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"Who gets to belong?" Navigating appearance-based discrimination and transgender access to urban toilets in India

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ABSTRACT

This article examines the challenges faced by transgender and gender non-confirming individuals when attempting to access sanitation in urban India. It highlights how the experiences of these individuals intersect with broader social dynamics related to appearance, which can affect people of all genders. Using an iterative and inductive approach, the study combines insights from interviews with activists, academics and government practitioners, along with focus group discussions involving transgender and gender-nonconforming cisgender participants, to explore gaps in policy and implementation. The research highlights how 'gendered' sanitation programming and policy largely neglects non-cisgender communities, focusing predominantly on cisgender women, and often fails to address the nuanced sanitation needs of Transgender and Gender non-conforming persons, particularly transgender women. While sanitation programming emphasises technical infrastructure, social dimensions of sanitation, particularly appearance-based discrimination, remain largely unaddressed, creating exclusionary environments. Drawing on Goffman's theory of stigma, Meyer's Minority Stress Theory, and Bourdieu's concept of symbolic capital, the research elucidates how social stigma, chronic stress from discrimination, and the policing of gendered appearances converge to limit access and safety in sanitation spaces. These intersecting barriers affect both transgender and cisgender individuals who do not conform to normative gender expressions. The research urges a more intersectional, gender-sensitive approach to sanitation that confronts both technical and deeply embedded social obstacles. This research contributes to the limited literature on transgender access to basic services in India and underscores the necessity of addressing appearance-based discrimination to foster truly inclusive sanitation environments.

1. Introduction

Gender is a social construct that links cultural, social, and behavioural roles, attributes, and expectations (Barr et al., 2024). It has also often been excluded from the global approach to water, sanitation and hygiene (WASH) programming, resulting in a recent call to action specifying the need for global action in terms of organisational, professional, and personal change (Cavill et al., 2020). However, even when WASH programming does focus on gender equality, equity, and justice, it has tended to centre on improving the lives of cis-women and girls, with limited consideration of the experiences of individuals who sit outside of the cis-man/woman or cis-girl/boy binaries; Transgender exclusion from sanitation is seen in policy and practise across the globe (Biswas, 2019; Boyce et al., 2018; Chatfield, 2024)

This research focuses on transgender and gender non-conforming individuals and recognises the complex and contested nature of these categories. Terms such as transgender and cisgender are used throughout this paper, cisgender referring to individuals whose gender identity corresponds with the sex assigned to them at birth, and transgender as an umbrella term for those whose gender identity does not. However, these labels do not always map neatly onto diverse cultural and social realities. As Narayanaswamy (2016, p. 226) notes, there is a hegemonic dominance of Western gender and sexuality frameworks, particularly in English-speaking or internationally engaged settings,

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where local and diverse experiences are often subsumed under globalised labels. In this study, participants collectively identified with the term queer, which they used in varied and fluid ways, to describe diverse gender identities, sexual orientations, shared feelings of otherness, and resistance to normative societal expectations. However, this research adopts transgender and gender non-conforming individuals as the primary terminology, as it better aligns with current global language and allows for consistency in discussing access and inclusion, particularly in relation to WASH. The use of terms such as *transgender* and *gender non-conforming individuals* in this research is therefore both a reflection of globalised language and a recognition of the limitations in capturing diverse lived realities, and these complexities around identity and representation are not merely theoretical, they have tangible implications for access, safety, and inclusion.

When exploring WASH programmes, transgender and gender non-conforming individuals may have different WASH requirements than those assumed based upon cis-centric and heteronormative approaches, particularly in public spaces (Boyce et al., 2018; Logie et al., 2024). These different requirements fall into both physical and social requirements. Physically, this corresponds to the ability of individuals to use the infrastructure provided; When the different needs of different bodies are not considered, the result is inappropriate facilities lacking critical services and fixtures, which negatively affect well-being and autonomy (Boyce et al., 2018; Logie et al., 2024). For example, transgender men often need access to menstrual health supplies and disposal mechanisms, something which is commonly missing from men's public bathrooms, which causes these people to "*try to avoid public restrooms during menstruation because of practical and psychological concern*s" (Chrisler et al., 2016, p. 1238). Additionally, non-binary persons often do not have an accessible facility given the traditional male-female split of toilet blocks/cubicles. Social differences look at the ability to enter and freely move within gendered spaces; evidence notes transgender persons face "harassment when accessing segregated toilets" (Boyce et al., 2018, p. 8), as a result, transgender persons may ned to exhibit situational docility, the need for bodies to be "adjusted to comply with the cardinal rule of gender – to be readable at a glance – which is often due to safety concerns" (Bender-Baird, 2024). Connected to this is evidence that water insecurity among LGBTQ+ participants is twice as likely to result in "anxiety and depression symptoms, loneliness, alcohol misuse" (Logie et al., 2024).

This research does not seek to identify the bodily needs of different individuals and acknowledges there is no uniform experience; some transgender men may have menstrual health needs, others who have undergone a hysterectomy, or suppress their menstruation may not have menstrual health needs. Instead, it recognises the diversity and complexity of lived realities and aims to highlight the systemic gaps that arise when sanitation infrastructure is not inclusive or responsive to that diversity.

As the world strives to 'leave no one behind' (United Nations, 2017), marginalized persons of all genders and sexual orientations need to be included in conversations around their access to public sanitation services. When WASH practitioners were asked who 'gender' referred to, 60 % agreed it should include LGBTQ+ persons, however in reality only 14 % of programmes they'd seen were involving any LGBTQ+ persons (Robinson et al., 2024).

While infrastructural barriers are largely shaped by gender, the intersection of gender presentation often creates distinct vulnerabilities around appearance-based discrimination. Globally, studies across South Africa (Patel, 2017), the USA (McGuire et al., 2021; Price-feeney et al., 2021), and Thailand (Logie et al., 2024), all speak to the impacts of stigmatisation and discrimination on the basis of appearance, from negative mental health outcomes to risk of physical violence and safety. These findings underscore the pervasive nature of appearance-based discrimination, highlighting its detrimental impact on health and well-being globally.

Here we investigate how the WASH needs of transgender and gender non-conforming individuals have been considered by national sanitation programming in India, through interrogating gendered marginalisation, and within this the way that perceptions of sexual orientation elide with 'presentation' to create unique challenges.

