VOICE & ACCOUNTABILITY PROGRAMME

The Transgender Community in Pakistan: Issues in Access to Public Services

AAWAZ Programme is funded by the UKAid through the Department for International Development (DFID), AAWAZ was conceived initially as a five-year programme, from 2012 to 2017. Development Alternatives Inc. (DAI) is the Management Organisation (MO) for implementing the AAWAZ programme, while Pakistan's prime civil society organisations: Aurat Foundation (AF), South-Asia Partnership Pakistan (SAP-PK), Strengthening Participatory Organisation (SPO) and Sungi Development Foundation (SF) form the implementation consortium responsible for directly working with communities.

Acknowledgements

Located on social margins, trans lives are characterised by extreme precarity. This brings added burden on their time that needs to be apportioned between physical, intellectual and emotional labour involved in seeking sustenance and constantly negotiating with a heteronormative patriarchy. Candid conversations with researchers is a luxury not many can afford in such a situation. Yet, Umair Rasheed, the author of this report, was fortunate that trans activists and trans people approached for this study took time out from their extremely busy and strenuous schedules, sometimes on short notices. For this gesture, he owes a debt of gratitude to all trans activists and trans people interviewed for this study. He would also like to thank more knowledgable friends and dedicated trans rights activists, like Uzma Yaqoob of Forum for Dignity Initiatives and the staff at Peshawar-based Blue Veins, for extending guidance and sharing their views on the matter.

Executive Summary

Based in part on interviews with activists, development sector professionals, officials, and members of the transgender (TG) community, this report covers the following six themes: TG population, identification, public-sector employment, literacy and schooling, public health, and protection of (trans) life and property.

The only official effort in Pakistan at enumerating the TG community to date is a survey conducted by the Punjab and Khyber Pakhtunkhwa provinces on a directive of the Supreme Court of Pakistan (SCP) in 2009. Trans rights activists disapproved of the survey findings, alleging that it grossly understated the TG population. In the same year, the National Database and Registration Authority (NADRA) in order to register the TG population started a campaign that remains rife with irregularities and has failed to gain support at the community level.

On a social level, there is widespread understanding among trans rights activists that the existing heteronormative sociality of public service providers in education and healthcare sectors creates a barrier for the community in accessing these services. And this adds to the already complex forms of discrimination faced by the TG community. For instance, harassment was cited as the most frequent cause forcing community members out of formal schooling at an early age. Though most trans activists interviewed for this report had finished high school, some studies show that the literacy rate for the TG community is significantly lower than the national level.

Research also shows that the TG community turns to healthcare services available in the public sector mostly in emergencies. Interviews reveal that the most frequent way of accessing healthcare is either from community-based and non-governmental organisations or through the employees of these organisations with connections in the public sector. Still, some of the most frequently needed healthcare services may not be available through this network and can be procured only illegally or through quacks.

Another significant issue for the TG community is regarding security and the police. There are differing opinions on the efficacy of the police in guaranteeing the protection of their life and property. Among the younger cadre of activists, there is a strong feeling that the police are complicit in crimes against them but the older cadre in some cities seems to have developed some rapport with the police higher-ups.

The Transgender Community in Pakistan: Issues in Access to Public Services

Introduction

This report on the circumstances and issues of the transgender (TG) community is based on interviews and secondary literature. Interviews were conducted with (i) development sector professionals, (ii) trans- and cis-gender activists working with the transgender (TG) community, (iii) members of the transgender community, and (iv) public sector officials in the Islamabad Capital Territory (ICT) and three of the four provincial capitals. Secondary literature reviewed for the research includes academic papers, media reports, a 2009 Supreme Court of Pakistan (SCP) judgment on a human rights petition concerning the TG community, reports by government and donor agencies, mission statements of non-government or community-based organisations, and other documents produced by these organisations for advocacy purposes.

Using the research methodology outlined above, the following themes regarding the TG community are examined in six separate sections: TG population, identification, public-sector employment, literacy and schooling, public health, and protection of (trans) life and property.

