

**PATTERNS OF INCLUSION AND EXCLUSION AMONG TRANS WOMEN IN SOUTH AFRICA:**

**A CRITICAL NARRATIVE INQUIRY**

By

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**RHODES UNIVERSITY**

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## ABSTRACT

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Trans women have for the most part remained grossly marginalised in gender development frameworks that have concerned themselves with resolving the historical disenfranchisement of women in patriarchal societies. Considering this continuing systemic erasure of trans subjectivity, this study has aimed to foreground transness, engaging trans women's experiences of inclusion and exclusion to better understand the traditionally oppressive institutionality of gender in South Africa from a historically silenced trans standpoint. Semi-structured individual interviews were conducted with five trans women living in South Africa. Data was transcribed and analysed using narrative analysis. Mapping the structures, practices and norms that contribute to the marginalisation of trans women in South Africa, the study found that trans women face economic vulnerability driven by familial rejection along with structural discrimination in a gender-biased labour system. Furthermore, trans women were revealed to contend with institutional erasure and stigmatisation in sex-segregated healthcare structures as well as invisibilisation in cisnormative South African knowledge systems that underrepresent trans identities and their viewpoints of the world. Underlyingly, the societal exclusion of trans women emerged as centrally organised by a structure of genderism that rigidly assumes the binariness and fixedness of gender, principally in ways that restrict trans women's right to self-determine as women. Genderism was observed to collude with factors of race and class in a largely capitalist post-apartheid South African society, working concurrently and jointly to reinforce the social exclusion of trans women. However, often subtle narratives of trans social inclusion located marginalising cisgender power in South African democracy as contested terrain.

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## ABBREVIATIONS AND ACRONYMS

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CTP:	Critical trans politics
DSM:	Diagnostic and Statistical Manual of Mental Disorders
GBV:	Gender-based violence
LGBT:	Lesbian, gay, bisexual and trans
LGBTQI:	Lesbian, gay, bisexual, trans, queer and intersex life
TERF:	Trans Exclusionary Radical Feminism

## GLOSSARY

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In this section, key concepts/terms that are used predominantly across the study chapters are defined.

**Cisgender.** The term cisgender - from the Latin word *cis*, which means *on the same side as* – describes a person whose current gender self-identification *matches* the social and legal category of boy/man or girl/woman that the person was assigned at birth (Stryker, 2008; Enke, 2012).

**Cisnormativity.** Cisnormativity is a hierarchal system of power that endorses the ideology that it is normal to be cisgender; for a person's gender identity to align and be congruent with the sex they were assigned at birth (Bauer et al, 2009).

**Genderism.** Genderism is a social structure that maintains the notion that gender is a fixed binary composed of man and woman categorisations, which are held as the essence of an individual and are believed to be inherently linked to one's biological sex category (Browne, 2004). Inseparably linked to genderism, Lennon and Mistler (2014) explain (cis)genderism as a cultural system that rejects, vilifies and pathologises self-defined gender identities that do not align with the gender assigned at birth, while endorsing the belief that cisgender embodiments of gender are more valuable than trans expressions of identity, creating power imbalances.

**Gender identity.** Valentine (2014) theorises gender identity as a two-faced construct -representing both intrapsychic states and relational processes-; denoting a being and a doing; ascribed and attained; made in language and transcending language, intensely private and biographical and simultaneously a locus for political struggle and social control.

**Social Institution/Institutional Context.** Institutions are defined as systems of established rules. They involve social conventions, norms, values, customs and arrangements that regulate space and people (Kang, 2014).

**Trans.** In line with the transfeminist manifesto written by Koyama (2020), this paper uses 'trans' as an inclusive term encompassing an expansive range of gender diverse identities and expressions that violate gender norms, particularly violations that involve discontinuities between one's assigned sex at birth and one's self-determined gender identity and/or expression.

**Trans women.** In this paper, we use 'trans women' to refer to women whose self-defined gender does not align with the identity label ascribed to their assigned sex at birth (Stryker, 2007).

**Transfeminism.** Transfeminism is a political and theoretical standpoint concerned with working against the invisibilisation of trans people in feminism (Johnson, 2015).

**Women vs womxn.** The word 'womxn' (as opposed to 'women') has come into more frequent use by feminists over the last decade. In addition to reclaiming the identity of womanhood and not defining it in relation to men, the term womxn has been adopted in order to be more inclusive of trans people (Guenther, 2020). However, ascribing the term womxn to trans women (or nonbinary people), particularly without their consent, has been highly problematized (Guenther, 2020). The use of womxn as reportedly a gender-inclusive alternative to women has been challenged and criticized by trans persons for having the cissexist implication that trans women are not women but womxn - a separate, special category. In line with this critique, this paper shall use the term women.

## GENERAL INTRODUCTION

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Women's and gender studies have shown interest in the positions of trans persons since the mid-1990s, where 'trans' has been, in part, mobilised as a site in which to explore and deepen the meanings of gender, bodies and embodiment (Enke, 2012). Despite these developments, trans persons remain grossly marginalised in the field of gender and women's studies as epistemic sites that have particularly concerned themselves with working against the historical exclusion of women in patriarchal societies (Camminga, 2020). The stories, perspectives and histories of trans women continue to experience unjust invisibility in movements toward gender liberation, evidenced by traditional feminist practices that typically silence or place the development concerns of trans women as an add on (Stryker, 2017). The exclusionary theoretical orientations that keep trans women at the outskirts of feminist epistemologies remain largely unchallenged (Enke, 2012). Consequently, the oppressive circumstances that these women face remain mostly unnoticed and unchanged (Johnson, 2015).

In light of the continuing epistemological disregard of trans persons in feminism (Rodemeyer, 2018), this inquiry aims to explore the social structure of 'gender' from a historically silenced trans standpoint. This study qualitatively and critically delves into the lived realities of trans women, mapping their experiences of inclusion and exclusion as they navigate various gendered institutional settings, such as employment, healthcare and education, in the post-apartheid South African context.

### **Outline of Chapters**

The study consists of five chapters, and the content of each chapter is described below.

In **Chapter 1**, the context of the study is introduced. The research questions and the objectives of the research are identified as well as the theoretical frameworks guiding the study. In addition, the value of the study is argued.

In **Chapter 2**, existing literature is critically reviewed, i.e., situating trans women in a socio-historical context; exploring trans identities and their relationship to the post-apartheid state; assessing the complex relationship between psychology, psychiatry and trans epistemology; examining social exclusion as a public mental health concern; reviewing feminist practices and its engagement with trans women; and, lastly, exploring the contemporary contexts of trans women.

**Chapter 3** discusses the design of the research and stages of the research process in detail.

In **Chapter 4**, the findings of the study are presented and discussed.

**Chapter 5** provides an overall interpretive summary of the study as well as a discussion of the implications of the findings.

Lastly, **Chapter 6** provides conclusions, highlights the limitations of the research and outlines future recommendations.

## CHAPTER 1: CONTEXT AND THEORETICAL FRAMEWORK

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In this chapter, an introduction to the study is provided by discussing the background and context of the study; articulating the research problem and placing a focus for the study; discussing the objectives and rationale of the study; stating the research questions that will guide the study; discussing the theoretical frameworks; proclaiming the epistemological importance of the study as well as its significance in terms of social impact and relevance.

### 1.1 Context of the Study

In the last two decades, South African society has grappled with the tensions of enduring social inequities post-1994. As a result, South Africa has been revising its history, sociology and politics (Francis & Webster, 2019). Interwoven in this social process of addressing the remnants of colonial injustices (Heleta, 2016) and facilitating the evolution of South African democracy (Khadiagala & Nganje, 2016) has been the deployment of feminist interpretations of democracy and post-apartheid development. This kind of development integrates the liberatory interests of women in national development plans. Feminist stances on social development have especially foregrounded the political concerns of women in a society with deeply rooted gender power imbalances (Gouws, 2017). Feminism has strongly contended with gender inequalities in view of the historical continuity of the exclusion of women in South African society and other parts of the world (Kemp et al., 2018). Feminist scholars, and gender activists alike, have highlighted the oppressive conditions of sexism and patriarchy that restrict women's abilities to enjoy their freedoms as equal people, compromising their social, economic and psychological well-being (Loots & Walker, 2015).

In favour of equitable development, national gender policies, gender transformation projects, activist groups and scholars of gender and development have over the years strived

to achieve gender equity, working toward improving the lives of women. Third-wave feminism has, however, challenged feminism's tendency to privilege the interests and experiences of white women in feminist practice (Zack, 2005). Crenshaw (1991) argued against feminism's tendency to overlook the intragroup differences that layer women's experiences uniquely due to the multiple and interlocking faces of structural oppression that many women face. For example, in response to this critique, black feminism and postcolonial feminism in the South African context have provided meaningful links between racism, colonialism, apartheid and patriarchy to map black women's exclusion in society (Gouws, 2017). Through these means, Crenshaw's (1991) concept of intersectionality has been employed to explore the manner in which the suffering of black women originates from a variety of nuanced factors that traditional feminism has not historically accounted for in a meaningful way. Other scholars have explored the layered intersectional positions of women living with disabilities (Morris, 1993; Thomas, 2006; Schalk & Kim, 2020), women living with HIV (Carter et al., 2021; Jungar & Oinas 2010;), lesbian women (Matabeni, 2009; Jeffreys, 2018), and poor and working-class black women (Fakier & Cock, 2018; Sweeney, 2021), among other gendered social groups in South African society who live in the intersections of many structural forces. The deployment of intersectionality in this manner has served to dispel the notion that all women experience discrimination in the same way (Gouws, 2017). However, despite this progression in advancing intersectional frameworks of gender analysis, trans women continue to experience persistent invisibility in feminism (Johnson, 2015). Trans women generally also experience exclusion from global and national gender development and reform plans that aim to work against the historical marginalisation and oppression of women in society (Pearce et al., 2020).

## 1.2 Statement of the Problem

Across many contexts worldwide, there has been a historical structural configuration of gender in ways that oppress women as well as lesbian, gay, bisexual, trans, queer and intersex (LGBTQI) persons in society, including trans women (Jun, 2018). South Africa is no exception (Currier, 2012), despite having a constitutional democracy that champions non-discrimination and equality for all (Jones, 2019). Little is known about and has been addressed when it comes to the exclusion experiences of trans women in feminist and psychological scholarship (Burnes & Chen, 2012). There is a basic understanding of trans women as being a 'marginalized group', particularly on the basis of their membership in the LGBTQI minority community (Muller, 2017). Research shows that trans women – often erroneously engaged as merely part of a wider monolithic 'LGBTI' or 'Queer' collective (Russell, 2019) – face high rates of multi-level discrimination as they are continually placed outside the boundaries of gender norms in many socio-geographical settings worldwide (Beltran et al., 2019; Van der Merwe, 2020). However, to this author's knowledge, gender scholarship in South Africa has not effectively provided a suitable map of the positions of trans women as marginalized gendered subjects in post-apartheid South Africa. Nor has it painted a meaningful picture of how the social structure of gender works to regulate and impede their lives. An exploration of the institution of gender from a critical trans standpoint remains a rare exercise in South Africa as well as in numerous contexts worldwide (van der Merwe, 2017). This provides limitations in terms of the political integration of trans women in national gender development plans. Gaps exist pertaining to the stories, perspectives, histories and viewpoints of trans women in dominant feminist discourses championing the rights of women and their freedom from the shackles of patriarchy (van der Merwe, 2017). This subjugation of trans knowledges tends to empower an articulation of women's experiences of social

exclusion in South Africa from a hegemonic cisgender perspective that marginalises trans positions. The continual historical existence of this gap speaks to a form of epistemic violence in feminism that has historically ignored the experiences and perspectives of trans women (Stryker, 2013), often under gender fundamentalist theoretical orientations that ideologically delegitimise the womanhood of trans women (Aguirre-Sánchez-Beato, 2020). These exclusionary frameworks have tended to consequently render the positions and voices of trans subjectivity as unseen - silenced, invisible and unintelligible (Butler, 2004; Jauk, 2013).

### **1.3 Rationale and Objectives of the Study**

Attending to the subjugation of trans positions in feminism, psychology and broader society, this study attempts to add to the small collection of voices that are speaking up about trans experiences. In this respect, the purpose of this research is to qualitatively explore trans women's experiences in South Africa along the lens of inclusion and exclusion. This exploration of experience especially focuses on the social positions of trans women as they navigate the intersections of being women and trans in institutional settings such as employment, education, and healthcare in the post-apartheid South African context. The premise of such an investigation is to engineer knowledge around the contextual social positions of trans women through the narratives that they advance about themselves. This engagement of the lived realities of trans women is undertaken particularly as they stand in opposition to cisnormative formations of the social world that gravitate toward prioritizing and privileging cisgender worldviews. Through the utilisation and prioritisation of trans stories and viewpoints (in terms of their articulation of experiences of exclusion and inclusion), the research project aims to examine and provide a map of the structure of gender.

This examination of structures is conducted from a historically silenced trans standpoint as means to work against the societal marginalisation of trans women.

#### **1.4 Theoretical Approaches**

Considering the aims of the study, a combination of critical theory (focusing on trans politics) and social exclusion theory will be used to assess participant experiences. This section outlines what critical theory and social exclusion theory are, and why they are complementary and useful for this study.

**1.4.1 Critical trans politics.** Jourian (2017) argues that trans persons are a social category that destabilises socially and culturally entrenched notions of gender. Working from this position, this research draws from critical trans politics (CTP), seeking to name and deconstruct the structures of oppression that organise the lives of trans women in South Africa. Spade (2015) explained that CTP is centred on examining gendered structural processes that regulate and impede the lives of trans people. CTP, taking inspiration from Hooks (2004: 1), utilises “theory as liberatory practice” - enacting practice for liberation through the pursuit of a theory of gender that is transformative (Jourian, 2017).

CTP provides an avenue through which taken-for-granted assumptions about gender and gendered constructs can be questioned and challenged as they are manifest in society (Spade, 2015). It offers a lens through which exclusionary practices and ideologies of gender can be marked, confronted and disrupted as they show up in institutional settings (Nicolazzo, 2021). Jourian (2017) motivated for a manner of attending to trans persons through processes that take into account the contextuality and relationality of trans identity. Jourian (2017: 145) posited that this manner of scientific attending enables scholars of gender to move away from

positivistic practices of analysis in research that “distil complex data and people into simplistic models and understandings”.

Within the frameworks of CTP, gender is a construct and process that operates on multiple levels - including the individual, the institutional and the socio-cultural level (Spade, 2015). This notion is consistent with the ecological systems theory developed by Bronfenbrenner (1992), offering community psychologists a lens through which individuals can be examined within their communities and the wider society. At the individual level, gender exists as a personal identity and an expression of the self (Diamond et al., 2011), while, on the institutional level, gender is a social structure that manifests itself through policies and social practices, reinforcing and upholding gender normativities (Young, 2002; Risman, 2018). At the socio-cultural level, however, gender is constituted through a systemic collection of culturally entrenched ideas, values and norms (Risman, 2018), underpinning trans oppression (Kean, 2021).

Kean (2021) refers to genderism as a social system that is key to the structural oppression of trans people. The author argues that genderism is conceptually central to an analysis of trans lived experience. Genderism is a social structure that maintains the ideologically embedded notion that gender is a fixed binary composed of man and woman - gendered categorisations of individuals held as inherent and linked to their biological sex (Jun, 2018). The conceptual application of genderism as an underlying frame for gender analysis allows for the precise mapping of the cultural and institutional processes that inform the oppression of trans identities (Kean, 2021). This in turn enables a representation of the unique social positions of trans persons, who transgress the bounds of the historically entrenched gender binary. Within this paradigm of viewing gender and the lives of trans women,

genderism is understood as a structural system that operates concurrently with other systems of oppression (Kean, 2021). This opens possibilities for capturing the interlocking oppressions that contribute to the societal marginalisation of trans women.

In critique of genderism and the invisibilisation of trans women in feminist and psychological practices, this study observes that a key factor that can contribute to resolving the marginalisation of those historically situated at the margins of epistemic powers is the utilisation of the narratives of the oppressed as a mechanism through which dominant societal narratives can be subverted. Kean (2021: 274) argues that the knowledge that trans people “create through the experience of being” trans comes with the radical potential of challenging dominant oppressive narratives regarding the construct of gender. It also comes with the possibilities of advancing ways of knowing, doing and engaging gender in a manner that is transformative, liberatory and healing (Nicolazzo, 2016), alongside ways of understanding the world in “more expansive, creative, and fluid” terms (Kean, 2021: 272).

Having reviewed the theory of critical trans politics, the discussion now turns to social exclusion theory and its relevance for this study.

