

# Exploring the Barriers Faced by Transgenders for Accessing Healthcare Facilities in the Metropolitan City of Karachi



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## Abstract

**Background:** Transgender population experience violence and discrimination because of their gender identity and their proposed image in society. In Pakistan being a transgender creates a serious challenge and threat to survival due to difference in societal system, culture, and nature.

**Methods:** This qualitative phenomenological study analyses the perceptions of accessing healthcare services of 11 transgender individuals who were recruited through snowball sampling after obtaining their written informed consent. Open ended questions regarding experiences of transgenders accessing healthcare facilities in Karachi were asked. Data was collected till the saturation was achieved. The interviews were transcribed and double checked. Coding of the data was done and subsequently themes were generated.

**Results:** Participants' mean age was 33 (range 24–65) years. Six themes were identified which revolve around transgenders' experiences. These were 'Striving for Life', 'Biggest Nightmare! Violence and Harassment', 'Shunned by the Society', 'Hope for the Better Days', 'Transgender as a Pakistani Citizen' and 'Attitudes of Healthcare Providers towards transgenders'.

**Conclusion:** There is still a long way to go before accepting transgender individuals as equal members of our society. Despite efforts to reduce discrimination, transgender individuals still face inequalities not only in the society but also in healthcare facilities. This leads to poor access of healthcare facilities. Antidiscrimination policies are needed with increased gender-affirming healthcare access.

**Keywords:** Barriers, gender-affirming care, healthcare access, healthcare facilities

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## Introduction

Individuals with gender role, attitude, and identity that are different from the cultural norms and expectations for their sex at birth are labelled as 'gender nonconforming', or most commonly 'transgender' (1). Transgender people are usually unable to access the basic needs of life including education, housing, job opportunities, and health care facilities as compared to others. Due to discrimination, and non-acceptance by family and friends they are vulnerable to psychological distress (2). According to a secondary analysis of 2015 U.S. Transgender survey, almost 22.8% of transgenders avoided accessing healthcare due to the anticipated discrimination (3).

Barriers faced by transgenders for accessing healthcare facilities are multidimensional. However, issues related to discrimination, difficulty in finding healthcare provider and violence are major contributing factors to disparities in transgenders' needs in healthcare settings (4). Poor knowledge regarding transgenders health issues is identified as a barrier by healthcare practitioners. Inadequate training in the medical curriculum regarding dealing with transgenders could be the reason for this behaviour of a medical professional (5, 6).

International studies on experiences of transgenders on healthcare access also discussed the

lack of trained providers, improper referral to concern departments, negative attitudes and behaviour of providers as factors for their poor access to healthcare (6, 7).

Transgenders don't always reveal their gender identity in healthcare settings. In a Pittsburgh cross sectional study conducted among transgender youth, it was reported that almost half of the study participants intentionally avoided disclosing their identity even though they felt it was important (8). A survey conducted in Philadelphia on transgenders reported that 26% had been refused medical services due to their gender identity and 52% had faced difficulty in accessing healthcare services in the previous five years (6). In the analysis of data from the San Francisco Transgender Community Project, 39% of transgenders were denied medical care due to their gender identity (9).

They face multiple health disparities and limited healthcare access due to inequalities, discrimination within healthcare provision and rejection within society (10). There are multiple barriers identified from previous literature including lack of access to healthcare, uncomfortable environment in outpatient departments, lack of privacy protocols and failure to accept transgender as a patient in healthcare system (11).

In a qualitative study conducted in Pakistan, the

participants responded that due to rejection by the society they were unable to access healthcare services. The fear of misbehaviour of healthcare providers led them to visit private practitioners (12). In Pakistani society, social exclusion is a pertinent issue for transgender community (13). Being transgender creates a serious challenge and threat to survival due to differences in the societal system, culture, and nature (12).

