



RESEARCH PAPER

Aging Bodies with Unique Challenges: A Case of Transitioning of Transgenders as an Older in Province of Punjab, Pakistan

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ABSTRACT

In Pakistan, transgenders face a unique set of social and economic challenges, which get worse as they get older for the majority of transitioning transgender people. The main goal of this study was to examine the issues facing by older transgender in their community. The researchers used qualitative research to investigate the issues. Respondents were accessed by snowball sampling. Data was collected by using semi-structured in-depth interviews and further was analyzed by thematic analysis. The results showed the old transgenders were facing problems of acceptance, discrimination, housing, employment, rejection by families and society, health, and no one to care in the old age, in common. The researchers recommended that state should take an immediate policy decision for protection of transgenders generally and senior transgenders particularly by providing free health facilities in a dedicated unit in hospitals, free housing facilities.

KEYWORDS Economic, Social, Marginalized, Semi-structured, Transgenders, Transitioning

Introduction

Transgender people are socially, politically, and economically marginalized in Pakistan and living a life full of difficulties, mistrust, and inferiority. While living in society, this community has never been given the fundamental rights - a common citizen can enjoy during life course. They face extreme social exclusion that diminishes self-esteem and social responsibility (Khan, et al., 2009). Their exclusion starts from their families and travel a long way till they have no choice but to live miserably alone in their old age. The society keeps them at extreme margins where they have no sociopolitical space for leading a life with dignity and self-respect.

Transgenders are considered inferior to women and men in society. Their gender identity differs from the sex determined at the time of birth and this continues for whole life of transgender people. Such people are sometimes called as Khusra, or Hijra in Pakistan and these common slogans are so popular in culture that the people with any inferiority or deformity are labeled with such names. These names portray someone weaker and such social groups are considered as impotent and physically weaker even more than women (Fizza, 2021). Transgender community, generally, face disapproval, abuse (mental, physical, psychological, or sexual), harassment, rejection, neglect, discrimination, and negative social attitudes from the mainstream of society that make them alienated and maximize their alienation. However, the minority stress also increases with the passage of time.

The agonies of transgender people turn even at their worst when they grow up and becomes senior (old) transgender. The already deprived community becomes more deprived, and this deprivation is grounded in their marginalization. Those who remains unable to position themselves as common citizens for dignity and security in greater society, when turn old suffers more (Khan, et al., 2009). The senior transgender community, generally, face disapproval, abuse (mental, physical, psychological, or sexual), harassment, rejection, neglect, discrimination, and negative social attitudes from the mainstream of

society that make them alienated and maximize their alienation. However, the minority stress increases with the passage of time. Studies show that Stigmatization, social exclusion and consequent banishment from the society makes transgender's life even tougher, isolating, pushing and forcing them into inappropriate conducts and habits.

Even after getting a historic status in Pakistan, as National Database and Registration Authority (NADRA) had started registering them after the orders of the Supreme Court, the old transgender people still suffer with anxiety, desperation, denial, disapproval, dismay, alienation and uncertain about their health. The political will of the state machinery is evident in different projects like the opening of a school for such community in 2018, in Lahore. "The Gender Guardian" school was established to make transgenders educated and ultimately to get good job but still the senior transgenders are being ignored not only by society but also by the government. Now the government is eager to give the basic rights to such marginalized community which previously was only for dancing and singing (Hashim, 2018). Pakistan has also passed a bill for the protection of transgender people in 2018 which is still to be passed by the senate for making it law. This bill protects transgender people from distress and sexual harassment and make it responsibility to the government for providing houses, medical and psychological counseling to such community (Osborne, 2018).

There are total 10418 transgender people, according to sixth housing and population census 2017 of Pakistan and 6709 are living in province of Punjab in Pakistan, but the actual number of this community is still not verified. There is a reasonable number of old transgender people in Punjab. The break-up of transgender community in Punjab is given as under:

Table1
Transgender population in urban and rural areas of Punjab.

| Region | Rural | Urban | Total |
|---------------|--------------|--------------|--------------|
| Sargodha | 152 | 274 | 426 |
| Rawalpindi | 114 | 717 | 831 |
| Lahore | 150 | 1441 | 1591 |
| Gujranwala | 356 | 583 | 939 |
| Faisalabad | 365 | 540 | 905 |
| Sahiwal | 203 | 234 | 437 |
| Multan | 318 | 289 | 607 |
| Bahawalpur | 283 | 339 | 622 |
| DG Khan | 183 | 168 | 351 |
| Total | 2124 | 4485 | 6709 |

Source: Population Census Report 2017.

