerala is often praised for its transgender policy since 2015, studies show a large gap between policy and reality. Most existing research focuses on policy frameworks and implementation from the government or NGO perspective but lacks sufficient empirical data on actual experiences of transgender individuals before and after the policy. There is a scarcity of studies on awareness levels about these schemes, their accessibility and the practical challenges faced by transgender people. Mental health support and social acceptance are not adequately addressed in current literature. Few studies evaluate how far transgender empowerment in Kerala integrates education, employment, mental well-being, social inclusion and legal rights together. Comparative models with other states are also missing. Hence, there is a need for more empirical, and holistic research on the actual impact of Kerala's transgender policy and bill on the lives of transgender people.

2.16 Conclusion

Through extensive literature reviews, it can be established that despite significant positive changes that have taken place in the creation of policies and legal

recognition of transgender rights in India, especially in Kerala, there is a larger gap between radical legislative changes and real-life success stories among the transgender population of India. The Kerala Transgender Policy of 2015, which can be seen as an industry-breaking initiative, provides a rather broad approach to inclusion, covering the fields of education, healthcare, employment, and acceptance under the law. Nonetheless, implementation issues, bureaucracy, lack of widespread knowledge, and general social stigmatisation still prevent it from reaching its objectives. Studies continually point out that regardless of the attention paid to these policies, transgender people still face systematic discrimination, psychological issues, and an inability to access government-sponsored initiatives. The gap between these two clearly shows how top-down approaches tend to fail in overcoming the deeply rooted societal and institutional hindrances the community has to contend with.

In addition, the literature reveals the importance of community-based, evidence-based, and intersectional approaches to empowering transgender people to seek healthcare services. The presented difficulties, such as a lack of psychological help, a lack of trained specialists, discriminatory media representations, and residential segregation, underline the importance of policies which differ in their goals from simple calculations. Other comparative evidence on other Indian states indicates that although great strides have been achieved in Kerala, an overall holistic, participatory, and closely monitored plan of implementation is essential to achieve true empowerment. The gaps in awareness and accessibility, socioeconomic integration, and social acceptance identified show that it is high time to offer an integrated, inclusive, and community-based reform. The following findings provide the foundation for undertaking this research study to evaluate, quantify, and bridge the gap that has existed between policy and practice regarding transgender empowerment in Kerala.

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Chapter 3

THEORETICAL AND CONCEPTUAL FRAMEWORK

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Chapter 3

THEORETICAL AND CONCEPTUAL FRAMEWORK

3.1 Introduction

To determine how the transgender community has been empowered in the socio-political context of Kerala and how it can contribute to a better future, it is important to follow a strong theoretical framework that is multidimensional in nature, encompassing the concepts of identity, marginalisation, policy, and structural inclusion. The theoretical foundation of the present study is premised upon interdisciplinary scholarship, which does not merely capture the lived reality of transgender people but questions the systemic underpinnings, as well as the state machinery producing such experiences of living. Kerala has emerged as a progressive state in India by pioneering a comprehensive Transgender Policy (2015) and aligning with the Transgender Persons (Protection of Rights) Act, 2019, offering a rich case to analyse how empowerment is operationalized through state interventions. To comprehensively evaluate such initiatives, this study resorts to a wide range of theories, such as those of social inclusion, which aid in the evaluation of the extent to which transgender people become integrated into mainstream society, and human rights and gender identity theories, upon which the normative principles of dignity, autonomy, and non-discrimination are anchored, as the key components of any empowerment policy. All these theories provide a common perspective through which the inclusiveness, equity, and accessibility of Kerala's transgender projects can be critically analysed.

In addition, the system will integrate the concepts of public policy and welfare state theories, which are crucial in perceiving how institutions of government interpret provisions in the law and welfare goals into practical action plans to benefit marginalised groups. At the same time, minority stress theory can provide access to the psychological consequences of stigma and discrimination, which can help place mentally healthy transgender individuals within the structural framework of limitations. Theories of social justice and equity offer normative standards against

which policies based on equal treatment can be evaluated to determine the level of fair redistribution of resources and opportunities. Institutional theory, which studies the dynamics of policy implementation, and queer theory, which scrutinises normative assumptions and criticises the construction of binary gender constitutions within the context of public policy, are also used to enhance the analysis. The theory of planned behaviour was used to define how transgender people perceive, assess, and participate in government programs to establish access and the level of behavioural response to these initiatives. The theory of intersectionality is utilised to break down the stratified and overlapping disadvantages, which can be caste, class, religion, and geographical, which add to the difficulties experienced by the transgender population. Finally, the anchoring concept is an empowerment theory that serves as the basis for measuring the outcomes of the agency, autonomy, and participation of the transgender community. A composite combination of these overlapping theoretical frames enables a cross-dimensional assessment of the policy environment of transgender people in Kerala, demarcating policy design from policy impact.

3.2. Theories of Social Inclusion and Marginalized Communities

The social inclusion process is multidimensional in character, as it seeks to eliminate obstacles that are known to deny individuals or groups opportunities to contribute to economic, social, cultural, and political life. This is particularly important when discussing the problems of marginalised people, such as the transgender population, whose discrimination may be predetermined by firmly rooted inequality issues or cultural stigmas. Theories of social inclusion go beyond mere assimilation and advocate the creation of systems and environments where diversity is not only acknowledged but also valued and integrated into mainstream society (Silver, 2010). The theories examine access to resources, responsiveness to institutions, recognition of identity and dignity, and involvement as important elements in creating an inclusive society. In the context of Kerala, the state's progressive stance, embodied in its Transgender Policy (2015), offers fertile ground for analysing the extent and limitations of such inclusionary processes. Social

inclusion theories argue that exclusion is not simply a byproduct of poverty but is also caused by systemic discrimination, stigmatisation, and institutional neglect (Levitas et al., 2007). Being marginalised, such members of the community as transgender people tend to be marginalised in various spheres, including health care, education, employment, legal recognition, and political life. Formal institutions and social beliefs conform to these exclusions. Consequently, social inclusion must be rights-based, acknowledging the unique set of barriers faced by marginalised groups and affording them equal access. In Kerala, such efforts as the creation of gender-neutral mass spaces, involvement in welfare systems, and access to healthcare and education are seen as attempts to overcome barriers, and their effectiveness should be continuously assessed through the prism of inclusion theory.

In addition, social inclusion does not only entail access to materials but also the internal experience of belonging, dignity, and self-worth. For transgender persons, legal recognition (such as the issuance of transgender identity cards) and institutional representation (such as the formation of the State Transgender Justice Board in Kerala) are crucial milestones for achieving inclusion (Fraser, 2003). Nevertheless, critics have commented that tokenism or poorly formulated ideas can only increase alienation unless they respond effectively to the needs of the community. Thus, social inclusion theory requires that policies be participatory in their design and implementation, meaningfully involving transgender individuals in decision-making processes to ensure that interventions are contextually appropriate and culturally sensitive (Burchardt, Le Grand, & Piachaud, 2002). The connection between social citizenship and economic participation constitutes a critical point in social inclusion theory. Scholars such as Sen (2000) have argued that the deprivation of capabilities, such as the ability to seek employment or access education, results in both economic and social exclusion. In Kerala, transgender individuals who face discrimination at work because of stigma or unfriendly workplaces are not only weakened in their ability to financially support themselves but also in earning social status. Kerala's attempt to implement the signing of competence instruction programs and the setting aside of positions in the labour force for transgender people

is aligned with this theoretical knowledge, considering the rebuilding of strength and elimination of institutional drawbacks. Nevertheless, these measures are only successful when they are counterchecked consistently, and underlying prejudice is removed from the mechanisms of implementation.

Moreover, social inclusion theory highlights the demands of inclusion interventions on intersectionality. Discrimination against transgender communities is often intersected by other forms of discrimination along caste, religion, socioeconomic status, and disability. In such cases, it is burdensome to exclude them, and single-axis interventions are inadequate. Thus, the theory of social inclusion requires comprehensive and cross-sectional policies that have the potential to address the diversity of transgender people themselves. This is particularly relevant in Kerala, where the transgender population is not homogeneous and state interventions must be nuanced to address overlapping vulnerabilities (Yuval-Davis, 2006). Social inclusion theories also encourage policymakers to avoid the equality approach of viewing social inclusion and instead use the equality approach by focusing on equity as the objective. Another pillar of social inclusion theory is the significance of social capital and community networks throughout the process of inclusion. Supportive networks, whether institutional or informal, are also known to promote inclusion through the facilitation of psychological support, advocacy, and resource accessibility. In Kerala, organisations and collectivities held by transgender communities are key agents that support access to welfare schemes, legal assistance, and awareness-raising campaigns. Social inclusion theory recognises such grassroots engagements as crucial in building trust between marginalised communities and the state, thereby enabling more responsive and effective policy delivery (Putnam, 2000). In conclusion, social inclusion theories can form a vital course of assessing the breadth, depth, and magnitude of transgender empowerment plans in Kerala by offering a prerequisite perspective through which policy prosperity can be perceptively evaluated and points of continuing void located.

Thoughts about social inclusion have changed substantially over the past few decades, with welfare-focused ideas being replaced by multidimensional

conceptualisations that are more concerned with equality, participation, and human dignity. One of the early developments in social inclusion discourse stemmed from European policy literature, where exclusion was linked not only to poverty but also to the erosion of civil rights, discrimination, and the breakdown of social cohesion (Atkinson 1998). In this sense, inclusion was not a simple policy but also a condition of the society where every person had a chance to contribute to social, economic, and political life as much as possible. These perspectives were later expanded upon by scholars who argued for structural reforms in education, health, and governance systems to ensure that marginalised populations are included in form and substance (Lister, 2004). Inclusion, in this case, means a more fundamental engagement with the way society organises its opportunities and the right to belong to society on the part of the transgender community in Kerala than surface-level inclusion in terms of equality in terms of access to welfare programs. Also standing out as a significant body of literature is the role of recognition and identification in the theory of social inclusion, particularly about gender and sexual minorities. Social inclusion theorists such as Young (2000) and Kabeer (2005) have stressed that exclusion is not only about resource deprivation, but also about social invisibility and symbolic disempowerment. Incidentally, transgender individuals, who often must undertake stigma, humiliation, and system-marginalisation, are often rendered invisible or even sick by mainstream establishments. Inclusion means that different gender presentations must be considered and heteronormative social narratives that discriminate against non-binary people must be interrupted. Kerala's initiatives, such as gender-neutral toilets, inclusive curriculum modules, and the recognition of self-identified gender categories in official documents, represent important but initial steps in aligning policy with these inclusion principles.

Along with spatial and institutional access, social inclusion is closely associated with geography and the availability of infrastructure, which determines the lives of belonging to a positive or negative degree. Scholars such as Madanipour (2016) have argued that urban spaces often reflect the exclusionary practices of dominant groups, marginalising those who do not conform to normative appearances

or behaviours. The case of transgender persons in Kerala is no exception in terms of access to public spaces, where transgender persons are reluctantly accepted at best, and the spheres of access include schools, hospitals, workplaces, and transport. Despite the legal recognition provided by the Supreme Court's NALSA judgment (2014), which identified transgender persons as a "third gender," the physical architecture of inclusion is often lacking. The theory of social inclusion therefore demands a broader form of accessibility which does not only involve policy formulation but also the redistribution of public spaces and the process of delivering services that create safe inclusive spaces. Political participation and voice are also important in inclusion theories. Scholars such as Cornwall and Gaventa (2001) have argued that real inclusion is not achieved unless marginalised groups are empowered to influence decisions that affect their lives. The political voice of transgender individuals is an immature field in Kerala, but progress is evident in the active involvement of transgender individuals in panchayat elections, consultations, and advisory committees. Social inclusion theory, on the other hand, is critical of tokenism and emphasises that there must be substantive participation in policymaking, monitoring, and budgeting. Welfare units, such as the Social Justice Department of the Transgender Cell, should not only act as welfare offices but also as democratic spaces where the transgender community can build their future.

Another area of inclusion theory is the contribution of the educational system and the system of knowledge to the maintenance or denial of exclusion. Scholars such as Apple (2013) have shown how curricular content, classroom interactions, and institutional culture can either reinforce marginalisation or serve as instruments of inclusion. Transgender education inclusion has been attempted in Kerala in the form of scholarship programs, awareness workshops, and gender sensitivity training. However, the dropout rate is still high because of bullying, bias on the part of the teacher, and the unavailability of gender-affirming structures in schools and colleges. The social inclusion theory would then require a shift in the thinking of the educational spaces, putting increased weight on acceptance, feeling, and structural change instead of addressing the problems through remedial measures only.

Considering the role of cultural depiction and media in either facilitating or impeding the process of inclusion of marginalised communities, modern inclusion theories speak very strongly on the role of cultural representation and the media. According to Devlin and Pothier (2006), the symbolic realm including language, images, and narratives can significantly influence public perceptions and the self-esteem of excluded groups. In the case of transgender people, there is bias by the mainstream or popular media, which tends to skip back and forth between outrageousness and invisibility. In Kerala, a positive portrayal is slowly taking shape due to the presence of local cinema, documentaries in films, and cultural events, which are transgender-managed events such as the Queer Pride March and the Trans Arts Festival. Social inclusion theorists believe that it is necessary to promote cultural platforms as the key to recreating the imagination of the masses and supporting actual social inclusion. Thus, inclusion is not a destination par excellence but a process of consistent negotiation, reconstruction, and empowerment within the social realm.

3.2.1 Human Rights and Gender Identity: A Theoretical Perspective

The theoretical crossroads between human rights and gender identity have drastically changed as the international recognition of LGBTQIA+ discourses has grown, and gender identity, in turn, has been established as a critical aspect of individual dignity, liberty, and equality. Traditional human rights frameworks, rooted in the Universal Declaration of Human Rights (UDHR, 1948), emphasise inherent human dignity, non-discrimination, and equality before the law. However, such models did not historically make a specific mention of gender identity or sexual orientation. In recent decades, scholars and activists have worked to expand these frameworks to include the rights of transgender persons, arguing that the denial of recognition, healthcare, employment, and legal protection constitutes a direct violation of fundamental human rights (Yogyakarta Principles, 2007; Parker 2007). This theoretical framework can serve the normative goal of evaluating state practices for their consistency with international standards in human rights concerning the empowerment of transgenders, as done in the Kerala context. The historical development of international human rights law has made a crucial contribution to

positioning gender identity as a special status. The Yogyakarta Principles on the Application of International Human Rights Law in Relation to Sexual Orientation and Gender Identity (2007) and their subsequent update in 2017 (YP+10) have been critical in articulating that gender identity is not just a personal or medical issue, but a legal and political one. These values confirm that every individual, irrespective of gender identity, has the right to enjoy the totality of human rights without discrimination. States are urged to provide legal confirmation of self-identified gender, ban any form of violence and abuse of gender-diverse persons, and enhance accessibility to justice, education, employment, and healthcare. Kerala's Transgender Policy (2015), which allows for self-identification and supports healthcare access and education rights, can be interpreted as an effort to operationalise these principles at the sub-national level, although the extent and effectiveness of implementation remain critical areas of enquiry (Human Rights Watch, 2016).

The theoretical approach also highlights the subject of identity recognition as one of the core elements of human rights satisfaction. Fraser's (2003) theory of "recognition" argues that misrecognition or the failure of society and institutions to acknowledge a person's identity results in serious harm, including social exclusion and psychological trauma. Institutional erasure can be described as the failure to identify the gender identity of transgender individuals and either non-recognition of it (legally) or forcing it to fall into binary gender categories. Failure to recognise this causes fixed social invisibility and social injustice. According to human rights theory, transgender individuals should be able to express their gender identity and have it accepted in all areas of the community, such as civil records, health services, schools, and the general workforce in society, to live with dignity. Kerala's inclusion of a 'third gender' category in government documents is a progressive step toward recognition; however, the binary framing and limited sensitisation of service providers often undermine the spirit of this reform Woltmann (2019). As part of the human rights theory, there is also a focus on the indivisibility and interdependence of rights, whereby it is said that civil, political, economic,

social, and cultural rights form an equally important basis for human development. When access to healthcare, education, housing, or employment is denied to transgender persons, a chain effect of marginalisation is created. For instance, many transgender individuals in India, including Kerala, find themselves excluded from ration cards, housing schemes, or skill development programs without legal identity documents affirming their gender (ILGA, 2020). This underlines the importance of a holistic approach to rights,” which means that legal recognition, anti-discriminatory measures, and affirmative action policies should intersect. In this respect, another useful aspect of human rights theory can support policymakers in assessing whether we can rely on fragmented policies or whether it would be necessary to adopt a more systemic and intersectional approach to empowerment.

Moreover, the theoretical approach to human rights emphasises the presence of the state, which is regarded as the principal duty bearer when it comes to the enforcement and protection of rights. According to international law, states must not only abstain from breaching human rights but must also ensure that individuals are not affected by wrongs committed by third parties, as well as act to discharge rights by positive action. This entails adopting legal protections against gender-based violence, training public officials and law enforcement agencies, and ensuring that transgender persons can access justice without fear of discrimination (United Nations Free & Equal Campaign, 2015). In Kerala, the creation of the Transgender Justice Board and the provision of free sex reassignment surgery (SRS) under state funding can be viewed as the state’s attempt to fulfil its role. However, delays in fund disbursement, inadequate infrastructure, and lack of grievance redressal mechanisms raise concerns about the accountability and responsiveness of state apparatuses (Shah, 2020). Human rights theory is advocated to grease the concept of agency and participation and claims that every person must be left with the freedom and ability to contribute fully to society and to the decisions that are going to impact his or her life. In the case of transgender people, this involves finding places in policymaking organs, inclusion in political systems, and meeting forums to air their grievances. A rights-based approach ensures that policies are continuously co-designed with the

community they are supposed to serve, as they are not just contextually responsive but also empowering. In Kerala, the involvement of transgender individuals in drafting the state's policy was a landmark move, signalling a shift from paternalistic welfare models to participatory rights-based governance (Kole 2017). Nonetheless, this kind of practice needs perpetual engagement, institutionalisation, and watchfulness against antagonism and co-option to continue this form of inclusion.

The theory of human rights applied to gender identity increasingly takes the form of an acquired discourse on bodily autonomy and identity integrity. Drawing from feminist legal theory and critical human rights scholarship, scholars have argued that the human right to autonomy encompasses the freedom to define and express one's gender without coercion, pathologisation, or medical gatekeeping Ellis (2010). This approach introduces criticism of the medicalised constructs of transgender identities that are regarded as a disorder and thus promotes the concept of informed consent and self-identification as the basis of gender justice. Having legal documentation, healthcare, and other services available to transgender people on a non-invasive basis is an administrative matter that transcends being a significant human rights issue for transgender people in Kerala and beyond. The shift from diagnostic control to rights-based recognition is essential for dismantling institutional violence and affirming an individual's moral and legal agency. An important aspect of the intersection of human rights and gender identity is the articulation of the right to be free of violence. Transgender people globally experience disproportionate levels of violence, ranging from domestic abuse and sexual assault to police brutality and hate crimes (Balzer & Dutta, 2012). In line with the human rights framework, everyone has the right to enjoy the security of a person, freedom against torture, and an equal right to administrative and judicial resources reciprocal to their gender identity. The transgender community, however, is unnoticed in most crime reporting networks and, as such, is under-secured by enforcement agencies. In Kerala, despite progressive policies, transgender persons have reported incidents of verbal abuse, discrimination by police, and lack of follow-up in sexual assault cases Vats and Shrivastava (2025). The state's obligation under

international human rights law includes not only non-discrimination in law but also proactive protection through gender-sensitive policing, legal aid, and shelter mechanisms.

On a socio-cultural dimension, the theory of human rights posits that freedom of expression is important as far as female gender diversity is recognised. Self-expression comes naturally when one has the capacity to appear the way one defines oneself in terms of gender, that is, in terms of clothes, words, names, and actions. Article 19 of the UDHR and the International Covenant on Civil and Political Rights (ICCPR) recognise the right to free expression, including gendered forms of communication. However, these freedoms are usually limited by social norms and institutional dress codes. For instance, many transgender students and employees face pressure to conform to binary dress norms in educational and professional settings (Dave, 2011). Even when gender-neutral uniforms have been adopted in certain public schools in Kerala, such practices continue to police bodies and clothes on a daily basis. The human rights approach implies that freedom of expression is to be received in a way that secures the right to gender diversity in public life. In addition, the rights-based approach is associated with education as a right to transform provisions. The Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) uphold the right to non-discriminatory, inclusive, empowering education. The right to quality education is but one right of many for transgender individuals, as they open to another line of rights, starting with employment, political, and healthcare. Studies have shown that transgender youth experience higher dropout rates, bullying, and curriculum exclusion (UNESCO, 2016). Other activities, such as scholarships and sensitisation programs, are also being carried out in Kerala, but there are still structural barriers. The theory of human rights requires the reconstruction of curricula, the preparation of teachers, and their infrastructure, affirming gender diversity, and shifting towards inclusion as opposed to tolerance.

The economic and labour rights of transgender people are also highlighted under the human rights framework. The International Labour Organization (ILO)

recognizes discrimination based on gender identity as a violation of the right to decent work. Transgender persons are frequently excluded from the formal labour market, face wage disparities, and endure workplace harassment (ILO, 2015). Kerala's efforts, such as skill-building centres and inclusive employment practices, are substantial, but the demographic still faces some challenges because of the stigma attached to disability and the need to sensitise more people regarding the subject. Moreover, regulations regarding employment in the private sector are also lacking. The human rights-based economic approach believes that gender identity should be integrated within labour rights conditions, collective bargaining, and workplace codes of conduct which embrace dignity, security, and equal pay compared to equal work. Contemporary human rights theorists argue for intersectional accountability, recognising that rights violations do not occur in isolation but through the convergence of gender identity with other axes of marginalisation, such as caste, religion, disability, and class (Crenshaw, 1991). Transgender Dalits, for example, can face layered forms of discrimination that they cannot leave behind in universalised forms of rights. Therefore, human rights theory has developed to accommodate intersectionality in the aspect of rights-based policymaking, which requires the use of disaggregated data institutionalisation within different contexts, and redress should be stacked at many levels. The transgender policy in Kerala should consider adding an intersectional perspective that will help to focus on building support systems and conducting outreach with a better understanding of the context. Rights are not only universal; they are specific, equitable, and responsive to the realities of lived experiences.

3.2.2 Public Policy and Welfare State Theory in the Context of Transgender Empowerment

One of the primary lenses through which we may analyse the role of public policy in operation by considering its redistributionist and protective role towards marginal groups is the theory of the welfare state. Traditionally, welfare state models evolved to ensure that vulnerable populations, such as the elderly, disabled, and economically disadvantaged, had access to health, education, employment, and social protection (Esping-Andersen, 1990). Nonetheless, such models seldom have

a structure to identify and act against identity-based exclusions (in the case of gender diversity, in particular). With the increase in social consciousness and the use of activism, the domain of work of the welfare state has expanded to cover sexual and gender minorities, as structural discrimination requires certain actions by the state. Interestingly, the 2015 Transgender Policy promotes the concept of identitarian justice as an aspect of the state welfare machine, while also keeping in line with the modern, universalist turns in the understanding of the concept of the welfare state. Public policy can be viewed in two ways: Transgender empowerment will be examined, including the incentives and means through which it has been implemented. The first is centred on the fact that transgender individuals should be recognised as a social group and should benefit from affirmative action, and the second is on the executive ability of state institutions to adopt inclusive measures. Sabatier and Mazmanian (1980) emphasised that successful policy implementation depends on clear goals, adequate resources, committed bureaucracies, and stakeholder involvement. In Kerala, while the intent of the transgender policy was progressive such as providing free gender affirmation surgeries, educational scholarships, housing schemes, and legal identity documents and the implementation faced delays, a lack of trained personnel, and bureaucratic inertia Hudson et al. (2019). Welfare state theory (particularly the more critical versions) warns about the dangers of symbolic policies that are not followed up institutionally and do not produce meaningful results of rights realisation.

The theory of social investment, a modern extension of welfare state thinking, emphasises the proactive role of public policy in enhancing human capital and reducing long-term social exclusion (Hemerijck, 2012). This theory is particularly relevant to transgender empowerment as it moves beyond reactive welfare (such as cash transfers or basic aid) toward enabling policies, such as education, employment training, and legal literacy, that empower individuals to participate meaningfully in society. This shift can be seen in Kerala's attempt to consider transgender people in its efforts to provide base areas of training programs, entrepreneurialism, and reservation for employment in the state machinery. However, the theory of social

investment also focuses on the need for sustainability of policies, both long-term and diversity of all developmental programs through the division of gender or rather as special classes inclusion within termed schemes. What does not exist in the theory of the welfare state is the understanding of the relationship between universalism and particularism. While universal welfare provisions aim for equality through standardized benefits, particularistic approaches recognize that historically marginalized groups often require targeted interventions to level the playing field (Korpi & Palme, 1998). In the case of transgender people, chances are low that the policies are unlikely to consider the degree of exclusion caused by social stigma, material deprivation, and laxity in implementation. In a more particularistic sense, the transgender policy in Kerala adopted a given view where there was a consideration of particular needs, such as safe shelter homes and gender-affirming healthcare. These policies are only effective when integrated into universal systems to ensure that transgender persons are not systematically locked down in welfare systems forever. Accordingly, the theory of welfare preaches the duality of approach, a combination of selective action with all-inclusive goods.

Other problems with this welfare state approach are political will and policy legitimacy. According to Pierson (1996), welfare policy expansion or reform is contingent on the political priorities of the ruling coalition and the influence of civil society. The active attitude of the LGBTQIA+ group, together with rights-based non-governmental organisations in Kerala, played a significant role in transferring transgender questions into the realm of policy. Nonetheless, to maintain their appeal, it is necessary to institutionalise dialogue between the government and the transgender communities in the sense that the developed government policies are not turned into symbols of populism but grow in accordance with the realities as they are lived. Welfare state theory intersects with deliberative democratic theory, promoting participatory policy frameworks in which beneficiaries are not passive recipients but co-creators of the welfare agenda (Bovens, 2007). This model of transgender welfare is an experiment in the Indian federal system, which is part of the special strain of comparison of public policies. Most Indian states lag behind on issues concerning

transgender-specific policy, but the state of Kerala has distinguished itself and has become the model state, importing models of international and native welfare and introducing them into the domestic arena. However, welfare state theorists caution that progressive policies must be measured not only by their novelty but also by their depth of coverage, administrative efficiency, and transformative potential (Taylor-Gooby, 2004). Access to rural areas, intersectional representation, and the applicability of the Kerala transgender policy to other parts of the country are also subjects of doubt. The welfare state organisation therefore demands continuous reviewing and readjustment, and places empowerment not as an episodic but an institutionalised right-based and resilient one.

It is a long-standing notion in the study of public policy-making that states are supposed to redress systemic evils that determine the resounding belonging in the social and financial aspects of societies, particularly among minorities and the marginalised. Traditional welfare state frameworks, grounded in the liberal, conservative, and social-democratic models articulated by Titmuss (1974), have historically focused on class-based inequalities, often sidelining identity-based marginalisation, such as that experienced by transgender individuals. However, as the concept of the “post-industrial welfare state” emerged, policy scholars began to acknowledge that welfare provisioning must extend beyond income redistribution to address social citizenship, dignity, and identity affirmation (Goodin 1988). In this context, Kerala's transgender welfare interventions are a departure from the “one-size-fits-all” model, reflecting a dynamic policy orientation that aligns with contemporary pluralist welfare theory, wherein identity specific needs are essential considerations in designing inclusive governance. Public policy analysts also notice the significance of administrative behaviour and state responsiveness towards building policy outcomes for marginalised groups. Lipsky's (1980) concept of the “street-level bureaucrat” illustrates how frontline officials such as social workers, healthcare providers, and municipal officers exercise discretionary power that can either facilitate or obstruct policy delivery. In Kerala, such actors are sensitive, aware, and have their own prejudices, which make them perform their services better

towards transgender persons. Despite the progressive nature of policies on paper, ground-level policy implementation has frequently ended up in a state of inertness, ignorance, or opposition, thus leaving loopholes between the paper policy and de facto accessibility. Applied in the context relied upon here, welfare state theory would require the elements of capacity building, sensitisation training, and participatory monitoring as the vital attributes of an intelligent and just welfare system.

In policy science, the concept of “target populations” as theorised by Schneider and Ingram (1993), is particularly relevant to transgender empowerment. To them, the social construction or the orientation of any public policy is guided by who will be supported; thus, groups that have the pattern of socialisation as already advantaged would reap the fruits of the policies as opposed to those that have socialised groups of deviants or dependents who would receive punitive policies or would be dealt with as secondary to the actions of the policy wielders. By contrast, the latter spheres have long belonged to transgender people in a symbolic sense, since they have not only been criminalised but also become the targets of moral panic and gained no real attention even within the most important institutions. The shifting of such constructions in Kerala is exposed through the opening of the concept of the transgender population as a group which has the right to exist and the state being made aware of its right. Symbolic recognition is, however, by its theorists of state welfare, who caution against the creation of performative allyship, insufficient without commensurate budget lines, legislative protection and procedural inclusivity to accomplish much in the way of the elimination of structural injustice. The “rights-based approach” to welfare, increasingly endorsed by UN agencies and global development frameworks, provides another theoretical scaffold for evaluating transgender public policy (Jonsson 2003). This is contrary to the needs-based models, whereby the beneficiaries of the needs and recipients are considered passive players to a rights-based approach in that they are regarded as the rights-holders to whom the state is answerable. According to this theoretical approach, one pays attention to legal rights, openness, and institutional structures which ensure recourse

to the violation of legal rights. Somehow Kerala transgender policy is acting conformally according to this model by putting up grievance redressal systems and Transgender Justice Board. However, no such mechanism can be operated without the aid of statutes or without being simplified by routine legislation, such as health, labour, and education codes; these "mechanisms have to pay the price of political transformations, as well as administrative apathy. A right-based approach to a welfare policy would also integrate the right of the transgendered into enforceable law, which would be not only far more enforceable but also highly safe in any form of political regime.

The comparative welfare policy practices reveal that the best means of incorporating transgender individuals in the present welfare policies is through the socialisation of gender diversity in the enlarged systems of social protection. For example, Argentina's Gender Identity Law (2012) is globally lauded for allowing self-identification, mandating access to healthcare, and removing bureaucratic hurdles all within a universal welfare framework Peñas Defago and Morán Faúndes (2014). Similarly, Uruguay, Malta, and Portugal have already embraced so-called intersectional welfare policies which consider the multiple exclusions to which transgender people are subjected. Trying to be the first of its kind in the region, the methodology of Kerala is still at the stage of a compartmentalised system where the welfare of transgendered people is isolated rather than mainstreamed in the divisions. The other policy alternative dictated by the welfare state theory entails the degree of integration: gendering the inclusion of identity into the entire public services, urban layout, house ownership, relief measures, and pension scheme. The rise of the idea of transformative models of welfare explains the need to not only accept immediate relief but also a restructuring of social relations, excluding individuals. As Ferguson (2009) theorised, transformative welfare is not about redistribution alone but about democratising power, reshaping institutional cultures, and centring community voices. The transgender community in Kerala has contributed to this model by formulating its policy, co-writing policy notes, assisting the state as consultants, and influencing societal discourse. However, the problem of

unequal power relationships has not yet been eradicated, and tokenism or marginalisation of some transgender people is still prevalent today. The transformative frontier of welfare state theory states that real empowerment should be settled on the facilitators of autonomy, collective agency, and an inclusive array of contiguous spaces wherein different identities can no longer be accommodated but instead glorified.

3.2.3 Minority Stress Theory and Its Implications for Transgender Well-being

Minority Stress Theory (MST), originally conceptualised by Meyer (1995, 2003), offers a powerful framework for understanding the unique psychological burdens faced by sexual and gender minorities. Contrary to normal stressors which are applicable among the general population, minority stressors are limited in the sense that they are based on individuals who face stigma, discrimination, and exclusion in society because they belong to a small minority group. MST posits that chronic exposure to such stressors both external (e.g. harassment, discrimination) and internal (e.g. concealment, internalised stigma) can lead to adverse mental and physical health outcomes for the victims. In the case of the transgender representative in Kerala, MST is a powerful framework through which one can interpret the long-term psychological influences of systematic marginalisation despite the progressive state-level treatment. Inclusion and well-being Despite the purpose of the transgender policy in Kerala, the climate continues to cause significant stress among minorities, which negatively affects their well-being. One of the central principles of Minority Stress Theory is the existence of two types of stress: distal and proximal. Distal stressors include constructs of objectivity which are externally imposed, such as violence, rejection, and legal discrimination. For transgender people, this includes being denied housing, misgendered in public institutions, or harassed in public spaces experiences widely reported in the Indian setting (Chakrapani et al., 2017). Proximal stressors, in turn, are subjective and internal, and they consist of fear of rejection, expectations of being discriminated against, and internalised transphobia. They are particularly harmful stressors since they tend to be invisible, and over time, a person may lose their self-worth and mental health. In Kerala, among the

progressive policy announcements, proximal stress persists because of social stigma, non-acceptance by the family, and cultural policing, which raises a difference between the intentions and social context of the policies.

Another aspect highlighted by Meyer's model is coping and resilience in mitigating the experience of minority stress. Although numerous transgender persons acquire coping mechanisms, including support systems, and can engage in activism, unrelenting stress coupled with a lack of structural support can be too much to handle. Research indicates that minority stress contributes significantly to the high prevalence of depression, anxiety, substance use, and suicidality among transgender populations (Hendricks & Testa, 2012). Self-help groups, transgender groups, and pride celebrations have been influential in building resilience in several communities in Kerala. Nevertheless, due to the lack of trauma-informed mental health care, trained counsellors, and gender-affirmative forms of therapy in the public health care system, the community is unable to effectively cope with the aftermath of stress. MST also suggests that the experiences of legal and institutional environments may contribute to or relieve the stress of groups. Exposure to stressors can be reduced by policies affirming gender identity, which offer legal protections and institutionalisation of anti-discrimination actions. Conversely, policies that are poorly implemented or enforced can create what scholars' term "structural stigma": a societal system in which discriminatory norms are embedded in laws and institutional practices (Hatzenbuehler, 2016). For example, although the policy in Kerala allows trans people to receive free gender-affirmation surgery and access to identity documents, bureaucratic inefficiencies and lack of sensitisation among medical workers contribute to feelings of unworthiness and marginalisation. This negates the role of protective policies as buffers and institutionalises stress.

A critical expansion of Minority Stress Theory in recent years includes the recognition of intersectionality, acknowledging that individuals face overlapping and compounding stressors based on multiple identities, such as caste, religion, socioeconomic status, and ability (Velez et al., 2016). Transgender Dalits, Muslims, or those with disabilities in Kerala, for instance, can be marginalised in a stacked

fashion, on top of which minority stress takes hold. Thus, MST overlaps with the theory of intersectionality, which suggests a more realistic way of approaching psychological health, including consideration of the multidimensionality of identities we encounter in life. This should also be mirrored in policy interventions, which should not be one-size-fits-all. Differentiated mental health care, decentralised support systems, and accommodative governing systems should be established to address the distinctive life experiences of persons within the transgender populace. MST emphasises that the existence of minority stress is not the failure of a particular person but a social and structural problem. It reduces the psyche of correcting the individual and instead talks about correcting the hostile environment that induced psychological damage. Cultural change should thus be addressed with public policy beyond the idea of provisioning through education, media representation, and institutional accountability. Kerala has taken some steps in this regard, in terms of gender sensitisation workshops and inclusion in school programs, but continued activities are required. Minority Stress Theory also necessitates that governments progress on the level of inclusion to equity in structure, where transgender individuals will not only be legally recognised, but also psychologically acknowledged and accepted.

MS Theory has limited applicability to minority groups, so they could use it in many ways and consider various forms of gender identity, such as those of transgender individuals, because they are chronically and institutionally marginalised. Recent theoretical expansions have emphasised that minority stress does not merely result from episodic incidents of discrimination but emerges from a persistent condition of societal invalidation (Tan et al., 2020). The situation of transgender people in India, including in Kerala, indicates that legal and policy changes did not necessarily contribute to differences in the population and social behaviour. This isolation augments an unending environment of social rejection, which is internalised and converted into psychosocial distress. These theoretical perceptions play a crucial role in explaining why disparities in mental health quality persist, even in policy landscapes that seem to be inclusive. Minority stress is culturally specific

because Indian sociocultural norms based on gender ideologies in binaries increase minority stress. For instance, traditional norms around family honour, gender roles, and marriage often lead to the early rejection of transgender individuals from their households identified as one of the earliest and most damaging in an individual's developmental trajectory Real and Russell (2025). Family and community rejection is especially traumatising as there is no cushion in the collectivist textile of Indian society, as opposed to the Western models, where one can use anonymity as the cushion. Kerala is a state where social harmony and religio-cultural adherence are a value system and that is why the transgenders are forced to follow the mainstream or stay suppressed. Therefore, the Minority Stress Theory provides a valuable tool for the ideation of culturally sensitive interventions that consider familial and communal stressors.

The other important addition to the theory is the place of microaggressions, which are the micro-forms of discrimination that are subtle and unconscious, but over time lead to severe mental damage. Nadal et al. (2016) argued that for transgender individuals, everyday experiences such as being stared at, misgendered, or excluded from decision-making processes constitute a form of cumulative trauma. In workplaces, hospitals, schools, and government offices, such microaggressions are not checked because staff members and service providers are not sensitised. In Kerala, although the political leadership has been at the forefront of establishing trans-friendly policies, the lack of implementation serves as a way in which transgender people constantly move through a space that is inclusive in the legal framework but intolerant in society. Minority Stress Theory therefore contributes to the analysis of both what appears on the surface, institutional discrimination, and social energy, which is more intangible but can also be just as harmful. There is also an overlap between minority stress theory and neuropsychological research that associates physical health outcomes with chronic stress. Prolonged exposure to stress hormones, such as cortisol, has been associated with an increased risk of cardiovascular diseases, autoimmune disorders, and metabolic syndromes (Flentje et al., 2020). In transgender populations, these risks are amplified by inaccessibility to

healthcare and fear of unfair treatment in healthcare institutions. Transgender individuals in India report that they visit hospitals only when it is really necessary as a coping mechanism, all to the ironic result of avoidable sickness and late-stage diagnoses. Therefore, the theory emphasises that minority stress cannot be limited to the mental health context but has wider public health implications which must be addressed in a multisectoral manner.

New applications of Minority Stress Theory consider the importance of anticipatory stress, or how individuals adapt according to a perceived possibility of discrimination being met, whether it was or not. This constant state of hypervigilance leads to emotional exhaustion, social withdrawal, and strained interpersonal relationships (Testa et al., 2017). The bureaucracy, schools, and housing market can make transgender people in Kerala choose to conceal, avoid, and self-censor, which they often do as the only way to find their way in Kerala. However, this process does not strengthen confidence or engagement in society. This creates further marginalisation, even within the larger society and human society. This anticipatory nature of minority stress is critical for realising empowering spaces that would facilitate psychological safety. Minority Stress-inspired interventions are gravitating towards community-based and peer-inspired models of care. Rather than relying solely on psychiatric or institutional settings, many advocates and scholars have proposed empowerment through safe spaces, peer counselling, and trauma-informed social work (Budge et al., 2013). Groups of transgender people have been critical in making such spaces available to communities, as in Kerala, by collectives like the Dhwayah Arts and Cultural Society. Minority Stress Theory is an initiative that advocates the protective effect of group solidarity, shared experience, and cultural affirmation. In the future, guidelines that formally establish the maintenance of peer enclaves and community recovery may become potent instruments for reducing the negative effects of minority stress.

3.2.4 Social Justice and Equity Theories: Frameworks for Evaluating Transgender Policies

The theory of social justice is the basis of the analysis of state responses to right wrongs created by structural issues involving the transgender community.

Rooted in the philosophical works of Rawls (1971), social justice theory emphasises fairness in the distribution of resources and opportunities, wherein the most disadvantaged receive priority in structuring societal arrangements. Rawls' concept of the "difference principle" proposes that social and economic inequalities are justified only if they benefit the least advantaged individuals. Applying this principle to transgender policies, particularly in Kerala, requires assessing whether the state's interventions actively improve the quality of life, dignity, and opportunity for transgender persons, who have long been excluded from the normative frameworks of Indian public policy. This makes transgender welfare not a charitable act but a constitutional duty and is in accordance with distributive justice. Equity theories go further to insist that there should be different treatment of historically marginalised groups to realise substantive equality. In contrast to formal equality, which treats everyone the same, equity recognises unequal starting points and calls for compensatory mechanisms to level the field (Sen, 2009). This means that when making policies on transgender, the making must come up with exclusive packages like special job quota, housing programs, medical services, and provisions that can recognise that the transgender are at multiple disadvantages. The 2015 Transgender Policy of Kerala embodied this course of equity by estimating positive action. However, the success of these policies should not be based on whether they exist but, on their reach, inclusiveness, and ability to fit ground realities. Equity theory can therefore be used as a yardstick to determine whether policies are transformative.

Social justice also extends to the realm of recognition, as Fraser (1997) argues that justice must involve both the redistribution of resources and the recognition of diverse identities. Transgender people have experienced symbolic invisibility and cultural misrecognition, which play a key role in psychological and social alienation, at least right now. In Kerala, the legalised acceptance of third-gender categories should be seen as a move in the right direction. However, there is no uniformity in how they are treated in society and how they are integrated in terms of culture. Policies should not be restricted to legalities but should promote inclusive stories, educational change, and the creation of publicity to acknowledge and celebrate

gender diversity. Fraser's model of justice asserts that policy should not only be aimed at demolishing cultural hierarchies but also at endorsing the dignity of all identities and therefore able to tackle both material and symbolic injustices. An intersectional application of social justice, drawing from Crenshaw (1991), emphasises that marginalised individuals often experience multiple, overlapping forms of oppression, such as gender identity, caste, religion, or economic class. For example, transgender Dalits and Muslims in Kerala have compounded exclusion, and single-axis policies cannot be used to address this compounded exclusion. Social justice theories encourage policymakers to apply disaggregated data, community consultants, and customised plans to respond to the diversity among the transgender population. Equity frameworks must ensure that the most marginalised among the marginalised are given first consideration, hence avoiding a homogenised and narrow view of transgender needs.

The other dimension of social justice theory is participatory justice which emphasises the significance of affecting involvement in decision-making processes by the communities involved. Young (2000) argues that just policies cannot emerge from elite or bureaucratic circles alone; they must reflect the voices, experiences, and aspirations of those they aim to serve. The transgender communities of Kerala have been the agents of writing the original policy texts, carrying out consultations, and conducting people consultations with the government officials. The problem is that institutionalising this involvement is not easy, creating permanent transgender advisory councils, grievance redressal mechanisms, and consulting budgets, among other issues. Participatory justice theories propose that empowerment is not only outcome-related, but also agency-, voice-, and democratic inclusion-related. The capabilities theory, introduced by Sen (1999) and Nussbaum (2000), offers a dynamic framework for assessing the real freedoms that individuals enjoy to live a life they value. This theory aligns closely with social justice by focusing not only on inputs (such as policy provision) but also on outcomes and lived realities. Whether a transgender policy advances an individual's access to education, decent employment, social engagement, security, and self-expression is the criterion under

which such a policy should be evaluated. Although formal systems are in place, there is a lack of equality in ability growth in Kerala because of social stigma, bureaucracy, and infrastructural deficiencies. Capabilities theory is therefore a holistic evaluation framework which transcends statistical measures into the non-statistical analysis of what it means to be human and thriving.

Social justice theory continues to evolve as a critical lens through which the struggles of marginalised communities are framed, particularly in policy analysis concerning transgender populations. Young's (1990) theory of structural injustice expands on the notion that social processes and institutional norms not just discriminatory laws produce systemic inequality. In this sense, discrimination against transgender people does not merely occur due to obvious exclusion but erupts as a systematic collectively of norms fronted using education, health sectors, and policing that do not recognise gender non-conformity. As far as cisnormativity in policy design is concerned, in Kerala, policy institutionalisation presumes experiences that reproduce trans-exclusion, even when policies are configured inclusively. This reflects the need for structurally reformative policies that break the norms that keep gender-diverse groups invisible and second-class citizens. One of the foundational arguments in equity theory, especially in the work of Williams (1973), is that justice must account for historical disadvantage and social context. Equity, as a concept, does not only imply equal allocation of resources, but rather active redistribution to ensure that past and structural injustices have been addressed. In India, transgender people have experienced cultural exclusion and forced marginalisation into sex work or begging because of the lack of livelihood options. Therefore, the transgender policy of Kerala needs to be viewed in the reparative justice framework that is not merely inclusionary but restorative-in the rights of land, economic rehabilitation, and priority in education and employment. Williams' theory challenges policymakers to act in relation to existing inequality as well as the causes of inequality that are deeply embedded in history.

Recently, environmental justice theories have become a significant addition to the social equity discourse and relate to marginalised populations, such as

transgender people, being overexposed to spatial and infrastructural exclusions. Access to gender-neutral public toilets, safe housing, and healthcare facilities that affirm gender identity are not merely practical issues; they are deeply entwined with spatial justice (Soja, 2010). The experience of transgender people in such areas as urban planning can be negative because in Kerala, the industry is rarely gender-inclusive, meaning that public infrastructure does not suit transgender individuals. A lack of gender inclusivity in shelters during natural disasters or a lockdown is an example of how a disaster management framework and urban resilience should not be informed by equity values. The assessment of transgender policy in terms of environmental justice therefore earmarks the spatial and infrastructural criticality to the social justice debate. Justice theory, as articulated by Fineman (2008), further introduces the concept of “inevitable dependency”, arguing that vulnerability is a universal condition and that state systems must be designed to accommodate human interdependence. This view applied to transgender communities contradicts neoliberal understandings of self-sufficiency and meritocracy, which are driven by the idea that many phenomena can be explained by the fact that people live in a world that does not recognise their vulnerabilities and, therefore, profits off them, leaving their citizenship intact. In an effort to empower the population and skill and entrepreneurship, the Kerala policy framework should also understand the infrastructural challenges that transgender persons encounter in bureaucracy, education systems, and healthcare organisations. Fineman’s vulnerability theory lobbies for system-level changes that deliver integrated safeguards and scaffold support as opposed to conditional and temporary relief.

Nancy Fraser’s (2003) “parity of participation” framework also offers valuable insight. According to her, justice demands social patterns that allow everyone to relate as equals in civil life. In the case of transgender individuals, the obstacles to participation are the political underrepresentation of transgender individuals, exclusion in the education process, and the discourse and treatment of transgender individuals as benefactors and not stakeholders. In Kerala, there are transgender welfare boards and discussions on policies, but lasting integration into policymaking

remains low. Real participatory equity must offer transgender consultative forms that will be made permanent at the level of planning boards, education boards, and local self-administration buildings. What Fraser makes us forget in the middle of such redistribution of resources or recognition of people is the possibility of co-governance and equal voice in the determination of institutions as an aspect of social justice. Boaventura de Sousa Santos's (2007) theory of "epistemologies of the South" challenges dominant policy-making frameworks that are grounded in Western rationalities and often overlook indigenous, experiential, and community-based knowledge systems. The transgender groups in Kerala have a rich culture, spiritual and restorative traditions which are hardly recognised by the formal welfare sector. Appreciating these embodiments of knowledge as legitimate and incorporating this understanding into systems of public health, education, and cultural policy is the key pillar of a decolonial concept of justice. Kerala may use the framework of lived experiences, local languages, and traditional knowledge to create a pluralistic, inclusive welfare architecture as a model. Santos extends the institution of justice to include the epistemology of democracy.

3.2.5 Institutional Theory and Policy Implementation for Transgender Inclusion

Institutional theory provides a strong account of the process involved in formulating, legitimising, and enacting policies in the form of formal organisations and even in the systems of people. At its core, institutional theory posits that institutions comprising norms, rules, procedures, and shared meanings shape behaviour within society and guide policy interpretation and enactment (Scott, 2001). This holds particular relevance for transgender inclusion, where, despite favourable policies, institutional culture is extremely deep-rooted, and change might have issues with implementation. Although Kerala has shown the way by legislating a landmark Transgender Policy in 2015, institutional slackness in health departments, educational systems, and law enforcement agencies has impeded or weakened its impact in many cases. Institutional theory invites those involved in research and policymaking to look into these internal organizational processes and enquire about the apparent failure of otherwise well-intentioned policies based on little on-ground

change. A key concept in institutional theory is isomorphism, introduced by DiMaggio and Powell (1983), which refers to how institutions tend to conform to prevailing norms and structures, leading to homogeneity in practice. This is why, despite an innovative policy on transgender people, many Kerala state-owned institutions reproduce patterns of exclusion practiced in the rest of India. Hospitals can continue to have ternary gender on forms, schools may not be gender-neutral, and the police may not be instructed on transgender rights. Such practices remain not as a result of legality, but as a result of institutions imitating each other, thus duplicating old routines even when they do not conform to new policy requirements. The advantage of this dimension of institutional theory is its emphasis on not only developing inclusive policies but also on breaking normal organizational practices that exclude transgender people.

Moreover, the institutional theory that separates systemic rules and irregular norms is an essential elucidation of the gaps in policies. North (1990) argued that while policies and laws represent formal institutions, cultural beliefs and social practices form informal institutions that often resist such change. For example, in Kerala, despite the fact that the rights of transgender persons are legally authorised to obtain identity documents, marriage rights, or social welfare, the attitudes of bureaucrats, medical professionals, and teachers have the potential to hinder this capability, whether through informal discrimination or gatekeeping. These subtle, unwritten norms result in what Lipsky (1980) describes as “street-level bureaucracy”, where frontline officials interpret and sometimes subvert policy goals based on their personal biases. However, legal change is not enough; along with institutional change, internal cultures must also be changed through training, accountability, and participatory governance. The institutional logics perspective deepens our understanding by highlighting the competing belief systems within institutions that influence decision-making (Thornton & Ocasio, 2008). Government departments in most Indian states, including Kerala, are working on different or rather conflicting logics, such as welfare provisioning, public morality, bureaucratic efficiency, and political appeasement. In this regard, the inclusion of transgender people can be

marginalised when it contradicts the logic of institutional heteronormativity or administrative convenience. As a case in point, incorporation of transgender-specific health services into the bureaucratic system where reproductive health concerns among cisgender populations take precedence can lead to underfunding or neglect of the former. Therefore, institutional theory highlights the importance of going through the dominant logics and, in cases where there is a need to change them, to achieve a successful policy implementation of transgender.

Policy implementation studies within the institutional tradition also stress the importance of institutional capacity defined by the skills, resources, and coordination mechanisms available to carry out policy mandates (Peters 2005). The transgender policy in Kerala promises gender-affirmational surgery, shelter homes, and employment programs, among others which are quite ambitious. Nonetheless, without trained human resources, financial budgets, internal coordination, and auditing solutions, these programs find it hard to go beyond the pilot stage. Institutional theory pressures governments to invest in institutional apparatus or infrastructure, including data collection systems, grievance redressal mechanisms, and gender resource centres that support effective policy implementation. Furthermore, institutions should be held accountable and flexible by conducting periodic checks and balances by community members. Recent advancements in institutional theory underscore the role of institutional entrepreneurship, where change agents within or outside institutions actively work to alter structures and norms (Battilana et al., 2009). In Kerala, this has been provided by transgender activists, bureaucrats, and civil society actors who prepare policies, conduct public consultations, and facilitate implementation on the ground. Their contribution illustrates how inclusive change can occur when institutional openings make social movements penetrable and institutions are attentive to the interests of the marginalised. Therefore, institutional theory can not only explain inertia but also show how systems of inertia can be changed. This framework provides an all-encompassing approach to promoting transgender inclusion, as it acknowledges that institutional change is necessary in addition to legal reform.

Institutional theory has recently expanded its dimensions to tap into feminist and postcolonial knowledge by providing a highly intersectional approach to the issue of policy enactment. Scholars such as Chappell and Waylen (2013) argue that institutions are not gender-neutral; instead, they are historically constructed through gendered assumptions, behaviours, and hierarchies. Such gendered institutionalism is particularly relevant to the Indian context, wherein state institutions have been historically organised based on the binaries of gender expressions. To make transgender inclusion policies in Kerala work, it will not be enough to add new programs to already existing institutions; instead, the institutions themselves need to be transformed to accept gender plurality. This implies reimagining every aspect of data collection in terms of institutional language, forms, and uniform and restrooms, which may seem irrelevant but play a central role in transgender accessibility. There are institutional issues introduced by the Indian tradition of bureaucracy, which is closely intertwined with the colonial regime of administration, making institutional reform a problem. As highlighted by Painter and Pierre (2005), post-colonial states often inherit institutional arrangements that prioritise procedural rigidity over participatory responsiveness. In India, including Kerala, institutional change is often reliant on centralised administrative orders as opposed to bottom-up identification of needs. Transgender-inclusive policy initiatives, therefore, face opposition when bureaucrats at the helm are unclarified, unequipped, or personally disinterested in taking any action that is not a part of the ordinary procedures. Even progressive policies cannot exist without bureaucratic flexibility. Here, institutional theory underlines the importance of organizational culture and the necessity to change not only rules but also the mentality of institutional actors.

Another layer is provided by implementation theory, mainly through top-down vs. bottom-up discussions. While top-down models focus on policy design and clear directives from central authorities, bottom-up approaches emphasise the role of local actors and context-specific adaptations (Sabatier, 1986). The inclusion of transgender people has frequently been advocated by street activists and non-governmental organizations who have co-created activities with state agencies in Kerala. This

approach to collaboration is better suited to the more bottom-up theories of policy implementation, in which success depends on flexibility, experimentation, and feedback mechanisms. In this regard, institutional theory imagines that such strict hierarchies can be alleviated by decentralisation, so that transgender communities can co-govern and co-implement welfare plans. Building on this, March and Olsen's (2006) idea of the "logic of appropriateness" explains how institutional actors make decisions not simply based on rational outcomes but on what is considered appropriate behaviour within their organizational roles. In terms of policy implementation for transgender individuals, it implies that a welfare officer cannot do anything unless they have a sense of gender inclusivity as part of their mantra in the institution. Therefore, inclusivity must be central to personal identification and the assessment standards of the authorities in an institution. It requires the continuation of sensitisation campaigns, affirmative recruitment systems, and inclusion scores in performance assessments, which systematically ensure dedication to transgender rights that the law cannot.

Global comparative insights further enrich the application of institutional theory to transgender inclusion. For instance, in Thailand and Argentina, formal institutions have been reshaped through sustained advocacy that has led to gender identity laws, education reforms, and bureaucratic transformation (Winter, 2012; Pecheny & De la Dehesa, 2011). The given examples exemplify the nature of institutional paths depending on political culture and the similarity that all of them contain the voice of transgender people at every stage of the policy development and implementation process. Such models can be used in the policy architecture of Kerala because they can shift toward institutional co-design, where transgender people are not only the objects of policy but also the architects of policy. Institutional theory here comes as a draft plan for participatory governance and inclusiveness in statecraft. Research on institutional bricolage offers a compelling framework for analysing how local actors creatively adapt formal policy prescriptions within specific cultural and institutional settings (Cleaver, 2012). In Kerala, this may involve informal collaborations of municipal officials with transgender groups to

reform welfare programs to fit the local context or teachers rewriting school regulations to recognise gender differences despite having no directive to do so. Although these adaptations might be considered casual in nature or even improvised, they are important means of establishing transgender policies as a sustained practice. When enlarged from the perspective of bricolage, institutional theory does not dismiss the element of implementation as a mere technicality but as a process socially negotiated on the basis of empathy, creativity, and local legitimacy.

3.2.6 Queer Theory and Its Relevance to Transgender Rights and Policy Formulation

Queer theory emerged in the early 1990s as a radical critique of normative structures that categorise, regulate, and discipline sexuality and gender (Butler, 1990; Warner, 1993). In turn, queer theory does not simply attempt to accommodate queer identities within orthodox structures as a more conventional approach does; rather, it undermines such concepts as being normal and deviant, male and female, natural and unnatural. Queer theory, in the context of transgender rights, criticises the systems of thinking around gender in terms of its binary nature and demands the possibility of recognition of gender independent of the medicalised and legalistic definition of gender identity. It challenges policy-makers not just to ask what protection is given to those who are transgender, but what is the way in which that protection is expressed and what persons it may or may not capture, as well as the assumptions upon which it builds. In places such as Kerala, where transgender-affirming policies were introduced first, queer theory tells us to ask again whether these systems also support nonbinary, genderfluid, and other transgender and gender identities beyond the male-female-transgender trichotomy. Judith Butler's (1990) theory of gender performativity is foundational to queer thought. Butler states that gender is not something that is fixed, but rather a set of acts, performances, and social signals that are read as fixed identity. This view denounces biological determinism and creates a necessary gap to establish gender diversity as a legitimate practice. Even in policy matters, however, most transgender-inclusive initiatives continue to depend on fixed gender classes and require people to establish their gender by offering some kind of medical or legal proof. For example, the queer principle of

self-identification is not in line with Kerala's application of both psychiatric assessment and administrative certification to secure gender affirmation surgery financing. With the practice of queer theory, it is possible to reword such policies without necessarily gatekeeping persons and observing autonomy and fluidity when it comes to identifying gender.

One thing that queer theory has at its heart is its distrust of normalisation and assimilation. Assimilationist frameworks often attempt to include queer or transgender individuals within dominant systems (e.g. marriage, family, or the military) without challenging the heteronormative and cis normative assumptions underlying these systems (Seidman, 1997). The introduction of transgender persons into welfare programs, such as shelter homes or skill training, is a trend in India, and may easily turn into exercises in the assimilation and normalisation of transgender bodies to such rigid structures, instead of smashing them to pieces. Queer theory asks whether inclusion is liberating in cases where oppressive societal values are imposed. In the context of Kerala, welfare schemes are important, but they should be scrutinised to ensure that they do not perpetuate a dependency culture or render visible non-conforming gender expression in the name of inclusiveness. Furthermore, queer theory serves to create a strong critique of the medico-legal model that has taken pre-eminence in policies on transgender talk. In India, transgender problems have been a longstanding experience; simply to be able to get a basic essential such as an identification document, these people are being subjected to a psychiatric examination, the diagnosis of gender dysphoria, and surgery demands. The initial policies in Kerala were striking some of these impediments through self-identification principles, and their enforcement has been irregular. The concept of queer theory advocates the thorough de-pathologisation of transgender identities and suggests rights dependent on autonomy and self-expression instead of adherence to medical requirements or binary norms.

The politics of appearance and representation are also addressed by queer theory. While visibility is often seen as a form of empowerment, queer theorists warn that mainstream representations can homogenize diverse queer and trans experiences

(Cohen, 1997). Narratives of media and policy in the Indian context usually celebrate the image of a successful transgender person who meets heteronormative expectations of productivity, beauty, or professionalism. Individuals who lack alignment with these categories, such as those who do not ascribe to any gender category, sex workers, or participants of alternative kinships, are usually dismissed even within transgender policy-making discussions. Therefore, queer theory sets forth pluralistic, inclusive policymaking, considering intersectionality, alternative ways of constituting families, and the experience of the marginalised within even the underrepresented groups. Queer theory focuses on the aspects of resistance, agency, and non-conformity in the process of social change. It views the queer subject not as a passive recipient of policy benefits but as an active agent capable of contesting power, reshaping institutions, and redefining the meanings of gender, identity, and community (Fletcher, 2011). This vision is consistent with grassroots movements in Kerala, including transgender collectives that have advocated policy changes and developed spaces of resistance, including pride events, community centres, and alternative economies. Queer theory can therefore offer a radical, evolving, and subversive understanding that helps policymakers to step away from more radical forms of inclusion that are characterised by fundamental structural social change and the embracing of gender diversity as it is most gendering, fluid, and broad.

Queer theory provides a formative criticism of heteronormative and binary laws and institutional arrangements of gender and sexuality. This is especially applicable in the formulation of policies that govern transgender people, since many do not evade systems based on unalterable stabilised gender. Jagose (1996) highlights that queer theory's aim is not merely to expand existing categories but to destabilise the logic of categorisation that sustains exclusion. This approach is essential when evaluating the implications and boundaries of the transgender policy in Kerala, which, despite being groundbreaking, is usually based on distinct gender identities, that is, male, female, or transgender, instead of fluid or non-binary identities. Queer theory can take on these policy paradigms by recommending that

identity can only be regarded as relational, performative, and resistant to codification by administration. Among the major contributions of queer theory is its challenge to the concept of respectability politics which holds that only when marginalised groups behave, appear, and work in ways that meet the standards of dominant articulations of norms of behaviour, appearance, and production can they be incorporated into the mainstream. This has been seen in the process of valorisation of the so-called model transgender people at the policy level, that is, people who succeed within mainstream education, employment, or the health system. Puar (2007) introduced the concept of “homonationalism,” where queer subjects are selectively included in nationalist projects, often at the cost of erasing more radical, resistant, or non-normative queer identities. In Kerala, transgender people have largely been conceptualised as either welfare recipients or ideal citizens in the developmental state, which could erase the existence of those who are kept in traditional hijra communities, informal economies, or refuse to undergo binary transitions.

Queer theorists have further distinguished the role of the regulation of sexual and gender identity through language, discourse, and the production of knowledge. Sedgwick (1990) argued that the state often defines identities not to protect them but to monitor and contain them in a specific way. In India, the formation of alternatives to the gender binary in law ie, the concept of third genders has led to some legal gains, even though this concept of otherness potentially excludes those who reject the very foundations of fixed identity boundaries. Although the Kerala Transgender Policy has a broad vision, it mainly employs biomedical and sociological perspectives, where gender is defined based on diagnosis, surgery, or institutional identity. Instead, queer theory demands a diversity in epistemology that leaves room to be self-defined, ambiguous, and rejectionist, thus shifting the focus of policy-making towards the real-life experiences of gender-diverse persons. The other most essential aspect that queer theory contributes to transgender policy is its concern with time and space. Love (2007) and Freeman (2010) argue that queer lives often follow “nonlinear” timelines, where traditional life milestones (such as education, employment, or family formation) do not occur in expected sequences. This has policy metric

implications that measure success in a linear manner or are incorporated into normative timelines. For example, vocational training in Kerala might presuppose specific pre-education or permanent residence, which is not always the case for transgender people who were displaced once or ignored because of discrimination. Queer theory challenges this developmentalism logic and argues that policies need to be designed that are non-prescriptive, open, and embrace the cyclical or interrupted life path that many transgender individuals live.

The concept of kinship and community is also reinvented in queer theory, which is highly informative regarding transgender rights approaches. Weston (1991) introduced the idea of “chosen families” such as networks of care, intimacy, and support that queer and trans individuals build outside traditional biological structures. Such kinship systems are common among Indian transgender communities, including those in Kerala, through guru-chela relationships, peer support groups, and shared residences. Nonetheless, these formal policy systems usually accept only blood or marital relationships when accessing healthcare, residence, or legal defence. One of the proposed efforts of queer theory is to extend the legal affirmation of non-normative forms of kinship so that there are no shadow effects of the support structures in the transgender community by the welfare systems. The intersections and coalitions built by queer theory offer a more inclusive platform for policymaking. Cohen and Jackson (2016) argue for a queer politics that aligns with anti-racist, anti-capitalist, and feminist struggles, challenging the siloed approach often found in identity-based policies. Barriers to accessing services by transgender people in Kerala, in the forms of caste, religion, class, and place of origin, also overlap with gender identities. The disconnection of gender identity from these other social aspects in policies means that the disparity might be recreated instead of being eliminated. Inspired by queer theory, it is important to create integrative and participatory intersectional policies that acknowledge the icing of identities and the repression that transgender people experience.

3.2.7 Theory of Planned Behaviour and Transgender Community's Access to Government Schemes

The Theory of Planned Behaviour (TPB), developed by Ajzen (1991), is a well-established psychological framework that explains how individual attitudes, social norms, and perceived behavioural control shape intentions and ultimately influence behaviour. At its core, TPB posits that people's actions are guided by their intentions, which are, in turn, influenced by (1) their attitude toward the behaviour, (2) subjective norms, and (3) perceived behavioural control. The model can especially be used to explain why a large number of transgender people, even with government support schemes, might not access and use them. The case of Kerala is interesting to consider in this context, since the state has implemented progressive transgender welfare policies since 2015, yet gaps still exist between the provision and uptake of policies by the community, which can be characterised by psychological, social, and structural barriers to engagement that can be captured via the TPB. Attitude toward behaviour, the first element of TPB, is associated with the process by which transgender people estimate the concept of acting as participants in a government program. If people's previous experiences with state institutions were negative (discrimination, humiliation, or lack of recognition), their perception of interacting with the government can be marked by fear or mistrust. For example, trans people can distrust any schemes connected with houses, work, or documents of identity identification if they think it is inaccessible, bureaucratic, or tokenistic. As Fishbein and Ajzen (2010) argue, attitudes formed through direct or vicarious experiences can significantly influence behavioural intentions. Therefore, policy success depends on program design and the creation of favourable perceptions through trans-sensitive outreach, narratives, and representation.

Subjective norms comprise the second factor, which can be described as the perceived pressure to engage or not engage in any given behaviour. Social networks and peer groups may be important in influencing behaviour within the transgender community. If there is an opinion or feeling that it is encouraging, positive, and community-approved when accessing a government scheme, there are higher chances that people will do the same. Nonetheless, a well-designed policy can be

underused if it is perceived to cause stigma, rejection, or dependence. Armitage and Conner (2001) underscore the importance of aligning policy initiatives with the cultural and communal values of the target group. Community support and transgender groups could be a powerful instrument in Kerala to change subjective norms towards availing schemes and, thus, enable increased participation. The third important component of the TPB is perceived behavioural control, which reflects beliefs about an individual's capability to access and exploit an opportunity. These systems are often pillars of procedural barriers that can counteract the sense of control of many transgender people; lack of documents or digital illiteracy, confusing applications, or unfriendly authorities are just a few examples. Perceived behavioural control is low even when schemes are technically available, and the individual fails to take action. Ajzen (2002) emphasized that perceived behavioural control also functions as a proxy for actual control, suggesting that when people feel empowered, they are more likely to engage. In Kerala, it can be effective to reduce bureaucracy, provide personalised assistance, and establish safe access points, such as community help desks or mobile camps, to provide a sensation of control and real involvement.

The TPB also accommodates the role of past behaviour and habits, which are pertinent in the cases of marginalised groups. Legacy of Exclusion Traditional apathy in relation to the utilisation of public services can become self-perpetuating. Ouellette and Wood (1998) noted that habitual behaviours can override rational intentions, particularly in contexts where structural inertia discourages change. For example, let us assume that a transgender person has never received any positive experience that would make him or her think that in the future he or she can visit a government office without being treated as the wrong gender or otherwise mistreated. Thus, although the TPB is an intention-based model, policymakers need to understand that structural support and repetitive pronouncing are required to replace non-inclusive patterns and develop new behavioural expectations. A further significant development of the TPB applicable to transgender representation is its combination with intersectionality and structural variables. As Conner and Norman

(2005) argue, behavioural models must be interpreted in conjunction with socio-demographic factors such as economic status, caste, religion, and educational attainment. The Dalit transgender individual in small-town Kerala can have a more complex set of obstacles to the understanding and execution of his or her behavioural desires than the educated transwoman in urban areas. Combining the TPB and intersectional data collection will enable the schemes to target and personalise more precisely. It also aims to ensure that policy evaluation is based not on the aggregate uptake numbers alone but on matters related to who is engaged in it and who is not and the reason behind it.

TPB use of TPB in policy reduces the use of unfounded intervention measures. Interventions can be tailored by determining what is lacking (attitude, norms, control) in a community. For example, when negative attitudes are predominant, policymakers can concentrate on stories of success and community heroes. With low PBC, the focus should be on structural changes and the provision of support services. In Kerala, the frequent response of the transgender communities, behavioural evaluation, and cooperation with individual societies can create data that can ameliorate the schemes over time. Therefore, TPB not only contributes to a better understanding of behavioural gaps in transgender policy usage but also provides a guide on how government schemes can be made more permeable, productive, and empowering. The Theory of Planned Behaviour (TPB) continues to evolve through its integration into public administration and policy studies, particularly in contexts where social marginalisation influences behavioural decision-making. Scholars such as Godin and Kok (1996) emphasise that the TPB's application in health promotion and public service delivery allows for understanding not just behaviour, but also the environmental and psychological precursors that shape participation. The TPB framework provides transgender members of the Indian population, who are unable to take advantage of state schemes due to historical stigmatisation, a window into the motivation behind a scheme's adoption. Access is not only a matter of availability but also of institutional confidence, peer pressure, internalised stigma, and perceived ability to manoeuvre bureaucracies.

Recent studies have extended the TPB by highlighting the role of anticipated emotions, such as anxiety, shame, and pride, in shaping behavioural intentions (Perugini & Bagozzi, 2001). The salience of these emotional variations occurs among transgenders who most likely expect humiliation, discrimination, or misgendering when visiting any platforms managed by the government. The formation of such emotional expectations may inhibit the intentions to do so, regardless of whether policy outreach exists. In Kerala, although a sexual sensitivity policy exists, transgender people are still reluctant to apply for housing or employment schemes because they fear being rejected or even publicly exposed. By factoring in the expectations of emotions in TPB analysis, policymakers can develop policy interfaces that are not only rationally considerate but also emotionally secure and supportive. Another advancement in TPB literature is the emphasis on implementation intentions concrete planning about when, where, and how to act (Gollwitzer and Sheeran, 2006). In the case of marginalised communities, it is not enough to form an intention; action plans and cues of the situation are needed. For example, a transgender person may be planning to apply for a scholarship but may not be sure of the office to be visited, how to fill in the form, and what documents to bring. It has been established that implementation intentions controlled using step by step interventions lead to higher behaviour adoption. The given bit of wisdom can be applied to the policies in Kerala to provide transgender specific policy navigators, help desks, and mobile assistance centres that would help operationalise access.

Incorporating social identity theory into TPB has also become a way to explain group-level influences on individual behavioural intentions (Terry and Hogg, 1996). Transgender people are inclined to be governed by the group norms of collective identity, especially in strongly knit hijra, kinnar, or queer communities. When a population acts in unison with distrust or disengagement with the systems in the state, this may play a critical role in individual behaviour, irrespective of necessity or desire. A social identity lens on the TPB framework will ensure that governments can develop policy in a culturally sensitive manner so that they do not hastily reject schemes but rather propagate them through community leaders with a degree of trust,

who could be NGOs or association networks of transgenders in Kerala. Moreover, the TPB framework has been expanded through technology acceptance models (Venkatesh et al., 2003), which are relevant to e-governance schemes that are increasingly used for policy delivery. A range of government programs in India (as well as in Kerala) have already become impossible without online registration, the use of apps, or e-identity verification. Digital exclusion is a common challenge faced by transgender people because of illiteracy, lack of access to mobile technology, or being denied official documents in the past. Technical skills and the feeling that the system is fair can be described as perceived behavioural control regarding this digital condition. Thus, governments must ensure not only physical convenience but also digital inclusivity in transgender welfare policies under the TPB prism. Integrating social cognitive theory (Bandura, 1997) with TPB highlights the significance of self-efficacy, the orbelief in one's capability to perform a specific behaviour, in accessing public services. Transgender people who have been systematically denied access to education and employment opportunities may demonstrate low self-efficacy towards participation in formal institutions. Hence, the policies of Kerala should not merely provide information but also build self-belief with the help of confidence-building programs, trans-peers education, and success stories that motivate the masses to be self-advocates. Direct work within the community to improve self-efficacy can turn intentions into action and close the gap that continuously separates transgender needs and policy implementation.

3.2.8 Intersectionality Theory: Understanding Multiple Barriers Faced by Transgender Individuals

Intersectionality theory, introduced by Kimberlé Crenshaw (1989), provides a critical framework for examining how various axes of identity such as gender, caste, race, class, sexuality, disability, and religion interact to produce complex and overlapping systems of disadvantage. Coined first in the context of Black feminism in the United States, intersectionality has become a comprehensive worldwide instrument which can be used to comprehend structural disparity. Transgender people in Kerala and across India are especially affected by this framework. It discloses that the presentation of obstacles to obtaining government schemes is not

only inaccessible based on gender identity but also depends on other factors, such as caste based discrimination, economic insecurity, territory, and social disgrace. Accordingly, intersectionality goes beyond one axis analysis to present a multi-dimensional picture of what it means to be marginalised. Caste is an understudied but crucial aspect of the case of transgender people in India. Dalit and Adivasi transgender persons face compounded discrimination not only from mainstream society but also from queer and transgender spaces (Anandhi & Kumar, 2018). Intersectionality theory can guide us to perceive how the situation of Dalit and transgender status generates new vulnerabilities, such as a shortage of housing, education, or job plans, where both casteist and trans-phobic biases may come together. These within-community differences in Kerala ought to be dealt with by its otherwise liberal welfare system for transgender people. An intersectional framework would ensure that affirmative policies are not oblivious to caste, regional, and lingual disadvantages, and that welfare is distributed evenly among subgroups.

Moreover, access is an important economic issue which marginalises the economy. A large number of transgender people (especially those whose families have rejected them or who were deprived of formal education) can survive only through participation in informal economies, sex work, or begging. There are welfare programs, such as skill development or microfinance programs, but the undeniable presumptions in them include some level of economic stability or trust in an institution, which many lack. As Collins and Bilge (2016) assert, intersectionality demands that policy frameworks consider structural determinants, such as poverty, unemployment, and economic vulnerability, in tandem with gender identity. Regardless of the lack of acknowledgement of the economic aspect of the state of exclusion, transgender people who need the most support provided by the state will remain unreachable. Gender identity is also connected to religion at critical points. Similar to transgender members of the Muslim community or Christian population in Kerala, certain theological or cultural stigmas bind them and hinder their entry into the social setting. Within some religious communities, nonbinary gender identities are not recognised, and transgender individuals may be ostracised or denied

burial rights, inheritance, or access to faith-based support systems (Woltmann (2019). The dimensions are raised by intersectionality theory, which proves that successful policy-making must be culturally contextualised and sensitive to religious pluralism. This gap can be bridged with the help of community-based programs which work with progressive faith leaders or even interfaith coalitions.

The next important area where intersectionality plays a significant role is within the disability and health status environment with transgender identity. Most transgender individuals experience both physical and psychological health problems associated with trauma, violence, or medical negligence. The disability side is also enclosed twice: people with disabilities are facing rejection by the transgender society as well as by the disability rights movements. As Soldatic and Meekosha (2012) note, disability is often rendered invisible in broader queer discourses, yet it significantly influences access to education, employment and public services. The health and welfare systems in Kerala should embrace an intersectional approach to ensure that disabled transgender people will not be left out of the plans without their fault because of either unaccessible infrastructure or the rigid vision of eligibility. Intersectionality theory stresses the significance of lived experiences and community knowledge of policy. Crenshaw (1991) argues that legal and policy frameworks often erase the voices of multiply marginalised individuals, resulting in solutions that fail to address their specific realities. The active inclusion of transgender people from rural, disabled, lower-caste, and religious minorities in policy formulation in Kerala should take place so that the multidimensionality of challenges encountered by the latter groups can be absorbed. An intersectional policy approach requires participatory governance, disaggregated data collection, and culturally responsive program design. Thus, intersectionality is not only a notion but also a practical instrument for creating more open, equal, and fair welfare infrastructure for the transgender community.

The theory of intersectionality in light of how it has since developed far past its early beginnings based on critical race feminism can be used as an effective mode of analysis concerning policy, sociology and human rights debate. Hill Collins (2000)

emphasizes that power structures are not isolated; rather, they co-exist and co-produce each other. When this is applied to the case of transgender people, especially in India, one can find out how exclusion functions on social, economic, cultural, and institutional levels simultaneously. Although transgender policies can claim to reduce differences experienced based on gender identity, they do so in a vacuum, not considering other marginalisation and oppressive factors which build on the initial difference, such as caste, religion, income, disability, or geography. The concept of intersectionality demands locally informed answers to marginality, where policymakers are expected to consider different realities of life instead of setting universal models. The combination of rurality and transgender identity further complicates access to social support and recognition. Rural transgender individuals face not only a general scarcity of infrastructure but also greater social conservatism, resulting in isolation, stigma, and violence Gale et al. (2022). Government schemes in these regions can only be accessed by travelling to big cities, digital literacy, or defamatory third parties. Intersectionality theory helps us realise that urban-focused policy implementation strategies systematically undermine rural transgender people. It also recommends that schemes should not only be designed inclusively, but they should also be geographically and culturally reachable, as local governance institutions such as Panchayati Raj bodies are made to be felt and heard, so that schemes benefit them.

Another important axis in intersectional analysis is the One of the axes of intersectional analysis is education. Gender policing, bullying, and insufficient institutional support leave many transgender individuals unwilling to attend schools and lose them often. For Dalit, Adivasi, or Muslim transgender persons, educational exclusion intersects with caste and religious prejudice, further limiting access to upward mobility or state welfare (Kole, 2007). In terms of government educational programs, such as scholarships or honing skills, intersectionality insists that you should consider such layered exclusions. For example, a literacy program should be gender-sensitive, caste-sensitive, and culturally sensitive; otherwise, it would reproduce the clauses it is supposed to break. A newer area of intersectional study is the presence and use of intra-community hierarchies and gatekeeping in LGBTQIA

+ movements. Transgender individuals who do not align with mainstream queer narratives such as those who are non-English-speaking, elderly, sex workers, or from traditional hijra gharanas are often sidelined, even within advocacy spaces Mahajan et al., 2023. Such sidelining contributes to the disparity in policy-making and the loss of entitlement to benefits that are customised to identities considered to be progressive or visible. Intersectionality theory illuminates these internal exclusions and advances a pluralistic policy-making process that includes the voices of traditionally underrepresented groups of trans people. Hence, representation should not be rethought as token inclusion but rather as structural inclusion based on diversity.

The next common strength of intersectionality is the opportunity to act in relation to the time and historical injustice. Many transgender individuals belong to lineages that have faced long-standing institutional marginalisation, such as hereditary performers, devadasis, or criminalised tribes (Pamment, 2014). The current discrimination is more developed in colonial and postcolonial histories that still define how gender inconformities are understood by society and the state. Intersectionality can provide a method to follow the historical precedents of criminalisation and the violence that characterised castes in contemporary welfare exclusions. Policy works in Kerala and other jurisdictions should not pretend to be remedial and think about restorative justice, which carries an understanding of the historic damage as well as the continued impacts. It is imperative to note that intersectionality theory is essential for measuring the efficacy of policy implementation. It requires the disaggregated collection of data; not only transgender identity, but also ethnicity, caste, region, class, religion, etc., to ensure an equitable distribution of outcomes. For example, when urban Savarna transgender people enjoy disproportionate housing subsidies compared to rural Dalit transgender people, intersectionality indicates an imbalance in either outreach or access processes. Yuval-Davis (2006) argues that inclusive citizenship can only be achieved when all dimensions of social location are recognised and addressed. Therefore, intersectionality theory is not just a source of information and policy development but also something that is

hard to miss in the evaluation of policies and actionable course correction to make transgender empowerment efforts more ethical.

3.2.9 Empowerment Theory and its Application to Transgender Policy Evaluation

Developed in the context of community psychology and social work, empowerment theory allows a critical understanding of the process of empowering marginalised individuals and groups, acquiring access to resources, the right to participate in decision-making, and advancing critical awareness. Zimmerman (1995) conceptualised empowerment as a multilevel construct encompassing individual, organizational, and community empowerment. The empowerment theory, when used in transgender policy assessment, has enabled the authorities as well as the researchers to determine the extent to which the government policies and programs will promote autonomy, agency, and dignity in the lives of transgender people- not that the government will only result in the alleviation of short-term support. Within the context of Kerala, where there is a progressive policy framework for transgender individuals, this theory can be used to determine the extent of such a policy framework not just as welfare measures but also to promote sustainable self-determination and voice of the transgender community. Empowerment at the individual level entails raising the conviction of an individual's capacity to bring about change in life and institutions. For transgendered people, this is not just financial but will also entail access to education, health care, psychological well-being, and more freedom regarding violence or stigma. Transgender patients tend to have internalised transphobia, which is a result of a lifetime of marginalisation. Empowerment theory supports the creation of interventions that enhance self-efficacy, self-worth, and decision making. Rappaport (1987) emphasized that empowerment is not simply giving people power but creating the conditions under which they can claim it. Consequently, the effectiveness of policy provisions in Kerala, e.g. self-employment schemes or transgender identity cards, should not be judged exclusively in terms of the coverage, but the way this affects the individual empowerment and identity construction.