1.1. Transgender identities as approached by Indian law

India's law has historically been influenced by the norms and standards of British colonisers. This has included systemic discrimination against Transgender and gender non-confirming, which has been challenged in recent decades.

In 2011, for the first time, India's National Census included a third option when selecting sex/gender (the question did not differentiate between the two); 'other', which was selected by 487,000 individuals (0.04 % of the population) (Government of India, 2011). However, at this time, individuals who identified with genders other than man and woman had no legal standing or discriminatory protections, so this figure is often critiqued to dramatically underreport the true number of gender diverse persons (Behal, 2021). In 2014, the Indian Supreme Court ruled that transgender people have a right to identify as man, woman or third/other gender (National Legal Services Authority v. Union of India, 2014). This has made them one of only 16 countries globally that legally recognise more than two genders (Equaldex, 2023).

In 2018, parts of Section 377 of India's Penal Code were struck down, decriminalising consensual 'unnatural' sexual intercourse (including, but not limited to, oral and anal sex). The decriminalisation of article 377 created new protections for people across India, recognising gender identity and sexual orientation as ground for protections against discrimination:

> *"By recognizing these twin aspects of gender identity and sexual orientation, the Court acknowledges the voices of the most vulnerable sexual minorities within the LGBTI community and takes the stand that the constitution protects the rights of all"* (Kothari, 2019, p. 191-192).

2019 saw the introduction of the 'Transgender Persons Protection of Rights Bill' (Government of India, 2019). The legislation theoretically created protections for minority gender identities, forbidding discrimination on the basis of education, employment, health, occupation and accommodation, and detailed the process for someone to become a legally recognised transgender person.

> *"A person whose gender does not match with the gender assigned to that person at birth and includes trans-man or trans-woman, person with intersex variations, genderQueer and person having such socio-cultural identities as Kinner, Hijra, Aravani and Jogta"*
>
> 'Transgender Person' definition according to The Transgender Persons (Protection of Rights) Act, 2019 (The terms 'Hijra, Kinnar, Aravani and Jogta' are the official listed terms used by the Government of India to refer to those whom identify as transgender or gender-nonconforming. The terms have differing regional and historical meanings, but are rooted in gender dysphoria and transgender experience)

Although the Act did not specify details pertaining to the water and sanitation rights of transgender persons, two articles indirectly reference public and private sanitation systems; *"Provide such facilities to transgender persons as may be prescribed"* (Chapter V, Section 10, p. 10) and *"Right to enjoy and use the facilities of such household in a non-discriminatory manner"* (Chapter V, Section 10, p. 10).

However, the high level commitments were regarded as a *"ray of hope"* (Mahabelshetti, 2023, p. 1) by few. Predominantly, they received critiques for language choices, lack of enforcement and need for additional amendments and guidance (Bhattacharya et al., 2022; Chakrabarti and Das, 2023; Shah, 2022).

The homogenisation of gender diverse identities as 'transgender' in the case of the 2014 judgement and 2019 Act fail to account for the

diverse identities in India; both those unique to India and South Asia (e.g., Hijra, Kinnar, and Aravani) (Chakrapani and Naarain, 2012; Boyce, 2015), and globally recognised identities including non-binary and gender fluid (Bhandari, 2021; Pundir, 2020). The "overarching categorization" serves "to erase gender specificity and diversity before the law and other mechanisms" (Boyce et al., 2021, p. 74), and the simplification of terminology results in obscuring challenges specific to an individual, *"cultural conflation of people born with intersex conditions with hijras further invisibilises the specific issues of intersex persons"* (Alim et al., 2022, p. 2). The Act, associated laws and current activism therefore creates a space that fosters both *"new possibilities for recognition and misrecognition together"* (Boyce and Dasgupta, 2019, p. 343).

> *"It seems that to bring together every "third gender" community under the rubric of transgender is to forget the mostly interlinked biological, cultural, religious, and geographic specificities of each community … Within each community, there are different norms of kinship and diverse idioms and prescriptions of how to perform and articulate one's gender.* (Chatterjee, 2018, p. 314-315).

1.2. Sanitation and gender in India

Sanitation has long been a national priority in India, but progress towards its achievement has accelerated over the past 10 years, largely due to the Government's Swachh Bharat Mission (SBM). Since SBM began in 2014, over 110 million individual house hold latrines (IHHL) and 300,000 community sanitary complexes and public toilets have been built (Government of India, 2022; Swachh Bharat Mission Urban, 2024).

Alongside the SBM rollout, sanitation policy documents were published with mentions of gender considerations. One policy stipulated that *"requirements and sensitivities relating to gender, including dignity and safety issues, shall be taken into account at each stage of planning, implementation and post implementation management of sanitation issues"* (Ministry of Drinking Water and Sanitation, 2014, p. 17). Documents in this period tended to use abstract statements to promote gender sensitivity, encouraging *"promoting inclusive design"* (Ministry of Human Resource Development, 2014, p. 2) without specific reference to what is meant. Additionally, most information spoke about women and girls, only the 2014 Urban SBM guide explored gender beyond the binary, calling for the need for public sanitation facilities to consider that a "*separate seat may also be provided for trans-genders*" (Ministry of Urban Development, 2014, p. 36). There is no clarification within the document whether a *"separate seat"* refers to a separate facility (men-women-transgender), or a separate seat within existing facilities (i.e., a cubicle for transgender women within the women's toilets). However, since 2019 Indian sanitation guidance has called for active consideration of gendered needs, from infrastructure requirements to social barriers such as discrimination (Ministry of Housing and Urban Affairs, 2019). It seeks to include multiple genders (including explicit mention of transgender persons) and describes the need to promote human dignity across all programming. However, what is also evident is the lack of detail for implementing the proposed measures, and the accountability for ensuring them; limited technical and financial resources limits guidance usability from the outset (Robinson et al., 2024).

Until 2019, transgender individuals did not have legal protection against discrimination, nor were their human rights to sanitation protected, and neither the 'Transgender Act of 2019', nor any of the SBM guidance, mention the specific WASH requirements or barriers for transgender persons. In September 2023, the 'Advisory for ensuring the welfare of Transgender Persons' was introduced by the National Human Rights Commission (NHRC). The advisory indicates sanitation guidance, with the second clause under 'Promoting Inclusivity' specifying "*All public places should have separate washrooms for Transg*enders" (NHRC, 2023, p. 3). Transgender bathrooms are still uncommon in India, but they are beginning being to be constructed, predominantly in cities in the North such as Mumbai (Wajihudin, 2022), Delhi (Rao, 2023), and Varanasi (Mathur, 2021). While this advisory marks a step forward, the state's use of 'transgender' as a blanket category not only overlooks the specific needs of hijra and non-binary individuals but also fails to account for the overlapping vulnerabilities of gender non-conforming people, including cisgender individuals whose gender expression does not align with normative expectations, and who may face exclusion or risk in gendered sanitation spaces.

