

Exploring the Barriers to Access and Utilization of Healthcare Services Faced by the Transgender Population of Rawalpindi, Pakistan

Zubaida Rashid, Syed Fawad Mashhadi, Urooj Fatima*, Irbah Noor*, Fahad Javaid*, Muhammad Najm*, Talha Yasin*

National University of Medical Sciences (NUMS) Rawalpindi Pakistan, *Army Medical College/National University of Medical Sciences (NUMS) Rawalpindi Pakistan

ABSTRACT

Objective: To explore the barriers and disparities in receiving healthcare faced by Transgender population of Rawalpindi, Pakistan.

Study Design: Qualitative study.

Place and Duration of Study: Study was conducted in Rawalpindi Pakistan, from Jun to Aug 2022.

Methodology: A total of 15 participants were selected via Snowball Sampling technique. An interview guide was generated and semi structured interviews were conducted via telephone calls to explore and understand the discrepancies faced by this population regarding good quality healthcare. Each interview was 30-40 minutes long. The data was collected till saturation and then analyzed by 'thematic analysis' to generate themes and subthemes.

Results: Based on the data, 6 themes highlighting the barriers to quality healthcare faced by trans-genders were identified. The themes were as follows: (1) Structural, (2) Financial, (3) Social, (4) Cognitive, (5) Educational, and (6) Religious/Cultural.

Conclusion: The healthcare barriers identified were mainly financial as certain services were costly, religious beliefs which influenced the use of services like hormone replacement therapies, social stigma and lack of support, level of education and poor employment. Stigmatization by the community and healthcare providers was also seen. Thus, it was felt that there were limited awareness campaigns to empower transgender population and for the general population including healthcare workers to be more aware and accepting towards transgender healthcare.

Keywords: Barriers, Health care, Stigmatization, Transgender.

How to Cite This Article: Rashid Z, Mashhadi SF, Fatima U, Noor I, Javaid F, Najm M, Yasin T. Exploring the Barriers to Access and Utilization of Healthcare Services Faced by the Transgender Population of Rawalpindi, Pakistan. *Pak Armed Forces Med J* 2022; 72(Suppl-4): S773-779. DOI: <https://doi.org/10.51253/pafmj.v72iSUPPL-4.9654>

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<https://creativecommons.org/licenses/by-nc/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

The term Transgender refers to individuals whose gender identification deviates from the sex they were assigned at birth. Transgender people are different in the gender they identify as (who they feel they are), gender expressions (their attire and behavior) and sexual orientation (which gender they feel attracted towards). Health is a fundamental human right indispensable for the exercise of other human rights. Every human being is entitled to the enjoyment of the highest attainable standard of health conducive to living a life in dignity. The social and cultural marginalization of Transgender community renders it vulnerable to discrimination, injustice, poverty, illiteracy and deprives them of their right to Health. Sexual minority groups such as Trans-genders suffer violations of their human rights in healthcare settings. Gender based bias, harassment, unfriendly attitude of healthcare providers, social stigma and taboo, inadequate health insurance coverage and lack of access to gender affirming healthcare hinders the provision and accessibility of quality

healthcare to people who identify as Transgenders, leading to their poor mental and physical health outcomes.

Though further research is still needed, existing studies suggest that such discrimination intersects with other forms of social advantages and disadvantages across axes such as ability, geography, health status, and age. These intersecting barriers to healthcare and social services result in drastic health disparities between those that have access to these essential services and those who do not.¹

Literature Review

According to National Transgender Discrimination Survey in United States (2016), 40% of the transgenders who were interviewed admitted to being suicidal. The study displayed a worrisome situation of ill-treatment for the marginalised community in health. The number of transgenders who admitted to having had a bad experience with a doctor was 33%. They recounted being physically and sexually harassed, in addition to not being treated. 24% of the subjects told that they had to tell the physician about transgender people to receive treatment. Moreover, 23% of respon-

Correspondence: Dr Zubaida Rashid, Department of Community Medicine, National University of Medical Science, Rawalpindi, Pakistan

dents admitted that they have not sought treatment for their health conditions during the last year due to fear of being harassed. 33% of the respondents reported that they could not seek healthcare due to their lack of finances.²

