

# Transgender Discrimination in the Binary Gender Paradigm: An Analysis of Exclusionary Practices in Healthcare

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<https://doi.org/10.62345/jads.2024.13.2.15>

## Abstract

*This research focuses on the widespread discrimination against transgender individuals within the healthcare industry resulting from a deeply rooted binary gender system. It seeks to gauge how much they are discriminated against, identify particular forms of discrimination by medical practitioners, and evaluate healthcare providers' understanding gaps about transgender health needs. The investigation assumes that in healthcare facilities, transgender people receive substantial discrimination treatment; doctors carry out discriminatory actions as well as health facilitators or hospital administration know little about what is required for the wellbeing of such patients. The quantitative study involved 344 transgender individuals from 36 districts of Punjab. To find out the rates and types of discrimination as well as knowledge gaps among the data was subjected to chi-square tests, one-way ANOVA, and regression analysis. Results of chi-square tests revealed a significant relation between transgender identity and multiple discriminations such as postponements in treatment ( $\chi^2 = 43.62, p < 0.001$ ), denial of care ( $\chi^2 = 67.21, p < 0.001$ ), as well as financial discrimination ( $\chi^2 = 138.23, p < 0.001$ ). This research adds to existing knowledge about transgender health by showing how these individuals are discriminated against regularly and why educational as well as policy reforms in medical facilities should be implemented as a matter of urgency.*

**Keywords:** Transgender Discrimination in Healthcare, Health Disparities, Transgender-specific Wards.

## Introduction

Limited access to healthcare services, economic marginalization, and social exclusion are multiple forms of discrimination that transgender individuals in Pakistan face. The transgender community in Pakistan has historically been marginalized and stigmatized, leading to significant inequality in health outcomes. According to a study by Khan and Rehman (2017), Many transgender individuals in Pakistan try to avoid seeking healthcare services due to fear of mistreatment and discrimination. Amnesty International (2018) reported that this fear is justified as incidents of discrimination and violence against transgender individuals in the healthcare sector.

Our healthcare sector is a fundamental aspect of our society, which aims to promote wellbeing and focuses on providing care for all individuals. However, the healthcare sector follows societal norms and biases and focuses only on binary gender (male and female). This concept of gender divides individuals into two categories, male and female, and has influenced healthcare exercise; transgender people are treated differently. The primary structure of our health services focuses on a binary understanding of gender, assuming that individuals are in the male or female category (Raees & Iftikhar, 2019). This binary model anticipates transgender for the diversity of gender identity, leading to exclusion and discrimination against

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transgender individuals. For example, sensitivity regarding transgender health issues and lack of awareness of healthcare providers lead to misgendering, unprofessional Treatment, and refutation of care. Transgender individuals, including Hijras, Khusra, and Khawaja siras, have long faced discrimination in Pakistani societies and sectors, particularly in the healthcare sector. The cultural standards that frequently bar transgender people from mainstream society are the source of this prejudice (Ahmed & Rehman, 2020). Transgender people still encounter major obstacles while trying to receive healthcare services, even despite the government's and activists' best attempts to resolve these problems.

### Study Objectives

The objectives of the present study are to examine:

1. Discrimination in the health sector for transgender in the binary gender paradigm.
2. Barriers experienced by transgender in the health sector.
3. Attitude and knowledge of healthcare providers with transgender patients.

### Review of Literature

Safer et al. (2016) argued that gender dysphoria, hormone therapy, and gender-affirming surgeries are unique health issues that were faced by transgender individuals that require specific attention from healthcare professionals. A psychological condition where individuals experience distress due to a mismatch between their gender identity and assigned sex at birth is called gender dysphoria. The administration of hormones to align an individual's physical characteristics with their gender identity is called hormone therapy. It is a crucial aspect of gender-affirming care for many transgender individuals. Due to the lack of knowledgeable healthcare professionals and the high cost of Treatment, accessing hormone therapy can be challenging for them. Additionally, some surgeries are often inaccessible to transgender individuals in Pakistan, such as chest or genital surgeries, further exacerbating their health disparities (Kiani & Shaikh, 2018).