Transgender and gender non-conforming individuals face technical and social barriers to accessing sanitation facilities (Boyce et al., 2018; Biswas, 2019; Chowdhary, 2021), this is primarily related to sex segregation (Seehoo et al., 2025) and associated appearance-based discrimination. To better understand the existing and potential impacts of Indian sanitation policies, this study explores the perceptions of the transgender and gender non-confirming cisgender gay men community with regards to the sanitation situation of the past decade, and the perceptions of sanitation professionals with regards to the curation of these policies and programmes.

2. Methods

This study uses Key Informant Interview (KIIs) and Focus Group Discussions (FGDs), to provide insights into appearance-based discrimination in urban India, using inductive and iterative thematic analysis to connect participant experience with Goffman's theory of stigma, Minority Stress Theory, and Bourdieu's concept of symbolic capital. This study is reported in accordance with the COREQ guidelines for reporting qualitative research (Tong et al., 2007) (Supporting Information 1).

2.1. Sampling and recruitment

Key Informant Interview (KIIs) with sanitation professionals were conducted to give an overview of national implementation of sanitation policies and how the transgender community is considered in Government planning and practice. Key informants were selected purposively through key word searches on LinkedIn ('transgender' or 'Queer' or 'LGBT' or 'gender' + location: India), and Government of India profiles (Ministry of Social Justice and Empowerment, and NGO staff pages). Participants were contacted via email or LinkedIn with an official request letter (Supporting Information 2). To be eligible for interviews, participants needed to have experience working on both transgender rights/policies and WASH projects.

Focus Group Discussions (FGDs) then gave grassroots insight into what sanitation means to a group of Transgender and gender non-conforming persons (focusing on the transgender experience but allowing for overlap with gender non-conforming Cisgender experiences). Recruitment and data collection for the FGDs was conducted with a community gatekeeper (fifth author). This gatekeeper had been identified in the early stage of this research, and not only co-designed the discussion guide, but also identified and safeguarded participants. The first focus group was held with, a community-based organisation working on transgender rights (legal, social, WASH). The gatekeeper has been associated them since 2018, where he met them during the Jaipur Pride Committee planning in 2018. In total 5 transgender women, 1 transgender man, and 1 cisgender Gay man attended the focus group, all participants knew each other in advance. The second focus group was run with, an informal group with members from all the sexual and gender minorities, who meet to discuss LGBTQ+ issues in Rajasthan, a few of the participants knew each other in advance. The gatekeeper helped the group register as a collective in 2022. In total 5 transgender women and 2 cisgender gay men attended the focus group. The two FGDs in this research were held with existing groups known to the fifth author, to foster greater safety and familiarity between participants for discussing sensitive subjects. All participants within the groups and the gatekeeper were known to each other at the time of the research.

To be eligible for the FGDs, initially transgender women and men

were recruited if they wanted to share experiences of accessing and using sanitation. Although the research framing primarily seeks to document transgender experiences, it was at the request of the Gatekeeper that a few cisgender gay men were able to join the discussions, as he identified commonality of experience and potentially overlapping discrimination based on identity and misunderstanding of gender and sexuality with gender non-confirming cisgender persons. The eligibility criteria therefore widened to non-confirming cisgender persons willing to speak about their experiences of navigating public and private sanitation infrastructure: with a need for atleast 2/3 of a focus group still being comprised of transgender persons.

This study aims to explore the diverse perceptions and lived experiences related to transgender individuals' access to sanitation. Given the qualitative and exploratory nature of the research, depth and nuance were prioritised over breadth, hence the relatively small sample size (6 interviews, 14 focus group participants). Additionally, this is a highly sensitive and under-researched topic, with limited numbers of individuals both experiencing these challenges firsthand or working on them, and willing or able to participate in such discussions. As such, the sample size for both the interviews and FGDs reflects the practical and ethical constraints of working within marginalized and often invisibilised communities, while still offering valuable insights into a range of intersecting challenges and structural barriers.

2.2. Data collection

Between February and October 2023, 20 participants shared experiences on sanitation design, usage and needs for transgender and gender non-conforming, across individual KIIs (6) and community FGDs (2 groups, 14 participants total). Both FGDs and KIIs were conducted at a time suggested by participants and lasted between 30 min and 2 h. KIIs and FGDs were audio-recorded where possible, supplemented by research notes. If participants did not agree to recording, notes were made to summarise the conversation themes, and specific phrases were transcribed to ensure quotability of participants.

Location was not a core component of this research, as this study does not seek to identify regionally specific challenges in sanitation access. KIIs took place through a mix of online and face-to-face sessions (as per participant preference; face-to-face sessions took place in Delhi), and FGDs were conducted in-person with the fifth author, who acted as in-situ translator, and the first author was in attendance virtually (at request of the participants). The FGDs were carried out in Rajasthan, and participants came from many different states across India, having lived in Rajasthan for varying time periods. As the FGDs were not intending to be geographically restrictive, participants were able to share experiences from anywhere within India, but all participants spoke about experiences in urban contexts.

Both KIIs and FGDs were conducted in a way which favoured open discussion; qualitative and discursive discussions with limited interjection by facilitators were favoured to ensure sessions were participant-led. Especially in FGDs, the participants were encouraged to share stories and interact with each other to identify commonality of experiences and rationale for difference of opinions. The KII questions focused on understanding participants' perspectives on gender and sanitation in relation to their work in government, academia, or non-profit organisations (NGOs). The questions sought to explore the curation of policies and programmes that directly affect the Transgender and gender non-conforming individuals in India, with reference to transgender individuals. The FGDs explored experiences of how participant identity shaped access both to sanitation, and the wider connections and interactions of society.

