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THE ROLE OF POLICY ADVOCACY IN TRANSGENDER RIGHTS AND SOCIAL INCLUSION IN KARNATAKA

A Legal and Policy Research Review

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Abstract

Transgender persons in India obtained constitutional recognition through the 2014 National Legal Services Authority (NALSA) judgment, followed by the Transgender Persons (Protection of Rights) Act, 2019. Karnataka was the first Indian state to translate this national framework into a dedicated state policy (2017) and a horizontal employment reservation (2021). This paper reviews peer-reviewed legal, social work, historical, and public-health scholarship, together with primary legal and governmental instruments, to examine how policy advocacy has shaped transgender rights and social inclusion outcomes, with Karnataka as the primary case, and to draw out the implications for professional social work practice at micro, mezzo, and macro levels. Methods: A structured narrative review was conducted using only peer-reviewed journal literature indexed with a Digital Object Identifier (DOI) and official legal or governmental documents (statutes, court judgments, state policy texts, census data, and central government scheme guidelines). Sources without institutional or peer-review authority were excluded. Results: Karnataka's 2011 Census recorded 20,266 residents in the 'other' gender category, the ninth-highest state total in the country (Office of the Registrar General & Census Commissioner, 2011; Dubey & Raj, 2024). The reviewed literature shows a consistent pattern of strong legal recognition combined with weak administrative implementation nationally. A 2026 multicentric study spanning 14 Indian states, including Karnataka, found that only 52.4% of transgender respondents held a transgender identity card and fewer than 20% had updated other official documents, despite near-universal possession of a general identity document (Aggarwal et al., 2026). Legal-empirical research similarly documents uneven state-level compliance with NALSA directives (Poonjatt et al., 2018) and continuing gaps between statutory rights and enforcement (Jain & DasGupta, 2021). A 2018 national human rights study found that 99% of transgender respondents had experienced social rejection (National Human Rights Commission & Kerala Development Society, 2018). Conclusion: Policy advocacy in Karnataka produced measurable legal gains, but the peer-

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reviewed evidence base indicates that legal recognition alone has not closed the implementation gap in employment, education, and healthcare. Because the gap is concentrated in certification, scheme enrolment, family rejection, and service navigation, it falls substantially within the professional domain of social work, and the paper sets out a micro, mezzo, and macro practice agenda accordingly.

Keywords: transgender rights; policy advocacy; social work practice; Karnataka; NALSA judgment; social inclusion; India

1. Introduction

Transgender individuals in India experience compounded disadvantage across education, employment, healthcare, and civic documentation (Poonjatt et al., 2018). This disadvantage has a documented colonial origin: the Criminal Tribes Act of 1871 formally classified hijra communities as a criminal class, subjecting them to registration, surveillance, and the erasure of customary social standing that some communities had held prior to British rule (Singh, 2022; Nigam, 1990). Agrawal (1997) traces how this colonial legal construction of the 'third gender' as deviant persisted well beyond independence, shaping both popular attitudes and state administrative categories long after the 1871 Act was formally repealed.

A turning point for the legal status of this population came with the Supreme Court of India's decision in National Legal Services Authority v. Union of India, AIR 2014 SC 1863, which recognised a constitutional right to self-identified gender and directed central and state governments to extend affirmative measures to transgender citizens as a socially and educationally backward class. This built on the Court's broader jurisprudence on dignity and autonomy, later reinforced in Justice K. S. Puttaswamy (Retd.) v. Union of India, (2017) 10 SCC 1, which recognised privacy as a fundamental right, and in Navtej Singh Johar v. Union of India, (2018) 10 SCC 1, which decriminalised consensual same-sex conduct and explicitly held that the criminal provision at issue had stigmatised and discriminated against transgender persons. Five years after NALSA, Parliament enacted the Transgender Persons (Protection of Rights) Act, 2019 (Act No. 40 of 2019), which prohibited discrimination in education, employment, healthcare, and housing, and created a certification mechanism for a transgender identity card administered through state governments.