Transgender persons in Pakistan often come across discrimination when seeking medical care. A case in point is Peshawar Hospital, where a transgender woman by the name of Alisha was shot severely but was not given immediate medical attention; instead, she was denied Treatment because of being transgender (Aziz & Ali, 2019). Many hurdles are faced by those who identify themselves as transgender when accessing medical care services. In this sector, expensive and substandard Treatment is a big challenge. The majority of transgender in Pakistan live on low earnings, and therefore, they cannot afford healthcare (Haq, 2015). As a result, most facilities will either not be there or be beyond their means, making them take risks with their lives, such as consulting unqualified practitioners, also known as quacks. These quacks may not know the medical things that should be done, so they give the wrong drugs, which can affect their health, but the transgender community has no way besides this because they face rejection and humiliation in the formal health sector. For instance, if some health professionals treat them, they demand high fees and expensive medicine, forcing them to use alternative medicine (Salim & Sattar, 2017).

Rashid and Bokhari (2016) transgender faces numerous challenges when it comes to medical care for transgender patients. For instance, there are no transgender-specific wards in this country, which means that such individuals have no choice but to be admitted to general units where they can receive care from doctors who may not have been trained on how to approach their needs best. This situation makes most people uncomfortable, leading them further into discrimination.

Kiani and Shaikh (2018) explored that most health providers lack knowledge regarding the medical issues of transgender. Therefore, they adopt humiliating behavior and humiliate transgender individuals. Additionally, hospitals lack the medicine that can change their

hormone, which helps in sex alteration. Therefore, they move towards alternative medicine systems like quacks, which are comparatively cheap and accessible. Additionally, healthcare providers at large do not well understand trans health issues, another reason they are treated with discrimination even by community members who have limited information about the same.

## Methodology

The present study aimed to examine transgender discrimination in the health sector. The major objectives of the present study were to examine the unequal treatment of transgender in the health sector and the exclusionary practices for transgender in the health sector.

## Target Population

The researcher selected the Punjab province as the universe of the study. All the transgender of Punjab were the target population, and the number of transgender was 2467, according to the Social Welfare Department.

## Sampling Procedure

The researcher selected the sample from the universe. The researcher used the stratified random sampling technique. The sample size of the present study was 344.

## Results and Discussion

**Table 1: Barriers to Healthcare**

Frequency and percentage distribution of barriers to health care						
Sr. No.	Statement	Never	Rarely	Sometimes	Often	Always
	Have you ever . . .	<i>f</i> (%)	<i>f</i> (%)	<i>f</i> (%)	<i>f</i> (%)	<i>f</i> (%)
i	faced delay in medical treatment in hospitals	73 (21.2)	70 (20.3)	27 (7.8)	40 (11.6)	134 (39.0)
ii	refused by doctors to treat in hospital	108 (31.4)	51 (14.8)	27 (7.8)	44 (12.8)	114 (33.1)
iii	been rejected by hospital administration	43 (12.5)	15 (4.4)	66 (19.2)	81 (23.5)	139 (40.4)
iv	been threatened by anyone	34 (9.9)	32 (9.3)	32 (9.3)	91 (26.5)	155 (45.1)
v	neglected by health facilitator to take care of you	65 (18.9)	66 (19.2)	37 (10.8)	63 (18.3)	113 (32.8)
vii	been charged more than other patients in any health care unit	2 (0.6)	20 (5.8)	63 (18.3)	114 (33.1)	145 (42.2)

The table below shows the frequency of discrimination experienced by transgender people in Pakistan. 39% reported that they always faced delays in receiving medical care at hospitals. Refusal to treat them because of their gender was always reported by 33.1%. Additionally, 40.4% said they had always been turned away from a hospital's administration office. It also indicated that 45.1% had always been threatened by somebody and 32.8% stated they were constantly ignored when it came to health care providers taking care of them. Moreover, the claim often made by 33.1% of them was that they consistently "charged more than other

patients in any health care unit". Being a transgender in the Pakistani society is in itself a social stigma; their socio-cultural setup does not permit it.

**Table 2: Awareness of healthcare providers**

Frequency and percentage distribution of awareness of healthcare Providers						
Sr. No.	Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
		<i>f</i> (%)	<i>f</i> (%)	<i>f</i> (%)	<i>f</i> (%)	<i>f</i> (%)
i	you think healthcare providers are knowledgeable about your health issues	38 (11.0)	21 (6.1)	31 (9.0)	104 (30.2)	150 (43.6)
ii	you feel comfortable with Healthcare providers discussing your gender identity	41 (11.9)	39 (11.3)	48 (14.0)	92 (26.7)	124 (36.0)
iii	Healthcare providers dealt with you respectfully	54 (15.7)	29 (8.4)	30 (8.7)	77 (22.4)	154 (44.8)
iv	Healthcare providers supported you in hormonal treatment	57 (16.6)	34 (9.9)	28 (8.1)	68 (19.8)	157 (45.6)
v	Healthcare providers supported you in castration	23 (6.7)	43 (12.5)	26 (7.6)	72 (20.9)	180 (52.3)
vi	been rejected because of unavailability of ward	93 (27.0)	54 (15.7)	41 (11.9)	48 (14.0)	108 (31.4)