All KIIs were conducted in English, the first FGD was conducted entirely in Hindi and the second FGD was conducted partially in English and partially in Hindi. The FGDs were translated sporadically in-situ by the gatekeeper to bring the first author into the conversation (at the request of participants), and the audio files were later professionally transcribed by a university-approved transcription service with specialisation in international social justice issues. For clarity, translated quotes are labelled herein as 'Hindi'. Tables 1 and 2 list the participant demographics. The KII and FGD guides are available as Supporting Information 3.

2.3. Analysis

Given how little this nexus of issues has been studied in India, the authors identified that this topic required an inductive approach. The analysis used several principles from grounded theory (iterative and inductive coding, organisation of data, and identification of themes) (Glaser and Strauss, 1967), however the authors were hesitant in promoting an overall theory from the results as the results did not support a single theory. Instead, the results support a discursive theoretical discussion, incorporating established frameworks such as Goffman's stigma theory, Meyer's minority stress theory, and Bourdieu's concept of symbolic capital, alongside novel considerations of appearance-based discrimination. This multifaceted theoretical engagement allows for a richer understanding of the social and structural barriers shaping sanitation access.

The first author completed technical coding of the results, performed with NVivo (QSR International Pty Ltd, 2018), to categorise quotations in KII and FGD transcripts. The codebook was used to bring together KII and FGD transcripts, grouping the relevant quotes by experiences of public and private sanitation, experiences navigating and curating policy, and thoughts on what an ideal sanitation system might look like. There is a focus on discursive quotations throughout the results, which centre the investigation in community voice. This enables "*the expression of minority voices that might otherwise be silenced*" (Boyce et al., 2021, p. 74).

After identifying the repeated issues that limited the usability of sanitation facilities, the authors identified the key drivers that need to be addressed for sanitation policy to truly address the issues raised in this research. There is a specific focus on appearance-based discrimination, and how this impacts both transgender and cisgender interpretations of the Human Rights to both Water and Sanitation, and freedom from discrimination.

2.4. Ethical considerations

Prior to data collection, participants were asked to read and sign a Consent Form (Supporting Information 4) and were given both a Participant Information Sheet (Supporting Information 5) and a Research Participant Privacy Notice (Supporting Information 6) as additional optional reading. Interview prompt questions were available prior to KIIs if requested, but the FGD guide was not available to participants before the discussion, to promote organic conversation.

The research was conducted according to the 'Montréal Ethical Principles for Inclusive Research' (Henrickson et al., 2020); these 12 principles signal best practice for conducting research with gender and sexually diverse persons. The principles include asking and respecting pronouns, using language self-identified by participants, recognising participants' wider intersectional identity, engaging cultural advisors and insiders, and acknowledging successes and perseverance in addition to noting challenges. This was especially important when conducting the FGDs. Here, these principles were met through extensive planning with the in-country community gatekeeper to co-produce a FGD guide. The FGD questions were designed to ensure information pertained to the study but also created space for participants to speak to related issues they found significant. Participants were made aware of the potential identification risk as the facilitator is an author of the study, but all agreed before, during and after the discussions that they felt their anonymity would be preserved to a level they were comfortable with.

Checking of KII and FGD transcripts with participants was not completed due to potential organisational dangers around publicising

Table 1
Demographics of key informants.

Sector	State	Gender	Relationship[1]	Approached	Where	Date	Recorded[2]
Government	Madhya Pradesh	Man	U	LinkedIn	Online	05.03.23	Yes
Government	Delhi	Woman	U	LinkedIn	Café	05.03.23	Yes
Academic	Karnataka	Woman	U	LinkedIn	Online	07.03.23	Yes
Activist	Delhi	Woman	U	LinkedIn	Café	09.03.23	Yes
Government	Delhi	Woman	U	Email	Online	18.10.23	No
Government	Delhi	Man	K	Email	Online	18.10.23	No

[1] Where 'Relationship' refers to existing connections to the research team.
K: Participant was **known** personally to the research team prior to interview.
U: Participant was **unknown** to the research team prior to interview.
[2]Where 'Recorded' refers to participant agreeing for the interview to be audio recorded.

Table 2
Demographics of participants of focus group discussions.

	Facilitators	Number of Participants			Location *(Rajasthan)*	Date	Recorded
		transgender Women	transgender Men	cisgender Gay Men			
01	1	5	1	1	Community Centre	01.09.23	Yes
02	1	5	0	2	Community Centre	02.09.23	Yes

conversations; participants critiquing government, or their own organisations could have faced negative ramifications if their transcripts were seen by peers and superiors.

The study was granted Ethical approval by Engineering and Physical Science Research Ethics Committee at the University of Leeds (MEEC-21-020).

2.5. Positionality

The research team includes both Queer and non-Queer researchers, all of whom have spent time in India, ranging from weeks of fieldwork to long-term residency as citizens, and have a combined 40 years of experience in WASH in the country. The first, second and third authors are White British, the fourth is Canadian and British of South Asian heritage, the fifth Indian and the sixth is White Australian. Throughout the study, the team maintained a reflexive stance, acknowledging how their social positions and lived experiences informed their engagement with the data, and deliberately centring participant narratives while working to mitigate the influence of their own assumptions during analysis.

The first author conducted the KIIs; one of the participants was known to the first author prior to the study, as they were a participant for a previous interview in related work, the rest of the participants were unknown. The first and fifth authors conducted the FGDs; the first author did not know any of the participants prior to the FGDs, however the fifth author acted as a gatekeeper in this regard as he had pre-existing relationships with FGD participants, through NGO outreach programs.

3. Results

This section illustrates the reality of national policy implementation and the attitudes and experiences of transgender people and gender non-conforming cisgender gay men in accessing sanitation in Rajasthan. Although SBM policies spoke about building physically accessible sanitation facilities, this did not ensure equitable access for all, particularly transgender and gender non-conforming persons. Thus, this research explored accessibility beyond the technical aspects of sanitation, investigating connected issues of language, relationships, education and housing. Further illustrative quotes are available in Supporting Information 7.

'Implementation of Government-led Policy, Programs and Policies' records the raised issues around government's understanding of who transgender people are, the dangers of curating policy with minimal data, and the concerns around monitoring and implementing those policies.

'Public Sanitation … "barely better than nothing"' explores the experiences of transgender women and men in accessing public infrastructure, and the issues around appearance-based discrimination and the lack of functionality of these structures, especially for menstruating transgender men.

