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**VOICES FROM THE FIELD: SOCIAL STIGMA AND HEALTHCARE
PREJUDICES TOWARDS THE TRANSGENDER COMMUNITY OF
LAHORE**

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Abstract

The access to quality healthcare services is a fundamental right of every human being but transgender community in Pakistan is regularly denied of it. The aim of this paper was to understand the underlined constructs of social stigmatization about transgender community and associated barriers in access to healthcare services. The study was conducted using qualitative research design. The data have been drawn from 20 in-depth interviews using purposive sampling. Only those transgenders were recruited who had an ailment requiring at least 3 to 4 visits to a doctor for complete recovery. Furthermore, triangulation of method was used by conducting 10 semi-structured interviews with the healthcare providers at four public sector hospitals at Lahore to know about their competencies and specialization in treating transgender people. The study used thematic analysis, where themes were inferred from the collected data.

Findings of the stud revealed that transgender were least interested in a medical checkup. They had the anticipated fear of being discriminated at public healthcare facility. This situation warranted self-medication of transgender. Furthermore, transgender experienced both delayed routine preventive care and delayed medical emergency care when sick or injured. It was also revealed that doctors discriminated against transgender,

considering them the cause for discomfort to other patients. The healthcare providers appeared to be lacking medical and social competencies to deal with the specialized healthcare needs of transgender. The study proposed policy intervention to eliminate social stigma and to create an enabling environment for transgender at healthcare outlets.

Introduction

Transgender are the most underrepresented community of Pakistan (Al Mamun, Heyden & Yasser 2016). Their social exclusion begins with their birth by parental rejected behaviors (Catalpa & McGuire 2018). This social exclusion is intertwined with stigmatization where transgender are considered as 'estranged creature'. This state of affairs causes the status loss and discrimination against transgender in social setting (Deacon 2006). Concomitantly, it inflicts the realization of their fundamental right to healthcare (Rosa et al. 2019). The poor state of healthcare utilization is associated with risks for serious infectious diseases like Human Immune Deficiency (HIV), Sexually Transmitted Diseases (STDs), depression and suicide (De Santis 2009); (Krieger 2012); (Meyer 2007); (E: 2001). Research indicates that social stigma can discourage individuals in seeking health care by breeding mistrust and anticipating mistreatment and unwelcoming behaviors of health providers (Potat T 2014).

Health is an amalgamation of mental, physical, emotional and psychological wellbeing of individuals and it's not merely the absence of disease (organization 1948). Furthermore, literature highlights that social determinants of health owing to the political environment, largely shapes the health conditions of individuals (Raphael 2004).

In case of transgender, the social and political conditions are not favorable as the social acceptance for them in public spheres is very low. At institutional level, the trans-inclusive policies are missing. This social and political unwillingness to include them in the mainstream causes multiple challenges to their health and well-being (Dewey 2008); (Xavier 2007). These challenges not only discourage transgender to seek medical care but also impel them to compromise with their poor prevailing un-healthy and un-hygienic living conditions. There could be a number of barriers for transgender in accessing and utilizing healthcare facilities. Research indicates that transgender could be confronted with a number of impediments such as non-cooperative behaviour of paramedic staff, un-conductive environment, difficulty in navigating the healthcare services, shyness and reluctance in interacting with the healthcare provider, lack of information about the transgender health issues and harassment (Bauer et al., 2009; Feinberg, 2001; Hill, 2003). These barriers can be categorized as structural and institutional discrimination (Potat T 2014) against transgender bred from informational and institutional erasure (Bauer et al., 2009), the condition in which culture makes transsexuality acceptance and survival impossible (Namaste 2000). The Patient -doctor relationship is very important in delivering health services and in improving the quality of health care. The patient-centered and relation-centered care improves the patients' satisfaction that ultimately speeds up the recovery process (Saha, S., Arbelaez, J. J., & Cooper, L. A. 2003; Schneider, J., Kaplan, S. H., Greenfield, S., Li, W., & Wilson, I. B. (2004). The doctor-patient interaction is a multidimensional phenomenon that includes, respect for patient's needs, values and preferences, providing details including advantages and disadvantages of any medical procedure, emotional support by removing all fears and anxieties and prioritizing the physical comfort of the patient (Beach et al., 2006). The discrimination against transgender is not a problem for developing and traditional countries only but the developed countries like the United States of America (USA) also faces the same stigmatization and discriminatory attitudes towards the health utilization of transgender (Qureshi et al. 2018). The National Transgender Discrimination Survey (NTDS) reports the denial of medical services to transgender due to their identities, unawareness of

doctors about the needs of transgender, mistreatment of medical providers, harsh language and blaming transgender for their deteriorated health conditions (Grant JM 2011);(Legal 2010).

