

Social Exclusion and Official Recognition of Hijra in Bangladesh

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Abstract

This research study investigated the processes of social exclusion and legal recognition of hijra in Dhaka, Bangladesh, focusing on experiences in accessing work and health services. The goal of this study was to explore how official recognition of hijra as a third gender shaped experiences of social exclusion, following the passing of a new policy allowing individuals to legally register as a third gender. Fifteen interviews were conducted with hijra and five interviews were conducted with key informants. Thematic analyses of interviews were conducted to better understand processes of social exclusion of hijra. Findings demonstrate that while the Bangladeshi government reports that they officially recognize hijra as a third gender group, hijra have not actually been able to legally register under this category at local government offices. Additionally, systemic discrimination prevents them from being able to find gainful employment or fully access health services. Without legal protections for their civil rights, hijra lack the ability to make legal claims of discrimination. These findings suggest that: (1) increased vocational and training opportunities should be offered to hijra, (2) healthcare providers who interact with hijra in medical settings require greater sensitization to work with this community, and (3) legal advocacy is needed to ensure the protection of hijra's civil rights, including their ability to legally register as a third gender person and change their legal names, as is currently allowed by Bangladeshi law.

Keywords

social exclusion, access to work, health services, recognition, hijra, Bangladesh, transgender

Introduction

Hijra¹ are referred to as a third gender and encompass a group of gender-nonconforming people in South Asia, including transvestites, transsexuals, intersex individuals, and transgender people. In South Asia, the concept of a third gender has existed for centuries. While the word

hijra is often translated to mean transgender, the lexicon of "transgender" has not been widely utilized in the South Asian context (Reddy, 2005; Nanda, 1999). The word, "hijra" is often translated into English from Hindi (Nanda, 1999) and Urdu (Rehan et al., 2009) as eunuch, transvestite, or hermaphrodite. Because many hijra have undergone castration, hijra were often

¹ The term 'hijra' is used in both the singular and plural sense.

considered sexually impotent and unable to have children. Haider and Bano (2002) provide fifteen categories of hijra, based on genital appearance, social identity, sexual preferences, and degrees of masculinity or femininity. Differences pertaining to the labelling of third gender groups varies substantially from region to region within South Asia.

Important distinctions also exist between the social meanings ascribed to these various sexual and gender minority identities (Towle & Morgan, 2006). In comparison to hijra, the term, “transgender,” is often used in the Western context as an umbrella term to identify individuals who do not conform to gender binaries and may present with a blurring of conventional gender roles or expression (UNDP India, 2010). In the present study, hijra are identified as people who do not identify as either male nor female, but rather identify as a third category of gender that is indigenous to South Asian cultures. Depending on their location in South Asia and the vernacular of local language, the range of names for other gender-nonconforming categories within this third gender label include the identities of kothi, panthi, khwaja sara, kinnar, khusra, zenana and others (Boyce, 2007; Cohen, 2005; Reddy, 2005). In the Bangladeshi context, people who identify as kothi often belong to working-class backgrounds. They do not live in separated communities, as hijra usually do. Though many kothi have sex with both men and women, they often take a more effeminate role in relationships with men. Some hijra also identify as kothi or as transgender, and some kothis/transgender people also identify as hijra. These identities are neither

mutually exclusive nor completely overlapping.

Hijra experience social exclusion at multiple levels in society (Kalra & Shah, 2014). Bangladeshi culture places a high value on close familial relationships, fulfilment of gendered expectations of family roles, and performance of social duties. Experiences of social exclusion often begin within the family itself (Khan et al., 2009). As youth, hijra often experience isolation and ostracization in school from their instructors and peers. As students, hijra are likely to be ostracized and bullied. Because of these experiences of discrimination, many hijra drop out of school during primary education. Those hijra who have not completed secondary education are less likely to secure gainful employment in the formal labor sector and are more likely to reside in transient housing. Hijra may choose to leave their families to protect them from experiencing further social stigma or may be forced to leave their homes if family members do not approve of their life choices (Khan et al., 2009).