'Household and Community Sanitation … "It's like we're aliens"' documents the experiences of transgender women in navigating private sanitation, often made challenging by the lack of landlord willing to take in transgender women, and therefore the reliance on basic sanitation in informal settlements and bastis [used in India to refer to urban informal settlements].

'Designing the Ideal Sanitation System' documents a variety of ideas regarding idealised sanitation infrastructure and demonstrate the range of preferences within a small sample.

The following results are biased towards emphasising challenges that prevent sanitation access for transgender and gender-conforming people. They do not aim to negate success stories, merely present the experiences that participants chose to speak about.

3.1. Implementation of Government-led policy, programs and policies

Although legislation and policies exist to protect Transgender people, their active use and practice is undocumented and unseen, so "*Legally they [transgender persons] are being seen, right? But their acceptance in society is very partial.*" *(KII 3, Woman, Academic) (Q1)*. Participants also noted another key issue of language in such policies and their implementation; the term 'transgender' is often used as a collective name for all gender diverse persons, yet this grouping fails to account for individual identities, and often incorrectly groups identities that are not synonymous. As one FGD participant explained, *"They* [Government] *are just thinking about the hijra culture in India. So, they don't even know about who is transmen and transwomen. So, explaining to them that we are not the same, that there are subcategories, and everybody's having a different identity, is difficult." (KII 4, Transgender Woman, Activist) (Q2)*. The discrepancy in language homogenises groups and fails to account for intersectional identity; people are grouped as 'transgender' without thought to their preferred terminology. This involves the inclusion of gender non-conforming cisgender gay men, who incorrectly get grouped

as transgender due to minimal understanding of the gender identity and sexuality, as one such participant explained, *"The biggest issue is people don't know difference between gay and transgender. People ask me about this … If I'm trans how did it happen? I can be gay from LGBT, but it means trans. They'd ask if you're a kinnara, hijra." (FGD 1, Gay Man, Hindi) (Q3)*. This creates a direct impact on sanitation: when the Government claims to provide 'transgender' sanitation, it is unclear who they are designing for. Minimal evidence from India is available that quantifies transgender populations or qualitatively assesses their experiences of sanitation and general wellbeing broadly. This was identified by two of our key informants who stated, *"We need the data of the trans people; we need a census. Transmen, transwomen and the other social culture identities, the needs are different for them. So, we'll have to identify the needs for them. We need to do a needs assessment and all, and accordingly we need to make the policies for them." (KII 4, Transgender Woman, Activist) (Q4)* and *"So, when it comes to policy implementation, I think the scope of discussion has to widen. It has to go beyond looking at just how many pans are being installed or how many people are … We don't have any data, really. We have very little data; data is a huge issue. If you don't have data, you can't really work around policy, because that means numbers." (KII 3, Woman, Academic) (Q5)*. Without accurate numbers of transgender people across India, it is near impossible for policies and programs to be created that run efficiently to meet the needs of the community they are trying to serve. As respondents stated, *"We need to invest in special welfare, including research and development" (KII 1, Man, Government) (Q6)* and *"People from this community are not included in the mainstream. They're not seen as how we see the other people. They are seen as the others." (KII 1, Man, Government) (Q8).*Current policies around sanitation focus on 'transgender' people being able to access separate 'transgender' facilities, yet this fails to account for a nuanced and complex understanding of sanitation systems; stating the need for a separate facility does not address someone's caring responsibilities or needs, nor the types of fixtures required to create a gender inclusive space, as one key informant stated, *"While the policies are really, I think they are quite forward-thinking, but I think it leaves out a lot of scope for important discussions if you want to meaningfully talk about sanitation. I think the question of the gender identity and what does sanitation involve, itself is such an unresolved question, right? If you're not talking about menstrual hygiene for trans people, that's such a basic thing that we talk about when it comes to women, but we don't really talk about it when it comes to transgender-inclusive sanitation. The discussion about what does sanitation mean, has to go beyond water and soap and talk about menstrual health, hygiene, and more often than not women and trans people who have children are also responsible for other people in the family, right? They're not just responsible for their own sanitation needs, they're responsible for young children. They're responsible for elders in their family who are not able to go to the bathroom on their own, and so this discussion needs to have a much more nuanced understanding of what is required from sanitation." (KII 3, Woman, Academic) (Q9)*.

Even when policies are enacted, concerns were shared around who was designated to implement and monitor them, *"Biggest issues we are facing are that they* [implementers] *don't have the proper knowledge, these people who are taking care of washrooms. So, even the government officials don't have the proper knowledge and they are not sensitive towards the needs of the community. Yes, they* [sic] *acknowledging our existence, are they are providing some relief, they are making policies for the community, but they are not sensitized. They are just making the policies but they don't know how to implement that in person so that it become a success." (FGD 2, Gay Man 1) (Q10)*.

Although multiple programs and policies exist to attempt to improve transgender people's quality of life (e.g., 2019 Act, the 2023 Welfare Advisory and the 2021–2026 SMILE program), these policies are rarely based on detailed research or have limited accountability, *"It all sounds pretty magical on paper, but when it comes to the actual implementation, that's where, I think, policy and implementation diverge wildly … On paper, then you can say that I've done all of these things. But then when you go out to see, their lives are no better." (KII 3, Woman, Academic) (Q11)* and *"The government rules out policies, saying 'so and so must be done'. But they're empty promises. Nobody implements them." (FGD 1, Transgender Woman 3, Hindi) (Q12)*.

Additionally, even if the welfare programs exist to support transgender individuals, *"Without being given an identity card, you know, it's not possible to access welfare programs" (KII 1, Man, Government) (Q13)*. They also rely on local governments being equipped to understand the programs on offer, yet *"In many places where the district magistrate signs some document or the officer at district level, he's not even aware. He doesn't know who are transgender people, he is unaware of the language to be typed into the application. Secondly, even if he types it too, but he won't know where to submit it in the portal." (FGD 1, Transgender Woman 1, Hindi) (Q14)*

3.2. Public sanitation … "barely better than nothing"

The most common social barrier preventing access to sanitation across both FGDs was the threat of harassment, discrimination, and abuse from members of the public upon entering single-gender toilets; as one FGD participant stated, *"There is always discrimination out there. If we use the ladies' toilet, the women there look as to why we are there; and if I go to men's toilet, there also people react in a strange way that why we are there … Even if there is no provision for separate toilet, we should be allowed to use either of the toilets.?" (FGD 2, Transgender Woman 3) (Q15)*. As a result, when only binary toilets existed, especially in public spaces, participants felt they had nowhere they could go due to worries around facing discrimination and abuse.

