

Experience of Challenges Faced by Elderly Transgender individuals in Lahore, Pakistan: A Qualitative study

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Abstract

This qualitative study, while using a descriptive phenomenological research design, aims to provide insights into the challenges faced by the elderly Intersex community in Lahore, Pakistan. The transgender community, being a vulnerable section of society, faces a myriad of personal, social, and economic issues. Ten participants (aged 55-70) were recruited from two private charity organizations to share their subjective experiences with accessing the healthcare system. In-depth interviews were used as a research tool. The analyses revealed the role and attitude of family, lack of social support, stigmatization, psychosocial dilemmas, and attitude of health care providers as the main challenges. This research broadens the current understanding of health challenges faced by older transgender individuals by highlighting the associated complications and difficulties of the phenomenon. It serves as the remedial resource for different stakeholders such as doctors, youth, parents, families, communities, educators, policymakers, and health practitioners; the study thereby provides insights into developing prevention, intervention, and treatment strategies to address health issues in the intersex community.

Keywords: family attitude, social support, social problems, transgender, older transgender, health challenges, health experience, Pakistan.

Gender is constructed socially, and it has fluid manifestations that vary from culture to culture. Traditionally, gender has a binary opposition as males and females, with less lenience for any other gender manifestation as transgender (Abbas et al., 2014). There are academic discourses about the fluidity of gender, but social structures and social institutions hesitate to assent. The prejudice of social institutions has created many challenges for the transgender communities across the globe. However, these challenges get worse in developing countries like Pakistan due to illiteracy, diversity, poverty, and lack of Government support (Abdullah et al., 2012). The life course of the transgender community gets complicated, and the challenges of elderly transgender individuals become more complex as aging reduces immunity and capacity to respond to problems such as health issues, economic instability, social pressure, and lack of family support and care in Pakistan. The current paper aims to explore the challenges of the elderly transgender community of Lahore, Punjab.

Transgender individuals in the Mughal period carried out numerous positions: army generals, advisors to emperors, harem guards, educators, messengers, and watchmen (Manucci, 1908). In the colonial period, the structure was altered by the British Empire, and they embraced distinct evolution plans to continue the social order. In addition, this was the period of their exclusion because the colonists considered the actions of transgender individuals to be a disruption in society. Orderly to preserve public order, the pursuits of the transgender community were prohibited (Reddy, 2006). The Criminal Tribes Act of 1871 was passed and proclaimed the transgender individual as a criminal tribe, and consequently, the transgender individual encountered stigmatization, endured seclusion, and encountered financial issues (Khalil et al, 2020).

The transgender community in the sub-continent has been categorized into four periods according to history, which include ancient, medieval, colonial, and contemporary. According to Khalil et al. (2020), this third sex existed in the ancient text, and they were mentioned as *kliba*, *pandaka*, and usually known as “*napumsaka*”. During the medieval period, it was minimized to the eunuchs because of their role socially and politically, and the impact of the Mughal era. The term “*Khuwaja Sira*” first began and originated during the Mughal era, and they were commonly regarded as the head of the

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Mughal court eunuchs. The transgender individuals during that time were perceived as enslaved people (Reddy, 2006).

During the formation of Pakistan, the Colonial Law and Criminal Tribes Act was terminated. Society attempted to give recognition to transgender individuals. According to Naqvi and Mujtaba (1997), the procedure was altered in 1960 when the government once again prohibited the pursuits of transgender individuals. Later, this social status and Identity of the transgender individual in Pakistan altered with time. The milestones in the history of transgender individuals in Pakistan are 2012 and 2018. Previously, the Supreme Court proceeded with a decision and issued a gender identity as a 'third sex.' Afterward, the Transgender Persons (Protection of Rights) Act 2018 was passed by the Pakistani legislature. This act thoroughly explains transgender individuals, forbids their discrimination in all domains of life, and acknowledges their Identity among others.

Transgender Act 2018 was a formal step to avoid discrimination against transgender community of Pakistan. Officially, transgender individuals should be treated equally to other genders and should be given opportunities to exercise the same rights for education, protection, health facilities, and employment as any other member of society (Testa et al., 2012). According to the mutual consensus of the Islamic Republic of Pakistan and the Supreme Court of Pakistan, transgender individuals have been given equal rights as other nationals with protection according to the Constitution of Pakistan, 1973, under articles 4 and 9. The basic rights of employment, education, health, and work in different government departments have been given by the federal and provincial governments (Daniela & Devika, 2015). Despite all the efforts of government organizations and civil society organizations, the situation of transgender individuals has not improved owing to the fixed social attitudes of people around the binary existence of gender (Rasheed, 2016; Shah et al., 2018).