Studies are available on health risks and the burden of diseases among transgenders. However, there is no study available on the experience of transgenders accessing healthcare facilities. This study aimed to explore the experiences of transgenders accessing healthcare facilities in metropolitan Karachi, the largest city of Pakistan

### Methodology

We used the transcendental phenomenological approach for our study. Participants were asked to share their experiences for accessing health care facilities in Karachi. We used snowball sampling technique as no standard registry was available for identification of transgenders. The participants were approached through the researchers' personal contacts and through community outreach. Participants first responded to semi structured questions and then we probed further to get deeper insights of their experiences. The first participant was approached via a colleague of principal investigator. The second participant was approached through a Community-based Organization (CBO) working for the wellbeing of the transgenders. The second respondent identified other three potential study participants for the interviews. Later, same CBO assisted to link with the other six study participants. Study participants were provided with the details and purpose of the study and were described about study process including audio recording, time required for interview, data privacy and confidentiality. Written informed consent was obtained from each study participant before the interview. Most of study participants were grateful and showed gratitude to us for conducting this study as it would help their voices being heard. Approval from Institutional Review Board (IRB) of Jinnah Sindh Medical University (JSMU) was obtained via approval no JSMU/IRB/2020/-348. Semi-structured interview guide was used which was pre-tested after getting face validity from the expert. Two IDIs and one FGD with three transgenders were conducted for piloting of interview guide. The interview guide included information on areas of interest; experience of transgenders on accessing healthcare facilities and perceptions of transgenders on their rights towards healthcare. The majority of interviews lasted for 25-30 minutes. Participants were encouraged to delve into their experiences for accessing healthcare facilities for extracting themes. Majority of interviews (n=7) were conducted at participants' home and others (n=4) were conducted at the CBO's office as per convenience of participants. Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines were followed. Interviews were transcribed verbatim by a professional. Reliability of transcripts was checked for the accuracy and meaningfulness of language by randomly listening to the audio tapes by the principal investigator. The study generated meaningful statements which were further

formulated into themes. The initial analysis was inductive and then deductive for similar themes. Six extracted themes were recorded in Microsoft Excel sheet. Triangulation across different sources and perspectives was done to ensure rigor in the study.

## Results

### Demographic data

Total of 11 transgenders were included in this study and in-depth interviews were done. Their ages ranged from 24 to 65 years, with mean age of 33 years. At birth, eight of them were assigned male sex while three of them had ambiguous external genitalia. However, all participants identified themselves as females. The maximum level of education of participants was intermediate (n=1) followed by matric (n=5), 9th grade (n=1), primary (n=2), and with no formal education (n=2). By profession, five participants were dancers, four were beggars, one was sex worker, and one was working with CBO as an outreach community worker. The majority of the participants (n=8) shared their experiences from private healthcare facilities whereas only two participants attended government health facilities in last one year. (Table: 1)

**Table 1: Demographic information of participants (n=11)**

Transgender	Age (Years)	Sex assigned at birth	Gender identity	Education	Profession	Health Facility Type	Reason for visiting HF
1	27	Male	Female	Matric	Dancer	Public	Seasonal sickness
2	40	Male	Female	Matric	CBO worker	Public	Fever
3	25	Male	Female	Matric	Sex worker	Public	Fever and cough
4	24	Male	Female	Matric	Dancer	Public	Irritation in eyes
5	27	Male	Female	Primary	Dancer	Public	Fever and earache
6	24	Male	Female	Matric	Dancer	Private	Seasonal flu
7	24	Male	Female	Intermediate	Sex worker	Private	Fever and stomach-ache
8	35	Ambiguous	Female	Up till 9th grade	Dancer and beggar	Public	HIV treatment
9	31	Ambiguous	Female	Primary education in madrasa	Beggar	Public/Private	TB treatment
10	45	Ambiguous	Female	No formal education	Beggar	Public/private	HIV treatment
11	65	Male	Female	No formal education	Beggar	Public/private	HIV treatment

### Qualitative themes:

Six themes were identified after completing 11 in-depth interviews. The actual findings extracted from line by line coding of transcribed interviews are presented as themes supported with quotes.