**1.4.2 Social exclusion theory.** Taket and colleagues (2009) note that social exclusion is a contested term with diverse meanings. In the literature, social exclusion is theoretically considered to be both a process and a state. Social exclusion as a concept has its roots in France, where French socialist politicians employed the concept of exclusion to refer to people or groups of people in society that were not being covered by the social security system at the time (Lenoir, 1974). Over time, the concept of exclusion broadened to cover other vulnerable social groups regarded as excluded in society (Taket et al., 2009).

For the most part in literature, being socially excluded has been understood as inhibiting a group of people from asserting their human rights in society (Khan et al., 2009). Duffy's (1997) definition of social exclusion is one of the most frequently referenced, where social exclusion is explained as a person's prohibition from engaging effectively in the economic, social, political and cultural aspects of life. The author defined these persons as alienated and distanced from mainstream society. Similarly, Walker and Walker (1997) elucidated the idea of being socially excluded as entailing a process and state of being shut out (fully or partially) from the social, economic, political and cultural systems that organise one's world, having a detrimental impact on the quality of the social integration of a person or groups of people in society. Steinert (2007) expanded on this system of ideas, outlining being socially excluded as continuous and gradual as well as being both material and symbolic.

Levitas and colleagues (2007) added and reinforced that social exclusion is not only a state but a process that is intricate and manifold as it cuts across economic, social, cultural, and political dimensions of life. Like Levitas and colleagues (2007), Popay (2010) drove the concept of social exclusion as a layered phenomenon operating in four relational dimensions (namely, the cultural, economic, political, and social dimensions) and taking shape at multiple levels (namely, the individual, household, group, community, country and global level). Equally supporting a multi-layered model of social exclusion, Saunders (2007) argued that social exclusion has three forms: disengagement, service exclusion and economic exclusion. Disengagement constitutes restricted participation and involvement in social and community activities, while service exclusion concerns inadequate access to crucial social services when one requires them. Economic exclusion is explained to comprise weakened financial capacity due to compromised access to economic resources and opportunities. Renner and colleagues (2007) contributed to this conversation by arguing for the reciprocally relational nature of

these interactive dimensions, levels and forms of exclusion. When social groups are socially excluded from society, it is typical that a domino effect often ensues. This means that dimensions, levels and forms of social exclusion collude and work jointly to such a degree that they end up intensifying, supporting, emboldening and feeding into each other. Within this paradigm, exclusion and its effects are interactive, operating simultaneously at multiple levels, times, and places (Taket et al., 2009).

Popay and colleagues (2008) furthered the discourse on social exclusion by arguing that unequal power dynamics drive social exclusion. Within their model, being socially excluded is a process guided by societal power imbalances, resulting in unequal access to resources, capabilities and human rights. In this sense, social exclusion is seen as systematically entrenched by institutions and structures (Taket et al., 2009).

Combined with CTP, social exclusion theory appears to be a useful frame in attending to the lives of South African trans women through a theoretically sound, nuanced and critical approach. By utilising CTP together with social exclusion theory, trans lived experience is amplified as a source of knowledge, enabling a conceptually grounded mapping of the institutionality of gender in post-apartheid South Africa from a trans stance. This mapping is facilitated by an the operationalisation of a concept of social exclusion as realised and reified in the lives of trans women, of those situated at the gender margins. Through these means, this study maintains itself as an act of giving trans persons an experience of being seen, heard and correctly understood (Kean, 2021).

## **CHAPTER 2: LITERATURE REVIEW**

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Having outlined the theoretical framework from which this research project operates, this chapter will critically review existing literature on the positions of trans women, viewing their experiences of exclusion and inclusion in historical and contemporary times.

## **2.1 Trans identities and the rainbow nation**

South Africa's transition into a democratic dispensation in 1994 introduced constitutionalised ideologies of equality and inclusion that also comprised the protection of the human rights of trans people (Klein, 2009). The right to equality and justice, in addition to the right not to be discriminated against based on gender, sex or sexual orientation, is a legal provision enshrined in various constitutional acts that protect the rights of trans persons (Klein, 2009). These transformative provisions are reflected in statutes such as the Civil Unions Act of 2006 which legalises same-sex marriage (de Vos & Barnard, 2007) and the Alteration of Sex Description and Sex Status Act 49 of 2003 which lawfully enables trans persons to alter their sex description in the home affairs birth register (Nduna, 2013).

Despite South Africa's impressive equitable legal advancements over the years, twenty-seven years into the birth of its democracy centred on values of ubuntu, Husakouskaya (2017) notes that trans women and gender diverse persons largely continue to experience social subordination in a republic that marginalises them. Reisner and colleagues (2016) argue that the lives of trans persons remain under threat due to their rejection of conservative and rigid norms of gender, sex and sexuality that insistently prevail in the South African social system as well as other parts of the world. Gouws (2017) argues that the present-day structural organisation of South African society is littered with colonial remnants of the past. Scott (2017), and Oldfield and Tucker (2019) agree and suggest that these colonial remnants continue to make women, trans people and LGBT persons largely susceptible to

violence and discrimination. Thoreson (2013) highlights the irony of this materiality existing against the background of South Africa being globally lauded as a rainbow nation, offering trailblazing constitutional protections against discrimination on the basis of sex, gender, race, and sexual orientation. Thus, while the constitution guarantees trans people human rights and liberties to live a life free of discrimination (Thoreson, 2013), Macheso (2021) argues that trans women remain a vulnerable population. One example is the recent news reports of South Africa as a “hotspot” for hate crimes against LGBT people following the surge of violence perpetrated against the community (Epprecht, 2018; Geldenhuys, 2021: 5).

## **2.2 Western psychological and psychiatric epistemology and trans persons**

Moving from how trans women are politically positioned within the South African context, we reflect now on their positionality within the fields of psychology and psychiatry. Hook and colleagues (2004) argue that organised psychology is a discipline with substantial epistemic and structural power. Building on this premise, Pillay and colleagues (2019) assert that organised psychology has colluded with apartheid governments by othering and marginalising LGBT identities. Jointly feeding into South Africa's history of enacting gendered oppression against trans people and sexual minorities, psychology and psychiatry alike have a colonial heritage of systematising gender as a rigid binary structure (Pillay et al., 2019). Stryker (2008) contends that this binary structure of gender, reinforced through uncritical epistemological exercises, has resulted in non-normative embodiments of gender being scientifically constructed as pathological. One example of this is the promotion of the construct of gender as a fixed, innate essence, where social behaviours, practices and lived embodiments of identity that deviated from and transgressed the social and cultural norms

and scripts of gender and sexuality have been labelled as inherently pathological (Wilton et al., 2019).

Gender variance was for the first time formally classified as a mental disorder in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) (Lev, 2006). This was under the category Transsexualism and Gender Identity Disorder of Children (Drescher, 2014). In the revised edition of this publication, the category Gender Identity Disorder of Adolescence and Adulthood emerged (Drescher, 2014). Lev (2006) highlighted that a large part of this diagnostic decision-making was made by white cisgender heterosexual men situated in the west, who authoritatively viewed and constructed the world from a particular prejudicial vantage point. The author goes on to suggest that the scientific generation of these diagnostic categories (premised on an expansive body of knowledge presumed to rely on scientific study and positivistic research) has, in fact, been utilised as a tool for social control. In addition, Lev (2006) argues that among other uses, the DSM has been particularly critical in moulding negative social attitudes and political discourses that see ordinary human diversity as curable psychopathology.

Toman (2021) thus concludes that alongside religion and medicine, psychology and psychiatry form part of a crucial political legacy with a long history of marking, categorising and systematically regulating the lives of trans and sexually diverse people through pathologizing lenses. They argue that the 70-year-old international DSM has, in this way, played an instrumental role in establishing institutionalised social control (Toman, 2021) that has fed into the oppression of trans women as part of a broad category of gender diverse persons. These ideologically biased perspectives continue to permeate current social

discourses and discursive narratives regarding trans identity, informing the formation of social policies that negatively impact trans women.

### **2.3 Feminism, liberation and trans invisibility**

Forty years following the development of the first diagnostic classification related gender identity in the DSM, considerable progress has been made towards the depathologisation of human sexual and gender diversity (Theilen, 2014). This movement has been pioneered by activist and lobby groups, researchers and scientists, policymakers and major professional bodies in psychiatry, psychology and beyond (Schwend, 2020). Akala (2018) powerfully explains how, in the same wave of championing social inclusion, South Africa has also implemented transformation initiatives that have triumphantly brought apartheid and the institutionalised oppression of black people and women under racist heteropatriarchal systems to an end. They note that in the aftermath of what is known as a crime against humanity, political efforts have been driven toward amending the injuries of the apartheid past (Akala, 2018).

Despite the above, I argue that these liberation struggles have tended to side-line the interests of trans women, including feminist practice, in its bold move to untangle women from the shackles of patriarchy. Trans women (in addition to lesbian and bisexual women, who also experience subordination in feminism) experience invisibility in gender transformation initiatives in contemporary post-apartheid South Africa. For example, Isaacs and colleagues (2020) note how the concerns of trans women and LGBTIQ are broadly not substantively engaged in provincial gender policy. In support of this notion, for instance, the provincial articulation of the Women Empowerment and Gender Equality Bill does not explicitly capture trans women in the definition of gender discrimination informing the Bill

(Isaacs et al., 2020). Consequently, trans women (as well as lesbian and bisexual women) are not iterated as a collection of women to involve and absorb in gender development programming. Trans women are engaged as part of a broad LGBTI community, often erroneously treated as a homogenous and monolithic group (Isaacs et al., 2020). This blanketing does not allow for an appreciation of the unique circumstances and unique needs that trans women as intersectional social identities have and hold. Isaacs and colleagues (2020) highlight that the broad LGBTI focus of programming activities often translates into a narrow emphasis on gay men, bisexual men and other men who have sex with men, marginalising trans women (as well as lesbian and bisexual women).

The historical invisibility of the voices and narratives of trans women in broader societal negotiations of social transformation in post-apartheid South Africa includes the feminist movement. Bettcher (2017) notes that, globally, feminism has typically excluded trans women and their liberation interests, failing to recognise and appreciate the intersection of sexist and anti-trans oppression. Da Costa (2021) agrees, noting that feminist practice has been traditionally pervaded by hegemonic gender ideologies rooted in essentialism that posit men and women to be fundamentally different due to their biology. As such, Da Costa (2021) argues that feminism has characteristically constructed social reality from a cisgender perspective that denies the legitimacy of trans identity. As a result, Da Costa (2021) and Johnson (2015) argue that feminism has reproduced a ciscentric social order that prioritises cisgender viewpoints of the world while neglecting trans epistemologies.

Johnson (2015) goes on to explain that ciscentricity in feminism intricately manifests itself in a variety of abstract mechanisms that privilege cisgender people in scholarship and practice, whereby cisgender identities and experiences are regarded as the unspoken norm,

whereas trans identities and experiences are situated as a marked category. For instance, in addressing the epidemic of gender-based violence (GBV), there have been disproportionately limited interventions developed and implemented to prevent and respond to gendered violence perpetrated against trans people, despite research showing that violence against trans women is defined by pronounced gendered power dynamics (Wirtz et al., 2020). The exclusion of trans women in feminist practice is historical and enacted by branches of feminism such as the contested Trans Exclusionary Radical Feminism (TERF). TERF is premised on ideological beliefs that reject the ontological view that gender is socially constructed and fluidly embodied (Nagoshi & Brzuzy, 2010). In this way, this brand of feminism categorically does not recognise trans women as women. Nagoshi and Brzuzy (2010) argue that this is a political stance informed by a hegemonic narrative of biological essentialism in feminism that undermines the freedoms of trans women to self-determine as women.

#### **2.4 Social exclusion as a public mental health concern**

Emergent queer and trans activist groups and scholarship focusing on trans subjectivity is progressively shining a light on the high incidences of exclusion, discrimination and violence experienced by trans people across various contexts worldwide (Divan et al., 2016), including South Africa (Jobson et al., 2012). Within psychological and psychiatric studies, trans people's experiences of psychological distress have been traditionally linked to their reported accounts of gender incongruence (Bouman et al., 2010; Robles et al., 2016). However, contemporary literature is increasingly suggesting that trans people's experiences of distress more likely occur as a result of inhabiting social conditions that expose them to stigmatisation, discrimination and systematic disadvantage, more so than as a result of the

linkage to the reported phenomenology of gender incongruence (Bouman et al., 2010; Robles et al., 2016).

Adding to the growing evidence on the role of experiences of social exclusion on the psychological distress and dysfunction reported by trans persons, Campbell and colleagues (2018) conducted a study on a sample of South African trans adults, revealing that a percentage as high as 82.5% ( $n = 57$ ) of their study participants had been exposed to social exclusion experiences due to the societal stigmatisation of their gender identity. Most of the participants who form a part of this statistic cited having experienced rejection mainly from family members, schoolmates, co-workers and, to a lesser extent, friends (Campbell et al., 2018). Notably, these reported experiences of exclusion, in addition to accounts of lived realities of family dysfunction, were empirically shown to be significantly correlated with psychological distress and dysfunction and not with gender incongruence per se (Campbell et al., 2018).

This academic development, alongside other contemporary studies and epistemic narratives that are appropriately situating investigations of trans lives in context (Arvind et al., 2022), contributes to developing trans scholarship putting forward that social exclusion among the trans community is a human rights concern as well as a critical public mental health issue with a social, cultural and historical basis.

## **2.5 Trans women in a socio-historical context**

Evidently, the social contexts in which trans people find themselves significantly impact their quality of life and degree of psychological wellness (Ganju & Saggurti, 2017). In

post-apartheid South Africa, Theron & Kgositau (2015) note that trans women contend with harsh socio-economic realities, which have a robust socio-historical bearing. For example, Reddy (2006) explains that amid institutionalised racial oppression enacted by the oppressive apartheid regime, apartheid South Africa was also particularly integral in reproducing gendered inequalities through its institutionalisation of the oppression of sexual and gender minorities. Bhana and colleagues (2019) argue that alongside a white supremacist, colonial, sociolegal structural paradigm that disenfranchised black people and systematically favoured whites, the apartheid system is also seen to have operationally favoured a cisheteronormative social order. As a result, the system criminalised lesbian, gay, bisexual and trans (LGBT) persons under the Sexual Offenses Act of 1957 (Reddy, 2006). The act illegalised sexual relations between black people and white people as well as the 'practice of homosexuality' (Reddy, 2006). Previously known as the Immorality Act, this legislation facilitated and enabled the policing of sexuality and gender under colonially imported anti-sodomy frameworks that regarded homosexuality and non-normative expressions and social embodiments of gender and sexuality as pathological and socially deviant (Bond, 2016; Reddy, 2006).

## **2.6 The lived realities of trans women in contemporary contexts**

It is evident from the arguments presented above that the exclusion of trans women has a socio-historical and political basis that is strongly ideologically empowered. McNay (2004) argues that abstract forces are likely to reveal themselves in the lived reality of social relations. By this means, trans women's social exclusion is subject to show itself through an examination of the material and cultural organisation of their lives. The remaining section of

this chapter explores three specific areas in the lives of trans South African women where such social exclusion is likely to occur: employment, healthcare and education.

**2.6.1 Employment.** Isaacs et al. (2020) contend that social marginalisation predicated on gender and identity contributes to economic exclusion. Reiser and colleagues (2016) demonstrate how trans women around the world face harsh socio-economic realities. The South African context possesses constitutional legalities that legislatively protect the economic rights of trans persons in the workplace (Isaacs et al., 2020). This protection is enshrined in the Employment Equity Act of 1998 which prohibits discrimination on the basis of gender, sex and sexual orientation (Republic of South Africa, 1998). In addition, the Labour Relations Act of 1995 forbids dismissal based on gender, sex and sexual orientation, obliging employers to avoid labour practices that are discriminatory and unfair (Republic of South Africa, 1998). Isaacs and colleagues (2020) argue that - considering South Africa's history of economically disenfranchising women - these Acts are important in promoting equality, fairness and inclusivity when it comes to opportunity and treatment in employment contexts. However, Livermon (2012) argues that these legal provisions are, to some extent, not so much clear about the constitutional rights and freedoms of trans people, particularly as gender identity is not incorporated in the Acts in a manner that is overt. Be that as it may, constitutional policies on gender-based labour discrimination appear to be sound, for the most part.

Implementation of the Acts, however, has been strongly criticised (Nyeck et al., 2019; Isaacs et al., 2020). For example, in an analysis of provincial LGBTIQ policy and programming between 2015 and 2018 by Isaacs et al. (2020), not a single provincial government department or municipality was found to have non-discrimination employment and

workplace policies in place for LGBTIQ persons, including trans women. The failure to move beyond planning, the scarcity of resources and the extensive prejudicial social attitudes and practices that permeate public institutional bodies are seen to contribute to the barriers to policy implementation (Isaacs et al., 2020). Beyond policy analysis, however, there is a dearth of research on the stories of trans women in employment contexts, which could give meaningful narrative accounts of the lived realities of trans women as they navigate the gendered economy of South Africa.