Changes in Gender Policy

The foundations of criminal law in British India were laid by the Indian Penal Code (IPC) and the Criminal Procedure Code (CCP), which were adapted from British law (Godwin, 2010). After declaring independence from Pakistan in 1971, Bangladesh adapted the Pakistan Penal Code, which in turn had also been derived from the IPC (GHRD, 2015). The twenty-seventh Article of the Bangladeshi Constitution states that all citizens are equal before the law and are eligible for equal protection under the law. Discrimination on the grounds of

religion, race, sex and caste is prohibited (Article 28) and public employment must ensure equal opportunity for all citizens (Article 29). However, section 377 of the Penal Code, violates these rights by effectively criminalizing homosexuality, and arguably also gender nonconformity, by prohibiting sexual intercourse that is considered “against the order of nature.” The Penal Code is used in combination with sections 54 and 55 of the CCP, which sanctions law enforcement agencies to arrest someone in suspicion of committing a “cognizable offense” (UNDP Bangladesh, 2015). The exact parameters for this offense are subject to legal interpretation.

In 2013 the Bangladeshi cabinet endorsed a policy allowing hijra to self-identify as a third gender on all government forms, including passports and national identification cards (Hossain, 2017). Despite this policy, in practice, it remains impossible for a hijra to complete this registration process as these forms continue to lack a third gender option. The election commission (EC) has not provided reasonable justification as to why these changes have not yet been implemented. The EC updated their voter list on January 31, 2016, and enlisted 99,898,553 voters, including 50,320,362 men and 49,578,191 women, but did not offer numbers of hijra/third gender voters who had been registered on the updated list (New Age, 2016). The lack of reported numbers for hijra/third gender voters suggests that hijra have effectively been barred from registering under the third gender status through the EC.

Social Exclusion and Access to Health Services/Work

Social exclusion results from unequal power relationships across the dimensions of culture, economics, politics and interpersonal relationships (Popay et al., 2008). Social exclusion can take place in the context of families, friendship circles, community organizations, working environments or religious groups. Social exclusion has been linked to poverty (Sen, 2000), poor mental and physical health, reduced access to education, and lack of political participation (Popay et al., 2008). Social exclusion creates a lack of resources, the inability to fully engage in relationships and social activities, and lack of participation in cultural and political arenas (Levitas et al., 2007).

Gender creates a categorical disadvantage in settings of poverty (CPRC, 2005). The intersection of gender-based injustice and economic precarity makes women and gender-nonconforming people from impoverished families more vulnerable to social exclusion and discrimination (Kabeer, 2006). In this study, we specifically focus on the social exclusion of hijra in regard to access to work and health services.

Access to work is the idea that people have a human right to participate in productive employment (UNDP, 2015). Increasingly, social interventions focus on not just providing work, but providing “decent work.” The decent work agenda is a concept created by the International Labor Organization (ILO) in 1999 with the aim of ensuring minimum conditions and rights at the workplace (ILO, 2013). The Universal

Declaration of Human Rights hypothesizes that there are four interconnected elements at the core of the notion of decent work: the right to work, equal pay, just remuneration, and freedom of association (United Nations, 1948; Ghai, 2006). While sex work has been recognized by the United Nations as a valid form of labor, and has been distinguished from the coercion associated with sex trafficking (UN OHCR, 2000), the conditions under which panhandling, street performance and sex work occur for hijra in Bangladesh could easily be considered to be violating ILO standards for safe and equitable venues for work.

In terms of accessing health services, poor health is considered both a risk factor as well as an outcome of social exclusion. Hijra face stigma when accessing health services and are often avoided by physicians (Khan et al., 2009). Poverty and social exclusion appear to be the driving forces behind health inequities and subsequent health system costs in developing contexts like Bangladesh (WHO, 2015).

Methods

Before beginning fieldwork, the researchers contacted Bandhu Social Welfare Society (BSWS), a nongovernmental organization (NGO) in Dhaka that works for the human rights of gender and sexual minority groups. Through BSWS, the research team was introduced to several of the participants. Team members also approached hijra by conducting street outreach. However, no hijra agreed to participate in the study without obtaining the explicit permission from their *guru* or leader. Conversations were scheduled with gurus to discuss the

study and establish the financial incentive for study participation. Each respondent was provided an incentive of 400 BDT (around \$5 USD). This amount was deemed appropriate after consultation with others who engaged in research with NGOs.