#### Theme 1: Striving for Life

Lives of our study participants were not easy or smooth. Each and every day, they had to strive through the discrimination to fulfill life's need. Majority of participants had been disowned by their families and relatives and were staying with other transgenders, or were staying alone.

Social exclusion was felt by most of them and they considered it their fate. Majority of participants shared that they faced discrimination by hospital workers, patients and their attendants, doctors, and nurses.

*'There are a lot of she-males who avoid visiting hospital in day timings to avoid any disrespect, they think during night timings there will be no public and doctor will give good response.'* (Transgender 4)

The discriminatory behavior prevailed at all levels at a healthcare facility, such as at entry point of a facility, in a queue for registration/token and at the time of care provision. They faced discrimination outside healthcare facility too while commuting to and back from a healthcare facility.

*'Challenge starts from hiring transport for commute, then negotiation on cost, then facing people around us, people devalue us, even sometimes they misbehave, hooting and passing comments on us, giving us their contact number or asking for our contact number.'* (Transgender 2)

Lack of education and employment opportunities led them to begging, dance performances in private functions and prostitution. Most of them were living their lives in poverty. *'I started performing dance in private functions when I was 13 or 14 years old, now I am 27. After I started functions rest of my life I spend in my room, I try to go out in night time to avoid people.'* (Transgender 5)

### **Theme 2: Biggest Nightmare! Violence and Harassment**

Violence and harassment were considered a traumatic common experience by all participants be it a known or an unknown person; without any reason or explanation. This made their life unpredictable and full of risks. While sharing experiences of attending healthcare facilities, participants expressed that one of the most disturbing moments for them was gender allocation. Neither male nor females allowed them to stand in queue with them.

*'They don't allow us to stand on either side, if we try to stand with gents then they push us make fun of us and do inappropriate things and they don't allow us on ladies side.'* (Transgender 8)

While standing in a queue with males, they experienced verbal and physical harassment like taunts, comments, offering and asking for contact numbers and inappropriate touch. Patients, attendants, security guards and healthcare providers were the usual perpetrators of harassment within healthcare facility.

*'One day even guard started to abuse me, he asked why you are standing here, I replied to make OPD slip then he started to abuse me.'* (Transgender 2)

*'They don't even spare us in mosque, and you are talking about hospital! They don't spare ladies how can we expect to live safely.'* (Transgender 8)

Several participants of the current study had adopted dance performance in private functions. In most of these parties' people often got drunk and did inappropriate things with them which included touching, grabbing, asking and giving them contact numbers, and asking them to fulfill their sexual desires.

*'One night during my dance performance one man asked me to share my contact number with him and asked for sexual act, on resistance he shot me with a bullet in that event during my performance.'* (Transgender 1)

### **Theme 3: Shunned by the Society**

Transgenders expressed disappointment with the society; they shared that they spent a big part of their lives hiding themselves from the society due to their insecurities. They felt hated and this feeling coupled with their insecurities led them to isolation from the society.

*'I have left the family because you know in family relatives say different things about transgenders; it is difficult for us to live in a community. The relatives say to family members that their son is transgender. It is difficult to walk in the community even. You know what their thinking is, the more the people the more they talk about you.'* (Transgender 1)

As per their experiences people avoided talking to them and stayed away from them. They were treated in an inhumane manner as if they are children of a lesser God.

*'They don't consider us human being and they were staring at me like I am an animal among them.'* (Transgender 5)

The society blamed them for spoiling the environment which caused demotivation and discouraged them to continue their education and seek better earning resources. Majority of the transgenders lacked opportunities to earn a decent living and hence they became sex workers. They said that when a transgender individual visits health facility people around them think of them as carriers of some serious sort of infections.