A sizeable empirical study in the United States of America (USA) based on data from their National Trans Discrimination Survey found that the unemployment rate for trans women was 14% (Leppel, 2016). This statistic was revealed to compare strikingly with the unemployment rate of 6.0% to 8.9% for the general U.S. population (Leppel, 2016). Hiring discrimination against trans people is purported to be driven by several factors, such as negative perceptions on trans identity (Leppel, 2016). The same study found that workplace discrimination was disproportionately experienced by trans persons who have not medically transitioned (due to choice or financial constraints). One reason for this, suggested by the authors, was that the gendered expression embodied by these employees, who had not medically transitioned, was rendered socially unacceptable, transgressing normative scripts of gender in a manner that was publicly visible and easily detectable as trans and other (Leppel, 2016). This suggests that anti-trans discrimination in the workplace may be more likely reported by trans women whose gender expression does not conform to cisnormative ideals of femininity in the workplace.

Interestingly, Leppel's (2016) study found an unequal distribution of the labour force statuses of trans men and trans women, revealing that trans women have higher chances of

being outside the labour force. They are also a lot more unlikely to be employed than trans men. These discrepancies in the economic distribution of employment statuses between cisgender people and trans people in North America - as well as the nuances between trans women and trans men - speak to the criticality of intersectionality as a framework of analysis when viewing trans lives and examining their collective stories. Labour economists assert that labour force status is mediated by several social variables, such as gender, age, marital status, education, health, (dis)ability, presence of children, race and ethnicity (Bowen & Finegan, 2015). This insight invokes the notion that the lives of trans women, especially in the South African context, can be imagined to be structurally organised by multiple interlocking oppressions that define their material realities.

Employment, income, and economic security by and large are substantial structural challenges for South African trans women, according to van der Merwe and Ewing (2020). More than two-thirds of the sample of trans women in the study reported having an income of less than R2 000 per month. As a consequence of this economic vulnerability in a predominantly capitalist society, Harrisberg (2019) argues that many trans women in South Africa often struggle with social security and access to fundamental human rights like housing. In fact, they go on to emphasize that homelessness is considered a crisis in the trans community. The phenomenon of homelessness is a global health burden typically theorised to be caused by poverty, the shortage of affordable housing, and the lack of services to help people overcome health problems like substance abuse disorders (Giano 2020). In South Africa, Harrisberg's work with Sistazhood, an activist group of trans women in Cape Town, revealed that trans women's lack of access to housing severely limits the options they have to advance their lives (Harrisberg, 2019). For example, Lemeez Oliver, a 32-year-old member of the group, narrates: "Without proof of residence, we cannot open bank accounts. We

cannot get jobs. It all comes back to housing" (Harrisberg, 2019: 5). The economic deprivation of trans women has an evident impact on their ability to meet their basic human needs, including healthcare.

**2.6.2 Healthcare.** Da Luz Sherf (2021) argue that because trans people experience increased violence, discrimination and violations of human rights, almost on a daily basis, they carry an increased healthcare burden. The author highlights that trans women in particular face unique vulnerabilities as they contend with shaming and vilification, institutional violence and compounded violations of their human rights when navigating a healthcare system that is structurally cisnormative.

In South Africa, there is minimal research that has explored the healthcare context in a manner that incorporates a comprehensive human rights-based and structural approach that centres the stories and lived realities of trans women in a meaningful way. Even though the right to non-discrimination is inscribed both at the South African Constitution and the African Charter, there is a consensus amongst LGBTI rights scholars and activists that there is a huge gap between the rights that are formally recognised for trans persons and LGBTI persons broadly and their lived experiences in the country (da Luz Scherf, 2021). This scholarly narrative appears to be supported across healthcare literature, too.

Luvuno et al. (2019) examined the lived experiences of trans persons when obtaining access to healthcare facilities for their sexual and reproductive needs in the KwaZulu-Natal province of South Africa. They identified the root of trans people's exclusion in healthcare as embedded in the health system's lack of acknowledgement of trans people as patients within the health system. It was highlighted by Luvuno and colleagues (2019) that there is a sustained lack of skilled healthcare workers, policies, and programs targeted at attending to

the needs of trans patients. Validating the absence of policy implementation, Spencer et al. (2017) express that the South African state has not formalised gender-affirming public health systems that can safely facilitate the medical transition of trans persons. Nationwide, only six public hospitals provide various components of gender-affirming care. One of these hospitals is Groote Schuur Hospital in the Western Cape which holds a specialised Trans Unit. This hospital is an example of what inclusion in healthcare could begin to look like for trans women - a space where knowledgeable professionals trained in gender-affirming medical and mental healthcare can addressing the specific needs of trans patients. However, Wilson and colleagues (2014) note the many challenges the Unit is faced with. These include limited resources with regard to staffing. The challenges also comprise minimal academic training (at both the undergraduate and postgraduate levels) on trans issues. These factors severely restrict the number of trained affirmative carers. The authors concluded that patients relying on public healthcare are severely disadvantaged because of the limited number of facilities. The waitlist, particularly for medical surgery, is extensive in the public sector, with trans patients having to wait up to twenty-five years (Spencer et al., 2017).

To add on the above, Luvuno and colleagues (2019) reported that patients who are trans are commonly met with poor prejudicial reception in healthcare institutions. Mbeda and colleagues (2020) suggest that as a result, people are afraid to seek healthcare services. Consistent with this finding, a South African study by Muller (2017) shows that all trans participants who were interviewed narrated experiences of discrimination by healthcare providers on grounds of their sexual orientation and/or gender identity. Da Luz Scherf (2021) suggests that anti-trans attitudes (possibly informed by historical conservative religious and psychological discourses of gender) inform the practices of many health care deliverers, who serve as gatekeepers to equitable healthcare for gender and sexual minorities.

These same stigmatizing and discriminating attitudes are apparent in the focus of public health research. One example of this is the scholarship around HIV/AIDS and trans populations, which has tended to focus on the prevalence of HIV/AIDS as well as risky behavioural health factors that debatably underpin this crisis (Farvid et al., 2021), at the expense of the other critical health concerns rampant within the community, such as mental health problems (MacCarthy et al., 2015) along with discrimination and violence. Discrimination has also been prevalent in the education sector.

**2.6.3 Education.** The LGBTI community is most often managed as a broad social category in education-related research. Most often, this kind of scholarly work has been centred almost exclusively on sexual diversity, neglecting the subjectivity of trans minorities (Francis & Monakali, 2021) and the multiple intersections they negotiate in the school context. Scholars worldwide examining the subjectivity of trans persons in educational contexts report a pedagogical narrative of normalised social practices that pose unique structural challenges for gender diverse people in academic institutions (Omercajic & Martino, 2020). With more school going youth and tertiary students in their young adult phases of development openly identifying and presenting as trans and gender diverse, institutions have responded to their social visibility in multiple ways. Consistent with the findings of many other authors, Omercajic and Martino (2020) write that many trans women encounter intolerance and systemic discrimination within the school context. Greytak and colleagues (2009) report that North American trans students who challenge societal norms of gender are typically met with higher levels of violence in schools than cisgender students. They reported that almost half of all trans students in their study reported having missed at least one school day in the past month due to safety concerns (Greytak et al., 2009). This is not surprising considering the findings from Francis and Reygan (2016) who report that South

African school pupils experienced heterosexist biases and microaggressions from their teachers in the school environments, where teachers would verbalise harmful pathologies of nonnormative sexual and gender minorities as well as voicing overall discomfort with and disapproval of LGBT identities.

In 2013, Nare Mphela, a South African trans woman and activist, won a major court victory against the Limpopo Department of Education in 2017 after bringing a case of human rights violation to the equality court in Seshego (Ubisi, 2021). Mphela is reported to have had fallen victim to ongoing discrimination by the school principal due to her trans identity (Botha, 2017). The story of Mphela and the outcome of her case signalled a positive move in post-apartheid South Africa towards protecting the safety and freedoms of learners of the trans experience in schools (Francis & Monakali, 2021), a developmental site where youth become involved in the exercise of constructing their identity (DePalma, 2013). While the ruling on this case was particularly momentous for trans liberation in South Africa, the case tells an unfortunate narrative of trans exclusion and vulnerability that represents and illustrates the larger problems of heterosexist and cissexist violence in South African society (Francis & Monakali, 2021), remaining a threat to the quality of the lives of trans women. Three years following Mphela's historic victory, her life was brutally brought to an unfortunate end in an anti-trans attack in her rented room in rural Limpopo (Botha, 2017). This case clearly reveals how South Africa's legal system can be protective in promoting inclusion, yet such a powerful stance was undermined by the violence of the murderer.

Nare Mphela reported through her narrative that the severity of the prejudicial antagonism perpetrated against her led to her failing her matriculation exams (Geldenhuys, 2021). Aragon and colleagues (2014) explored the impact of peer victimisation on educational

outcomes for sexually and gender diverse school-going persons in samples of 11 447 American high school scholars. They found that sexually and gender diverse scholars have significantly higher rates of school absenteeism. They were also revealed to achieve lower grades and to have particularly poor educational intentions (such as not anticipating to complete high school nor attend tertiary-level education) relative to non-LGBTQ persons. Victimization partially accounted for these educational disparities. This finding is supported by previous studies that explicated the disproportionately poor educational outcomes of trans scholars (Espelage et al., 2008; Greytak et al., 2013; Robinson & Espelage, 2011).

When it comes to higher education, the lives of trans students globally have over the years received little scholarly attention. Nicolazzo (2021) writes that post-secondary institutions of education – which are often similar to the large societal environment in which they operate - are engrossed in the oppression of trans persons. Nicolazzo and Marine (2015) used the narrative of Kaeden Kass, a student at Miami University, as a helpful case study for unpacking how institutional policies and practices in tertiary educational bodies can serve to perpetuate trans marginalisation. They describe how Kaeden Kass, an openly identifying transmasculine student, applied for a resident assistant position at Miami University. During the selection process, robust conversations ensued between multiple university officials pertaining to Kass's eligibility to be treated and addressed as a man throughout the institutional process. Kass was asked to attend various meetings, where he was notified that, should he be considered for the position, he would be placed in the residence as a woman, as per his legal sex designation that is officially on file with the academic institution (Nicolazzo & Marine, 2015). When Kass was finally offered the leadership position, the appointment letter arrived in an envelope inscribed with his legal name rather than his chosen name, which he used on campus, effectively disregarding his identity (Nicolazzo & Marine, 2015).

Furthermore, Kaas was placed in a female suite with female roommates despite identifying as a man. White and Jenkins (2017) highlight how this particular incident is symbolic of the gendered binary division of space that is a normative reality trans people negotiate in their daily lives. Nicolazzo and Marine (2015) conclude that a critical discourse analysis of the case of Kaas and the set of exclusionary institutional practices that he contended with expose the manner in which institutions of learning consistently fail to recognise gender as a fluid, open, and shifting identity. This results in the perpetuated marginalisation of many trans students in higher education and other sectors. The scarcity of cases or examples of inclusion within the education system, both globally and more specific to the South African context, further illustrates how unsafe and invalidating the school climate can be to young trans learners.

As arguably evidenced by the case study of Kaas by Nicolazzo and Marine (2015), stories can be sensibly employed as a powerful way of systematising human experience. Stories enable scholars and persons engaged in justice work to order human experiences and offer a critical look at the dynamic relationships between the social, cultural and political dynamics that exist between individuals and the contexts they find themselves in (Sunday et al., 2020). For purposes of this research project, a critical narrative approach will be applied to deepen understandings of the lived experiences of trans women in South Africa.

In conclusion, this review has offered a critical look at the scholarship of trans women's experiences of inclusion and exclusion over the years. It is revealed that the lives of trans people have notable ideological, political and theoretical bases and important historical footings. Examples are provided that highlight the high rates of multi-level discrimination faced by trans women and, largely, LGBTI persons in South Africa and other contexts worldwide. Despite this evidence, trans women (who are represented as typically positioned

outside the gender norm in many regions around the world) have been traditionally side-lined in normative feminist practices and post-apartheid transformation initiatives. Similarly, socially responsive psychological scholarship attending to the complex lives of South African trans women at the unique intersection of being women and trans in the South African context has remained severely limited. In fact, psychology and psychiatry (as western institutional authorities that have facilitated sexual and gender control through pathologizing diagnostic frameworks) emerged in the literature as key sites in the historical advancement of a cisgender social order that has contributed to the marginalisation of trans identities. In the interest of understanding, questioning, unpacking and addressing cisgender power, this study hopes to contribute to what Nicolazzo (2021) terms trans\* epistemologies by exploring the narrative accounts of trans women's experiences of inclusion and exclusion in South Africa.

## CHAPTER 3: STUDY DESIGN

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### 3.1 Research Aim

This research study aimed to qualitatively explore trans women's experiences in South Africa along the lens of inclusion and exclusion as they navigate the intersections of being women and trans in employment, education, and healthcare contexts. The inquiry's premise was to build knowledge around these women's lived experiences through the narratives they shared about themselves as social subjects who stand in opposition to societal normative constructions of gender.

### 3.2 Research Questions

**Main question.** What narratives do trans women living in South Africa tell about their experiences of inclusion and exclusion in the context of employment, education, and healthcare?

**Sub-question.** What are the societal structures, practices and norms across employment and the education and healthcare sector that enable and facilitate the inclusion and exclusion of trans women living in post-apartheid South Africa?

### 3.3. Research Methods

**3.3.1. Critical narrative inquiry.** This inquiry followed a critical narrative approach to guide its research methods, situating itself upon a model defined by selected methodological philosophies and theoretical foundations.

Narrative research emerges as a branch of qualitative methodology that facilitates inquiries into how people live through and construct meaning of the world (Fraser, 2004).

Narrative research is built on the assumption that human lives are storied and that stories serve as constructed models of human experiences (Fraser, 2004). A critical narrative inquiry follows a critical approach to the utilisation of these stories as a scientific instrument, particularly involving distinct methodological approaches that expressly pay deepened attention to broader institutional narratives in which told stories are situated (Pinnegar & Daynes, 2007). Critical narrative inquiries ontologically recognise reality as inseparably involving the self and its contextual features, while epistemologically, the self in context is identified as produced, reproduced and reconfigured through the construction of narratives. This, in effect, enables the avoidance of reducing persons to what Allen and Hardin (2001) refer to as individualistic agents or conceptualisations of persons that artificially separate people from their environments.

According to Hickson (2015), critical reflection is an essential foundational aspect of critical narrative inquiries as a tool employed to explicitly deconstruct stories with the aim to address and question the construction of knowledge, power and reality entrenched in and through narrative accounts. To this end, critical reflectivity in this study relies on the methodological use of postmodern and poststructural theoretical lenses to inspect the role and bearing of power on the constructions of stories. Postmodernism is a philosophical attitude toward social reality that gives value to subjectivity and the multiplicity of attributed meanings of reality instead of the expert researcher's single, authoritative voice (Hickson, 2015). This allows for the reconstruction of diverse forms of discourse, while poststructuralism prompts and motivates a manner of approaching the world that challenges and question what has become assumed and accepted as truth and knowledge. Gergen (1990) championed postmodernism as a scientific method that would allow for the

challenging of established assumptions and laws about the world, where scientists conduct research as active analysts.

To add, critical reflection as a research method is utilised to more expressly consider the impact of the subjectivity of the researcher/narrativist as a key component in the research process (Hickson, 2015). This consideration inspires the integration of a reflexive research approach that facilitates a critical assessment of the form and shape of the study and the role of the researcher in its systematic design and process (Elliott, 2005; Larsson & Sjoblom, 2010; Hickson, 2015). In this undertaking, the researcher also examines and acknowledges the ways power is assumed, exercised, enacted and reproduced in the relationship between researcher and study participants (Hickson, 2015) and the impact of this subjectivity on knowledge production. Jorgensen and Largacha-Martinez (2014: 2) emphasised “difference, multiplicity, and lived experience” as a central tenet of critical narrative studies. This assertion is premised on the argument that storytelling gives space to multiple voices in the formation (and reformation) of social structures that organise social relations.

By giving voice and fair visibility to historically silenced and marginalized trans voices, this study makes possible the contestation of cisgender power. Within a paradigm of critical trans politics, it is argued that stories carry the potential to facilitate means through which the lives of trans women can be theoretically appreciated as living within a particular socio-historical context (Nay & Steinbock, 2021), understanding their lives as organised through specific sociocultural and political processes. Although the use of narratives within studies of trans lives has not been commonly used in the literature, a critical narrative research design promises utility in the commitment to explore the interconnections between stories, identity and context. Such a methodological focus in a study of trans lives in psychology is important,

especially as a colonial discipline with a long history of pathologising gender diverse identities (Hook, 2004).