To better understand the social exclusion of hijra, we interviewed hijra and key informants from Dhaka and Chittagong, two large cities in Bangladesh. Between August and September 2016, we conducted 15 interviews with hijra and 5 key informant interviews with NGO workers, journalists and researchers familiar with hijra communities. A semi-structured interview guide was utilized, focusing on themes regarding experiences in the context of access to work and healthcare (Kvale & Brinkmann, 2009).

We utilized open-ended questions to capture the forms of discrimination that hijra experienced. The main objective of these interviews was to gauge how experiences regarding gender identity had changed, following legal recognition from the government of a third gender. In interviews with hijra, respondents were also asked about their experiences in accessing health care and work. In interviews with key informants, respondents were asked about their experiences with assisting hijra in accessing work opportunities and health care services.

We obtained oral informed consent from all participants by explaining the purpose of the study, as well as the risks and benefits involved in participation. Written consent was not obtained to protect the confidentiality of respondents and to minimize the possibility of adverse consequences from

participant affiliation with the study. To further ensure the confidentiality of participants, we have not reported the exact location or date of interviews.

All interviews were conducted in Bengali. A male researcher conducted the interviews with a female companion. Interviews were audio recorded with the participant's permission and translated/transcribed directly into English. The transcripts of the interviews were analyzed by two coders, using thematic analysis (Auerbach & Silverstein, 2003; Boyatzis, 1998). This process involves open coding, identifying themes, clustering themes by patterns, and discerning meaning from these patterns. Differences in opinion regarding coding decisions were resolved between the two coders; consensus was reached on all coding decisions.

Data analysis was completed in October 2017. Following data collection, the interviewer consulted with a prominent Bangladeshi hijra activist, who currently lives in the Netherlands, via internet video conferencing. The purpose of these consultations was to obtain feedback on the interpretation of the interviews. We intended to ensure that the iterative process was appropriately being conducted and in accordance with an appreciation for local customs, traditions and semantics of hijra communities.

Results

All respondents in the sample identified as hijra; none of the respondents identified as either male or female. The age of the respondents was between 20 and 45 years. The mean age of participants was 36.25 years ($SD = 7.78$). Most hijra hailed from rural areas

of the country and from lower socioeconomic backgrounds. Six respondents had studied up until the primary level of education (roughly equivalent to eighth grade) and one individual was illiterate. Only four hijra had a long-term partner, known as a *parikh*. Some hijra were homeless and lived in public parks, central train stations, or slums. These hijra reported being homeless since they left their parents' homes in their youth. Even in these precarious homeless settings, hijra reported feeling fewer threats to their personal safety than when they lived with their families in fear.

Most hijra lived in houses in the same community in kinship groups similar to a family, following a maternal leader, known as a *guru*. The *guru* supervises a small community of disciples, known as *chela*. Guru and chela affiliations follow hierarchical social roles. The guru usually receives a portion of the chela's income. In return, the guru is responsible for training and socializing their chela to the lifestyle of the hijra community. She teaches them *ulti* (meaning backward in Bengali), a secret language spoken only among hijra and inflected with Farsi words. The guru also guides her chelas through the process of becoming an authentic member of the hijra community, processes which may involve castration, penectomy, hormone therapy, or breast augmentation.

All of the hijra we interviewed had left their families between the ages of seven and ten when they chose to join this community. Most of the parents of these hijra lived far away in rural areas and participants did not have ongoing relationships with them. Several hijra reported finding it challenging to find safe

places to live on their own. Hijra reported that landlords will request higher amounts for rent from them. Many landlords refuse to rent flats at all to hijra, no matter how much more money they are willing to pay over other tenants.

Most hijra earn their livelihood by engaging in *hijragiri* or *badhai*. *Hijragiri*, *badhai* or *bazaar tola* include a range of activities, such as collecting payment for giving blessings, obtaining donations from local shop-keepers, and panhandling passengers at traffic intersections, railroad stations and other public spaces. *Badhai* is a public performance involving loud clapping, singing and dancing, prompting shopkeepers and passersby to donate money to hijra. Hijra have historically been bestowed with spiritual powers to bless and curse people. Because hijra are aware that people are afraid of receiving a curse (*badua*) from them, and because many people believe in their supernatural powers, hijra utilize *badhai* as a primary means of income. Some hijra also subsist on daily wage labor through jobs, such as cleaning homes or selling items in the market.