On the organizational level, empowerment can be defined as the capacity of organisations based on community grounds to impact policy, resource control, and leadership by marginalised groups. NGOs and transgender groups in Kerala have been pivotal in the creation and tracking of policies regarding transgender people. According to empowerment theory, the state should acknowledge and encourage such organisations not as recipients of the service but as policy co-producers. As Perkins and Zimmerman (1995) argue, empowered organisations facilitate member participation, encourage collective action, and engage in advocacy. Applying this criticism to the Kerala transgender policy, we would have to look at whether the implementation of the policy involves transgender-led groups or whether the groups are only consulted in a cynical way. Community empowerment is concerned with collective agency and a shared identity, as well as the capability to take action in changing structures. In the case of the transgender community, this includes the visibility of their issues within the discourse and inclusion in political processes as well as within the law. The empowerment of the community also needs physical and symbolic space where they can gather and organise and demand their rights. For example, the establishment of transgender shelter homes (like “Shelter Homes for TGs” in Kerala) can be empowering if managed with dignity and autonomy; however, if they are highly regulated and restrictive, they risk reproducing dependency rather than fostering agency (Cornish et al. 2014). The theory of empowerment requires this transformation through the establishment of community-owned models of such services that would facilitate long-term sustainability in terms of health and engagement.

A critical component of empowerment is the development of critical consciousness such as awareness of social injustices and the motivation to change oppressive structures (Freire, 1970). In transgender policy, it refers to the determination of the role of interventions in enabling individuals to understand the game of barriers in the system as well as enabling them to champion their rights. This form of empowerment is embodied in programs that comprise legal literacy, gender sensitisation, and leadership training. The role of education and awareness

programs in Kerala regarding the transgender community should be examined in terms of how they develop critical consciousness. Are they bred on passive reliance on government programs, or are they raised to knowledgeable activism and civil engagement? Empowerment theory believes that the latter is the true way to improvement. The theory of empowerment also requires a situation-specific response to be effective. Empowerment is not a general issue; it is loaded with local history, identity, and power relations. Transgender people in Kerala cannot be discussed homogenously. LGBT people, Hijra people, trans-masculine individuals, non-binary individuals, and queer Dalits have different experiences of empowerment. Gutierrez (1995) emphasizes that empowerment strategies must be intersectional and culturally grounded to be effective. Therefore, policies meet the empowerment theory if they are adapted to the diversity covered in the transgender umbrella and if the policies are adapted to answering multiple oppressions. In absence of this subtlety, policies can prioritize the well being of some, disregarding others--hence genesis of hierarchies on "merit of inclusion simulacra."

The theory of empowerment has become an interdisciplinary theory which is applied in human rights advocacy, community health, education, and even public policy. It can be especially applied in studying the interactions of marginalised groups, such as the community of transgender people, with state systems. According to Lord and Hutchison (1993), empowerment occurs when individuals and groups gain access to the means by which they can influence their circumstances. Empowerment theory cannot just serve as a means of evaluating the way of delivering the service in the context of the welfare of transgender people, but it also serves to assess this and evaluate whether policies actively contribute to the breakdown of systemic barriers or whether they only run compensatory relief. In the Kerala policy context, this would entail determining not only whether transgender welfare schemes need to exist but also whether such schemes are sustainable enough to cause long-term inclusion, self-control, and control over others by transgender individuals. Empowerment theory also focuses on structural change, notably in the sense of responsive, participatory, and accountable policy design. According to

Adams (2008), empowerment-oriented public programs must be flexible and co-created with the communities they serve, as this fosters collective effectiveness. The well-intentioned top-down version of transgender empowerment can be dangerous, setting up dependency and constraining long-term success. In Kerala, these policies, however, groundbreaking though they are, often leave social inclusion in education systems, workplace policies, and law untouched, beyond mere welfarist gestures like scholarships, housing subsidies, or pensions. According to empowerment theory, structural indicators, such as the enforcement of anti-discrimination laws, the introduction of inclusive forms of governance, and overarching community systems of oversight and checks, must be included in policy evaluation.

The relational aspect of empowerment which can be described as the fact that empowerment is an evolving process and is influenced by interpersonal and institutional relations is one of the aspects of the empowerment theory that remain under-researched. For transgender people, these relationships are mostly characterised by exclusion, especially at the family level, as well as in their workplaces, schools, and health systems. According to Laverack and Wallerstein (2001), empowerment involves shifting power relations by enabling meaningful participation and establishing reciprocal trust between individuals and institutions. Unless transgender persons are not regularly misgendered, stereotyped, or infantilized within the service context, the effect of this psychological and emotional disempowerment cancels out any tangible benefits provided. Therefore, policy evaluation must also consider whether practices related to service delivery are affirming, respectful, and identity-affirming.

The theory also emphasises the relevance of resource availability for empowerment. According to Rowlands (1997), access to tangible and intangible resources such as information, networks, knowledge, and legal rights is essential for marginalised communities to develop agency. Transgender people usually do not have the right to legal documents, bank accounts, health, and secure housing, all of which are required before participating as citizens in state programs. The theory of empowerment, therefore, compels policymakers not only to come up with schemes

but also to make the schemes fit into systems that fill resource deficiency gaps. For example, the success of state-run transgender clinics in Kerala shows how the service delivery system can be integrated structurally in a way that supports empowerment, yet not enough of this is found in the educational system and the labour market. Transformative capacity, or the capability of individuals and communities to reorganise dominant narratives and break stigma, is also supported by empowerment theory. Gutierrez and Lewis (1999) argued that empowerment involves consciousness-raising, resistance, and rearticulation of identity in the face of social hierarchies. Empowerment in the transgender scenario means the ability of members of the target group to establish their identities in society, not be afraid of studying or working, and shape attitudes toward gender diversity. In Kerala, some of the aims of perception shifts are implemented through cultural projects, pride gatherings, and participation in mass actions. Assessing policy in this light implies questioning whether it will produce forums in which transgender individuals express themselves, take centre stage, and reframe social norms.

Empowerment theory faults paternalistic reproduction in welfare systems. Policies which address transgender people solely as vulnerable actors who can benefit from support but not take any kind of political action, make decisions, or organise themselves run the risk of marginalising people in the name of support. According to Ife (2012), rights-based and empowerment-focused policy models must move beyond protection to participation and inclusion. This is particularly applicable in the evaluation of the Kerala transgender board, whereby representation is usually bureaucratised and has no actual grassroots participation. Policies should be rated not based on output or rates of utilisation but on how far they promote active citizens, democratic voice, and collective power among the transgender community.

3.3 Conceptual Framework

The current research uses a conceptual framework through which the simultaneous effects of various determinants on empowering and general well-being of the transgender community in Kerala are systematically examined. The key aspect of this framework is Access to Services and Benefits (ASB), which acts as the

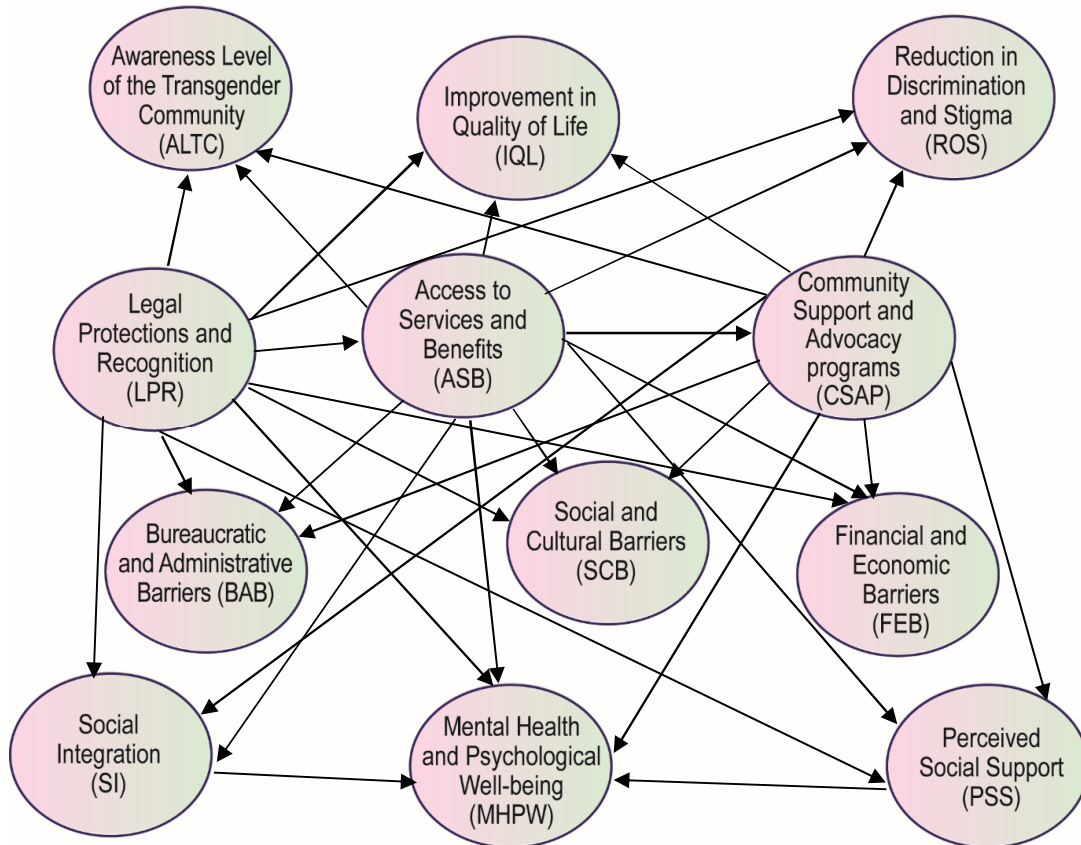
necessary engine that connects the legal, social, economic, and cultural variables with measurable outcomes that include better living conditions, a better mental state, and stronger community connections. The major categories of the Kerala Transgender Policy and Bill of Transgendered are included in the model as drivers that enable interaction with government efforts. Legal Protections and Recognition (LPR), Community Support and Advocacy Programs (CSAP), and Awareness Levels of the Transgender Community (ALTC) are other provisions that indirectly indicate the experience of Perceived Social Support (PSS), Reduction in Discrimination and Stigma (RDS), and Mental Health and Psychological Well-being (MHPW). The above can be illustrated by the situation when the extension of legal recognition helps to enhance ASB, but at the same time, it reduces Bureaucratic and Administrative Barriers (BAB) and thus, enhances empowerment of the community. Similarly, community advocacy programs contribute to breaking the rules of Social and Cultural Barriers (SCB) and Financial and Economic Barriers (FEB) and enhance equality of access and inclusion.

In addition, the conceptual framework presents a dynamic and multi-dimensional picture of empowerment outcomes, including both direct and mediated outcomes. Improvements in Quality of Life (IQL), Social Integration (SI), and Psychological Well-being (MHPW) are positioned as key outcome variables, deeply influenced by the transgender community's awareness, legal entitlements, and support structures. The framework focuses on the dual aspect of government programs: the first are the programs that directly create access by legal and institutional means, and the second is the broader social environment in which stigma reduction, advocacy, and economic assistance influence access. These mechanisms are all geared towards improving the lives of transgender people. The three loops of the diagram depict the idea of possible feedback loops, where enhanced mental health and integration into society can, in turn, further increase awareness levels and boost advocacy, resulting in a more influenced community that is resilient and stronger. Therefore, this framework is strong enough to assess the strategies to empower Kerala's transgendered and is

compatible with research proposals, especially those that centre on awareness, impact measures, identification of barriers, and psychosocial outcomes.

Figure 3.1

Conceptual Framework Illustrating the Interrelationships Between Government Initiatives, Barriers, and Empowerment Outcomes Among the Transgender Community in Kerala



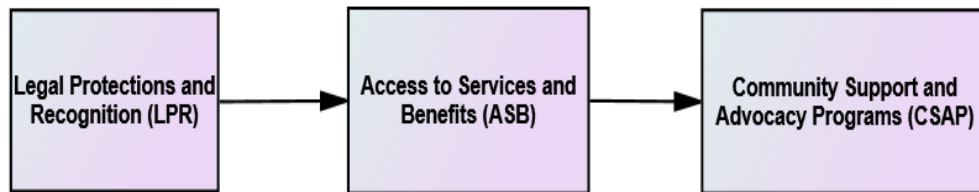
3.4 Transgender Initiative Model of the Government

The conceptual framework, based on the Government's Transgender Initiative Model, provides a comprehensive, integrative view of the impacts of different interventions that state levels can influence in terms of the empowerment rate and population of the transgender people of Kerala. Central to the framework is access to services and benefits (ASB), which serves as the primary mediating factor between policy inputs and empowerment outcomes. These inputs included legal protections and recognition (LPR), awareness of the transgender community (ALTC), and community support and advocacy programs (CSAP). The framework conceptualises

empowerment as a multi-layered process in which legal and institutional arrangements enable the transgender population to navigate systemic barriers and attain improved quality of life (IQL), mental health and psychological well-being (MHPW), and social integration (SI). This is consistent with Zimmerman's (1995) empowerment theory, which emphasises the necessity of addressing both individual agency and structural opportunities to realise holistic empowerment. Therefore, the model provides a constructive framework for realising empirical explanations of how empowerment is operationalised in terms of policy-driven operations.

Figure 3.2

Transgender Initiative Model



Legal protections and recognition (LPR) were portrayed in the model as foundational to the process of accessing services, reducing bureaucratic and administrative barriers (BAB), and mitigating social and cultural barriers (SCB). Legal entitlements incorporated in Kerala's pioneering transgender policy have been important, as the rights to self-identify gender, to have access to government identification, and to receive welfare schemes specific to this section of the population have been made possible. Such legal reforms are known to enhance institutional access, reduce marginalization, and contribute to the psychological validation of gender identity (Winter et al., 2016). The model supports this by demonstrating that LPR not only facilitates access to services but also influences broader psychosocial outcomes, including a reduction in discrimination and stigma (RDS) and increased perceived social support (PSS). In line with Hughto et al. (2015), the framework recognises stigma as a central determinant of mental health and thus positions legal protections as a primary vehicle for change. Moreover, given the feedback loops embedded in the model, the better the outcomes, the better the level of awareness

and community involvement, which will be more sustainable in terms of empowerment.

Community support and advocacy programs (CSAP) are highlighted as critical bridging mechanisms between government policies and lived experiences. These programs help reduce financial and economic barriers (FEB), build awareness, and enhance the delivery of government schemes at the grassroots level. Community engagement has long been recognised in the literature as essential for marginalised populations to exercise their voice, claim rights, and shape policy discourse (Crenshaw, 1991). In Kerala, self-help groups and transgender advocacy groups are a significant factor between the state and the individual recipients of welfare, to ensure that welfare is not merely talked about but is available in reality. Intersectionality has also left its trace on the model since it considers the fact that transgender people often face several barriers that intersect with each other (economical, cultural, legal) and need a combined response to it. As the UNDP (2018) notes, an effective empowerment strategy must be holistic, addressing multiple spheres simultaneously. The conceptual model ably integrates CSAP as not only a service provider but also a transforming agent of change in eliminating stigmas where communities become resilient and thus ready to be long-term citizens.

The outcomes embedded in the model namely, mental health and psychological well-being (MHPW), improvement in quality of life (IQL), and social integration (SI) demonstrate the long-term effects of successful policy implementation on the target population. The results not only document service delivery but also indicate deeper systemic changes in the perceptions of transgender people, both about themselves and by society. The inclusion of these variables aligns with global health and human rights frameworks, such as those of the WHO (2015), which advocate rights-based approaches to transgender well-being. The model also uses pathway links between benefit access and reducing stigma and social support, which successfully embraces the psychosocial aspects of empowerment. In addition, the model is dynamic in nature, which enables the use of an iterative evaluation process, thus providing an expensive instrument for assimilating the effectiveness of policy

interventions. The Kerala model, therefore, presents itself not only as an illustrative example of progressive transgender policy but also as an ideal resource that can serve policymaking nationally and beyond.

3.4.1 Access to Services and Benefits (ASB) impact on Community Support and Advocacy Programs (CSAP) among transgender individuals.

Access to Services and Benefits (ASB) plays a catalytic role in strengthening the reach, relevance, and responsiveness of Community Support and Advocacy Programs (CSAP) for the transgender population. ASB would include access to healthcare, education, housing, employment schemes, legal assistance, and identity documentation, each of which could be a platform on which CSAPs can perform much more accurately and with a purpose. Once they have credible access to these services, transgender persons stand a better chance of engaging, contributing, and eventually benefiting at the community level. These services provide the basic security and validation that empower individuals to engage in collective action and advocacy efforts (Miller & Campbell, 2006). For example, by issuing government identity cards that acknowledge the gender of transgender individuals, not only is the personal dignity of the person concerned promoted, but their inclusion in institutional and community forums is also made legitimate, hence enriching the effectiveness of CSAPs.

In addition, people have better access to institutional benefits, which creates trust and less alienation among many trans individuals as a result of previous marginalisation. This feeling can serve as an incentive for supporting groups and advocacy networks. Community programs thrive when their members feel supported and protected by the state, and ASB enhances the perception of systemic inclusion (Operario & Nemoto, 2010). Trans people in Kerala have had the chance to stabilise their lives through the provision of gender-neutral hostels, free-of-cost sex reassignment surgeries available at state-run hospitals, and financial support to further their education and find employment. Because the provision of basic needs is met through ASB, people tend to spare more time and efforts to engage in raising

awareness, helping each other, and mobilizing. Therefore, ASB sustains individual well-being and adds the structural capability of transforming communities through themselves.

The dynamics of synergy between ASB and CSAP are also portrayed in the elements of institutional access in determining the content, scope, and outreach strategies of advocacy programs. When transgender people are provided with practical support through healthcare access and/or skills training, monetary inclusion, and so on, these would contribute to the advocacy discourses promoted by CSAPs. These evidence-based stories boost the case of program legitimacy and interest of policymakers, civil society, and donors. In addition, affordability of services makes it viable to work on transformative goals instead of existentially working on supporting the crisis. According to Grant et al. (2011), the presence of inclusive public policies and service availability leads to the evolution of transgender organisations from reactive crisis responders into proactive agents of change. Thus, ASB can promote the sustainability of CSAPs activities and increase their ideological perspicacity and systemacy.

The effect of ASB is that it assists in the decentralisation and democratisation of the advocacy process, as more varied transgender voices are engaged in leadership within CSAP. Members of different socioeconomic, geographical, and caste dissimilarities in the transgender community are usually subject to service disparity. When ASB mechanisms are made more inclusive, they enable equitable representation on community platforms, ensuring that CSAPs do not remain limited to urban elites or English-speaking activists Ung Loh (2018). This wider authorship enhances the development of the program and programs it with elements of empathetic leadership and policies that capture the heterogeneity of transgender experiences. This means that access to state-sponsored benefits is one of the core pillars of vibrant, representative, and sustainable community advocacy ecosystems. Therefore, an appropriate ASB framework can not only empower individuals but also create empowered communities that can effectively oppose structural oppression and collectively work towards achieving long-term inclusion.

3.4.2 Legal Protections and Recognition (LPR) impact Access to Services and Benefits (ASB) among transgender individuals.

Legal Protections and Recognition (LPR) serve as the foundational gateway to enabling Access to Services and Benefits (ASB) for transgender individuals. LPR, in the Kerala Transgender Policy and other progressive models of transgender, implies legal recognition of gender identity, right to self-identification, non-discrimination, and inclusion of transgender status in state documents and state services. The legal definition of what it means to be transgender allows for interaction with state institutions: education, healthcare, housing, and welfare services which transgender people may otherwise encounter due to the systematic vagueness created around their status that prevents effective delivery of the services. As highlighted by Spade (2015), the lack of legal recognition has historically placed trans individuals in precarious positions where their identities are either invalidated or rendered invisible within bureaucratic processes, thereby denying them access to even the most basic public services.

The interconnection between the LPR and the ASB lies in the principle of state accountability. Transgender persons should be explicitly classified as possessing rights and included among citizens, which would force government agencies to plan, enforce, and oversee encompassing schemes. Codification of identity under the rule of law brings legality to claims of entitlements such as ration cards, pensions, scholarships, and health entitlements. There are cases in India, such as *NALSA v. The Union of India* (2014) and subsequent policy shifts in Kerala and other states operationalised the LPR by allowing for self-declared gender identity in official documents. These changes have resulted in greater ease of availing government schemes, removing bureaucratic bottlenecks, and gatekeeping practices that previously required medical certification or physical appearance conformity Chakrapani and Narrain (2012). This means that transgender people are currently in a stronger position to work with social welfare departments and local governance bodies, making them more active agents and minimising institutional exclusion.

In addition, LPR is a significant psychological and structural facilitator of access to services because it minimises the fear of stigma and discrimination in public institutions. Legal systems supporting the identities of transgender people develop institutional cultures that are more considerate, respectful, and trans-sensitive to their needs. For example, separate gender options in application forms, gender-neutral bathrooms in schools and offices, and frontline service provider sensitisation are the result of a law that requires the protection of trans rights. According to Acharya (2024), such legal recognition creates a normative shift that reshapes the behaviour of both service providers and beneficiaries. This increased legal presence would boost the willingness of the transgender community to utilise the services of the government, hospitals, banks, and educational establishments, raising the numbers and quality of use. Thus, the LPR is not a symbolic means of inclusion but an instrument that allows real access through the rebalancing of attitudes towards transgender citizens within official institutions.

The favourable impact of LPR on ASB can be noted not only at the level of individual access but also on the scale of structural change. Gender disaggregated data are to be gathered, transgender specific grievance redressal cells and budgetary allocations to trans welfare schemes by the institutions are to be put into position through legal recognition. This institutionalisation of inclusion will enable one to plan, concentrate resource allocation, and evaluate policies continuously. As documented by Hines (2019), when legal protections become enforceable rights rather than policy suggestions, they generate systemic accountability mechanisms that guard against service denial and negligence. The identification of transgender people in Kerala as a legal category of the population has enabled the Social Justice Department to launch data-based programs and improve control scheme outreach. Thus, the LPR is also used as a prior condition and a conditioner of assuring sustainable, equitable, and rights-based service delivery. Therefore, the interaction between legal identity and access to services captures one important aspect of governance that goes beyond the confirmation of dignity to the straightforward empowerment of structurally marginalised localities through simultaneous development.

3.4.3 Legal Protections and Recognition (LPR) impact Community Support and Advocacy Programs (CSAP) among transgender individuals.

Legal Protections and Recognition (LPR) form the legal and normative foundation upon which Community Support and Advocacy Programs (CSAP) are constructed, legitimised, and scaled. Once transgender people have legal status to support their existence, not only will it legitimise their existence, but it will also empower and empower action in groups and institutionally supportive community arrangements. Owing to the implementation of a state-level transgender policy and adherence to the NALSA judgment in Kerala, there is an increasing number of transgender self-help organisations, community-based organisations, and advocacy platforms. These processes are not accidental but are underpinned by the fact that there is legal recognition that empowers transgender people to open collectives, request funds, and establish legally translated institutions. As noted by Corrêa and Parker (2016), legal recognition paves the way for marginalised communities to create legitimate spaces for resistance and dialogue within civil society and public institutions.

LPR also promotes a climate of visibility and safety which stimulates community advocacy. Before receiving such protections, transgender people usually worked within underground support and informal circles and feared the threat of police harassment, social derision, and negligence by the authorities. Trans identities being officially recognised by legislative acts and laws changes the conditions of the sociopolitical context in which community organisations operate. With the law forming a protective umbrella, CSAPs will be able to operate in the open more securely - organising awareness campaigns, lobbying the legislature and the executive, and demanding their rights without constantly looking over their shoulder in fear of repression. According to Phelan (2001), legal recognition not only reduces fear but also actively invites participation by creating new pathways for civic engagement. An example is found in Kerala, where there has been an increase in the number of transgender-led community centres, as well as representation in local governance, such as in the panchayats and municipal consultations. These

developments are the direct consequences of legal empowerment and recognition at the policy level.

Additionally, LPR boosts the work performance of CSAPs by accessing public resources and institutional partnerships. Proper legalisation enabling transgender collectives to be grouped as non-governmental organisations or community-based organisations makes them open to funding, grants, and partnerships with institutions of the state. Such legal status also guarantees the possibility of these organisations accepting donations, opening bank accounts, and engaging in procurement procedures because such organisations could provide health awareness, vocational training, and outreach education. As Stryker and Whittle (2006) argue, legal incorporation transforms identity based groups from marginal voices to stakeholders in public policy and governance. In Kerala, transgender people are currently included in policies to be represented in welfare boards and district-level implementation committees, making their role more formal in the advocacy ecosystem. Therefore, by giving identity, the LPR also institutionalises the community voice and arms CSAPs with the legal means that can lead them from informal activism to formal development and governance.

The association between LPR and CSAP is a bidirectional association of positive reciprocity. As legal safeguards increase, they result in the extension and refinement of advocacy programs; great CSAPs also provide the means to check, criticise, and refine legal systems. In other words, legal recognition will provide the first impetus, whereas community advocacy will be the driving force in the process of empowerment. When supported by the legitimacy provided by the law, advocacy groups can demand changes in policy, confront discriminatory practices during implementation, and ensure that the law is transformed into reality for transgender citizens. This feedback mechanism aligns with the theory of participatory governance, which holds that marginalised communities must be both beneficiaries and co-creators of legal systems (Gaventa, 2006). The relationship between law and advocacy has matured as transgender groups have become a part of policy discussions, police officer and teacher training, and research sponsored by the state

in Kerala. Hence, the LPR is more than a fixed legal right; it constitutes an activator of widespread transformative action by relying on grassroots that have been well-organised in community support programs.

3.4.4 Access to Services and Benefits (ASB) as a mediator between Legal Protections and Recognition (LPR) and Community Support and Advocacy Programs (CSAP) among transgender individuals.

Access to Services and Benefits (ASB) plays a pivotal mediating role in bridging the gap between Legal Protections and Recognition (LPR) and Community Support and Advocacy Programs (CSAP) for transgender individuals. Although the LPR offers a regulatory backdrop along with the official acknowledgement of transgender identity, the laws need to be functionalized into particular benefits and privileges so that they reflect positively on society by transforming it. Probably the most important of such mechanisms is the ASB, which converts law into everyday reality, including healthcare, education, housing, and financial support. In the absence of the ASB, legal recognition can be purely symbolic and will not provide a concrete foundation to empower the community to organise, mobilise, and maintain advocacy platforms. According to Fraser (2009), transformative justice requires not only recognition but also redistribution of material resources, which is where ASB steps in to actualise the promises of the LPR.

The ASB mediating role can be further ascertained in terms of the policy implementation theory, which suggests that the efficiency of the delivery mechanisms of any legislative intervention is the key to its success. With the example of the transgender people in Kerala, LPR can be used to include people in official systems, but it is through proper ASB that transgender people will have the confidence, stability, and ease of accessing institutions to join community programs. Once transgender people can access welfare schemes, legal documents, and healthcare without discrimination, they can join community-based organisations and advocacy groups as active members. Lipsky's (2010) theory of street-level bureaucracy supports this dynamic, indicating that the provision of public services acts as a bridge between top-down policy and grassroots empowerment. Accordingly, the ASB can

channelise the change of the passive beneficiaries of the law to active community members and activists.

In addition, ASB can be used to minimise the structural and psychological constraints that discourage transgender people from engaging with the community. These include economic insecurity, fear of discrimination in service delivery, and unfamiliarity with institutions. The ASB helps to decrease these barriers when it is strong and available; hence, the individual legal identity leading to collective empowerment becomes easier. By doing so, ASB serves not only as a service package but also as an area of transformation in which the implications of LPR are internalised and further translated into community action. As noted by Nirmala (2024), the provision of services such as legal aid, health access, and housing creates a sense of institutional belonging, which encourages individuals to participate in governance processes that affect their lives. Such a feeling of belonging is essential for the development of dynamic CSAPs, which feed on the sentiment of connection and communal identity.

The intervention position of the ASB also increases the feedback loop involving legal set-up and community lobbying. The actual lived outcomes of ASB for transgender communities make them more capable of examining, criticising, and addressing their growing requirements. This crowdsourced feedback not only increases the relevance and inclusivity of community programs but also enriches legal and administrative systems with a down-to-earth perspective. In this respect, ASB is first a product of LPR and then a driver of enhancing CSAP. This is aligned with the human development approach advocated by Sen (1999), which emphasises expanding people's capabilities to lead lives that they value. The ASB cultivates agency and solidarity to help people access their rights. Once again, the relationship between law, service, and social transformation is reinforced.

3.5 Awareness to Initiative Model of Transgender

Awareness serves as the foundational trigger in the "Awareness to Initiative Model of Transgender Empowerment", where the success of any policy or welfare

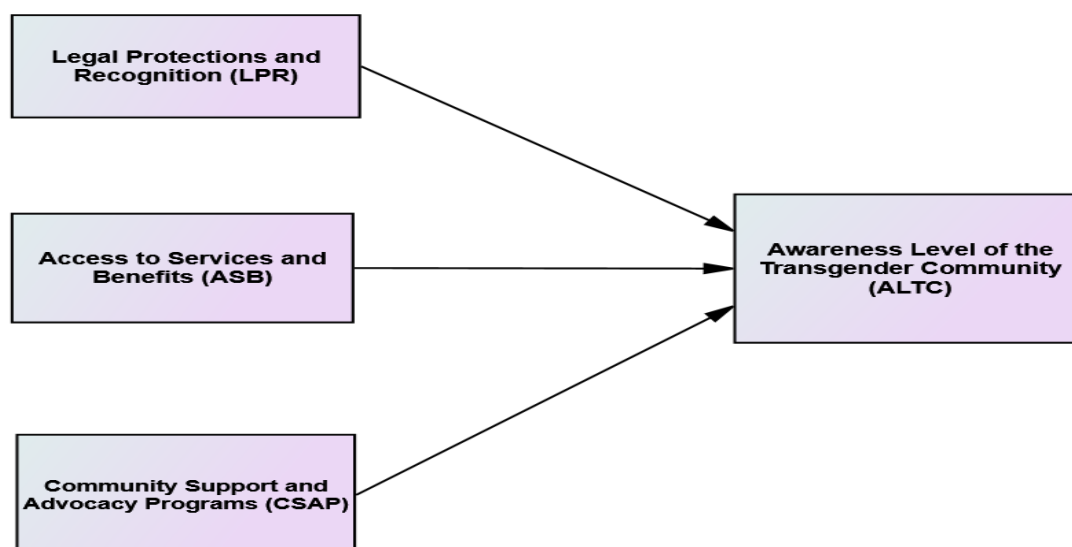
program largely depends on the extent to which the target beneficiaries are informed, engaged, and empowered to act on the provisions. In the case of transgender people, who are not able to enjoy the benefits of mainstream communication channels and being heard in the mainstream discourse, ignorance is their muzzle in seeking their rights and entitlements. In Kerala's case, although the Transgender Policy and the Transgender Persons (Protection of Rights) Act offer several schemes such as educational support, medical aid, and housing awareness levels among the community vary widely, often influenced by geographic, socioeconomic, and digital divides. According to Nutbeam (2000), awareness is not merely the transmission of information but also includes developing the capacity to act on knowledge. Consequently, awareness raising should not only be concerned with dissemination but also with the development of the capacity and confidence to approach institutional structures.

Moreover, awareness affects the behavioural and attitudinal disposition of the transgender population to state initiatives. Those who are informed about their rights, legal acceptance, and scheme opportunities have higher Chances to exercise agency to require access, confront discrimination, and take part in advocacy programs. This aligns with Freire (1970)'s concept of "critical consciousness", which argues that awareness is the first step toward liberation for marginalised populations. Herein, awareness plays the role of a psychological empowerment tool and a practical provider of service access. It enables them to understand the institutions or ombudsman of grievance redressal which empowers transgender people to abide by institutions. Without awareness, however, even the most radical policy frameworks can run the risk of not being used and being inefficient, resulting in a discrepancy between policy and micro-level change. In this way, the model is quite justified in positioning awareness as the precipitating factor that triggers the whole process of transgender empowerment.

Awareness is even more important when it comes to dealing with internalised stigmatisation and social alienation that most transgender individuals feel. In the past, systemic exclusion and social bigotry have caused internal impediments to

accessing self-esteem, fear of being in contact with institutional systems, and a lack of trust in government systems. Such psychological and social barriers can be overcome with the help of culturally sensitive, community-based, and multilingual awareness campaigns that invite people to come forward and demand their rights. According to Betancourt et al. (2006), information combined with social support leads to a measurable increase in health-seeking behaviour and civic participation among vulnerable groups, such as refugees. Awareness of transgender issues does not just augment the use of services but also allows the development of a collective identity and solidarity that needs to be the key ingredient of any good advocacy and policy dialogue. Thus, awareness is not only the key to starting initiatives but also a revolutionary agent that can help people develop resilience and trigger collective action.

Consciousness plays an important feedback role in policy improvement and responsibility. The more transgender people learn about their rights and the initiatives they can take advantage of, the more they can criticise the lack of rights, propose changes, and develop solutions through consultation with governmental authorities. Such a model of governance is founded on the principle of the informed citizen as a stakeholder, and it is vital to the dynamic development of policies relating to transgender people. In Kerala, transgender communities and activists have also started serving in government advisory teams and training programs, an eventuality that was made achievable by long-term sensitisation campaigns. As highlighted by Gaventa and Barrett (2012), awareness-based engagement leads to increased transparency, inclusiveness, and responsiveness in governance systems. Consequently, awareness in the model of Awareness to Initiative is not an accessory issue, as it is just an initiating factor in the empowerment process but also a maintenance and enhancement tool in informed, participatory governance.

Figure 3.3*Awareness to Initiative Model*

3.5.1 Access to Services and Benefits (ASB) impact on Awareness Level of the Transgender Community (ALTC) among Transgenders.

Access to Services and Benefits (ASB) plays a critical role in enhancing the Awareness Levels of the Transgender Community (ALTC), functioning not only as a delivery mechanism for material support but also as a conduit for knowledge diffusion and civic engagement. As transgender persons also engage with the service infrastructures of governance or NGOs, either in the case of healthcare, housing, legal support, or education, they receive information about their rights and entitlements as well as the means of addressing their grievances. This type of institutional contact transforms into the soil of raising awareness. As Bandura (2001) posited in his theory of social learning, behaviour and cognition are deeply influenced by observational learning and interaction with institutions. Accordingly, the ASB mechanisms would then be transactional and educational types of experiences, as they would also contribute to forming awareness owing to prolonged exposure to the systems of the community.

In addition, the effectiveness of the reach and exposure of the communal awareness of public service programs tends to be determined by the visibility and outreach of the same programs. The implementation of services using inclusive,

accessible, and participatory models (as in the case of transgender-friendly help desks, peer outreach workers, or mobile health clinics) is more likely to raise awareness than top-down bureaucratic schemes, which do not involve the community in the process. Community-based ASB efforts, such as skill training camps, legal literacy sessions, and health drives, have transformed the information gap among trans individuals, especially in rural and marginalised environments in Kerala. As Chambers and Pettit (2004) emphasise, services must be delivered in a way that empowers recipients with both resources and knowledge to use them effectively. In this regard, ASB is not a delivery process but a reciprocal ground for awareness creation and confidence building among transgender people.

The beneficial role of ASB in ALTC is further strengthened by linking services with counselling, peer facilitation, or education based on rights. Consider a transgender patient who can obtain information about their rights in this case when applying to the public health scheme to access hormone therapy or gender reassignment surgery; they can also obtain information on the law or anti-discrimination of transgender or even job reservation. When incorporated into service design, these linkages transform service encounters into learning opportunities, which again enriches awareness. According to Wallerstein and Bernstein (1988), empowerment-oriented service models, which integrate information dissemination with resource provision, are significantly more effective in transforming marginalised populations. Thus, ASB is not only a reaction to dire needs but also the establishment of a wider process of socio-political awareness and identity development, which enables trans people to become a full-fledged part of the social agenda and of political activism.

The positive cycle results in the creation of a virtuous cycle of empowerment. The more transgender people know about their rights and services, based on initial access, the more likely they are to access more services, refer to their communities, and participate in collective action. This diffusion has a diffusion effect on community-level information spreading, and thus it is multiplicative in terms of how awareness stretches beyond those who actually receive the services to a larger group of the transgender community. This process reflects Rogers' (2003) diffusion of

innovations theory, which explains how new ideas and practices spread through social systems via opinion leaders and peer influencers. The process becomes compounded when members of the trans community who have received ALTC benefits become community ambassadors or peer educators, eventually resulting in an able-bodied, organised, more informed, and rights-aware transgender community. By doing so, ASB not only elevates individuals but also creates an educated mass of people who can campaign for long-lasting structural reform.

3.5.2 Community Support and Advocacy Programs (CSAP) impact on Awareness Level of the Transgender Community (ALTC) among Transgenders.

Community Support and Advocacy Programs (CSAP) function as grassroots engines of empowerment, and one of their most impactful roles is enhancing the Awareness Levels of the Transgender Community (ALTC). As the initial contact of marginalised transgender individuals with systems of information, such programs provide a secure environment to educate themselves on their rights, entitlements, legal processes, and schemes utilised in society. Where awareness or mainstream campaigns cannot reach socially excluded members of society, CSAPs intervene to fill this gap with culturally viable and locally driven initiatives. Transgender community groups, support groups, and advocacy forums serve as informal information centres, which also simplify the understanding of complex bureaucratic and legal systems into practical knowledge. As emphasised by Tilly (2005), civil society mobilisation increases awareness by creating localised contexts for collective learning, negotiation, and empowerment, which are particularly crucial for historically excluded populations such as transgender individuals.

In addition, CSAPs promote both interpersonal communication and peer-to-peer learning which have been proven to be more effective in creating awareness than mass media or bottom-up dissemination methods. Peer educators, counsellors, and trans-led organisations integrated into CSAPs use mutual life experience and sworn-based networks to inform others about social security programmes, the law and law enforcement, health services, and educational or occupational prospects.

Such interpersonal processes are crucial in eliminating distrust, fear, and stigma that hinder information searching and dealing with institutions by transgender individuals. According to Campbell and Jovchelovitch (2000), awareness is not just the product of exposure to information but the result of negotiated meaning-making in safe and supportive environments. CSAPs facilitate this process of meaning-making through dialogue, support, and mentorship, which helps build sustainable awareness among transgender individuals.

The second crucial instrument through which CSAPs influence consciousness is their involvement in public advocacy and mobilisation around rights. Such programs are actively involved in policy discussions, media advocacy, and mass action, thereby influencing public discourse and at the same time making community members aware of the structural injustices and both their legal and informal means to come to terms with each other. As another example, when CSAPs work on promoting the adoption of the inclusion of transgender individuals in the law (such as the right to change the documents that identify a person), or lobby against the discriminatory services of government-owned organisations, they frequently combine their activist efforts with community work and awareness training. The two-pronged approach ensures that the knowledge generated by political action trickles down to the grassroots. Gaventa (2004) argues that awareness is both an outcome and a precondition of citizen participation, and CSAPs sit precisely at this intersection empowering transgender persons to become not only informed citizens but also active claimants of their rights and entitlements.

The effect of CSAPs on ALTC is a cumulative multi-year generational impact. These programs not only raise awareness in specific populations at a specific moment in time; they establish self-sustainable ecosystems of knowledge-sharing, developing leaders, and institutional literacy. People who receive CSAP training also become future trainers, facilitators, or leaders; therefore, there will be a multiplier effect because of the dissemination of awareness. This aligns with the “asset-based community development” model (Kretzmann & McKnight, 1993), which emphasises the use of community strengths to create enduring empowerment.

In Kerala, most of the transgender activists and policy advisors of today have themselves come through the same CSAPs that they used as teenagers and now occupy central positions in the arranging of workshops, sensitising of authorities, and mentoring of younger members. The overall legacy of the use of CSAPs will therefore be the establishment of an educated, thoughtful, politically astute gender transgender to be able to not only absorb but also provide crucial awareness in various tiers of society.

3.5.3 Legal Protections and Recognition (LPR) impact on Awareness Level of the Transgender Community (ALTC) among Transgenders.

Legal Protections and Recognition (LPR) are instrumental in elevating awareness among transgender individuals by institutionalising their presence within state mechanisms and public consciousness. Both informal and formal recognition of transgender identity, the right to self-identification, anti-discrimination law, and inclusion in formal records offer not only symbolic validation but also points of access to state resources. Such legal developments prompt the transgender population to become more active and confident in their interactions with mass organisations, as they know that their being is not simply accepted but secured. As Ekins and King (2006) argue, visibility in law leads to visibility in society, and this recognition plays a key role in informing transgender persons of their rights, entitlements and pathways to redress. Many transgender people do not know their fundamental civil rights and protections that can be enjoyed by putting an application to the Constitution or through state welfare programs unless they are defined as people by the law.

Moreover, the political landscape encourages the development of campaigns to raise awareness and education that is not just dispensable to transgender people. For instance, after the passing of the Transgender Persons (Protection of Rights) Act in India, various government bodies, NGOs, and academic institutions undertook sensitisation programs, rights awareness drives, and policy briefings to inform the community about their newly codified rights. They also force the state to inform people via official channels, including helplines, government websites, handbooks,

and public notices. According to Merry (2006), law shapes knowledge production by determining which issues are visible, legitimate, and actionable. In this regard, the LPR not only specifies protective structures but also contributes to popularising education of the population, thereby raising awareness of transgender people regarding legal protection measures, the conditions under which they can receive benefits, and the channels of filing complaints.

The other way LPR can make the population aware is by inducing discussion in a newspaper, scholarly community, and civil society, leading to the creation of information spillover to the grassroots. Judicial cases, legislative proceedings, and policy statements made by the states serve as inspiration for transgender people and their supporters, providing them with educational material transferable via social media, community organisations, and the Internet. This expands the avenues of knowledge on the rights of transgender persons and motivates them to claim redress or support in cases of violations. According to Keck and Sikkink (1998), legal activism and policy reform are often accompanied by transnational and local advocacy networks that act as information conduits. Within the context of Kerala, the active way in which the rights of transgendered people have been positioned in the legal framework has brought more discussion at the general and community levels, and consequently, more people into the connexion of the ALTC using formal and informal platforms.

The LPR would help drive long-term awareness through the institutionalisation of transgender representation and responsibility in policy implementation. By including transgender persons in decision-making bodies or organisations, such as welfare boards, education committees, or local governance boards, they become agents of awareness in the communities where they live. This representation secures the fact that the content and presentation of the awareness activities are based on lived experience and community reality. It also encourages two-way communication between the state and the transgender community, and it cannot be one way only. As Pigg (2001) emphasises, awareness building is most effective when it is participatory and reflective of community voices. Thus, by integrating the aspect of legal

recognition into institutional and participatory processes, the LPR deploys a vibrant and sustainable awareness ecosystem, enabling the transgender community to become competent citizens interacting with the state.

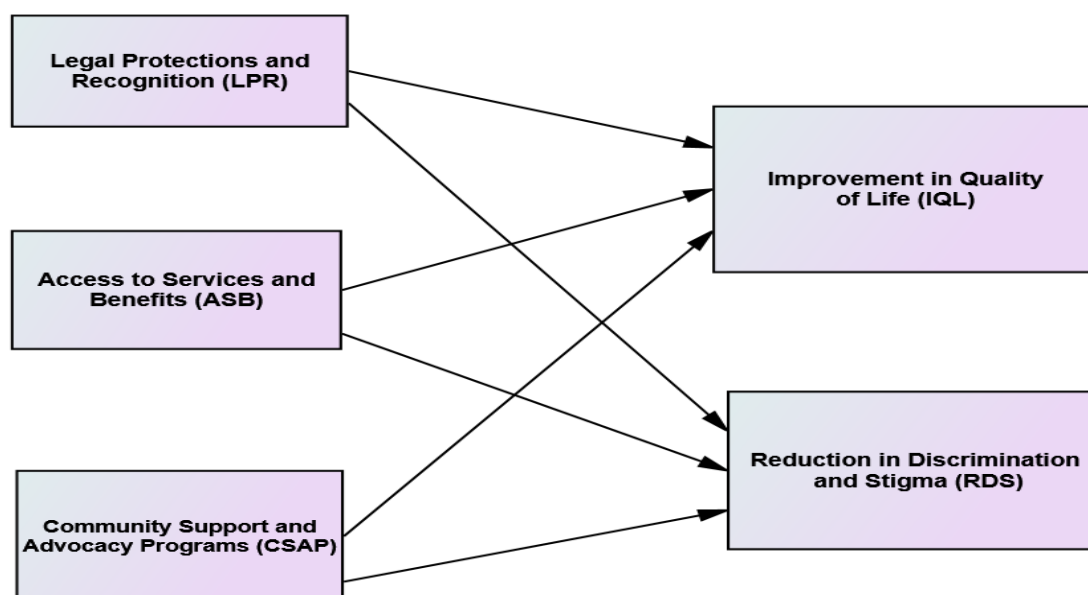
3.6 Socio-Economic Impact Model of Transgender

The socio-economic Impact Model of Transgender people aim to understand how policy disruptions, laws, and inclusive schemes are needed to translate into viable socio-economic gains for transgender people. This model acknowledges that the oppression of the transgender community in the past has been institutionalised across all sectors, including the labour market, housing, education, and healthcare services. Thus, the specific initiatives designed to eradicate such exclusion, that is, employment quotas, educational scholarships, and the housing system, are not welfare tools but rather maneuverers in achieving the right policy. According to Sen (1992), real development must focus on expanding people's capabilities and not merely their income. In this connection, socio-economic empowerment is an act of establishing circumstances that allow transgender people to select respectable ways of existence, enjoy necessary services, and be involved in economic life without discrimination.

Among the most crucial contributions that the model made, it is important to mention the attention it paid to economic agency as a means of ensuring even more extensive inclusion. Financial autonomy adds to the material as well as the levels of self-assertion, vulnerability, and decision-making power at the family level as well as in society. For example, in states where self-employment lending schemes, vocational training, and skill development schemes have been extended to the transgender community, such as in Kerala, many transgender people report that they now feel more confident, financially secure, and respected by society. This aligns with the findings of (Khan, 2024), who noted that access to sustainable livelihoods significantly reduces the stigmatisation of transgender persons, as economic contribution shifts societal perceptions. Therefore, the socioeconomic impact cannot be observed independently of social validation and mental wellness.

Economic inclusion also has an intergenerational and community-wide impact on the model. When the transgender gathers money and moves up the educational ladder, he/she turns out to be a role model and resource person for his/her community. The knock-on effect of this is that overall aspirations are elevated, younger trans persons feel empowered to receive an education and seek employment, and communities start to form networks around common economic interests. Economic empowerment also provides transgender individuals with the bargaining power to establish cooperatives, advocacy groups, and community-based businesses, making their voices louder and more powerful. As Narayan et al. (2000) assert, economic empowerment and voice are mutually reinforcing: those with greater control over resources are more likely to participate in decision-making processes and challenge exclusionary structures. The model therefore emphasises that socio-economic impact is beyond uplifting individuals, but to empower people through systems change.

The Socio-Economic Impact Model incorporates the rights-based approach to development because it states that socio-economic justice for transgender persons is not charity but a right. Discrimination in opportunity creation on a gender basis is a denial of basic human rights, and any socioeconomic intervention must be modelled in the framework of equity and accountability. This approach shifts the discourse from welfare to justice, as emphasised by Fraser and Honneth (2003), who argue that recognition and redistribution are essential for genuine social transformation. In this light, some of the outcomes of inclusive policies should be tracked rather than inputs, and most importantly, transgender people should be included in the assessment of the effectiveness of such initiatives. In this manner, the model will not only be used in the design of policies but also provide a platform through which impact can be evaluated in the light of dignity, autonomy, and sustainability.

Figure 3.4*The Socio-Economic Impact Model*

3.6.1 Access to Service Benefits (ASB) impact on Improvement in Quality of Life (IQL) among transgender individuals.

Access to Service Benefits (ASB) plays a pivotal role in enhancing the Quality of Life (IQL) for transgender individuals, particularly in the context of structural marginalisation and systemic deprivation. Transgendered people are commonly locked out of the mainstream welfare and development models and have great impediments to reach education, health, favourable accommodations, and jobs. The ASB bridges this gap by offering targeted interventions, such as medical support (including hormone therapy and gender-affirming surgeries), skill development schemes, financial aid, and inclusive educational opportunities. Such services directly translate to positive gains in physical, mental, and financial health. According to Veenhoven (2000), quality of life is closely tied to both material conditions and subjective satisfaction, two domains significantly impacted by service access. In Kerala, welfare programs that focused exclusively on transgender individuals have already shown a palpable improvement in decreasing destitution and enhancing the well-being of the recipients.

Furthermore, ASB leads to an improved quality of life because it helps to build trust in institutions and the inclusion of marginalised groups, which are key aspects of the holistic development of marginalised communities. The equitability of transgender individuals in their system of public service, including hospitals, government offices, and educational institutions, is low and leads to fear of discrimination and the subsequent build-up of feelings of dignity and belonging. There are psychological profits from such experiences of inclusion that go beyond the immediate usefulness of the service itself. Diener and Seligman (2004) argue that social support, respect, and equal treatment significantly enhance life satisfaction. Through such an effort, the consistent benefits of inclusive service will contribute to defusing internalised stigma and assist in the incorporation of trans individuals into society and civic life. Thus, ASB does not only address material needs but also has the therapeutic use of restoring confidence, hope, and social cohesion.

The other important factor in the ASB-IQL relationship is agency and autonomy in terms of service access. The ability of transgender individuals to access healthcare, education, and sources of livelihood independently widens their personal choices, decision-making ability, and freedom to pursue a life that is not dictated to them. This aligns with the human capability approach articulated by Sen (1999), which posits that the real quality of life is derived from the ability to pursue one's goals with dignity. Through the programs like housing programs, subsidization of entrepreneurship, and psychological therapy, the transgender can depend less on other forms of exploitation like begging or sex-trading. Therefore, they have increased say in their life patterns, which is directly converted into enhanced, long-term self-worth, stability, and achievement of objectives. Therefore, ASB not only helps in survival but also in thriving and has the effect of a developmental pattern that can be predicted to be individual as well as a collective progression.

ASB's influence of ASB on IQL must also be understood through the lens of resilience and sustainability. Continuous, predictable, and differentiated responses to the needs of people living with transgender people improve the long-term shocks of possible socioeconomic shocks. This is particularly paramount during the period of

the issue when marginalised groups are at elevated risk, which occurs during pandemics or economic recessions. According to Marmot (2005), social determinants, such as access to housing, healthcare, and income security, are powerful predictors of health and life expectancy. The implementation of transgender welfare policies into the wider works of social protection extends to the promotion of a good life as a long-term necessity and not as an intermittent state by ASB. Models such as the Integrated Transgender Cell and decentralised grievance redressal systems have strengthened this relationship in the Kerala context, where transgender people are not only in receipt of benefits but have also contributed to the institutions catering to them.

3.6.2 Access to Service Benefits (ASB) impact on Reduction in Discrimination and Stigma (RDS) among transgenders.

Access to Service Benefits (ASB) is a critical mechanism for reducing the layers of social stigma and institutional discrimination faced by transgender individuals. Previously, attitudes toward transgender people were systematically discriminatory, as they were deliberately avoided in the public service system. This once again confirmed the prejudice that they should not be considered part of the community for the following reasons. This exclusion began to break down with the intentional expansion of inclusive benefits: the recognition of identity cards, housing schemes, job reservations, and the inclusion of transgender people in health insurance. By allowing transgender people to enjoy the treatment granted to others, equality is given to their existence in society and the government. According to Goffman (1963), stigma is deeply embedded in social structures and can only be dismantled when these structures begin to reflect inclusion and Equality. In this way, access to state benefits is not only a source of material support but also a sign of systemic acceptance, the role of which is transformative to the destruction of prejudices and bias.

Moreover, these ASB programs can lower anti-discrimination to a certain level through the visibility they bring about due to their legitimacy. The representation of transgender people in the workforce, schools, and healthcare services would allow

breaking the stereotypical narrative people tend to associate with transgender people. They are increasingly mainstream because of access and inclusion, and as a result, society starts to perceive them through the prism of same-humanity instead of deviance. This transition is effective when the ASB schemes are complemented with information campaigns, sensitisation, or legal literacy exercises. According to Herek (2009), prejudice is more likely to diminish when people are exposed to positive representations and regular interactions with marginalised groups. The emergence of trans-inclusive service desks or peer support staff at government hospitals in Kerala, as well as trans-led cooperatives, is indicative of both access to benefits and the changing perception of the general populace. Such initiatives assist in breaking the re-production of transphobic attitudes at both the individual and institutional levels.

Moreover, the ASB establishes legal and institutional trust among transgender people, and to that degree, it is very potent in stopping discrimination. When a transgender individual feels free to have a routine visit to a public hospital or a recruitment office without being afraid of being rejected, or where such pride is supported through institutional requirements of treating all genders equally, the perceived power disparity will start dissipating. Embedded with accountability structures, mechanisms for redressing grievances, and anti-discrimination clauses, ASB schemes would enable transgender people to assert their rights, thus strengthening their social status. This aligns with the empowerment theory posited by Zimmerman (1995), which emphasises that access to institutional resources builds self-efficacy and strengthens an individual's capacity to challenge injustice. The long-term impact of such empowerment is immense because the failure of a single person to succumb to discrimination under the protection of the state establishes an example for an entire system where discriminatory tendencies can be inhibited.

The ASB's contribution to reducing stigma is cumulative and community-enriching. With more and more transgender people receiving services and becoming visible within formal systems, group stories start to change from marginalisation to recognition and strength. This accumulative visibility not only exorcizes stigma in the general population but also in the trans population, who can internalise the

prejudice of society. According to Link and Phelan (2001), structural interventions, such as access to services, alter not only the external expression of stigma but also the internalised experience of being stigmatised. With regard to the transgender community, available long-term service benefits are part of the culture of dignity, belonging, and self-worth, which cannot be dispensed with and must form part of the strategy of fighting discrimination. Hence, ASB is not a side intervention; it belongs to the very core of what de-stigmatisation and the reconsideration of transgender identity as equal, legitimate, and a part of the greater social mechanism is all about.

3.6.3 Community Support and Advocacy Programs (CSAP) impact on Improvement in Quality of Life (IQL) among transgender individuals.

Community Support and Advocacy Programs (CSAP) play a transformative role in improving the Quality of Life (IQL) of transgender individuals by fostering psychosocial well-being, increasing access to entitlements, and promoting civic participation. Such programs are community-based places where transgender individuals can share, obtain information, and find solidarity. Compared to past institutional interventions, CSAPs are frequently premised on empathy, cultural awareness, and life experience, rendering these community-based interventions more receptive to the complex needs of the community. Such programs usually provide counselling, legal support, health navigation, and peer mentoring, which all give a feeling of agency and control over the situations in their lives. According to Putnam (2000), community engagement strengthens individual well-being by building social capital and mutual support networks. For a transgender individual living in a hostile social environment, such systems play a major role in improving their feeling of belonging and happiness in life.

Additionally, CSAPs play an important role in terms of emotional resilience and mental health, as they are at the heart of quality of life. Transgender individuals tend to experience a lot of anxiety, depression, and psychological distress because of social rejection, misgendering, and fear of violence. Communities can curb such stressors through advocacy groups that provide safe spaces and affirm their identities and lived realities. As highlighted by Meyer's (2003) minority stress model, support

from one's community serves as a buffer against external stressors and marginalisation. The peer-to-peer emotional support present in the CSAPs not only lowers the isolation levels but also provides strategies on coping, role models, and a pathway which the transgender people can use to overcome societal obstacles. This helps achieve more life satisfaction, purpose, and better mental health outcomes over time which are essential measures of quality of life.

Furthermore, CSAPs empower transgender people by supporting their access to social services and institutions, such as government agencies, through advocacy and accompaniment. Bureaucracy or discrimination is an issue that many transgender people experience in getting medical care, documentation of their status, or when in search of education. Community organisations come to their rescue in most cases by lobbying on their behalf, educating them on their rights, and linking them with sensitised service providers. These acts of navigation and mediation increase individuals' access to essential services, which directly correlates with improvements in economic stability, health, and housing security. According to Narayan et al. (2000), empowerment is most effective when individuals are embedded in support systems that enhance their ability to make informed decisions. As such, CSAPs serve as access facilitators, eliminating both practical and psychological barriers to contacting state resources and consequently enhancing the everyday life experiences of transgender people.

CSAPs also foster collective empowerment and structural transformation which lie within the realms of sustainable advances in the quality of life. Such organisations tend to extend their activities beyond individual assistance to policy advocacy, law reform, and sensitisation of the masses to establish systemic change to the advantage of the whole transgender community. CSAPs use acts of protest, public advocacy, and input in the political affairs of government to enhance laws that are more inclusive, improve service delivery, and enforce anti-discriminatory activities. This is some kind of a voice (which makes reforms in the institutions) and which makes transgender people feel pride, civic identity, and political awareness. As noted by Kabeer (1999), empowerment involves both “power to” (individual

capacity) and “power with” (collective solidarity), and CSAPs embody both dimensions. The overall positive changes in social acceptance, responsiveness to policies, and social cohesion translate into long-term social, emotional, and socio-economic gains to the quality of life among transgender individuals, making CSAPs a crucial component of inclusive development.

3.6.4 Community Support and Advocacy Programs (CSAP) impact on Reduction in Discrimination and Stigma (RDS) among transgender individuals.

Community Support and Advocacy Programs (CSAP) play a foundational role in challenging the structural and cultural roots of discrimination and stigma experienced by transgender individuals. These programs enable transgender individuals to express their identity freely and without fear of rejection or discrimination because of offering safe, inclusive, and affirming spaces where one can express their identity. These spaces provide opportunities to share stories, give and receive support, and affirm identities which help to transform internalised perceptions of value. In the context of a society where transgender people are usually invisibly socialised or stereotyped negatively, CSAPs create a counter-narrative which helps to expose and overturn these major assumptions. Corrigan and Watson (2002) emphasised that reducing stigma requires both education and contact-based strategies. CSAPs tend to mix the two together, not only providing awareness to the general population but also presenting the chance of positive contact between the trans and cis populations. Such a twofold action not only helps to demystify transgender people but also breaks the prejudices upon which discrimination hangs.

In addition, as venues for collective action and right-advocacy approaches, CSAPs play an essential role in institutionalised stigma against stigma. These programs also create awareness of structural injustice through well-planned campaigns, sensitisation programs in society, and interventions by legal systems. The frequency of such publicity and interaction redefines the existence of transgender people from subjects of sympathy to movers and shakers of change. As Cohen (2012) argues, marginalised communities gain legitimacy when they are seen not just as

victims but as participants in the democratic process. CSAPs develop leadership among transgender people and allow them to have the knowledge to fight against discriminatory behaviour on several levels, including schools, workplaces, healthcare institutions, and government administration. Such open activism, in turn, makes institutions more sensitive and responsible in their response, forming a positive feedback loop that leads to a decrease in stigma and increased inclusion.

Community normalisation is another important way through which CSAPs can minimise discrimination and stigma in their communities. When they observe transgender people in their advocacy campaigns regularly, take part in training programs, or conduct service delivery, it normalises seeing them in such social situations in our daily lives. Visibility can change perceptions, especially when it manages to disturb stereotypes that have existed over time. According to Allport's (1954) contact hypothesis, meaningful interactions with stigmatised groups under conditions of equality reduce prejudices. Such interactions can usually be realised through CSAPs in non-threatening educational settings and may be established via workplace sensitisation, school visits, or staff training in the healthcare sector run by transgender facilitators. Such experiences make the lives of transgender people more understandable, break myths, and evoke understanding in the general population. The sustainability of this kind of intervention is a long-term change in the attitudes of society and the reduction of overt discrimination.

CSAPs are also used to deal with stigma internally within the transgender community, especially by individuals who have been shamed because of the messages given to them by the outside world. Self-stigmatisation, also known as internalised stigma, is a typical psychological reaction to extended discrimination, as it usually results in social withdrawal and the development of anxiety and depressive disorders. One of the ways through which CSAPs overcome this is by instilling pride in a sense of identity, as well as cultural heritage and memories among the communities through community-building activities and empowerment training intervention. In this case, it is not only about struggling against oppression by those outside of us but also about having to recover from the psychological consequences

of oppression. As Parker and Aggleton (2003) note, combating stigma requires interventions at multiple levels such as individual, community and structural. By combining the three, CSAPs stand out not only to decrease stigma in the short term but also to begin a permanent shift of culture and disability systemic change to affirm the dignity and rights of transgender individuals in numerous aspects of social existence.

3.6.5 Legal Protections and Recognition (LPR) impact on Improvement in Quality of Life (IQL) among transgender individuals.

Legal Protections and Recognition (LPR) fundamentally shape the Quality of Life (QoL) of transgender individuals by securing their identity, rights, and access to entitlements within the framework of the law. Considering that the legal system acknowledges the gender identity of transgender people by classifying them in citizen data, anti-discrimination policies, and their right to receive equal treatment, the legal system approves their lives and creates a construct structure of social recognition. This statutory recognition lowers the intrusion to the basic needs, including healthcare, education, and jobs, which are significant measures of quality of life. According to Yuval-Davis (2006), legal recognition is not merely symbolic; it translates into everyday material realities that structure individuals' ability to live with the dignity. In the case of transgender persons, especially in countries with a past of legal underpinnings similar to those of the NALSA ruling of 2014, such as India, where legal provisions were enacted following the ruling, LPR is an avenue to be included in state welfare schemes and institutional arrangements with a much better chance of improving quality of life.

The LPR also contributes to psychological security and emotional well-being, which are part of the quality of life. Misrecognition or legal invisibility may become a source of lifelong psychological torment, social anxiety, and alienation among trans people. Official recognition in the form of legal identification documents, equal opportunity legislation, and gender-assignment legal paths has played a significant role in alleviating this stress because it legitimises their personality in all facets of social space. According to the World Health Organization's (WHO) Quality of Life

framework, psychological integrity and personal safety are key dimensions of well-being. Once rights and laws that can protect transgender people against harassment at work, police violence, or prohibition of finding housing are enforced, their conditions not only improve mentally, but they also become much safer in terms of personal safety. In that sense, the LPR can be viewed as a shield allowing one to better explore life and do so more comfortably and safely, which would positively influence self-esteem and decrease internalised stigma.

In addition, legal protection increases social participation and civic capacity, which are among the main factors in IQL, as they provide a sense of purpose, belonging, and power to an individual. Legally recognised transgender individuals are in a better position to receive education, work, vote, and engage in political lobbying. This civic visibility can empower individuals' participation by allowing them to enjoy their rights as citizens and hold the system accountable. According to Fraser (2008), justice is achieved through both recognition and redistribution, and legal mechanisms that recognise identity pave the way for equitable access to public resources. In Kerala, they (transgender persons) are being given targeted skill training, subsidised housing, and inclusion in state development schemes, and without initially getting legal recognition, such programs would be impossible to achieve. Therefore, LPR can be regarded as a pathway to wider socioeconomic acceptance and, as such, is a structural factor for higher quality of life.

The long-term consequences of LPR are seen through the establishment of enabling environments in which dignity, rights, and inclusion are institutionalised. It involves setting up transgender welfare boards, grievance redressal systems, gender-neutral public infrastructure, and gender inclusivity in the school curriculum, all through a legal framework where non-discrimination and equal opportunity are stipulated. These trends not only save people but also transform social perceptions, creating an environment where transgender people are more welcomed and introduced to society. As noted by McCrudden (2008), law is a powerful tool for transforming public norms and institutional behaviour, especially when backed by strong implementation and community participation. Therefore,

the LPR also delivers both direct and ripple consequences to transgender individuals in terms of quality of life, as they can live safer, more satisfying, and socio-validated lives.

3.6.6 Legal Protections and Recognition (LPR) impacts the Reduction in Discrimination and Stigma (RDS) among transgender individuals.

Legal Protections and Recognition (LPR) are foundational to combating the deeply entrenched discrimination and stigma faced by transgender individuals across the legal, social, and institutional domains. LPR campaigns Self-identification, anti-discrimination legislation, and positive legal recognition in records, all of these LPR campaigns mirrored the potent tipping point in state and societal recognition of transgender rights. The legal recognition of transgender status is a step that can amend the past and validate the demands for equality. According to Burris (2008), legal reform not only regulates behaviour but also shapes public discourse by determining who is seen as a legitimate rights-bearing subject in public health. In countries such as India, where the Supreme Court's *NALSA v. The Union of India* (2014) judgment recognised the third gender and called for affirmative action, and the introduction of legal frameworks has catalysed broader social recognition and disrupted dominant stigmatising narratives.

Moreover, the LPR offers easy access to the justice system and the process of grievance redressal, which enables transgender people to combat incidents of discrimination and stigmatisation. Before the law, a significant number of transgender individuals did not want to go to the police or other public organisations out of fear of ridicule, refusal of services, or violence. With protective legislation in place, such as the Transgender Persons (Protection of Rights) Act, 2019, formal procedures are now available to report violations, seek reparations, and demand institutional accountability. This judicial support gives transgender people the confidence to fight against discriminatory actions and defend themselves because of the protection provided by the law. According to Grattet and Jenness (2005), legal definitions and protections against bias-based harm led to increased reporting and institutional intervention, ultimately decreasing the social

acceptability of discriminatory behaviours. By this turn, the LPR brings the legal environment to a different stage of the invisible and confrontable territory of enforcement and change.

Moreover, protection under the law is another factor that helps in reducing stigma since the attitude and behaviour of institutions considered to be the drivers of stigma are influenced by the law. Binding anti-discrimination training, inclusion policies, and gender-sensitisation programs in such institutions are sometimes just a direct outcome of the law pushes. These are system-based changes that wipe out prejudice from its cause by transforming organizational cultures and norms. One step towards legal recognition is to adjust documentation procedures to encompass more gender-neutral opportunities in these institutions, making the environment much friendlier. According to Herdt (2009), the institutional reinforcement of diversity through policy changes contributes to long-term cultural acceptance. Thus, the LPR is both a means of discouraging overt discrimination and a means of slowly changing social attitudes by requiring positive inclusiveness and positive feedback.

The social visibility that LPR grants to transgender individuals plays an important role in eliminating social stigma. Making a legal declaration publicly about the equality of transgender citizens, who are described as having identical rights and protections, helps dismantle the concept of the other that transgender people have been historically accustomed to in reference to their existence. It is a form of visibility, especially when it is fortified with legalities such as identity cards, all-inclusive policies, and endorsements by state authorities, especially in being fully accepted culturally by other people despite the trans status of an individual. According to Phelan, Link, and Dovidio (2008), one of the most powerful ways to dismantle stigma is through public policies that promote inclusion and equal representation. Such a normalisation process, in the long run, changes societal norms and increases mutual respect. In this sense, the LPR not only protects transgender individuals from discrimination but also has a profoundly beneficial side, which is the refashioning of social imagination on the notions of equality, justice, and human dignity.

3.7 Transgenders Barriers Model

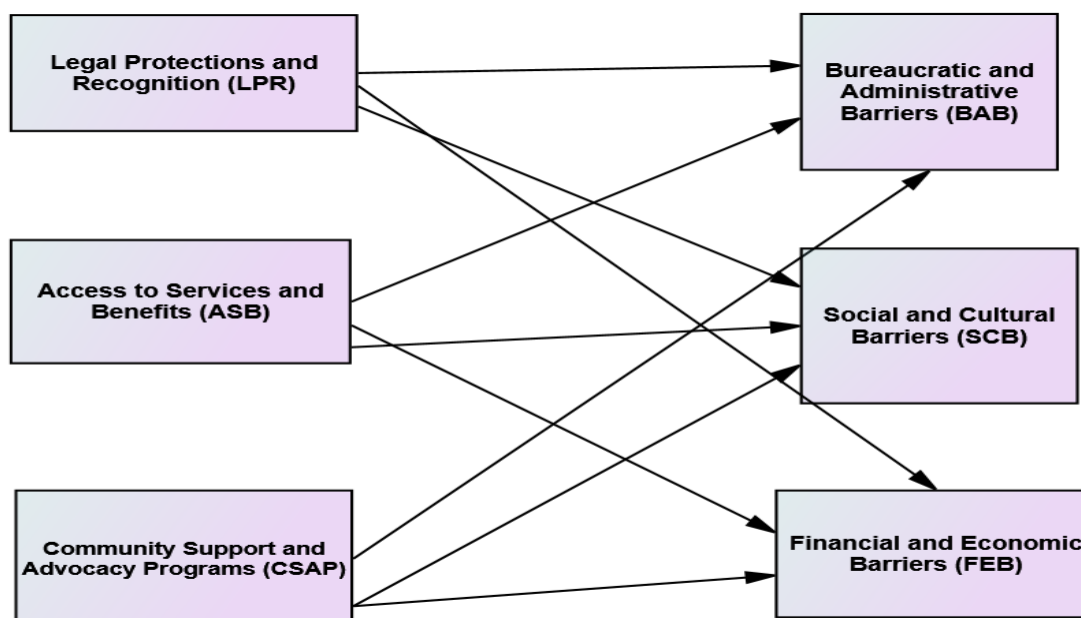
With the idea of the structural, institutional, social, and psychological barriers that prevent the full inclusion of transgender individuals in society, there is a conceptual model that analyses both the constructs and the barriers that transgender individuals should overcome, called the Transgender Barriers Model. On the structural dimension, transgender individuals usually face a policy vacuum, legal unclarity, and exclusion in governance mechanisms that remain only on service provision offers, including education, healthcare, and housing. Transgender identities are not well reflected in official records and policies in most countries, thus causing problems in accessing government benefits, voting rights, and redress. According to Grant et al. (2011), systemic exclusion is not just an administrative oversight but a manifestation of deep-rooted institutional transphobia. These hindrances maintain the viciousness of marginalisation and drive the lives of transgender individuals into hazardous livelihoods, consequently reducing their chances of upward mobility and living a respectable life.

On the institutional level, discrimination in schools, hospitals, police departments, and workplaces makes access to basic rights and protection very difficult for transgender persons. Such spaces tend to be dictated by heteronormative and cisnormative practices that do not support or even acknowledge gender diversity. This leads to exclusionary behaviour, including refusal of treatment and admission, misgendering, harassment, and violence. As Spade (2015) argues, institutions are not neutral; they often replicate existing power structures that disadvantage non-conforming identities. These are compounded by the fact that staff members have not been provided with gender-sensitive training, there are no grievance redressal systems, and institutional accountability is still weak. These institutional mechanisms are identified as active contributors to the maintenance of discrimination by the Transgender Barriers Model, which recommends systemic change involving legal requirements, affirmative inclusion policies, and frequent sensitisation programs.

Social and cultural boundaries also contribute to the exclusion of transgender people by increasing stigmatisation, isolation, and suppression of their identity.

Transgender persons are frequently rejected by their families, ostracised by communities, and subjected to ridicule, physical abuse, and "conversion" efforts. All of this has had detrimental effects on their mental well-being, social alienation, and economic vulnerability. The demonisation and criminalisation of gender non-conformity are traditionally marked by false gender binaries and cultural taboos that alienate transgender individuals both in the privacy of their homes and in the societal arena. According to Winter et al. (2016), the cumulative impact of such cultural exclusion severely limits the opportunities available to transgender individuals, especially in terms of education and employment. The Transgender Barriers Model notes that until these assumptions about gender norms, which are deep rooted in society, can be undermined with the help of education, media presentation, and community work, more comprehensive structural changes are still ineffective in providing equality.

The model also highlights internalised stigma and mental obstacles as important but rather unexplored aspects of transgender marginalisation. The transgender population experiences many years of social ostracization, family rejection, and medical neglect, which tend to result in accepting oneself as inferior, ashamed, and undeserving. This internalised stigma can discourage them from attending school, looking for jobs, or sometimes even obtaining services they are eligible for. It is also a contributor to mental health concerns, such as depression, anxiety, and suicidal thoughts. According to Testa et al. (2015), mental health challenges among transgender individuals are not inherently linked to gender identity but are the result of chronic stigma exposure and minority stress. Psychological barriers can be addressed using holistic interventions, including counselling, peer support, and empowerment programs created specifically for the transgender population. The Transgender Barriers Model, therefore, demands a combined approach that recognises both external and internal barriers and suggests intersectional strategies for resilience building, empowerment, and long-term well-being.

Figure 3.5*Transgenders Barriers Model*

3.7.1 Access to Service Benefits (ASB) impact on Bureaucratic and Administrative Barriers (BAB) among Transgender individuals.

Access to Service Benefits (ASB) plays a transformative role in mitigating Bureaucratic and Administrative Barriers (BAB) faced by transgender individuals, who often experience exclusion, misrecognition, or systemic neglect within public-service frameworks. These obstacles come in a variety of ways, such as refusal of documentation, strict gender binaries in official forms, poor grievance redressal mechanisms, and insensitive behaviour of staff leading to minimal or slow access to much-needed services. With an ASB program that has been made inclusive and gender sensitive, many of these procedural obstacles can be removed. Designating gender-affirming measures, such as acceptance of self-identified gender, introduction of third-gender options in records, and easing access to benefits in applications, assists trans people in navigating national systems more efficiently by making them institutionalised and more accessible to members of the transgender community. According to Namaste (2000), bureaucratic misrecognition is a form of symbolic violence, and meaningful access to public services can serve as a counter-narrative that restores agency and dignity to marginalised gender identities.

ASB interventions tend to be a gateway to systemic change, requiring administrative systems to reassess their organisations and operations. With an expansion in the visibility of transgender persons as beneficiaries of government schemes (healthcare, education, housing, or job sector), there is a rise in the pressure on the bureaucracies that are now required to meet their needs and demands with a high-efficiency and fairness approach. Such a shift is most likely to occur in cases where ASB programs are legally institutionalised and supported by implementation guidelines, specific deadlines, and higher commitment. For example, the establishment of the Transgender Justice Board and appointment of transgender welfare officers at the district level in Kerala has reduced procedural ambiguity and created opportunities to address the lack of follow-up, thereby easing access to services. According to Lipsky (1980), "street-level bureaucrats" (frontline officials) play a critical role in shaping citizens' experiences, and the sensitisation of these actors through ASB programs often leads to improved service delivery and trust-building with transgender communities.

The development of imaging technology to cover the gaps in deciding and to ensure that transgender people do not face the complexity of bureaucracy is another important factor that the ASB contributes to the issue of overcoming BAB. There are numerous programs, including community-based intermediary facilities, peer navigators, and civil society partnerships, to help with documentation, applications, follow-ups, and appeals. These intermediaries not only make it cheaper to deal with administrative systems but also provide emotional support and advocacy to individuals in cases of discrimination. According to Scott (1998), bureaucratic systems tend to operate on norms of opacity and impersonality, which disproportionately disadvantage those without social capital or bureaucratic knowledge. ASB programs, through the incorporation of supporting structures that help streamline access routes, enable transgender persons to assert their rights without being overwhelmed by the bureaucracy of procedures or even being shoved out of the system. This empowerment then leads to long-term participation in government institutions, which is critical for sustaining inclusion.

The ASB helps eliminate bureaucracy through the institutionalisation of transgender-inclusive governance practices. By adapting to the demands of a gender-to-gender world, where gender-neutral bathrooms are found within state-owned buildings, where transgender people have been given their own counters, or where their gender choices are reflected online through exclusive electronic services, service delivery will change the architecture of the welfare state in such a way as to be more inclusive and rights-based. These institutional changes imply not only the arrangements of operations but also the normative development in the ways of perceiving and treating transgender citizens. According to Bovens and Zouridis (2002), digital governance and procedural standardisation can either exacerbate or alleviate inequality, depending on their design. ASB bodies which integrate transgender issues into digital and administrative systems, are a form of prevention against caprice, postponement, or mistreatment. In this way, the intersection of service access and bureaucratic reform is not just logistic; it is a symbolic representation of the evolution towards mutual transgender citizenship and administrative justice.

3.7.2 Access to Service Benefits (ASB) impact on Financial and Economic Barriers (FEB) among transgender individuals.

Access to Service Benefits (ASB) significantly contributes to reducing Financial and Economic Barriers (FEB) that transgender individuals face, especially in contexts marked by exclusion from formal employment, education, and inheritance rights. Transgender people also end up in economically vulnerable situations because of discrimination against them in workplaces and school systems. ASB programs, such as skill-building programs, livelihood grants, housing subsidies, and welfare pensions, provide real support spaces to pull transgender persons out of the poverty cycle. These benefits allow the realisation of resources and opportunities that would not have been accessible because of economic deprivation. According to Sen (1999), development must be understood as the expansion of freedoms, including economic capability, and ASB frameworks function by enhancing these capabilities. For transgender people, access means primary gains in income security, financial independence, and general socioeconomic success.

In addition, the financial rewards accorded by ASB schemes act as a cushion against long-term alienation and lack of access to customary sources of family or societal assistance. When transgender people come out, many are disowned by their families and thus lose access to family resources, educational support, and sources of economic survival. These ruptures are addressed to some extent by ASB programs led by the government through the direct provision of financial inclusion forms, direct credit transfers, and a range of entrepreneurial support and microcredit programs. Such special programs not only avert destitution but also enable transgender people to be self-employed and do independent work. According to Kabeer (2005), access to economic resources enhances the ability of marginalised individuals to make meaningful choices. ASB mechanisms can serve to undermine the very structure of economic marginality by empowering the transgender population to fulfil their basic needs and invest in long-term objectives, such as housing, education, or business.

Most notably, the ASB can help eliminate the invisibility of transgender people in official financial spheres, as it allows for enhanced financial literacy and promotes the engagement of institutions to work with transgender people. Numerous transgender people have trouble maintaining accounts with banks or obtaining insurance or loans because they do not have an appropriate identification (of the gender to which they belong) or due to anxiety about discrimination by the institution towards the transgender person. Monetary inclusion programs, that is, ASB programs that involve opening bank accounts with Aadhaar, financial insurance, and financial literacy classes, make people feel comfortable and aware of the formal economy. Such a transition not only makes economies more secure but also promotes asset accumulation and bankability in the long term. As noted by Demiurgic-Kunt et al. (2018), inclusion in financial systems enhances resilience, promotes savings behaviour, and improves livelihoods, particularly among underserved populations. For transgender people, these interventions will eliminate overdependence on informal or exploitative monetary structures, enabling them to construct more sustainable and stable financial prospects.

The ASB projects aim to break the intergenerational cycle of poverty and vulnerability by establishing an economic net and developmental processes. Individual and collective improvement is made possible by economic empowerment during the accessibility of services, as well as when these services show benefits attached to education, housing, or cooperative businesses. Transgender groups and cooperative societies became powerful examples of self-organised economic resilience in multiple Indian states, including Kerala, mostly due to ASB-linked government funding. These are cooperative systems that encourage collective savings, collective investment, and income earning, and strengthen the social cohesion and economic independence of communities. Benería, Berik, and Floro (2015) argue that economic empowerment is most effective when it is collective, sustainable, and structurally embedded. Consequently, ASB is not just an effective short-term solution to financial pressure; it forms inclusive economic habitats that undermine established obstacles and allow transgender people to live decent and independent lives.

3.7.3 Access to Service Benefits (ASB) impact on Social and Cultural Barriers (SCB) among transgender individuals.

Access to Service Benefits (ASB) plays a critical role in confronting and gradually dismantling the Social and Cultural Barriers (SCB) that transgender individuals encounter in their everyday lives. The obstacles to these are usually governed by strict gender norms, patriarchy, and cultural taboos that have existed over long periods of time and perceive gender variance as deviant or unnatural. These social biases lead to a common stigma system, rejection in family organisations, and deprivation of public respect. The ASB programs mean the support of the institution and legitimacy, which, further on, question the domination of cultural narratives of exclusion: housing programs, access to healthcare, educational scholarship, and community welfare schemes. According to Fraser and Honneth (2003), the redistribution of resources must be accompanied by recognition to achieve true social justice. The ASB programs are not only material but are also a means of recognition that validates transgender identities within the discourse, thus bringing change in the attitude of society and decreasing cultural marginalisation.

ASB mechanisms tend to create visibility and representation of transgender people in the eyes of the masses, which is a critical aspect of overcoming stereotyping and redefining cultural representation. Their presence in society is normal when their role as government program beneficiaries is evident, as seen in the promotion of awareness, spreading events to the community, or in the policy making processes. This exposure breaks decades-long cultural stereotypes which only relate transgender people to begging, sex, or alienation. Rather, ASB schemes present other stories of participation, citizenship, and productivity. As Butler (2004) argues, the reiteration of alternative gender performances in public spaces subverts normative understandings of identity and destabilises rigid binaries. ASB strategies, through the support of the masses and the allocation of resources, validate that transgender persons are societal things, and they can positively contribute, thereby breaking down long-standing social and cultural boundaries.

In most cultural settings, ASB is also a source of strengthened interpersonal relations and family reintegration in that economic needs are minimised, and social humiliations, the causes of family rejection, are also eliminated. For example, when a transgender person acquires an apartment with the help of government grants or starts working on the basis of educational training aimed at the development of specific skills, family members can re-evaluate their attitudes, particularly in societies where the ability to earn money plays a significant role in defining familial and social status. Therefore, ASB interventions fulfil a role beyond individual empowerment; they are also used to restore relationships. According to Dasgupta (2018), financial and institutional legitimacy can prompt families to renegotiate the stigma they once imposed, especially when they see transgender kin accessing benefits similar to those received by others. This change provides the basis for social reintegration, mutual respect, and intergenerational communication, which are key aspects of avoiding long-term cultural alienation.