KIIs and FGD participants stated the creation of separate transgender facilities can provide safe spaces, especially during early transition when they felt at highest risk of discrimination. One activist spoke about how *"If I talk about my experience, in the middle of my transition, I was not able to go to the washroom." (KII 4, Transgender Woman, Activist) (Q16)* due to fear of harassment. The harassment and negative reactions can in some cases lead to violence, *"There is a lot of demand for either segregated bathrooms or gender-neutral bathrooms, and the underlying problem is that it addresses only the sanitation part of it. But sanitation for trans people is not fully decoupled from the violence, and so that tension for me is unreconciled. If they actually use the toilets based on their gender, especially in men's toilets, they are very likely to face severe violence. In women's toilets, for example, if they go, they might face violence, but mostly it is verbal harassment and those kind of things. So, it's a tricky question, because you're trying to put a technological fix on a societal issue" (KII 3, Woman, Academic) (Q17)*

The appearance of participants was noted as the most significant driver enabling access into gender-aligned sanitation facilities. Without stereotypical clothing (women in sarees, men in trousers and kurta), participants struggled to access the facilities they required, because *"If you want to use men's washrooms, you need to dress accordingly and the same goes for women. If you want to go to a women's washroom, you need to dress like lady." (FGD 1, Transgender Man, Hindi) (Q18)*. This also applied to cisgender gay men, *"Although I dressed myself as male, I sometimes like to do makeup, or I like to dress in a certain way which brings out my feminine side. Recently I went to a restaurant and because it was jam packed, I had to use the men's washroom. Each and every man was looking at me like as I was an alien. As I came to use men's washroom, they were like kind of teasing me, they were ridiculing or hooting and saying such things that it made me very-very uncomfortable. That was very harrowing experience, it was discriminatory and it was in a very bad taste." (FGD 2, Gay Man 1) (Q19)*. This was especially evident in FGD 2 where Transgender Woman 5 discussed her struggles of trying to access women's spaces following her reverting to wearing more masculine clothing due to family pressures:

> **TW5:** *"I can't go to a ladies' toilet, if any lady sees me there, she will definitely raise an objection.*
>
> **TW 1**: *She has to be in a lady attire, if she wants to use the ladies' toilet. But as she is in a gent's attire at present, she can't to go a ladies' toilet.*

TW 3: *This issue always arises when your attire does not match your appearance." (Q20);*

Sometimes even when participants did wear stereotypical clothing they were still locked out from accessing sanitation spaces. Especially when travelling, the absence of an accessible facility could dramatically impact physical and mental wellbeing. Both transgender men and women in the FGDs raised concerns and shared stories of instances where they had to refrain from going to the toilet for hours at a time or had to engage in risky practices because there were no accessible facilities, for example, *"When we travel we don't get a separate loo for a third gender. It happened to me, once I was travelling from Jaipur* [Rajasthan] *to Haridwar* [Uttarakhand] *and in the midway I felt the I need of passing a loo. There was no facility provided for a transperson. So, because of that I had to go in the dark jungle in midnight to pass urine there. There were so many risks attached to it because there were so many men, so many animals could be there, like it was a big risk." (FGD 2, Transgender Woman 4, Hindi) (Q21)*.

Regardless of societal pressures on which toilet to use, when sanitation systems are designed for binary genders, they are not always accessible to all people, *"Because being as a transman, he cannot go and stand and pee, he did not have somewhere to go." (KII 4, Transgender Woman, Activist) (Q23)*. The absence of accessible fittings in men's restrooms is especially relevant in men's public street urinals which lack private stalls necessary for individuals who require them. This infrastructure oversight presents significant challenges for transgender men, because *"Transwomen can get in the toilet if they're not ashamed but what can trans-men do? If you enter the toilet then the girls look at you with contempt." (FGD 1, Transgender Man, Hindi) (Q25)*. Challenges for transgender men are infrequently discussed due to the societal and governmental focus on transgender women, but this does not negate the need for attention for their specific challenges in accessing sanitation, for example, during menstruation, *"If they* [transmen] *have to change pads during their periods, where shall they go, should they use ladies' washroom or gents' washroom?" (FGD 2, Transgender Woman 1) (Q24)*.

3.3. Household and Community Sanitation … "It's like we're aliens"

Transgender and gender non-confirming often face greater urban poverty (Zahra and Zafar, 2015), which can manifest in reliance on homeless shelters, and in some cases means *"People are living in Bastis* [slum type localities], *they don't have proper sanitation facilities." (FGD 2, Transgender Woman 4, Hindi) (Q26)*. Even if transgender individuals can afford better quality housing with clean and accessible sanitation, discriminatory practices can prevent access to acquiring a safe home because *"If I need to rent a house outside and if the ongoing rent is 2000, then I have to pay 4000 instead. Why is it so? It is because I'm transgender. We often have to pay double the amount. Secondly, I can't find a witness when I want to rent a house. That's why we have to stay in filthy squalor or slums. Where there are hygiene issues. That's the reason that our community dwells in slums." (FGD 1, Transgender Woman 1, Hindi) (Q27)*. To compound these stresses, even when people can afford and secure good housing, often harassment from neighbours can force someone out of their home, as one FGD participant shared *"The place where we live has such an atmosphere that we are looked down upon. It's like we're aliens. A creature from another planet. And then there is discrimination when we run some errands. The neighbour will look down upon us. They might make negative comments, they will say that you've given the house to the wrong person. So, then I have to empty the premises." (FGD 1, Transgender Woman 1, Hindi) (Q28)*

3.4. Designing the Ideal Sanitation System

Multiple views were shared with respect to how to demarcate a public sanitation facility that would clearly identify a safe space to urinate, defecate and menstruate for transgender persons. Separation of toilets (into men, women, transgender) was a popular answer across both focus groups, specifically *"There should be signages for transgenders, like a fluid toilet or a transgender toilet, so that we can identify that this is a toilet for a different gender." (FGD 2, Transgender Woman 4, Hindi) (Q29)*. However, on the contrary, multiple participants stated *"We don't need anything different. There shouldn't be a different washroom for transgender people." (FGD 1, Transgender Woman 3, Hindi) (Q30)*.

