

Health and Educational Inequalities among the Third Gender Community in Lahore, Pakistan

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Abstract

Objective: The third gender community, commonly referred to as the ‘hijra’ community and including transgender, intersex, and eunuch individuals, faces widespread societal discrimination, leading to marginalization and reduced opportunities for social and economic participation. This study aims to explore the educational and healthcare challenges faced by this community, as perceived by its members, to gain deeper insight into the complexities of their lived experiences.

Methodology: This qualitative study conducted in-depth interviews with ten hijra individuals from three areas in Lahore, Pakistan. Data saturation was reached after eight interviews. Verbal consent was obtained with a transgender ‘Guru’ as a witness. Transcriptions were coded by two researchers. Seven themes were identified: early childhood educational experiences, peer attitudes, educational costs, family attitudes, teacher behavior, discriminatory healthcare, and the attitudes of doctors and paramedical staff. Thematic analysis was conducted manually.

Results: The study revealed that the hijra community faces minimal discrimination during early childhood education, but experiences significant bullying, harassment, and social exclusion in later school years, particularly from male peers and some teachers. Financial constraints often hinder their educational pursuits, with some parents being supportive while others are hostile. Healthcare discrimination is prevalent, with many reporting neglect and derogatory treatment from both public healthcare providers and paramedical staff, though private healthcare services offer better experiences for those who can afford them. These barriers underscore the systemic challenges faced by the hijra population in accessing education and healthcare.

Conclusion: The third gender community faces significant barriers in accessing education and healthcare, depriving them of basic human rights. Urgent policy reforms promoting equity, inclusivity, and community sensitization are needed to end their social neglect.

Keywords: Barriers, Discrimination, Education, Eunuch, Hijra, Health, Intersex, Transgender

Introduction

Transgender is a term used for people with gender identity different from one’s assigned birth sex (male or female). Hijra are individuals who identify

outside the normal gender binary. In South Asia especially in Bangladesh, Pakistan, and India, the term ‘Hijra’ is often used for transgenders.¹ Hijras are mainly classified into ‘Khusras’, who are true transgenders, ‘Zananas’, who wear dresses of the opposite sex and present as transgender and then comes ‘Narbans’ who are castrated males.² Transgenders and Hijras have also been recognized in ancient Hindu scriptures. During the Mughal empire in the sub-continent transgenders had been assigned to serve their ladies. But during modern times they were excluded from mainstream society and put aside as third-category citizens.³

At present their condition is even worse because they are left far behind in terms of education, health, employment, and sex identity as compared to the general population. Pakistani cities have a large number of transgender communities. Most of them live in pathetic environments usually in slums where they have a leader called ‘Guru’. Mostly they select their Guru based on activeness, experience, and multiple other factors. Then the guru has multiple ‘Chellas’ (servants) who mostly earn livelihood and give it to the Guru.

Due to the marginalization of these poor people, most of them earn by begging, dancing in weddings or through sex work. People with third gender were never included in census in Pakistan up till 2017. Still they haven’t been recognized as a separate sex. No government or private organization is aware of the exact figure of Hijras living in Pakistan. This also shows the level of discrimination they face as compared to other populations. There are a few NGOs working for the equity of transgenders in Pakistan like Gender Interactive Alliance (GIA), Blue Vein Organization (BVO), Pakistan Shemale Rights Organization etc.⁴

Transgender population face discrimination in every field of life, like in basic facilities of health and education as well as their poor representation and identity in policies for these people.^{5,6} Discrimination based on having a gender at birth pose an access barrier to medical treatment both in basic and specialized health facilities.⁷ They are subjected to verbal and physical abuse by

society including teachers and medical personnel. Also, there is no anti-discrimination law in Pakistan to ensure equality in health and education.⁸ More important is their less exposure to health promotion and disease prevention especially related to sexual health which leads to increased risk of sexually transmitted diseases e.g HIV (AIDS).⁹ Incidence of HIV in transgenders in Pakistan is 17.5% of total HIV population.¹⁰ The prevalence of HIV among transgenders in India is estimated about 14.5%.¹¹

Schools provide an ideal environment for students to interact, especially with the opposite gender, in a healthy educational setting. However, transgender individuals are often denied the opportunity to engage with other genders on an equal footing, even within educational institutions. The harassment they have to face in schools by fellows and even teaching staff poses a major barrier for them in pursuing their education.^{3,12} Because of social stigma most of transgender people lack access to higher education leading to poor literacy rate among them.