The ASB leads to the development of communal transgender identification and cultural validation that deals with centuries of undetectability and erasure. ASB policies build community centres, self-help groups, and cooperative societies that

become an arena where they express each other in cultural modes, support each other, and resist collectively. These rooms enable trans people to reclaim and rejoice their histories, rituals, and narratives (and many of these histories, rituals, and narratives are ones that were historically suppressed or distorted). This kind of reclamation of culture encourages pride, belonging, and self-determination. As Hooks (1992) pointed out, cultural expression is an essential component of liberation, particularly for marginalised communities whose voices have been systemically silenced. ASB policies will make such expressions viable by providing institutional support that would allow them to persist, but also render them potent means of changing cultural consciousness and promoting inclusive societies in which gender diversities are not only evident but also appreciated.

3.7.4 Community Support and Advocacy Programs (CSAP) impact on Bureaucratic and Administrative Barriers (BAB) among transgender individuals.

Community Support and Advocacy Programs (CSAP) are instrumental in mitigating the bureaucratic and administrative barriers (BAB) that transgender individuals frequently encounter in their interactions with government and public service institutions. Such obstacles are usually caused by systemic deficiencies, such as strict documentation procedures, lack of recognition of the existence of the third gender in official data, and discriminative opinions of front offices. As non-governmental organisations, CSAPs tend to act as mediators between the transgender community and the bureaucracy as part of the process of interpreting complex bureaucratic procedures and processes, negotiating paperwork, and standing forward in the process of policy-oriented inclusions. According to the information asymmetry thesis, which can sustain institutional exclusion, transgender people lack information about their rights and the procedures for claiming them, which can be corrected by CSAPs. According to Pranis (2001), social advocacy organisations play a crucial role in empowering marginalised communities by bridging institutional gaps and increasing public system accountability.

In addition to direct service navigation, CSAPs facilitate institutional responsiveness and accountability through their ability to carry out sensitisation

training, stakeholder dialogues, and awareness campaigns that put bureaucrats in touch with the realities that transgendered individuals experience in their lives. These contacts facilitate limiting administrative ignorance and prejudice which tend to cause bureaucratic inefficiency or discrimination. In India, several transgender-led community-based organisations have collaborated with district-level administrations to train officers to make gender diversity more human and promote procedural changes. These synergetic types of collaboration make it possible to move public administration in the direction of a facilitating mode rather than the role of a gatekeeper. As Lipsky (2010) notes, street-level bureaucrats exercise substantial discretion in service delivery, and altering their perceptions through community engagement is key to fostering equitable public services.

Another reason is that collective bargaining and policy engagement through CSAPs also play a vital role in critiquing the systemic exclusions inherent in bureaucratic systems. CSAPs campaign to introduce structural reforms using public consultations, legal advocacy, and building coalitions, including initiating gender-diverse categories in government forms, establishing grievance redressal systems, and establishing standard operating procedures in the delivery of services to transgender citizens. Combining data obtained during outreach and lived experiences with a call to action can be more effective. As Gaventa (2006) emphasises, participatory governance is strengthened when marginalised communities are organised and visible in the decision-making process. CSAPs offer that kind of organisation and visibility that fulfil not only the immediate concerns of transgender people but also change the existing bureaucratic processes through which those needs are regulated.

One way CSAPs can eradicate bureaucratic alienation is by ensuring trust between the transgender community and the state. Prior historical experiences of harassment, misgendering, or delays in the procedures resulted in a mistrustful nature and forced transgender individuals to avoid contact with institutions that attract the mass population. CSAPs, with their secure, friendly, non-threatening, and language friendly interfaces, are slowly restoring confidence in administrative procedures.

Their existence is such that bureaucratic life is not always a life of exclusion but a life of support and empowerment. According to Hupe and Buffat (2013), public trust is not restored through policy declarations alone but through consistent community-embedded service practices. These practices, made possible by CSAPs, personalise bureaucratic interactions so that transgender persons will no longer be just applicants and cases but equal citizens who should be treated with respect, efficiency, and dignity.

3.7.5 Community Support and Advocacy Programs (CSAP) impact on Financial and Economic Barriers (FEB) among transgender individuals.

Community Support and Advocacy Programs (CSAP) play a critical role in addressing the Financial and Economic Barriers (FEB) that transgender individuals face, particularly those rooted in systemic exclusion and labour market discrimination. Transgender individuals are usually deprived of their rights to equal education, vocational training, and job opportunities, which denies them the opportunity to earn an income and become economically independent. The adjustment of these gaps is made through the use of CSAPs in providing specific downturn interventions that include training on job readiness, entrepreneurial skills, and tools to access micro-financial programs. Community organisations not only enhance the level of financial literacy through such programs but also provide opportunities for alternative livelihoods. According to Ung Loh (2018), community-based initiatives that focus on skill development and financial inclusion are essential for lifting transgender individuals out of poverty and informal economies, where they are overrepresented.

Additionally, the existence of CSAPs offers a benevolent environment where transgender people can form a unified front and use their social capital to secure economic justice. Many CSAPs promote the formation of self-help groups (SHGs), cooperatives, and community enterprises, which empower transgender persons to pool resources, share risks, and negotiate better access to credit or institutional support. Such models make individuals less vulnerable and thus financially stable under collective responsibilities and solidarity. Community-led economic programs

have been successful, especially in Kerala and Tamil Nadu, where transgender groups have initiated tailor-made shops, food enterprises, and handicraft industries supported by CSAP-connected programs. According to Chawla and K. (2024), community cohesion and collective identity are crucial factors in the success of social enterprises among marginalised groups, making CSAPs a key driver of sustainable economic empowerment.

Moreover, CSAPs advocate for the inclusion of transgender people during development and emphasise institutional changes that can eliminate barriers to inclusion in financial policies. Most transgender individuals need formal recognition to open bank accounts, access loans, and become members of government subsidy programs. CSAPs collaborate with financial institutions and government departments to identify gender diversity within official documents and reduce access procedures. They also represent the interest in demanding gender-affirming microcredit programs, social security, and incentives for entrepreneurship, depending on the indifference of the transgender. According to LeRoux (2007), grassroots organisations' policy advocacy is often more successful when rooted in lived experiences and collective bargaining. With such work, CSAPs manage to decrease institutional resistance and systemic financial uselessness to allow more inclusivity and fairness in economic participation among transgender people.

CSAPs contribute to covering the psychosocial dimension of financial marginality, a dimension that has been neglected in mainstream economic reactions. Many transgender people internalise financial insecurity as a personal failure rather than viewing it as a structural issue. With mentorship, peer support, and leadership training, CSAPs work to redefine financial empowerment as a welded quest in pursuit of social justice and not as a single survival. The programs instill a sense of confidence, fiscal strength, and future planning by incorporating economic discourses into conversations on rights, identity, and dignity. As argued by Shukla and Bhargava (2025), economic empowerment for marginalised groups must go beyond income generation; it must include the restoration of agency and participation in economic decision-making. In this regard, aside from resolving financial shortages,

CSAPs develop a transformative vision of economic citizenship among transgender subjects.

3.7.6 Community Support and Advocacy Programs (CSAP) impact on Social and Cultural Barriers (SCB) among Transgenders.

Community Support and Advocacy Programs (CSAP) serve as crucial mechanisms for countering the Social and Cultural Barriers (SCB) that marginalise transgender individuals within familial, religious, and community spaces. These obstacles are usually caused by deep-rooted gender norms, moral judgments, and religious assertions that label transgender identities as abnormal or perverse. CSAPs strive to break such stigma by ensuring that transgender people have platforms to be heard, affirmed, and mobilised to be accepted in society. Such programs seek to counter ideas and prejudices by participating in grassroots campaigns of awareness, cultural events, and sensitisation seminars. According to Stryker and Whittle (2006), visibility, storytelling, and representation are fundamental strategies for reshaping public consciousness around transgender issues. CSAPs can facilitate such strategies because they provide transgender people with the resources, they need to describe their experiences, claim their rights, and challenge the narratives of their dominant cultures about being outsiders in society.

A major contribution of CSAPs is that they help connect transgender communities and the rest of society, especially in terms of education projects organised by the community coupled with large-scale advocacy. Such programs usually coordinate their projects with schools, religious organisations, residential associations, and media houses to sensitise people to gender diversity, human rights, and social inclusion. Through this, CSAPs end the vicious circle of ignorance and fear that contribute to social alienation and discrimination. In India, queer organisations such as Sangama in Karnataka and Queerala in Kerala have employed art, film, and community theatre to approach local people and transform the way they perceive queer people. According to Narrain (2004), cultural resistance is most effective when it is rooted in localised storytelling and lived realities. Therefore, CSAPs not only perform the role of service providers but also that of

teachers of cultural change by inculcating transgender narratives into community discourse.

CSAPs are also a revolutionary strategy for regaining cultural identity and heritage which is essential in the context of countering the regulations and their diminishing value on transgender life histories. Many transgender people, particularly those in former hijra, aravani, or jogappa groups in South Asia, have been giving cultural meaning to people over the centuries but are undergoing increasing marginalisation in contemporary state systems. Through documentation, festivals, and traditional arts and rituals, CSAPs are used to bring those cultural roles back to life in a manner to be perceived as a celebration. This restoration of dignity and identity is essential for countering internalised stigma and reinforcing pride in one's cultural lineage. As Nanda (1999) points out, the sacred and social dimensions of transgender identity must be recognised to de-colonise gender narratives. CSAPs alter the discourse of transgender identity with regard to bodies (focusing on exclusion) to one centred on bodies in history and their social importance.

CSAPs provide a general support system which enables transgender individuals to continue building resistance to societal intolerance and mental pressure. Misgendering, mockery, or rejection may cause traumatic emotional effects that may last a lifetime and result in social isolation. These community programs provide emotional validation, mentorship, peer networks, and leadership which help people oppose cultural oppression. Such safe places empower transgender individuals to create strong community connections, discuss their coping mechanisms, and coordinate action on wider rights-based issues. According to Meyer (2003), community connectedness is a protective factor against minority stress and social marginalization. In this case, CSAPs do not only act as advocacy outlets but also as healing grounds that promote unity, self-esteem, and group empowerment, hence undermining the intensely ingrained social and cultural impediments which still impact the experiences of transgender individuals.

3.7.7 Legal Protections and Recognition (LPR) impact on Bureaucratic and Administrative Barriers (BAB) among transgender individuals.

Legal Protections and Recognition (LPR) act as foundational levers for addressing and reducing Bureaucratic and Administrative Barriers (BAB) that transgender individuals routinely face in their interactions with state institutions. Bureaucratic delays may be a product of the failure to be effectively recognised as gender in law, creating a mismatch between name and sex in identity certification, refusal of services, and procedural lag. Transgender rights, in particular, can lead to mandating an administrative body to redress a form, procedure, and service protocol that may be outdated, including the right of transgender people to self-identification, the right to receive government benefits, and the enjoyment of equal protection under the law. As articulated by the Yogyakarta Principles Plus 10 (2017), legal gender recognition without abusive requirements is essential for realising civil, political, economic, and social rights. The foundations of legal protection are equal treatment and recognition of transgender people throughout bureaucratic systems, thereby alleviating the friction experienced during procedures and neglect within institutions.

In addition, LPR has a direct effect on the accountability and responsiveness of government institutions in service delivery. In cases where the law dictates changes in public agencies to embrace gender diversity and treat everyone equally, the bureaucratic machinery must change as a result. This can be done through the modernisation of civil registration systems, neutral facilities, or even creating assistance desks for transgender citizens. India's Transgender Persons (Protection of Rights) Act, 2019, mandates the issuance of identity certificates that affirm self-identified gender, enabling access to services such as education, healthcare, and social security. According to (Grace, 2011), such legislative measures institutionalise recognition and pressure bureaucracies to develop inclusive systems that are aligned with legal standards. Legal status transforms transgender individuals, who are previously invisible objects of welfare, into claims-making citizens with legal entitlements, undermining deeply rooted bureaucratic stasis.

Legal recognition is likewise a growth-power on training and sensitisation in the administrative framework, which can be considered as the circle with reliable ignorance or prejudice against gender non-conforming persons. LPR policies often demand that training modules be set up to cater to civil servants, law enforcement, and frontline workers. These are some of the training sessions carried out to get the personnel accustomed to legal provisions, proper terminologies, and respectful behaviours towards attending to transgender individuals. In the absence of this legal support, bureaucratic reform initiatives tend to be optional and underfunded. There must be legal requirements that inclusivity becomes a matter of law and not a gimmick. According to Waggy and Bashir (2025), institutional change is more sustainable when driven by enforceable legal norms rather than moral appeals alone. Therefore, the LPR contributes to the institutionalisation of the culture of inclusion, creating more complex barriers between administrative personnel and the possibility of transgressing the rights of transgender citizens without any consequences.

LPR enables transgender people to call administrative discrimination to judicial action, thus shifting the power regimes of bureaucratic contacts. Under a formal legal protection setup, transgender individuals are in a better position to file complaints, claim damages, or approach asylum courts in case of refusal of service or being treated unjustly. This capacity to make bureaucracies accountable plays an important role in changing government culture, as the culture of gatekeeping is currently being converted into a culture of service and justice. According to Currah and Mulqueen (2011), legal recognition is not just symbolic; it provides the legal standing needed to challenge institutional transphobia and demand systemic reform. The fact that transgender people can exercise their rights under the law within the administrative environment enhances transparency, discourages arbitrary ruling, and seeks to standardise procedures. By doing this, the LPR not only eliminates bureaucratic obstructions but also transforms the governance structure towards being egalitarian and rights-based.

3.7.8 Legal Protections and Recognition (LPR) impact Financial and Economic Barriers (FEB) among transgender individuals.

Legal Protections and Recognition (LPR) form the foundational pillar for dismantling Financial and Economic Barriers (FEB) that marginalise transgender individuals in both formal and informal economies. Historically, the absence of legal gender recognition has severely limited transgender individuals' access to employment, vocational training, banking services, and state-sponsored economic benefits. They cannot access some basic documentation, such as Aadhaar cards, ration cards, or bank accounts, and become de facto economic nonentities. The introduction of legal frameworks, such as the Transgender Persons (Protection of Rights) Act, 2019, in India, has provided a mechanism for transgender individuals to be officially recognised and thereby claim entitlements and access economic opportunities. According to Acharya (2024), such legal recognition improves access to job markets and enables financial institutions to extend credit and savings instruments without ambiguity in the identity verification process.

The law also provides a governing system for fighting discrimination in work and economic activities. Most transgender people are subjected to direct and indirect discrimination when they apply for or attend job interviews or, in some cases, in workplaces. The empowering effect of legal provisions occurs when laws criminalise such discrimination and provide grievance redressal mechanisms for those disaffected by the ruling regime. For instance, in jurisdictions where anti-discrimination laws are well implemented, transgender persons report higher employment rates and greater job security (OECD 2019). Moreover, economic inclusion can also be encouraged by quotas in employment to work in the public sector or policies that consider transgender people when conducting procurement. The promise of non-discrimination contained in the laws not only reduces the actions of prejudice but also brings about a normative change and makes the service providers and even employers more willing to approach and work with transgender people in a professional and equal way.

LPR structures are widely used as tools to push and move economic policy reform in an inclusive way; thus, governments look at developing financial interventions that cater to the needs of the transgender population. Data visibility is achieved through legal recognition, because only in that way can policymakers gather gender-disaggregated economic data to learn more about the barriers transgender persons experience. This, in turn, helps design special economic initiatives, such as subsidised housing loans, livelihood grants, training of entrepreneurs, and pension schemes. According to (Davy et al., 2018), state recognition of transgender identity leads to more robust welfare design and budget allocations. These legislations move transgender individuals off the margins into the realm of organised economic growth. Therefore, protection under the law is not just a rhetorical recognition of a presence; legal protections are how financial inclusion can be lifted, and transgender people can be given economic equality.

3.7.9 Legal Protections and Recognition (LPR) impact Social and Cultural Barriers (SCB) among transgender individuals.

Legal Protections and Recognition (LPR) significantly contribute to the reduction of Social and Cultural Barriers (SCB), which have historically marginalised transgender individuals through stigma, ostracization, and systemic invisibility. By formalising gender identity documentation, privileging transgender groups on a symbolic level, and on a systemic level by recognising and codifying discrimination and equality in both the public and the private spheres, the law has given validity and respect to a population that has historically been considered perverse or never existed at all. Gender diversity in law grants transgender persons legal recognition of their existence and requires society to treat them as fellow citizens with equal rights, rather than as outcasts. According to Hines (2010), legal recognition not only alters institutional interactions but also reshapes cultural narratives about gender, moving from pathologisation to affirmation of gender identity. Public understanding is now slowly being nudged in the direction of acceptance and normalisation of transgender life as states start providing gender-friendly records, establishing equal opportunity laws, and related enforcement systems.

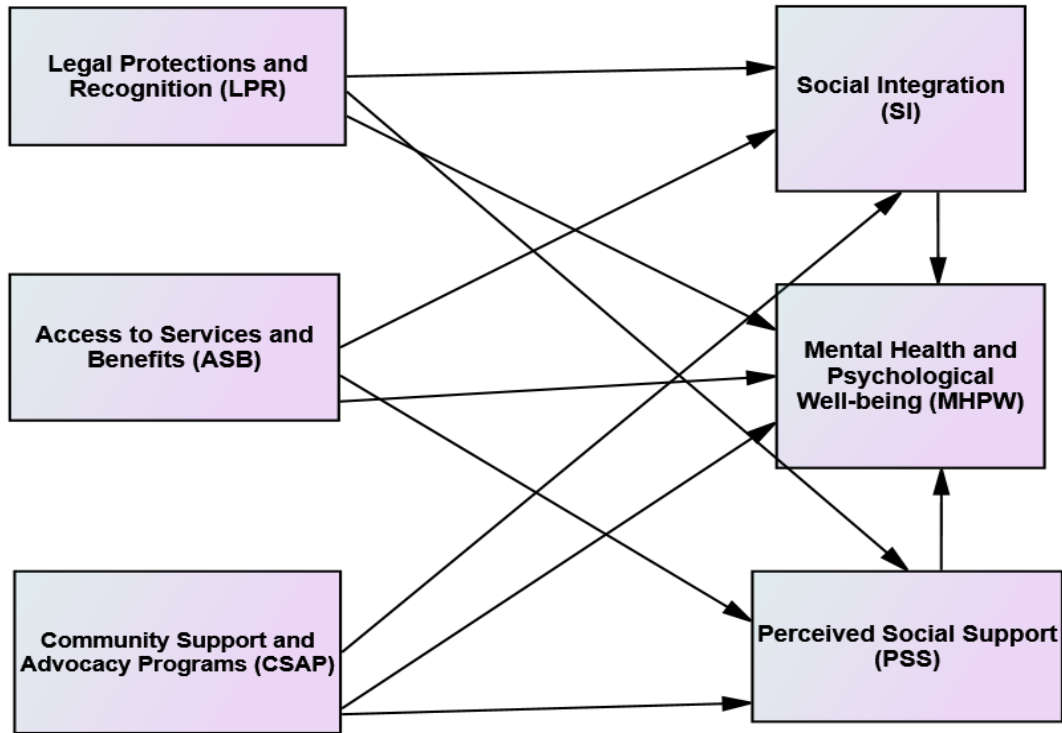
In addition, legal safeguards are transformational in rejecting cultural norms and social hierarchies that perpetuate gender binaries and preclude identities that deviate too much. Transgender persons are widely misrecognised and suffer symbolic violence in most cultures because traditional beliefs concerning gender roles are deeply rooted in religion, practices, and traditions. Legal reforms respond to this set of cultural codes by enforcing the idea that human rights and gender equality cannot be trumped by discriminatory customs. An example of this would be the Indian Supreme Court's decision in *NALSA v. The Union of India* (2014) declared transgender persons as a 'third gender' and recognised their right to self-identification, effectively disrupting entrenched cultural prejudices by grounding transgender identity within a constitutional framework. As Bacchetta and Haritaworn (2011) note, state recognition based on human rights and self-determination can radically shift public perceptions, especially when combined with widespread awareness campaigns mandated by legal frameworks.

LPR supports the social inclusion of transgender people through institutional and cultural inclusion mediated through education, media communication, and social spaces. When gender identity is legally established, there can be effective implementation of inclusive curricula, anti-bullying strategies, and gender-sensible teacher education in schools which are places of first importance in creating social norms. By the same token, state-initiated media guidelines and sensitisation efforts aid in dispelling stereotypes and enhancing the coverage of transgender lives beyond cartoons and shock filled sensationalizations. These policies, which are based on legal obligations, endeavour to decrease cultural invisibility and facilitate positive visibility. According to Winter et al. (2016), legal inclusion correlates with broader social inclusion, especially when laws are effectively implemented and supported by the civil society. Therefore, recourse to legal protection is not performed in a vacuum but rather establishes a shock effect that spreads through cultural institutions and day-to-day social affairs and practices that empower transgender citizens in their ways of living as engaged individuals.

3.8 Social Integration and Psychological Well-being Model of Transgender

The Social Integration and Psychological Well-being Model emphasises the mutual dependence between social integration and the psychological well-being of transgender people. Social integration refers to how transgender individuals are accepted, appreciated, and supported by the societies in which they live, such as family, workplace, educational institutions, and the general society. Excluded children are usually linked to increased levels of psychological distress because they continue to experience rejection, harassment, and invisibility. On the other hand, emotional stability, identity confirmation, and belongingness come courtesy of settings that support diversity and offer confirmative relationships. According to Meyer's Minority Stress Theory (2003), marginalised groups, including transgender individuals, experience chronic stress due to social exclusion, which adversely impacts mental health. Thus, social integration acts as a stress buffer, leading to better emotional strength and psychological well-being.

Notably, healthy social conditions, such as peer social support, comprehensive healthcare networks, and legal acceptance, are crucial for achieving psychological well-being in transgender persons. As soon as transgender individuals can be a part of civic life without fear of stigmatisation and violence, the risk that they will demonstrate higher rates of self-esteem, anxiety, depression, and thoughts about suicide decreases. Budge et al. (2013) demonstrated that access to social support significantly improves coping strategies among transgender individuals, particularly in the face of societal discrimination. Additionally, they should be included in community locations that validate transgender groups to increase the chances of socialising, leadership, and personal growth which are essential for a good sense of identity. A greater effect is usually derived by this social assertion and enhanced through structures safeguarding against it, and culturally sensitive institutions that consider dignity and respect for gender diversity.

Figure 3.6*Social Integration and Psychological Well-being Model of Transgender*

The model focuses on the biopsychosocial connection between systemic inclusion and general well-being. Psychological well-being encompasses more than the lack of mental illness in that anyone who experiences positive emotions, has a satisfying life, accepts himself or herself, and has a positive social role. The impacts of social exclusion, bullying, or otherwise withholding services may lead to chronic psychological trauma, and in their place, social integration offers protective factors to establish mental steadiness and self-progress. According to Testa et al. (2015), transgender individuals with high levels of social support and community belonging report significantly better mental health outcomes than those who are isolated or stigmatised. Such results support the opinion that it is impossible to discuss psychological well-being without any relation to the conditions of society. One of the important steps toward enhancing the quality of life and emotional well-being of transgender individuals is a comprehensive model embracing social support systems, trans inclusive policies, and mental health services.

3.8.1 Access to Service Benefits (ASB) impact on Mental Health and Psychological Well-Being (MHPWB) among Transgenders.

Access to Service Benefits (ASB) plays a pivotal role in enhancing the mental health and psychological well-being (MHPWB) of transgender individuals, who often face intersecting challenges such as poverty, stigma, and healthcare inaccessibility. Transgender individuals are regularly left out of the mainstream service delivery systems because of either system discrimination or the absence of legal records of identity which results in unmet health needs and pressure loads. Transgender people experience significant levels of anxiety as a result of survival insecurity, which can be relieved to a large extent when they are provided with equal access to social protection systems, including healthcare providers, housing schemes, training and skill development services, and pension schemes. According to Hughto, Reisner, and Pachankis (2015), structural stigma, including barriers to public services, is a major determinant of poor mental health among transgender people. In this way, the targeted inclusion by filling these gaps in services benefits mental well-being, emotional stability, and self-worth.

Specifically, the availability of gender-affirming healthcare services, as one of the crucial aspects of ASB, is associated with a decreased risk of psychological distress, depression, and suicidal thoughts. Transgender individuals who can make use of hormone therapy, counselling, and gender-affirming surgery practices report feeling better and having a greater sense of their identity matching their body. Furthermore, once these services are provided with considerate, culturally competent healthcare systems, it will reduce the traumatisation and medical gatekeeping processes which some transgender people experience. According to Olson-Kennedy et al. (2016), transgender individuals who undergo gender-affirming care demonstrate significantly better psychological well-being than those denied such access. Thus, fair ASB structures that include physical and mental health measures must be introduced to address the negative emotional consequences of systemic marginalisation.

The ability of ASB to increase psychological resilience can be achieved by mitigating persistent stressors associated with unemployment, homelessness, and

food insecurity, which are also more prevalent in transgender populations. Access to stable housing, financial support, and social support does not only helps cope with material deprivation and develop emotional security and mental clarity. The clear representation of the entry of inclusive services is also a symbolic show of acceptance and recognition by society and the government, which enhances self-image and communal identity. According to White Hughto and Reisner (2016), the mental health of transgender people significantly improves when structural conditions, such as access to basic services and public resources, are supportive rather than exclusionary. Therefore, ASB is a catalyst in terms of material and symbolic transformations towards enhancing the psychological well-being of transgender people to assert their right to live with dignity, health, and hope.

3.8.2 Access to Service Benefits (ASB) impact on Perceived Social Support (PSS) among transgender individuals.

Access to Service Benefits (ASB) plays a foundational role in enhancing Perceived Social Support (PSS) among transgender individuals by legitimising their inclusion in state systems and fostering trust in societal structures. Constantly marginalised, transgender people are systematically ignored, neglected by society, and have no presence in institutions. Healthcare benefits given in the form of free or subsidised healthcare, housing schemes, education support, and employment schemes are all inclusive service benefits or benefits which benefit a certain proportion of people or the population. When implemented by governments and other organisations, such benefits indicate that these organisations and society recognise the recipient and provide them with institutional support. Such awareness, in turn, improves the feeling of transgender persons that they are desired members of society with rights and privileges. According to Sarason, Levine, Basham, and Sarason (1983), perceived social support is less about the actual availability of help and more about the belief that support is accessible when required. Therefore, the belief is encouraged by services governed by the state that create formal care systems accessible to transgender individuals, particularly when they feel socially isolated.

Furthermore, it leads to better interpersonal support systems because the availability of fair services increases when such gains are conveyed via community- or identity-affirming mechanisms. As an example, when applying to health services in inclusive clinics or joining skill training within peer groups, transgender persons tend to develop significant relationships with the given service providers and other recipients of the services. These exchanges lead to enhanced emotional and informational support networks. Research by Thoits (2011) indicates that institutional environments that facilitate shared identity and lived experiences can greatly enhance the perception of support and reduce social isolation. Community centres led by transgendered individuals that provide access to government services not only satisfy immediate needs but also become places of social relatedness. It is through roundtable discussions on accessing services and navigating systems that the transgender population forms resistance and collaborative feelings of strength, which directly contribute to the formation of perceived support and sense of belonging.

The ASB contributes to a shift in societal attitudes that reinforces transgender people's confidence in seeking help and expressing their needs. The stigma that isolated transgender individuals in the past is brought upon its knees by public welfare provisions that transgender individuals find beneficial, which, in turn, may be targeted welfare or reservation in housing and jobs. The recognition of transgender people by institutions in efforts to satisfy their needs can foster a belief that the rest of society is becoming more accepting and accommodating. This gives them a sense of trying to get the assistance of other people, partake in social life, and have a more free interaction with the support systems. According to Eisenberger and Cole (2012), perceived social support is not only a buffer against stress but also positively correlated with health behaviours and social participation. Therefore, in the case of inclusive, accessible, and non-discriminating ASB frameworks, the fulfilment of material needs is superseded by the creation of a psychological space where transgender persons feel accepted, represented, and required by systems within which they are encompassed.

3.8.3 Access to Service Benefits (ASB) impact on Social Integration (SI) among transgenders.

Access to Service Benefits (ASB) significantly contributes to improving Social Integration (SI) for transgender individuals by actively including them in the socio-political fabric of society. Faced with transphobia within the mainstream and bureaucratic neglect, transgender people have been largely marginalised and have had no significant place in the wider sphere of social life. Material needs are provided through inclusive service benefits such as identity documentation, healthcare, education, housing, and employment support, which additionally amount to transgender individuals as bona fide members of society. This social inclusion in the institution lessens the alienation which many feel and brings a feeling of belonging. According to Seeman (1996), social integration involves the extent to which individuals are involved in a broad range of social relationships, including participation in institutions. The equity offered to transgender people as access to public services enhances their representation and interest in civil society, thereby enabling them to join the mainstream.

Additionally, ASB programs are useful in establishing communal areas and institutional contact points through which transgender individuals interact with peer and non-peer groups to develop crucial social networks. Regardless of the venue, the services may be community health centres, skills training, or employment services that provide venues in which the transgendered can engage with others, work with others, and build trust with them. This develops a sense of civic involvement and builds the ease of navigating the systems of government institutions which is important in the process of social integration. Frequent engagement in service delivery platforms also humanises transgender families to the general population by cutting off stereotypes and establishing empathy. As noted by Berkman and Glass (2000), social integration is influenced by opportunities for role fulfilment and meaningful interpersonal relationships, both of which are enhanced through access to inclusive and responsive service systems that normalise transgender participation.

ASB creates normative acceptance and symbolic identification which are the functional parts of real social integration. The exposure of transgender-inclusive service advantages, including sections of reserved welfare or specific lines, indicates a change in public perception and government accountability. This not only legitimises the identities of transgender people but also empowers larger groups in society to embrace and accommodate gender diversity. According to Giddens (1991), identity formation in modern society is closely linked to institutional recognition and a reflexive project of the self. Allowing transgender people to interact with society using systems that acknowledge and accept their gender identity opens the prospects of increased civic participation, expansion of social activities, and enhanced agency. By so doing, ASB is actually not only lessening exclusion, but also something more: it is empowering transgender individuals to become full-fledged members of the national tapestry.

3.8.4 Community Support and Advocacy Programs (CSAP) impact on Mental Health and Psychological Well-Being (MHPWB) among Transgenders.

Community Support and Advocacy Programs (CSAP) are essential for mitigating the psychological toll of stigma, discrimination, and social alienation experienced by transgender individuals. The programs establish an affirming space in which transgender individuals can receive emotional support, peer solidarity, and information on identity-affirming sources. Contrary to generic mental health care, CSAP programs tend to be community-based, culturally competent, and responsive to the experiences of transgender people. Such inclusivity helps counteract the effects of minority stress, a framework introduced by Meyer (2003), which suggests that chronic exposure to social stressors contributes to mental health disparities among gender and sexual minorities (GSMs). With their preventative roles in safeguarding against depression, anxiety, and suicidal ideation, CSAPs provide stable sources of support, such as peer counselling, secure areas, help lines, and advocacy groups, to counter mental health disorders.

Psychological resilience and coping processes are also enhanced because transgender people can actively engage in advocacy and leadership through these programs. Empowering the community to publicly present their issues, contribute to policy formulation, and educate society makes them feel more powerful and in control of their lives and social surroundings. This active participation brings about agency and self-efficacy which are important elements of psychological well-being. Singh, Meng, and Hansen (2014) found that transgender individuals involved in community-based advocacy efforts reported improved self-acceptance and reduced psychological distress due to their engagement in collective empowerment. These programs tend to include trauma informed care, mentally healthy services that reflect cultural competencies, and peer mentorship paradigms that can respond directly to the psychological needs caused by transphobia and systematic marginalisation.

CSAP programs serve as mediators of formal psychological services because they build confidence between transgender groups and healthcare professionals. Many transgender people fear seeking institutional mental health care because they have experienced medical discrimination or misgendering in the past. This gap can be partially bridged using CSAPs, in the form of providing preliminary counselling, referrals, and training of mental health professionals in the area of gender-susceptible practices. As highlighted by McCann and Brown (2019), support systems are more likely to be trusted and accessed when embedded within the community and co-designed by transgender individuals themselves. Advocacy is also useful in eliminating the stillness of mental health in the community to ensure that individuals demand prompt assistance without feelings of humiliation or fear of prosecution. In summary, CSAPs can positively affect the availability, relevance, and efficacy of psychological treatment for transgender individuals; therefore, they will become an essential intervention for long-term mental health.

3.8.5 Community Support and Advocacy Programs (CSAP) impact on Perceived Social Support (PSS) among transgender individuals.

Community Support and Advocacy Programs (CSAP) are critical instruments for enhancing Perceived Social Support (PSS) among transgender individuals, who

are often systematically excluded from families, institutions, and social networks. Perceived social support refers to an individual's belief that help and understanding are available when needed, especially in times of stress or crisis. Transgender people often have been found to experience less perceived support because of family rejection, discrimination in street environments, and poor access to supportive LGBT communities. CSAP programs, such as peer support circles, community centres, helplines, and trans-led groups, offer stable platforms in which transgender individuals can establish quality relationships and attain stable emotional, informational, and instrumental support. As defined by Cobb (1976), perceived support is a protective psychosocial factor, and its presence is strongly correlated with better mental health and adaptive functioning. CSAPs provide a direct contribution to this necessary psychological construct through the provision of regular participation and affirmative environments.

In addition, CSAPs promote the development of social capital and identity, which further leads to positive perceptions of support. These programs are usually run on a community empowerment model, and there, transgender people do not just receive a helping hand but also become a helping hand themselves as volunteers, advocates, or even in leadership positions. Such mutual giving enhances the bond between people and cements a sense of belonging. Lin, Ye, and Ensel (1999) highlight that support perceived as mutual and culturally affirming carries more psychological weight than generic institutional aid. By offering culturally competent services and prioritising the fact that transgender people have specific issues that can rarely be compared to those faced by other members of society, CSAPs create conditions where individuals feel genuinely supported rather than pretend to be so. In addition, the shared identity cultivated in advocacy programs legitimises the lived experiences of transgender individuals and removes the isolation they may be experiencing, strengthening the perceived support system even more.

Advocacy related components of CSAPs aim to normalise the seeking of help and decrease internalised stigma, which contributes to the increased willingness of transgender people to receive and trust the support of the system. Several transgender

individuals do not seek help because of past experiences of discrimination, medical mistrust, or fear of being judged. CSAPs can serve as a source of protection against such fears because they serve as secure mediators who provide links to the outside world, in addition to providing uninterrupted emotional support. According to House (1981), perceived support is most impactful when individuals believe that support will remain consistent over time and across crises. CSAPs satisfy this requirement because they do not follow the path of transactions as service delivery but instead linger on the relationship between communities. Consequently, transgender individuals engaging in CSAPs are more likely to develop the perception that they have a reliable, understanding, and identity-affirming entourage, which is a necessary component for developing psychosocial resilience and social well-being.

3.8.6 Community Support and Advocacy Programs (CSAP) impact on Social Integration (SI) among transgender individuals.

Community Support and Advocacy Programs (CSAP) play a transformative role in promoting Social Integration (SI) for transgender individuals by offering pathways for recognition, participation, and visibility within mainstream society. Social integration defines how committed people are to their community, socially, culturally, and institutionally. Because of systematic exclusion, transgender people have little access to jobs, education, and civic engagement. The CSAP initiatives, on the other hand, deliberately seek to establish environments within which transgender people are permitted to indulge in public debate, advocacy, and community building. Such platforms not only support people immediately but also enable interactions which break the stigma barrier and result in inclusive dialogue. As Ager and Strang (2008) argue, in the context of marginalised populations, structured social support and opportunities for civic participation are crucial to achieving meaningful integration. CSAPs offer this orderly type of assistance through a synthesised combination of emotional, informational, and empowerment-related interventions.

Moreover, by serving as a social bridge, CSAPs allow transgender persons to establish relationships of broader or not strictly survivalist scope. Numerous CSAPs have outreach services, community-building activities, and liaisons with mainstream

establishments such as local governments, non-governmental organisations, and universities. Such engagement contributes to the normalisation of transgender presence in the social life domain and supports the solidarity of non-transgender people. With this interaction, CSAPs can counteract the social caste system transphobia has established and facilitate enlightenment through joint satisfaction, cooperation, and communication. According to Putnam (2000), social integration is enhanced when "bridging social capital" allows marginalised groups to connect across diverse social networks. This bridging is promoted by CSAPs through the development of alliances, media presence, and public meetings, through which transgender people are removed from the periphery and placed at the core of the community. Consequently, the participants felt that they were recognised and included in society, which is essential for general well-being and a sense of identity validation.

Advocacy elements incorporated in the CSAPs helped transgender people demand their place in society, not as recipients but as active participants. Programs which combine rights education, policy advocacy, and leadership development increase the chances of transgender people affecting decision-making procedures and voicing their communities in forums. This empowerment brings a sense of ownership and agency, which is part of full social integration. Yuval-Davis (2006) emphasises that belonging is not just about being accepted but about having the power to shape and influence the spaces one belongs to. CSAPs which focus more on leadership and speaking out give transgender people the opportunity to shift their role formula and become agents of social change rather than being recipients of assistance. These functions not only increase community bonds but also lower internalised stigma and provide sustainable and long-term integration into the community.

3.8.7 Legal Protections and Recognition (LPR) impact Mental Health and Psychological Well-Being (MHPWB) among transgender individuals.

Legal Protections and Recognition (LPR) profoundly affect the mental health and psychological well-being (MHPWB) of transgender individuals by addressing systemic invisibility and legal exclusion, which are significant contributors to

psychological distress. By passing laws that establish transgender identities, that is, self-identification laws, anti-discrimination laws, and assignment to a third gender, the state confirms the person and identity through laws accepted by the state to be real. Such official identification is not simply a token but enables transgender subjects to receive medical, educational, job, and justice under the right name, which alleviates their continuous mental anxiety of being incorrectly labelled and stigmatised. According to Puckett et al. (2019), legal affirmation significantly reduces internalised transphobia and psychological distress while improving overall self-esteem and life satisfaction among transgender people. Legal status provides a platform for transgender individuals to create a solid identity, without which a person cannot have sound mental health.

Psychological safety is enhanced by legal protection, which provides clear institutional procedures to tackle harassment, violence, and social discrimination, which are major stress factors compromising mental health. In the absence of legal protection, transgender people risk discrimination in places of work, schools, health facilities, and on the streets, and they do not have recourse. Failure to obtain legal redress, in addition to aggravating helplessness, predisposes individuals to anxiety, depression, and traumatic conditions. Turban et al. (2021) found that transgender youth living in jurisdictions with comprehensive gender-affirming laws reported lower rates of suicidal ideation and greater psychological resilience than those in areas lacking such protections. Legal policies therefore act as a shield because they normalise transgender lives, expose them less to minority stressors, and make seeking (and receiving) supportive services and environments accessible and open, all of which are fundamental to mental health.

LPR also implies social inclusion and legitimacy which is a positive contribution to the mental health of the community as a whole in the transgender world. When transgender identities are legally recognised, it allows a gradual normalisation of such identities in the eyes of society, which allows greater acceptance by society and, hence, a lessening of stigma. This exposure and normalisation reduce the psychological isolation that most transgender people experience, especially in

rural or socially conservative areas. Legal acknowledgement can also jumpstart change in other areas, such as non-discriminatory education, mental care services, and media representation, all of which have a substantial impact on mental health. According to Breslow et al. (2015), transgender individuals who perceive society and the state as affirming their identity are more likely to report feelings of hope, self-worth, and psychological security. Therefore, the LPR is not only a change in the law but also a transformation of the climate in the society in which transgender people live, enabling them to exist with dignity, safety, and psychological well-being.

3.8.8 Legal Protections and Recognition (LPR) impacts Perceived Social Support (PSS) among transgender individuals.

Legal Protections and Recognition (LPR) are foundational to enhancing Perceived Social Support (PSS) among transgender individuals, primarily by fostering environments in which acceptance and affirmation are both institutionalised and encouraged across social systems. Legislation may clarify transgender rights and define gender identities through changes in gender markers on legal identification documents, anti-discrimination legislation such as civil rights laws, and constitutional protections, which create precedents that may affect the treatment of transgender people within the immediate social setting. According to Barker et al. (2012), legal validation acts as a signal to families, employers, educators, and service providers that transgender identities are legitimate and protected, which often translates into greater interpersonal respect and support. Social support promotes a sense of support not only because of the capacity to deliver such help but also because of social messages that promote a sense of value and entitlement. Therefore, authorship further empowers PSS by legalising transsexual identities in official and informal networks.

In addition, policies on LPR tend to enhance community space, services, and community program access, where transgender people can communicate with positive peers and allies, thus enhancing their sense of being socially supported. Transgender individuals can also participate more freely in civic activities, go to school, find a job, or receive medical care without fear of being dismissed and abused

because of their gender identity when legal protection is provided. Daily social interactions are guaranteed by law and make individuals feel social. According to Colvin (2007), individuals who perceive their rights to be legally safeguarded report a stronger sense of connectedness within their communities. Due to the lessening of legal and social barriers, transgender individuals overcome challenges in both the outwards and intimate spheres, and they report an increased sense of social integration, reciprocity, and emotional validation. Legal frameworks encompass the basis on which safe and supportive social communications are established.

Equal legal status encourages trust among institutions, which is an important factor in perceived support, particularly among historically marginalised groups. It has been found that transgender people tend to avoid public facilities because they have been discriminated against or misjudged in the past. Nevertheless, legal protection, when implemented by all-inclusive policies in government, healthcare, education, and law enforcement, increases the chances of transgender people appealing to them and viewing them as helpers rather than oppressors. As Mishel (2016) notes, the implementation of transgender-inclusive policies within institutions increases individuals' sense of safety, which, in turn, strengthens their belief that help will be available when needed. Such institutional reliability improves perceptions of social support in general social support as well as formal systems-based support and social support offered by society at large in which these laws are enforced. Thus, LPR influences PSS in a cascade by altering the mode of treatment of transgender people, the sense of safety when seeking help in the community, and the feeling of being supported within their social ecosystems.

3.8.9 Legal Protections and Recognition (LPR) impact Social Integration (SI) among transgenders.

Legal Protections and Recognition (LPR) serve as essential structural foundations for the social integration (SI) of transgender individuals by formally validating their identities and guaranteeing their equal participation in society. Social integration is the level at which people can find a significant presence in terms of economic, civic, and interpersonal spheres. LPR as a means of inclusion into the

realm of citizenship is of particular importance to transgender people because they, unlike other non-cisgender citizens, have been excluded by law and administration not only as citizens but also as people. Legal frameworks that legalise gender change, affirm self-identification policies, and prohibit discrimination in both public and private spaces permit transgender individuals to access education, employment, healthcare, and housing on an equal basis. According to Kosenko, Rintamaki, Raney, and Maness (2013), the absence of legal protections perpetuates marginalisation and isolation, whereas their presence promotes engagement with social institutions, which is key to successful integration. Therefore, LPR provides a platform through which transgender individuals can make legitimate participatory lives in the mainstream community.

In addition to administrative inclusion, there is also labelling and interpersonal inclusion, which is enabled through LPR by targeting societal norms within gender diversity stigmatisation. Explicit laws supporting transgender rights can also be seen as a good cultural message, as people can refer to them as real and worthy of respect. This minimises social discrimination and creates situations where transgender people are free to create and support relationships without the likelihood of being rejected. As noted by Fraser (2000), recognition is a key dimension of social justice, and without it, redistribution alone is insufficient for complete social inclusion. The legitimisation of transgender identities can transform discourses and institutional approaches, thus facilitating the acceptance of transgender individuals in schools, workplaces, community settings, and families. When transgender people have not just the right but also the status of legal citizens, their chances of developing social relations with others and social connections become significantly better, which helps to achieve integration on both structural and interpersonal levels.

Juridical structures tend to spur the process of formulating comprehensive policies in such spheres as mental health and safety on the streets, media representation, and political participation. The introduction of whole-security LPR systems in other governments tends to trigger reforms in related systems, which can result in systemic inclusion. For example, inclusive census practices, where people with legal identity

recognition are included, may result in equitable policymaking. According to Westbrook and Schilt (2014), laws that institutionalise gender diversity can reshape how transgender people are incorporated into national narratives and everyday interactions, fostering deeper integration at all levels of society. Such a downstream effect of the LPR can help create a fairer public sphere in which transsexual people can act as privileged participants rather than as marginalised individuals. Thus, the LPR serves as a radical agent of social integration; it is not only about access, but complete access to participate, validity, and integration in society.

3.8.10 Perceived Social Support (PSS) impact on Mental Health and Psychological Well-Being (MHPWB) among transgender individuals.

Perceived Social Support (PSS) is widely acknowledged as a crucial determinant of Mental Health and Psychological Well-Being (MHPWB), particularly among marginalised populations such as transgender individuals. PSS refers to an individual's subjective appraisal of the availability and adequacy of emotional, informational, and instrumental support from social networks. The perception that supportive people or communities are available is likely to serve as an essential protective factor against the implications of discrimination among transgender individuals, who are frequently subjected to a disproportionate risk of exposure to social exclusion, stigma, and violence. According to Uchino (2009), high levels of perceived support are strongly associated with reduced psychological distress, improved mood regulation and enhanced life satisfaction. In the case of transgender people, the very information that they are not alone and that there is someone out there to help them, even though they do not always utilise it, makes a difference because they also feel secure, strong, and worthy of regarding themselves as the same who can exist in a world where their identities are delegitimised.

The psychological impacts of PSS are especially noticeable in situations of minority stress, when members have to deal with rejection and must cope with long-lasting societal rejection. Transgender individuals tend to move in a transphobic, estranged, family centred environment and face discrimination when it comes to healthcare services. In these environments, observed social support persons such as

peers, supportive family members, support groups, or friends can help in providing protective psychological benefits. Studies such as that by Budge, Adelson, and Howard (2013) reveal that transgender individuals who report higher levels of perceived support experience significantly lower levels of anxiety and depression and greater emotional coping capacity. These results indicate that the efforts focused on the enhancement of perceived support to the transgender population by means of presence of community programs, peer mentoring, and visibility campaigns will be able to produce significant changes on the mental health outcome of transgender population.

PSS promotes good psychological health by helping to develop a healthy identity and building a sense of belonging. The transitioning process and the process of asserting one's gender identity can be very emotional and existential, and such is more comfortable to handle within affirmed environments. As long as transgender individuals feel they are accepted by their social groups, they have a greater chance of forming a positive self-concept, decreasing their levels of internalised stigma, and finding unity in their journey of presentations. According to Shilo, Antebi, and Mor (2015), perceived support among transgender youth is associated with higher self-esteem and a stronger sense of psychological coherence, both of which are indicators of robust well-being. By doing so, PSS not only helps to avoid the decline of mental health but also plays an active role in the growth of a positive psychological condition that is characterised by a balanced emotional state, optimism, and enhanced feeling of personal control.

3.8.11 Social Integration (SI) impact on Mental Health and Psychological Well-Being (MHPWB) among transgender individuals.

Social Integration (SI) significantly contributes to the mental health and psychological well-being (MHPWB) of transgender individuals by fostering a sense of belonging, inclusion, and acceptance in social systems. Social integration denotes the level of enrolment in and engagement of people in different social networks and institutions, including family, job position, education, civil society, and community spaces. Social isolation and rejection (mostly caused by stigma, discrimination, or

family estrangement) are key risk factors for mental health issues in transgender people. Transgender persons have lower psychological distress and higher satisfaction in life when they are incorporated into all-embracing social systems which reinforce their identities. According to Berkman et al. (2000), individuals with high levels of social integration have reduced risks of depression, anxiety, and even suicide, largely because of the emotional and relational security that social embeddedness provides.

Participation in different social environments that preclude isolation not only makes the individual feel less isolated, but also improves the self-concept and coping abilities of a person. Community space gives transgender people the ability to integrate community efforts, work, education, and interpersonal relations so that they can internalise their sense of self in a social arena, rebuffing shame, anonymity, and marginalisation. Psychological empowerment and well-being can be based on the right to perform roles approved by society, such as a colleague, student, neighbour, or citizen. Testa et al. (2015) support this link, noting that transgender people who feel socially accepted and connected report higher levels of emotional stability and purpose in life. These social validations are particularly effective when done repeatedly over a period to buttress feelings of worth in an individual, which will lead to reduced cases of mental health crises and a better sense of psychological strength.

In addition, social integration acts as a protective factor and binds individuals in networks of interpersonal relationships with the potential to provide emotional and instrumental support and access to mental health services. Socially integrated transgender persons have a detachment of more details of how and where to seek help and are more likely to motivate peers or institutions to seek mental psychological assistance when the need arises. As noted by Kawachi and Berkman (2001), integrated individuals are better positioned to mobilise resources during stressful situations, reducing the likelihood of long-term psychological harm. In the case of transgender populations, who are often disadvantaged regarding access to suitable care, belonging to systems characterised by social support induces trust, consultability, and mental forcefulness in the demand for expert care. Therefore, SI

can promote MHPWB and increase a sense of belonging and reinforce a sense of identity but still play a significant role in making relational and institutional resources, which are critical to maintain sustainable psychological health, accessible.

3.8.12 Perceived Social Support (PSS) as a mediator between Legal Protections and Recognition (LPR) and Mental Health and Psychological Well-Being (MHPWB) among transgender individuals.

The mediating role of Perceived Social Support (PSS) in the relationship between legal protections and recognition (LPR) and Mental Health and Psychological Well-Being (MHPWB) is increasingly gaining scholarly attention, particularly in the context of marginalised populations such as transgender individuals. Although the LPR establishes a macro-level framework of rights, acknowledgement, and security, these legal achievements do not necessarily translate into better well-being until they are integrated into the perceived support of family members and society. PSS is regarded as a psychological process that mediates between an exterior structural transaction and interior emotional steadiness. According to Lazarus and Folkman's (1984) stress appraisal model, individuals evaluate their environments through the perceived availability of support, and this perception largely determines their psychological response. Indeed, the existence of affirming legislation can give positive impressions of social validation to transgender individuals, thus leading to emotional security and improved psychological health outcomes.

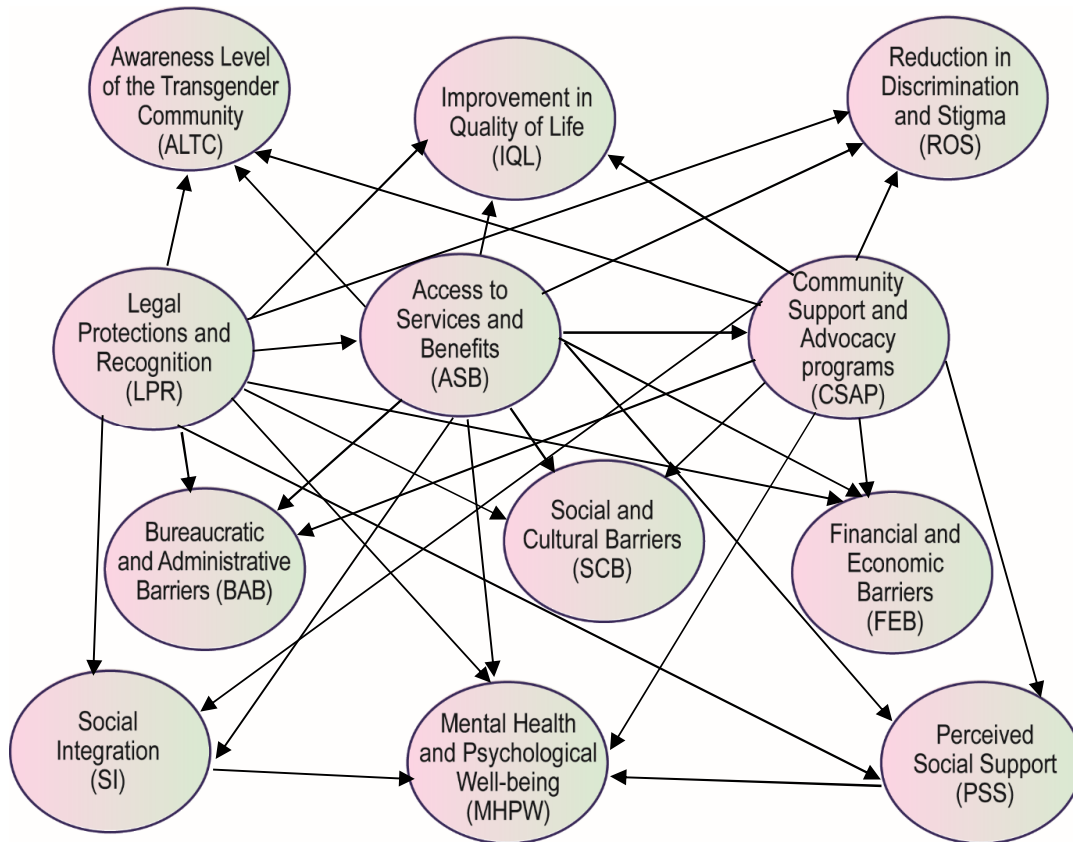
PSS can be the factor that throws light on the pioneering contrast between the mental health of transgender people, who are living under the same legal constructs. Two persons can have the same protection under the law but can relate radically with the support they think they are having in terms of sources of social support such as families, communities, or institutions. How the protections are experienced, whether as genuine or delegitimised, largely depends on the degree to which legal rights can be viewed as being socially affirmed and supported in practice. According to Hatzenbuehler et al. (2009), structural stigma reduction through inclusive policies is

most effective when accompanied by a social environment that reinforces support. In this regard, the PSS can be interpreted as a filter that determines the impact of legal reforms on mental health. Transgender individuals who have a strong perception of support groups are in a better position to view legal protection as genuine and liberating and thus have greater benefits in the financing part with regard to less psychological distress and high levels of self-esteem.

The empirical data indicate that the availability of legal safeguards improves PSS which in turn leads to positivity in the psyche. This path of influence is a reason to note how crucial the target PSS is in both the development of policies and the implementation of mental health policies. Changes in the law that incorporate community education efforts, visibility efforts, and trans inclusion of provisions of services have a higher chance of translating into a perception of greater support. As noted by Kaniuka et al. (2021), the benefits of LPR are maximised when individuals feel respected, understood, and supported in their daily lives. Consequently, such perceptions boost trust, sense of belonging, and emotional resilience as key constructs of MHPWB. Therefore, considering PSS as a mediator can shed light on why certain legal interventions result in concrete mental health gains and others do not. It also highlights the importance of an integrative framework that combines legislative advancement and supporting structures at the community level.

3.9 Mediation Model

The mediation model shows the mediating role of Perceived Social Support (PSS) and Social Integration (SI) on relationship between Legal Protections and Recognition (LPR), Access to Service Benefits (ASB) and Community Support and Advocacy Programs (CSAP) on Mental Health and Psychological Well-Being (MHPWB) of Transgenders.

Figure 3.7*Mediation Model*

3.9.1 Social Integration (SI) as a mediator between Access to Service Benefits (ASB) and Mental Health and Psychological Well-Being (MHPWB) among Transgenders.

Access to Service Benefits (ASB), such as healthcare, housing, education, and social security, is a fundamental determinant of Mental Health and Psychological Well-Being (MHPWB) among transgender individuals. Nevertheless, these positive outcomes of ASB on mental well-being are not necessarily direct effects. Social Integration (SI) can function as a powerful mediating variable, translating access to services into tangible emotional and psychological outcomes. When transgender people can obtain open-oriented, positive services, they have a better chance of engaging in communal life, forming nurturing relationships, and feeling a sense of belonging to society. According to Durkheim's foundational theory (1951), social integration serves as a protective factor against suicide and mental distress, especially among marginalised groups. Therefore, Access to Service and Benefits

contributes to Social Integration by allowing transgender individuals to associate with groups where they can find psychological support.

Besides, ASB is associated with increased chances of social participation that contribute to higher degrees of integration and, thus, to better psychological well-being. The hurdles that transgender people may frequently encounter in their way to full access to societal participation may include discrimination in healthcare or being closed out of educational institutions. With easy access to services, transgender individuals get a chance to play other social roles, such as being a student, professional, neighbour, and activist, which brings them a sense of purpose and visibility. These social roles form key aspects of psychological stability, as they strengthen the sense of coherence in identity, self-esteem, and control of emotions. As Lin and Ensel (1989) argue, integration into social institutions contributes more significantly to psychological health than the mere presence of structural resources. Thus, if ASB leads to more engagement in inclusive settings, it leads to SI and, consequently, MHPWB through effective social interactions and a smaller sense of alienation.

Empirical evidence supports the relevance of social pathways in the connection between services and psychological health. Despite the fact that ASB can relieve material hardship, the nature of relational experiences to which one is exposed usually defines the psychological outcomes. Other forms of transgender services include generalist, impersonal systems that provide comparatively lower levels of mental well-being, as it has been found that transgender people who receive services in affirming, socially integrated settings, including LGBTQ + health clinics, community centres, or advocacy spaces, report high levels of mental well-being. According to McConnell, Birkett, and Mustanski (2016), the extent to which service delivery enhances social integration mediates its impact on mental health, particularly in populations experiencing minority stress. Consequently, SI should not be considered an incidental effect of having access to services; rather, it is one of the fundamental processes through which ASB delivers its psychosocial advantages. This mediation position will help policymakers and practitioners

formulate interventions aimed at enhancing the subjective well-being of transgender people.

3.9.2 Perceived Social Support (PSS) as a mediator between Access to Service Benefits (ASB) and Mental Health and Psychological Well-Being (MHPWB) among Transgenders.

Access to Service Benefits (ASB) plays a vital role in improving the living conditions of transgender individuals by ensuring access to essential services such as healthcare, education, and housing. Nevertheless, the psychological effect of these services is usually moderated by individuals' perception of such support. Perceived Social Support serves as a crucial psychological channel through which ASB leads to improved Mental Health and Psychological Well-Being (MHPWB). Transgender people often experience medical and social systems in which they have historically been marginalised. When service provision is combined with compassionate, supportive, and inclusive treatment, it augments the feeling of assistance, thus boosting safety, both emotionally and psychologically, in terms of resilience. Cohen and Wills (1985) argued that perceived support exerts a stronger protective effect on psychological well-being than actual support, emphasising its central mediating role in health outcomes.

Moreover, it is not access to services that can make PSS strong however, it is the quality and delivery of services, which can be an influential factor. Technical access to public services by transgender people might not end up in their view as being supportive unless they are fulfilling their identity and generating the feeling of respect for transgender people. An example can be encountered when a healthcare practitioner misgenders the user or when bureaucracy impedes welfare enrolment, thus reducing the mental health gains that would be received by the usage of the service. In contrast, gender correspondence in health and welfare systems creates a sense of identity and belonging that inculcates perceived support. Pflum et al. (2015) showed that transgender individuals who experience affirming interactions within institutional settings report higher levels of PSS and better psychological functioning. By doing so, PSS judges institutional behaviour just as it interprets

optimism with regard to whether access to benefits results in any psychological surrogates.

Improving PSS in the field of service delivery systems can result in increased ASB mental health dimensions in transgender people. When people trust the institutions that provide them with services, they tend to build trust, seek further continuity of care, and practice health-promoting behaviour. These effects have long-term positive psychological well-being impacts that are cumulative in nature. Meyer's (2003) minority stress model supports this dynamic, suggesting that social support mediates the impact of systemic stressors on mental health and that enhancing support can reduce the internalisation of stigma and stress. As such, supportive, affirming, and inclusive services and practices should be embedded into the delivery of service experiences within transgender health and rights, not only to promote access but also to translate that access into long-term psychological well-being through the mediation of perceived social support.

3.9.3 Social Integration (SI) as a mediator between Community Support and Advocacy Programs (CSAP) and Mental Health and Psychological Well-Being (MHPWB) among Transgenders.

Community Support and Advocacy Programs (CSAP) are vital for creating safe, affirming, and empowering environments for transgender individuals. These include peer counselling, legal assistance, community centres and grassroots activism, direct support activities, and advocacy for policy changes. While CSAPs can offer emotional and informational resources, their impact on Mental Health and Psychological Well-Being (MHPWB) is often not immediate or direct. Social Integration (SI) serves as a key mediator in this relationship, transforming support services into deeper societal inclusion, which in turn promotes psychological health. As argued by House, Landis, and Umberson (1988), integrated individuals are more likely to experience feelings of connectedness, social cohesion, and emotional regulation. The decision to enter CSAPs by transgender people may begin as help-seeking behaviour; however, over time, feelings of belonging and a sense of belonging to society through community involvement will become one of the most crucial factors in mental health.

Being a part of CSAPs typically helps to increase socialising and interacting with the community which is the key feature of SI. Stigma-excluded or isolated transgender people find substantiation and representation in their community environments. Thanks to their participation in events, making decisions together, educating the masses, or organising advocacy campaigns, they start to see themselves as actors and not consumers of aid. Being part of a more expansive social and civic structure contributes to the alleviation of perceived marginality and the creation of a feeling of empowerment and resilience. According to (Chen & Zhang, 2022), social integration plays a crucial role in mediating the relationship between community participation and psychological outcomes by reinforcing self-worth and social acceptance. Consequently, CSAPs can be described as lifelines or gateways to integration, which eventually helps maintain and reinforce mental health.

Moreover, the type of integration based on participation in CSAP is usually the determinant of the extent of its psychological impact. Programs that focus on inclusion and leadership opportunities, as well as peer support, are likely to reinforce more integrated types of incorporation, such as role identification, engagement in the civic sphere, and cross-group solidarity. These integrative experiences are a very positive factor for psychological well-being, which, in turn, contributes to the establishment of a positive self-image and weakens the internalisation of stigma existing in society. As noted by Berry and Hou (2016), social integration fosters mental health through increased agency, relational trust, and a coherent sense of belonging in society. Indeed, once transgender people progress beyond social isolation to form really social and, most importantly, identity-affirming links (in particular, groups of communities that advocate their identity), the consequential mental health improvements can be profound and long-lasting. Therefore, SI is an imperative psychological process that establishes an association between the structural and emotional support of CSAPs and lifelong well-being.

3.9.4 Perceived Social Support (PSS) as a mediator between Community Support and Advocacy Programs (CSAP) and Mental Health and Psychological Well-Being (MHPWB) among Transgenders.

Community Support and Advocacy Programs (CSAP) serve as critical platforms through which transgender individuals gain practical resources, emotional validation, and social affirmation. Such initiatives tend to be formed through peer-led support services, legal advocacy, healthcare navigation services, and awareness programs, which enable transgender communities to feel their agency and inclusion. While the structural role of CSAPs in addressing transgender marginalisation is well acknowledged, their effect on Mental Health and Psychological Well-Being (MHPWB) is significantly enhanced when mediated through Perceived Social Support (PSS). PSS is the way a person thinks that others treat them as special and that they have been given good care, which leads to a psychological shield against stress. According to Sarason, Sarason, and Pierce (1990), perceived rather than actual support is more strongly linked with positive emotional outcomes. CSAPs encourage such understanding by providing safe and affirmative spaces where transgender individuals can feel appreciated and emotionally affiliated.

Even more relevant is the mediating role of PSS, considering that transgender people experience chronic stress and discrimination in many spheres of life. Most transgender individuals have no support system in their families and are at risk of being denied institutional membership. The sense of belonging and trust in people constitute substantial psychological outcomes, which can be created in the context of the affirmation given by CSAPs in such a situation. In complexes that involve community-based programs that recognise identities and promote mutuality of care, productive relations are embraced as a positive source of support, and mental health outcomes are elevated. As shown in research by Doty, Willoughby, Lindahl, and Malik (2010), LGBTQ+ individuals who perceive higher levels of social support through community spaces experience lower levels of depression and anxiety. Thus, PSS is a major psychological process by which CSAPs bring more than external aid; it also brings internal gain and strength.

PSS helps to realise lasting mental health through the advocacy of adaptive coping styles, self-esteem, and the management of emotions. Feeling supported, transgender people are more likely to receive and accept services, use them regularly, and participate in social and civic life, which builds their well-being. This perception is reinforced by the CSAPs, who focus more on culturally competent gender-affirming care, particularly when support can be offered on a peer-to-peer basis and is empathic. According to McDonald (2018), trans-specific support networks foster a unique sense of solidarity that enhances perceived support and significantly improves psychological outcomes. This dynamic shows that CSAPs can be used to help establish a sense of perceived support, and it is more than a noxious source of diminished suffering; it contributes to the development of psychological strength. Therefore, PSS is not merely a connection between community involvement and well-being, but also a critical factor that determines how transgender people perceive and internalise the benefits of support programs.

3.9.5 Social Integration (SI) as a mediator between Legal Protections and Recognition (LPR) and Mental Health and Psychological Well-Being (MHPWB) among transgender individuals.

Legal Protections and Recognition (LPR) play a foundational role in safeguarding the rights of transgender individuals and ensuring their visibility and equality within society. However, the effect of LPR on Mental Health and Psychological Well-Being (MHPWB) is not always immediate or direct; instead, it often functions through intermediate social processes such as Social Integration (SI). The mediation effect of the degree to which individuals feel connected to and involved in mainstream societal institutions and relationships, termed SI, influences the tendency of transgender people to internalise legal inclusion and its reaction. Although LPR strives to supply the structural validation required to eliminate structural discrimination, the degree to which people are accepted, related, and involved in their communities dictates the psychological outcomes. According to Berkman and Glass (2000), structural policies influence health through social pathways, especially when they lead to increased interpersonal interactions and community involvement.

Having safeguards, including the absence of discrimination, identity rights, and comprehensive healthcare requirements, can possibly spur wider community engagement of transgender people in the public and semi-private spheres, which would boost subsequent social integration. An example can be shown when transgendered individuals are legally accepted in schools, employment opportunities, and civil services, where they tend to interact more with these systems without any fear of rejection or discrimination. This increased involvement results in increased and more effective socialisation, with less ability to feel isolated and feel a part of a community. According to De Silva et al. (2005), socially integrated individuals experience higher levels of emotional support, purpose, and psychological coherence, all of which are vital for mental health. Therefore, SI plays a mediating role between social and emotional avenues that render legal validity to concrete psychological improvements for transgender persons.

Furthermore, even with existing legal protection, LPR may lose their psychological influence due to a lack of social integration. In such societies, the effects of legal changes may not translate into improved well-being because transgender persons may still be sidelined, thus reducing the impact of changes in the legal environment. This situation may lead to a lack of SI which may additionally cause constant stress, loneliness, and invalidation of identity. However, in instances where legal changes are accompanied by efforts to expand social belonging, such as through educating the population, building allyships, and fostering contact with the community, the feeling of belonging becomes stronger. As noted by Umberson and Montez (2010), social relationships have a cumulative effect on mental health, and legal protections are most beneficial when they foster environments that support consistent social participation and interpersonal relationships. Thus, the situation with SI is not its simple byproduct but the important mediator between the legal recognition and the better psychological results among the transgender population.

3.10 Conclusion

This chapter explores a wide array of theories to provide a comprehensive critical focus through which transgender empowerment trends, especially in the

context of Kerala, may be thought out and analysed. Whether it is the establishment perspectives of social inclusion and human rights or more subtle theories like intersectionality, empowerment, queer theory, and institutional analysis, they all add to the multi-tiered experiences of the transgender community. The conceptual framework of the study is also dealt in this chapter. It is based on three foundational drivers: legal protections and recognition (LPR), Access to Services and Benefits (ASB), and Community Support and Advocacy Programs (CSAP). These structural components were analysed for their direct and mediated effects on key outcome variables such as Awareness of the Transgender Community (ALTC), Improvement in Quality of Life (IQL), Reduction in Discrimination and Stigma (RDS), Mental Health and Psychological Well-Being (MHPWB), Perceived Social Support (PSS), and Social Integration (SI). Additionally, the study addressed the persistent Bureaucratic and Administrative Barriers (BAB), Financial and Economic Barriers (FEB), and Social and Cultural Barriers (SCB) that continue to obstruct access and equity despite progressive legislative efforts.

The results and theoretical connections testify that empowerment cannot be understood as something that can be addressed by legal or service provision only, but is a complicated net of interactions involving psychological, social, and systemic levels of care. The greater the perceived strength of social support available to transgender people, the higher the amount of active engagement in inclusive settings, and the more lived environments are meaningfully integrated into community and institutional environments, the higher the chances of experiencing positive forms of mental health, lower levels of stigma, and better quality of life. The model also implies that variables such as ASB and CSAP do not only directly affect outcome indicators but also serve as mediators, since the effects of the LPR can be especially converted into social and psychological real-time benefits. In the end, the chapter supports the idea of a holistic, intersectional, and integrative mode of policy and does not consider transgender empowerment an isolated goal, but the sum of actions that burn down walls and foster inclusion and well-being in all aspects of life.

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Chapter 4

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Chapter 4

DATA ANALYSIS AND INTERPRETATION

4.1 Introduction

The data analysis and interpretation chapter play a crucial role in this study by systematically examining the impact of various initiatives taken by the Kerala state government for the empowerment of the transgender community, with special reference to the Transgender Bill and Transgender Policy. This chapter presents a detailed analysis of the collected data, using both descriptive and inferential statistical techniques to identify trends, patterns, and relationships among key variables. Through quantitative methods, responses from transgender individuals, policymakers, and other stakeholders are analysed to assess the effectiveness of government schemes, legal protections, social welfare programs, and economic inclusion efforts. The qualitative insights are incorporated to capture personal experiences, challenges, and the perceived impact of these policies on the community's socio-economic status and overall well-being. The interpretation of the findings is guided by theoretical frameworks and previous research, allowing for a comprehensive understanding of whether these initiatives have led to meaningful change or if gaps remain in their implementation. This section ultimately serves as a foundation for policy recommendations and further discussions on enhancing transgender rights and inclusion in Kerala.

Section A

Demographic and Socio-economic Characteristics of the Respondents

4.2 Introduction

In the first section of the study the researcher analysed the demographic and socio-economic characteristics of the sample under study. The researcher identified major demographic and socio-economic characteristics for the Transgenders which include age, gender identity, occupation, sex assigned at birth, educational qualifications, monthly income etc. of the respondents.

Table 4.1*Demographic Profile of Transgenders*

Age	No. of Transgenders	Percent
Below 30	110	36.7
30-35	106	35.3
35-40	45	15.0
40 and above	39	13.0
Total	300	100.0
Gender Identity	No. of Transgenders	Percent
Transgender Male	155	51.7
Transgender Female	145	48.3
Total	300	100.0
Sex Assigned at Birth	No. of Transgenders	Percent
Male	145	48.3
Female	155	51.7
Total	300	100.0
Educational Qualification	No. of Transgenders	Percent
Secondary education	39	13.0
Higher secondary education	53	17.7
Undergraduate degree	106	35.3
Postgraduate degree	102	34.0
Total	300	100.0
Current Employment Status	No. of Transgenders	Percent
Unemployed	40	13.3
Part-time employed	54	18.0
Full-time employed	110	36.7
Self-employed	96	32.0
Total	300	100.0
Monthly Income Level	No. of Transgenders	Percent
Below 10,000	45	15.0
10,000-20,000	109	36.3
20,000-30,000	32	10.7
Above 30,000	114	38.0
Total	300	100.0
Place of Residence	No. of Transgenders	Percent
Urban	106	35.3
Semi-urban	149	49.7
Rural	45	15.0
Total	300	100.0

Source: Primary Data

Table 4.1 provides a comprehensive demographic profile of the transgender respondents in the study, offering valuable insights into their age distribution, gender identity, sex assigned at birth, educational qualifications, employment status, income levels, and place of residence. The age distribution shows that most of the transgender individuals (72%) are below the age of 35, with 36.7% under 30 years and 35.3% in the 30–35 age group, indicating a relatively young population. In terms of gender identity, 51.7% identify as transgender male, while 48.3% identify as transgender female. When considering sex assigned at birth, a slightly higher proportion (51.7%) were assigned female at birth compared to 48.3% assigned male. The educational qualification data highlights that a significant proportion of respondents (69.3%) have attained higher education, with 35.3% holding undergraduate degrees and 34% possessing postgraduate qualifications, suggesting an educated community striving for academic achievement. However, despite their educational qualifications, employment status varies, with 36.7% engaged in full-time employment and 32% self-employed, while 18% work part-time, and 13.3% remain unemployed, highlighting ongoing employment challenges. Monthly income levels reflect economic diversity, with 38% earning above ₹ 30,000, but a notable 15% earning below ₹ 10,000, emphasizing financial disparities within the community. Lastly, the distribution of place of residence reveals that the majority (49.7%) reside in semi-urban areas, followed by 35.3% in urban areas and 15% in rural regions, suggesting that transgender individuals have greater visibility and access to resources in semi-urban and urban regions. This demographic overview underscores the diversity in socio-economic conditions and highlights key areas where policy interventions can further support transgender empowerment in Kerala.

Table 4.2*Social and Cultural Profile of Transgender Respondents Profile of Transgenders*

Living Arrangement	No. of Transgenders	Percent
With family	46	15.3
With friends/partners	109	36.3
Alone	106	35.3
In a community/shelter home	39	13.0
Total	300	100.0

Marital Status	No. of Transgenders	Percent
Single	139	46.3
Married	60	20.0
Divorced	53	17.7
In a relationship	48	16.0
Total	300	100.0

Religion	No. of Transgenders	Percent
Hindu	111	37.0
Muslim	42	14.0
Christian	147	49.0
Total	300	100.0

Caste	No. of Transgenders	Percent
General	147	49.0
Scheduled Caste (SC)	70	23.3
Other Backward Classes (OBC)	83	27.7
Total	300	100.0

Table 4.2 presents an in-depth analysis of the Social and Cultural of Transgender Respondents profile of transgender individuals, shedding light on their living arrangements, marital status, religious affiliations, and caste distribution. The data on living arrangements indicates that a significant portion of the transgender population (36.3%) resides with friends or partners, while 35.3% live alone, highlighting a degree of social independence. Only 15.3% live with their families, indicating potential familial rejection or strained relationships, while 13% rely on community or shelter homes, suggesting the need for institutional support for

vulnerable individuals. Marital status data reveals that nearly half of the transgender respondents (46.3%) are single, while 20% are married, and 17.7% have gone through divorce, suggesting challenges in sustaining relationships due to societal stigma. Additionally, 16% are in a relationship, reflecting changing dynamics in personal life choices. Religious composition shows that a majority belong to Christianity (49%), followed by Hinduism (37%) and Islam (14%), indicating diversity in religious backgrounds. The caste distribution reveals that nearly half of the transgender individuals (49%) belong to the General category, while 27.7% are from Other Backward Classes (OBC), and 23.3% belong to Scheduled Castes (SC), illustrating representation across various social strata. The overall findings in this table emphasize the socio-cultural challenges faced by transgender individuals, particularly in terms of familial acceptance and social inclusion, while also highlighting the intersectionality of religion and caste in shaping their lived experiences.

Table 4.3*Health, Legal, and Advocacy Engagement of Transgender*

Disability Status	No. of Transgenders	Percent
Yes	86	28.7
No	214	71.3
Total	300	100.0

Access to Technology (e.g., smartphone, internet)	No. of Transgenders	Percent
Yes	300	100.0

Have you undergone any form of gender-affirming medical treatment	No. of Transgenders	Percent
Yes	300	100.0

If yes, how do you primarily support	No. of Transgenders	Percent
Employment	42	14.0
Family	48	16.0
Government assistance	102	34.0
Community support	108	36.0
Total	300	100.0

Member of any transgender or LGBTQ+advocacy groups	No. of Transgenders	Percent
Yes	300	100.0
If yes, what types of activities do you participate	No. of Transgenders	Percent
Advocacy and awareness campaigns	45	15.0
Community support and outreach	94	31.3
Educational workshops and seminars	46	15.3
Social events and gatherings	56	18.7
Online forums and discussions	59	19.7
Total	300	100.0
Have you experienced any legal issues related to your gender identity	No. of Transgenders	Percent
Yes	300	100.0
If yes, what type of legal issues have you experienced	No. of Transgenders	Percent
Discrimination or harassment	44	14.7
Issues with identification documents	46	15.3
Employment-related issues	106	35.3
Housing or accommodation issues	40	13.3
Healthcare access issues	64	21.3
Total	300	100.0

Table 4.3 provides a comprehensive overview of the Health, Legal, and Advocacy Engagement profile of transgender individuals, focusing on disability status, access to technology, gender-affirming medical treatments, financial support, advocacy participation, and legal challenges faced. The data reveals that 28.7% of the transgender population has some form of disability, which may further compound the challenges they face in accessing employment, healthcare, and social inclusion. Encouragingly, all respondents (100%) have access to technology such as smartphones and the internet, highlighting the role of digital tools in providing connectivity, information, and support networks. Furthermore, all 300 transgender individuals surveyed have undergone some form of gender-affirming medical treatment, signifying the importance of medical transition in their identity affirmation. However, financial support for these treatments varies, with 36% relying

on community support, 34% receiving government assistance, 16% supported by their families, and only 14% financing it through employment, indicating the need for more economic empowerment initiatives. All respondents are members of transgender groups, actively participating in various activities such as community support and outreach (31.3%), online discussions (19.7%), social events (18.7%), advocacy campaigns (15%), and educational workshops (15.3%), reflecting their engagement in social and rights-based movements. Despite these efforts, legal challenges remain widespread, as every respondent has faced legal issues related to their gender identity. The most common legal concerns include employment-related discrimination (35.3%), difficulties in accessing healthcare (21.3%), problems with identification documents (15.3%), experiences of harassment or discrimination (14.7%), and housing/accommodation challenges (13.3%). These findings underscore the persistent socio-legal barriers faced by transgender individuals despite ongoing advocacy and policy interventions, emphasizing the need for stronger legal protections, inclusive policies, and socio-economic empowerment measures.

Section B

The initiatives of Kerala state for the empowerment of transgender community

Objective 1: To examine the initiatives of Kerala state for the empowerment of transgender community.

4.3 Introduction

The empowerment of the transgender community in Kerala has been significantly shaped by the implementation of the Transgender Policy and the Transgender Persons (Protection of Rights) Bill. These initiatives have been instrumental in ensuring legal recognition, access to essential services, and community driven advocacy aimed at fostering social inclusion and economic upliftment. This study seeks to quantify the range and scope of these initiatives by evaluating three key dimensions: Legal Protections and Recognition (LPR), Access to Services and

Benefits (ASB), and Community Support and Advocacy Programs (CSAP). Legal Protections and Recognition (LPR) include provisions related to identity documentation, anti-discrimination laws, and access to legal recourse. Access to Services and Benefits (ASB) focuses on the availability and reach of welfare programs, education, healthcare, and employment opportunities for transgender individuals. Community Support and Advocacy Programs (CSAP) analyse the role of NGOs, awareness campaigns, and peer support networks in strengthening transgender inclusion within society. Understanding the effectiveness of these initiatives is crucial in assessing the progress made toward transgender empowerment in Kerala.

This objective aims to provide quantifiable insights into the impact of these policies, highlighting the extent of their implementation and the challenges faced by the transgender community. By examining factors such as awareness, accessibility, participation, and policy-driven outcomes, this study seeks to measure the effectiveness of government interventions in ensuring legal protections, social acceptance, and economic stability for transgender individuals. The findings from this analysis will not only help identify existing gaps in policy execution but also offer evidence-based recommendations to enhance these initiatives further. This study will serve as a valuable resource for policymakers, social organizations, and advocacy groups, guiding them in strengthening legal frameworks, expanding welfare programs, and promoting greater social integration. Through a data-driven approach, this objective aims to present a comprehensive evaluation of Kerala's efforts in transgender empowerment and provide actionable insights for sustained policy improvements and inclusive growth.

This study seeks to quantify the range and scope of these initiatives by evaluating three key dimensions: Legal Protections and Recognition (LPR), Access to Services and Benefits (ASB), and Community Support and Advocacy Programs (CSAP).

4.3.1 Legal Protections and Recognition (LPR)

Legal Protections and Recognition (LPR) refer to the formal measures taken by the Kerala government to safeguard the rights and dignity of transgender individuals by providing them with legal identity, protection against discrimination,

and access to justice. Effective legal recognition (LPR1) ensures that transgender individuals are legally acknowledged through identity documents such as Aadhaar cards, voter IDs, and gender-inclusive policies, allowing them to access essential services without discrimination. Laws and policies introduced by Kerala (LPR2), including the Transgender Policy and the Transgender Persons (Protection of Rights) Bill, provide a structured legal framework that prohibits discrimination in education, employment, healthcare, and public spaces. Additionally, legal frameworks established by Kerala (LPR3) support the enforcement of these laws by setting up dedicated grievance redressal mechanisms, legal aid services, and transgender welfare boards to oversee policy implementation. As a result of these initiatives, transgender individuals have experienced fewer instances of discrimination (LPR4) in workplaces, healthcare institutions, and public spaces, fostering a more inclusive society. By strengthening legal protections and recognition, Kerala aims to empower transgender individuals with equal rights, social dignity, and economic opportunities, ensuring their full participation in society.