**3.3.2. Reflexivity.** Hickson (2016: 7) argued that “becoming a critical narrativist”, where narrative inquiry and critical reflection are combined to shape social research methodology, involves being reflexive as a ground-laying principle of research practice. As a term common in qualitative research, reflexivity is described as the awareness of the subjective self and its influence on the course of knowledge production processes (Taylor & White, 2001). In other words, reflexivity is a stance and position taken by a researcher that facilitates a critical questioning of the form and shape of the research and the role of the researcher in that (Elliott, 2005; Larsson & Sjoblom, 2010), where the researcher is not seen as neutral and objective but as an active interpretive analyst and producer of knowledge. In this way, reflexivity encourages me as the researcher to recognise and expressly acknowledge the values that guide and inform my current research practice. Moreover, reflexivity inspires an appreciation of the influences that my subjectivity - my background, assumptions and experiences - have on the process of the research and its epistemic outcomes.

**3.3.3. Positionality.** A practice of reflexivity compels one to be self-aware and, more particularly, critically reflective of their situated assumptions about the world and the different ways their positionality (in relation to the study participants) could serve as a hindrance or resource (Brooks & Hesse-Biber, 2007) in the dynamic process of knowledge production. Hickson (2016) said that it is self-awareness that guides our understanding of ourselves and the values shaping our research practice.

Lindsay and Schwind (2016) stated that when researchers engage in a methodology of narrative inquiries, they emerge as co-participants, co-constructing knowledge *alongside* the

research participants. In view of this, and through a critical qualitative methodology of listening to stories, making interpretations and revealing the meaning behind stories, I recognise my role as an active meaning-making analyst - as one that places me as “an intermediary” (Pino Gavidia & Adu, 2022: 2) in knowledge co-construction. Given this, I appreciate the stories of the participants foregrounded in this study as well as my active interpretations of them as socially situated.

From that position, I declare neither objectivity nor neutrality as a researcher. Instead, I constructively address my subjectivity and bias by exploring my positionality in light of the factors that have driven me to this study, which I explore in the next section of the study. Guided by a commitment to ethical practice, I acknowledge the need to be open about these factors; about the manner in which my subjectivity (my life experiences, my values and my worldviews) has potential influence on the practices of the research and its outcomes. Through the engineering of narrative research, Clandinin et al. (2007) asked for transparency pertaining to why a particular research endeavour may be important for one – in ways personal, practical and social. In so doing, Gavidia and Adu (2022) argue that reflexivity becomes a meaningful act of being authentic with oneself, the research and the audience.

**3.3.4. Positioning the self within the research.** Being reflexive and cognisant of my positionality was an ongoing practice in the research process. The week that I started drafting this section of the research paper on positionality happened to have coincided with an event that reiterated gender as, indeed, one of the most troubling aspects of my lived experience of the world.

On a hot day in Makhanda - perfect for a beach day - I had a financial service need that required me to make telephonic contact with my bank, one of the most prominent financial

institutions in South Africa. First thing, as expected, the consultant requested my ID number and full name. I furnished her with the details accordingly. She politely expressed, “Thank you, ma’am.” She said ma’am, assuming and imposing an identity on me based on the sound of my voice. She briefly paused as she inserted my details into the system, waiting for the system to locate my profile. After a couple of seconds, she got back to me in a challenging tone, asking, “Excuse me, ma’am. Who am I talking to, again?” I responded, “Uhm, you are speaking to Siyanda Buyile Shabalala.” She hesitated. She further interrogated and challenged, “Are you sure? Your profile says you are a male. You do not sound like a man. You are not a man. I need to speak to someone to whom the banking profile belongs to.” I was instantly annoyed and maybe quietly enraged, too, by the questioning, challenging and policing of my being as a male-bodied person whose feminine expression of their identity defies culturally entrenched sensibilities of the gender binary system.

As someone assigned male at birth and consequently socialised as a ‘boy’ in rural northern KwaZulu-Natal, my embodied femininity does not follow the gender script. At least not neatly. This encounter with cisgender administrative violence in a financial institution has happened before and it didn’t turn out well. In the previous similar event, I was downright refused assistance because my perceived gendered embodiment (ascribed through the way I spoke) did not match and mirror the societal construct of the male sex category indicated by my bank profile. As usual, in this encounter, existing outside of the confines of gender norms (re)produced me as institutionally unrecognised and denied - impossible to be culturally seen as justly human. Despite having experienced that institutional rejection before, I surprisingly did not anticipate it to happen again, at least not on that hot today. I do tend to easily forget how being ordinarily me in the world is a seemingly marked and extraordinary act that complicates and challenges people and their limited assumptions about gender: the

assumption that femininity belongs to people with vaginas and masculinity to people with penises, and the assumption that women have vaginas while men have penises. As a person assigned male at birth but identifies deeply with femininity (and not with womanhood per se), it is these systemic questionable assumptions that I have, over the years, found to underpin the problematization of my being in the many institutions I navigate on a daily as a South African. As someone whose (trans)feminine gendered embodiment daringly defies, these assumptions and gendered institutional sensibilities have made something as simple as getting telephonic service at a banking institution complicated for me. It is this complicatedness that underlies my interest in not only exploring and understanding gender as a social institution but challenging its limiting and oppressive functions.

I undertake this critical social research on the positions of trans women as an act of solidarity with those who, just like me, lead lives restrictively regulated by gender norms. I attend to the stories of trans women as a way to unpack and challenge the confining regimentation of gender in South African democracy, which I have seen show up in my life in big and small ways. However, as a (trans)feminine person, I recognise that these gender regimentations may show up very differently for trans women. It is this curiosity and layered interest in commonality, particularity and difference that drives me.

It is my view that the stories and perspectives of those historically rejected by patriarchal systems can be useful in the cultivation of new ways of understanding gender, of engaging gender in more expansive, fluid and equitable terms. Through the utilization of a subjectivity of transness as a source of knowledge, this study is an act of troubling gender back. In many ways, one can think of this research as a radical 'talking back' practice, as inspired by Bell Hooks (1989: 3-4), who writes:

*“ In the world of the southern black community I grew up in, ‘back talk’ and ‘talking back’ meant speaking as an equal to an authority figure. It meant daring to disagree, and sometimes it just meant having an opinion... To speak then when one was not spoken to was a courageous act—an act of risk and daring. Moving from silence into speech is for the oppressed, the colonised, the exploited, and those who stand and struggle side by side, a gesture of defiance that heals, that makes new life, and new growth possible. It is that act of talking back that is no mere gesture of empty words, that is the expression of moving from object to subject, that is the liberated voice “.*

In an act of solidarity with trans women, I utilise narratives to shine new light on the way trans women live and experience gender in South Africa. In so doing, I am not a voice to the voiceless. Trans women have always had a voice. Simply, they have arguably not been heard or given the platform to be heard. This critical narrative inquiry attempts to amplify and provide the voices of trans women the privileged space to be justly heard by meaningfully representing their views and experiences through the production of critically reflective ethical scholarship.

**3.3.5. Addressing power in the research process.** Recognising, addressing and negotiating the role of power in the research process is a primary concern in any critical narrative inquiry. Within this methodological paradigm, it is argued that power is an integral feature of knowledge production processes, highlighting the shifting and uneven distribution of power that may exist between study participants and the researcher. Magolda and Weems (2002: 503) stated, “At best, qualitative researchers can be aware of these power differentials and be openly reflective about how issues of power and positionality shape the inquiry process”. Therefore, in this study, instead of assuming my life and that of my study

participants as separate, as a reflexive practice, I reflected on and addressed the power dynamics that mediate the knowledge production process.

It was well recognised that I, as the researcher, had a degree of power over the final written product of the study. However, as Nicolazzo (2015) also contended in their work, the study participants equally had the power in granting me access to them - their information, their experiences and their perspectives. As a way to negotiate power, I conducted the research as a co-constructive process. Following an ontology that argues realities are subjective and multiple (Johnson, 2015), study participants were empowered through the prioritisation of their voices and perspectives. I observed that the views, understandings and stories shared by the trans women in the study as intrinsically legitimate in their own right - carrying the transformative potential to construct new gendered truths disrupting existing societal normativities. Within this view, the research was especially conducted with epistemic humility, making the admission that the (trans)feminine, black and middle-class researcher is not the expert on the experiences of the study participants, but the trans women participants are. Identifying myself as an active analyst, the analysis was deliberate about paying considerable focus on particularity, showing respect and recognition to the features of trans women's subjectivity in South Africa that disorganise and disrupt taken-for-granted normative notions concerning the experience and construct of gender, transness and womanhood, including the overgeneralised notions that I, too, may have subjectively held as an analyst. All in all, this served as a useful way to keep in check the balance of power in whose voice/voices are foregrounded in the research process.

Inspired by the approaches of Nicolazzo (2015), I also facilitated a reflexive negotiation of power by talking openly with the study participants about the interview process, humbly

attending to how working together (through a conversational modality) felt for them. In this task, my interest was exploring if the participants felt heard and understood by me. In addition, it became important that I ensured participants were informed about the weight of their contributions to the study and what the study hopes to do and achieve through the utilisation their input in the study. This was done in order to strengthen a sense of collaboration.

### **3.4. Research Procedures**

**3.4.1. Participants.** This research project interviewed five trans adult women currently living in South Africa. Trans women in the context of this study are defined as women whose self-defined gender identity does not align with the gender that was socially assigned to them at birth (Stryker, 2013).

The participants were over the age of eighteen. Some were employed, while others were looking for employment. Beyond age, gender and nationality, the study did not use any further inclusion/exclusion criteria. This means that in terms of socio-economic status and location across the country, the study prioritised diversity to enable the scholarly investigation to capture the multiplicity of trans narratives from a critically reflective standpoint. Per the tenets of critical trans politics and trans theory (Nagoshi & Brzuzy, 2010), this decision was guided by using intersectionality as an auxiliary theoretical frame, postmodernism as a foundational philosophy and critical reflectivity as a methodological principle in the research design. Intersectionality facilitated a deepened and nuanced analysis that meaningfully accounted for the structural differences found across the shared narratives of the participants due to other social identities they held. Postmodernism facilitated an interrogation of the meanings of spoken texts as they were constituted in and by the

participants' varying social and cultural contexts. Philosophical principles of critical reflectivity were taken up to enable an appreciation of the multiple and pluralistic subjective ways participants understood reality as informed by contextual positionality.

**3.4.2. Sampling Strategy.** The study used a purposive sampling technique. This is a helpful method in light of a framed critical study with specific goals and objectives. As stated by Punch (2013: 187), a purposive sampling strategy uses "some sort of deliberate sampling" and implies the existence of "some purpose in mind". This choice indicates that the call for research participants was focused on identifying participants who would contribute to the phenomenon being investigated (Gentles et al., 2015).

In this study, access to study participants was obtained digitally. Social networking platforms were used. The researcher created a digital poster and published it on their social media platforms - namely, Facebook, Instagram and WhatsApp. The researcher's social media community was requested to share the posters widely. Interested participants reached out to the researcher by emailing the researcher and directly messaging the researcher on the respective social media platforms. Poster is included as Appendix A.

**3.4.3. Data Collection.** The data collection procedures of this study primarily included the techniques of conversation and story, where narratives (through dialogue) were used as a tool for collecting data (Abdallah, 2009). In that respect, data for the research was gathered through hour-long semi-structured individual interviews, where questions regarding participants' subjective experiences within the employment, healthcare and education sectors were explored. Before conducting the interviews, participants were requested to read and sign a consent letter. This letter summarised the project, what is expected of them and the rights they have (See Appendix B). An interview is typically characterised as a one-to-one

open dialogue intended to generate in-depth data (Hannabuss, 1996). Richards (2003) states that ordinary conversations give knowledge about the ways in which human beings construct, make sense and represent their world. Further, within a framework of critical trans politics, interviews allowed for the legitimisation of the voices of ordinary people subjugated by cisgender power.

An interview that is semi-structured in its form employs a reasonably detailed interview guide, fashioned for the purpose of obtaining subjective data from persons concerning a phenomenon (Kallio et al., 2016). The form and shape of the interviews conducted in this study were considered to be semi-structured in that the interviewed participants were given the liberty to deviate slightly from the interview script. As in the case of this research, a semi-structured interview method is said to be helpful when there is relatively sufficient objective data regarding a phenomenon that is known, but the subjective is especially lacking (Meadows & Morse, 2001). The research's objectives, thus, guided the decision to use semi-structured interviews in the interest of developing rich and textured understandings of the participants' shared stories (Galletta, 2013). The interview schedule is included as Appendix C.

McIntosh and Morse's (2015) systematic review of studies that used semi-structured interviews as a research method unpacked different types of semi-structured interviews, which are differentiated according to their respective purpose, epistemological privilege, the role of the participants and the research outcome. Being guided by their review, this study chose a descriptive/interpretive interview frame. An interpretive interview design means that the approach to the interview epistemologically privileged the study participant as an autonomous knower (McIntosh & Morse, 2015). From a stance of epistemic humility, the

interview frame was expressly acknowledged to be limited and flexible, where the subjective knowledge of the informant was treated as critical to the expansion of the frame (McIntosh & Morse, 2015).

Guided by McIntosh and Morse (2015), the interview frame was established by identifying the domains of the topic under investigation (including its boundaries). This was then followed by preliminarily identifying the categories of the topic of social inclusion and exclusion and then creating the questions. The construction of the frame was based on the review of the literature as well as social exclusion theory and critical trans politics as the selected theoretical frameworks of the study. The domains of the topic were defined as healthcare, education and employment. Once the domains were delineated, the researcher ascertained the categories. The cultural, economic, political and social were identified as theoretical categories of social inclusion and exclusion. These categories were subcategorised into operational levels including the individual context, the household context, the community context, the national context and the global context. Open-ended interview questions were then constructed from each of the conceptual categories.

As a method of interviewing, the researcher predominantly asked open-ended questions, which the participants were free and open to respond to as they wished. The researcher would then probe these responses accordingly, enabling a free-flowing discursive conversation with rich qualitative data. These probes were intended to prompt elaboration further than the participants' initial opinions, elicit pertinent information and provide clarification (Irvine et al., 2013).

The interviews were conducted via telephonic calls. The researcher arranged a specific date and time for the research interviews to take place, providing a reminder to the

interviewer to pick a private, comfortable space to conduct the interview. In the event where there was a loss of connectivity, interviews were rescheduled. The telephonic voice calls were recorded via a Microsoft PowerPoint recording function. The data was then transcribed for analysis. The recordings were transcribed verbatim and not paraphrased.

**3.4.4. Data Analysis.** The study took a narrative approach to systematically make sense of subjective experience.

Narrative researchers have traditionally used various techniques to analyse narrative accounts (Lieblich et al., 1998). This has typically included an analysis of the narrative in its entirety or included a centring of the analysis on specific words and utterances present in the narrative report. Other narrative analysts have chosen to pay particular focus on the sequencing of events and the structure of the stories told to understand them (Fook & Gardner, 2007). Critical narrative researchers, who philosophically employ critical reflection as a key methodological component of their analysis, prefer to focus on meaning-making, adopting a holistic approach (as opposed to a categorical approach). The critical narrative researcher focuses on holistically deconstructing the assumptions and ideas that surface through storytelling, examining the manner in which participants make sense of their experiences (Fook & Gardner, 2007). The researcher becomes particularly interested in the deconstruction of language and the implied meaning of stories describing human subjectivity and its contextual elements. This process facilitates the unpacking of how and why stories are constructed (Riessman & Quinney, 2005). In line with a postmodern way of thinking, such a manner of deconstruction is a methodological emphasis that makes possible an examination of the social processes that influence how people's lives are storied. As Caine and colleagues

(2018) explain, individual stories are better told and interpretively made sense of within broader structural and institutional narratives they are situated in.

This study methodologically drew upon a narrative frame introduced by Fraser (2004) to analyse data. Fraser (2004) proposed an overlapping phased analytical procedure that embraces the analysis process as flexible. He pioneered a line-by-line approach to narrative analysis and outlined practical activities associated with this process.

*Phase one - Hearing the stories, and experiencing each other's emotions.* As an actively engaged enquirer, the analysis process begins as the stories are being told in interviews (Fraser, 2004). This initial stage involves reflectively listening to the stories as they are narrated and experiencing participants' emotions from an empathetic stance (Olson & Shopes, 1991; Kleinman & Copp, 1993). Thoughtfully taking notice of the feelings stimulated by the storytelling as they are textually described provides clues that deepen the listeners' understanding of the meanings of reported experience (Fraser, 2004).

*Phase two - Transcribing the material.* After carefully listening to the stories, through transcription, the researcher gets intimately engaged with the narratives shared (Fraser, 2004).

