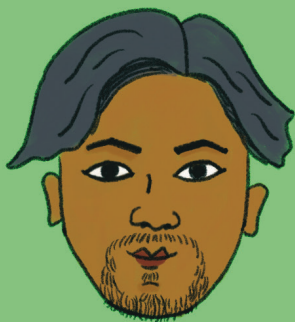


FILL IN THE BLANKS: SAFER SEX RESOURCES FOR TRANSMASCULINE PERSONS





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CREDITS

The YP Foundation acknowledges the contribution of all the young advocates who have been associated with us over the years for their invaluable perspective and insights.

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ABOUT THE YP FOUNDATION

The YP Foundation (TYPF) is a youth-led and focused organisation that facilitates young people's feminist and rights-based leadership on issues of health equity, gender justice, sexuality rights, and social justice.

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TRIGGER WARNING:

THE CONTENT OF THIS PUBLICATION CONTAINS REFERENCES TO GENDER INCONGRUENCE, PHYSICAL VIOLENCE, EMOTIONAL VIOLENCE, AND TRANS NEGATIVITY/TRANSPHOBIA.

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This publication is a labour of love of many transmasculine activists, development sector professionals, and community leaders. From supporting us in successfully completing the needs assessment processes that formed the foundation of this work, to enthusiastically and actively participating in consultation processes that ensured our work speaks to the most marginalised of transmasculine persons in India, they are the sole reason these resources could truly come alive. We would like to give a big shout out to Azaan, Diti, Fred, Gautam, Kajal, Kaunish, Kavish, Lu, Nikunj, Neel, Raj, Ritwik, and Siddharth, for their comments and insights.

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We thank Disha and Ameya for informing the resources with their legal and medical expertise. All the legal and medical information that exists in the resources has been carefully and painstakingly reviewed by them. We would also like to thank Megh for coordinating and heavy-lifting on finalising the resources and adding those much needed last touches that successfully pushed us through the finish line, and Ritwik and Hiya for their invaluable contributions to the research that informed this work.

Shikha and Taranbir, our wonderful designers and illustrators, who have listened to countless voice notes, read millions of emails, and lines and lines of feedback to make sure these resources look gorgeous – we thank you for your work and hope to work with you again soon! We would also like to acknowledge Lucky's keen eye and directorial brilliance that produced the accompanying AV resource to the project.

We thank the entire staff at TYPF, particularly Vineeta and the communications team for their inputs and suggestions on the language, the look, and the feel of the resources, and Prabhleen for her support of this work. We would also like to thank the American Jewish World Service (AJWS) for supporting this project, and the Asia Pacific Transgender Network (APTAN) for their contribution in writing the foreword to the resources.

PREFACE

The missing discussion around the joy and euphoria in the lives of transmasculine individuals is very apparent in mainstream media. Trans men and transmasculine people in India often remain unnoticed in our society, law, culture, and politics, which means their experiences don't get much attention. This makes it difficult for them to access crucial information about their lives and heightens the discrimination they face when trying to exercise their human rights related to equitable healthcare provision, especially sexual and reproductive health and rights (SRHR). There are organisations and collectives in South Asia who have tried to address these issues by providing resources on binding, packing, gender affirming surgeries, and hormone therapy. However, there's a significant need to complement these existing resources with resources that prioritise pleasure and well-being, which could benefit young trans men and transmasculine individuals in navigating their romantic and sexual relationships in both a pleasurable and safe way.

Through the Safer Sex for TRANsmasculine Persons (or SSTRAP) Project, The YP Foundation has attempted to create a pleasure- and identity-affirming accompaniment for transmasculine persons as they explore their bodies, identities, and sexualities. The project was driven by the need to provide contextually relevant information and knowledge on the safer sex needs and issues of transmasculine persons with a focus on diverse Indian contexts, experiences, and languages. As part of the project, we conducted several needs assessment exercises, including a survey with over 100 transmasculine individuals from 18 states and union territories, focussed group discussions, and in depth interviews of approximately 30 participants to assess the existing needs of transmasculine persons. We also conducted a national consultation with 15 transmasculine activists working on trans rights and SRHR across India. These surveys and consultations revealed a lot of important information around the current state and awareness of SRHR and awareness amongst young transmasculine individuals. Consequently, this resource booklet was created to counter misinformation and challenge outdated ideas about sex, sexuality, and safety, and to hopefully lead to meaningful changes in people's real-life experiences.

It's crucial for us to acknowledge that despite having resources to gain knowledge and understanding of our healthcare rights, there's a severe lack of awareness amongst healthcare providers in our country about issues faced by transmasculine individuals on a daily basis. There is a lack of information about young transgender persons' experiences in existing programmes on adolescent health, such as the Rashtriya Kishor Swasthya Karyakram (RKSK), where diverse sexual and gender identities remain only a cursory mention, without delving into the specificities of the needs of marginalised transgender adolescents and young people, and the issues they experience in accessing information and services, even at government mandated Adolescent Friendly Health Clinics (AFHCs). The responsibility of making healthcare services accessible and safer for transmasculine persons should not rest solely on transgender persons themselves. Rather, there is an urgent need to advocate for change with healthcare providers, policymakers, and government officials to make SRH provision inclusive to ensure the physical and mental well-being of transgender persons.

This booklet serves as a starting point to bridge the gaps that exist in available information about transmasculine persons' SRH in the public domain. We hope that these resources will be used not only as a source of information, but also as an advocacy tool to promote a better and more accessible healthcare system for transmasculine persons in India. By fostering an inclusive environment and spreading awareness about the diverse needs of transgender individuals, we believe that we can contribute to a society where trans men and transmasculine individuals are valued, respected, and empowered to lead fulfilling lives.



Prabhleen Tuteja
Executive Director
The YP Foundation

FOREWORD

It is not uncommon to find that many safer sex resources that contain pleasure-affirming and rights-based information about the sexual and reproductive health (SRH) of trans men and masculine persons originate in the West, and are located in contexts not entirely our own. While the information and knowledge gleaned from these resources has supported communities of trans men and masculine persons in South Asia in asserting their own SRH rights, and we extend our heartfelt solidarity to communities of trans men and masculine people globally who have pushed for inclusion in SRHR programming and service provision, there remains a need for resources that originate in our own contexts, and are relevant to our cultures and communities.

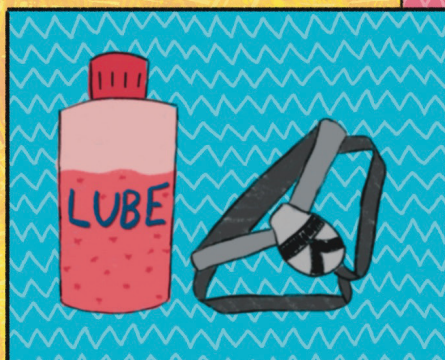
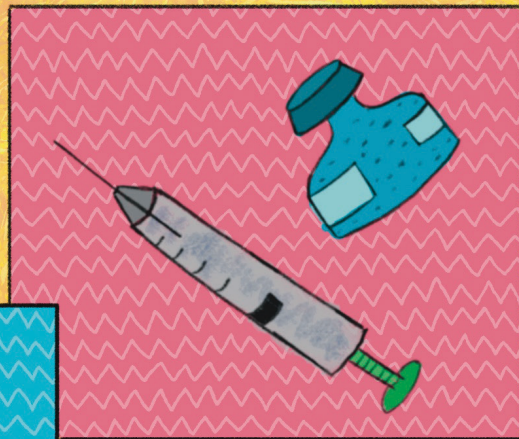
This initiative by The YP Foundation (TYPF) will play an important role in addressing this need. The nationwide surveys, discussions, and consultations with transmasculine activists working for the SRH rights of transgender men and masculine people conducted as part of this project has helped bring out the need for newer resources that will help not only the transmasculine community in understanding their reproductive health and rights better, but also enable healthcare providers and policymakers to recognise the need to make SRH services safer and more accessible for the transgender community.

In these resources, you will find a wealth of information covering essential topics related to the SRH needs of transmasculine individuals. The resources discuss transitioning, as well as safer sex practices that promote physical and emotional well-being, and also delve into themes related to SRH, and the numerous choices available to transmasculine individuals to protect themselves from STIs and STDs, as well as from unintended and unwanted pregnancies. Additionally, the resources also explore online dating and relationships, providing advice on navigating these spaces with more confidence, safety, and self respect. Lastly, there is an emphasis on the importance of mental well-being of transmasculine individuals, offering support and resources to foster a more comprehensive understanding and practice of sexual health.

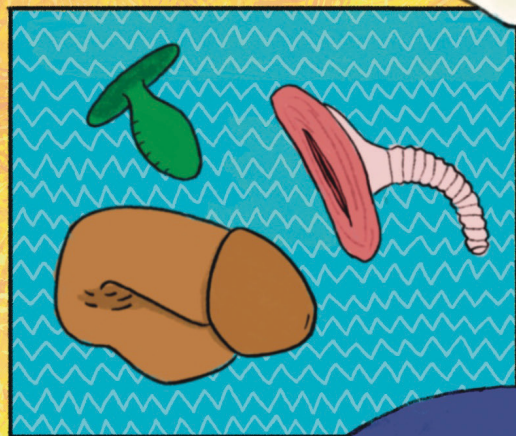
APTN extends heartfelt congratulations to TYPF for their remarkable compilation of these valuable resources. Through our past collaboration initiated by Cole Young, our former Senior Program Officer, APTN has recognised the importance of The YP Foundation's efforts. We sincerely hope that these resources will act as a catalyst for open and meaningful conversations about sex, pleasure, and safety for transgender men and transmasculine individuals in South Asia. We take great pride in knowing that our initial resources on transmasculine sexual health have deeply resonated with TYPF and that they have dedicated extensive efforts to addressing this rare topic.



Joe Wong
Executive Director
Asia Pacific Transgender Network (APTN)



GETTING STARTED



What is Transmasculinity?

Transmasculine persons are trans men, non-binary persons, agender persons, genderqueer persons, or any transgender persons not assigned male at birth, who identify with masculinity.

In India, transmasculine persons or transgender men are also referred to by many regional names –

**Rupantorkami
Purush
(Bangla)**

**Transgender
Purushulu
(Telugu)**

**Trans Purush
(Hindi)**

**Thirunambi
(Tamil)**

**Nupa Sabi
(Manipuri)**

**Nupa Manbi
(Manipuri)**

Transmasculinity and Bodies

Transmasculine persons are often assigned “female” at birth based on their external genitalia. It is a common misconception that children born with “female” genitalia (labia, clitoris, vagina) will only grow up to identify as women or feminine persons. But genitals and gender are not one and the same thing! It is possible to be born with external “female” genitalia, and be a man or a masculine person.

Looking at external genitalia, assumptions are not only made about gender, but also about internal reproductive organs, chromosomes, and hormones. If a child is born with “female” genitalia, it is assumed that they will also have ovaries, a uterus, fallopian tubes, a vaginal canal, a cervix, and other organs called “female” reproductive organs. It is assumed that we would have XX chromosomes, and our bodies will produce oestrogen and progesterone in larger amounts than testosterone during puberty.

But this is not always true!

Sometimes, there are fetuses born with external genitalia that do not fit neatly in society’s definition of “male” or “female”. The changes in the bodies during puberty also

might be different from what is usually associated with “male” or “female” bodies.

This diversity in external genitalia, sexual and reproductive organs, chromosomes, or hormones, is known as intersex bodily diversity, and persons born with this diversity are known as intersex persons.

Intersex persons can also identify as men or masculine, and it is wrong to assume that all trans men and transmasculine persons are born with “female” anatomy.

Moreover, trans men and masculine people born with “female” anatomy, or with intersex diversity, can choose to undertake medical surgeries or procedures that affirm their bodies to align with their felt experience of gender. For more information on this, head to the chapter on **Transitioning and Pleasure!**

Diverse Transmasculinities

There is no one and only way to be transmasculine, and not all transmasculine persons have to look the same, or experience their gender the same way.



It is possible that some trans men and masculine people experience bodily incongruence, and want to affirm their bodies to align it with their experience of gender. But not all trans men or masculine people experience bodily incongruence. They might never want any surgeries or medical procedures, or might only want some, to feel more comfortable in their bodies.

Transmasculine persons can also choose to express their gender in different ways. They can have facial hair or not, long hair or not, or they might like to wear pants or shirts, or something like crop tops, and paint their fingernails red! There are as many ways to be transmasculine, as there are transmasculine people in the world.

Transmasculinity and Sexuality

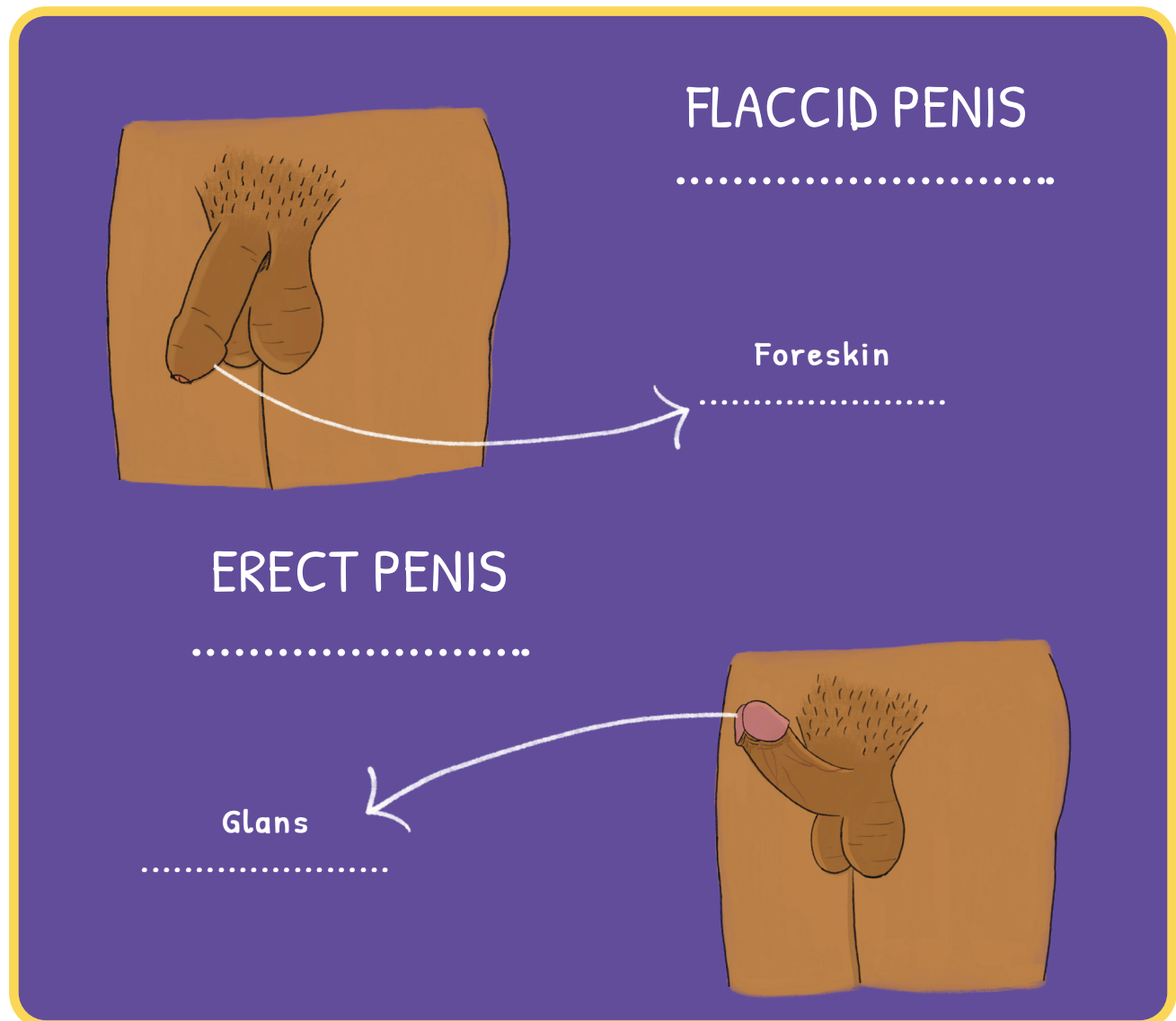
Another common myth associated with transmasculine persons, even within our **own** communities, is that all transmasculine persons are sexually and romantically attracted to only cis women, trans women, or feminine persons. This cannot be farther from the truth!

Transmasculine people can be attracted to anyone, including other men or masculine persons, either cis or trans. It is also possible for transmasculine persons to not feel attracted to anyone, or experience attraction of only one kind, either sexual or romantic.

Our sexuality is not a reflection of our masculinity! Being attracted to other masculine persons, or not being attracted to anyone at all, does not make us any less masculine. Sexuality is a deeply personal experience, and there is no right or wrong way to experience it.