Karnataka is analytically important because it moved earlier than most states in converting this national legal framework into enforceable state policy. According to the 2011 Census, Karnataka recorded 20,266 residents in the 'other' gender category, the ninth-highest state figure in the country (Office of the Registrar General & Census Commissioner, 2011). The state issued the Karnataka State Policy for Transgenders in 2017 (Government of Karnataka, Department of

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Women and Child Development, 2017) and subsequently amended its civil service recruitment rules in 2021 to introduce a 1% horizontal reservation for transgender persons across government job categories. This paper asks what the peer-reviewed and official legal literature says about (a) the legal and policy mechanisms through which this advocacy-driven change occurred, and (b) whether measurable improvements in social inclusion followed.

The question is posed here from within social work rather than from law alone. Policy advocacy and social action are recognised methods of professional social work, not activities external to it, and the profession's mandate obliges it to work simultaneously on the person and on the environment that disables the person. Anand (2021) argues that gender in Indian social work discourse has moved from a women-centred framing towards one that must account for transfeminist and gender-diverse realities, and that this shift carries direct consequences for curriculum, fieldwork placement, and practice competence. Read against this mandate, the Karnataka case is not only a question of whether a statute worked: it is a question about where, in the gap between an enacted right and a realised one, professional intervention is located. This paper therefore treats the implementation gap as a practice problem as well as a policy one, and asks which levels of social work intervention the evidence identifies as most consequential. A third question follows from the first two: (c) what the evidence implies for social work practice, field education, and research in Karnataka.

2. Literature Review

2.1 Historical and Sociological Context

Michelraj (2015) traces the historical evolution of the transgender community in India, documenting how hijra communities occupied recognised, sometimes ceremonially respected, social positions prior to colonial rule. Nigam (1990) and Singh (2022) independently analyse how the Criminal Tribes Act of 1871 constructed hijra identity as inherently criminal, a designation that produced decades of police surveillance and social exclusion whose administrative and attitudinal legacies scholars trace into the present. Agrawal's (1997) sociological analysis of 'gendered bodies' situates the modern hijra identity within this longer history of legal and social construction, arguing that contemporary stigma cannot be fully understood without reference to this colonial legal inheritance. Pamment (2021) extends this historical analysis regionally, examining decolonising frameworks for understanding hijra and khwaja sira identity across South Asia.

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2.2 Legal Implementation Gaps

The legal scholarship on NALSA's aftermath is unambiguous about the existence of a compliance gap. Poonjatt et al. (2018), using Right to Information requests submitted to state governments across India, documented in the Socio-Legal Review that although states reported some positive steps toward the NALSA directives, implementation remained uneven and, in several states, contradictory responses were received from different departments within the same government on basic questions such as certification procedure. Jain and DasGupta (2021), writing in the Journal of Human Rights, analysed the broader South Asian pattern of what they term the 'paradox of recognition': legal systems that grant formal rights to transgender persons while the administrative machinery required to realise those rights lags behind. Ung Loh (2018), writing in Feminist Review, adds a further dimension to this critique, arguing that the Indian state's instruments of recognition tend to fix transgender identity within administrative categories of its own making, so that the act of conferring rights simultaneously constrains the terms on which those rights may be claimed.

2.3 Employment and Economic Inclusion

Philip and Soumyaja (2019), publishing in the International Journal of Public Policy, examined workplace diversity and inclusion practices for transgender employees across Indian organisations, finding that formal non-discrimination policy adoption by employers was not matched by consistent recruitment, retention, or grievance-redressal practice. This finding parallels the legal-compliance gap documented by Poonjatt et al. (2018) at the level of individual workplaces rather than state administration.

2.4 Health and Mental Health

Pandya and Redcay (2021), publishing in the Journal of Gay & Lesbian Mental Health, reviewed the barriers transgender persons in India face in accessing health services, identifying provider-level discrimination, lack of insurance uptake, and low awareness of entitlement schemes as recurring structural barriers. Chakrapani et al. (2023), in a large-scale scoping review published in PLOS Global Public Health covering 177 peer-reviewed studies, found that the majority of India's LGBTQI+ health literature has focused on HIV and sexually transmitted infection risk among gay men and other men who have sex with men, leaving transgender-specific and transmasculine health needs comparatively under-researched. Bhattacharya and Ghosh (2020), in Social Science & Medicine, studied physical and mental health status among Hijra, Kothi, and transgender communities in Kolkata, finding elevated rates of both physical and psychological morbidity linked to structural stigma. Majumder et al. (2020), in the Indian Journal of Endocrinology and Metabolism, conducted an observational study of quality of life among gender-incongruent

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individuals from India's Hijra community, providing clinical-level evidence that complements the population-level findings of the other studies reviewed here. Dixit et al. (2023), writing in the Journal of Human Rights and Social Work, found that specialised hospital-based transgender health initiatives, while valuable, remain concentrated in a small number of institutions rather than being distributed as a standard part of public healthcare delivery.