*'They think that we all are HIV positive and suffering from serious contagious disease.'* (Transgender 2)

*'When I left my home I was studying BSC part 1 and I was eager to continue my studies but it has been 2.5 years I joined this field now; and whenever I discuss someone to continue education people or my teachers whom I know demotivates and discourage me by saying what you will do after studies there is nothing for you in this society. And for all these things I lost my confidence.'* (Transgender 7)

### **Theme 4: Hope for Better Days**

Despite living a life with multiple problems and difficulties, they were optimistic for a non-judgmental society. Majority of the participants stated that community awareness on respect for transgenders and provision of equal opportunities in healthcare facilities can give them a better life. Study participants shared that the world would be a better place to live if parents would teach their children to give respect to transgenders and treat them as human beings.

*'There are some people who give us respect and those good persons are reason of existence of this world because if everyone will become bad person then it will be the end of world.'* (Transgender 3)

Treatment and medicine should be available free of cost; through Sehat card which is a Pakistan government's initiative to distribute healthcare services to deserving people. They also said that there is a desperate need to train doctors and nurses to deal with transgenders' health needs, and government should introduce social awareness campaigns to address discrimination against them.

*'You people can do something for us as you are recording all these issues and you people can put forward our problems to notify them.'* (Transgender 5)

### **Theme 5: Transgender as a Pakistani Citizen**

Almost all participants of the study were unaware about the bill passed in 2018 to protect the rights of transgender

people. Gazette comprises of seven chapters which include, recognition of identity, prohibition of harassment in any sector and facilities, provision of rehabilitation centers, separate jails, and protection of rights of the transgender persons as citizens of Pakistan. Although the gazette includes comprehensive details to facilitate transgender people but due to lack of implementation of legislation in our society, not a single right is protected. However, participants of this study were ambitious to secure employment opportunities and some of them had submitted applications for vacancies but didn't get any response.

*'They should consider us equal, we also deserve job opportunities even I applied for job several times and I met head of my community to secure any job or continue my education by joining university, but they didn't give me any response.'* (Transgender 7)

When they were asked to verbalize their rights as a Pakistani citizen, they had little awareness of their basic human rights. Some of the participants verbalized these rights to having access to drinking water and clean environment only, some said these rights are respectful treatment, and gender specific care by healthcare providers.

*'We don't want any new rights; we want same rights as you people have!'* (Transgender 5)

### **Theme 6: Attitude of Healthcare Providers towards Transgenders**

Majority of this study participants faced negative attitude and probing questions by healthcare providers and other staff of the facility. Only few of them had experienced non-discriminatory services. Regardless of type of healthcare facility (public or private) healthcare providers discriminated against them. Their treatment was either delayed or refused or at times if attended they were seen very quickly without giving the needed attention.

*'God knows if we have thorns on our body; or if they think we will bite them. Last time in healthcare facility I just rested my hand on the table, they abruptly asked me to put my hands off from the table. They insulted me a lot.'* (Transgender 8)

Most of the participants said that the healthcare providers used to feel hesitant to examine them. Moreover, during physical assessment, healthcare providers did not observe privacy and confidentiality protocols.

*'He was examining all patients in this way and all patients were male where they had sent me for examination, the doctor asked me to remove the shirt. I resisted by saying how can I remove my shirt here in front of males, then he used bad language in response to my argument.'* (Transgender 7)

## **Discussion**

This study has captured firsthand experiences of transgenders, who had been visiting public and private healthcare facilities in Karachi. Their responses helped us understand discrimination and biases prevailing in the city of Karachi.