Transgenders people face discrimination across the globe; however, it gets worse in developing countries like Pakistan. Various studies have been conducted to identify their life-related challenges. A National Transgender Discrimination Survey of the U.S has revealed that 61% of the total respondents have been abused in their alma mater based on their gender (Grant et. al., 2011). Furthermore, a National School Climate Survey revealed that 27.2% of the total respondents had been harassed physically, while 63.7% had been harassed verbally, and 39.9% reported feeling unsafe because of their gender identity (Kosciw et al. 2010). For transgender individuals, housing is a lifelong issue. An excessive number of transgender individuals are homeless, and finding firm housing is hard (Dispenza et al., 2006). A report of the Transgender Discrimination Survey has revealed that 11% of the total respondents have been evicted from houses at some point in their lives, entirely based on their gender (Grant et al., 2011). The transgender face structural and institutional discrimination. Not only peers, but teachers and staff are also part of this abuse. In a survey, with a sample of 290 respondents, it was revealed that 44.8% of the respondents had experienced hostility or insensitivity based on their gender identity from administrators, students, and teachers (Goldblum et al., 2012). They lack employment opportunities as well. Transgender individuals have reportedly faced downgrading, biased treatment, and sometimes termination from their jobs as well for entirely unknown

reasons, which are not even related to their abilities or job performance (Taylor, 2007). 47% of the respondents in a National Transgender Discrimination Survey have revealed that they had been fired from their jobs, promotions had been denied and demoted (Grant et al., 2011) and have poor economic outcomes based on their gender expression as compared to cisgender people, even though employment discrimination against transgender people is illegal (Carpenter et al. 2020, Badgett et al. 2021, Carpenter et al. 2022). The unemployment rates are higher among transgender individuals, which will result in a risk of poverty and lack of medical coverage/insurance for transgender individuals (Conron et al., 2012; Xavier et al., 2004). Access to healthcare is one of the biggest challenges for the transgender community. One of the main hurdles is medical coverage/insurance, access to trained doctors, and access to other medical-related services, as most of them do not have access to a regular doctor, even though some of them are living with severe medical conditions which can result in chronic health effects like permanent infirmity and death (Persson, 2009). Transgender individuals face a series of structural and individual barriers in health insurance that harm their access to care (Plemons, 2019; shustershuster, 2016; Van Eijk, 2017). Consequently, they are reported to have poorer physical and mental health as compared to cisgender individuals (Azagba et al, 2025). Lack of knowledgeable medical experts, trans sensitivity, lack of provider communication, and lack of emotional and physical safe healthcare environments serve as barriers for health care access for transgender individuals (Safer et al, 2016; Nelson & Shuprin, 2024).

The presence of substance abuse disorders is not different between cisgender and transgender individuals (Catonia et al, 2022), and considering transgender individuals as the main consumers of drugs is a biased view that can perpetuate further stigma around them. However, the social situations transgender individuals face daily can increase their vulnerability to drug abuse (Rodman, 2015). Owing to their experiences of stigma, along with social exclusion and marginalization, as well as their higher risks of sexual and physical victimization, they are vulnerable to developing psychological distress and insecurity in the absence of legal protection (Peitzmeier, 2020). Across the life course of male-to-female transgender persons, the psychiatric impact of victimization and gender-related abuse (physical and sexual violence) increases their vulnerability to mental health issues, particularly depression/anxiety, self-harm, suicide attempts, completed suicides, and alcohol use (Nuttbrock et al., 2010; Goldblum et al., 2012; Rimis et al., 2020). Rejection from family is a significant issue that transgender people face throughout their lives in Pakistani society. The behavior of family, especially of fathers and brothers, is harsh with continuous disapproval owing to the powerful social prejudice about transgender people in the community (Tabassum & Jamil, 2014).

A study conducted by Shah et al. (2018) aimed to identify the challenges faced by transgender individuals as a marginalized segment of society. It was revealed that 77.8% of the respondents have reported physical attacks. Transgenders who were victimized or targeted by their gender expression or identity reported drug abuse by 37.6% of the respondents, while 38.6% of the respondents reported suicide ideation, and 18.5% reported suicide attempt. Additionally,

another study has revealed that a low level of psychological resilience was reported by 29% of the respondents, and a low to moderate level of self-esteem was reported by 74% of the respondents, showing a correlation between psychological resilience and self-esteem, which is positively significant (Akhtar & Bilour, 2019). The conclusions drawn by Mansoori et al. (2025) are not different, where 53% of transgender research participants were reported to be experiencing depression, 76% were shown to have severe anxiety, and 48% were experiencing severe stress. Just like other factors, education is not easily accessible to transgender individuals. Transgender individuals have reported awareness about the importance of education, but they are not accepted and don't have equal opportunities like others in educational institutions (Tabassum & Jamil, 2014). Additionally, a study was conducted with a sample of 319 transgender individuals in Pakistan. The study findings have revealed that an overwhelming majority of respondents, i.e., 252, were uneducated, while twenty were middle pass, 15 were inter pass, eleven were primary pass, four were graduates, and the remaining two were masters (Nazia & Yasir, 2016). Owing to barriers to education, transgender individuals have to engage in the professions that society does not consider honorable/respectable, e.g., sex workers, dancers at weddings, beggars, etc. (Pakistan Bureau of Statistics, 2017). They do not get jobs as house helps, day care providers, or any other skilled-based work and are constrained to live with individuals like themselves.

