Exploring the sexual health seeking behaviors of Hijra community in Dhaka: A qualitative study

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Contents

Acknowledgement 2

Abstract 3

Abbreviations 4

Background 5

Conceptual Framework 8

Methodology 9

Findings 12

Sociodemographic characteristics of respondents 12

Knowledge and perception of respondents on sexual health 13

Perception on sexual health: 13

Role of NGO based health facilities on creating awareness: 14

Practice of safe sex depends on anticipated risks: 14

Common sexual health problems faced by hijra community? 15

Prevalent sexual diseases in the community: 15

Sexual health problem/symptoms reported by respondents: 16

Perceived reasons for sexual health problems: 16

Health seeking behavior for sexual health problems 17

Factors behind deciding to seek health service: 17

Formal healthcare services: 19

Informal health service providers: 21

Treatments for Gender Transition 22

Factors behind choosing treatment and service providers: 23

Risks posed by unqualified rogue surgeons in Bangladesh: 25

Sexual health status among Hijra people during COVID-19 pandemic 26

Recommendations- what the Hijra people want for themselves 27

Discussion: 27

Conclusion 28

Reference 29

Annex-1 32

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Abstract

Introduction

Hijra people in Bangladesh are stigmatized in various aspects of their lives including the healthcare system. This study aimed to explore the sexual health service seeking behavior of Hijra people in Dhaka city, along with its influencing factors.

Method

This study followed a qualitative approach to explore sexual health seeking behavior of Hijra people in Dhaka. Using snow-ball sampling technique, in-depth interviews were conducted with 26 Hijra people. To achieve an overview on the sexual health seeking behavior of the Hijra community, key informant interviews were conducted with 4 Hijra community leaders and 1 program personnel of a Hijra based NGO. The interviews were conducted in Bangla, translated verbatim in English and coded by using both inductive and deductive approaches. Selected interview responses were clustered and arranged according to themes and sub-themes in a data matrix for interpretation.

Findings

The criminalization of sex-reassignment surgeries in Bangladesh compels the Hijra people to take unmonitored risky surgeries from unqualified doctors in Bangladesh. The information on these illegal surgeons are kept secret by the Hijra people. Despite having knowledge on safe sex practices, many Hijra people were not consistently following these measures due to reasons like their personal preferences, and unwillingness of customers of Hijra sex workers to wear condoms. For sexual health services like supply of condoms, testing and treatment of STIs, most preferred facility by Hijra people is NGO based health facilities, followed by government hospitals. The negative experience they face in government hospitals often divert them to seek services from informal health service providers like local pharmacies and homeopathic doctors.

Conclusion

Legalization of sex-reassignment surgeries for Hijra people, establishing designated health facilities for them and sensitizing health service providers on Hijra people will improve sexual health status of Hijra people in Bangladesh.

Key words: Hijra, Transgender, Sexual Health, Sex-reassignment, Bangladesh

Abbreviations

AIDS = Acquired Immune Deficiency Syndrome

BSMMU = Bangabandhu Sheikh Mujib Medical University

COVID-19 = Coronavirus Disease 2019

DIC = Drop in Center (for testing HIV)

HIV = Human Immunodeficiency Virus

HTS = HIV Testing Service

IDI = In-Depth Interview

KII = Key Informant Interview

NGO = Non-Government Organization

STD = Sexually Transmitted Diseases

STI = Sexually Transmitted Infections

UN SDG = United Nations Sustainable Development Goals

Background

Globally, transgender is an umbrella term including transgender males, females and also gender non-binary people. Although transgender and intersex communities are not mentioned in any target or indicators under the United Nations Sustainable Development Goal 5 (*Achieve gender equality and empower all women and girls*), the targets 3.3 (*By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases*), and 3.7 (*By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs*), under Goal 3 (*Ensure healthy lives and promote well-being for all at all ages include every human being irrespective of sex and gender identity*), include people of all sex and gender identity (*Home - United Nations Sustainable Development*, n.d.).

The term *Hijra* defines a South Asian transgender female community including biologically intersex people, and people who have either been castrated or have fully functional male reproductive systems. (Hossain, 2017). Most Hijra people live in kinship groups of one *Guru* (matriarchal leader) and several *Chela* (disciples) (Hossain, 2021). In their sexual life, many Hijra people have partners, known as *Parik* (Hossain, 2021). Outside these closed partnerships, many Hijra people are involved in commercial sex work who consider themselves as *Koti*, (one with sexually receptive role), and their male clients as *Panthi* (one with penetrative role) (Hossain, 2021). According to the latest census reports, population of Hijra people in Bangladesh, India, and Pakistan are respectively 12629 people, 487803 people and 21774 people (Bangladesh Bureau of Statistics, 2022; Census Organization of India, 2011; Pakistan Bureau of Statistics, 2017). In India, the Hijra people are a marginalized population, living with social stigma, discrimination, exclusion from economy, education and healthcare system, which are key barriers for them from accessing health services (Pandya & Redcay, 2021). Similarly in one study in Pakistan, the Hijra people reported fear of harassment as a barrier to them from seeking health service (Abrar et al., 2016).

In 2014, the Government of Bangladesh recognized Hijra people as a distinct gender (Ministry of Social Welfare, 2014). Though the decision was hailed as a step forward, the Hijra communities were unhappy with the definition of Hijra used in state affairs. The lack of clarity in the published gazette on the term 'Hijra' caused confusion in its implementation by government agencies, who referred it to people with ambiguous genitalia, hermaphrodites, or sexually and genitally disabled people (Hossain, 2017). This perception excluded transgender female Hijra people who are biologically male (Hossain, 2017). Hijra people have been denied their basic human rights due to a lack of understanding about them among Bangladeshi societies and state authorities, as well as social stigmas associated with their identity (Al-Mamun et al., 2022; Hossain, 2017). This deprivation is facilitated further by their hierarchical position in the Hijra community, where a Guru dictates the lifestyle of her subordinates (Chela), frequently inflicting physical, mental, and sexual abuse on them (Al-Mamun et al., 2022; Hossain, 2021; Sarker & Pervin, 2020). Even after 9 years of government recognition, Hijra people continue to face exclusion from socioeconomic,

political, educational, and healthcare systems.(Al-Mamun et al., 2022; Amanullah et al., 2022). These factors have led to complications with identity of Hijra people in health service facilities, lack of designated services for them, and negative attitude from health service providers and other patients, significantly affecting their health seeking behavior (Al-Mamun et al., 2022; Khan et al., 2020; Sarker, 2019).

Hijra people' social stigma, sexual orientation and characteristics, and risky sexual behavior create unique healthcare needs (Hossain, 2021). Even after receiving an education, the lack of employment opportunities created by Hijra people' economic exclusion forces many of them to engage in sex work (Amanullah et al., 2022; Aziz & Azhar, 2020). Hijra people who earn money by dancing and singing at wedding ceremonies (Logon) later discover prostitution as a viable source of income (Bhattacharya & Ghosh, 2020). This exposes them to an increased risk of HIV and sexually transmitted diseases (STD) for a variety of reasons, including anal sex without a condom, sharing their clients with men who have sex with men (MSM) and female sex workers, and many of their clients being married (Aziz & Azhar, 2020; Khan, S. I. et al., 2009; Badhan Hijra Sangha, n.d.). Their increased risk of contracting HIV and STDs was reflected in the 2016 Behavioral and Serological Surveillance of HIV Risk Populations, in which 1% of the Hijra population in Dhaka was found to be HIV positive, with a 6.1% rate of active syphilis (IEDCR & ICDDR,B, 2017). However, in comparison to the risk, sexual health services for Hijra people are scarce.

As citizens of Bangladesh, Hijra people deserve to access healthcare facilities, which include both formal and informal health service providers. The formal healthcare facilities include public, private and NGO run health facilities with MBBS/BDS certified doctors and/or certified paramedics; whereas informal sector includes homeopaths, retail medicine sellers or pharmacies, village doctors, community health workers, medical assistants or technicians, various types of traditional medicine practitioners and spiritual healers (Ahmed et al., 2009, 2013). Due to financial constraints, most Hijra people cannot afford to go to private hospitals. Hence they prefer public and NGO run healthcare facilities (Sarker, 2019). NGO based clinics provide them messages and tools for safe sexual behavior, and STI testing services, but limited services related to their other healthcare needs (Khan et al., 2008; Safa, 2016; Sarker, 2019). In many cases, Hijra people avoid using testing facilities due to their perceived low risk of contracting STDs and their fear of losing romantic partners (Khan et al., 2021). Though public healthcare facilities provide treatments for Hijra people' generalized health problems within their affordability, they are discouraged from returning for a second time for a variety of reasons, including a lack of designated care, de-prioritization in receiving healthcare services and mistreatment, stigma from both service providers and other cis-gender patients around them.(Khan et al., 2020; Safa, 2016; Sarker, 2019). When Hijra people go to any doctor in a hospital for sexual health problems, they report that the doctors frequently do not treat them well, become enraged after learning that they have anal sex, and refuse to provide them with any services (Aziz & Azhar, 2020). When Hijra people require medical attention, formal healthcare professionals (doctors and nurses) are a significant source of gender-based violence. This may make this group hesitant to seek medical help when necessary. (Wong & Noriega, n.d.).