To date there is less information available regarding what transgender think about their healthcare needs and barriers to their healthcare utilization and what measures are needed to improve the situation. The aim of this study is therefore to understand the underlined constructs of social stigmatization about transgender community and associated barriers in access to healthcare services.

Literature review

The extensive literature review suggests that transgender belonging to any part of this world faces stigma and discrimination in accessing and utilizing health care services. All these issues indicate a dire need to understand the constructs of stigmatization and discrimination of health care for transgender with Pakistan's indigenous perspective. This study not only relied on the accounts of transgender but the triangulation is done by interviewing doctors as well.

Health is a composite of physical, mental and emotional well-being of an individual. The health condition of an individual can only be understood if we evaluate the social, economic and political context of the one living as determinants of the health. The current literature clearly established that the Trans people are not in good health conditions and face multiple challenges for health seeking opportunities including accessing and utilizing health care services. Access to health-care services, lack of relevant information, low self-esteem is few of the barriers faced by trans people in the current health systems. In addition to access to health care services, the behavior of medical personnel is another crucial barrier to health seeking behavior of trans people. The study of one of the most developed country like U.S states that doctors and medical staff was unaware and insensitive towards the medical needs of LGBTs. In a research conducted in Vergina (Xavier 2007) and (Grant JM 2011) 46% of the TG respondents had to educate and sensitized the health-care providers about their health-care needs. They also heard derogatory remarks from the nurses and faced discrimination in health services due to their sexual orientations(Legal 2010). The analysis of the U.S medical curriculum shows no information about the health requirements of LGBTs. Therefore, the lack of information about the trans' health issues is also considered an important barrier in providing health services to trans people by the doctors. In most cases, doctors are unwilling to accept the trans identities and treat them equally other gender identities like males and females due to being a passive actor of social systems which do not accept Trans people as equal human beings. Such denial of Tras people as normal human beings, perpetuate the discriminated health attitude towards Trans people (Grant JM 2011). Therefore, they keep on avoiding contacting health care providers for medical advice which worsens the health condition of the TG and may lead to serious illnesses like AIDS, cancer and Haypitaitus (Grant JM 2011; Legal 2010; Xavier 2007).

(D 2014; Dewey 2008; E: 2001; Grant JM 2011; Lombardi EL 2001; Obedin-Maliver J 2011; Operario D 2010; organization 1948; Poteat T 2014; Raphael 2004; Xavier 2007)

Stigmatization of TG as bad, cursed and evil people may be the prime causes of health discrimination of TG. Blaming and shaming are the tools to operationalize stigmatization of individuals. The stigmatized people further face discrimination through enforcement of isolation from the social, economic and political opportunities of their lives. The stigmatization and discrimination is institutionalized in the social structures of the societies and influence the social positioning of an individual and policy making as well. The stigma

associated with Trans people is an important predictor of stress, anxiety and suicidal attempts among them.

(Corrigan 2004; Deacon 2006; Dean 2000; Dorsen 2012; Eliason 2011; Grant JM 2011; Krieger 2012; Link 1995, 2006; Meyer 2007; Norton 2012; Obedin-Maliver J 2011; Vanderleest 2009)The stigma and discrimination faced by transgender people (i.e. those whose gender differs from their sex at birth) have been associated with increased risk for depression, suicide, and HIV(De Santis 2009);(Meyer 2007);(E: 2001).

There is significant data that shows health discrimination for transgender while seeking health care services. Due to the social unacceptability towards them, they are not just face unemployment but also remain ineligible for health insurance services (Grant JM 2011). The data of Philadelphia shows that one-third of transgender community has no access to primary health-care services. (Kenagy 2005)(2007; Kenagy 2005; Legal 2010). According to National Healthcare Statistics, the quality of the health-care services received by Trans people is quite poor.