Qualitative research design is best to explore their perceptions regarding health and educational problems they face. This study was done to explore educational and health barriers/issues as perceived by the 'Hijra' population from a community in Lahore, Pakistan. The aim of this study is to explore the educational and healthcare barriers faced by the hijra population in Lahore, Pakistan. The objective is to understand their experiences and perceptions regarding discrimination, access to education, and healthcare services.

Methodology

This is an exploratory qualitative study conducted in 2019 through in-depth interviews (IRB number SKZMDC/DPHCM/ER/2019/003). In-depth interviews, as defined by Boyce and Neale (2006), are a qualitative technique involving intensive, individual interviews with a small number of participants to explore their perspectives on a specific issue, program, or situation.¹³ The interviews conducted were semi-structured, meaning they followed a set of predetermined questions, with additional probing questions used to explore and clarify particular topics. The primary advantage of in-depth interviews is their ability to gather detailed insights into the research questions, while allowing the researcher to manage the data collection process and address any uncertainties as they arise.

The study was carried out in different areas of Lahore, Pakistan. Lahore is the provincial capital of Punjab and is a metropolitan city. Three areas were purposively selected as they had dense population pockets of Hijra people. The study subjects were adults some were beggars and some doing job in the AIDs control program. They were contacted through a social activist in Hijras. The areas were Faisal Town, Shah Noor, and Pindi Stop in Township, Lahore. Participants were identified through purposive sampling (non-probability sampling. After obtaining ethical consent from the participants verbally, a total of 10 interviews were conducted, with 2 interviews held per day. The researchers had decided that the number of interviews would be based on data saturation, which was achieved after 8 interviews. However, 2 additional interviews were conducted, bringing the total to 10.

Data Collection

In each area, the researcher met the 'Guru' and after taking his verbal informed consent he proceeded to recruit 'Hijras' with the guidance of 'Guru'. Interviews were done at their home and transgender community activist office at 'Pindi Stop' Lahore. The interviews were conducted in a private setting in the presence of 'Guru' and two other researchers for taking field notes and audio and video recordings of the interviews. Verbal informed consent in the presence of witnesses (Guru and 2 researchers) was taken from each participant for audio or video recording. This helped in giving each participant enough confidence and a chance to speak openly without any hesitation to recollect past events and remember other significant experiences that could be shared. The sessions were audio and video recorded based on consent and choice of the participants.

Coding and Thematic Analysis

Video/ Audio recording of each interview was transcribed separately with a separate transcription of field notes of each interview. Transcriptions of video/ audio recordings and field notes were compared and discussed among the researchers to get a more reliable and authentic final transcript of each interview.

On a day-to-day basis, each transcribed form was then coded separately by 3 researchers using open and relational coding. Researchers highlighted the text and quotations which were to be used to support the description of themes. Codes were grouped wherever needed. Codes from each researcher were compared and discussed to develop consensus on the final list of codes. After finalizing codes, patterns/ themes were identified again separately by three researchers. Conflicts and disagreements on themes were discussed and sorted out by involving the supervisor so as to finalize those themes with consensus. Themes were developed, defined and described using the transcribed text and quotes. A summary of data reduction process is given in Figure 1. Framework method was used for analyzing the results.

In this study, a thematic analysis approach was employed to compare perspectives systematically, integrating both deductive and inductive methods. The process began with repeated listening to audio recordings while simultaneously reading transcripts to ensure thorough familiarization with the data. Open coding was then conducted, categorizing the emerging codes. Using these categories, an initial analytical framework was developed, which was subsequently applied to the remaining transcripts.