Aside from the limited availability of STI/STD-related services, Hijra people also face difficulties in obtaining health care for gender transition. Many Hijra people want to undergo hormone therapies, breast enlargement surgeries, and castration or vaginoplasty as part of their transition to a more feminine physique in today's Hijra community (Hossain, 2021; Sarker, 2019). However, Hijra people' health needs are stigmatized, and many doctors refuse to treat them because of religious obligations. These barriers send Hijra people to unqualified doctors, where they face higher costs and an increased risk of infection. (Sarker, 2019).

The COVID-19 pandemic made the hardships endured by Hijra people worse. When the COVID-19 pandemic hit Bangladesh, lockdown caused the Hijra people' traditional sources of income, such as commercial sex works and toll collection, to be disrupted (Sifat, 2020). Their financial insecurity as a result of their isolation exacerbated their already deteriorating mental health due to social stigma (Waliul et al., 2020). Additionally, they had trouble getting medical care because there were designated COVID wards for only male and female patients, but none for Hijra people (Akhter, 2020; Sifat, 2021). They were at a higher risk of contracting COVID because they were afraid of the social stigmas and inappropriate behavior they typically encounter at healthcare facilities (Sifat, 2021). Similar to other gender minority groups, due to barriers to access healthcare system, mistrust on service providers, and a lack of education and awareness, the Hijra people were also found to have 3.64 times odds of COVID vaccine hesitancy than the males in a study in Bangladesh (Ali & Hossain, 2021; Owen-Smith et al., 2016).

Several studies on the sexual health seeking behavior of Hijra people in Bangladesh have been conducted to date. Gourab et al. investigated Hijra people' willingness to receive STI treatment from public health facilities as part of a larger population vulnerable to HIV (Gourab et al., 2019). Sarker also investigated the sexual health seeking behavior of Hijra people as part of her investigation into the discrimination faced by Hijra people in the public health care sector (Sarker, 2019). Only Khan et al. focused on Hijra people' overall sexual health. (Khan et al., 2008).

The studies conducted on health seeking behavior of Hijra people in Bangladesh did not explore the sexual health seeking behavior of Hijra people from informal sector, the gender affirmation therapy or surgeries that Hijra people want to do, and the implications of unclear definition of Hijra people on their health seeking behavior. This study tried to explore sexual health seeking behavior of Hijra community from both formal and informal sectors, and its influencing factors, with special emphasis on status of gender transition treatment for them, to achieve a better understanding of their sexual health needs. This will generate data for developing policies to ensure sexual health services for Hijra people and effectively implementing them to better prepare public health service facilities to serve Hijra people. Thus, this study will assist Bangladesh in taking actions toward achieving gender equality for Hijra people in terms of

making informed decisions and providing better sexual health services to them, as well as making decisions in achieving targets 3.3 and 3.7 under UN SDG-3.

Research Question

How do the Hijra community in Dhaka city seek services for sexual health?

General Objective:

To explore the sexual health seeking behavior and its barriers among the Hijra community in Dhaka city.

Specific Objectives:

- To explore the patterns of sexual health seeking behavior of the Hijra community in Dhaka city
- To understand the facilitators and barriers of sexual health seeking behavior of Hijra community in Dhaka city

Conceptual Framework

The study was designed based on a conceptual framework of health seeking behavior of Hijra community (Figure-1), adapted from Andersen's Model of Healthcare Seeking Behavior (Andersen, 1995)

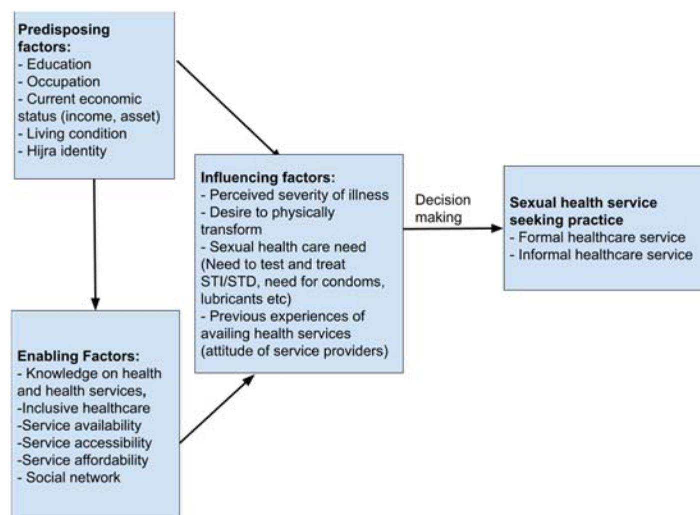

Figure-1: Conceptual framework of sexual health service seeking behavior of the Hijra people

Despite Hijra people being legally recognized as a separate gender in Bangladesh, their identity is still stigmatized due to social inequalities. Education, a critical necessity for financial stability, is hampered for Hijra people owing to widespread bullying (Aziz & Azhar, 2020). The financial insolvency of Hijra people generating from lack of employment opportunities affects their affordability to seek healthcare from wherever they want. In seeking health, the Guru-chela hierarchical connection also has an impact. Most Hijra obey their Guru since she is in charge of making decisions affecting their welfare.

Due to inadequate knowledge on Hijra people and their unique health needs, healthcare professionals are often unable to meet their health requirements. This in turn result in negative attitude of the health service providers towards the Hijra people. Thus Hijra people remain dissatisfied about their health service seeking experiences.

Though the risky sexual behavior of Hijra people exposes them to STI/STDs, their ignorance towards safe sex, and aversion to healthcare professional due to poor service quality prevent them from seeking service for sexual health related problems from formal healthcare sector (*Problem Identification – Badhan Hijra Sangha*, n.d.).

All these elements, ingrained in the individual experiences of Hijra people, influence how they make decisions about seeking healthcare. Based on this framework, the sexual health seeking behavior of Hijra community were explored, by understanding their experiences from facing sexual health problems and needs, how they choose service providers, and the roles played by various socio-demographic and enabling factors throughout the process.

Methodology

Study design:

The study utilized an exploratory qualitative research design to collect data, through in-depth interviews (IDI) from the Hijra people living in Dhaka, and key informant interviews (KII) from their community leaders, focusing on their sexual health service seeking behavior and its influencing factors.

Study setting:

The study sites were the Hijra communities in Dhaka. These sites were chosen considering the availability and accessibility of the study participants.

Study population:

The study population were self-identified Hijra people, aged at least 18 years, and residing inside the study sites, i.e. Hijra communities for the past 3 years.

Sample size and Sampling:

The population of Hijra people in Dhaka district is 2185 according to the 2022 census (Bangladesh Bureau of Statistics, 2022). Due to the difficulty to reach Hijra people across Dhaka, and limited resource and time available for data collection, 26 study participants were selected for In-Depth Interview (IDI) by using snowball sampling method. The study participants were selected based on referral by a key informant from each Hijra community, or Hijra community-based organizations in Dhaka.

For a clearer understanding of the factors shaping sexual health seeking behavior of Hijra people, 5 Key Informant Interviews (KII) were also conducted with influential Hijra community leaders, Hijra rights activists and a male program personnel at a Hijra community based organization, who had an overview of the perception and practices of sexual health seeking behavior of Hijra community.

Tool Development:

For in-depth interviews (IDI), a semi-structured qualitative interview guideline was developed after reviewing of existing studies on sexual health seeking behavior of transgender population like Hijra. The guideline included specific themes (like general health seeking behavior, sexual health seeking behavior and health seeking behavior during COVID-19 pandemic) along with respective contexts and further probing questions (for both formal and informal health service providers). The guideline for key informant interview (KII) was also developed using a similar process, but the questions were phrased focusing more on the observation of the KII respondents, rather than their lived experiences. Both IDI and KII guidelines were pre-tested in a similar location on 21-22 November 2022. After pre-testing, the questionnaires were revised and the finalized questionnaires were translated to Bengali. An a-priori list of codes was prepared from the themes in interview guidelines for the purpose of data analysis.

Data collection:

The IDIs were conducted in 4 locations in Dhaka- Manda, Rayerbazar, Uttar Badda, and Kuril, from 24 November 2022 to 6 December 2022 and their length ranged from 16 minutes to 1 hour 23 minutes. The KIIs were conducted in 4 locations in Dhaka- Manda, Rayerbazar, Uttar Badda and Mohammadpur, from 24 November 2022 to 6 December 2022 and their length ranged from 30 minutes to 1 hour.