Such derogatory behaviors of medical personnel creates mistrust and leave Trans people with no choice but to use home remedies to cure disease which may result in worsening the health conditions of TG. Xavier, 2007

(Sanchez 2009; Xavier 2007)

Transgender individuals are highly prone to the mental disorders leading them to suffering depression, inducing them to commit suicide and being affected by eating psychopathology. The noted rational for this tendency is the availability of very limited social support(Nemoto T 2011) They find social support a scarce commodity for themselves even though availability of adequate social support is essential for a quality life and for a satisfied state of mind among the people with gender dysphoria. The current situation is concern of grave importance.(Davey A 2014). Since transgender people share the experiences of social unacceptance, discrimination and prejudice, these factors provide strong implications of predictability of mental and psychological illness among transgender group of people)(Robles R 2016). Existence of transgender is confirmed in history as well. They may not have been accepted and acknowledged in society as individuals of separate identity. The first literature that was published to highlight medical problems in this field was published in 1953 in United States.(Conard 2017).

Transgender adolescents are forced to live in their darker realities thus posing them a great deal of cognitive and affective risk. Because, they are not provided medical assistance. Even when they seek to be treated, the doors of medical offices are closed to them. So, medical utilization by the group is low.(Dean L 2000). Choices of parents are very limited for accessing the medical facilitates because of the current situation of scarcity of health facilities for Trans and gender diverse group of people. A number of significant differences were identified in the cases of transgender patients and other sexual health patients.(Bocking 2004). Although, the policies of Universal Declaration of Human Rights and the fundamental goals of WHO do recognize the sheer importance of provision of health care facilities to everyone irrespective of any discrimination on any social, economic or geographical grounds, the true value of these policies will be recognized only when these are translated into the practical world. As far as reasons of the vast differences in the chances of being suffered from a health risks between transgender and cisgender are concerned, there are two primary reasons; the gap of birth gender and the social gender and the health impacts of gender discrimination faced by the group.(Francis 2006)

In the report of National transgender discrimination survey report on health and health care(2010), it is found that there are a number of barriers that were faced by transgender people. These problems can be categorized into rejection of care, provocation done both

verbally and physically in health offices and lack of practitioners' knowledge. Most countries are unable to provide sufficient and appropriate health services to transgender individuals due to scarcity of medical services for transgender individuals. In the regions of Asia and Pacific, sheer discrimination and gender stigmatization towards the group act as a huge hindrance for transgender individuals for utilizing health facilities. (Winter 2012) This hurtful discrimination in their personal life also affects their psychological and physical health as well. (Bradford 2013)

Health utilization of general population, is also, in Pakistan is not at par with the standard. Inflation rates are very high, essential medicines are getting expensive at a very high rate. This leads to the unaffordability of medicines by the groups of people of lower class and lower middle class and in some instances even middle class group of people could not afford certain medicines that are considered important for restoring vitality of individuals. (Goals 2015) Some studies also reported the situation of limited medical utilization by supporting it with statistical data. A study conducted in San Francisco on 515 transgender people regarding differences in behavioral treatment revealed that about 62% of the sample were treated with bias in work place, in medical centers and in their homes. In another study, 46% of individuals belonging to the group of MTF were prone to employment prejudice and 27% were faced with the unpleasant experience of family discernment. (Clements K 1999).

A more recent report of The national transgender discrimination survey report on health and health care (2010) of Washington DC discovered that a recognized portion of transgender respondents had been refused to provide them with a treatment altogether on the grounds of their special gender identity. 28% of transgender individuals had been verbally abused and rebuked within the premises of medical office. In 2% of total transgender patients being considered in the report, physical modes of torture were also used against them. Moreover, 28% of respondents either delayed or totally avoided necessary medical care solely on the grounds of the fear of being observed with discrimination and prejudice even though they were not medically fit. Additionally, 50% transgender people reported of having to tell their health care consultant about the nature of gender specific care (Grant 2010)