2.5 National-Level Quantitative Evidence

The most recent and most methodologically substantial evidence comes from Aggarwal et al. (2026), a mixed-methods multicentric study published in BMJ Global Health. The quantitative component surveyed 2,208 transgender and men-who-have-sex-with-men respondents across 14 Indian states, including Karnataka, and the qualitative component included in-depth interviews and focus group discussions. This is the most geographically extensive and empirically detailed peer-reviewed dataset currently available on this population in India, and its findings are examined in detail in the results section below. Dubey and Raj (2024), writing in Intersections: Gender and Sexuality in Asia and the Pacific, trace the evolution of official data collection on India's transgender population from the 2011 Census through to the administrative data generated by the SMILE welfare portal, arguing that the shift from a single decennial headcount to continuous scheme-linked administrative data represents a meaningful, though still incomplete, improvement in the state's capacity to monitor transgender inclusion outcomes.

2.6 Social Work Perspectives and Professional Response

A distinct body of social work scholarship examines what practitioners can and do contribute to transgender inclusion in India. Anand (2021), writing in Practice: Social Work in Action, traces the changing treatment of gender within Indian social work education and practice, noting that the discipline's earlier equation of 'gender' with 'women' has had to give way to frameworks capable of addressing transgender and gender-diverse clients, with consequences for both curriculum design and field practicum supervision. Krishnan et al. (2024), publishing in Social Work in Mental Health, provide direct practice-relevant evidence: in a study of 127 transgender women in India using the Meaning in Life Questionnaire, they found that respondents commonly reported verbal, physical, and sexual abuse and that a majority scored low on the presence of meaning in life, and they set out, with case illustrations, the ways in which social workers could intervene. This is among the few Indian studies that connects a measured psychosocial construct to specific practice recommendations rather than to policy recommendations alone.

At the level of service systems, Dixit et al. (2023) document a hospital-based multidisciplinary transgender initiative in which social work input sits alongside medical and psychiatric care, and observe that such integrated models remain rare rather than routine. Saminathan and Pillai (2025),

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in Sexuality, Gender & Policy, survey determinants of social inclusion among transgender respondents in Trivandrum and identify family acceptance, income, education, employment, and housing as the operative factors, a cluster that maps closely onto the intervention domains of casework, family work, and community organisation. Arora and Pullen Sansfaçon (2024) extend the analysis to transgender and gender-diverse youth in India, arguing that familial rejection, restrictive legal provision, and inadequate public infrastructure combine to keep young people outside both social and medical rights-based initiatives, and advocating a collaborative socio-medical model spanning healthcare professionals, social institutions, and policymakers.

Two features of this literature are notable. First, it converges on family rejection as a proximate driver of exclusion, which is significant because the family is a unit that social work is professionally equipped to work with and that law reaches only indirectly. Second, it is thin: relative to the volume of legal and public-health writing reviewed above, Indian social work research on this population is small in quantity, rarely state-specific, and rarely designed to evaluate an intervention. The profession is therefore better supplied with descriptions of need than with tested models of response.

2.7 Synthesis and Research Gap

Taken together, the reviewed literature converges on a single structural finding across five otherwise distinct disciplines: history and sociology explain the origin of the stigma, legal scholarship documents the incompleteness of its statutory remedy, organisational research locates the same incompleteness inside workplaces, public health research measures its consequences in access to care, and social work research records how the resulting need presents to practitioners at the level of the individual, the family, and the community. What the literature does not yet contain is a study that isolates a single state with an unusually early and detailed policy record and tests whether that record produced measurably better outcomes than states without one. Karnataka, having issued a dedicated state policy in 2017 and a horizontal employment reservation in 2021, is the most obvious candidate for such a test. This review therefore positions the Karnataka legal record against the best available national outcome data, while acknowledging that a definitive state-level comparison awaits disaggregated data.