1. Transgender population in the country – registration, surveys, and estimates

There are significant issues with calculating population numbers of the TG community. This is, to say the least, a major concern as trustworthy quantifiable data are necessary to formulate effective policies. The following key points emerged in this research:

(i) The number of Computerised National Identity Cards (CNICs) issued by the National Database and Registration Authority (NADRA) under the transgender (TG) category is estimated to be around 4,000.[1]

(ii) The only official survey of the TG population that has been conducted to date was in Punjab and Khyber Pakhtunkhwa (KP) on the directives of the Supreme Court of Pakistan (SCP) in 2009. The survey estimated the TG population in Punjab at 2,167 and in KP at 324.TG rights activists, however, reject the findings of this survey, alleging that it was not conducted in accordance with recognised standards of research. Moreover, they claim that

[1] These are CNICs bearing X in gender category. X stands for three transgender options in the CNIC form: (i) transwoman, (ii) transman, and (iii) intersex (Source: NADRA central directorate official).

it was undertaken just to satisfy the SCP, which was hearing a rights petition seeking provision of constitutionally guaranteed rights and services to the TG citizens of Pakistan.

(iii) At the non-governmental level, the United Nations AIDS (UNAIDs) Control Programme's annual reports also provide estimates of the TG population in the country. The 2015 Country Progress Report (prepared by the National AIDs Control Programme under a UNAIDs/UNDP funded surveillance project) mentions a conservative estimate of the TG population to be somewhere around 150,000.[2] The report also estimates the TG sex worker population at 50,598 in 2014 (based on a 2011 survey held in nineteen cities).

(iv) Based on interviews for this report, the TG population numbers as estimated by rights activists, and community-based organisations and associations are as follows:

- In Khyber Pakhtunkhwa, Trans Action Alliance (TAA)/Blue Veins estimate the TG population of the province to be between 40,000 and 50,000.
- In Karachi, the capital of Sindh, the founding activist of Gender Interactive Alliance (GIA), who is also a focal person for the Sindh Social Welfare Department, estimates the current TG population at between 15,000 and 20,000. Around 6.000-7,000 TG community members had been registered by GIA activists in a door-to-door campaign following the 2009 SCP directive.
- In Lahore, the capital of Punjab, the Khwajasara Society (KSS) has registered 20,000 TGs for its Sexual and Reproductive Health Rights (SRHR) project. A Fountain House/Akhuwat project targeting TGs above the age of 50 has registered around 450 people for payment of monthly stipends and provision of basic health services.

2. State and (trans) gender: issues in TG identification

One reason for discrepancies in calculating and estimating TG population numbers is the issue of TG identification by the state. Reports submitted by the Social Welfare Departments of Punjab and Khyber Pakhtunkhwa to the SCP in 2009 demonstrate that state institutions view gender essentially in binary terms. The existence of a transgender identity is seen at best as gender dysphoric and at worst as a mental disorder, needing

[2] This statistic is based on cross-country estimates that suggest that TG populations could be between 0.1% and 1.1% of reproductive age adults in a given country.

treatment and care in both instances.[3] Both reports place trans identity outside the realm of normalcy and advocate for treatment of TGs as people with special needs and the need to re-integrate them into the domain of (normal) society.

Far from elevating the social and economic status of TGs, such a view on (trans) gender identity only serves to perpetuate their marginalisation and prevents any possibility of reform of existing heteronormative social structures through the use of state institutions.[4] This is evident in the solutions proposed in both provincial reports mentioned above: the Punjab report suggests medical treatment of TGs to enable them to lead normal lives, and the KP report wavers between treatment and acceptance with an underlying inclination for practices that may 'control' dysphoric tendencies, rather than 'enhance' them. Such prescriptions are in clear contradiction to internationally acceptable psychiatric and medical norms.[5] These norms have evolved with time, and their acceptance still varies in spatial terms, but this does not need to prevent civil society actors in Pakistan from advocating for their progressive implementation in the country, beginning at the level of state institutions.