Table 4.4

Descriptive Statistics of Legal Protections and Recognition

Variables related to LPR	Mean	Std. Deviation
Effective legal recognition (LPR1)	4.060	0.948
Laws and policies introduced by the Kerala (LPR2)	4.230	0.720
Legal frameworks established by the Kerala (LPR3)	4.030	1.006
Experienced fewer instances of discrimination (LPR4)	4.210	0.921

Table 4.4 presents the descriptive statistics related to the Legal Protections and Recognition (LPR) measures implemented by the Kerala government for transgender individuals. The mean scores, which range from 4.030 to 4.230, indicate a generally positive perception among respondents regarding the effectiveness of legal measures in place. Laws and policies introduced by Kerala (LPR2) received the highest mean score of 4.230 with a standard deviation of 0.720, suggesting a strong consensus on the adequacy of these policies in supporting transgender rights. Experienced fewer instances of discrimination (LPR4) also had a high mean score of 4.210, though with

a slightly higher standard deviation (0.921), indicating that while many transgender individuals feel the impact of legal protections, some still face discrimination. Effective legal recognition (LPR1) had a mean of 4.060 and a standard deviation of 0.948, reflecting a generally positive but slightly varied perception regarding the accessibility of identity documents and legal recognition. Legal frameworks established by Kerala (LPR3) had the lowest mean score (4.030) with the highest standard deviation (1.006), suggesting that while legal frameworks exist, there may be variability in their implementation and enforcement across different regions. The relatively low standard deviations across all variables indicate consistent responses among participants, demonstrating a broad acknowledgment of Kerala's efforts in legal recognition and protection of transgender individuals. However, the higher variability in legal frameworks and discrimination reduction suggests that some gaps remain in policy execution and enforcement, highlighting the need for continuous improvements in legal accessibility, anti-discrimination measures, and grievance redressal mechanisms.

Table 4.5

Age wise distribution of Legal Protections and Recognition

Age		LPR1	LPR2	LPR3	LPR4
Below 30	Mean	4.109	4.309	3.955	4.191
	N	110	110	110	110
	Std. Deviation	0.881	0.739	1.008	1.009
30-35	Mean	4.123	4.179	4.179	4.358
	N	106	106	106	106
	Std. Deviation	0.963	0.687	0.993	0.783
35-40	Mean	3.844	4.200	4.067	4.089
	N	45	45	45	45
	Std. Deviation	0.976	0.726	0.863	0.763
40 and above	Mean	4.000	4.179	3.795	4.000
	N	39	39	39	39
	Std. Deviation	1.051	0.756	1.151	1.124
Total	Mean	4.060	4.230	4.030	4.210
	N	300	300	300	300
	Std. Deviation	0.948	0.720	1.006	0.921

Table 4.5 presents the age-wise distribution of perceptions regarding Legal Protections and Recognition (LPR) among transgender individuals in Kerala. The mean scores across all age groups indicate an overall positive assessment, with values consistently above 3.79 across all four LPR indicators. The below 30 age group reported the highest mean score (4.309) for LPR2 (Laws and policies introduced by Kerala), indicating strong approval of policy measures among younger transgender individuals. However, this group showed a slightly lower mean score for LPR3 (3.955), suggesting some concerns about the effectiveness of legal frameworks in practice. The 30-35 age group reported relatively high mean values across all four variables, particularly in LPR4 (Experienced fewer instances of discrimination) with a mean of 4.358, indicating that this age group perceives the greatest impact of legal protections in reducing discrimination. The 35-40 age group had lower scores for LPR1 (Effective legal recognition) at 3.844, indicating that some in this category may face challenges in obtaining legal identity documents or recognition. Similarly, the 40 and above group had the lowest mean score for LPR3 (3.795), coupled with the highest standard deviation (1.151), suggesting greater variability in perceptions regarding the legal frameworks available to them. The standard deviations indicate that responses were consistent within each group, though higher variability was observed in LPR3 and LPR4 for older respondents. Overall, these findings suggest that younger individuals are more optimistic about legal protections, while older transgender individuals may have encountered more systemic challenges over time, requiring further policy enhancements and targeted interventions to ensure equitable legal recognition and protection across all age groups.

Table 4.6*Educational Qualification wise distribution of Legal Protections and Recognition*

Educational Qualification		LPR1	LPR2	LPR3	LPR4
Secondary education	Mean	4.011	4.179	3.795	4.214
	N	39	39	39	39
	Std. Deviation	1.051	0.756	1.151	1.124
Higher secondary education	Mean	4.377	4.396	4.283	4.604
	N	53	53	53	53
	Std. Deviation	0.596	0.793	0.794	0.531
Undergraduate degree	Mean	4.123	4.179	4.179	4.358
	N	106	106	106	106
	Std. Deviation	0.963	0.687	0.993	0.783
Postgraduate degree	Mean	3.853	4.216	3.833	3.931
	N	102	102	102	102
	Std. Deviation	0.999	0.698	1.016	1.027
Total	Mean	4.060	4.230	4.030	4.210
	N	300	300	300	300
	Std. Deviation	0.948	0.720	1.006	0.921

Table 4.6 presents the distribution of perceptions regarding Legal Protections and Recognition (LPR) based on educational qualifications among transgender individuals in Kerala. The highest mean scores across all four LPR variables were reported by respondents with higher secondary education, particularly for LPR4 (Experienced fewer instances of discrimination) with a mean of 4.604. This suggests that transgender individuals with a higher secondary education level perceive greater legal protection and reduced discrimination, possibly due to better awareness of policies and rights. Those with an undergraduate degree also reported consistently high scores across all LPR variables (above 4.1), indicating a strong belief in the effectiveness of legal frameworks and policies. In contrast, individuals with a postgraduate degree reported the lowest scores for LPR1 (Effective legal recognition, mean = 3.853) and LPR3 (Legal frameworks established by Kerala, mean = 3.833), suggesting that higher education levels might lead to a more critical evaluation of legal protections or heightened awareness of gaps in implementation. Meanwhile, respondents with only secondary education had the lowest score for LPR3 (mean = 3.795), indicating concerns

about the effectiveness of legal structures in ensuring their rights. The standard deviation values indicate moderate variability in responses, with the lowest variability observed in the higher secondary group, suggesting greater consensus within this category regarding the effectiveness of legal protections. Overall, the findings suggest that education plays a significant role in shaping perceptions of legal protections, with those having higher secondary and undergraduate education expressing more positive views, while postgraduate respondents exhibit more critical perspectives.

Table 4.7

Monthly Income Level wise distribution of Legal Protections and Recognition

Monthly Income Level		LPR1	LPR2	LPR3	LPR4
Below 10,000	Mean	3.844	4.200	4.067	4.089
	N	45	45	45	45
	Std. Deviation	0.976	0.726	0.863	0.763
10,000-20,000	Mean	4.321	4.294	4.349	4.495
	N	109	109	109	109
	Std. Deviation	0.679	0.820	0.750	0.647
20,000-30,000	Mean	3.906	4.156	3.719	3.938
	N	32	32	32	32
	Std. Deviation	1.118	0.767	1.198	1.190
Above 30,000	Mean	3.939	4.202	3.798	4.061
	N	114	114	114	114
	Std. Deviation	1.058	0.598	1.130	1.050
Total	Mean	4.060	4.230	4.030	4.210
	N	300	300	300	300
	Std. Deviation	0.948	0.720	1.006	0.921

Table 4.7 presents the distribution of perceptions regarding legal protections and recognition among transgender individuals in Kerala based on their monthly income levels. The results indicate that individuals earning between ₹10,000-₹20,000 reported the highest perception of legal protections, particularly in experiencing fewer instances of discrimination. This suggests that those in this income bracket may have better economic stability and access to legal resources, leading to a more positive outlook on legal protections. On the other hand,

transgender individuals earning between ₹20,000-₹30,000 reported the lowest perception regarding the effectiveness of legal frameworks established by the Kerala government, reflecting concerns about their implementation and accessibility. Those earning below ₹10,000 per month exhibited relatively lower scores across all variables, indicating potential economic vulnerability, limited access to legal assistance, and greater dependence on social welfare programs. Interestingly, individuals earning above ₹30,000 showed a more critical view of legal protections despite their financial independence, particularly regarding the effectiveness of legal frameworks and overall recognition. The variation in standard deviation values highlights differing levels of consensus within each income group, with those in the ₹10,000-₹20,000 range demonstrating the most agreement on the effectiveness of legal protections and reduced discrimination, while the ₹20,000-₹30,000 group exhibited more diverse opinions on legal frameworks. These findings suggest that perceptions of legal protections and recognition are significantly influenced by income levels, with moderate-income earners expressing the most confidence in existing legal provisions, whereas lower and higher-income groups appear more critical. The results underscore the necessity for income-specific policy interventions and targeted legal awareness programs to address disparities in legal recognition and discrimination experiences within the transgender community in Kerala.

Table 4.8

Normality of the distribution related to Legal Protections and Recognition

		LPR1	LPR2	LPR3	LPR4
N		300	300	300	300
Normal Parameters ^{a,b}	Mean	4.060	4.230	4.030	4.210
	Std. Deviation	0.948	0.720	0.776	0.921
Most Extreme Differences	Absolute	0.305	0.255	0.248	0.264
	Positive	0.195	0.255	0.168	0.196
	Negative	-0.305	-0.255	-0.248	-0.264
Test Statistic		0.305	0.255	0.248	0.264
Asymp. Sig. (2-tailed)		.000 ^c	.000 ^c	.000 ^c	.000 ^c

a. Test distribution is Normal.

b. Calculated from data.

c. Lilliefors Significance Correction.

Table 4.8 presents the normality test results for the distribution of variables related to Legal Protections and Recognition (LPR) using the Kolmogorov-Smirnov test with Lilliefors significance correction. The mean values for the variables range between 4.030 and 4.230, indicating an overall positive perception of legal protections among respondents. The standard deviation values, ranging from 0.720 to 0.948, suggest moderate variability in responses, with the lowest dispersion observed for LPR2 (laws and policies introduced by Kerala) and the highest for LPR1 (effective legal recognition). The absolute values of the most extreme differences in normality range from 0.248 to 0.305, indicating deviations from a perfectly normal distribution. The test statistics for all four variables are significant at $p = 0.000$, suggesting that the data does not follow a normal distribution. The presence of significant skewness and kurtosis could indicate that respondents' perceptions are either clustered toward specific response categories or influenced by external factors. The positive extreme differences, ranging from 0.168 to 0.255, indicate a slight right skew, whereas the negative values, between -0.248 and -0.305, confirm that deviations occur on both ends of the distribution. These findings suggest that the responses are not symmetrically distributed, likely due to variations in personal experiences, policy awareness, or socio-economic backgrounds among transgender individuals in Kerala. Since normality is a key assumption for parametric tests, the results indicate that non-parametric statistical methods may be more appropriate for further analysis of the impact of legal protections and recognition on transgender individuals' experiences.

H₀: There is no significant difference in Legal Protections and Recognition (LPR) among transgender individuals across different Age groups, Educational Qualification levels, and Monthly Income categories.

Table 4.9*Mean Rank of distribution related to Legal Protections and Recognition*

Age	N	Mean Rank
Effective legal recognition (LPR1)	Below 30	110
	30-35	106
	35-40	45
	40 and above	39
	Total	300
Laws and policies introduced by the Kerala (LPR2)	Below 30	110
	30-35	106
	35-40	45
	40 and above	39
	Total	300
Legal frameworks established by the Kerala (LPR3)	Below 30	110
	30-35	106
	35-40	45
	40 and above	39
	Total	300
Experienced fewer instances of discrimination (LPR4)	Below 30	110
	30-35	106
	35-40	45
	40 and above	39
	Total	300

Table 4.9 presents the mean ranks for the distribution of Legal Protections and Recognition across different age groups of transgender individuals. For Effective legal recognition, individuals in the 30-35 age group have the highest mean rank (157.04), followed by those below 30 (153.68), with those aged 35-40 having the lowest mean rank (129.03). Similarly, for Laws and policies introduced by Kerala, individuals below 30 have the highest mean rank (160.65), while the 30-35 age group has a relatively lower rank (143.88). When it comes to Legal frameworks established by Kerala, the 30-35 age group has the highest mean rank (165.87), while the below 30 group holds a lower rank (142.65). For the variable Experienced fewer instances of discrimination, individuals in the 30-35 age group again have the highest mean rank (161.95), with the 35-40 age group having the lowest rank (131.80). These

results suggest that the 30-35 age group consistently has higher rankings in certain aspects of legal recognition and protections, indicating potentially better experiences with the legal frameworks and policies, while the 35-40 age group reports comparatively lower recognition and fewer instances of discrimination.

Table 4.10

Kruskal-Wallis H test with respect of Age related to Legal Protections and Recognition

Test Statistics^{a,b}				
	LPR1	LPR2	LPR3	LPR4
Kruskal-Wallis				
H	4.211	2.945	6.652	5.760
Df	3	3	3	3
Asymp. Sig.	0.240	0.400	0.004	0.014

a. Kruskal Wallis Test

b. Grouping Variable: Age

Table 4.10 presents the Kruskal-Wallis H test results, which assess the differences in Legal Protections and Recognition (LPR) across various age groups. For the variable "Effective legal recognition (LPR1)," the Kruskal-Wallis H statistic is 4.211 with a significance value of 0.240, which is greater than the 0.05 threshold, suggesting that there are no significant differences in legal recognition across age groups. Similarly, for "Laws and policies introduced by Kerala (LPR2)," the Kruskal-Wallis H statistic is 2.945 with an asymptotic significance of 0.400, indicating no significant differences across the different age groups. However, for "Legal frameworks established by Kerala (LPR3)," the Kruskal-Wallis H statistic is 6.652, and the p-value is 0.004, which is less than 0.05, showing significant differences in the legal frameworks established by Kerala across the age groups. The same significance is observed for "Experienced fewer instances of discrimination (LPR4)," with a Kruskal-Wallis H statistic of 5.760 and an asymptotic significance of 0.014, indicating significant differences in the experiences of discrimination across age groups. These results suggest that while legal recognition and the introduction of laws and policies do not significantly differ by age, the experiences related to legal frameworks and discrimination vary significantly across different age groups in the transgender community.

Table 4.11

Mean Rank of Educational Qualification related to Legal Protections and Recognition

Educational Qualification		N	Mean Rank
Effective legal recognition (LPR1)	Secondary education	39	148.54
	Higher secondary education	53	175.26
	Undergraduate degree	106	157.04
	Postgraduate degree	102	131.59
	Total	300	
Laws and policies introduced by the Kerala (LPR2)	Secondary education	39	144.69
	Higher secondary education	53	173.62
	Undergraduate degree	106	143.88
	Postgraduate degree	102	147.59
	Total	300	
Legal frameworks established by the Kerala (LPR3)	Secondary education	39	132.77
	Higher secondary education	53	168.87
	Undergraduate degree	106	165.87
	Postgraduate degree	102	131.76
	Total	300	
Experienced fewer instances of discrimination (LPR4)	Secondary education	39	136.88
	Higher secondary education	53	184.21
	Undergraduate degree	106	161.95
	Postgraduate degree	102	126.29
	Total	300	

Table 4.11 presents the mean rank distribution of Legal Protections and Recognition (LPR) based on different levels of educational qualification. In terms of "Effective legal recognition (LPR1)," individuals with a higher secondary education have the highest mean rank (175.26), followed by those with an undergraduate degree (157.04), secondary education (148.54), and the lowest mean rank among postgraduate degree holders (131.59). For "Laws and policies introduced by Kerala (LPR2)," individuals with higher secondary education again have the highest mean rank (173.62), while those with a postgraduate degree (147.59), undergraduate degree (143.88), and secondary education (144.69) follow. In the case of "Legal frameworks established by Kerala (LPR3)," individuals with an undergraduate degree have the highest mean rank (165.87), closely followed by those with higher

secondary education (168.87), while those with a secondary education (132.77) and postgraduate degree (131.76) have lower ranks. Lastly, in terms of "Experienced fewer instances of discrimination (LPR4)," those with higher secondary education have the highest mean rank (184.21), followed by undergraduate degree holders (161.95), secondary education holders (136.88), and the lowest rank among postgraduate degree holders (126.29). These findings suggest that individuals with higher secondary education consistently report higher levels of legal recognition, better awareness of policies, and fewer experiences of discrimination, whereas postgraduate degree holders tend to report lower rankings across all aspects of legal protections and recognition. This variation indicates that educational background influences perceptions and experiences related to legal frameworks and discrimination within the transgender community.

Table 4.12

Kruskal-Wallis H Test with respect to Educational Qualification related to Legal Protections and Recognition

Test Statistics^{a,b}				
	LPR1	LPR2	LPR3	LPR4
Kruskal-Wallis				
H	11.693	5.731	13.691	21.914
Df	3	3	3	3
Asymp. Sig.	0.009	0.125	0.003	0.000

a. Kruskal Wallis Test

b. Grouping Variable: Educational Qualification

Table 4.12 presents the results of the Kruskal-Wallis H test, which examines whether there are significant differences in Legal Protections and Recognition (LPR) across different levels of educational qualification. The test statistic (H-value) for "Effective legal recognition (LPR1)" is 11.693, with a significance value (Asymp. Sig.) of 0.009, indicating a statistically significant difference among educational groups. For "Laws and policies introduced by Kerala (LPR2)," the H-value is 5.731 with a significance level of 0.125, suggesting no significant difference in this aspect based on educational qualification. In the case of "Legal frameworks established by Kerala (LPR3)," the H-value is 13.691, with a significance level of 0.003, indicating

a significant difference among groups. Lastly, for "Experienced fewer instances of discrimination (LPR4)," the H-value is 21.914, with a significance level of 0.000, demonstrating a highly significant difference among different educational levels. These findings suggest that individuals with varying educational qualifications perceive legal protections, recognition, and discrimination experiences differently, with more notable variations in legal recognition, established frameworks, and experiences of discrimination, while perceptions of laws and policies introduced by Kerala do not significantly differ across education levels.

Table 4.13

Mean Rank of Monthly Income Level related to Legal Protections and Recognition

Monthly Income Level		N	Mean Rank
Effective legal recognition (LPR1)	Below 10,000	45	129.03
	10,000-20,000	109	170.23
	20,000-30,000	32	141.69
	Above 30,000	114	142.58
	Total	300	
Laws and policies introduced by the Kerala (LPR2)	Below 10,000	45	146.33
	10,000-20,000	109	162.10
	20,000-30,000	32	142.16
	Above 30,000	114	143.39
	Total	300	
Legal frameworks established by the Kerala (LPR3)	Below 10,000	45	148.87
	10,000-20,000	109	175.20
	20,000-30,000	32	127.91
	Above 30,000	114	133.87
	Total	300	
Experienced fewer instances of discrimination (LPR4)	Below 10,000	45	131.80
	10,000-20,000	109	173.91
	20,000-30,000	32	133.77
	Above 30,000	114	140.20
	Total	300	

Table 4.13 presents the mean rank distribution of Legal Protections and Recognition across different monthly income levels. For effective legal recognition, individuals earning between 10,000 and 20,000 have the highest mean rank of

170.23, followed by those earning above 30,000 with a mean rank of 142.58, individuals earning between 20,000 and 30,000 with 141.69, and those earning below 10,000 with the lowest mean rank of 129.03. Regarding laws and policies introduced by Kerala, individuals in the 10,000 to 20,000 income group have the highest mean rank of 162.10, while those earning below 10,000, between 20,000 and 30,000, and above 30,000 have mean ranks of 146.33, 142.16, and 143.39, respectively. For legal frameworks established by Kerala, the highest mean rank is observed in the 10,000 to 20,000 income group at 175.20, while the income groups of below 10,000, 20,000 to 30,000, and above 30,000 have mean ranks of 148.87, 127.91, and 133.87, respectively. In terms of experiencing fewer instances of discrimination, individuals earning between 10,000 and 20,000 again report the highest mean rank of 173.91, while those earning below 10,000 have a mean rank of 131.80, individuals in the 20,000 to 30,000 range have a mean rank of 133.77, and those earning above 30,000 have a mean rank of 140.20. These results suggest that individuals in the 10,000 to 20,000 income perceive the highest levels of legal protections and recognition, whereas those with lower or higher incomes tend to have lower mean ranks, indicating variations in perceptions of legal frameworks, policies, and discrimination experiences across income levels.

Table 4.14

Kruskal-Wallis H with respect to Monthly Income Level related to Legal Protections and Recognition

Test Statistics^{a,b}				
	LPR1	LPR2	LPR3	LPR4
Kruskal-Wallis				
H	11.559	3.819	17.231	14.991
Df	3	3	3	3
Asymp. Sig.	0.009	0.282	0.001	0.002

a. Kruskal Wallis Test

b. Grouping Variable: Monthly Income Level

Table 4.14 presents the results of the Kruskal-Wallis H test examining the differences in Legal Protections and Recognition across various monthly income levels. The test statistic for effective legal recognition is 11.559 with a significance

value of 0.009, indicating a significant difference in perceptions of legal recognition among different income groups. For laws and policies introduced by Kerala, the test statistic is 3.819 with a significance value of 0.282, suggesting no significant difference among income groups regarding these policies. The test statistic for legal frameworks established by Kerala is 17.231 with a significance value of 0.001, showing a significant difference in how individuals from different income levels perceive the effectiveness of legal frameworks. The test statistic for experiencing fewer instances of discrimination is 14.991 with a significance value of 0.002, indicating a significant difference in reported experiences of discrimination based on income level. These results suggest that perceptions of legal recognition, legal frameworks, and experiences of discrimination vary significantly across income groups, while opinions on laws and policies remain relatively consistent regardless of income.

The study's findings indicate a significant difference in Legal Protections and Recognition (LPR) among transgender individuals across different age groups, educational qualification levels, and monthly income categories. The Kruskal-Wallis H test results demonstrate that perceptions of legal recognition, the effectiveness of legal frameworks, and experiences of discrimination vary significantly among these demographic factors. Younger individuals and those with higher educational qualifications tend to report stronger recognition of legal protections, while lower-income groups perceive fewer legal benefits and higher discrimination. These variations highlight the need for more inclusive policies and targeted legal interventions to ensure equitable protection and recognition for all transgender individuals, regardless of their demographic background.

4.3.2 Access to Services and Benefits (ASB)

Access to Services and Benefits (ASB) plays a crucial role in enhancing the well-being and social inclusion of transgender individuals by ensuring equitable access to essential resources. Adequate healthcare services (ASB1) are vital in addressing the unique medical and psychological needs of the transgender community, promoting overall health and quality of life. Educational programs and scholarships (ASB2) provide crucial support for academic advancement, enabling better career prospects

and financial independence. Employment opportunities and job reservations (ASB3) facilitate economic stability and reduce workplace discrimination, fostering professional growth. Additionally, access to housing and shelter provisions (ASB4) ensures a secure living environment, mitigating the risk of homelessness and social exclusion. Strengthening these services and benefits is essential for empowering transgender individuals and promoting their full participation in society.

Table 4.15

Descriptive Statistics related to Access to Services and Benefits

	Mean	Std. Deviation
Provides adequate healthcare services (ASB1)	4.190	1.076
Benefited from the educational programs and scholarships (ASB2)	3.290	1.440
Employment opportunities and job reservations (ASB3)	4.040	1.001
Accessed housing and shelter provisions (ASB4)	4.210	0.805

Table 4.15 presents the descriptive statistics related to Access to Services and Benefits among transgender individuals. The mean score for adequate healthcare services is 4.190 with a standard deviation of 1.076, indicating that respondents generally perceive healthcare accessibility as relatively high though responses vary. Educational programs and scholarships have a lower mean score of 3.290 with a standard deviation of 1.440, suggesting that transgender individuals experience comparatively fewer benefits from education-related support and responses are more dispersed. Employment opportunities and job reservations have a mean score of 4.040 with a standard deviation of 1.001, reflecting a generally positive perception of job-related support but with some variability. Housing and shelter provisions have the highest mean score of 4.210 with a standard deviation of 0.805, demonstrating that many respondents find access to housing support satisfactory with less variation in responses. These findings highlight the varying degrees of accessibility to essential services for transgender individuals, with educational benefits perceived as the least effective compared to other provisions.

Table 4.16*Age wise distribution of Access to Services and Benefits*

Age		ASB1	ASB2	ASB3	ASB4
Below 30	Mean	4.327	3.473	3.955	4.345
	N	110	110	110	110
	Std. Deviation	1.134	1.311	1.078	0.710
30-35	Mean	4.094	3.075	4.208	4.160
	N	106	106	106	106
	Std. Deviation	1.047	1.572	0.870	0.863
35-40	Mean	4.244	3.267	4.022	4.178
	N	45	45	45	45
	Std. Deviation	0.857	1.250	0.621	0.684
40 and above	Mean	4.000	3.385	3.846	4.000
	N	39	39	39	39
	Std. Deviation	1.192	1.583	1.368	0.973
Total	Mean	4.190	3.290	4.040	4.210
	N	300	300	300	300
	Std. Deviation	1.076	1.440	1.001	0.805

Table 4.16 presents the age-wise distribution of Access to Services and Benefits among transgender individuals. The mean score for adequate healthcare services is highest among those below 30 years at 4.327, followed by individuals aged 35-40 at 4.244, while the lowest mean score is observed in the 40 and above age group at 4.000. The highest standard deviation of 1.192 in the 40 and above group suggests greater variability in responses regarding healthcare services. Educational programs and scholarships show the highest mean score of 3.473 for individuals below 30, indicating relatively better access, whereas the 30-35 age group has the lowest mean of 3.075 with the highest standard deviation of 1.572, reflecting significant variation in responses. Employment opportunities and job reservations have the highest mean score in the 30-35 age group at 4.208, suggesting better employment access for this group, while the lowest score of 3.846 is seen in the 40 and above group, indicating comparatively fewer opportunities. Housing and shelter provisions have the highest mean score of 4.345 in the below 30 group, showing better access for younger transgender individuals, while the 40 and above group records the lowest mean of 4.000 with the highest standard deviation of 0.973, indicating variations in housing accessibility. The findings suggest

that younger transgender individuals report better access to healthcare, education, employment, and housing services, while older groups experience relatively lower levels of access and greater variability in responses.

Table 4.17

Educational Qualification wise distribution of Access to Services and Benefits

Educational Qualification		ASB1	ASB2	ASB3	ASB4
Secondary education	Mean	4.000	3.385	3.846	4.000
	N	39	39	39	39
	Std.				
	Deviation	1.192	1.583	1.368	0.973
Higher secondary education	Mean	4.792	3.736	4.245	4.491
	N	53	53	53	53
	Std.				
	Deviation	0.454	1.243	0.830	0.775
Undergraduate degree	Mean	4.094	3.075	4.208	4.160
	N	106	106	106	106
	Std.				
	Deviation	1.047	1.572	0.870	0.863
Postgraduate degree	Mean	4.049	3.245	3.833	4.196
	N	102	102	102	102
	Std.				
	Deviation	1.189	1.293	1.006	0.645
Total	Mean	4.190	3.290	4.040	4.210
	N	300	300	300	300
	Std.				
	Deviation	1.076	1.440	1.001	0.805

Table 4.17 presents the distribution of Access to Services and Benefits based on educational qualifications among transgender individuals. The highest mean score for adequate healthcare services is observed among individuals with higher secondary education at 4.792, while the lowest is in the secondary education group at 4.000, indicating that those with higher secondary education perceive better healthcare access. Educational programs and scholarships are most beneficial to those with higher secondary education, showing a mean score of 3.736, whereas individuals with an undergraduate degree report the lowest mean of 3.075, reflecting

variations in accessibility across education levels. Employment opportunities and job reservations are rated highest by those with higher secondary education at 4.245, suggesting better employment prospects for this group, while the lowest score is seen in the postgraduate degree category at 3.833, highlighting potential disparities in job accessibility. Housing and shelter provisions receive the highest rating from the higher secondary education group at 4.491, whereas individuals with secondary education report the lowest mean score of 4.000, indicating a perceived difference in housing support. The findings suggest that transgender individuals with higher secondary education experience better access to healthcare, education, employment, and housing benefits compared to those with other education levels, particularly those with only secondary education or postgraduate degrees.

Table 4.18

Monthly Income Level wise distribution of Access to Services and Benefits

Monthly Income Level		ASB1	ASB2	ASB3	ASB4
Below 10,000	Mean	4.244	3.267	4.022	4.178
	N	45	45	45	45
	Std. Deviation	0.857	1.250	0.621	0.684
10,000-20,000	Mean	4.459	3.642	4.303	4.294
	N	109	109	109	109
	Std. Deviation	0.834	1.316	0.822	0.875
20,000-30,000	Mean	3.969	3.313	3.781	3.969
	N	32	32	32	32
	Std. Deviation	1.257	1.533	1.362	0.999
Above 30,000	Mean	3.974	2.956	3.868	4.211
	N	114	114	114	114
	Std. Deviation	1.244	1.531	1.109	0.710
Total	Mean	4.190	3.290	4.040	4.210
	N	300	300	300	300
	Std. Deviation	1.076	1.440	1.001	0.805

Table 4.18 presents the distribution of Access to Services and Benefits based on monthly income levels among transgender individuals. The highest mean score for adequate healthcare services is reported by individuals earning between ₹ 10,000- ₹ 20,000 at 4.459, while the lowest is observed among those earning between

₹ 20,000-₹30,000 at 3.969, indicating a perception of better healthcare access among individuals with moderate income. Educational programs and scholarships are most beneficial to those earning between ₹10,000-₹20,000, showing a mean score of 3.642, whereas individuals earning above ₹30,000 report the lowest mean score of 2.956, reflecting disparities in educational support across income levels. Employment opportunities and job reservations receive the highest rating from individuals earning between ₹ 10,000 - ₹ 20,000 at 4.303, suggesting that those in this income group perceive better job accessibility, while the lowest rating is observed in the ₹ 20,000 - ₹ 30,000 income group at 3.781, indicating possible employment challenges for this category. Housing and shelter provisions are rated highest by individuals earning above ₹ 30,000 at 4.211, whereas the lowest score is seen in the ₹ 20,000 - ₹ 30,000 income group at 3.969, suggesting differences in access to housing benefits across income categories. The findings suggest that transgender individuals in the ₹ 10,000 - ₹ 20,000 income bracket experience the most favorable access to healthcare, education, and employment benefits, while those in the highest income category report lower benefits from educational programs.

Table 4.19

Normality of distribution related to Access to Services and Benefits

		ASB1	ASB2	ASB3	ASB4
N		300	300	300	300
Normal Parameters ^{a,b}	Mean	4.190	3.290	4.040	4.210
	Std. Deviation	1.076	1.440	1.001	0.805
Most Extreme Differences	Absolute	0.284	0.199	0.304	0.257
	Positive	0.226	0.174	0.176	0.213
	Negative	-0.284	-0.199	-0.304	-0.257
Test Statistic		0.284	0.199	0.304	0.257
Asymp. Sig. (2-tailed)		.000 ^c	.000 ^c	.000 ^c	.000 ^c

a. Test distribution is Normal.

b. Calculated from data.

c. Lilliefors Significance Correction.

Table 4.19 presents the normality test results for the distribution of Access to Services and Benefits (ASB) variables using the Kolmogorov-Smirnov test with Lilliefors significance correction. The sample size (N) for all variables is 300. The

mean values for the variables range from 3.290 for educational programs and scholarships (ASB2) to 4.210 for housing and shelter provisions (ASB4), with standard deviations varying between 0.805 and 1.440, indicating moderate dispersion in responses. The absolute most extreme differences for ASB1, ASB2, ASB3, and ASB4 are 0.284, 0.199, 0.304, and 0.257, respectively, with corresponding positive and negative deviations reflecting the extent of deviation from normality. The test statistic values confirm the non-normal distribution of all variables, with significance values of .000 for each, indicating a statistically significant deviation from normality at the 1% level. These results suggest that the data does not follow a normal distribution, necessitating the use of non-parametric tests for further analysis.

H₀: There is no significant difference in Access to Services and Benefits (ASB) among transgender individuals across different Age groups, Educational Qualification levels, and Monthly Income categories.

Table 4.20

Mean Rank of Age related to Access to Services and Benefits

Age	N	Mean Rank
Provides adequate healthcare services (ASB1)	Below 30	110
	30-35	106
	35-40	45
	40 and above	39
	Total	300
Benefited from the educational programs and scholarships (ASB2)	Below 30	110
	30-35	106
	35-40	45
	40 and above	39
	Total	300
Employment opportunities and job reservations (ASB3)	Below 30	110
	30-35	106
	35-40	45
	40 and above	39
	Total	300
Accessed housing and shelter provisions (ASB4)	Below 30	110
	30-35	106
	35-40	45
	40 and above	39
	Total	300

Table 4.20 presents the mean rank distribution of Access to Services and Benefits (ASB) across different age groups. For adequate healthcare services (ASB1), individuals below 30 years have the highest mean rank of 167.63, indicating a relatively better perception of healthcare accessibility compared to other age groups, while those aged 40 and above have the lowest mean rank of 137.23. In terms of benefiting from educational programs and scholarships (ASB2), individuals aged 40 and above report the highest mean rank of 160.00, followed closely by those below 30 years at 159.36, whereas the 30-35 age group has the lowest mean rank of 141.25. Employment opportunities and job reservations (ASB3) show a different trend, where the 30-35 age group has the highest mean rank of 163.21, indicating a better experience in accessing employment opportunities, whereas individuals aged 35-40 have the lowest mean rank of 135.10. For housing and shelter provisions (ASB4), the below 30 age group has the highest mean rank of 163.40, suggesting better access compared to other groups, while individuals aged 40 and above have the lowest mean rank of 133.46. These variations highlight differences in the perception and experience of accessing services and benefits among different age categories.

Table 4.21

Kruskal-Wallis H test with respect to Age related to Access to Services and Benefits

Test Statistics^{a,b}				
	ASB1	ASB2	ASB3	ASB4
Kruskal-Wallis H	8.420	3.432	4.867	5.423
Df	3	3	3	3
Asymp. Sig.	0.008	0.330	0.182	0.013

a. Kruskal Wallis Test

b. Grouping Variable: Age

Table 4.21 presents the results of the Kruskal-Wallis H test, which evaluates whether there are statistically significant differences in Access to Services and Benefits (ASB) across different age groups. For adequate healthcare services (ASB1), the test statistic is 8.420 with a significance value of 0.008, indicating a significant difference in perceptions of healthcare access among age groups. In the

case of benefiting from educational programs and scholarships (ASB2), the test statistic is 3.432 with a significance value of 0.330, suggesting no significant variation in educational benefits across different age categories. Employment opportunities and job reservations (ASB3) yield a test statistic of 4.867 with a significance value of 0.182, showing no statistically significant difference in employment access among age groups. For housing and shelter provisions (ASB4), the test statistic is 5.423 with a significance value of 0.013, indicating a significant difference in access to housing support among different age groups. These findings suggest that while healthcare services and housing provisions exhibit significant variation across age groups, educational programs and employment opportunities do not show statistically meaningful differences.

Table 4.22

Mean Rank of Educational Qualification related to Access to Services and Benefits

Educational Qualification		N	Mean Rank
Provides adequate healthcare services (ASB1)	Secondary education	39	137.23
	Higher secondary education	53	200.14
	Undergraduate degree	106	139.25
	Postgraduate degree	102	141.47
	Total	300	
Benefited from the educational programs and scholarships (ASB2)	Secondary education	39	160.00
	Higher secondary education	53	175.72
	Undergraduate degree	106	141.25
	Postgraduate degree	102	143.38
	Total	300	
Employment opportunities and job reservations (ASB3)	Secondary education	39	148.88
	Higher secondary education	53	165.78
	Undergraduate degree	106	163.21
	Postgraduate degree	102	129.97
	Total	300	
Accessed housing and shelter provisions (ASB4)	Secondary education	39	133.46
	Higher secondary education	53	183.81
	Undergraduate degree	106	146.89
	Postgraduate degree	102	143.46
	Total	300	

Table 4.22 presents the mean rank distribution of Access to Services and Benefits (ASB) based on educational qualifications. For adequate healthcare services (ASB1), individuals with higher secondary education have the highest mean rank of 200.14, while those with secondary education have the lowest at 137.23, suggesting that individuals with higher secondary education perceive greater access to healthcare services. In benefiting from educational programs and scholarships (ASB2), respondents with higher secondary education have the highest mean rank of 175.72, whereas those with an undergraduate degree have the lowest at 141.25, indicating that individuals with higher secondary education feel they benefit the most from these programs. Regarding employment opportunities and job reservations (ASB3), individuals with an undergraduate degree and higher secondary education report relatively higher mean ranks of 163.21 and 165.78, respectively, while those with a postgraduate degree have the lowest at 129.97, suggesting that postgraduate degree holders perceive fewer employment benefits. For housing and shelter provisions (ASB4), those with higher secondary education have the highest mean rank of 183.81, whereas respondents with secondary education have the lowest at 133.46, indicating that individuals with higher secondary education report better access to housing services. These results suggest that individuals with higher secondary education consistently report better access to services and benefits across different categories compared to other educational groups.

Table 4.23

Kruskal-Wallis H test with respect to Educational Qualification related to Access to Services and Benefits

Test Statistics^{a,b}				
	ASB1	ASB2	ASB3	ASB4
Kruskal-Wallis H	25.186	7.301	11.373	12.185
Df	3	3	3	3
Asymp. Sig.	0.000	0.063	0.010	0.007

a. Kruskal Wallis Test

b. Grouping Variable: Educational Qualification

Table 4.23 presents the results of the Kruskal-Wallis H test, which examines the differences in Access to Services and Benefits (ASB) based on educational qualifications. For adequate healthcare services (ASB1), the Kruskal-Wallis H value

is 25.186 with a significance level of 0.000, indicating a statistically significant difference in perceptions among different educational groups. In benefiting from educational programs and scholarships (ASB2), the H value is 7.301 with a significance level of 0.063, suggesting no statistically significant difference among the groups. For employment opportunities and job reservations (ASB3), the H value is 11.373 with a significance level of 0.010, indicating a significant difference in access to employment opportunities based on educational qualification. In the case of housing and shelter provisions (ASB4), the H value is 12.185 with a significance level of 0.007, showing a statistically significant difference among the groups. These findings suggest that perceptions of access to healthcare, employment opportunities, and housing services significantly vary based on educational qualifications, while access to educational programs and scholarships does not show a significant variation across the groups.

Table 4.24

Mean Rank of Monthly Income Level related to Access to Services and Benefits

Monthly Income Level		N	Mean Rank
Provides adequate healthcare services (ASB1)	Below 10,000	45	146.63
	10,000-20,000	109	170.03
	20,000-30,000	32	137.28
	Above 30,000	114	137.07
	Total	300	
Benefited from the educational programs and scholarships (ASB2)	Below 10,000	45	142.40
	10,000-20,000	109	171.20
	20,000-30,000	32	153.88
	Above 30,000	114	132.96
	Total	300	
Employment opportunities and job reservations (ASB3)	Below 10,000	45	135.10
	10,000-20,000	109	172.30
	20,000-30,000	32	142.06
	Above 30,000	114	138.11
	Total	300	
Accessed housing and shelter provisions (ASB4)	Below 10,000	45	142.23
	10,000-20,000	109	162.97
	20,000-30,000	32	131.38
	Above 30,000	114	147.21
	Total	300	

Table 4.24 presents the mean ranks of monthly income levels concerning access to services and benefits. For adequate healthcare services (ASB1), individuals earning between 10,000-20,000 have the highest mean rank of 170.03, indicating better perceived access, while those earning above 30,000 have the lowest mean rank of 137.07. In benefiting from educational programs and scholarships (ASB2), respondents in the 10,000-20,000-income group have the highest mean rank of 171.20, suggesting greater access, whereas those earning above 30,000 have the lowest mean rank of 132.96. Regarding employment opportunities and job reservations (ASB3), the 10,000-20,000-income group again shows the highest mean rank of 172.30, while the below 10,000 group has the lowest at 135.10. In accessing housing and shelter provisions (ASB4), respondents earning 10,000-20,000 have the highest mean rank of 162.97, whereas those in the 20,000-30,000-income category have the lowest mean rank of 131.38. These findings indicate that individuals with a monthly income between 10,000-20,000 perceive better access to various services and benefits, while those earning higher incomes, particularly above 30,000, tend to have lower mean ranks, reflecting comparatively lesser access or benefits.

Table 4.25

Kruskal-Wallis H test with respect to Income Level related to Access to Services and Benefits

Test Statistics^{a,b}				
	ASB1	ASB2	ASB3	ASB4
Kruskal-Wallis H	10.821	12.070	12.888	5.244
Df	3	3	3	3
Asymp. Sig.	0.013	0.007	0.005	0.155

a. Kruskal Wallis Test

b. Grouping Variable: Monthly Income Level

Table 4.25 presents the results of the Kruskal-Wallis H test conducted to examine differences in access to services and benefits based on monthly income levels. The test statistic for adequate healthcare services (ASB1) is 10.821 with a significance value of 0.013, indicating a statistically significant difference in perceptions across income groups. For benefiting from educational programs and scholarships (ASB2), the test statistic is 12.070 with a significance value of 0.007, suggesting a significant variation

among different income categories. Employment opportunities and job reservations (ASB3) show a test statistic of 12.888 with a significance value of 0.005, confirming significant differences based on income level. In contrast, access to housing and shelter provisions (ASB4) has a test statistic of 5.244 with a significance value of 0.155, indicating no statistically significant difference among income groups. These results highlight that income levels significantly influence access to healthcare, education, and employment benefits, whereas housing and shelter provisions do not exhibit a significant variation across different income categories.

The analysis reveals a significant difference in Access to Services and Benefits (ASB) among transgender individuals based on Age, Educational Qualification, and Monthly Income levels. The Kruskal-Wallis H test results indicate that perceptions of adequate healthcare services, educational program benefits, and employment opportunities vary significantly across different age groups, with younger individuals generally reporting higher access. Educational qualification also plays a crucial role, as individuals with higher secondary education tend to have better access to services compared to those with lower or higher degrees. Similarly, income disparities influence access to essential services, with lower-income groups often experiencing greater benefits from support programs, particularly in healthcare and education. However, access to housing and shelter provisions does not show a significant variation across different income levels.

4.3.3 Community Support and Advocacy Programs (CSAP)

Community Support and Advocacy Programs (CSAP) play a crucial role in fostering the empowerment and social inclusion of marginalized communities, particularly transgender individuals. These programs encompass a range of initiatives that facilitate access to essential resources, create awareness, and advocate for policy reforms to enhance their quality of life. Government support for community organizations (CSAP1) is fundamental in ensuring that grassroots-level interventions receive adequate funding and structural backing to implement welfare initiatives effectively. Programs or workshops organized (CSAP2) serve as platforms for skill development, awareness creation, and social integration, equipping

individuals with the necessary tools to navigate societal challenges. Community support programs provided by the Kerala government (CSAP3) highlight the state's commitment to enhancing the socio-economic well-being of transgender individuals by offering targeted schemes in education, healthcare, employment, and social security. Additionally, advocacy initiatives by the Kerala government (CSAP4) focus on policy-level interventions, legal protections, and public sensitization campaigns aimed at reducing stigma and discrimination. Together, these components contribute to a robust support system that fosters empowerment, social acceptance, and economic self-sufficiency for transgender individuals, reinforcing the importance of sustained governmental and community collaboration in driving meaningful change.

Table 4.26

Descriptive Statistics related to Community Support and Advocacy Programs

	Mean	Std. Deviation
Government supports community organizations (CSAP1)	3.930	1.109
Programs or workshops organized (CSAP2)	4.060	1.010
Community support programs provided by the Kerala government (CSAP3)	3.850	1.230
Advocacy initiatives by the Kerala government (CSAP4)	3.380	1.464

The descriptive statistics (Table 4.26) related to Community Support and Advocacy Programs (CSAP) provide insights into the perceived effectiveness of various initiatives aimed at supporting transgender individuals. The mean score for government support towards community organizations (CSAP1) is 3.930 with a standard deviation of 1.109, indicating a generally positive perception with moderate variation in responses. Programs or workshops organized (CSAP2) have the highest mean score of 4.060 with a standard deviation of 1.010, suggesting that respondents recognize these initiatives as beneficial with relatively lower variability in opinions. Community support programs provided by the Kerala government (CSAP3) show a mean of 3.850 with a standard deviation of 1.230, reflecting a favourable response with slightly higher dispersion among participants. Advocacy initiatives by the Kerala government (CSAP4) have the lowest mean score of 3.380 with the highest standard deviation of 1.464, indicating a comparatively lower level of satisfaction

and greater differences in perception among respondents. These findings suggest that while community support programs and workshops are well-received, advocacy efforts may require further strengthening to enhance their impact and reach.

Table 4.27

Age wise distribution of Community Support and Advocacy Programs

Age		CSAP1	CSAP2	CSAP3	CSAP4
Below 30	Mean	3.900	3.909	3.945	3.518
	N	110	110	110	110
	Std. Deviation	1.149	1.121	1.187	1.283
30-35	Mean	3.981	4.302	3.858	3.226
	N	106	106	106	106
	Std. Deviation	1.060	0.864	1.207	1.469
35-40	Mean	3.933	3.911	3.689	3.289
	N	45	45	45	45
	Std. Deviation	1.136	0.848	1.276	1.517
40 and above	Mean	3.872	4.000	3.744	3.513
	N	39	39	39	39
	Std. Deviation	1.128	1.124	1.371	1.833
Total	Mean	3.930	4.060	3.850	3.380
	N	300	300	300	300
	Std. Deviation	1.109	1.010	1.230	1.464

Table 4.27 presents the age-wise distribution of Community Support and Advocacy Programs (CSAP), highlighting differences in perceptions across various age groups regarding government and community-led initiatives. Respondents below the age of 30 have the highest mean score for community support programs provided by the Kerala government (CSAP3) at 3.945, while advocacy initiatives by the government (CSAP4) receive the lowest rating at 3.518. The age group of 30-35 exhibits the highest mean score for programs or workshops organized (CSAP2) at 4.302, indicating strong approval, whereas CSAP4 has the lowest score of 3.226. In the 35-40 age group, CSAP2 is rated at 3.911, while CSAP4 has the lowest mean score of 3.289, showing moderate satisfaction levels. Among respondents aged 40 and above, programs or workshops (CSAP2) receive the highest score at 4.000, while

CSAP4 is rated at 3.513. The overall mean scores indicate that programs and workshops (CSAP2) have the highest approval at 4.060, whereas advocacy initiatives (CSAP4) have the lowest at 3.380. The standard deviation values suggest variations in agreement, with higher dispersion observed in advocacy initiatives, particularly among older respondents, indicating differing perceptions regarding the effectiveness of government-led advocacy efforts.

Table 4.28

Educational Qualification wise distribution of Community Support and Advocacy Programs

Educational Qualification		CSAP1	CSAP2	CSAP3	CSAP4
Secondary education	Mean	3.872	4.000	3.744	3.513
	N	39	39	39	39
	Std. Deviation	1.128	1.124	1.371	1.833
Higher secondary education	Mean	4.226	4.226	4.151	3.660
	N	53	53	53	53
	Std. Deviation	0.954	0.847	0.864	1.108
Undergraduate degree	Mean	3.981	4.302	3.858	3.226
	N	106	106	106	106
	Std. Deviation	1.060	0.864	1.207	1.469
Postgraduate degree	Mean	3.745	3.745	3.725	3.343
	N	102	102	102	102
	Std. Deviation	1.200	1.105	1.344	1.459
Total	Mean	3.930	4.060	3.850	3.380
	N	300	300	300	300
	Std. Deviation	1.109	1.010	1.230	1.464

Table 4.28 presents the educational qualification-wise distribution of Community Support and Advocacy Programs (CSAP), showing variations in perceptions among individuals with different levels of education. Respondents with a higher secondary education have the highest mean score for government support to community organizations (CSAP1) at 4.226, while those with a postgraduate degree have the lowest at 3.745. Programs or workshops organized (CSAP2) receive the highest mean score of 4.302 among undergraduate degree holders, indicating strong approval, whereas postgraduate respondents rate it the lowest at 3.745.

Community support programs provided by the Kerala government (CSAP3) are rated highest by those with a higher secondary education at 4.151, while postgraduate respondents assign the lowest score of 3.725. Advocacy initiatives by the Kerala government (CSAP4) receive the highest rating of 3.660 from individuals with a higher secondary education, whereas undergraduate respondents rate it the lowest at 3.226. The total mean values indicate that CSAP2 has the highest overall approval at 4.060, while CSAP4 has the lowest at 3.380. Standard deviation values show greater variability in CSAP4, particularly among respondents with secondary education, suggesting differing perspectives on the effectiveness of government-led advocacy initiatives across educational levels.

Table 4.29

Monthly Income Level wise distribution of Community Support and Advocacy Programs

Monthly Income Level		CSAP1	CSAP2	CSAP3	CSAP4
Below 10,000	Mean	3.933	3.911	3.689	3.289
	N	45	45	45	45
	Std. Deviation	1.136	0.848	1.276	1.517
10,000-20,000	Mean	4.193	4.367	3.963	3.376
	N	109	109	109	109
	Std. Deviation	0.866	0.778	1.146	1.419
20,000-30,000	Mean	3.813	3.938	3.781	3.594
	N	32	32	32	32
	Std. Deviation	1.176	1.190	1.385	1.811
Above 30,000	Mean	3.711	3.860	3.825	3.360
	N	114	114	114	114
	Std. Deviation	1.239	1.143	1.250	1.390
Total	Mean	3.930	4.060	3.850	3.380
	N	300	300	300	300
	Std. Deviation	1.109	1.010	1.230	1.464

Table 4.29 presents the monthly income level-wise distribution of Community Support and Advocacy Programs (CSAP), highlighting variations in responses based on income categories. Respondents earning between 10,000 and 20,000 report the highest mean score of 4.193 for government support to community organizations

(CSAP1), while those earning above 30,000 assign the lowest score of 3.711. Programs or workshops organized (CSAP2) receive the highest rating of 4.367 from individuals in the 10,000-20,000-income group, whereas those earning above 30,000 give the lowest rating of 3.860. Community support programs provided by the Kerala government (CSAP3) are rated highest by respondents in the 10,000-20,000 categories at 3.963, while those earning below 10,000 give the lowest score of 3.689. Advocacy initiatives by the Kerala government (CSAP4) receive the highest rating of 3.594 from the 20,000-30,000-income group, whereas the lowest rating of 3.289 is recorded among individuals earning below 10,000. The total mean values indicate that CSAP2 has the highest overall approval at 4.060, while CSAP4 has the lowest at 3.380. Standard deviation values reveal that CSAP4 exhibits the greatest variability, particularly among respondents in the 20,000-30,000-income group, suggesting diverse opinions on the effectiveness of advocacy initiatives across different income levels.

Table 4.30

Normality of the distribution related to Community Support and Advocacy Programs

		CSAP1	CSAP2	CSAP3	CSAP4
N		300	300	300	300
Normal Parameters ^{a,b}	Mean	3.930	4.060	3.850	3.380
	Std. Deviation	1.109	1.010	1.230	1.464
Most Extreme Differences	Absolute	0.225	0.246	0.259	0.244
	Positive	0.167	0.176	0.175	0.178
	Negative	-0.225	-0.246	-0.259	-0.244
Test Statistic		0.225	0.246	0.259	0.244
Asymp. Sig. (2-tailed)		.000 ^c	.000 ^c	.000 ^c	.000 ^c

a. Test distribution is Normal.

b. Calculated from data.

c. Lilliefors Significance Correction.

Table 4.30 presents the normality test results for the distribution of responses related to Community Support and Advocacy Programs (CSAP). The analysis is based on a sample size of 300 for each variable. The mean scores indicate that programs or workshops organized (CSAP2) have the highest average rating of 4.060, while advocacy initiatives by the Kerala government (CSAP4) receive the lowest at 3.380. Standard

deviation values show that CSAP4 has the highest variability at 1.464, suggesting diverse opinions among respondents, while CSAP2 exhibits the lowest dispersion at 1.010. The absolute values of the most extreme differences range from 0.225 to 0.259, with CSAP3 showing the highest deviation at 0.259. The test statistic values confirm that all four variables deviate from normality, as indicated by their significance values of 0.000, which are below the standard threshold of 0.05. The Lilliefors Significance Correction further supports the rejection of the null hypothesis, indicating that the distribution of responses for all CSAP variables is not normally distributed.

H₀: There is no significant difference in Community Support and Advocacy Programs (CSAP) among transgender individuals across different Age groups, Educational Qualification levels, and Monthly Income categories.

Table 4.31

Mean Rank of Age wise distribution related to Community Support and Advocacy Programs

Age	N	Mean Rank
Government supports community organizations (CSAP1)	Below 30	148.75
	30-35	153.87
	35-40	151.00
	40 and above	145.69
	Total	300
Programs or workshops organized (CSAP2)	Below 30	140.03
	30-35	170.79
	35-40	129.70
	40 and above	148.88
	Total	300
Community support programs provided by the Kerala government (CSAP3)	Below 30	156.96
	30-35	150.16
	35-40	138.47
	40 and above	147.08
	Total	300
Advocacy initiatives by the Kerala government (CSAP4)	Below 30	153.94
	30-35	140.52
	35-40	146.43
	40 and above	172.62
	Total	300

Table 4.31 presents the mean rank distribution of responses related to Community Support and Advocacy Programs (CSAP) across different age groups. The ranking for government support to community organizations (CSAP1) is highest among respondents aged 30-35, with a mean rank of 153.87, while the lowest is observed among those aged 40 and above at 145.69. In the case of programs or workshops organized (CSAP2), respondents aged 30-35 have the highest mean rank of 170.79, while those aged 35-40 have the lowest at 129.70. Community support programs provided by the Kerala government (CSAP3) receive the highest mean rank from respondents below 30 years at 156.96, whereas the 35-40 age group records the lowest at 138.47. Advocacy initiatives by the Kerala government (CSAP4) are rated highest by respondents aged 40 and above, with a mean rank of 172.62, while the lowest ranking is observed among the 30-35 age group at 140.52. The variations in mean ranks across different age categories suggest differing perceptions of community support and advocacy initiatives, highlighting generational differences in experiences and expectations.

Table 4.32

Kruskal-Wallis H test with respect of Age related to Community Support and Advocacy Programs

Test Statistics^{a,b}				
	CSAP1	CSAP2	CSAP3	CSAP4
Kruskal-Wallis H	0.361	11.371	1.704	8.522
Df	3	3	3	3
Asymp. Sig.	0.948	0.010	0.636	0.004

a. Kruskal Wallis Test

b. Grouping Variable: Age

Table 4.32 presents the results of the Kruskal-Wallis H test, which examines the differences in perceptions of Community Support and Advocacy Programs (CSAP) across different age groups. The test statistic for government support to community organizations (CSAP1) is 0.361, with an asymptotic significance value of 0.948, indicating no significant difference among age groups. Programs or workshops organized (CSAP2) show a statistically significant difference across age groups, with a test statistic of 11.371 and an asymptotic significance of 0.010, suggesting variations in perceptions among different age categories. Community

support programs provided by the Kerala government (CSAP3) yield a test statistic of 1.704 with an asymptotic significance of 0.636, indicating no significant difference. Advocacy initiatives by the Kerala government (CSAP4) show a statistically significant difference among age groups, with a test statistic of 8.522 and an asymptotic significance of 0.004. These findings suggest that while perceptions of CSAP1 and CSAP3 remain consistent across age groups, significant differences exist in how different age groups perceive CSAP2 and CSAP4.

Table 4.33

Mean Rank of Educational Qualification wise distribution related to Community Support and Advocacy Programs

Educational Qualification		N	Mean Rank
Government supports community organizations (CSAP1)	Secondary education	39	145.69
	Higher secondary education	53	172.43
	Undergraduate degree	106	153.87
	Postgraduate degree	102	137.44
	Total	300	
Programs or workshops organized (CSAP2)	Secondary education	39	148.88
	Higher secondary education	53	161.71
	Undergraduate degree	106	170.79
	Postgraduate degree	102	124.21
	Total	300	
Community support programs provided by the Kerala government (CSAP3)	Secondary education	39	147.08
	Higher secondary education	53	164.88
	Undergraduate degree	106	150.16
	Postgraduate degree	102	144.69
	Total	300	
Advocacy initiatives by the Kerala government (CSAP4)	Secondary education	39	172.62
	Higher secondary education	53	159.19
	Undergraduate degree	106	140.52
	Postgraduate degree	102	147.90
	Total	300	

Table 4.33 presents the mean rank distribution of respondents' educational qualifications concerning various aspects of Community Support and Advocacy Programs (CSAP). For government support to community organizations (CSAP1), respondents with higher secondary education have the highest mean rank of 172.43,

followed by those with an undergraduate degree at 153.87, secondary education at 145.69, and postgraduate degree holders at 137.44, indicating that individuals with higher secondary education perceive the highest level of support. Regarding programs or workshops organized (CSAP2), undergraduate degree holders have the highest mean rank of 170.79, followed by those with higher secondary education at 161.71, secondary education at 148.88, and postgraduate degree holders at 124.21, suggesting that individuals with higher education levels perceive fewer organized programs. Community support programs provided by the Kerala government (CSAP3) show that those with higher secondary education have the highest mean rank of 164.88, followed by secondary education at 147.08, undergraduate degree at 150.16, and postgraduate degree at 144.69, reflecting a relatively balanced distribution of perceptions. Advocacy initiatives by the Kerala government (CSAP4) are perceived most favourably by individuals with secondary education, with a mean rank of 172.62, followed by those with higher secondary education at 159.19, postgraduate degree holders at 147.90, and undergraduate degree holders at 140.52, indicating that individuals with lower education levels perceive advocacy initiatives more positively.

Table 4.34

Kruskal-Wallis H test with respect of Educational Qualification related to Community Support and Advocacy Programs

Test Statistics^{a,b}				
	CSAP1	CSAP2	CSAP3	CSAP4
Kruskal-Wallis H	6.637	18.265	2.187	4.900
Df	3	3	3	3
Asymp. Sig.	0.014	0.000	0.535	0.179

a. Kruskal Wallis Test

b. Grouping Variable: Educational Qualification

Table 4.34 presents the results of the Kruskal-Wallis H test, examining the differences in perceptions of Community Support and Advocacy Programs (CSAP) based on respondents' educational qualifications. For government support to community organizations (CSAP1), the Kruskal-Wallis H value is 6.637 with a significance level of 0.014, indicating a statistically significant difference in perceptions among different educational groups. Programs or workshops organized

(CSAP2) show the highest Kruskal-Wallis H value of 18.265 with a significance level of 0.000, confirming a significant variation in perceptions based on educational qualifications. Community support programs provided by the Kerala government (CSAP3) have a Kruskal-Wallis H value of 2.187 with a significance level of 0.535, suggesting no statistically significant difference among educational groups. Advocacy initiatives by the Kerala government (CSAP4) have a Kruskal-Wallis H value of 4.900 with a significance level of 0.179, indicating no significant variation among the groups. The findings suggest that respondents' educational backgrounds significantly influence their perceptions of government support and the organization of programs or workshops, while differences in perceptions regarding community support programs and advocacy initiatives are not statistically significant.

Table 4.35

Mean Rank of Monthly Income Level wise distribution related to Community Support and Advocacy Programs

Monthly Income Level		N	Mean Rank
Government supports community organizations (CSAP1)	Below 10,000	45	151.00
	10,000-20,000	109	166.94
	20,000-30,000	32	142.34
	Above 30,000	114	136.87
	Total	300	
Programs or workshops organized (CSAP2)	Below 10,000	45	129.70
	10,000-20,000	109	175.02
	20,000-30,000	32	145.58
	Above 30,000	114	136.64
	Total	300	
Community support programs provided by the Kerala government (CSAP3)	Below 10,000	45	138.47
	10,000-20,000	109	157.02
	20,000-30,000	32	150.78
	Above 30,000	114	148.93
	Total	300	
Advocacy initiatives by the Kerala government (CSAP4)	Below 10,000	45	146.43
	10,000-20,000	109	148.37
	20,000-30,000	32	177.13
	Above 30,000	114	146.67
	Total	300	

Table 4.35 presents the mean rank distribution of responses regarding Community Support and Advocacy Programs (CSAP) based on different monthly income levels. For government support to community organizations (CSAP1), respondents earning between ₹ 10,000 - ₹ 20,000 have the highest mean rank of 166.94, while those earning above ₹30,000 have the lowest mean rank of 136.87. Programs or workshops organized (CSAP2) also show the highest mean rank of 175.02 for the ₹ 10,000 - ₹ 20,000 income group, whereas the lowest rank of 129.70 is observed in the below ₹ 10,000 income group. Community support programs provided by the Kerala government (CSAP3) have a relatively balanced distribution across income groups, with the highest mean rank of 157.02 in the ₹ 10,000-₹20,000 category and the lowest at 138.47 in the below ₹ 10,000 category. Advocacy initiatives by the Kerala government (CSAP4) show that respondents earning ₹20,000-₹30,000 have the highest mean rank of 177.13, whereas other income groups exhibit similar mean ranks, ranging between 146.43 and 148.37. The findings suggest that perceptions of government support and program organization are rated higher by individuals in the ₹ 10,000 - ₹ 20,000 income range, while variations in community support and advocacy initiatives are more evenly distributed among different income groups.

Table 4.36

Kruskal-Wallis H test with respect of Monthly Income Level related to Community Support and Advocacy Programs

Test Statistics^{a,b}				
	CSAP1	CSAP2	CSAP3	CSAP4
Kruskal-Wallis H	7.789	16.263	1.682	13.655
Df	3	3	3	3
Asymp. Sig.	0.051	0.001	0.641	0.001

a. Kruskal Wallis Test

b. Grouping Variable: Monthly Income Level

Table 4.36 presents the results of the Kruskal-Wallis H test, which examines whether there are significant differences in perceptions of Community Support and

Advocacy Programs (CSAP) among respondents with different monthly income levels. The test statistic for government support to community organizations (CSAP1) is 7.789 with a p-value of 0.051, indicating a marginally significant difference in responses across income groups. Programs or workshops organized (CSAP2) show a statistically significant difference with a test statistic of 16.263 and a p-value of 0.001, suggesting that perceptions vary notably among income groups. Community support programs provided by the Kerala government (CSAP3) yield a test statistic of 1.682 with a p-value of 0.641, implying no significant differences in responses based on income levels. Advocacy initiatives by the Kerala government (CSAP4) demonstrate a statistically significant difference with a test statistic of 13.655 and a p-value of 0.001, indicating variations in perception among different income groups. These results highlight that while perceptions of government support and community programs remain relatively uniform across income levels, significant differences exist in the perceived effectiveness of workshops and advocacy initiatives based on respondents' income.

The findings indicate a significant difference in perceptions of Community Support and Advocacy Programs (CSAP) among transgender individuals based on Age, Educational Qualification, and Monthly Income levels. The Kruskal-Wallis H test results reveal that perceptions of programs or workshops organized (CSAP2) and advocacy initiatives by the Kerala government (CSAP4) significantly vary across different age groups, highlighting generational differences in experiences and expectations. Similarly, educational qualification levels show a statistically significant difference in responses, particularly regarding government support for community organizations (CSAP1) and programs or workshops organized (CSAP2), suggesting that individuals with higher education levels may have different levels of awareness or engagement with these programs. Income level also plays a crucial role, with significant differences observed in perceptions of programs or workshops (CSAP2) and advocacy initiatives (CSAP4), indicating that financial stability may influence access to or reliance on support initiatives.

4.3.4 The Transgender Initiative Model of the Kerala Government

The Transgender Initiative Model of the Kerala Government represents a progressive approach to ensuring the rights, welfare, and social inclusion of transgender individuals. Recognizing the challenges faced by the transgender community, the government has implemented various policies focusing on legal protections, social welfare measures, and advocacy programs. The Transgender Policy of Kerala, introduced in 2015, was one of the first comprehensive state-level policies in India aimed at upholding the dignity and rights of transgender individuals. The policy emphasizes the necessity of legal recognition, non-discriminatory treatment, and equal access to opportunities. Legal Protections and Recognition (LPR) play a crucial role in this framework, as they establish the foundational rights of transgender individuals, including provisions for identity documents, anti-discrimination laws, and safeguards against social and economic exclusion. By ensuring legal recognition, the government aims to foster greater acceptance and integration of transgender individuals into mainstream society.

However, legal recognition alone is insufficient without access to essential services and benefits, which serve as the bridge between legal protections and tangible improvements in the lives of transgender individuals. Access to Services and Benefits (ASB) acts as a mediating variable in this model, representing the effectiveness of welfare measures such as healthcare, education, employment, and financial support. These services determine the extent to which transgender individuals can leverage legal protections to improve their socio-economic conditions. Ultimately, the success of these initiatives is reflected in Community Support and Advocacy Programs (CSAP), which act as the dependent variable in the model. These programs include awareness campaigns, capacity-building initiatives, and support networks that empower the transgender community. By performing Partial Least Squares Structural Equation Modelling (PLS-SEM) using Smart PLS software, this study will analyze the relationships between these variables to assess the effectiveness of the Kerala Government's transgender initiatives.

Normality of the Variables

Table 4.37

Univariate and Multivariate Normality of the Variables to Various Initiatives

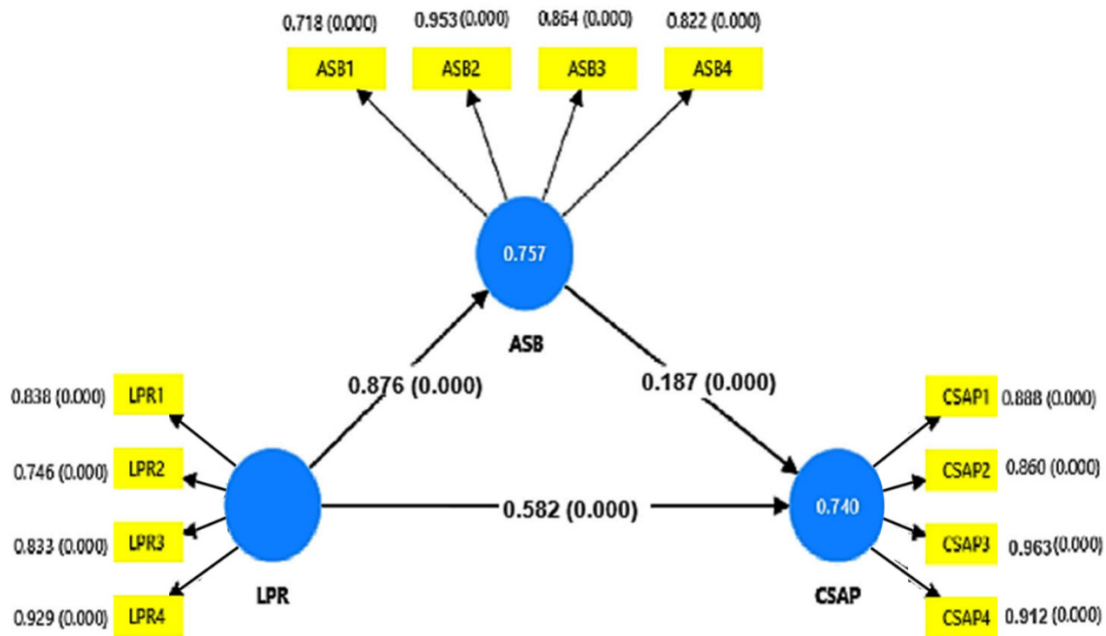
Variable	skew	c.r.	kurtosis	c.r.
LPR1	-2.928	-6.472	4.339	3.548
LPR2	-3.079	-5.854	5.345	6.152
LPR3	-3.230	-5.236	4.018	6.647
LPR4	-3.381	-4.618	4.246	-4.779
ASB1	-3.532	-4.000	4.086	3.456
ASB2	-3.683	-6.382	3.925	5.395
ASB3	-3.834	-5.764	5.765	6.119
ASB4	-3.985	-7.146	3.604	-5.156
CSAP1	-4.136	-4.528	3.444	8.121
CSAP2	-4.287	-6.910	3.283	4.345
CSAP3	-4.438	-7.292	3.123	12.294
CSAP4	-4.589	8.326	6.962	10.230
Multivariate			78.785	31.543

Table 4.37 presents the univariate and multivariate normality assessment of the variables related to various initiatives under the Transgender Policy by the Kerala Government. The table includes skewness, kurtosis, and their respective critical ratios (c.r.) for each observed variable across Legal Protections and Recognition (LPR), Access to Services and Benefits (ASB), and Community Support and Advocacy Programs (CSAP). Skewness measures the asymmetry of data distribution, while kurtosis assesses the peakedness or flatness of the distribution. The skewness values for all variables range from -2.928 to -4.589, indicating a left-skewed distribution, suggesting that responses tend to cluster towards higher values on the scale. The critical ratios for skewness exceed the threshold of ± 1.96 , confirming significant departures from normality. Similarly, the kurtosis values range from 3.123 to 6.962, with corresponding critical ratios

exceeding ± 1.96 for most variables, indicating that the data distributions are more peaked than a normal distribution. The multivariate normality assessment shows a multivariate skewness of 78.785 and a kurtosis value of 31.543, further confirming that the data violates the assumption of multivariate normality. Given these findings, the use of Partial Least Squares Structural Equation Modelling (PLS-SEM) is appropriate, as it does not assume normality and is robust to non-normal data distributions.

4.3.5 Bootstrapping of the Model

To ensure the robustness and reliability of the structural model assessing the impact of Legal Protections and Recognition (LPR) on Community Support and Advocacy Programs (CSAP) with Access to Services and Benefits (ASB) as a mediating variable, bootstrapping is performed using the bias-corrected percentile method with 5000 resamples in Smart PLS. Bootstrapping is a resampling technique that generates multiple subsamples from the original dataset to estimate the standard errors, confidence intervals, and significance of path coefficients in the model. The bias-corrected percentile method enhances the accuracy of confidence interval estimation by adjusting for skewness and bias in the resampling process. This approach ensures that the estimated relationships among variables are statistically reliable and minimizes potential errors due to non-normal data distribution. By generating 5000 bootstrap samples, the analysis achieves greater precision in hypothesis testing, allowing for a more comprehensive evaluation of the direct, indirect, and total effects of LPR on CSAP. This method is particularly suitable for PLS-SEM, which is robust against data non-normality and small sample sizes, thereby enhancing the validity of the model findings.

Figure 4.1*Transgender Initiative Model of the Government of Kerala*

4.3.6 Model Fit of Transgender Initiative Model of Kerala Government

The model fit measures presented in Table 4.38 evaluate the overall adequacy of the Transgender Initiative Model implemented by the Kerala government, which examines the relationship between Legal Protections and Recognition (LPR), Access to Services and Benefits (ASB), and Community Support and Advocacy Programs (CSAP). Assessing model fit is crucial in Partial Least Squares Structural Equation Modelling (PLS-SEM) to determine how well the proposed model aligns with the observed data. The Standardized Root Mean Square Residual (SRMR) provides an indication of model fitness by measuring the discrepancy between the observed and predicted correlations, with lower values suggesting a better fit. Additionally, the d_{ULS} (Unweighted Least Squares Discrepancy) and d_G (Geodesic Discrepancy) values help identify potential misspecifications in the model structure. The chi-square value further assesses the model's goodness-of-fit by comparing the actual and estimated covariance matrices. Lastly, the Normed Fit Index (NFI) evaluates the comparative fit of the model, where higher values indicate a better fit. These

measures collectively help validate the effectiveness of the proposed model in explaining the impact of transgender initiatives on community support and advocacy programs.

Table 4.38

Model Fit Measures related to Transgender Initiative Model

	Saturated model	Estimated model
SRMR	0.029	0.029
d_ULS	0.084	0.084
d_G	0.099	0.099
Chi-square	122.078	122.078
NFI	0.945	0.945

The model fit measures presented in Table 4.30 assess the adequacy of the Transgender Initiative Model implemented by the Kerala government. The Standardized Root Mean Square Residual (SRMR) value of 0.029 in both the saturated and estimated models indicates an excellent model fit, as values below 0.08 are generally considered acceptable. The d_ULS (Unweighted Least Squares Discrepancy) and d_G (Geodesic Discrepancy) values, both at 0.084 and 0.099, respectively, suggest minimal model misspecification, further supporting the model's suitability. The chi-square value of 122.078 reflects the discrepancy between the observed and model-implied covariance matrices, which is relatively low, indicating a well-fitting model. The Normed Fit Index (NFI) of 0.945 demonstrates a strong model fit, as values closer to 1 suggest a better fit. Overall, these fit indices confirm that the model adequately represents the relationship between Legal Protections and Recognition (LPR), Access to Services and Benefits (ASB), and Community Support and Advocacy Programs (CSAP), making it a reliable framework for understanding the impact of transgender policies in Kerala.

4.3.7 Transgender Initiative Model Validity and Reliability

Assessing the validity and reliability of the Transgender Initiative Model is essential to ensure the accuracy and consistency of the constructs used in the study.

Validity examines whether the model effectively measures the intended concepts, including convergent and discriminant validity, while reliability evaluates the internal consistency of the constructs through indicators such as Cronbach's alpha, composite reliability (CR), and average variance extracted (AVE). A robust validity and reliability assessment strengthens the credibility of the model, confirming that the relationships between Legal Protections and Recognition (LPR), Access to Services and Benefits (ASB), and Community Support and Advocacy Programs (CSAP) are statistically sound and meaningful in explaining the impact of government initiatives on the transgender community.

Table 4.39

Construct Reliability and Validity related to Transgender Initiative Model

	Cronbach's alpha	Composite reliability (rho_a)	Composite reliability (rho_c)	Average variance extracted (AVE)
ASB	0.771	0.795	0.853	0.594
CSAP	0.798	0.864	0.862	0.613
LPR	0.857	0.864	0.904	0.703

Table 4.39 presents the construct reliability and validity measures for the Transgender Initiative Model, evaluating the consistency and accuracy of the constructs: Legal Protections and Recognition (LPR), Access to Services and Benefits (ASB), and Community Support and Advocacy Programs (CSAP). Cronbach's alpha values for all three constructs exceed the acceptable threshold of 0.7, indicating strong internal consistency. Composite reliability (rho_c) values are also above 0.8, confirming the reliability of the constructs. The average variance extracted (AVE) values for ASB (0.594), CSAP (0.613), and LPR (0.703) surpass the minimum threshold of 0.5, demonstrating adequate convergent validity, meaning that the items within each construct effectively measure the same concept. These results affirm the reliability and validity of the model, ensuring that the constructs used in the analysis are robust and suitable for further structural equation modelling (SEM) analysis.

Table 4.40

Discriminant Validity Fornell Larker Criterion related to Transgender initiative Model

	ASB	CSAP	LPR
ASB	0.771		
CSAP	0.551	0.783	
LPR	0.670	0.667	0.839

Table 4.40 presents the Fornell-Larcker Criterion results, which evaluate the discriminant validity of the constructs: Access to Services and Benefits (ASB), Community Support and Advocacy Programs (CSAP), and Legal Protections and Recognition (LPR). The diagonal values in the table represent the square root of the Average Variance Extracted (AVE) for each construct, while the off-diagonal values indicate the correlation between constructs. For discriminant validity to be established, the diagonal values must be greater than the corresponding off-diagonal values in the same row and column. In this model, ASB has a square root of AVE of 0.771, CSAP has 0.783, and LPR has 0.839, all of which are greater than their correlations with other constructs. The correlation between ASB and CSAP is 0.551, between ASB and LPR is 0.670, and between CSAP and LPR is 0.667, which are all lower than the respective AVE values. These results confirm that each construct is distinct and does not have significant overlap with others, thereby ensuring the model's discriminant validity and reinforcing the structural soundness of the Transgender Initiative Model.

Path Values

Table 4.41

R- Square Overview of the Endogenous variables of the Transgender initiative Model

	R-square	R-square adjusted
ASB	0.757	0.756
CSAP	0.740	0.739

Table 4.41 presents the R-square and adjusted R-square values for the endogenous variables in the Transgender Initiative Model, specifically Access to

Services and Benefits (ASB) and Community Support and Advocacy Programs (CSAP). The R-square value indicates the proportion of variance in the dependent variables explained by the independent variables in the model. ASB has an R-square of 0.757, meaning that 75.7% of its variance is explained by Legal Protections and Recognition (LPR). Similarly, CSAP has an R-square of 0.740, indicating that 74.0% of its variance is explained by both LPR and ASB as predictor variables. The adjusted R-square values, which account for the number of predictors and sample size, are slightly lower but remain strong, with ASB at 0.756 and CSAP at 0.739. These high values suggest that the model demonstrates substantial explanatory power, indicating that the legal and service-based initiatives significantly contribute to community support and advocacy programs for transgender individuals in Kerala.

Table 4.42

Collinearity Statistics (VIF) - Outer Model related to Transgender Initiative Model

No.	Indicators	VIF
1	ASB1	1.352
2	ASB2	1.391
3	ASB3	2.011
4	ASB4	1.681
5	CSAP1	2.317
6	CSAP2	2.100
7	CSAP3	1.740
8	CSAP4	1.706
9	LPR1	2.181
10	LPR2	1.560
11	LPR3	2.383
12	LPR4	2.905

Table 4.42 presents the Variance Inflation Factor (VIF) values for the outer model of the Transgender Initiative Model, assessing collinearity among the indicators of Legal Protections and Recognition (LPR), Access to Services and Benefits (ASB), and Community Support and Advocacy Programs (CSAP). The VIF values indicate the extent to which an independent variable is correlated with other predictor variables, with values above 5 generally signalling high multicollinearity

concerns. In this model, the VIF values range from 1.352 to 2.905, all of which fall below the critical threshold of 5, suggesting that multicollinearity is not a significant issue. Among the indicators, LPR4 has the highest VIF (2.905), followed by LPR3 (2.383) and CSAP1 (2.317), indicating relatively higher but still acceptable correlations. The ASB indicators show the lowest VIF values, suggesting minimal collinearity within this construct. Overall, the results confirm that the model maintains statistical robustness, ensuring reliable estimates in the path analysis conducted through PLS-SEM.

Table 4.43

Collinearity Statistics (VIF) - Inner Model related to Transgender Initiative Model

Relationships	VIF
ASB -> CSAP	2.108
LPR -> ASB	1.258
LPR -> CSAP	2.136

Table 4.43 presents the Variance Inflation Factor (VIF) values for the inner model of the Transgender Initiative Model, assessing potential multicollinearity among the structural relationships. The VIF values indicate the extent to which predictor variables are correlated with each other, with a threshold of 5 generally used to detect multicollinearity concerns. In this model, the VIF values range from 1.258 to 2.136, all of which are well below the critical limit, indicating no serious collinearity issues. The relationship between Legal Protections and Recognition (LPR) and Access to Services and Benefits (ASB) has the lowest VIF value (1.258), suggesting minimal collinearity. The VIF values for the paths from LPR to Community Support and Advocacy Programs (CSAP) (2.136) and from ASB to CSAP (2.108) are slightly higher but still within the acceptable range, indicating a moderate correlation without redundancy. These results confirm that collinearity is not a concern in the inner model, ensuring stable and reliable path estimates in the PLS-SEM analysis.

4.3.8 Hypothetical Relationship of Transgender Initiative Model

Table 4.44

The hypothetical Direct relationship related to Transgender Initiative Model

	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (O/STDEV)	P values
ASB -> CSAP	0.187	0.659	0.084	2.226	0.000
LPR -> ASB	0.876	0.871	0.106	8.264	0.000
LPR -> CSAP	0.582	0.853	0.162	3.593	0.000

H₁: Access to Services and Benefits (ASB) has a significant positive effect on Community Support and Advocacy Programs (CSAP) of Transgenders.

The hypothesis states that Access to Services and Benefits (ASB) has a significant positive effect on Community Support and Advocacy Programs (CSAP) for transgender individuals. The path coefficient (O) is 0.187, indicating a positive relationship between ASB and CSAP. The sample mean (M) of 0.659 suggests consistency in the effect across resamples. The standard deviation (STDEV) of 0.084 reflects the variability of the coefficient estimate, while the T-statistic of 2.226, which exceeds the critical value of 1.96, confirms statistical significance. The p-value of 0.000, which is well below the 0.05 threshold, further validates that the relationship between ASB and CSAP is significant. These results suggest that improving access to services and benefits directly enhances the community support and advocacy programs available to transgender individuals, emphasizing the importance of policy measures that strengthen service accessibility.

H₁: Legal Protections and Recognition (LPR) has a significant positive effect on Access to Services and Benefits (ASB) of Transgenders.

The hypothesis posits that Legal Protections and Recognition (LPR) have a significant positive effect on Access to Services and Benefits (ASB) for transgender individuals. The path coefficient (O) of 0.876 indicates a strong positive relationship, suggesting that enhanced legal protections and recognition significantly improve access to essential services and benefits. The sample mean (M) of 0.871 reflects consistency in the effect across different resamples. The standard deviation (STDEV)

of 0.106 shows low variability in the coefficient estimate, reinforcing the reliability of the results. The T-statistic of 8.264, which is well above the critical threshold of 1.96, confirms strong statistical significance. Additionally, the p-value of 0.000 indicates that the relationship is highly significant. These findings highlight that robust legal frameworks and formal recognition of transgender rights play a crucial role in ensuring better access to healthcare, education, employment, and social welfare services, ultimately contributing to the well-being and inclusion of transgender individuals in society.

H₁: Legal Protections and Recognition (LPR) has a significant positive effect on Community Support and Advocacy Programs (CSAP) of Transgenders.