As far as situation of HIV is concerned, a research in California recorded strong indications to depict elevated rates of HIV infection among transwomen. Moreover, transwomen are more vulnerable to HIV disease than bisexuals and homosexuals (DL. 1999) In Pakistan, transgender become 17.5% of total victims of HIV population. (Singh S 2014). One of the studies of recent past indicated severely unfavorable social situation by discovering 71% of LGBTs, who use injectable drugs, have sexual associations with other victims of drugs. (Melesse DY 2016). Attempts are also made to identify causes of the existing stern problems for transgender individuals. The prevalent practice of assigning sex at birth and calibrating the sex with gender in health care centers is notable reason. This has led to the realization of a number of barriers for transgender in attempts of accessing and obtaining medical health services. The strict gender of masculinity or femininity become hindrance in the traditions of gender integration. (Bachmann 2015).

Another major reason for insufficient utilization is referred to the insufficient practice of the practitioners in this regard. Practitioners, in general are less aware of prevalent concepts, problems, and researched clinical practice templates applicable to transgender patients. (Stroumsa 2014). Niera (2017) also asserted the limited knowledge of practitioners and having less exposure of developments in the field of TGD health, as a vast hindrance. This aggravates the situation of provision of improper health care to those patients. Refusal of help from doctors also forces transgender adolescents to live in their darker realities thus

posing them a great deal of cognitive and affective risk. Their hopes are generally flouted especially in the cases when they seek medical assistance to amend their gender. Even though there are successful cases from such transformations of personalities without facing much problems, their concerns are left mostly unattended. (Dean L 2000)

United Nations (2011) identified a number of factors that are considered as reasons of the grave situation for Transgender individuals. The reasons are both social, including prejudgments in society, being looked with disgrace in the surroundings, substantial limitations in the field of employment and in medical offices as well. As these patients often face disregard in medical centers and sometimes even physical violence as well. As far as recommendations to this grave situation is concerned, many researchers pointed out a number of measures and some took practical shapes as well, though there is dire need for increase in them as well as they are, at the moment, sufficient to lower the severity of problem to the acceptable level. One of the key recommendation, especially for Pakistan, is to attend to public problem of medicine price inflation. Although, this step might not be solely sufficient to resolve inappropriateness of access for transgender individuals and enforcements of their right, this is highly desired step being desired from Pakistani government.(Cavalin 2016). As, price control is one of the key suggestions to reach the third goal of The Sustainable Development as presented by UN1 of United Nations; provision of quality treatment to everyone at affordable price,(goals 2015). Secondly, Importance of further research in this field is undeniable.(Neira 2017) .In addition, medical professionals should be kept updated about developments in this field.(Conard 2017). Thirdly, it is dire need for transgender people to be recognized as a separate gender in this regard and acceptability of gender variation in this respect.(Lombardi 2001) Therefore, medical models that are developed on the foundations of gender mainstreaming should be implemented in enhanced ways to appropriately address the needs of transgender population in impartial manner.

Moreover, it is even more important to introduce flexibility in gender identities to cover up a number of gender identities in the provision of gender equal care(Bachmann 2015). Fourthly, Newer and ways that are more effective should be developed to aid these individuals in their combat against AIDS/HIV. As these are individuals are more prone to negativity of society, they prefer to avoid participation in older methods of running campaign. These individual detest the inconsiderateness of professionals and therefore quote it as a reason for not taking benefit from these facilities,(Inc. 2000). Fourthly, practitioners should demonstrate, at least, same level of respect to those patients as to the normal patients.(Neira 2017). As it is also momentous to provide a safe environment for transgender patients and their caretakers so that they can bring forward their concerns in safe and open way without any fear.(Conard 2017). Bocking(2004),in the past, also identified behavioural stimuli as the focus of improvements for medical institutions, for example; being considerate to the patients and good behaviour while handling calls and that practical application of suggested intervention improved satisfaction of patients in 1995. He has drawn inferences from his findings that despite the barriers in the field, positive attitude of health care providers is important variable for better satisfaction of patients. For providing aid to TGD people, it is also asserted that the institution of psychological health care is ideal place for initiation of better access to medical services. Although, past relations of such institution dealing with TGD patient was not hopeful, with the passage of time their problems are looked in newer and brighter aspects.(Singh S 2014) In addition, stereotypes of perceived normal individuals should be changed to make them favorable for the people with gender dysphoria.(Davey A 2014). The physiological treatments that are established for transgender people, including sex reassignment surgery and hormone therapy should not be provided on first requisition; the Harry Benjamin International Gender Dysphoria Association's