The final suggestion was to discuss the possibility of striving for *"Gender neutral so that any gender can use it. In today's world we speak about equality, inclusiveness, so why should there be different signage? Why do we address based on the attire worn? Anyone must be able to use it. It's a basic need. The body is the same. Just the gender is different." (FGD 1, Transgender Woman 1, Hindi) (Q31)*.

Although many options exist in terms of demarcation of Transgender-friendly sanitation facilities, they should not be explored in abstract. FGD 1 included a discussion around the concerns for maintenance if separate facilities were available; because *"Even if we have separate ones, how many of us will be able to use it? What if the caretaker makes it as a store for himself? … If we have our own toilets the sweeper and caretaker won't get it cleaned, we know that the toilet we use will be unclean and harmful to us. That's why I feel we must make it gender neutral. Then it would be better because it will be cleaner then." (FGD 1, Transgender Woman 1, Hindi) (Q32)*. No mention was made as to whether all-gender private toilet, either instead of, or alongside the traditional male-female toilets, would be appropriate.

4. Discussion

Participants noted discriminatory policies, prejudiced attitudes of family, friends and the external community, and uneducated and naïve decision makers as core rationale for sanitation inaccessibility. Yet, societal influence served as the most significant factor contributing to a lack of access to sanitation in this study.

SBM focused on the technical infrastructure of sanitation (Behera et al., 2021), and although new policies have tried to incorporate a gender lens, it seems these isolated policies have failed to meaningfully change culture to improve sanitation access for stigmatised communities, as they fail to target the social discriminatory barriers that are preventing access to sanitation. The SBM is unexceptional in its neglect of non-cisgender communities; this research agrees with existing literature that illustrates how conventional mainstream paradigmatic approaches to sanitation continue to exclude these populations (Cavanagh, 2010; Slater et al., 2018; Waling and Roffee, 2018).

This discrimination is examined through Goffman's Theory of Stigma, Meyer's Minority Stress Model, and Bourdieu's concept of Symbolic Capital, to examine the effect of appearance-based discrimination in sanitation, both in Urban India, and applications for the wider global transgender and Cisgender populations.

4.1. Disqualification from Social Acceptance: Goffman's theory of stigma

This failure to address the underlying social and cultural dimensions of exclusion can be understood through Goffman's theory of stigma, which conceptualises stigma as a deeply discrediting attribute that transforms a person from *"a whole and usual person to a tainted, discounted one"* (Goffman, 1963, p. 2). For transgender individuals, access to sanitation is not simply a matter of infrastructure but of navigating socially constructed boundaries of gender, legitimacy, and safety. Goffman frames stigma not as an inherent trait but as a product of the relationship between an individual and society, a dynamic particularly present in sanitation spaces, where gendered expectations and surveillance are intensified.

The stigmatisation of transgender identities can result in both enacted stigma (e.g., harassment, denial of access, or institutional exclusion) (Sahoo et al., 2025) and felt stigma (e.g., shame, anxiety, or avoidance of public toilets altogether) (Boyce et al., 2018), which together perpetuate the marginalisation which in this research left

participants feeling like 'aliens' (Q19, Q28). These quotes exemplify how stigmatised individuals are perceived, and often perceive themselves, as fundamentally othered, reinforcing Goffman's idea of being disqualified from full social acceptance.

4.2. Avoidant behaviours compounding disparities: Meyer's Minority Stress Model

Originally developed as a model for conceptualising stress for Lesbian, Gay, and Bisexual Populations, the Minority Stress Model offers a lens to understand the compounded health disparities faced by transgender and gender-diverse individuals, particularly in relation to sanitation access. The research proposes that individuals from marginalized groups endure chronic stressors stemming from societal stigma, prejudice, and discrimination which in turn "*create a hostile and stressful social environment that causes mental health problems*" (Meyer, 2003, p. 674).

In the context of sanitation, transgender individuals may confront stressors when denied access to gender-appropriate facilities or subjected to harassment in public restrooms. This may manifest as anxiety or avoidance behaviours, leading individuals to limit their fluid intake or avoid public spaces, thereby compromising their health and well-being (Griffin et al., 2019). In this research participants spoke about the tendency to avoid public spaces, resulting in an inability to enter bathrooms (Q16), and instances of being forced to rely on dangerous options such as hiding in a dark jungle (Q21).

These participant experiences illustrate the real-world manifestations of minority stress as experienced by transgender individuals in the context of sanitation access. The necessity to resort to unsafe alternatives, exemplifies the distal stressors, external events like discrimination and systemic barriers, that contribute to chronic stress. Simultaneously, the internal turmoil and avoidance behaviours, such as refraining from using restrooms during transition, highlight proximal stressors, including internalized stigma and the anticipation of rejection.

These experiences align with the Minority Stress Model, which describes how both external and internal stressors exacerbate health disparities among marginalized populations. Addressing these challenges necessitates not only infrastructural modifications to ensure inclusive sanitation facilities but also broader societal efforts to dismantle the underlying stigmas and discriminatory practices that perpetuate such stressors.

4.3. The gap between policy and practice: Bourdieu's concept of symbolic capital

Social exclusion can also be understood through Bourdieu's concept of symbolic capital: the recognition, legitimacy, and respect attributed to individuals (Bourdieu, 1986). In the India, transgender identities are legally recognised, and policies exist to support inclusion (Government of India, 2019). However, the everyday reality often falls short due to bureaucratic hurdles, insufficient implementation and widespread social unawareness (Bhattacharya et al., 2022; Chakrabarti and Das, 2023; Shah, 2022). As such, the symbolic capital associated with legal recognition does not always translate into meaningful access or social acceptance; legal acknowledgement and societal acceptance remain unconnected (Q1).

The ability to use a toilet without fear or interrogation represents a form of symbolic capital, an unspoken legitimacy often afforded to cisgender individuals. In contrast, transgender persons must often negotiate or justify their presence, highlighting the gap between legal status and lived experience. This disconnect reveals how symbolic capital is not just granted through policy, but produced and reproduced through social interactions, institutional practices, and the material design of public space.

4.4. Appearance-based discrimination

The stigma, stress, and social exclusion documented in this research are deeply rooted in appearance-based discrimination, whereby individuals are judged and treated differently based on how their physical presentation aligns, or fails to align, with socially expected gender norms. Appearance-based discrimination highlights how the body becomes a site through which social norms are enforced, and identities are surveyed.