Research has shown that older transgender individuals are victimized and suffer different types of abuse, including verbal and physical, which has negative impacts on their lives (Jaspal 2012; Jones & King 2014; Jami & Kamal 2015; de Lind van Wijngaarden et al. 2013). Aged transgenders are deprived of basic needs like medical care, financial assistance, and residence, among others (Shahzad et al., 2020), and have been facing institutional discrimination, assault, and marginalization (Awan et al., 2024). Transgender individuals experience social exclusion from both the family and society (Ahmed et al. 2014) and are often misperceived and feared by people due to the transference of diseases. The majority of them encounter loneliness during the period of illness because they don't have family to care for them, as the family is ashamed of their gender identity due to the social norms (Ozturk, 2011). Doctors hesitate to treat them based on their gender identity (Tabassum & Jamil, 2014), and due to systematic financial discrimination, they cannot afford private treatment. Rizvi (2015) observes the associated point, drawing attention to a related but distinct issue—the abduction of children and their 'conversion' into transgender beggars. According to investigators, this 'conversion' is primarily social, emotional, complex, and systematic. Those subjected to this process endure a lifelong identity crisis, further reinforced by societal and cultural norms.

To sum up, a limited amount of research has been done on transgender people in Pakistan, with a lack of descriptive research on the challenges faced by transgender people. Several scientific studies have been conducted with a focus on their sexual practices or HIV prevalence and control (e.g., Bokhari et al. 2012; Rehan 2011). Some of the significant searches are regarding the policing and justice system of

transgender individuals (Redding 2015), their residential lifestyles (Ahmad et al. 2010), and an exploration of the outcomes of their structured exclusion (Abdullah et al. 2012). The physical assaults faced by the transgender community cannot be isolated from the associated emotional and psychological assaults as a byproduct. Also, the economic abuse due to social marginalization forces them to earn a livelihood as beggars or sex workers, contributes to their higher rates of drug misuse, and leads to a significant burden of HIV and associated mental health issues (Dayani et al., 2019; Kalhor & Khan, 2023). Furthermore, the denial of burial rights further exacerbates the dehumanizing status of the transgender community in Pakistan (Shah et al. 2018).

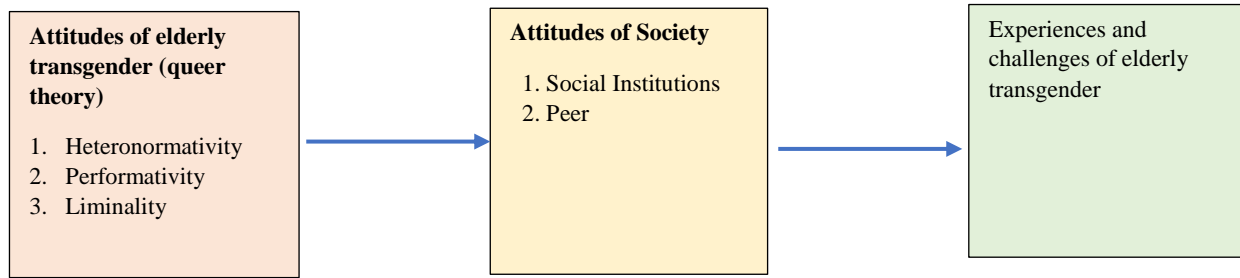
The existing literature of Pakistan lacks information about the life challenges of elderly transgender individuals. Therefore, the current study would be a valuable addition to the indigenous literature of Pakistan related to transgender community of Pakistan to further contribute to the policies related to the transgender community of Pakistan.

Conceptual framework

Queer theory is relatively new in transgender studies. Lorber (1996) asked: "Why, if we wish to treat women and men as equals, do we need to be two sex categories at all?". This is the extract of Queer theory- a postmodern investigation drafting the deprivation and possible reduction of genderism. According to this theory, sexual and gender classifications are proclaimed "inherently unstable and fluid" (Stein & Plummer, 1996).

Queer theory and social constructionism have been represented as two different theoretical outlooks on gender (Burdge, 2007). Burdge proclaimed that transgender population is at risk and that researchers need to aim for the revision of society's conventional gender division. This reflects Wilchins (2004), who stated that gender persecution cannot be reduced by disregarding the inherent victimization of the hierarchical gender division. The three dimensions of queer theory, including heteronormativity (heterosexuality is the only normal expression of sexuality), performativity (repeated actions create identity), and liminality (diversity of individual actions), are vital to understanding the perception development of the community about the transgender community. The transgender community fails to fulfill the criterion of being heterosexual, thus lacking their identity as standard beings. Their social identities are impacted by the pervasive, harmful social misconception that having a transgender child is a form of punishment from nature because of moral failure and wrongdoing, reinforcing stigma, prejudice, and misunderstanding (Azeem et al., 2021). This desire for social approval and fear of social rejection forces many families to abandon their children (Abdullah et al. 2012).

They spend their lives with transgender community under the leadership of *Gurus*, and due to a lack of education and employment opportunities, they earn their living through prostitution and beggary (Chettiar 2015). Such action becomes additive to the perception of them as sinful and should be avoided, causing their elderly care to be more difficult. The following figure depicts the framework of the study:



Methodology

Research Design

Descriptive phenomenology was used as a research design for the current study, as the study aims to explore the life challenges, their detailed description, and the lived experience of elderly transgender individuals who were rejected by their parents and spent their lives in the transgender community. Researchers strictly strived to bracket and protect the participants' accounts from being influenced by their preconceived notions and biases that helped to understand the participants' voices in the context of their unique life experiences (Salvador, 2016a). Crotty (1997) also highlighted that diversity and uniqueness are vital in the experiences of all individuals.