Language and Terminology

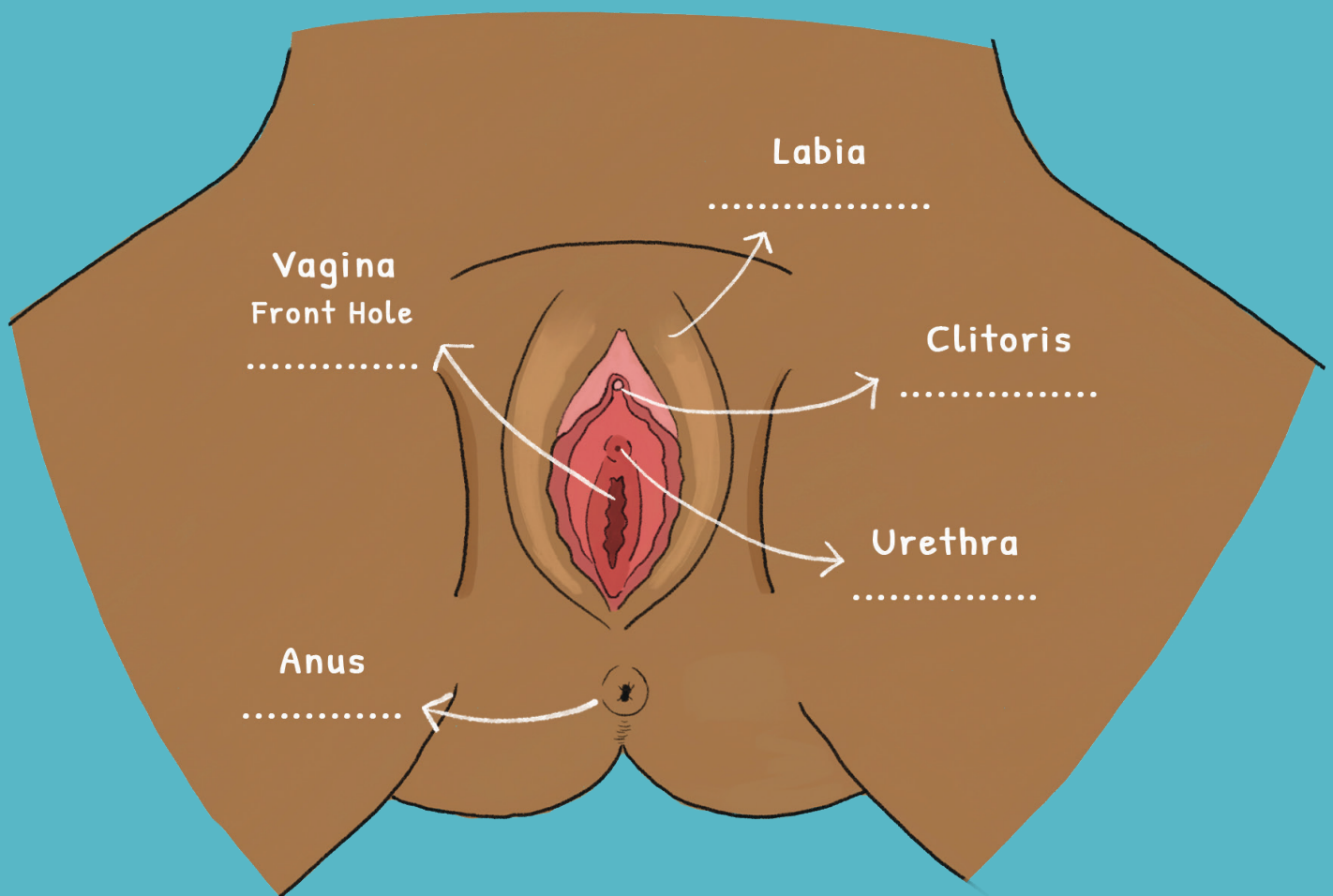
In this guide, we have tried to use words and language to refer to our bodies, sex, and sexuality in a way that might be more comfortable or affirming for trans men and masculine people to read. In the picture you see here, we have marked out the “biological” terms that are usually used for sexual organs or reproductive organs, and the replacement of those terms that we have used throughout the guide. There is also space beneath each of these terms for you to add any other name or term that you use to refer to those body parts, so you can replace the words we used with yours in your head as you go through this guide!



EXTERNAL GENITALIA

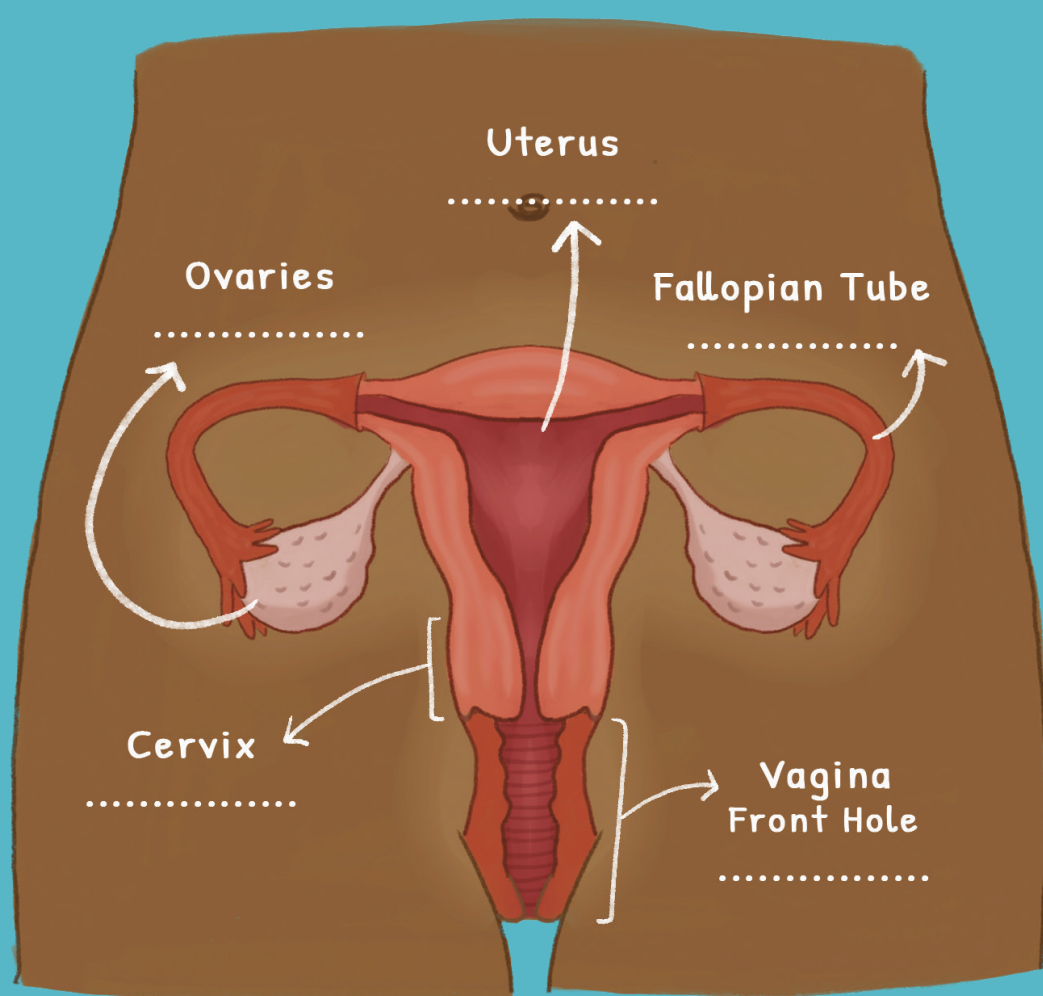
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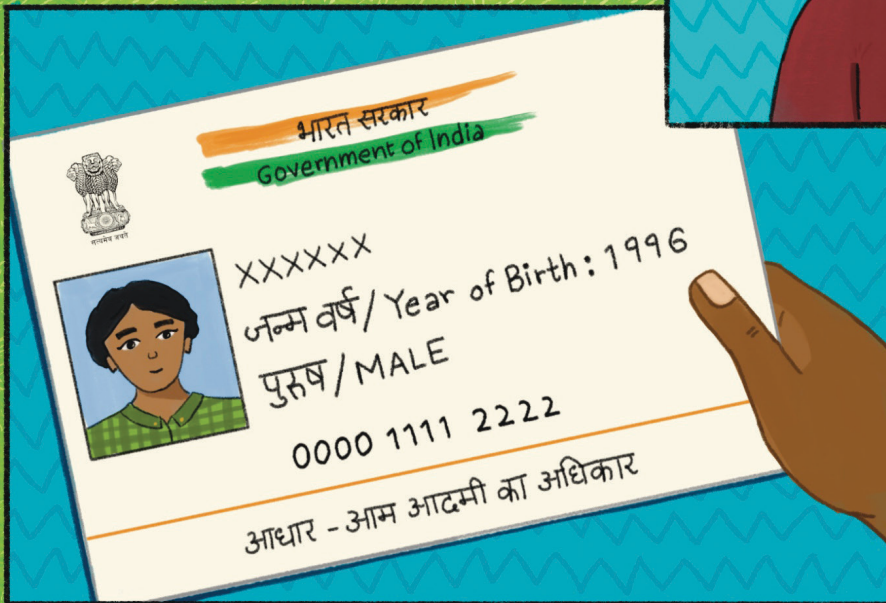
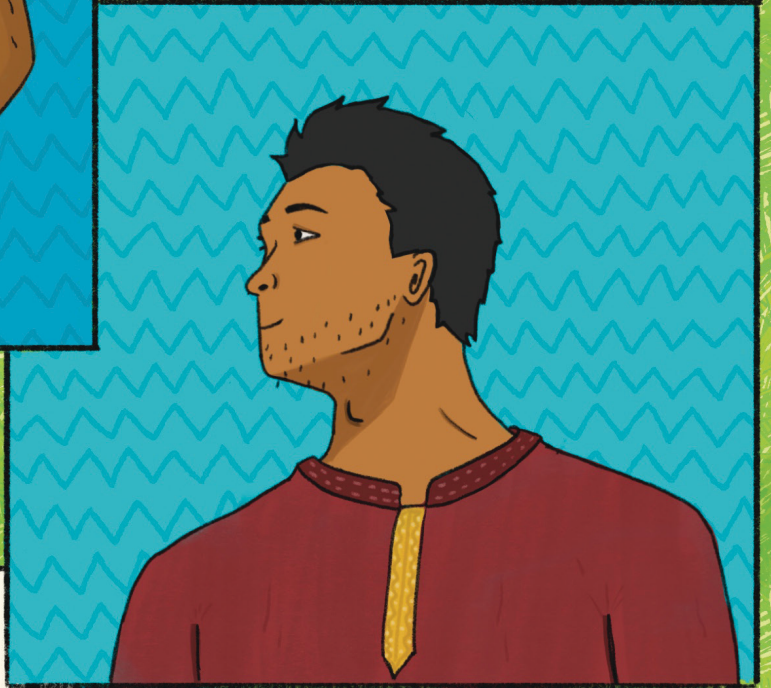
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REPRODUCTIVE ORGANS

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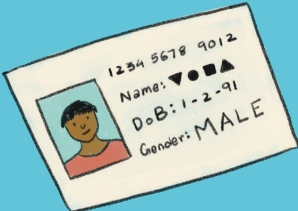
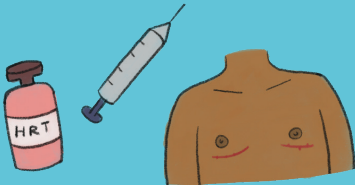


TRANSITIONING & PLEASURE

Transitioning means making changes in your life that affirm your body and gender. It can be an exciting time, but it can also be scary or confusing! Be it social, legal, or medical transition — transitioning in any way opens up new possibilities of living and loving. For many trans men and masculine persons, transitioning also makes sex and romance more pleasurable and fun.

While many trans men and masculine persons undertake different social, legal, and medical transition processes to feel more affirmed in their gender and bodies, it is not necessary to do so. If you do not feel like transitioning, or if you are not in a place in life where you feel safe or comfortable in doing so, it is completely alright. The bottom line is that the decision to transition is completely yours, and no one should bully or force you to do so.

Before we dive deeper into finding out more about transitioning and its relationship with sexual pleasure, let's find out — **what is social, legal, and medical transition for trans men and masculine persons?**

Social Transition	Legal Transition	Medical Transition
 <p>Social transition involves actions related to you becoming aware of your gender, accepting it, and communicating it to the outside world, like changing your haircut, sharing your name and pronouns, wearing affirming clothing, or anything else that you find comfort and euphoria in.</p>	 <p>Legal transition means changing your name or gender identity markers in your official identification documents, such as on PAN cards, Aadhaar cards, driver's licences, voter ID cards, ration cards, or on any other identification card that is mandated by law to avail social services.</p>	 <p>Medical transition means undertaking any medical or surgical procedure, like hormone gender affirmation therapy, top surgery, bottom surgery, hysterectomy, or any other surgeries or procedures to feel more comfortable and affirmed in your body and gender.</p>

If the names of these surgeries and procedures seem daunting to you, and if you are curious to know more, the following section will look closer at medical transitioning and its impact on sex and relationships in some detail. Read on!

TOP SURGERY

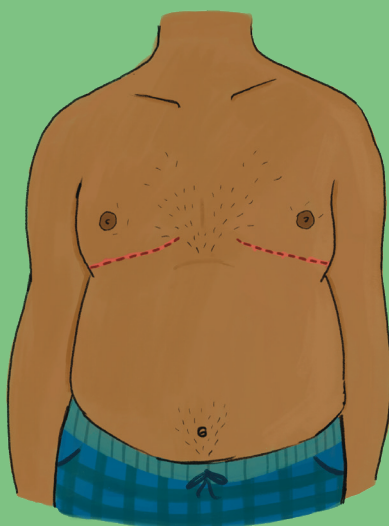
Top surgery is a common procedure, often undertaken by trans men, transmasculine persons, or non-binary persons, to remove chest tissue in order to create a more “masculine” appearing chest.

The decision to get top surgery is entirely yours. Many get top surgery to avoid the daily hassle of binding, or because improper binding is causing them physical pain or discomfort, or simply to feel more comfortable in their bodies. Some people with long term respiratory problems might also prefer getting top surgery rather than binding their chests. For others, top surgery alleviates the stress and discomfort that comes with being misgendered or misrecognised because of having a larger chest, and leads to overall better physical and psychological health and well-being. There can be different reasons for getting a top surgery, and you should not feel pressured or stressed if you do not feel like getting a top surgery.

Different transmasculine people experience their gender in different ways, and they choose to express it in different ways as well! There is no “right” or “wrong” way to be transmasculine. Please ignore the rhetoric of fascist politicians, the size of your chest is not a marker of your masculinity!

Different Types of Top Surgeries

If you have made the decision to get top surgery, it is important to consult with a doctor about the kind of top surgery that would be the best fit for you, no pun intended! The kind of top surgery that is best suited for you depends on the match between your needs, the surgeon’s expertise, and physical factors such as the size of your chest and firmness of your skin. The different kinds of top surgeries that your surgeon may perform are – **double incision top surgery with nipple grafts, periareolar top surgery, keyhole top surgery, and inverted-T top surgery**, just to name a few.

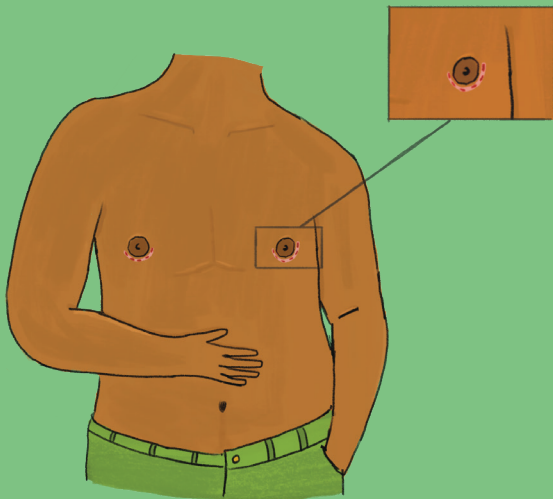
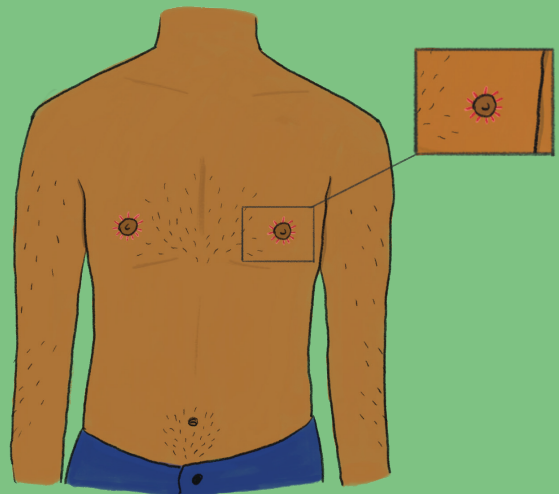


DOUBLE INCISION TOP SURGERY

This type of top surgery is very common, and is usually recommended if you have a larger chest. In this procedure, two incisions are made horizontally, across the left and right side of your chest, and the nipples are removed, typically decreased in size, and re-positioned on the chest for a more “masculine” appearance. This procedure often results in decreased nipple sensation and more significant scarring, which can fade over time.

PERIAREOLAR TOP SURGERY

Also known as peri or circumareolar, this procedure is typically recommended for people with smaller chests. Most patients are able to maintain most or all of their nipple sensation after recovery — though the large majority of people experience decreased nipple sensation in the days immediately after. While periareolar top surgery provides less visible and less significant scarring, patients may require a revision to achieve a completely flat chest.

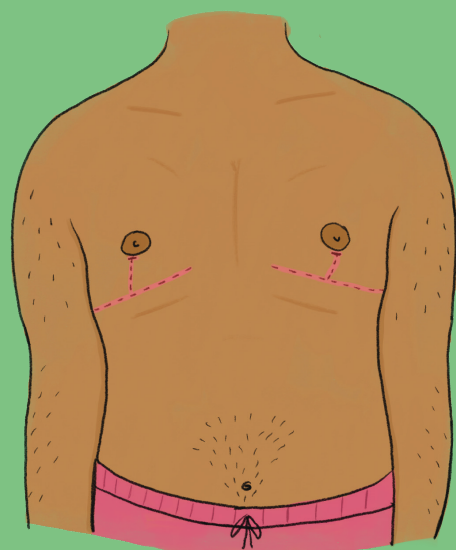


KEYHOLE TOP SURGERY

This procedure is typically only recommended for patients with very small chests and firm chest skin. It results in little visible scarring and preserves nipple sensation, but does not provide the opportunity for the nipple to be re-positioned on the chest.

INVERTED-T TOP SURGERY

This surgery is similar to double incision top surgery, but the nipple is reduced in size and re-positioned by doing an additional vertical incision from the bottom of the nipple to the horizontal incision along the chest muscle. With this surgery, the nipple retains blood supply and sensation.