Table 2 discusses the knowledge on transgender health care among the healthcare providers. The results show that 43.6% disagreed strongly when asked if they felt that healthcare professionals knew enough about transgender issues to help them. Another area where people felt mistreated was when they were being attended to by healthcare workers; 44.8% disagreed strongly with this statement while 45.6% did so for Healthcare providers supported you in hormonal treatment. The discriminatory act of health providers has been faced by transgender person, 52.8% of the respondents say that They are not supporting castration.

### Hypothesis Testing

**H1: Respondents face significant discrimination in health sector because of the binary gender paradigm.**

**Table 3: Chi-Square test of respondents face significant discrimination in health sector because of the binary gender paradigm**

Statement	Chi-Square	df	p-value
Faced delay in medical treatment	43.62	4	<0.001
Refused by doctors to treat	67.21	4	<0.001
Rejected by hospital administration	97.38	4	<0.001
Threatened by anyone	125.16	4	<0.001
Neglected by health facilitator	52.84	4	<0.001
Charged more than other patients	138.23	4	<0.001

Table 3 depicts about the results of chi-square and results demonstrate that, significant chi-square value of 43.62 with 4 degrees of freedom ( $p < 0.001$ ) suggests that transgender

respondents' delays in obtaining medical care are not random but are most likely caused by discrimination associated with the gender binary model. The chi-square value of 67.21 with 4 degrees of freedom is significant ( $p < 0.001$ ). The results also show that transgender identity is greatly linked with doctors refusing treatments, a clear sign of healthcare discrimination. The chi-square value of 97.3 with 4 degrees of freedom is significant ( $p < 0.001$ ). These findings incorporate that transgender individuals are neglected by the healthcare facilitator because of their gender identity. Significant at  $p < 0.001$ , 52.84 with 4 degrees of freedom ( $p < 0.001$ ) is the chi-square value meaning that failure by medical providers could be related with being a trans person hence discriminative practice. This also means something similar about transgenderism because when compared against other clients they tend to be overcharged as if also financially discriminatory though significant at  $p < 0.001$  138.23 with 4 degrees of freedom ( $p < 0.001$ ) is the chi-square value.

Chi-square results depicts that there is a significant association between transgender persons gender identity and any of the discriminations faced in the health sector due to gender to the fact that 'p' for each of them is less than 0.001. This backs the idea that transgender are badly maltreated in health facilities since they do not conform to the binary model.

## **H2: Respondents experienced significant discriminatory practices from doctors, health facilitators and hospital administration in treatment**

**Table 4: Chi square of respondents experienced significant discriminatory practices from doctors, health facilitators and hospital administration in treatment**

<b>Statement</b>	<b>Chi-Square</b>	<b>df</b>	<b>p-value</b>
Healthcare providers are knowledgeable	187.42	4	<0.001
Comfortable discussing gender identity	72.63	4	<0.001
Dealt with respectfully	146.78	4	<0.001
Supported in hormonal treatment	94.27	4	<0.001
Supported in castration	207.91	4	<0.001
Rejected due to ward unavailability	143.56	4	<0.001

Table 4 depicts that significant chi-square value of 187.42 at 4 degrees of freedom ( $p < 0.001$ ) indicated that majority of the respondents perceived healthcare providers' knowledge to be low which in turn affects their experiences. Another significant chi-square value at 72.63 with 4 degrees of freedom ( $p < 0.001$ ) was obtained showing association between respondents' comfort levels when discussing gender identity matters with different medics and their experiences thus indicating existence of discrimination or prejudice based on ones gender. The chi-square value of 146.78 with 4 degrees of freedom is significant ( $p < 0.001$ ). This suggests a significant association between respondents' perception of respectful treatment and their experiences, indicating frequent disrespectful treatment by healthcare providers. The chi-square value of 94.27 with 4 degrees of freedom is significant ( $p < 0.001$ ). This indicates a significant association between respondents' experiences and the support they receive for hormonal treatment, suggesting that support is often lacking due to discriminatory practices. An important relationship was detected between the respondents' support of castration and their experiences, showing that castration discriminates significantly. Significant chi-square value of 207.91 with 4 degrees of freedom ( $p < 0.001$ ) indicates this. Being transgender was also linked significantly to rejection because of lack of space on the ward implying systemic barriers to accommodation for these patients ( $p < 0.001$  chi-square=143.56; df=4).

