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Breaking Barriers: Improving Access to Inclusive Healthcare for Lahore's Transgender Community

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Abstract

For transgender community, healthcare services have many issues such as the discrimination and inclusiveness by the health care practitioners. Barriers are also faced by healthcare practitioners in handling the health cases of transgender community. The study aims to examine the challenges encountered by the transgender community in accessing health care and the challenges faced by healthcare practitioners in providing basic inclusive healthcare services. This study explores the opportunities and best ways to overcome issues related to access and provision of healthcare to transgender community. Transgender community often faces stigmatization and marginalization which results in the late reporting of the health related issues. Transgender community often prefers to use their own unapproved medical treatments rather going to the healthcare centers because of fear of revealing their gender identity. Healthcare practitioners also have lack of medical and cultural knowledge required for treating transgender individuals. Healthcare practitioners also face significant challenges in providing treatment to individuals of transgender community because of the different reasons such as unwelcoming behavior at healthcare facility, understanding of health issues of transgender community and how they can refrain from the health disparities. There are also many barriers faced at the healthcare facility faced by the transgender community. Studies have shown that socioeconomic status of the transgender community also has an impact on the health disparities. Sample was collected through qualitative method. Data collection was done via in-depth interviews from participants using semi-structured interview guides. A thematic analysis approach used to make an analysis of the data.

CHAPTER 1: INTRODUCTION

1.1 Statement of the Problem:

Marginalized communities are pondered to be the non-significant and weak group of the society. This process is named as marginalization (Adamshick, 2010). Transgender related phobia is spreading day by day due to the discrimination faced because of gender (Snelgrove, 2012). For transgender community, healthcare services have extensive issues with the discrimination and non-inclusiveness by the doctors and health care practitioners (Seelman et al, 2017). Even when transgender have primary care providers (PCPs), they are feared of revealing their identities to them because of odds linking to them and to escape from discriminatory behavior. Previous researches show that such kinds of peculiarities are mainly linked to those who belonged to lower socioeconomic background (Seelman et al, 2017). This study aims to identify those challenges which are leading these discriminatory healthcare services for the transgender community.

Another study showed that Transgender community were concerned about gender revealing because health service quality might be compromised, either by their discriminatory referrals to other practitioners or by mentioning the problematic notes and diseases in their medical records just to get rid of them (Sherman et al, 2017). Transgender people might delay in seeking health care facilities at hospitals and health care labs. Transgender often run their own unacknowledged and unhygienic healthcare system based on assumptions because of the fear of being discriminated by the health care professionals, even they didn't seek the professional assistance (Seelman et al, 2017). Considering the above studies, this research mainly focuses on the challenges faced by the community, an effort towards possible outcomes for the marginalized community at policy level measures and also fulfills the research gaps regarding this study.

Geographies have different gender norms which lead to different access to gender-based medical procedures (Linander, 2018). Study shows that how nurses positioned and performed their duties that impacted the power structures which promoted the system that allows stigma to attach with Transgender community (Velasco, 2022). Despite the rise in the awareness of transgender rights over the media, the population still remains undeserved community in this world (Velasco, 2022). This research aims to get to know the experiences of the healthcare practitioners at healthcare institutions while treating transgender community. This research also mentions that what steps are taken by the practitioners to make inclusive healthcare services in the context of Lahore. This community has lowest employment rates, clinical health access, high anxiety and depression disorders and gender violence (Velasco, 2022). While identifying and proposing possible solutions to overcome such barriers to basic healthcare, this study will help in finding the opportunities from both practitioners and transgender side.

1.2 Objectives of the Study

The primary aim of this study is to comprehensively identify and categorize the hindrances faced by the transgender community. This study describes the various contributing factors which in which create sociocultural, systematic and economic barriers to accessing basic healthcare. This study will dig into the narratives and experiences of the transgender community along with healthcare practitioners. This study will explore the underlying factors facing while attempting to provide the basic healthcare by practitioners to the transgender like stigma or limited understanding of handling transgender community and healthcare place. Another objective of this study is to find the potential opportunities for improving the access to healthcare and the inclusivity of the transgender population. It will include the extensive narratives of the

transgender community and healthcare practitioners regarding existing policies and initiatives and practices which are impacting them. This research aims to gain the insights the seeking behavior of transgender for basic healthcare. It will include their personal decisions and experiences for the avoidance of utilization of the healthcare system. The core objective of the study is to look into how the issues of the community can be resolved in order to access the inclusive healthcare system in the context of Lahore by proposing the strategies to mitigate them. It will help to provide the recommendations and possible, feasible solutions to enhance the inclusivity of the community in healthcare system.

1.3 Significance of the study

This research will add to the existing body of literature regarding barriers faced and inclusivity of the transgender community. Previous researches about transgender individuals in Pakistan are based on mostly secondary data and focused on the other serious health diseases. Previous researchers worked on the basic accesses to the other parts of the life like education and linked them with the other socio-demographic factors. Qualitative study provides the platform to use exploratory approach to uncover the barriers faced by transgender and their possible solutions.

By examining the specific area of research where transgender community is facing barriers to basic healthcare and also exploring the challenges faced by the healthcare practitioners in order to provide the equal treatment to transgender patients like lack of proper knowledge, cultural sensitivity (use of pronouns and common language among them to understand), personal decisions and physical abuse. Furthermore, the results of this study can be used by policymakers, legal system and stakeholders to improvise the gender-equal policies and reformations to

improve the access to basic necessities of the transgender specifically basic healthcare and equal treatment. It will provide the understanding of the potential opportunities and the solutions to smash the barriers of accessing healthcare for transgender and healthcare practitioners both. By implications of transgender community facing the barriers, this study aimed to reduce the gender disparities and gender-based violence in the cultural, economic and social context by identifying the basic gaps and the strategies to mitigate them.

This study is important in terms of fulfilling the goals of gender equality and good health and well-being as reinforced in the Sustainable Development Goals (SDGs). Pakistan is working on fulfilling the SDGs and these goals are focusing on eradicating gender disparities and ensuring the good health for everyone. Goal 3 is about ensuring healthy lives and well-being for all the people at all ages. Goal 5 is ensuring the gender equality. This study mainly contributes in proposing possible solutions to ensure the gender equality and well-being at all ages for transgender community.

In 2015, Swedish government press released that 36% Transgender people consider suicide the better option because of declining health conditions and delay in seeking assistance for basic healthcare (Linander, 2018). As a result of violence, stigmatization, discrimination and lack of access to basic healthcare, transgender population is suffering from the worst physical health diseases as compared to the other population. Biasness and lack of training of healthcare professionals are contributing to this issue (UNFE- Transgender, 2023). This research aims to find out the challenges along with the other contributing factors while accessing basic healthcare.

1.4 Research Questions

The study is deliberately addressing following below research questions:

Q1. What barriers (socioeconomic and cultural) do transgender individuals face in Lahore while attempting to access basic healthcare services?

Q2. What are the challenges faced by health practitioners to treat the Transgender community?

Q3. What are the opportunities and possible ways to overcome the disparities faced by Transgender in health care system in Lahore?

1.5 Operational Definition of Key Terms

1.5.1 Transgender

As per the American Psychological Association [APA], 2020, "transgender" alludes to those whose orientation character varies from the sex they were allotted upon entering the world. These incorporate, yet are not restricted to, transsexual people, non-binary individuals, orientation eccentric endlessly individuals who distinguish as an alternate orientation by and large. To coordinate their outside appearance and articulation with their inner feeling of orientation, transgender individuals might go through various stages, like clinical medications or social adjustments.

Transgender are the unrelated to the attitudes and more prone towards their expression towards specific gender identity and the changing code sustained by their traditional culture (Buck, 2016).

1.5.2 Discrimination

According to the United Nations Human Rights, discrimination is the unreasonable or unfair treatment of individuals or gatherings in view of qualities, affiliations, or different elements that are viewed as giving them a specific position. Race, identity, religion, orientation, sexual direction, capacity, and age are only a couple of instances of these characteristics. Variations in friendly, monetary, or political circles of life can result from segregation, which can take a wide range of structures, including rejection, provocation, disavowal of chance, or unjustifiable treatment.

1.5.3 Marginalization

Marginalization is defined as the social, economic, and political process by which particular people or group of people are compelled to the margins or the boundaries of society and consequently excluded from mainstream access to opportunities, resources, and decision-making processes. This definition was agreed upon by Oxford University Press. Marginalized people or communities frequently experience difficulties and have restricted access to necessities, which lowers their social standing and makes them more vulnerable to all biases, poverty, and other types of gender inequality (Oxford University Press, 2023).

1.5.4 Basic Healthcare

Basic healthcare, as defined by the World Health Organization (WHO), refers to fundamental health care benefits that are all around open, experimentally sound, and socially well-being. It incorporates a scope of preventive, corrective, and rehabilitative administrations intended to address the most well-known and significant well-being needs of a population. These administrations are pointed toward advancing physical and mental prosperity, timely treatment, giving good therapy, and guaranteeing fundamental medications and innovations. Basic Health care is an essential part of a well-working medical care framework and fills in as the establishment for accomplishing evenhanded well-being results for all people (World Health Organization, 2008).