A recent study conducted in UK indicates that Transgender people face health inequalities that disadvantage them significantly. 14% trans participants of this study reported that they were refused GP care on account of being trans on at least one occasion. When accessing general healthcare services, 70% respondents reported being impacted by transphobia. 45% said their GP did not have a good understanding of their needs as a trans person, rising to 55% for non-binary respondents. 57% of trans people reported avoiding going to the doctor when unwell. 29% of respondents reported having been refused care from gender or sex-specific NHS services they needed, because they are trans. 98% of respondents described the transition-related healthcare available on the NHS as not completely adequate, with 47% responding that it is "not at all" adequate. A greater proportion of disabled trans people reported inadequacy of service.³ These findings are disturbing and indicate a dire need for recognition and resolution of the impeding factors in healthcare delivery system of UK

In Pakistan, a Senate committee approved a bill in December 2017 for full legal protection to transgender people which ensures the provision of relief to transgender people for their health care and other facilities. Further, National Assembly of Pakistan approved the final Bill as Act called the Transgender Person (Protection of Rights) Act, on 18 March, 2018.⁴ However, the state of being a transgender presents a serious challenge to the traditionally established binary systems of nature/culture, man/woman, masculinity/femininity and sex/gender and the marginalized community continues to suffer serious health disparities.⁵

As per a survey organized to recognize obstacles in access to healthcare facilities faced by the trans community of Pakistan in general and KPK in particular, 78.75% respondents complained that they do not have access to qualified health care providers for their medical care while only 21.25% stated they have sufficient health care. 92% of the participants reported facing discrimination which includes harassment, inconsiderate behavior, refusal of care, verbal abuse and violence. Majority of the respondents have had incidents of healthcare providers blaming the patient's sexual and gender identity as the cause of their ill-

nesses. About 81.3% of the respondents stated 'fear of harassment' as the root problem that prevents them from seeking medical facilities from a healthcare provider. It further unveils the fact that around 56.7% of the participants feel uncomfortable in discussing their status with healthcare providers and discomfort is often experienced more at the registration desks with the derogatory remarks from the hospital staff, even before they can see a healthcare provider. Interviews with transgender people also revealed the difficulty faced by Trans people in finding a considerate health care provider who can address the specific health issues of Trans people which results in self-treatment and self-prescriptions being a very common practices among the Trans community.⁶

One of the most significant barriers to Transgender healthcare that needs to be highlighted is poor access to providers trained in trans-health.⁷ Major health issues faced by transgender individuals are indicated as follows:

The transgender community, especially women are more susceptible to infection by HIV; a report by CDC stated that recent HIV cases are highly prevalent in transgenders.⁸ This calls for the utmost need to minimize risk factors and barriers to HIV testing and treatment services for transgender individuals. The American Medical Association holds the view that gender-transition amenities, such as hormone therapy, are medically important. However, no such healthcare structure exists through which these respective individuals can physically transform to their preferred gender. Sex reassignment surgery still remains a conundrum that is not explored enough in Pakistan's healthcare system. Mental health in the LGBTQ society is of utmost value.⁹ Hence, Trans-specific healthcare such as surgery (e.g., hysterectomy, vaginoplasty, breast implantation) or hormone therapies (e.g., estrogen, testosterone), targeted approach towards prevention and control of sexually transmitted diseases and HIV, screening and treatment of substance abuse, medical and psychiatric treatment of depression, anxiety and suicidality needs to be incorporated as an essential part of medical education.

The aim of this study is to identify the major health needs of transgender people and the difficulties that they face in acquiring quality healthcare services, the prevailing attitudes of healthcare providers towards transgender patients, and to explore causes of disparities in provision of healthcare to transgender persons. In the light of these findings, it sheds light on

the solutions and recommendations to overcome these disparities by introduction of Trans oriented Healthcare reforms in medical education, which will pave the way towards a more equitable, culturally competent, nonjudgmental and compassionate delivery of healthcare services to all without any discrimination or bias with respect to gender identification.

METHODOLOGY

Qualitative Approach

A qualitative research methodology was used as a study tool to probe, scrutinize, scan and review the barriers and impediments in healthcare delivery to Transgender population. The study includes gathering and analyzing non-numerical data to appreciate concepts, beliefs, stance, tenets, convictions and personal experiences from the participants via conversational communication. The participants were identified and designated through 'Snowball Sampling Method' by networks of Transgender service organizations and support services. People who participated were told to spread this news to others as well. Approval was obtained from the Research Ethical Committee of Army Medical College. The study was carried out in Rawalpindi Pakistan. The study was conducted from November 2021-April 2022. Due to researcher participant communication during the interview and the character of analysis, the qualitative study may show researcher bias. Hence, efforts to reduce bias and make refinements for additional interviews, examiner reflexivity was used throughout along with self-analysis and applied across all steps of the research.