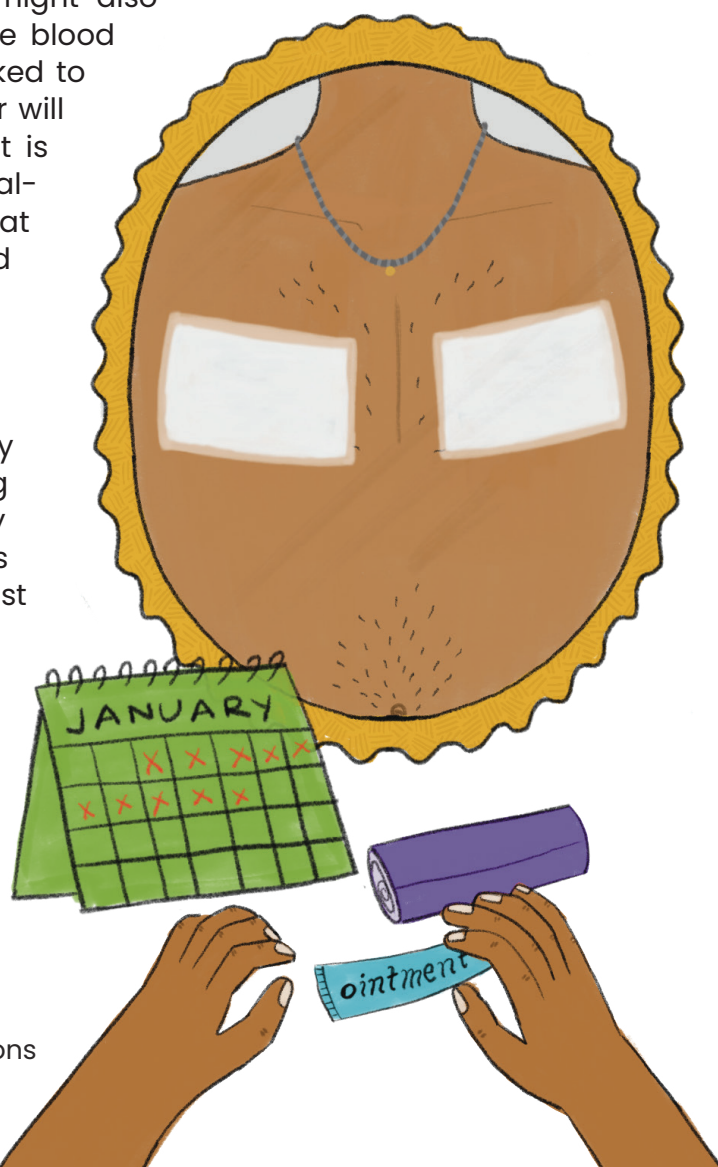
It is important to communicate your expectations and needs from the top surgery to your healthcare provider. For some transmasculine persons, getting a flat chest might be the topmost priority. But for others, preserving sensation in the nipple and chest area, because it is an important part of sex for them, can be the priority. Clear communication can be helpful in making sure all parties are on the same page before the surgery happens.

It is the responsibility of your healthcare provider to discuss all possible implications of top surgery and the different options available based on your specific needs. However, sometimes they are reluctant to do this because of a lack of understanding of the diversity of transmasculine experiences, or because of the societal stigma associated with conversations around sex and pleasure. In such situations, we might have to initiate these conversations ourselves, and it is best to come prepared with our own research by consulting peer networks of transmasculine persons, getting second opinions from trans affirming healthcare professionals, or accessing trans affirming guides (like this one!).

Post Surgery Care

Getting top surgery might require overnight stay at the hospital depending on the kind of top surgery you get, but in cases of related health concerns that need monitoring (such as respiratory problems, bad reaction to anaesthesia, or a history of blood clots) you will definitely have to do so. Depending on the kind of top surgery you get, you might also have drains to remove any fluid buildup like blood or pus from the chest, which you will be asked to monitor, and which your healthcare provider will remove during one of your post-op visits. It is also possible that you have to wear a medical-grade compression binder after surgery for at least two to three weeks, so that bruising and swelling is minimal, and the garment holds the surgical area firmly in place to support the intended shape of your new chest!

It is common to experience pain in the newly operated area for a couple of weeks following surgery, and healthcare providers usually recommend delaying lifting your hands above your head for at least three weeks post surgery. More strenuous physical activity, like hitting the gym, running, or lifting weights, has to be delayed by another six to eight weeks after surgery. These durations may vary slightly for different people, depending on the size of incision, the degree of tissue removal, and post surgical complications.



Sex After Top Surgery

In the couple of weeks immediately following top surgery, engaging in any sex that requires vigorous movement of your arms or chest can cause more scarring, discomfort, and pain, depending on the kind of top surgery you get. For example, if you have had a double incision top surgery, it is best to delay any physically intensive sexual activity for at least three to four weeks following the surgery.

But worry not! Just like there are different types of top surgery available to you based on your needs, you can also have different kinds of sex at different stages of recovery. In the weeks right after surgery, brush up on your sexting skills, and get kinky on the phone. Watch some naughty content, and have your partner get you off. Always remember – the key to making it last is to take things slow.

Many transmasculine persons feel more comfortable during sex and are able to enjoy sexual activities much more after they get surgery, because they feel more connected with their own body and more comfortable in their own skin. However, it is completely normal to take time to adjust to a new chest, and have conflicting emotions about it right after surgery.

For example, if your surgery does not align entirely with your expectations, or you have more scarring than you thought you would, or you have lost sensation in your nipples – this can lead to feelings of discomfort and confusion, which can make sex a bit more complicated to navigate.

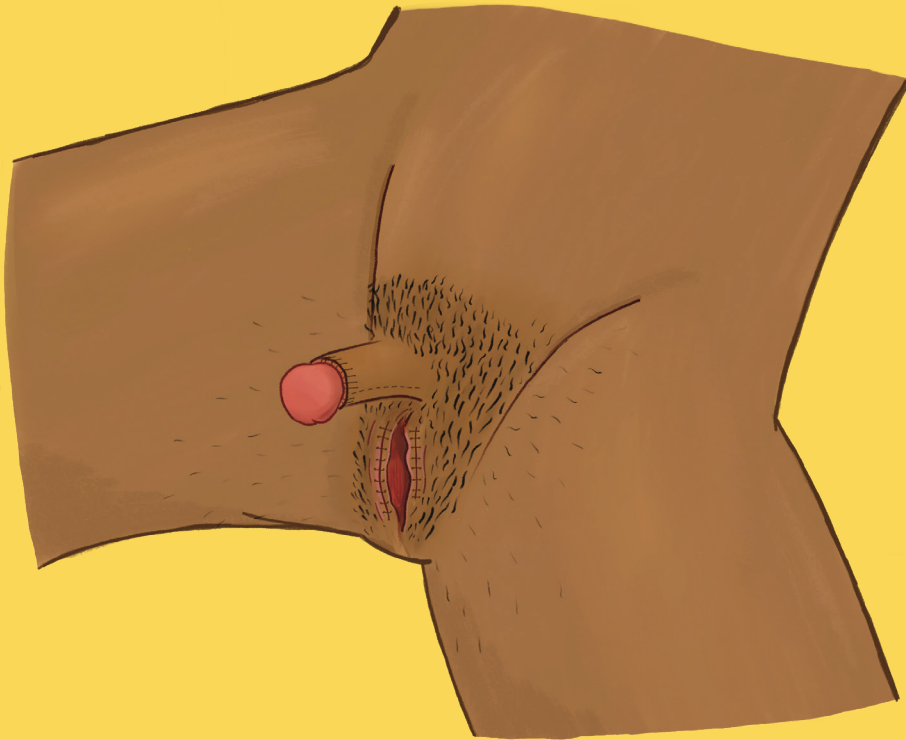
BOTTOM SURGERY

There are two common types of “bottom surgery” that can be chosen to surgically create a penis. Metoidioplasty is a procedure through which a penis is created from a clitoris that has been enlarged from being on testosterone. Phalloplasty is a procedure that creates a penis from existing tissue taken either from your thighs, arms, or back.

Much like top surgery, the decision to get a bottom surgery is entirely your own, and there could be many different reasons for getting one. For some transmasculine persons, bottom surgery is a longer term solution to packing. For others, bottom surgery alleviates the stress and discomfort that comes from using public washrooms, gyms, or swimming pools. While all reasons for getting bottom surgery are valid, being able to feel sexual pleasure, or being able to pleasure your partner, is not contingent on getting bottom surgery. Thinking that bottom surgery is important to have sex, or that a penis is necessary to be able to pleasure your partner(s), is usually tied to the perception that penetrative sex involving a penis and a vagina is the only valid and pleasurable form of having sex. But this is not true at all! Before getting bottom surgeries, it is important to do research and verify the expertise of the medical professional in performing these surgeries to avoid a negative experience related to the surgery later in life.

METOIDIOPLASTY

Being on testosterone naturally causes the clitoris to enlarge. In metoidioplasty, the enlarged clitoris is freed from its attachment against the body, making it more visually apparent. Metoidioplasty can be done with or without urethral lengthening, the difference being that the former will allow you to pee while standing up.

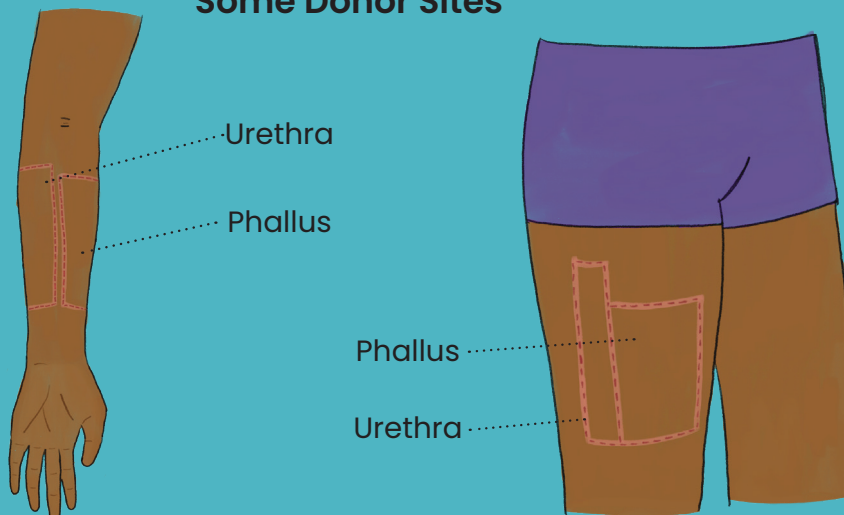


There are also accompanying surgeries to metoidioplasty which involve removing parts or all of the front-hole, removing the uterus, and creating a scrotum, to mention a few. After metoidioplasty, there is usually less risk of losing sensation in the genital area. The size of a post surgical penis will depend on the size of the clitoris and its growth after being on testosterone, and the accompanying surgeries chosen.

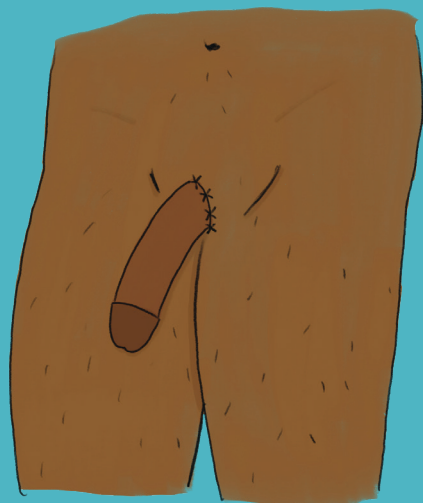
PHALLOPLASTY

During phalloplasty, skin is taken from other parts of the body, such as the arm, thigh, or back (called 'donor sites'), which is then rolled to create a penis. This choice depends on your needs and preferences – the arm is said to be better if you want to retain sensation, though scarring can be more difficult to hide. The back is a popular option for less visible scars, though it provides less opportunity for sensation. Along with this, your service provider will also consider other factors such as overall health, fat distribution, nerve functionality, and blood flow in choosing the donor site for the operation.

Some Donor Sites



New Penis after Phalloplasty



There are several other procedures that can accompany a phalloplasty. These include lengthening the urethra to allow you to pee through your penis, grafting blood vessels and nerves to preserve sensation in the genital area, or sculpting the head of the penis and creating testicles. A penile implant is usually required for erection to be achieved after phalloplasty. The size of the new penis will depend on the thickness and length of skin at the donor site.

Post Surgery Care

Metoidioplasty requires you to stay overnight in the hospital after the procedure is completed, and recovery can take up to three to four weeks. Phalloplasty requires you to stay in the hospital for a few days, and recovery may take up to six to eight weeks. It is difficult to pee after genital surgery, so healthcare providers recommend the insertion of a catheter, a temporary tube inserted directly in the bladder, that helps you in peeing for up to two weeks while the urethra heals after any bottom surgery. After phalloplasty, you may also have to wear a compression sleeve on the donor site to prevent bruising, swelling, and scarring.

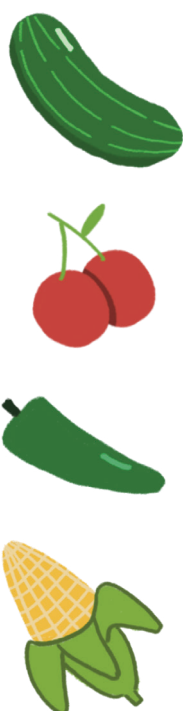
It is common to experience swelling, bruising, and numbness in the genital area after any bottom surgery, though these symptoms will reduce with time. Bottom surgery can also cause itchiness or tingling in the genital area, as the nerve endings that have gotten damaged or reconnected during the procedures take time to heal. For some people, sensation after bottom surgeries might take up to a year or more to come back.



Sex After Bottom Surgery

Much like in top surgery, in the immediate weeks following any bottom surgery, it is important to refrain from any sexual activity which involves touching or moving your genitals, as this may delay your recovery or cause infections or surgical complications. Even arousal of the new penis might be painful in the couple of weeks following surgery, as nerves take time to heal and regenerate. It is best to take a break from sexual activity till the bleeding, swelling, and bruising goes away for good. Sometimes, with bottom surgeries, there are also different stages of surgical interventions required to achieve the best possible results.

These surgeries happen consecutively, with breaks in between, and can last for up to a year. During this time, it is best to consult your healthcare provider and ask open and honest questions about the possibility of engaging in sexual activities.



There are many myths and misconceptions that exist amongst transmasculine persons about bottom surgery.

"Bottom surgery will make me better in bed."

Even though bottom surgeries might result in more sexual confidence and comfort owing to less bottom incongruence felt during sexual encounters, and can thereby make you feel more at ease and better able to experience and provide pleasure to your partner(s) – surgery is not the only way to increase pleasure.

"I will be able to ejaculate after bottom surgery."

Ejaculation is not possible after any bottom surgery. In order to be able to ejaculate, the body requires the presence of testes, vas deferens, prostate, and other internal reproductive organs that can contribute to the production of semen and other seminal fluids. Bottom surgeries are only useful to provide an *external* appearance of affirming genitalia.

"I can impregnate my partner(s) after bottom surgery."

As mentioned before, bottom surgeries do not enable you to create the semen or seminal fluid necessary for ejaculation. If you do wish to have children, you can discuss other options with your healthcare provider.

"I want to choose the biggest size for my new penis, because the bigger I am, the better I will feel."

The size of your new penis after metoidioplasty or phalloplasty depends on many factors, and varies according to body type, existing health conditions, and the kinds of bottom surgeries chosen. But the size of the penis is in no way an indicator of the sexual pleasure that you can experience, or share with your partner(s). The size of your penis is also not a marker of your masculinity.

HORMONE GENDER AFFIRMATION THERAPY

Hormone gender affirmation therapy, more commonly known as hormone replacement therapy (HRT), means taking testosterone in monitored doses and within certain intervals of time to achieve desired changes, and is undertaken by many trans men and masculine persons as part of their transition journey to feel more comfortable and affirmed in their gender and bodies. Some may opt for HRT for safety reasons, such as to be perceived as masculine in public spaces, like security checks or public washrooms. Others may never want to begin HRT at all. The decision to begin HRT is entirely your own – it is not a prerequisite to being a transmasculine person.

The changes brought on in the body through HRT depend on body type, genetics, and other factors. It is possible for some people to see changes sooner, while others may experience them later. The intensity of the changes experienced may also differ from person to person.

Skin and Hair

Being on testosterone can make the skin oily, leading to breakouts of acne and pimples. Increasing testosterone levels can influence hair growth patterns. Thicker and darker hair can appear on the face, arms, legs, chest, underarms, and other parts of the body.

At the same time, it is also common to experience hair loss after starting testosterone.

Body Shape

Testosterone can cause a redistribution of fat in the body, leading to slimmer thighs and buttocks, and fatter stomach and abdomen area.

At the same time, there are also changes observed in bone density and muscle mass.



Voice

Voice may deepen as a result of being on testosterone. It can take about 6–12 months for the voice to deepen to noticeable levels.

This is an irreversible change. This means that once the voice has deepened, it will not go back to thinner levels.

Menstruation

Long term use of testosterone can reduce the occurrence of periods, or stop them altogether.

Sometimes, progesterone has to be taken along with testosterone in regulated doses for periods to cease completely.

Mood

Even though testosterone can result in elevated energy levels, mental health, and mood, it is possible that hormonal changes in your body can also make you irritable, angry, or sad.

Sex After Testosterone

It is possible to experience an increase in sex drive after starting hormone therapy, though this is not a universal experience, and the impact on sex drive can vary. Testosterone also causes dryness in the front-hole, which can lead to tearing of the wall and tissue of the front-hole upon penetration, so do not shy away from using copious amounts of water-based lube during penetrative sex after starting T! Testosterone also causes the size of the clitoris to increase, making it more apparent and sensitive, leading to more pleasurable sex of all kinds. Orgasms can also feel different after being on testosterone, and having open communication with your partner(s) about the changes in your sex drive and body can be helpful in reexperiencing sex and romance after starting hormone therapy.

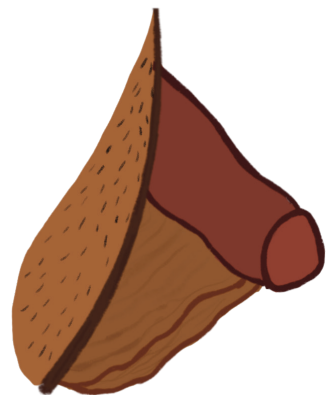
Bottom Growth After Testosterone



Pre-Testosterone



Post Testosterone
(Low dose / unaroused)



Post Testosterone
(high dose / aroused)

Other Affirming Procedures

Apart from the procedures mentioned above, there are other procedures associated with medical transitions. These include – hysterectomy or removal of the uterus and cervix, oophorectomy or removal of the ovaries, vaginectomy or removal of all or parts of the vagina. All of these procedures can be a part of your medical transition journey, and will have a varied impact on your body and experiences of sex and pleasure.

The first rule of transitioning is that there are no rules to transitioning!

Help! My surgeon has botched my surgery and has cut off all communication from me. I want to pursue legal action. What should I do?

It is important to know that all transgender persons are entitled to healthcare rights under the Indian Constitution. Moreover, the Transgender Persons (Protection of Rights) Act 2019 explicitly states that no transgender person can be denied or unfairly treated in the provision of healthcare services. In case a healthcare service provider or establishment harms the life, safety, and well-being of any transgender person, they will be liable for imprisonment up to two years. Additionally, you can also pursue remedies for medical negligence under the Consumer Protection Act, 1986 before a designated forum or approach the Medical Council of India with a complaint.

You can approach a trans affirming lawyer or legal clinic that provides subsidised legal services. The legal professional can also assist you with understanding the processes and expected relief under each of these remedies.