Sample and Measure

In-depth interviews were conducted with a purposive sample of ten participants. Participants for this study were recruited from two organizations under the setup of the "Khawajasira Support Program," through professionals already working in the support program who served as gatekeepers for access to participants. The UN has not given any specific criterion for elderly age; however, the older population is usually referred to as people above 60 (UN 2001). To meet the purpose of the current research, elderly transgender individuals were defined as those who belong to the age bracket of 55 to 70. While defining this age bracket, consultation was made with organizations. They suggested that due to poor living conditions, people above 60 would not be very active in participating in our study. Therefore, research also included participants from the age bracket of 55 to get a better description of the issue. After collecting data, thematic analysis was conducted. All ethical considerations were paid special attention to, including anonymity, confidentiality, and avoiding any emotional and physical harm to the participants. Ethical approval was sought from the university's ethics review and approval group.

Measure of Analyses

Four main themes emerged from the participants' accounts of their experiences, including family support, social support, health-related challenges, and other institutional challenges.

Theme 1: Family

Family plays a vital role in one's life. Family familiarizes an individual with his/her identity. Any feeling of rejection from the family may harm the self-esteem and resilience of the individuals. The first theme represents the

role of family, including sub-themes of family reaction, family opinion, and family support.

Family Reaction

All 10 participants shared similar responses from their families about their gender identity. Some of the shared responses were:

The family was not happy. They were disappointed. I was not what they were expecting or wanted me to be. My father was extremely aggressive and heartless. And my mother was really sad. I haven't seen her happy since then (Participant A: Interview 24th March 2021).

Family Opinion

All ten participants reported that their family's opinions about their gender identity haven't changed over time. One of the participants shared the response as:

"It's been a long time since I met my family. I know they haven't changed their opinion about me." To this, a probing question was asked: How can you say that without meeting them? To which the answer was, "I know my family, especially my father. He's a man who would do anything for his honor, and he won't take anything back after saying it" (Participant C: Interview 24th March 2021).

Family support

Among the ten participants, not a single one reported that their family has been supporting them. One of the participants shared,

"When my sister was alive, she used to call me sometimes and send me some money every month. But after her death, there is no one I can say who is supporting me" (Participant D: Interview 25th March 2021).

However, one of the participants shared,

"My family is not supporting me, but I am the one supporting my family financially" (Participant J: Interview 26th March 2021).

From the analysis, it can be said that there is no role of family in the participant's life. Their reactions, opinions, and support haven't changed over time. Participants' families have excluded them from their lives, and they neither have nor want to have any relation with them.

The above outcomes are in line with previous research conducted by Tabassum and Jamil (2014), reporting that the behavior of families, especially of fathers and brothers, was harsh and rude, and they had to face continuous disapproval. The families' reactions were negative.

Theme 2: Social support

Social support includes friends, extended family, and neighbors. The second theme discusses social support,

consisting of sub-themes of social stigma, discrimination, and violence.

Social Stigma

All the participants reported stigmatization from both society and family. One of the participants shared:

"When I was a child, almost 5 or 7 years old, I used to play with kids in the street, and out of nowhere they started calling me, hijra, hijra. After all these years, now I realize for the first time that I was stigmatized. The worst thing is, I am being blamed for something that I have no authority over (Participant G: Interview 25th March 2021)".

Discrimination

All the participants have shared that they have been discriminated against in one way or another throughout their lives. Discrimination reported by participants included harassment, mistreatment, exclusion, and unavailability of institutional support such as health facilities, education, and employment. Among the ten participants, one shared,

"Discrimination is like a synonym for us. We are discriminated from the first to the last day of our lives. From birth, we are discriminated against by our family. After that, in school, then job, if we ever get a chance at both, and at the end, the whole society discriminates against us" (Participant J: Interview 26th March 2021).

Violence

Among the ten participants, there is no single participant who didn't report violence. Some of the responses shared by participants are,

"I was attacked by strangers on the road" (Participant D: Interview 25th March 2021).

"My brothers and father used to hit me" (Participant H: Interview 26th March 2021).

"I had to face sexual violence" (Participant I: Interview 26th March 2021).

One of the participants shared,

"There are many forms of violence, and I suppose that our community has to bear with every single one of them".

To which a probe question was asked,

"Will you explain them?" to which the answer was,

"Physical violence, when someone hits or beats you, is something we face every single day. Sexual violence includes involving and forcing us in sexual activities without our consent. And psychological violence is where we are being tortured and discriminated against for all of our lives" (Participant A: Interview 24th March 2021).

Participants reported violence in the form of physical violence, sexual violence, and psychological violence. Physical and psychological violence reported by the participants was both by their families and society. However, sexual violence was reported by the participants as being perpetrated by society. From the above-discussed themes, there is no social support for the transgender community. They are facing stigmatization, discrimination, and violence from their families and societies as well.