*Phase three - Interpreting individual transcripts.* The researcher immerses themselves in each of the individual transcripts. The researcher notes the themes that emerge in the stories as well as the types of stories (Fraser, 2004). This involves recording the specificities of each transcript and identifying any contradictions as the researcher explores the types, forms and angles of each of the stories. In this phase, the researcher is guided by critical questions posed by Fraser (2004) such as: What are the common themes in each transcript? Are there main points that can be deciphered from particular stories? What words are

chosen? What kinds of meanings might be applied to these words? What contradictions emerge?

*Phase four - Scanning across different domains of experience.* To minimise the risk of looking at the stories through a single isolated lens, the researcher explores and unpacks the experiences along various dimensions – namely, the intrapersonal, interpersonal, cultural and structural dimensions (Fraser, 2004). This aligns with the tenants of social exclusion theory, where exclusion is construed as a multidimensional, multi-layered and multimodal process and state. This manner of attending to and scanning the stories for different domains of experience restricts the researcher from fixating on and being confined to one dimension of life (Segal, 1999; McCabe & Bliss, 2003). This was particularly relevant for this study as it aimed to unearth knowledge about the ways in which trans individuals reciprocally interacted with the structural dimensions of their environments. To do this, stories that may be otherwise considered personal were explicitly examined for their interpersonal, cultural and structural aspects (Mullaly, 2002). The interpersonal facets of the stories entailed relationships with other people (Gagnon and Simon, 1974; Simon, 1996), while the cultural elements of stories concerned broader social groups and the sets of cultural values, norms and practices that characterised relations among people. The structural aspects of stories constituted claims made in respect of the influential role of public policies, social systems and institutions. This structural analysis enabled inferences to be made about class, gender, race, age and other systems of social organisation (Mullaly, 2002) from an intersectional standpoint (Crenshaw, 2017). As guided by (Fraser, 2004), this vital phase was guided by critically reflective questions, such as: Which parts of the stories relate to interpersonal relationships and interactions? How do they relate to the other aspects of the stories? Are cultural conventions, or the transgressions of cultural conventions, evident? If so, what are the effects? Are social

structures, institutionalised or otherwise, present? If so, how do they appear, and what is being said about them? How might the different domains of experience be linked?

*Phase five - Linking the personal to the political.* As an extension of the previous phase, this phase involved linking the themes that emerged to larger societal structures and systems of power (Fraser, 2004). Scholars of trans people's experiences in the recent past have underscored the importance of linking the personal with the political (Nagoshi & Brzuzy, 2010). So, this phase entailed an exploration of the hegemonic discourses and corresponding social conventions as an essential component of a critically reflective framework for understanding the stories. Informed by Fraser (2004), in this phase, the researcher was guided by critical questions, such as: how are the experiences mediated by the material conditions in which narrators live? What do the stories say about the multiple interwoven lived experiences of class, gender, race, sexual orientation, age, (dis) ability, religion and/or socio-geographical locations? What relationship do the stories have to particular social discourses?

*Phase six - Looking for commonalities and differences among participants.* After themes were clustered together for analysis, the researcher contrasted the narratives by inspecting the content, type, and tone of the stories shared by participants (Fraser, 2004). This involved making a consideration for how stories aligned with the initial assumptions of the research and exploring narratives that may have been inconsistent, contradictory, counter-intuitive and even surprising (Worthington, 1996). Important guiding questions here included as highlighted by Fraser (2004): What are the emergent themes and patterns across the transcripts? How are differences in themes enunciated?

*Phase seven - Writing academic narratives.* Through translating narrative content into a formal written analysis, the last step of analysing was a formal written presentation of the

stories (Fraser, 2004), recognising the interpretive process that had pulled different parts together to create a story of its own.

### **3.5. Ethical Considerations**

The following important ethical considerations were negotiated in planning and implementing the project:

**3.5.1. Minimising the risk of harm, and providing the right to withdraw.** Upholding and defending the safety of research participants and protecting them from harm is one of the most critical ethical obligations in any scientific research study (Israel & Hay, 2006). In the case of this study, the individual interviews with study participants were held telephonically. Due to this set up, there was no chance or opportunity to inflict physical harm to the participants. In contrast, as a result of the sensitive nature of the topic/subject of the interview dialogue, it was recognised that the interviews did posture the risk of activating emotional distress within participants (Israel & Hay, 2006). It was appreciated beforehand that participants might become reasonably distressed when speaking about their experiences of social exclusion, while recalling experiences of social inclusion may hold more positive and healing potential.

Provisions were made to minimise the potential the risk of harm occurring during data collection. Firstly, as way to appropriately forewarn, the participants were made aware of the possibilities of risk that entailed their participation in the study. This was done to ensure that an informed decision guided their participation in the research. When each interview began, the participants were informed that they had the right and freedom to decide against their engagement and involvement in the study, at any point, without receiving penalties. Secondly, the researcher ensured that the interview was sensitively facilitated in an

emotionally containing way. Corbin (2003) describes a competent interviewer as one that is especially sensitive to the needs and position of the participant in an interview. As a clinical psychologist in training, I utilised my interpersonal skills to contain the participants in the event they felt overwhelmed and needed to process what was coming up for them. Importantly, the consent form also included a list of organisations that could offer counselling to relieve potential distress caused. My disclosure, as the researcher, of my identity as a (trans)feminine person, who is a member of the trans community, contributed to creating an interview environment that felt safe for the participants.

**3.5.2. Informed consent, and deception.** One of the basics of ethical practice is the concept of informed consent. Haverkamp (2005) described informed consent as a process in which a researcher and inquirer obtains a participant's permission (guided by informed insight) to participate in a research study. Informed consent means that participants understand i) that they are participating in a research study, ii) what the research requires of them, and iii) their participation implications (Haverkamp, 2005). Deception contradicts the values of informed consent. Deception occurs in the instance when a researcher provides information that is false to participants and intentionally misleads them about crucial aspects of the research (Orb et al., 2001).

Before data collection occurred, the researcher provided each participant with an informed consent form that they needed to sign before the interview. The document contained details about the study and the participants had to review and decide if they want to participate. The form included information about, for example, the objectives of the research, the methodological procedures followed, the potential outcomes of the inquiry as well as the related demands and risks associated with the study that the participants may

face. The form needed to be signed and sent to the researcher before each interview. At the beginning of each interview, the researcher reviewed the participant's consent and ensured that they understood their consent. The consent form is included as Appendix B.

**3.5.3. Privacy and confidentiality.** Protecting the anonymity and confidentiality of study participants is also considered as another important technical component of ethical principles in research practice. Privacy and confidentiality can be said to refer to the participants' right to divulge only what they would like to be revealed concerning their personal identities and the content of the interview dialogue (Stanley et al., 1996).

The basics of semi-structured interviews meant that the interviews had the unconstrained freedom to autonomously choose what they would like to share and not share with the researcher. However, additional practical provisions were made to protect confidentiality. Firstly, pseudonyms were used when reporting the research findings. Secondly, the researcher identified information that compromised the participants' privacy and those they referred to during the interview. This information was removed from the research report. Lastly, the researcher arranged a specific date and time for the interview, reminding and prompting the participants to select a private and comfortable environment to engage in the interview.

In addition, researchers have also been encouraged to remain mindful of the need to carefully protect the storage of data on digital platforms in the case of audio and video recorded interviews (Steffen, 2016; Adams et al., 2021). The electronic voice recordings were, thus, stored in the cloud with password protection for up to 5 years, after which the recordings will then be destroyed. The researcher is personally managing the password protection on the data.

## CHAPTER 4: FINDINGS AND ANALYSIS

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Having outlined the methods and ethical considerations of this project in the previous section, this chapter presents the findings of the study. In respect of the research questions raised in this study, this chapter focuses on answering the following questions:

- i. What narratives do trans women living in South Africa tell about their experiences of inclusion and exclusion in the context of employment, education, and healthcare?
- ii. What are the gendered societal structures, practices and norms that enable and facilitate the inclusion and exclusion of trans women living in post-apartheid South Africa?

The following table indicates the age, gender and location of the five adult trans women who partook in this study. They all lived in South Africa during the time of the study, navigating a gendered post-apartheid society at the unique intersection of being women and trans. Thus, their lived realities - as they navigated various gendered institutional settings (namely, employment, healthcare and education) - were explored.

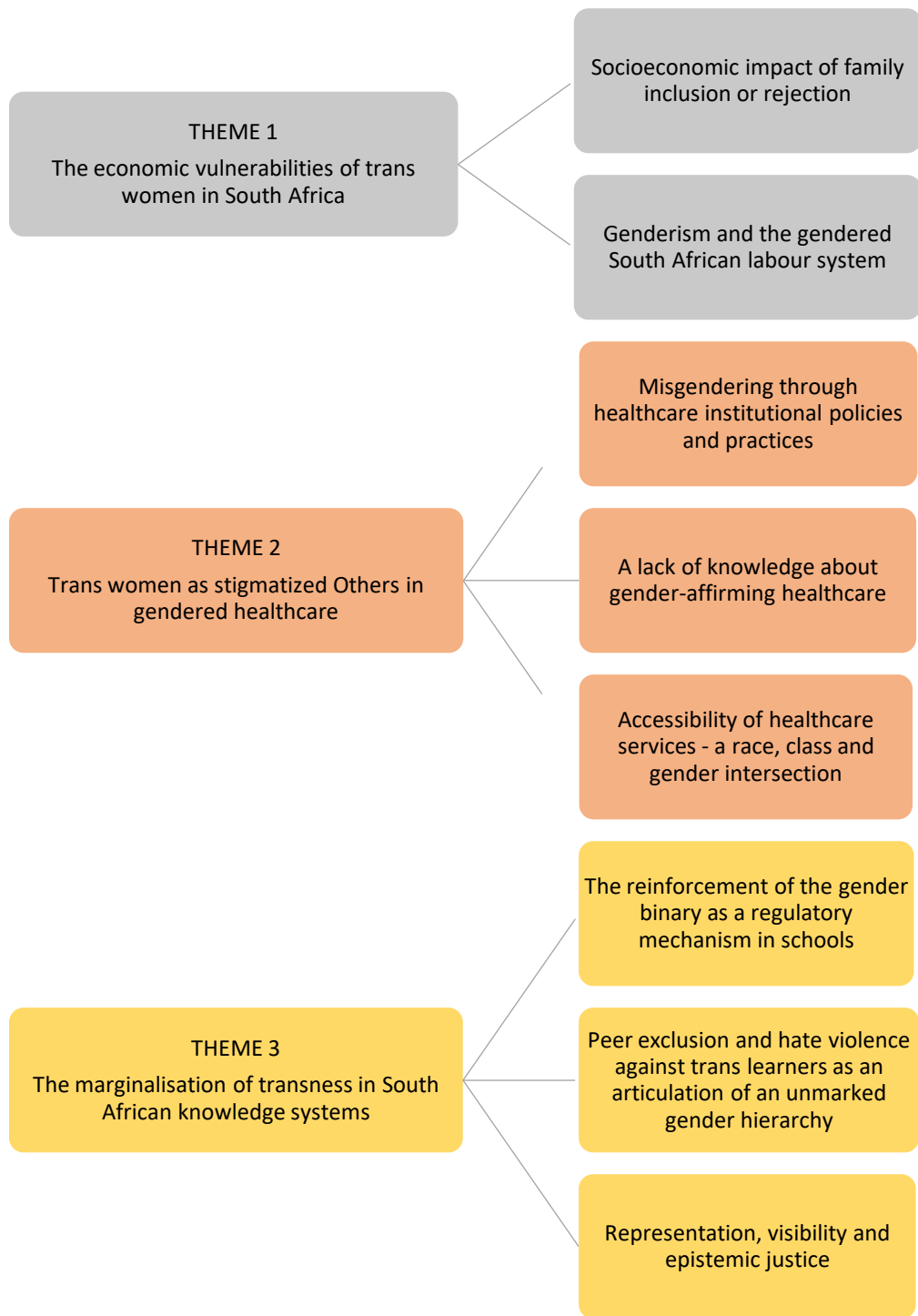
**Table 1:** The demographics of the participants who were sampled and interviewed in this study

Pseudonym	Age	Preferred pronouns	Gender	Location
Phumeza	29	She/her	Trans woman	Gauteng
Shanduka	30	She/her	Trans woman	Limpopo
Lerato	29	She/her	Trans woman	Limpopo
Laila	24	She/her	Trans woman	Northern Cape
Mpho	22	She/her	Trans woman	Gauteng

When analysing the qualitative data using narrative analysis, three main narratives emerged with either two or three related subthemes each. The main themes identified were as follows:

- 1) The economic vulnerabilities of trans women
- 2) Trans women as stigmatised others in gendered healthcare
- 3) The marginalisation of transness in South African knowledge systems

The main themes and related subthemes are presented graphically in Figure 1 below and then discussed.



**Figure 1:** Main themes and related subthemes for patterns of inclusion and exclusion among trans women in South Africa.

#### **4.1 Theme 1: The economic vulnerabilities of trans women**

The narratives of the trans women in this study revealed two important subthemes that influenced their experiences of economic vulnerability within South African society.

First, participants talked about the influence of exclusion or inclusion based on their trans identity within the family system as having a considerable impact on their experiences of economic vulnerability. Family exclusion or rejection was expressed through financial neglect and the withdrawal of financial support while in other instances being rejected by family resulted in homelessness. These narratives of compromised relationships with the institution of family were evidenced to have a particularly negative impact on the participants' economic capabilities. Family inclusion was described as being affirmed, accepted and supported. This was seen to be linked to participants' improved self-confidence and increased financial security and access.

Second, when navigating the labour system, participants reported being confronted with institutional conventions that effectively conditioned access to employment opportunities on the trans women's abilities to match and conform to their legal gender categorisation assigned at birth. In addition, participants described being confronted with a labour system that centred on the restrictive gender division of labour, rendering them, as trans women, who were often denied their womanhood, to a position of being deemed unfit for and undeserving of certain labour roles historically reserved for women. Through hiring processes and within workspaces, participants also reported discrimination through forms of workplace hypervisibility that exposed them to scrutiny. Despite these discriminatory experiences, there were also examples of inclusion in the workplace that highlighted the

importance of a tolerant and accepting institutional culture as well as the value of promoting the visibility of trans women in the workplace.

These two sub-themes are discussed more extensively below.

