Trans Embodiment in Policy: Transpinay Lived Experiences as Knowledge in Developing Gender-Affirming Healthcare Policy in the Philippines

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Problem Statement

Despite being regarded as one of the most LGBTQI+-friendly countries in Asia, trans individuals in the Philippines continue to experience systemic discrimination, stigma, and exclusion, particularly within the healthcare sector. According to the World Population Review (2026), approximately 317,000 Filipinos identify as transgender, making the Philippines home to the largest transgender population in Asia. However, the visibility of trans communities has not translated into equitable access to gender-affirming healthcare services. While some local government units and non-government organizations, such as Quezon City and Love Yourself, have initiated gender-affirming healthcare programs, the Philippines still lacks a comprehensive national transgender healthcare framework (Abesamis, 2022).

The absence of accessible and trans-inclusive healthcare systems has significantly limited trans people's access to medically supervised gender-affirming care. Across existing studies, trans Filipinos commonly encounter barriers such as transphobia within healthcare institutions, high healthcare costs, lack of trained healthcare providers, and uneven healthcare infrastructures (Abesamis, 2022; Alibudbud, 2024; Alegre, 2022). These structural barriers often compel trans individuals to disengage from formal healthcare institutions and instead rely on self-medication, DIY hormone practices, and informal community-based care networks to navigate transition-related healthcare needs (Abesamis, 2025; Alegre, 2022).

Despite growing scholarship on transgender health in the Philippines, existing studies have largely focused on identifying barriers to healthcare access and documenting the exclusion of trans individuals from formal medical systems (Abesamis, 2022; Alegre, 2022; Alibudbud, 2024; Oducado, 2023). Less attention has been given to how trans communities themselves generate practical forms of healthcare knowledge and alternative systems of care in response to these institutional gaps. Practices such as self-medication, peer mentorship, informal hormone-sharing networks, and online support communities are often framed as risky or informal responses to healthcare exclusion. However, these practices also reveal how trans communities actively navigate structural inequalities and develop adaptive strategies for survival and bodily affirmation.

This policy brief argues that the lived experiences of transpinays constitute important forms of policy-relevant knowledge that can inform the development of more inclusive and responsive gender-affirming healthcare policies in the Philippines. By examining how transpinays navigate healthcare exclusion through embodied practices and community-based care networks, the study highlights the limitations of existing healthcare systems while foregrounding the importance of participatory and community-informed approaches to healthcare policy development.

Policy Analysis

Institutional Exclusion and Unequal Access to Gender-Affirming Healthcare

The findings reveal that gender-affirming healthcare in the Philippines remains inaccessible for many transpinays due to institutional exclusion, economic precarity, and the absence of trans-inclusive healthcare systems. Participants described healthcare institutions as emotionally difficult to navigate because of fears of discrimination, stigma, and incompetence among healthcare providers. Access to gender-affirming care was therefore shaped not only by the availability of medical services, but also by whether trans individuals felt safe, recognized, and affirmed within healthcare environments. Several participants delayed or avoided seeking medically supervised transition because they feared encountering transphobic healthcare professionals or being invalidated within clinical settings. These experiences demonstrate that healthcare accessibility cannot be reduced solely to the existence of services but must also account for the social and institutional conditions that shape trans individuals' willingness to access care.

Participants additionally highlighted how economic inequality significantly affected access to transition-related healthcare. Hormone therapy, laboratory monitoring, and consultations with healthcare professionals were often financially inaccessible, particularly for economically precarious trans individuals. Some participants described relying on scholarship savings, unstable allowances, or family support to sustain hormone use, while others experienced interruptions in care due to financial instability. These findings suggest that gender-affirming healthcare in the Philippines remains heavily privatized and unevenly accessible, placing the burden of transition-related care onto trans individuals themselves. Consequently, the ability to sustain bodily affirmation and medically transition became deeply tied to material stability and socioeconomic capacity.