Standards of Care for the Treatment of Gender Identity Disorders require that these treatments should be suggested as a last resort by psychiatrist, generally, after some psychotherapy treatment.(Meyer 2001). In addition, families should exhibit strong support of medical treatment and keen involvement in obtaining latest clinical guidelines. Participation from families is seen as positive stimuli in the pursuit of achieving success in medical treatments.(Ahmad S 2013; Wylie KR 2014).

Methods

The present study adopted interpretive study design to explore the emic perspective of transgender about their experience of healthcare utilization and barriers to access and utilization of healthcare services. Furthermore, the study intended to highlight the medical and social competencies of healthcare providers in treating transgender. The reason behind using a qualitative/interpretive study design was that most the views and opinion of the transgender are intrinsic in nature and need a detailed and in-depth description. The study has been conducted in Lahore that is the second most populous city of Pakistan and it accommodates people the people from all over Pakistan. The transgender population is very easy to locate in this city because there are a number of localities and points where they reside or found. Furthermore, there are certain transgender' organizations in this city.

The data was drawn from 20 in-depth interviews during the month of August and September 2017. The study used purposive sampling technique, and used a certain inclusion/exclusion criteria. Only those transgender are selected for interview who had fallen a sick in last one year and they had happened to visit any healthcare facility three to four times. Reason behind setting the criteria was that the participants must have a regular experience of the setting and be in a better position to share their experiences.

For approaching the study participants, the Gurus (the leaders of transgender) were contacted and appraised about the study objectives. Upon their referral, transgender were interviewed. The study achieved the saturation point of data after 20 in-depth interviews. The participants of the study were ensured that the study would take care of the ethical consideration by adhering to the principle of confidentiality, anonymity, no harm, respect for humanity and informed consent. A semi-structured in-depth interview guide was prepared to record the responses of transgender. The interview guide was prepared in Urdu and English, and for data collection purpose, the Urdu version of the guide was used for convenience of the participants. Additionally, the present study used a brief semi-structured interview guide to understand the views, opinion, and expertise of healthcare providers regarding healthcare needs of transgender. During the entire course of in-depth interviews, special attention was given to capture the intended context and colloquial of the participants.

The present study used thematic analysis technique for data analysis. Accordingly, data was analyzed in stages. At first stage, the collected data was transcribed verbatim into Urdu to capture the intended content of the participants. Then the data was transcribed from Urdu to English. At second stage, coding and classification of the data was done, and themes and sub-themes were inferred. At third stage, thick description from the available data was derived and placed under the themes and sub-themes. Finally, the salient findings of the study were discussed in the light of the themes inferred from the collected data.

Findings:

Health care experiences of transgender: Interaction with health providers and health care facilities

The socio-cultural context determines the attitude of any person towards adopting health practices. The findings of the study suggest that due to the gender stigmatization, the

transgender did not give much importance to medical check-ups. Reasons for such attitude were that at times they were afraid of to become the part of the mainstream society due to adverse and ridiculous attitude of other genders towards them. Owing to these reasons, they had developed shyness being in places like hospital or clinic. People were less likely to accept transgender in any role or place other than the typical role that is associated to their gender. At times they even faced discrimination from doctors and they were made to wait for hours and not checked up their turn.

Findings of the study highlighted that gender stigmatization, fear of refusal for checkups, facing shame, treatment as untouchables became the leading factors of their hesitation in seeking medical care. A transgender, aged 24, with no education, reported that

“I don’t want to visit any doctor, hospital or clinic. I prefer to take medicine upon the advice of my guru. People consider our ailments as contagious. Once I visited doctor for the treatment of typhoid, other patients were not even willing to sit next to me as they were scared of catching my ailment.”