PLAYING IT SAFE



The most common myth associated with sex is that “real sex” is only penetrative, and it must involve a penis and a vagina. Everything else – masturbation, foreplay, oral sex – is considered to be mere accompaniment to penetrative sex. But this isn’t true! There are many different ways to have sex, and each is unique and valid in its own way.

Getting in the Mood

Feeling comfortable in our own skin can be a huge turn-on, and it helps in feeling more confident and excited about sex. For many of us, incongruence can make it harder to be in touch with our own bodies, and feel sexy to our own selves. There are some things that can help us in our journey of feeling more at home in our bodies, like binding or packing. Even wearing sexy underwear can go a long way in making us feel more sexy!

BINDING

Binding means wrapping your chest tightly with a garment or other material to give it a flatter appearance. There are many different reasons why transmasculine persons might want to bind their chests. Many bind in order to give their chests a more ‘masculine’ appearance which makes them feel more comfortable with their bodies, while others might bind in order to appear more normatively ‘masculine’ for safety in public places, or to be able to access ‘male’ gendered spaces, such as public toilets or security checks at airports. Yet others might not want to bind at all, as they might not experience chest related dysphoria, or might find difficulty binding their chests because of medical reasons.

It is important to note that the decision to bind or not is completely up to the person concerned, and their context and circumstances. No transmasculine person should be judged for binding or not binding their chest.

Binding Better

Some transmasculine people buy factory-made binders online, or order binders through community-based sellers who are often transmasculine persons themselves. There are different kinds of binders available in the market – like tank binders, half binders, or zip binders. In case buying is not a possibility for you, since binders *are* expensive, or you are based in a remote area, or living in a shared household with family and lack of privacy, you can also use a sports bra in a smaller-than-your-usual size to look flatter.

Never bind your chest using tape or medical grade bandages, as they can cause damage to your chest, ribs, lungs, and nipples. Binding is also discouraged during sleeping or exercising, and health experts recommend that you take a break if you bind for longer than eight hours at a stretch.

If you have recently recovered from COVID-19 or have long COVID-19 related symptoms, binding can compound breathing difficulties or existing problems. In this case, do check

with a trans affirming healthcare provider before resuming binding on a daily basis.

If you have trouble breathing while wearing a binder, or binding causes any pain or discomfort, it probably means that you are wearing a binder that is too small for your chest. It is important to follow accurate sizing instructions while buying a binder, and it is recommended to not wear a sports bra that is two sizes smaller than your usual size.

Binding During Sex

If you are engaging in physically strenuous sex, binding can cause stress or discomfort. But not binding during sex can trigger chest incongruence, making sex an unpleasant or discomforting experience. So, if you do need to bind during sex, use a looser binder, or wear a sports bra that is your usual size, which can ease chest incongruence, while still allowing physical comfort and ease in movement during sex.

For more information on safer binding, you can check out [this very cool and helpful guide](#) by our friends at the Asia Pacific Transgender Network (APTN).



SPORTS BRA



ZIP BINDER



TANK BINDER

PACKING IT UP

Packing means stuffing your underwear to give the appearance of a bulge in your pants. Just like binding, there are many different reasons why transmasculine persons might want to pack, and the decision to pack or not is completely up to you. Packing, just like binding, is not a prerequisite to being transmasculine.

The kind of packer you want to use depends on your needs – do you want a packer to give the appearance of a bulge, or do you also want it to feel and look like a penis? Do you want to use it to be able to pee standing up? Do you want to use it for sex? Identifying your own needs will give you clarity about the kind of packer you should get. Packers also come in different colours. As South Asian transmasculine persons, finding the right colour that complements our skin tones could also be a consideration while picking a brand or a local seller to buy your packer from.

[Peacock](#) is a brand that many transmasculine people have used in the past to source their packers.

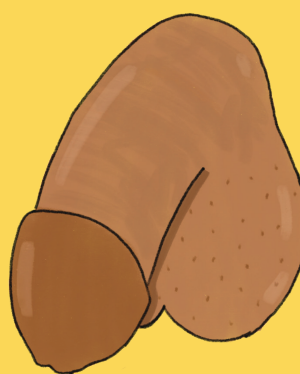
PACK

If you only want to pack, there are packers available online with a wide cost range – the more expensive ones come with more detailing, the cheaper ones look less “real”.

DIY SOCK PACKER



SILICONE PACKER



Packers can also be made at home using socks – [here is a simple guide to do this!](#)

PACK & PEE

There are packers that are designed to provide a bulge-like appearance, but can also be used to pee standing up. This can be particularly useful when using public bathrooms.



While these packers are also called stand-to-pee (STP) devices, they are slightly different from STPs that are available in the local Indian market. Locally available STPs are not shaped like a penis, and are often marketed at cis women.

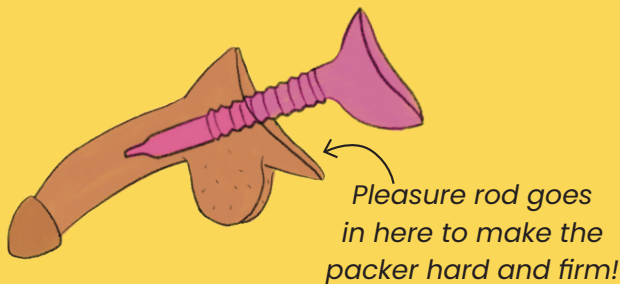
This is where you pee!



This is where the pee comes out of!

PACK & PLAY

There are packers in the market that come with the option of inserting a pleasure rod which is removable. This makes the packer hard enough to be able to be used for penetration.



The firmness of the packer and the size of the erection with the rod inserted is not usually adjustable, so reading up on product reviews to find one that matches your needs and expectations is a good start.



If you have a local seller, hearing their experiences and experiences of other transmasculine people using the packers to have sex are also helpful.

Once you have decided the kind of packer you want, you would want to make sure that your packer works the way you want it to, does not look too big during daily wear, and you avoid any accidents while using it. The best way to make sure that you get comfortable with your packer before using it in public is to do test runs at home. This can help in ensuring you're not adjusting your packer the entire time you're outside, you're not accidentally peeing on yourself while using public urinals, and the packer is not causing any allergies, itching, or discomfort. A packing harness, or boxers/briefs that come with a specific pouch for packing, help in keeping your packer in place.

Generally speaking, wearing a packer with tight fitting boxers/briefs during sex, especially if you do not enjoy removing your underwear, can also boost your confidence and support in tackling bottom incongruence. Stroking a packer while masturbating, or using a packer to get off on the phone or over text, also works wonders in experiencing pleasure without compromising comfort or affirmation.

Flying Solo

Masturbation could be a good way to explore your own body and discover things that you find pleasurable, though for many trans men and masculine people, masturbation can be an experience that induces incongruence. Fantasising about your body, wearing a packer/strap-on/binder/anything else that feels affirming, and taking things slow, can dispel some stress and anxiety, and help you in mastering the art of masturbation in the long run.

Sometimes, stroking an enlarged clitoris, or masturbating after bottom surgeries, can be a discomforting or painful experience. In this case, it is best to be gentle and discontinue using any sex toys until you get a go-ahead from your healthcare provider. Using lube while masturbating, particularly after starting hormones, can also be necessary, especially if you feel dry in the front-hole.

Figuring out your own pleasure spots also helps in communicating these to your partner(s), so that they could get to know your body better! You can also sign up for a mutual masturbation session with your partner(s), meaning you have your solo party, but also invite your partner(s) to join along!

Oral Sex

Receiving or giving oral sex, meaning mouth-to-genital sex, can be very pleasurable, especially if it's performed in safer and affirming ways. Many trans men and masculine people prefer their genitals to be called something that feels affirming, and touched in ways that enhance the pleasure that comes from being gendered correctly.

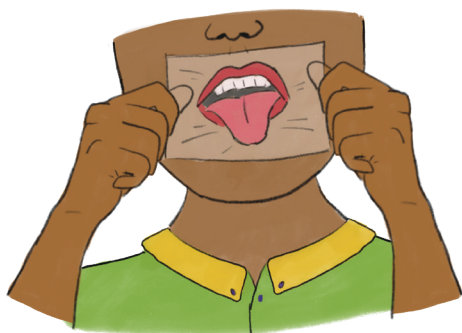
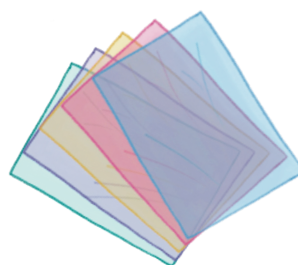
Dental dams can protect you from sexually transmitted infections (STIs), and can be worn on either the front-hole or the anus. Just like condoms, dental dams should not be reused, and must be replaced before switching holes, or after more than thirty minutes of sexual activity. If you are on testosterone, and it is getting uncomfortable to use a dental

dam on an enlarged clitoris, or if you have had a metoidioplasty or phalloplasty done, you can wear a finger cot or a slim external condom with a cock ring to keep the condom or the finger cot in place.

It is best to use a water-based lube while using a dental dam, condom, or finger cot made of latex. Oil-based or silicone-based lubricants don't go well with latex-based material. These details can be checked on the packaging materials of the products you are using. Always check the expiry date before using condoms, finger cots, or dental dams.

DENTAL DAMS

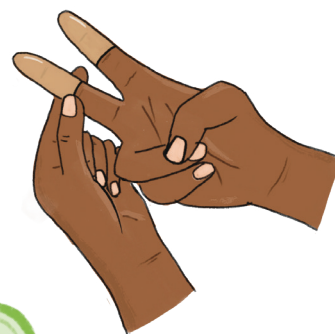
Latex sheets or polyurethane sheets are used as a barrier between the mouth and the front-hole or the mouth and the anus during oral sex.



Dental dams can be purchased online, or made by cutting up a condom or a latex glove lengthwise.

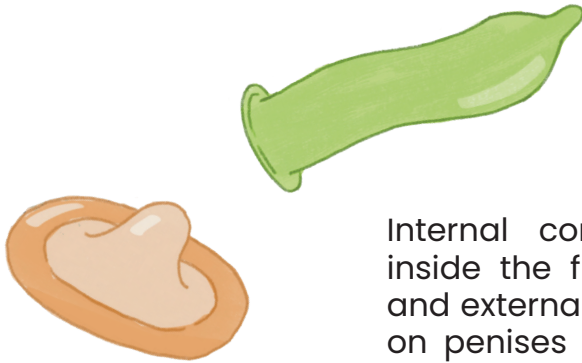
FINGER COTS / FINGER CONDOMS

These are latex sheaths that can be used to cover the tip to the base of a finger during penetrative sex using fingers, or on an enlarged clitoris, or on a slim penis while receiving oral sex after bottom surgeries. Finger cots can be purchased online, or made by cutting away the thumb of a latex glove.



CONDOMS

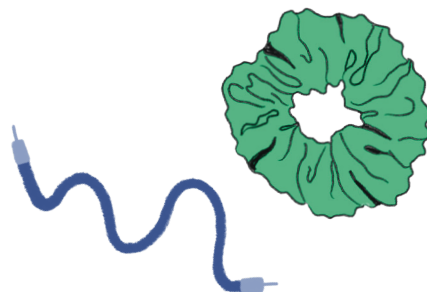
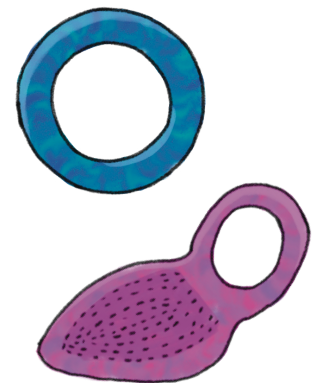
There are two types of condoms available in the market – internal and external condoms. Condoms are also made of different materials, latex being the most common.



Internal condoms can be worn inside the front-hole, or the anus, and external condoms can be worn on penises after bottom surgeries, or on toys like strap-ons or dildos.

COCK RINGS

Ring worn around the base of a penis to restrict the flow of blood from an erect penis for longer lasting erections, but can also be used to keep a finger cot or a slim condom in place to prevent slip-offs.



Cock rings can be purchased online, or made from sanitised scrunchies, rubber bands, shoe laces, or condoms.

Fingering

As trans men and masculine people, there are many assumptions made about the way we like to have sex! One such assumption is that we only like to finger our partner(s), and not get fingered ourselves. The problem with assumptions is that they erase the diversity of our desires. It is possible that some trans men and masculine people do not enjoy fingering, or being fingered, or vice versa!

If you enjoy fingering your partner(s) during sex, a good rule of thumb — no pun intended — is to keep your finger nails trimmed, wear finger cots, and use lots of lube. Avoid fingering if you have any recent cuts or wounds on your hands or fingers. If you enjoy getting fingered by your partner(s), wearing an internal condom in your front-hole/ anus and keeping some lube handy could be very helpful.



Penetration

After bottom surgeries, it is possible to have penetrative sex with your partner using your penis, though most penises constructed through metoidioplasty might be small for penetration. If you are either penetrating your partner(s), or getting penetrated with a penis, it is best to use barrier methods like internal and external condoms or finger cots to protect yourself from sexually-transmitted infections (STIs), including HIV. (Confused about what we mean by STIs? Find out in the next section!)

If you are the penetrating partner, be sure to wear a finger cot or a condom based on the size of your penis, and use a water-based lube to smoothen the process and enhance your and your partners' pleasure.

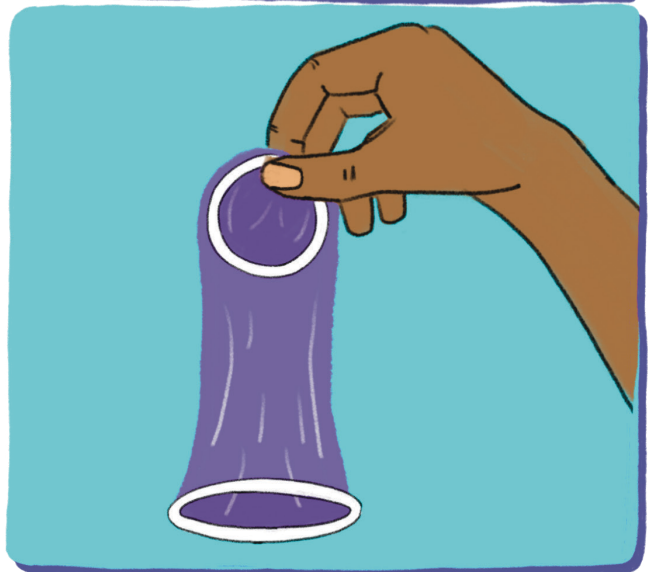
Front-hole dryness from being on testosterone, and dryness in the anus, can lead to more tearing and friction, which can make penetrative sex unpleasant. In such cases, lube is your best friend!

HOW TO USE AN INTERNAL CONDOM



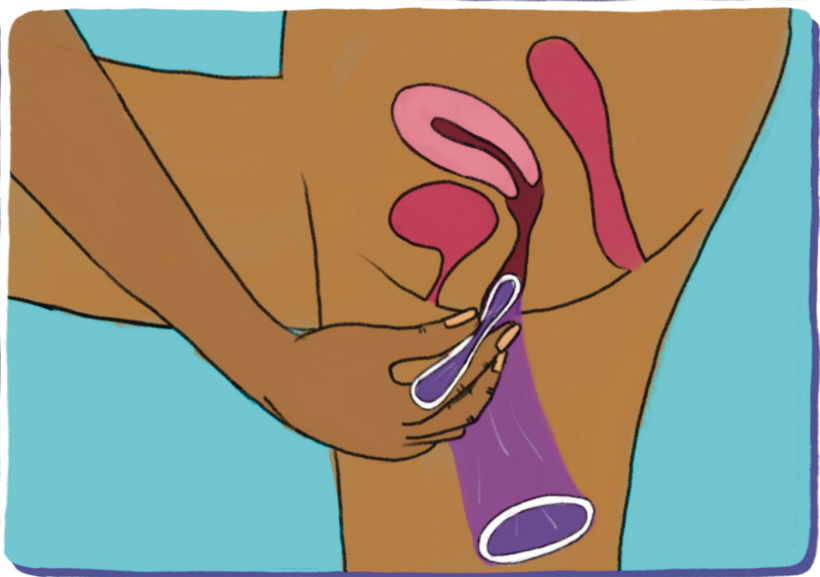
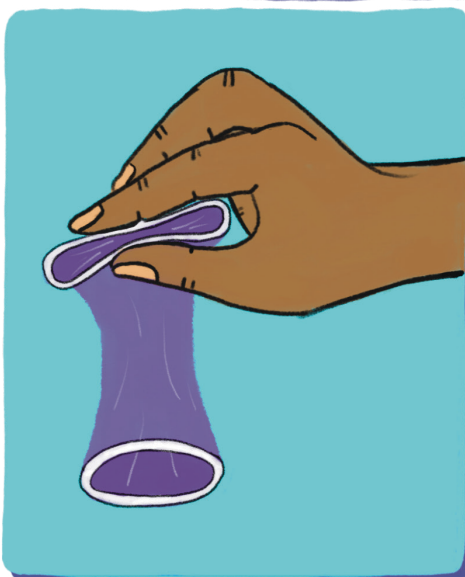
1. First check the condoms expiry date and for signs of damage. Tear it open carefully, to not damage the condom inside.

2. The closed end of the condom is the thick, inner ring and is meant to be inserted inside. The open end is the outer ring, which will remain outside the front hole.