Previous research has reported that transgender individuals are discriminated against either socially, culturally, politically, or economically, and they are being abused as well (Ahmed, Yasin, & Umair, 2014). A survey revealed that 61% of the total respondents have been abused in their alma mater based on their gender identity. (Grant et. al., 2011). Another research revealed that 77.8% of the respondents have reported physical attacks (Shah et al, 2018). Several studies quoted by Persson (2009) have

reported that the rated lifelong experience with harassment or violence of any type is as much as 60%. Cook-Daniels and Munsoon (2010) have reported that 42% of the participants have survived sexual assault.

Theme 3: Social problems faced by transgender community

The third theme presents the social problems faced by the transgender community. The social problems are further divided into the sub-themes of social effects, economic effects, and psychological effects.

Social Problems

The reported social problem by transgender community involves housing problems, education problems, and healthcare problems. A participant reported,

"The main problem we have to face is that we don't have a house. We don't have permanent shelter; we keep on switching places from one to another" (Participant B: Interview 24th March 2021).

Another participant shared;

"Education is the biggest problem. Not education itself, but its access is really hard. Being a part of transgender community, we are harassed in schools. And this harassment is not limited to class fellows; even the teachers and school staff are equally responsible for the harassment" (Participant J: Interview 26th March 2021).

"One more participant shared, We are old now, we need treatment, but getting a medical check-up is hard for us. We cannot go to the doctors; they simply say no to us. If, by any chance, a doctor agrees to see us, their behavior is very harsh and rude. They are always degrading us" (Participant C: Interview 24th March 2021).

Economic Problems

The most reported economic effect among the participants was unemployment. One of the participants shared,

"Unemployment is my main concern. I have spent sixty years of my life, and I have had no job in all these years. If by luck I was ever employed, I usually got fired from the job just because I belong to transgender community" (Participant C: Interview 24th March 2021).

Psychological Problems

Participants reported different mental health issues related to their gender identity, and some of them reported drug abuse as a consequence. One of the participants shared,

"I was so disturbed. I don't know what to call it, but I know something is bothering my mind. I was so disturbed at a point in my life that I wanted to end it. I even tried to commit suicide" (Participant E: Interview 25th March 2021).

"Another participant shared; Life is really difficult for us. Most of us are depressed and stressed all of the time without even knowing it. We are not educated to know what's going on with us. But I know my mental state made me start to use drugs to find some relief" (Participant G: Interview 26th March 2021).

Participants shared that they have faced psychological issues, but they are not educated, so they cannot name them. However, another finding was that mental health problems among transgender community lead to drug use. The above-identified social problems are in line with previous research. Social issues reported in earlier research include an excessive number of transgender individuals

being homeless, and finding firm housing is hard (Dispenza et al., 2006). Transgender individuals have been evicted from houses at some point in their lives entirely based on their gender (Grant et al., 2011).

Just like other factors, education is not easily accessible to transgender individuals. Transgender individuals are not accepted and don't have equal opportunities like others in educational institutions (Tabassum & Jamil, 2014) and have been abused in their alma mater based on their identity of gender (Grant et al., 2011) and had been harassed physically, verbally and reported to be unsafe because of their gender identity (Kosciw, et al., 2010). Not only peers, but teachers and staff are also part of this abuse (Goldblum et al., 2012). Persson (2009) has identified that 30 to 40% of transgender individuals do not have access to a regular doctor, even though some of them are living with severe medical conditions, which can result in long-term health effects, including permanent infirmity and death.

Economic effects reported by transgender individuals involve demotions, unfair treatment, and sometimes termination as well, for entirely unknown reasons, which are not even related to their abilities or job performance (Taylor, 2007). 47% of the respondents in a survey have revealed that they had been fired from their jobs, promotions had been denied, and demoted too, just based on their gender expression (Grant et al., 2011). The unemployment rates are higher among transgender individuals, resulting in a risk of poverty and lack of medical insurance (Conron et al., 2012; Xavier et al., 2004).

Psychological effects involve adjustment disorders, anxiety disorders, and depression, which have the highest rates of mental health problems reported in transgender individuals (Persson, 2009). Nuttbrock and colleagues (2010) identified lifelong prevalence of depression and suicidality. Higher rates of depression, suicide attempts, and ideation were related to gender-based abuse, including physical and sexual violence (Goldblum et al., 2012). Transgender individuals who were victimized or targeted by their gender expression or identity reported drug abuse, suicide ideation, and suicide attempt (Shah et al., 2018).

Theme 4: Experience of health challenges

The last theme presents the experience of health challenges faced by transgender community. This sub-theme is further divided into stigmatization, the attitude of healthcare staff, and public and private healthcare.

Stigmatization of Health Care Providers

All the participants were of similar views about stigmatization, such as shame, disgrace, disapproval, social exclusion, and humiliation, among others. One of the participants shared:

"We are the stigma in this so-called perfect society. People think it's part of their job to label us and to deprive us of the basic facilities like medical access is something they do righteously. Tell us what we should do when we are sick. Why can't doctors check us? Without checking us, they stigmatized us as an HIV patient and refused to check us" (Participant J: Interview 24th March 2021).

Attitude of Healthcare Providers

This sub-theme discusses the attitude of healthcare staff, including doctors, nurses, and ward boys, among others, towards transgender community. Participants shared mixed responses of discrimination, harsh and rude

behavior, not checking properly, harassment, physical violence, and blaming, among others. One of the participants shared,

"I went to a hospital once. At the counter, I had to face humiliating comments from the staff. I was waiting for my turn, but the look in people's eyes and the harassment made me leave the hospital. Since then, I have been treating myself on my own" (Participant I: Interview 26th March 2021).