Data analysis:

After data collection, 26 (22 IDI, 4 KII) interview responses were audio-recorded and directly translated verbatim in English. 5 (4 IDI, 1 KII) interviews couldn’t be recorded as the respondents didn’t give permission, hence their responses were summarized in English. Two

externally hired transcribers transcribed 4 recorded KIIs and 3 recorded IDIs. All transcripts were cross-checked with corresponding audio recordings to prevent any data loss.

Data from both IDIs and KIIs were triangulated during data analysis. Coding was conducted both manually and using Dedoose, a web-based software for qualitative and mixed-method data analysis. The themes emerged by inductive coding of the collected data, were added to the existing list of a-priori codes. Several sub codes were also added under codes as required. During the data analysis, a codebook was kept to keep track of all the emergent themes. In a data matrix, the data were grouped according to pertinent themes, sub-themes, and codes before being interpreted.

Ethical Consideration:

Before beginning data collecting, the BRAC JPGSPH Institutional Review Board examined and approved the study strategy, including the concept note and Bangla and English versions of the survey guideline and consent form. Prior to the data collection, the respondent's religion, culture, socioeconomic level, and gender were considered to prevent approaching with any inadvertent, harmful, or insulting question or comment. The researchers introduced themselves respectfully to the respondents and performed a thorough rapport-building session. The purpose of the research was explained to the respondents. All respondents were asked to provide their informed consent to take part in the interview. Along with the written consent form, the purpose, risks, and benefits of the research were verbally explained to the respondents. The identity of the respondents were kept private. After obtaining permission from the respondents, interviews were taped. The interview responses were saved on a password-protected laptop and a Google Drive folder. The respondents' involvement in the survey was entirely voluntary. Following the interviews, the respondents were appreciated for their time and provided contact information on a duplicate consent form in case they had any more questions. Each respondent received a transportation allowance.

Limitations of the study:

This study had several limitations which might have affected data saturation and reliability of responses, which are-

- IDIs were scheduled typically in the afternoon according to convenience of respondents. However, due to the respondents' haste to leave for toll collection in the evening, it was frequently challenging to elicit detailed responses from them.
- The interviewers had to note down the responses from unrecorded interviews, which were in summarized form, meaning some data might be lost in the process.
- Though most interviews were conducted at NGO offices or in the homes of the Guruma depending on the respondents' convenience, in such settings, respondents appeared to give face-value answers to some questions.

These limitations were addressed by increasing the sample size from 10-15 IDI participants, as stated in the original concept note, to 26 IDI participants, as well as extracting detailed information from the KIIs to fill gaps in collected data. Despite this, these are still regarded as study limitations.

Findings

Sociodemographic characteristics of respondents

Table-1: Sociodemographic characteristics of study participants.

Characteristics	IDI participants (total 26)	KII participants (total 5)
Age range	18-60 years	26-51 years
Gender:		
Hijra	26	4
Male	0	1
Education:		
No education	8	0
Madrasa	1	0
Primary (grade 1-5)	10	0
Secondary (grade 6- SSC)	3	1
HSC	3	0
Nursing school	1	0
Bachelor	0	1
Masters	0	3
Occupation:		
Hijragiri (Toll collection)	15	0
Working at Hijra based NGO	4	1
Hijra rights activist	0	4

Characteristics	IDI participants (total 26)	KII participants (total 5)
Sex work	4	0
Cook	1	0
Housekeeper of Guruma	1	0
Nursing school intern	1	0
Monthly income range	Taka 8000-70000	N/A

Table-1 shows the socio demographic characteristics of the participants of this study. The ages of IDI participants ranged from 18-60 years (median age 25 years). Among the 5 KII participants, one was male, and the rest of them were Hijra. The male respondent was the Program Manager of a Hijra focused NGO. Rest of the KII respondents were Hijra Guru and NGO workers who work to ensure rights of the Hijra community, and claimed themselves as activists.

Knowledge and perception of respondents on sexual health

Most IDI respondents were initially confused with the term "sexual health", but had some knowledge on STDs, and how practicing safe sex can prevent them. NGO based health facilities and Gurumas play an important role here to raise awareness on these issues. However practice of safe sex depends on factors beyond knowledge on safe sex measures.

Perception on sexual health:

Most Hijra people got confused at first, when asked about their perception on sexual health. Due to the sensitivity of the topic, some of them felt shy or unwilling to talk about sexual health. However, when the question was explained to them, they gradually started to open up. While some IDI respondents understood sexual health as the set of behaviors which will protect them from STD. while others thought that sexual health was about their sexuality and sexual organs.

At first when I had no knowledge about it, I didn't know much about sexual health. Later when I got involved with a boy physically, it became a habit… Initially I did not understand how it's happening. Why is it happening? But later on when I started to enjoy it, it became an occupation. Without getting involved in sexual activity, I could not sleep properly. (IDI-S-2, 21 years old)

On the other hand, 3 IDI respondents denied to know anything about sexual health, like the following one, who also reported that she has no experience in any sexual activity:

I am half woman, half man. I am incomplete. How can I have a husband or a wife? I never did anything like that (sex). I have no idea. (IDI-S-9, 35 years old)

Role of NGO based health facilities on creating awareness:

While sharing their knowledge on sexual health problems, and preventive measures, 14 IDI respondents mentioned that they had learnt about these from NGO offices which work for them. 1 respondents also learnt about these from their *Guruma*.

"There is HIV, gonorrhea and many other diseases that occur in the people of our community because we do unprotected sex... They don't understand how it can be safely done. It is risky for both the partners…the one who is giving and the one who is receiving... I know about safe sex practice. Here in our office, they always counsel us for practicing safe sex. Our Guruma also advises us to practice safe sex." (IDI-S-3, 20 years old)

Practice of safe sex depends on anticipated risks:

14 out of 26 IDI respondents mentioned using condoms and gels while having sex. Respondents who were sex workers were particularly worried about their risk of getting STIs, so they tried to practice safe sex behavior as much as possible. A sex worker shared her fears of getting infected with STIs, and the tricks she applies to make her clients wear condoms at any cost before having sex:

Sometimes, if our customers don't agree to wear condoms, we secretly fit those on their erect penises with our mouths and then work.… A person might like to have sex without a condom, but if I agree, I might get diseases or virus or AIDS when his semen enters my body. Right? So, I always use condoms. And afterwards, I tie the neck of the condoms and dispose those to a dustbin. (IDI-M-10, 50 years old)

Not all Hijra people can practice safe sex like the respondent quoted above. According to another IDI respondent (who is not a sex worker), often Hijra people involved in sex-work are unable to follow safe sex practices in fear of losing customers.

People of the Hijra community are most commonly involved with unsafe sex practices, prostitution,... They don't go to the NGO facilities to take the safe sex practice gears because it will lead to a loss in their job sector for that one day. (IDI-S-6, 25 years old)

Those IDI respondents who aren't using condoms mentioned various reasons behind it. One IDI respondent said that she uses condoms while having sex with a stranger, but not with someone who is in a romantic relationship with her:

I use a condom when I'm doing it with a stranger. But when I'm doing it with somebody close.. Like whom I consider as my husband, with that person I do not use condom. (IDI-S-2, 21 years old)

One KII respondent mentioned the discomfort that Hijra people face while using the currently available lubricants and condoms in Bangladesh. She said that lack of knowledge among Hijra people about safe sex added to their unwillingness to follow safe sex measures.

They have no knowledge about sexual health at all.... they say "Anal sex don't make babies, so why should we use condoms?" or "We don't like using condoms. It hurts. It causes pain." Those who practice anal sex, there's no proper lubricant for them in markets. Lubricants from HIV programs are also not slippery enough. It's painful. For them there should be a paralyzing lubricant which is condom friendly. There's no such lubricant available in Bangladesh... Or they're not distributed by the government or NGOs... Hence they don't use condoms properly. Thus, the rate of STI, Syphilis, HIV are increasing among them. (KII-Y-4, 38 years old, Hijra activist)

The inadequate supply of safe sex gear appropriate for the Hijra community and their poor knowledge on the importance of safe sex practices are barriers to them from practicing safe sex. According to some respondents, this has resulted in high prevalence of STI among them.

Common sexual health problems faced by hijra community?

15 IDI respondents reported about STI cases like HIV, syphilis, gonorrhea etc among fellow Hijra people. On the contrary, very 4 IDI respondents self-reported about having sexual health problems themselves.

<u>Prevalent sexual diseases in the community:</u>

Most commonly reported STIs by the IDI respondents among fellow Hijra people were syphilis, HIV and gonorrhea, and other sexual health problems like bleeding, anal fissure etc. Some respondents also mentioned how the infected Hijra people had been socially isolated from other Hijra people, and how Guruma can influence the community here:

One of our peer Hijra people has got such a problem. She became very thin, like a branch of a cotton tree, due to a serious disease, as she didn't use any condoms. She doesn't live with us, she lives far from here. None of us goes to visit her. Sometimes when she comes here for Night kam (sex-work), we are instructed to stay away from her by our Guruma, not to touch her, and to use condoms always. Otherwise, we will also fall in danger (IDI-M-2, 34 years old)

Sexual health problem/symptoms reported by respondents:

Most IDI respondents denied of ever suffering from any sexual health problems.