#### **4.1.1 Disposability and the socioeconomic impact of family rejection: “You buy food for yourself because your family won’t provide” versus family inclusion.**

Familial rejection or inclusion emerged as a strong theme across the narratives of the participants, manifesting itself as having a considerable socioeconomic impact on the lives of the women in the study. Lerato (pseudonym) illustrates the power of family acceptance and rejection of her gender identity in the following quote, highlighting how family and society go “*hand in hand*”:

*“I mean, they were supportive but some or most [of the time] they were not... My family was so, so discriminative and stuff like that... Because even now, I am on a journey to transition. So, it’s hard for me because they are family. They are society. They all go hand in hand”.*

Lerato alluded here to her family being an extension of society and its prejudices. Due to the social disapproval of her identity, Lerato could not report to her family the gender-based discrimination she was experiencing at school:

*“Some other days I would not report things [at school]. I would feel like my parents are going to be involved and they will know I am wearing skirts at school. So, it was an embarrassment for me...”*

Resultingly, Lerato could not be provided with any protection and cushioning against the vulnerabilities she was experiencing at the time. She could not solicit the support she

needed from home, believing it would provoke tension. Therefore, she managed her difficulties alone as she experienced being pushed further and further outside of her school and family systems. Mpho (pseudonym) and Phumeza (pseudonym) described similar familial experiences of rejection from the family because of their gender identities. Mpho described her experiences with her father as follows:

*“My father... He always says bad things. He’s so negative. So, there are three occasions where he violated me... I went to him so he can take me to school in his car and I was wearing a dress and he was like, “Take off that shit!” What he does, he never speaks to me like he’s speaking to a person. He always speaks to me like he is speaking to some kind of an animal... There’s no love, no care... He once beat me in front of people”.*

Through her father’s command that Mpho must “take off that shit”, her family communicates clearly to Mpho their expectations of how gender should be expressed based on appearance and behaviour. This reflects an act of gender policing, where gender norms are imposed on Mpho, who is perceived by her family as not adequately following the script of her assigned gender at birth. Phumeza mentioned a similar incident:

*“Ja, he would actually tell my brother that whenever he sees me with anything that is for women or playing dress-up, he must just beat me”.*

As a consequence of Phumeza’s deviation from the normative scripts provided to her by her family, she reports her family financially neglecting her. This financial neglect emerges as an expression and reinforcement of her familial rejection of her gender identity:

*“I only went to school for that two years, which the next two years were when he disowned me... He was able to look me in the eyes and tell me... ”I made you who you are*

*today... The thanks I get from you is you being who you are? Then I don't have money to then take you to wherever you want to go."*

Phumza resorted to departing from home as a consequence of these experiences of family rejection and the oppressive gender regulations imposed on her at home. She recalled one of her father's conversations before she left:

*"He was like, "I cannot have a homosexual child." He said [that] his sperms never popped out a homosexual. So, he can never raise a homosexual... He is expecting a guy from me. He is expecting a child who will carry the family name. He is expecting a man who is going to marry a woman and all that. So I then departed and started my life".*

Phumeza's circumstances and choices mirror the experiences of other trans women who participated in this study, who left home on the premise of being unable to live in a hostile environment that rejected who they were in terms of their self-defined gender identities. Phumeza's narrative spoke about homelessness and precarious living as a phenomenon that threatened her social, economic and psychological security; an experience marked by vulnerability and survival:

*"It was very difficult because now you're used to having people who are beside you. So, now you have to start on your own in a community where you don't know anyone; live in a place where you're also scared of what's going to happen. You're also on your own wondering, "What's going to happen tomorrow? How am I going to survive today?"*

In Phumeza's narrative, associations are made between homelessness, economic vulnerability and a decreased sense of safety in the world. Lerato similarly described experiences of financial neglect in her family system due to her gender identity, which

ultimately led to her leaving home. Her compromised relationship with the institution of family is seen to have an immediate economic effect, significantly obstructing her economic capabilities to sustain herself in society:

*“We are unemployed and our families have kicked us out of the houses. We are homeless... I have to hustle myself for food and everything. Family does not support that much... They were supportive, but some, or most, were not... At home, everything you do for yourself. You buy groceries for yourself, you buy food for yourself because your family won’t provide. You have to go to health facilities for yourself, everything you have to buy”.*

These examples illustrate how participants in this study experienced financial neglect at the hands of their families, in response to their expressions of their self-defined gender identities. The financial neglect pushed the participants in the study to leave their families and attempt to take care of themselves outside of the protection of the family system. Participants were often unable to meet their basic needs for food, shelter, health and education as commodified basic needs in a largely capitalist South African society. In this respect, family rejection is revealed in the narratives of the women in the study as having evident unfavourable consequences when it comes to their economic well-being in society. As a result of this economic vulnerability, sex work, thus, emerges in Lerato’s story below as labour done as a means of economic survival:

*“So, I had to become a sex worker because people didn’t understand. I had to go and stay in town and work there and then that’s when we became sex workers and we met some other transs... We did sex work to pay our rent, to buy groceries and stuff like that”.*

However, while a majority of the participants reported negative familial experiences that had far-reaching financial consequences, Laila (pseudonym) cited an affirming familial experience. She described the night she disclosed her gender identity to her father:

*“My dad was actually... I was actually surprised because I know my dad. He always wants to be in control and in command. And he always has the last word, but he was so calm that night, he was cool. And then he was like, “Whatever makes you happy as an individual.” I think because he is an educator, hence, he understands me more clearly”.*

Similarly, Phumeza mentioned the protective role family acceptance and inclusion played in her own life:

*“If I am able to accept it [my identity] and if my family accepts me then I don’t feel that any other person would have much visibility in my life. Because if my family they are happy and also within myself I am happy, then everything is just a roll in a park. But if... I discredit myself and my family does that too then it’s easy for other people to do that too. It’s very easy”.*

Through this viewpoint, Phumeza highlights the positive effects of being accepted by family, explaining the positive impact it had on her self-confidence and sense of resilience in the world. But more so, Laila and Phumeza’s experiences of inclusion in the family prevented them from having to choose between expressing key components of their identities and familial support and acceptance. This support and acceptance allowed them to benefit from the economic protection afforded by their family systems, as they established themselves as young adults in the world. This is in contradiction to the experiences reported by Lerato, who, rejected by her family, resorted to sex work to provide for herself financially and survive.

Thus, through this reflection, family inclusion or exclusion based on the expression of gender is observed to be linked to economic vulnerability and the consequences thereof.

#### **4.1.2 Gendered labour discrimination and the economic marginalisation of trans women:**

**“I had come to work, not to be asked about my gender.”**

A second dominant subtheme that emerged in this analysis relating to economic vulnerability for South African trans women was the gendered labour system. The women in this study experienced the labour system in South Africa as conservative in terms of its gendered configuration, employing gendered employment practices that disadvantage them as trans women. Participant narratives suggested that these trans women faced overt and covert gender-based discrimination as employees and job seekers in the South African labour market.

First, discrimination in the workplace based on dominant gender expectations is well illustrated by Lerato’s experiences. Lerato revealed that she was discriminated against on the basis of her gender during an interview process while seeking work:

*“I remember this one time I went to this interview. They asked me this question: “If we give you this job, what are you going to do?” Then I told them that I am a parent. I have a daughter and so I had to provide for her. So, for them, it was like: “You’re a trans\* woman but you have a daughter?” So, that thing triggered everything. Discrimination started: “How come? You are not okay. You should go and see a psychologist because this thing of yours is a disorder.” It wasn’t necessary for them to ask me those questions because it was an interview, where I had to come to work, not to be asked about my gender... It was in a very judgemental way, in a very degrading way”.*

Through Lerato's narrative, her life and identity became the subject of an interview, as opposed to her skills, during an organisational hiring process. This is highlighted in the assertion that "I had to come to work, not to be asked about my gender". This experience spotlights a sense of hypervisibility that seemed to have characterised Lerato's experience of the hiring process as a trans woman. Lerato conveys a sense of being overly visible because of her gender to the point of overshadowing her unique skills, personality and contributions. In this manner, hypervisibility is manifest by means of Lerato's social identity being scrutinised and placed under a magnifying glass. Demonstrating this scrutiny, Lerato also cited a stigmatising societal discourse regarding her having a psychiatric disorder that was weaponised against her during a hiring process. This indicates that the discrimination that Lerato received was premised on societal understandings of her embodied pathologized identity.

Similarly, Lerato detailed how her position as a trans woman became the focus in her hiring process - evidently not her resume or her professional experience:

*"After my matric, I tried to apply to a few jobs in a few places. So, for them, the issue was that I was a trans\* woman... whenever I went to an interview, whenever I would wear my clothes, they would call me names".*

Second, Phumeza and Laila described discriminatory experiences pertaining to the incongruency of the sex legally assigned to them at birth and the gender identity they currently embodied and identified with. Phumeza described her experience as follows:

*"I had an incident at work whereby I came in at work being who I am. So, now because I had not changed my gender marker and my sex - my ID still presented as male, my sex was still male, as well as my name... It became a problem now when they saw what they saw and*

*when they saw what is written on the ID. It became confusing to them, saying “You are not the person that we’re seeing in the ID. There is confusion.” Then I had to tell them, “What you see is this, what the ID says is going to be worked out.”*

Phumeza, as a trans woman, was confronted with institutional conventions that effectively conditioned access to employment opportunities on her ability to match and conform to her legal gender designation. Her organisation operated on the biased assumption that self-designated gender will always match the legal gender categorisation, which is often not the case for trans women. As evidenced in this example, gender norms were operationalised in employment administrative proceedings with particular bias and rigidity that did not account for Phumeza, whose gender embodiment and expression did not match the gender legally assigned to her at birth. Phumeza’s narrative reveals gender as not merely personal property, but a legal construct that has an impact on economic participation. Laila’s employment experience in the South African Police system reveals similar labour barriers:

*“The acceptance in the police... They were like, “You are male. Everything of you says you are male.” I was already busy with the transition but then my ID wasn’t changed yet and a lot of documents. So, I needed to change that first... They said at SAPS, “You must submit every pre-authorised document that state that you are now transitioning and since when are you transitioning, and where are you now. Can we pronounce you as a woman?” They were questioning a lot of things. They were questioning a lot and they would put you in such an awkward position... They would want to see if my breasts are real breasts”.*

Laila was provided with the requirement that her self-designated gender needs to align with her gender identity in order for her to access employment. This suggests a hiring process that sees gender as a fixed construct, excluding persons who reject legalised

categories of gender assigned to them at birth. In this process, it is seen that Laila's right to self-determination is undermined, seeing that her identity needed to be legitimised through documentation (from medical, psychiatric and psychological professionals).

Third, participant accounts like those of Shandukani (pseudonym) described discrimination in the workplace based on the gendered division of labour. Shandukani could not get a job with the Department of Public Works because they were for 'females':

*"[The Department of] Public Works, last of last year, they were hiring from the community. I couldn't get those jobs because they were for females and I'm a 'male'".*

Shandukani's encounter of a job post - with clear gender prescriptions - revealed vestiges of the continually gendered nature of the labour system. Phumeza made a helpful reflection on the manner in which the gendered division of labour perpetuated by some organisations disadvantages her, particularly as a woman who is typically denied her self-designation as a woman:

*"So, let's say you are applying for a receptionist job and I happen to go there. It becomes something to them that, having me become a receptionist. "How are you going to go about doing what we say a woman would do for the job?" So it's more of a disadvantage... That: "How are you going to cope with doing those things because you are a 'man'?" Yes, they know what you are but for you to do 'women's' stuff, [they question if you] are you going to be able to handle the pressure and all that".*

As a result of the institutional denial of her womanhood, Phumeza is, as a result, culturally rendered unfit for and undeserving of occupational roles traditionally reserved for women in a conservatively gendered labour system.

Fourth, and then upon successfully entering organisations, participants, like Phumeza experienced receiving little to no authoritative protection when reporting instances of discrimination:

*“I’ve encountered a lot because I even had to say this to this other woman... who stood beside the gate terrified of me and told me about my sexuality and all that. Then we went to the hearing. However... HR was not well aware of what LGBTQI is. Hence, I’m saying that they only know that... a trans\* woman is ‘a gay’ too. A trans\* man is ‘lesbian’ as well. They were not aware of the differences and this and that”.*

Upon Phumeza attempting to address the discrimination and prejudice of a colleague, Phumeza found that Human Resource Office at her organisation was not extensively informed of the LGBTQI community and the intragroup variance and diversity that exists. Particularly, the office was misinformed about trans identities. This lack of awareness is indicative of the lack of workplace policies in place to promote sexual and gender diversity as well as to address the discrimination of sexually diverse and gender transgressive persons at her workplace, allowing for the perpetuation of discriminatory practices towards her. All in all, Phumeza’s story contributes to a narrative of gendered economic marginalisation that exposes unlawful South African labour practice, where the women in the study are seen as institutionally disadvantaged from participating justly in the labour economy.

In summary, four factors appear to have impacted participants' discriminatory experiences of the gendered labour system within South Africa at present: discrimination in the workplace based on dominant gender expectations; institutional conventions that effectively condition access to employment opportunities on one’s ability to match and conform to legal gender designation; the binary gendered division of labour; and the lack of

policies in the workplace to promote sexual and gender diversity as well as to address discrimination. These structural conditions led to the participants' exclusion from employment opportunities as well as to increased experiences of economic vulnerability, manifesting as a result of the expression of their self-designated gender identities.

Despite these discriminatory experiences that perpetuated further exclusion in the workplace for many of the study participants, there were positive experiences of inclusion as well. Shandukani reported how an affirming organisational culture provided her with a sense of being seen and understood:

*"I'm also a tutor. I am a tutor and I felt included in the organisation where I am working in. They understood me from the very first day that they had seen me and then I am working in an environment of males but then the level of respect is very high".*

Through Shandukani's narrative, it emerges that being seen fully and accurately by others is important for individual self-determination and authenticity. Similarly, Phumeza shared the empowering impact of her visibility as a trans woman in her workplace:

*"I think it was last year on woman's month when I had to be an MC of that event for all the women. We were celebrating woman's day. And my HR actually said that I needed to share my whole story and the essentiality of me being in the company and me being who I am. So, then, that made things very, very easy because now if I taught 30 or 40 women, then 100 or 200 men are most likely to be educated by these women that I have taught about what a trans\* person is and what I am and what they need to see when they see me all the time at work".*

This experience of visibility and positive representation that Phumeza's narrative speaks to appears to have provided her with the privileged space to enable her to claim authorship of her identity and experiences. This is a powerful act as trans persons have a history of being structurally denied their identities and voices in many institutional settings. These examples shared by Shandukani and Phumeza highlight how affirming work environments play a powerful role in creating social and economic stability for South African trans women.

#### **4.2 Theme 2: Trans women as stigmatized others in gendered healthcare**

The participants in the study described a number of compounding barriers when it comes to their access to healthcare. Three sub-themes emerged in this respect.

First, through institutional policies and practices that misgendered them and restricted opportunities for dignified gender affirmative healthcare, the stories of the women in the study illustrated the limited accommodations that are made for their needs and positions as trans patients in healthcare settings. Experiences of being typically judged and verbally assaulted within medical settings were reported, revealing the study participants as largely positioned as stigmatised others when navigating healthcare structures.

Second, study participants also reported healthcare professionals and healthcare institutions at large lacking knowledge about gender-affirming healthcare, denoting a lack of knowledge regarding the existence of trans people as patients in the health system.

Third, in addition to gender and the gendered structural factors that marginalised the study participants in healthcare settings, intersecting factors of class and race also emerged as structural factors that made it hard for the women in the study to access healthcare. This

is due to the reported lack of financial capabilities in a largely capitalist South African context, where health and mobility are economically configured as commodities.

These three sub-themes are discussed more extensively below.

#### **4.2.1 Misgendering through healthcare institutional policies and practices : “You feel excluded the moment you enter the gate.”**

The stories and perspectives the participants in the study shared concerning their experiences in South African clinics and hospitals highlight normative institutionalised practices that reproduce conditions of discrimination towards trans women in healthcare settings. The participants in the study described interpersonal experiences of being verbally abused by healthcare providers and supporting staff in medical settings, where words and gestures were utilised to assault, ridicule, degrade and, effectively, stigmatise. Lerato described her exposure to societal judgment carried out by hospital personnel when seeking healthcare as follows:

*“If you have to go to the clinic, you will be judged. Sometimes you will be judged by the security at the gate for your gender, how you look and stuff. So, you end up not going to the clinic”.*

Speaking on the poor reception they often are given as trans women in healthcare settings, Lerato explained that she felt unsafe. This discouraged her from seeking out healthcare again.

Shandukani shared a similar report of words being used to shame and humiliate her, highlighting an experience of being subjected to ridicule by security personnel:

*“Yes, you will feel excluded the moment you enter the gate. They will make funny jokes about your sexuality, which is totally wrong”.*

In both these examples, being trans appears to be the reason for the prejudicial reception these women experience in attempting to access healthcare services. This discrimination appears to be motivated by gendered societal attitudes and perceptions surrounding their trans identities. The stigma they are made vulnerable to is principally institutional in its form, where even the interpersonal stigma received is observed to be driven by macro-level societal discourses that shape public perceptions and attitudes towards their identities as trans patients.

Speaking about institutional processes that create barriers for her, Shandukani made mention of the practice of her identity being confirmed as soon as she enters the gates of the hospital:

*“There is security, right? By confirming your identity, they will see that you are a man”.*

This practice of confirming identity, especially within sex-segregated medical settings, has important and serious consequences for a woman like Shandukani, whose gender self-identification does not mirror the gender category she was medically and legally accorded at birth. This is a practice that constrains Shandukani’s opportunity to receive medical care as an already stigmatised member of society. Subsequent to the confirmation of Shandukani’s identity upon admission for the treatment of tuberculosis, Shandukani was allocated to a male medical ward as per her medico-legal sex designation at birth:

*“I stayed at the hospital for 2 weeks for treatment due to TB, living with males in the same ward... Remember it’s a public hospital. I didn’t even have the power to ask for a single room or a single ward”.*

Cisnormativity, the assumption that every person has and should have a gender that assigns with the gender they were assigned at birth (Butler et al., 2019), and gender

fundamentalism, the view that entrenches gender as a fixed, innate and dichotomous category (Connell, 2013), become the ideological premise of Shandukani's experience of being misgendered in the hospital, where she is addressed and treated using language and designations that do not reflect the gender with which she identifies. In a sex-segregated medical system, stringently divided along rigid gender lines, Shandukani's allocation to a male ward demonstrates the perpetuation of an enduring custom of assigning gender and imposing identity in a way that denies individual agency and restricts human rights. Shandukani specifically mentioned that she did even not have the power to voice her wishes, speaking to a position of social subordination she held in relation to cisgender medical power that held the authority to designate gender.

