

Exploring the Barriers Faced by Transgender in Accessing Healthcare Facilities: A Phenomenological Study of Lahore

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Abstract

In the present study, the researchers addressed the following questions: What are the barriers that transgender individuals face in accessing health care? Which kinds of stigmatization do transgender individuals face during their medical treatment, and how are they socially excluded in this regard? This research has been conducted in urban areas of Lahore, Pakistan by using a qualitative research methodology; the data collection tool is in-depth interviews using semi-structured interview guide. The findings of the study prove that transgender do face discrimination in accessing healthcare facilities not only by healthcare providers but also from other patients and their attendants. The reason for their mistreatment is often rooted in their ambiguous gender status, because of which they are considered abnormal and thought to be infected with diseases like HIV and AIDS. Doctors and other medical staff intentionally delay medical attention. However, the major hurdle in the attainment of healthcare is financial constraints, because they are denied the right to employment due to their ambiguous gender status. Therefore, the society's stereotypical behavior is the root cause of social exclusion of transgender in both employment and health treatment.

Key Words: Transgender, Pakistan, Social Exclusion, Barriers, Health Treatment

Introduction

Health care is one of the fundamental aspects of social policy around the world, and due to its critical importance, a notable improvement can be seen in the provision of basic medical facilities globally. Despite this prioritization, disparities in health care can still be observed among different social groups in developing countries. Among the unprivileged social groups, the most prominent are transgender individuals who, owing to their ambiguous gender status, are denied health care facilities and are often excluded from the health care policies and insurance (Kalhor & Khan et al., 2023).

Batool et al., (2025) defined transgender as “Transgender is a person who is born with typical male or female anatomies but feels as though he/she has been born into the wrong body”. Numerous terms are globally used to refer to people who do not fit into the traditional gender dichotomy. However, the most commonly used terms in the English language are transgender, eunuch, transsexual, transvestite and hermaphrodite. In Pakistan, non-conformist persons to the established traditional gender dichotomy are widely referred to as *khawaja sara*, *murat*, *hijra* and *khusra*.

Most transgender individuals’ lives are filled with ongoing social stigma that supports the discriminatory attitudes that manifest as human rights violations and continued marginalization. At the social and structural levels, discrimination and social marginalization limit access to information, services and economic opportunities (Jadoon et al., 2025). Lack of access to legal identification cards has been associated with barriers to health care, indiscriminate arrests of transgender women and policy brutality (Kalhor & Khan, 2023). For more than half a century, the *Khawaja Siras* in Pakistan have faced discrimination in various social sectors, including

education, health care and employment opportunities. “Their story is, or one could easily say ‘was,’ painful until the summer of 2009,” writes Rabail Baig in a recent Foreign Policy article highlighting the Supreme Court decisions permitting *Khawaja Siras* to register themselves as transgender on national identity cards and to vote in general elections like other Pakistani citizens. Nevertheless, their plight goes far beyond mere denial of identity and citizenship by the state.

Human Rights Watch (2023). Although transgender individuals are treated as different from human beings, whereas their physiological and health needs are similar as other homo-sapiens, but due to a lack of health facilities. They usually rely on self-treatment and prescriptions from peers (Manzoor et al., 2021). The physicians perceived five major barriers in the treatment of transgender individuals. First, physicians think that transgender individuals don’t have knowledge about the available resources. Secondly, physicians lack knowledge about the transgender health problems because of a lack of exposure to transgender population, and a lack of trans-related medical knowledge acts as a barrier in the treatment of transgender individuals. Thirdly, there are ethical barriers; the physicians usually influence the decision of the patient in order to heal them, but in the case of gender change treatment for transgender individuals, they don’t want to influence them. Fourthly, often the transgender status is confused with Gender Identity Disorder (GID) and it gives the physician the perception that the transgender individual is at risk of other mental illnesses. Finally, at the health system level, the division of responsibilities in the medical profession poses an additional care barrier for transgender individuals (Rashid et al., 2023). Transgender health issues are not dealt with at an academic level in Pakistan in great numbers; thus, we lack data in this regard. The present study attempts to fill this gap.