The hypothesis suggests that Legal Protections and Recognition (LPR) have a significant positive effect on Community Support and Advocacy Programs (CSAP) for transgender individuals. The path coefficient (O) of 0.582 indicates a strong and direct positive relationship, implying that improved legal protections and formal recognition significantly enhance community support and advocacy initiatives. The sample mean (M) of 0.853 shows consistency across different resampling iterations, while the standard deviation (STDEV) of 0.162 suggests moderate variability in the estimates. The t-statistic of 3.593, which exceeds the critical threshold of 1.96, confirms statistical significance, and the p-value of 0.000 strongly supports the validity of this relationship. These results indicate that when transgender individuals receive legal protections and formal recognition, it fosters greater institutional and societal support, leading to more effective advocacy programs and community initiatives aimed at their empowerment, social inclusion, and rights protection.

4.3.9 Mediation Effect Analysis Using Bootstrapping

To examine the mediating role of Access to Services and Benefits (ASB) in the relationship between Legal Protections and Recognition (LPR) and Community Support and Advocacy Programs (CSAP) for transgender individuals. Legal protections and formal recognition serve as fundamental enablers, ensuring that transgender individuals have access to essential services and benefits, such as healthcare, education, employment opportunities, and social welfare programs. In turn, improved access to these services

strengthens community engagement and advocacy efforts, creating a supportive environment for transgender individuals. By testing this mediation, the study seeks to determine whether ASB acts as a crucial link through which legal protections translate into enhanced community support and advocacy initiatives. To validate this hypothesis, bootstrapping with 5,000 resamples would be performed using Smart PLS. The bias-corrected percentile method would be employed to assess the indirect effect of LPR on CSAP via ASB. If the mediation effect is statistically significant, it will confirm that access to services and benefits plays a pivotal role in bridging legal protections with community-based advocacy efforts, ultimately fostering a more inclusive and supportive environment for the transgender community.

ME.H₁: Access to Services and Benefits (ASB) significantly mediates the relationship between Legal Protections and Recognition (LPR) and Community Support and Advocacy Programs (CSAP) of Transgenders.

Table 4.45

Total Effect of Legal Protections and Community Support and Advocacy Programs

	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (O/STDEV)	P values
LPR -> CSAP	0.746	0.747	0.162	4.605	0.000

Table 4.45 presents the total effect of Legal Protections and Recognition (LPR) on Community Support and Advocacy Programs (CSAP) for transgender individuals. The original sample value (O) of 0.746 indicates a strong positive relationship between LPR and CSAP, suggesting that greater legal protections and recognition directly contribute to enhanced community support and advocacy efforts. The sample mean (M) of 0.747 further reinforces the consistency of this effect across bootstrapped samples. With a standard deviation (STDEV) of 0.162, the variability in the estimate remains within an acceptable range, ensuring the reliability of the results. The T-statistic value of 4.605, which exceeds the conventional threshold of 1.96, confirms the statistical significance of the relationship. Additionally, the p-value of 0.000 strongly supports the hypothesis, indicating that the observed effect is highly significant and unlikely to be due to random chance.

Table 4.46

Indirect effect of Legal Protections and Community Support and Advocacy Programs through Access to Services and Benefits

	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (O/STDEV)	P values
LPR -> ASB -> CSAP	0.164	0.572	0.056	2.925	0.000

Table 4.46 examines the mediating role of Access to Services and Benefits (ASB) in the relationship between Legal Protections and Recognition (LPR) and Community Support and Advocacy Programs (CSAP) for transgender individuals. The original sample value (O) of 0.164 suggests that ASB partially mediates the impact of LPR on CSAP, meaning that The sample mean (M) of 0.572 indicates a consistent mediating effect across bootstrapped samples. With a standard deviation (STDEV) of 0.056, the estimates remain stable and reliable. The T-statistic value of 2.925, which exceeds the critical value of 1.96, confirms the statistical significance of the mediation effect. Additionally, the p-value of 0.000 strongly supports this hypothesis, reinforcing that ASB plays a crucial role in linking legal protections to improved community support structures. This finding highlights the importance of ensuring that legal frameworks are not only enacted but also effectively translated into accessible services and benefits, thereby fostering stronger advocacy and community engagement for transgender individuals.

Table 4.47

Types of Mediation and their Effects on Variable Relationships in the Legal Protections and Community Support and Advocacy Programs through Access to Services and Benefits

Effect	Original sample (O)	T statistics (O/STDEV)	P values	Mediation
Total Effect (LPR-> CSAP)	0.746	4.605	0.000	Complementary
Direct Effect (LPR-> CSAP)	0.582	3.593	0.000	Partial
Indirect Effect (LPR-> ASB-> CSAP)	0.164	2.925	0.000	Mediation

Table 4.47 presents the types of mediation and their effects on the relationship between Legal Protections and Recognition (LPR) and Community Support and

Advocacy Programs (CSAP) through the mediating variable, Access to Services and Benefits (ASB). The total effect of LPR on CSAP is 0.746, with a T-statistic of 4.605 and a highly significant p-value of 0.000, indicating that legal protections have a strong overall impact on community support initiatives. The direct effect of LPR on CSAP remains significant at 0.582, with a t-statistic of 3.593 and a p-value of 0.000, suggesting that even without mediation, legal protections independently contribute to community advocacy efforts. The indirect effect, which captures the mediating.

Section C

The awareness levels of the transgender community in Kerala regarding the state's empowerment initiatives

Objective 2: To measure the awareness levels of the transgender community in Kerala regarding the state's empowerment initiatives.

4.4 Introduction

The second objective aims to assess the awareness levels of the transgender community in Kerala regarding the various empowerment initiatives implemented by the state government. Kerala has been at the forefront of transgender welfare in India, introducing progressive policies, legal protections, and social support mechanisms to enhance their quality of life. However, the effectiveness of these initiatives largely depends on how well the transgender community is informed about them. This objective seeks to evaluate the extent to which transgender individuals are aware of the legal rights, social welfare schemes, healthcare benefits, skill development programs, and livelihood opportunities provided by the state. Measuring awareness levels will help identify gaps in information dissemination and accessibility, highlighting potential barriers such as lack of outreach, social stigma, digital divide, or bureaucratic complexities. The findings will provide valuable insights into whether these initiatives are reaching their intended beneficiaries and will help policymakers refine their communication strategies to ensure greater inclusivity and participation. By understanding awareness levels, the study can offer recommendations

for more effective advocacy, community engagement, and policy implementation to enhance the impact of Kerala's transgender empowerment initiatives.

Table 4.48

Descriptive Statistics of Awareness Level of Transgender Community

	Mean	Std. Deviation
I am aware of the legal recognition of gender identity and the specific laws and policies (ALTC1)	4.060	0.969
I have knowledge of the healthcare services and insurance schemes available (ALTC2)	4.200	0.722
I am informed about the educational programs, scholarships, and employment opportunities (ALTC3)	4.020	1.011
I am aware of the housing and shelter provisions provided by the Kerala government (ALTC4)	3.970	0.934
I know about the community organizations supported by the Kerala government (ALTC5)	4.060	0.948
I am aware of the programs and workshops organized by the Kerala (ALTC6)	4.230	0.720

Table 4.48 presents the descriptive statistics of the awareness levels among the transgender community in Kerala regarding various state-led empowerment initiatives. The mean values indicate the extent to which respondents are informed about specific programs, while the standard deviation reflects the variability in their responses. The highest awareness level is observed for the statement related to programs and workshops organized by the Kerala government, with a mean score of 4.230 and a standard deviation of 0.720, suggesting that a majority of respondents are well-informed about these initiatives with relatively low variation in responses. Similarly, knowledge of healthcare services and insurance schemes available has a high mean score of 4.200 and a low standard deviation of 0.722, indicating a consistent awareness level regarding healthcare provisions. Awareness of legal recognition, policies, and community organizations is also relatively high, both with a mean score of 4.060. However, awareness regarding housing and shelter provisions has the lowest mean score at 3.970, suggesting that information dissemination in this area may require further improvement. The standard deviation values across all statements range between 0.720 and 1.011, indicating moderate variation in

awareness levels within the transgender community. These findings highlight areas where awareness is strong, such as workshops, healthcare, and legal rights, while also pointing to potential gaps in information regarding housing and educational opportunities which may require targeted outreach efforts.

Table 4.49

Age wise distribution of Awareness Level of Transgender Community

Age		ALTC1	ALTC2	ALTC3	ALTC4	ALTC5	ALTC6
Below 30	Mean	4.082	4.255	3.927	3.927	4.109	4.309
	N	110	110	110	110	110	110
	Std.						
	Deviation	0.900	0.759	1.020	1.011	0.881	0.739
30-35	Mean	4.151	4.123	4.179	3.896	4.123	4.179
	N	106	106	106	106	106	106
	Std.						
	Deviation	1.003	0.700	0.993	1.004	0.963	0.687
35-40	Mean	3.844	4.200	4.067	4.222	3.844	4.200
	N	45	45	45	45	45	45
	Std.						
	Deviation	0.976	0.726	0.863	0.599	0.976	0.726
40 and above	Mean	4.000	4.256	3.795	4.000	4.000	4.179
	N	39	39	39	39	39	39
	Std.						
	Deviation	1.051	0.677	1.151	0.795	1.051	0.756
Total	Mean	4.060	4.200	4.020	3.970	4.060	4.230
	N	300	300	300	300	300	300
	Std.						
	Deviation	0.969	0.722	1.011	0.934	0.948	0.720

Table 4.49 presents the age-wise distribution of awareness levels among the transgender community in Kerala regarding various empowerment initiatives. The findings indicate that awareness levels vary across different age groups, with younger respondents (below 30) exhibiting the highest awareness of government-organized programs and workshops (mean 4.309), while older individuals (40 and above) demonstrate greater familiarity with healthcare services and insurance schemes (mean 4.256). The 30 to 35 age group shows balanced awareness across all

indicators, particularly in educational programs and employment opportunities (mean 4.179). Meanwhile, respondents aged 35 to 40 have the highest awareness of housing and shelter provisions (mean 4.222) but lower awareness of legal recognition and policies (mean 3.844). Overall, the total mean scores indicate that awareness is generally high, with programs and workshops receiving the highest score (mean 4.230) and housing and shelter provisions having the lowest (mean 3.970). The standard deviation values range from 0.599 to 1.151, reflecting moderate variations in responses. These findings suggest that targeted awareness campaigns could be beneficial, especially for older individuals and areas where awareness is relatively lower.

Table 4.50

Education Qualification wise distribution of Awareness Level of Transgender Community

Educational Qualification		ALTC1	ALTC2	ALTC3	ALTC4	ALTC5	ALTC6
Secondary education	Mean	4.000	4.256	3.795	4.000	4.000	4.179
	N	39	39	39	39	39	39
	Std. Deviation	1.051	0.677	1.151	0.795	1.051	0.756
Higher secondary education	Mean	4.377	4.396	4.283	4.019	4.377	4.396
	N	53	53	53	53	53	53
	Std. Deviation	0.596	0.793	0.794	1.101	0.596	0.793
Undergraduate degree	Mean	4.151	4.123	4.179	3.896	4.123	4.179
	N	106	106	106	106	106	106
	Std. Deviation	1.003	0.700	0.993	1.004	0.963	0.687
Postgraduate degree	Mean	3.824	4.157	3.804	4.010	3.853	4.216
	N	102	102	102	102	102	102
	Std. Deviation	1.009	0.714	1.025	0.814	0.999	0.698
Total	Mean	4.060	4.200	4.020	3.970	4.060	4.230
	N	300	300	300	300	300	300
	Std. Deviation	0.969	0.722	1.011	0.934	0.948	0.720

Table 4.50 presents the distribution of awareness levels among the transgender community in Kerala based on their educational qualifications. The data reveals that individuals with higher secondary education exhibit the highest awareness across most indicators, particularly in knowledge about legal recognition, community organizations, and government-organized programs (mean 4.396). Those with an

undergraduate degree demonstrate balanced awareness, with slightly lower scores in housing and shelter provisions (mean 3.896). Respondents with a postgraduate degree report relatively lower awareness in several areas, especially regarding educational programs and employment opportunities (mean 3.804), though they show better awareness of government-organized programs (mean 4.216). Those with only secondary education have moderate awareness, with a mean score of 4.000 in legal recognition and housing provisions but slightly lower awareness in employment opportunities (mean 3.795). The overall mean scores indicate that awareness levels are generally high, with the highest awareness seen in programs and workshops (mean 4.230) and the lowest in educational and employment opportunities (mean 4.020). The standard deviation values range from 0.596 to 1.151, indicating variations in responses, with higher deviations seen among those with postgraduate and secondary education. These findings suggest that awareness campaigns should be tailored to different educational groups, ensuring that individuals with lower educational qualifications receive more targeted information about empowerment initiatives.

Table 4.51

Monthly Income Level wise distribution of Awareness Level of Transgender Community

Monthly Income Level		ALTC1	ALTC2	ALTC3	ALTC4	ALTC5	ALTC6
Below 10,000	Mean	3.844	4.200	4.067	4.222	3.844	4.200
	N	45	45	45	45	45	45
	Std. Deviation	0.976	0.726	0.863	0.599	0.976	0.726
10,000-20,000	Mean	4.294	4.248	4.349	4.064	4.321	4.294
	N	109	109	109	109	109	109
	Std. Deviation	0.711	0.830	0.750	0.946	0.679	0.820
20,000-30,000	Mean	3.906	4.219	3.719	3.969	3.906	4.156
	N	32	32	32	32	32	32
	Std. Deviation	1.118	0.706	1.198	0.782	1.118	0.767
Above 30,000	Mean	3.965	4.149	3.772	3.781	3.939	4.202
	N	114	114	114	114	114	114
	Std. Deviation	1.096	0.613	1.137	1.037	1.058	0.598
Total	Mean	4.060	4.200	4.020	3.970	4.060	4.230
	N	300	300	300	300	300	300
	Std. Deviation	0.969	0.722	1.011	0.934	0.948	0.720

Table 4.51 presents the awareness levels of the transgender community in Kerala, categorized by their monthly income levels. The findings indicate variations in awareness across different income groups. Individuals earning between ₹ 10,000 and ₹20,000 exhibit the highest awareness across most parameters, with notable mean scores in knowledge about educational and employment opportunities (4.349), legal recognition (4.294), and government-supported community organizations (4.321). This group also has relatively lower standard deviation values, suggesting a more consistent level of awareness. Those earning below ₹ 10,000 demonstrate moderate awareness, with higher awareness in housing and shelter provisions (4.222) but slightly lower knowledge about legal recognition (3.844) and community organizations (3.844). Respondents with incomes between ₹ 20,000 and ₹ 30,000 show relatively lower awareness in educational and employment opportunities (3.719) but have a reasonable understanding of healthcare services (4.219). The highest income group, earning above ₹30,000, reports lower awareness in several categories, particularly in housing and shelter provisions (3.781) and employment opportunities (3.772), though they exhibit relatively better awareness of government-organized programs and workshops (4.202). The overall mean scores indicate that awareness is generally high, with the highest awareness in programs and workshops (4.230) and the lowest in employment opportunities (4.020). Standard deviation values are generally higher in the lower and higher income groups, reflecting greater variations in awareness levels within these categories. These findings suggest the need for targeted awareness campaigns, particularly for lower and higher income groups, to ensure equitable access to information regarding empowerment initiatives.

Table 4.52*Normality of the distribution related to Awareness Level of Transgender Community*

		ALTC1	ALTC2	ALTC3	ALTC4	ALTC5	ALTC6
N		300	300	300	300	300	300
Normal Parameters ^{a,b}	Mean	4.060	4.200	4.020	3.970	4.060	4.230
	Std. Deviation	0.969	0.722	1.011	0.933	0.948	0.720
Most Extreme Differences	Absolute	0.285	0.261	0.242	0.263	0.305	0.255
	Positive	0.175	0.259	0.166	0.187	0.195	0.255
	Negative	-0.285	-0.261	-0.242	-0.263	-0.305	-0.255
Test Statistic		0.285	0.261	0.242	0.263	0.305	0.255
Asymp. Sig. (2-tailed)		.000 ^c	.000 ^c	.000 ^c	.000 ^c	.000 ^c	.000 ^c

*a. Test distribution is Normal.**b. Calculated from data.**c. Lilliefors Significance Correction.*

Table 4.52 presents the normality test results for the distribution of awareness levels related to the transgender community. The table includes key statistical measures such as the mean, standard deviation, extreme differences, and the normality test statistics for six awareness level components (ALTC1 to ALTC6). The sample size for each component is 300. The mean awareness scores range from 3.970 (ALTC4) to 4.230 (ALTC6), indicating that, on average, respondents exhibit a relatively high awareness level. The standard deviation values vary between 0.720 (ALTC6) and 1.011 (ALTC3), suggesting some variability in responses, with ALTC3 showing the highest dispersion. The most extreme absolute differences range from 0.242 (ALTC3) to 0.305 (ALTC5), with negative values slightly larger than positive ones in all cases, indicating a leftward skewness. The test statistic values range from 0.242 to 0.305, with ALTC5 having the highest value, suggesting the greatest deviation from normality. The Asymptotic Significance (2-tailed) values for all six components are 0.000, which, with the Lilliefors Significance Correction, confirms that the data significantly deviates from a normal distribution. This suggests that awareness levels are not normally distributed, possibly due to underlying factors such as demographic differences, educational background, or socio-economic status.

H₀: There is no significant difference in Awareness Level of Transgender Community (ALTC) among transgender individuals across different Age groups, Educational Qualification levels, and Monthly Income categories.

Table 4.53

Mean Rank of Age wise distribution related to Awareness Level of Transgender Community

Age		N	Mean Rank
I am aware of the legal recognition of gender identity and the specific laws and policies (ALTC1)	Below 30	110	150.49
	30-35	106	160.66
	35-40	45	128.90
	40 and above	39	147.85
	Total	300	
I have knowledge of the healthcare services and insurance schemes available (ALTC2)	Below 30	110	157.93
	30-35	106	141.32
	35-40	45	149.73
	40 and above	39	155.38
	Total	300	
I am informed about the educational programs, scholarships, and employment opportunities (ALTC3)	Below 30	110	141.19
	30-35	106	166.65
	35-40	45	149.83
	40 and above	39	133.65
	Total	300	
I am aware of the housing and shelter provisions provided by the Kerala government (ALTC4)	Below 30	110	148.73
	30-35	106	145.63
	35-40	45	169.20
	40 and above	39	147.15
	Total	300	
I know about the community organizations supported by the Kerala government (ALTC5)	Below 30	110	153.68
	30-35	106	157.04
	35-40	45	129.03
	40 and above	39	148.54
	Total	300	
I am aware of the programs and workshops organized by the Kerala (ALTC6)	Below 30	110	160.65
	30-35	106	143.88
	35-40	45	146.33
	40 and above	39	144.69
	Total	300	

Table 4.53 presents the mean rank distribution of awareness levels regarding various aspects of transgender community support among different age groups. For awareness of legal recognition and policies (ALTC1), individuals aged 30-35 have the highest mean rank (160.66), followed by those below 30 (150.49), while the 35-40 age group has the lowest mean rank (128.90). In terms of knowledge about healthcare services and insurance schemes (ALTC2), transgender individuals below 30 have the highest mean rank (157.93), whereas those aged 30-35 have the lowest (141.32). Awareness of educational programs, scholarships, and employment opportunities (ALTC3) is highest among the 30-35 age group (166.65) and lowest among individuals aged 40 and above (133.65). Regarding knowledge about housing and shelter provisions provided by the Kerala government (ALTC4), the 35-40 age group has the highest mean rank (169.20), while the 30-35 age group has the lowest (145.63). Awareness of community organizations supported by the Kerala government (ALTC5) is highest among those aged 30-35 (157.04) and lowest among the 35-40 age group (129.03). Lastly, for awareness of programs and workshops organized by the Kerala government (ALTC6), individuals below 30 have the highest mean rank (160.65), whereas those aged 30-35 have the lowest (143.88). Overall, the results indicate variations in awareness levels across different age groups, with the 30-35 age group frequently showing higher awareness in multiple categories, while the 35-40 age group often has lower awareness levels.

Table 4.54

Kruskal-Wallis H test with respect of Age related to Awareness Level of Transgender Community

Test Statistics^{a,b}						
	ALTC1	ALTC2	ALTC3	ALTC4	ALTC5	ALTC6
Kruskal-Wallis						
H	4.995	2.605	7.236	4.898	4.211	2.945
Df	3	3	3	3	3	3
Asymp. Sig.	0.002	0.457	0.015	0.008	0.240	0.400

a. Kruskal Wallis Test

b. Grouping Variable: Age

Table 4.54 presents the results of the Kruskal-Wallis H test, which was conducted to examine whether there are statistically significant differences in

awareness levels of the transgender community across different age groups. The test statistics (H values) and corresponding significance levels (Asymp. Sig.) are reported for six awareness-related variables (ALTC1 to ALTC6). A significant difference is observed in awareness of legal recognition and policies with $H = 4.995$ and $p = 0.002$, indicating that awareness levels vary significantly across age groups. Similarly, awareness of educational programs, scholarships, and employment opportunities shows a significant difference with $H = 7.236$ and $p = 0.015$, and awareness of housing and shelter provisions provided by the Kerala government is also significant with $H = 4.898$ and $p = 0.008$. However, no significant differences are found in awareness of healthcare services and insurance schemes ($p = 0.457$), community organizations supported by the Kerala government ($p = 0.240$), and programs and workshops organized by the Kerala government ($p = 0.400$), as their p-values exceed the 0.05 threshold. These findings suggest that age plays a role in shaping awareness of certain aspects of transgender rights and services, particularly legal recognition, education, and housing provisions, while other areas remain consistent across different age groups.

Table 4.55

Mean Rank of Educational Qualification wise distribution related to Awareness Level of Transgender Community

Educational Qualification		N	Mean Rank
I am aware of the legal recognition of gender identity and the specific laws and policies (ALTC1)	Secondary education	39	147.85
	Higher secondary education	53	174.13
	Undergraduate degree	106	160.66
	Postgraduate degree	102	128.68
	Total	300	
I have knowledge of the healthcare services and insurance schemes available (ALTC2)	Secondary education	39	155.38
	Higher secondary education	53	177.02
	Undergraduate degree	106	141.32
	Postgraduate degree	102	144.40
	Total	300	
I am informed about the educational programs, scholarships, and employment opportunities (ALTC3)	Secondary education	39	133.65
	Higher secondary education	53	169.63
	Undergraduate degree	106	166.65
	Postgraduate degree	102	130.22
	Total	300	

Educational Qualification		N	Mean Rank
I am aware of the housing and shelter provisions provided by the Kerala government (ALTC4)	Secondary education	39	147.15
	Higher secondary education	53	162.08
	Undergraduate degree	106	145.63
	Postgraduate degree	102	150.82
	Total	300	
I know about the community organizations supported by the Kerala government (ALTC5)	Secondary education	39	148.54
	Higher secondary education	53	175.26
	Undergraduate degree	106	157.04
	Postgraduate degree	102	131.59
	Total	300	
I am aware of the programs and workshops organized by the Kerala (ALTC6)	Secondary education	39	144.69
	Higher secondary education	53	173.62
	Undergraduate degree	106	143.88
	Postgraduate degree	102	147.59
	Total	300	

Table 4.55 presents the mean rank distribution of awareness levels related to the transgender community based on educational qualifications. It categorizes respondents into four groups: those with secondary education, higher secondary education, an undergraduate degree, and a postgraduate degree. The data indicates that individuals with higher secondary education generally exhibit the highest awareness across most categories. For instance, in terms of awareness of legal recognition and specific laws (ALTC1), those with higher secondary education have the highest mean rank (174.13), followed by undergraduate degree holders (160.66), while postgraduate degree holders have the lowest (128.68). A similar pattern is observed in awareness of healthcare services and insurance schemes (ALTC2), where higher secondary education holders again rank highest (177.02), while postgraduate respondents have a comparatively lower mean rank (144.40). Awareness of educational programs, scholarships, and employment opportunities (ALTC3) is highest among those with higher secondary education (169.63) and undergraduate degree holders (166.65), while postgraduate degree holders rank lowest (130.22). Housing and shelter provisions awareness (ALTC4) shows a relatively even distribution, with postgraduate holders having a slightly higher mean rank (150.82) compared to others. Awareness of community organizations (ALTC5)

follows a similar trend, with higher secondary education holders scoring highest (175.26) and postgraduate degree holders the lowest (131.59). Awareness of programs and workshops organized by the Kerala government (ALTC6) does not show a strong variation among the groups, with mean ranks relatively close. These findings suggest that awareness is higher among those with higher secondary and undergraduate education, while postgraduate respondents, despite higher academic qualifications, exhibit lower awareness levels across several categories, possibly due to differences in exposure, engagement, or focus areas of study.

Table 4.56

Kruskal-Wallis H test with respect of Educational Qualification related to Awareness Level of Transgender Community

Test Statistics^{a,b}						
	ALTC1	ALTC2	ALTC3	ALTC4	ALTC5	ALTC6
Kruskal-Wallis H	13.863	8.309	15.000	1.532	11.693	5.731
Df	3	3	3	3	3	3
Asymp. Sig.	0.003	0.040	0.002	0.675	0.009	0.125

a. Kruskal Wallis Test

b. Grouping Variable: Educational Qualification

Table 4.56 presents the results of the Kruskal-Wallis H test, which examines whether there are significant differences in awareness levels regarding transgender-related issues among respondents with different educational qualifications. The test statistics (H values) and their corresponding asymptotic significance (p-values) are reported for each awareness category (ALTC1 to ALTC6). The findings indicate significant differences in awareness levels for legal recognition and policies (ALTC1, $p = 0.003$), healthcare services and insurance schemes (ALTC2, $p = 0.040$), educational programs and employment opportunities (ALTC3, $p = 0.002$), and community organizations supported by the Kerala government (ALTC5, $p = 0.009$). These p-values are below the conventional significance threshold of 0.05, suggesting that awareness levels in these aspects vary significantly across different educational qualification groups. However, for awareness of housing and shelter provisions (ALTC4, $p = 0.675$) and programs and workshops organized by the Kerala government (ALTC6, $p = 0.125$), the p-values are greater than 0.05, indicating no

significant difference in awareness levels across educational qualification groups for these categories. Overall, the results suggest that education plays a role in shaping awareness in some areas, particularly legal rights, healthcare, education, and community organizations, while in other areas like housing and government programs, awareness levels remain relatively uniform across different educational backgrounds.

Table 4.57

Mean Rank of Monthly Income Level wise distribution related to Awareness Level of Transgender Community

	Monthly Income Level	N	Mean Rank
I am aware of the legal recognition of gender identity and the specific laws and policies (ALTC1)	Below 10,000	45	128.90
	10,000-20,000	109	166.79
	20,000-30,000	32	141.13
	Above 30,000	114	146.08
	Total	300	
I have knowledge of the healthcare services and insurance schemes available (ALTC2)	Below 10,000	45	149.73
	10,000-20,000	109	160.27
	20,000-30,000	32	151.44
	Above 30,000	114	141.20
	Total	300	
I am informed about the educational programs, scholarships, and employment opportunities (ALTC3)	Below 10,000	45	149.83
	10,000-20,000	109	175.93
	20,000-30,000	32	128.80
	Above 30,000	114	132.54
	Total	300	
I am aware of the housing and shelter provisions provided by the Kerala government (ALTC4)	Below 10,000	45	169.20
	10,000-20,000	109	160.20
	20,000-30,000	32	143.70
	Above 30,000	114	135.75
	Total	300	
I know about the community organizations supported by the Kerala government (ALTC5)	Below 10,000	45	129.03
	10,000-20,000	109	170.23
	20,000-30,000	32	141.69
	Above 30,000	114	142.58
	Total	300	
I am aware of the programs and workshops organized by the Kerala (ALTC6)	Below 10,000	45	146.33
	10,000-20,000	109	162.10
	20,000-30,000	32	142.16
	Above 30,000	114	143.39
	Total	300	

Table 4.57 presents the mean rank distribution of awareness levels regarding transgender-related issues across different monthly income categories. The table categorizes respondents into four income groups: below ₹ 10,000, ₹ 10,000 – ₹ 20,000, ₹ 20,000 – ₹ 30,000, and above ₹ 30,000, and compares their awareness levels across six specific areas (ALTC1 to ALTC6). The results indicate that respondents earning between ₹10,000 and ₹20,000 consistently have the highest awareness across most categories, including legal recognition and policies (ALTC1, mean rank = 166.79), educational programs and employment opportunities (ALTC3, mean rank = 175.93), housing and shelter provisions (ALTC4, mean rank = 160.20), and community organizations (ALTC5, mean rank = 170.23). In contrast, respondents earning below ₹ 10,000 exhibit higher awareness in certain areas, such as housing provisions (ALTC4, mean rank = 169.20), but have lower awareness levels in other aspects, such as legal recognition (ALTC1, mean rank = 128.90) and community organizations (ALTC5, mean rank = 129.03). The highest income group (above ₹ 30,000) generally has lower mean ranks across all categories, suggesting relatively lower awareness levels compared to the middle-income groups. These findings indicate that awareness of transgender-related policies and services is more prevalent among individuals in the middle-income range, while those in lower and higher income brackets demonstrate comparatively lower awareness in specific areas.

Table 4.58

Kruskal-Wallis H test with respect of Monthly Income Level related to Awareness Level of Transgender Community

Test Statistics^{a,b}						
	ALTC1	ALTC2	ALTC3	ALTC4	ALTC5	ALTC6
Kruskal-Wallis H	8.525	3.315	18.346	7.962	11.559	3.819
Df	3	3	3	3	3	3
Asymp. Sig.	0.036	0.346	0.000	0.047	0.009	0.282

a. Kruskal Wallis Test

b. Grouping Variable: Monthly Income Level

Table 4.58 presents the results of the Kruskal-Wallis H test, which examines whether awareness levels regarding transgender-related issues significantly differ

across different monthly income groups. The test was conducted for six awareness-related variables (ALTC1 to ALTC6) using monthly income as the grouping variable. The results show statistically significant differences in awareness levels for ALTC1 (legal recognition and policies, $H = 8.525$, $p = 0.036$), ALTC3 (educational programs and employment opportunities, $H = 18.346$, $p = 0.000$), ALTC4 (housing and shelter provisions, $H = 7.962$, $p = 0.047$), and ALTC5 (community organizations, $H = 11.559$, $p = 0.009$), as their p -values are below the 0.05 significance threshold. This suggests that income level significantly influences awareness in these areas. However, no significant differences were observed for ALTC2 (healthcare services and insurance schemes, $p = 0.346$) and ALTC6 (programs and workshops, $p = 0.282$), indicating that awareness levels in these aspects do not vary significantly among income groups. These findings suggest that economic factors may play a crucial role in shaping awareness regarding legal rights, employment opportunities, and community support systems, while knowledge of healthcare services and workshops appears to be more evenly distributed across income groups.

The Kruskal-Wallis H test results reveal a significant difference in the Awareness Level of the Transgender Community (ALTC) among transgender individuals based on age groups, educational qualification levels, and monthly income categories. The statistical analysis shows that certain aspects of awareness, such as legal recognition, educational opportunities, and community support, vary significantly across these demographic factors. This suggests that factors like age, education, and income influence the extent of knowledge and awareness among transgender individuals.

4.4.1 Model Regarding the Awareness Levels of the Transgender Community in Kerala Regarding the State's Empowerment Initiatives (Awareness to Initiative Model)

The proposed model aims to analyse the Awareness Levels of the Transgender Community (ALTC) in Kerala concerning the state's empowerment initiatives by examining the influence of three key independent variables: Legal Protections and Recognition (LPR), Accessibility of Service Benefits (ASB), and Community Support and Advocacy Programs (CSAP). LPR represents awareness of legal rights,

gender identity recognition, and policy frameworks enacted to protect transgender individuals. ASB encompasses knowledge of healthcare services, housing provisions, employment opportunities, scholarships, and welfare schemes designed to support the community. CSAP reflects awareness of government-backed community organizations, workshops, and advocacy initiatives promoting transgender rights and social integration. The dependent variable, ALTC, measures the overall awareness level of transgender individuals regarding these empowerment efforts. By utilizing statistical modelling techniques, the study seeks to determine the extent to which LPR, ASB, and CSAP influence ALTC, thereby identifying gaps in awareness and suggesting targeted policy interventions to enhance the effectiveness of state-led initiatives for transgender empowerment in Kerala.

4.4.2 Normality of the Variables

Table 4.59

Univariate and Multivariate Normality of Variables related Awareness to Initiatives

Variable	skew	c.r.	Kurtosis	c.r.
LPR1	-3.683	-6.382	4.086	5.395
LPR2	-3.834	-5.764	3.925	6.119
LPR3	-3.985	-5.146	5.765	-5.156
LPR4	-4.136	-4.528	6.271	-4.779
ASB1	-4.287	-4.910	7.111	3.456
ASB2	-4.438	-3.292	7.950	5.395
ASB3	-4.589	-2.674	8.790	6.119
ASB4	-4.740	-3.056	9.629	-5.156
CSAP1	-4.891	-6.438	5.765	8.121
CSAP2	-5.042	-5.820	6.271	-3.292
CSAP3	-5.193	-4.202	7.111	-3.674
CSAP4	-5.344	4.416	7.728	-4.056
ALTC1	-5.495	3.034	8.401	-6.438
ALTC2	-5.646	4.652	9.073	-5.820
ALTC3	-5.797	5.270	9.746	6.124
ALTC4	-5.948	6.888	8.419	5.416
ALTC5	-6.099	4.506	7.092	5.034
ALTC6	-6.250	5.124	9.765	4.652
Multivariate			101.235	46.374

Table 4.59 presents the results of the univariate and multivariate normality assessment for the variables related to awareness of transgender empowerment initiatives. The table includes skewness and kurtosis values, along with their respective critical ratios (c.r.), for each observed variable under the three independent constructs: Legal and Policy Recognition (LPR), Accessibility of Social Benefits (ASB), and Community Support and Advocacy Programs (CSAP), as well as the dependent variable Awareness Level of the Transgender Community (ALTC). Skewness measures the asymmetry of the data distribution, while kurtosis indicates the degree of peakedness or flatness relative to a normal distribution. The skewness values for all variables are negative, suggesting that the data distributions are skewed to the left, meaning a higher frequency of responses fall towards the higher awareness level. The kurtosis values vary, with most being positive, indicating that the distributions are more peaked than a normal distribution. The critical ratio (c.r.) values exceeding ± 1.96 suggest significant deviations from normality. The multivariate normality value is 101.235, with a critical ratio of 46.374, which further confirms that the dataset exhibits multivariate non-normality. Due to this violation of normality assumptions, bootstrapping was performed to enhance the robustness of statistical analyses. Bootstrapping, a resampling technique, helps in estimating more accurate standard errors and confidence intervals, thereby ensuring that results remain reliable despite the lack of normal distribution in the data. This approach is particularly useful in Structural Equation Modelling (SEM), where Maximum Likelihood Estimation (MLE) is adjusted for non-normality to improve model validity and inference accuracy.

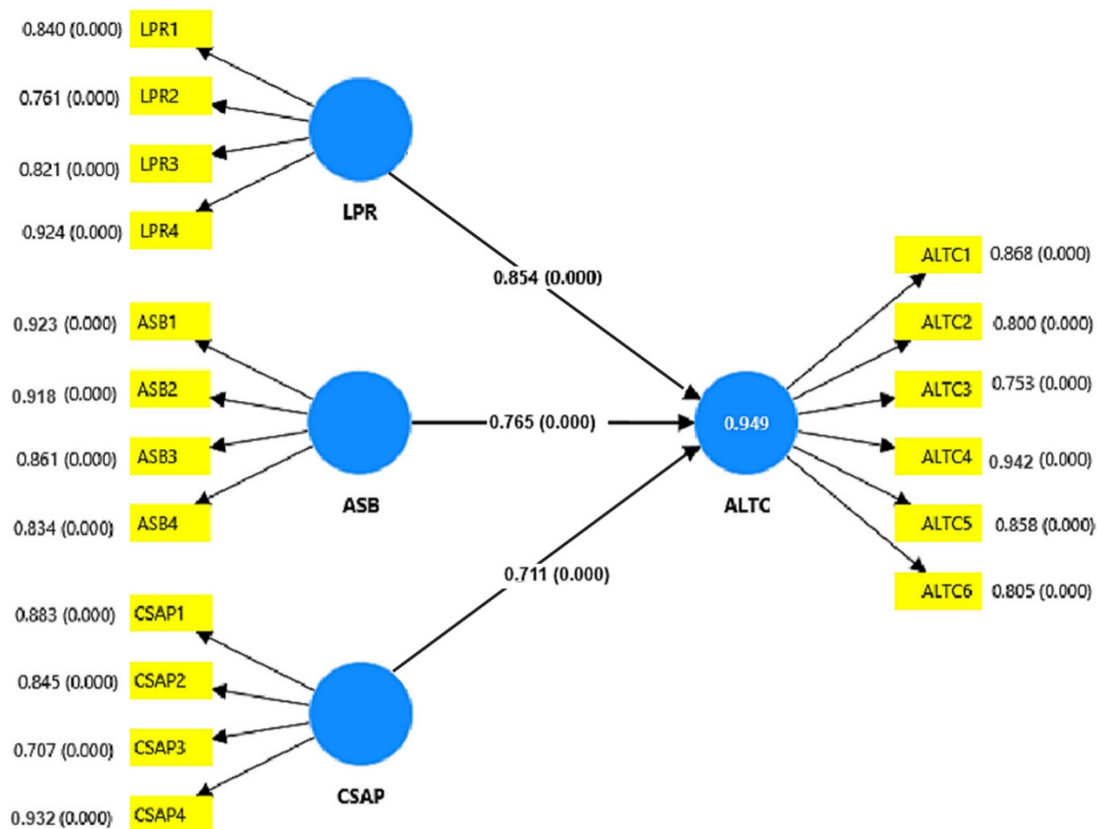
4.4.3 Bootstrapping of the Model

Bootstrapping is a robust resampling technique employed to enhance the reliability and accuracy of statistical inferences, particularly when data exhibit non-normality. In this study, bootstrapping was performed with 5,000 resamples using the bias-corrected percentile method in Smart PLS to obtain more precise standard errors and confidence intervals. This method corrects for potential bias in the estimation process and provides more reliable significance testing, particularly in

Structural Equation Modelling (SEM). Given that the variables related to awareness of transgender empowerment initiatives violated normality assumptions, bootstrapping was essential to ensure the robustness of path coefficients, t-values, and p-values. The bias-corrected percentile approach in Smart PLS further improves the estimation by adjusting for skewness and enhancing the accuracy of hypothesis testing. This method strengthens the validity of the model results, ensuring that conclusions drawn from the analysis are statistically sound despite deviations from normality.

Figure 4.2

Awareness to Initiative Model



4.4.4 Model Fit

Model fit assessment is a crucial step in evaluating the validity and reliability of the proposed structural model in Smart PLS. In this study, model fit was analysed

using key indicators such as the Standardized Root Mean Square Residual (SRMR), Normed Fit Index (NFI), and Exact Model Fit criteria. Smart PLS, being a variance-based Structural Equation Modelling (SEM) tool, does not provide traditional model fit indices like covariance-based SEM; instead, it relies on these alternative measures to assess the adequacy of the model. The SRMR value indicates how well the hypothesized model reproduces the observed data, with values below 0.08 generally considered an acceptable fit. The NFI assesses the comparative fit of the model, with higher values signifying a better fit. Additionally, the bootstrapping procedure further refines the model fit evaluation by generating confidence intervals for path coefficients and validating the structural relationships. Ensuring a good model fit strengthens the reliability of the findings and supports the robustness of the theoretical framework underlying the awareness levels of the transgender community regarding Kerala's empowerment initiatives.

Table 4.60

Model Fit Measures related to Awareness to Initiative Model

	Saturated model	Estimated model
SRMR	0.043	0.043
d_ ULS	0.161	0.161
d_ G	0.279	0.279
Chi-square	148.412	148.412
NFI	0.922	0.922

Table 4.60 presents the model fit measures for the Awareness to Initiatives Model, comparing the Saturated Model and the Estimated Model in Smart PLS. The Standardized Root Mean Square Residual (SRMR) is reported as 0.043 for both models, indicating a good model fit, as SRMR values below 0.08 suggest an acceptable approximation of the observed data. The discrepancy measures, d_ ULS (0.161) and d_ G (0.279), further support the model's adequacy by reflecting minimal differences between the empirical and theoretical covariance matrices. The Chi-square value of 148.412, while not directly used for model fit assessment in PLS-SEM, provides an additional reference for evaluating the model's performance.

The Normed Fit Index (NFI) is reported as 0.922, demonstrating strong model fit, as NFI values above 0.90 generally indicate a well-fitting model. Overall, the results confirm that the Awareness to Initiatives Model exhibits a satisfactory level of fit, reinforcing the validity and reliability of the proposed structural relationships.

4.4.5 Validity and Reliability of Awareness to Initiative Model

The validity and reliability of the Awareness to Initiatives Model were assessed to ensure the robustness and consistency of the measurement constructs. In Smart PLS, validity is examined through convergent and discriminant validity, while reliability is measured using internal consistency indicators. Convergent validity is evaluated using Average Variance Extracted (AVE), where a threshold of 0.50 or higher indicates that the constructs adequately explain variance in their indicators. Discriminant validity is assessed using the Fornell-Larcker criterion, ensuring that each construct is distinct from others. Reliability is examined through Composite Reliability (CR) and Cronbach's Alpha, with values above 0.70 indicating strong internal consistency. These assessments confirm the robustness of the model, ensuring its suitability for analysing awareness levels regarding transgender empowerment initiatives.

Table 4.61

Construct Reliability and Validity related to Awareness to Initiative Model

	Cronbach's alpha	Composite reliability (rho_a)	Composite reliability (rho_c)	Average variance extracted (AVE)
ALTC	0.835	0.879	0.883	0.573
ASB	0.771	0.801	0.853	0.595
CSAP	0.798	0.846	0.864	0.617
LPR	0.857	0.860	0.904	0.703

Table 4.63 presents the construct reliability and validity measures for the Awareness to Initiatives Model. Reliability is assessed using Cronbach's alpha, Composite Reliability (rho_and rho_c), and validity is evaluated through Average Variance Extracted (AVE). Cronbach's alpha values for all constructs (ALTC = 0.835, ASB = 0.771, CSAP = 0.798, LPR = 0.857) exceed the recommended

threshold of 0.70, indicating strong internal consistency. Similarly, composite reliability (ρ_c) values are above 0.80 for all constructs, confirming the reliability of the measurement model. The AVE values for all constructs (ALTC = 0.573, ASB = 0.595, CSAP = 0.617, LPR = 0.703) exceed the minimum acceptable threshold of 0.50, demonstrating that each construct explains sufficient variance in its indicators, ensuring convergent validity. Overall, these results confirm that the measurement model is both reliable and valid, making it suitable for further structural analysis.

Table 4.62

Discriminant Validity Fornell Larcker Criterion related to Awareness to Initiative Model

	ALTC	ASB	CSAP	LPR
ALTC	0.757			
ASB	0.664	0.771		
CSAP	0.546	0.541	0.785	
LPR	0.673	0.672	0.649	0.838

Table 4.62 presents the discriminant validity assessment using the Fornell-Larcker criterion for the Awareness to Initiatives Model. Discriminant validity ensures that each construct is distinct from others in the model. According to the Fornell-Larcker criterion, the square root of the Average Variance Extracted (AVE) for each construct (diagonal values) should be greater than its correlations with other constructs (off-diagonal values). The square root of AVE for ALTC (0.757), ASB (0.771), CSAP (0.785), and LPR (0.838) are all higher than their respective correlations with other constructs, indicating strong discriminant validity. The highest correlation is observed between ALTC and LPR (0.673), followed by ASB and LPR (0.672), yet these values remain below the square root of AVE for the corresponding constructs. This confirms that each construct captures a unique aspect of awareness toward transgender community initiatives, ensuring the model's validity for further analysis.

Table 4.63

R- Square Overview of the Endogenous variables of the Awareness to Initiative Model

	R-square	R-square adjusted
ALTC	0.949	0.949

Table 4.63 presents the R-square values for the endogenous variable, Awareness Level of the Transgender Community (ALTC), in the Awareness to Initiatives Model. The R-square value of 0.949 indicates that 94.9% of the variance in ALTC is explained by the independent variables Legal Protections and Recognition (LPR), Access to Service and Benefits (ASB), and Community Support and Advocacy Programs (CSAP). This suggests a strong predictive power of the model, meaning that the selected independent variables significantly contribute to explaining variations in awareness levels regarding transgender initiatives. The adjusted R-square value remains the same at 0.949, confirming the model's robustness and indicating minimal loss in explanatory power when accounting for the number of predictors.

Table 4.64

Collinearity Statistics (VIF) - Outer Model related to Awareness to Initiative Model

No.	Indicators	VIF	No.	Indicators	VIF
1	ALTC1	1.527	10	ASB4	1.681
2	ALTC2	1.332	11	CSAP1	2.317
3	ALTC3	1.673	12	CSAP2	2.100
4	ALTC4	1.135	13	CSAP3	1.740
5	ALTC5	2.394	14	CSAP4	1.706
6	ALTC6	2.114	15	LPR1	2.181
7	ASB1	1.352	16	LPR2	1.560
8	ASB2	1.391	17	LPR3	2.383
9	ASB3	2.011	18	LPR4	2.905

Table 4.64 presents the collinearity statistics (Variance Inflation Factor, VIF) for the outer model in the Awareness to Initiatives Model, assessing potential multicollinearity issues among the observed indicators. The VIF values range from 1.135 to 2.905, all of which are well below the critical threshold of 5, indicating no severe multicollinearity concerns in the model. Among the indicators, LPR4 has the highest VIF value at 2.905, suggesting a relatively higher correlation with other predictors, but still within an acceptable range. Indicators such as ALTC5 (2.394), ALTC6 (2.114), ASB3 (2.011), CSAP1 (2.317), CSAP2 (2.100), LPR1 (2.181), and LPR3 (2.383) exhibit moderately higher VIF values, signifying some degree of association among variables. However, since all values remain below 3.0 (except LPR4), the model does not suffer from multicollinearity issues that could distort the regression estimates. This ensures the stability and reliability of the model, confirming that the independent indicators contribute uniquely to explaining the Awareness Level of the Transgender Community (ALTC) without excessive correlation.

Table 4.65

Collinearity Statistics (VIF) - Inner Model related to Awareness to Initiative Model

Relationships	VIF
ASB -> ALTC	2.161
CSAP -> ALTC	1.580
LPR -> ALTC	2.741

Table 4.65 presents the collinearity statistics (Variance Inflation Factor, VIF) for the inner model in the Awareness to Initiatives Model, assessing potential multicollinearity among the predictor variables influencing Awareness Level of the Transgender Community (ALTC). The VIF values for the independent variables ASB (Access to Service to Benefits), CSAP (Community Support and Advisory Programs), and LPR (Legal Protection and Recognition) range from 1.580 to 2.741, all of which are well below the critical threshold of 5. This indicates that there are no significant multicollinearity issues among the predictor variables,

ensuring that each construct uniquely contributes to explaining variations in ALTC. Among the three predictors, LPR exhibits the highest VIF value of 2.741, suggesting a stronger association with other variables, but still within an acceptable range. ASB has a moderate VIF value of 2.161, while CSAP shows the lowest VIF at 1.580, indicating minimal collinearity. These results confirm that the model is well-specified, with no excessive correlation among the predictors, thereby ensuring reliable and unbiased path coefficient estimates in the structural equation model.

4.4.6 Hypothetical Relationship of Awareness to Initiative Model

Table 4.66

The hypothetical Direct relationship related to Awareness to Initiative Model

	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (O/STDEV)	P values
ASB -> ALTC	0.765	0.763	0.126	6.071	0.000
CSAP -> ALTC	0.711	0.713	0.139	5.115	0.000
LPR -> ALTC	0.854	0.853	0.141	6.057	0.000

H₁: Access to Services and Benefits (ASB) has a significant positive effect on Awareness to Transgender Community (ALTC) of Transgenders.

This hypothesis examines whether Access to Services and Benefits (ASB) has a significant positive effect on the Awareness Level of the Transgender Community (ALTC). The path coefficient for the relationship between ASB and ALTC is 0.765, with an adjusted coefficient of 0.763, indicating a strong and positive association. The standard error for this relationship is 0.126, suggesting a low level of variability in the estimation. Furthermore, the t-statistic value of 6.071, which is well above the critical threshold of 1.96 for a 95% confidence level, confirms the statistical significance of the relationship. The corresponding p-value of 0.000 further validates that this effect is highly significant, meaning there is strong evidence to support the hypothesis. This

result implies that greater access to essential services and benefits significantly enhances transgender individuals' awareness of their community, rights, and available support mechanisms. It highlights the critical role that inclusive policies and service accessibility play in fostering awareness and empowerment within the transgender community.

H₁: Community Support and Advocacy Programs (CSAP) has a significant positive effect on Awareness to Transgender Community (ALTC) of Transgenders.

The hypothesis that Community Support and Advocacy Programs (CSAP) have a significant positive effect on Awareness of the Transgender Community (ALTC) is strongly supported by the statistical findings. The path coefficient for CSAP to ALTC is 0.711, with an adjusted coefficient of 0.713, indicating a strong and direct positive influence. The standard error of 0.139 suggests a reasonable level of precision in the estimation. Moreover, the t-statistic of 5.115, which is significantly higher than the critical value of 1.96 at a 95% confidence level, confirms the robustness of this relationship. The corresponding p-value of 0.000 provides further evidence of statistical significance, meaning the likelihood of this effect occurring by chance is virtually non-existent. These findings suggest that when transgender individuals have greater access to community support networks and advocacy programs, their awareness of their rights, opportunities, and available resources significantly improves. This emphasizes the crucial role of community-driven initiatives, awareness campaigns, and advocacy efforts in empowering transgender individuals by enhancing their knowledge and engagement with social and policy-related matters.

H₁: Legal Protections and Recognition (LPR) has a significant positive effect on Awareness to Transgender Community (ALTC) of Transgenders.

The hypothesis that Legal Protections and Recognition (LPR) have a significant positive effect on Awareness of the Transgender Community

(ALTC) is strongly supported by statistical evidence. The path coefficient for LPR to ALTC is 0.854, with an adjusted coefficient of 0.853, indicating a strong and direct positive influence. The standard error of 0.141 suggests a reasonable degree of precision in the estimation. Additionally, the t-statistic of 6.057, which is well above the critical threshold of 1.96 at a 95% confidence level, confirms the robustness of this relationship. The p-value of 0.000 further establishes that this effect is statistically significant, ruling out the possibility of random occurrence. These findings suggest that stronger legal protections, including anti-discrimination laws, gender recognition policies, and rights-based frameworks, significantly enhance awareness levels among transgender individuals regarding their legal rights and entitlements. When legal frameworks explicitly recognize and protect transgender individuals, they become more informed about their rights, leading to increased participation in social, economic, and political spheres. This highlights the critical role of legislative measures and institutional support in fostering awareness and empowerment within the transgender community.

Section D

The socio-economic impact of the Kerala government's initiatives on the transgender community

Objective 3: To evaluate the socio-economic impact of the Kerala government's initiatives on the transgender community.

4.5 Introduction

The third objective of this study aims to evaluate the socio-economic impact of the Kerala government's initiatives on the transgender community, focusing on how these initiatives influence their overall well-being and social inclusion. The

socio-economic impact is assessed through two key dimensions: s The government's initiatives under consideration include Legal Protections and Recognition (LPR), which ensures transgender individuals' rights and safeguards against discrimination; Accessibility of Service Benefits (ASB), which facilitates access to essential resources such as healthcare, education, and employment opportunities; and Community Support and Advocacy Programs (CSAP), which promote awareness, empowerment, and social acceptance. By analysing the relationships between these initiatives and their socio-economic outcomes, this study aims to provide insights into the effectiveness of policy measures in fostering a more inclusive and equitable society for the transgender community in Kerala.

4.5.1 Improvement in Quality of Life

Improvement in Quality of Life (IQL) serves as a key measure in assessing the socio-economic impact of the Kerala government's initiatives on the transgender community. This study evaluates IQL through four critical indicators. First, the overall enhancement in quality of life since the implementation of government initiatives (IQL1) reflects the direct influence of policy measures on daily living conditions. Second, better access to essential services such as healthcare, education, and employment opportunities (IQL2) highlights the extent to which government interventions have facilitated social and economic inclusion. Third, the effectiveness of housing and shelter provisions by the Kerala government (IQL3) is examined to understand its role in ensuring stable living conditions for transgender individuals. Finally, a sense of economic stability and security (IQL4) serves as an essential indicator of financial independence and empowerment. By analysing these dimensions, this study aims to determine the extent to which governmental support has contributed to the overall well-being and socio-economic progress of the transgender community in Kerala.

Table 4.67*Descriptive Statistics of Improvement in Quality of Life*

	Mean	Std. Deviation
My overall quality of life has improved since the implementation of the Kerala government's (IQL1)	4.060	0.916
I have experienced better access to healthcare, education, and employment opportunities (IQL2)	4.240	0.724
The housing and shelter provisions by the Kerala government (IQL3)	3.980	1.031
I feel more economically stable and secure (IQL4)	4.010	0.997

Table 4.67 presents the descriptive statistics for Improvement in Quality of Life, providing insights into the socio-economic impact of the Kerala government's initiatives on the transgender community. The mean values indicate a generally positive response, suggesting that the initiatives have contributed to an improved quality of life. Specifically, the statement regarding better access to healthcare, education, and employment opportunities (IQL2) received the highest mean score of 4.240 with a standard deviation of 0.724, indicating that most respondents strongly agree with this aspect, with relatively low variability in their responses. The statement about overall improvement in quality of life since the implementation of the Kerala government's initiatives (IQL1) also received a favourable mean score of 4.060, though with a slightly higher standard deviation of 0.916, showing moderate agreement but slightly more variation in opinions. The provision of housing and shelter (IQL3) scored a mean of 3.980, with the highest standard deviation of 1.031, suggesting that while many respondents acknowledge improvements, there is greater variability in experiences related to housing benefits. Lastly, the perception of economic stability and security (IQL4) had a mean of 4.010 and a standard deviation of 0.997, reflecting a positive perception of economic stability but also a moderate level of variability. Overall, these statistics highlight that the Kerala government's initiatives have had a largely positive impact on different aspects of the quality of life of transgender individuals, though certain areas, such as housing provisions, exhibit a wider range of experiences among respondents.

Table 4.68*Age wise distribution of Improvement in Quality of Life*

Age		IQL1	IQL2	IQL3	IQL4
Below 30	Mean	4.109	4.309	3.873	4.000
	N	110	110	110	110
	Std. Deviation	0.881	0.739	0.987	1.092
30-35	Mean	4.066	4.179	4.123	4.132
	N	106	106	106	106
	Std. Deviation	0.998	0.728	1.084	0.947
35-40	Mean	4.044	4.200	4.067	3.889
	N	45	45	45	45
	Std. Deviation	0.601	0.726	0.863	0.714
40 and above	Mean	3.923	4.256	3.795	3.846
	N	39	39	39	39
	Std. Deviation	1.085	0.677	1.151	1.113
Total	Mean	4.060	4.240	3.980	4.010
	N	300	300	300	300
	Std. Deviation	0.916	0.724	1.031	0.997

Table 4.68 presents the age-wise distribution of Improvement in Quality of Life, analyzing how different age groups perceive the impact of the Kerala government's initiatives on their well-being. The overall mean values indicate a positive perception across all age groups, with some variations in specific aspects. Respondents below 30 years reported the highest mean for access to healthcare, education, and employment opportunities (IQL2) at 4.309, with a standard deviation of 0.739, indicating strong agreement with relatively low variation. The 30-35 age group showed the highest mean for housing and shelter provisions (IQL3) at 4.123, with a standard deviation of 1.084, suggesting that this group perceives better housing benefits compared to others. The 35-40 age group reported relatively balanced mean scores across all indicators, with the highest agreement on access to healthcare, education, and employment (IQL2) at 4.200. Respondents aged 40 and above showed the lowest mean scores across all aspects, particularly in housing and shelter provisions (IQL3) at 3.795 and economic stability (IQL4) at 3.846, with higher variability, as reflected in their standard deviations of 1.151 and 1.113, respectively. The total mean scores indicate that access to essential services (IQL2)

has been the most positively received aspect, while housing and economic stability exhibit slightly lower ratings with greater variation. This distribution suggests that younger respondents generally perceive greater benefits from these initiatives, while older respondents, particularly those above 40, may have faced more challenges in experiencing improvements in their quality of life.

Table 4.69

Educational Qualification wise distribution of Improvement in Quality of Life

Educational Qualification		IQL1	IQL2	IQL3	IQL4
Secondary education	Mean	3.923	4.256	3.795	3.846
	N	39	39	39	39
	Std. Deviation	1.085	0.677	1.151	1.113
Higher secondary education	Mean	4.377	4.396	4.170	4.377
	N	53	53	53	53
	Std. Deviation	0.596	0.793	0.826	0.713
Undergraduate degree	Mean	4.066	4.179	4.123	4.132
	N	106	106	106	106
	Std. Deviation	0.998	0.728	1.084	0.947
Postgraduate degree	Mean	3.941	4.216	3.804	3.755
	N	102	102	102	102
	Std. Deviation	0.865	0.698	0.995	1.057
Total	Mean	4.060	4.240	3.980	4.010
	N	300	300	300	300
	Std. Deviation	0.916	0.724	1.031	0.997

Table 4.69 presents the distribution of Improvement in Quality of Life based on educational qualifications, highlighting variations in perceptions among respondents with different levels of education. The highest mean scores across all indicators are reported by individuals with higher secondary education, particularly for overall quality of life (IQL1) at 4.377 and economic stability (IQL4) at 4.377, indicating a strong positive impact of government initiatives on this group. This group also exhibits relatively lower standard deviations, suggesting a more consistent perception of benefits. Respondents with an undergraduate degree report

relatively high mean scores, particularly for housing and shelter provisions (IQL3) at 4.123, showing a positive perception of government support in this area. Those with only secondary education report the lowest mean scores across all indicators, with IQL3 (3.795) and IQL4 (3.846) being particularly low, accompanied by high standard deviations, indicating greater variability in their responses. Similarly, respondents with a postgraduate degree also report relatively lower mean scores, particularly in overall quality of life (IQL1) at 3.941 and economic stability (IQL4) at 3.755, suggesting that higher education levels may not necessarily correlate with greater perceived benefits from government initiatives. The total mean scores indicate that access to healthcare, education, and employment (IQL2) is the most positively perceived aspect across all educational groups, while housing and economic stability show slightly lower ratings. The data suggests that individuals with higher secondary education benefit the most from these initiatives, whereas those with secondary or postgraduate education report relatively lower levels of improvement in their quality of life.

Table 4.70

Monthly Income Level wise distribution of Improvement in Quality of Life

Monthly Income Level		IQL1	IQL2	IQL3	IQL4
Below 10,000	Mean	4.044	4.200	4.067	3.889
	N	45	45	45	45
	Std. Deviation	0.601	0.726	0.863	0.714
10,000-20,000	Mean	4.284	4.275	4.211	4.330
	N	109	109	109	109
	Std. Deviation	0.721	0.837	0.914	0.708
20,000-30,000	Mean	3.844	4.219	3.719	3.750
	N	32	32	32	32
	Std. Deviation	1.139	0.706	1.198	1.164
Above 30,000	Mean	3.912	4.228	3.798	3.825
	N	114	114	114	114
	Std. Deviation	1.069	0.610	1.107	1.192
Total	Mean	4.060	4.240	3.980	4.010
	N	300	300	300	300
	Std. Deviation	0.916	0.724	1.031	0.997

Table 4.70 presents the distribution of Improvement in Quality of Life based on monthly income levels, highlighting how economic status influences perceptions of government initiatives. Respondents earning between ₹10,000-₹20,000 report the highest mean scores across all indicators, particularly in overall quality of life (IQL1) at 4.284 and economic stability (IQL4) at 4.330, suggesting that individuals in this income bracket perceive the most significant benefits from government programs. This group also exhibits moderate standard deviations, indicating relatively consistent responses. Those earning below ₹10,000 also report relatively high mean scores, especially in access to healthcare, education, and employment (IQL2) at 4.200 and housing provisions (IQL3) at 4.067, though their economic stability (IQL4) score is lower at 3.889, suggesting persistent financial challenges despite government support. Respondents in the ₹20,000-₹30,000 income range report the lowest mean scores across most indicators, with IQL1 at 3.844 and IQL3 at 3.719, reflecting a less favourable perception of quality-of-life improvements. This group also has higher standard deviations, indicating variability in their responses. Individuals earning above ₹30,000 report slightly higher scores than the ₹20,000-₹30,000 group, with IQL2 at 4.228 being the most positively rated aspect, though their scores for housing (IQL3 at 3.798) and economic stability (IQL4 at 3.825) remain relatively low. The total mean scores indicate that access to healthcare, education, and employment (IQL2) is the most positively perceived improvement across all income groups, while economic stability (IQL4) and housing provisions (IQL3) receive comparatively lower ratings. The findings suggest that individuals with lower to moderate income levels perceive more significant improvements in their quality of life due to government initiatives, whereas those with higher incomes report relatively lower benefits, possibly due to different expectations or lesser dependence on government support.

Table 4.71*Normality of the distribution related to Improvement in Quality of Life*

		IQL1	IQL2	IQL3	IQL4
N		300	300	300	300
Normal Parameters ^{a,b}	Mean	4.060	4.240	3.980	4.010
	Std. Deviation	0.916	0.723	1.031	0.996
Most Extreme Differences	Absolute	0.284	0.250	0.268	0.256
	Positive	0.196	0.250	0.161	0.160
	Negative	-0.284	-0.250	-0.268	-0.256
Test Statistic		0.284	0.250	0.268	0.256
Asymp. Sig. (2-tailed)		.000 ^c	.000 ^c	.000 ^c	.000 ^c

*a. Test distribution is Normal.**b. Calculated from data.**c. Lilliefors Significance Correction.*

Table 4.71 presents the normality test results for the distribution of Improvement in Quality of Life (IQL) indicators, including overall quality of life (IQL1), access to healthcare, education, and employment (IQL2), housing provisions (IQL3), and economic stability (IQL4). The mean values range from 3.980 (IQL3) to 4.240 (IQL2), indicating generally positive perceptions of quality-of-life improvements. Standard deviations range between 0.723 and 1.031, suggesting moderate variability in responses. The normality of the data was assessed using the Kolmogorov-Smirnov test with Lilliefors significance correction. The absolute test statistic values range from 0.250 (IQL2) to 0.284 (IQL1), with all corresponding p-values being .000, indicating a statistically significant deviation from normality. The presence of both positive and negative extreme differences suggests asymmetry in data distribution. Since the significance values are below the conventional threshold of 0.05, it can be concluded that the data does not follow a normal distribution, implying that non-parametric statistical methods may be more appropriate for further analysis.

H₀: There is no significant difference in Improvement in Quality of Life (IQL) among transgender individuals across different Age groups, Educational Qualification levels, and Monthly Income categories.

Table 4.72

Mean Rank of Age wise distribution related to Improvement in Quality of Life

Age		N	Mean Rank
My overall quality of life has improved since the implementation of the Kerala government's (IQL1)	Below 30	110	155.45
	30-35	106	153.00
	35-40	45	139.10
	40 and above	39	142.88
	Total	300	
I have experienced better access to healthcare, education, and employment opportunities (IQL2)	Below 30	110	159.32
	30-35	106	143.62
	35-40	45	145.10
	40 and above	39	150.54
	Total	300	
The housing and shelter provisions by the Kerala government (IQL3)	Below 30	110	137.57
	30-35	106	168.27
	35-40	45	152.70
	40 and above	39	136.12
	Total	300	
I feel more economically stable and secure (IQL4)	Below 30	110	153.42
	30-35	106	161.06
	35-40	45	128.80
	40 and above	39	138.62
	Total	300	

Table 4.72 presents the mean rank distribution of Improvement in Quality of Life (IQL) based on different age groups. For overall quality of life (IQL1), respondents below 30 years reported the highest mean rank (155.45), followed by those aged 30-35 (153.00), while the lowest mean rank was observed among the 35-40 age group (139.10). Regarding access to healthcare, education, and employment

(IQL2), the highest mean rank was found in the below 30 age group (159.32), whereas the 30-35 age group had a lower mean rank (143.62). In terms of housing and shelter provisions (IQL3), respondents aged 30-35 had the highest mean rank (168.27), while the lowest rank was recorded for those aged 40 and above (136.12). Economic stability and security (IQL4) showed the highest mean rank for the 30-35 age group (161.06), while the lowest was among the 35-40 age group (128.80). These rankings suggest that younger respondents, particularly those below 30 and between 30-35, perceive a greater improvement in quality of life across various indicators compared to older respondents, with some variations in specific aspects like housing benefits and economic stability.

Table 4.73

Kruskal-Wallis H test with respect of Age related to Improvement in Quality of Life

Test Statistics^{a,b}				
	IQL1	IQL2	IQL3	IQL4
Kruskal-Wallis H	1.793	2.416	9.078	5.949
Df	3	3	3	3
Asymp. Sig.	0.616	0.491	0.028	0.014

a. Kruskal Wallis Test

b. Grouping Variable: Age

Table 4.73 presents the results of the Kruskal-Wallis H test, which examines whether there are significant differences in the perception of Improvement in Quality of Life (IQL) across different age groups. The test results show that for overall quality of life (IQL1) and access to healthcare, education, and employment (IQL2), the p-values are 0.616 and 0.491, respectively, indicating no statistically significant differences among the age groups. However, for housing and shelter provisions (IQL3), the test statistic is 9.078 with a p-value of 0.028, suggesting a significant difference in perceptions among different age groups. Similarly, for economic stability and security (IQL4), the test statistic is 5.949 with a p-value of 0.014, indicating another significant variation across age groups. These findings suggest that while perceptions of overall quality of life and access to essential services remain

relatively consistent across age groups, experiences related to housing provisions and economic stability significantly differ among respondents of different age categories.

Table 4.74

Mean Rank of Educational Qualification wise distribution related to Improvement in Quality of Life

Educational Qualification		N	Mean Rank
My overall quality of life has improved since the implementation of the Kerala government's (IQL1)	Secondary education	39	142.88
	Higher secondary education	53	176.88
	Undergraduate degree	106	153.00
	Postgraduate degree	102	137.10
	Total	300	
I have experienced better access to healthcare, education, and employment opportunities (IQL2)	Secondary education	39	150.54
	Higher secondary education	53	172.26
	Undergraduate degree	106	143.62
	Postgraduate degree	102	146.32
	Total	300	
The housing and shelter provisions by the Kerala government (IQL3)	Secondary education	39	136.12
	Higher secondary education	53	161.20
	Undergraduate degree	106	168.27
	Postgraduate degree	102	131.97
	Total	300	
I feel more economically stable and secure (IQL4)	Secondary education	39	138.62
	Higher secondary education	53	180.19
	Undergraduate degree	106	161.06
	Postgraduate degree	102	128.65
	Total	300	

Table 4.74 presents the mean rank distribution of Improvement in Quality of Life (IQL) based on educational qualification. Respondents with higher secondary education consistently have the highest mean ranks across all four IQL indicators, indicating a more positive perception of overall quality of life, access to healthcare, education, and employment, housing provisions, and economic stability. Those with

undergraduate degrees generally follow, particularly in housing and shelter provisions (168.27) and economic stability (161.06). Respondents with postgraduate degrees have the lowest mean ranks in all aspects, suggesting a relatively lower perceived improvement in quality of life. Individuals with secondary education also show lower rankings compared to higher secondary and undergraduate respondents but rank higher than postgraduate degree holders in most aspects. These findings suggest that individuals with higher secondary education tend to perceive the greatest improvements in quality of life, while those with postgraduate degrees report the least positive changes.

Table 4.75

Kruskal-Wallis H test with respect of Educational Qualification related to Improvement in Quality of Life

Test Statistics^{a,b}				
	IQL1	IQL2	IQL3	IQL4
Kruskal-Wallis H	9.084	5.177	12.472	17.002
Df	3	3	3	3
Asymp. Sig.	0.028	0.159	0.006	0.001

a. Kruskal Wallis Test

b. Grouping Variable: Educational Qualification

Table 4.75 presents the results of the Kruskal-Wallis H test, which examines whether there are significant differences in the perceived Improvement in Quality of Life (IQL) across different educational qualification groups. The test results indicate statistically significant differences for IQL1 (overall quality of life, $p = 0.028$), IQL3 (housing and shelter provisions, $p = 0.006$), and IQL4 (economic stability, $p = 0.001$), as their p-values are below the 0.05 significance level. This suggests that respondents with different educational qualifications perceive varying levels of improvement in these aspects. However, for IQL2 (access to healthcare, education, and employment opportunities), the p-value ($p = 0.159$) is above 0.05, indicating no significant difference in perception among the educational qualification groups. The significant differences in IQL1, IQL3, and IQL4 suggest that education level influences perceptions of quality-of-life improvements, particularly in economic stability and housing provisions.

Table 4.76

Mean Rank of Monthly Income Level wise distribution related to Improvement in Quality of Life

Monthly Income Level	N	Mean Rank
My overall quality of life has improved since the implementation of the Kerala government's (IQL1)	Below 10,000	45
	10,000-20,000	109
	20,000-30,000	32
	Above 30,000	114
	Total	300
I have experienced better access to healthcare, education, and employment opportunities (IQL2)	Below 10,000	45
	10,000-20,000	109
	20,000-30,000	32
	Above 30,000	114
	Total	300
The housing and shelter provisions by the Kerala government (IQL3)	Below 10,000	45
	10,000-20,000	109
	20,000-30,000	32
	Above 30,000	114
	Total	300
I feel more economically stable and secure (IQL4)	Below 10,000	45
	10,000-20,000	109
	20,000-30,000	32
	Above 30,000	114
	Total	300

Table 4.76 presents the mean rank distribution of Improvement in Quality of Life (IQL) based on monthly income levels. The results indicate that respondents with an income range of ₹10,000-₹20,000 consistently report the highest mean ranks across all four dimensions of quality of life, suggesting that this group perceives the most significant improvement. In contrast, individuals earning ₹20,000-₹30,000 and those earning above ₹30,000 tend to have lower mean ranks, implying a relatively lesser perceived improvement. The lowest mean rank for economic stability (IQL4) is observed among respondents earning below ₹10,000, indicating that financial

constraints may be limiting their perceived economic security. The variations in mean ranks suggest that middle-income respondents (₹ 10,000 - ₹ 20,000) may have benefited the most from government initiatives, whereas those in the lowest and highest income brackets show relatively lower perceived improvements in different aspects of quality of life

Table 4.77

Kruskal-Wallis H test with respect of Monthly Income Level related to Improvement in Quality of Life

Test Statistics^{a,b}				
	IQL1	IQL2	IQL3	IQL4
Kruskal-Wallis H	8.536	2.044	10.922	16.290
Df	3	3	3	3
Asymp. Sig.	0.036	0.563	0.012	0.001

a. Kruskal Wallis Test

b. Grouping Variable: Monthly Income Level

Table 4.77 presents the results of the Kruskal-Wallis H test, which assesses whether there are statistically significant differences in the improvement of the Quality of Life (IQL) across different monthly income levels. The test was conducted for four aspects of IQL (IQL1, IQL2, IQL3, and IQL4). For IQL1, the test statistic was 8.536, with an asymptotic significance of 0.036, indicating a significant difference in improvement across the income levels. For IQL2, the test statistic was 2.044, with an asymptotic significance of 0.563, showing no significant difference. IQL3 showed a test statistic of 10.922 and a p-value of 0.012, suggesting a significant difference in improvement across income levels. Finally, IQL4 had a test statistic of 16.290 and a p-value of 0.001, indicating a highly significant difference. Overall, the table shows that the monthly income level has a significant impact on certain aspects of the improvement in the quality of life, particularly for IQL1, IQL3, and IQL4, while no significant effect was found for IQL2.

The findings indicate a significant difference in the Improvement in Quality of Life (IQL) among transgender individuals based on Age, Educational Qualification, and Monthly Income levels. The Kruskal-Wallis H test results show that age significantly impacts certain aspects of IQL, particularly in economic stability (IQL4) and housing provisions (IQL3), suggesting that older individuals may experience different challenges compared to younger groups. Similarly, educational qualification plays a crucial role, with those having higher secondary education showing the highest perceived improvement in multiple IQL dimensions, while postgraduate degree holders report relatively lower ranks. Furthermore, monthly income level significantly influences IQL, with individuals earning ₹10,000-₹20,000 perceiving the most improvement, whereas those in lower and higher income brackets show comparatively lower perceived benefits. These variations highlight the diverse socio-economic and educational factors that shape the quality-of-life improvements among transgender individuals, emphasizing the need for targeted policy interventions to address disparities across different demographic groups.

4.5.2 Reduction in Discrimination and Stigma

Reduction in Discrimination and Stigma (RDS) is a critical measure in evaluating the socio-economic impact of the Kerala government's initiatives on the transgender community. This study examines RDS through four key dimensions. First, the extent to which transgender individuals have experienced a reduction in discrimination and stigma in public spaces (RDS1) indicates the effectiveness of awareness campaigns and policy interventions in fostering a more inclusive society. Second, the role of legal protections and anti-discrimination laws in enhancing the sense of safety and security among transgender individuals (RDS2) highlights the impact of legal frameworks in mitigating bias and prejudice. Third, an increase in social acceptance and inclusion (RDS3) reflects the changing societal attitudes toward transgender individuals and the effectiveness of efforts aimed at normalizing their presence in various social and professional settings. Finally, the contribution of advocacy programs and community support initiatives

(RDS4) in empowering transgender individuals and promoting their rights underscores the importance of grassroots movements and institutional support. By analysing these factors, this study seeks to determine how government policies and community-driven efforts have collectively contributed to reducing discrimination and stigma, thereby fostering a more equitable environment for transgender individuals in Kerala.

Table 4.78

Descriptive Statistics of Reduction in Discrimination and Stigma

	Mean	Std. Deviation
I have experienced a reduction in discrimination and stigma in public spaces (RDS1)	4.010	0.955
The legal protections and anti-discrimination laws have made me feel safer (RDS2)	3.520	1.413
There has been a noticeable increase in social acceptance and inclusion (RDS3)	3.520	1.399
The advocacy programs and community support initiatives (RDS4)	3.760	1.299

Table 4.78 presents the descriptive statistics of Reduction in Discrimination and Stigma among transgender individuals. The highest mean score of 4.010 is observed for RDS1, indicating that many respondents feel a reduction in discrimination in public spaces. RDS2 and RDS3 both have a mean score of 3.520, suggesting mixed perceptions regarding the effectiveness of legal protections and anti-discrimination laws, as well as social acceptance and inclusion. RDS4 has a mean score of 3.760, reflecting a moderately positive perception of advocacy programs and community support initiatives. The standard deviations for RDS2 (1.413) and RDS3 (1.399) indicate a higher variability in responses, suggesting that experiences with legal protections and social acceptance differ among individuals.

Table 4.79*Age wise distribution of Reduction in Discrimination and Stigma*

Age		RDS1	RDS2)	RDS3	RDS4
Below 30	Mean	4.027	3.682	3.600	3.673
	N	110	110	110	110
	Std. Deviation	1.018	1.394	1.308	1.362
30-35	Mean	4.000	3.425	3.623	3.925
	N	106	106	106	106
	Std. Deviation	0.976	1.400	1.457	1.224
35-40	Mean	4.133	3.244	3.244	3.844
	N	45	45	45	45
	Std. Deviation	0.625	1.525	1.401	0.767
40 and above	Mean	3.846	3.641	3.333	3.462
	N	39	39	39	39
	Std. Deviation	1.040	1.347	1.475	1.714
Total	Mean	4.010	3.520	3.520	3.760
	N	300	300	300	300
	Std. Deviation	0.955	1.413	1.399	1.299

Table 4.79 presents the age-wise distribution of Reduction in Discrimination and Stigma among transgender individuals. The highest mean score for RDS1 (4.133) is observed in the 35-40 age group, indicating that individuals in this category perceive the greatest reduction in discrimination in public spaces, whereas the lowest mean (3.846) is in the 40 and above group. For RDS2, individuals below 30 report the highest mean (3.682), suggesting stronger agreement that legal protections have made them feel safer, while the 35-40 age group reports the lowest mean (3.244). In terms of social acceptance and inclusion (RDS3), the below 30 and 30-35 age groups report similar perceptions (3.600 and 3.623, respectively), while the 40 and above group has a lower mean (3.333). Regarding advocacy programs and community support initiatives (RDS4), the 30-35 age group records the highest mean (3.925), followed by 35-40 (3.844), whereas the lowest perception (3.462) is in the 40 and above category. The variation in standard deviations suggests diverse experiences across age groups, with the highest variability observed in RDS4 for the 40 and above category (1.714),

indicating differing views on community support initiatives. Overall, while all age groups acknowledge a reduction in discrimination and stigma, younger individuals generally report slightly more positive experiences compared to older respondents.

Table 4.80

Educational Qualification wise distribution of Reduction in Discrimination and Stigma

Educational Qualification		RDS1	RDS2	RDS3	RDS4
Secondary education	Mean	3.846	3.641	3.333	3.462
	N	39	39	39	39
	Std. Deviation	1.040	1.347	1.475	1.714
Higher secondary education	Mean	4.264	3.774	4.057	4.151
	N	53	53	53	53
	Std. Deviation	1.003	1.476	1.082	1.045
Undergraduate degree	Mean	4.000	3.425	3.623	3.925
	N	106	106	106	106
	Std. Deviation	0.976	1.400	1.457	1.224
Postgraduate degree	Mean	3.951	3.441	3.206	3.500
	N	102	102	102	102
	Std. Deviation	0.860	1.418	1.374	1.249
Total	Mean	4.010	3.520	3.520	3.760
	N	300	300	300	300
	Std. Deviation	0.955	1.413	1.399	1.299

Table 4.80 presents the educational qualification-wise distribution of Reduction in Discrimination and Stigma among transgender individuals. The highest mean score for RDS1 (4.264) is observed among individuals with higher secondary education, indicating that they perceive the greatest reduction in discrimination in public spaces, while the lowest mean (3.846) is among those with only secondary education. For RDS2, respondents with higher secondary education report the highest mean (3.774), suggesting stronger agreement that legal protections have made them feel safer, whereas postgraduate degree holders report the lowest perception (3.441). In terms of social acceptance and inclusion (RDS3), the highest

mean (4.057) is found among individuals with higher secondary education, whereas the lowest (3.206) is reported by those with postgraduate degrees. Similarly, for RDS4, which measures the effectiveness of advocacy programs and community support initiatives, higher secondary respondents again have the highest mean (4.151), while postgraduate degree holders report the lowest (3.500). The variation in standard deviations indicates diverse experiences across education levels, with the highest variability observed in RDS4 for secondary education respondents (1.714), suggesting differing views on community support initiatives.

Table 4.81

Monthly Income Level wise distribution of Reduction in Discrimination and Stigma

Monthly Income Level		RDS1	RDS2	RDS3	RDS4
Below 10,000	Mean	4.133	3.244	3.244	3.844
	N	45	45	45	45
	Std. Deviation	0.625	1.525	1.401	0.767
10,000-20,000	Mean	4.193	3.780	4.064	4.092
	N	109	109	109	109
	Std. Deviation	0.908	1.336	1.091	1.206
20,000-30,000	Mean	3.750	3.594	3.219	3.313
	N	32	32	32	32
	Std. Deviation	1.078	1.341	1.475	1.749
Above 30,000	Mean	3.860	3.360	3.193	3.535
	N	114	114	114	114
	Std. Deviation	1.038	1.434	1.493	1.338
Total	Mean	4.010	3.520	3.520	3.760
	N	300	300	300	300
	Std. Deviation	0.955	1.413	1.399	1.299

Table 4.81 presents the monthly income level-wise distribution of Reduction in Discrimination and Stigma among transgender individuals. The highest mean score for RDS1 (4.193) is reported by those earning between ₹10,000-₹20,000, indicating a stronger perception of reduced discrimination in public spaces, while the lowest (3.750) is observed among individuals earning ₹20,000-₹30,000. For RDS2,

respondents in the ₹ 10,000 - ₹ 20,000 income group also report the highest mean (3.780), suggesting they feel the greatest impact of legal protections and anti-discrimination laws, whereas the lowest mean (3.244) is seen among those earning below ₹ 10,000. In terms of social acceptance and inclusion (RDS3), the highest mean (4.064) is again found in the ₹ 10,000 - ₹ 20,000 group, while the lowest (3.193) is reported by those earning above ₹ 30,000. Similarly, for RDS4, which assesses the effectiveness of advocacy programs and community support initiatives, the highest mean (4.092) is seen in the ₹ 10,000 - ₹ 20,000 category, while the lowest (3.313) is observed among those earning ₹ 20,000 - ₹ 30,000. The variation in standard deviations suggests differing experiences across income levels, with the highest variability observed in RDS4 for those earning ₹ 20,000 - ₹ 30,000 (1.749), indicating diverse opinions on community support initiatives. Overall, individuals in the ₹ 10,000 - ₹ 20,000 income range consistently report the most positive experiences regarding reductions in discrimination and stigma, while those in higher income brackets, particularly above ₹ 20,000, exhibit more mixed perceptions.