Another participant aged 21, reported mistreatment of paramedic staff as:

“I am never treated as a normal human being. I had high temperature and I visited the clinic, the compounder didn’t allow me to see the doctor by saying that other patients will be bothered in your presence. . I was compelled to go back without checkup and medicine”

Healthcare providers’ competencies in dealing/treating the transgender

The findings of the study revealed that the doctors were least sensitized about the specialized healthcare needs of transgender. It seemed that cultural integration of doctor’s superseded in fulfilling the doctors’ expected responsibilities. They appeared to be insensitive towards transgender in many ways. For instance, they refused medical checkup of transgender did not pay attention to their ailment and treated them very casually, did not touch them for checkup purpose, and sometime ridiculing the state of their gender non-conformity. A transgender aged 32, with five years of schooling reported:

“I went to a public hospital and doctor refused my checkup by stating that all my ailments are due to my sexual orientations for money making. He uttered that I am doing all the religiously prohibited things was really badly hurt. I wanted to ask that why God sent me to this world as I am the most undesired person on the earth.”

Similarly, another transgender aged 27, a member of a local transgender network said:

“There is no point to visit a doctor as they don’t want to touch us. are we a hoot[un-touchable]. During my checkup, the doctor allowed me to come in and tell my medical condition. But he checked my temperature neither by holding my wrist nor by thermometer. He was verbally polite but his actions made me realize that I am dirty something.”

“We are mostly looked down upon by the health care providers. Doctors try to avoid direct contact as they think that we are infected with STDs. The doctor checked me using his gloves on and sanitized his hands later, whereas

he checked other patients without gloves on. I also over heard the doctor saying something about transgender and AIDS.”

Transgender identity and lack of institutional willingness to bring them in mainstream; causes hindrance in their health care access and utilization. For hospital visit and issuing a bill slip they need to mention their gender and there is no column of third gender. Showing conformity to any one of the existing gender (male and female) may cause problem at the time of admission in the hospital. If a transgender has to be admitted in the hospital, it will be a great problem as the management will not be able to decide whether to admit them in male ward or female ward as two respondents stated:

“Hospital visit are of no benefit to us. We cannot be treated there. I went to the hospital as I got injury on my leg. It required medical procedure and hospital stay to ensure regular medical care for at-least 2-3 days. But doctor refused to admit me in the hospital. As nurses and doctors were making fun by saying that we don’t have transgender wards.”

“I was once refused by the receptionist at the hospital counter by saying that I can’t mention third gender in the billing slip. So it’s better to see doctor at private clinic. He might accommodate me there. So I dropped the idea of visiting any doctor in the future because; hospitals don’t have facilities for us and I don’t have money to visit doctor at private clinic. ”

This showed that financial limitations are also one of the reasons for not giving importance to medical checkup as they do not have much or sufficient sources of income due to their gender limitations.

Transgenders are not subjected to normal medical treatments as it is considered that they will infect the medical equipment due to the stigmatization of their gender being infected with STDs. Some clinics and hospitals even discourage them for the reason that other patients do not come to the medical facility if they know that this is a place where transgenders visit for medical checkup.

“Once I got very ill. My diarrhea and vomiting was not cured for 5 days. I was feeling very weak. It seemed that I might die. But when I visited doctor, he suggested a blood test. The laboratory in-charge was not willing to take my blood sample. He might be thinking that while taking my blood sample, he can be ill.”

Healthcare is a subject which is already facing a lot of divide and discrimination due to the private and public sector. Where there is already so much divide, the third gender is forced to face a lot more discrimination. They are made to wait for hours despite having their turn and preference is given to other genders. In limited availability of resources, other genders are preferred over transgender in treatment no matter how sick a transgender is. It becomes a great issue at time of admission as to where to admit the transgender, the ladies wards or male wards. If by chance, an admission is secured, they cannot have attendants with them as they are also transgender. They are mostly admitted in male wards where they feel more uncomfortable due the stares and odd statements. They are even subjected to harassment in such wards which becomes a reason for ignoring their health in order to avoid harassment at hospital. Even during the regular visiting hours the hospital guards do not allow transgenders to visit their patients as it creates discomfort for other patients admitted. The reported responses are as follows:

“I was so ill that I was unable to sit. But doctor and staff made me to wait long hours. They checked other patients who came after me. This made me so depressed that I don’t even have the right over medical facilities.”