A smaller proportion of the hijra community live independently and do not follow a guru. These hijra do not primarily rely on *hijragiri* or *badhai* for livelihood. They have jobs through local NGOs and are directly involved with the third gender rights movement in Bangladesh. They do not regularly engage in panhandling or sex work. Most of these hijra were born in Dhaka and have studied up through the Higher Secondary level. They hail from higher socioeconomic castes and have a higher degree of education. In our sample, three individuals fit this description. They were involved in political advocacy movements

for third gender rights. They all had male partners with whom they would be seen publicly. One of these hijra was as a Program Officer at a local NGO with ten years of experience working for hijra rights.

It is notable that the hijra who engaged in traditional livelihoods for the community, such as *badhai*, often hail from lower socioeconomic castes while the hijra who work in non-profit settings often hail from higher socioeconomic castes. The class divisions between these hijra groups reflect larger social divisions within Bangladeshi society that demarcate groups of people based on their literacy, education, religion, occupation, and socioeconomic status.

Inability to Legally Register as a Third Gender Person

A recurring theme in the interviews was the frustration that hijra felt about not being able to actually register as a third gender person. Most members of the hijra community considered registration a personal priority, but were unable to move forward with the legal process. On the current voter registration form, many hijra reported that they still identify as either male or female as there is no place on the voting form to identify as third gender. This effectively prohibits many hijra from voting altogether for fear of being questioned about their gender identity at the polls. Jhunjhuni, a 24-year-old hijra from Dhaka who engages in sex work, noted:

The Election Commission has yet to enroll us as voters and provide us with national identity cards that display our gender identity.

Another respondent Keya, a 38-year-old hijra who also engages in sex work added:

We hesitate to wait in the lines of either male or female voters to vote. Though there's a single option (others) for hijras in the passport form, we cannot use it as there's no such option on the birth certificate and the National Identity card.

One important consequence of being given third gender status is being able to be recognized by the government as a member of a scheduled caste. Such an official designation offers hijra the ability to access particular entitlements from the state, similar to affirmative action, such as reserved seats on *panchayats* or local village councils, and access to ration cards. Without being able to register as a third gender person, hijra are unable to avail of these social entitlements. As Pinki, a 32-year-old hijra noted:

I am grateful to our government for making space for us. However, we have a long journey to go.

Kanta, a 46-year-old hijra activist who engages in sex work, expressed frustration about their gender identity not being legally recognized:

In my passport, bank account and voter ID, everywhere I am mentioned as a woman, so what is the meaning of recognition to me? However, I will keep fighting for the rights of the hijra community.

The distinction is made clear here that hijra do not typically identify as women, but rather as a third gender. The inability to actually register as a third gender, despite the change in official law, is reflective of the ways in which this policy has failed to be effective.

Discrimination in Accessing Health Services

Another recurring theme in interviews was the difficulty in accessing health care services. Most hijra did not see any change in the provision of health care services after having their gender identity officially recognized. Many hijra reported that they rarely go to government health centers if they suffer from medical issues. Most hijra reported experiencing discrimination from medical staff in public settings, namely by doctors and nurses.

Many hijra are vulnerable to sexually transmitted infections (STIs) because of their engagement in sex work (Khan et al., 2009), but are often hesitant to request care for these medical issues. Pinki, a 32-year-old hijra expressed,

“If we suffer from STIs, it is virtually impossible to disclose this to the doctor in the public hospitals. They do not respond well and they disapprove of hijra's sexual relations.”

Pinki added that discrimination also occurs when attempting to obtain other medical referrals within the hospital, preventing hijra from receiving adequate medical care:

“Sometimes we want to visit a specialist because of a critical medical situation, but we cannot. We are often informed that the doctors are not present. Therefore, we often have no choice but to take care of our medical issues ourselves, even if we are in critical medical need.”