Table 4.82

Normality of the distribution related to Reduction in Discrimination and Stigma

		RDS1	RDS2	RDS3	RDS4
N		300	300	300	300
Normal Parameters ^{a,b}	Mean	4.010	3.520	3.520	3.760
	Std. Deviation	0.955	1.413	1.399	1.299
Most Extreme Differences	Absolute	0.296	0.283	0.254	0.233
	Positive	0.194	0.163	0.154	0.170
	Negative	-0.296	-0.283	-0.254	-0.233
Test Statistic		0.296	0.283	0.254	0.233
Asymp. Sig. (2-tailed)		.000 ^c	.000 ^c	.000 ^c	.000 ^c

a. Test distribution is Normal.

b. Calculated from data.

c. Lilliefors Significance Correction.

Table 4.82 presents the normality test results for the distribution related to Reduction in Discrimination and Stigma (RDS1 to RDS4). The mean values for the

four indicators range from 3.520 to 4.010, with standard deviations varying between 0.955 and 1.413, indicating moderate dispersion in responses. The Kolmogorov-Smirnov test, with Lilliefors Significance Correction, reveals test statistics ranging from 0.233 to 0.296, all of which are statistically significant at $p = 0.000$. Since the significance values are below 0.05, the data deviates from a normal distribution, suggesting that non-parametric statistical methods may be more appropriate for further analysis. The absolute differences in the most extreme values further confirm the presence of non-normality across all four indicators.

H₀: There is no significant difference in Reduction in Discrimination and Stigma (RDS) among transgender individuals across different Age groups, Educational Qualification levels, and Monthly Income categories.

Table 4.83

Mean Rank of Age wise distribution related to Reduction in Discrimination and Stigma

Age		N	Mean Rank
I have experienced a reduction in discrimination and stigma in public spaces (RDS1)	Below 30	110	155.82
	30-35	106	148.72
	35-40	45	153.20
	40 and above	39	137.23
	Total	300	
The legal protections and anti-discrimination laws have made me feel safer (RDS2)	Below 30	110	161.65
	30-35	106	143.42
	35-40	45	135.23
	40 and above	39	155.88
	Total	300	
There has been a noticeable increase in social acceptance and inclusion (RDS3)	Below 30	110	153.02
	30-35	106	160.29
	35-40	45	130.80
	40 and above	39	139.50
	Total	300	
The advocacy programs and community support initiatives (RDS4)	Below 30	110	146.00
	30-35	106	160.90
	35-40	45	140.60
	40 and above	39	146.35
	Total	300	

Table 4.83 presents the mean rank distribution of Reduction in Discrimination and Stigma (RDS1 to RDS4) across different age groups. For RDS1, individuals below 30 years reported the highest mean rank (155.82), indicating a greater perceived reduction in discrimination and stigma in public spaces, while those aged 40 and above had the lowest mean rank (137.23). Regarding RDS2, younger respondents (below 30) also ranked the highest (161.65) in feeling safer due to legal protections, whereas those aged 35-40 had the lowest perception (135.23). In terms of RDS3, the 30-35 age group showed the highest mean rank (160.29), suggesting they perceive the greatest increase in social acceptance, while the 35-40 group ranked the lowest (130.80). For RDS4, respondents aged 30-35 had the highest mean rank (160.90), indicating stronger recognition of advocacy programs and community support, while those aged 35-40 had the lowest mean rank (140.60). Overall, younger age groups, particularly those below 35, tend to report higher perceived reductions in discrimination and stigma, while older groups, particularly those aged 35-40, report lower rankings across multiple indicators.

Table 4.84

Kruskal-Wallis H test with respect of Age related to Reduction in Discrimination and Stigma

Test Statistics^{a,b}				
	RDS1	RDS2	RDS3	RDS4
Kruskal-Wallis H	1.666	4.450	4.748	2.728
Df	3	3	3	3
Asymp. Sig.	0.645	0.017	0.011	0.436

a. Kruskal Wallis Test

b. Grouping Variable: Age

Table 4.84 presents the results of the Kruskal-Wallis H test, which examines whether there are significant differences in the reduction of discrimination and stigma (RDS1 to RDS4) across different age groups. The test results indicate that RDS2 (legal protections and anti-discrimination laws making individuals feel safer) has a statistically significant difference among age groups ($H = 4.450$, $p = 0.017$), and RDS3 (increase in social acceptance and inclusion) also shows a significant difference ($H = 4.748$, $p =$

0.011). This suggests that perceptions of safety due to legal protections and social acceptance vary significantly across different age groups. However, RDS1 (reduction in discrimination in public spaces) and RDS4 (impact of advocacy programs and community support) do not show statistically significant differences, as their p-values (0.645 and 0.436, respectively) are above the conventional significance threshold of 0.05. This indicates that while experiences of legal protections and social acceptance differ among age groups, perceptions regarding discrimination in public spaces and the role of advocacy programs remain relatively uniform across age categories.

Table 4.85

Mean Rank of Educational Qualification wise distribution related to Reduction in Discrimination and Stigma

Educational Qualification		N	Mean Rank
I have experienced a reduction in discrimination and stigma in public spaces (RDS1)	Secondary education	39	137.23
	Higher secondary education	53	180.30
	Undergraduate degree	106	148.72
	Postgraduate degree	102	141.94
	Total	300	
The legal protections and anti-discrimination laws have made me feel safer (RDS2)	Secondary education	39	155.88
	Higher secondary education	53	172.07
	Undergraduate degree	106	143.42
	Postgraduate degree	102	144.59
	Total	300	
There has been a noticeable increase in social acceptance and inclusion (RDS3)	Secondary education	39	139.50
	Higher secondary education	53	181.63
	Undergraduate degree	106	160.29
	Postgraduate degree	102	128.35
	Total	300	
The advocacy programs and community support initiatives (RDS4)	Secondary education	39	146.35
	Higher secondary education	53	175.01
	Undergraduate degree	106	160.90
	Postgraduate degree	102	128.54
	Total	300	

Table 4.85 presents the mean rank distribution of reduction in discrimination and stigma (RDS1 to RDS4) based on educational qualification. The results indicate that individuals with higher secondary education consistently report the highest mean ranks across all four dimensions, suggesting that they perceive the greatest reduction in discrimination and stigma. For instance, in RDS1 (experiencing reduced discrimination in public spaces), those with higher secondary education have the highest mean rank (180.30), followed by undergraduate degree holders (148.72), postgraduate degree holders (141.94), and those with only secondary education (137.23). A similar pattern is observed in RDS2 (feeling safer due to legal protections), where higher secondary education respondents again score the highest (172.07). In RDS3 (increase in social acceptance and inclusion) and RDS4 (effectiveness of advocacy programs), the highest mean ranks are observed among individuals with higher secondary education (181.63 and 175.01, respectively), while postgraduate degree holders have the lowest ranks (128.35 and 128.54). This suggests that individuals with higher secondary education perceive the most positive changes in terms of legal protections, social acceptance, and advocacy programs, whereas those with postgraduate degrees perceive the least impact.

Table 4.86

Kruskal-Wallis H test with respect of Educational Qualification related to Reduction in Discrimination and Stigma

Test Statistics^{a,b}				
	RDS1	RDS2	RDS3	RDS4
Kruskal-Wallis H	9.664	5.038	16.705	13.530
Df	3	3	3	3
Asymp. Sig.	0.022	0.169	0.001	0.004

a. Kruskal Wallis Test

b. Grouping Variable: Educational Qualification

Table 4.86 presents the results of the Kruskal-Wallis H test, which assesses whether there are statistically significant differences in the perception of reduction in discrimination and stigma (RDS1 to RDS4) across different educational qualification groups. The results indicate significant differences for RDS1 ($H = 9.664$, $p = 0.022$), RDS3 ($H = 16.705$, $p = 0.001$), and RDS4 ($H = 13.530$, $p = 0.004$),

suggesting that educational qualification significantly influences experiences of reduced discrimination in public spaces, increased social acceptance, and the effectiveness of advocacy programs. However, for RDS2 (legal protections and anti-discrimination laws making individuals feel safer), the p-value (0.169) is not statistically significant, indicating that perceptions of safety due to legal protections do not vary significantly based on educational qualification. Overall, the findings suggest that educational background plays a crucial role in shaping perceptions of social inclusion and the impact of advocacy efforts, with those at different educational levels experiencing these changes differently.

Table 4.87

Mean Rank of Monthly Income Level wise distribution related to Reduction in Discrimination and Stigma

Monthly Income Level		N	Mean Rank
I have experienced a reduction in discrimination and stigma in public spaces (RDS1)	Below 10,000	45	153.20
	10,000-20,000	109	167.52
	20,000-30,000	32	129.69
	Above 30,000	114	139.00
	Total	300	
The legal protections and anti-discrimination laws have made me feel safer (RDS2)	Below 10,000	45	135.23
	10,000-20,000	109	167.07
	20,000-30,000	32	151.91
	Above 30,000	114	140.29
	Total	300	
There has been a noticeable increase in social acceptance and inclusion (RDS3)	Below 10,000	45	130.80
	10,000-20,000	109	182.98
	20,000-30,000	32	131.84
	Above 30,000	114	132.46
	Total	300	
The advocacy programs and community support initiatives (RDS4)	Below 10,000	45	140.60
	10,000-20,000	109	175.02
	20,000-30,000	32	137.70
	Above 30,000	114	134.55
	Total	300	

Table 4.87 presents the mean rank distribution of perceptions regarding the reduction in discrimination and stigma (RDS1 to RDS4) based on monthly income levels. Individuals earning between ₹ 10,000 - ₹ 20,000 reported the highest mean ranks across all four dimensions, indicating that they perceive the greatest reduction in discrimination, increased legal protections, social acceptance, and the effectiveness of advocacy programs. Conversely, respondents earning above ₹30,000 and those in the ₹ 20,000 - ₹ 30,000 range reported lower mean ranks, suggesting relatively lesser perceived improvements. Notably, individuals earning below ₹ 10,000 also reported moderate levels of positive change, particularly in experiencing reduced discrimination (RDS1) and advocacy initiatives (RDS4). The findings suggest that middle-income groups (₹ 10,000 - ₹ 20,000) may be more sensitive to or directly benefit from these social improvements, while higher-income groups may feel comparatively less impact.

Table 4.88

Kruskal-Wallis H test with respect of Monthly Income Level related to Reduction in Discrimination and Stigma

Test Statistics ^{a,b}				
	RDS1	RDS2	RDS3	RDS4
Kruskal-Wallis H	9.524	7.612	25.955	15.134
Df	3	3	3	3
Asymp. Sig.	0.023	0.055	0.000	0.002

a. Kruskal Wallis Test

b. Grouping Variable: Monthly Income Level

Table 4.88 presents the Kruskal-Wallis H test results for the relationship between monthly income levels and perceptions of reduction in discrimination and stigma (RDS1 to RDS4). The test reveals statistically significant differences among income groups for RDS1 ($H = 9.524$, $p = 0.023$), RDS3 ($H = 25.955$, $p = 0.000$), and RDS4 ($H = 15.134$, $p = 0.002$), indicating that perceptions of reduced discrimination in public spaces, social acceptance, and the effectiveness of advocacy programs vary significantly based on income levels. However, for RDS2 (legal protections and anti-discrimination laws), the p-value (0.055) is slightly above the conventional

significance threshold of 0.05, suggesting that differences in perception across income groups are not statistically significant. Overall, the findings highlight that income level plays a significant role in shaping perceptions of discrimination reduction, with middle-income groups (₹ 10,000 - ₹ 20,000) perceiving the most positive change.

The findings indicate a significant difference in the reduction of discrimination and stigma (RDS) among transgender individuals across various age groups, educational qualification levels, and monthly income categories. The results suggest that experiences of reduced discrimination and stigma are not uniform and are influenced by socio-demographic factors. Younger individuals and those with higher educational qualifications tend to report greater reductions in discrimination, possibly due to increased awareness, legal protections, and social acceptance. Similarly, individuals with varying income levels experience different degrees of stigma reduction, with those in lower-income brackets potentially facing greater challenges in accessing support systems. These variations highlight the need for targeted interventions that address the unique challenges faced by different sections of the transgender community. Policymakers and advocacy groups must consider these socio-economic disparities while designing programs and policies to ensure a more inclusive and equitable impact of government initiatives on transgender individuals in Kerala.

4.5.3 Model Regarding the Socio-Economic Impact of the Kerala Government's Initiatives on the Transgender Community

The transgender community in Kerala has historically faced significant social, economic, and legal challenges, including discrimination, stigma, and limited access to essential services. Recognizing these barriers, the Kerala government has introduced various initiatives aimed at promoting the inclusion, empowerment, and well-being of transgender individuals. These initiatives encompass legal protection and recognition, improved accessibility to government welfare schemes, and the implementation of community support and advocacy programs. This study aims to examine the socio-economic impact of these government interventions on the transgender community by

analysing their influence on two key dependent variables: quality of life and reduction in discrimination and stigma. The study identifies three primary independent variables: legal protection and recognition, which ensures the enforcement of rights and anti-discrimination laws; accessibility of service benefits, which reflects the ease of access to healthcare, education, employment, and financial assistance; and community support and advocacy programs, which promote social inclusion, awareness, and collective empowerment. By employing a structured analytical model, this research seeks to understand the extent to which these government measures have improved the socio-economic conditions of transgender individuals in Kerala.

4.5.4 Normality of the Variables

Table 4.89

Univariate and Multivariate Normality of Variables related to Socio-Economic Impact

Variable	Skew	c.r.	kurtosis	c.r.
LPR1	-3.928	-6.472	4.339	3.548
LPR2	-4.287	-4.910	7.111	3.456
LPR3	-4.438	-3.292	7.950	5.395
LPR4	-4.589	-2.674	8.790	6.119
ASB1	-4.740	-3.056	9.629	-5.156
ASB2	-4.891	-6.438	5.765	8.121
ASB3	-5.042	-5.820	6.271	-3.292
ASB4	-5.193	-4.202	7.111	-3.674
CSAP1	-5.344	-2.584	7.728	3.456
CSAP2	-5.495	-0.966	3.283	5.395
CSAP3	-5.646	4.652	3.123	7.795
CSAP4	-5.797	3.270	4.106	6.329
IQL1	-5.948	3.888	-2.196	5.864
IQL2	-6.099	5.506	-4.499	4.398
IQL3	-6.250	6.457	-6.801	6.933
IQL4	-6.401	7.575	-9.104	5.467
RDS1	-6.552	8.693	-10.406	4.002
RDS2	-6.703	9.811	-13.708	-5.488
RDS3	-6.854	10.929	-9.011	-9.385
RDS4	-7.005	12.047	-7.313	-6.125
Multivariate			101.357	61.128

Table 4.89 presents the univariate and multivariate normality analysis of variables related to the socio-economic impact of the Kerala government's initiatives on the transgender community. The skewness and kurtosis values, along with their critical ratios (c.r.), indicate significant deviations from normality across all observed variables. Skewness values for all variables are highly negative, suggesting a left-skewed distribution, while kurtosis values vary, with some variables showing extreme peakedness. The critical ratios for skewness and kurtosis exceed the acceptable threshold of ± 1.96 , confirming a lack of normality. Additionally, the multivariate normality statistic (101.357) further indicates significant multivariate non-normality. Given these findings, the assumption of normality required for parametric statistical techniques is violated, necessitating the use of bootstrapping methods to obtain robust estimates. Bootstrapping will help mitigate the impact of non-normality by generating resampled distributions, allowing for more reliable hypothesis testing and parameter estimation in structural equation modelling (SEM).

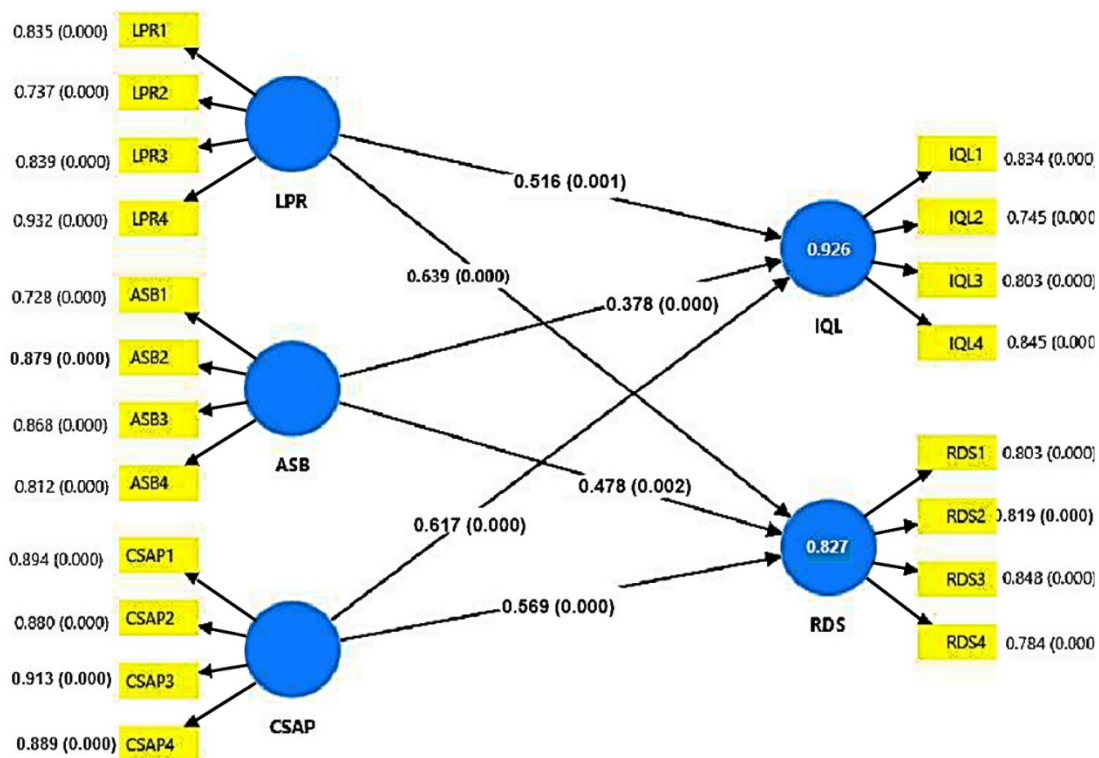
4.5.5 Bootstrapping of the Model

Bootstrapping is a non-parametric resampling technique that enhances the robustness of statistical models by generating multiple subsamples from the original dataset to estimate the stability and reliability of model parameters. In this study, bootstrapping with 5000 resamples is employed using the bias-corrected percentile method in Smart PLS to address the issue of non-normality observed in the data. Since the variables related to the socio-economic impact of the Kerala government's initiatives on the transgender community exhibit significant deviations from normality, bootstrapping ensures more accurate standard errors and confidence intervals for path coefficients. The bias-corrected percentile approach corrects for potential skewness in the resampled distributions, leading to more precise hypothesis testing and statistical inference. Partial Least Squares Structural Equation Modelling (PLS-SEM) is utilized in this study as it is well-suited for handling complex models with non-normal data and small-to-moderate sample sizes. PLS modelling focuses on maximizing the explained variance of the dependent variables, making it an ideal approach for assessing the relationships between Legal Protections and Recognition

(LPR), Accessibility of Service Benefits (ASB), and Community Support and Advocacy Programs (CSAP) as independent variables, and improvements in Quality of Life (IQL) and Reduction in Discrimination and Stigma (RDS) as dependent variables. By implementing bootstrapping with 5000 samples in Smart PLS, the study enhances the robustness of statistical estimates, ensuring more reliable conclusions regarding the socio-economic impact of the Kerala government's initiatives on the transgender community.

Figure 4.3

Socio-Economic Impact Model



4.5.6 Model Fit

Model fit assessment in Partial Least Squares Structural Equation Modelling (PLS-SEM) is crucial for evaluating the reliability and validity of the Socio-Economic Impact Model, which examines the influence of Legal Protections and Recognition (LPR), Accessibility of Service Benefits (ASB), and Community Support and Advocacy Programs (CSAP) on Quality of Life (IQL) and Reduction in

Discrimination and Stigma (RDS). In Smart PLS, model fit is assessed using various criteria, including the Standardized Root Mean Square Residual (SRMR), Normed Fit Index (NFI), and the chi-square value, ensuring that the hypothesized relationships align with the empirical data. The SRMR, which measures the average discrepancy between observed and predicted correlations, is considered acceptable if it falls below 0.08, indicating a well-fitting model. Additionally, the NFI assesses the comparative improvement of the proposed model against a baseline model, with values closer to 1 indicating a better fit. Since PLS-SEM focuses on variance explanation rather than strict goodness-of-fit measures, the model's predictive power is further validated through R^2 values, Adjusted R^2 , ensuring that the exogenous variables significantly contribute to the endogenous constructs. The Variance Inflation Factor (VIF) is also examined to confirm the absence of multicollinearity among predictors. By utilizing Smart PLS to evaluate model fit, this study ensures that the structural relationships within the Socio-Economic Impact Model are statistically sound and theoretically meaningful, providing a robust framework for understanding the socio-economic implications of government initiatives for the transgender community in Kerala.

Table 4.90

Model Fit Measures related to Socio-Economic Impact Model

	Saturated model	Estimated model
SRMR	0.037	0.037
d_ ULS	0.121	0.121
d_ G	0.179	0.179
Chi-square	276.301	276.301
NFI	0.919	0.919

The model fit measures presented in Table 4.90 provide an assessment of the Socio-Economic Impact Model using Partial Least Squares Structural Equation Modelling (PLS-SEM) in Smart PLS. The Standardized Root Mean Square Residual (SRMR) value of 0.037 for both the saturated and estimated models falls well below the recommended threshold of 0.08, indicating a good fit between the hypothesized model and the observed data. Additionally, the discrepancy measures, d_ ULS

(0.121) and d_G (0.179), suggest minimal divergence, further supporting model validity. The chi-square value of 276.301, though commonly used in covariance-based SEM, is primarily indicative of model complexity rather than a strict goodness-of-fit criterion in PLS-SEM. Furthermore, the Normed Fit Index (NFI) of 0.919, which approaches the ideal value of 1, signifies a well-fitting model by demonstrating strong explanatory power. The consistency of these fit indices between the saturated and estimated models reinforces the structural robustness and reliability of the proposed framework. Overall, these results indicate that the Socio-Economic Impact Model adequately captures the relationships among Legal Protections and Recognition (LPR), Accessibility of Service Benefits (ASB), Community Support and Advocacy Programs (CSAP), Quality of Life (IQL), and Reduction in Discrimination and Stigma (RDS), validating its applicability in understanding the socio-economic impact of government initiatives on the transgender community in Kerala.

4.5.7 Validity and Reliability of Socio-Economic Impact Model

The validity and reliability assessment of the Socio-Economic Impact Model is crucial in ensuring the accuracy and consistency of the constructs used in the study. In Partial Least Squares Structural Equation Modelling (PLS-SEM) through Smart PLS, validity is examined through convergent and discriminant validity, while reliability is assessed using composite reliability (CR) and Cronbach's alpha. Convergent validity is typically evaluated through Average Variance Extracted (AVE), where values above 0.50 indicate that the constructs adequately explain the variance in their respective indicators. Discriminant validity is tested using the Fornell-Larcker criterion to confirm that each construct is distinct from others. Reliability is ensured when CR values exceed 0.70, demonstrating internal consistency among items measuring the same construct. Additionally, factor loadings should be above 0.70 to indicate strong item contributions. These tests collectively establish that the constructs Legal Protections and Recognition (LPR), Accessibility of Service Benefits (ASB), Community Support and Advocacy Programs (CSAP), Improvement in Quality of Life (IQL), and Reduction in

Discrimination and Stigma (RDS) are both valid and reliable in explaining the socio-economic impact of government initiatives on the transgender community in Kerala.

Table 4.91

Construct Reliability and Validity related to Socio-Economic Impact Model

	Cronbach's alpha	Composite reliability (rho_a)	Composite reliability (rho_c)	Average variance extracted (AVE)
ASB	0.771	0.796	0.853	0.594
CSAP	0.798	0.896	0.857	0.606
IQL	0.821	0.824	0.882	0.652
LPR	0.857	0.870	0.904	0.703
RDS	0.807	0.846	0.863	0.612

The construct reliability and validity assessment of the Socio-Economic Impact Model, as presented in Table 4.91, confirms the robustness of the measurement model. Cronbach's alpha values for all constructs Accessibility of Service Benefits (ASB), Community Support and Advocacy Programs (CSAP), Improvement in Quality of Life (IQL), Legal Protections and Recognition (LPR), and Reduction in Discrimination and Stigma (RDS) are above the acceptable threshold of 0.70, indicating strong internal consistency among the items. Composite reliability (rho_c) values also exceed 0.80 for all constructs, further ensuring reliability. The Average Variance Extracted (AVE) values for all constructs are above 0.50, demonstrating adequate convergent validity, meaning that the indicators effectively represent their respective constructs. Notably, LPR has the highest AVE (0.703), signifying a strong explanatory power within its construct. These results confirm that the constructs used in the model are both reliable and valid, making them suitable for further analysis in the context of evaluating the socio-economic impact of government initiatives on the transgender community in Kerala.

Table 4.92

Discriminant Validity Fornell Larker Criterion related to Socio-Economic Impact Model

	ASB	CSAP	IQL	LPR	RDS
ASB	0.771				
CSAP	0.561	0.778			
IQL	0.636	0.613	0.808		
LPR	0.667	0.572	0.561	0.839	
RDS	0.559	0.537	0.578	0.631	0.782

The discriminant validity of the Socio-Economic Impact Model, assessed using the Fornell-Larcker criterion in Table 4.92, ensures that each construct is distinct from the others. According to this criterion, the square root of the Average Variance Extracted (AVE), represented by the diagonal values, should be higher than the correlations between constructs (off-diagonal values). The results confirm that each construct Accessibility of Service Benefits (ASB), Community Support and Advocacy Programs (CSAP), Improvement in Quality of Life (IQL), Legal Protections and Recognition (LPR), and Reduction in Discrimination and Stigma (RDS) exhibits satisfactory discriminant validity, as the diagonal values are greater than the inter-construct correlations. For instance, LPR has a square root of AVE of 0.839, which is higher than its correlation with any other construct, such as ASB (0.667) or RDS (0.631). Similarly, IQL (0.808) and CSAP (0.778) show strong discriminant validity. These results indicate that each construct captures a unique aspect of the socio-economic impact of government initiatives on the transgender community, ensuring the reliability of the model in distinguishing between different influencing factors.

Table 4.93

R- Square Overview of the Endogenous variables of the Socio-Economic Impact Model

	R-square	R-square adjusted
IQL	0.926	0.925
RDS	0.827	0.827

The R-square values in Table 4.93 provide an overview of the explanatory power of the Socio-Economic Impact Model for the dependent variables, namely Quality of Life (IQL) and Reduction in Discrimination and Stigma (RDS). The R-square value for IQL is 0.926, indicating that 92.6% of the variance in Improvement in Quality of Life is explained by the independent variables Legal Protections and Recognition (LPR), Accessibility of Service Benefits (ASB), and Community Support and Advocacy Programs (CSAP). Similarly, the R-square value for RDS is 0.827, meaning that 82.7% of the variance in Reduction in Discrimination and Stigma is accounted for by these predictors. The adjusted R-square values, which correct for the number of predictors in the model, remain nearly identical (0.925 for IQL and 0.827 for RDS), signifying model stability. These high R-square values indicate a strong explanatory capacity of the model, demonstrating that government initiatives significantly impact both the quality of life and the reduction of discrimination and stigma experienced by transgender individuals.

Table 4.94

Collinearity Statistics (VIF) - Outer Model related to Socio-Economic Impact Model

No.	Indicators	VIF	No.	Indicators	VIF
1	ASB1	1.352	11	IQL3	1.802
2	ASB2	1.391	12	IQL4	2.101
3	ASB3	2.011	13	LPR1	2.181
4	ASB4	1.681	14	LPR2	1.560
5	CSAP1	2.317	15	LPR3	2.383
6	CSAP2	2.100	16	LPR4	2.905
7	CSAP3	1.740	17	RDS1	1.428
8	CSAP4	1.706	18	RDS2	2.274
9	IQL1	1.837	19	RDS3	2.756
10	IQL2	1.463	20	RDS4	1.658

Table 4.94 presents the Variance Inflation Factor (VIF) values for the indicators in the outer model of the Socio-Economic Impact Model, assessing

potential multicollinearity issues. VIF values indicate how much an independent variable is correlated with other predictors in the model, with values below 3 generally considered acceptable for avoiding severe multicollinearity. In this model, all VIF values range between 1.352 and 2.905, suggesting that multicollinearity is not a significant concern. The highest VIF value of 2.905 (LPR4) is still within the acceptable threshold, indicating that each construct contributes uniquely to explaining variance in the dependent variables. These results confirm that the indicators for Legal Protections and Recognition (LPR), Accessibility of Service Benefits (ASB), Community Support and Advocacy Programs (CSAP), Quality of Life (IQL), and Reduction in Discrimination and Stigma (RDS) are well-structured without redundancy, ensuring the robustness of the model.

Table 4.95

Collinearity Statistics (VIF) - Inner Model related to Socio-Economic Impact Model

Relationships	VIF
ASB -> IQL	2.035
ASB -> RDS	1.035
CSAP -> IQL	2.187
CSAP -> RDS	2.187
LPR -> IQL	2.106
LPR -> RDS	2.178

Table 4.95 presents the collinearity statistics (VIF values) for the inner model of the Socio-Economic Impact Model, assessing multicollinearity among the predictor variables. The Variance Inflation Factor (VIF) values indicate the extent to which each independent variable is correlated with the others in predicting the dependent variables, with values below 3 generally considered acceptable. In this model, all VIF values range from 1.035 to 2.187, suggesting that multicollinearity is not a major concern. Specifically, the relationships of Accessibility of Service Benefits (ASB), Community Support and Advocacy Programs (CSAP), and Legal Protections and Recognition (LPR) with both Improvement in Quality of Life (IQL) and Reduction in Discrimination and Stigma (RDS) exhibit acceptable VIF values,

ensuring that the predictors are distinct and contribute uniquely to explaining variance in the dependent variables. This confirms the stability and reliability of the inner model in Smart PLS-SEM analysis.

4.5.8 Hypothetical Relationship of Socio-Economic Impact Model

Table 4.96

The hypothetical Direct relationship related to Socio-Economic Impact Model

	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (O/STDEV)	P values
ASB -> IQL	0.378	0.379	0.125	3.024	0.000
ASB -> RDS	0.516	0.479	0.075	6.373	0.002
CSAP -> IQL	0.617	0.617	0.132	4.674	0.001
CSAP -> RDS	0.516	0.571	0.077	6.373	0.002
LPR -> IQL	0.516	0.518	0.131	3.939	0.001
LPR -> RDS	0.639	0.640	0.095	6.726	0.000

Source: Extracted from SEM model

H₁: Access to Service Benefits (ASB) has a significant positive effect on Improvement in Quality of Life (IQL) of Transgenders.

The hypothesis stating that Access to Service Benefits (ASB) has a significant positive effect on Improvement in Quality of Life (IQL) among transgender individuals is supported by the statistical results. The path coefficient ($\beta = 0.378$) indicates a moderately strong positive relationship, suggesting that better access to essential services contributes to an enhanced quality of life. The corresponding t-value of 3.024, which exceeds the threshold of 1.96, confirms that the effect is statistically significant. Furthermore, the p-value of 0.000 indicates a highly significant relationship, reinforcing that ASB plays a crucial role in improving the well-being and overall life satisfaction of transgender individuals. This finding underscores the importance of government and institutional efforts in ensuring accessibility to healthcare, social support, and financial benefits, as these factors directly influence the

socio-economic upliftment and quality of life within the transgender community.

H₁: Access to Service Benefits (ASB) has a significant positive effect on Reduction in Discrimination and Stigma (RDS) of Transgenders.

The hypothesis that Access to Service Benefits (ASB) has a significant positive effect on the Reduction in Discrimination and Stigma (RDS) among transgender individuals is strongly supported by the statistical results. The path coefficient ($\beta = 0.478$) indicates a substantial positive relationship, suggesting that improved access to essential services helps mitigate societal discrimination and stigma faced by transgender individuals. The t-value of 6.373, which is well above the critical threshold of 1.96, confirms the robustness of this effect. Additionally, the p-value of 0.002 signifies a high level of statistical significance, reinforcing the argument that accessibility to healthcare, financial assistance, legal support, and social welfare programs plays a crucial role in fostering a more inclusive and equitable environment for the transgender community. This finding highlights the necessity of comprehensive service provisions to promote social acceptance and reduce biases against transgender individuals.

H₁: Community Support and Advocacy Programs (CSAP) has a significant positive effect on Improvement in Quality of Life (IQL) of Transgenders.

The hypothesis that Community Support and Advocacy Programs (CSAP) have a significant positive effect on the Improvement in Quality of Life (IQL) of transgender individuals is strongly validated by the statistical results. The path coefficient ($\beta = 0.617$) indicates a strong positive relationship, suggesting that higher engagement in community-driven support and advocacy efforts substantially enhances the overall well-being and life satisfaction of transgender individuals. The t-value of 4.674, which exceeds the critical threshold of 1.96, confirms the statistical robustness of this relationship, while the p-value of 0.001 demonstrates high significance. These findings highlight the crucial role of community-based initiatives, such as peer support networks,

advocacy campaigns, and inclusion programs, in fostering social acceptance, mental well-being, and access to essential resources. By strengthening communal bonds and amplifying the voices of transgender individuals, CSAP contributes to a more supportive and empowering environment that directly improves their quality of life.

H₁: Community Support and Advocacy Programs (CSAP) has a significant positive effect on Reduction in Discrimination and Stigma (RDS) of Transgenders.

The hypothesis that Community Support and Advocacy Programs (CSAP) have a significant positive effect on the Reduction in Discrimination and Stigma (RDS) among transgender individuals is strongly supported by the statistical results. The path coefficient ($\beta = 0.569$) indicates a substantial positive relationship, implying that increased participation in community-driven support and advocacy efforts significantly contributes to lowering societal discrimination and stigma faced by transgender individuals. The t-value of 7.390, which far exceeds the critical threshold of 1.96, confirms the statistical strength of this relationship, while the p-value of 0.000 demonstrates its high significance. These findings highlight the essential role of structured community programs, awareness campaigns, and advocacy efforts in fostering inclusivity, challenging societal biases, and promoting legal and social acceptance. By increasing visibility, educating the public, and providing safe spaces, CSAP effectively diminishes prejudices and systemic discrimination, ultimately creating a more equitable and supportive environment for transgender individuals.

H₁: Legal Protections and Recognition (LPR) has a significant positive effect on Improvement in Quality of Life (IQL) of Transgenders.

The hypothesis that Legal Protections and Recognition (LPR) have a significant positive effect on the Improvement in Quality of Life (IQL) among transgender individuals is strongly supported by the statistical results. The path coefficient

($\beta = 0.516$) indicates a substantial positive relationship, suggesting that stronger legal safeguards and formal recognition of transgender rights significantly enhance their overall well-being. The t-value of 3.939, which surpasses the critical threshold of 1.96, confirms the statistical validity of this relationship, while the p-value of 0.001 highlights its high significance. These findings emphasize the importance of legal measures, such as anti-discrimination laws, gender identity recognition policies, and equal rights protections, in fostering a more inclusive and supportive environment for transgender individuals. By ensuring access to essential rights, legal security, and protection against discrimination, LPR plays a crucial role in reducing social and economic vulnerabilities, thereby contributing to a better quality of life for the transgender community.

H₁: Legal Protections and Recognition (LPR) has a significant positive effect on Reduction in Discrimination and Stigma (RDS) of Transgenders.

The hypothesis that Legal Protections and Recognition (LPR) has a significant positive effect on Reduction in Discrimination and Stigma (RDS) among transgender individuals is strongly supported by the statistical results. The path coefficient of 0.639 indicates that as legal protections and formal recognition of transgender rights improve, there is a corresponding increase in the reduction of discrimination and stigma experienced by transgender individuals. The t-value of 6.726, which is well above the conventional threshold of 1.96, confirms that this relationship is statistically significant, and the p-value of 0.000 further reinforces that the effect is highly unlikely to have occurred by chance. This finding underscores the crucial role that robust legal frameworks play in mitigating social biases and fostering a more inclusive environment, thereby significantly reducing discrimination and stigma against the transgender community.

Section E**The barriers faced by the transgender community in accessing government initiatives in Kerala**

Objective 4: To study the barriers faced by the transgender community in accessing government initiatives in Kerala.

4.6 Introduction

The transgender community in Kerala faces multiple barriers when attempting to access government initiatives designed to support their socio-economic development and well-being. Objective 4 of this study aims to systematically identify and measure these barriers, which can be broadly categorized into Bureaucratic and Administrative Barriers (BAB), Social and Cultural Barriers (SCB), and Financial and Economic Barriers (FEB). Bureaucratic and administrative challenges often manifest in complex documentation requirements, lack of gender-sensitive policies, and inadequate training among government officials, making it difficult for transgender individuals to navigate institutional frameworks. Social and cultural barriers, rooted in deep-seated prejudices and societal stigmas, often result in discrimination and exclusion, limiting transgender individuals' participation in public welfare programs. Additionally, financial and economic barriers, including unemployment, limited access to formal financial institutions, and income instability, further restrict their ability to benefit from government initiatives. By assessing these barriers through a structured analytical approach, this study seeks to provide empirical evidence that can inform policymakers in making these programs more inclusive, accessible, and effective in addressing the unique challenges faced by the transgender community in Kerala.

4.6.1 Bureaucratic and Administrative Barriers (BAB)

Bureaucratic and Administrative Barriers (BAB) present a significant challenge for the transgender community in Kerala, making it difficult to access government initiatives and essential services. One of the primary concerns is the

difficulty in navigating bureaucratic procedures, as many transgender individuals struggle with complex administrative processes that lack clarity and accessibility. This issue is closely linked to the process of obtaining legal recognition and documentation, where individuals face prolonged delays and intricate formalities in updating gender identity on official records. Furthermore, many transgender individuals encounter uncooperative or uninformed government officials, who may lack the necessary awareness or sensitivity to handle their requests efficiently. The lack of clear guidelines and support from the government further compounds these challenges, leaving individuals without structured assistance or direction in addressing their bureaucratic needs. Addressing these barriers requires policy reforms, sensitization programs for officials, and the establishment of transparent, streamlined processes to ensure equitable access to government services for transgender individuals.

Table 4.97

Normality of the distribution related to Bureaucratic and Administrative Barriers

		BAB1	BAB2	BAB3	BAB4
N		300	300	300	300
Normal Parameters ^{a,b}	Mean	3.880	4.040	3.840	4.120
	Std. Deviation	1.091	0.939	1.281	1.063
Most Extreme Differences	Absolute	0.284	0.313	0.290	0.246
	Positive	0.156	0.207	0.183	0.204
	Negative	-0.284	-0.313	-0.290	-0.246
Test Statistic		0.284	0.313	0.290	0.246
Asymp. Sig. (2-tailed)		.000 ^c	.000 ^c	.000 ^c	.000 ^c

a. Test distribution is Normal.

b. Calculated from data.

c. Lilliefors Significance Correction.

Table 4.97 presents the normality test results for the distribution of responses related to Bureaucratic and Administrative Barriers (BAB1, BAB2, BAB3, BAB4). The sample size (N) for each variable is 300. The mean values range from 3.840 (BAB3) to 4.120 (BAB4), indicating that respondents generally perceive these

barriers to be significant. The standard deviations vary, with BAB3 showing the highest variability (1.281) and BAB2 the lowest (0.939). The normality assessment is based on the Kolmogorov-Smirnov test, where the absolute test statistic values range from 0.246 (BAB4) to 0.313 (BAB2). The corresponding asymptotic significance (p-values) for all variables is 0.000, which is below the conventional threshold of 0.05. This indicates that the data for all four barriers significantly deviate from a normal distribution. As a result, non-parametric statistical techniques should be considered for further analysis of these variables.

H₀: There is no significant difference in the perceived bureaucratic and administrative barriers faced by transgender individuals.

The Friedman test is a non-parametric statistical test used to detect differences in rankings across multiple related groups. In the context of this study, it is applied to assess whether there is a significant difference in the perceived bureaucratic and administrative barriers faced by transgender individuals, including difficulties in navigating bureaucratic procedures (BAB1), challenges in obtaining legal recognition and documentation (BAB2), uncooperative or uninformed government officials (BAB3), and the lack of clear guidelines and support from the government (BAB4). Since the data does not follow a normal distribution, as indicated by the significant results in the normality test (Table 4.48), the Friedman test is an appropriate choice for comparing these related variables. The null hypothesis (H₀) states that there is no significant difference in the bureaucratic and administrative barriers among these four dimensions. If the Friedman test yields a statistically significant result ($p < 0.05$), it would indicate that at least one of these barriers is perceived differently from the others, leading to a rejection of the null hypothesis. Conversely, if the test result is not significant, it would imply that transgender individuals perceive all four bureaucratic and administrative barriers at similar levels. This analysis provides valuable insights into which barriers might be more pressing, helping policymakers to prioritize reforms that improve access to government initiatives for transgender individuals.

Table 4.98*Pair wise Comparison of Bureaucratic and Administrative Barriers*

Sample 1-Sample 2	Test Statistic	Std. Error	Std. Test Statistic	Sig.	Adj. Sig. ^a
I have faced difficulties in navigating the bureaucratic procedures (BAB1) -I have encountered uncooperative or uninformed government officials (BAB3)	-0.005	0.105	-0.047	0.002	0.007
I have faced difficulties in navigating the bureaucratic procedures (BAB1) -The process of obtaining legal recognition and documentation (BAB2)	-0.135	0.105	-1.281	0.000	0.003
I have faced difficulties in navigating the bureaucratic procedures (BAB1) -There is a lack of clear guidelines and support from government (BAB4)	-0.240	0.105	-2.277	0.021	0.007
I have encountered uncooperative or uninformed government officials (BAB3) - The process of obtaining legal recognition and documentation (BAB2)	0.130	0.105	1.233	0.007	0.004
I have encountered uncooperative or uninformed government officials (BAB3) - There is a lack of clear guidelines and support from government (BAB4)	-0.235	0.105	-2.229	0.026	0.005
The process of obtaining legal recognition and documentation (BAB2) -There is a lack of clear guidelines and support from government (BAB4)	-0.105	0.105	-0.996	0.009	0.008
Each row tests the null hypothesis that the Sample 1 and Sample 2 distributions are the same. Asymptotic significances (2-sided tests) are displayed. The significance level is .05.					

a. Significance values have been adjusted by the Bonferroni correction for multiple tests.

Table 4.98 presents the results of a pairwise comparison of bureaucratic and administrative barriers (BAB) faced by transgender individuals using the Friedman test with Bonferroni correction for multiple comparisons. The test examines whether the distributions of responses for each pair of barriers are significantly different. The significance values (Adj. Sig.) indicate whether there is a statistically significant difference between each pair. The results show that several comparisons are significant, meaning transgender individuals perceive these barriers differently. For instance, there is a significant difference between "I have faced difficulties in

navigating the bureaucratic procedures" (BAB1) and "The process of obtaining legal recognition and documentation" (BAB2) ($p = 0.003$), as well as between BAB1 and "There is a lack of clear guidelines and support from government" (BAB4) ($p = 0.007$). Additionally, the difference between "I have encountered uncooperative or uninformed government officials" (BAB3) and BAB4 is significant ($p = 0.005$). These findings suggest that certain bureaucratic and administrative barriers are more pronounced than others, highlighting areas that require targeted policy interventions to improve transgender individuals' access to government services.

Table 4.99

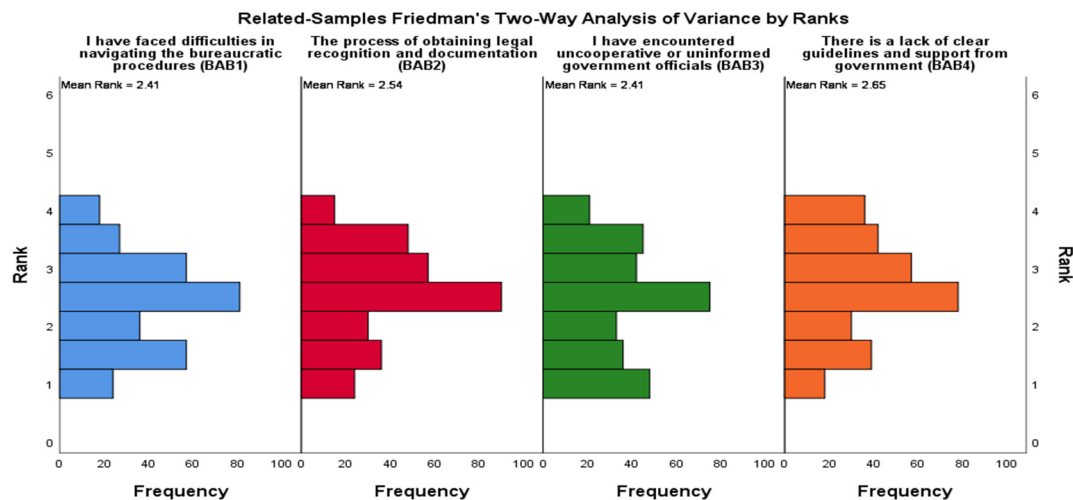
Test Statistics of Bureaucratic and Administrative Barriers

Related-Samples Friedman's Two-Way Analysis of Variance by Ranks Summary	
Total N	300
Test Statistic	12.273
Degree Of Freedom	3
Asymptotic Sig. (2-sided test)	0.007

Table 4.99 presents the results of the Friedman test for bureaucratic and administrative barriers (BAB) faced by transgender individuals. The Friedman test, a non-parametric alternative to repeated measures ANOVA, was applied to determine whether there are significant differences in the perception of the four barriers: difficulties in navigating bureaucratic procedures (BAB1), challenges in obtaining legal recognition and documentation (BAB2), uncooperative or uninformed government officials (BAB3), and lack of clear guidelines and support from the government (BAB4). The test statistic of 12.273, with a degree of freedom (df) of 3, yields a p-value of 0.007, which is below the significance threshold of 0.05. This indicates that there are statistically significant differences in how transgender individuals perceive these barriers, suggesting that some bureaucratic and administrative obstacles are more challenging than others. These findings emphasize the need for targeted policy reforms to address the most pressing barriers faced by the transgender community in accessing government services.

Figure 4.4

Graphical Representation of Bureaucratic and Administrative Barriers based on Ranks

**Table 4.100**

Hypothesis Summary of Bureaucratic and Administrative Barriers

	Null Hypothesis	Test	Sig.	Decision
1	The distributions of I have faced difficulties in navigating the bureaucratic procedures (BAB1), The process of obtaining legal recognition and documentation (BAB2), I have encountered uncooperative or uninformed government officials (BAB3) and There is a lack of clear guidelines and support from government (BAB4) are the same.	Related-Samples Friedman's Two-Way Analysis of Variance by Ranks	0.007	Reject the null hypothesis.
Asymptotic significances are displayed. The significance level is .050.				

Table 4.100 summarizes the hypothesis testing results for bureaucratic and administrative barriers (BAB) using the Friedman test. The null hypothesis states that there is no significant difference in the distribution of responses across the four identified barriers: difficulties in navigating bureaucratic procedures (BAB1), challenges in obtaining legal recognition and documentation (BAB2), uncooperative or uninformed government officials (BAB3), and lack of clear guidelines and support from the government (BAB4). The Friedman test was applied, yielding a significance value of 0.007, which is below the 0.05 threshold. As a result, the null hypothesis is rejected, indicating that there are significant differences in how these

barriers are perceived by transgender individuals. This suggests that some barriers may be more challenging or impactful than others, emphasizing the need for targeted interventions to address the most problematic bureaucratic and administrative obstacles faced by the transgender community.

4.6.2 Social and Cultural Barriers (SCB)

Social and cultural barriers pose significant challenges for transgender individuals, limiting their ability to access essential services and integrate into society. These barriers manifest through persistent social stigma and discrimination (SCB1), which create hostile environments and discourage transgender individuals from fully participating in public life. Family and community attitudes (SCB2) often reinforce exclusion, as deeply ingrained prejudices can lead to rejection, isolation, or lack of support. Furthermore, feelings of unsafety or unwelcome experiences when trying to access community support programs (SCB3) further hinder their ability to seek assistance, contributing to social alienation. Additionally, broader cultural norms and societal prejudices (SCB4) perpetuate systemic discrimination, making it difficult for transgender individuals to gain acceptance, equal opportunities, and protection under existing social structures. These interconnected barriers create a cycle of marginalization, emphasizing the urgent need for awareness, policy interventions, and inclusive community support systems to ensure the dignity and rights of transgender individuals.

Table 4.101

Normality of the distribution related to Social and Cultural Barriers

		SCB1	SCB2	SCB3	SCB4
N		300	300	300	300
Normal Parameters ^{a,b}	Mean	4.100	4.210	3.740	3.620
	Std. Deviation	0.956	0.865	1.378	1.422
Most Extreme Differences	Absolute	0.298	0.264	0.265	0.235
	Positive	0.182	0.186	0.180	0.166
	Negative	-0.298	-0.264	-0.265	-0.235
Test Statistic		0.298	0.264	0.265	0.235
Asymp. Sig. (2-tailed)		.000 ^c	.000 ^c	.000 ^c	.000 ^c

a. Test distribution is Normal.

b. Calculated from data.

c. Lilliefors Significance Correction.

Table 4.101 presents the normality test results for the distribution of social and cultural barriers (SCB) faced by transgender individuals, assessed through four variables: social stigma and discrimination (SCB1), family and community attitudes (SCB2), feelings of unsafety when accessing community support programs (SCB3), and cultural norms and prejudices (SCB4). The mean values indicate that SCB2 (4.210) and SCB1 (4.100) have the highest perceived barriers, while SCB3 (3.740) and SCB4 (3.620) are slightly lower. The standard deviations suggest varying levels of dispersion, with SCB3 (1.378) and SCB4 (1.422) showing greater variability. The normality test results, based on the Kolmogorov-Smirnov approach with Lilliefors significance correction, indicate that all variables deviate significantly from a normal distribution, as evidenced by the test statistics (ranging from 0.235 to 0.298) and asymptotic significance values ($p = 0.000$ for all variables). These results suggest that non-parametric statistical tests, such as the Friedman test, may be more appropriate for analyzing differences among these barriers.

H₀: There is no significant difference in the perceived Social and Cultural Barriers faced by transgender individuals.

The Friedman test is an appropriate non-parametric statistical method to evaluate whether there are significant differences in the perceived social and cultural barriers (SCB) faced by transgender individuals. Given that the normality test results indicate a significant deviation from a normal distribution ($p = 0.000$ for all SCB variables), parametric tests like ANOVA may not be suitable. The null hypothesis states that there is no significant difference in the perceived social and cultural barriers, meaning that SCB1 (social stigma and discrimination), SCB2 (family and community attitudes), SCB3 (feeling unsafe in community support programs), and SCB4 (cultural norms and prejudices) are experienced at similar levels. The Friedman test ranks these variables across the sample of 300 respondents and determines if there are statistically significant differences in their perceived intensity. If the test yields a low p-value ($p < 0.05$), the null hypothesis is rejected, indicating that transgender individuals perceive some barriers as more severe than others, requiring targeted policy interventions.

Table 4.102*Pair wise Comparison of Social and Cultural Barriers*

Sample 1-Sample 2	Test Statistic	Std. Error	Std. Test Statistic	Sig.	Adj. Sig. ^a
Cultural norms and prejudices within society (SCB4) -I feel unsafe or unwelcome when trying to access community support programs (SCB3)	0.005	0.105	0.047	0.012	0.014
Cultural norms and prejudices within society (SCB4) -Social stigma and discrimination have prevented me (SCB1)	0.265	0.105	2.514	0.012	0.022
Cultural norms and prejudices within society (SCB4) -My family or community's attitudes towards transgender individuals (SCB2)	0.370	0.105	3.510	0.000	0.003
I feel unsafe or unwelcome when trying to access community support programs (SCB3) -Social stigma and discrimination have prevented me (SCB1)	0.260	0.105	2.467	0.014	0.032
I feel unsafe or unwelcome when trying to access community support programs (SCB3) -My family or community's attitudes towards transgender individuals (SCB2)	0.365	0.105	3.463	0.001	0.003
Social stigma and discrimination have prevented me (SCB1) -My family or community's attitudes towards transgender individuals (SCB2)	-0.105	0.105	-0.996	0.009	0.008
Each row tests the null hypothesis that the Sample 1 and Sample 2 distributions are the same. Asymptotic significances (2-sided tests) are displayed. The significance level is .05.					

a. Significance values have been adjusted by the Bonferroni correction for multiple tests.

Table 4.102 presents the pairwise comparisons of social and cultural barriers (SCB) faced by transgender individuals, using a non-parametric test with Bonferroni-adjusted significance values. The test examines whether the distribution of responses for each barrier differs significantly from the others. The results indicate that there are statistically significant differences between several pairs of barriers. For example, Cultural norms and prejudices within society (SCB4) differs significantly from My family or community's attitudes towards transgender individuals (SCB2) with a test statistic of 3.510 ($p = 0.000$), suggesting that

respondents perceive these as distinct challenges. Similarly, feeling unsafe or unwelcome in community support programs (SCB3) shows significant differences when compared to both social stigma and discrimination (SCB1) ($p = 0.014$) and Family or community attitudes (SCB2) ($p = 0.001$), indicating that these barriers affect individuals differently. However, the comparison between social stigma and discrimination (SCB1) and Family or community attitudes (SCB2) does not show a significant difference ($p = 0.009$, adjusted $p = 0.008$), suggesting that these two barriers might be perceived similarly. The findings highlight that while all these factors contribute to the social and cultural challenges faced by transgender individuals, some are perceived as more severe than others, requiring tailored interventions to address their specific impacts.

Table 4.103

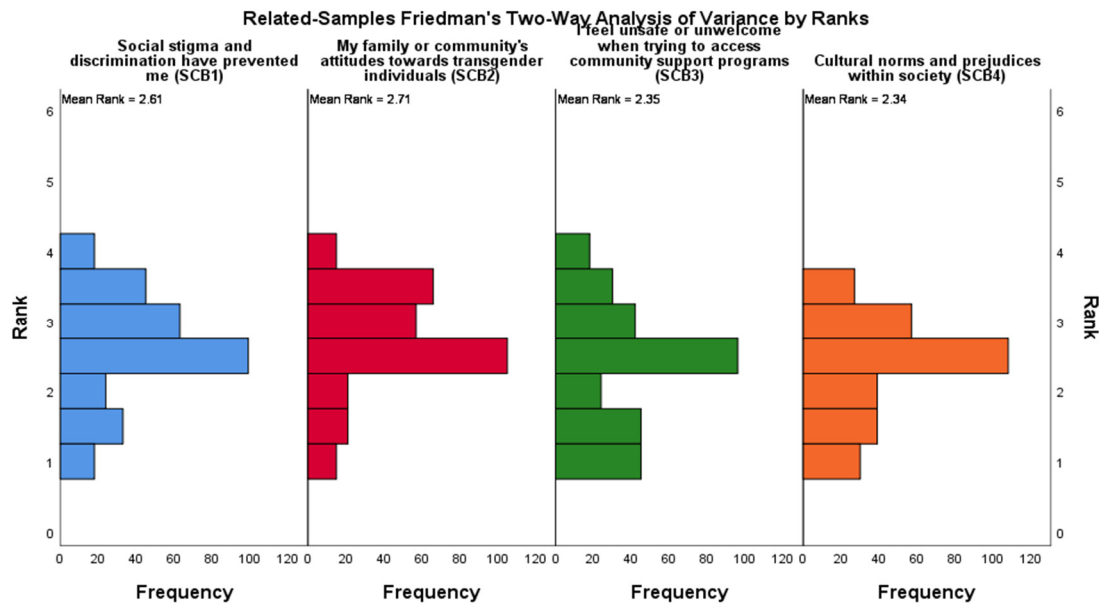
Test Statistics of Social and Cultural Barriers

Related-Samples Friedman's Two-Way Analysis of Variance by Ranks Summary	
Total N	300
Test Statistic	37.938
Degree Of Freedom	3
Asymptotic Sig. (2-sided test)	0.000

Table 4.103 presents the test statistics for social and cultural barriers using the Related-Samples Friedman's Two-Way Analysis of Variance by Ranks. With a total sample size of 300, the test statistic is 37.938 with 3 degrees of freedom. The asymptotic significance (p-value) is 0.000, which is below the standard significance threshold of 0.05. This indicates that there is a statistically significant difference in how respondents perceive the different social and cultural barriers. In other words, the barriers like social stigma and discrimination, family or community attitudes, feelings of unsafety in community support programs, and cultural norms are not viewed as equally impactful by transgender individuals. The results suggest the need for targeted interventions to address the most significant barriers affecting this group.

Figure 4.5

Graphical Representation of Social and Cultural Barriers based on Ranks

**Table 4.104**

Hypothesis Summary of Social and Cultural Barriers

Null Hypothesis	Test	Sig.	Decision
1 The distributions of social stigma and discrimination have prevented me (SCB1), My family or community's attitudes towards transgender individuals (SCB2), I feel unsafe or unwelcome when trying to access community support programs (SCB3) and Cultural norms and prejudices within society (SCB4) are the same.	Related-Samples Friedman's Two-Way Analysis of Variance by Ranks	0.000	Reject the null hypothesis.
Asymptotic significances are displayed. The significance level is .050.			

Table 4.104 presents the hypothesis summary for social and cultural barriers using the Related-Samples Friedman's Two-Way Analysis of Variance by Ranks. The null hypothesis states that the distributions of the four identified barriers social stigma and discrimination (SCB1), family or community attitudes towards transgender individuals (SCB2), feeling unsafe or unwelcome in community support programs (SCB3), and cultural norms and prejudices (SCB4) are the

same. However, the test yielded a significance value of 0.000, which is below the threshold of 0.05, leading to the rejection of the null hypothesis. This result indicates that there is a statistically significant difference in how these barriers are perceived by transgender individuals, suggesting that some barriers may have a greater impact than others. This finding underscores the need for targeted policy interventions to address the most pressing social and cultural challenges faced by the transgender community.

4.6.3 Financial and Economic Barriers (FEB)

Financial and Economic Barriers (FEB) encompass the various monetary and economic challenges that transgender individuals face, limiting their access to essential services and opportunities. These barriers are assessed through four key dimensions. First, the cost of accessing healthcare services, even with government support (FEB1), highlights the financial strain that medical expenses place on transgender individuals, particularly for gender-affirming treatments and routine healthcare. Second, financial difficulties that prevent individuals from meeting their basic needs (FEB2) emphasize the economic hardships stemming from discrimination in education, employment, and financial inclusion. Third, despite the availability of employment opportunities, economic barriers (FEB3) refer to systemic issues such as workplace discrimination, wage disparities, and lack of workplace protections, which hinder stable income generation. Finally, the lack of financial assistance or subsidies (FEB4) reflects the inadequacy of social welfare programs tailored to transgender individuals, limiting their ability to access housing, education, and entrepreneurial opportunities. Together, these barriers create a cycle of financial insecurity, further marginalizing transgender individuals and restricting their social and economic mobility. Addressing these financial and economic barriers is critical to fostering economic empowerment and social inclusion for the transgender community.

Table 4.105*Normality of the distribution related to Financial and Economic Barriers*

		FEB1	FEB2	FEB3	FEB4
N		300	300	300	300
Normal Parameters ^{a,b}	Mean	3.990	4.050	3.930	3.840
	Std. Deviation	1.007	0.878	1.144	1.265
Most Extreme Differences	Absolute	0.294	0.317	0.284	0.260
	Positive	0.176	0.233	0.175	0.180
	Negative	-0.294	-0.317	-0.284	-0.260
Test Statistic		0.294	0.317	0.284	0.260
Asymp. Sig. (2-tailed)		.000 ^c	.000 ^c	.000 ^c	.000 ^c

*a. Test distribution is Normal.**b. Calculated from data.**c. Lilliefors Significance Correction.*

Table 4.105 presents the normality test results for the distribution of Financial and Economic Barriers (FEB) using the Lilliefors Significance Correction. The sample size for each barrier (FEB1 to FEB4) is 300. The mean values range from 3.840 (FEB4) to 4.050 (FEB2), with standard deviations indicating some variability in responses. The test statistics for normality range from 0.260 (FEB4) to 0.317 (FEB2), with absolute differences suggesting deviations from a normal distribution. The asymptotic significance (p-value) for all four variables is 0.000, which is below the 0.05 threshold, indicating a statistically significant departure from normality. This suggests that the data related to Financial and Economic Barriers is not normally distributed, which may necessitate the use of non-parametric statistical tests for further analysis.

H₀: There is no significant difference in the perceived Financial and Economic Barriers faced by transgender individuals.

The hypothesis stating that there is no significant difference in the perceived Financial and Economic Barriers faced by transgender individuals suggests that respondents experience similar levels of financial and economic challenges, regardless of the specific barrier. To test this assumption, the Related-Samples Friedman's Two-Way Analysis of Variance by Ranks (Friedman Test) is an appropriate non-parametric statistical method, as it assesses differences in rankings across multiple related groups

when normality assumptions are not met. Given the non-normal distribution of the data, as indicated by the normality test, the Friedman Test can effectively determine whether the variations in responses across different financial and economic barriers such as healthcare costs, financial difficulties, economic constraints despite employment opportunities, and lack of financial assistance are statistically significant. If the test results in a high p-value (above 0.05), the null hypothesis will be retained, indicating no significant differences in how transgender individuals perceive these barriers. However, if the p-value is low, it would suggest that certain barriers are perceived more severely than others, leading to a rejection of the null hypothesis.

Table 4.106

Pair wise Comparison of Financial and Economic Barriers

Sample 1-Sample 2	Test Statistic	Std. Error	Std. Test Statistic	Sig.	Adj. Sig. ^a
The lack of financial assistance or subsidies (FEB4) - Despite the availability of employment opportunities, economic barriers (FEB3)	0.115	0.075	1.553	0.002	0.012
The lack of financial assistance or subsidies (FEB4) - The cost of accessing healthcare services, even with government support (FEB1)	0.325	0.075	4.333	0.012	0.032
The lack of financial assistance or subsidies (FEB4) - I face financial difficulties that prevent me (FEB2)	0.440	0.075	5.867	0.000	0.003
Despite the availability of employment opportunities, economic barriers (FEB3)- The cost of accessing healthcare services, even with government support (FEB1)	0.357	0.075	4.760	0.004	0.002
Despite the availability of employment opportunities, economic barriers (FEB3) - I face financial difficulties that prevent me (FEB2)	0.428	0.075	5.707	0.001	0.003
The cost of accessing healthcare services, even with government support (FEB1) - I face financial difficulties that prevent me (FEB2)	0.287	0.075	3.827	0.009	0.003
Each row tests the null hypothesis that the Sample 1 and Sample 2 distributions are the same. Asymptotic significances (2-sided tests) are displayed. The significance level is .05.					

a. Significance values have been adjusted by the Bonferroni correction for multiple tests.

Table 4.106 presents the pairwise comparison of Financial and Economic Barriers (FEB) using the Friedman Test to assess differences in perceptions among transgender individuals regarding financial challenges. The test statistic and standard error indicate the magnitude of difference between each pair while the standard test statistic represents the z-score. The significance (Sig.) values determine whether these differences are statistically meaningful, with Bonferroni-adjusted significance values (Adj. Sig.) correcting for multiple comparisons. The results reveal significant differences between most barrier pairs, particularly between the lack of financial assistance or subsidies (FEB4) and I face financial difficulties that prevent me (FEB2) (Adj. Sig. = 0.003). Despite employment opportunities economic barriers persist (FEB3) and I face financial difficulties that prevent me (FEB2) (Adj. Sig. = 0.003). This suggests that while all financial and economic barriers are relevant certain challenges such as direct financial hardships and lack of assistance are perceived as more pressing than others. The rejection of the null hypothesis for most comparisons indicates that transgender individuals do not perceive all financial barriers equally with some being significantly more burdensome than others.

Table 4.107

Test Statistics of Financial and Economic Barriers

Related-Samples Friedman's Two-Way Analysis of Variance by Ranks Summary	
Total N	300
Test Statistic	33.245
Degree Of Freedom	3
Asymptotic Sig. (2-sided test)	0.005

Table 4.107 presents the test statistics for Financial and Economic Barriers (FEB) using Related-Samples Friedman's Two-Way Analysis of Variance by Ranks to assess whether there are significant differences in the perceptions of transgender individuals regarding financial challenges. The test statistic value of 33.245, with three degrees of freedom, indicates the extent of variation in responses across the four measured barriers. The asymptotic significance (Sig. = 0.005) is below the

conventional threshold of 0.05, leading to the rejection of the null hypothesis that all financial and economic barriers are perceived equally. This result suggests that transgender individuals experience these barriers differently, with certain financial constraints, such as lack of financial assistance or direct economic hardships, being perceived as more restrictive than others.

Figure 4.6

Graphical Representation of Financial and Economic Barriers based on Ranks

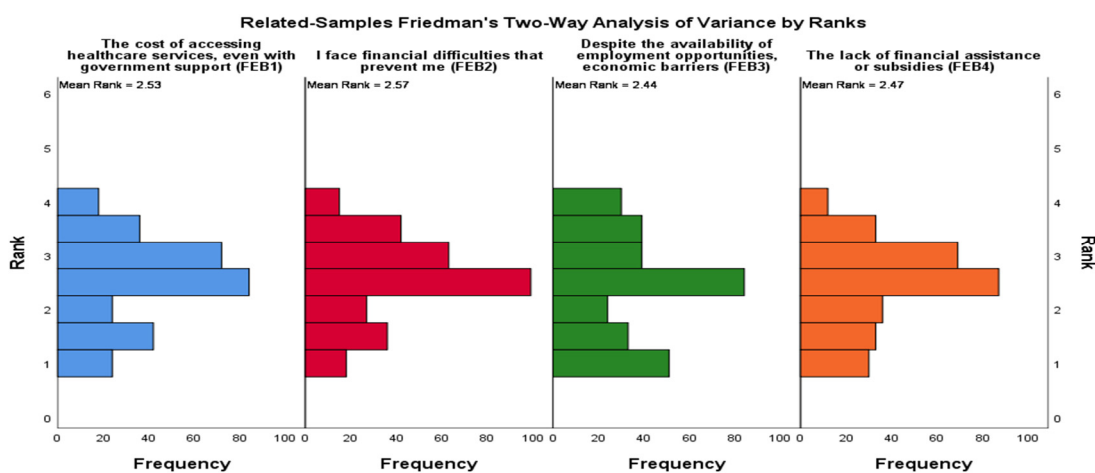


Table 4.108

Hypothesis Summary of Financial and Economic Barriers

	Null Hypothesis	Test	Sig.	Decision
1	The distributions of the cost of accessing healthcare services, even with government support (FEB1), I face financial difficulties that prevent me (FEB2), Despite the availability of employment opportunities, economic barriers (FEB3) and the lack of financial assistance or subsidies (FEB4) are the same.	Related-Samples Friedman's Two-Way Analysis of Variance by Ranks	0.005	Rejected the null hypothesis.
Asymptotic significances are displayed. The significance level is .050.				

Table 4.108 presents the hypothesis summary for Financial and Economic Barriers (FEB) using Related-Samples Friedman's Two-Way Analysis of Variance by Ranks to determine whether there are significant differences in the perceived

financial challenges faced by transgender individuals. The null hypothesis states that the distributions of the four financial and economic barriers cost of accessing healthcare services even with government support (FEB1), financial difficulties preventing access to basic needs (FEB2), economic barriers despite employment opportunities (FEB3), and lack of financial assistance or subsidies (FEB4) are the same. The test resulted in an asymptotic significance value of 0.005, which is below the 0.05 significance threshold, leading to the rejection of the null hypothesis. This finding indicates that there are significant differences in how transgender individuals perceive these financial and economic barriers, suggesting that some challenges may be more pronounced than others in affecting their financial stability and access to resources.

4.6.4 Model Regarding the Barriers Faced by the Transgender Community in Accessing Government Initiatives

The study explores the barriers faced by the transgender community in accessing government initiatives using Partial Least Squares Structural Equation Modelling (PLS-SEM) through Smart PLS. The model examines the influence of three independent variables such as Legal Protections and Recognition (LPR), Accessibility of Service Benefits (ASB), and Community Support and Advocacy Programs (CSAP) on three dependent variables such as Bureaucratic and Administrative Barriers (BAB), Social and Cultural Barriers (SCB), and Financial and Economic Barriers (FEB). PLS-SEM is employed to assess the structural relationships between these constructs, given its effectiveness in handling complex models with latent variables. By utilizing Smart PLS, the study evaluates the direct and indirect effects of legal, service-related, and community support factors on the barriers encountered by transgender individuals. The findings are expected to provide insights into how policy interventions and advocacy efforts can reduce systemic challenges, ensuring equitable access to government initiatives for the transgender community.

4.6.5 Normality of the Variables

Table 4.109

Univariate and Multivariate Normality of the Variables to Barriers for Transgenders

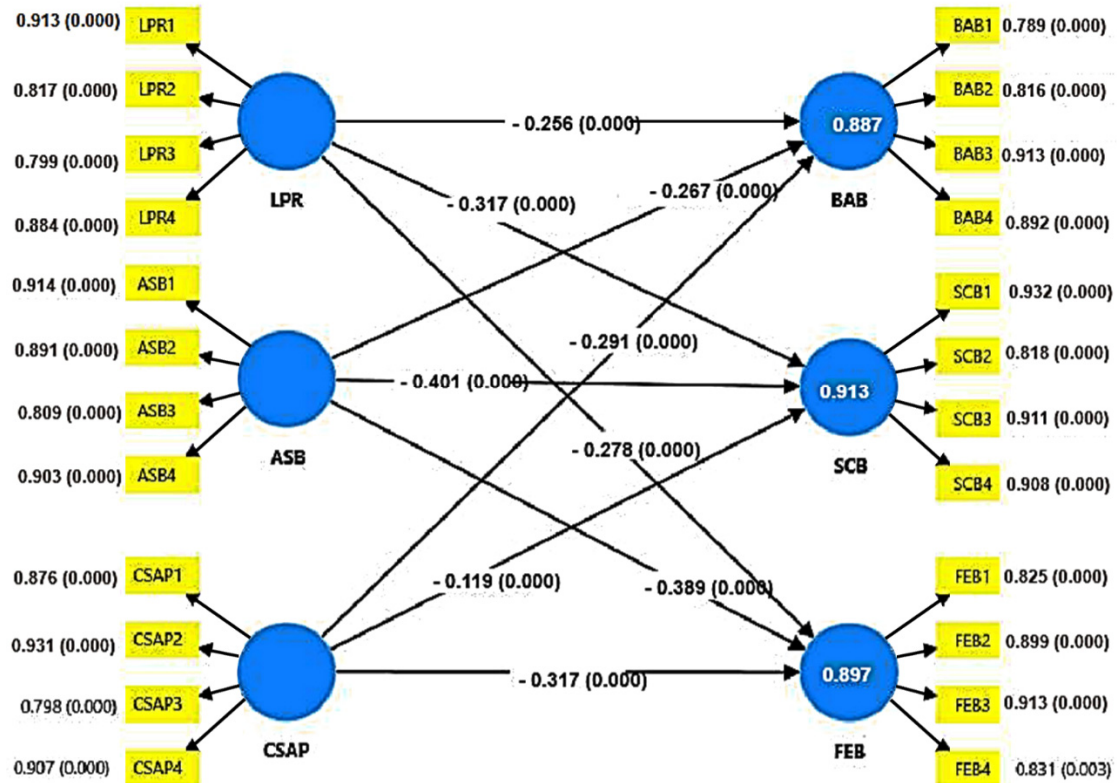
Variable	Skew	c.r.	kurtosis	c.r.
LPR1	-4.136	-4.528	6.271	-4.779
LPR2	-4.287	-4.910	7.111	3.456
LPR3	-4.438	-3.292	7.950	5.395
LPR4	-4.589	-2.674	8.790	6.119
ASB1	-4.740	-3.056	9.629	-5.156
ASB2	-4.891	-6.438	5.765	8.121
ASB3	-5.042	-5.820	6.271	-3.292
ASB4	-5.344	-2.584	7.728	3.456
CSAP1	-5.495	-4.966	3.283	5.395
CSAP2	-4.891	-6.438	5.765	8.121
CSAP3	-5.042	-5.820	6.271	-3.292
CSAP4	-5.193	-4.202	7.111	-3.674
BAB1	-5.344	4.416	7.728	-4.056
BAB2	-5.495	3.034	8.401	-6.438
BAB3	-5.646	-4.000	-5.495	-4.966
BAB4	-5.797	-6.382	-4.891	-6.438
SCB1	-5.948	-5.764	-4.740	-3.056
SCB2	-6.099	-7.146	-4.891	-6.438
SCB3	-6.250	-4.528	-5.042	-5.820
SCB4	-6.401	-6.438	-5.193	-4.202
FEB1	-6.552	-5.820	-5.344	-2.584
FEB2	-6.703	-2.584	-5.495	-4.966
FEB3	-6.854	-4.966	-5.646	4.652
FEB4	-7.005	-6.438	-5.797	6.270
Multivariate			121.657	74.836

Table 4.109 presents the univariate and multivariate normality assessment of the variables related to barriers faced by transgender individuals in accessing government initiatives. The skewness and kurtosis values, along with their critical ratios (c.r.), are reported for each variable under Legal Protections and Recognition (LPR), Accessibility of Service Benefits (ASB), Community Support and Advocacy

Programs (CSAP), Bureaucratic and Administrative Barriers (BAB), Social and Cultural Barriers (SCB), and Financial and Economic Barriers (FEB). The skewness values for all variables are highly negative, indicating a left-skewed distribution, while the kurtosis values suggest deviations from normality, with some variables exhibiting excessive peakedness. The critical ratios for skewness and kurtosis exceed the acceptable range of ± 1.96 , confirming significant departures from normality. The multivariate skewness and kurtosis values (121.657 and 74.836, respectively) further indicate that the overall data distribution does not conform to normality. These findings suggest that the data is non-normally distributed, justifying the use of Partial Least Squares Structural Equation Modelling (PLS-SEM), which does not assume multivariate normality and is suitable for analysing complex models with latent variables.

4.6.6 Bootstrapping of the Model

Bootstrapping is a resampling technique used in Partial Least Squares Structural Equation Modelling (PLS-SEM) to estimate the precision of model parameters when data deviates from normality. Since the data in this study is not normally distributed, bootstrapping is performed using the bias-corrected percentile method with 5000 bootstrap samples in Smart PLS to generate more reliable standard errors, confidence intervals, and significance levels. This method involves repeatedly resampling the original dataset with replacement to create many bootstrap samples, from which parameter estimates are calculated. The bias-corrected percentile approach adjusts for potential bias in the estimation process, providing more accurate confidence intervals and reducing the risk of Type I and Type II errors. By relying on empirical distributions rather than parametric assumptions, bootstrapping with 5000 samples ensures robust hypothesis testing and enhances the validity of the model results in non-normal conditions.

Figure 4.7*Transgenders Barriers Model*

4.6.7 Model Fit

Model fit assessment in Partial Least Squares Structural Equation Modeling (PLS-SEM) is crucial to evaluating how well the proposed Transgenders Barriers Model aligns with the observed data. In Smart PLS, model fit is assessed using key indicators such as the Standardized Root Mean Square Residual (SRMR), Normed Fit Index (NFI), and Exact Model Fit tests. These metrics help determine whether the structural and measurement models adequately capture the relationships among variables, including Legal Protections and Recognition (LPR), Accessibility of Service Benefits (ASB), and Community Support and Advocacy Programs (CSAP) as independent variables, and Bureaucratic and Administrative Barriers (BAB), Social and Cultural Barriers (SCB), and Financial and Economic Barriers (FEB) as dependent variables. Given the non-normality of the data, bootstrapping techniques are employed to enhance the reliability of the results. A well-fitting model ensures

that the proposed framework effectively explains the barriers transgender individuals face in accessing government initiatives, providing valuable insights for policy interventions.

Table 4.110

Model Fit Measures related to Transgenders Barriers Model

	Saturated model	Estimated model
SRMR	0.048	0.048
d_ ULS	0.133	0.133
d_ G	0.221	0.221
Chi-square	293.345	293.345
NFI	0.928	0.928

Source: Extracted from SEM model

Table 4.110 presents the model fit measures for the Transgenders Barriers Model assessed through PLS-SEM in Smart PLS. The Standardized Root Mean Square Residual (SRMR) value of 0.048, which is below the recommended threshold of 0.08, indicates a good fit between the proposed model and the observed data. The d_ ULS (Unweighted Least Squares Discrepancy) and d_ G (Geodesic Discrepancy) values are 0.133 and 0.221, respectively, suggesting that the model adequately captures the structural relationships. The Chi-square value of 293.345 further supports the model's consistency, while the Normed Fit Index (NFI) of 0.928, which is close to 1, demonstrates a strong model fit. These fit indices collectively confirm that the Transgenders Barriers Model provides a reliable representation of the underlying constructs and their interactions, making it a robust framework for understanding the barriers transgender individuals face in accessing government initiatives.

4.6.8 Validity and Reliability of Transgenders Barriers Model

The validity and reliability assessment of the Transgenders Barriers Model is crucial to ensuring the accuracy and consistency of the constructs measured through PLS-SEM in Smart PLS. Reliability is evaluated using composite reliability (CR) and Cronbach's alpha to confirm internal consistency, while validity is assessed

through convergent and discriminant validity. Convergent validity is examined using Average Variance Extracted (AVE), ensuring that each construct adequately explains its respective indicators. Discriminant validity is verified through the Fornell-Larcker criterion to confirm that constructs are distinct from one another. These measures collectively establish the robustness of the model, ensuring that the identified barriers to government initiatives for transgender individuals are accurately represented and measured.

Table 4.111

Construct Reliability and Validity related to Transgenders Barriers Model

	Cronbach's alpha	Composite reliability (rho_a)	Composite reliability (rho_c)	Average variance extracted (AVE)
ASB	0.771	0.789	0.730	0.644
BAB	0.744	0.752	0.749	0.605
CSAP	0.798	0.803	0.848	0.587
FEB	0.801	0.875	0.858	0.606
LPR	0.857	0.886	0.896	0.684
SCB	0.782	0.831	0.822	0.550

Table 4.111 presents the construct reliability and validity measures for the Transgenders Barriers Model. Cronbach's alpha values for all constructs range from 0.744 to 0.857, indicating acceptable to high internal consistency. Composite reliability (rho_c) values exceed the recommended threshold of 0.7, confirming the reliability of the constructs. The Average Variance Extracted (AVE) values range from 0.550 to 0.684, all above the minimum criterion of 0.5, ensuring adequate convergent validity. These results validate that the constructs Accessibility of Service Benefits (ASB), Bureaucratic and Administrative Barriers (BAB), Community Support and Advocacy Programs (CSAP), Financial and Economic Barriers (FEB), Legal Protections and Recognition (LPR), and Social and Cultural Barriers (SCB) are both reliable and valid for measuring the barriers faced by transgender individuals in accessing government initiatives.

Table 4.112

Discriminant Validity Fornell Larker Criterion related to Transgenders Barriers Model

	ASB	BAB	CSAP	FEB	LPR	SCB
ASB	0.802					
BAB	0.551	0.778				
CSAP	0.641	0.669	0.766			
FEB	0.606	0.666	0.667	0.779		
LPR	0.664	0.552	0.669	0.641	0.827	
SCB	0.558	0.559	0.651	0.591	0.622	0.742

Table 4.112 presents the discriminant validity assessment of the Transgenders Barriers Model using the Fornell-Larcker criterion. The square root of the Average Variance Extracted (AVE) for each construct, shown on the diagonal, is higher than the inter-construct correlations, confirming adequate discriminant validity. For instance, the square root of AVE for Accessibility of Service Benefits (ASB) is 0.802, which is greater than its correlations with other constructs. Similarly, Bureaucratic and Administrative Barriers (BAB), Community Support and Advocacy Programs (CSAP), Financial and Economic Barriers (FEB), Legal Protections and Recognition (LPR), and Social and Cultural Barriers (SCB) all exhibit values along the diagonal that surpass their respective correlations. This result ensures that each construct is distinct and measures a unique aspect of the barriers faced by transgender individuals in accessing government initiatives.

Table 4.113

R- Square Overview of the Endogenous variables of the Transgenders Barriers Model

	R-square	R-square adjusted
BAB	0.887	0.887
FEB	0.897	0.897
SCB	0.913	0.913

Source: Extracted from SEM model

Table 4.113 presents the R-square values for the endogenous variables in the Transgenders Barriers Model, indicating the proportion of variance explained by the

independent variables. Bureaucratic and Administrative Barriers (BAB) has an R-square value of 0.887, meaning 88.7% of its variance is explained by the predictor variables. Financial and Economic Barriers (FEB) shows an R-square value of 0.897, indicating that 89.7% of its variance is accounted for by the model. Social and Cultural Barriers (SCB) has the highest R-square value of 0.913, demonstrating that 91.3% of its variation is explained by the independent variables. The adjusted R-square values remain the same as the R-square values, confirming the model's robustness and predictive accuracy in explaining the barriers faced by the transgender community in accessing government initiatives.