Mpho had a similar experience to Shandukani, where her gender self-identification was disregarded as a psychiatric inpatient. Mpho, as a woman, reported that she was placed in between the female and male ward:

*"I was not staying in the female or male's room. I was staying in-between the female rooms and male wards... Oh, it was so painful. I didn't feel like I was respected much, that my privacy was respected... Because if they respected me, they would have allowed me to go to the female bathroom and put me in a female ward but they didn't do that".*

In sex-segregated systems such as the hospitals that Mpho and Shandukani found themselves in, they were required to choose between enduring the indignity of accessing services according to their natal gender or gender assigned at birth, and foregoing services entirely. Through these narrative accounts, the South African healthcare system is represented as a social structure set up in ways that assume cissexuality, in other words, that

one's gender identity will always match one's birth sex. This custom is seen in these examples to have endorsed the ethical violations of the participants' right to autonomy.

Although majority of the trans women in the study largely experience being chronically misgendered in medical settings as well as larger society, Mpho articulated a balanced narrative of receiving pushback from society, but also having a fair share of affirming experiences that constituted being addressed and treated by the people around her in ways that affirmed her identity:

*“Some people were not [supportive]. They were, like, “Huh? And then? Some people respected my choice and they respected everything. They respected me and they started calling me using feminine pronouns and I really appreciate that because that really help with my transition”.*

#### **4.2.2 The lack of knowledge about gender-affirming healthcare**

The second subtheme that emerged as inseparably linked to the othering of trans women in the South African healthcare system is the lack of knowledge about gender-affirming healthcare in medical settings, denoting the systemic erasure of trans patients in medical environments.

For the most part, participants in this study shared narratives pertaining to healthcare practitioners (often cisgender) lacking empirical knowledge about the healthcare needs of trans people. Shandukani shared the following example:

*“Let me make an example, if you go to a public health facility, you will find there is someone who doesn't even know about the transition. So, it starts with the health facilities,*

*the public health around Limpopo is very, very cruel... You encounter certain staff members that have no idea about trans. They don't have any idea about MSM".*

Laila shared a similar narrative of reaching out for gender-affirming hormone therapy and finding out that the healthcare staff was not aware of gender medical transitioning as a legitimate medical procedure:

*"So, I went to the local clinic and then they didn't have a clue what it [transitioning] was all about. And then the clerk there, she gave me attitude".*

Laila and Shandukani equally had difficulty finding healthcare facilities that could provide competent gender-affirming care. This is both in terms of providing a trans-inclusive environment as well as in respect of having specific knowledge of trans health issues. These two experiences of the study participants speak to the denial of their existence as trans patients within healthcare systems. This denial has a direct connection to the denial of their healthcare needs. Laila further reported:

*"They don't know about it; they don't keep it. They don't know how to help you start with the process; whom to refer you to, where you go, how to start and whom to help you".*

Laila's and Shandukani's engagement with public healthcare suggests that (even though the information may be present) this information may rarely be incorporated into official healthcare protocols and processes, nor integrated into the educational training of healthcare practitioners in South Africa.

Lerato contended that the underrepresentation of gender-diverse healthcare practitioners is also key to their social exclusion in medicine:

*“I mean, if you are a trans, you should be able to see that this is a trans person. If at the clinic we meet trans women, there should be a trans woman who will deal with the health issues... If there was a trans person at the clinic who would accommodate someone like a trans person, you would feel safer because we are the most vulnerable ones”.*

Lerato urges for increased representation and visibility of trans healthcare providers. The essence of Lerato’s petition appears to prevail as fundamentally a concern about the incorporation of trans-inclusive practices and protocols in medical settings that can make it easier for trans patients like her to seek care, self-identify and have their healthcare needs competently met. The importance and value of her plea is reinforced by Phumeza’s positive experience of a trans-inclusive clinic in her community:

*“Actually, when I go to the clinic, they just talk to me like a woman. They even say to me if I’m not feeling well. They would say to me [that] if I want to go to the toilet, they can they come with me and all those things. So, I actually, just laugh about the whole situation. I’m glad that we have our own choice clinic. I’ve worked for the company and now I am the patient there. However, the treatment is still the same and I am happy when I go there. I am actually me and I know what to say there”.*

Lerato’s and Phumeza’s reflections provide examples of how inclusion in healthcare may look and feel for trans women in South Africa. They emphasise the importance of institutionalising healthcare practices that celebrate gender diversity - of healthcare providers that are educated on trans health, administration staff that is informed about how to communicate appropriately with trans patients and medical infrastructures that are organised in such a way that trans patients are not imposed gender assignments that do not mirror who they are.

### **4.2.3 Accessibility of healthcare services - a race, class and gender intersection: “You will go to the clinic and you will hear that they don’t have enough oestrogen.”**

Participants' barriers to equitable healthcare have been so far revealed to be connected to their gender. In collusion with gender and the institutional erasure of trans identities in healthcare, this third subtheme addresses the significant socio-economic barriers that prohibited the women in the study from accessing healthcare in South Africa. In addition to gender, these barriers surfaced as particularly linked to their race and class status as trans women who found themselves dependent on state resources in post-apartheid South Africa.

Firstly, narratives from the study participants unveiled that primary public medical institutions do not have sufficient resources to provide gender affirmative care for them as trans patients. Laila spoke of the inaccessibility of hormonal replacement therapy due to the severe resource limitation of state-funded public clinics:

*“The only thing is that the resources on this side. It is like we do not have resources. You will go to the clinic and you will hear that they don’t have enough oestrogen. It’s not easy at all because sometimes you might have to go and buy yourself with your own money when there are no resources. There are even clinics in the Northern Cape that don’t even keep them in their clinic”.*

This unavailability of resources possibly speaks to the lack of integration of gender affirmative care into mainstream public healthcare. Particularly, it spotlights the participants' marginalisation in public medical practice. Mpho challenged the South African health system's lack of provision of gender affirmative surgeries, suggesting that the public health system does not seem to prioritise their needs as trans identities:

*“They don’t want to perform surgery on us because they are constantly telling us that they are currently performing surgeries that are more urgent. They are performing for cancer patients and all that. I don’t know why. It’s an excuse not to help us. I see it as an excuse”.*

Mpho questioned the extent to which public healthcare takes seriously the health needs of trans persons. This is a reasonable charge in light of historical cisnormative practices in medicine that have pathologised trans populations. Due to the unavailability of resources, the desperation to medically transition and self-actualise push women like Lerato to explore alternatives, which are often unsafe. Lerato’s accessed her medication illegally, where she obtained gender affirmative treatment through illegal trade without medical supervision:

*“For a trans woman like me, it’s a lot of needs because I have to go for hormone pills. And I am taking them from the black market because it’s very expensive to consult the doctor and that... So, in Limpopo, you would go for birth control pills at the [public] clinic. And because I have a lot of friends who are [cisgender] girls, they would give me Triphasil pills and they help you develop some boobs. But those ones I was on them, there were a lot of complications. The last time I was on them, my male part wasn’t working properly and I had some terrible cramps. I had to drop them then this other friend said I should go for hormone pills”.*

Lerato’s use of professionally unapproved medication led to frightful health complications, which included cramps and the malfunctioning of her penis. Lerato, thus, addresses her inaccessibility to professional and safe healthcare as manifestly driven by the unavailability of resourced public healthcare facilities and the unreliability of public benefit organisations that provides healthcare services often for only a short term:

*“It’s very difficult for us. We are on a low scale, a very bad scale... You would find that certain organisations would come and provide lubricants and stuff like that. So, after 6 months*

*that organisation is no longer there, contracts are terminated because there is no longer funding or something like that. So, I would have to go back to my normal... It's very tiring because we no longer trust anything. So, that's why I'm saying we're on a low scale. You go and consult for a few months but after that, you don't have money so you see it's a long process".*

Secondly, participants reported experiences of being unable to afford the gender-affirming medical care they needed. The industrialised private medical sector in South Africa is seen in these examples to construct healthcare practitioners as healthcare providers while patients are constructed as consumers. Lerato's and Shandukani's narratives capture the process of seeking medical care as an economic procedure that requires financial capital they often do not have:

*"You go and consult for a few months but after that, you don't have money. So, you see, it's a long process". (Lerato)*

*"I only worked for only 2 years and 6 months and my contract has ended due to Covid. So I was home, I couldn't even go for laser therapy, I couldn't even go, the moment I became broke, I became broke. I wanted to start as soon as possible with my hormone therapy but then I couldn't because there was the issue of money". (Shandukani)*

Due to this commodification of healthcare, economically vulnerable trans women are excluded from meeting their healthcare needs.

Third to the problem of racialised and classed healthcare inaccessibility, trans women like Lerato and Shandukani, consequently, often find themselves having to travel long distances in order to access services in the few public hospitals in the country where the

government has instituted gender affirmative care. Shandukani finds that she has to travel across provinces in order to access gender-affirming care:

*“You need to go to the Gauteng Province; you need to go to Cape Town. The hormones are very insufficient. You need to go to other provinces to get medical resources”.*

Space, as a legacy of apartheid segregation, in the narratives of the participants is mirrored as reflecting and reinforcing socioeconomic inequality. Lerato, who lives in rural Limpopo, has to travel across to the city of Johannesburg to access gender affirmative care:

*“There is no doctor in Limpopo, you have to go to Wits. I had to go to Baragwanath Hospital and I was put on a waiting list till today... Yes, for the consultation, for the psychologist, everything”.*

The economic vulnerability of women like Lerato, who reside in rural communities situated at the socio-geographical and economic margins of society, makes their reach to medical institutions challenging due to the travel costs involved. Due to her limited financial capabilities, Phumeza highlights that she has needed to prioritise her basic necessities, which sometimes comes down to a choice between food and transport costs for healthcare services:

*“Sometimes I struggle to go to the clinic because I only have one source of income and I have to make sure that it lasts me let me say probably the whole month because I have to buy food, toiletries and everything you know”.*

In summary, these narratives bring to light the complex ways in which race and class status operate to create inequities in health outcomes for the South African trans women in the study. The important structural barriers evidenced by the accounts of the study participants are the inaccessibility of hormonal replacement therapy due to the severe

resource limitation of state-funded public clinics; the unaffordability of gender affirmative medical care in the private sector; and the difficulty to reach medical institutions due to the travel costs involved.

These narratives show that the overlapping commodification of healthcare as well as transportation breeds health inequities, where health and mobility are experienced as commodities that some social groups have more of, while others do not, on the grounds of their class status and spatial location.

### **4.3 Theme 3: The marginalisation of transness in South African schools**

The narratives of the participants in this study described the South African school education setting as a microcosm of broader South African society. Three subthemes emerged that spoke to the experiences of marginalisation of trans women in South African knowledge systems.

First, through the stories and perspectives of the women in the study, the school context materialised itself as a site where gender is systematically regulated. The gender binary system is observed to be reproduced rhythmically through the standardisation of institutional practices and the enactment of school policies and protocols that segregate 'boys and girls' under systemic assumptions that view gender as a fixed, stable and dichotomous category. The participants' stories highlight how this rigid regulation results in no accommodations being made for diverse gender identities and expressions in schools.

Second, trans participants in this study revealed that they were typically constructed as deviant and problematic within their school systems. These school systems appeared to

include an unmarked gender hierarchy, where multiple forms of violence were meted against trans scholars to discipline and punish their violations of the boundaries of the gender binary.

Third, the stories and viewpoints of the participants in this study reveal that norms of the gender binary underpinned the pedagogic practices of their school systems. Within this context, the identities of the study participants were not represented or visible in school curriculums. Instead, school curriculums are revealed to prioritise cisgender viewpoints of the world. The narratives of the participants revealed this invisibilisation as a broader societal concern that is portrayed through the silencing of their experiences, perspectives and expressions in their communities as well as through the underrepresentation of their identities in many sectors of society.

These three sub-themes are discussed more extensively below.

#### **4.3.1 Gender binary as a regulatory mechanism in schools: “Males go that side, females go that side”**

The narratives of the participants uncovered normative exclusionary institutional practices that governed their schools. Shandukani construed the binary division of genders at school as having been a challenge for her:

*“And then the other challenge that I faced in high school was the separation of gender. You will find in most cases they will say, “Males go that side; females go that side.” You won’t even know where to go”.*

Shandukani’s narrative portrays the organisation of the school system as systematically arranged by way of enduring structural segregation between boys and girls across various school activities and procedures. These gender classifications are observed to

not be mere categorisations. They are associated with gender scripts that assume all learners to be cisgender. This creates difficulties and hurdles for women like Shandukani, who disrupt and disorganise traditional gender scripts. At school, Shandukani articulated that she would not know where to go when learners are instructed to line themselves up according to their gender, spotlighting the exclusionary nature of the school gender binary system.

Lerato reported that she would manage her anxiety about the binary segregation of gender by avoiding school gatherings such as assemblies:

*“I used to dodge those assembly things. Then I would go to class. Or maybe I would go. Isn’t they would put you in lines as grade 12 learners - male and female. And now I would be out”.*

Lerato stated that the segregation of boys and girls would situate her in a position of being out, appearing to speak of the institutionalised gender binary as a system at school that, in effect, othered her. Beyond being an othered learner, the entrenched gender binary system at school appears to have also alienated Lerato:

*“And they wouldn’t get me. At school, sometimes we would sit around and chat and I would tell them my background. Some would understand and some wouldn’t. But for me, the teachers were very critical because they wouldn’t understand my situation... It was so scary for me... I felt so stupid”.*

Lerato gave emphasis to a sense of being misunderstood. Lerato’s respective position of being out and misunderstood depicts how normative truths about the construct of gender (as binary, stable and biologically determined), constantly reiterated by the organisational and pedagogic practices of the school, relegated her to a position of marginality and

otherness. This marginality and otherness appear to have occurred on grounds of Lerato's failure to conform to the gendered sensibilities of the school system, rendering her gender culturally inconceivable or unintelligible. Butler (2004) argued that those who cannot be easily categorised within the gender binary are often rendered 'unintelligible' and, thus, excluded from the category of 'human.' Illustrating further the phenomenon of cultural unintelligibility and alienation imminent in most of the participants' narratives, Laila mentioned that she felt like she was treated like she is an outcast or an alien:

*"Absolutely, I feel like people treat me like I'm some sort of an outcast or an alien".*

Similarly, Lerato earlier mentioned that she felt so stupid, while Mpho, by the same token, below, mentioned feeling very little about herself:

*"They just push you over there if you are not what they're looking for. They will just push you or say some words just to hurt you and make you feel little about yourself".*

Laila's sense of being an alien or outcast alludes to a sense of intense separation she seems to have experienced from those around her. Mpho's similar description of feeling little appears to address an alienating position of "lessness" - of power(lessness), norm(lessness) or meaning(lessness) in the context of her school community.

Mpho's story depicts that the practice of categorising learners and methodologically segregating them is not a neutral, objective exercise, but rather has larger structural implications:

*"I felt like it was my right to go there, but I was like, "On the other side, I could cause drama." And the people there were not really accepting. And I remember once I wore earrings just to be more feminine. Then, sjoe, they were like, "What are you wearing? You are a guy.*

*What are you doing?" And I was so hurt and I took them off... There were things I couldn't do, I couldn't get because I was seen as the other gender".*

Markedly, the segregation of boys and girls involves the placement of learners into categories of identity that dictate a set of normative behavioural expectations that learners ought to submit to, under the assumption that all learners are cisgender. In this sense, *males that side, females that side* is not an isolated exercise - it comes with prescriptions of, for example, what one can and cannot wear. It also comes with prescriptions of and limitations for what sports one can play and cannot play, restricting meaningful self-identification, as shown by Lerato's narrative:

*"The sport that was 'meant' for me was basketball and baseball and stuff. And I wanted netball and stuff like that. For me, it was my choice... If there is a case where they want all boys, then they are going to point at me. If there is a trip where girls are going and guys are not going, I would be left behind".*

Lerato's experience in school displays the manner in which gender (and gender categorisation) is constituted in a way that sets limits for who she can or cannot be. Based on Lerato's gender categorisation as a boy at school, occurring on the grounds of her medical and legal sex assignment at birth, she was provided with restrictions on how she ought to behave, interact and embody her identity based on preconceived societal norms of gender.

Trans learners, such as Lerato and Shandukani below, are, as a consequence, constantly problematised and harshly disciplined for their nonconformity to the social expectations of the gender categorisation imposed on them:

*“And then from the crèche in the community, my teacher (my pre-school teacher) once had a meeting with my parents, with my mother and she asked, “What is wrong with your child?” (Shandukani)*

A meeting was called for Shandukani’s parents to address, question and discipline the manner in which Shandukani embodied her forming identity. Shandukani’s story provides evidence of a culture of cisnormativity in her school that privileges cisgender learners as normal while stigmatising gender-diverse expressions of identity, representing them as illegitimate, inferior and problematic. This problematisation of the trans learner informs the institutional erasure of trans learners through the lack of policies and customs that include trans learners in schools. Lerato was debarred from writing exams for having a hairstyle considered to be for girls, ultimately going against institutional norms and policies:

*“I had changed my hair. So, I couldn’t write my exams... He chased me out of the class and then I went home... He said that I must just go and fix myself and become a man so I could write”.*

Lerato’s experience of being debarred from writing exams highlights the real exclusionary consequences of the gender binary system in school. It underscores the problematisation and rejection of trans learners, who are constantly challenged by cisnormative school policies and practices that do not consider them.