Participants Selection Strategy

Inclusion Criteria: Respondents were At least 18-years old Residents of Rawalpindi.

Exclusion Criteria: Respondents with psychosocial and emotional conditions were excluded.

Data Collection Strategy

A total of 15 participants were interviewed via Semi Structured Interviews (Interview guideline attached). The flexibility in the questionnaire allowed in-depth and detailed examination of attitude, reflections, verdicts, stances and personal experiences of the participants. Because of security concerns, the interviews were conducted via telephone calls in a closed setting. A friendly atmosphere was maintained so that the participant can feel comfortable and open up easily. Each interview was almost 30-40 minutes long.

Verbal informed consent was taken first and confidentiality was ensured.

Data was collected till the point data saturation was reached.

Data Analysis

For sociodemographic data, IBM SPSS version 25 was used to represent results in the form of frequency tables and pie-charts.

Detailed analysis was based on Thematic:

Analysis which involved re-reading, coding, exploring themes, evaluating themes, defining and naming themes, and concluding the analysis.

Objectives

To recognize barriers faced by Transgenders in access and utilization of quality healthcare services and to explore causes of disparities in provision of healthcare to transgender individuals.

RESULTS

Sociodemographic Data:

The mean age of our participants was 27±4.44 years. Among the participants, 40% identified themselves as Trans men while 60% were Trans women. The study included 80% Punjabis, 13% Pukhtoons and 6.7% Siraikis. With regard to education, 53.4% had not received education after matriculation. 33.3% were undergraduates and 13.3% had passed intermediate. 40% of participants were involved in sex work, dance work and begging on streets. 26.6% participants were employed in the private sector. 20% participants were unemployed. 13.3% were employed in civil sector

Themes and Subthemes

Structural Availability and Service Accessibility

We identified a range of barriers that transgender people encounter in accessing adequate and quality healthcare services. The barriers are categorized into a number of different themes and discussed below.

- Structural Barrier (Structural Availability and Accessibility)
- Financial Barrier
- Social Barrier
- Cognitive/Psychological Barrier
- Educational Barrier
- Religious/Cultural Barrier

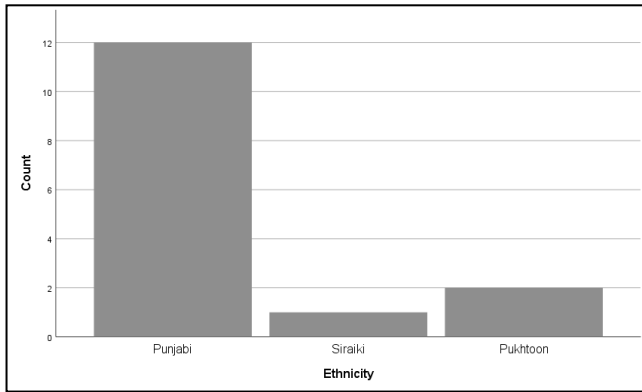


Figure-1: The mean age of our participants

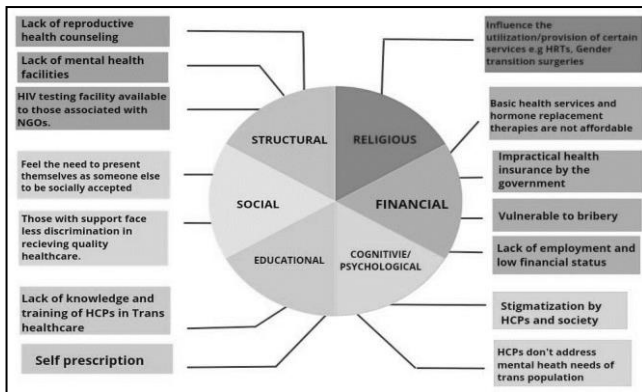


Figure-2: Sociodemographic Data

Structural Barrier

Transgender population faced limited availability of HIV/STDs testing services, which were provided by non- governmental transgender support organizations. "HIV/STDs testing facility is available but it is quite far from where I live. It is provided by an NGO for transgenders." (trans-man). When inquired about availability of Mental Health services, the respondents denied access to any such facilities. Depression, Anxiety and suicidality among transgenders is a significant issue that is almost never addressed by the country’s healthcare system. "No one is there for us except our own community. My Guru helps me and advices me when I feel depressed. He tells me that I can not do anything about how people torture me. I should just accept it and mind my own business". (trans- woman).