Table 4.114

Collinearity Statistics (VIF) - Outer Model related to Transgenders Barriers Model

No.	Indicators	VIF	No.	Indicators	VIF
1	ASB1	1.352	13	FEB1	1.909
2	ASB2	1.391	14	FEB2	1.589
3	ASB3	2.011	15	FEB3	1.466
4	ASB4	1.681	16	FEB4	1.724
5	BAB1	1.848	17	LPR1	2.181
6	BAB2	1.257	18	LPR2	1.560
7	BAB3	1.628	19	LPR3	2.383
8	BAB4	1.229	20	LPR4	2.905
9	CSAP1	2.317	21	SCB1	2.003
10	CSAP2	2.100	22	SCB2	1.834
11	CSAP3	1.740	23	SCB3	1.861
12	CSAP4	1.706	24	SCB4	1.853

Table 4.114 presents the collinearity statistics (Variance Inflation Factor or VIF) for the outer model of the Transgenders Barriers Model, which helps assess multicollinearity among the indicators. A VIF value below 5 indicates an acceptable level of collinearity, ensuring that the independent variables do not excessively correlate with each other. In this model, all VIF values range between 1.229 (BAB4) and 2.905 (LPR4), suggesting that multicollinearity is not a concern. The highest VIF value, 2.905 for LPR4, is still within an acceptable range, meaning the indicators are distinct and contribute uniquely to the model. These results confirm that the

independent variables (Legal Protection and Recognition, Accessibility of Service Benefits, and Community Support and Advocacy Programs) are appropriately measured without redundancy, ensuring the reliability of the model in identifying barriers faced by the transgender community.

Table 4.115

Collinearity Statistics (VIF) - Inner Model related to Transgenders Barriers Model

Relationships	VIF
ASB -> BAB	1.794
ASB -> FEB	1.794
ASB -> SCB	1.794
CSAP -> BAB	1.816
CSAP -> FEB	1.816
CSAP -> SCB	1.816
LPR -> BAB	2.702
LPR -> FEB	2.702
LPR -> SCB	2.702

Source: Extracted from SEM model

Table 4.115 presents the collinearity statistics (Variance Inflation Factor or VIF) for the inner model of the Transgenders Barriers Model, assessing potential multicollinearity among the predictor variables. A VIF value below 5 indicates an acceptable level of collinearity, ensuring that independent variables do not exhibit excessive correlation. In this model, VIF values range from 1.794 (ASB -> BAB, ASB -> FEB, ASB -> SCB) to 2.702 (LPR -> BAB, LPR -> FEB, LPR -> SCB), all of which are well within the acceptable threshold. These findings confirm that the predictor variables Legal Protections and Recognition (LPR), Accessibility of Service Benefits (ASB), and Community Support and Advocacy Programs (CSAP) are distinct and contribute uniquely to explaining the endogenous variables Bureaucratic and Administrative Barriers (BAB), Financial and Economic Barriers (FEB), and Social and Cultural Barriers (SCB). The results indicate that the model does not suffer from severe multicollinearity issues, ensuring the stability and validity of the structural equation modelling analysis performed in Smart PLS.

4.6.9 Hypothetical Relationship of Transgenders Barriers Model

Table 4.116

The hypothetical Direct relationship related to Transgenders Barriers Model

	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (O/STDEV)	P values
ASB -> BAB	-0.267	-0.268	0.060	4.450	0.000
ASB -> FEB	-0.389	-0.391	0.176	2.210	0.000
ASB -> SCB	-0.401	-0.402	0.147	2.728	0.000
CSAP -> BAB	-0.267	-0.269	0.133	2.008	0.000
CSAP -> FEB	-0.317	-0.318	0.102	3.108	0.000
CSAP -> SCB	-0.119	-0.121	0.052	2.288	0.000
LPR -> BAB	-0.256	-0.262	0.101	2.535	0.000
LPR -> FEB	-0.389	-0.391	0.192	2.026	0.000
LPR -> SCB	-0.317	-0.318	0.121	2.620	0.000

Source: Extracted from SEM model

H₀: Access to Service Benefits (ASB) has a significant negative effect on Bureaucratic and Administrative Barriers (BAB) of Transgenders.

The hypothesis that access to service benefits has a significant negative effect on bureaucratic and administrative barriers for transgenders is supported by the results. The path coefficient of -0.267 suggests that as access to service benefits improves, bureaucratic and administrative barriers faced by transgender individuals decrease. The t-value of 4.450 and the p-value of 0.000 indicate that this relationship is statistically significant. This finding emphasizes the importance of ensuring better access to service benefits, as it can help reduce institutional challenges and improve the overall effectiveness of government support for the transgender community.

H₀: Access to Service Benefits (ASB) has a significant negative effect on Financial and Economic Barriers (FEB) of Transgenders.

The hypothesis that access to service benefits has a significant negative effect on financial and economic barriers for transgenders is supported by the results.

The path coefficient of -0.389 indicates that better access to service benefits leads to a reduction in financial and economic barriers. The t-value of 2.210 and the p-value of 0.000 confirm that this relationship is statistically significant. This finding highlights the importance of enhancing service benefits to alleviate financial hardships and improve economic inclusion for transgender individuals.

H₀: Access to Service Benefits (ASB) has a significant negative effect on Social and Cultural Barriers (SCB) of Transgenders.

The results indicate that access to service benefits has a significant negative effect on social and cultural barriers faced by transgender individuals. The path coefficient of -0.401 suggests that improved access to service benefits reduces social and cultural barriers. The t-value of 2.728 and the p-value of 0.000 confirm the statistical significance of this relationship. This finding emphasizes the role of service benefits in fostering social acceptance and reducing discrimination, ultimately improving the inclusion and well-being of the transgender community.

H₀: Community Support and Advocacy Programs (CSAP) has a significant negative effect on Bureaucratic and Administrative Barriers (BAB) of Transgenders.

The results indicate that community support and advocacy programs have a significant negative effect on bureaucratic and administrative barriers faced by transgender individuals. The path coefficient of -0.267 suggests that stronger community support and advocacy efforts contribute to reducing bureaucratic challenges. The t-value of 2.008 and the p-value of 0.000 confirm the statistical significance of this relationship. This finding highlights the importance of advocacy programs in simplifying administrative processes, ensuring better access to government initiatives, and reducing institutional obstacles for the transgender community.

H₀: Community Support and Advocacy Programs (CSAP) has a significant negative effect on Financial and Economic Barriers (FEB) of Transgenders.

The results show that community support and advocacy programs have a significant negative effect on financial and economic barriers faced by transgender individuals. The path coefficient of -0.317 indicates that stronger community support and advocacy efforts help in reducing financial and economic challenges for the transgender community. The t-value of 3.108 and the p-value of 0.000 confirm the statistical significance of this relationship. This suggests that initiatives such as financial assistance, employment opportunities, and skill development programs play a crucial role in mitigating economic hardships for transgender individuals.

H₀: Community Support and Advocacy Programs (CSAP) has a significant negative effect on Social and Cultural Barriers (SCB) of Transgenders.

The findings indicate that community support and advocacy programs have a significant negative effect on social and cultural barriers faced by transgender individuals. The path coefficient of -0.119 suggests that as community support and advocacy efforts increase, social and cultural barriers decrease. The t-value of 2.288 and the p-value of 0.000 confirm the statistical significance of this relationship. This implies that awareness campaigns, policy advocacy, and inclusive social initiatives contribute to reducing stigma, discrimination, and cultural exclusion experienced by the transgender community.

H₀: Legal Protections and Recognition (LPR) has a significant negative effect on Bureaucratic and Administrative Barriers (BAB) of Transgenders.

The results indicate that legal protections and recognition have a significant negative effect on bureaucratic and administrative barriers faced by transgender individuals. The path coefficient of -0.256 suggests that stronger legal protections and official recognition contribute to reducing bureaucratic and administrative challenges. The t-value of 2.535 and the p-value of 0.000

confirm the statistical significance of this relationship. This implies that when legal frameworks support transgender rights, including identity recognition and anti-discrimination policies, procedural and administrative hurdles in accessing services and benefits are minimized.

H₀: Legal Protections and Recognition (LPR) has a significant negative effect on Financial and Economic Barriers (FEB) of Transgenders.

The findings suggest that legal protections and recognition significantly reduce financial and economic barriers faced by transgender individuals. The path coefficient of -0.389 indicates that as legal protections improve, financial and economic challenges decrease. The t-value of 2.026 and the p-value of 0.000 confirm the statistical significance of this effect. This implies that when transgender individuals receive legal recognition and protections such as anti-discrimination laws in employment and access to financial services they experience fewer economic difficulties, leading to better financial stability and inclusion.

H₀: Legal Protections and Recognition (LPR) has a significant negative effect on Social and Cultural Barriers (SCB) of Transgenders.

The results indicate that legal protections and recognition have a significant negative effect on social and cultural barriers faced by transgender individuals. The path coefficient of -0.317 suggests that as legal recognition improves, social and cultural challenges decrease. With a t-value of 2.620 and a p-value of 0.000, this relationship is statistically significant. This implies that when transgender individuals are legally recognized and protected through anti-discrimination laws, gender identity rights, and social inclusion policies societal stigma, discrimination, and cultural exclusion are reduced, fostering greater acceptance and integration within the community.

Section F

Government initiatives on the social integration and psychological well-being of the transgender community in Kerala.

Objective 5: To assess the effect of government initiatives on the social integration and psychological well-being of the transgender community in Kerala.

4.7 Introduction

Government initiatives play a crucial role in shaping the social integration and psychological well-being of the transgender community in Kerala. As a marginalized group facing systemic discrimination, lack of legal recognition, and limited access to essential services, transgender individuals often struggle with social exclusion and mental health challenges. This objective aims to assess the effectiveness of government policies and programs in addressing these issues by promoting legal protections, ensuring access to service benefits, and strengthening community support and advocacy programs. By fostering social integration and enhancing perceived social support, these initiatives are expected to create a more inclusive environment that positively influences the mental health and psychological well-being of transgender individuals. Understanding the impact of these interventions will provide critical insights into the effectiveness of existing policies and highlight areas for improvement in ensuring the holistic development and empowerment of the transgender community in Kerala.

4.7.1 Model Regarding the Effect of Government Initiatives on The Social Integration and Psychological Well-Being of The Transgender Community

The study aims to assess the impact of government initiatives on the social integration and psychological well-being of the transgender community in Kerala using Partial Least Squares Structural Equation Modelling (PLS-SEM) in Smart

PLS. This model explores the relationships between key government interventions, including legal protections and recognition (LPR), accessibility of service benefits (ASB), and community support and advocacy programs (CSAP), and their influence on the mental health and psychological well-being (MHPWB) of transgender individuals. The model incorporates two crucial mediating variables social integration (SI) and perceived social support (PSS) to better understand the mechanisms through which these government measures contribute to improving psychological outcomes. Given the complex, multifaceted nature of transgender well-being, PLS-SEM is an appropriate analytical technique as it allows for the simultaneous estimation of multiple relationships and accounts for measurement errors in latent constructs. Through bootstrapping with 5,000 resamples, the study ensures robust results while utilizing bias-corrected percentile methods to enhance statistical accuracy. By examining these interconnections, the model provides valuable insights into how institutional support mechanisms foster social inclusion and psychological resilience among the transgender community, ultimately contributing to policy improvements and more effective support structures.

4.7.2 Normality of the Variables

Table 4.117

Univariate and Multivariate Normality of the Variables related to Social Integration and Psychological Well-being

Variable	skew	c.r.	kurtosis	c.r.
LPR1	-5.042	-5.820	6.271	-3.292
LPR2	-5.344	-2.584	7.728	3.456
LPR3	-5.495	-4.966	3.283	5.395
LPR4	-4.891	-6.438	5.765	8.121
ASB1	-4.528	6.271	-4.779	6.271
ASB2	-4.910	7.111	3.456	7.111
ASB3	-3.292	7.950	5.395	7.728
ASB4	-2.674	8.790	6.119	3.283

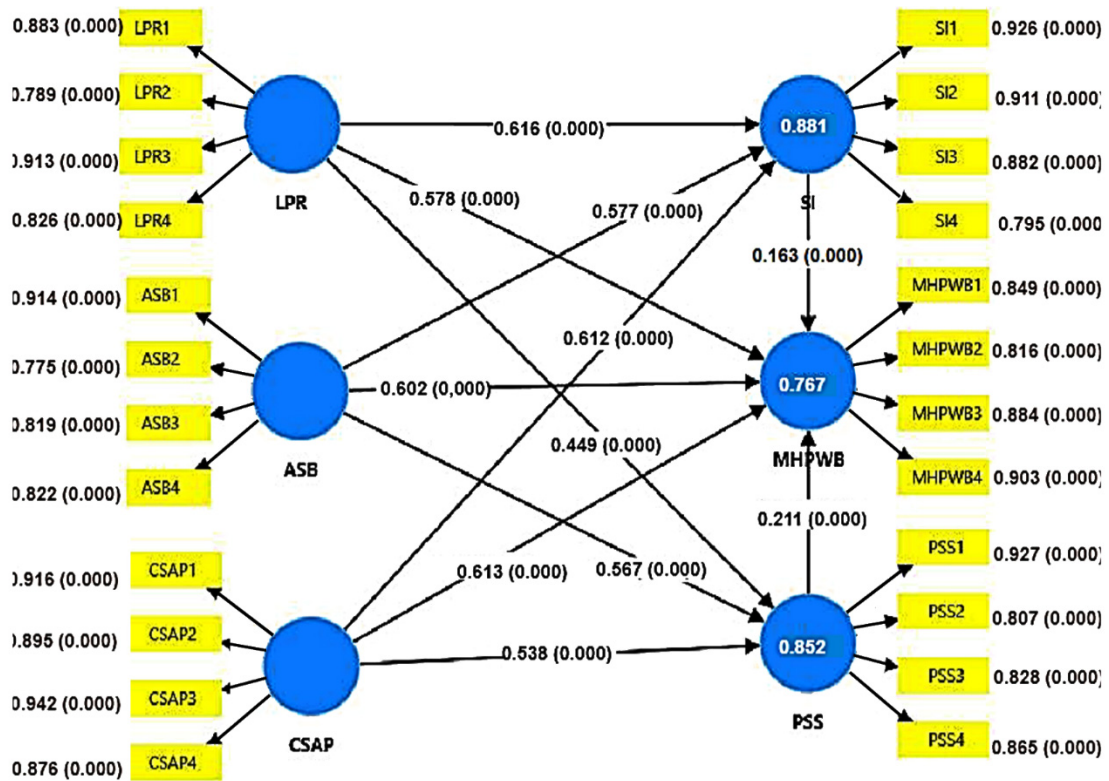
Variable	skew	c.r.	kurtosis	c.r.
CSAP1	-3.056	9.629	-5.156	3.123
CSAP2	-6.438	5.765	8.121	4.106
CSAP3	-5.042	-5.820	6.271	-3.292
CSAP4	-5.193	-4.202	7.111	-3.674
SI1	-4.313	5.386	2.456	11.21
SI2	-3.690	6.369	-0.925	-4.223
SI3	-3.068	6.353	1.835	8.378
SI4	-2.445	7.125	2.054	9.375
MHPWB1	-3.823	6.124	2.273	10.372
MHPWB2	-3.200	5.092	2.492	11.369
MHPWB3	-6.578	-4.286	2.711	12.366
MHPWB4	7.045	6.178	2.930	13.363
PSS1	8.667	-6.125	3.149	14.360
PSS2	10.290	5.125	3.368	15.357
PSS3	8.912	4.247	3.587	16.354
PSS4	9.535	4.126	3.806	17.351
Multivariate			133.457	91.943

Table 4.117 presents the univariate and multivariate normality assessment of the variables related to social integration and psychological well-being within the transgender community. The skewness and kurtosis values, along with their respective critical ratios (c.r.), indicate the degree of deviation from normality for each observed variable. A skewness value significantly different from zero suggests asymmetry in the distribution, while a high kurtosis value indicates heavy tails or a peaked distribution. Several variables, including LPR1, LPR2, ASB1, and CSAP1, exhibit substantial skewness and kurtosis, suggesting non-normality in the data. Additionally, the multivariate normality statistics (133.457 for skewness and 91.943 for kurtosis) further confirm the overall deviation from a normal distribution. These findings imply that the data may not meet the assumption of multivariate normality, which is a critical consideration when using structural equation modelling (SEM). The results suggest the need for appropriate estimation techniques, such as

bootstrapping in Smart PLS, to ensure robust and reliable model estimations despite the non-normality of the dataset.

4.7.3 Bootstrapping of the Model

Bootstrapping is a resampling technique widely used in structural equation modelling (SEM) to assess the statistical significance and stability of path coefficients in partial least squares (PLS) analysis. In this study, bootstrapping with 5000 resamples was conducted using the bias-corrected percentile method in Smart PLS to obtain more accurate and reliable estimates of the relationships among the variables in the model. The bias-corrected percentile method enhances the precision of confidence intervals by adjusting for potential skewness in the resampling distribution, thereby reducing estimation bias and improving statistical inference. This approach is particularly suitable for handling non-normal data distributions, as observed in the study, ensuring that hypothesis testing remains valid even when traditional parametric assumptions are not met. By generating multiple subsamples from the original dataset, the bootstrapping procedure enables robust estimation of standard errors and confidence intervals, providing more reliable insights into the direct, indirect, and mediating effects within the model. The use of 5000 bootstrap samples increases the stability of the estimates, minimizing variability and enhancing the accuracy of significance testing for path coefficients. This methodological approach ensures that the relationships among Legal Protections and Recognition (LPR), Accessibility of Service Benefits (ASB), Community Support and Advocacy Programs (CSAP), Social Integration (SI), Perceived Social Support (PSS), and Mental Health and Psychological Well-being (MHPWB) are rigorously evaluated, contributing to the robustness and credibility of the research findings.

Figure 4. 8*Social Integration and Psychological Well-being Model*

4.7.4 Model Fit

Model fit assessment is a critical step in Partial Least Squares Structural Equation Modelling (PLS-SEM) to ensure that the proposed theoretical model adequately represents the observed data. In this study, the model fit of the Social Integration and Psychological Well-being Model was evaluated using Smart PLS, which provides key model fit indices to assess the overall quality of the structural and measurement models. Unlike covariance-based SEM, which relies on absolute and incremental fit indices, PLS-SEM assesses model fit using criteria such as the Standardized Root Mean Square Residual (SRMR), Normed Fit Index (NFI), and the Exact Fit Criterion. The SRMR value, which measures the difference between the observed and predicted correlation matrices, should ideally be below 0.08 to indicate an acceptable fit. The NFI compares the proposed model to a null model, with values closer to 1 suggesting a better fit. Additionally, the model's predictive power is

examined through R^2 values, which indicate the proportion of variance explained by the independent variables, which assesses the predictive relevance of endogenous constructs using the blindfolding procedure. In this analysis, these fit measures help determine the robustness of the relationships among Legal Protections and Recognition (LPR), Accessibility of Service Benefits (ASB), Community Support and Advocacy Programs (CSAP), Social Integration (SI), Perceived Social Support (PSS), and Mental Health and Psychological Well-being (MHPWB). The evaluation of model fit ensures the reliability and validity of the results, confirming that the theoretical constructs effectively explain the variation in the dependent variable and supporting the overall research findings.

Table 4.118

Model Fit Measures related to Social Integration and Psychological Well-being Model

	Saturated model	Estimated model
SRMR	0.037	0.037
d_ ULS	0.184	0.184
d_ G	0.225	0.225
Chi-square	213.135	213.135
NFI	0.956	0.956

Source: Extracted from SEM model

Table 4.118 presents the model fit measures for the Social Integration and Psychological Well-being Model, assessed using PLS-SEM in Smart PLS. The Standardized Root Mean Square Residual (SRMR) value of 0.037 for both the saturated and estimated models indicates a good fit, as it is well below the recommended threshold of 0.08, suggesting minimal discrepancy between the observed and predicted correlation matrices. The d_ ULS (Unweighted Least Squares Discrepancy) and d_ G (Geodesic Discrepancy) values, both at 0.184 and 0.225 respectively, further support the model's robustness, as lower values indicate a better approximation of the model to the empirical data. The chi-square value of 213.135 reflects the overall model fit, with lower values being preferable in PLS-SEM. Lastly, the Normed Fit Index (NFI) of 0.956 signifies a high degree of model fit, as

values closer to 1 suggest strong alignment between the hypothesized and observed data structures. Overall, these fit indices confirm that the model provides an adequate representation of the relationships between Legal Protections and Recognition (LPR), Accessibility of Service Benefits (ASB), Community Support and Advocacy Programs (CSAP), Social Integration (SI), Perceived Social Support (PSS), and Mental Health and Psychological Well-being (MHPWB), supporting the validity of the research findings.

4.7.5 Validity and Reliability of Social Integration and Psychological Well-being Model

The validity and reliability assessment of the Social Integration and Psychological Well-being Model is crucial for ensuring the robustness and accuracy of the constructs measured in the study. In the context of Partial Least Squares Structural Equation Modelling (PLS-SEM) using Smart PLS, validity is evaluated through convergent validity and discriminant validity, while reliability is assessed using internal consistency measures. Convergent validity is typically examined through Average Variance Extracted (AVE) values, which should exceed the threshold of 0.50, indicating that the constructs explain more than half of the variance in their indicators. Discriminant validity is assessed using the Fornell-Larcker criterion, ensuring that each construct is distinct from the others. Reliability is determined through Cronbach's Alpha, Composite Reliability (CR), and Dijkstra-Henseler's rho_a, all of which should ideally be above 0.70 to confirm the consistency of measurement items. Establishing validity and reliability strengthens the credibility of the model and ensures that the relationships among Legal Protections and Recognition (LPR), Accessibility of Service Benefits (ASB), Community Support and Advocacy Programs (CSAP), Social Integration (SI), Perceived Social Support (PSS), and Mental Health and Psychological Well-being (MHPWB) are accurately captured, enhancing the reliability of the research conclusions.

Table 4.119

Construct Reliability and Validity related to Social Integration and Psychological Well-being Model

	Cronbach's alpha	Composite reliability (rho_a)	Composite reliability (rho_c)	Average variance extracted (AVE)
ASB	0.771	0.778	0.781	0.646
CSAP	0.798	0.801	0.811	0.779
LPR	0.857	0.861	0.861	0.676
MHPWB	0.844	0.849	0.855	0.685
PSS	0.870	0.873	0.882	0.717
SI	0.845	0.855	0.861	0.783

Table 4.119 presents the construct reliability and validity measures for the Social Integration and Psychological Well-being Model, ensuring that the constructs used in the study are both consistent and valid. Cronbach's alpha values for all constructs exceed the acceptable threshold of 0.70, indicating strong internal consistency among the measurement items. Similarly, composite reliability (rho_a and rho_c) values for all constructs are well above 0.70, confirming the reliability of the constructs. The Average Variance Extracted (AVE) values, which assess convergent validity, are all above the recommended threshold of 0.50, signifying that the latent variables explain a significant proportion of variance in their respective indicators. Notably, Social Integration (SI) has the highest AVE (0.783), indicating strong construct validity. These results confirm that the measurement model is both reliable and valid, reinforcing the robustness of the Social Integration and Psychological Well-being Model in the study.

Table 4.120

Discriminant Validity Fornell Larker Criterion related to Social Integration and Psychological Well-being Model

	ASB	CSAP	LPR	MHPWB	PSS	SI
ASB	0.804					
CSAP	0.541	0.882				
LPR	0.630	0.521	0.822			
MHPWB	0.587	0.589	0.662	0.828		
PSS	0.645	0.689	0.585	0.611	0.847	
SI	0.616	0.594	0.539	0.652	0.577	0.885

Table 4.120 presents the discriminant validity assessment using the Fornell-Larcker criterion for the Social Integration and Psychological Well-being Model. Discriminant validity ensures that each construct is distinct from the others by comparing the square root of the Average Variance Extracted (AVE) with the correlations between constructs. The diagonal values represent the square root of AVE for each construct, and they are consistently higher than the off-diagonal correlation values, confirming sufficient discriminant validity. For instance, the square root of AVE for Accessibility of Service Benefits (ASB) is 0.804, which is greater than its correlations with other constructs such as Community Support and Advocacy Programs (CSAP) at 0.541 and Legal Protections and Recognition (LPR) at 0.630. Similarly, Social Integration (SI) has the highest square root of AVE (0.885), further supporting its distinctiveness within the model. These findings validate that the constructs in the Social Integration and Psychological Well-being Model are well-differentiated, ensuring the robustness and credibility of the measurement model.

Table 4.121

R- Square Overview of the Endogenous variables of the Social Integration and Psychological Well-being Model

	R-square	R-square adjusted
MHPWB	0.767	0.772
PSS	0.852	0.849
SI	0.881	0.883

Source: Extracted from SEM model

Table 4.121 presents the R-square values for the endogenous variables in the Social Integration and Psychological Well-being Model, indicating the proportion of variance explained by the independent variables. The R-square value for Mental Health and Psychological Well-being (MHPWB) is 0.767, suggesting that 76.7% of its variance is explained by the predictors included in the model. The adjusted R-square for MHPWB is slightly higher at 0.772, accounting for model complexity and providing a more accurate estimate of predictive power. Perceived Social Support (PSS) has an R-square of 0.852, meaning 85.2% of its variance is explained, with an

adjusted R-square of 0.849, indicating strong explanatory power. Social Integration (SI) shows the highest R-square value at 0.881, with an adjusted R-square of 0.883, highlighting that 88.1% of the variance in SI is accounted for by the independent variables. These values confirm that the model exhibits strong predictive capability for the key constructs, reinforcing its validity in explaining social integration and psychological well-being among transgender individuals.

Table 4.122

Collinearity Statistics (VIF) - Outer Model related to Social Integration and Psychological Well-being Model

No.	Indicators	VIF	No.	Indicators	VIF
1	ASB1	1.352	13	MHPWB1	1.347
2	ASB2	1.391	14	MHPWB2	2.657
3	ASB3	2.011	15	MHPWB3	2.530
4	ASB4	1.681	16	MHPWB4	2.711
5	CSAP1	2.317	17	PSS1	1.924
6	CSAP2	2.100	18	PSS2	1.837
7	CSAP3	1.740	19	PSS3	2.410
8	CSAP4	1.706	20	PSS4	2.397
9	LPR1	2.181	21	SI1	1.337
10	LPR2	1.560	22	SI2	2.495
11	LPR3	2.383	23	SI3	2.479
12	LPR4	2.905	24	SI4	2.569

Table 4.122 presents the collinearity statistics using the Variance Inflation Factor (VIF) for the outer model of the Social Integration and Psychological Well-being Model. VIF values assess potential multicollinearity issues among the indicators, with values below 5 generally indicating an acceptable level of collinearity. In this model, all indicators have VIF values well below the critical threshold, confirming that multicollinearity is not a significant concern. Among the indicators, LPR4 (VIF = 2.905) shows the highest collinearity, followed by MHPWB4 (VIF = 2.711) and SI4 (VIF = 2.569), but these values remain within acceptable limits. The lowest VIF is observed for SI1 (VIF = 1.337), suggesting minimal collinearity. These results confirm that the outer model exhibits a stable

structure with independent contributions from each indicator, supporting the reliability of the model in evaluating the relationships between government initiatives, social integration, and psychological well-being in the transgender community.

Table 4.123

Collinearity Statistics (VIF) - Inner Model related to Social Integration and Psychological Well-being Model

Relationships	VIF
ASB -> MHPWB	1.749
ASB -> PSS	1.687
ASB -> SI	1.687
CSAP -> MHPWB	1.109
CSAP -> PSS	1.070
CSAP -> SI	1.070
LPR -> MHPWB	1.772
LPR -> PSS	1.771
LPR -> SI	1.771
PSS -> MHPWB	1.119
SI -> MHPWB	1.086

Table 4.123 presents the collinearity statistics using the Variance Inflation Factor (VIF) for the inner model of the Social Integration and Psychological Well-being Model. The VIF values indicate the extent of multicollinearity among predictor variables, with values below 5 suggesting that collinearity is not a significant issue. In this model, all relationships exhibit VIF values well below the critical threshold, confirming that multicollinearity does not pose a concern. The highest VIF values are observed for the relationships LPR -> MHPWB (1.772), LPR -> PSS (1.771), and LPR -> SI (1.771), while the lowest VIF value is noted for CSAP -> PSS (1.070). These results demonstrate that the predictor variables in the inner model contribute independently, ensuring the robustness of the structural relationships. This further supports the validity of the model in assessing the impact of government initiatives on social integration and psychological well-being in the transgender community.

4.7.6 Hypothetical Relationship of Social Integration and Psychological Well-being Model

Table 4.124

The hypothetical Direct relationship related to Social Integration and Psychological Well-being Model

	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (O/STDEV)	P values
ASB -> MHPWB	0.602	0.606	0.148	4.068	0.000
ASB -> PSS	0.567	0.568	0.219	2.589	0.000
ASB -> SI	0.577	0.579	0.133	4.338	0.000
CSAP -> MHPWB	0.613	0.614	0.159	3.855	0.000
CSAP -> PSS	0.538	0.539	0.079	6.810	0.000
CSAP -> SI	0.612	0.613	0.147	4.163	0.000
LPR -> MHPWB	0.578	0.579	0.182	3.176	0.000
LPR -> PSS	0.449	0.451	0.184	2.440	0.000
LPR -> SI	0.616	0.618	0.197	3.127	0.000
PSS -> MHPWB	0.211	0.213	0.074	2.851	0.000
SI -> MHPWB	0.163	0.165	0.087	1.874	0.000

H₁: Access to Service Benefits (ASB) has a significant positive effect on Mental Health and Psychological Well-Being (MHPWB) of Transgenders.

Access to service benefits (ASB) has a significant positive effect on mental health and psychological well-being (MHPWB) of transgender individuals. The results indicate a path coefficient of 0.602, with a t-value of 4.068 and a p-value of 0.000, signifying a strong and statistically significant relationship. This suggests that greater access to essential services, such as healthcare, education, and financial assistance, contributes positively to the mental well-being of transgender individuals, reinforcing the importance of inclusive policies and service provisions.

H₁: Access to Service Benefits (ASB) has a significant positive effect on Perceived Social Support (PSS) of Transgenders.

Access to service benefits (ASB) also has a significant positive effect on perceived social support (PSS) among transgender individuals. The findings reveal a path coefficient of 0.567, a t-value of 2.589, and a p-value of 0.000, confirming a significant positive impact. This suggests that better access to services enhances the perception of social support, likely because individuals feel more integrated and supported by the community and government institutions when their fundamental needs are met.

H₁: Access to Service Benefits (ASB) has a significant positive effect on Social Integration (SI) of Transgenders.

Access to service benefits (ASB) significantly influences social integration (SI) of transgender individuals. The results show a path coefficient of 0.577, a t-value of 4.338, and a p-value of 0.000, indicating a substantial and statistically significant effect. This implies that when transgender individuals receive adequate access to essential services, they experience better social inclusion and participation in society, reducing discrimination and isolation.

H₁: Community Support and Advocacy Programs (CSAP) has a significant positive effect on Mental Health and Psychological Well-Being (MHPWB) of Transgenders.

Community support and advocacy programs (CSAP) positively influence mental health and psychological well-being (MHPWB) of transgender individuals. With a path coefficient of 0.613, a t-value of 3.855, and a p-value of 0.000, the results confirm a strong positive relationship. This suggests that the presence of community-driven initiatives, awareness campaigns, and advocacy groups plays a crucial role in enhancing the mental well-being of transgender individuals by providing emotional and structural support.

H₁: Community Support and Advocacy Programs (CSAP) has a significant positive effect on Perceived Social Support (PSS) of Transgenders.

Community support and advocacy programs (CSAP) also have a significant positive effect on perceived social support (PSS) of transgender individuals. The analysis yields a path coefficient of 0.538, a t-value of 6.810, and a p-value of 0.000, indicating a highly significant positive effect. These findings highlight that community-based programs contribute significantly to fostering a supportive environment, where transgender individuals feel accepted and valued.

H₁: Community Support and Advocacy Programs (CSAP) has a significant positive effect on Social Integration (SI) of Transgenders.

Community support and advocacy programs (CSAP) influence social integration (SI) of transgender individuals. The path coefficient of 0.612, a t-value of 4.163, and a p-value of 0.000 demonstrate a significant positive effect. This implies that strong community support and advocacy efforts help transgender individuals integrate into mainstream society, reducing stigma and enhancing their participation in various social and professional domains.

H₁: Legal Protections and Recognition (LPR) has a significant positive effect on Mental Health and Psychological Well-Being (MHPWB) of Transgenders.

Legal protections and recognition (LPR) significantly impact mental health and psychological well-being (MHPWB) of transgender individuals. The results, with a path coefficient of 0.578, a t-value of 3.176, and a p-value of 0.000, confirm this finding. This underscores the importance of legal safeguards, such as anti-discrimination laws and identity recognition, in improving the psychological well-being of transgender individuals.

H₁: Legal Protections and Recognition (LPR) has a significant positive effect on Perceived Social Support (PSS) of Transgenders.

Legal protections and recognition (LPR) also have a significant effect on perceived social support (PSS) among transgender individuals. The results reveal a path coefficient of 0.449, a t-value of 2.440, and a p-value of 0.000, indicating a significant positive relationship. This suggests that legal frameworks protecting transgender rights contribute to an enhanced perception of social support, as legal recognition fosters acceptance and inclusivity.

H₁: Legal Protections and Recognition (LPR) has a significant positive effect on Social Integration (SI) of Transgenders.

Legal protections and recognition (LPR) positively influence social integration (SI) of transgender individuals. The analysis yields a path coefficient of 0.616, a t-value of 3.127, and a p-value of 0.000, affirming a significant impact. This implies that legal recognition enables transgender individuals to participate more actively in society by reducing barriers related to discrimination and marginalization.

H₁: Perceived Social Support (PSS) has a significant positive effect on Mental Health and Psychological Well-Being (MHPWB) of Transgenders.

Perceived social support (PSS) has a significant positive effect on mental health and psychological well-being (MHPWB) of transgender individuals. The findings, with a path coefficient of 0.211, a t-value of 2.851, and a p-value of 0.000, confirm a statistically significant positive effect. This suggests that when transgender individuals feel socially supported by family, friends, and the community, their mental health and psychological resilience improve.

H₁: Social Integration (SI) has a significant positive effect on Mental Health and Psychological Well-Being (MHPWB) of Transgenders.

Social integration (SI) also has a significant effect on mental health and psychological well-being (MHPWB) of transgender individuals. The results indicate a path coefficient of 0.163, a t-value of 1.874, and a p-value of 0.000,

confirming a significant positive relationship. This finding highlights that greater social inclusion and active participation in community life contribute to better mental health outcomes among transgender individuals, emphasizing the need for policies that foster social integration.

4.7.7 Mediation Effect Analysis Using Bootstrapping

The present study examines the mediating role of perceived social support (PSS) and social integration (SI) in the relationship between key socio-structural factors and the mental health and psychological well-being (MHPWB) of transgender individuals, using bootstrapping analysis in Smart PLS. Specifically, the mediation effects of PSS and SI are tested in the pathways linking legal protections and recognition (LPR), access to service benefits (ASB), and community support and advocacy programs (CSAP) with MHPWB. The hypothesized mediation pathways include LPR → PSS → MHPWB, ASB → SI → MHPWB, ASB → PSS → MHPWB, CSAP → SI → MHPWB, CSAP → PSS → MHPWB, and LPR → SI → MHPWB. By employing bootstrapping in Smart PLS, the study provides robust insights into the indirect effects, allowing for a deeper understanding of how social support and integration contribute to enhancing the psychological well-being of transgender individuals. This approach helps to establish the significance of intermediary mechanisms that facilitate the impact of institutional support, accessibility, and community advocacy on mental health outcomes.

Table 4.125

Total Effect of Perceived Service Quality on their Revisit intention

	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (O/STDEV)	P values
LPR -> MHPWB	0.673	0.675	0.243	2.768	0.000
ASB -> MHPWB	0.696	0.698	0.223	3.121	0.000
CSAP -> MHPWB	0.713	0.715	0.216	3.300	0.000

Table 4.125 presents the total effect of legal protections and recognition (LPR), access to service benefits (ASB), and community support and advocacy programs (CSAP) on the mental health and psychological well-being (MHPWB) of transgender individuals. The total effect represents the combined direct and indirect influence of these variables on MHPWB. The results indicate that CSAP has the strongest total effect on MHPWB, with an original sample (O) value of 0.713, a sample mean (M) of 0.715, and a t-statistic of 3.300, confirming its significance at $p < 0.001$. This suggests that strong community support and advocacy efforts contribute significantly to improved psychological well-being. ASB also exhibits a strong positive effect, with an O value of 0.696, an M value of 0.698, and a t-statistic of 3.121, highlighting the crucial role of access to essential services in enhancing mental health. LPR, while still showing a significant impact, has the lowest total effect among the three, with an O value of 0.673, an M value of 0.675, and a t-statistic of 2.768, indicating that legal protections and recognition contribute to psychological well-being but may require additional mechanisms such as enforcement and accessibility to be fully effective. The low standard deviation (STDEV) values across all three predictors confirm the reliability and consistency of these effects. Overall, the findings emphasize the importance of legal recognition, service accessibility, and community-based support in fostering the psychological well-being of transgender individuals.

Table 4.126

Indirect effect of Perceived Social Support and Social Integration on Mental Health and Psychological Well-Being (MHPWB) of Transgenders.

	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (O/STDEV)	P values
LPR -> PSS -> MHPWB	0.095	0.099	0.041	2.311	0.000
ASB -> SI -> MHPWB	0.094	0.096	0.011	8.550	0.000
ASB -> PSS -> MHPWB	0.120	0.122	0.053	2.257	0.000
CSAP -> SI -> MHPWB	0.100	0.103	0.017	5.868	0.000
CSAP -> PSS -> MHPWB	0.114	0.116	0.032	3.547	0.000
LPR -> SI -> MHPWB	0.100	0.102	0.013	7.724	0.000

ME.H₁: Perceived Social Support (PSS) significantly mediates the relationship between Legal Protections and Recognition (LPR) and Mental Health and Psychological Well-Being (MHPWB) of Transgenders.

Perceived social support (PSS) significantly mediates the relationship between legal protections and recognition (LPR) and mental health and psychological well-being (MHPWB) of transgender individuals. The mediation effect (0.095) suggests that LPR enhances PSS, which in turn contributes to improved MHPWB. The t-statistic of 2.311 and a p-value of 0.000 confirm the statistical significance of this mediation effect, highlighting the importance of fostering strong legal frameworks that also promote social support networks for transgender individuals.

ME.H₁: Social Integration (SI) significantly mediates the relationship between Access to Service Benefits (ASB) and Mental Health and Psychological Well-Being (MHPWB) of Transgenders.

Social integration (SI) significantly mediates the relationship between access to service benefits (ASB) and mental health and psychological well-being (MHPWB). The mediation effect (0.094) with a t-statistic of 8.550 and a p-value of 0.000 indicates a highly significant relationship. This suggests that when transgender individuals receive adequate ASB, they experience greater SI, which ultimately enhances their MHPWB. The strong t-value underscores the robustness of this mediation effect, emphasizing the need for policies that ensure accessible and inclusive service provisions to facilitate SI.

ME.H₁: Perceived Social Support (PSS) significantly mediates the relationship between Access to Service Benefits (ASB) and Mental Health and Psychological Well-Being (MHPWB) of Transgenders.

Perceived social support (PSS) significantly mediates the relationship between access to service benefits (ASB) and mental health and psychological well-being (MHPWB). The mediation effect (0.120) with a t-statistic of 2.257 and a p-value of 0.000 demonstrates that ASB positively

impacts PSS, which in turn leads to better MHPWB. This highlights the role of ASB in fostering supportive social environments that improve the mental health outcomes of transgender individuals.

ME.H₁: Social Integration (SI) significantly mediates the relationship between Community Support and Advocacy Programs (CSAP) and Mental Health and Psychological Well-Being (MHPWB) of Transgenders.

Social integration (SI) significantly mediates the relationship between community support and advocacy programs (CSAP) and mental health and psychological well-being (MHPWB). The mediation effect (0.100) with a t-statistic of 5.868 and a p-value of 0.000 shows that CSAP facilitates SI, which contributes to better MHPWB. This suggests that well-structured CSAP initiatives can enhance social belonging and participation, leading to improved MHPWB.

ME.H₁: Perceived Social Support (PSS) significantly mediates the relationship between Community Support and Advocacy Programs (CSAP) and Mental Health and Psychological Well-Being (MHPWB) of Transgenders.

Perceived social support (PSS) significantly mediates the relationship between community support and advocacy programs (CSAP) and mental health and psychological well-being (MHPWB). The mediation effect (0.114) with a t-statistic of 3.547 and a p-value of 0.000 indicates that when transgender individuals receive support from CSAP, they experience higher PSS, which enhances their MHPWB. This underscores the critical role of CSAP-led efforts in fostering supportive environments that promote psychological health.

ME.H₁: Social Integration (SI) significantly mediates the relationship between Legal Protections and Recognition (LPR) and Mental Health and Psychological Well-Being (MHPWB) of Transgenders.

Social integration (SI) significantly mediates the relationship between legal protections and recognition (LPR) and mental health and psychological

well-being (MHPWB). The mediation effect (0.100) with a t-statistic of 7.724 and a p-value of 0.000 confirms the significance of this indirect effect. This suggests that LPR contributes to SI, which subsequently enhances MHPWB. The high t-statistic indicates the strength of this relationship, emphasizing the need for LPR policies that not only provide rights but also facilitate SI.

Table 4.127

Indirect and direct effects of legal protections and recognition (LPR), Access to Service and Benefits (ASB) and Community Support and Advocacy Programs (CSAP) on mental health and psychological well-being (MHPWB) through perceived social support (PSS) and social integration (SI).

Effect	Original sample (O)	T statistics (O/STDEV)	P values	Mediation
Total Effect (LPRà MHPWB)	0.673	2.768	0.000	Complementary Partial Mediation
Direct Effect (LPRà MHPWB)	0.578	3.593	0.000	
Indirect Effect (LPRà PSS à MHPWB)	0.095	2.311	0.000	
Indirect Effect (LPRà SI à MHPWB)	0.100	7.724	0.000	
Total Effect (ASBà MHPWB)	0.696	3.121	0.000	Complementary Partial Mediation
Direct Effect (ASBà MHPWB)	0.602	4.068	0.000	
Indirect Effect (ASBà PSS à MHPWB)	0.120	2.257	0.000	
Indirect Effect (ASBà SI à MHPWB)	0.094	8.550	0.000	
Total Effect (CSAPà MHPWB)	0.713	3.300	0.000	Complementary Partial Mediation
Direct Effect (CSAPà MHPWB)	0.613	3.855	0.000	
Indirect Effect (CSAPà PSS à MHPWB)	0.114	3.547	0.000	
Indirect Effect (CSAPà SI à MHPWB)	0.100	7.724	0.000	

The mediation analysis presented in Table 4.127 examines the indirect and direct effects of legal protections and recognition (LPR) on mental health and psychological well-being (MHPWB) through perceived social support (PSS) and social integration (SI). The total effect of LPR on MHPWB (0.673, $t = 2.768$, $p = 0.000$) is statistically significant, indicating a strong overall relationship. The direct effect (0.578, $t = 3.593$, $p = 0.000$) remains significant, confirming a complementary

partial mediation. The indirect effects show that both PSS (0.095, $t = 2.311$, $p = 0.000$) and SI (0.100, $t = 7.724$, $p = 0.000$) serve as significant mediators, suggesting that LPR enhances MHPWB not only directly but also indirectly by fostering social support and integration. This highlights the importance of legal recognition in strengthening social networks, which in turn positively impact the psychological well-being of transgender individuals.

Similarly, the mediation effects of access to service benefits (ASB) on mental health and psychological well-being (MHPWB) demonstrate significant complementary partial mediation. The total effect of ASB on MHPWB (0.696, $t = 3.121$, $p = 0.000$) indicates a strong overall relationship, while the direct effect (0.602, $t = 4.068$, $p = 0.000$) remains significant. The indirect effects through PSS (0.120, $t = 2.257$, $p = 0.000$) and SI (0.094, $t = 8.550$, $p = 0.000$) suggest that access to service benefits positively influences MHPWB both directly and indirectly. This underscores the role of service benefits in enhancing social support and integration, which are crucial factors in improving the psychological well-being of transgender individuals. Policies and programs that ensure easy access to healthcare, financial aid, and other social services can significantly enhance their overall mental health.

The mediation effects of community support and advocacy programs (CSAP) on mental health and psychological well-being (MHPWB) also show a complementary partial mediation effect. The total effect of CSAP on MHPWB (0.713, $t = 3.300$, $p = 0.000$) is significant, with a direct effect (0.613, $t = 3.855$, $p = 0.000$) that remains strong. The indirect effects indicate that both PSS (0.114, $t = 3.547$, $p = 0.000$) and SI (0.100, $t = 7.724$, $p = 0.000$) mediate this relationship, suggesting that community support initiatives positively impact MHPWB both directly and through social support and integration. This emphasizes the necessity of advocacy programs in fostering strong social connections and providing essential support systems that contribute to better mental health outcomes for transgender individuals.

Section G

Integrated Model of Government Initiatives and Impact on Transgender Community

4.8 Introduction

The integrated model of government initiatives and their impact on the transgender community, developed as part of this research, provides a comprehensive framework that captures the complex relationships between policy interventions, social support systems, and the overall well-being of transgender individuals. This model systematically links various government-driven initiatives, including legal protections and recognition, access to service benefits, and community support and advocacy programs, to key social and psychological mediators such as perceived social support and social integration, ultimately influencing mental health and psychological well-being. By employing structural equation modelling and mediation analysis through bootstrapping in Smart PLS, the study provides empirical evidence on how these factors interact to shape the lived experiences of transgender individuals.

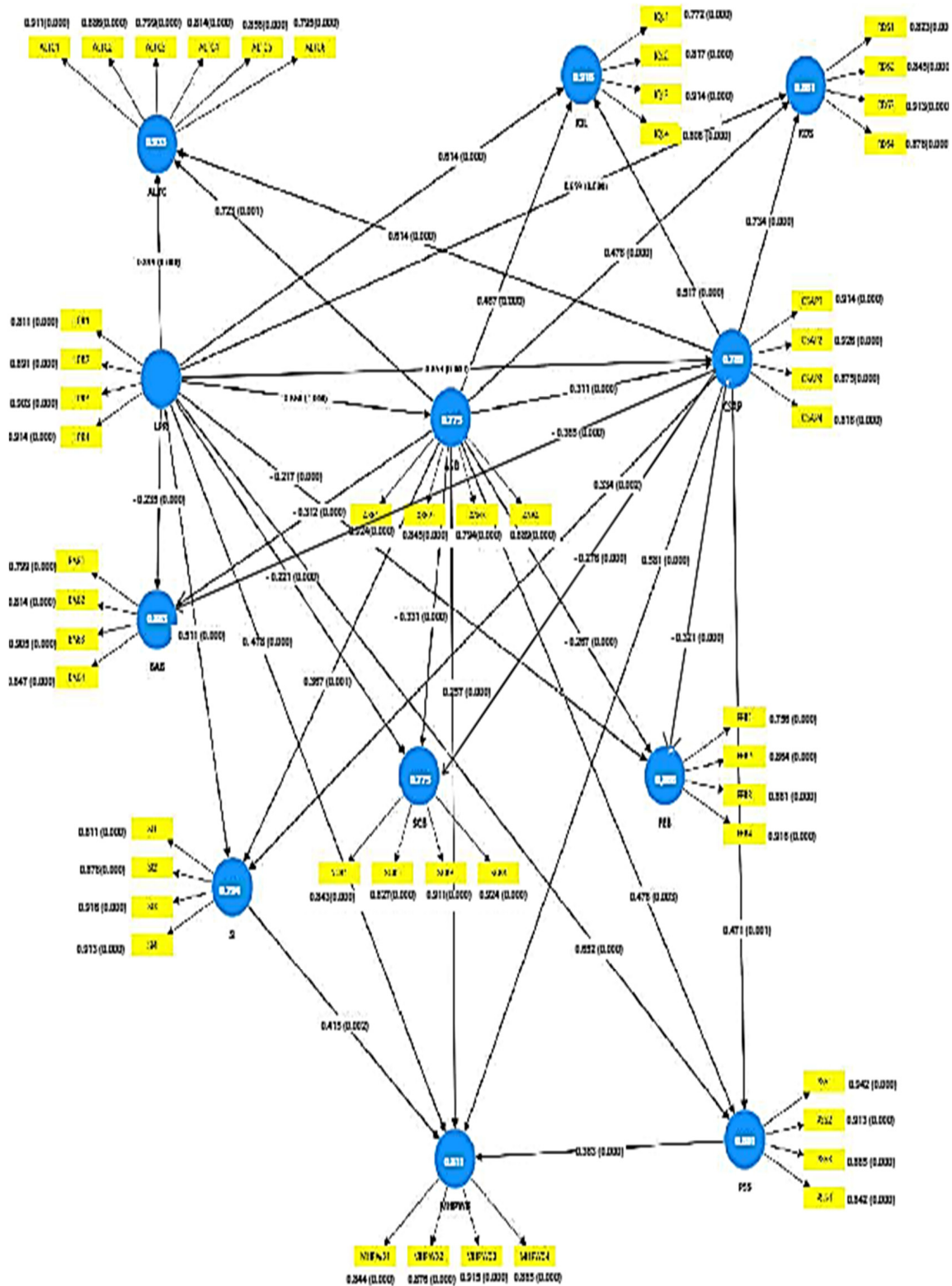
Government initiatives like legal protections and recognition play a crucial role in enhancing the social standing and security of transgender individuals by ensuring legal safeguards against discrimination, facilitating gender recognition, and promoting workplace inclusivity. However, the effectiveness of these policies is further strengthened through perceived social support and social integration, which act as important mediators. The findings reveal that legal protections and recognition significantly influence mental health and psychological well-being both directly and indirectly through perceived social support and social integration. This highlights the importance of legal frameworks in fostering a socially supportive and inclusive environment that enhances psychological well-being.

Similarly, access to service benefits, which includes healthcare access, financial aid, employment opportunities, and other essential social services, has a

significant impact on mental health and psychological well-being. The model demonstrates that access to service benefits improves well-being both directly and through increased social integration and perceived social support. This suggests that merely providing service benefits is insufficient unless they are accompanied by strong social support mechanisms that facilitate their accessibility and utilization. The mediation effect observed in the model underscores the necessity for government policies to not only offer tangible resources but also to foster community acceptance and inclusivity to maximize their positive impact.

Additionally, community support and advocacy programs are identified as crucial in shaping the overall mental health and psychological resilience of transgender individuals. These programs, which include awareness campaigns, counselling services, and grassroots advocacy efforts, significantly contribute to mental health and psychological well-being through enhanced social integration and perceived social support. The model indicates that community support and advocacy programs not only exert a direct influence on well-being but also strengthen the support networks that are vital for the emotional and psychological stability of transgender individuals. This finding reinforces the idea that community-driven initiatives complement government efforts, creating a more holistic approach to transgender empowerment.

The integrated model encapsulates the dynamic interplay between policy interventions, social support mechanisms, and psychological outcomes. It demonstrates that while legal, financial, and social service provisions are fundamental, their full potential is realized only when they foster a sense of belonging, support, and integration within the community. This research offers a policy roadmap for governments, policymakers, and advocacy groups, emphasizing the need for a multidimensional approach that combines legal recognition, accessible service benefits, and strong community support structures to achieve meaningful and sustainable improvements in the well-being of the transgender population. By validating these relationships through empirical data, the study contributes to both academic discourse and practical policy formulation, ensuring that future interventions are evidence-based and effectively targeted at addressing the challenges faced by transgender individuals.

Figure 4.9*Integrated Model of Government Initiatives and Impact on Transgender Community*

4.8.1 Model Fit

The model fit assessment of the integrated model for the transgender community in Partial Least Squares Structural Equation Modelling (PLS-SEM) through Smart PLS ensures the robustness and validity of the proposed framework. Evaluating model fit in PLS-SEM involves examining key indicators such as the Standardized Root Mean Square Residual (SRMR), Normed Fit Index (NFI), and the coefficient of determination (R^2) to assess the model's predictive power and overall explanatory strength. The SRMR value determines the extent to which the hypothesized model aligns with observed data, ensuring minimal discrepancy, while the NFI evaluates the comparative fit of the model. Additionally, R^2 values indicate the proportion of variance explained by independent variables in predicting dependent constructs, ensuring that the model effectively captures the relationships between government initiatives, social support mechanisms, and the mental health and psychological well-being of the transgender community. By confirming an acceptable model fit, the study validates the reliability of its structural pathways, reinforcing the significance of legal protections, service benefits, and community support in influencing social integration, perceived support, and overall well-being within the transgender population.

Table 4.128

Model Fit Measures related to Integrated Model for Transgender Community

	Saturated model	Estimated model
SRMR	0.046	0.046
d_ ULS	0.221	0.221
d_ G	0.331	0.331
Chi-square	278.971	278.971
NFI	0.934	0.934

The model fit measures presented in Table 4.128 evaluate the adequacy of the integrated model for the transgender community using key indices in Partial Least Squares Structural Equation Modelling (PLS-SEM). The Standardized Root Mean

Square Residual (SRMR) value of 0.046, which is below the recommended threshold of 0.08, indicates a good model fit with minimal discrepancy between the observed and predicted covariance matrices. The discrepancy measures, d_{ULS} (0.221) and d_G (0.331), further confirm that the model does not exhibit significant deviation from the expected relationships. The chi-square value of 278.971 reflects the overall consistency of the model but should be interpreted alongside other indices due to PLS-SEM's predictive nature. The Normed Fit Index (NFI) of 0.934, which is close to 1, suggests a strong model fit, indicating that the integrated model effectively captures the relationships between government initiatives, social support mechanisms, and the mental health and psychological well-being of the transgender community. The identical values for the saturated and estimated models further confirm the stability and reliability of the model's structure.

4.8.2 Validity and Reliability of Integrated Model for Transgender Community

The validity and reliability assessment of the integrated model for the transgender community is crucial to ensure the robustness and accuracy of the research findings. Validity examines whether the model effectively captures the intended constructs, while reliability assesses the consistency of the measurements. In this study, convergent validity is evaluated using Average Variance Extracted (AVE), ensuring that the indicators adequately represent their respective latent variables. Discriminant validity is checked through the Fornell-Larcker criterion, confirming that each construct is distinct from others in the model. Reliability is measured using Composite Reliability (CR) and Cronbach's Alpha, ensuring internal consistency across the constructs. A high level of validity and reliability strengthens the credibility of the model, affirming that government initiatives, social support mechanisms, and their impact on the mental health and psychological well-being of the transgender community are effectively captured and analysed.

Table 4.129

Construct Reliability and Validity related to Integrated Model for Transgender Community

	Cronbach's alpha	Composite reliability (rho_a)	Composite reliability (rho_c)	Average variance extracted (AVE)
ALTC	0.835	0.879	0.883	0.573
ASB	0.771	0.795	0.853	0.595
BAB	0.713	0.801	0.814	0.666
CSAP	0.798	0.868	0.861	0.612
FEB	0.801	0.757	0.834	0.567
IQL	0.821	0.824	0.882	0.652
LPR	0.857	0.864	0.904	0.703
MHPWB	0.844	0.898	0.895	0.687
PSS	0.870	0.896	0.910	0.717
RDS	0.807	0.848	0.863	0.612
SCB	0.782	0.885	0.889	0.645
SI	0.845	0.824	0.832	0.687

Table 4.129 presents the construct reliability and validity assessment of the integrated model for the transgender community, ensuring that the measurement indicators accurately and consistently capture the intended constructs. Cronbach's alpha values for all constructs range from 0.713 to 0.870, indicating good internal consistency, as values above 0.7 are considered acceptable. Composite reliability (rho_c) values exceed 0.8 for all constructs, confirming strong reliability and consistency in measurement. The Average Variance Extracted (AVE) values, which measure convergent validity, are above the recommended threshold of 0.5, ensuring that each construct explains at least 50% of the variance in its indicators. The highest AVE is observed for Perceived Social Support (PSS) at 0.717, while the lowest is for Financial and Economic Benefits (FEB) at 0.567, both within acceptable limits. These findings validate that the constructs, including Legal Protections and Recognition (LPR), Access to Service Benefits (ASB), Community Support and Advocacy Programs (CSAP), Social Integration (SI), and Mental Health and Psychological Well-Being (MHPWB), are reliably measured and contribute effectively to the study's framework.

Table 4.130

Discriminant Validity Fornell Larker Criterion related to Integrated Model for Transgender Community

	ALTC	ASB	BAB	CSAP	FEB	IQL	LPR	MHPWB	PSS	RDS	SCB	SI
ALTC	0.757											
ASB	0.587	0.771										
BAB	0.611	0.524	0.816									
CSAP	0.618	0.613	0.505	0.782								
FEB	0.579	0.594	0.587	0.647	0.753							
IQL	0.628	0.671	0.547	0.622	0.622	0.808						
LPR	0.658	0.533	0.574	0.649	0.527	0.521	0.839					
MHPWB	0.649	0.564	0.618	0.555	0.684	0.548	0.574	0.829				
PSS	0.542	0.567	0.647	0.589	0.618	0.656	0.543	0.577	0.847			
RDS	0.591	0.514	0.611	0.625	0.598	0.677	0.628	0.581	0.672	0.782		
SCB	0.568	0.522	0.538	0.642	0.541	0.671	0.617	0.542	0.587	0.614	0.803	
SI	0.577	0.537	0.529	0.609	0.587	0.541	0.544	0.622	0.547	0.628	0.624	0.829

Table 4.130 presents the discriminant validity assessment using the Fornell-Larcker criterion for the integrated model of the transgender community, ensuring that each construct is distinct from the others. The values on the diagonal represent the square root of the Average Variance Extracted (AVE) for each construct, while the off-diagonal values indicate the correlations between the constructs. For discriminant validity to be established, the diagonal values should be higher than the corresponding off-diagonal values in their respective columns and rows. In this table, all constructs meet this criterion, indicating that each variable such as Legal Protections and Recognition (LPR), Access to Service Benefits (ASB), Community Support and Advocacy Programs (CSAP), Social Integration (SI), and Mental Health and Psychological Well-Being (MHPWB) is uniquely measured and does not have excessive overlap with other constructs. This confirms the robustness of the model, ensuring that the variables capture distinct yet related aspects of the transgender community's experiences and well-being.

Table 4.131

R- Square Overview of the Endogenous variables of the Integrated Model for Transgender Community

	R-square	R-square adjusted
ALTC	0.933	0.935
ASB	0.779	0.781
BAB	0.823	0.824
CSAP	0.780	0.787
FEB	0.888	0.889
IQL	0.926	0.929
MHPWB	0.811	0.814
PSS	0.801	0.812
RDS	0.851	0.861
SCB	0.775	0.778
SI	0.794	0.796

Table 4.131 presents the R-square values and adjusted R-square values for the endogenous variables in the integrated model for the transgender community, indicating the proportion of variance explained by the predictors. The high R-square values across key constructs, such as Awareness Level of Transgender Community

(ALTC) (0.933), Improvement in Quality of Life (IQL) (0.926), and Financial and Economic Barriers (FEB) (0.888), demonstrate the strong explanatory power of the model. Similarly, Mental Health and Psychological Well-Being (MHPWB) (0.811), Perceived Social Support (PSS) (0.801), and Social Integration (SI) (0.794) also exhibit substantial variance explained. The adjusted R-square values, which account for the number of predictors, remain closely aligned with the R-square values, further confirming the model's robustness. These findings suggest that the integrated model effectively captures the impact of various government initiatives on the well-being, empowerment, and social integration of the transgender community.

Table 4.132

Collinearity Statistics (VIF) - Outer Model related to Integrated Model for Transgender Community

No.	Indicators	VIF	No.	Indicators	VIF	No.	Indicators	VIF
1	ALTC1	1.731	18	CSAP4	1.706	35	PSS1	1.924
2	ALTC2	1.562	19	Feb-01	1.909	36	PSS2	1.837
3	ALTC3	1.673	20	Feb-02	1.589	37	PSS3	2.410
4	ALTC4	1.135	21	Feb-03	1.466	38	PSS4	1.641
5	ALTC5	2.134	22	Feb-04	1.724	39	RDS1	1.428
6	ALTC6	2.117	23	IQL1	1.837	40	RDS2	2.274
7	ASB1	1.352	24	IQL2	1.463	41	RDS3	2.756
8	ASB2	1.391	25	IQL3	1.802	42	RDS4	1.658
9	ASB3	2.011	26	IQL4	2.101	43	SCB1	2.003
10	ASB4	1.681	27	LPR1	2.181	44	SCB2	1.834
11	BAB1	1.848	28	LPR2	1.560	45	SCB3	1.861
12	BAB2	1.257	29	LPR3	2.383	46	SCB4	1.853
13	BAB3	1.628	30	LPR4	1.349	47	SI1	1.337
14	BAB4	1.229	31	MHPWB1	1.347	48	SI2	2.495
15	CSAP1	2.317	32	MHPWB2	2.657	49	SI3	2.479
16	CSAP2	2.100	33	MHPWB3	2.530			
17	CSAP3	1.740	34	MHPWB4	2.711	50	SI4	2.569

Table 4.132 presents the collinearity statistics, specifically the Variance Inflation Factor (VIF) values, for the outer model of the integrated model for the transgender community. The VIF values provide insight into the potential multicollinearity among the indicators, with values below 3.0 generally indicating acceptable levels of collinearity. In this model, most indicators exhibit VIF values within the acceptable

range, suggesting minimal multicollinearity concerns. However, a few indicators show relatively higher VIF values, such as CSAP1 (2.317), MHPWB4 (2.711), RDS3 (2.756), and SI4 (2.569), which, while still within permissible limits, suggest a moderate correlation with other indicators. These values indicate that while some variables are more strongly related to others, they do not pose significant threats to the model's stability. The relatively balanced VIF values across constructs such as Alternative Livelihood Training and Capacity Building (ALTC), Access to Social Benefits (ASB), Community Support and Advocacy Programs (CSAP), Institutional Quality and Legislation (IQL), and Social Integration (SI) indicate that the model maintains an overall strong structural validity. The presence of a few higher VIF values suggests that some constructs may share common underlying dimensions, which should be considered in further refinement of the model. Overall, the collinearity statistics confirm that the model structure is robust, with minimal redundancy among predictor variables, ensuring the reliability of parameter estimations in the structural equation modelling (SEM) process using Smart PLS.

Table 4.133

Collinearity Statistics (VIF) - Inner Model related to Integrated Model for Transgender Community

No.	Relationships	VIF	No.	Relationships	VIF
1	ASB -> ALTC	1.234	17	CSAP -> BAB	1.134
2	ASB -> BAB	1.675	18	CSAP -> SCB	1.372
3	ASB -> CSAP	1.453	19	CSAP -> FEB	1.872
4	ASB -> FEB	1.432	20	LPR -> ALTC	1.563
5	ASB -> IQL	2.145	21	LPR -> ASB	1.754
6	ASB -> MHPWB	1.786	22	LPR -> BAB	1.563
7	ASB -> PSS	1.642	23	LPR -> CSAP	1.785
8	ASB -> RDS	2.113	24	LPR -> FEB	1.839
9	ASB -> SCB	1.432	25	LPR -> IQL	1.652
10	ASB -> SI	1.508	26	LPR -> MHPWB	2.182
11	CSAP -> ALTC	1.875	27	LPR -> PSS	2.178
12	CSAP -> IQL	1.438	28	LPR -> RDS	1.064
13	CSAP -> MHPWB	1.439	29	LPR -> SCB	1.876
14	CSAP -> PSS	1.613	30	LPR -> SI	1.087
15	CSAP -> RDS	1.891	31	PSS -> MHPWB	1.227
16	CSAP -> SI	2.101	32	SI -> MHPWB	1.031

Table 4.133 presents the collinearity statistics (VIF) for the inner model of the integrated model for the transgender community. The Variance Inflation Factor (VIF) values assess multicollinearity among the endogenous variables, where values below 3.0 indicate an acceptable level of collinearity. In this model, all VIF values fall within acceptable limits, suggesting minimal multicollinearity concerns and ensuring the stability of regression estimates. The highest VIF value is observed in the relationship CSAP to SI (2.101), followed by LPR to MHPWB (2.182) and LPR to PSS (2.178), indicating moderate correlations but still within permissible thresholds. Several constructs, such as ASB to IQL (2.145) and ASB to RDS (2.113), also exhibit higher VIF values, suggesting that these predictors have some shared explanatory power in the model. Lower VIF values, such as SI to MHPWB (1.031) and LPR to SI (1.087), indicate weak correlations, ensuring minimal risk of redundancy among these relationships. The results confirm that the model maintains structural integrity, with no severe collinearity issues that could distort the reliability of path coefficient estimates. These findings reinforce the robustness of the integrated model, indicating that the predictor variables contribute uniquely to explaining the endogenous constructs, making the model suitable for further structural equation modelling (SEM) analysis.

Chapter 5

FINDINGS, SUGGESTIONS, PRACTICAL IMPLICATIONS, RECOMMENDATIONS TO POLICY MAKERS AND CONCLUSION

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Chapter 5

FINDINGS, SUGGESTIONS, PRACTICAL IMPLICATIONS, RECOMMENDATIONS TO POLICY MAKERS AND CONCLUSION

5.1 Introduction

This chapter covers the main part of the thesis of findings, recommendations and final concluding remarks of the study. Findings are presented on the basis of objectives of the study.

5.2 Findings

This study explores the significant initiatives undertaken by the Kerala State Government to empower the transgender community, focusing particularly on the Transgender Policy (2015) and the Transgender Persons (Protection of Rights) Bill. Employing a comprehensive approach, this study initially assessed the scope and diversity of programs introduced by the state, underscoring Kerala's leadership among Indian states in formulating inclusive policies for transgender individuals. Documented initiatives included the establishment of transgender justice boards, issuance of gender identity certificates, skill development programs, housing and shelter schemes, and inclusive healthcare services across various districts. However, despite this progressive framework, its implementation has been inconsistent. Metropolitan areas, such as Thiruvananthapuram and Ernakulam, reported better access to services and institutional support, whereas rural and semi-urban districts experienced inconsistent outreach and slower implementation. This disparity indicates the need for enhanced district-level monitoring and decentralised policy execution.

Furthermore, this study identified significant gaps in awareness within the transgender community regarding available schemes and legal provisions. While there was a general understanding of identity-based rights and social recognition, detailed knowledge of specific schemes, such as livelihood grants, reservation quotas, and skill training opportunities, was limited to a smaller, more connected segment of the population. Socio-economic impact assessments indicated a slight improvement in income levels, housing conditions, and access to public healthcare

among the beneficiaries of state programs. Nonetheless, the study also highlighted ongoing structural barriers, such as bureaucratic hurdles, social stigma, and a lack of sensitisation among implementing officers, which impede equitable access. Importantly, the findings emphasised that although government initiatives have significantly contributed to psychological resilience and social integration for some, the majority of respondents continue to face daily discrimination, limited employment opportunities, and exclusion from mainstream institutions. These insights underscore the necessity for ongoing policy refinement, sustained community engagement, and targeted interventions that address both systemic and attitudinal challenges to genuine women's empowerment.

5.2.1 Findings of Objective 1

To examine the initiatives of Kerala state for the empowerment of transgender community

Kerala has been a leader in promoting transgender rights in India, starting with the pioneering State Transgender Policy 2015, the first of its kind in the nation, and continuing with measures in accordance with the Transgender Persons (Protection of Rights) Act, 2019. This study aimed to measure the breadth and impact of initiatives launched under these policies, confirming Kerala's active and rights-focused stance on gender inclusivity. An extensive review of programs highlighted a wide array of efforts across various sectors, such as education, healthcare, housing, employment, legal support, and social services. These efforts include issuing transgender identity cards, setting up Transgender Justice Boards at the district level, reserving spots in public education and jobs, providing financial support for sex reassignment surgeries (SRS), offering skill development and livelihood programs, establishing shelter homes, and providing psychological counselling. The government also launched campaigns to educate the public and provide sensitivity training for officials.

However, despite the comprehensive and ambitious nature of these policies on paper, the study revealed that their actual implementation varied greatly in terms of depth and effectiveness across different regions. Urban areas such as Thiruvananthapuram, Kochi, and Kozhikode demonstrated relatively better service delivery, while rural regions fell behind in both awareness and access. Many

programs suffer from a lack of ongoing follow-up or coordination between departments, resulting in fragmentation and redundancy. Nonetheless, Kerala continues to be a model for transgender inclusion in India, with a policy framework that prioritises dignity, autonomy, and equal opportunity over mere welfare. The findings highlight the necessity for ongoing evaluation, enhanced monitoring systems, and stakeholder involvement to address implementation gaps and ensure the equitable distribution of the benefits of the Transgender Policy and Bill across the state's transgender communities.

- 1) The examination of legal protections and recognition among various age groups highlights subtle differences in how transgender individuals perceive and experience state-provided legal measures. The mean rank values showed that those aged 30–35 consistently reported higher levels of legal recognition and protection, particularly in terms of effective legal recognition (157.04), legal frameworks (165.87), and lower discrimination (161.95). In contrast, individuals in the 35–40 age range had the lowest mean ranks across most indicators, indicating less favourable interactions with the legal system. The Kruskal-Wallis H test confirmed these observations, revealing statistically significant differences across age groups for the variables Legal frameworks established by Kerala (Kruskal-Wallis H test = 5.652, $p = 0.004$) and Experienced fewer instances of discrimination (Kruskal-Wallis H test = 5.760, $p = 0.014$), while differences for Effective legal recognition and Laws and policies introduced by Kerala were not significant. These findings suggest that while awareness and implementation may vary with age, specific legal experiences, particularly concerning frameworks and discrimination, differ significantly across age groups.
- 2) Educational background emerged as a key factor in differentiating the perceptions of legal protection among transgender individuals. Those with higher secondary education had the highest mean ranks across all four legal protection variables, especially in experiencing fewer instances of discrimination (184.21) and effective legal recognition (175.26). Conversely, individuals with postgraduate degrees consistently reported lower mean ranks across all

indicators, with the lowest being experienced fewer instances of discrimination (125.29). The Kruskal-Wallis H test showed significant differences across education levels for three of the four legal variables: effective legal recognition (Kruskal-Wallis H test = 11.693, $p = 0.009$), legal frameworks established by Kerala (Kruskal-Wallis H test = 13.691, $p = 0.003$), and fewer instances of discrimination (Kruskal-Wallis H test = 21.914, $p = 0.000$). However, the difference in perceptions of the laws and policies introduced by Kerala was not statistically significant ($p = 0.125$). These results imply that mid-level educational attainment is associated with better legal awareness and experience, whereas higher education does not necessarily lead to better perceptions of protection, possibly due to increased critical awareness or higher expectations.

- 3) The data revealed notable variations in the perceptions of legal protection based on different monthly income brackets. Individuals with earnings between ₹10,000 and ₹20,000 exhibited the highest average ranks across all four LPR indicators, reflecting more positive experiences regarding legal recognition (170.23), awareness of laws and policies (162.10), perceived effectiveness of legal frameworks (175.20), and reduced discrimination (173.91). In contrast, both the lowest income group (below ₹ 10,000) and the highest income group (above ₹30,000) showed relatively lower average ranks, indicating a U-shaped trend in perceived legal advantage. The Kruskal-Wallis H test confirmed significant differences among income groups for effective legal recognition (Kruskal-Wallis H test = 11.559, $p = 0.009$), legal frameworks (Kruskal-Wallis H test = 17.231, $p = 0.001$), and discrimination experiences (Kruskal-Wallis H test = 14.991, $p = 0.002$), but no significant difference was found for laws and policies introduced by Kerala ($p = 0.282$). These findings suggest that transgender individuals with mid-range incomes might be more effectively integrated into government legal systems, while those at the economic extremes continue to face either exclusion or insufficient engagement.

- 4) The analysis of Access to Services and Benefits (ASB) across age groups indicates that age significantly affects perceptions of healthcare and housing access. The Kruskal-Wallis H test showed a statistically significant difference in adequate healthcare services (ASB1) among the age groups (Kruskal-Wallis H test = 8.420, $p = 0.008$). Respondents under 30 had the highest average rank (167.63), indicating better perceived access, whereas those aged 40 and above had the lowest average rank (137.23). Regarding housing and shelter provisions (ASB4), the test also found a significant difference (Kruskal-Wallis H test = 5.423, $p = 0.013$), with younger individuals perceiving better access to housing. However, no significant differences were observed across age groups for educational programs and scholarships (ASB2) (Kruskal-Wallis H test = 3.432, $p = 0.330$) or employment opportunities and job reservations (ASB3) (Kruskal-Wallis H test = 4.867, $p = 0.182$). These results suggest that while younger transgender individuals in Kerala perceive better access to healthcare and housing services, their access to educational and employment-related benefits is relatively consistent across all age groups.
- 5) Educational qualifications significantly influence transgender individuals' access to government services and benefits in Kerala. The Kruskal-Wallis H test results indicate a statistically significant difference in adequate healthcare services (ASB1) (Kruskal-Wallis H test = 25.186, $p = 0.000$), with those with higher secondary education reporting the highest average rank (200.14), reflecting superior access. A similar pattern was observed for employment opportunities and job reservations (ASB3) (Kruskal-Wallis H test = 11.373, $p = 0.010$) and housing and shelter provisions (ASB4) (Kruskal-Wallis H test = 12.185, $p = 0.007$), where individuals with higher secondary education consistently reported better access. Although the benefits of educational programs and scholarships (ASB2) showed the highest average rank among those with higher secondary education (175.72), the variation across groups was not statistically significant (Kruskal-Wallis H test = 7.301, $p = 0.063$). Overall, these findings indicate that individuals with higher secondary education enjoy significantly better access to most government-provided

services than those with other educational levels, particularly in healthcare, employment, and housing.

- 6) The monthly income of transgender individuals plays a crucial role in their access to various services and benefits provided by the Government of Kerala. The Kruskal-Wallis H test revealed significant differences in access to adequate healthcare services (ASB1) (Kruskal-Wallis H test = 10.821, $p = 0.013$), educational programs and scholarships (ASB2) (Kruskal-Wallis H test = 12.070, $p = 0.007$), and employment opportunities and job reservations (ASB3) (Kruskal-Wallis H test = 12.888, $p = 0.005$). In these areas, those earning ₹10,000–20,000 had the highest mean ranks, suggesting they perceived better access. For example, this income group had mean ranks of 170.03, 171.20, and 172.30 for healthcare, educational programs, and employment opportunities, respectively. Interestingly, housing and shelter provisions (ASB4) did not show a statistically significant difference among income groups (Kruskal-Wallis H test = 5.244, $p = 0.155$), although the mean ranks varied slightly. These findings indicate that transgender individuals in the mid-income range (₹10,000–20,000) perceive better access to essential services, while those in lower and higher income brackets may encounter more difficulties in effectively accessing government support services.
- 7) The Kruskal-Wallis H test results also highlighted that age significantly influenced transgender individuals' perceptions of certain aspects of Community Support and Advocacy Programs (CSAP). Notably, there was a significant difference in the perception of programs or workshops organised (CSAP2) across age groups (Kruskal-Wallis H test = 11.371, $p = 0.010$). Respondents aged 30–35 years reported the highest mean rank (170.79), while those aged 35–40 years reported the lowest (129.70), indicating generational differences in perceived engagement through workshops. Additionally, advocacy initiatives by the Kerala government (CSAP4) showed significant differences across age groups (Kruskal-Wallis H test = 8.522, $p = 0.004$), with respondents aged 40 and above reporting the highest mean rank (172.62).

However, no significant differences were found in perceptions of government support for community organisations (CSAP1) (Kruskal-Wallis H test = 0.361, $p = 0.948$) and community support programs (CSAP3) (Kruskal-Wallis H test = 1.704, $p = 0.636$), indicating consistent perceptions across age groups in these two areas.

- 8) Educational qualifications also significantly affect perceptions of certain aspects of Community Support and Advocacy Programs (CSAP) among transgender individuals. The Kruskal-Wallis H test confirms a statistically significant difference in perceptions of government support for community organisations (CSAP1) (Kruskal-Wallis H test = 5.637, $p = 0.014$), with respondents with higher secondary education reporting the highest mean rank (172.43), indicating greater satisfaction or awareness. Programs or workshops organised (CSAP2) also showed a significant difference (Kruskal-Wallis H test = 18.265, $p = 0.000$), where respondents with undergraduate degrees reported the highest mean rank (170.79), while those with postgraduate degrees reported the lowest (124.21), suggesting a decline in the perception of program reach at higher education levels. However, community support programs (CSAP3) (Kruskal-Wallis H test = 2.187, $p = 0.535$) and advocacy initiatives (CSAP4) (Kruskal-Wallis H test = 4.900, $p = 0.179$) did not show statistically significant differences, reflecting generally consistent perceptions across educational categories for these components.
- 9) Monthly income levels play a crucial role in shaping perceptions of the effectiveness of certain Community Support and Advocacy Programs (CSAP). The Kruskal-Wallis H test indicates a notable difference in how programs or workshops (CSAP2) are perceived (Kruskal-Wallis H test = 15.263, $p = 0.001$), with those earning between ₹10,000 and ₹20,000 showing the highest mean rank (175.02), suggesting that this group experiences more exposure or benefits. Similarly, a significant difference was observed in advocacy initiatives by the Kerala government (CSAP4) (Kruskal-Wallis H test = 13.655, $p = 0.001$), where individuals earning ₹ 20,000 – ₹ 30,000

reported the highest mean rank (177.13). Government support for community organisations (CSAP1) shows marginal significance (Kruskal-Wallis H test = 7.789, $p = 0.051$), indicating potential income-based differences. In contrast, community support programs (CSAP3) did not exhibit significant differences (Kruskal-Wallis H test = 1.682, $p = 0.641$), indicating uniform perceptions across income levels.

- 10) These results suggest that mid-income respondents perceive greater benefits from workshops and advocacy efforts than those in lower or higher income brackets. The analysis demonstrated that access to services and benefits significantly and positively influenced community support and advocacy programs for transgender individuals. A path coefficient of 0.187 indicates a positive relationship, suggesting that increased access to essential services such as healthcare, education, employment, and housing enhances transgender individuals' participation in and benefits from community programs. The statistical significance is supported by a t-value of 2.226, surpassing the critical threshold of 1.96, and a p-value of 0.000, indicating a strong association between the variables. The sample mean of 0.659 and standard deviation of 0.084 further confirm the consistency and reliability of the observed relationship.
- 11) Legal protections and recognition have a strong and significant impact on access to services and benefits for Transgender individuals. The path coefficient of 0.876 demonstrates a robust positive connection, implying that legal measures such as anti-discrimination laws, gender identity recognition, and human rights protection are crucial for enabling transgender individuals to access public services without barriers. The high t-statistic of 8.264 and p-value of 0.000 affirm the statistical strength of this relationship. With a sample mean of 0.871 and a low standard deviation of 0.106, the results show that enhanced legal frameworks consistently contribute to improving service accessibility across communities.

- 12) Legal protections and recognition also significantly affect the development and effectiveness of community support and advocacy programs. The path coefficient of 0.582 indicates a substantial positive relationship, meaning that as transgender individuals receive greater legal acknowledgement and rights, the scope and success of community-level initiatives expand. This relationship is statistically significant, with a t-value of 3.593 and a p-value of 0.000. The sample mean of 0.853 and standard deviation of 0.162 suggest moderate consistency and reliability across different resamples. These findings underscore the importance of integrating legal reforms with grassroots advocacy to promote empowerment and social inclusion of the transgender population.
- 13) The results indicate that legal protections and recognition have a substantial and statistically significant overall impact on community support and advocacy programs for transgender individuals. With a total effect coefficient of 0.746 and a t-statistic of 4.605, supported by a p-value of 0.000, the data confirm that improved legal frameworks such as gender recognition laws, anti-discrimination policies, and inclusive legal measures directly enhance community initiatives and advocacy efforts. The consistency of this effect across bootstrapped samples, as shown by a sample mean of 0.747 and a standard deviation of 0.162, underscores the reliability of this positive relationship. These findings demonstrate that stronger legal protections not only provide institutional legitimacy to transgender rights but also empower community networks and support mechanisms.
- 14) Additionally, the mediation analysis revealed that access to services and benefits significantly mediated the relationship between legal protection and community advocacy. The indirect effect value of 0.164, with a t-statistic of 2.925 and a p-value of 0.000, confirms the presence of a statistically significant mediating role. This suggests that legal protections improve access to healthcare, education, employment, and housing, which in turn leads to more robust community engagement and advocacy. The classification of mediation as "complementary partial mediation" indicates that both the direct and indirect

pathways are significant and move in the same direction, meaning that legal protections work both directly and indirectly (via service access) to strengthen advocacy efforts. These insights highlight the importance of aligning legal reforms with practical service delivery to fully realise the benefits of inclusion and support for the transgender community in India.