1.5.5 Stigmatization

Stigmatization is a process of social labeling or naming and negative sentiments attached to them, where individuals or communities are marked by specific characteristics that lead to their devaluation, marginalization, and discrimination within a society (Link & Phelan, 2001).

People construct few categories and attach stereotype with them. Stigmatization indicates that occurrence of the stereotyping labeling, discrimination, status loss, and separation for the specific group of people. Execution of power by influential people of the society is forced upon that group (Link et al. 2011).

CHAPTER 2: REVIEW OF RELATED LITERATURE

Transgender individuals face unique challenges in various parts of the world, encompassing social, legal, and healthcare aspects. Their experiences are shaped by cultural contexts, healthcare systems, and societal attitudes toward gender diversity.

2.1 Inclusive healthcare system Worldwide:

In the United States, studies by Grant et al. (2011) and James et al. (2016) highlighted the disproportionately high rates of discrimination, violence, and mental health issues among transgender populations. The intersectionality of race, socioeconomic status, and gender identity further compounds these challenges (Gonzalez et al., 2020).

Similarly, research from Europe, such as by Motmans et al. (2019) and Haas et al. (2014), demonstrates that despite progressive legal frameworks in some countries, transgender individuals still face barriers in accessing gender-affirming healthcare services and legal recognition. The varying levels of social acceptance and healthcare provision across European nations contribute to disparities in transgender well-being.

Meyer & Northridge (2007) explain that literature supports that stigma and discrimination leads to social inclusion which is the fundamental cause of health disparity among transgender individuals. Stigma has been defined as a social process of “blaming, and shaming” that leads to status loss and discrimination (Deacon, 2006, p. 418). Societal and institutional discrimination includes policies and practices that result in restricted opportunities for transgender persons.

Medical education is a necessary prerequisite to address the inequities faced by transgender persons in healthcare (Mayer, et al., 2008). World Health Organization acknowledges the trans-health inclusion into mainstream medical curriculum (Aaron, 2016). But in developing countries, like Pakistan, the undergrad medical curriculum is not well-equipped to bridge the health disparities faced by the transgender community (Martin et al., 2020).

Transgender patients need a unique medical assistance and lack of transgender health education among healthcare providers is a major barrier to care despite clinical practice guidelines for transgender (Hembree et al., 2017). Because of being excluded from workplace, transgender people get into narrow range of occupations, some of them involve in sex work which puts them at high risk of sexually transmitted infections (Poteat, et al., 2015)

The negative attitude of people and a lack of knowledge about transgender-specific health issues result in transgender patients being denied of basic health care or facing discrimination in health care settings (Grant et al., 2010). Medical education that involves improvement of attitude towards transgender, an increased awareness of these populations, and development of skills to provide enough care, can play a role to address transgender health inequities (Mayer et al., 2008). Lack of knowledge regarding transgender health education is reflected via medical practitioners' lack of awareness regarding transgender health (Dubin et al., 2018). Transgender population experiences healthcare inequalities because of various social, behavioral and lifestyle factors (Bains, 2021).

Human right dialogue on the rights of the transgender has mainly focusing on the corrections of legislation for gender and medical precondition for the sake of change. Sovereignty and jurisdictions around the world are now taking initiatives for gender inclusion to

get free legal assistance for gender recognition from medical interventions. Different developed states bodies are, however, working on improvements and realizing the rights of transgender to get the access to basic healthcare (Sorlie, 2019). Transgender issues have become the center of attention since last couple of years because of raise in awareness of individuals' basic rights for them, and there are many changes happened in legislation relating to gender main streaming and access to basic healthcare system inclusively (Linander, 2018). Research showed that marginalized communities are facing highest suicide risk because of being exclusive behavior from the society (Velasco, 2022).

2.2 Access of transgender community to healthcare sector in Asia

According to a research by Feener (2007), transgender persons played an important historical role, particularly during the Mughal Empire in the subcontinent. According to the author, transgender persons have historically taken up roles as royal ladies' carers dating back approximately 4,000 years. They also held significant roles together, such as those that establish their social inclusion, such as senior advisor positions to monarchs. The Criminal Tribes Act (1871), which was implemented during the British colonial era, caused the situation of transgender people to worsen (Hoda, 2010). The transgender population was deemed by the British colonizers to be a "danger" to society (CSS Forum, 2010).

In contrast, studies focused on transgender populations in Asia reveal distinct challenges. Poteat et al. (2020) found that in many Asian countries, transgender individuals encounter legal and societal discrimination that limits their access to healthcare, education, and employment. The stigmatization of transgender identities often results in under reporting of health concerns and lack of preventive care.

In the Global South, research by De Santis et al. (2019) in Latin America and Adebisi et al. (2018) in Sub-Saharan Africa highlight the struggles faced by transgender individuals due to lack of legal recognition, limited access to healthcare, and entrenched social stigma. These factors contribute to high rates of HIV prevalence and hinder effective healthcare interventions.

Transgender conditions in the Middle East and North Africa (MENA) region are discussed by Fattah and Khatib (2021), who underscore the challenges posed by conservative cultural norms and legal frameworks that often criminalize gender nonconformity. These conditions force many transgender individuals to seek healthcare and support clandestinely.

Abdullah et al. (2012), in their study, argued that transgender persons are socially isolated and excluded to the level that even when any transgender person dies, the hijra community performs the death ceremonies of their fellow in much secretive manner. Authors find out that funerals are carried to the graveyard in the darkness of the middle of the night with no or minimal attendance from neighbors or biological family. Abdullah et al. also revealed that transgender community suffer a lot in their social relations that after the death of a transgender person, some fellows of community celebrate it as a happy moment. This is because they think that the life on earth was tough and judgmental while the life hereafter would be easy and without hurtful experiences, for God never hurts His creatures as people of this society do, as studied by Ramay (2017).

Because of social discrimination and stigmatization, most transgender persons in India and Pakistan have no access to education which leads to poor health literacy among this community. (Ming, Hadi, & Khan, 2016) Transgender individuals face different disparities in the healthcare system and are considered as the undeserved population in healthcare sector.

(Korpaisarn & Safer, 2018). Different barriers include lack of access to healthcare, stigmatization, discrimination within healthcare, socioeconomic hurdles, and lack of education among providers of health (Safer et al., 2016).

2.3 Accessing healthcare challenges in Pakistan

Due to the non-conforming gender identities and the post-colonial religious and cultural mores that are generally maintained by Pakistani society, transgender endure extreme social marginalization, discrimination, and violence throughout the country. They are seen as being a very vulnerable, isolated, marginalized and economically and socially disadvantaged population with shaky civil, political, and legal equality. Previous studies have found connections between social marginalization of Transgender in Pakistan and various forms of discrimination against them as well as barriers to the development of their human potential.

Today, transgender people in Pakistan experience extreme social exclusion that translates into extreme vulnerabilities in almost every domain of their lives including limited access to education, employment and financial independence (Ashraf, 2010). Nazir and Yasir (2016) stated that the reasons for this social exclusion are deeply rooted in hatred and unacceptance by the society towards a group of people who do not conform to social norms around gender manifestation. They argue that it deprives transgender people from social inclusion in a society like Pakistan. This community lacks social acceptance and is given derogatory names such as Hijra, Zanana, Khusra and few others (Alia, 2017). In our patriarchal society, most often, these words are used as disgrace or abuse towards people specifically to target their masculinity. In this context, there is a lesser space for transgender to get out of the social exclusion due to gender norms (Syed, 2020). Syed also noted that despite the various bills and legislation passed in the

parliament for transgender rights protection, Pakistan has failed to provide social inclusion and social acceptance to transgender community. Author continued that according to the landmark Transgender Person Act 2018, transgender individuals are being allowed to officially identify themselves as third gender in their national identity cards. But due to lack of social acceptance and inclusion, most of the transgender in our country still identify themselves as males. This is because they want to avoid the stigma attached to their gender which is other than male or female (Munir, 2019).

Transgender community has most rejections from families, as their families often don't support them in pursuing their ambitions and to live in their houses. Transgender community also faced gender discrimination at workplace and even while getting jobs, they got the rejections most of the time because of stigma linked to them. They also faced certain kind of abuse like physical abuse, mental abuse; mostly of them are unrecorded and not shared experiences which are directly impacting their mental and physical health. They have been reported with the high risk of human immunodeficiency virus (HIV), which is a major threat to their health because of uneven and unsafe sex (Velasco, 2022).

Transgender population is facing obstacles in accessing their basic healthcare system. It includes societal intolerance towards them. Societal intolerance leads to stigmatization towards their non-confirmed gender which promotes the gender discrimination in accessing their basic healthcare. Despite of much noise over the rights of transgender over media, this community is still facing many hardships to be treated equally (Grant et al, 2010).

2.4 Healthcare practitioners and their challenges:

Healthcare practitioners have lack of knowledge regarding the sensitivity of treating the marginalized communities such as to be aware of their issues, to call them by their names and other pronouns. Not knowing about their slang or common language are creating such issues in dealing with them. This is the cultural sensitivity towards transgender community. It requires proper training or the knowledge material for handling it (Gupta, 2016).