The experience of trans activists (interviewed for this study) with the bureaucracy at NADRA is another example that shows how state institutions' conception of a gender binary as well as their heteronormative worldview limits the scope of existing reforms. Many trans activists mentioned that they did not get a transgender CNIC because the NADRA officials concerned would seek medical certificates or parental permission for the purpose (although neither is a legal requirement). Some said they chose not to get a transgender CNIC because the available trans categories did not match their self-identity. For instance, a transwoman tends to identify with the female gender and the Urdu term available to them in the CNIC form, *khwajasara mard*, was not to their satisfaction.

---

[3] The report submitted by the KP government defines gender dysphoria as a condition where a generic male is born with a female gender. There are contradictions in the report insofar as it advocates for acceptance of gender dysphoric people but also suggests treatment to control such behaviour. Additionally, the report's identification of control with higher education and religious inclination of families and enhancement with poverty is not just theoretically flawed but also lacks empirical grounding.

[4] Heteronormativity is the tendency to view only two genders as normal and hence associate those two genders with specific social roles and sexual orientations. Heteronormative social structures perpetuate marginalisation of those who may not conform to such binary identifications and their associated social roles.

[5] For example, transgender identity was only recently removed from the list of mental disorders in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) published by the American Psychiatric Association (APA) in 2012. The DSM-5 recognises gender dysphoria as a disorder linked to mismatch between a person's sex (set at birth) and gender (chosen voluntarily). Thus, it does not prescribe treatment for control. Rather, it prescribes treatment for anxiety or distress emanating for the mismatch. Importantly, such an approach towards transgender identity does not abnormalise it.

3. Public sector employment

Going beyond identification issues, employment of the TG community by the state as a means for providing support also remains a neglected policy. There is no quota reserved for the TG population in public sector jobs at the federal or provincial levels. Except for Punjab, provincial Public Service Commissions (PSCs) do not even mention TG as a distinct gender category in the eligibility criteria for jobs posted in the press. In Punjab as well, the scope of this provision is limited at best since TGs lacking a transgender CNIC (presumably forming a majority) cannot benefit from it. TGs holding male CNICs may still be able to apply for jobs advertised by the PSCs. However, poor literacy and education statistics in the community (a necessary byproduct of heteronormative social structures) mean that the pool of such TGs is going to be negligibly small.

This was reflected in interviews conducted for this study. The only instances where transwomen respondents were found employed in the public sector were in Sindh and KP. In Sindh, a handful of transwomen had been employed as tax recovery officers in the Karachi Cantonment Board, as focal persons in the Karachi Commissioner's Office and in the Social Welfare Department. In Khyber Pakhtunkhwa, a member each of the Trans Action Alliance (TAA) was found employed in the Local Governments and the Irrigation departments.

4. Literacy and Schooling

There is no precise information available at the community level on literacy. Almost all trans activists interviewed for the study had completed at least intermediate level education with plans for higher studies. Some had completed post-graduate degrees from mainstream public sector institutions and others were currently enrolled in degree programmes. The impact of heteronormative disciplinary techniques was visible in experiences and expectations associated with higher education institutions. The only instance where a transwoman was found to be attending college in her preferred appearance was one where she had transitioned and could 'pass as a woman or an inter-sex person'. Those still in the process of transitioning when attending college or taking examinations had to dress up 'as men' for the purpose. There was another category of TGs yet unsure whether or not they wanted a complete transition. They shared their plans to take private tuitions for bachelors' degree examinations, expecting harassment at higher education institutions.

There was a widespread perception among these trans activists that around 98-99 percent of the community they interact with is illiterate. This perception though is far from the UNAIDs 2014 progress report,

which states that only around 42% of the TG sex workers surveyed were illiterate. Similar figures were reported by a mapping study covering districts in Punjab and KP by Vision, an NGO based in Islamabad. The study found that 30% of its respondents had attended schools till primary level, 23% till secondary level and 7% percent till high school or college level. The remaining 40% never went to school.

Interviews with TGs suggest that movement to a guru's *dera* comes with an end to formal schooling. Some TGs negotiate an arrangement where they divide time between the *dera* (where they 'can be themselves') and natal homes (where they 'ascribe to masculine norms'). In the survey held for the UNAIDs 2014 report, around 70% TG sex workers reported that they were living at *deras*, and the rest lived independently or with their families. In contrast, the survey conducted by Punjab's Social Welfare Department found a completely different status of residence: 45% were found living independently, 35% at *deras* and 19% with their families.