Goffman suggests that people must manage their appearance in line with societal expectations to be recognised as legitimate social actors (Goffman, 1959). However, managing appearance falls in line with the notion of 'proper femininity' (Bartky, 1990), which is being used as a weapon to limit sanitation access to transgender women on the basis they don't fit the societally accepted notions of what 'women' should look like.

Appearance has become a gatekeeper to public space, where perceived gender, regardless of legal identity, invites questioning, policing, and denial of access. Participants in this research noted people reacting in 'strange ways' (Q15) or being seen as 'others' (Q8) due to their perceived appearance. The stress generated by this scrutiny mirrors 'passing anxiety' described in trans scholarship (Levitt and Ippolito, 2013), and links directly to both felt and enacted stigma. Even when transgender individuals attempt to conform through dress, the burden of legibility remains on them, reinforcing Goffman's notion of stigma as relational and unstable. As such, access is less about policy and more about visual recognition, tying symbolic capital directly to conformity with gendered aesthetics. Something which provides challenging moral dilemmas if legal ruling deigns sex-segregated spaces over gender-disaggregated spaces.

> *"Transgender individuals face the difficult bind of either using the bathroom consistent with their gender identity to avoid harassment, which means breaking the law, or following the law and breaking societal expectations about gender appearance-congruent bathroom use"* (Platt and Milam, 2025, p. 181)

Appearance-based discrimination also poses a problem for gender non-conforming Cisgender individuals. Demarcating toilet space based on others' perceptions of what a woman or a man *should* look like is harmful for all persons. In the FGDs in this study, one cisgender gay man recounted the harassment he experienced when using men's toilets due to his non-conforming appearance (wearing makeup and dressing traditionally feminine to enter a men's bathroom) (Q19).

This issue underscores the problematic nature of rigid gender norms that dictate specific appearances and behaviours for individuals based on their assigned sex at birth. Gender-critical feminist perspectives, which assert that transgender women are not "real" women and pose threats to cisgender women in single-sex spaces, inadvertently reinforce narrow and exclusionary definitions of women (Hotine, 2021). Such definitions often rely on traditional markers like reproductive capacity or adherence to conventional femininity, which can marginalise not only transgender women but also cisgender women who do not conform to these standards, including intersex individuals, androgynous cisgender lesbians, and others who defy stereotypical gender presentations.

> *"Whether naive, ignorant or explicitly transphobic – trans-exclusionary positions do little to improve toilet access for the majority, instead putting trans people, and others with visible markers of gender difference, at a greater risk of violence, and participating in the dangerous homogenisation of womanhood"* (Jones and Slater, 2020, p. 834)

By enforcing strict criteria for gender identity and expression, these perspectives contribute to a culture of surveillance and policing of bodies, where individuals are scrutinized and potentially excluded based on their appearance. This not only undermines the dignity and rights of transgender individuals but also perpetuates a system where anyone deviating from prescribed norms faces discrimination and exclusion.

Participants in this study.

4.5. Limitations

This research identifies the challenges and hopes for the future of sanitation amongst a small sample of government employees, activists, academics, across cisgender and transgender persons. This research does not seek to generalise and homogenise challenges, nor does it suggest the perceptions written are universal to all or try to rank importance of the challenges presented. The small sample size is acknowledged as a limitation of this study; while it limits generalisability, the findings still provide important exploratory insights into an under-researched and sensitive area of public health and infrastructure access. Although participants in the FGDs were physically located in Rajasthan at the time of the research, they originated from a range of states across India and had lived in multiple locations. Despite this, the findings may still carry contextual limitations; place does shape access to sanitation, and conducting FGDs in a single urban setting may have influenced the kinds of experiences shared. While many participants spoke about challenges encountered in other regions (e.g., one participant shared experiences of travelling through Haridwar, Uttarakhand), future research could more systematically explore regional or rural-urban differences in sanitation access among transgender and gender-diverse individuals.

This study identifies new knowledge and adds further evidence to existing challenges around sanitation access, with particular focus on Transgender experience, and its connections for gender non-conforming individuals. The authors do recognise this study is only one piece of work and further research is needed in India and globally to actively identify a pathway towards truly inclusive sanitation, especially for other gender diverse and non-binary persons.

5. Conclusion

Appearance-based discrimination profoundly impedes the realisation of fundamental human rights, including the right to safe and equitable access to Water, Sanitation, and Hygiene (WASH). Despite formal recognition of rights in national and international frameworks, stigma and exclusion rooted in societal attitudes limit the ability of transgender and gender-diverse individuals, as well as others with non-conforming presentations, to fully exercise these rights. Addressing identity-based discrimination is critical to dismantling the social and structural barriers that hinder the full manifestation of WASH rights for all individuals.

Additionally, the oversimplification of identities within India to fit Western or binary frameworks has contributed to national unawareness of the diversity within transgender communities and their complex needs. Moreover, the Indian Government's assumption that establishing separate transgender-specific facilities alone ensures inclusion is flawed, as it overlooks the pervasive social stigma, lived experience of discriminatory maintenance systems, and appearance-based policing individuals face in all sanitation spaces. This research underscores the urgent need for government and policymakers to critically reflect on the diversity of transgender experiences, the intersection of social and technical challenges, and to foster systemic change that dismantles discriminatory norms, moving beyond infrastructure to address the social dynamics that sustain exclusion. This study's focus on who gets to belong highlights how appearance-based discrimination shapes the everyday realities of transgender and gender non-conforming individuals navigating urban toilets in India, emphasising that inclusion requires more than physical infrastructure, it demands confronting the social judgments and norms that determine who is deemed worthy of access and belonging.

CRediT authorship contribution statement

Hannah Jayne Robinson: Writing – review & editing, Writing – original draft, Visualization, Validation, Resources, Methodology, Investigation, Formal analysis, Conceptualization. **Barbara Evans:** Writing – review & editing, Supervision, Methodology, Conceptualization. **Paul Hutchings:** Writing – review & editing, Supervision, Methodology, Conceptualization. **Lata Narayanaswamy:** Writing – review & editing, Supervision, Methodology, Conceptualization. **Ravikiran Bokam ,:** Writing – review & editing, Resources, Methodology, Investigation. **Dani Barrington:** Writing – review & editing, Supervision, Resources, Methodology, Conceptualization.

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Appendix A. Supplementary data

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Data availability

The authors do not have permission to share data.

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