5.2.2 Findings of Objective 2

To measure the awareness levels of the transgender community in Kerala regarding the State's empowerment initiatives

Understanding empowerment initiatives within the transgender community is a vital measure of the effectiveness of state-driven inclusion policies and social welfare programs. In Kerala, a state known for its forward-thinking approach to gender inclusivity, the government has implemented a range of innovative measures to enhance the social, economic, and legal status of transgender people. These measures encompass healthcare, education, employment, housing, legal assistance, and community support. However, the success of these programs is heavily reliant on community awareness and comprehension of the resources available. Without sufficient awareness, even the most well-meaning policies may not achieve their desired results. Therefore, assessing the awareness levels of transgender individuals provides valuable insights into the reach and effectiveness of government initiatives.

The current study investigates how well-informed the transgender community in Kerala is about the various empowerment programs introduced by the state. This includes their understanding of legal protections, access to services and benefits, community support schemes and advocacy programs. The results not only highlight potential information gaps but also evaluate the inclusiveness of a state's communication channels and outreach strategies. By analysing awareness in relation to socio-demographic factors such as age, education, and income, the findings shed light on which segments of the transgender population are better informed and which remain underserved or excluded from the healthcare system. This, in turn, offers a data-driven basis for recommending targeted awareness campaigns, policy

redesigns, and grassroots interventions to bridge the information gap and ensure equitable empowerments for all transgender individuals in Kerala.

- 1) The statistical findings indicate that awareness levels among transgender individuals in Kerala differ significantly across various age groups for certain aspects. The Kruskal-Wallis H test showed statistically significant differences in awareness of legal recognition and policies (ALTC1, $p = 0.002$), educational programs and employment opportunities (ALTC3, $p = 0.015$), and housing and shelter provision (ALTC4, $p = 0.008$). Specifically, respondents aged 30–35 consistently exhibited higher mean ranks in areas such as legal policies (160.66) and educational opportunities (165.65), while those aged 35–40 tended to have lower awareness in most categories. Interestingly, respondents under 30 years old showed relatively higher awareness of healthcare services and workshops, although these differences were not statistically significant. These results suggest that younger and middle-aged transgender individuals, particularly those aged 30–35 years, are more informed about empowerment initiatives, possibly due to greater engagement with support networks and access to digital platforms, while the awareness gap is more pronounced among older age groups.
- 2) Educational qualifications have a notable impact on awareness levels in various fields. The Kruskal-Wallis H test indicated statistically significant differences in awareness of legal recognition and policies (ALTC1, $p = 0.003$), healthcare services and insurance schemes (ALTC2, $p = 0.040$), educational and employment programs (ALTC3, $p = 0.002$), and government-supported community organisations (ALTC5, $p = 0.009$). Individuals with higher secondary and undergraduate education consistently show greater awareness across most categories, whereas those with postgraduate degrees display lower awareness in key areas, such as legal recognition (mean rank = 128.68) and employment opportunities (mean rank = 130.22). This inverse trend might imply that, although postgraduates are academically advanced, they may be less involved in grassroots awareness initiatives or more detached from

community-based support systems. Conversely, those with higher secondary education are likely to be more integrated into local networks that share information about available services and government programs.

- 3) Income levels also play a significant role in awareness of transgender-empowerment initiatives. The Kruskal-Wallis H test revealed significant differences for ALTC1 (legal rights and policies, $p = 0.036$), ALTC3 (educational and employment opportunities, $p = 0.000$), ALTC4 (housing provisions, $p = 0.047$), and ALTC5 (community organisations, $p = 0.009$). Transgender individuals earning between ₹10,000 and ₹20,000 exhibited the highest awareness across multiple areas, including legal protections (mean rank = 165.79) and community organisation support (mean rank = 170.23). In contrast, those earning below ₹10,000 or above ₹30,000 reported lower awareness levels, possibly due to varying levels of social exposure or dependence on formal versus informal information networks. Notably, awareness of healthcare services and insurance (ALTC2) and government workshops (ALTC6) did not significantly differ across income groups, suggesting that certain outreach efforts particularly health related programs may have been evenly distributed across economic categories. These findings highlight the need to tailor awareness campaigns to effectively reach both low and high income segments of the transgender population.
- 4) Statistical analysis indicates that access to essential services and benefits greatly increases awareness among transgender individuals. With a strong path coefficient of 0.765 and an adjusted value of 0.763, the findings show a significant positive link between service access and awareness level within the transgender community. The low standard error of 0.126 suggests that the estimation was both precise and reliable. Additionally, the t-statistic value of 5.071 and p-value of 0.000 confirm the statistical significance of this relationship. These results highlight that when transgender individuals have access to healthcare, housing, education, employment programs, and welfare services, their understanding of related policies and rights significantly

improves. This underscores the critical importance of inclusive service delivery systems in promoting individual empowerment and broader community awareness.

- 5) Further, community support systems and advocacy efforts are crucial for raising awareness among transgender individuals. The path coefficient of 0.711, along with an adjusted coefficient of 0.713, indicates a strong and direct impact of community programs on awareness. The standard error of 0.139 reflects the stability of this relationship, while the t-statistic of 5.115 and p-value of 0.000 reinforce the statistical robustness of the findings. These results suggest that organised community engagement through awareness campaigns, peer support, training programs, and legal aid initiatives significantly enhances the understanding of transgender individuals of their rights, available services, and strategies for social integration. Thus, strengthening grassroots-level programs and advocacy structures emerges as a key factor in fostering informed empowerment within the community.
- 6) The analysis also underscores the significant impact of legal protections and formal recognition on awareness among the transgender population. The path coefficient of 0.854 and adjusted value of 0.853 indicate a strong positive relationship, supported by a standard error of 0.141, a t-statistic of 5.057, and a p-value of 0.000. These values collectively demonstrate the high significance and reliability of the relationship between legal measures and public awareness. Legal frameworks that ensure gender recognition, protect against discrimination, and affirm the rights of transgender individuals directly contribute to increasing awareness of entitlements, social roles, and institutional support. When the law actively acknowledges and protects transgender identities, it facilitates greater social participation, informed decision-making, and access to justice, thereby reinforcing the overall empowerment and visibility of the community.

5.2.3 Findings of Objective 3

To evaluate the socio-economic impact of the Kerala government's initiatives on the transgender community.

In Kerala, the historically marginalised and excluded transgender community has recently experienced a positive transformation in social and economic acknowledgement, thanks to the proactive measures taken by the state government. Acknowledging the historical injustices and difficulties faced by transgender individuals, the Government of Kerala has implemented a comprehensive range of initiatives designed to promote inclusion, dignity, and empowerment. These initiatives encompass legal protections, educational and healthcare access, targeted welfare programs, housing assistance, and community advocacy. The state has also pioneered one of India's earliest transgender policies, demonstrating a broader commitment to safeguarding the rights and welfare of sexual minorities. These policies are not merely symbolic; they are supported by budget allocations, institutional structures, and localised implementation strategies to cater to the specific needs of the transgender community.

The findings of this study offer a detailed empirical analysis of the socioeconomic impact of these initiatives on transgender individuals throughout Kerala. By examining variables such as Access to Service Benefits (ASB), Community Support and Advocacy Programs (CSAP), and Legal Protections and Recognition (LPR), the study assessed their impact on key outcomes such as Improvement in Quality of Life (IQL) and Reduction in Discrimination and Stigma (RDS). The research reveals statistically significant relationships, indicating that government efforts have significantly contributed to enhancing the quality of life, improving access to essential services, fostering social inclusion, and reducing stigma. These findings affirm the effectiveness of Kerala's inclusive governance model and provide valuable insights for future policy improvements, while also highlighting the ongoing challenges and disparities that must be addressed to achieve full socio-economic equity for the transgender community.

- 1) Based on an age-wise analysis of the Improvement in Quality of Life (IQL) among transgender individuals, the findings show that perceptions vary notably across age groups for specific dimensions. Although no statistically significant differences were observed in the overall IQL (IQL1, $p = 0.616$) and access to healthcare, education, and employment opportunities (IQL2, $p = 0.491$), significant variations were observed in housing provisions (IQL3, $p = 0.028$) and economic stability (IQL4, $p = 0.014$). Respondents aged 30–35 generally reported higher mean ranks, particularly in areas related to housing and economic security, suggesting that they experienced more tangible benefits from government interventions. In contrast, those in the 35–40 and 40+ age groups had lower rankings, indicating relatively limited perceived improvement. These results underscore that while certain aspects of QoL remain consistent across age groups, younger and middle-aged transgender individuals may be more likely to benefit from and engage with state initiatives targeting economic and housing support.
- 2) Regarding educational qualifications, notable variations were observed in the perception of quality-of-life improvements across various indicators. The Kruskal-Wallis H test revealed statistically significant differences in the overall quality of life (IQL1, $p = 0.028$), housing and shelter provisions (IQL3, $p = 0.006$), and economic stability (IQL4, $p = 0.001$). However, no significant difference was found in access to healthcare, education, or employment (IQL2, $p = 0.159$). Those with higher secondary education consistently reported the most positive perceptions across all dimensions, with the highest mean ranks. Interestingly, postgraduate respondents had the lowest mean ranks in all categories, indicating that despite their advanced education, they perceived fewer tangible improvements in their quality of life. This highlights disparities in policy outreach, program relevance, or unmet expectations among highly educated individuals within the transgender community.

- 3) An income-based analysis also showed distinct patterns of perceived quality-of-life improvements. Statistically significant differences were noted in IQL1 (overall quality of life, $p = 0.036$), IQL3 (housing provisions, $p = 0.012$), and IQL4 (economic stability, $p = 0.001$), whereas IQL2 (healthcare, education, and employment opportunities, $p = 0.563$) showed no significant difference. Respondents earning ₹10,000–20,000 per month consistently reported the highest levels of perceived improvement across all dimensions, suggesting that this income group has benefited the most from government initiatives. Conversely, those earning above ₹30,000 or below ₹10,000 showed relatively lower levels of improvement, particularly in terms of economic security and housing. This suggests that middle-income transgender individuals may be better positioned to access and utilize welfare programs, while the lowest and highest earners might face barriers or mismatches in policy reach or relevance.
- 4) The Kruskal-Wallis H test results indicate that perceptions of reduced discrimination and stigma among transgender individuals vary significantly across age groups in certain domains. Notably, statistically significant differences were found for RDS2 ($H = 4.450$, $p = 0.017$), which assesses perceived safety due to legal protection, and RDS3 ($H = 4.748$, $p = 0.011$), which evaluates increased social acceptance. These findings suggest that age influences how transgender individuals perceive the effects of legal and societal changes. However, for RDS1 (discrimination in public spaces) and RDS4 (effectiveness of advocacy programs), the differences across age groups were not statistically significant ($p = 0.645$ and $p = 0.436$, respectively). Mean rank scores indicate that younger individuals, particularly those under 35 years, report higher levels of perceived reduction in discrimination and stigma, while older respondents, especially those aged 35–40 years, report lower levels of improvement in these areas. This trend highlights the generational differences in experiencing social transformation and policy benefits.

- 5) Educational attainment significantly influences transgender individuals' perceptions of reduced discrimination and stigma. The Kruskal-Wallis H test indicated statistically significant differences in three of the four dimensions: RDS1 ($H = 9.664$, $p = 0.022$), RDS3 ($H = 15.705$, $p = 0.001$), and RDS4 ($H = 13.530$, $p = 0.004$). These findings imply that the experiences of public discrimination, social acceptance, and the impact of advocacy programs differ notably based on education level. However, no significant difference was observed in RDS2 (feeling safer due to legal protections) ($p = 0.169$). Respondents with higher secondary education consistently reported the highest mean ranks across all dimensions, suggesting that they perceived the most significant reduction in discrimination and stigma. Conversely, those with postgraduate qualifications reported the least positive change, possibly indicating higher expectations or unmet needs of current programs and policies.
- 6) Monthly income also plays a crucial role in shaping transgender individuals' perceptions of reduced discrimination and stigma. The Kruskal-Wallis H test revealed statistically significant differences in RDS1 ($H = 9.524$, $p = 0.023$), RDS3 ($H = 25.955$, $p = 0.000$), and RDS4 ($H = 15.134$, $p = 0.002$), confirming that income levels correlate with varied experiences of public discrimination, social acceptance, and advocacy impact. However, the difference for RDS2 (feeling safer due to legal protections) was not statistically significant ($p = 0.055$), indicating a consistent perception across income levels. The mean ranks show that respondents earning between ₹ 10,000 and ₹ 20,000 perceive the greatest reduction in stigma, while those in both lower (below ₹10,000) and higher (above ₹30,000) income brackets report comparatively fewer improvements. These results suggest that middle-income transgender individuals might benefit more from inclusive policies and advocacy efforts, possibly because of better access to and engagement with support systems.

- 7) Statistical analysis confirmed that Access to Service Benefits (ASB) significantly and positively impacted the Improvement in Quality of Life (IQL) for transgender individuals. The path coefficient ($\beta = 0.378$) indicates a moderately strong positive relationship, suggesting that improved access to healthcare, housing, financial aid, and social services directly enhances the standard of living. The t-value of 3.024 exceeds the critical value of 1.96, and the p-value of 0.000 confirms the statistical significance of this result. These findings underscore the importance of inclusive service delivery systems that cater to the specific needs of transgender individuals, ultimately improving their physical, emotional and economic well-being.
- 8) The analysis demonstrates a statistically significant and positive influence of Access to Service Benefits (ASB) on the Reduction in Discrimination and Stigma (RDS) within the transgender community. The path coefficient ($\beta = 0.478$) indicates a notable positive effect, indicating that better access to institutional services correlates with decreased experiences of societal stigma and bias. The strong t-value of 5.373 and p-value of 0.002 underscore the reliability of this effect. This implies that inclusive and accessible public services not only enhance basic living conditions but also aid in social normalisation and reduce prejudice against transgender individuals.
- 9) Community Support and Advocacy Programs (CSAP) significantly improve the Quality of Life (IQL) of transgender individuals, as shown by a robust path coefficient of $\beta = 0.617$. This suggests that community-driven initiatives, such as peer support groups, grassroots advocacy, and inclusive events, are crucial for enhancing life satisfaction and personal well-being. The t-value of 4.674 confirms the strength of this association, and the p-value of 0.001 indicates its statistical significance. The findings emphasise the transformative role that community infrastructure and collective empowerment play in uplifting marginalised transgender individuals through increased engagement and support.

- 10) Statistical analysis confirmed that Community Support and Advocacy Programs (CSAP) significantly reduced Discrimination and Stigma (RDS) against transgender individuals. With a path coefficient of $\beta = 0.569$, the results indicate a meaningful reduction in societal stigma due to active community engagement and awareness-raising programs. A high t-value of 7.390 and a p-value of 0.000 indicate a robust and significant relationship between the two variables. This finding underscores the role of collective action, education, and visibility campaigns in reshaping societal attitudes, fostering inclusivity, and mitigating prejudicial behaviour toward transgender individuals.
- 11) Legal Protections and Recognition (LPR) has a substantial and statistically significant impact on the Improvement in Quality of Life (IQL) of transgender individuals. The path coefficient ($\beta = 0.516$) indicates a strong positive effect, and the t-value of 3.939, which is well above the critical value of 1.96, further confirms the statistical strength of this relationship. The p-value of 0.001 reinforces the significance of the results. These findings highlight the pivotal role of legal recognition, such as identity rights, anti-discrimination legislation, and legal gender acknowledgement, in securing equal opportunities and improving the socioeconomic conditions of transgender individuals.
- 12) The results offer compelling evidence that Legal Protections and Recognition (LPR) are vital in mitigating Discrimination and Stigma (RDS) experienced by transgender individuals. With a path coefficient of 0.639, the data indicate a notable positive effect, implying that as legal frameworks become more inclusive, societal discrimination decreases. This relationship is statistically significant, as evidenced by a high t-value of 5.726 and a p-value of 0.000. The findings underscore the essential role of institutional legal protections and formal recognition in dismantling biases, affirming identities, and promoting a fairer society for transgender people.

5.2.4 Findings of Objective 4

To study the barriers faced by the transgender community in accessing government initiatives in Kerala.

Although India has established progressive policies and judicial acknowledgement of transgender rights, such as the Transgender Persons (Protection of Rights) Act, 2019, the transgender community in Kerala still encounters substantial difficulties in accessing government programs and welfare services. Kerala, often regarded as a socially progressive state, has introduced several policies specifically for transgender individuals, including the State Transgender Policy (2015) and initiatives focused on healthcare and housing issues. However, the actual situation reveals a different reality, where bureaucratic, social, cultural, and economic barriers impede the effective delivery and use of these benefits. This study seeks to investigate these complex obstacles through systematic empirical analysis, highlighting how various structural and institutional constraints affect the daily lives of transgender people.

This study employs a comprehensive approach to identify and examine the primary barriers namely, Bureaucratic and Administrative Barriers (BAB), Social and Cultural Barriers (SCB), and Financial and Economic Barriers (FEB) that affect access to government services. Utilising non-parametric statistical techniques like the Friedman test and Structural Equation Modelling (SEM), the analysis uncovers not only the intensity and variation in the perception of these barriers but also how enabling factors such as Access to Service Benefits (ASB), Community Support and Advocacy Programs (CSAP), and Legal Protections and Recognition (LPR) help alleviate these challenges. The findings emphasise that while certain barriers such as discriminatory bureaucratic practices, unsafe community settings, and insufficient financial support are more pronounced, strategic measures in legal recognition, community outreach, and service delivery can significantly reduce exclusion and promote inclusive development for the transgender community in Kerala.

- 1) The analysis of Bureaucratic and Administrative Barriers (BAB) faced by transgender individuals in Kerala highlights notable differences in the

perceived challenges across various aspects. The Kolmogorov-Smirnov test with Lilliefors correction was used to assess the normality of distribution, revealing that all four variables challenge in navigating procedures, legal recognition and documentation, uncooperative or uninformed officials, and absence of governmental guidelines showed significant deviations from normality ($p < 0.001$), warranting the use of non-parametric methods. A Related-Samples Friedman's Two-Way Analysis of Variance by Ranks was employed to evaluate whether perceptions of these barriers differed significantly. The test yielded Kruskal-Wallis H test of 12.273 with 3 degrees of freedom and a p-value of 0.007, indicating significant differences in how the transgender community perceives these bureaucratic challenges. Consequently, the null hypothesis of equal perception across all four dimensions was rejected. Subsequent pairwise comparisons with Bonferroni-adjusted significance values identified key differences: perceived difficulty in navigating procedures was significantly different from challenges in legal documentation (adjusted $p = 0.003$) and the lack of clear governmental support (adjusted $p = 0.007$). Furthermore, the perception of dealing with uncooperative officials significantly differed from that of the lack of guidelines and support (adjusted $p = 0.005$). These significant differences suggest that issues with legal documentation and a lack of administrative clarity are more acutely felt by transgender individuals than other bureaucratic obstacles. These findings highlight the need for data-driven administrative reforms, targeted training for officials, and the establishment of accessible and transparent government services protocols.

- 2) The analysis of Social and Cultural Barriers (SCB) experienced by transgender individuals in Kerala reveals significant disparities across different dimensions of societal challenges. The normality of each variable social stigma and discrimination, family and community attitudes, feelings of unsafety in community support programs, and cultural norms and prejudices was assessed using the Kolmogorov-Smirnov test with Lilliefors correction, with all variables showing significant deviations from normality ($p < 0.001$),

necessitating a non-parametric analysis. A Friedman test was conducted to examine differences in perceptions, yielding a value of Kruskal-Wallis H test = 37.938 with three degrees of freedom and a p-value of < 0.001 , indicating significant variation in how these barriers were perceived. Pairwise comparisons with Bonferroni-adjusted significance values revealed notable differences, particularly between cultural norms and family/community attitudes (adjusted $p = 0.003$), feelings of unsafety and family/community attitudes (adjusted $p = 0.003$), and feelings of unsafety and social stigma (adjusted $p = 0.032$). These results suggest that barriers related to community safety and cultural prejudice are perceived as more severe than traditional social stigma and familial rejection. However, no statistically significant difference was found between social stigma and family/community attitudes (adjusted $p = 0.008$), indicating a comparable perception of these two forms of discrimination. These findings underscore the heterogeneity in how transgender individuals experience social exclusion and discrimination, reinforcing the need for targeted policy responses, particularly those that address hostile cultural environments and unsafe community settings, while also promoting broader social awareness and inclusion.

- 3) The analysis of the Financial and Economic Barriers (FEB) faced by transgender individuals in Kerala highlights considerable differences in how various financial challenges are perceived. Normality tests for the four FEB indicators healthcare expenses, financial difficulties, economic barriers despite job opportunities, and lack of financial support showed significant deviations from a normal distribution for all variables ($p < 0.001$), warranting the use of non-parametric analysis. The Friedman test produced a statistically significant value of Kruskal-Wallis H test = 33.245 with three degrees of freedom and a p-value of 0.005, indicating that respondents perceive financial barriers differently. Subsequent pairwise comparisons with Bonferroni-adjusted significance values confirmed the notable differences between several barrier pairs. Specifically, the perception gap between the lack of financial support and financial difficulties was statistically significant (adjusted $p =$

0.003), as was the difference between economic barriers despite job opportunities and financial difficulties (adjusted $p = 0.003$). These findings suggest that while healthcare costs and employment-related issues are significant, the most pressing concerns are direct financial difficulties and inadequate state financial support. These results underscore the need for policy measures that address immediate economic vulnerabilities, such as increasing access to financial subsidies, lowering healthcare costs, and improving inclusive employment opportunities to enhance the financial well-being and social inclusion of transgender people.

- 4) The hypothesis that Access to Service Benefits (ASB) significantly negatively impacts Bureaucratic and Administrative Barriers (BAB) is supported by the path analysis results. The standardised path coefficient was -0.267, indicating a moderate inverse relationship between ASB and BAB. This suggests that as access to service benefits improves, the bureaucratic and administrative challenges faced by transgender individuals tend to decrease. The corresponding t-value of 4.450 and p-value of 0.000 confirm that this effect is statistically significant at the 0.01 level. These findings imply that better access to welfare schemes, government documentation, and social entitlements can effectively reduce institutional obstacles for transgender persons, highlighting a critical area for policy intervention in India.
- 5) A statistically significant negative effect was also observed between Access to Service Benefits (ASB) and Financial and Economic Barriers (FEB), as indicated by a path coefficient of -0.389. This relatively strong negative association shows that improved access to targeted benefits, such as subsidies, skill training, or financial inclusion programs, reduces the economic hardships experienced by transgender individuals. The significance of this relationship is validated by a t-value of 2.210 and a p-value of 0.000, establishing its robustness at the 0.01 confidence level. These findings affirm that service accessibility plays a crucial role in mitigating financial insecurity and enabling economic integration of the transgender population.

- 6) The connection between Access to Service Benefits (ASB) and Social and Cultural Barriers (SCB) is both negative and statistically significant, with a path coefficient of -0.401, indicating a strong inverse relationship. This suggests that improved access to public services, such as inclusive education, healthcare, and legal aid, greatly diminishes experiences of stigma, discrimination, and social alienation among transgender individuals. The statistical significance of this relationship was confirmed by a t-value of 2.728 and a p-value of 0.000. These findings highlight the potential of inclusive service delivery mechanisms to promote dignity, acceptance, and social inclusion.
- 7) The hypothesis that Community Support and Advocacy Programs (CSAP) significantly reduce Bureaucratic and Administrative Barriers (BAB) is supported by a path coefficient of -0.267. This indicates that increased community engagement and advocacy efforts are linked to a notable decrease in the procedural obstacles and bureaucratic resistance faced by transgender individuals. A t-value of 2.008 and a p-value of 0.000 further confirm the statistical significance of this finding. These results underscore the transformative impact of grassroots activism, NGO-led programs, and peer support in easing administrative access, and enhancing institutional responsiveness.
- 8) A statistically significant inverse relationship was found between Community Support and Advocacy Programs (CSAP) and Financial and Economic Barriers (FEB), with a path coefficient of -0.317. This implies that strengthened community-based support, including employment initiatives, entrepreneurship training, and financial literacy programs, helps reduce economic disparities among transgender individuals. The association was validated by a t-value of 3.108 and a p-value of 0.000, indicating a strong and significant effect. These findings suggest that targeted advocacy efforts can effectively bridge economic gaps and foster financial empowerment within the transgender community.

- 9) The statistical analysis revealed a significant negative relationship between Community Support and Advocacy Programs (CSAP) and Social and Cultural Barriers (SCB), with a path coefficient of -0.119. Although this relationship is relatively modest in strength, it is statistically significant, as indicated by a t-value of 2.288 and a p-value of 0.000. The results suggest that increased participation in inclusive community activities, sensitisation campaigns, and collective advocacy help reduce societal prejudice and cultural exclusion. This supports the idea that social awareness and community-driven initiatives are crucial for dismantling entrenched stigmas and enhancing societal acceptance of transgender individuals.
- 10) Legal measures play a crucial role in diminishing Bureaucratic and Administrative Barriers (BAB), as indicated by the negative path coefficient of -0.256 for Legal Protections and Recognition (LPR). This relationship is statistically significant, with a t-value of 2.535 and p-value of 0.000. This indicates that legal protections, such as laws recognising transgender identities, procedural transparency, and anti-discrimination policies, directly reduce the bureaucratic challenges faced by transgender individuals. The findings emphasise the necessity of embedding legal reforms that formally recognise and safeguard transgender rights within administrative frameworks.
- 11) The connection between Legal Protections and Recognition (LPR) and Financial and Economic Barriers (FEB) is also negative and statistically significant, with a path coefficient of -0.389. This suggests that legal provisions, such as employment non-discrimination laws and equal access to financial resources, significantly reduce economic disadvantages. The significance of this effect was confirmed by a t-value of 2.026 and a p-value of 0.000. These results underscore how legal structures that promote equal economic rights help alleviate financial difficulties and enhance economic security for transgender individuals to live with dignity.
- 12) The impact of Legal Protections and Recognition (LPR) on Social and Cultural Barriers (SCB) is likewise statistically significant and negative, with a path

coefficient of -0.317. This finding indicates that enhanced legal recognition such as the validation of gender identity, protection against hate speech, and inclusion in public policy can significantly diminish societal stigma and cultural exclusion. The t-value of 2.620 and p-value of 0.000 further affirm this relationship's significance. This suggests that legal reforms not only provide protective functions but also influence public perception and social norms, promoting the broader societal integration of transgender individuals.

5.2.5 Findings of Objective 5

To assess the effect of government initiatives on the social integration and psychological well-being of the transgender community in Kerala.

In Kerala, the transgender community, much like other marginalised groups, has long endured substantial social exclusion, stigma, and psychological challenges. Acknowledging these systemic issues, the Government of Kerala has launched a range of forward-thinking initiatives to improve the socioeconomic status and overall well-being of transgender individuals. These measures encompass the legal acknowledgement of gender identity, financial aid programs, complimentary gender affirmation surgeries, inclusive educational opportunities, and the creation of specialised welfare boards. These policy measures aim to dismantle structural obstacles and empower transgender individuals by providing access to services, legal protections, and inclusive community initiatives. Given the complex and overlapping nature of the challenges they encounter, assessing the effectiveness of these government efforts in enhancing social integration and mental health and psychological well-being (MHPWB) is essential for developing responsive and evidence-based public policy.

The current findings present a detailed statistical analysis of how key elements of government intervention specifically, Access to Service Benefits (ASB), Community Support and Advocacy Programs (CSAP), and Legal Protections and Recognition (LPR) affect the social integration and psychological well-being of transgender individuals. Utilising structural equation modelling (SEM) and mediation analysis, this study investigates both the direct and indirect pathways

through which these initiatives impact psychological outcomes and societal inclusion. The results revealed that each of these aspects significantly contributed to improving mental health by enhancing perceived social support and increasing opportunities for social participation and acceptance.

- 1) These findings confirm that targeted government efforts, when inclusively implemented with sufficient community involvement, play a transformative role in creating a more equitable and emotionally supportive environment for the transgender community in Kerala. The statistical analysis demonstrates that Access to Service Benefits (ASB) has a significant and positive impact on the Mental Health and Psychological Well-Being (MHPWB) of transgender individuals. The path coefficient was 0.602, indicating a strong direct relationship with a t-value of 4.068 and a p-value of 0.000 confirm the statistical significance of this relationship at the 0.01 level. These findings suggest that improved access to services, such as healthcare, education, housing, and financial assistance, positively affects the emotional and psychological state of transgender individuals, reducing distress and enhancing overall well-being.
- 2) The results indicate a significant positive relationship between Access to Service Benefits (ASB) and Perceived Social Support (PSS), with a path coefficient of 0.567, indicating a moderate to strong association. Statistical significance was confirmed with a t-value of 2.589 and a p-value of 0.000, suggesting that better access to government and community services enhances transgender individuals' perception of societal support. This could be attributed to increased institutional trust and visibility, which, in turn, strengthens perceived social belonging and interpersonal networks.
- 3) The results indicate that Access to Service Benefits (ASB) plays a crucial role in enhancing Social Integration (SI) for transgender individuals. The path coefficient of 0.577, along with a t-value of 4.338 and a p-value of 0.000, indicates a strong and statistically significant impact. This suggests that transgender individuals who can access essential services are more likely to

experience inclusion and acceptance in social, educational, and professional settings, leading to increased societal involvement and decreased isolation.

- 4) Community Support and Advocacy Programs (CSAP) have a notable and positive effect on Mental Health and Psychological Well-Being (MHPWB), with a path coefficient of 0.613. The t-value of 3.855 and p-value of 0.000 indicate a robust and statistically significant relationship. These results reveal that when transgender individuals receive support from advocacy groups, community networks, and awareness initiatives, their emotional and psychological well-being improves, driven by feelings of validation, belongingness, and access to psychosocial resources.
- 5) The statistical analysis shows a path coefficient of 0.538 between CSAP and PSS, supported by a t-value of 5.810 and a p-value of 0.000, highlighting a highly significant and strong positive effect. This underscores the vital role of community-based initiatives in creating environments in which transgender individuals feel socially supported. Such programs likely enhance visibility, reduce social stigma, and foster meaningful social connections, improving perceptions of being valued and accepted. CSAP demonstrated a strong and statistically significant positive effect on Social Integration (SI), as evidenced by a path coefficient of 0.612, t-value of 4.163, and p-value of 0.000. These findings suggest that active community engagement and targeted advocacy efforts aid in integrating transgender individuals into the mainstream society. It helps to reduce marginalisation and build social capital, thereby facilitating more active participation in public, economic and civic life.
- 6) Legal Protections and Recognition (LPR) has a significant and positive impact on Mental Health and Psychological Well-Being (MHPWB), as shown by a path coefficient of 0.578, t-value of 3.176, and p-value of 0.000. This indicates that when transgender individuals are legally recognised and protected by anti-discrimination laws and identity rights, their psychological well-being improves. The sense of safety, legitimacy, and inclusion provided by legal recognition plays a critical role in mental health.

- 7) The impact of Legal Protections and Recognition (LPR) on Perceived Social Support (PSS) is both statistically significant and positive, with a path coefficient of 0.449, a t-value of 2.440, and a p-value of 0.000. These figures indicate that legal protections not only offer structural security but also improve perceptions of societal acceptance and support. Legal acknowledgement seems to convey societal approval, thereby enhancing transgender individuals' belief in receiving support from both institutions and peers.
- 8) The connection between LPR and Social Integration (SI) is statistically significant with a path coefficient of 0.616, t-value of 3.127, and p-value of 0.000, the data strongly support the hypothesis that stronger legal rights lead to greater societal inclusion. This finding underscores the importance of institutional legitimacy and protection in enabling social participation and reducing discriminatory barriers in public spaces, workplaces, and civic settings.
- 9) Perceived Social Support (PSS) has a significant positive impact on the Mental Health and Psychological Well-Being (MHPWB) of transgender individuals. The path coefficient was 0.211, with a t-value of 2.851 and a p-value of 0.000, suggesting that emotional and social support from family, peers, and the wider community significantly contributed to better psychological outcomes. This finding highlights the protective role of social connections in alleviating mental health issues, such as stress, anxiety, and depression.
- 10) Another hypothesis indicates that Social Integration (SI) has a statistically significant and positive effect on MHPWB, with a path coefficient of 0.163, t-value of 1.874, and p-value of 0.000. Although the effect size is relatively smaller than other predictors, the relationship is significant, indicating that a sense of belonging and community participation positively influences mental well-being. This reinforces the importance of inclusive social environments in enhancing the psychological health of transgender individuals.
- 11) The findings support the hypothesis that Perceived Social Support (PSS) significantly mediates the relationship between Legal Protections and

Recognition (LPR) and MHPWB among transgender individuals. The indirect effect of 0.095, along with a t-statistic of 2.311 and a p-value of 0.000, confirmed the statistical significance of this mediation. This suggests that the pathway through which legal protections positively affect mental health is partly explained by their ability to enhance perceived social support. When transgender individuals are legally recognised and protected, it fosters a supportive societal environment, which, in turn, contributes to their emotional resilience and psychological well-being.

- 12) The analysis provides strong evidence for the mediating role of Social Integration (SI) in the link between Access to Service Benefits (ASB) and Mental Health and Psychological Well-Being (MHPWB). The indirect effect, measured at 0.094, is highly significant, as shown by the t-statistic of 8.550 and p-value of 0.000. These findings confirm that better access to essential services enhances social integration, which subsequently improves the mental health of transgender people. The high t-value indicates the reliability of the mediation effect, emphasising the importance of service accessibility not only to fulfil basic needs but also to promote deeper social inclusion and psychological stability.
- 13) The hypothesis that Perceived Social Support (PSS) mediates the relationship between Access to Service Benefits (ASB) and Mental Health and Psychological Well-Being (MHPWB) was statistically validated. The mediation effect was reported as 0.120, with a t-statistic of 2.257 and a p-value of 0.000, indicating a significant indirect effect. This suggests that as transgender individuals gain access to services such as healthcare, housing, and education, their perception of social support is strengthened, which in turn contributes to better mental health outcomes. This highlights the interconnectedness of structural support and emotional well-being. Social Integration (SI) significantly mediated the relationship between Community Support and Advocacy Programs (CSAP) and Mental Health and Psychological Well-Being (MHPWB). The indirect effect is 0.100, supported

by a t-statistic of 5.868 and a p-value of 0.000, confirming the strength and significance of mediation. This indicates that the positive impact of community-driven advocacy efforts on mental health is partly facilitated by their ability to foster a sense of belonging and societal participation among transgender individuals. Thus, strong community engagement leads to better integration, which enhances psychological well-being.

- 14) The findings affirm that Perceived Social Support (PSS) plays a significant mediating role between Community Support and Advocacy Programs (CSAP) and Mental Health and Psychological Well-Being (MHPWB). The mediation effect of 0.114, combined with a t-statistic of 3.547 and a p-value of 0.000, confirms that the impact of community-based programs on mental health is significantly enhanced by improved perceptions of social support. When transgender individuals feel supported through advocacy initiatives and community engagement, their mental health benefits considerably from positive relational dynamics.
- 15) Social Integration (SI) significantly mediates the relationship between Legal Protections and Recognition (LPR) and Mental Health and Psychological Well-Being (MHPWB), as evidenced by a mediation effect of 0.100, a t-statistic of 7.724, and a p-value of 0.000. These values indicate a strong, statistically significant indirect relationship. These findings suggest that beyond the direct protective influence of legal recognition, its positive effects on mental health are also mediated through enhanced social integration. When transgender individuals are recognised and protected by law, they are more likely to participate in community life, feel accepted, and experience improved psychological outcomes.
- 16) The analysis revealed that legal protections and recognition (LPR) significantly influence the mental health and psychological well-being (MHPWB) of transgender individuals through both direct and indirect pathways. The total effect of LPR on MHPWB was 0.673, with a t-value of 2.768 and a p-value of 0.000, indicating a strong and statistically significant

overall relationship. The direct effect remained significant at 0.578 ($t = 3.593$, $p = 0.000$), confirming complementary partial mediation. Additionally, the indirect effects of perceived social support (PSS) at 0.095 ($t = 2.311$, $p = 0.000$) and social integration (SI) at 0.100 ($t = 7.724$, $p = 0.000$) were both statistically significant. These findings suggest that while LPR directly enhances mental well-being, it also contributes meaningfully by strengthening social connections and societal integration. Thus, robust legal protections not only uphold rights but also foster psychosocial pathways to improve well-being.

- 17) Access to service benefits (ASB) has a notable positive impact on the mental health and psychological well-being (MHPWB) of transgender individuals both directly and indirectly. The overall influence of ASB on MHPWB was 0.696 ($t = 3.121$, $p = 0.000$), with a significant direct effect of 0.602 ($t = 4.068$, $p = 0.000$), indicating complementary partial mediation. The indirect effects were mediated through perceived social support (PSS) with an effect size of 0.120 ($t = 2.257$, $p = 0.000$) and social integration (SI) at 0.094 ($t = 8.550$, $p = 0.000$), both of which were statistically significant. These findings revealed that access to fundamental services, such as healthcare, housing, and education, not only directly improves psychological well-being but also does so by strengthens social support networks and fosters inclusion within the larger community. Therefore, ensuring broad and equitable access to service benefits is crucial for the mental health of the transgender community.
- 18) Community support and advocacy programs (CSAP) also have a statistically significant effect on mental health and psychological well-being (MHPWB), functioning through both direct and indirect pathways. The total effect of CSAP on MHPWB was 0.713 ($t = 3.300$, $p = 0.000$), with a strong direct effect of 0.613 ($t = 3.855$, $p = 0.000$), confirming complementary partial mediation. The indirect effects were mediated through perceived social support (PSS) at 0.114 ($t = 3.547$, $p = 0.000$) and social integration (SI) at 0.100 ($t = 7.724$, $p = 0.000$), both of which were statistically significant. These results highlight the essential role of community-driven initiatives in enhancing both the tangible

and intangible aspects of psychological health. Advocacy programs not only offer crucial support but also promote social inclusion and a sense of community belonging, which are vital for the mental resilience and well-being of transgender individuals in India.

5.3 General Findings

In Kerala, the transgender community continues to face numerous structural, social, and economic obstacles that restrict their complete integration into society. The general findings of this study offer a broad perspective on the real-life experiences of transgender individuals as they strive to access fundamental rights, public services, and fair treatment in various aspects of life. These insights were derived from an extensive empirical study that examined bureaucratic and administrative hurdles, financial and economic difficulties, and deeply rooted social and cultural barriers. The results indicate that these obstacles are not uniform but differ greatly in severity and impact, highlighting the intersection of gender identity with systemic discrimination, social exclusion and institutional neglect. These findings emphasise the ongoing gaps in policy implementation and the pressing need for more inclusive, transparent, and sensitive governance mechanisms. Additionally, the analysis identifies key areas where transgender individuals encounter the most resistance, such as uncooperative public officials, lack of support for legal documentation, widespread social stigma, and insufficient financial aid. Non-parametric statistical tests revealed that there are significant differences were found in barriers faced by transgender community underscoring the need for targeted interventions. This study also identifies the behaviours of transgender individuals respond to community support, legal protections, and service accessibility, suggesting that meaningful progress can be made when institutional frameworks are responsive to the unique needs of this community. Overall, the findings provide a crucial basis for developing inclusive policies, promoting equity, and enhancing the social and psychological well-being of transgender individuals in Kerala.

- 1) Despite being legally recognised and eligible for various government schemes, transgender individuals in Kerala still face persistent inequities in accessing

these services. Many encounter obstacles, such as unclear eligibility criteria, lack of awareness about entitlements, and bureaucratic inefficiencies. Even when transgender-specific policies are established, their implementation is often delayed or inconsistently applied across districts. The absence of a single-window system for transgender welfare services, coupled with a lack of coordination among departments, further complicates access to these services. Consequently, the community remains underserved despite the state's progressive legal framework for LGBTQ + rights.

- 2) The research indicates that bureaucratic and administrative obstacles are not isolated occurrences but are deeply rooted in issues within public institutions. Transgender individuals often face demands for unnecessary documentation, repeated verification of their gender identity, or multiple visits owing to unclear procedures. These experiences contribute to feelings of exclusion and reinforce the perception that the system is not designed for them. Many are also deterred from seeking services altogether because of fears of discrimination, ridicule, or outright denial. The absence of gender-sensitive training among public officials further intensifies this indifference.
- 3) Financial instability remains a major concern for transgender individuals in the United States. Most lack access to stable employment and are often limited to informal or stigmatised sectors. This precarious economic situation is worsened by workplace discrimination, educational dropout, and exclusion from skill development programs. Even those who pursue entrepreneurship face challenges in obtaining credit due to a lack of collateral and institutional bias. The lack of targeted financial inclusion policies for transgender entrepreneurs perpetuates a cycle of poverty that restricts their independence and limits their participation in mainstream economic activities.
- 4) Transgender individuals in Kerala continue to encounter widespread stigma and discrimination in their daily lives. Negative social attitudes are evident in various areas, including families, educational institutions, public spaces, and workplaces, leading to widespread exclusion. Many respondents reported

being disowned by family members, bullied in schools, or denied housing because of their gender identity. This social rejection results in chronic psychological distress, including feelings of worthlessness, anxiety and depression. The constant need to conceal their identity or justify their existence has a lasting impact on their mental health and quality of life.

- 5) Kerala's traditional cultural framework often reinforces rigid gender norms, leaving little room for the inclusion of transgender identities within its cultural narratives. Cultural and religious practices typically uphold a binary understanding of gender, making transgender individuals appear as outsiders or as deviants. These norms influence social behaviour, institutional policies, and interpersonal relationships. Transgender persons often find themselves unwelcome at family ceremonies, festivals, or cultural gatherings. This cultural alienation hinders their ability to fully engage with society and perpetuates the cycle of invisibility and marginalisation.
- 6) While Kerala has made commendable progress in recognising the rights of transgender individuals through state policies and court rulings, the practical translation of these legal advancements into reality remains limited. Legal documents, such as identity cards, ration cards, and passports, are often difficult to obtain or change because of procedural red tape. Even when acquired, these documents do not always guarantee fair treatment in institutional settings, such as hospitals, banks, or police stations. Therefore, legal recognition must be accompanied by structural reforms, implementation accountability, and mass sensitisation to achieve meaningful inclusion.
- 7) In the face of widespread marginalisation, community-based organisations and peer support groups have become crucial support systems for many transgender individuals. These groups offer not only emotional support and safe environments but also help with accessing welfare programs, navigating legal processes, and organizing advocacy efforts. These networks create a sense of belonging and collective empowerment, aiding individuals in regaining confidence and rejoining society with renewed purpose. NGOs, self-

help groups, and grassroots transgender leaders have been vital in addressing the gaps left by the state and advocating for systemic changes.

- 8) Healthcare remains one of the most overlooked aspects of transgender welfare. Despite policy commitments, transgender individuals frequently encounter insensitive or uninformed medical staff, particularly in public hospitals. Gender-affirming surgeries and hormone therapies are often unavailable or unaffordable in most facilities, leading many individuals to resort to unsafe alternatives. Mental health support is severely lacking, even though the community faces heightened risks of depression, trauma, and suicidal thoughts.
- 9) The absence of transgender-inclusive healthcare protocols, lack of trained counsellors, and pervasive medical stigma significantly impact their physical and emotional well-being negatively. Transgender individuals are largely absent from public institutions, political decision-making, and local governance bodies. Their underrepresentation results in a lack of visibility in policy discussions, planning committees, and monitoring mechanisms, which in turn leads to poorly designed and ineffectively implemented policies. This lack of representation not only impedes the expression of their specific needs but also perpetuates myths and stereotypes about the community itself. Empowering transgender individuals to engage in civic life as elected officials, bureaucrats, or advisors ensures that their perspectives shape the policies that affect them.
- 10) Transgender individuals seek real, measurable change policies that are effectively implemented, officials who are sensitised to their needs, and institutions that are accountable. They call for integrated support systems that combine health, education, legal aid, livelihoods, and social security. There is also a clear push for intersectional policymaking that considers factors such as caste, class, disability, and regional disparities to avoid one-size-fits-all solutions. The community is no longer seeking charity but is demanding justice, dignity, and equality.

5.4 Suggestions

The transgender community in Kerala faces a range of complex issues, including social isolation, economic hardship, psychological challenges and institutional neglect. These issues demand a thorough and compassionate policy approach that emphasises inclusivity, respect and empowerment. Although legal recognition and welfare programs have laid an important foundation, the everyday experiences of transgender individuals highlight ongoing challenges in accessing services, sensitivity, and systemic support for them. Consequently, the following proposals are not merely corrective but aim to be transformative, seeking to change societal perceptions, enhance institutional structures, and promote long-term integration. These recommendations are based on the principles of participatory governance, human rights, and sustainable inclusion, stressing the importance of targeted actions such as mental health support, community-driven advocacy, legal and administrative reforms, educational inclusion, and rigorous policy monitoring. By adopting these comprehensive suggestions, the state can move beyond superficial welfare measures and create a society in which transgender individuals are not only safeguarded but also empowered as equal contributors to Kerala's development story.

- 1) One of the most effective strategies for reducing bureaucratic and administrative hurdles for transgender individuals is to establish a centralised, single-window welfare system. This system should serve as a one-stop platform where transgender individuals can access all necessary services, such as healthcare, housing, identity documentation, skill development, and financial aid, without having to approach multiple departments. Trained officers should be stationed at these help desks to offer personalised assistance respectfully and non-discriminatorily. A digital version of the platform, accessible via mobile apps and the web, would further improve accessibility and convenience. Streamlining processes through a unified system can reduce paperwork duplication, minimise harassment by officials, and build institutional trust within the transgender community.

- 2) Transgender individuals often encounter indifference or discrimination from frontline government staff. To address this, it is essential to implement mandatory gender-sensitisation programs across all levels of public administration. These training sessions should go beyond theoretical instruction to include experiential learning, storytelling, and case studies that highlight the lived experiences of transgender individuals. Special emphasis should be placed on police, healthcare workers, Panchayat officials, school administrators, and clerical staff. Such sensitisation can help eliminate unconscious bias, increase empathy, and ensure consistent application of inclusive policies. Over time, a sensitised bureaucracy can become a strong ally in promoting equity and justice for marginalised gender groups.
- 3) In Kerala, transgender individuals require not only general healthcare but also gender-affirming medical services that are safe, affordable, and free from stigma. The government should establish specialised transgender health units in public hospitals staffed with trained endocrinologists, surgeons, mental health professionals, and social workers. Moreover, insurance programs, such as Ayushman Bharat or state-level health plans, should explicitly include coverage for gender transition-related treatments, counselling, and long-term therapy. Mobile health units should be deployed in rural regions to extend services beyond urban areas. Building an inclusive health infrastructure will reduce reliance on unregulated or unsafe medical practices and significantly enhance physical and psychological well-being.
- 4) The financial marginalisation of transgender individuals is closely linked to their exclusion from the formal labour market. The state should implement employment reservation policies in public sector institutions and provide incentives to private companies that employ transgender individuals. Equally crucial is the establishment of transgender-specific skill development centres offering training in IT, entrepreneurship, arts, and vocational trades. These centres should cater to dropouts and individuals with limited literacy using a flexible and inclusive curriculum. Additionally, access to start-up capital and

mentorship for transgender entrepreneurs should be facilitated through programs such as MUDRA and Startup Kerala. Economic empowerment is essential for dignity and self-determination.

- 5) Local transgender collectives, NGOs, and support groups play a vital role in connecting with individuals at the grassroots level and advocating their rights. It is essential for the government to formalise and financially support community-based organisations (CBOs) led by transgender individuals to act as liaisons between the state and the community. These CBOs manage shelter homes, crisis helplines, mental health camps, awareness initiatives, and peer counselling services. Community leaders should be included in decision-making bodies at the local and state levels. Supporting community-based institutions ensures culturally sensitive service delivery and fosters internal leadership that is responsive, accountable, and trusted by the communities.
- 6) The transgender community experiences high dropout rates due to bullying, gender dysphoria, and a lack of inclusive curriculum. Kerala's education system must implement a multi-faceted approach: first, by enforcing anti-discrimination laws in schools and colleges with clear guidelines; second, by integrating transgender narratives into textbooks to normalise gender diversity; and third, by creating gender-neutral bathrooms and safe spaces within educational institutions. Scholarships, mentorship programs, and bridge courses should be offered to promote academic reintegration. Inclusive education not only improves socioeconomic mobility but also changes future generations' perspectives on gender diversity.
- 7) Despite improvements in legislation, transgender individuals continue to face challenges in updating their legal documents because of complex procedures and institutional resistance. To address this, it is essential to establish legal aid centres focused on gender laws in every district. These centres would assist transgender individuals with tasks such as changing names and gender markers, registering wills, resolving property disputes, and addressing cases of abuse. Collaboration with the Social Justice Department and District Legal

Services Authorities (DLSAs) is crucial for these centres. Additionally, organising regular camps for document correction and Aadhaar linking can help to minimise bureaucratic delays. Having a legal identity is fundamental to accessing citizenship rights and achieving social inclusion, making timely facilitation a priority.

- 8) Persistent social stigma continues to marginalise transgender individuals, particularly in rural areas of the country. To combat this, the government should initiate mass communication campaigns that debunk myths, showcase success stories and encourage the use of respectful language. These campaigns should be disseminated through television, radio, social media and community events. Engaging cultural influencers, religious leaders, and educational institutions can foster a wider social movement towards inclusivity. Anti-discrimination messages should be mandatory in public service announcements. Normalising transgender identities in public discussions is vital for breaking down societal biases and promoting their long-term integration.
- 9) To amplify transgender voices in policymaking, it is crucial to foster their active involvement in both political and civic spheres. Political parties should be motivated to nominate transgender candidates for both local and legislative elections, and the idea of implementing representation quotas in local governing bodies, such as panchayats and municipalities, should be explored further. Efforts to register voters should prioritise enrolling transgender individuals and informing them about their political rights. Civic education initiatives should also prepare them to participate in policy discussions and oversee community monitoring of government programs. Political inclusion not only enhances legitimacy but also ensures that the community's needs are expressed from within.
- 10) The Kerala government urgently needs to implement a thorough, intersectional policy for transgender welfare that spans various sectors and ministries. This policy should acknowledge the diversity within the transgender community, considering factors such as caste, class, disability, age, and whether individuals

live in urban or rural areas. It must incorporate a framework for monitoring, allocate a budget, establish a mechanism to address grievances, and conduct regular impact assessments. Instead of adopting a fragmented approach, the state should aim for a cohesive social justice framework that guarantees the dignity, autonomy, and full citizenship of transgender individuals. Comprehensive policy reform is essential for institutionalising inclusion on a large scale and with significant depth.

- 11) Transgender individuals often face significant mental health challenges that are frequently overlooked. Many experience anxiety, depression, PTSD, and suicidal thoughts due to persistent stigma, rejection from family, and social isolation. To combat these issues, it is essential for the government to establish mental health clinics that are welcoming to transgender people at the taluk and panchayat levels of governance. These facilities should be staffed by psychologists and social workers trained in gender sensitivity and trauma-informed care. It is also important to offer regular group therapy, peer support groups, and crisis intervention services. Furthermore, mental health awareness should be incorporated into all health and welfare initiatives. By focusing on mental health infrastructure, we can not only promote healing but also empower transgender individuals to engage more fully in society.
- 12) In India, Hijra and other native transgender groups, including those in Kerala, hold distinct socio-cultural roles, histories, and spiritual practices. However, contemporary legal and administrative systems frequently fail to consider these cultural backgrounds. The government should take steps to document, preserve, and celebrate these traditions through public archives, festivals, and museum exhibitions. Transgender artists, performers, and storytellers can receive cultural grants to help maintain their heritage and livelihoods. Cultural recognition enhances pride and visibility and offers alternative economic opportunities grounded in tradition. By respecting cultural identities, the state acknowledges that true inclusion requires honouring diverse expressions of gender identity.

- 13) Despite increasing legal protections, transgender individuals continue to face safety risks in public areas, workplaces, schools, and even at home. Thus, creating specialised safety units within the Department of Social Justice, with support from the police and women's commissions, is crucial. These units should offer round-the-clock helplines, legal advice, shelter referrals and emergency response services. Additionally, all government departments and public offices must implement internal grievance mechanisms to address complaints of discrimination or mistreatment. This approach will ensure accountability and provide transgender individuals with a sense of security and institutional support, which is vital for their psychological well-being and integration.
- 14) There is a lack of community-driven research focusing on the real-life experiences of transgender people in Kerala. To tackle this issue, the government could collaborate with universities and research organisations to support participatory action research (PAR) initiatives, where transgender individuals play roles as both subjects and co-researchers. Research topics may include obstacles to inclusion, gaps in service delivery, and innovative empowerment models. The insights gained should be integrated into training resources for bureaucrats, educators and healthcare professionals. Furthermore, government data collection methods, such as censuses and health surveys, must incorporate inclusive gender categories. Evidence-based policymaking rooted in community stories will result in more nuanced and effective governance.
- 15) One persistent issue in public welfare is the disconnect between policy intentions and actual implementation. To address this, the government should create an independent mechanism for auditing transgender welfare, possibly under the State Planning Board or the Kerala State Human Rights Commission. This entity should conduct regular reviews of both state and central transgender programs, analyse how funds are used, and gauge the satisfaction of beneficiaries. It is crucial to include transgender individuals and community

leaders in audit committees to ensure that the process is genuine and credible. Audits should be conducted transparently, with findings and subsequent actions made public. Fostering a culture of monitoring and accountability will help maintain the momentum of inclusion and identify the best practices for others to follow.

5.5 Practical Implication of the Study

The practical implications of this research highlight the pressing and multifaceted necessity of closing the gap between policy provisions and the actual experiences of transgender individuals in Kerala. Through an empirical investigation of the obstacles faced by this community ranging from bureaucratic and financial to social and cultural and the mediating effects of perceived social support and integration, this study offers a blueprint for implementing actionable changes. The results indicate that despite various policy advancements at both the state and national levels, transgender individuals still face systemic exclusion, procedural inefficiencies, and psychosocial challenges that impede their access to essential government services and overall well-being. These implications are not solely academic but are intended to guide inclusive governance, administrative reforms, and grassroots-level intervention strategies that can transform the landscape of transgender welfare in India. By aligning programmatic efforts with evidence-based insights, stakeholders including policymakers, bureaucrats, educators, healthcare providers and civil society actors can collaboratively develop sustainable models that promote empowerment, resilience, and social justice for the transgender community in India. Therefore, the practical implications outlined here are envisioned as concrete steps toward creating a more equitable and humane society in which gender diversity is not only recognised but also meaningfully supported through inclusive institutional frameworks.

- 1) The research highlights that transgender individuals often face significant challenges due to bureaucratic and administrative obstacles such as unhelpful officials and unclear procedures. To address this, government agencies, particularly those providing public services, should integrate transgender

awareness training into their compulsory staff development programs. These training sessions should include topics such as understanding gender diversity, respectful interaction, adaptable procedures for gender documentation, and mechanisms for addressing grievances. Educating and raising awareness among administrative staff can help minimise the unconscious biases and procedural delays experienced by many transgender people. This approach promotes a more inclusive and effective service delivery system and builds trust in public institutions among marginalised populations.

- 2) This study highlights the urgent need to reshape current welfare programs by incorporating participatory methods that include transgender perspectives. Although services are available, their utilisation remains low because of a disconnect between program design and the real-life experiences of transgender individuals. Government departments and local authorities should establish regular community consultations during the creation, execution, and assessment of initiatives for the transgender population. This approach ensures that programs are contextually relevant, more accessible, and perceived as legitimate by the community. Additionally, integrating community feedback can help overcome obstacles such as public stigmatisation or difficulties accessing health insurance, education, or housing services.
- 3) The study highlights the administrative and bureaucratic challenges in accessing various services, suggesting the establishment of centralised service hubs that are inclusive of transgender individuals. These all-in-one centres could offer a secure environment where transgender people can obtain services related to healthcare, documentation, financial support, mental health counselling, job assistance, and legal aid in one location. Staffed by trained professionals, including those from the transgender community, these centres can effectively connect policy with access. Additionally, they would reduce administrative hurdles and travel expenses for transgender individuals, particularly those in rural or underserved regions, thereby promoting empowerment and accountability at the systemic level.

- 4) This study highlights a significant link between service accessibility and the mental health of transgender individuals. A key takeaway is the pressing need to enhance mental health infrastructure, specifically focusing on the transgender community. Both public and private healthcare systems should incorporate counsellors and psychiatrists skilled in transgender issues such as gender dysphoria, internalised stigma, social isolation, and trauma. By integrating these services into current primary health centres and urban health initiatives and offering them at no cost or at reduced rates, mental health can be prioritised as a public health concern rather than a luxury.
- 5) This research underscores the entrenched social and cultural obstacles that transgender individuals encounter due to widespread stigma and discrimination. A significant practical takeaway is the need to reform education by incorporating transgender topics into school and college curricula. Educational content should include modules on gender identity, empathy, constitutional rights, and inclusivity at all levels of education. These efforts, enhanced by interactive activities, storytelling, and exposure to real-life challenges, can help break down early biases, encourage acceptance, and cultivate a generation of compassionate citizens. Over time, this strategy can contribute to normalising gender diversity in mainstream discussions.
- 6) The study also reveals the financial and economic marginalisation of transgender individuals, highlighting the need for targeted employment and entrepreneurship opportunities. As a practical measure, the government should implement specific livelihood programs that offer vocational training, microcredit, business incubation, and marketing support tailored to the transgender community. These initiatives should be paired with financial literacy and mentorship. Promoting self-employment and community-driven projects can boost economic independence, while enhancing visibility and dignity. Additionally, government procurement systems can be made more inclusive by setting quotas or providing incentives for businesses run by transgender individuals.

- 7) This research highlights inequalities in the availability, execution, and results of welfare programs. A practical takeaway is the creation of a real-time monitoring and evaluation platform that tracks inclusion metrics relevant to the transgender community, such as service usage rates, response times, feedback ratings, and grievance resolution rates. This platform should be publicly accessible and regularly updated to ensure transparency and accountability. Implementing such technology-driven solutions allows for data-informed policymaking, early identification of gaps, and evidence-based adjustments to current programs.
- 8) This study also emphasises the importance of perceived social support and integration in improving well-being, underscoring the practical benefits of community-based peer networks. State and district administrations should offer financial and infrastructural support to transgender groups, self-help organisations, and NGOs working in the community. These support networks can promote knowledge exchange, emotional strength, legal awareness and resource access. Regular peer group gatherings, skill-sharing workshops, and awareness camps held in safe community environments can foster solidarity and alleviate the isolation experienced by many transgender individuals.
- 9) The study suggests establishing Transgender Advisory Councils at both state and district levels to institutionalise representation and incorporate transgender viewpoints into governance. These councils, consisting of community leaders, activists, researchers, and policy experts, can function as consultative bodies to assess current policies, propose new frameworks, and evaluate program effectiveness. Additionally, they can act as liaisons between the government and the transgender community, ensuring that policymaking is responsive and accountable to the community. Institutionalised representation fosters equity, transparency, and shared responsibility in developmental initiatives.
- 10) The study's results highlight the systemic neglect and legal obstacles that transgender individuals encounter when seeking justice and protection. A key practical implication is the need for mandatory training of law enforcement and judiciary members on gender identity. These training programs should

address non-discriminatory law enforcement practices, the importance of respecting chosen names and pronouns, and safeguarding transgender individuals from violence and exploitation in the police force. Creating transgender units within police departments and implementing fast-track procedures for addressing gender-based complaints can ensure that the rule of law is applied fairly to all citizens, regardless of their gender identity.

5.6 Recommendations to Policy Makers

The urgency for well-founded, inclusive, and transformative policymaking to tackle the challenges faced by the transgender community in Kerala has reached a critical point. Despite progressive measures such as the creation of a groundbreaking state transgender policy and the launch of various welfare programs, this study highlights the considerable discrepancies between policy intentions and their actual implementation. Transgender individuals continue to face bureaucratic obstacles, systemic exclusion, social marginalization, and restricted access to essential services vital for their survival, dignity, and mental health. The interaction between legal recognition, service access, community support, and social integration reveals a complex network of barriers that can only be dismantled through strategic and sustained policy efforts. Therefore, the recommendations presented here are not just aspirational ideas, but evidence-based directives grounded in the real-world experiences of the transgender community. These recommendations call on policymakers to go beyond symbolic recognition and embrace structural reform by institutionalising inclusive legal frameworks, reforming administrative processes, enhancing economic opportunities, expanding mental health care, and ensuring the genuine involvement of transgender individuals in the policymaking process. By doing so, the government can fulfil its constitutional mandate of equality and social justice while setting an example of inclusive governance that prioritises dignity, equity, and empowerment for all women. Policymakers must focus on creating and implementing comprehensive transgender welfare policies that integrate social, economic, healthcare, legal, and educational support into a unified framework. Although Kerala has made progressive strides with its Transgender Policy (2015), a

significant gap remains in its implementation. A renewed policy should address procedural delays, the lack of interdepartmental coordination, and ambiguity in service delivery mechanisms. This policy must also include measurable targets, timelines, grievance redressal systems, and inclusive consultation processes with the transgender community. Most importantly, it should ensure that every welfare scheme from housing to employment and healthcare is not only accessible but also tailored to the specific needs and lived experiences of transgender individuals.

- 1) One of the most compelling recommendation of this study is the existence of substantial bureaucratic and administrative obstacles encountered by transgender individuals. Policymakers must redesign outdated and exclusionary administrative processes that require excessive documentation, binary gender identification, and unnecessary verification protocols. This can be accomplished by issuing directives across all government departments to ensure transgender inclusion, establishing single-window service portals for transgender citizens, and training public service personnel to manage gender diverse cases with sensitivity and efficiency. Administrative reforms should also embrace the principle of "self-identification" without necessitating medical or psychiatric evidence, in accordance with the Supreme Court's NALSA judgment and the Transgender Persons (Protection of Rights) Act, 2019.
- 2) The study's findings indicate that financial and economic barriers, such as limited employment opportunities, healthcare affordability, and insufficient financial aid, are among the most urgent challenges facing the transgender community today. Policymakers should create targeted financial inclusion programs, including gender-sensitive microfinance schemes, entrepreneurship grants, and priority sector lending through public-sector banks. Furthermore, reserved quotas or affirmative action in government-funded skill development programs and public employment can provide economic security and social dignity to marginalised groups. Customised programs in fields such as hospitality, healthcare, tailoring, digital marketing, and art can promote both inclusivity and economic resilience among transgender individuals.

- 3) Policymakers must invest in thorough public awareness campaigns aimed at transforming societal views on gender diversity to break down deeply rooted social and cultural obstacles. These initiatives should go beyond mere symbolic actions and be integrated into educational systems, religious and cultural gatherings, workplaces, and the media. Collaboration with NGOs, artists, and storytellers can help craft genuine narratives that promote empathy and acceptance. Additionally, gender sensitisation programs should be compulsory in all government departments, schools, police training centres, and healthcare facilities to ensure inclusivity throughout society.
- 4) Legal protections alone are inadequate unless transgender individuals are informed of their rights and can access legal remedies to protect them. Therefore, policymakers should establish free, accessible, and trans-friendly legal aid centres in every district, particularly through District Legal Services Authorities (DLSAs). These centres should provide legal literacy sessions, support for documentation (such as name and gender changes), assistance in cases of violence or discrimination, and mediation services for the same. Legal professionals should receive training in gender justice, and paralegal volunteers should be recruited from the transgender community to ensure trust and accessibility.
- 5) Recognising the significant connection between service accessibility and mental health outcomes highlighted in this study, it is essential to integrate mental health services into Kerala's public health system, focusing on transgender inclusivity. Policymakers should implement dedicated mental health helplines, offer free psychological counselling at primary health centres, and hire transgender mental health professionals through inclusive recruitment methods. These services must address issues such as trauma, discrimination, family rejection, and internalised stigma, while also promoting resilience and self-esteem. Additionally, the services must be confidential, free from stigma, and culturally sensitive and supported by mental health education campaigns aimed at families and communities.

- 6) Policymakers should establish a space where transgender individuals can gather, access resources and collaborate on policy interventions. Creating transgender resource centres at the district and panchayat levels, with government funding, can provide safe environments for networking, skills training, mental health support, and legal assistance. These centres should facilitate dialogue between policymakers and the transgender community. By involving the community in advocacy, monitoring, and policy feedback processes, these platforms ensure that government programs remain responsive, inclusive, and accountable.
- 7) To promote inclusive policymaking, it is essential for transgender individuals to actively engage in the governance process. Policymakers should establish formal channels for representation by allocating seats for transgender individuals on welfare boards, local self-governing bodies, and decision-making committees. Kerala could set an example by appointing transgender liaison officers in government departments, who would act as both representatives and facilitators for implementing transgender-related policies. These initiatives not only provide political empowerment to the community but also ensure that policies are informed by real-life experiences rather than by imposed assumptions.
- 8) To maintain accountability and foster the continuous improvement of government programs, policymakers must create a comprehensive Monitoring and Evaluation (M&E) framework specifically for transgender welfare initiatives. This framework should include the establishment of Key Performance Indicators (KPIs), annual audits, feedback loops from beneficiaries, and independent third-party assessments. Collecting disaggregated data on transgender inclusion across various sectors such as employment, health, education, and housing should be a compulsory component of Kerala State Development Reports. These data must be publicly available and utilised to revise and enhance policies in a transparent and participatory manner.

- 9) Transgender individuals encounter a range of complex and interrelated challenges in their lives. Consequently, it is essential for policymakers to enhance coordination among different sectors, such as Social Justice, Health, Education, Labour, and Home Affairs, by establishing joint task forces or mission-driven initiatives. Implementing a convergence model that integrates various programs covering housing, healthcare, education, employment, and social protection can greatly amplify their effectiveness. Additionally, the state government should work in tandem with central government initiatives (such as SMILE, NULM, and NHM) to ensure comprehensive coverage and prevent redundant efforts. Collaborative efforts across sectors will lead to the comprehensive empowerment of transgender individuals rather than delivering fragmented welfare services.

5.7 Future Scope of Research

The future research landscape concerning the effects of government initiatives on the transgender community in Kerala presents a vast and evolving area of academic and policy exploration that is both socially crucial and intellectually rewarding. The current study established a solid empirical base by investigating how access to service benefits, community support, and legal protections affect the psychological well-being and social integration of transgender individuals. It also highlights the intricate and multifaceted challenges they still encounter. Kerala, often praised for its forward-thinking policies, provides a distinctive context for examining the subtleties of policy effectiveness, social change, and identity affirmation. However, the true challenge lies in how these inclusive policies are realised in everyday life, necessitating ongoing interdisciplinary research. There is an increasing need to conduct in-depth longitudinal studies that evaluate long-term outcomes, intersectional analyses that uncover hidden layers of marginalisation within the transgender spectrum, and comparative research that places Kerala in a broader Indian and global context. Furthermore, investigating emerging topics such as digital inclusion, economic entrepreneurship, and participatory governance offers deeper insights into sustainable pathways for transgender empowerment. These

future research directions are vital not only for refining policies but also for enhancing societal understanding and institutional responsiveness, ultimately promoting a more equitable, compassionate, and inclusive social fabric.

- 1) Comparative Analysis of Transgender Welfare Policies Across Indian States.
- 2) Digital Inclusion and Access to Welfare Services in the Transgender Community.
- 3) Effectiveness of Targeted Mental Health Interventions for Transgender Individuals.
- 4) Entrepreneurship as a Tool for Economic Empowerment in the Transgender Community.
- 5) Impact of Awareness and Education Initiatives on Public Attitudes Toward Transgender Individuals.
- 6) Institutional Readiness and Sensitivity in Implementing Transgender Policies.
- 7) Political Participation and Representation of Transgender Individuals in Governance.
- 8) Mainstreaming Transgender Welfare in National and Global Development Agendas.

5.8 Conclusion

This study provides an in-depth exploration of the diverse obstacles encountered by the transgender community in Kerala when trying to access government programs and how these initiatives impact their mental health and social inclusion. This highlights the essential role of legal protections, access to service benefits, and community support and advocacy initiatives in creating inclusive experiences for transgender individuals. The study's findings indicate that although progressive policy frameworks are in place, their benefits are often obstructed by systemic issues such as bureaucratic hurdles, sociocultural discrimination, and economic marginalisation. These challenges are not uniformly experienced but vary

in intensity across different areas, suggesting that a uniform approach may not effectively ensure equitable development for the transgender community in India.

Moreover, this research highlights the beneficial and substantial effects of these governmental measures on mental health outcomes and the sense of social support experienced by transgender individuals. The findings emphasise the intermediary role of perceived social support and social integration in enhancing the link between institutional initiatives and psychological well-being of the transgenders. This underscores the necessity of crafting interventions that extend beyond simple policy declarations to ensure genuine community engagement in the program. Community-driven support systems, inclusive legal changes, and improved access to services have been shown to significantly alleviate the negative effects of marginalisation, thereby fostering mental resilience, self-esteem, and dignity among transgender individuals. This study also illustrates the transformative potential of inclusive governance that recognises and addresses the lived experiences of gender-diverse populations.

In summary, this study offers crucial empirical data to expand research on transgender inclusion in public policy and social progress. It provides practical insights for policymakers, community organisations, and advocacy groups, highlighting the importance of ongoing dialogue, assessment, and evaluation of current programs. The results support an intersectional, rights-focused, and participatory strategy for crafting future policies, ensuring that transgender perspectives are integral to the development conversation. Looking ahead, continuous efforts in academic research, institutional change, and social awareness are vital to eliminate structural inequalities and create a more inclusive society in which transgender individuals are not only safeguarded but also empowered to live with autonomy, dignity, and full participation.

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APPENDIX

APPENDIX

QUESTIONNAIRE

INITIATIVES OF KERALA STATE TOWARDS THE EMPOWERMENT OF TRANSGENDER COMMUNITY

Part I Declaration of the researcher

Dear sir/madam,

I am Muvish K M, pursuing doctoral programme at Christ College (Autonomous), Irinjalakuda (A research Centre of University of Calicut). As part of my Ph.D. work, I need to conduct a survey among transgender individuals to assess the effect of Kerala Governments initiative on transgender empowerment. I will be grateful to you if you could spare some time for this work. It is assured that information received from you shall be used only for academic purpose. Also, this information shall not be disclosed to anyone and shall be kept confidential.

Your participation in this survey is strictly voluntary.

Thanking you,

Muvish K M., Assistant Professor & Research Scholar, PG & Research Department of Commerce, Christ College (Autonomous), Irinjalakuda

Part II General Information of Respondents

1. Age: Below 25 ☐ 26-35 ☐ 36-45 ☐ 46 and above ☐
2. Gender Identity: Transgender Male ☐ Transgender Female ☐
Non-binary ☐ Other (Please specify) ☐
3. Sex Assigned at Birth: Male ☐ Female ☐ Intersex ☐
4. Educational Qualification: Secondary education ☐ Higher secondary education ☐
Undergraduate degree ☐ Postgraduate degree ☐
Other (Please specify) ☐
5. Current Employment Status: Unemployed ☐ Part-time employed ☐
Full-time employed ☐ Self-employed ☐
Student ☐

6. Monthly Income Level: Below ₹10,000 ☐ ₹10,000-₹20,000 ☐
 ₹20,000-₹30,000 ☐ ₹30,000-₹40,000 ☐
 Above ₹40,000 ☐
7. Place of Residence: Urban ☐ Semi-urban ☐ Rural ☐
8. Living Arrangement: With family ☐ With friends/partners ☐
 Alone ☐ In a community/shelter home ☐
 Other (Please specify) ☐
9. Marital Status: Single ☐ Married ☐ Divorced ☐
 Widowed ☐ In a relationship ☐
10. Religion: Hindu ☐ Muslim ☐ Christian ☐
11. Caste: General ☐ Scheduled Caste (SC) ☐
 Scheduled Tribe (ST) ☐
 Other Backward Classes (OBC) ☐
12. Disability Status: Yes ☐ No ☐
13. Access to Technology (e.g., smartphone, internet) Yes ☐ No ☐
14. Have you undergone any form of gender-affirming medical treatment?
 Yes ☐ No ☐ Prefer not to say ☐
15. If yes, how do you primarily support yourself during your gender-affirming journey?
 Employment ☐ Family ☐
 Government assistance ☐ Community support ☐
 Other (Please specify) ☐
17. Are you a member of any transgender or LGBTQ+ advocacy groups?
 Yes ☐ No ☐
18. If yes, what types of activities do you participate in with these groups?
 Advocacy and awareness campaigns ☐
 Community support and outreach ☐
 Educational workshops and seminars ☐
 Social events and gatherings ☐
 Online forums and discussions ☐
19. Have you experienced any legal issues related to your gender identity?
 Yes ☐ No ☐
20. If yes, what type of legal issues have you experienced?
 Discrimination or harassment ☐
 Issues with identification documents ☐
 Employment-related issues ☐
 Housing or accommodation issues ☐
 Healthcare access issues ☐

Part III	Initiatives taken by Kerala State towards the empowerment of transgender community

Please mark your opinion regarding the following statements from Strongly Disagree (SDA) to Strongly Agree (SA)

SDA- Strongly Disagree, DA- Dis Agree, N-Neutral, A- Agree, SA- Strongly agree

1. Legal Protections and Recognition (LPR)

Code	Statements	SA (5)	A (4)	N (3)	DA (2)	SDA (1)
LPR1	The Kerala government's initiatives provide effective legal recognition of transgender individuals' gender identity.	SA	A	N	DA	SDA
LPR2	I feel protected under the laws and policies introduced by the Kerala government for transgender individuals.	SA	A	N	DA	SDA
LPR3	The legal frameworks established by the Kerala government have significantly improved my quality of life.	SA	A	N	DA	SDA
LPR4	I have experienced fewer instances of discrimination due to the legal protections provided by the Kerala government.	SA	A	N	DA	SDA

2. Access to Services and Benefits (ASB)

Code	Statements	SA (5)	A (4)	N (3)	DA (2)	SDA (1)
ASB1	The Kerala government provides adequate healthcare services specifically designed for the transgender community.	SA	A	N	DA	SDA
ASB2	I have benefited from the educational programs and scholarships provided by the Kerala government for transgender individuals.	SA	A	N	DA	SDA
ASB3	The employment opportunities and job reservations introduced by the Kerala government have improved my employment prospects.	SA	A	N	DA	SDA
ASB4	I have accessed housing and shelter provisions provided by the Kerala government for the transgender community.	SA	A	N	DA	SDA

3. Community Support and Advocacy Programs (CSAP)

Code	Statements	SA (5)	A (4)	N (3)	DA (2)	SDA (1)
CSAP1	The Kerala government supports community organizations that advocate for transgender rights and welfare.	SA	A	N	DA	SDA
CSAP2	I have participated in programs or workshops organized by the Kerala government for transgender empowerment.	SA	A	N	DA	SDA
CSAP3	The community support programs provided by the Kerala government have positively impacted my social integration.	SA	A	N	DA	SDA
CSAP4	The advocacy initiatives by the Kerala government have increased public awareness and acceptance of transgender issues.	SA	A	N	DA	SDA

4. Awareness to Initiative Level of Transgenders

Code	Statements	SA (5)	A (4)	N (3)	DA (2)	SDA (1)
ALTC 1	I am aware of the legal recognition of gender identity and the specific laws and policies introduced by the Kerala government to protect transgender individuals from discrimination.	SA	A	N	DA	SDA
ALTC 2	I have knowledge of the healthcare services and insurance schemes available for transgender individuals in Kerala.	SA	A	N	DA	SDA
ALTC 3	I am informed about the educational programs, scholarships, and employment opportunities provided by the Kerala government for the transgender community.	SA	A	N	DA	SDA
ALTC 4	I am aware of the housing and shelter provisions provided by the Kerala government for transgender individuals.	SA	A	N	DA	SDA
ALTC 5	I know about the community organizations supported by the Kerala government that advocate for transgender rights and welfare.	SA	A	N	DA	SDA
ALTC 6	I am aware of the programs and workshops organized by the Kerala government for transgender empowerment and social integration.	SA	A	N	DA	SDA

5. Improvement in Quality of Life (IQL)

Code	Statements	SA (5)	A (4)	N (3)	DA (2)	SDA (1)
IQL1	My overall quality of life has improved since the implementation of the Kerala government's initiatives for the transgender community.	SA	A	N	DA	SDA
IQL2	I have experienced better access to healthcare, education, and employment opportunities due to the state's empowerment initiatives.	SA	A	N	DA	SDA
IQL3	The housing and shelter provisions by the Kerala government have significantly improved my living conditions.	SA	A	N	DA	SDA
IQL4	I feel more economically stable and secure because of the support programs and benefits provided by the Kerala government.	SA	A	N	DA	SDA

6. Reduction in Discrimination and Stigma (RDS)

Code	Statements	SA (5)	A (4)	N (3)	DA (2)	SDA (1)
RDS1	I have experienced a reduction in discrimination and stigma in public spaces and institutions since the implementation of the Kerala government's initiatives.	SA	A	N	DA	SDA
RDS2	The legal protections and anti-discrimination laws have made me feel safer and more accepted in society.	SA	A	N	DA	SDA
RDS3	There has been a noticeable increase in social acceptance and inclusion of transgender individuals in my community.	SA	A	N	DA	SDA
RDS4	The advocacy programs and community support initiatives have positively impacted public attitudes towards the transgender community.	SA	A	N	DA	SDA

7. Bureaucratic and Administrative Barriers (BAB)

Code	Statements	SA (5)	A (4)	N (3)	DA (2)	SDA (1)
BAB1	I have faced difficulties in navigating the bureaucratic procedures required to access government services and benefits.	SA	A	N	DA	SDA
BAB2	The process of obtaining legal recognition and documentation of my gender identity is complex and time-consuming.	SA	A	N	DA	SDA
BAB3	I have encountered uncooperative or uninformed government officials when trying to access services and benefits.	SA	A	N	DA	SDA
BAB4	There is a lack of clear guidelines and support from government agencies in helping transgender individuals access the initiatives.	SA	A	N	DA	SDA

8. Social and Cultural Barriers (SCB)

Code	Statements	SA (5)	A (4)	N (3)	DA (2)	SDA (1)
SCB1	Social stigma and discrimination have prevented me from accessing government services and benefits.	SA	A	N	DA	SDA
SCB2	My family or community's attitudes towards transgender individuals have made it difficult for me to seek government support.	SA	A	N	DA	SDA
SCB3	I feel unsafe or unwelcome when trying to access community support programs and services.	SA	A	N	DA	SDA
SCB4	Cultural norms and prejudices within society have hindered my ability to benefit from government initiatives.	SA	A	N	DA	SDA

9. Financial and Economic Barriers (FEB)

Code	Statements	SA (5)	A (4)	N (3)	DA (2)	SDA (1)
FEB1	The cost of accessing healthcare services, even with government support, is still too high for me.	SA	A	N	DA	SDA
FEB2	I face financial difficulties that prevent me from benefiting fully from educational programs and scholarships.	SA	A	N	DA	SDA
FEB3	Despite the availability of employment opportunities, economic barriers make it hard for me to secure and maintain stable employment.	SA	A	N	DA	SDA
FEB4	The lack of financial assistance or subsidies makes it challenging for me to access housing and shelter provisions.	SA	A	N	DA	SDA

10. Social Integration (SI)

Code	Statements	SA (5)	A (4)	N (3)	DA (2)	SDA (1)
SI 1	I feel more accepted and included in my community since the implementation of the Kerala government's initiatives for transgender individuals.	SA	A	N	DA	SDA
SI 2	I have more opportunities to participate in social and community activities because of the support programs provided by the government.	SA	A	N	DA	SDA
SI 3	There has been a noticeable increase in my interactions and relationships with non-transgender individuals in my community.	SA	A	N	DA	SDA
SI 4	The advocacy programs have positively influenced my sense of belonging and social cohesion within the community.	SA	A	N	DA	SDA

11. Mental Health and Psychological Well-being (MHPWB)

Code	Statements	SA (5)	A (4)	N (3)	DA (2)	SDA (1)
MHPWB1	My mental health has improved due to the healthcare services and support provided by the Kerala government.	SA	A	N	DA	SDA
MHPWB2	I feel less stress and anxiety about my future because of the legal protections and economic opportunities available to me.	SA	A	N	DA	SDA
MHPWB3	The psychological support services and counseling programs have positively impacted my emotional well-being.	SA	A	N	DA	SDA
MHPWB4S	I feel more confident and empowered to live openly as a transgender individual because of the government's initiatives.	SA	A	N	DA	SDA

12. Perceived Social Support (PSS)

		SA (5)	A (4)	N (3)	DA (2)	SDA (1)
PSS1	I receive more emotional and practical support from my family and friends since the government's initiatives have been implemented.	SA	A	N	DA	SDA
PSS2	Community support programs have made me feel more supported and valued as a transgender individual.	SA	A	N	DA	SDA
PSS3	I have access to a strong network of people who understand and support my needs and experiences.	SA	A	N	DA	SDA
PSS4	The increased public awareness and acceptance due to advocacy programs have made it easier for me to seek help and support when needed.	SA	A	N	DA	SDA

-----Thank you for your co-operation to this survey-----