Public and Private Healthcare

Participants reported similar responses in accessing public and private healthcare, such as refusal of treatment, discrimination, and violence, among others. However, the difference between them was the expenses. One of the participants shared,

"Private hospitals are too expensive. We can't afford them, and they too refuse to provide treatment to us. Public hospitals are also not different in refusing us, but at least we can pay them. However, there should be separate clinics for us" (Participant C: Interview 24th March 2021).

This theme is in accordance with previous research that social prejudices in our community are powerful. The attitude of society is always degrading, no matter what we do (Tabassum & Jamil, 2014). Transgender individuals are discriminated against socially, culturally, politically, and economically, and they are being abused as well. Social, cultural, political, and economic factors are interlinked, which result in social exclusion of transgender individuals (Ahmed, Yasin & Umair, 2014).

Transgender individuals have to face a lot of issues in accessing healthcare. One of the main hurdles is medical insurance. In a survey, it is reported that they have no insurance, and they have been denied services altogether (Grant et al., 2011). Persson (2009) has identified that 30 to 40% of transgender individuals do not have access to a regular doctor, even though some of them are living with severe medical conditions, which can result in chronic health effects, including permanent impairment and death.

Tabassum and Jamil (2014) reported that transgender individuals face a lot of problems while visiting a doctor, because the doctor is not willing to treat them due to their gender identity. The response is the same as that of the community; they avoid transgender people due to their gender identity. Transgender individuals encounter social exclusion from both the family and society (Ahmed et al. 2014). They are often feared by people for transference of diseases. Furthermore, they are a marginalized segment of society and have a lack of financial assistance for healthcare. The majority of the respondents encounter loneliness during the period of illness because they don't have family to care for them.

Discussion

The study analyses have revealed that the transgender community is one of the most vulnerable segments of society, and they have always faced hatred and stigmatization from society. Even in this era of technology and innovation, where things are changing rapidly and people are becoming more adaptable towards change, they are still not willing to accept the transgender community as normal human beings in this society. They have always been stigmatized and discriminated against and are

recipients of physical, sexual, and psychological violence (Ahmed et al., 2014). The transgender community is reportedly discriminated against in accessing education (Grant et al., 2011), physical and verbal harassment at school (Kosciw et al., 2010), and physical attacks (Shah et al., 2018). Adding on to this, another study reported lifelong experience with harassment or violence (Persson, 2009) and sexual assault (Cook-Daniels & Munsoon, 2010). Limited access to healthcare (Persson, 2009), unfair treatment at jobs (Taylor, 2007; Grant et al., 2011), higher unemployment rates (Conron et al., 2012; Xavier et al., 2004), and mental health problems (Persson, 2009; Nuttbrock et al., 2010; Goldblum et al., 2012), including suicide ideation or attempts (Shah et al., 2018), were also reported.

The transgender community has always faced stigmatization from the community, and while accessing the healthcare services, the attitude of healthcare staff was extremely uncooperative and degrading. The fear of stigmatization has caused the community not to access healthcare facilities. The stigmatization of transgender community is so prevalent in society that it is making them struggle for their survival. The attitude of healthcare providers portrays the bleak picture of this community, in which getting basic healthcare is not even an option, just because of the orthodox normative standards of society. This situation is rampant in both public and private healthcare facilities. The findings of this research are similar with the previous researches, which have reported that social prejudices in our community are powerful (Tabassum & Jamil, 2014); there is no access to doctor or rejection from healthcare assistance leading to long-term health effects including disability and death (Grant et al., 2011; Persson, 2009); also there is a fear from people for the transference of diseases (Ahmed et al., 2014). Another study revealed that they face a lack of financial assistance for healthcare (Grant et al., 2011), and they encounter loneliness during the period of illness because they do not have family to care for them (Tabassum & Jamil, 2014).

In a nutshell, from the above discussion, it can be said that transgender community in Pakistan is a marginalized and vulnerable segment of society; they have encountered both familial and societal prejudices. They are discriminated against, harassed, and stigmatized based on their gender identity. Transgender communities are deprived of their rights, including housing, health, education, and employment. Different efforts should be made in order to give due rights to the transgender community, and strategies should be introduced to address the challenges faced by them. Different preventive and interventional measures should be adopted to overcome the issues of transgender community.

Conclusion

This research concludes that the health issues faced by the transgender community in Pakistan are not merely technical problems but are instead socially constructed challenges. The challenges faced by transgender community are not due to the lack of services or assistance, but the attitude of people causes it. Society treats the transgender community as a third-class creature and deprives them of their fundamental rights, making them a

vulnerable segment of society. The challenges faced by the transgender community, specifically older transgender people, are associated with physiological, psychological, and social risks. The social construction around transgender people in Pakistan needs to be straightened, which can bring attitudinal changes in the masses to begin eradicating many of these issues.

Limitations

The study did not include the perspectives of family, peers, and healthcare providers; including different perspectives might have resulted in a different outcome. Furthermore, it is not possible to generalize the findings of this research in light of the sample being limited to an urban setting and not incorporating rural and other cultural subgroups. However, the findings can provide an important basis for consideration in possible research in the future.