Many respondents reported that HIV prevention and safer sex education were heavily prioritized by NGOs and

public clinics, with less attention being paid to other health concerns. Nilima, a 32-year-old hijra depicted the prevailing condition within accessing health services:

Some NGO health services only provide a prescription for STIs. Aside from these diseases, we suffer from psychological problems, addiction, and these issues are entirely ignored.

Kanta reported experiencing similar treatment:

The NGOs are limited to giving condoms, lubricants and HIV/STI related services. It is important to initiate an environment where we can talk to doctors frankly.

Kanta indicates their inability to share with doctors their concerns about other health issues, as STI prevention and treatment was the overwhelming focus of health intervention. Four hijra who are activists and sex workers reported that they experience better treatment in private clinics than through the public hospitals or NGOs. Criticizing the government's lack of targeted interventions for their population, Romana, a 39-year-old hijra from Chittagong said:

I see nothing from the government in regard to health services for us.

Romana also mentioned that there is often a long wait to be seen in public hospitals. Respondents reported that people often stare at them in hospital waiting rooms, resulting in feelings of embarrassment and humiliation. Rupa, a 34-year-old hijra expressed:

Once I went to the doctor in the hospital, I saw people hesitate to sit near to me. Everyone was staring at me. I was kept waiting for a long time to see a doctor. All other people in the waiting room had

already been seen. Is this not discrimination?

Hijra were criticized by hospital staff and were told that their presence made other patients uncomfortable. Keya, a 38-year-old hijra reported:

I went to the public hospital with my friend to see a doctor. I observed men were making fun of us. We just kept calm and quiet. Women tried to hide their face with their veil, implying that I stink! I always use deodorant while going out to any public area, especially in the hospital, to avoid the looks that people give.

Similarly, Julie, a 29-year-old hijra from Dhaka related:

In government hospitals, we need to wait in a line to visit a doctor where many other people are also gathered. And there we have to face a dilemma: whether we should stand in the gents' or ladies' side. Neither of them allows us to enter their line.

Some hijra reported feeling exploited by NGOs, who use them as poster children for their media campaigns. One hijra reported that many NGOs only invite hijra for World AIDS Day events or for health rallies, but otherwise ignore them during the remainder of the year. Though hijra are paid 350-400 Taka for their participation in the rally, engagement with the NGOs does not continue after the event. While hijra reported that they have participated in programs funded by international donors and human rights groups, they often feel that these programs only provide lip service to the health needs of their community.

Discrimination in Labor Markets

All respondents indicated a desire to work; almost all had experienced discrimination in obtaining employment. Most hijra reported that they continue to engage in *hijragiri* and sex work as these venues offer them higher wages than other forms of day labor. Most respondents say it is the only option they have to make a reasonable living. Respondents complained about the difficulties in collecting money from shops and in public markets through *badhai*. Many reported they had a more sustainable livelihood from *hijragiri* in the past when society placed greater value on their importance in the community. Pakhi, a 38-year-old hijra from Dhaka, reported how she was injured while performing *hijragiri*:

I was beaten while I was asking for money from a shopkeeper in the market. They refused to pay me money, but I forced them to pay... Now wherever we go for collecting money, we go together to avoid any clashes.

Most hijra were unable to get a job because of a lack of education/skills or lack of acceptance of their gender nonconformity. Hijra reported that employers viewed the ways in which they dress to be unacceptable for a professional working environment. Expressing frustration over their lack of job opportunities, Nilima depicted this condition:

We have no access to mainstream jobs because of our feminine gestures. Employers do not want to recruit us on the grounds of 'polluting' the job environment.

A third gender option is not provided on most job applications, preventing hijra from openly applying to

jobs in many sectors. For example, the readymade garments industry in the manufacturing sector employs almost the same number of men and women (GISW, 2015). Nonetheless, hijra find it difficult to obtain a job in this field. Romana, a 39-year-old hijra spoke about her difficulties in obtaining employment at a local textile company:

I can work at the garments company, but they recruit only males and females as there is no option for 'other' on the job application form.