3. Methodology

This review followed a structured narrative synthesis approach rather than a formal statistical meta-analysis, because the underlying literature on transgender policy advocacy specific to Karnataka does not yet contain a sufficient number of studies reporting statistically comparable, pooled effect sizes. Instead, sources were required to meet one of two inclusion criteria. First, peer-reviewed journal articles indexed with a Crossref or publisher-assigned Digital Object Identifier

(DOI), drawn from law, sociology, history, and public health journals. Second, primary legal and governmental instruments, namely the NALSA judgment, the Puttaswamy and Navtej Singh Johar judgments, the Transgender Persons (Protection of Rights) Act, 2019, the Karnataka State Policy for Transgenders, 2017, Census of India 2011 primary data tables, and central government scheme guidelines (SMILE and Garima Greh) issued by the Ministry of Social Justice and Empowerment, together with the 2018 National Human Rights Commission study. Sources originating from news media, non-governmental organisation blogs, advocacy campaign pages, or unreviewed repository uploads without an identifiable peer-review process were excluded from the evidence base.

Search terms combined 'transgender', 'India', 'Karnataka', 'policy', 'NALSA', 'social inclusion', 'colonial history', and 'implementation' across academic databases (including PubMed, PLOS, SAGE Journals, and institutional repositories) and official government portals (socialjustice.gov.in and the Census of India digital library). Because Karnataka-specific peer-reviewed quantitative outcome data is limited, the review draws on multi-state Indian studies that include Karnataka within their sampling or census frame, and situates these findings against Karnataka's own legal instruments and demographic data.

Retrieved sources were organised into five analytical strands, corresponding to the subsections of the literature review: historical and sociological origins of exclusion, legal recognition and compliance, employment and economic participation, health access, and professional social work response. Because the review is written from a social work standpoint, the search was extended to social work journals and databases, including Social Work in Mental Health, Practice: Social Work in Action, the Journal of Human Rights and Social Work, and Sexuality, Gender & Policy, using the additional terms 'social work practice', 'psychosocial', 'family rejection', 'community organisation', and 'field education'. Findings were then synthesised by comparing what each legal or policy instrument formally provides against what the empirical literature reports as the observed outcome in the same domain. Where a national-level finding is used as evidence bearing on Karnataka, this is stated explicitly, and no claim is made that a national figure is a Karnataka-specific measurement. This constitutes the principal methodological limitation of the review and is addressed again in the discussion.

4. Results

4.1 Demographic Baseline

According to the Office of the Registrar General & Census Commissioner (2011), Karnataka recorded 20,266 persons in the Census 'other' gender category, the ninth-highest state total nationally, behind Uttar Pradesh (137,465), Andhra Pradesh (43,769), Maharashtra (40,891), Bihar (40,827), West Bengal (30,349), Madhya Pradesh (29,597), Tamil Nadu (22,364), and Odisha

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(20,332). Dubey and Raj (2024) caution that this figure, based on self-reported response to a binary-plus-other census category rather than a dedicated transgender enumeration question, is likely to undercount the population, a limitation later partially addressed by the introduction of transgender-specific administrative data through the SMILE portal (Ministry of Social Justice and Empowerment, 2022).

4.2 Legal Recognition and the Policy Record

The NALSA judgment directed governments to treat transgender persons as a group entitled to reservation in public employment and education on the basis of social and educational backwardness (National Legal Services Authority v. Union of India, AIR 2014 SC 1863). Karnataka's own state policy, issued by the Department of Women and Child Development in 2017, set out commitments across education, employment, health, and housing, and established a certification and monitoring mechanism at the district level (Government of Karnataka, Department of Women and Child Development, 2017). In 2021, the state extended this framework through an amendment introducing a 1% horizontal reservation for transgender persons in civil service recruitment, making Karnataka the first Indian state to adopt this specific administrative mechanism.

Poonjatt et al. (2018) is the most direct peer-reviewed evidence on how this kind of state policy is actually implemented on the ground. Their Right to Information-based audit across Indian states found that responses from different government departments on the same NALSA-mandated question were frequently inconsistent, and that formal policy existence at the state level did not reliably predict operational readiness at the departmental level.

4.3 Documentation and Identity Recognition

The Aggarwal et al. (2026) multicentric study provides the most concrete national-level figures available in the peer-reviewed literature. Across 2,208 respondents in 14 states including Karnataka, 98.1% of transgender participants held a general Aadhaar identity document, but only 52.4% held the transgender-specific identity card created under the 2019 Act, and fewer than 20% had updated their gender marker on other official documents such as voter identification (18.53%), ration cards (11.7%), or passports (4.38%) (Aggarwal et al., 2026).