Methodology

Qualitative research aims to understand how people interpret social phenomena and construct social meanings. The present research is interpretive in nature so that researchers may explore the experiences of transgender individuals in accessing health care facilities. This specific investigation of lived experiences of individuals in a society is called “Phenomenology”; therefore, the ontological position of this study is phenomenological. The basic tool for conducting a phenomenology is the ‘in-depth interview’; therefore, semi-structured in-depth interviews were planned for this study.

The study was conducted in Lahore, one of the major cities and socio-economic hubs of Pakistan. People from diverse socio-economic and regional backgrounds live in Lahore. One of these population segments is Transgender people. The study sites were various localities of Lahore, including Duragha wala, Kot Khawaja Syeed, Gulshan Ravi, Samanabad, Interior Lohari gate, and Lower Mall. The target population included all those individuals who identify themselves as transgender. As transgender individuals are a marginalized population of society and like all other marginalized communities, they are concerned about their security; hence, acquiring access to them was difficult. In the initial phase of research, respondents were approached through gatekeepers, which included a colleague who acted as a key mater and project head of an NGO. Later, snowball sampling was used to select respondents.

Ethical Consideration

The researcher took approval from the ethical committee of the Institute of Social and Cultural Studies. Data confidentiality was guaranteed by keeping data files secured through passwords.

Furthermore, the anonymity of the respondents was ensured by using pseudonyms during data analysis.

Data Collection

In-depth interviews were conducted with 24 respondents with the help of semi structured interview guide. The sample size was considered sufficient because of the achievement of the saturation point in the data. Appointment was taken for the interview and the time and place of the interview were set according to the comfort of the participants. Interviews were conducted in Urdu. Rapport was built through friendly conversation. Effective probing techniques were used to gather desired information. Informed consent was taken from all respondents to audio tape interviews. Confidentiality of the respondents was maintained by keeping the data anonymous.

Data Analysis

The audio taped interviews were transcribed by the researchers first in Urdu and then in English. The transcribed data was rechecked for validity. Themes and sub themes of the study were developed after careful analysis of the interviews for thematic analysis.

Field Experiences

During the process of data collection, a big barrier was the unwillingness of the respondents to share their experiences because of the fear of breach of confidentiality. Being female researchers posed some difficulties in the fieldwork. Usually, evening time was given to researchers by the respondents and being female researchers, it was difficult to travel to the city neighborhoods at that time. Researchers faced verbal harassment on some occasions.

Results

For the present study, thematic analysis was used for data interpretation. Thematic analysis is a system of viewing reality by working systematically through text to identify topics that are progressively integrated into higher order themes, via processes of de-contextualization and re-contextualization. The data was coded by careful analysis of the transcribed interviews and themes emerged that convey a true description of the experiences. The themes are discussed in detail below.

Self-Awareness about Health

The respondents were asked about their perception of their health condition and what measures do they take to keep themselves healthy. On being asked about their health condition, most respondents categorized themselves as healthy. Some attributed their healthy condition to the avoidance of drugs, while some as the need to earn a livelihood. Respondent A said, *“I feel that I am a healthy person. I try to maintain my health because in case of illness, I will not be able to earn my livelihood.”* Some elderly respondents kept aging and health relationship in view and said that they feel healthy for their age. As respondent C said, *“I consider myself healthy but I feel that according to my age I am weak. I can’t take good care of myself because of limited resources.”* Respondent suffering from AIDS expressed that in his view being healthy has nothing to do with health and illness rather it means with mental will, as per Respondent E, *“I consider myself healthy. I am AIDS patient; if I think that I am ill, then I feel ill.”* Respondents suffering from chronic illness categorized them as unhealthy. Respondents expressed limited resources as a constraint in taking proper care of their health.

Respondents have different views regarding health maintenance. Some respondents give due importance to personal and home hygiene and taking a proper nutritious diet, which comes under their affordability, as key to their health. Respondent A said, *“I take care of my health like other people take care in their routine life such as eating well, wearing neat and clean clothes and trying to maintain cleanliness in my home”*. Two of the respondents were of the view that seeking proper medical care even in case of minor ailments keeps them healthy. Respondent D said, *“Even in the case of a minor ailment I go to the doctor and give him a complete description of my illness and take treatment.”*