It came to light that most transgenders in our sample population had never heard of any Trans-specific healthcare facilities, such as hormone replacement therapies or gender transition surgeries. A few reported them to be available but unaffordable. They were not counselled about reproductive and

sexual health and there was a lack of awareness campaigns with regard to Trans-health. With respect to service accessibility, it was recognized that prolonged waiting times in queues at government hospitals hindered the provision of healthcare to transgender individuals.

Table-I: Themes and Subthemes within the Data

Themes	Subthemes
Structural Barriers	Structural availability
	HIV/STDs testing
	Mental health services
	Trans specific healthcare facilities
Financial Barriers	Service accessibility
	Health insurance
	Employment status
	Bribery
Social Barriers	Affordability
	Social acceptance
Cognitive/Psychosocial Barriers	Healthcare professionals’ attitude and mentality
	Hospital staff’s attitude and mentality
	Fear and anxiety
Educational Barriers	Level of education
	Healthcare literacy
	Doctors’ knowledge and training
Religious/Cultural Barriers	Use of healthcare services
	Cultural discrimination

Financial Barrier

It was perceived that a significant proportion of transgender individuals were not able to access quality healthcare due to lack of financial health (due to high unemployment ratio in trans population), impractical and non-feasible health insurance schemes for transgender population, by the government. Most transgender individuals were unaware of Sehat Card.

"If I have to wait in long queues for those availing Sehat-Card, it is not at all feasible for me since I have a limited time off from work and have to reach back timely or else my salary is deducted". (trans-man)

Being a marginalized and stigmatized community, transgender individuals were also more vulnerable to bribery at hospitals." Nobody entertains us. The clerical staff demands a lot of money as bribe but then you lose your money and your work is still not done." (trans-woman)

Many transgenders could not afford healthcare due to low financial status as job opportunities were limited for them. Most did not receive a basic level of education while those who were adequately educated faced numerous barriers in achieving employment

because of the discriminatory behavior of employers against their gender identity. Certain services such as gender transition surgeries and hormone replacement therapies were also reported to be highly expensive and unaffordable. "Trans-specific healthcare facilities are available but they are very costly. We can never afford them." (trans-man)

Social Barrier

Transgender individuals who were accepted and supported by their biological families and had adequate social support were better able to benefit from healthcare services than others who were abandoned by their families and were socially isolated. "Hospitals don't welcome us well. Personally, I have a doctor friend at an NGO. I go to him whenever I am sick." (trans-woman) "When I visit the hospital alone, I have to face a lot of harassment. I feel very scared and anxious about what will happen to me next. However, when I visit with my father, I feel safe and protected." (trans-woman) Participants also reported that they felt the need to dress up as a particular gender when visiting the hospital.

Cognitive/Psychological Barrier

Most transgender individuals faced stigma and ill-treatment at hospitals, by the hospital administration staff, paramedics, other patients and doctors. "Doctors are judgmental towards me. Instead of treating me with kindness and compassion, they ridicule and torture me." (trans-woman) This discriminatory behavior, including harsh language, harassment and physical violence, denial of treatment and blaming the patient's sexual/gender identity as the cause of illness was reported by most respondents.

"Once, I presented with a pustular on my back. The doctor kept asking me 'the real reason' I got it. How would I know how I got it? Anyone can get sick. I don't deserve to be tortured for being suck by a doctor. I deserve to be prescribed treatment." (trans-woman)

Such incidents were very disheartening and resulted in reluctance to visit hospitals, relying on self-treatment, which often resulted in negative health outcomes. "Because of the fear of harassment, we don't even go to hospitals." (trans-woman) Some participants said that they had never been to any hospital because of fear of being ill-treated.