The basic purpose of the study was to know the socio-economic condition of old transgender community in Punjab and to probe into the problems of this group of transgender people and to suggest their solutions.

Literature review

Social exclusion, stigmatization and ultimate banishment from society makes the life of transgenders tougher. This force them into inappropriate habits and conducts (Shah, et al., 2018). The suicidal attempts and ideation are also product of marginalization that has been identified as an additional life-threatening problem for transgender people and there has been seen an increase in those transgender people who are associated with physical victimization (Testa, et al., 2012). After getting experience and senior in age, the transgender people become "Guru" who is responsible for training of "Chelas". They start living in one house that has its own rules and history which are defined by Guru. They earn their

livelihood by singing, dancing and other activities. When they are unable to make ends meet, they indulge in commercial sex and begging (Rehan, Chaudhary, & Shah, 2009). But in most of the cases transgender people are forced for prostitution to earn living which makes them vulnerable and can be a source of sexually transmitted disease (Khan, et al., 2009).

In present era when there is fear of disease, the older transgender community suffers a unique bio-psychosocial vulnerability which increase the risk of disorders like depression, anxiety, sleep disturbances, isolation, loneliness, and loss of autonomy (Banerjee, 2020). The elders of this community have also the problem of “sexual vitality” and “auspiciousness” due to which they are welcomed in different ceremonies decreases with age, therefore, old trans community run out of income (Nanda, 1986). Agism is an under-recognized barrier to legal, social and health access in society for transgender people (Boggs, et al., 2016). They also suffer group-based inequality and marginalization as it is considered an out-group which deprives them from their rights and social privileges (Canales, 2000).

Due to discrimination and prejudice in health care, housing, education and employment, the transgender people are forced to live outside of mainstream society which result in their living without permanent residence or living on the street (Bolas, 2007). Such people who experience homelessness often have greater victimization, poorer mental health, and increased substance abuse on streets (Ecker, 2016).

Material and Methods

This research work is based on qualitative approach because we have to understand and explore the marginalization of older transgenders in Punjab where this community is already marginalized, and it needed in-depth exploration of the case as there is very less available information about such people. The qualitative approach suits the most to explore my research problem. I have used narrative enquiry as a type of research design. According to (Connely & Clandinin, 1990) humans, socially or individually, are story telling organisms who lead storied lives. I preferred this method as it suits the most to explore the lives of transgenders transitioning to old age. The participants provided the researchers with all the details and full life experiences through enriched and complete stories.

The sample size in qualitative research is neither straightforward nor has set rules for qualitative inquiry. As Patton (2002) suggested, select a minimum size of sample and increase later if necessary to reach redundancy. Fusch & Ness (2015), also noted that within qualitative research, saturation is an essential element, and this implies that sample size be determined by this means. Hennink, Kaiser, & Marconi (2017) also have the same view and consider sample size in “relation to saturation”. I used snowball sampling technique to select sample from transgender population. I identified “one potential participant” through purposive sampling and then used this person to further identify other members from that population that has been marginalized. Transgenders aging 55 to 65 years were selected as sample and semi-structured in-depth interviews were arranged from 9 transgenders as I found repetition in data and stopped interviewing after it reached to redundancy (saturation)

Researchers have used the general interview guide approach as it ensures the covering of all necessary topics while using outline of questions therefore, Researchers used this approach for in-depth, semi-structured interviews, in study to solicit the narrative of respondents along with keeping structure and consistency in the interview process. Open ended questions translated in local language were used and presented in such a simple and easy way that respondents will feel free to provide detailed stories. In narrative inquiry, two interviews with same participant are encouraged to be conducted therefore, the therefore, Researchers conducted a primary interview consisting of broad questions followed by a

follow-up interview from the same respondent to address any additional questions that may arise during course of interview to elicit narratives.

Qualitative research has very dense information and ideas therefore, data needs detailed representation, interpretation of meanings, identification of patterns, and drawing out of the information most relevant to research question. Therefore, simply data analysis in qualitative study is “the process of making sense out of the data”. Narrative analysis is often used in narrative inquiry; therefore, I have used it for data analysis. Narrative analysts use one of the four approaches for analysis, and I used the most common type of narrative thematic analysis. This process involved five different stages: (1) organization and preparation of data that began with transcribing audio tapes very after interview (2) making a general sense of the information, (3) coding process, (4) categories or themes and (5) interpretation of the data.