Healthcare professionals often fear of the stigmatization while handling the patient which is not mainstreaming. They often are going through the societal pressure upon them while dealing with transgender patients (Gupta, 2016).

Electronic and medical laboratories have only 2 gender options to be selected which is a main hindrance in revealing gender identity of transgender patients (Grant et al, 2010). Transgender also faced challenges at institutional level. They fear of revealing their genders also causing issues. They feared that while revealing their gender may cause discrimination rejection for treatment or bad referrals to other practitioners.

Transgender community has lack of access to the medical insurances which is a basic issue for those transgender who belonged to lower socioeconomic class in order to afford their health expenses (Gupta, 2016).

CHAPTER 3: THEORETICAL FRAMEWORK

Intersectionality theory somehow defines the factors which are contributing in barriers faced by transgender community while accessing their basic healthcare system. As per the theory, the discrimination does not base on only one factor; there is a co-occurrence of multiple reasons which is leading them to the margins of the society.

3.1 Intersectionality Theory

Kimberlé Crenshaw in 2021 resented the Intersectionality theory which focuses on how multiple social identities intervene to form the unique experiences of privilege and oppression in our societies. Applied to transgender healthcare research, this theory highlights the constitutional effects of gender identity alongside their socioeconomic status. This theory will contribute in explaining the multiple factors contributing in the health disparities of transgender community.

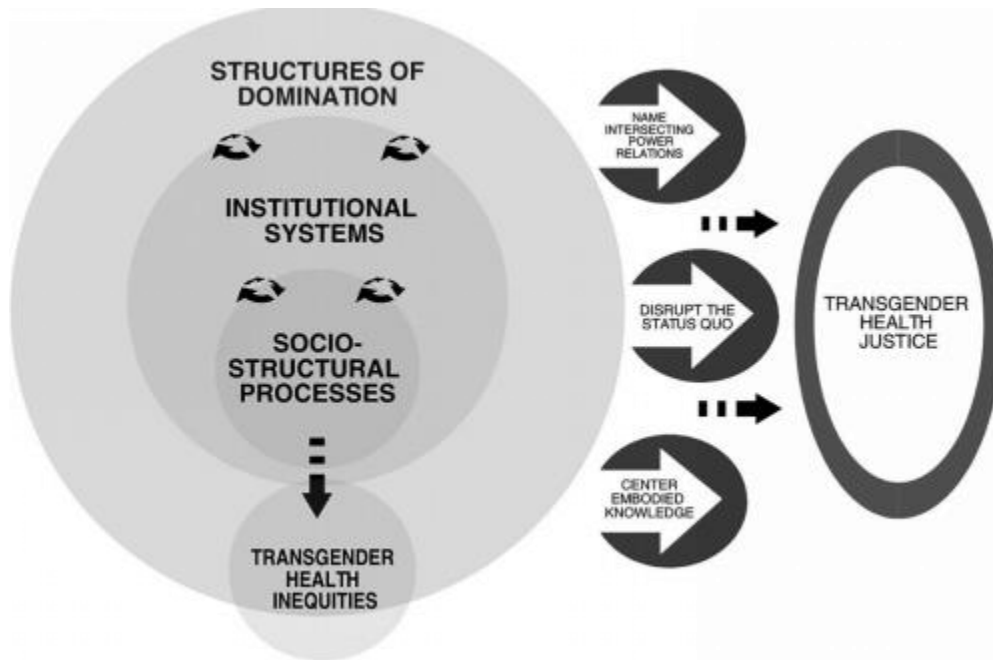
Transgender community is fearing discrimination based on their gender identity. Their lower socioeconomic status is also a component where they faced social isolation. They cannot access the basic healthcare without financial stability. This study will also explore if the socioeconomic status is also a contributing factor in accessing healthcare.

A part of Transgender community involves in the unhealthy sex practices which leads to the bad health conditions. Transgender community needs financial support in order to cure them properly. Due to being at lower socioeconomic status, they have to go through declining health conditions because of improper treatment.

3.1.1 IRTHJ Model:

Figure 1

IRTHJ Model



Intersectionality Research for Transgender Health Justice (IRTHJ) Framework.

There are three layers in the above figure which explains the how powerful structures, institutions and sociocultural processes are contributing in the transgender health care access. This model is linked with intersectionality theory and structural injustice theory and proposed by “Iris Marion Young” in 1990.

As per model, Layer 1 shows the structure of domination ‘where power resides and the control of all institutions. Capitalism, patriarchy, and ageism are leading factors in seeding the discrimination on below layers. Structural oppression eventually causes social health inequities for transgender community. Social structures used their occupied positions to implement the

social inequalities. According to intersectionality theory, transgender community experienced vulnerabilities because of their structurally created marginalized social positions at the intersections of citizenship, gender, and class. This research will also explore how the socioeconomic status is a factor making hindrance in accessing the basic healthcare.

Layer 2 reinforced by structures of domination. The systems intersect in the rules and regulations regulation of gender identity. It involves the different institutions such as housing, hospitals, public health, education and welfare. This research will explore the hospital institution. It will explore the challenges faced by the healthcare practitioners in providing basic healthcare at institution level. It will also explore the barriers faced by transgender community at hospital facility.

Sociocultural processes are daily social practices that are sustaining the inequality in service of the status quo, enforcing societal norms in the society. Transgender identities are discriminated and causing hurdle in accessing various health care services. It is also showing the diagnosis of the diseases which are stigmatized in the society such as HIV. This study will also find the lived experiences of the transgender community on revealing their gender identities.

CHAPTER 4: RESEARCH METHODOLOGY

4.1 Nature of the Study

The present study employs a qualitative research design to explore the challenges for the transgender community in Lahore when it comes to their health. Phenomenological approach used as the methodology for guidance in which the researcher interprets and shed light on the lived experiences of transgender community about a certain phenomenon the way participants described it (Creswell, 2014). The above approach enabled us to understand the phenomenon of barriers faced by transgender community for accessing their basic healthcare in Lahore.

Phenomenological approach is having different dimensions. However, this study deployed the descriptive phenomenology that is about the interpretation of the experiences of respondents and about the contextual meaning of the things attached by the people who are living these experiences (Wojnar et al, 2007). Husserl, Austrian-German philosopher and mathematician, founded the phenomenology and his approach is closely linked to the belief that the meaning of the lived experiences can only be described through one-to-one interaction between the researcher and the participants (Husserl, 1970).

4.2 Research Ethics

Conducting research on sensitive topics involving marginalized communities, such as the transgender community in this case, requires careful attention to ethical considerations. Informed and voluntary consent got from all transgender participants before data collection. Participants were provided with clear information about the study's purpose, confidentiality, procedural measures, and their right to withdraw at any point/question without consequences. Pseudonyms or codes used to protect their anonymity when reporting findings. It was ensuring that culturally sensitive questions were not causing any harm and offence to respondents.

This study received research approval from the Institutional Review Board or ethics committee of Forman Christian College (A Chartered University), Lahore. This approval ensured that the study revolves to the ethical considerations for research involving human participants, safeguarding their rights and well-being of their sentiments and health throughout the research process.

4.3 Sampling Design

4.3.1 Selection Criterion

This study included the transgender community who were 40 and above years having no cognitive impairment. The participant should have visited the healthcare facility at once visit the healthcare at least once in past 1 year for the purpose of basic healthcare. The rationale for proposing the one-year criteria is to help them recall their recent experience. Furthermore, the specified population had the vast experiences and knowledge about the healthcare challenges.

For healthcare practitioner, the age range was between 25 – 60 years. They should at least once treat or encountered transgender in their healthcare centers in past 1 year. The selection criteria have been used so that we can have the empirical data from those practitioners who have lived experiences with the transgender patients in recent years.

4.3.2 Sampling technique

Purposive sampling technique was used to select transgender participants who visited the health care facility at least once in past 1 year and 40 years and above, whereas healthcare practitioner participants should between 25 years 60 years and having relevant experiences

which are helpful in achieving research objectives in past 1 year. This technique is also called Judgmental Sampling and is linked with the intentional choice of the participants based on their specific attributes. It is a non-probability form of sampling where participants are chosen on the basis of specific choices. (Etikan et al., 2016).

4.3.3 Target Sample

The target sample for this research consisted of 10 transgender participants and 5 healthcare practitioners in Lahore who meet the sample criterion. Healthcare practitioners would belong to the government hospitals. Before conducting the main study, two pilot interviews (one for transgender participants and other for healthcare practitioners) conducted to assess the research instrument and data collection procedures for any necessary changes, so that we can eradicate the pain points before entering the research field.

4.4 Study Questionnaire

Two interview guides were prepared for the purpose of data collection from transgender community and healthcare practitioners. The interview guides would include open-ended questions which are generated after referring to the relevant existing literature.

For transgender participants, the instrument consisted of several parts. The first part contained questions about the demographic details of the participants. The second portion consisted of questions prevailing to the barriers faced by the participants in the pursuit of their experiences through it. The last part aimed to provide the best possible solutions to break these barriers and the feedback regarding the research for the improvement point of view.

For healthcare practitioner participants, the instrument consisted of below parts. The first part consisted of the questions about the demographic details of the participants. Then next part consisted of the barriers they faced while treating transgender community. The last part consisted of the improvement areas for providing access to transgender to basic healthcare system.