The pattern within these figures is analytically significant. Near-universal possession of a general identity document establishes that the population is neither undocumented nor administratively unreachable; the shortfall is specific to the documents that carry legal gender recognition. The gap is therefore located in the certification and record-amendment machinery created by the 2019 Act rather than in baseline access to the state, which is precisely the operational layer that the Poonjatt

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et al. (2018) audit found to be inconsistently staffed and inconsistently understood across departments.

4.4 Employment and Economic Inclusion

The same national dataset found that only 1.7% of transgender and MSM respondents held government employment, compared with 39.8% in private-sector work and a further 16.4% in unskilled labour; a substantial minority relied on informal or stigmatised income sources (Aggarwal et al., 2026). This figure is a useful benchmark against which Karnataka's 1% civil service reservation can be assessed. Philip and Soumyaja (2019) add a workplace-level dimension to this picture, finding that organisational adoption of formal non-discrimination policies in India has not consistently translated into equitable hiring or retention practice.

Two observations follow. First, a 1% horizontal reservation operates on the small share of employment that is governmental, so its direct reach is bounded even under perfect implementation; its larger significance may be demonstrative rather than numerical. Second, because a reservation can only be claimed by a candidate who can evidence transgender status, the certification shortfall documented in section 4.3 functions as an upstream constraint on the employment measure. The two policy instruments are sequentially dependent, and the weaker one determines the outcome.

4.5 Healthcare and Mental Health

Pandya and Redcay (2021) identify healthcare-provider discrimination, low insurance enrolment, and limited awareness of entitlement schemes as the principal barriers facing transgender persons seeking care in India. This is corroborated by the more recent Aggarwal et al. (2026) data, in which only 12% of transgender respondents had used the Ayushman TG Plus insurance scheme despite its existence, and only 3.9% had received the human papillomavirus vaccination offered through public health programming. Bhattacharya and Ghosh (2020) and Majumder et al. (2020) independently document elevated physical and psychological morbidity among Hijra and transgender populations, consistent with the National Human Rights Commission and Kerala Development Society (2018) finding that 99% of transgender respondents nationally reported experiencing social rejection. Karnataka's 2017 state policy explicitly committed to free healthcare access and insurance coverage for transgender residents (Government of Karnataka, Department of Women and Child Development, 2017); the peer-reviewed national evidence suggests that translating this kind of commitment into measured uptake remains an unresolved challenge common to Indian states generally.

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4.6 The Social Work Service Interface

The instruments reviewed above do not deliver themselves; each is mediated by a service interface that is, in practice, staffed by social work and allied welfare personnel. Certification under the 2019 Act is processed by the district administration in coordination with the social welfare machinery; the Garima Greh shelter scheme provides residential care, counselling, skill training, and linkage support for transgender persons and is delivered through implementing agencies rather than directly by the state (Ministry of Social Justice and Empowerment, 2020); and the SMILE scheme routes scholarships, livelihood support, and shelter through an application and verification process that requires the applicant to navigate documentation, eligibility, and grievance channels (Ministry of Social Justice and Empowerment, 2022). Karnataka's 2017 policy similarly locates its monitoring mechanism at the district level, within departments whose field staff are welfare rather than legal personnel (Government of Karnataka, Department of Women and Child Development, 2017).

This matters for the interpretation of the outcome data. The Aggarwal et al. (2026) findings that only 52.4% of respondents held a transgender identity card and only 12% had used the Ayushman TG Plus scheme are, in the language of practice, failures of outreach, enrolment, and follow-through rather than failures of entitlement design. Saminathan and Pillai (2025) identify family acceptance alongside income, education, employment, and housing as determinants of inclusion, and Krishnan et al. (2024) document abuse exposure and low presence of meaning in life among transgender women in India; neither of these is addressable by a statutory amendment, and both fall squarely within counselling, family work, and case management. Arora and Pullen Sansfaçon (2024) add that for younger transgender persons, familial rejection operates as the first barrier, preceding any encounter with the state. Taken together, the evidence locates a substantial share of the implementation gap inside the interface that social work occupies.