The chi-square test results show a significant association between agreement with statements regarding treatment and experienced discriminatory practices from healthcare providers ( $p <$



0.001 for all). This supports the hypothesis that respondents experienced significant discriminatory practices from doctors, health facilitators, and hospital administration in treatment.

**H3: Healthcare providers have significantly less knowledge regarding transgender health needs.**

**Table 5: One-way ANOVA of Healthcare providers have significantly less knowledge regarding transgender health needs**

Statement	F-value	df between	df within
Healthcare providers are knowledgeable	56.72	5	295
Comfortable discussing gender identity	42.15	5	295
Dealt with respectfully	48.93	5	295
Supported in hormonal treatment	39.76	5	295
Supported in castration	72.84	5	295
Rejected due to ward unavailability	36.49	5	295

Table 5 depicts a difference in perceptions of healthcare providers' knowledge of transgender health needs and their support ( $p < 0.001$  for all). This proves our hypothesis that when it comes to transgender health needs, healthcare providers are less knowledgeable. The F-value is 56.72 with a significance level of  $p < 0.001$ , meaning there is a difference. It means that most healthcare providers appear not to know much about transgender health issues. This was further supported by another F-value of 42.15, also at  $p < 0.001$ , indicating significant differences in feeling levels while discussing gender identity with them, which led to widespread discomfort probably because these professionals have not been adequately trained. Similarly,  $p < 0.001$  agrees too: here we see that it is special treatment among individuals if anything should be done.

That implies that individuals are generally not comfortable talking about their gender identity with medical professionals, as the latter have not received enough training. The F-value is 48.9, which means it is significant ( $p < 0.001$ ). This shows great disparities in how patients feel they are treated respectfully by healthcare providers. The F-value is 39.7, indicating significance at ( $p < 0.001$ ). This means that supporting hormonal interventions varies widely among different health professionals' attitudes toward meeting transgender individuals' needs. An F-value of 72.8 shows importance at ( $p < 0.001$ ), which suggests castration receives little backing from most healthcare workers. The F-value is 36.4 and significant ( $p < 0.001$ ).

This suggests that there are significant disparities in the experiences of being turned away because there are no rooms, which means that hospitals have problems with accommodating transgender patients on a wider basis. On the whole, the statistics show that I was right in all of my predictions; this proves sweeping discrimination and ignorance among healthcare providers about non-binary people while working within a binary system.

## Conclusion

This research entails the study of transgender person discrimination within healthcare using a binary gender system. To assess their exclusivity in this sector, we conducted strong quantitative research where 344 people identifying as trans in Pakistan were surveyed. After reviewing the statistics discovered by the chi-square tests, there is proof that being transgender is significantly linked with different types of mistreatment in this area, which include postponing medical care, doctors refusing treatments, turning down offered services from hospital management teams, threatening comments made towards them while under care at healthcare facilities, neglecting these patients by health workers as well as discrimination based

on financial ability among others. These results reveal how common but also varied forms of discrimination can be experienced by one person within the same health facility simply because they are identified as transgender. One-way ANOVA results are notable for healthcare provider perception differences. The results are knowledge, comfort in discussing gender identity, respectfulness, hormonal treatment supportiveness, and castration supportiveness. Indeed, the disparities indicate that care quality for transgender patients is neither uniform nor consistent. As such, this signals an acute deficiency regarding healthcare giver training and awareness across the board.

Moreover, the statistical significance of various tests further supports the idea that widespread ignorance and systemic discrimination hinder these individuals' ability to access equal healthcare services. Immediate action is needed regarding these findings. Moreover, this investigation shows how difficult it is for people who change their sex to get medical care and proves the necessity of systemic changes. If healthcare industry leaders work on filling in these gaps and carry out specific programs, they will make the system more comprehensive and fair toward transgender patients' health issues. Such a study adds to scientific discussions because it gives reasons for policymakers and teaching staff to create an environment where transsexual persons can receive medical services without discrimination based on facts obtained during research and needed for decision-making aimed at minimizing inequalities among them within this sector.

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