Educational Barrier

It came to light that the lack of knowledge, training and exposure of doctors with respect to transgender health, as well as their religious, cultural,

and social beliefs compromised their ability to provide quality healthcare to transgender community. "Doctors feel uncomfortable when I visit them. They look at me as if I am from another planet." (trans-woman) "Doctors are not at ease when they see me. They don't understand me and frequently judge me." (trans-woman)

Religious/Cultural Barrier

Religious beliefs were seen to play a major role in healthcare provision and access to transgenders. Religious, social, and cultural beliefs and perceptions were linked to hesitancy and discomfort of physicians in addressing the medical, surgical and psychological health needs of transgender community. At the other end, these factors also influenced the need and willingness of transgender individuals to avail trans-specific health services such as gender transition surgeries and hormone replacement therapies.

"I must return to Allah the way he created me." (trans-man)

"Doctors turn us away saying it is un-Islamic to perform such a surgery." (trans-woman)

DISCUSSION

The study demonstrated participant identified barriers that were divided into 6 domains.

1. Structural
2. Financial
3. Social
4. Cognitive/Psychological
5. Educational
6. Religious/Cultural.

These barriers are significant hurdles in the access of healthcare faced by the sample of transgender population of Rawalpindi. Consistent with other International and national researches,¹⁰ The United States Transgender Survey (USTS) gave in depth data on the encounters of 27,715 adults with diverse identities on the transgender scale and highlighted structural hinderances like expensive uninsured rates or failure to cover for transgender related services, poorly trained physicians on transgender related care, and scarcity of providers who practice transgender-related care.¹¹ The high cost of care is yet another hurdle as a survey carried out by National Center for Transgender Equality (NCTE) showed that one-third of the participants in the study expressed that due to costs, they would skip getting medical attention. Despite having insurance, transition services are not

completely covered, leaving patients to substantially high costs.¹² A study conducted in Lahore showed that 89% of participants had felt social intolerance and a sense of social segregation. Interrelated with a lack of knowledge of trans and gender-diverse identities and trans health, negative attitudes towards trans people were identified as a key barrier in primary care.⁸ American Psychological Association (APA) stated that fear of being stereotyped or pathologized by doctors was their greatest worry concerning mental health treatment.¹³ A data extraction study conducted in USA using PubMed database suggested that health discrepancies experienced by trans-genders are somewhat deciphered by failure of medical school curricula to include trans-related health education which contributed to trans-inclusive healthcare obstacles.¹⁴ Theological Studies at Digital Commons at Loyola Marymount University (LMU) on Christian bioethics stated that In Christian ethical frameworks, the body, in its natural state, is imbued with dignity and worth, sex and gender take on cosmological significance and many adherents of the Christian faith determine GRS (Gender Reassignment Surgery) to be immoral.¹⁴⁻¹⁸

In a country like Pakistan where Transgender rights are not adequately guarded by law, changes in health policies are required to improve outcomes.

Data is subjected to sampling bias, self-selection bias, and interviewer bias, in a study design like this. Since some of the participants of the study were approached via an NGO supporting trans-genders through better health, education, and employment, our results are not unbiased. Nevertheless, our study findings, consistent with previous researches conducted in this domain, further help comprehend the obstacles in access and utilization of healthcare to transgenders through a flexible, versatile, creative, potential indepth and cost effective study design.

More data encompassing the whole population would help to further understand the various issues that many transgender people encounter with regard to seeking healthcare. The prime concern for research on hurdles to transgender health care must consist of exploring the gaps in knowledge among the provider workforce including the range of training, potential ways of bridging those gaps, determination of hurdles like environment and stigma, and possible solutions to conquer those hurdles.

CONCLUSION

The barriers in provision, accessibility and utilization of adequate and quality healthcare services that were

recognized through this study were; limited or inadequate structural availability and service accessibility, financial health, family acceptance and social support, gaps in knowledge and training of physicians with respect to Trans-health, and religious and cultural beliefs leading to discomfort and reluctance from physicians and even denial to provide healthcare. Stigma and discrimination faced by transgender population in the form of ill treatment, harassment, physical and verbal violence at healthcare facilities resulted in hesitancy to obtain healthcare in times of need, leading to self-treatment, causing negative health outcomes, as well as deteriorating mental health, in transgender population. Hence, it was felt that there is a dire need to take necessary steps to overcome these barriers in order to pave the way towards a more equitable, culturally competent, nonjudgmental and compassionate delivery of healthcare services to all without any discrimination or bias with respect to gender identification.

Conflict of Interest: None.