Implications

This research expands the present understanding of health challenges faced by elder transgender individuals by indicating the complications and difficulties of this phenomenon. The research community now has a better understanding of why and how things take place, and the possible effects related to it. It is important for us as a society to raise awareness about this significant public matter that has increased different health issues for transgender community in Pakistan and the harmful risks regarding it. This research can be used as a medium of understanding for doctors, youth, parents, families, communities, educators, policy makers, health practitioners, and for developing prevention, intervention, and treatment strategies for transgender community to address their issues regarding health.

References

- Abbas, T., Nawaz, Y., Ali, M., Hussain, N., & Nawaz, R. (2014). Social adjustment of transgender: A study of District Chiniot, Punjab (Pakistan). *Academic Journal of Interdisciplinary Studies*, 3(1), 61–71.
- Abdullah, M. A., Basharat, Z., Kamal, B., Sattar, N. Y., Hassan, Z. F., Dil Jan, A., & Shafqat, A. (2012). Is social exclusion pushing the Pakistani Hijras (Transgenders) towards commercial sex work? A qualitative study. *BMC International Health and Human Rights*, 12(1), 1–9.
- Ahmed, U., Yasin, G., & Umair, A. (2014). Factors affecting the social exclusion of eunuchs (hijras) in Pakistan. *Mediterranean Journal of Social Sciences*, 5(23), 2277–2287.
- Awan, U. A., Khattak, A. A., Bai, Q., & Khan, S. (2024). Pakistan's transgender health disparities—a threat to HPV elimination?. *The Lancet Regional Health-Southeast Asia*, 24.
- Azagba, S., de Silva, G. S., & Ebling, T. (2025). Examining general, physical, and mental health disparities between transgender and cisgender adults in the US. *International Journal for Equity in Health*, 24, 37.

- Azeem, S., Sohail, T., Iqbal, Z., Abid, S., & Naz, N. (2021). Voices from the Field: Social Stigma and Healthcare Prejudices towards the Transgender Community of Lahore. *PalArch's Journal of Archaeology of Egypt/Egyptology*, 18(5), 546-561.
- Badgett, M. L., Carpenter, C. S., & Sansone, D. (2021). LGBTQ economics. *Journal of Economic Perspectives*, 35(2), 141-170.
- Carpenter, C. S., Lee, M. J., & Nettuno, L. (2022). Economic outcomes for transgender people and other gender minorities in the United States: First estimates from a nationally representative sample. *Southern Economic Journal*, 89(2), 280-304.
- Carpenter, C. S., Eppink, S. T., & Gonzales, G. (2020). Transgender status, gender identity, and socioeconomic outcomes in the United States. *ILR Review*, 73(3), 573-599.
- Cotaina, M., Peraire, M., Boscá, M., Echeverria, I., Benito, A., & Haro, G. (2022). Substance use in the transgender population: a meta-analysis. *Brain sciences*, 12(3), 366.
- Cook-Daniels, L., & Munson, M. (2010). Sexual violence, elder abuse, and sexuality of transgender adults, age 50+: Results of three surveys. *Journal of GLBT Family Studies* 6(2), 142-177.
- Conron, K. J., Scott, G., Sterling Stowell, G., & Landers, S. J. (2012). Transgender health in Massachusetts: Results from a household probability sample of adults. *American Journal of Public Health* 102(1), 118-122.
- Daniela, B., & Devika, B. (2015). *Regimes of legality: Ethnography of criminal cases in South Asia*. New Delhi: Oxford University.
- Dispenza, F., Watson, L. B., Barry Chung, Y. Y., & Brack, G. (2012). Experience of career-related discrimination for female-to-male transgender persons: A qualitative study. *Career Development Quarterly*, 60(1), 65-81.
- Dayani, K. S., Minaz, A., Soomar, S. M., Rashid, R. S., & Dossa, K. S. (2019). Transgender community in Pakistan: A look into challenges and opportunities. *National Journal of Advanced Research*, 5(2), 36-40.
- Goldblum, P., Testa, R. J., Pflum, S., Hendricks, M. L., Bradford, J., & Bongar, B. (2012). The relationship between gender-based victimization and suicide attempts in transgender people. *Professional Psychology: Research and Practice*, 43(5), 468-475.
- Grant, J.M., Mottet, L.A., Tanis, J., Harrison, J., Herman, J.L., & Keisling, M. (2011). *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Washington, D.C.: National Center for Transgender Equality and National Gay and Lesbian Task Force.
- Khan, A. M., & Hashmi, R. S. (2015). Feminist assumptions and false promises of peace: A case study of India and Pakistan. *Journal of Education & Social Sciences*, 3(1), 198-208.
- Khalil, H., Lakho, M. K., Bari, A., & Soomro, U. H. (2020). Representation of transgender community in Pakistani English newspapers: a comparative analysis of Daily Dawn & Express Tribune. *e-BANGI Journal*, 17(6).
- Kalhor, J. A., & Khan, M. (2023). Socio-Economic Grievances of Transgender Community in Pakistan: A Case Study of The Capital City, Islamabad. *Annals of Human and Social Sciences*, 4(4), 465-472.
- Kosciw, J.G., Greytak, E.A., Diaz, E.M., Bartkiewicz, M.J. (2010). *The 2009 national school climate survey: The experiences of lesbian, gay, bisexual, and transgender youth in our nation's schools*. New York, N.Y.: Gay, Lesbian and Straight Education Network.
- Lorber, J. (1996). Beyond the binaries: Depolarizing the categories of sex, sexuality, and gender. *Sociological Inquiry*, 66(2), 143-160.
- Nelson, L. A., & Shurpin, K. (2024). Barriers to Healthcare for Transgender Individuals. *Journal of Doctoral Nursing Practice*, 17(2), 110-116.
- Nuttbrock, L., Hwahng, S., Bockting, W., Rosenblum, A., Mason, M., Macri, M., & Becker, J. (2010). Psychiatric impact of gender-related abuse across the life course of male-to-female transgender persons. *Journal of Sex Research*, 47(1), 12-23.
- Pakistan Bureau of Statistics. Press Release on Provisional Summary Results of 6th Population and Housing Census. Islamabad, 2017, 1-2.
- Peitzmeier, S. M., Malik, M., Kattari, S. K., Marrow, E., Stephenson, R., Agénor, M., & Reisner, S. L. (2020). Intimate partner violence in transgender populations: Systematic review and meta-analysis of prevalence and correlates. *American journal of public health*, 110(9), e1-e14.
- Persson, D. (2009). Unique challenges of transgender aging: Implications from the literature. *Journal of Gerontological Social Work*, 52(6), 633-646.
- Plemons, E. (2019). A capable surgeon and a willing electrologist: Challenges to the expansion of transgender surgical care in the United States. *Medical Anthropology Quarterly*, 33(2), 282-301.
- Redding, J. A. (2015). From 'she-males' to 'unisex': Transgender rights and the productive paradoxes of Pakistani policing." In *Regimes of legality: Ethnography of criminal cases in South Asia*, Eds. Daniela Berti, Devika Bordia. 258-289. New Delhi, India: Oxford University Press.
- Redding, J. A. (2016). *Transgender Rights in Pakistan?: Global, Colonial, and Islamic Perspectives*. HUMAN RIGHTS IN TRANSLATION: INTERCULTURAL PATHWAYS (Michal Rozbicki ed., 2018).
- Rimes, K. A., Goodship, N., Ussher, G., Baker, D., & West, E. (2020). Non-binary and binary transgender youth: Comparison of mental health, self-harm, suicidality, substance use, and victimization experiences. In *Non-binary and Genderqueer Genders* (pp. 112-122). Routledge.
- Rizvi, A. J. (2015). Kidnapping of infants/young children and transforming/deforming them into prostitutes, pimps, beggars, eunuchs & transgender people, and criminals who do not legally exist on the national computer database records.(the failure of democratic/civilian governments over a period of several years), solutions for reducing/eliminating the criminal activities.
- Rodman, K. (2015). *Transgender people's experiences in substance abuse treatment*. California Institute of Integral Studies.
- Safer, J. D., Coleman, E., Feldman, J., Garofalo, R., Hembree, W., Radix, A., & Sevelius, J. (2016). *Barriers*