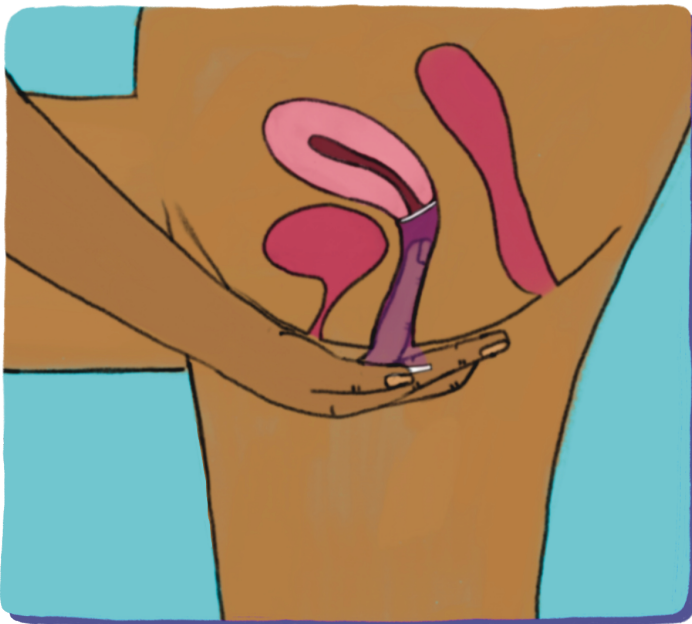


3. Squeeze the inner ring between your thumb and index finger. Do not twist the ring.

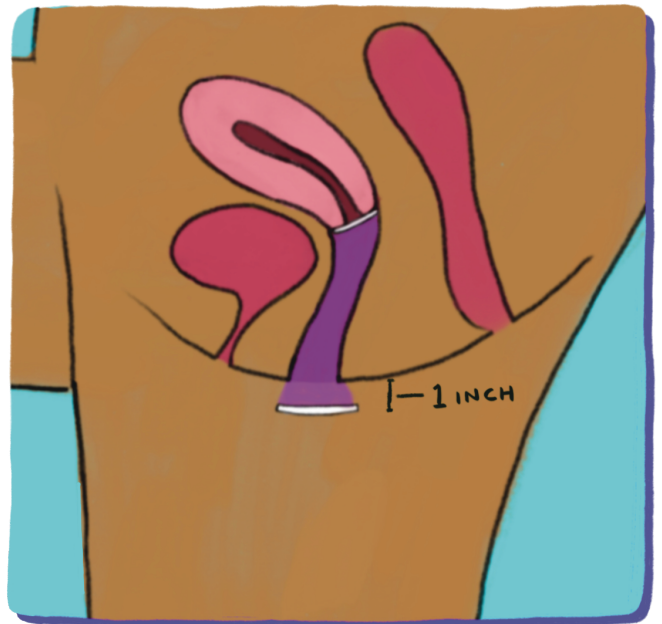
4. You can also apply lubricant on the inner ring. Then insert the inner ring into the front hole opening gently, and push it upwards.



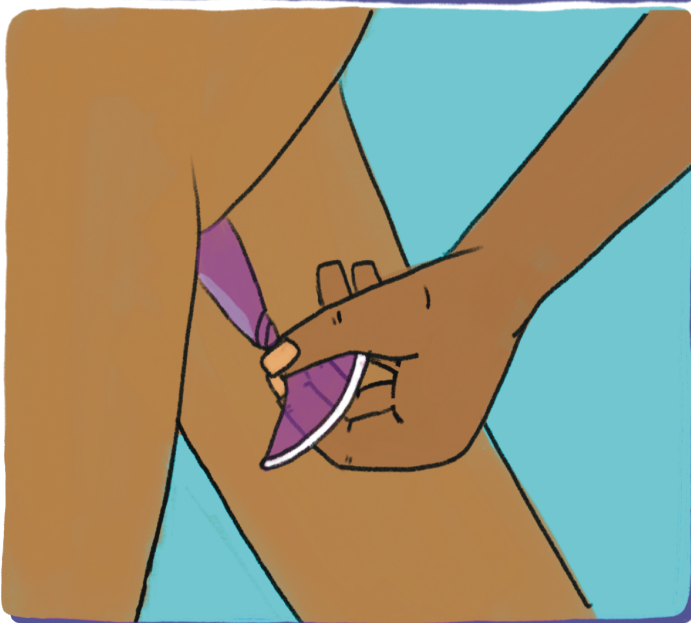
5. Gently push it upwards with your finger until it reaches the cervix. When it does, it will expand, and cannot be felt inside you anymore.



6. Pull out your finger. Ensure the the outer ring is hanging at least 1 inch out of the front hole opening. If inserted properly, similar to a tampon or menstrual cup, it cannot be felt inside.



7. Once finished using the condom, to remove it, gently grasp the outer ring firmly and twist it closed. Then slowly pull it out.



8. Tie a knot at the end and dispose of it in the garbage. Internal condoms cannot be reused.

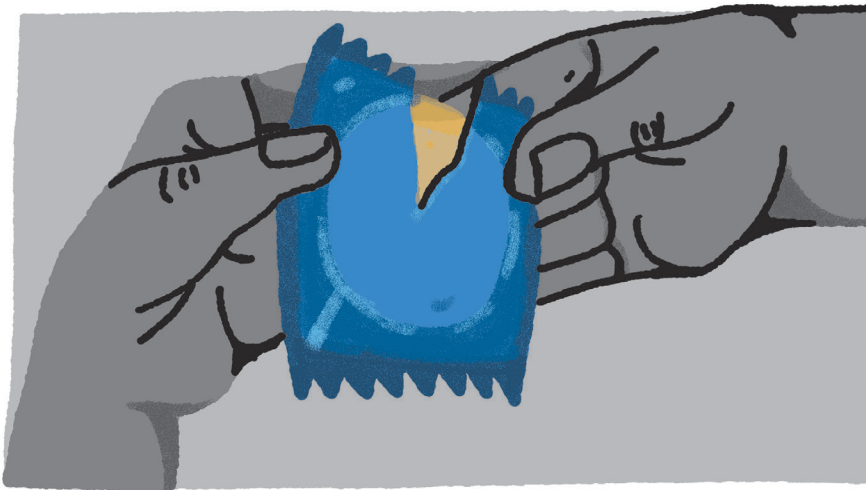


RIGHT METHOD TO PUT ON A CONDOM

1. Before opening the packet of a condom, check the expiry date and ensure that it's not torn.

EXP: 10/2025

2. Open the packet carefully by sliding the condom in one corner.



3. After unpacking the condom, ensure which side has the tip.



4. Keep the tip part upwards and press the tip between two fingers. Thereafter place the condom on glans of the erect penis. Pressing the tip will ensure space for semen to be inside and the condom wouldn't tear during sexual intercourse.



5. Press the tip between two fingers and pull up the condom over the shaft properly.



RIGHT METHOD TO REMOVE THE CONDOM



6. Hold the lower tip of the condom with one hand and start removing it slowly.

7. Keep doing this until the condom reaches the glans of the penis. You can then take it off the penis completely.



8. Tie a knot on the condom to make sure the semen doesn't leak out of the condom. Then, check it carefully to see if it doesn't have holes or it's cracked.



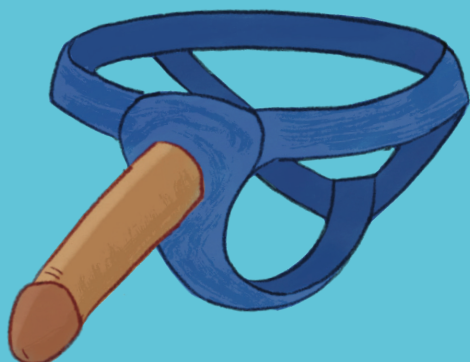
9. Discard used condom in the dustbin.

USING SEX TOYS

There are a variety of sex toys that you can buy online, though the experience of browsing them can be triggering, especially if they are sold as “toys for females” or “lesbian collection”. Repeating the motto that your gender and masculinity is not contingent on validation from the market, and that your masculinity is your own to determine, can help in fighting the anxiety and stress that comes from being misgendered.

STRAP ONS, DILDOS, BUTT PLUGS

Dildos and strap-ons can be used for masturbation, as well as for penetrative sex, and are very helpful in feeling affirmed.



It is always wiser to use dildos and strap-ons with a condom/finger cot, depending on the size of your toy. For butt plugs, using an internal condom can help. It's also important to use lube with butt plugs and any other toys for anal play.

Never use the same toy to penetrate different holes without changing condoms, and it's better to not share sex toys between different partner(s) without cleaning them first.

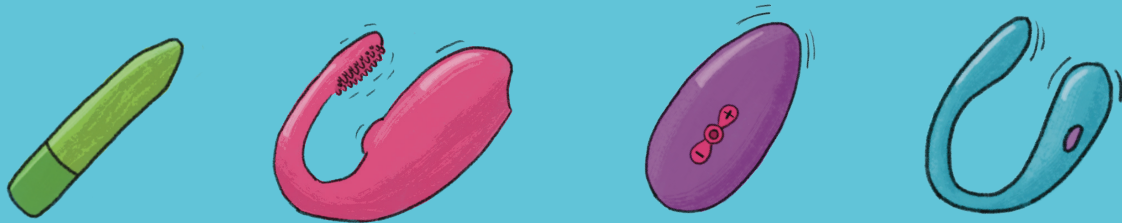


CLEANING TIPS:

If you are using silicone dildos or butt plugs, you can wash them in lukewarm water with soap to keep them clean.

VIBRATORS

Vibrators can be used to stimulate any part of your body, not just genitals.



Vibrators can also help if you have trouble getting hard or staying hard after bottom surgeries.

Stronger vibrators can help you get off through your clothes and underwear.

CLEANING TIPS:

Vibrators, even the one with in-built batteries, are perfectly safe to clean using water and soap.

FLESH LIGHT

Fleshlights are built like soft textured canals into which you can insert your penis after bottom surgeries.

Fleshlights are not self-lubricating, so you always have to use a water-based lube to avoid injuring yourself or ruining the toy.



Fleshlights can also be used with partners, or for masturbation.

CLEANING TIPS:

Most fleshlights come with a case and a sleeve, and it is best to wash both those things separately to avoid any bacteria build-up between them.

CLEANING TIPS:

Remember this motto: if you wouldn't put it inside your body, don't put it on your toy!

STORING TIPS:

Make sure that the toy is completely dry before storing it, as moist toys are breeding ground for bacteria.

Leaving toys out in the open when not in use is a bad idea. Not only do they become exposed to dirt and dust, they can also be discovered by roving pets or snoopily siblings.

Using the same box/bag that the toys came in can be the easiest place to store them, unless the packaging is gendered and triggering, or too explicit to ensure privacy.

Simple plastic containers, or cloth bags which are also environment friendly, can be useful to store toys.

Keeping it Legal

So, you want to start playing, but don't want to run into any legal issues? Be assured, it is not illegal to sell, buy, or use sex toys in India. But shaming or judging others for using or not using sex toys definitely should be. Just kidding!

While there is no specific law or legal provision in India that explicitly bans the sale of sex toys, Section 292 of the Indian Penal Code (IPC) makes things a bit murkier. Under this provision, the offence of obscenity is listed, which is not defined in certain terms and leaves things vague. Given the broad scope of interpretation of the term, it is possible to censor the open sale of sex toys, especially if this is done using explicit marketing, or indiscreet packaging, on grounds of 'obscenity'.

Using sex toys consensually in a private place with an adult person — meaning with consent with someone above the age of 18 — is not punishable under law. Sections 376 and 377 of the IPC, along with the Protection of Children from Sexual Offences (POCSO) Act 2012, and the Transgender Persons (Protection of Rights) Act 2019, are used to prosecute the non-consensual usage of sex toys or using sex toys with minors below the age of 18.

Importing Packers and Sex Toys

Ordering packers or sex toys from online brands based outside India runs the risk of your products getting stuck at customs. This has happened with multiple trans men and masculine people over the years. The Customs Act of 1962, the Foreign Trade (Development and Regulation) Act, 1992, and Section 292 of the Indian Penal Code can be invoked to prohibit the import of packers, strap-ons, or any other sex toys that look “obscene”.

In past cases, some trans men and masculine people have found success in visiting the Customs Office of the port where their products were stuck, and writing a letter to the customs officer in charge, saying that the products are necessary and life-sustaining for transgender persons. This helps in arguing that the products are not being imported with the intent to “corrupt public morality”. However, this is not a universal experience, and may vary from one customs officer to the next, and from one port to another. For this reason, it is best to consult with a trans affirming lawyer to pursue any action related to this issue.

SEXUAL HEALTH

Now that you know some secrets to unlocking a life of sexual pleasure, it is easy to abandon all caution to the wind! But if you don’t want an infection or disease to rain on your sexual parade, read on to discover some ways you can practise safer sex.

Identifying Infections

There are two broad categories of infections that affect our sexual and reproductive health.

REPRODUCTIVE TRACT INFECTIONS (RTIS)

There are three main reasons that cause an RTI:

1. Increase in the normal number of bacteria found in reproductive organs.
2. Entry of new bacteria in the reproductive organs.
3. Lack of cleanliness.

SEXUALLY TRANSMITTED INFECTIONS (STIS)

STIs can be caused by having unprotected penetrative sex in the front-hole or anus with a person who has been infected, or through unprotected oral sex.

STIs are also transmitted through secretions from sexual organs, throat, and anus such as blood, semen, or other discharges, meaning they can be passed through genital-to-genital contact, or contact of the secretions in the eyes, nose, or mouth.

STIs can be passed on by the use of infected sex toys that are not washed between uses, or when condoms are not changed if shared between partners.

Some STIs can also be passed from a pregnant person to the foetus, like HIV or syphilis.

Chlamydia, gonorrhoea, genital herpes, syphilis, and HIV (which can develop into AIDS), are some common STIs.

Symptoms of STIs and RTIs can be similar and can include burning, itching, pain, pimples, unusual discharge or smell, swelling, pain during sexual intercourse, frequent urination, changes in the menstruation cycle, and more.

It is important to remember that just as is the case with anaemia or diabetes, some STI infections such as HIV and chlamydia often do not show any symptoms in the beginning. There are definite ways to detect such infections – like testing blood or testing urine. If you are sexually active, then you must regularly get tested for STIs.

But even if you are not sexually active and detect any such symptoms, you should consult a healthcare provider as soon as possible. This is important because delaying the investigation of an STI or RTI can cause an adverse impact on your health.

Front-Hole Discharge

It is normal for the front-hole to remain a little wet, and for fluid discharge to take place from time to time. This is a natural way for your front-hole to cleanse itself. The quantity and type of discharge can vary depending on the day of the menstrual cycle. Changes in quantity, colour, and odour of the discharge may indicate an infection, but it can be difficult to detect the type. You should consult a healthcare provider who will be able to identify the nature or type of STI. Keep in mind that sometimes there may be unusual discharge due to other health problems.

Some STIs and Symptoms –

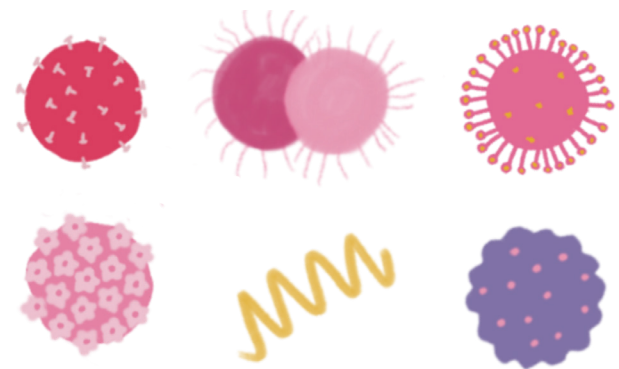
CHLAMYDIA is caused by a bacteria, and can cause painful urination, unusual discharge from the front-hole or penis, painful penetrative sex in the front-hole, and bleeding between periods and after sex. It is usually spread through unprotected penetrative sex in the front-hole or anus, or through oral sex. It is not possible to get chlamydia through kissing!

GONORRHOEA is a bacterial infection that can infect the entrance to the uterus (cervix), the tube that passes urine out of the body (urethra), the rectum and, less commonly, the throat or eyes. Gonorrhoea also causes painful urination, unusual discharge from the front-hole and penis, and pain in the abdomen.

GENITAL WARTS are caused by a virus, and can appear as one or more painless growths or lumps, the top resembling a cauliflower which is smooth or slightly bumpy to touch, particularly around your front-hole, penis, or anus, causing itching or bleeding from your genitals or anus.

GENITAL HERPES are caused by the herpes simplex virus, and appear as small blisters that burst to leave red, open sores around your genitals, anus, thighs or back. Herpes can cause tingling, burning, or itching around your genitals, pain when you pee, and unusual front-hole discharge. Oral herpes is another kind of herpes that can spread through kissing, and can be transmitted to another person in the form of genital herpes by oral sex if left untreated.

PUBIC LICE are small insects that live in pubic hair around the genitals, causing itching, which is usually worse at night. They can also cause small red or blue spots on your skin (lice bites), white/yellow dots attached to your pubic hair (lice eggs), or dark red or brown spots in your underwear (lice poo).



SYPHILIS is a bacterial infection that can cause small sores (ulcers) on your penis, front-hole, or anus – these are usually painless and you may only have one of them. It is also possible for sores to appear in other areas, including in your mouth, lips, or hands. You might also get a rash, which is not itchy, on the palms of your hands and soles of your feet, which can sometimes spread all over your body. Syphilis can also cause white patches in your mouth, swollen glands, and flu-like symptoms, such as a high temperature, headaches, and tiredness.

Unlike chickenpox, developing an immunity from syphilis is not possible, and it is possible to get reinfected with it even if safer sex practices are used. Syphilis can also be transmitted to a foetus by a pregnant person with an infection.

HIV (HUMAN IMMUNODEFICIENCY VIRUS) weakens the capacity of the immune system to fight infections. **AIDS (Acquired Immunodeficiency Syndrome)** occurs when an HIV-positive person's immunity has been systematically weakened and can no longer fight infections.

Blood and sexual fluids such as semen and cervical and front-hole fluids have high concentrations of HIV. Although to date no cure exists for AIDS, Antiretroviral Therapy (ART) has been very successful for controlling and suppressing the effect of HIV. This medication is available free of cost at ART centres across the country and increases the lifespan and quality of life of HIV-positive persons.

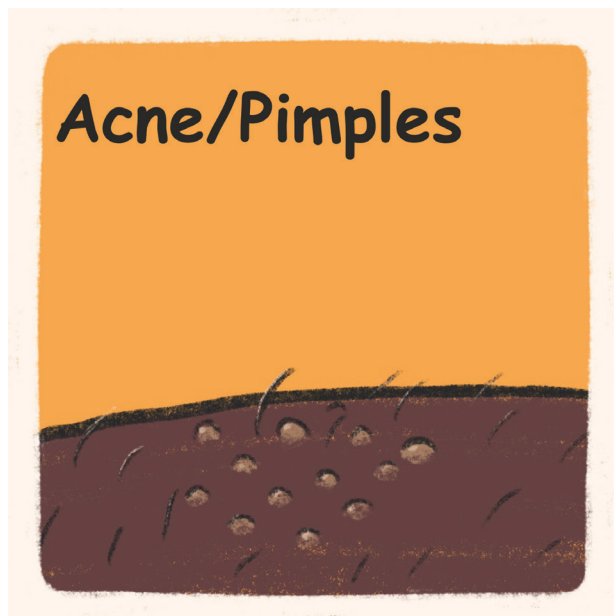
PEP (post-exposure prophylaxis) and PrEP (pre-exposure prophylaxis) are two more types of medication available for persons who might have already been exposed to HIV, and those who might be at risk of exposure to HIV in the future respectively. While PEP is available at government

hospitals (although it is prioritised for health workers with likely exposure), as of yet PrEP is only available through private healthcare in India. There is no research so far that suggests any downside to taking testosterone while using PEP or PrEP.