I haven't seen anybody around me who suffered from this kind of disease. It is everyone's personal matter. No one discloses it like that. But I can confidently tell that I don't have the disease because I have never had sex with anyone. (IDI-S-5, 20 years old)

Only 1 IDI respondent admitted that she has syphilis, and 3 IDI respondents reported having complications following intercourse or related to their sexual organs.

Many times, I have bleeding there (from her anus), and a lot of pain after having sex. I have to walk while spreading my legs during that time. (IDI-M-8, 19 years old)

Perceived reasons for sexual health problems:

Most IDI respondents mentioned that the prevalence of sexual health problems in their community or themselves resulted from activities like sex without condom with an infected person, or multiple sex partners. One IDI respondent described how unprotected sex with multiple consecutive sex partners gradually the risk of having sexual health problems among Hijra people.

The Hijra sex workers who do not use condoms work continuously the whole night. The semen or the sexual fluid that remains on their inner thighs from one customer is not wiped often because they immediately move on to the next customer. Some of them clean up themselves, some don't before coming home. The accumulation of the fluid leads to ulceration of the thighs or legs. (IDI-S-6, 25 years old)

According to all KII respondents, the principal mode of sexual acts performed by Hijra people, anal sex is the main reason behind the prevalence of sexual health problems and STIs in the community. One KII respondent shared his thought on how anal sex causes more complications than other modes due to biological make-up of the tissues around anus:

Regarding sexual health in the Hijra culture, it is an anal sex pattern, which causes more complications. … if we think about the tissues around anus … medical science can explain better that the tissues around that area are a bit more delicate. So, at the time of sexual intercourse, these areas tear. Sometimes there are hygiene factors. (KII-Y-2, 51 years old male, NGO Program Manager)

Health seeking behavior for sexual health problems

Most IDI respondents visited NGO based health facilities under formal healthcare sector, and local pharmacies under informal healthcare sector for seeking services for sexual health related issues. The factors that help them decide whether to seek any service and where to seek services for sexual health problems are explained below.

Factors behind deciding to seek health service:

Most respondents mentioned that in case of any health problems, including sexual health, they inform their Guruma and she is the key decision maker for choosing between formal and informal facilities to seek healthcare services for them. But fellow Hijra people also play a role in supporting them to get these services:

First they (Hijra people) go to their Gurus... The Gurus who know some NGOs that give services, then they first call them...That- "One of my followers or my grandchildren has this problem, now what should we do?" (KII-M-1, 28 years old Hijra activist)

Gurumas and senior Hijra people also support younger Hijra people in seeking services from the informal healthcare sector like the following KII respondent said with example of home remedies for syphilis:

Many of them suffer from anal infection which is called Syphilis … If they suffer from that they take warm water in a big round pot and sit in it... They get to know these from the community seniors. In earlier days mothers taught their daughters to do this whenever they faced problems in their reproductive organs when they could not go to the doctor… This is only for reducing the pain, nothing else. (KII-Y-4, 38 years old Hijra activist)

Perceived severity of the problem is also a factor that affects their decision to go and seek services. IDI respondents mentioned the primary treatment usually is taking home remedies suggested by Guruma or fellow Hijra people.

Once I had pain after someone forcibly had sex with me... I talked with Boroma (Guruma) only. She advised me to apply a hot water press there. I had pain at that time while urinating and passing stool. But I got cured 2-3 days later. (IDI-M-2, 34 years old)

However, in case home remedies can't cure sexual health problems, the respondents had to visit other service providers.

I myself had such a problem (sexual health problem) once when I had sex consecutively with 4 people. After having sex with 3 of them, when the 4th person tried to have sex with me, it hurt me

a lot. I was bleeding through my anus.... Then I used tissue at first to restrict the bleeding, followed by an antiseptic cream, cotton swabs... In this case I had received treatment from a doctor who had come from the NGO office the next day (IDI-M-4, 25 years old)

Apart from this perceived severity of the sexual health problems, many respondents also decided to seek service for sexual health if they anticipated themselves at an increased risk of getting STD.

Now, in the place where 4-5 of us sex workers work, one has recently become HIV positive. Often, I feel afraid to have sex with the people who have slept with her, since we might get infected too. That's why we stay cautious around her. We have sex as long as we can use condoms only. Many times, the condoms break while having sex. Then I have to stay at risk. If the condom breaks then I immediately contact the NGO office and tell them that I'll get tested 3 months later, as the HIV doesn't get detected in the report before 3 months. (IDI-M-3, 37 years old)

An IDI respondent also explained about the role of fellow experienced Hijra people in persuading them to take HIV testing services.

After they (medical team from another NGO) came here for the first two times, when they saw that many Hijra people like me were afraid to take these tests, they requested the senior Hijra people who had taken these tests before to counsel us. Then when our fear was gone, we came here to take these (HIV) tests. (IDI-M-9, 18 years old)

Data shows that the previous experience of Hijra people in seeking service for general health issues in formal and informal sectors also works as one of the key deciding factors in whether to choose the same service providers for sexual health related services. Negative experiences during seeking service for general health problems in the past discouraged most respondents to return to the same service provider for sexual health problems later.

When asked about formal health care services such as government or private hospitals, only 1 IDI respondent mentioned visiting a private practitioner doctor for sexual health problems due to her prior bad experience of seeking service from the same doctor for diabetes. 7 IDI respondents shared about the harassment they have to endure when visiting a doctor with general health issues. One of them said:

Suppose you are a male doctor, with around 10 patients waiting in his chamber... In such cases, the doctor tells me to wait outside and come after other patients are gone, when he can talk with me privately. When my turn comes, he checks using various instruments that are unknown to me. He touches me everywhere, which I think is not necessary to assess my problems. Then he asks me "Did you face any problem at night (during sex)? Did you do it (sex) for a long time?" If I say that I don't have any problems related to that (sex) he says that "It's normal if you do it (sex)

regularly". After hearing this type of thing, I don't feel like visiting any doctor. (IDI-M-8, 19 years old)

Formal healthcare services:

According to the data, among formal health service providers, NGO based health facilities were most visited by the respondents for sexual health related issues, followed by government hospitals like BSMMU (Bangabandhu Sheikh Mujib Medical University) where they are referred by NGO based facilities for treatment unavailable in the latter ones.

Evidence suggest NGO based facilities, which mainly provide sexual health related services, are the first and most visited point of contact for sexual health related services reported by the respondents. The reasons for this preference were: designated services for Hijra patients, community-based facilities, and free treatment (including transport allowance). None of the respondents mentioned any negative experiences from these facilities while availing treatment for their sexual health issues.

As a Hijra person I prefer NGOs mostly (for sexual health problems)... Because NGOs work with us and they give us the proper respect and care that we need... It is far, but still I like to go there because they provide free health check-ups, they give us free medicines and moreover they behave in a friendly manner … in fact if we go for testing they give us the transportation cost as well. (IDI-Y-2, 32 years old)

2 IDI respondents lacked knowledge on procedures of STI testing by NGO based facilities, leading them to doubt these services. One of them shared the fears that she had initially about the testing procedure, which prevented her earlier from taking these tests:

They (medical team from NGO) have come here before at different times. But I don't always get tested from here… I was always afraid of what they might do after taking me inside the testing booth. (IDI-M-9, 18 years old)

Most respondents prefer government hospitals over private hospitals due to cost of treatment. One IDI respondent compared the costs of treatment in private hospitals along with the monthly income of a Hijra to show their difficulty in seeking services from private hospitals:

She (fellow Hijra who became HIV positive) gets her medicine from that hospital in Shahbag… What's the name… it's PG (BSMMU). Her medicines are supplied from there. From there both money and medicines are given for free..: She was given a card from Bandhu office to go to PG. (IDI-M-3, 37 years old)

Government hospitals are preferred by most respondents over private hospitals due to cost of treatment. Following IDI respondent compared the costs of treatment in private hospitals along with the monthly income of a Hijra to show their difficulty to seek services from private hospitals:

Cost is definitely a factor affecting their (Hijra) health seeking behavior. If their daily income is 300 taka and monthly income is around 9000 taka, a single test for syphilis costs about 1200 to 1500 taka. If this amount of money goes for tests, how will they survive the rest of the month? Same in case of general health checkup. Doctor's visits in private hospitals are costly. (IDI-S-6, 25 years old)

However, Hijra people face barriers at different levels of seeking services from these hospitals. As reported by 2 IDI and 4 KII respondents, if the Hijra people go to seek service for sexual health problems anywhere outside NGO offices, the major dilemmas they face are finding a designated queue, and an appropriate doctor. Finding these consistent with both their NID information and outlook was another issue.