5. Discussion

Read together, this literature supports three conclusions. First, legal recognition in India, and in Karnataka specifically, is genuinely advanced relative to much of the rest of the country: Karnataka's 2017 policy and 2021 reservation are concrete instruments with dates, rule citations, and enforceable content, not merely statements of intent. Second, the peer-reviewed evidence base is consistent in finding that legal instruments of this kind do not automatically produce proportional gains in lived outcomes. The Aggarwal et al. (2026) figures on identity documentation, government employment, and healthcare scheme uptake, though gathered at the national level rather than isolated to Karnataka, describe a pattern that the Karnataka-specific legal record does not contradict and that the Right to Information-based findings of Poonjatt et al. (2018) actively predict. Third, the historical scholarship reviewed here (Nigam, 1990; Agrawal, 1997;

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Singh, 2022; Pamment, 2021) indicates that the stigma driving these implementation gaps has a documented legal-historical origin in colonial-era criminalisation, suggesting that closing the gap between recognition and lived outcome requires addressing entrenched social attitudes as well as administrative capacity.

The results in sections 4.3 and 4.4 suggest a more specific mechanism than 'implementation failure' in general. Entitlements under both the 2019 Act and Karnataka's reservation are gated by a certification document that roughly half the population does not hold, and certification is administered by exactly the departmental layer that Poonjatt et al. (2018) found to be inconsistent in its own account of the procedure. On this reading, the binding constraint is not the content of the rights conferred but the administrative gateway through which every one of them must pass. That framing has a practical corollary: an intervention aimed at certification coverage would raise the effective value of several separate entitlements at once, whereas an intervention inside any single downstream scheme would not.

This reading also aligns with the theoretical critique advanced by Jain and DasGupta (2021) and Ung Loh (2018), in which recognition is understood not as a single event but as an ongoing administrative relationship that the state controls the terms of. Where recognition must be documented to be actionable, the certifying authority becomes the effective locus of the right, and the quality of that authority's functioning determines how much of the formal right survives into practice.

An important limitation of the current evidence base is the absence of a Karnataka-specific peer-reviewed quantitative outcome study comparable in scale to Aggarwal et al. (2026). The Census 2011 figure of 20,266 (Office of the Registrar General & Census Commissioner, 2011) and the administrative data referenced by Dubey and Raj (2024) provide a demographic baseline, but future research disaggregating the Aggarwal et al. (2026) Karnataka sub-sample, or commissioning a dedicated state-level survey, would allow a more precise assessment of whether Karnataka's earlier and more extensive legal reforms have produced measurably better outcomes than states without a comparable policy history.

Two further limitations should be noted. The census baseline predates every policy instrument examined here, so no pre- and post-policy comparison of the population's own reported circumstances is possible from official demographic data alone. And because this review deliberately excluded non-peer-reviewed sources, it does not capture the community-level advocacy documentation that often precedes and shapes formal policy; that material may hold explanatory value for how Karnataka came to act earlier than other states, even though it falls outside this review's evidentiary standard.

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Three research priorities follow directly. The first is state-disaggregated outcome data, without which the central comparative question cannot be answered. The second is a study of certification administration itself, treating the issuing process as the unit of analysis rather than the rights it unlocks. The third is longitudinal work capable of distinguishing slow implementation from stalled implementation, since a single cross-sectional measurement cannot separate the two, and the policy response appropriate to each is different.

6. Implications for Social Work Practice

If the certification gateway and the surrounding enrolment machinery are where formal rights are most reliably lost, then social work intervention can be organised around that finding rather than around a general commitment to advocacy. The following implications follow from the evidence reviewed, arranged by level of practice.

6.1 Micro Level: Casework and Clinical Practice

At the level of the individual client, the indicated work is documentation-focused case management combined with psychosocial support. Practitioners can treat certification status as a routine assessment item, since a client without a transgender identity card is, on the evidence, excluded in advance from the reservation, scholarship, shelter, and insurance entitlements that depend on it. Alongside this, the findings of Krishnan et al. (2024) on abuse exposure and low presence of meaning in life, and those of Bhattacharya and Ghosh (2020) and Majumder et al. (2020) on elevated psychological morbidity, indicate a clear need for affirmative counselling delivered without the gatekeeping posture that the certification process itself can encourage. Practice here should be anchored in the strengths perspective and in anti-oppressive practice: the client's presenting difficulty is in large part an environmental and administrative one, and framing it as such is itself a clinical act.