Any newly identified categories were incorporated through an iterative process. Emerging themes were then compared across all categories, leading to a final thematic analysis that focused on interpreting the health and education barriers and enablers experienced by the transgender population, as well as their general perspectives on these challenges. Formal ethical clearance was obtained from the ethics committee of the institute. Ethical issues were considered and properly addressed, like written informed consent was obtained and participants' confidentiality of information and privacy was ensured during interviews.

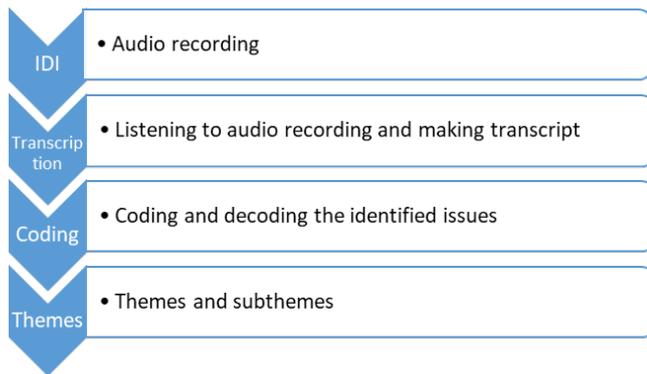


Figure 1: Flow of Data Reduction process

Results

Participants

A total of 10 interviews were conducted with transgender people in the age range of 20 to 35 years until data saturation was obtained. Interviewees were explored to share their perceptions about inequalities in health and education. Few transgender people didn't have educational experience at all. The following themes were identified.

Theme 1: Educational experience of early childhood

All interviewees shared that their community usually faces no discrimination in early school years. Interviewee 3 mentioned with a smile that *"everything was normal during early school life"*. The reason mentioned by majority was that our society could not recognize or discriminate transgender in childhood so usually they don't show attitudinal change. They talked about their childhood in very cheerful way as a period free of worries. They shared that the majority of their community don't go to school but those who go are not facing problem and barriers in early childhood.

Theme 2: Attitude of student-peers in later years of school life

Many interviewees experienced discrimination, bullying and hooting from fellow students in school days. Mostly girl class fellows were supportive then boys. Boys were abusive and used to harass them in classrooms and even outside college premises. One interviewee 8 claimed, *"I was so humiliated that I felt like an animal"*. Another interviewee (2) said, *"While traveling via local transport, some students of my class bullied me and this disturbed me so much that I cried afterwards"*.

Theme 3: Educational Expenditures

Some of the parents of transgender didn't have enough money to educate them so they were compelled to beg. Some parents supported and tried their best to get them educated and bore all their expenses.

Theme 4: Attitude of intimate family members

One interviewee (1) told, *"My parents supported me at every step so that now I'm doing masters in textile designing"*. Some parents especially fathers weren't supportive. They

were very strict and didn't like their transgender child and this was narrated by interviewee 3, *"My father hated me so much that he didn't want to see my face"*. Another (interviewee 9) explained like this, *"After intermediate I had to bear all my expenses on my own. I go home only to sleep and do household chores"*. An extreme measure was reported by interviewee 10, *"My elder brother tried to shave my eyebrows and head once"*. One more interviewee (7) shared his feelings, *"My mother taunted me by saying; what kind of creature you are born?"*. Majority interviewees reported and shared same kind of feelings and couldn't explain the reason for this behavior of their blood relatives and parents except their transgender status.

Theme 5: Behavior of teachers

Majority teachers were blamed to be strict and discriminative between transgender and other students though few were kind and supportive as well. An interviewee told, *"My teacher tried to harass me sexually when I was on a scouting camp with my class fellows. He offered me that he will make me class monitor if I do what he wanted"*. Interviewee said *"for transgenders, as we grow our problems also start getting bigger and worse. In school, teachers used to punish students for misbehaving with us but in college there is more freedom, so students won't listen to the teachers and sometimes even teachers also join them in making fun of us"*. Interviewee 8 said *"teachers were good, and I never faced any problem"*.