This prohibited some hijra from applying as they fear being questioned about being male or female at the workplace. Shompa, a 33-year-old hijra, said:

Not every job has a favorable environment for us. It would have been better if we could do some office work. In jobs where we have to work in shops or with garments, we have to face so many hurdles and hear unpleasant comments made about us. The government identifies us as hijra, but we cannot get a job. No one wants to recruit us.

Shompa reported that when she obtained a manager position with the help of an NGO, she still experienced physical, verbal and sexual abuse at work. Hijra reported that employers may refrain from hiring hijra because they claim that they want to save the workplace from "sexual pollution." Even if hijra are initially hired, they may lose their jobs once their gender identity becomes known. Kotha, a 44-year-old hijra from Dhaka shared this experience:

I got a job (while) hiding my identity but eventually was fired when employers came to know of my feminine attitude and gender.

When asked how they were able to get these positions at all, Kotha said that it was because of their education and training. Shukhi, a 39-year-old hijra similarly commented:

I am educated and well trained. I deserve a government job. However, there is no option except some recruitment from NGOs.

Akash, a 39-year-old hijra who works at an NGO, shared experiences of social isolation at the workplace:

I was irritated by most of my colleagues at my office. I had to eat my lunch alone as they would not sit me with me during lunch time.

Similarly, Shiuly a 40-year-old hijra from Chittagong who works as a dancer and an activist, voiced struggles in obtaining education and leading a fulfilling life:

I envision a society where hijras will not be separated from society. I am a hijra. I have been given special gifts by God. My identity should not be a problem to society.

Hijra often become separated from their family from childhood, leading to greater social and economic vulnerability. This forces them to be dependent on their guru, the hijra community, or their partners/boyfriends for housing and income. Shonali, a 34-year-old hijra reported living independently in their own house, but was dependent on a partner for the rent. Later she moved in with a community of hijra as her parikh was no longer supporting her:

I did not have a job beforehand. I used to maintain my living by receiving money from my parikh. He used to give me money. However, he does not send me money now. Now I sing and dance.

Lack of employment opportunities leads many hijra to engage in sex work, public performance and panhandling. Nilima reported this paradox well:

We have been recognized as hijra by the government, but there is no way to work outside of the sex trade. We survive by selling our bodies and we know people hate us for selling sex.

Hijra who engage in sex work often experience violence from their clients and reported being beaten by local gangs. Hijra often do not report these incidents to the police to avoid further harassment or prosecution from the authorities. Shonali, a 34-year-old hijra from Dhaka, expressed resentment towards having to engage in sex work:

Now I am thinking to leave the sex trade, like many of my friends have. But I do not have any idea where I would work. How will I earn enough to live? My destiny is cursed. It is better for hijra to die!

Choiti, a 43-year-old hijra, discussed the lack of accessibility of the government's workforce development initiatives:

Actually, we asked our guru [about these government programs], but she did not tell us anything. I do not have a clear idea of what the government is doing for us.

Key informants also expressed that hijra face several issues in being able to earn a livelihood. One informant reported that he knew a hijra who had worked in a garment factory. Once people became aware that this person was a hijra, the person faced personal threats and was eventually forced to leave the job for their safety.

According to key informants, hijra make a weekly visitation schedule for

shops and divide the covered area into segments. If people refuse to give them money, hijra may argue with them and an altercation may ensue. Most people end up paying hijra to keep them quiet and to prohibit them from making a public scene. Similar interactions take place at weddings and childbirths, where hijra bless the couple/child in exchange for monetary donations. Wedding patrons may be compelled to pay off hijra in order to allow the wedding to proceed.

Another key informant reported that conflicts arise within the community over the perceived authenticity of hijra. Hijra who have had a penectomy or have been castrated are sometimes considered to be more authentic than those who have not had these surgeries. Some hijra report that they avoid these surgical procedures as they consider these acts to be going against the wishes of God and therefore are impermissible.

Key informants reported that initiatives have been taken in public/private spheres to offer hijra job opportunities. NGOs hire hijra for employment in their organizations, but only if they have been formally educated. In 2015, the Ministry of Social Welfare recruited 14 hijra to work as office assistants and clerks. A private television channel in Bangladesh also employed five people from the third gender community to work as security officers and office workers. While these opportunities are scant, they offer some hope for both the public and private spheres to open up more work opportunities for this community.