6.2 Mezzo Level: Family and Group Work

Family rejection appears across the reviewed literature as a proximate cause of homelessness, school dropout, and entry into survival-based income, and it is the determinant least reachable by statute. Saminathan and Pillai (2025) place family acceptance among the operative determinants of inclusion, and Arora and Pullen Sansfaçon (2024) find it to be the first barrier encountered by transgender and gender-diverse youth. Family counselling, psychoeducation with parents and siblings, and mediated re-contact where the client wishes it are therefore high-value interventions with no legislative substitute. Group work has a parallel role: peer support groups and self-help collectives address the isolation documented in the mental health literature while also functioning

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as a route through which certification and scheme information travels between people who trust each other more readily than they trust an office.

6.3 Macro Level: Community Organisation and Policy Advocacy

Karnataka's 2017 policy and 2021 reservation are themselves products of sustained advocacy, which establishes that macro practice in this domain can succeed. The evidence suggests that the next phase of advocacy should shift its object: from securing further entitlements to auditing the delivery of existing ones. Community organisation directed at certification camps, mobile enrolment drives in coordination with district administration, and community-led monitoring of Garima Greh and SMILE delivery would act on the binding constraint identified in section 5. The Right to Information methodology used by Poonjatt et al. (2018) is directly transferable to this purpose and requires no resources beyond practitioner time, making it a realistic component of agency-level and student field practice.

6.4 Social Work Education and Field Practicum

Anand (2021) argues that Indian social work curricula have been slow to move beyond a binary treatment of gender. The practical implication for a department of social work is threefold: transgender-affirmative content in the gender and human rights papers rather than as an elective supplement; field placements with transgender-led community-based organisations, Garima Greh units, and district social welfare offices, which would give students direct exposure to the certification process they will later have to navigate on behalf of clients; and supervision that prepares students for the dual role this work demands, in which the practitioner is simultaneously a helper to the client and a critic of the administrative system the client must use.

6.5 Research Agenda for the Profession

The thinness of the Indian social work evidence base on this population is itself an implication. Priority studies include an evaluation of certification assistance as a discrete intervention, with enrolment and scheme uptake as outcomes; a study of family-focused intervention with families of transgender persons, measuring acceptance and contact maintenance; and a practitioner-side study of the district welfare interface, treating the officer and the field worker rather than the client as the unit of analysis. Each of these is feasible at the scale of a departmental research project and each addresses a gap that the legal and public health literatures have left open.

7. Conclusion

The peer-reviewed legal, historical, and public health literature indicates that policy advocacy in Karnataka succeeded in producing an unusually early and detailed legal framework for transgender

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rights, culminating in the 2017 state policy and the 2021 employment reservation, against a demographic baseline of at least 20,266 residents recorded in the 2011 Census. At the same time, the strongest available quantitative evidence, drawn from a 2026 multicentric national study that included Karnataka among its fourteen states, together with Right to Information-based audits of state compliance with the NALSA judgment and a 2018 national human rights study documenting near-universal experience of social rejection, indicates that legal recognition has not yet translated into proportional gains in documentation, government employment, or healthcare scheme utilisation.

The contribution of this review is to locate that shortfall more precisely than a general claim of weak implementation allows. Because the entitlements created by both the national Act and Karnataka's own instruments are accessible only on production of a certification document that around half the surveyed population does not hold, and because certification is administered by the same departmental layer that empirical audits find least consistent, the certification gateway emerges as the point at which formal rights are most reliably lost. Future advocacy and research would accordingly benefit from state-disaggregated outcome data capable of determining whether Karnataka's earlier legal action has produced a measurable implementation advantage, and from treating certification coverage as a primary indicator of policy success rather than an administrative detail.

For the social work profession this carries a specific charge. The domains in which the shortfall is concentrated, namely documentation assistance, scheme enrolment, family rejection, psychosocial distress, and service navigation, are the profession's own working domains, and they are precisely the domains that legislation cannot reach on its own. Karnataka's legal framework establishes what transgender residents are entitled to; whether that entitlement is realised depends substantially on whether the interface between the citizen and the state is staffed by practitioners trained and positioned to close the distance. Policy advocacy secured the right on paper; social work practice, at the micro, mezzo, and macro levels together, is a principal means through which it becomes a lived one.

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