Interviews were conducted separately, and I listened to all of them and gave them space to tell what they experienced in their old age. I managed to sit in restaurants, coffee shops and even at their residences, where they felt comfortable. The coffee shop was one of the best places to interview. I took informed consent, told them about the purpose of the study and ensured their confidentiality. Each interview lasts from 50 minutes to 75 minutes. Basic research questions were asked and were recorded after taking their consent to record. After primary analysis, follow-up interviews were conducted to fill the gaps and to get more data in depth.

Results and Discussion

The data was collected from 9 elderly people from transgender community. Out of 9 transgenders 2 were identified as third gender, 4 preferred female gender, 2 preferred male and one did not disclose. 6 out of 9 were living in their community while 2 were living alone and 1 had no home to live and was living in temporary shelter like streets, footpaths, bus stops or railway stations. Economically they belonged to the poor class. All belonged to Punjab province of Pakistan. No one was doing govt. or a good private job. 8 were unemployed whereas one got a menial temporary job at a restaurant. Most of them were begging in the streets. The detail of the participants is mentioned below:

Table 1
The socio-demographics of participants

| Respondents | Socio-economic status | Age | Residence | Job (Govt/Private) | Education |
|-------------|-----------------------|-----|----------------------|----------------------------|---------------------|
| R1 | Low | 55 | With trans Community | No | Grade 4 |
| R2 | Low | 61 | With trans Community | No | No formal education |
| R3 | Low | 64 | With trans Community | Menial temporary (private) | Grade 7 |
| R4 | Low | 59 | Alone | No | No formal education |
| R5 | Low | 61 | Temporary shelter | No | No formal education |
| R6 | Lower Middle | 65 | Alone | No | Grade 5 |
| R7 | Low | 64 | With trans Community | No | No formal education |
| R8 | Low | 61 | With trans Community | No | Grade 6 |
| R9 | Low | 58 | With trans Community | No | No formal education |

The respondents were allowed to share their experiences in detail. There was much data and the same was analyzed and coded. The stories of the respondents were transcribed and broadly categorized in themes and sub-themes like "Aging" (Decrease in demand, Less mobility, Prominence of agism, Fading importance in public and in trans communities), Marginalization (Discrimination, Stigma, Loss of dignity, Disconnection from friends and No efficacy), Housing (No personal house, Overcrowded apartments, Missing govt. housing), Health (No separate booths in hospitals, No health cards, Second priority at medical stores), Poverty (Less access to basic necessities of life, Unemployment, Begging), Rejection (Rejection by parents, Rejection by society, Rejection by peers), Threats (Survival threats, Disease, Emotional abuse, Financial abuse, Psychological abuse), Needs (Special health facility, Living, Stipend). The respondents showed their main concerns and needs which were analyzed and major themes along with sub-themes were identified. The brief of the analysis is given in table-2 below:

Table 2
Summary of narratives, themes, and sub-themes

| Main themes | Sub-themes | Verbal short extracts |
|-----------------|--|---|
| Aging | <ul style="list-style-type: none"> • Decrease in demand • Less mobility • Prominence of agism • Fading importance in public and in trans communities | <p><i>"People say like you are old, have no worth.... Old creature. My friends avoid my company. I don't go on parties as I am old now....</i></p> <p><i>.... Old age restricts me to go in parties and even to beg... My family does not accept me now..... my people living with me for years don't share much with me.</i></p> |
| Marginalization | <ul style="list-style-type: none"> • Discrimination • Stigma • Loss of dignity • Disconnection from friends • No efficacy | <p><i>People treat me inhumanly and they ask me to remain away from them. Sometimes I feel as I am alien. People think as I am responsible for all evils. They treat me as a sex "machine". Some feel me burden in society. People ridicule me and don't like me.... The reason behind is I am old now or maybe I am not like others.... My peers don't accept me as they do in my youth. I am worthless now... I think. Ah once they used to sit with me and we were sharing our stories. I feel alone... relatives and friends have no love for me.</i></p> |
| Housing | <ul style="list-style-type: none"> • No personal house • Overcrowded apartments • Missing govt. housing | <p><i>I am worried that I have nothing to buy a small house for me. I am living with my community in a small apartment where, sometimes, we have to manage on single bed sharing to sleep. We live 5 in a room of 3... State has no concern with our conditions. They even don't think of us.</i></p> |
| Health | <ul style="list-style-type: none"> • No separate booths in hospitals • No health cards • Second priority at medical stores | <p><i>Doctors, paramedics, and people around in hospitals feel as we are curse in society. We are confused to stay in line of males or females. We are not registered by NADRA (National Advanced Database Registration Authority) and so we cannot use health card facility. In clinics or at medical stores, everyone asks me to wait...</i></p> |
| Poverty | <ul style="list-style-type: none"> • Less access to necessities of life • Unemployment • Begging | <p><i>I cannot afford good food and standard living... State and merchants don't offer work to me. I feel that I am not fit in this world. People, even, don't give me much when I stand on roadside and begging for small amount of money...</i></p> |
| Rejection | <ul style="list-style-type: none"> • Rejection by parents • Rejection by society • Rejection by peers | <p><i>I don't go to see my old parents because they don't want me... I miss my parent's home and my brother and sisters. People do not want to see me sitting with them.</i></p> <p><i>As I am old now so my friends feel burden for them to have me.</i></p> |