One key informant, who is employed as a journalist, reported that the Bangladesh Welfare Ministry and Bangladesh Bank recruited hijra for

positions in state-owned banks. Not many hijra participated in the program as the salary for the position was very low. Additionally, the central government bank, Bangladesh Bank, created an initiative to provide microcredit loans to third gender people for small businesses. As part of their recruitment into the Bangladesh Bank scheme, hijra were asked to undergo a medical examination. For all applicants to this program, the medical examination made them ineligible for the scheme as they were not considered to be “authentically” hijra. The basis for this determination was the fact that these people still had either a penis or testicles, and were therefore classified as male. The Ministry of Social Welfare immediately dismissed the appointments of all these applicants, claiming that they were male-bodied people who impersonated hijra (Hossain, 2017). This situation validates the notion that gender continues to be constructed in biological ways. Anatomy continues to be prioritized as a category marker for hijra over one’s self-proclaimed gender identity.

Lack of Legal Recourse for Discrimination

Respondents voiced their lack of legal recourse for discrimination. If they experienced discrimination based on their gender identity, there was no legal process to file a grievance or discrimination case. According to Nilima:

We are recognized, but there are no legal rights regarding our identity. We are being discriminated in education, in the family, at work, and in terms of our sexual rights.

Many hijra reported that though the announcement of legal recognition

was a positive advance for the hijra community, it has not brought about any substantial changes: Pakhi, a 38-year-old hijra mentioned:

I was so happy to hear about the recognition! At least now we have an identity in this society. Nevertheless, the situation remained the same.

Venkatesh, a 32-year-old hijra who lives in a slum and earns a livelihood through panhandling, said:

Finally, the government recognizes us. It is happy news for us, but still, we do not have a normal life. We are not normal human beings... Sometimes I hate myself when I realize I am hijra.

Expressing resentment regarding these experiences of social exclusion. Kanta expressed:

Society recognizes who we are, but they treat us like strangers. They always try to avoid us in the market and public bus. We are ignored by our families, our society, and sometimes even our partners. Because people have no clear idea about the hijra identity, people treat us with fear and confusion.

Experiences of social exclusion, isolation, and depression permeate the stories of these respondents.

Limitations

The main limitation of this study is its small sample size. Given the fact that this study examined the qualitative experiences of a small group of hijra in two Bangladeshi cities, it may not be possible to generalize from this study to experiences of gender-nonconforming people either within or outside of the study area. Because of the stigmatized nature of this gender identity and its

associated occupation with sex work, we were only able to speak to a small number of hijra. Therefore, generalizations regarding gender-nonconforming people in Dhaka, or even in Bangladesh at large, cannot be made.

Another constraint to our study was the timing of the interviews. Scheduling times for interviews was not easy as respondents needed to obtain their guru's permission before speaking with the interviewer. Respondents preferred to talk inside a room versus in a public space. However, during the summertime, some homes were darker inside as some respondents did not have working electricity for five to six hours. This led interviews to occur within a restricted time period. Interviews were completed before sunset as evenings were prime working hours for hijra. These constraints of time and space may have had some unintended consequences for the openness with which respondents could share their experiences.

Another major limitation is the translation of interviews into English. Some nuances of interviews may be "lost in translation" as responses were originally in Bengali and were transcribed/translated directly into English by the lead researcher.

Discussion

Our findings demonstrate that, while there has been a change in Bangladeshi social policy, people who identify as a third gender continue to experience difficulties in being able to be legally recognized as such. Additionally, the law has been ineffective in increasing access of hijra to employment or health services. As other researchers have

demonstrated, the experiences of sexual and gender minority groups are severely affected by social exclusionary processes (Popay et al. 2008). The results of our study demonstrate that access to work and health services are closely tied to experiences of social exclusion. Work augments human development by providing earnings and income, reducing poverty and moderating growth (UNDP, 2015). Unemployment can therefore be one of the most extreme forms of social exclusion.