I think that my NID says my name is "Babu"... Now if I write "Baby" instead of that...it's important to write my correct name in my medical certificates… In that case, when I say, "Babu", they stare at my face. After that they ask, "Who are you? Are you a Hijra?", and bully me, "What's wrong with your name?" ... With that, it starts. Then when I go to the doctor, they become confused about which doctor they'll suggest to me, male or gynae… Then what I do, in some cases, when I go to a female doctor, they will say, "Why have you come to a gynae doctor? Are you a girl? Your serial is there."... It's the men's serial. (KII-M-1, 28 years old Hijra activist)

This lack of designated facilities for Hijra people in hospitals infuses a fear in their mind that they might get refused by the service providers there, since they have no facilities entitled to them. The following IDI respondent stated that she is confident that if she went to seek health care without the disguise of a woman, she would have a negative experience:

Honestly if I had gone there as a Hijra they would have reacted differently. So I went there as a woman…wearing a burqa (veil). No one understood that I am a Hijra. They thought of me as a woman, checked my arm and gave me medicine. But if I had gone there by myself, they would have said something or may have delayed my visit. (IDI-S-1, 25 years)

The KII respondents pointed out that lack of academic knowledge of formal, hospital based health service providers about the Hijra community has resulted in their neglect and ignorance while serving Hijra patients, especially with their sexual health issues.

Many times, they (doctors) have an idea that Hijra people have no genitalia at all. They don't want to see that place. If they (Hijra people) get any kind of infection in their genitals, or reproductive places, or the places that get involved during sexual activities. They don't get the

treatment for those places. They don't get the treatment from the government hospitals at all. (KII-Y-4, 38 years old Hijra activist)

According to another KII respondent, when the health service providers neglect the Hijra due to their ignorance, this experience, coupled with the negative attitude from other patients driven by stigma towards Hijra people, compel the Hijra to retaliate violently:

When they stand in line for tickets people show such an attitude that they are disgusting, ugly things or animals that they need to stay away from. ... The most common dialogue is "Your treatment is not here. Your doctor is not available here." So, then the Hijra gets mad... When they cannot stand for the line they say 2-3 words and then people think, "See! They are bad." They are bad indeed. But the incidents that took place earlier haven't been highlighted that much. (KII-Y-2, 51 years old male, NGO Program Manager)

As the violent emotional outburst of Hijra people feeds the ignorance and stigma towards them, this vicious cycle goes on indefinitely. The negative experiences that Hijra people face in this way at government and private hospitals, divert them more towards informal health service providers like local pharmacies and others, to seek service for sexual health issues.

<u>Informal health service providers:</u>

The respondents mainly preferred local pharmacies or pharmacies due to accessibility. Among sexual health related services, the most sought service from these pharmacies by the respondents was buying hormonal pills. The respondents mentioned visiting only specific well acquainted pharmacies. One IDI respondent explained how a good understanding between her and the shopkeeper of that pharmacy helps her to get medicines privately when needed

I buy medicines regularly from one pharmacy. I buy Mayabori, and other medicines too. I tell the seller about all my needs privately. The shopkeeper also can guess beforehand, for what problem I'm coming to his shop, as he has been selling medicines to me for a long time. He prepares the medicine packets ready for me, and then hands them over to me quickly. I either pay the money later, or in 1-2 days advance. (IDI-M-2, 34 years old)

However, harassment and bullying make other pharmacies a less popular venue for getting assistance for other sexual health issues. One KII respondent mentioned it while sharing her experience of seeking medical assistance for one of her subordinate Hijra people after she had been gang raped:

...Which pharmacy shopkeepers supported us (to provide medical support to the rape victim)? Who were boyfriends, sex partners of Hijra people... They helped us... But if we go to the other

pharmacies...Then we will never be able to say anything out of shame. Suppose I went there to buy a medicine, they'll say, "You have this problem?", and will start bullying. (KII-M-1, 28 years old Hijra activist)

The only reported informal health service provider for sexual health related problems other than pharmacies was a homeopathic doctor visited by 1 IDI respondent. As she was tested positive for syphilis, and the medicine for its treatment wasn't available anywhere in her knowledge, she visited the homeopathic doctor for treatment. However, she had to discontinue the medicines as those seemed too costly to her, and at the time of interview, she wasn't taking any treatment for this disease.

It (syphilis) has no treatment, they (infected fellow Hijra people) were taking homeopathic medicines for 3 months… A needle (injection) is required in syphilis. It wasn't available in our office at that time… The homeopathic doctor's shop is nearby in Manda. ...in homeopathy, there are weekly medicines here, 2 small bottles per week. Each of those 2 bottles per week cost at least 800-1000 taka... So two people among us took those medicines… as they could afford it. I took this medicine for 1 week. I also had syphilis. But when I realized that it is very costly, I didn't bring any more medicines. (IDI-M-3, 37 years old)

Treatments for Gender Transition

Most Hijra respondents desired to achieve a feminine body. Therefore, undergoing treatments for transition, including gender affirmation surgery, is popular in the contemporary Hijra community. Most respondents had seen others, or they took some form of treatment for this

By operation, I had changed my sex… as I have a different mindset. I have done vaginoplasty.... Everyone knows about these nowadays. I've heard about breast enhancement with silicone gel, but didn't do it. I've also heard about hormone therapy, given in 10 injections to increase female hormones... when the hormone is given to someone who has more masculine features, her feminine characteristics increase. ...and I've taken (hormonal) pills myself. (IDI-M-8, 19 years old)

When the respondents were asked about why they usually take these treatments, they mostly talked about their desire to achieve a feminine body, or to look more beautiful. In case of one IDI respondent, she went through castration as she found her penis to be useless:

The male private part that I had was completely useless. A pen without any ink cannot be used to write. Similarly my penis was very small. So I removed it through operation. (IDI-S-2, 21 years old)

Another reason behind getting gender transition treatment, as reported by the IDI respondents is increased income opportunities from sex work.

I have heard that some Hijra people undergo castration, vaginoplasty and breast enlargement surgeries. They do it to get more customers, as they are mostly engaged in sex work. (IDI-M-5, 60 years old)

2 IDI respondents didn't take any transformation treatment for reasons like religious belief, fear of adverse effects of the treatments etc.

… Not only Hijra people but many females also go there for breast surgery, lip surgery, hip enhancement. People don't understand this world is temporary. I am happy with what the almighty gave me. Allah gave me a few features..big..small…doesn't matter. I want to die like this.

... I have never done these. So I don't know. I am scared to do these because some people say that there are possibilities of having cancer after the surgeries, or infection. That can ruin my life. I need to live a healthy life for myself. (IDI-S-1, 25 years old)

Indeed, there are risks associated with these treatments. This risk of the treatments being messed up, and factors like cost and quality of treatment, affordability etc. influence the interested Hijra people to decide on which health service provider should be approached for these treatments.

Factors behind choosing treatment and service providers:

Most respondents broadly mentioned two destinations for taking gender transition gender transition therapies or gender affirmation surgeries which are- Bangladesh and India. The Hijra peoples choose the type of therapy and service providers by comparing the cost and quality of care between Bangladesh and India, taking into account considering their personal affordability or that of their sponsors[1]. One IDI respondent explained in detail the legal restrictions of doing transformation surgeries in Bangladesh, how Gurumas influence these decisions, and how their preference for cheaper informal health facilities puts the lives of Hijra people willing to transform at risk.

Usually the cost of the surgery is taken care of by the gurus. Whenever the surgeries cost around 20,000 or 30,000 taka, that's where the gurus prefer for the surgeries to be done… This kind of surgery is done illegally in Bangladesh and has been reported as a crime in many cases. Some people do their surgeries from India. Some people do the surgeries in secret because they're doing it illegally. Some of them die in secret during the procedure. Later on their dead bodies are not even found.... recently in Delhi, some clinics have been developed where they do good surgeries… Ultimately the quality of the surgery in Bangladeshis poor in any way… a lot of risk factors still remain. There could be infection. But still the people of the Hijra community are

[1] Sponsor means the person who is providing the expense of gender transition treatment for a Hijra

doing the surgeries for earning more money from sex work. They do not have a say in their own life. They just survive somehow. (IDI-S-6, 25 years old)

The treatment quality was reported to be better in India than in Bangladesh. Also the doctors in India are certified professionals in this field A KII respondent mentioned some positive sides of the gender transition treatments in India, like legalization of the treatment, availability of free treatment in some places, and proper consultancy before doing the surgeries. However, she also mentioned that it is time consuming, and the accommodation and food together with treatment expenses would cost a lot of money.

……Recently after Transgender Bill 2018 passed, Indian government legalized sex surgery. In Chennai, it's free, in Delhi there's Dr. Kaushik who does that, and breast implants too. But before that they have to consult gender dysphoria specialists, psychologists and after taking the certificates, they can get their surgery done.