| | | |
|---------|--|--|
| Threats | <ul style="list-style-type: none"> • Survival threats • Disease • Emotional abuse • Financial abuse • Psychological abuse | <p><i>I feel as I will die soon as I have no one to help me in my living...</i></p> <p><i>I am grown old now and disease will end my life. I am physically weak, and I fear I cannot compete diseases. People think I am useless, and I always feel stress while living in such environment.</i></p> <p><i>I have nothing in my hand. I have nothing saved for now and only Allah (God) is there Who can help me... I have no money to eat, no money to live....</i></p> <p><i>I feel alienated and alone amid this world. There is nobody to share my happiness and pain.</i></p> |
| Needs | <ul style="list-style-type: none"> • Special health facility • Living • Stipend | <p><i>I wish I could get specialized health facilities and could go there with dignity.</i></p> <p><i>I can only think of a good living for me. I have no hope for this to happen in my old age.</i></p> <p><i>I know I can't work as I am old. Do you think state will provide me stipend to live?</i></p> |

Due to their extreme marginalization in our society, older transgender people are particularly vulnerable to stigma. Being stigmatized is, according to Link and Phelan (2006), a source of ongoing stress that is harmful to one's physical and mental health. The narratives of old transgenders showed some common concerns in society. As they grow old, they start feeling more alienated, despaired, marginalized, and concerned for their future. These senior transgender people have spent their life without their parents, children and childhood friends and start feeling the need of more care. They showed concerns over health care as respondent No. 3 said:

"I was young and always talking about dance but now I have no energy to dance. I now just can memorize my past days. I afraid that what if I am suffering from HIV...? We have no doctors to check, we have no special facilities in hospitals."

Senior transgenders have no homes to live in. They complain that state is not providing home facilities and most of the transgenders are homeless. They pointed out that homes are the basic needs of all old people. Karen (2014) pointed out that older transgender adults had a significantly higher risk of physical infirmity, disability, depressive symptoms, and perceived stress. Old transgender people used to go to Mosques for prayers. They engage in religious and spiritual activities on a par with their biological siblings (Factor & Rothblum, 2007). Respondent No. 7 while talking about home facilities said:

"I wish I could live in my own house. I don't need a big one. I need small where I can sleep with confidence. I have no home and living with my fellows.... I often go for prayers."

Poverty was identified as a common theme and most of the respondents thought it a main curse of exploitation. They added that due to poverty they have to work in different ways. For instance, respondent No. 1 said:

"I have no formal education and therefore nobody offers me job. I was a drop out in 4 Grade 4 and didn't go to school again. I was a poor and still I am a poor and I feel should not have born."

While they are aging, they have many concerns. They fear they will die soon and think that nobody give them much importance now. They need their parents, their friends and other close associates for care and to share their life.

"Everyone will die sooner or later but I am too old to live for a longer time. I have no charm now" (R-4).

Transgender people have many threats and needs while they grow older. They are afraid of disease and rejection. They feel their health as poor and need immediate solutions of all issues. They need to live like common citizens.

Conclusion

The study shows that marginalization of older transgenders is always neglected in Pakistan. This community is already marginalized and now it is further being excluded from mainstream society to inflict more pain. This study shows that there are few common concerns of senior transgenders like marginalization, health, poverty, rejection, and housing. The state should take these major concerns serious so that this population may be provided with safety and rights of common citizens of Pakistan. The following major concerns were observed:

- Older transgenders are living a very tough life, exposed to many dangers like disease, physical weakness, emotional and psychological abuse. Most of them are, even, striving for living.
- They confront rejection by their peers and their families disown them.
- Most of older transgenders are facing housing problem as they either live in groups where they are neglected by their peers or live on footpaths and railway stations.
- They confront more rejection and discrimination by society than their young associates.
- Older transgenders face negative social attitude.
- They feel more alienated in old age.
- Most of them are living a life of acute poverty.