4.5 Data Collection

In-depth interviews conducted for the data collection. All interviews were conducted one to one except one interview in order to build a good rapport with the participants and gather comprehensive data based on their actual experiences. The time-interval for each interview took approximately 20- 25minutes. The participants' consent was taken before interview and the audio-recording of the interviews. For the quality purpose, 2 interviews were conducted on the daily basis in order to escape from any hustle and bustle during interview. The interview setting was quiet and comfortable for the participant and also their anonymity was ensured. Interview was done at participants' preferred setting.

Data was collected with the help of two NGOs. NGOs were contacted by the gatekeeper. Those NGOs provided the contacts to reach the transgender participants. 60% interview data of transgender participants was collected with the help of NGOs.

4.6 Data Analysis

The collected data was examined using thematic analysis approach. Answers from the participants used to provide contextual reference of the study findings and discussion points. The data was systematically organized and inspected using the framework method for thematic analysis which was presented by Braun and Clarke (2006).

The data analysis consisted of several mentioned steps. The first step is to get familiar with the data. It includes transcribing the data and readings and re readings for escaping any language shift issues. The second step involves jotting down the points and originate the codes from it. Third step includes merging the codes and generate the potential themes and then to summarizing the whole data in their relevant themes. The fourth step is about the analyzing the themes and to cross check whether the themes are aligned with the merged codes or not which were extracted previously. The fifth step is to define and naming the themes by formatting the clear definitions and terminologies. The final stage involves the thorough analysis of the extracted data, relating the discussion points with the research questions, research objectives, and existing literature. The data was collected in first three weeks of December.

CHAPTER 5: RESULTS

This chapter includes the thematic analysis of the transcribed interviews of healthcare practitioners and the transgender participants. Their interviews were conducted separately. The codes were generated based on the answers of the participants and their shared experiences as a reference.

5.1 Results of Interviews of healthcare practitioners

Interviews were conducted at preferred setting of the participants. The demographic questions were also asked from the participants. Interviews were conducted from the both male

doctors 80% and female doctors 20%. All the participants are having multiple interactions with the transgender patients. All the participants are having an experience for more than 2 years except one who has 4 months experience with the multiple interactions with the transgender community. All the participants were belonged from the different specialized fields.

5.1.1 Healthcare needs and general ailments of transgender community

During interview, one of the participants shared the experience with the different transgender patients coming with different concerns. Healthcare participant also shared that one of the transgender patients became so overwhelmed when doctor treated him with the soft behavior. Participant stated that:

I was in the trauma center. A first transgender patient came to me, he had a cut on his hand while washing a glass. The other transgender patient was suffering with bronchitis. I treated very softly both patients. The patient with cut in hand gave me a lot of prayers. Even I treated just a bit better. I think he was not anticipating that a doctor can treat me like this. After stitches, I gave him an antibiotic. On next day, he made a special karahi dish for me and brought along with him. He often visited me whenever he faces any medical problem. I also treated a transgender patient with Gastroenteritis.

Another interviewee mentioned that regarding general ailments:

I have some interactions with the transgender patients. There were mostly general ailments. Recently few days back, I just treated the female transgender patient having severe diarrhea and also she remained admitted here (in the hospital).

Few participants mentioned that transgender patients came to the hospital to seek medical assistance for general ailments in the hospital facility. One of the participants mentioned that:

I attended the transgender patients mostly with general ailments like fever, cough, body aching or some viral/bacterial infections.

Another participant stated while explaining the interaction with the transgender patient at government and private hospital that:

I had multiple time experience with the transgender patients. One patient had brain hemorrhage, BP issues and spinal pains etc. But I mostly had an interaction at my duty in government hospital. I also attend the patients in the private set up. I have twice interaction with the transgender patients in my private set up.

Healthcare participants mentioned that being cautious about the HIV while treating transgender patient is a healthcare need. As it is the common perception these days regarding transgender patients, so healthcare practitioners have to be careful. One of the participants mentioned that:

When it comes to a transgender patient, we mostly concerned about the HIV. If we won't have any medical evidence of HIV, and patient is facing weight loss, we still have to be very cautious.

5.1.2 Barriers in Healthcare providence

One of the participants shared the experience of interactions with the transgender patients. According to the interview, patient tried to seek help from home remedies at first and

avoid the medical assistance. Sometimes it can worsen the condition of the transgender person. As per the interview, doctor had a discussion with the transgender patient. Transgender patient seemed mentally sick to the doctor. Transgender patient was of less age and she had problems in seeking job. It also shown through the interview that transgender person had faced harassment at educational institutions during educational period. Participant stated that:

If I recall my previous experience, the patient was suffering from diarrhea problem since last 10 days. She came to me with the worst condition. When I asked her that why she didn't seek the medical assistance at first, then patient replied to me that she was seeking help from home remedies and suggested medicines by others. She remained in the hospital for almost 3 to 4 days because of her bad condition. So it is a barrier that they least care about their health. I had a very close conversation with that patient. She seemed mentally sick as well when I talked with her. As per her, she passed an intermediate somehow, though she was bullied at school and college both. She also had some negative experiences of harassment. But her main concern was seeking job. She was not of much age. She mentioned that whenever she went for an interview of job, they often rejected her by saying that you will ruin our staff interests and the environment. She was unable to seek any labor work. So she had to compel to beggary sometimes or by providing home cleaning services.

Another participant mentioned the experience of dealing with the transgender patients in different settings both at private clinic and government hospital. Participant also shared the difference of attitude and communication of the transgender patients at different settings. Both

transgender patients have different level of education and different socioeconomic background. Their different socialization clearly depicts the level of confidence as per the interview. Participant also share that he met mostly transgender patients' government hospital are hesitant and having problems in describing the issues. Participant stated that:

I have different interactions with different transgender patients. In my private setting, I met a transgender patient. She visited me twice. I have a clinic in Gulberg town and honestly it is not affordable for the people belonged to a lower class. Transgender patient came to me; she was having a pain in the backside of her head. Seemingly, her life style was outstanding and owned a luxurious car. I spoke to her and interviewed a bit. She was an MPhil and was a social activist also. She belonged to a good family. If I compare her attitude towards the things with the other transgender people I dealt at govt. hospital, then she was very confident. She was not hesitant at all. She was bilingual (English Urdu). She was even more expressive about her illness and was giving good impression overall. But when I met few transgender patients in different periods, only 2 or 3 were a bit expressive and jolly. But I found most of them quiet and hesitant. They were speaking very less. Whenever, I asked them to revisit for a checkup, only few of them visited again.

Another participant shared the communication as a problem while dealing with the transgender patients. As doctors are much concerned about the HIV when it comes to deal with the transgender patients, they had to take a history first regarding previous background. As per interviewee, transgender patients are not open to tell about this. But healthcare participant

considers it a communication barrier. So participant mentioned that he has to be conscious about it by himself. As per the participant:

I never face any specific barriers while dealing with them. But I observe one thing that they are very less spoken as compare to the other patients. They don't ask much queries and sometimes they are not even telling their proper history. We doctors are much concerned about the HIV. So when I am aware of such possible risks, I always ask them at first. Majority patients are too shy to tell this. They didn't speak up at all about it. But from my end, I always get careful while using medical instruments.

One of the participant mentioned that all doctors should treat everyone equally. It is enough for the doctors to consider them humans and to treat them equally. Only one participant mentioned that he is not facing any issues in communication with the transgender community. In the participant's childhood, he already had a brought up in the family where they raised him and taught him different languages and accents. It helped the participant to deal with the transgender patients. Participant mentioned that:

In my opinion, if a doctor will consider his/her patient a human, problematical will be resolved. They are coming to us and trusting. No doubt, we can write anything in their medical history. I still have a patient in my private set-up, we have to be fair. People or patients trust us, and we should keep that trust. I didn't find any problem in communication with the transgender patients. In my childhood, my family was very generous. My grandparents and mother provided me an environment where we helped transgender people. My family helped me to break such stigmas. It's all about your socialization. In our religious perspective, we should also be feared of such biases. We

also have to confront the Day of Judgment. I treated them as a casual patient. They have complete right to it.

5.1.3 Factors impacting on quality of care:

For few participants, communication is a barrier for the healthcare practitioners to treat the transgender patients. As per the interviewee, transgender patients are not conveying their issues properly due to the cultural barriers. For doctors, not having the complete knowledge of the previous medical history of the transgender patient will disrupt the quality of treatment.

Lack of communication obviously impacts the quality of treatment. If the patient won't express that how is he/she feeling completely or can't mention the previous history. Then it would be difficult for a doctor to cure it completely.

Another participant shared his views regarding communication. According to the interview, the majority of transgender community belongs to the poor socioeconomic backgrounds and having different kind of issues. As per the doctor participants, the socioeconomic status of the transgender patients is also a reason of incomplete understandings of their issues. Even if they are facing any financial challenges regarding continuing medication, they should say it directly. As per the healthcare participant, one of his transgender patients directly conveyed him regarding financial constraints and the non-affordability of the medication from private laboratories. Healthcare practitioners also helped that transgender patient by changing the medicine and provide him the medicine from the hospital. As per the participant:

If they won't speak up, then how can we treat them properly? They mostly belonged to the poor backgrounds. Their socioeconomic status matters a lot in their behavior and

attitudes. Even few transgender patients conveyed me directly that they don't have enough money for private laboratory tests and outside medicines. Once a female transgender patient came to me, and asked me for the financial assistance because I prescribed her the medicines from outside of the hospital as those were not available in hospital facility. I changed the medicines and prescribed her the alternatives though those might be less effective in that case.