“Considering my condition they admitted me in the male ward of hospital. But it was a trauma. I still regret that I should not have gone to the hospital. The male patients and their visitors were making fun of me by cracking vulgar jokes. I was not allowed to keep attendant with me. At night a male visitor of any other patient came to me and tried to sexually harass me.”

“The attendants were not even allowed in during the visiting hours. It seemed as I have no one to take care of me causing the fear that what if I die here how my community fellows will be informed.”

Institutional Stigmatization: Health providers’ behavior towards transgender health care

Doctors are the backbone of medical setup and without their active participation there is no use of any setup of any medical facility. Doctor’s sensitization towards the patient’s needs is very essential to improve the quality of health services. The findings revealed that doctors have very less exposure to transgender patients. During their academic years, they have never studied any material regarding the needs of transgender community. It further leads to the lack of awareness regarding the medical and social competencies to deal with the specialized healthcare needs of transgender. The doctors reported as:

“In my career of seven years, I have seen only three transgender patients. I think they are least concerned about their health or they might presser self-medication.”

“All patients are equal for the doctors. Therefore, in our academics, we have never taught of treating transgender separately.”

It was also revealed that doctors discriminated against transgender, considering them the cause for discomfort to other patients. He has to face criticism or resistance from his other patients due to which the doctors have to neglect the transgender due to social pressure. One of the respondents stated:

“I was checking a transgender at the hospital ward, during the checkup I came into physical examination of the patient due to which one of the male attendants of another patient in the ward made a vulgar joke about it. Moreover, a patient asked me to sterilize my hands before checking him. Since that day, I avoid checking transgender.”

Socio-cultural environment hinders the access and utilization of healthcare facilities as doctors need to cater the larger audience, they cannot put the stake of larger community due to the smaller groups’ needs. Moreover, the infrastructure is also barrier in providing comfortable health services to the transgender patients. As reported by a respondent:

“I am a doctor. My responsibility is to provide my services to the maximum people. Patients feel uncomfortable in the presence of transgender patients. Being involved in different social evils, the transgender face much kind of STDs and serious contagious infections due to which people don’t want them to be treated in the same facility. I cannot provide counseling services to the

people. So I try to give medication to the transgender first so they could leave the vicinity early.”

“I sometimes feel helpless. Sometime the transgender really need proper medical attention including admitting in the hospital. But we lack transgender specific wards and general public also show no tolerance for them to be admitted in the same ward. In case we admit them in the hospital, they have reported harassment incidents from other patients including; verbal and sexual.”

The doctors also discussed the behavior of senior doctors and other fraternity members when they have a transgender patient. They reported to face humor in the form of vulgar jokes. As stated by the respondents:

“I have a transgender patient. My colleagues made fun of me with vulgar jokes as what I am charging him in a form of check up- fees.”

“I had to conceal with my colleagues that I my patient is transgender because they make fun of other doctors whose patient is transgender.”

Many respondent doctors even stated that they never discriminated in dealing transgender. However, a doctor reported a harsh behavior of his senior doctor on recommending transgender for a special opinion on his case;

“Once I sent a transgender patient to my senior doctor’s room for his specialized opinion. He was sent back immediately and I was directed by his staff to not send transgender to him as he believed that they had no morals and could spread contagious diseases.”

Discussion/ conclusion:

Transgender and gender diverse group of individuals that are not assigned into prevalent genders of society. Society is unable to shelter them under the perceived normal ranges of social gender. Therefore, these groups of individual as of present have no unique identity. Their gender is unrecognized or under recognized. In addition, these individuals clothe themselves into the templates of either masculine or feminine gender because they have no choice. They are always under the fear of discrimination, prejudice and sheer stigmatization in case of disclosure of their identities to other people. The fear is not only for the society; even families are reluctant to accept their transgender child in their families and a number of researchers have reported the unfavorable behavior from families of transgender individuals. The unfavorable behavior ranges from biases in care and wellbeing among transgender and cisgender family members to violence, disgrace and sometimes even forcing these individuals to leave home on the “crime” of possessing a different gender identity. Only close family members are reported to provide social support to these individuals. Moreover, they are in constant pressure to live in prevalent fears for the hardships of their child associated with their special gender.