- to healthcare for transgender individuals. *Current Opinion in Endocrinology, Diabetes and Obesity*, 23(2), 168-171.
- Shah, H. B. U., Rashid, F., Atif, I., Hydrie, M. Z., Fawad, M. W. B., Muzaffar, H. Z., & Hassan, A. (2018). Challenges faced by marginalized communities, such as transgender individuals in Pakistan. *The Pan African Medical Journal*, 30.
- Shuster, S. M. (2016). Uncertain expertise and the limitations of clinical guidelines in transgender healthcare. *Journal of Health and Social Behavior*, 57(3), 319-332.
- Tabassum, S., & Jamil, S. (2014). Plight of the marginalized: Educational issues of transgender community in Pakistan. *Review of Arts and Humanities*, 3(1), 107-122.
- Taylor, J. (2007). Transgender identities and public policy in the United States: The relevance for public administration. *Administration & Society*, 39(7), 833-856.
- Testa, R. J., Sciacca, L. M., Wang, F., Hendricks, M. L., Goldblum, P., Bradford, J., & Bongar, B. (2012). Effects of violence on transgender people. *Professional Psychology: Research and Practice*, 43(5), 452-459.
- Tobin, H. J. (2011). Improving the lives of transgender older adults. *Public Policy & Aging Report*, 21(3), 12-13.
- Van Eijk, M. (2017). Insuring care: paperwork, insurance rules, and clinical labor at a US transgender clinic. *Culture, Medicine, and Psychiatry*, 41(4), 590-608.
- Wilchins, R. (2014). *Queer theory and gender theory: A primer*. New York: Riverdale Avenue.
- Xavier, J., Hitchcock, D., Hollinshead, S., Keisling, M., Lewis, Y., Lombardi, E., Lurie, S., Sanchez, D., Singer, B., River Stone, M., & Williams, B. (2004). *An Overview of U.S. Trans Health Priorities: A Report by the Eliminating Disparities Working Group*. Washington, D.C.: National Coalition for LGBT Health.

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