Hijra continue to experience discrimination in terms of obtaining employment and accessing health care as there are no legal protections against these practices. Sexual and gender minorities in Bangladesh report being worried about their safety in public, particularly because of homophobic remarks made by local political leaders (Al-Jazeera, 2016; HRW, 2016). To ensure their safety, social activists working on queer issues said that they are forced to hide their identities and refrain from public acknowledgment of their advocacy work. Those who are public in their activism may be susceptible to threats to their security, as evidenced by the recent murder of one of Bangladesh's most vocal queer rights activists (Al-Jazeera, 26 April 2016). This fear resonates in Kanta's account of feeling targeted by feelings of hate:

Killing a gay activist is a wrong signal for the whole hijra community as it means that we can be targeted at any time. Who can we ask for help? Society is against us.

The results of this study also demonstrate that hijra have limited access to health care. As has been evidenced by other researchers in Bangladesh (Khan et al., 2009), hijra have been barred from

accessing health services and from being allowed to freely make appointments with doctors. Many respondents reported avoiding public hospitals because they had been previously humiliated in these settings. Only being able to access private health care services is not a sustainable option for individuals with minimal means to pay for such services.

Conclusion

Hijra continue to feel a sense of shame in disclosing their sexual and gender identities to mainstream physicians. Hijra receive suboptimal medical care because they do not feel comfortable with openly discussing those sexual or drug-using behaviors that may increase their risk for STIs. Because of fear of judgment, hijra often fail to report anal STIs to their physicians. Hijra may consider it embarrassing to disclose these issues as their behaviors are considered immoral or socially taboo.

The public health infrastructure needs to ensure that hijra do not experience discrimination in public medical settings by providing sensitization training to medical providers. Constant fears of discrimination impact the mental health of hijra and reduce the efficient provision of STI prevention and care, as well as overall primary medical care. Hijra also need to be able to access a wider range of health services, including mental health services (Bondyopadhyay & Ahmed 2010). Awareness about sexual and gender minorities among medical professionals in government psychiatric hospitals and other mental health settings also needs to improve. Despite the fact that psychiatric discourse has moved away from pathologizing gay identities, many

Bangladeshi doctors continue to view homosexuality as psychotic and abnormal (Coulshed and Orme 2006).

In terms of work opportunities, hijra are often morally blamed for engaging in sex work, yet it is not appreciated that few other employment opportunities exist for this community. The notion of social inclusion in the workforce must go beyond simply offering a handful of jobs in select work settings to contributing to activities that will improve the lives and job opportunities of hijra in multiple spheres of employment. Access to work includes the improvement of employability and abilities that will help an individual to connect with professional life (UNDP, 2015). According to key informants, although the government has initiated new programs to integrate hijra into job programs, only a few have actually benefited from these programs. The government offers subsidies for job placement of hijra in particular industries or regions, but many hijra remain unaware of these initiatives and many companies fail to avail of these opportunities to obtain subsidies.

Widespread media campaigns need to be initiated to ensure that more members of the hijra community are aware of these programs and that these programs actually provide a sustainable livelihood to their participants. For instance, a beauty parlor owned by a member of the hijra community was recently opened in Dhaka with the financial assistance of police officials (Dhaka Tribune, 2018). Greater civil collaboration with government programs is one means of ensuring that hijra gain access to greater employment opportunities.

In summary, this study explored how hijra face several forms of discrimination in accessing work and health services. Though hijra are officially recognized by the State, they continue to be unable to obtain identification cards that reflect this policy change. Access to health services remains challenging as the community faces continued systemic discrimination in both public and private settings. Hijra also continue to largely exist outside of the formal labor sector as panhandling and sex work remain the main forms of income for members of this community. Most hijra continue to live in unstable economic situations. Their participation in the mainstream labor force is an essential step in helping these communities to overcome poverty, develop greater financial self-sufficiency, and achieve improved physical and mental health.

Future research on the topic of sexual and gender minorities in Bangladesh, and throughout South Asia, will benefit from evaluation of social interventions that aim to reduce these experiences of social exclusion in the spheres of work and health. Larger scale social interventions are necessary to test how medical and mental health providers in India can be better sensitized to more aptly cater to the needs of the third gender community, without inflicting shame or blame during the process of health service delivery. Vocational and employment interventions that seek to increase the options for employment for this population are also acutely needed. ■

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