Under the HIV-AIDS Prevention and Control Act of 2017, any testing or treatment of HIV-AIDS requires your informed consent, which is also defined under the law. Moreover, informed consent is also required to disclose your HIV status to your loved ones. However, the requirement for such consent is waived under the law in certain circumstances. For example, if the medical practitioner perceives a risk to your partner(s), then they are legally entitled to disclose information about your HIV status to your partner(s). The requirement is also waived in cases where the disclosure of HIV status is made by one healthcare provider to another healthcare provider who is involved in the care and treatment of the concerned person, or where such disclosure is ordered by the Court, among other circumstances.



Some symptoms that could indicate an infection are:





How to Prevent Spread of STIs?

1. Always use internal/external condoms while engaging in penetrative sex of any kind. Condoms are the only contraceptive method that prevent both unwanted pregnancies as well as STIs, including HIV.
2. Thoroughly wash your packers and sex toys with soap and water after sex. It is also recommended that you sterilise your silicone sex toys and packers periodically to prevent build-up of bacteria.
3. Get tested for STIs-RTIs routinely, and check with your partner(s) about their sexual health status before engaging in sexual activity.
4. Use fresh, sterilised, and disposable needles and syringes for administering hormones, any other injection, giving blood, piercing your ears, nose, or any other part of your body, and while getting tattoos.
5. If you need to receive blood transfusion (e.g. during an operation), ensure that the blood has been tested for HIV.
6. Correct and consistent use of ART lowers the chance of HIV transmission from pregnant person to foetus during pregnancy and chestfeeding.

Sex in the Times of COVID-19

Even though coronavirus is not spread through sexual contact, it is highly infectious, and you can contract it if you go on a date, make out, or hook up with someone with COVID-19. This is because COVID-19 spreads through small liquid particles in our noses or mouth, and you can inhale the virus or contract it by touching an infected surface and then touching your eyes, nose or mouth.

But COVID-19 does not have to be the end of your sexual and/or romantic life! Here are some tips for staying safer –

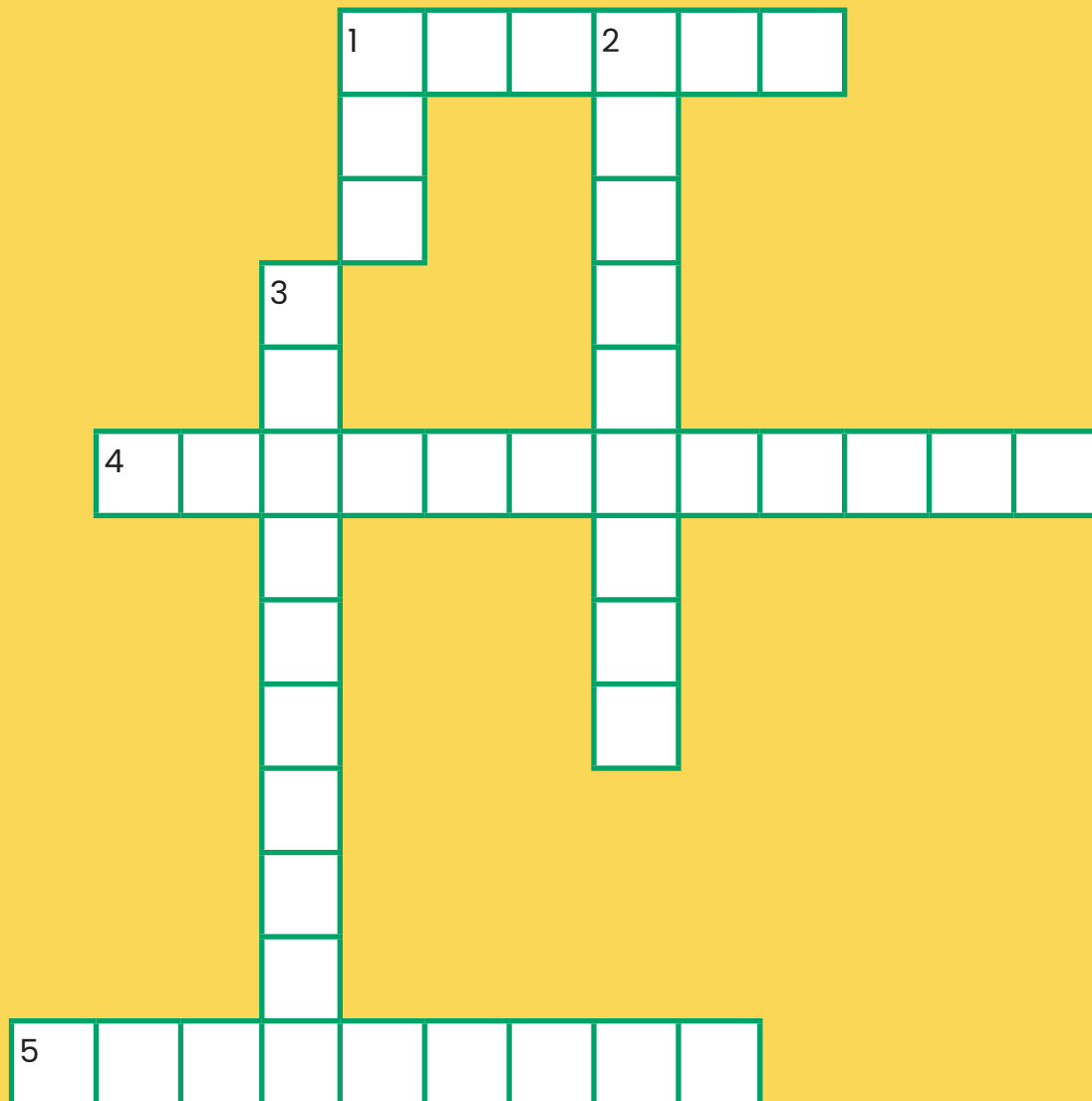
1. Ask any partner(s) you may be meeting about any symptoms related to COVID-19 they might have experienced in the 14 days prior to your meeting. These include fever, dry cough, problems breathing, and loss of taste or smell. If they have experienced these symptoms, they can take an at-home COVID-19 test, or an RT PCR test before meeting.
2. Testing negative on the at-home test does not mean they may not have COVID-19, so it is advisable to delay your meeting till they can test negative on an RT PCR test, especially if they are experiencing severe or more than one symptoms of COVID-19.
3. Using masks and meeting in open spaces like parks, outdoor theatres, or anywhere with good ventilation reduces your risk of contracting COVID-19, and could also be a good way to get creative with date ideas! Abundant use of hand sanitisers, and washing your hands with soap and water is also recommended.

Ultimately, if you are hooking up or making out with someone with COVID-19, or meeting them in closed, private settings without masks, it is likely you will contract the virus. In this case, make sure you get tested in time, consult a healthcare provider, and self-quarantine after exposure to the virus.



CROSSWORD

"So You Think You Know All About STIs"



ACROSS

1. Nasty blisters caused by a virus. It can even spread through kissing!
4. Resembles a cauliflower.
5. Caused by a bacteria, this can cause pain while peeing, or pain while having penetrative sex in the front-hole.

DOWN

1. Even though no cure for exists right now, ART is widely used to control and suppress its effects.
2. Little insects in pubic hair.
3. Less commonly infects throat or eyes.

ACROSS: 1. Herpes; 4. Genital Warts; 5. Chlamydia
DOWN: 1. HIV; 2. Pubic Lice; 3. Gonorrhoea

REPRODUCTIVE HEALTH



As a transmasculine person in India, it is possible that the gendered nature of reproductive health related information or services has led to a complete disengagement on your part to want to know more about reproduction, contraception, or abortion, and/or to access services related to the same. But reproductive health can be an important determinant of our overall health, well-being, and life, and information about reproductive health is important to support us in making informed decisions about our own bodies.

PREGNANCY AND CONCEPTION

Pregnancy is a period of time (average 9 months but this can vary) in which a foetus develops inside a uterus in a human body, from the time an egg is fertilised till birth.

It is possible to conceive as a transmasculine person, only if you have not engaged in any medical procedures or surgeries that alter your ability to carry a pregnancy – like a hysterectomy, or an oophorectomy, or anything that affects your internal or external reproductive system. Being on HRT does not completely prevent you from conceiving a pregnancy, but you might be discouraged from continuing HRT if you are actively looking to conceive, or once conception has happened and you want to carry the pregnancy to term.

During pregnancy, there are a lot of changes that happen in our bodies, which can trigger gender incongruence. This is also compounded by the perception of society that pregnancy is experienced by only women, which gets reflected in the language and terminology used around pregnancy, the services available and their provision by healthcare systems, and the expectations and norms tied to conception and birth. This can make pregnancy a stressful experience for trans men and masculine people.

But it is important to remember that the ability to get pregnant does not determine your gender; only you get to determine your gender.



Chestfeeding

If you have not had top surgery, and are not on HRT, you should be able to chestfeed without any problem, unless there are any other underlying health conditions. Much like carrying a pregnancy, chestfeeding can also be an experience that induces incongruence, because it makes us more aware of our chest, and more aware of the societal perception of chestfeeding as an exclusive women's-only activity. But men and masculine people chestfeed too, and chestfeeding does not define your gender.

If you have had top surgery, your ability to chestfeed is restricted. Discussing your needs

with your doctor before getting top surgery, including any future plans to conceive and carry a pregnancy, can be helpful, particularly if you want to chestfeed.

Being on HRT and taking testosterone might also impact your ability to produce milk. Healthcare providers will suggest being off HRT till your delivery, in order to avoid the impact of testosterone on the foetus and your ability to chestfeed.

CONTRACEPTION

If you are having penetrative sex in the front-hole with a person with a penis and a reproductive anatomy that can ejaculate sperm, it is possible to contract a pregnancy, even if you are taking testosterone. Being on testosterone does not guarantee prevention from contracting a pregnancy!

If you do not want to become pregnant, there are many methods of contraception that trans men and masculine people can use to reduce their risk of contracting pregnancies.

BARRIER METHODS

Some contraception methods are called “barrier” methods because they block the sperm from reaching the egg, thereby preventing conception. These methods do not contain any hormones, so they are safer to use on HRT.

Condoms

If you remember condoms from Playing it Safe, you know that they are latex sheaths which can be worn on a penis (external condoms) or inside a front-hole (internal condoms) to prevent pregnancy and the spread of STIs. Note that condoms are the only form of contraception that also prevents the spread of STIs!

Cervical Cap

A contraceptive diaphragm or cap is a circular dome made of thin, soft silicone that is inserted into the front-hole before penetrative sex. It covers the cervix so sperm cannot get into the uterus to fertilise an egg.

Pull-Out

The pull-out/withdrawal method of contraception means ejaculating outside the front-hole to prevent pregnancy. This method is not very effective, because the fluids produced by the penis before ejaculation (known as “pre-cum”) can also contain sperm, which can fertilise an egg and result in a pregnancy. Moreover, this method relies heavily on self control and accurate timing, which is not always possible in the heat of the moment!

NON-BARRIER METHODS

There are also “non-barrier” methods of contraception which prevent ovulation from happening, which means they impact the ability of the body to release an egg into the fallopian tube for fertilisation. If you are a trans man or masculine person on testosterone, “non barrier” methods containing oestrogen and progesterone hormones are not a good fit for you, since they can interfere with your HRT regimen. If you have had top surgery, hormonal contraception can also cause chest tenderness or soreness.

Tubal Ligation

This is a semi-permanent method of contraception — it involves surgically tying the fallopian tubes to prevent fertilisation of the egg. It is technically possible to reverse this procedure, though the chance of contracting a pregnancy after reversing the procedure is drastically reduced.



Hormonal Contraceptive Pills (Mala D or Mala N)

These pills need to be taken every day, and contain oestrogen and progesterone hormones that prevent ovulation. For trans men and masculine people on HRT, this method is not advisable, since it might interfere with the effects of testosterone.



Non-Hormonal Copper Intrauterine Devices (Cu-IUDs)

An IUD is a T-shaped copper wire coiled plastic frame that is inserted into the uterus, which produces an inflammatory reaction that is toxic to sperm and eggs, preventing pregnancy. Non-hormonal IUDs are safe to use and do not interfere with HRT undertaken by trans men and masculine persons. However, an IUD may be associated with unwanted side effects such as unpredictable front-hole spotting and bleeding.

Emergency Contraceptive Pills (ECPs)

ECPs have to be taken within 72 hours of unprotected front-hole penetrative sex. Using these pills may result in irregular periods, vomiting, chest tenderness, headache, or other unwanted side-effects. These pills are also not as effective as other contraceptives.



Hormonal Patch

The contraceptive patch is a small sticky patch that releases oestrogen or progesterone hormones through your skin to prevent ovulation that can result in pregnancy. Each patch lasts for 1 week. You change the patch every week for 3 weeks, then have a week off without a patch.



Non-Hormonal Contraceptive Pills

These pills are to be taken twice a week for the first 12 weeks, followed by one pill every week. Since they do not have to be taken every day, missing a dose is less likely. These pills do not contain any hormones, so it is safer to take them on HRT. Taking these pills may result in irregular bleeding.

Front-Hole Ring

The front-hole ring (commonly known as vaginal ring) is a small soft, plastic ring that you place inside your front-hole. It releases a continuous dose of the hormones oestrogen and progestogen into the bloodstream to prevent pregnancy.

Injection (Antara)

The injection contains progesterone that prevents pregnancy for up to 3 months. The first injection should be taken within the first 5 days of menstruation. Conception is possible after about 4 months of discontinuing the use of the injection.



Abortion

In case you are pregnant and do not want to carry it to term, you can either terminate the pregnancy medically or using surgical methods. The World Health Organisation (WHO) Abortion Care guidelines recommend against the practice of dilation and curettage.

Medical abortion is the termination of pregnancy through the use of a drug or a combination of drugs. The risks of medical abortion are extremely small and considerably less than the risks of continuing a pregnancy to term, or any of the other methods that you may resort to to terminate unwanted pregnancies.

The most commonly used drugs for medical abortion are **Mifepristone**, an anti-progestogen drug taken first, and **Misoprostol**, a prostaglandin drug taken 24-48 hours later. The first pill, Mifepristone, is swallowed. The second medication, Misoprostol, can be placed either in your mouth (between your cheek and gum) or in the front-hole. The success rate is the same for both.

Mifepristone stops the pregnancy from growing and causes the pregnancy to detach from the uterine lining. Misoprostol causes the cervix to soften and the uterus to contract, resulting in the expulsion of the uterine contents. The process is identical to a natural miscarriage. In some cases, where Mifepristone is not available, Misoprostol alone may be used for a medical abortion. It is absolutely safe to continue with HRT during a medication abortion.

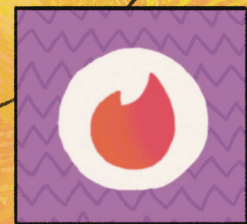
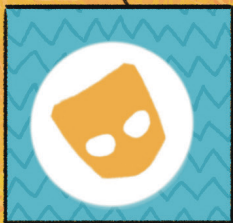
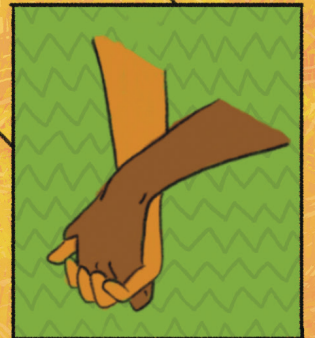
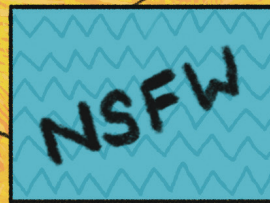
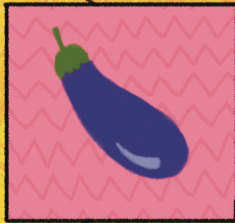
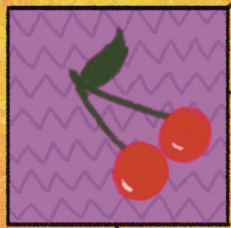
An **in-clinic abortion**, otherwise known as an aspiration or surgical abortion, is performed by a licensed provider in a procedure room. Though it is a quick and safe procedure, it also sometimes requires that a person be in-clinic for a full day or two. In some cases, providers do not require the patient to stay in-clinic, if you can follow up closely with them in the clinic for the next 72 hours for careful observation. The Medical




Termination of Pregnancy Act 1971 safeguards the confidentiality, privacy, and consent of those seeking abortion. Moreover, a 2022 Supreme Court judgement recognised that the law on abortion is cis-women centric, and also foregrounded the removal of the mandatory reporting clause under the POCSO Act for minors seeking abortion services.

Needless to say, gender incongruence might impact your overall experience of terminating a pregnancy, as abortion can make you more aware of your body, and the language used in talking about abortion or the way that these pills are marketed can be very gendered.

DIGITALLY SEXY






Have you ever been on a dating app? Do you think sexting is fun and sexy, but feel awkward doing it? Are you confused about how to find partners online? If you've ever wanted answers to these questions, but didn't know who to ask... have no fear, we are here!

Being on Dating Apps

Tinder, Hinge, Bumble, Grindr, Alike, Feeld, As You Wish, and Blued are just some of the apps in India that you can use to meet people for everything from friendship and long-term relationships to dating and casual sex. Many apps allow you to self-identify beyond the binary of men and women while setting up your account, including specific options for trans men and non-binary persons. This can be helpful in communicating your gender to other app users, which can weed out potential transphobes. Adding a transgender flag icon, mentioning your gender identity, and/or specifying your pronouns in your profile bio is also a good starting point for conversations with potential partners in the future.

Being open about our identities on dating apps makes us vulnerable to encounters with people who reject us solely for being trans, or to a barrage of invasive questions and unsolicited advice about our genitals, transition journeys, and lifestyles. These encounters can be particularly painful, and they can take a toll on our own self worth and confidence. In such situations, it helps



to check in with ourselves, and gauge our own boundaries and emotional bandwidth. Remember — you don't owe anyone an explanation about your gender, and you can choose to engage or not engage in these conversations based on your own comfort.

If you are meeting someone for the first time from a dating app or website, arranging your first meeting in a neutral, public place like a café, restaurant, or park is a good idea. This allows you to get a feel of your date before you move things to a more private place. Keeping a friend or loved one informed about the meeting can also be helpful, in case any safety issues come up at the last minute. Some people also prefer to carry pepper spray or another safety device when meeting someone from the apps for the first time, especially in a private setting. It is always, always best if you have a video call or phone conversation with your potential date before you meet them. This gives you an opportunity to clarify any concerns or questions you may have for them before you see them in person.