The findings further demonstrate that exclusion from healthcare does not occur solely through outright denial of services, but also through institutional environments that produce distrust, fear, and emotional self-monitoring among trans individuals. Participants often approached healthcare cautiously because recognition of their gender identities could not be assumed within clinical settings. These experiences reveal how cisnormative assumptions embedded within healthcare systems create emotional and structural barriers that discourage trans individuals from fully engaging with formal healthcare institutions. More importantly, participants' lived experiences provide critical insights into the institutional limitations of existing healthcare systems and highlight the need for healthcare policies that prioritize trans-inclusive, accessible, and affirming care.

Self-Medication and Embodied Knowledge as Survival

Due to the inaccessibility of formal gender-affirming healthcare, several participants engaged in self-medication and DIY hormone practices to navigate transition. These practices were largely shaped by financial precarity, limited access to trans-affirming healthcare providers, and the absence of accessible medical guidance. Participants frequently relied on bodily experimentation, observation, and lived experience to manage transition-related care outside formal medical institutions. DIY hormone use functioned as an adaptive response to institutional exclusion and healthcare inequality.

Participants described learning through bodily changes, monitoring hormonal effects, and gradually developing practical forms of transition-related knowledge through lived experience. However, the absence of accessible medical guidance also exposed participants to significant health risks, including hormonal imbalances and unsafe hormone consumption practices. These findings show how institutional gaps in gender-affirming healthcare shifted the responsibilities and risks of care onto trans individuals themselves. In the absence of affordable and trans-inclusive healthcare systems, participants were compelled to independently navigate healthcare decisions that would otherwise be supported through formal medical institutions.

At the same time, participants framed hormone use as deeply connected to emotional well-being, bodily affirmation, and the alleviation of dysphoria. Hormone use was not experienced merely as physical modification, but as an emotionally transformative process tied to self-recognition, embodiment, and the pursuit of a more livable existence. However, participants also experienced pressure to conform to societal expectations surrounding femininity and bodily appearance to reduce stigma and gain social acceptance. These findings reveal how gender-affirming healthcare needs are shaped not only by medical concerns, but also by broader social pressures surrounding recognition and femininity within cisnormative society.

Importantly, participants' experiences reveal that trans individuals actively generate practical and embodied forms of healthcare knowledge under conditions of institutional exclusion. Through lived experience and bodily experimentation, participants developed situated expertise regarding hormone use and transition-related care. These findings challenge dominant healthcare frameworks that position legitimate expertise as emerging solely from biomedical institutions and formally trained professionals.

Community-Based Care as Alternative Health Infrastructures

The findings additionally reveal that trans communities functioned as important sources of healthcare information, emotional support, and transition-related care in the absence of accessible institutional healthcare systems. Participants commonly learned about hormones, bodily transition, and healthcare navigation through peers, trans elders, beauty pageant spaces, online communities, and interpersonal relationships within trans social networks. These informal systems of care extended beyond individual coping strategies and functioned as alternative health infrastructures that compensated for institutional neglect.

Community-based networks enabled participants to collectively circulate practical healthcare knowledge regarding hormone use, bodily transition, and survival strategies. Participants frequently relied on older trans women, peers, and online communities for guidance regarding DIY hormone practices and transition-related care. Digital platforms such as Reddit and online chat rooms also became important spaces where participants accessed experiential knowledge shared by other trans individuals. These online and offline networks enabled transpinays to learn from the lived experiences of others in ways that were often unavailable within formal healthcare systems.

The findings further demonstrate that community-based care networks provided not only informational support, but also emotional, financial, and material assistance. Some participants described receiving direct financial support for gender-affirming procedures through transnational online communities, while others accessed hormones through informal social networks and community connections. These practices reveal how trans communities collectively mobilized resources and redistributed care in response to institutional exclusion from healthcare systems.