…. If someone from Bangladesh goes to India for this (gender transition), it takes at least two months for that, so the accommodation cost, food cost... is huge. The treatment takes 3 to 4 lakhs (Taka), in total they may need more than 5 to 6 lakhs...They do Hijra activities, earn as a sex worker and save them. (KII-Y-4, 38 years old Hijra activist)

The most affordable and popular mode of gender transition reported by most respondents was taking hormonal pills to enlarge breast and reduce body hairs. As these pills are over-the-counter drugs in local drugstores, have low price, and very easy to maintain, many respondents said that they are currently taking hormonal pills or used to take sometime in the past. However, most of the respondents who took these pills had to discontinue because of side effects.

I used to take these (pills) by myself. One of my friends, who used to work in a pigeon shop, had breasts larger than mine. When I asked her how she enlarged her breasts, she told me about this combination of pills. So when I took these pills, I found it to be true, it really worked. However, we cannot touch our breasts during this treatment. They say that otherwise those would not stay enlarged… I used to take 4 Sukhi, 2 Femicon and 1 Ovostat tablet, a total of 7 pills per day… I used to feel tired and sleepy always. When I realized that I've been taking pills for a long time, I discontinued it. (IDI-M-8, 19 years old)

Majority of respondents who used hormone pills purchased these from local pharmacies without a prescription, thus they were unaware of the recommended dosages. Hijra people in Bangladesh prefer informal healthcare providers more for purchasing hormone supplements and receiving inexpensive gender transition procedures.

Risks posed by unqualified rogue surgeons in Bangladesh:

The main barrier to getting transformation surgery in Bangladesh, according to all the KII respondents, is that it is illegal. Nonetheless, many Hijra people are desperate for transformation surgeries, and only a few of them can afford them in India. As a result, unqualified rogue surgeons have been providing these services in secret to meet their needs. The Hijra people are not permitted to stay in their offices for recovery after surgery. This puts the lives of Hijra people who visit these surgeons in jeopardy. When asked where Hijra people in Bangladesh go to get castrated, one KII respondent gave a graphic and harrowing detail of castration done by informal surgeons in Bangladesh (Box-1):

Box-1: How risky can be a castration surgery done by informal health service providers?

Sometimes the urinary tract gets blocked because of castration, and they (Hijras) die if they (rogue surgeons) do it by hand..... They make a person drunk by making them drink alcohol all night. Then some tie their hands and some tie their legs. Then they go and buy a knife from the market at a fixed price, or a hoof. Then they cut and dismember the penis, including testicles. They tie the penis first including the testicles. Then when the bleeding starts, they start applying ashes and flour there. And when the bleeding stops, they cover it with a layer of wheat flour. Then they find the urinary tract with their hands, and leave it with "Belkata" (spiked branch of wood-apple) attached. They keep the patient in bed the whole night, who stay asleep and senseless. When they come to senses at like 12 pm, then they pour boiling water in that area, and the bleeding gets stopped, boiling water stops bleeding, did you know that?...: After that they keep walking around with that wound and it gradually heals with time. After 1 to 1.5 months the patient becomes fully recovered... It's risky. (KII-Y-4, 38 years old Hijra activist)

The following experience above (Box 2) by one IDI respondent's own experience of vaginoplasty experience demonstrates not only how dangerous and painful the procedure is, but also how the surgeon and his staff did everything possible to avoid any accident or complexity occurring in their premise, so that they could not be held accountable for it.

Box-2: Secrecy and lack of accountability of rogue surgeons

It is very difficult to tell, as it is prohibited for us to disclose it outside the Hijra community. The place is in Mouchak, but I can't give you the exact location. The place looks like a beauty parlor from outside, inside it's a different thing. Because it cannot get disclosed anyway that there is a place like that hidden there… I got to know about this place from my Hijra community, as only they know about it. Not any general person could guess it…

After the surgery I could only understand Apu, how big was the risk associated with this surgery. For a single moment it didn't seem to me that I could live… during dressing the wound, I would pray that someone would stab me to death, it would have felt better. I would never have done this surgery if I had known about the pain before.

All the problems started immediately after operation. ... They released me after doing only bandages. When I was going home by CNG, I started bleeding profusely due to the shakings on the bumpy road. For two whole months I was at a risk after this operation.... I couldn't visit anyone for this problem, so I had to call the surgeon later to take prescription medicine for the pain...

... The staff there (at the place of surgery) were in a hurry to release me quickly from that place. They were more afraid than me about the operation. I know that I might die in that operation, but the staff there didn't even want me to die there... You'll just have to get out of that place somehow wearing your clothes. I mean he just wouldn't take any risks. Even if you offer him lakh taka, he won't keep you there, he will drive you out. The surgeon couldn't be found anywhere in a nearby locality after the operation. (IDI-M-8, 19 years old)

Sexual health status among Hijra people during COVID-19 pandemic

According to the respondents, the overall living condition of the Hijra people in Dhaka was so deteriorated due to the restrictions during COVID-19 pandemic, that the concern of their livelihood became far bigger than seeking service for their sexual health.

The supportive system had lessened at that time... There was no food to eat. The income source of Hijra people was shut down. Would they go for treatment or would they search for food? There were so many... I know 30-35 Hijra people who were homeless at that time. (KII-Y-2, 51 years old male, NGO Program Manager)

Recommendations- what the Hijra people want for themselves

The most common recommendations from the respondents about improving both general and sexual health related services for them were provision of designated health facilities for Hijra people, educating the service providers about the Hijra and their sexual health, and ensuring equal healthcare for Hijra people like the cis-gender people in all types of health service facilities.

I feel like there should be a hospital for us, or even small clinics in communities. So that people like us do not have to go to general hospitals and face all the issues we face and wait for hours just to get treatment... They can know about us by doing conferences, training or meetings and understand our health needs. They need to know how we feel inside or our main issues to provide treatment. They need to get rid of the misconceptions of the biological Hijra or intersex. Everyone's healthcare right and treatment is the same, we are only different in mentality as a Hijra, if they can understand that, they will recognize our needs accordingly and can refrain from mistreating us. (IDI-Y-4, 19 years old)

Discussion:

There are several major findings from this study. To begin with, many Hijra people are still not following safe sex measures and this is resulting in spread of STDs like HIV, syphilis and gonorrhea. Their aversion to safe sex practices resulted from unavailability of safe sex gears and deeming safe sex practice unnecessary with romantic partners. This finding is similar to the findings from another study conducted in Dhaka by Khan, S. et al on 2008 which implies that unfortunately the situation hasn't improved in past 14 years. (Khan, S. I. et al., 2008).

Prevalence of sexual health problems among fellow Hijra people was reported by many IDI respondents, along with the social isolation that those Hijra people are facing post-diagnosis. But surprisingly, only 1 IDI respondent reported that she had syphilis, and few other reported to suffer from complications following anal sex at some point in their lives. The stigma towards sexual health problems that made their fellow Hijra people socially isolated, might be a reason behind low tendency of self-reporting of sexual health problems among Hijra people. This finding is comparable to one from a research on barriers to HIV testing service (HTS) in Dhaka conducted by Khan et al in 2021. In that study, the stigma associated with HIV in the community led some respondents to believe that it is better not to know whether they had the illness or not, therefore they chose not to take HTS. (Khan et al., 2021). Similarly, in a study conducted in San Francisco, USA, transgender women feared that being diagnosed with HIV would add to their existing social marginalization and isolation. (Sevelius et al., 2016).

Another important finding is, among gender transition services for Hijra people, breast enlargement surgeries, and hormone therapies are available in both India and Bangladesh. But as sex reassignment surgeries are criminal offense, castration and vaginoplasty are not easily available to Hijra people in Bangladesh. For sex reassignment surgeries, affordability,

accessibility and availability of the services helps Hijra people decide whether they will go to the certified service providers under formal health sector in India, or they will go to the uncertified surgeons in Bangladesh. However, the surgeries by unqualified surgeons in Bangladesh endanger the lives of the Hijra people. The IDI respondents tried hard to keep information about these illegal surgeries a secret. Secrecy is also maintained at the locations where these procedures are performed. The possible difficulties following vaginoplasty, as stated by respondents in this study, are strikingly comparable to the findings of a study on sex-reassignment therapies used by transgender women in Vietnam. (Nguyen, 2019). The risks of castration done by unqualified surgeons in Bangladesh as reported by the respondents in this study is quite similar to the situation for the Hijra people in India before legalization of sex reassignment surgeries (Chakrapani, V. et al., 2004). However, the secrecy maintained by the unqualified surgeons for gender transition in Bangladesh, and their lack of accountability is a unique finding from this study, when compared to any other available studies on sex reassignment surgeries.