Theme 6: Discriminatory Health care

All of the interviewees complained of discriminatory and incompetent healthcare facilities. Most of the interviewees believed that healthcare professionals lacked basic education and knowledge about transgender. Interviewee 1 told us: *"doctors don't pay any attention to us. They treat other patients very well but show negligent behavior towards us. She got emotional while telling us about treatment by the doctors; Doctors say, Wait! Wait! We'll treat you ... but they don't. We are also human beings, not animals"*.

Theme 6: Health Facilities; Government. vs Private Hospitals

Most of the interviewees said they had to face indecent attitudes in government hospitals where doctors don't pay heed to them instead they pass sarcastic comments. Those who are poor had to go there while other transgender who had enough money avoid government hospitals. Interviewee 3 said: *"When doctors in government hospitals don't treat me, I start to shout at doctor and other staff available then they have to treat me unwillingly"*. Private hospital healthcare specialists treat them well but not all the transgenders have enough resources to afford private consultation. Interviewee 10 said: *"I usually go to private hospitals or clinics for medical treatment. Their behavior is just fine with me. I have not faced any discrimination or indecent attitude."*

Theme 7: Attitude of Doctors and Paramedical staff

Most of the doctors don't consider them as humans. Multiple times when they come in the emergency in very critical condition doctors don't make emergency arrangements for them. Interviewee3 told us about her experience *"I was being hit by a car near Liberty Market. I was left unconscious and*

bleeding for 18 hours in Services Hospital without even first aid. But somehow my community members reached there and compelled doctors to treat me". Interviewee 9 said: "doctor criticize us by saying that Angrez (British) has gone but left their signs in the form of you". This indifferent attitude is not only confined to doctors, but even paramedical staff also don't treat them the way they treat other members of society. Interviewee 10 told: "when I go to hospitals for checkup, nurses don't touch me as if I'm a contagious disease."

Discussion

The current study is a qualitative exploration of the perceptions of Hijras' about the health and educational discriminations faced by them during their childhood and adult life. While conducting this qualitative study we have tried to get the most intimate information regarding barriers in healthcare facilities and education for transgender community in Pakistan. Non-trans people of the society don't like to have social relations with transgenders. Our study themes explain how people and healthcare providers think about them.

People of mainstream society don't let hijras to join social institutions, they can't participate in cultural, social, political, and economic activities of the society, they are not included in health and educational reforms.¹⁴ It is evident from our study that transgenders are socially excluded from performing their desired productive role in society. The themes of 'attitude of family members' and 'attitude of doctors and paramedical staff' is supported by a study highlighting that it weakens their self-esteem and sense of social responsibility so much that they feel themselves useless and a burden on the community.¹⁵ The theme of 'educational experience of early childhood' is endorsed by the findings of a study that it is very difficult for Hijras to have some kind of entertainment at schools or play areas and even to perform religious rituals.

Even during public holidays like Eid, they have to stay at home and if they move out for some entertainment people won't let them have some fun.¹⁶ They face extreme discrimination from society throughout their life, from childhood to old age.⁶ The themes of 'educational experience of early childhood', 'Attitude of student/peers in later years of school life' and 'Behavior of teachers' supported by the evidence from other study explaining that they have limited access to healthcare and educational facilities due to this discriminative behavior of society. A recent study showed that bullying and harassment leads to a high dropout rate.^{17,18} They are mistreated not only in the health and educational fields but also, they are deprived of all other basic facilities too. Transgenders are human beings just like the rest of us and cultural norms perpetuate discriminatory behaviors.¹⁹ They have to face a lot of discrimination, social unacceptability, and disrespect in the society as evident from the description of themes.²⁰