As per the participant, communication is a way making treatment better in the right direction. As per the doctor, it is needed to level up their confidence to speak and to convey. Sometimes, at hospital facility, there are some female transgender who are sometimes being too loud in the hospital which can be problematic for other patients. And also being too quiet is not good for the proper cure of the illness. The interviewee stated that:

Communication problems are always there with them. Some are too expressive and loud and some are quiet. It always vary from person to person. So being too loud is also not good at hospital facility and I saw doing such things mostly by female transgender. Sometimes such patients won't understand a doctor and suggesting their own home remedies. It will obviously disturb the way of treatment. But I am a doctor and human both. I am there to listen. Such things often irritate but I have to be a situation handler. I felt it okay, if someone will ask me to change the medicines if they can't afford it, rather than skipping the treatment. But mostly remain quiet in those cases. So it is all about leveling up their confidence to speak.

A healthcare practitioner, who is also an infectious diseases physician, mentioned that affordability of the medicines for the HIV transgender patients is difficult. Transgender persons

are involved in different unsafe practices which can be harmful for their health. But due to their poor social background, they have to involve in such practices. Participant mentioned that:

It will obviously impact the quality of treatment. The medicines were not in the affordable range for them. And they had to go to their profession to earn the money. All the treatment goes in vain. When patients are not taking care of their illness, then medicines won't make any difference to them.

5.1.4 Approaches to interactions

Approaches to interactions include the strategies employed by the healthcare professionals at healthcare facility in order to meet the challenges while treating transgender patients. One of the participant mentioned that making an interaction is not an issue for her. But due to being in government hospital and short time, she cannot build rapport with such patients. Moreover, she mentioned that such patients have very prolonged health issues with them. So she had to treat them accordingly. Participant mentioned that:

There are no such communication challenges. I had long conversation with the last transgender patient because of the multiple interactions with her. Otherwise, being in a government hospital, we often don't have much time to build interpersonal relations with the patients. But I mostly treated such patients with the very bad and multiple issue of their health.

Another participant shared the views where communication is not a problem for the healthcare practitioner. The main issue is regarding understanding of the disease. Participant mentioned that they mostly faced the financial problems and not stopping their unsafe and

unhealthy practices. Moreover, it is also come to know that due to financial constraints they mostly trust their home remedies and medicines suggested by other homeopathic doctors where they can afford the medication. Participant stated that:

Communication is not a problem here. Because if any test is positive, then it means that specific patient had recent unsafe sex. But there is a problem of understanding here. Patients are not willing to understand the importance of preventive measures. They continue doing their work. They also have some financial problems. So it is very difficult to make them understand that it will be contagious for their health.

I saw often that they are trusted more their home remedies or remedies suggested by any hakeem. Majority time, they visit the doctor when their home remedies won't work. It can be because of their old believes and financial savings as well.

For another participant, there are spacing problems for the transgender patients. Transgender patients are not open in telling their challenges. Participant shared the experience he had with the transgender patient. Due to the low socioeconomic background, they are struggling to survive in their lives. Transgender patients' least care about their health and continue doing the things which are harming their health problems. Participant stated that:

Let me share an incident with you! During some days of winter, there was smog. We were receiving multiple cases. We always asked the patient to avoid physical interactions as much as they can because almost every second person was suffering because of it. It was very cold weather. And we asked the patients to stay indoors. I had a transgender patient having the same issue in his lungs due to smog. I remember, he came to me almost 4 to 5

times. Every time, he had the poorer condition. I was strictly asking him to prevent outdoor activities and wear mask. On every visit of him, I have to increase the dose because his condition was not getting better. On 3rd visit of him, he told me that he can't avoid outdoor activities. It was a wedding season and he has to attend the functions to earn money. That made me realized that he was hesitant while communicating this. Due to Stigma, they might not be able to convey those things are to be considered least important in our society. So we should give them enough space for to breathe and to express.

Another participant shared the similar views where he doesn't need to struggle with the interaction with the transgender patient. The participants also don't have any understanding issues while dealing with such patients. As the participant has a brought up in the Punjabi family, he doesn't face any language barriers as well. It is also showing that the participants Participant stated that:

I have a grooming around the people speaking different languages. I have no issues of language barrier. Transgender patients mostly speak Punjabi. So I don't face any such issues.

5.1.5 Formal training for Care Providers

For the participant, he has to deal with some specific cases, so he received specialized training to deal with such patients. As per participant, it is their task to comfort the patients in order to take their medical history. They have to empathize the transgender patients in the hospitals. Participant stated that:

I am an internal medicine doctor and you can also say a family practitioner. So I received a training that how to deal with such patients. Because our major concern is not to spread the HIV further and also to make the life easier for the patients. For that purpose, we need a clear and direct communication with our patients. We always create a comfort and spacious zone for our patients to express themselves. We have to empathize our all the patients as they are already struggling with the battle of their life.

According to another participant, healthcare practitioners haven't received any such training. While explaining humanity perspective, participant mentioned that such patients belonged to the sensitive groups and they have to be treated very carefully. According to the participant:

I didn't receive such training. But being a doctor, it is my utmost duty to treat them just like other patients. But communication can be a problem for some doctors. As they are a sensitive group, so we have to understand their psyche and their way of living standards.

As per the participant, the doctors are already gone through the oath taking ceremony where they promised to deal all the patients equally. So it is already becoming a responsibility of them to treat everyone equally. Participant mentioned that:

There are no any specific training programs during my course. We have been asked to deal all the patients equally in our oath taking ceremony. But in my opinion, it would be better if we will plan such training programs in future for the betterment of our society.

As per interviewee, such patients shouldn't be treated separately as they should be considered as the part of our society. Medical procedures are same to use for every patient then why have to deal with every patient separately. According to the participant:

As soon as I am concerned, there shouldn't be any special training. In my opinion, we should consider them as a human only. We shouldn't treat them separately. We have same BP apparatus and same function with everyone. In that way, we are adding them as a minority. There should be a screening program. There is a high risk of STD, hepatitis B&C. It should be targeted one. But there shouldn't be a separate training. In that why, we are communicating to a doctor those transgender patients are a minority. We have to nullify it.

I haven't seen any such issues around me. If I will, then I will surely correct such attitudes. I am sharing one thing with you. I have a public service slot. A colleague is very attached to me. I have a Christian and transgender tea boys. I am very attached to them. People stopped me from eating with them. So that is a stigma linked with them.

Participant mentioned that he worked for creating a welcoming environment for the patient and empathized the transgender patient. He guided the transgender person regarding the financial aid available at the hospital. According to healthcare participant, he was brought up under the circumstances where he was taught to respect everyone. According to the participant:

Once a female transgender patient came to me, and asked me for the financial assistance because I prescribed her the medicines from outside of the hospital as those were not available in hospital facility. I changed the medicines and prescribed her the alternatives

though those might be less effective in that case. Moreover, I also referred him to the social medical officer of the hospital to help her in this regard. I always remain soft and listen to them. I never have been judgmental. It has never been taught to consider someone inferior. It is the part of my job.

Another participant mentioned that he always tried to provide the comfort zone to the transgender patients. Participant mentioned that he always try to provide financial assistance by hospital and charity groups. Participant mentioned that:

I empathize them and provide them the comfort zone so that they can share their challenges with me. I also strictly ordered my staff to deal softly with such patients. Such minority groups mostly belong to the poor class families. So it is my always try to provide them the financial assistance from the hospital facility or by any charity groups. So, they can properly focus on their treatment purely.

Another participant shared an incident where he helped the transgender patient out of the box. According to the participant:

One day I was on my duty and just passing the corridor in my hospital. I saw that the person sitting on counter was shouting at a transgender patient. Transgender patient was also a bit loud and trying to explain the reason. It was 1PM. And patients were directed towards emergency ward as the doctors in ward had shift off. I stopped there saw all the things. I came near to that group and ask for the reason. Receptionist mentioned that transgender patient was insisting him to make an outdoor slip because his friend also went to outdoor for the treatment 15 minutes ago. Patient was actually wanted to meet

that specific doctor who treated his friend. I stopped receptionist from shouting and asked him to apologize for misbehaving. I dealt that transgender patient and made him understand the hospital rules. Then I attended him and gave him the good medicines. He had to do some medical tests.

5.1.6 Preparedness of the Healthcare Professionals

Participant mentioned that experienced doctors already have expertise to deal with such minority patients. Experienced healthcare professionals often understand the daily problems of the transgender community. Healthcare professionals should be adequately trained to handle such healthcare professionals with great care and sensitization. According to the participant:

I think the experienced doctors already have knowledge of treating such patients. These are the minority groups of our society. We all should consider the thick and thins of their lives. It is all about realization we have. We all should adequately train to handle such people with empathy and proper understanding. So fresher should also have a session regarding these mitigates.