The present study recommends the following measures for making the lives of old transgenders easy and comfortable:

- Older transgenders be provided with free housing by the state.
- Free health facilities should be offered by the state by registering them in national data.
- Awareness programs should be initiated to make transgenders confident of their life and people should be encouraged to respect such marginalized groups.
- Older people of this community be provided with stipend by the state.
- Such persons should be provided with recreational activities.
- The healthier transgenders should be given chance to work in public and private offices.

References

- Banerjee, D. (2020). 'Age and ageism in COVID-19': Elderly mental health-care vulnerabilities and needs. *Asian J Psychiatry*, 51, 102154 doi:10.1016/j.ajp.2020.102154
- Boggs, J. M., Portz, J. D., King, D. K., Wright, L. A., Helander, K., Retrum, J. H., & Gozansky, W. S. (2016). Perspectives of LGBTQ Older Adults on Aging in Place: A Qualitative Investigation. *J Homosex*, 64(11), 1539-60. doi:10.1080/00918369.2016.1247539
- Bolas, J. (2007). *City Must Show That Street Homeless Youth Count*. NY: City Limits.
- Canales, M. K. (2000). Othering: toward an understanding of difference. *ANS Adv Nurs Sci*, 22(4), 16-31. doi:10.1097/00012272-200006000-00003
- Connely, F. M., & Clandinin, D. J. (1990). Stories of experience and narrative inquiry. *Educational Researcher*, 19(5), 2-14.
- Ecker, J. (2016). Queer, young, and homeless: A review of the literature. *Child & Youth Services*, 37(4), 325-361. doi:10.1080/0145935X.2016.1151781.
- Factor, R. J., & Rothblum, E. D. (2007). A study of transgender adults and their non-transgender siblings on demographic characteristics, social support, and experiences of violence. *Journal of LGBT Health Research*, 3(3), 11-30.
- Fizza. (2021, October 27). *Dance of hunger:Transgenders in Pakistan*. Islamabad, ICT, Pakistan.
- Fusch, P. I., & Ness, L. R. (2015). Are We There Yet? Data Saturation in Qualitative Research. *The Qualitative Report*, 1408-1416.
- Hashim, A. (2018, May 9). Pakistan passes landmark transgender rights law. *Aljazeera TV*.
- Hennink, M. M., Kaiser, B. N., & Marconi, V. C. (2017). Code Saturation Versus Meaning Saturation: How Many Interviews Are Enough? *Qualitative Health Research*, 591-608. doi:10.1177/1049732316665344
- Karen I. & Goldsen F. (2014). Physical and Mental Health of Transgender Older Adults: An At- Risk and Underserved Population. *The Gerontologist*, 54(3), 488-500.
- Khan, S. I., Hussain, M. I., Parveen, S., Bhuiyan, M. I., Gourab, G., Sarker, G. F., . . . Sikder, J. (2009). Living on the extreme margin: social exclusion of the transgender population (hijra) in Bangladesh. *Journal of health, population, and nutrition*, 27(4), 441-51. doi:10.3329/jhpn.v27i4.3388
- Link, B. G., & Phelan, J. C. (2006). Stigma and its public health implications. *Lancet*, 367(9509), 528-529.
- Nanda, S. (1986). The Hijras of India: Cultural and Individual Dimensions of an Institutionalized Third Gender Role. *Journal of Homosexuality*, 11(3-4), 35-54. doi:10.1300/J082v11n03_03
- Osborne, S. (2018, May 9). *Pakistan passes law guaranteeing transgender rights*. Karachi: Independent.
- Patton, M. Q. (2002). *Qualitative Research & Evaluation Methods* (3 ed.). Thousand Oaks, CA: Sage Publication.

- Rehan, N., Chaudhary, I., & Shah, S. K. (2009). Socio-sexual Behaviour of Hijras of Lahore. *Journal of the Pakistan Medical Association*, 59(6), 380-4.
- Shah, H. B., Rashi, F., Atif, I., Hydrie, M. Z., Fawad, M. W., Muzaffar, H. Z., . . . Shukar, H. (2018). Challenges faced by marginalized communities such as transgenders in Pakistan. *Pan African Medical Journal*. doi:10.11604/pamj.2018.30.96.12818
- Testa, R. J., Wang, L. M., Hendricks, F., Goldblum, M. L., Bradford, P., Bongar, J., & Bruce. (2012). Effects of violence on transgender people. *Professional Psychology: Research and Practice*, 43(5), 452-59.