The discrimination, prejudice, biases and dark stereotyping that is associated with LGBT group of individuals is scattered through their phases of life. They are required to endeavor it in their childhood, adolescence and adulthood. This stigmatization walks with them through every social environment. Be it be their homes, their social environment, their school, colleges and university and in institutions of employment. Additionally, this disgrace is bound to carry with them in medical offices and health service centers. They are disgraced in clinics and hospitals across the world and Pakistan is no exception. This has turned into

serious situation of low health utilization from transgender individuals leading to implications of improper treatments and care for these people. Owing to the fear of social stigma, they are generally reluctant to take appointment with a clinician or pay a visit to hospital and this fear is generally shared across all transgender people in nearly every part of world as pronounced in the literature.

Even when they attempt to access the health facilities, they are faced a number hindrances and limitation. Health related services specific to the gender of transgender individual is limited. As per a research, in fifty percent of cases they find themselves telling their practitioner about the way they should be treated. This is a daunting task in itself for the reason that of the limitation of a safe environment for TGD people and their loved ones to express their concerns properly in medical settings. In a number of cases, they are faced absolute refusal of doctor in case they seek examination. In a percentage of these cases, reports are also observed by researches of physical and verbal harassment and violence in health service centers. Consequently, they are being forced to not even visit a clinician and even if they do, expectations are imposed on them for not only preparing for discernment at the office but also for teaching their doctors about their unique nature.

Literature suggests that transwomen and transmen are at higher risks physiological and psychiatric diseases. They are highly vulnerable to cognitive and affective ailments of depression and other disorders leading to the attempts of suicide and use of drugs including injectable drugs. Studies also reported sexual relationships of drug addicted TGD group of people. It is asserted that the reasons are also the cause of elevated HIV rates among this group of individual. A research in California also asserted an emergency for coping with HIV especially among transgender women.. The same research implied the need of development of interventions for alleviating this situation.

As far as the causes of this grave situation is concerned, literature directs that the social prejudice have direct influence on the medical services. Other noted reason is limited practitioners' knowledge in this field. They are less aware of the currently researched interventions developed for transgender individuals, thus are unable to provide adequate treatment to this group of individuals. Moreover, TGD group is diverse group with respect to birth sex as people are born with various calibration, so, it is essential for practitioner to keep abreast of a number of configurations about the treatment of this group. It is asserted by the researcher, that they are unable to keep themselves updated.

Another rational is the straight refusal of doctors for provision of aid to transgender patients. It is observed, noticeably, that clinicians refuse to check up patients based on social discrimination. Although, interventions are developed for successful transformations of personalities for LGBT individuals, doctors still put these people in dismay by general reluctance of doctor to provide treatments. Even though, there are numerous successful cases of transgender people in this regard.

As far as the solutions to reduce the hindrances for transgender group of people are concerned, a number of attempts are made by researchers to highlight the problems and their solutions. A faction of researchers has brought the importance of increased research in lime light. They have suggested increasing the scope of research in this field to identify additional problems and their solutions. It is also suggested to update the knowledge of practitioners to up to date levels, so that patients can be treated properly. Policies are also devised to improve the social standards and medical facilities for transgender individual (as described in the literature). However, these policies are not implemented to the visible level of practicability. Practical values of policies are exhibited only when it is put in practice. It is also suggested

that there should be diversity in gender. The categorization of gender should not be strict. Rather it should be flexible to adopt a range of transgender configurations and LGBTs should be recognized as transgender this might lead to the broadening of concept gender mainstreaming. (Lombardi, 2001)(Dean L 2000). A priori studies also recognize importance of psychological and social support. They regard this as building block for development of restored social and medical health.

However, the researcher recognizes the importance of understanding the culture of transgender individual not only at macro levels, but also at micro levels. There is dire need of identifying the linkages of common terms that are understood by transgender both at macro culture level, and at sub cultural level for unveiling additional factors that cause physical and mental ailments associated with TGD group of people. Additionally, the importance of practical implementation of devised strategies by researcher is undeniable. The public should be made aware of their issue and attempts should be made to change the hurtful perception and stereotyping of people to a respectful one. Transgender should be provided with their social rights. Researcher also suggest attempting for discovering special facilities of this group. This may help them to utilize their potential for developments of society.

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