Another participant mentioned that doctors should be equipped with the knowledge of medical and social problems of such minority groups in order to treat them properly. For the participant, this should be the part of training for all the doctors. Participant mentioned that:

Doctors can be equipped with the medical and social problems of the transgender patients but hospital staff should also take care of it. I think this should be the part of training for all the hospital staff that how to deal with such patients by not losing any temperament.

5.1.7 Policy level measures to be taken

As per the interview participant shared few policy measures steps to be taken by hospital facility in order to make the inclusivity of the transgender community in the surroundings. According to the interviewee training plans a workshops should be conducted for the whole hospital staff that how to handle such sensitive population. Hospital facility should also keep some checks on their staff via different mediums. Hospital facility should also provide some jobs to the transgender people. Participant mentioned that:

Workshops/training plans should be conducted for the whole medical and paramedical staff that how to handle such cases.

Hospital facility should also provide some jobs to the transgender people to make the part of such institutions. It will also make their inclusion.

Hospital facility should have a complete check on the staff either by cameras or by being a test patient.

It will be the best option if they will make the marks of good behavior and it will become a part of their yearly increment.

Hospital facility should also provide financial aid for such patients even for the all medicines and tests so they won't make any delay in seeking any help.

Awareness campaigns regarding the importance of health should also run in such scenarios.

Another participant mentioned that hospital facility should provide jobs to the transgender community in order to make the inclusive environment for them. Participant also mentioned that doctors should also aware of the general issues of the transgender parents so that they can treat the accordingly. Participant stated that:

From my perspective, poverty elevation is the good key to empower this group. Moreover, hospital facility should also hire some transgender people in the staff so that we can also observe their inclusiveness.

Doctors can belong from any background. Sometimes, they might not have interaction with such communities or they might not understand their social problems. We also have other minority groups. So I think that universities should provide the workshops to understand the weaker groups of our society.

Another participant mentioned that training and workshops should be planned properly for the understanding of the issue. Such communities should be taken care by the government proper and it is needed to educate them. Participant mentioned that:

A proper training/workshop plan for such minority groups should be designed.

Transgender people have different issues and different understandings of it.

Secondly, they all should be taken care by the government because I saw that mostly transgender patients were living the life below the belt. They are in need of financial support.

Thirdly, there should be a proper way to channelize the education for them. They should come out of such notorious professions.

5.2 Results of interviews of Transgender participants

All the transgender participants were above 40 years old. All the participants were having experience with the hospital facility more than once. All the participants were uneducated except 2 participants having matriculation degree. Only 33% participants were unemployed.

5.2.1 Healthcare experience and treatment quality:

During all the interviews, transgender participants shared various experiences regarding the quality of treatment they received at healthcare facility. Some noted positive experiences where the doctors treated them well and provided them with the proper care. But also some participants quoted the negative experiences regarding the inadequate treatment and improper behavior at the hospital facility. One transgender participant praised the treatment they received from the junior treatment and mentioned during an interview that:

But the doctor, who treated me at the last, was practicing and had not yet become a full-fledged doctor. He was in the middle of the degree completion. He didn't know how to take out the fluid out of the lungs. But he treated me very well. I have only one son. I had no other source of income. I was not doing any job. He comforted me that he would save my life. But other doctors threatened me that we couldn't save your life. You have 6 liter fluid in your lungs. I don't remember his name. But he was very good to me. He prescribed the medicines only, but the way he treated me was very good.

Conversely, the other transgender participant also shared the bad experience where they felt difficult to visit the hospital and often preferred to stay at home during an illness, as per the participant, it is very hard to access the basic healthcare facility. During interview he mentioned that:

Government hospitals have free treatment. But doctors hadn't treated properly. They asked us to visit the hospital again and again without giving proper medicines. They majority times ask us to complete the different formalities of documentation while being in the long queues. And it always takes the whole day just for the forms, documentation, stamps and signatures of other medical officers. That's why I seldom visit the healthcare facility and prefer to stay at home. In such situations, I seek spiritual and religious assistance from God.

5.2.1.1 Mixed experiences with the Paramedic staff

While some of the transgender participants perceived the positive behavior of the doctors, they also had the bad experience with the paramedic staff at the hospital. While quoting their experiences, one of the participants mentioned that:

I had almost better experience whenever I visited the hospital for minor sickness like fever. But recently, due to diarrhea, I was admitted in the hospital. Nurses didn't have pleasant behavior with me. I had to ask them for the medicines. When my drip was ended, I had to wait for long for the nurses to remove it. I had to remind them again and again regarding drip and medicines.

One of the participants shared the experience of the hospital where he had to suffer for the medicines by the nurse staff. Participant had no proper attention from the male staff. He mentioned that:

I remember that I was admitted in the hospital and nurses were not giving me the medicines and injections on time. Only morning staff came to me and changed my bandages also gave me the medicines.

The other participant also mentioned regarding the rude behavior of the nurse staff. Participant mentioned that nurse staff gets rude with him and stated that:

The nurses specifically didn't behave well with me. When the hospital management received the phone call from my nephew, the nurse staff became a bit rude with me because their higher management rebuked them.

5.2.1.2 Gender-based treatment

Majority of the transgender participants were treated by the male doctors as per their perceived gender identity at the hospital. Mostly participants feel comfortable with the doctors and if they are not, they can't ask for the other doctors due to their physical appearance. One of the participants mentioned that:

I am a female. But due to my male appearance, mostly male staff treated me. I can't ask for the female doctors as well. I have to be okay with it.

Majority of the participants were feeling comfortable with any doctor either it is male or female. Transgender participant mentioned during an interview that:

Mostly male doctors treated me. I never felt uncomfortable around them.

As per the participant, mostly male doctors treated him because of his male appearance. He was being treated by female doctor only once and had the good experience with her.

Participant stated that:

Male doctors treated me as I have a male appearance. Only once a female doctor treated me when I had a skin allergy issue. She was very nice and careful towards me. I told her about my financial condition. She prescribed me all the hospital medicines. I had to buy only 1 tablet which was not expensive at all.

5.2.1.3 Doctors' attitude and patient empathy

Transgender participants expressed their empathized and compassionate behavior of the doctors where they were treated the patients with the kindness and also considered their comfort level with them. One of the participants mentioned that:

He comforted me that he would save my life. But other doctors threatened me that we couldn't save your life. You have 6 liter fluid in your lungs.

One of the participants shared the positive experience regarding the hospital facility. He stated that:

All the medical staff was very good and cooperative. They treated me like other patients.

Another participant stated that he had multiple experiences with different government hospitals. Participant was also facing bad mental health issues. But the participant was treated well and diagnosed and cured properly. Participant stated that:

I remember an incident at Gulab Devi. I was badly sick, they brought liveliness in me. My mother was died. I felt alone at home. I faced bad mental health issues like I had been talking to myself for the whole days and nights. Then my friend asked me to cure this mental health issues. She suggested me to go to the hospital and had have proper treatment. Then I went to the General hospital. I was diagnosed as the diabetic patient. Then they referred me towards Gulab Devi. After proper laboratory tests, I was diagnosed with the TB. Then I was admitted by my elder sister in the hospital. I stayed in the hospital alone. No one from my relatives came to see me. Other bed patients in the ward took care of me and they had friendly behavior: They helped me financially as well. Even relatives of other patients also provided me with the food sometimes.

5.2.3 Financial Barriers to access healthcare

It came to know via research interviews that financial constraints emerged as the major barrier in order to access the basic healthcare. Many transgender participants shared their views, particularly those with low or no income, struggled hard to afford the medical expenses and also faced challenges in obtaining the essential medications. One of the participants shared that:

I mostly faced the financial problem and delay in health treatment because of it.

The other participant also shared his experiences regarding financial problems and he often seeks help from his friends in order to fulfill the medical needs. The participant stated that:

I am unemployed now. Most of the time, I don't even have the medicines. I have to ask to my friends for the financial assistance. My friends also sometimes helped me or refused to help because of their poor conditions as well.

5.2.4.1 Limited financial resources

Some transgender participants mentioned that they had financial barriers but doctors cooperated with them in that regard. One of the participants quoted that:

Only once a female doctor treated me when I had a skin allergy issue. She was very nice and careful towards me. I told her about my financial condition. She prescribed me all the hospital medicines. I had to buy only 1 tablet which was not expensive at all.

Transgender participants mentioned that they had limited financial resources in order to access the basic healthcare needs. It also impacted their health because of delay in seeking medical assistance. Participant quoted that:

I mostly faced the financial problem and delay in health treatment because of it.

Some of the transgender participants stated that they had to borrow the money from the other people in order to get the medicines and proper treatment.

I often face some challenges regarding finance in order to take medicines. At some times, I have to borrow money from my friends for the treatment and medicines in order to seek healthcare facility.

5.2.4.2 Reliance on government hospitals

Transgender participants mentioned that financial barriers are the reasons; they had to choose the government hospitals. Participants had other responsibilities as well to bear and to manage. One of the participants mentioned that:

I most of the time face the financial issues. I have to pay college fees of my sister. I want her to become a doctor. I have very limited resources. I can't afford all the things with only this job. I have to go to the functions for part time. So for seeking my healthcare, I always choose government hospitals. I can't afford the private treatment. So it's my fate to face such things.