It would be ideal if safer sex practices were common, and everyone respected boundaries, but it is always best to come prepared with our own lubricants, condoms, sex toys, or anything else that makes sex a safer and sexier experience for us. Clearly communicating expectations and needs around sex, pleasure, and safety could also be helpful in being on the same page as your

partner(s), and these conversations can begin even before your first physical meeting! Never forget that foreplay is many things, including conversations about safety and sex.

Sexting Shexting

Sexy messages, sexy selfies, sexy voice notes, and sexy GIFs are just the tip of the iceberg when it comes to getting down on the DM!

For many transmasculine persons, sexting could be a great way to get hot and bothered, without worrying about feelings of incongruence and discomfort that can accompany physical intimacy with another person. For others, sexting can add more flavour and urgency to physical encounters. It is important to remember that sexting is sex — there is no hierarchy between sexting and other forms of sexual activity.



Tips and Tricks for Sexier Sexting

Being open about your expectations and needs from sexting could support your partner(s) in pleasuring you the way you like.

Anonymising sexy selfies by blurring backgrounds or any tattoos/birthmarks that can out you, can ensure safety in case of any data leaks, hacked social media accounts, or snooping family members.

Getting creative with your vocabulary, like giving new nicknames to your genitals, or asking your partner(s) to affirm your gender by calling you a handsome hunk, or anything else you like to be called, can be a sexy way to feel safer during sexting.

End-to-end encryption can ensure a happy ending for all parties involved. Disappearing messages, deleted chats, and no screenshot policies can also help you and your partner(s) discover each other without getting discovered by anyone else.

1

OPEN TO VIEW IMG ONCE

Kiss Me Through the Phone

If you were introduced to the idea of phone sex through the iconic remix of the *"Tu, Tu Hai Wohi"* song, and thought phone sex was only reserved for music videos from the nineties, you are wrong! Trans men and masculine people can find a lot of comfort in phone sex, particularly if physical intimacy seems too daunting or triggers feelings of incongruence or discomfort.

Tips and Tricks for Phone Fun

Are you a video on or a video off person? The first step to phone sex is to find a medium that works best for you. Sometimes audios can really stimulate your, ahem, imagination. But other times, visuals can become irresistible. Finding out your own preferences can help in having a more pleasurable experience.

Being in a private space, like a bedroom, balcony, or even the loo, can put your mind at ease from fear of eavesdroppers, particularly in shared households with family members.

Wearing headphones or keeping your phone on a low volume can add to the excitement. Abundantly using the option to mute/unmute your phone, to avoid background noise spoiling your or your partner(s) mood, can also be a life hack.

RELATIONSHIPS



Alfaaz and Aditi have been together for a year, and are madly in love.

Even though Alfaaz had been open about his transgender identity with Aditi, he often felt hesitation on Aditi's part to talk about it with him. She would make up excuses if he asked to meet with her friends, and would skirt around conversations on commitment and the future of their relationship. After wrestling with this discomfort, Alfaaz builds up the courage to talk to Aditi about his feelings.

It's not that I am ashamed of you, Alfaaz! But since you have not transitioned yet, I am scared that my friends will think that I am a lesbian.

But I am not, you know...a lesbian. I am a man. I don't have the money or the support from my family to transition yet. How long do I wait to be a part of the rest of your life? As much as I enjoy spending time with you, sometimes it feels like we live in a bubble

Plus, what is the big deal if they think you are a lesbian? There is nothing wrong with being a lesbian!

Why are you shouting? When we first met, you told me you wanted to transition as soon as possible. Now you are saying you are not sure when you will do it...don't you see this is confusing to me? How am I supposed to build a life with you if you aren't honest with me!

here's your order, sir

This is so unfair, it's been almost a year Aditi! You never told me that you are only with me if I transition. If you want me to transition, I will do it. I will do anything for our relationship.

Acha okay sorry, sorry!
You want to meet my friends?
Let me plan something.

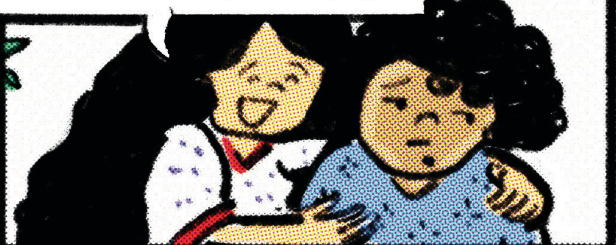
Aditi plans a picnic with her friends and Alfaaz. They decide to meet at a metro station, and travel together to the picnic spot. On the metro, Aditi's friends suggest that Alfaaz travels in the Ladies Compartment with the rest of the girls in their group. This upsets Alfaaz, and the entire ride he is quiet and anxious.



At the picnic, while everyone else is having fun, Alfaaz sits quietly in a corner. Aditi's friends notice Alfaaz's mood. One of them nudges Alfaaz.



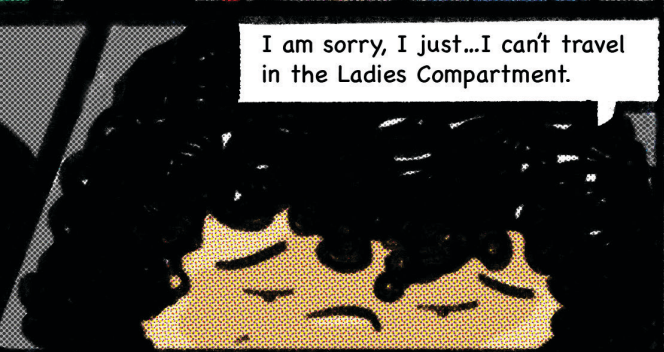
Oye, why do you look so sad? Did Aditi do something? If she did, you can tell us. We all know she is quite annoying!



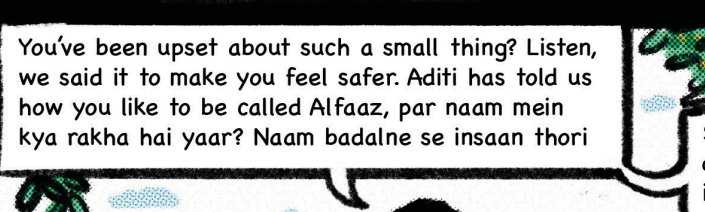
What has happened to you? Why are you upset?



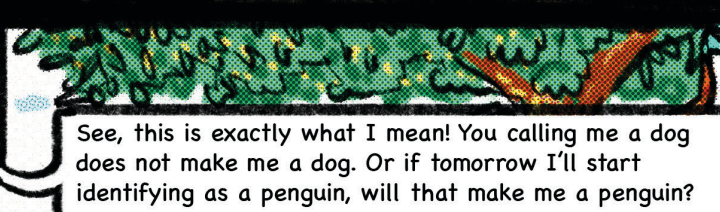
I am sorry, I just...I can't travel in the Ladies Compartment.



You've been upset about such a small thing? Listen, we said it to make you feel safer. Aditi has told us how you like to be called Alfaaz, par naam mein kya rakha hai yaar? Naam badalne se insaan thori



See, this is exactly what I mean! You calling me a dog does not make me a dog. Or if tomorrow I'll start identifying as a penguin, will that make me a penguin?



You're such a dog, stop bullying her!



Alfaaz walks away in distress. Aditi doesn't follow him. Later that night, they are on the phone.



Reflections

Have you, or your friends, ever been in a relationship like this?

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What parts of this situation need to change?

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Should Aditi have done anything differently?

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What advice would you give Alfaaz?

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Navigating Relationships

All of us believe and understand that all relationships — be it our relationships with our family, with our friends, or with our romantic or sexual partners — should be built on mutual respect, love, and understanding. But sometimes, power dynamics amongst different people make it difficult to translate our beliefs into our realities. For example, in South Asian cultures, having a relationship with our parents based on mutual respect becomes a distant dream, because we are always taught to respect our elders, and not the other way around. In patriarchal societies such as ours, based on the privileging of one gender over all others, cisgender women in romantic or sexual relationships with

cisgender men often suffer a lot of violence and abuse. For transgender persons, it is similarly complicated to navigate relationships with cisgender persons in cis-patriarchal societies. This can leave trans people vulnerable to discrimination, harassment, and violence of different kinds.

So while we aspire to be in relationships that are based on mutual love, respect, and support, these uneven power dynamics can sometimes lead us to settle for relationships that do not provide us with the love or support we need, because we think that is all that relationships can be, and that is all that we deserve. For transmasculine persons in particular, finding partners that love you and understand your identity and experiences can be hard. But it is important to know that it is not impossible to do so!

Identifying Violence

Violence in relationships can be of many different types — sometimes it can be visible and obvious; other times, it can be more insidious and subtle. In the story you just read, Aditi and her friends are emotionally and verbally violent towards Alfaaz — they misgender him and laugh at him, denying him his right to identify and be respected as a transgender person. Aditi is emotionally manipulative, and uses outing as a tool to keep Alfaaz in a relationship that is clearly not good for his self esteem and well-being. These kinds of violence can be understood as verbal violence and emotional violence.

In other relationships, physical or sexual violence can be the predominant form of violence, wherein one person is hit, beaten up, slapped, or physically abused, or where one person's consent during sexual interactions is not respected — which can include sexual abuse and rape — but can also involve non-consensual touching, staring, or making any other kinds of unwanted sexual advances.

If you or another transmasculine person is experiencing violence of any kind —

1. It is important to reach out to a support network of friends or family members, either natal or chosen family, who we confide in and can turn to in times of crisis. This can give us the confidence to feel that we are not alone in this world, and to leave a relationship or situation that is not healthy for us.
2. Reaching out to a trans affirming mental health practitioner can provide us with the mental health support we might need to heal from trauma from a violent or abusive relationship, or simply the opportunity to articulate and share our experiences and feelings.
3. Investing our time and energy in things that make us feel good, and things that we do for our own selves, like reading, journaling, cooking, running, being creative through music or art, or anything else that we enjoy, can also be a step towards dealing with emotional violence. These actions can make us feel more confident in ourselves, and more capable of finding joy and fulfilment outside of our relationships.

Reporting Violence

If as a transmasculine person, you or someone you know wants to report violence that they are experiencing, there are different safeguards built into the law that can help you do so. The Transgender Persons (Protection of Rights) Act 2019 protects all transgender persons from discrimination and violence. There are specific provisions under Section 18 which make instances of violence and abuse, including physical, mental, emotional, sexual, and economic abuse, punishable under the law, where the perpetrator of such violence could be anyone, irrespective of their gender. This provision can thus be used to report instances of violence which can include forced marriages, marital rape, economic harassment, and any other act of violence that harms the safety and well-being of a transmasculine person. There are also sections in the Indian Penal Code (IPC) that protect us from “grievous hurt”, which can be used by anyone, regardless of gender, to report violence.

Most of the violence-related laws in India are gendered in nature, wherein the perpetrators are understood to be cisgender men, and victims/survivors as cisgender women. In cases wherein transgender men or transmasculine persons are experiencing violence from cisgender men, Sections 375 and 376 of the IPC can be used to file first information reports (FIRs) in cases involving sexual violence, or the Domestic Violence Act of 2005 can be used to report violence of other kinds. However, this often involves the possibility that the law and legal system will view trans men or masculine persons as women, which can be extremely triggering. Finding a trans affirming lawyer, having mental health support, and the support of networks of other transgender persons, including friends and chosen families, can help in navigating such situations.

Leaving Home

In many situations, trans men and masculine people experience violence in their natal homes, or in the homes into which they have been forcibly married. Escaping such violence can become a necessity. Refer to the pamphlet on the next pages if you or someone you know needs support in doing this —

Helpline numbers for LGBT*QIA+ persons:

Delhi

Nazariya: A Queer Feminist Resource Group:
+91-9818151707

(Monday to Friday 10 am to 6 pm)

Naz Foundation: +91 -11-40793157

Humsafar Trust: +91 -11-46016699

Dhanak of Humanity: +91-7669078683

Tweet Foundation: +91-9953911270

Shakti Shalini: +91- 9654462722 and
+91-7838957810

(Monday to Friday 10 am to 6 pm)

Jagori: +91-8800996640

Kolkata

Sappho for Equality: +91-9831518320

Bengaluru

Raahi: +91-9739780319



Checklist:

- I have not taken any money or valuables from my home. The money that I have taken is mine.
- I have written a letter to the local police station in my area in my own handwriting saying that I am leaving the home of my own will and no one has forced me to do so. In the letter, I have also mentioned that I have not taken anything except the legal documents that belong to me.
- I have carried all my legal documents.
- I have an emergency contact/friend I can reach out to and/or have the contact number of my emergency contact/ friend on speed dial emergency contact/ friend knows my whereabouts.
- I have asked my emergency contact/ friend to seek help from queer organisations (if needed) or I have reached out to the organizations listed below for further assistance like finding a shelter home, etc.
- I have informed my close friends/family/confidants know about my situation. Try and write a detailed email to them.
- I have opened a new Gmail account that is not connected to my phone.
- I have prepared a safety bag.

What to put in a safety bag:

- My Aadhar Card and/or election/voter id card and/or Pan Card and/on Ration card and/or Driving License and/or Passport
- My bank passbook(s) / chequebook(s)
- My ATM Card
- My health insurance card/certificate/documents and life insurance documents
- Essential medication you are on and prescription of your medication especially if you are on any medication (physical or mental health).
- Keys to your almirah, house, car, bank locker, etc.
- Some emergency cash
- A copy of the perpetrator's ID (PAN Card, voter/ election id/Aadhar Card, etc.)
- My education certificates

Whatever else you think is important.

We suggest not taking jewellery because there might be a case of theft against you.

Keep this guide hidden from the person(s) who is being violent to you.

This guide is only meant for people who are 18 and over the age of 18.

Safety checklist for LGBT*QIA+ persons

As per the Supreme Court direction in WP(Civil) 231 of 2010 (dated 27th March 2018)

Young bachelor-bachelorette couples/young married couples (of an inter-caste or inter-religious or any other marriage) whose relationship is being opposed by their families /local community/Khaphs:

- If a couple has a potential threat to their life and liberty, they can approach the office of Superintendent of Police (SP)/District Magistrate (DM)
- It is the responsibility of SP/DM to provide police protection to the couple
- If needed, couple can also be shifted to a government Safe House under the supervision of the jurisdictional District Magistrate and Superintendent of Police

Things to keep in mind:

- You are leaving home only because your life is threatened at home and not because of anything else that can still be managed while staying with your family.
- You have a job to sustain yourself when you leave your family. In case of a life-threatening situation, it is OK to not have a job and run away from home. If you are 18 and over the age of 18, you have every right to move out of a violent house. This is the first step.
- Do not let the person(s) who is being violent to you know that you are thinking of leaving.
- Be complacent while you are at the place of the person(s) who is being violent to you. Do not revolt. We know it's difficult, but it is just for the time being.
- Let your close friends/confidants/counsellors/queer helplines know about your situation. We suggest this in case your friends are unable to reach out to you, they can contact appropriate authorities and inform them of the situation.
- Start seeking help (legal, psycho-social/mental or any other help you think is necessary for you at that particular time) in advance but don't let the

are working, try to rent out a space at an unknown location. If you are not working, rent out a PG for the time being with your saved money. If you don't have those two options, go to a friend's house whom the abuser does not know. Otherwise, reach out to a women's helpline/queer helpline.

- Keep important numbers handy such as your friends/confidants/counsellors/queer helplines (use a small notebook to write those numbers).
- Leave when you get a chance and reach a safe home. Immediately send a letter to your nearest police station (the place where you have run away from) saying that you have left home voluntarily and that no one has persuaded you to leave the place (we have given a template below). Mention the violence if you want to; if you don't want to mention it, that is also fine. Please don't start staying at anyone's house without sending a letter to the police station (nearest police station to your earlier house and the new home)
- Don't use your ATM/Credit Card (linked to the person(s) who is being violent to you) to take out cash because they can track your movement by contacting the bank. If you use your ATM/credit card for buying clothes, or food, don't give your phone number or address either at the billing counter.

person(s) who is being violent to you or anyone close to the person know about it.

- Start collecting your valuables without the knowledge of the person(s) who is being violent with you. Don't collect everything at one go. Do it one by one else it will alert the person(s) who is being violent to you.
- If you want to carry some clothes with you, keep them in a separate bag on the pretext of donating them. You can keep them safe at a friend's house for the time being. But don't worry about clothes. You can always keep a pair in the bag that you are carrying or you can layer up (wearing multiple layers of clothes).
- Keep some money in a safe space - maybe with a friend or at a place in the house where the person(s) who is being violent to you can't see.
- When you decide to leave, keep your phone and SIM at home, do not carry them with you. It is best to buy a basic phone and another SIM. Do not circulate this new number. This is a temporary phase and once we get the protection order from appropriate authorities, you can use a regular phone.
- Do not go to a friend's house that the person(s) who is being violent to you knows about. If you

Letter Template

To,

The SHO <Nearest Police Station>

Date:

Subject: Leaving home on my own free will

Sir/Ma'am,

I am <write your age> years old. I was residing at <put the address where you ran away from> till <the date when you ran away>. I have left this place on my own free will without any coercion, pressure, or influence from anyone or anywhere.

I am thereby, informing you through this letter that I don't want anyone to look for me. Please find my ID attached for age and address proof.

Yours sincerely,

<Your name>

CC: Parents

Address and phone number

MENTAL HEALTH



It is impossible to talk about sexual and reproductive health in isolation, because it is impacted by many things, including our mental health. Battling with gender incongruence on a daily basis can be stressful. It can affect our self esteem and perception, making it difficult to navigate our life and relationships. Trans men and masculine people are also at an increased risk of homelessness, abandonment by natal families, eviction from rented properties, and discrimination from service providers, including mental healthcare professionals. This can take a toll on our mental health, leading to depression, anxiety, or any other mental health issues.

Talking to other trans men and masculine people and being in their company, confiding in a therapist or mental health professional, and becoming a part of peer support groups in your area or online, can be some ways to feel more supported.