Knowledge about Disease Prevention

Respondents' knowledge about disease prevention was judged by asking about their perceived relationship between environmental cleanliness and disease. Respondents showed strong knowledge on this topic as many respondents were aware of diseases which could outbreak as a result of a polluted environment. Respondent F said, *“Lack of cleanliness is a cause of spreading diseases like dengue, food poisoning and some other diseases.”* Respondents linked environmental cleanliness as religious obligation and half faith. Respondent F said that even pets have germs which can spread disease and said, *“I have kept pets and I clean their cage daily so that the germs can't spread.”*

Respondents were also asked about drug consumption and its adverse effects on health. All of the respondents view drug usage as detrimental to health, as per Respondent D, *“I don't use any kind of drug. I think drugs have adverse effects on human health. Cigarette smoking causes breathing problems, alcohol affects the liver and marijuana makes a person addicted. Then, in order to buy drugs, people commit theft and engage in other social evils.”* But it is

important to note that most of the respondents take drugs as something like hashish, cocaine, marijuana etc. Smoking cigarettes, snuff and eating paan etc. are generally not categorized as drugs by respondents and it is perceived that their occasional use has no adverse effect on health. Respondent E said, *"I am not a drug addict but I use snuff sometimes. Drug addiction is harmful. I smoke hukka sometimes to recover from stomach problems like indigestion and stomach aches but smoking cigarettes or hukka once or twice a month has no adverse effects on health."* A few respondents admitted to consuming alcohol at the parties before dance performance as a way to relax their bodies but it is not a 'drug thing' and often they are persuaded by the organizers to drink. A few respondents complained about nausea after drinking, as Respondent G said, *"I drink alcohol at parties because organizers of the party forced us to drink before the dance performance but sometimes, I feel nausea and vomit and I don't feel good after drinking."*

Experience with Healthcare Practitioners

Respondents were asked about the effect of their socially excluded gender status in their interaction with doctors and paramedics and their satisfaction with hospital treatments. It was found that in general doctors and paramedics treat respondents respectfully. In case of a visit to the locality's private clinic, respondents said that fee concession, free medicines and even free treatments were given to them. Respondent G said, *"The doctor treated me very nicely. He listened attentively to my problem and checked me thoroughly. In the hospital, due to the patient's crowd, they give less time so that they can attend to all patients."* Another Respondent said that *"When I went to the hospital for a checkup, I was waiting in line for medicine, one nurse came to me, took my prescription and after 5 or 10 minutes, she came back with my medicine. Their behavior is always good and they help us."* However, the important thing is that

the respondents said that the good behavior of doctors and paramedics is influenced by the fear of transgender people's curse.

In spite of this, some of the respondents complained of unpleasant encounters with medical practitioners. It was found that respondents were mistaken as baggers on some occasions and were made to wait for longer times. Respondent B said,

I usually faced the doctor's harsh behavior. When I go to the clinic for treatment, they ask me to go away because they thought that I might have come there to beg and if they recognize me that I am Khawaja Sara then, the doctor check me late even if I come first. So, I feel insulted but I have to tolerate it.

Social Exclusion - Constraint to Health Treatment

This section explores specifically how social exclusion acts as a constraint in health treatment for transgender individuals. The availability of doctor in locality is very helpful because of familiarity; chances of being ridiculed are less. But in the case of visits to hospitals for special treatment, transgender people face a number of problems. Respondents said that they cannot use public transport because of the attitude of people, as per a respondent, *"I faced difficulty with income and a transportation during my illness. As I am Khawaja Sara, I am unable to use local transport. I face transportation problem. I don't visit health facilities if I have to use local transportation."*

Due to limited livelihood opportunities, transgender people face financial problems. It is repeatedly reported by the respondents that due to financial problems they hesitate in visiting hospitals, as per Respondent H,

I face financial constraints. When I suffer from any illness, I become worried about the expenditures. We can't look forward to family support. The fellow transgender can't help us more because they also have limited resources. We don't even have proper jobs. In that case we request the doctor to treat us for free.

Some respondents said that they receive limited help from family, neighbors and friends acknowledging the fact that they also have limited resources. It was also found that due to financial problems, transgender individuals are unable to buy the doctor's prescribed medicine from medical stores, which causes their disease to prolong.