Author's Contribution

Following authors have made substantial contributions to the manuscript as under:

ZR:; SFM: Idea, Write up, Analysis, Review of manuscript & approval for the final version to be published.

UF: Introduction, Data Collection, Methodology, Analysis, Reference, literature review & approval for the final version to be published.

IN: Abstract, data collection analysis, Literature review, Graphs and tables, Technical editing and Adjustment & approval for the final version to be published.

FJ: Topic Suggestion, Introduction, Literature review, Methodology, Data Collection, Discussion, Referencing, Thematic Analysis & approval for the final version to be published.

MN, TY: Data collection, Literature review, Analysis, Abstract & approval for the final version to be published.

Authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

REFERENCES

1. Feldman J, Luhur W, Herman J, Poteat T, and Meyer I. Health and health care access in the US transgender population health (TransPop) survey 2021; 9(6): 1707-1718.
2. Rajan-Rankin S. Invisible bodies and disembodied voices? Identity work, the body and embodiment in transnational service work. *Gender, Work & Organization* 2018; 25(1): 9-23.
3. Kidd JD, Jackman KB, Barucco R, Dworkin JD, Dolezal C, Navalta TV, Belloir J, Bockting WO. Understanding the impact of the COVID-19 pandemic on the mental health of transgender and gender nonbinary individuals engaged in a longitudinal cohort study. *J. Homosex* 2021; 68(4): 592-611.
4. Griffiths M, Yeo C. The UK's hostile environment: Deputising immigration control. *Critical Social Policy* 2021; 41(4): 521-544.
5. Gichki M. Deconstructing transgender identities in Pakistan, India, and Iran in colonial and post-colonial context. *Development* 2020; 63(1): 31-37.

Utilization of Healthcare Services

6. Soomro MH. Barriers to transgender health care in Pakistan. *Gom J. Med Sci* 2018; 16(2): 33-34
7. Manzoor I, Khan Z, Tariq R, Shahzad R. Health Problems & Barriers to Healthcare Services for the Transgender Community in Lahore, Pakistan. *Pak J. Med Sci* 2021; 38(1): 138-144
8. Martins RS, Saleh R, Kamal H, Gillani M, Merchant AA, Munir MM, et al. The need for transgender healthcare medical education in a developing country. *Advan Med Educa and Prac* 2020; 11: 405-413.
9. Ding JM, Ehrenfeld JM, Edmiston EK, Eckstrand K, Beach LB. A model for improving health care quality for transgender and gender nonconforming patients. *Jt. Comm. J. Qual. Patient Saf Safety* 2020; 46(1): 37-43.
10. Sakai, K. and Tanifuji, T., 2021. Suicides Among Lesbian, Gay, Bisexual, and Transgender People: Medical Examiner Reports in the Special Wards of Tokyo, Japan, *LGBT Health* 2009-2018; 8(8): 519-525.
11. Warner, D. and Mehta, A. Identifying and Addressing Barriers to Transgender Healthcare: Where We Are and What We Need to Do About It. *Gen. Intern. Med* 2020; 36(11): 3559-3561.
12. Bakko, M. and Kattari, S. Transgender-Related Insurance Denials as Barriers to Transgender Healthcare: Differences in Experience by Insurance Type. *Gen. Intern. Med* 2020; 35(6): 1693-1700.
13. Snow A, Cerel J, Loeffler D, Flaherty C. Barriers to Mental Health Care for Transgender and Gender- Nonconforming Adults: A Systematic Literature Review. *Health & Social Work* 2019; 44(3): 149-155.
14. Jones, D. Gender Reassignment Surgery: A Catholic Bioethical Analysis. *Theological Studies* 2018; 79(2): 314-338
15. Mc Cormick RA. Sterilization and Theological Method. *Theological Studies*, 1976: 37(3); 471-477, <https://doi.org/10.1177/004056397603700306>
16. Kelly, G. (1955). Pope Pius XII and the Principle of Totality. *Theological Studies*, 1955: 16(3); 373-396.
17. Kelly, G. (1956). The Morality of Mutilation: Towards a Revision of the Treatise. *Theological Studies*, 17(3), 322-344. <https://doi.org/10.1177/004056395601700302>.
18. Schmidt L. Infertility and assisted reproduction in Denmark. Epidemiology and psychosocial consequences. *Dan Med Bull.* 2006; 53(4): 390-417.

.....