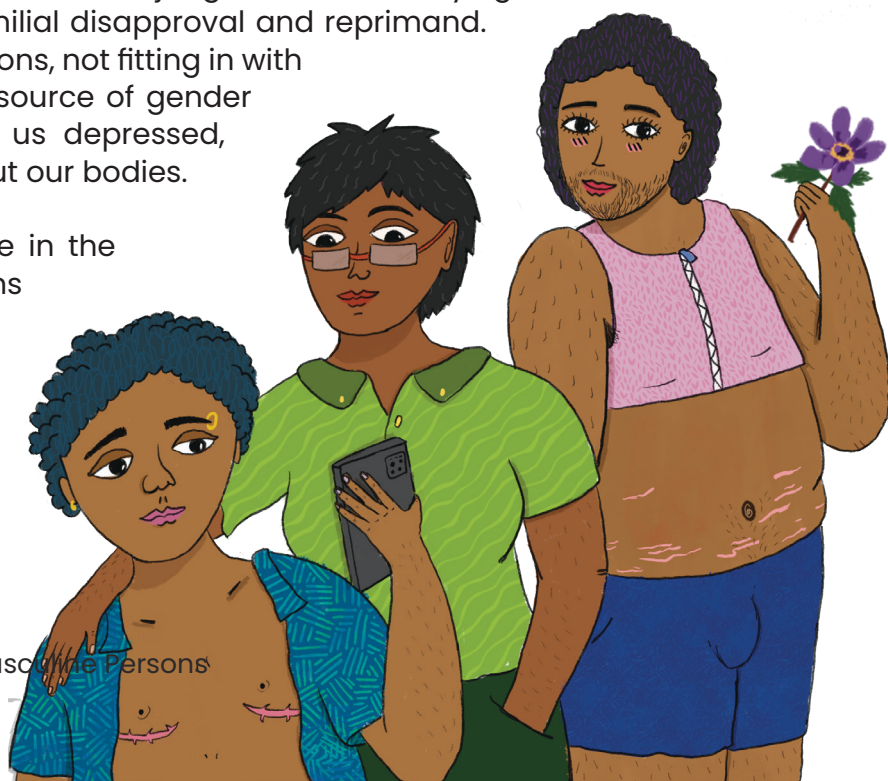
#NotAllMen

There is a pressure that exists in our society for all men to look a certain way in order to be attractive to others – a “real man” has to be tall, muscular, fair, able-bodied. These norms are a part of a culture which is not only patriarchal, meaning one that hierarchises people based on their sex and gender, but also a culture that is deeply ableist and casteist.

Being able-bodied is necessary in a patriarchal society that rejects disability, and being fair gets you brownie points in a society that associates fairness with being upper caste. These beauty norms impact all men, including trans men and masculine people, but the impact is more disproportionately felt by those from marginalised communities such as Dalit, Bahujan, or Adivasi communities, or disabled trans men and masculine persons, who are less likely to fit into the definition of a “real man” based on their identities.

It is important to remember that the problem with the idea of the “real man” is that most men, be it cisgender or transgender men, do not fit into this societal ideal. It is expected from us to always aspire to this ideal, and fitting in attracts rewards like societal approval, success in the dating/*shaadi* market, and familial validation. Not fitting in will invite opposite reactions, like societal judgement and bullying, rejection and heartbreak, and familial disapproval and reprimand. For trans men and masculine persons, not fitting in with these ideals can also become a source of gender incongruence. It can also make us depressed, anxious, and deeply insecure about our bodies.

There are now surgeries available in the market that can support trans men and masculine people in conforming to these ideals – limb lengthening surgeries can make you taller, hair transplants can prevent baldness which is often a result of taking testosterone,



and face masculinising surgeries can make your face look more angular, which is often associated with masculinity. However, these surgeries are often expensive, and they end up reinforcing harmful stereotypes, such as the imaginary notion of the “real man”.

So, what do we do?

The first step towards fighting and surviving the pressure of being a “real man” is to start appreciating our diversity and differences. There are as many ways to be trans men and transmasculine, as there are transmasculine people in the world.

5 THINGS I LOVE ABOUT MYSELF

1.

2.

3.

4.

5.

Dard-e-Disco

Romantic and/or sexual relationships often become a safe haven for trans men and masculine people, especially in the absence of other support systems like natal families, relatives, friends, or established peer networks. So it is natural for the pain of heartbreak to be all encompassing, and very hard to cope with. Moreover, even when support exists, because of the pressure of conforming to the masculine ideal of repressing our emotions, we might start thinking that crying is a weakness, or that talking about our feelings and emotions makes us less manly. This can discourage us from seeking help when we need it most! Or worse, it can make us harm or hurt the people around us, just because we ourselves are hurting.

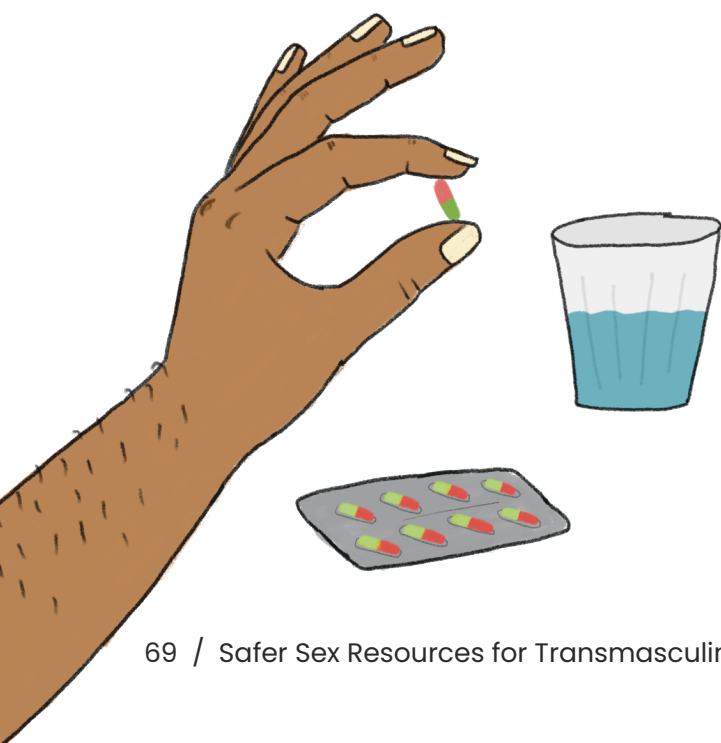
Just like we discussed at the beginning, masculinity is something that we determine for our own selves. Expressing our emotions or vulnerability, particularly in times of emotional crisis like a break-up, is not a sign of weakness. In fact, expressing our emotions, whether to our friends or loved ones, or writing about our feelings in our journals or diaries, can be very cathartic and contribute positively to our mental health and well-being.

Break-ups also provide us an opportunity to look inward, and invest in the things in life that bring us joy. Spending time with friends and loved ones, or picking up a new hobby, or talking to a therapist – all of these things can help us mend a broken heart and make us feel happier and more energised!



Medication and Sex

If you are on mental health medication, a common side-effect is reduced desire to have sex, and finding it harder to become aroused, maintain arousal, and reach orgasm. Talking to your psychiatrist about your dosage and combination of medicines can sometimes help in addressing this issue. Communicating this to your partner can also be helpful in getting their support in navigating through this.



Help! My parents found out about my gender, and are forcing me to see a psychiatrist so they could fix me. What should I do?

It is very common in India for parents of queer persons to subject young queer persons to “conversion therapy” by psychiatrists or other medical health practitioners, which includes interventions through counselling, medication, institutionalisation, hormone injections, and even electro-convulsive therapy (ECT). Apart from psychiatrists or other professional service providers, spiritual gurus and *babas* also offer cures through religious rituals, “corrective” rape, and other forms of physical violence.

But recently, the National Medical Commission (NMC) in India, which is the apex regulatory body for medical professionals, has stated that “conversion therapy” is a form of professional misconduct, and any medical professional engaging in this practice is liable for disciplinary action.

Moreover, the Mental Healthcare Act of 2017 also prohibits any discrimination against service seekers on the basis of gender and/or sexual orientation, further requiring medical professionals to seek “informed consent” before treating them.

The Transgender Persons (Protection of Rights Act), under Section 18(c) also penalises such acts that harm or endanger the life, safety, health, or well-being of a trans person, which includes the mental and physical health and well-being. It further makes acts causing physical, sexual, verbal or emotional abuse as well as economic abuse punishable under the law and can be read broadly to also include instances of coerced interventions like “conversion therapy”.

If you are being subjected to “conversion therapy”, immediately reach out to a trans affirming lawyer/legal clinic, or an NGO with experience of handling crisis situations. They can support you in exiting this situation. Being in touch with friends and/or chosen family, a trans affirming therapist, or local LGBTQ+ support groups, can also be helpful.

CONCLUSION

As we conclude this resource booklet, we express our gratitude to those who contributed their expertise and experiences in creating a comprehensive guide for transmasculine individuals' sexual and reproductive health and rights (SRHR). While this marks a significant first step, we acknowledge that there is more work ahead.

This booklet is not exhaustive. We recognise that there are gaps in this resource, specifically in terms of information that is specific to and relevant for transmasculine individuals living with disabilities. While we have attempted to write the resource from an affirming lens for all transmasculine persons, we acknowledge that this resource is limited, and should not be the end of the conversation on trans-inclusive SRHR. This is a working document, and we remain committed towards expanding our resources to address the diverse needs of transmasculine communities. We also hope it will inspire further discussions and progress in the field, motivating more organisations working on SRHR to prioritise transgender people and work towards their health and rights.

It is also crucial to emphasise that the responsibility for ensuring access to SRHR services does not lie with the transgender community. Healthcare providers, policymakers, and society must work together to create an inclusive and safe environment for all individuals to access the resources and services they need. This collaboration is essential for addressing systemic barriers and building a more inclusive healthcare system. By sharing resources and collaborating, we can create a world where transmasculine individuals have access to comprehensive, culturally competent, and identity affirming healthcare services.

GLOSSARY

ABORTION: It is a procedure to end a pregnancy. Medical or surgical procedures are used to remove the products of conception from the uterus.

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AGENDER PERSON: When people identify as agender, they often describe it as being genderless or genderfree. However, the term is sometimes used by people who identify as gender-neutral or have an undefinable gender. Agender people fall under the non-binary umbrella.

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BINDING: Binding means wrapping one's chest tightly with a garment or other material to give it a flatter appearance.

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BUTT PLUG: A sex toy designed to be inserted into the rectum for sexual pleasure.



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CERVIX: It is the lower, narrow part of the uterus. It forms a canal that opens into the vagina which leads to the outside of the body.

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CHEST: The upper front part of the body, between the stomach and the neck, enclosing the heart and lungs.

CHESTFEEDING: It is a term used by many masculine identified transgender persons to refer to feeding a baby through their chests.

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CHROMOSOMES: Chromosomes are microscopic threadlike parts of the cell that carry hereditary/ genetic information.

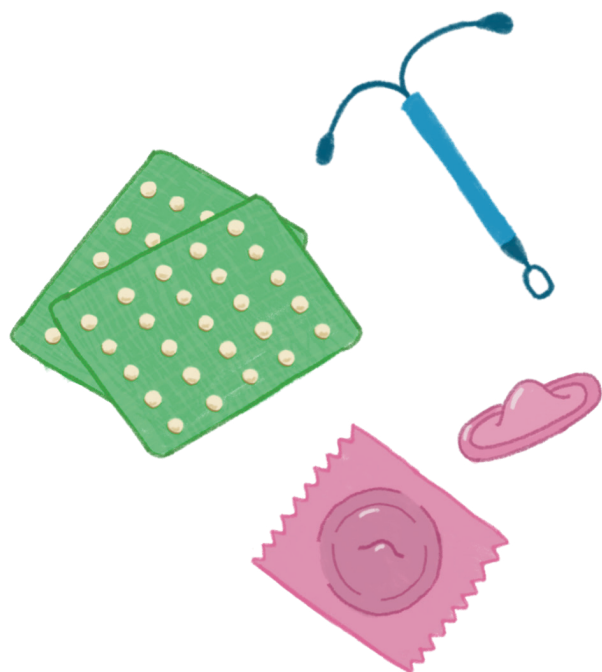
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CISGENDER: This term is used to refer to persons whose gender corresponds with the gender/sex assigned to them at birth.

.....

CLITORIS: The clitoris is often referred to as the pleasure centre of the vulva. It is a v-shaped organ with a nub of flesh on top. Most of the clitoris is actually on the inside of the body; the only part of the clitoris visible from the outside is the small nub that is found above the urethra.

CONTRACEPTION: These are means and methods used to prevent pregnancy and protect individuals from STDs/STIs. They allow a person to experience pleasure without the fear of pregnancy and disease. Contraceptives can be divided into two broad categories, barrier methods and non-barrier methods. Barrier methods are the only methods of contraception that protect a person against both unintended pregnancy and STI/STDs. They include external and internal condoms and dental dams. Non-barrier methods are more often only a form of birth control such as contraceptive pills, IUDs, etc.



COVID-19: COVID-19 is an infectious disease caused by the SARS-CoV-2 virus. Most people infected with the virus will experience mild to moderate respiratory illness and recover without requiring special treatment. However, some will become seriously ill and require medical attention. Older people and those with underlying medical conditions like cardiovascular disease, diabetes, chronic respiratory disease, or cancer are more likely to develop serious illness.

DILDO: A sex toy shaped like an erect penis used for sexual stimulation.

EJACULATION: It is a discharge of semen/other fluids from reproductive tracts in human bodies.

FINGERING: Penetration using fingers, which could be of the anus or the front-hole.

FLESHLIGHT: It is a toy built of silicone and other material, giving the appearance and feel of soft textured canals into which penises can be inserted for masturbation and sexual pleasure.



FOETUS: The stage of the development of a human embryo in which all the body parts can be identified.

FOREPLAY: Foreplay can mean different things for different people, but it is commonly understood as any form of activity, gesture, or stimulation, which leads up to sexual activity.

FRONT-HOLE: Also known as vaginal opening, it is a hole that leads to the vagina in the body. This hole can be engaged while giving birth, having penetrative sex, and menstruating.

GENDER INCONGRUENCE: Gender incongruence is a term that evolved from gender dysphoria. The term “dysphoria” can be pathologising, while “incongruence” is thought to more accurately describe feeling aligned with a different gender identity or expression than what was assigned at birth. Not every trans person experiences gender dysphoria, and not everyone who experiences gender dysphoria is trans.

GENDERQUEER PERSON: Similar to the identity of non-binary, genderqueer persons also do not identify with binary gender identities.

GENITALIA: Sexual and reproductive organs present externally in the body.

HORMONES: Hormones are chemical messengers that circulate in our blood stream and direct our bodies to undergo changes.

HRT: Hormone Replacement Therapy (HRT) or Hormone Gender Affirmation Therapy is undertaken by some transgender persons to administer hormones that could lead to the development of sex characteristics that make them feel more affirmed in their bodies.



HYSTERECTOMY: A surgical procedure to remove all or some part of the uterus.

INTERSEX: Diversity in external genitalia, sexual and reproductive organs, chromosomes, or hormones, is known as intersex bodily diversity. Persons born with this diversity are known as intersex persons.

LABIA: The labia are the ‘lips’ on the outside of the vulva. They protect the clitoris, the front-hole/vaginal opening, and urethra.

LUBE: Shorthand for lubricant, which is a wet substance that could be water-based, oil-based, or silicone-based, used to reduce friction between the skin and body parts or toys and body parts during sex.



MASTURBATION: Stimulating the genitals or other body parts for pleasure.

MENSTRUATION: Also known as periods, usually happens once a month when blood, tissue, and the unfertilised egg comes out of the front-hole/vaginal opening.

MISGENDERING: Misgendering someone means intentionally or unintentionally using language or referring to someone as a gender they do not identify with. Many transgender persons experience misgendering as a form of violence.

NIPPLE: The small raised area on either side of the chest, darker in colour than the rest of the skin, through which milk produced in mammary glands in a human body is released.

NON-BINARY PERSONS: Non-binary persons are those who do not identify with binary gender identities, such as man or woman. Non-binary people may identify as being both a man and a woman, somewhere in between those binaries, or as falling completely outside the binary. While many non-binary persons also identify as transgender, not all of them do. Non-binary can also be used as an umbrella term encompassing identities such as agender, bigender, genderqueer, or gender fluid.

OESTROGEN: It is a hormone produced in varying quantities in human bodies. Oestrogen is responsible for the regulation of the reproductive system, and for producing sex characteristics like enlargement of breasts. Oestrogen could also be injected, and is often used by trans women and feminine persons to feel more affirmed in their bodies.

OOPHORECTOMY: The surgical removal of the ovary or ovaries.

ORAL SEX: Oral sex is performed using one's mouth, lips, or tongue to stimulate the genitals or anus.

ORGASMS: It is the height or peak of sexual pleasure.

PACKING: It means stuffing one's underwear to give the appearance of a bulge in one's pants.



PENIS: It is a sexual organ which has a lot of nerve endings which when stimulated can provide pleasure.

PREGNANCY: It is a state of carrying a foetus within a human body. Pregnancy usually lasts on average for about nine months in human beings.

PROGESTERONE: It is a hormone that plays a role in regulating the menstrual cycle and pregnancies in human bodies. It may be used as a type of birth control and to treat menstrual health issues, infertility, symptoms of menopause, and other conditions.

SEXTING: Sending, receiving, or forwarding sexually explicit messages, photographs, or videos, primarily through mobile phones, computers or other digital devices.



SEXUALITY: Sexuality is a central aspect of being human throughout life and encompasses sex, gender identity and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles, and relationships. It is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious, and spiritual factors. (WHO working definition, 2002)

STRAP-ON: It is a toy that commonly comes in a two-piece set, with a dildo that one can wear with a harness. The dildo and harness can also be purchased separately.



TESTOSTERONE: It is a hormone responsible for the development of sex characteristics such as facial hair, body hair, deeper voice, that can make transmasculine persons feel more affirmed in their bodies.

TRANSGENDER PERSON: Transgender persons are those persons whose gender is different from the one assigned to them at birth. The term 'transgender' is used as an umbrella term to refer to communities of trans men, trans women, non-binary persons, agender persons, genderqueer persons, and others.

TRANSITION: Transitioning is a deeply personal experience, which means making changes in one's life that affirm one's body and gender. There are different social, legal and medical processes that transgender persons can undertake in order to transition. For example, sharing names and pronouns with other people, cutting or growing out one's hair, getting top or bottom surgeries, starting HRT, or changing one's legal name and gender.

TRANSPHOBIA / TRANS NEGATIVITY: It means prejudice and negative attitudes, feelings, or actions towards transgender persons.

VAGINA: It is a muscular canal originating from the cervix of the uterus, and opens out from the body through the frontal hole/vaginal opening in the vulva.

VAGINECTOMY: The surgical removal of all or parts of the vagina.



VIBRATOR: It is a device which produces vibrations which could be used for sexual stimulation.

PLEASURE KI SAANP-SEEDI