Discussion

The findings suggest that most of the participants included in the study perceive themselves as healthy because being healthy is their only means to earn a livelihood. However, a wrong perception of drug usage was found in participants in spite of the fact that participants were well aware of the detrimental effects of drug usage and aging (Kalhor and Khan, 2023). However, cigarettes and *hokka* were not considered as drug and their occasional usage was considered good for health. Environmental hygiene and health have a deep relationship and participants were well aware of this fact (Santos et al., 2023). Similarly, Umashankar et al., (2025) stated that the majority of Transgender of Pakistan come from the lower socioeconomic class and live in slum areas, characterized by poor sanitation and health conditions. Participants of the study shared similar concerns about their residential areas and acknowledged the diseases that could outbreak as a result of these unhygienic conditions. However, they were found knowledgeable about the preventive measures and took care of the cleanliness of their environment especially their houses.

Participation in interaction with doctors and paramedical staff was found to be positive in general. On the contrary Younas et al., (2022) and Zakir et al., (2024) found that on several occasions they were informed by transgender participants that they felt discriminated against in health care settings. Nurses and doctors call them names and in the case of STIs, they are treated worse. For this reason, they avoid going to doctors. But in the present study it was found that participants visit doctors and hospitals if they need medical attention. Doctors of the locality often treat them well because of long-established social ties. Similarly, hospital staff were reported to have a polite attitude with participants. One reported reason of this positive attitude is fear of curse. The argument is supported by Jessani et al., (2024), who found that the curse of unappeased Transgender is feared by many. It is traditionally known that transgender people have the power to bless and curse. Doctors and paramedical staff try to take blessings from them. Many participants shared the incidents where they were asked to pray for their well-being by doctors and nurses.

However, social exclusion acts as a barrier to transgender medical services. Attitudes of the people in the waiting room of hospitals and clinic is reported by the participants as distressing. Participants said that people often call them names and ask disturbing questions about their lives and sexual orientations. People treat them like an outcast and do not like to sit with them, even touch them. Study findings of Jadoon et al., (2025) support the present study and state that the majority of the respondents said that when they visited the doctors or healers, other patients stared at them, wondering. This excluding attitude forbade transgender to visiting health facilities.

Further, it was found that transgender is discriminated against in public accommodations. Participants reported that they are unable to use public transport because of the harsh attitudes of

the people. In support of the study, Rashid et al., (2022) found that transgender is discriminated against in public accommodations. Similarly, Allen et al., (2025) reported that transgender individuals are being abused by the bus drivers while boarding the micro city buses. They are ridiculed and teased badly. Due to this reason, participants reported that they prefer to use a private cab “rickshaw” if they have to visit the hospital, which is expensive. Due to limited resources, a visit to the hospital is made only in the case of severe medical attention.

Financial constraints are one of the major barriers faced by transgender. Lack of job opportunities was reported by the respondents as a major reason for the non-availability of medical attention, which is attributed as a result of social exclusion. Dancing and begging were sources of income reported by the participants. Similarly, Batool et al., (2025) found that most transgender people’s occupations are beggary, circus, prostitution, dancing and singing at ceremonies. They claim powerlessness in getting a mainstream job due to a lack of education and their unusual non-conforming lifestyle, which is unacceptable for the working environment. Further, Younus et al., (2022) found that even if transgender get a job, they are ridiculed and discriminated against very badly.

Social support from the family and neighbors was reported to be limited by the participants. They are rejected by their social circle when they start to show signs of inappropriate behavior. Transgender individuals receive differential treatment from family and neighbors in childhood and adulthood. In support of the argument, Mahalobogwane (2025) states that on finding inappropriate behavior on the basis of gender identity, transgender child starts to experience repercussions from family members in the form of physical and psychological reprimands. They also face psychological torture by relatives and neighbors. However, it was found that those participants who voluntarily leave their families to save them from shame

receive their support in times of need. Neighbors of transgender households were found helping and many participants reported to have received financial help from their neighbors.

Conclusion

In Pakistani society, transgender people face social exclusion on social, political, and economic levels. All these factors directly affect their chances of utilizing the health care facilities. There is a dire need for the mental and sexual health needs of transgender individuals to be addressed immediately. It is also important to protect the educational and employment rights of transgender individuals. Although initiatives have been taken to recognize transgender individuals as a separate gender and reserve quotas in jobs for transgender but, rigorous steps should be taken for policy implementation.

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