When it comes to sexual health issues, Hijra people prefer to treat them at home. Only when home remedies are ineffective, they perceive the problems to be severe enough to seek treatment from health facilities. The most trusted points of service for these sexual health services are NGO-based health facilities, followed by government health facilities, which are less expensive than private hospitals. However, health service providers' misconceptions and lack of knowledge about Hijra people and their sexual health result in a negative attitude toward Hijra people. This exclusion suffered by the Hijra people in formal healthcare system, and the stigma related to sexual health problems, were also found in another study on social exclusion of Hijra people in Dhaka (Khan, S. I. et al., 2009). Along with exclusion and stigma, the lack of designated facilities for Hijra people in most hospitals also contributes to Hijra people' inability to access necessary sexual health services. A study on Hijra people in Dhaka city regarding their inclusion in mainstream society identified this lack of designated health facilities for Hijra people as a barrier to accessing health services from the formal healthcare sector. (Safa, 2016). As a result, in many cases, Hijra people are compelled to react violently, fueling the existing stigma against them in those health-care facilities. All of these negative experiences drive Hijra people away from hospitals toward informal health-care providers.

Under informal health service sector, local pharmacies were also preferred by study participants because of the benefit of accessibility. There has not yet been any study on the sexual health seeking experiences of Hijra people from informal health service providers. But in a study conducted on the sexual and reproductive healthcare seeking behavior of the poor women in Bangladesh, it was found that local pharmacies were also preferred by the study participants because of the benefit of accessibility (Rashid et al., 2011).

Conclusion

In many aspects of their lives, the Hijra community in Bangladesh faces stigma, particularly when seeking health care. The added stigma associated with sexual health issues in society makes

it more difficult for them to seek services for these health needs. A number of socioeconomic factors also prevent Hijra people from improving their sexual health. This study's recommendations for improving sexual health services for Hijra people included establishing designated facilities for Hijra people in government hospitals, including knowledge about Hijra people in health professional curricula, and ensuring Hijra equity in receiving services from formal health service facilities.

The most significant message for policymakers may be found in the study's conclusions about gender transition therapies. To guarantee the safety of Hijra people, the Bangladeshi government should give serious consideration to removing the current limits on sex reassignment surgery (just for Hijra people). All of these steps should help Hijra people in Bangladesh have better overall health.

Reference

Abrar, S., Tanoli, R., Khan, S., Kazmi, F. S., Batool, B., Habib, H., Ilyas, H. & Jadoon, H. (2016). HEALTHCARE SEEKING BEHAVIOUR OF EUNUCHS: A QUALITATIVE STUDY. *KJMS*, *9*(1), 69–71. https://kjms.com.pk/old/sites/default/files/16 KJMS.pdf

Ahmed, S. M., Evans, T. G., Standing, H. & Mahmud, S. (2013). Harnessing pluralism for better health in Bangladesh. *The Lancet*, *382*(9906), 1746–1755. https://doi.org/10.1016/S0140-6736(13)62147-9

Ahmed, S. M., Hossain, M. A. & Chowdhury, M. R. (2009). Informal sector providers in Bangladesh: How equipped are they to provide rational health care? *Health Policy and Planning*, *24*(6), 467–478. https://doi.org/10.1093/HEAPOL/CZP037

Al-Mamun, M., Hossain, M. J., Alam, M., Parvez, M. S., Dhar, B. K. & Islam, M. R. (2022). Discrimination and social exclusion of third-gender population (Hijra) in Bangladesh: A brief review. *Heliyon*, *8*(10), e10840. https://doi.org/10.1016/j.heliyon.2022.e10840

Ali, M. & Hossain, A. (2021). What is the extent of COVID-19 vaccine hesitancy in Bangladesh? A cross-sectional rapid national survey. *BMJ Open*, *11*(8), e050303. https://doi.org/10.1136/BMJOPEN-2021-050303

Amanullah, A. S. M., Abir, T., Husain, T., Lim, D., Osuagwu, U. L., Ahmed, G., Ahmed, S., Yazdani, D. M. N. A. & Agho, K. E. (2022). Human rights violations and associated factors of the Hijra people in Bangladesh-A cross-sectional study. *PloS One*, *17*(7). https://doi.org/10.1371/JOURNAL.PONE.0269375

Andersen, R. M. (1995). Revisiting the behavioral model and access to medical care: does it matter? *Journal of Health and Social Behavior*, *36*(1), 1–10. https://doi.org/10.2307/2137284

Aziz, A. & Azhar, S. (2020). Social Exclusion and Official Recognition of Hijra in Bangladesh. *Journal of Research on Women and Gender*, *9*(1), 3–19. https://eprints.qut.edu.au/202769/1/64790004.pdf

Bangladesh Bureau of Statistics. (2022). *Population and Housing Census 2022: Preliminary Report*. https://drive.google.com/file/d/1T0uDswlsJxK3RuBbFZrdecFLIkjCT4UA/view

Bhattacharya, S. & Ghosh, D. (2020). Studying physical and mental health status among Hijra, Kothi and Transgender community in Kolkata, India. *Social Science & Medicine (1982)*, *265*, 113412. https://doi.org/10.1016/J.SOCSCIMED.2020.113412

Census Organization of India. (2011). *TransGender/Others - Census 2011 India*. https://www.census2011.co.in/transgender.php

Chakrapani, V., Babu, P. & Ebenezer, T. (2004). Hijra people in Sex Work Face Discrimination in the Indian Health Care System. *Research for Sex Work: HIV Prevention and Health Promotion in Prostitution*, *7*(June), 12–13. www.indianGLBThealth.info

Home - United Nations Sustainable Development. (n.d.). Retrieved January 2, 2023, from https://www.un.org/sustainabledevelopment/

Hossain, A. (2017). The paradox of recognition: hijra, third gender and sexual rights in Bangladesh. *Culture, Health & Sexuality* , *19*(12), 1418–1431. https://doi.org/10.1080/13691058.2017.1317831

Hossain, A. (2021). Beyond Emasculation: Pleasure and Power in the Making of Hijra in Bangladesh. In *Beyond Emasculation*. Cambridge University Press. https://doi.org/10.1017/9781009037914

Khan, A., Fahad, T. M., Manik, M. I. N., Ali, H., Ashiquazzaman, M., Mollah, M. I., Zaman, T., Islam, M. S., Rahman, M., Rahman, A., Rahman, M., Naz, T., Pavel, M. A. & Khan, M. N. (2020). Barriers in access to healthcare services for individuals with disorders of sex differentiation in Bangladesh: An analysis of regional representative cross-sectional data. *BMC Public Health*, *20*(1), 1–10. https://doi.org/10.1186/S12889-020-09284-2/TABLES/7

Khan, S. I., Hussain, M. I., Gourab, G., Parveen, S., Bhuiyan, M. I. & Sikder, J. (2008). Not to stigmatize but to humanize sexual lives of the transgender (Hijra) in Bangladesh: Condom chat in the aids era. *Journal of LGBT Health Research*, *4*(2–3), 127–141. https://doi.org/10.1080/15574090902949473

Khan, S. I., Hussain, M. I., Parveen, S., Bhuiyan, M. I., Gourab, G., Sarker, G. F., Arafat, S. M. & 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. https://doi.org/10.3329/JHPN.V27I4.3388

Mohammad Niaz Morshed Khan, Golam Sarwar, Samira Dishti Irfan, Gorkey Gourab, A. K. M. Masud Rana & Sharful Islam Khan. (2021). Understanding the Barriers of HIV Testing Services for Men Who Have Sex With Men and Transgender Women in Bangladesh: A

Qualitative Study. *International Quarterly of Community Health Education*. https://sci-hub.se/https://doi.org/10.1177/0272684X21995672

Nguyen, H. T. (2019). From silicone and hormone injecting to sex reassignment surgery: the precarious road to becoming female of transgender funeral performers in Ho Chi Minh City, Vietnam. *Culture, Health and Sexuality*, *21*(9), 999–1011. https://doi.org/10.1080/13691058.2018.1533144

Owen-Smith, A. A., Woodyatt, C., Sineath, R. C., Hunkeler, E. M., Barnwell, L. T., Graham, A., Stephenson, R. & Goodman, M. (2016). Perceptions of Barriers to and Facilitators of Participation in Health Research Among Transgender People. *Transgender Health*, *1*(1), 187. https://doi.org/10.1089/TRGH.2016.0023

Pakistan Bureau of Statistics. (2017). *Pakistan Census Report 2017: National Results*. https://www.pbs.gov.pk/sites/default/files/population/2017/national.pdf

Pandya, A. kumar & Redcay, A. (2021). Access to health services: Barriers faced by the transgender population in India. *Journal of Gay and Lesbian Mental Health*, *25*(2), 132–154. https://doi.org/10.1080/19359705.2020.1850592

Problem Identification – Badhan Hijra Sangha. (n.d.). Retrieved November 19, 2022, from https://badhanbd.org/problem-identification/

Rashid, S. F., Akram, O. & Standing, H. (2011). The sexual and reproductive health care market in Bangladesh: Where do poor women go? *Reproductive Health Matters*, *19*(37), 21–31. https://doi.org/10.1016/S0968-8080(11)37551-9

Safa, N. (2016). Inclusion of Excluded: Integrating Need Based Concerns of Hijra Population in Mainstream Development. *Sociology and Anthropology*, *4*(6), 450–458. https://doi.org/10.13189/sa.2016.040603

Sarker, M. G. F. (2019). Discrimination against Hijra (Transgender) in Accessing Bangladesh Public Healthcare Services. *The 10th International Graduate Students Conference on Population and Public Health Sciences*, 362–367. https://www.researchgate.net/publication/344261891_Discrimination_against_Hijra_Transgender_in_Accessing_Bangladesh_Public_Healthcare_Services

Sevelius, J. M., Keatley, J. A., Calma, N. & Arnold, E. (2016). 'I am not a man': Trans-specific barriers and facilitators to PrEP acceptability among transgender women. *Https://Doi.Org/10.1080/17441692.2016.1154085*, *11*(7–8), 1060–1075. https://doi.org/10.1080/17441692.2016.1154085

Wong, C. M. & Noriega, S. (n.d.). *Exploring Gender Based Violence among Men Who have Sex with Men (MSM), Male Sex Worker (MSW) and Transgender (TG) Communities in Bangladesh and Papua New Guinea: Results and Recommendations*.