In conclusion, these findings demonstrate that trans communities actively generate and circulate policy-relevant forms of healthcare knowledge outside formal medical institutions. Through peer mentorship, digital platforms, interpersonal relationships, and community-based support systems, transpinays developed alternative infrastructures of care that enabled survival and bodily affirmation despite limited institutional support. These findings challenge technocratic healthcare approaches that privilege institutional and biomedical expertise while marginalizing lived experience and community-based knowledge. Instead, the experiences of transpinays highlight the importance of participatory and community-informed approaches to gender-affirming healthcare policy development in the Philippines.

Policy Recommendations

There is an urgent need for more inclusive, accessible, and community-informed gender-affirming healthcare policies in the Philippines. Current healthcare systems remain exclusionary due to institutional transphobia, uneven healthcare infrastructures, and the privatized nature of transition-related care. Participants' experiences demonstrate that gender-affirming healthcare cannot be approached solely through technocratic and biomedical frameworks that overlook the lived realities of trans individuals. Instead, healthcare policies must recognize transpinays' experiences as important sources of knowledge regarding the barriers, emotional dimensions, and everyday realities of navigating healthcare systems.

First, there is a need to develop a comprehensive national gender-affirming healthcare framework that standardizes and expands access to trans-inclusive healthcare services in the Philippines. Existing healthcare systems remain fragmented, with access to hormones, consultations, and laboratory monitoring largely dependent on private resources and uneven local initiatives. A national framework should establish accessible pathways for gender-affirming care within both public and private healthcare institutions. This includes providing affordable or free hormone therapy, subsidized laboratory testing, accessible psychological support, and the integration of gender-affirming healthcare into national insurance systems such as PhilHealth. Expanding publicly accessible healthcare services is particularly important given that participants' access to transition-related care was heavily shaped by economic precarity and class inequality.

Second, healthcare institutions should implement mandatory gender sensitivity and trans-inclusive healthcare training programs for healthcare professionals, including doctors, nurses, psychologists, and frontline healthcare staff. Participants frequently described healthcare spaces as emotionally unsafe due to fears of discrimination, stigma, and invalidation by healthcare providers. These experiences discouraged many participants from seeking medically supervised transition or openly discussing their healthcare needs within clinical settings. Gender-sensitive training programs should therefore focus not only on medical competency regarding gender-affirming care, but also on respectful communication, trans-inclusive practices, and the reduction of institutional discrimination within healthcare environments. In addition, stronger anti-discrimination policies and accountability mechanisms should be implemented to protect trans individuals from discriminatory treatment in clinical settings.

Third, the findings demonstrate the importance of recognizing the emotional and embodied dimensions of gender-affirming healthcare within policymaking. Participants described hormone use not merely as cosmetic enhancement, but as deeply connected to emotional survival, dysphoria alleviation, bodily affirmation, and overall well-being. However, public discussions surrounding hormone use often reduce gender-affirming care to aesthetics or lifestyle choices rather than healthcare needs. Policymakers and healthcare institutions should therefore adopt approaches that recognize dysphoria, emotional well-being, and embodiment as legitimate healthcare concerns. Public awareness campaigns and healthcare education initiatives should also be developed to challenge stigma surrounding hormone use and increase public understanding of the realities faced by trans individuals navigating healthcare exclusion.

Finally, the findings highlight the importance of community-based and digital support networks in addressing institutional gaps in healthcare access. Participants frequently relied on trans peers, online communities, and informal support systems to access transition-related information, emotional support, and financial assistance. These findings suggest that trans communities already function as important infrastructures of care and healthcare knowledge production. Policymakers and healthcare institutions should therefore collaborate with trans-led organizations and community networks in developing gender-affirming healthcare policies and programs. This may include establishing peer support and peer navigator programs involving trained trans community members, utilizing digital platforms for healthcare information dissemination, and supporting online and community-based resource networks that provide emotional support and financial assistance for transition-related healthcare needs. Participatory approaches that directly involve trans communities in healthcare policy development are essential for ensuring that policies respond to the actual needs and lived realities of trans individuals in the Philippines.

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