The issue of vocational skills training also came up frequently during discussions with activists, who were careful to stress the need for the TG community's preferences to be taken into account whenever such programmes are to be designed. This appears important in the context of two vocational training programmes observed during the course of this research. In a programme underway in Lahore, TGs are encouraged to take up only specific skills (deemed socially acceptable like sewing) and shunned from others (dance and music training). Another programme implemented in Rawalpindi was 'not a huge success', according to the coordinator, because of lack of interest of beneficiaries in skills whose training was offered.

While the community's preferences should necessarily be taken into account, the perception among some activists that TGs have a propensity for some skills (working as beauticians and dress designing were the two most frequently mentioned) should be considered with due precaution as it stereotypes an entire community and erases any possibility of diversity within it.

5. State of public health

The most common response regarding public sector facilities was that the TG community avoided them for routine problems and only availed these services in emergencies (like in Alisha's case at Lady Reading Hospital).[6]

[6] The episode had exposed the difficulties in access of TGs to public health facilities. As a stop-gap arrangement the Lady Reading Hospital has now set aside a separate room in the emergency ward for treatment of TGs. This, however, is hardly a durable solution to the problem of access that will require policy level changes and their due implementation.

Most TGs mentioned reliance on CBOs and experts associated with them (six CBOs were established across the country in 2011 by Naz Pakistan, and others frequently encountered were Bridge Consultants in Karachi, and Fountain House in Lahore). These CBOs also act as intermediaries between the TG community and public sector facilities insofar as medical experts or lower-cadre health officials associated with the CBOs would act to facilitate access, mostly in an informal capacity.

There is an elaborate network of NGOs and CBOs working in the Sexual & Reproductive Health Rights (SRHR) sector under the financial and technical patronage of public sector and multilateral organisations and programmes (National and Provincial AIDs Control Programmes, UNAIDs and UNDP). Services available through these CBOs include: HIV/AIDs testing, education on safe sex practices, contraceptives, psychological counseling and occasional recreational facilities. Those testing positive are referred to treatment centres operated under the National and Provincial AIDs Control Programmes. However, there seems to be no institutionalised mechanism to ensure effective coordination between those detecting HIV/AIDs (CBOs) and those providing treatment (AIDs Control Programme centres). Most of these CBOs have employed TGs in roles such as drop-in/recreational centre coordinators, and field and outreach officers.

Hormone Replacement Therapy is availed by almost all TG people. However, the vast majority does so informally through over the counter pills and injections, exposing them to severe risks associated with overdose. Hormone Profile Tests are not available in public sector institutions, and cost between Rs. 12,000-13,000 in the private sector.

Though castration does not seem to be widespread, it remains associated with extreme risks including possible loss of life during procedures carried out mostly by quacks at guru's *deras* or illegally operated clinics.

6. Protection of (trans) life and property: violent crime against the community

Trans Action Alliance/Blue Veins have documented 46 killings of TGs and 300 violent attacks on them across KP from January 2015 to July 2016. In Punjab, the KSS documented 70 instances of domestic abuse in 2015. No specific data on murders, violent assault or domestic abuse was available from any Sindh-based organisation. Vision's mapping study found that 82% of TGs had suffered sexual abuse in their childhood.

Three trends were visible vis-à-vis the police. Among younger generation activists, there was a strong aspiration for the need to push law enforcement agencies to ensure protection of (trans) lives. This gets enacted in

protest demonstrations on the street and through statements in the English press and social media. At the community level, however, there was a widespread sense of despondency on the uselessness of seeking justice through the police because of expected aggravation of injury at the hands of reckless policemen, rather than its remedy. A third trend is visible among older generation activists who seem to have developed a rapport with the police higher ups and use this to mediate between aggrieved TG community members and the police at an informal level. This mediation seems to have worked at least in some instances. The Lahore police chief has agreed to relax the 10p.m. closure rule on public events for TGs following negotiations with activists, though TGs are required to seek prior permission for it from the police station concerned. Harassment at such events by policemen had been a frequent complaint of the TG community. In the case of TGs incarcerated in a crackdown on beggary, activists were able to get these TGs released through a mix of mediation and advocacy efforts.