Other participant also mentioned that he couldn't afford the medical expenses privately. So he preferred to go the government hospital for the treatment. One of the participants mentioned that:

But I cannot afford other medical expenses. That's why I had to go to a government hospital whenever I am sick. Otherwise, I will never go there because of their treatment.

5.2.5 Gender sensitivity and treatment

It is emerged that gender plays an important role in overall healthcare experiences. It came to know that gender revealing is causing major problems in gender identity disclosure and biasness in the treatment. One of the participants mentioned that:

Government hospital staff never treated properly. They don't care about the patients like us. They are harsh towards us.

Another participant mentioned that due to his gender, he has to suffer in the hospital and to fulfill different formalities. It is also consuming their time. Participant stated that:

Government hospitals have free treatment. But doctors haven't treated properly. They asked us to visit the hospital again and again without giving proper medicines. They majority time asks us to complete the different formalities of documentation while being

in the long queues. And it always takes the whole day just for the forms, documentation, stamps and signatures of other medical officers. That's why I seldom visits the healthcare facility and prefer to stay at home. In such situations, I seek spiritual and religious assistance from God.

5.2.5.1 Stigma and discrimination

Participants shared their unpleasant experiences where they had to face the isolation and discrimination because of the stigma linked with their gender. One of the participant mentioned that:

I feel like I am not the part of this society. People stare at me like I am alien. Boys called me with different names. Whenever I stand in the queue, people preferred to stand away from me or to keep a distance. It seems like I am a stigma to them. But I never had such feeling with the doctors.

Transgender participants mentioned that they often had to face the catcalling in the hospital. One of the participants stated that:

The people around me called me "haijra" or some other names. Some of them were gazing at me and I was not comfortable at all.

Another participant shared the incident of stigmatization and catcalling in the hospital facility. Participant mentioned that hospital staff was not treating him properly. Participant mentioned that:

Doctors called me with my names. But the other hospital staff including sweepers called me with different names like baji, khusra and many more. I don't mind now because I am

habitual of it. But I also deserve a respect. It's my dream that people will see me with the respect as they see others. I remember that I was admitted in the hospital and nurses were not giving me the medicines and injections on time. Only morning staff came to me and changed my bandages also gave me the medicines. Otherwise, for the whole day, I have to suffer in the pain when there is mild effect of medicines. I talked to my senior person in the NGO. They made a phone call to a senior member with their reference. Then they start treating me like special patient.

Participants mentioned that they were treated by male and female doctors both. One of the participants had the heart attack issue. The participant had the overall good experience with both the genders.

I wore ladies dress when I had a heart attack. I am a transgender. They treated me well. Both male and lady doctors treated me.

As per the interviews of the participants' discomfort and perceived discrimination were mainly associated with the behavior of paramedical staff, particularly nurses, rather than the gender of the treating physician.

Doctors called me with my names. But the other hospital staff including sweepers called me with different names like baji, khusra and many more.

5.2.6 Desire for respectful treatment and support

Transgender participant emphasized on the importance of their right to respectful treatment in the hospital. A kind and respectful treatment from the hospital staff can make an adjustable healthcare environment for them for an easy and quick access to healthcare facility.

One of the participants shared his views, where they all should be called by their chosen names.

The participant stated that:

I never face any difficulty with the doctors. But it is paramedical staffs who are misbehaving with us. It is also giving opportunity to other patients and attendants to mock us. So they should properly teach at their institution that how to behave with such sensitive people.

One more participant shared his feedback regarding unpleasant behavior of the staff. He stated that:

In my opinion, the kind and pleasant behavior of the paramedic staff will surely make us happy to go to the government hospital. We are also human. We also need soft corners and smiles on the face to live.

5.2.6.1 Supportive hospital environment

Interviewee participants expressed their desire for hospital facility to create a supportive environment free from discrimination and stigma. One of the participants emphasized the need for a welcoming atmosphere where all patients are treated equally and staffs are attentive to their needs. Participant mentioned that:

It is my utmost request that government should provide the friendly environment at the hospitals. We already have so many problems in our life. We need a peaceful and accepted environment.

5.2.7 Call for sensitization and training

There was a consensus among transgender participants regarding the need for sensitization and training for healthcare providers, particularly paramedic staff. One of the participants shared the disappointment with the behavior of paramedic staff and suggested comprehensive training to address biases and discrimination at the hospital. Transgender participant mentioned that:

Overall doctors 'behavior was good with me. I have no issues with them. But they should teach their nurses.

A doctor participant also shared his views regarding the importance of training and workshops for the other doctors to understand the basic issues and problems of this minority group.

A proper training/workshop plan for such minority groups should be conducted. Such groups have different issues and different understandings of it.

Participants shared their desire of equal treatment for all patients, irrespective of their gender identity or socioeconomic status in all the hospitals. The participant stressed the need for doctors and paramedic staff to recognize and address the diverse needs of patients. Participant mentioned that:

Each doctor recognized by its degree and experience. They should consider all the patients equal. It should also be the part of their course. I often heard some cases and news from my friends regarding maltreatment. So it should be avoided at all. Even Paramedic staff often misbehaved while being in the queues in hospitals.

5.2.8 Government support

Participants strongly agreed upon the need of the government support in providing affordable and inclusive healthcare services. Many participants showed their reliance on the government hospitals for free treatment but they also identified some gaps in delivering the service and essential medication. One of the participants shared his view regarding government facility and stated that:

Government should support and help poor and weak persons. Such people already face family problems. We have believed in God. People often mistreated us and blamed us because of our gender. They said that we will deteriorate their reputation in the society while sitting with them.

One more participant echoed his sentiments regarding societal disparities and the government intervention in it to make a friendly environment. Even it is state's responsibility to take care of the financial barriers of the weaker groups of the society. Participant stated that:

I have no bread winner. I have no one to support me. Even I cannot take proper meals. Government and the people around us should take care of such persons around them. That's how society works as a whole.

5.2.9 Jobs Placement

Many doctor participants recommended that government should started providing the jobs to the transgender community in the hospital facility in order to make the overall inclusive environment for them. One of the participants mentioned that:

Hospital facility should also provide some jobs to the transgender people to make the part of such institutions. It will also make their inclusion.

5.2.10 Ensuring complain mechanism

Many of the transgender participants shared that hospital facility should keep the proper check on their staff and to ensure that they are working properly. On the other hand, they should also have proper channels to receive the complaints against any maltreatment. One of the participants stated that:

Hospitals should keep proper check on their staff that is showing such biasness. They should have a complain cell in order to listen to such problems. We have no one to complain and to listen to us.

5.2.11 Inclusivity via education

As per the doctor participants, the inclusivity can make in our society via education. Government should make a platform for their education in order to uplift them. One of the participants mentioned that:

Their stake should be increased in an education program. They should enroll in it.

According to the doctor participants, having any skill and choosing an appropriate profession can reduce the risk of unsafe sex practices which were chosen by the doctors.

Interviewee stated that:

Secondly, education is very important in this scenario. At least they should know the any skill set to pursue any profession in the field. It will also escape them from the unsafe practices.

CHAPTER 6: CONCLUSION & DISCUSSION

6.1 Discussion

Marginalized communities are considered to be the weak groups of the society (Adamshick, 2010). Transgender community is facing so many issues in the society regarding discrimination and stigmatization. The results are indicating the challenges which are leading to the discriminatory behavior with the transgender community. Such challenges are causing hindrances in the healthcare facilities for their inclusiveness in hospital environment.

Transgender participants shared the diverse experiences about the quality of treatment received at hospital facility. The results of transgender community interviews shown that they are facing barriers and unpleasant behavior of the hospital facility and it results in delay in seeking medical assistance. Transgender participants also reported mixed interactions with paramedic staff, with some noting positive experiences overall during minor illnesses but some facing severe challenges during hospitalization in the hospital facility. They had mixed experiences with the paramedical staff. It is also shown through results that transgender community is facing very less issues with the healthcare practitioners but the actual paramedical staffs there have extensive issues with such minority groups. The results indicate that the nurse staffs often have some negligence with the transgender patients and the unwanted behavior with them. Astonishingly it was also come to know that transgender patients have to remind the nurse staff regarding proper checkups.

Transgender participants mentioned few challenges example of delayed medication from the administration side and lack of attention from paramedic staff highlights the need for improved training and sensitivity among healthcare providers (White Hughto et al., 2016; Seelman et al., 2017).

The findings suggest that transgender individuals visit the hospital facility in order to seek medical assistance for various general ailments, including cuts, bronchitis, diarrhea, and gastroenteritis. Studies describes that few transgender people have the good experience overall with the doctors. Doctors have way better treatment with the transgender community. The results of various experiences shared by healthcare practitioners reveal examples where kind and soft behavior, and proper treatment resulted in positive rapport building with transgender patients,

enhancing doctor-patient interactions. Some transgender participants praised the compassionate care delivered by the certain doctors. These findings align with the existing literature highlighting the healthcare needs of transgender individuals at healthcare facility. It is also shown that they also need that inclusiveness in the healthcare facility. (Bauer et al., 2015; Reisner et al., 2016).