Annex-1

Codebook for sexual healthcare seeking behavior of Hijra people

Code	Definition	Where To Use	Where Not To Use	`Subcodes
Knowledge and perception on sexual health	Used to describe respondent's knowledge on sexual well-being, healthy sexual behavior, and the health problems arising from deviation from these behaviors	To be used when the respondent talks about her sexual wellbeing and knowledge on sexual health problems acquired after being identified as Hijra	Not to be used for sexual behavior or health problems reported before being identified as Hijra	• Perception on sexual health • Knowledge about sexual health problems • Knowledge on reasons of sexual health problems and safe sex • Practice of safe sexual behavior
Experience of illness	Can be defined as a word or phrase used to describe or to express any concept related to sexual health issues, sexually transmitted disease and/or symptoms	Used for sexually transmitted diseases, or sexual health issues or symptoms after being identified as a Hijra person	Do not use for any sexually transmitted diseases, or sexual health issues or symptoms before being identified as a Hijra person	• Type of illness observed in the HIjra Community • Problems suffered by the respondents themselves

Health Seeking behavior from formal healthcare sector	Description of the use of services from formal healthcare sector by respondent and her community members for	Include all the healthcare services utilized from formal healthcare sector for sexual health problems or	Do not include any formal healthcare facilities visited before they identified themselves as Hijra	• Factors behind deciding to seek health service
				  o Level of perceived severity
				  o Anticipation of risk of getting diseases
				• Decision making for particular health service

Code	Definition	Where To Use	Where Not To Use	`Subcodes
	preventing, diagnosing and curing sexual health problems and STI, promoting healthy sexual behavior and well-being Here formal healthcare sector includes government, private and NGO run health facilities with MBBS/BDS certified doctors and/or certified paramedics, and private practitioner doctors	diseases after being identified as a Hijra person	person, or any informal healthcare facilities visited by the respondent Exclude cases of gender transition surgery	o Previous experience in General health o Availability o Accessibility o Affordability o Support network *(Decision maker-Gurumaa, Accompany-friends/family*) o Designated facility for Hijra
Health Seeking behavior from informal healthcare sector	Description of the use of services from informal healthcare sector by respondent and her community members for preventing, diagnosing	Include all the healthcare services utilized from informal healthcare sector for sexual health problems or diseases after being	Do not include any informal healthcare facilities visited before they identified themselves as Hijra person, or any formal	• Factors behind deciding to seek health service o Level of perceived severity • Decision making for particular health service o Accessibility o Affordability o Support network *(Decision maker-Gurumaa,*

Code	Definition	Where To Use	Where Not To Use	`Subcodes
	and curing sexual health problems and STI, promoting healthy sexual behaviour and well-being. Here informal healthcare sector includes- homeopaths, retail medicine sellers, village doctors, community health workers, medical assistants or technicians, Hujur, Ojha, Kabiraj, Fakir and other traditional and spiritual healers	identified as a Hijra person	healthcare facilities visited by the respondent Exclude cases of gender transition surgery	*Accompany- friends/family*) o Unavailable/dissatisfactory of service in formal sector • Seeking medical support for sexual violence
Experience at health service facility under formal healthcare sector	Refers to the overall experience including incidences, events, encounters, circumstances and conduct from	Include all the experiences in formal healthcare sector after being identified as a Hijra person	Do not include any healthcare experiences from formal before they identified themselves as Hijra person, or	• Positive attitude from health care service providers • Quality of service (privacy, confidentiality) • Designated facilities for hijra persons • Waiting times

Code	Definition	Where To Use	Where Not To Use	`Subcodes
	surrounding people, faced by the respondents when visiting a formal health care facility for their sexual health problems Here formal healthcare sector includes government, private and NGO run health facilities with MBBS/BDS certified doctors and/or certified paramedics, and private practitioner doctors	Include experiences of the other members of the Hijra community known to the respondent	those from any informal healthcare facilities visited by the respondent Do not include experiences of members of the LGBTQI+ community who do not identify themselves as Hijra Exclude cases of gender transition surgery	• Harassment in health facility
Experience at health service facility under informal healthcare sector	Refers to the overall experience including incidences, events, encounters, circumstances and conduct from surrounding people, faced	Include all the experiences in informal healthcare sector after being identified as a Hijra person	Do not include any healthcare experiences from informal healthcare before they identified themselves as Hijra person, or	• Positive attitude from health care service providers • Waiting times • Quality of service (privacy, confidentiality) • Harassment in health facility

Code	Definition	Where To Use	Where Not To Use	`Subcodes
	by the respondents when visiting an informal health care facility for their sexual health problems Here informal healthcare sector includes- homeopaths, retail medicine sellers, village doctors, community health workers, medical assistants or technicians, Hujur, Ojha, Kabiraj, Fakir and other traditional and spiritual healers	Include experiences of the other members of the Hijra community known to the respondent	those from any formal healthcare facilities visited by the respondent Do not include experiences of members of the LGBTQI+ community who do not identify themselves as Hijra Exclude cases of gender transition surgery	
Barriers in seeking health services	Refers to negative experiences or thoughts preventing the respondents from seeking sexual health service,	Include any negative experience or thought that prevented the respondent from seeking service for sexual health problems,	Do not include any negative experiences or thoughts from respondents that prevented them from	• Lack of designated facilities for hijra persons • Hassle due to lack of knowledge on service protocol • Social stigma towards Hijra identity ○ Service refusal

Code	Definition	Where To Use	Where Not To Use	`Subcodes
	which are driven by preset notions of the service providers and the society as a whole against Hijra, and also by social taboo surrounding sexual behavior	after she had entered the Hijra community	seeking sexual health services before they identified themselves as a Hijra person. Do not include experiences of members of the LGBTQI+ community who do not identify themselves as Hijra Exclude cases of gender transition surgery	o Attitudes of other patients o Harassment and negligence in health facility o Stigma related to Hijra identity • Stigma related to sexual health problems • Socioeconomic insecurity • insufficient number of service facilities
Gender transition	Refers to knowledge and personal or reported community members' experience on female gender affirmation surgeries and therapies including- Breast and hip enhancement	Include all the experiences after being identified as a Hijra person Include experiences of the other members of the Hijra community	Do not include any similar healthcare experiences before they identified themselves as Hijra person Do not include experiences of members	• Knowledge • Why they do • Affordability • Effects of transformation treatment/pill • Decision making • Transformation treatment o What they do o Where they go o Experience/proc ess • Hormonal pill

Code	Definition	Where To Use	Where Not To Use	`Subcodes
	surgeries, ligation, castration, emasculation, female hormone therapies, oral contraceptive pills, laser therapy to remove facial and body hair.	known to the respondent	of the LGBTQI+ community who do not identify themselves as Hijra	○ From where they buy ○ Dosage ○ Discontinuation of medication
Experience of sexual health during Covid-19 pandemic	Refers to the lockdown in Bangladesh during the year 2020 and 2021 and their experiences of regarding sexual healthcare service uptake	Healthcare experience associated with sexual health issues during the Covid-19 lockdown period in 2020 and 2021	Any experience not associated with sexual healthcare during the Covid-19 lockdown period in 2020 and 2021	• Sexual health problems faced • Experience of sexual health service utilised • Reasons behind not seeking service for sexual health issues • Meeting demand for condoms, gel and pills during lockdown.
Recommendations	Recommendations from respondents on ways to improve affordability, accessibility and utilization of healthcare services by Hijra people, i.e., improvement of their	To be used in case of health service related recommendations only	Not to be used in case of recommendation to improve other aspects of Hijra community, like livelihood, education, accommodation etc.	• General health • Sexual health

Code	Definition	Where To Use	Where Not To Use	`Subcodes
	overall healthcare seeking experience			