Majority of participants of current study were staying with other transgenders as their families disowned and forced them to leave homes. This finding is similar to the ethnographic study conducted in South India (14). Another qualitative study conducted in India among transgender sex workers also reported rejection by family due to feeling of shame in society (15). Challenges faced by current study's

participants in public places like hooting, inappropriate gestures are similar to the findings of ethnographic study from South India which also reported that during travel in public transports, men passed comments and physically harassed transgenders (14). Another study conducted in India found that lack of support from family led to social isolation, this finding has similarity with our study (15). Study conducted in Lahore also showed that discrimination and lack of social support led to psychological distress in transgender community (16). Participants of our study reported that due to challenges at family and community level they adapted social isolation and preferred to hide from society. This finding shows similarity with the qualitative study conducted in Rawalpindi & Islamabad (12). A Colorado study reported that 17.1% participants experienced delay in care due to fear of discrimination and avoided visit to hospitals for healthcare services (1). Another Argentinian study reported discrimination by healthcare workers as a reason for avoiding seeking healthcare services (17). A study on transgender sex-workers in India reported discrimination faced by study participants in health facilities which resulted in transgenders opting for self-medication (15).

The adoption of sex work and dancing in parties was also reported by a qualitative study conducted in India (15). During dance performances, people in drunken state made them uncomfortable by touching them inappropriately without their consent, which led to physical violence. This finding is similar with the Ethnographic study conducted in South India, in which they reported that while performing dance the transgenders were dragged by drunken people after performance to deserted areas and were sexually assaulted (14). The experience of physical violence and torture by society shared by participants of our study shows resemblance with a survey conducted in USA, in which 38% participants reported physical violence and 27% reported unwanted sex since teenage years (9).

The participants of our study showed disappointment with society and healthcare facilities. Similar discrimination and biases in the society and healthcare facilities were reported by a qualitative study conducted in India that explored the experiences of transgender community (15). Assumption of healthcare staff that all transgenders are HIV positive due to involvement in sex work has similarity with the study conducted in USA in which reported similar results (18).

Participants of our study expressed that healthcare providers are not trained to address the healthcare needs of transgenders. Rigid social norms were the major cause of distress mentioned by our participants. This finding is similar to a study which reported that 32% transgenders believed that healthcare providers were not knowledgeable about transgender issues which was a barrier for accessing healthcare services (5). John et al conducted study on physicians to explore their experiences on delivering trans-specific healthcare services. They reported that there is a deficiency in medical curriculum and even during clinical residency they are not taught about transgenders related health issues resulting in them feeling confused while dealing with transgender people (19). This was an important finding that suggests that modification is required in the curriculum especially hands on training on trans-



specific healthcare issues which can lessen the barrier to access healthcare facilities by transgenders.

The gazette published in March 2018 in Pakistan for giving rights to transgenders has not been implemented (20). Guardian reported on legislations of Nepal, Bangladesh, India and Pakistan on recognizing transgender as a third gender and introduction of quota in jobs. The first political transgender from Pakistan said that laws on transgenders as citizens are not enough; it is the implementation that can bring about a change. She further said that government is not supporting their population and there are few jobs opportunities in NGOs which are contract based (21). Discrimination towards transgenders in the field of healthcare and employment reported by participants in our study shows similarity with a quantitative survey conducted in Virginia. In that study overall 41% participants reported transgender related discrimination in healthcare, housing, and employment (9).

Most of the participants of our study stated that health care providers became judgmental while addressing their health issues. Similar results were reported from Brazil which reported that healthcare providers used to insult them and used abusive language. Moreover, study also reported that healthcare providers refused to see them and denied examining them because of being transgenders (22). South African study found similar experiences in which participants reported insult, and misbehavior by healthcare workers. Moreover, that study also reported lack of privacy protocols, examination in open space and exposure of body in front of other patients (23). An ethnographic study conducted in South India reported refusal of healthcare providers to touch them, and prescription of medicines without proper consultation (14).

## Conclusion

The current study revealed that transgenders experienced several barriers to access healthcare facilities in Karachi. They were living a life of poverty with awareness of their rights as Pakistani citizens. They face discrimination, violence, poor attitude not only by general public but also by doctors and healthcare staff which eventually leads to poor healthcare services access.

## Limitations of the study

Transgenders live their lives in isolation; thus it was hard to reach them to recruit in this study. Transcript checking and verification of content was very difficult, as they preferred to hide their identity and frequently changed their contact numbers. Thus, data transcription process took a long time to complete.

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