The study indicates that healthcare participants have identified many challenges in hospital facility for transgender patients; it is including hesitancy to seek medical assistance at first, previous bad and harassment experiences at institutional level, and socioeconomic background challenges. Results have shown the communication as a challenge in expressing about the health issues and the previous health history. Moreover, it is shown that they understand of transgender medical issues for themselves is also a challenge. Transgender patients have least understanding of such issues and their criticality. They preferred to use their own method first. The findings emphasize the need for healthcare system to completely address the above barriers to ensure equitable healthcare access to facility (White Hughto et al., 2016; Seelman et al., 2017).

The above study reveals that quality of care is significantly impacted by the socioeconomic factors and communication gap between healthcare practitioners and the transgender patients. Transgender patients often have limited understanding of preventive measures for unsafe practices, financial barriers, and reliance on other home remedies raise challenges to effective and proper treatment. The above findings focus on the importance of healthcare interventions while addressing the specific needs and circumstances of transgender persons in the society (Nuttbrock et al., 2013; James et al., 2016).

Healthcare practitioners use various approaches to interact with the transgender patients, including creating a welcoming environment, empathizing with their common challenges, and guiding and providing them the financial assistance for the affordability of medical treatment. However, communication gaps and varying confidence level disparities among transgender patients highlight the complexities and challenges in healthcare interactions. These findings mainly underline the need of training and cultural competence among healthcare practitioners to deal with such sensitive population and create an inclusive environment for them (Peitzmeier et al., 2017; Hollander & Greene, 2017).

The study support calls for comprehensive and specialized training programs to enhance healthcare practitioners' preparedness in facilitating culturally acceptable hospital facility (Dutta et al., 2017; Sanchez et al., 2009). Some healthcare participants received specialized training to address the specific healthcare needs of transgender patients, others participants mentioned the need for broader training initiatives including all healthcare staff. Participants stressed the understanding, importance of empathy and proper treatment in healthcare deliverance, highlighting the role of education in promoting inclusive practices.

Experiences healthcare practitioners emphasized on the need of training for the fresh graduate doctors to deal with such sensitive population. Those fresh graduate doctors can belong from different areas and backgrounds and having the basic knowledge of transgender population problems is the need of an hour. All the healthcare practitioners should be completely equipped with the skills and sensitivities of dealing with such population. It will help in preparedness of the healthcare practitioners to deal with such patients. Policy measures should aimed at inclusivity of the minority group of the transgender population such as hiring transgender

individuals in healthcare settings, emerge as strategy for an improved doctor-patient interactions and addressing the systematic barriers. It will also help in providing the proper space to the transgender people. These above findings are highlighting the importance of organizational support and policy interventions in applying inclusive healthcare environments (Reisner et al., 2015; Deutsch, 2016).

Some unexpected and new results were also found where it came to know that healthcare practitioners often help in providing medical care as well as guiding to the way to financial aid available in the hospital facility or the outside of it. For healthcare practitioners, communication and conveying the proper health issues to the doctors is also a challenge for them. Study shows that transgender patient often skipping or delaying the treatment due to the financial constraints. But positively it is also shown that by conveying such issues, healthcare practitioners can provide the alternatives and avoid in skipping the medication. It also indicates that doctors have common perception that they should consider every patient normal human being. According to the doctors, it is their utmost duty to treat every patient equally in the hospital facility.

The above study revealed that transgender patients often received treatment at healthcare facility based on their perceived gender identity, leading to various experiences with male and female doctors. While some transgender participants felt comfortable with either gender, others expressed discomfort with gender-based treatment. These findings highlight the complexities of gender identity disclosure and its high impact on healthcare experiences by the patients (Deutsch, 2016; Peitzmeier et al., 2017).

Among transgender individuals, the financial barrier is considered as the significant issue rose to access healthcare facility, particularly with no and less income in their house. Many

transgender participants struggled to manage the medical expenses and essential medications which are not available free of cost at hospital facility resulted in delay in seeking healthcare access. Such findings underscore the need for an inclusive healthcare services and affordable medical expenses to address the disparities (Sanchez et al., 2009; Nuttbrock et al., 2013).

Transgender participants focus the importance of respectful treatment and supportive staff and place in healthcare facilities. Transgender participants mainly call for the training and education for healthcare staff to address the discrimination and biases particularly for paramedic staff. While creating an inclusive environment for the transgender people who will be free of stigma and discrimination is important for the basic healthcare access (James et al., 2016; Reisner et al., 2015).

Participants emphasized the role of government support in providing inclusive healthcare services and affordable medical expenses. Many participants recommended job placement opportunities for transgender individuals within healthcare facilities to imply inclusivity and economic empowerment of transgender community. Empowering the mechanisms for complaints receiving and accountability can help reduces mistreatment and discrimination at hospital facility (Grant et al., 2011; World Health Organization, 2016).

Providence of education emerged as a key factor in promoting inclusivity and reducing disparities among transgender persons in the system. Participants emphasized the importance of educational programs and skill development opportunities to empower transgender community and compensate risks linked with marginalization. By resolving systemic barriers and promoting education, healthcare systems can work towards achieving equitable health outcomes for all (Hollander & Greene, 2017; Dutta et al., 2017).

The research unveiled the novel insights into the healthcare experiences of transgender individuals, which are regarding gender-based treatment disparities and the impact of financial barriers on access to hospital facility. Moving forward, interventions aimed at improving healthcare quality and promoting inclusivity should prioritize sensitivity training for healthcare providers, government support for affordable healthcare services, and educational initiatives to empower transgender individuals.

In results, healthcare participants suggested various policy level measures to promote the inclusive environment in healthcare facility, including the different workshops and training for the hospital staff, providing different job opportunities for the transgender patients. It also includes the proper monitoring of the mechanism of the hospital and start performing mock activities to keep a proper check. It will enhance the adherence towards the hospital rules and regulations. Such recommendations from the results are showing a broader call for the policy reforms aimed at eliminating the exclusion of minority groups and advancing the rights of transgender persons. By highlighting the inclusivity and equity in the hospital facility, healthcare systems can better address the specific needs of transgender persons and enhance positive health outcomes (Grant et al., 2011; World Health Organization, 2016).

6.2 Limitations

This research consists of the limited geographical scope. Factors may vary from region to region. The above research can apply to the specific region. This research doesn't include the longitudinal data. This research includes only cross-sectional data. Longitudinal data may help to compare the changes made with the time. The research may not adequately address the diversity within the transgender population, including variations in gender identity, socioeconomic status,

ethnicity, and cultural background. This could limit the richness and depth of the findings. Such comparisons may provide the more insights in the research. Due to the limited population the research may have focused primarily on qualitative data analysis, limiting the ability to quantify associations or explore statistical relationships between variables.

6.3 Conclusion

The study highlights the challenges faced by the transgender community and the targeted interventions to erase such disparities. Communication gap, financial barriers, improper treatment and socioeconomic and cultural barriers are the main reasons of the exclusiveness of the transgender community in the healthcare facility. System biases are also the hindrance for the transgender community to the hospital facility. The maltreatment of the paramedic staff is keeping the transgender community away from the healthcare access.

Healthcare practitioners are also facing challenges while treating the transgender community. According to the results, healthcare practitioners treat all the human beings equally. Understanding of the health issues and the unsafe practices are leading towards the increasing health problems. Communication and hesitancy of the transgender community with the healthcare practitioners and explaining about the incomplete previous medical history can also see as the major cause of challenges while providing the healthcare to the transgender patient. It is also observed that transgender community belong from different socioeconomic levels have different issues while accessing healthcare facility.

Policy measures at institutions and government level need to be taken. Raising healthcare access challenges can eradicate through targeted interventions. Communication barriers and

understanding of health issues can reduce via different campaigns and education. Job placement of transgender population in the healthcare facility can decrease economic challenges. Training programs and workshops should be arranged for the whole hospital staff regarding dealing with the sensitive population.

6.4 Recommendations

The study highlights the multifaceted challenges faced by transgender persons in accessing quality healthcare and highlights the importance of targeted interventions to address these disparities. By addressing communication barriers, socioeconomic and cultural challenges, and systemic biases, healthcare systems can imply inclusive healthcare facility environment that promote equitable access for all the individuals, regardless of gender identity. Policy reformations, proper training initiatives and workshops, and institutional support are essential elements in advancing transgender healthcare access and improving outcomes of health across diverse populations.

By stimulating respectful environment and treatment, addressing financial barriers of transgender community, and providing supportive environments, healthcare systems can work towards equitable access to help for all transgender persons. Government support, job placement opportunities at healthcare facility and educational/vocational training programs for transgender community play crucial roles in advancing transgender healthcare rights and promoting positive health outcomes.

Overall healthcare system needs to improvise the policies and make a proper mechanism to foster the inclusive access to the healthcare facility for the transgender community. Authorities

can work on the above highlighted challenges for instance financial problems, communication gaps and mistreatment from the paramedic staff. Awareness for the understanding of the health problems needs to be raised among the transgender community. As society stigmatizes such minority groups, due to which they remain underserved. Specific screening programs like STD should organize for these minority groups.

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