Schools serve as a place in which students come from different ethnical backgrounds and interact with opposite gender in a healthy environment. The level of harassment they have to face in schools is a major obstacle in their education.^{17,21} The major hurdle which they complaint related to their education is indecent attitude of fellow students (mostly male fellows). During early school life their issues are almost none, but their issues grow with age. Sometimes they are physically abused and sometimes verbally by their class fellows and sometimes even by their teachers.²¹⁻²³ Arnold H. Grossman did research

on transgender experience about school violence and got similar results.²⁴ The policies in schools and higher educational institutes are not supporting and facilitating these Hijras or transgenders so measures addressing this issue must be taken at government level.¹⁸ Most of the parents are supportive especially mothers as mentioned in the themes of 'attitude of family members' and 'Educational Expenditures'. They bear their educational as well as other expenses but due to continuous social pressure regarding child's behavior parents cannot support them in the long run so they are left with two options either to quit their studies and stay at home all day long or come in practical life and become independent so that they may pursue their dreams like other human beings. Some of the transgenders did so and excel in society and play a productive role.⁶

When it comes to health, the situation is even worse, our themes of 'discriminatory healthcare' and 'attitude of doctors and paramedical staff' explain it well. Health is a right, not a privilege. Every human should get an equal chance to have proper health facilities. Transgender people most of the times face discrimination when accessing health care facilities.⁵ Similar results were found in a research study by Gretchen P. Kenagy in which he found that 26% of respondents had been denied medical care just because being transgender, 56.3% respondents had to experience violence in their homes by family members while 51.3% had been physically abused.²⁵

We were able to highlight a few of the reasons why transgenders are not able to get equal healthcare facilities as enjoyed by other people of society. Most important role in the provision of health care to people of society are played by doctors (Theme: 'attitude of doctors and paramedical staff') but even they show discrimination between transgenders and other people. Similar results were obtained in United States when an author named Lombardi did research on transgender healthcare issues.²⁶ Most of the disgusting behavior they had to face was in govt. hospitals where transgenders weren't even provided with first aid while they were in a very critical condition (as evident by a few cases mentioned in this study). Services provided in private hospitals are much better than govt. hospitals. They treat them well. Doctors and other healthcare staff behave well (Theme: 'discriminatory healthcare'). We lack gender-affirming healthcare due to system level bias and provider's insensitive behavior and influence mental health of Hijra and transgender people.^{19,27}

Limitations

The study has limitations as the participants were selected from a specific region of the metropolitan city of Lahore, Pakistan, making the context particular to this area. As a qualitative study, the findings cannot be generalized. Future research could explore the perspectives of staff, doctors, and faculty at various hospitals and educational institutions regarding transgender individuals. Additionally, it could examine the social pressures faced by parents in raising transgender children, the availability of vocational training institutions and opportunities for transgenders, and efforts to integrate transgender individuals into mainstream society.

Conclusion

Transgender people face discrimination in society in every walk of life. In a society where all other people enjoy

educational and health facilities, on the contrary transgenders are deprived of even basic educational opportunities so most of them are illiterate, and even if some of them make it to higher educational institutions, social stigmas force them to drop out soon, so they can't play any productive role and participate in national prosperity despite of their intense desire and enthusiasm. When other strata of society are enjoying free health facilities in government hospitals, they are struggling for even first aid in same hospitals and to make it worse even sometimes they are not regarded as human beings.

Authors' Contributions

AH: Conceptualization, Methodology, Data Collection, Writing – Original Draft; MH: Data Analysis, Writing – Review & Editing; HA: Literature Review, Transcription, Data Curation; ZH: Participant Recruitment, Data Collection, Ethical Approvals; NN: Supervision, Funding Acquisition, Manuscript Review; MM: Thematic Analysis, Writing – Review & Editing, Final Approval

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Availability of data: Quotations quoted in this manuscript are obtained from the dataset to highlight the findings. While the transcribed interviews are also available and can be shown upon request.

Conflict of interest: Authors declare that they have no competing interests

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