Bibliography

Secondary literature:

Redding, Jeffrey A. "From 'She-males' to Unix: Transgender Rights and the Productive Paradox of Pakistani Policing." In *Regimes of Legality: Ethnography of Criminal Cases in South Asia*, edited by Daniela Berti and Devika Bordia. New Delhi: Oxford University Press, 2015.

"Petition under Article 184(3) of the Constitution of the Islamic Republic Pakistan 1973." *Khyber Pakhtunkhwa Social Welfare Department*. 2009.

"Proposal and Suggestion For Social Uplift of Shemales in Human Rights Constitutional Petition No63." *Punjab Social Welfare Department*. 2009.

"Dr Mohd Aslam Khaki versus Operations SSP Rawalpindi and others." *Constitution Petition no 43*. Supreme Court of Pakistan, 2009.

"Pakistan Global Aids Response Progress Reports." *National Aids Control Programme Government report*. Islamabad, 2014-2015.

Newspaper and journal articles:

Kinsman, Gary. "Trans Politics and Anti-Capitalism: An Interview with Dan Irving," *Upping the Anti.* http://uppingtheanti.org/journal/article/04-trans-politics-and-anti-capitalism/

Mussadiq, Maha. "Marginalised: Caught between two worlds," *Express Tribune*, April 13, 2013. http://tribune.com.pk/story/535000/marginalised-caught-between-two-worlds/

Saleem, Sana. "'I wasn't made to be raped and ridiculed' – trans woman makes a stand in Pakistan," *The Guardian*, September 7, 2016. https://www.theguardian.com/global-development-professionals-network/2016/sep/07/i-wasnt-made-to-be-raped-and-ridiculed-trans-woman-makes-a-stand-in-pakistan

Shah, Sadia Qasim. "Vocational training of transgender people planned," *Dawn*, June 15, 2016. http://www.dawn.com/news/1264944

"Pakistan's transgenders mocked by most, abhorred by many," *Dawn*, June 14, 2016. http://www.dawn.com/news/1264770

"Transgenders protest arrests," *Express Tribune*, November 29, 2015. http://tribune.com.pk/story/1000394/transgenders-protest-arrests/

"Gender is no barrier in skills development," *Pakistan Technical and Vocational Education and Training Program*, April 6, 2016. http://tvetreform.org.pk/gender-is-no-barrier-in-skills-development/

"Multi-Country South Asia Global Fund HIV Programme," *UNDP*. http://www.asia-pacific.undp.org/content/rbap/en/home/operations/projects/overview/multi-country-south-asia-global-fund-hiv-programme.html

Interviews conducted:

-Risham Habib, South Asia Partnership-Pakistan

-DrSaima, Khwaja Sara Rehabilitation Programme, Akhuwat-Fountain House

-UzmaYaqoob, Forum for Dignity Initiative, Islamabad

-Trans Action Alliance activists Qamar Naseem, TahiraKaleem and Farzana Jan in Peshawar

-Transwomen at the *dera* of Gender Interactive Alliance (GIA) founding member Bindiya Rana in Karachi

-Riffae Khan, another founding member of GIA, Karachi

-Babli Malik, Wajood, Rawalpindi

-Tahir Khilji, Vision, Islamabad

-Falak Chaudhry, Neengar Legal Aids Society, Multan

-Zehrish, Khwaja Sara Society, Lahore

-InayaZarakhel and Maya Zaman, trans rights activists based in Islamabad

- Kami Sid, trans rights activist based in Karachi

آواز

VOICE & ACCOUNTABILITY PROGRAMME

Beverly Area, 3rd floor, 56 - G, Islamabad.
info@AAWAZ.organisation.pk
www.aawaz.org.pk
contact: +92 518311891-4
Fax: +92 518740177.