**4.3.2 Unmarked gender hierarchy: “I was locked in the toilet and all my clothes, they took them away”.**

The school environment was represented in the narratives of the study participants as sites that were imbued with power dynamics, implicit in the social relationships cisgender learners have with trans learners.

Lerato detailed a brutal experience of targeted violence coming from her peers, where she was locked in a toilet and her clothes were taken away from her as a deliberate attempt to inflict harm on her:

*“I was locked in the toilet and all my clothes, they took them away because I was at the toilet. There were two schools visiting each other and there was an event going on. So, the shame for me coming out from the toilet naked with make-up on my face and some small braids. It was a shame. And that’s when I said, no, this must stop. I must do something”.*

Shandukani brought to light a politicised dimension to the exclusion she was subjected to by her peers. Shandukani pronounced the violence enacted against her as a form of exclusion that violated her human rights and freedoms:

*“Even the other problem that I faced in high school, I have been excluded from the students to practice my own social rights”.*

Lerato’s cisgender peers were seen to have used intimidation to police Lerato and enforce her conformity to gender norms:

*“They would do it because most of the time. They would say something in front of me and I would stand up for myself. And then when there is chaos, they would say, “Hey, you have a problem? You can’t sit with girls! You should go play these sports” And I didn’t play any sports at school. I was that child.”*

As evident in Lerato's narrative, violence is brought to light as a tactic utilised to regulate her. It is a language used by the privileged cisgender learner to entrench and maintain the status quo of the binary through brutalising means. This is similarly evident in Mpho story:

*"...they will beat you or they will tell you that you cannot wear female clothing. You must wear male clothes because you were born male. So, they will tell you".*

These narratives represent the study participants as subjugated others within the boundaries of a marginalising gender binary system that silenced and erased them. In addition, Shandukani's narrative below demonstrates that teachers were also contributors to a culture of anti-trans violence at her school:

*"There was even this educator who didn't like me because I was 'gay'. I ended up hating mathematics because of her. I failed it because I didn't get enough love from her".*

Shandukani reported that she failed mathematics in school due to the hatred her teacher had for her. The violence perpetrated against her prevented her from participating effectively in school life, compromising educational outcomes. In this, Shandukani's exclusion surfaced as having a direct impact on her ability to practice her educational rights in a safe and enabling environment. Violence from peers and teachers, thus, emerged in these narratives as a systemic mode of discrimination that manifested both materially and symbolically to exclude the participants as trans learners from educational life.

The participants in this study were also seen to face significant problems with safe access to public spaces within the school environment, which were also regulated by an

invisible gender hierarchy. Bathrooms, as it emerges in the narratives of the study participants such as that of Lerato, are no exception. Lerato described her experiences with toilets:

*“Sometimes, maybe I would not go to the toilet because of the stigma and discrimination that I was going to get. I had to hold myself until it was so hard for me”.*

The toilet space at school emerged as a site that exposed Lerato to hate violence, where she described hurtful discriminatory experiences with other cisgender learners as intimidating and traumatic for her as a trans learner. Like Lerato, Laila similarly reported experiences of stigma and discrimination in the process of accessing gender-segregated toilets:

*“Especially a public toilet. Imagine you are driving from here to Johannesburg, and you have to stop at a garage and you have to go to the toilet. And then there’s a lot of people in the queues and people are going stare at you. They’re going stare at you, [saying] “What’s going on here now?” There is this other friend that I met at this support group of ours. She is also trans now. But then she went into the female toilet and then one lady was like, ‘What are you doing here? You are not supposed to be here!’” And then she then stood there and cried”.*

For Laila, the process of entering bathrooms, typically resulting in aggressive accusations of being in the wrong toilet, produces anticipatory anxieties. Laila’s account and other similar stories from the participants reveal that public space is not a neutral space; rather, it is where power is seen to be enacted. The bathroom space in the narratives of the women in the study exemplifies how the gendering of space is a mechanism in which the policing of gender is empowered.

However, Lerato revealed a unique dimension to the violence enacted against trans learners:

*“I remember the other time we went to winter school and I was placed with guys in the dormitory. I couldn’t even take off my clothes in front of guys. Some other ones I had to sleep with them to show that I’m this kind. They are like a boss. They are controlling those guys. Just for my safety so that I can be safe”.*

Lerato revealed the violence perpetrated against her as a trans learner was also at times sexual in nature. Lerato described her male peers as bossy and controlling, revealing the clear power differences that existed between her and her cisgender peers.

It is noted that no alternative narratives of social inclusion were found in relation to this theme of the invisible gender hierarchy experienced by the study participants when recalling their schooling experiences.

#### **4.3.3 Representation, visibility and epistemic justice: “I think they need to do a lot when it comes to the visibility of trans women .”**

The marginalisation and subordination of trans knowledges and perspectives became a theme that was pronounced across the narratives the women in the study told.

Substantively, the women spoke about lacking information or not having access to information about gender-diverse identities and being only exposed to the cisgender heterosexual norm. Lerato explained that lacking information about her identity brought difficulties to her journey as a trans woman:

*“I was the only trans in my rural area... It was so difficult for me because I know then I didn’t have much information about trans women”.*

Lerato's story alludes to a sense of alienation that she experienced. This alienation was driven by being the only trans in her community, seemingly sustaining a subjective state of being alone, different and other. This alienation appears to have been exacerbated by not having access to information regarding her own gender identity as a social being with a need for personal and social identity. Shandukani similarly explained that not having access to information about gender transitioning became a barrier when it came to initiating and facilitating her gender transitioning process:

*"So my mother was supporting me, but because we are coming from a poor/disadvantaged background, getting resources and lacking information on how to transition was a problem".*

From Shandukani's account, it emerges that the lack of information had consequences in constraining the intrapersonal and social formation of her identity as a trans woman. Mpho explained that she was already nineteen when she accidentally learned about trans identity, allowing transformative insight into her own being and identity:

*"Ja, and then people who are a woman like me, they testified. After they testified, I found out that I'm actually trans. I didn't follow this gay stuff. They were telling people: "You could be this type of a person and this type of a person." And then they said what is trans. And I was like, "Oh, now I see." I was so interested in the word that I actually found out that you can actually be a woman from being a man. That interested me because I had been watching the trans community since 2018 and around 2019 I started identifying as a trans woman".*

Mpho expressed that when she heard the term trans, she became interested in the word. This linguistic narrative draws attention to the importance of language. It underlines the utility of vocabulary in helping people to make sense of who they are and the world

around them. Gendered identities are imposed on trans women through language. Similarly, gendered identities are (or can be) chosen and invented through language - language which most of the participants in the study stated that they did not have for the most part of their lives in a world that prioritizes cisgender understandings of gender. Through this narrative, it is clear that trans women's inaccessibility to knowledge (through the means of language) compromised their capabilities to conceptualise and assert their identities, constraining their exercise of gender self-determination.

Lerato reported that trans women drop out of school due to poor self-understanding, but also due to the lack of being justly understood by others:

*"Because in Limpopo, a young trans woman has dropped out because at school they do not understand their sexuality. And they drop out and end up being a sex worker. In their family, they don't understand them and in society as well, they are not understood".*

In her narrative, Lerato underscored the exclusionary consequences of existing outside the confines and definitions of constructed gendered normalities. In contrast, Shandukani's story of her relationship with her supportive mother alludes and makes reference to an affirming experience of being justly and correctly understood by an attachment figure:

*"The only person that I can say was supporting me from my foundation it was only my mother, who was on my side. So, I grew up with my mother. So, she was the only one who understood my life, who knew what was happening with my life. She knows all about my life".*

Shandukani, through her narrative, also stressed the importance of inclusive public education that addresses the experiences and positions of trans populations:

*“Educate young gays about this transitioning thing. You need to go for laser, you need to go for hormonal treatment. We need a lot of information. I have insufficient information also because I need to be educated more about this thing”.*

Shandukani spoke about the need for trans women to have education on trans identities and their transitioning processes but later goes on to speak about the importance of the availability of this information to the broader public too. Through this assertion, Shandukani appears to allude to a form of epistemic invisibility apparent in cisnormative public education that marginalizes the stories, perspectives and positions of trans persons:

*“Remember I am from a rural community in Limpopo. So, there are organisations there but the only thing they are interested in is HIV and stigma. There is insufficient education in the public... Our educators during Life Orientation, there is a sex talk, a sexuality talk. We should be included in that education to educate people or young children. When they grow up, they should already know what being trans is... The government, also, should try to uplift us and our rights also and deploy many organizations... Education should be presented at a younger age”.*

Shandukani frames the underrepresentation of trans women in society as a structural and constitutional concern. Shandukani explained that they, as trans women, are invisibilised and excluded in educational engagements about sex and sexuality in broader society, including schools as a microcosm of society. She noted that the South African life orientation curriculum provides limited knowledge about the diversity of human sexualities and gender expressions. Through this narrative, trans expressions and viewpoints of gender appear as silenced. This alludes to a form of epistemic injustice, where the stories, perspectives and

positions of trans persons are ignored, silenced and disregarded in favour of more hegemonic discourses of gender in the school system as well as broader society.

In line with the confrontation of epistemic injustice, Lerato highlights the underrepresentation of trans women in South African media:

*“Maybe some shows where there is a trans woman... Media... So you don’t only hear that there is a trans woman but you get to see it physically and to see it happening with their physical eyes. So that people can see that trans women are also people. They should be included in everything...I think they need to do a lot when it comes to the visibility of trans women and trans men”.*

As highlighted by Lerato, the representation of trans persons in traditional media remains extremely scarce. Lerato’s narrative suggests that representation has wide-ranging implications in that it provides empirical proof of the existence of one’s community.

Trans women and their truths in the study emerged as not only being under-represented in the media and their communities but also as gravely misrepresented. Phumeza addressed this misrepresentation:

*“It’s a bit tough with people not being knowledgeable about what a trans person is and the difference between a trans person and a gay guy and whatnot. So, in that sense, having to explain to them how or what a trans person becomes different... Let’s say I am going with my gay friends, then they’ll be like, these are gay people... They take everyone as gay. They do not understand what a trans person is, what a gay person is, what a lesbian is, what a queer person is. So they just put us in one bag... and that becomes a problem because you are not able to voice out and say, “I am not this person.”*

Phumeza addressed the incorrect societal representation of her identity as a trans woman in her community, where she was discursively configured as gay. All, these narratives of invisibility, underrepresentation and misrepresentation expose and confront the injustice of unequal standing along different systems of knowledge that privilege cisgender subject positions while oppressing others.

In summary, these narratives have demonstrated the marginalisation of transness in South African school contexts and broader society, where gender - as a construct - is actively regulated, reproduced and reinforced through systems of rigid gender categorisations. These regimentations are seen as premised on restrictive ideological understandings of gender as binary and fixed. Inherent in this paradigmatic thinking is the expectation that learners with a penis will assume gender as a boy/man and that all learners with a vagina will assume a gendered role as a girl/woman.

The school environment emerged as a social structure that continuously enacted multiple forms of interpersonal violence against trans learners, mostly at the hands of their cisgender peers. These examples highlighted an unmarked gendered hierarchy in schools, which privileged boys over girls, masculinity over femininity, heterosexuality over homosexuality and cisgender learners over trans learners.

All in all, in this respect, the women in the study circulated narratives that unveiled the manner in which they, as women of the trans experience, were underrepresented and invisibilised within the institutions of learning that organise a world where they were largely represented as other.

## CHAPTER 5: DISCUSSION

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This chapter discusses the findings of a narrative inquiry outlined in Chapter 4, in relation to relevant literature in the field. The chapter is divided into four sections which address what can be learned about the institutionality of gender in education, healthcare and employment contexts from the dominant narratives the participants in the study told when integrated with available literature.

### **5.1 Trans women face considerable economic vulnerabilities**

Farmer and colleagues (2020:1) not long ago reported on the “shortcomings and dangers of gender regulations” in an interpretative phenomenological analysis of trans and gender diverse students’ experiences of genderism in the United States. Drawing from Jourian's (217) conceptualisation of genderism, Farmer et al. (2020) addressed genderism in their study as a system of gendered oppression that emanates from a societal binary view of gender, often pathologising, denigrating and isolating gender-variant identities while privileging normative cisgender identities. Similarly revealed by the findings of the current study, the lives of the trans women in the study, who deviate from societal gender norms associated with assigned sex at birth, are discovered to be dictated by ideologically informed gender regulations, predisposing them to systematic discrimination, disadvantage and disenfranchisement.

First, the findings suggest that trans women in South Africa face considerable economic vulnerabilities, often mediated by their experiences of familial exclusion or inclusion that map strong associations between the participants’ relationships with the institution of family and the lack or presence of individual economic well-being. Per Bronfenbrenner's (1992) ecological systems theory, family is a significant pillar of the

microsystem of the developing human being, playing an intricate part in their socio-ecological development, including, arguably, the human being's economic development and economic resilience in society. In the trans women's lives, family rejection was in many cases expressed through acts of financial neglect. This deliberate withdrawal of financial support -as a form of and mechanism for control - was linked to the participants' struggle to meet their basic needs for food, shelter, health and education as commodified essentials in a largely capitalist society. Through the trans women's compromised relationships with their family systems, they, therefore, arose as social subjects with limited resources necessary for survival, resilience and "growth in the present" as well as for building and preserving "possibilities and opportunities for the future" (Fineman, 2013: 310). To add, other instances of being rejected by family resulted in homelessness, in a similar fashion implicating a serious social and economic security concern. Scholars argue that homelessness among the trans population is an increasing societal problem (Spicer et al., 2010; Shelton & Bond, 2017), with Shelton (2015) highlighting that the trans population has higher rates of homelessness compared to cisgender people.

Second, trans women's economic vulnerability was found to be further impacted on by a conservatively gendered South African labour system. This system appeared to exclude trans women by regulating access to employment opportunities based on an individual's ability to match and conform to their legal gender categorisation assigned at birth. Such exclusionary employment practices were seen to be premised on the unchallenged belief that self-designated gender will and should always match legal gender categorisation. This organising belief speaks to a concept of cisnormativity that Bauer and colleagues (2009) coined to describe the systemic assumption that all those assigned male at birth will naturally become men and that all those assigned female at birth will naturally become women.

Likewise, by institutionally upholding a system of normative ideas about the kind of labour men and women can or cannot perform based on stereotypical understandings of gender, exclusions were additionally implemented through the strict gendered division of labour. Such regulatory division of labour deemed trans women unfit for and undeserving of certain labour roles historically and traditionally reserved for women (Hausman, 2001). This labour exclusion occurs on grounds of trans women continuing to be imposed on the identity of being men, under gender essentialist frameworks that define identity as biologically based and unchangeable (Hausman, 2001). This restrictive binary division of labour has strong historical bases in patriarchal systems that have traditionally entrenched a strong ideological differentiation between the roles of men and women in society (Hennessy, 1993).

Third, through hiring processes in workspaces, the trans women in the study reported institutional gender-based discrimination through forms of workplace hypervisibility that exposed them to scrutiny. For example, during a work interview, a participant was turned away and instructed to go seek treatment instead, disadvantageously weaponising the societal discourse that she has a psychiatric disorder against her. Such stories spotlighted a position of hypervisibility (Buchan & Settles, 2019) that conveyed the trans women's sense of being overly visible because of one's gender to the point of overshadowing one's unique skills, personality and characteristic contributions in the workplace. Buchanan and Settles (2019) theorised that when individuals are hypervisible, their personal identities are invisible and are seen only in terms of their marginalised group membership. Like many other incidences of gender-based discrimination the women receive daily, it is important to note that these interpersonal incidences are, most of the time, strongly informed and driven by macro-level ideologically driven societal discourses (Battle and Ashley, 2008) that regulate and control

social representations of trans persons as pathological and culturally deviant (Battle and Ashley, 2008).

However, among these discriminatory experiences, there were also significant stories of social inclusion in the workplace that highlighted the importance of tolerant and accepting institutional cultures and promoting the visibility of trans persons as a mechanism to foster gender diversity in organisations. In the current study, trans women's articulated inclusion experiences were dominantly marked by navigating institutional contexts that provided them with the freedom and agency to self-determine and self-define in light of competing institutional interests that seek to silence, invisibilise and erase them. Within this context, agency, as described by Rundall & Vecchietti (2010), is understood as a person's extent of choice, and ability, to authentically present as their preferred gender. For instance, a participant reported she that was once given an opportunity to be the master of ceremonies at a women's day work event, providing her with a kind of visibility and representation that granted her the privileged space to publicly claim authorship of her identity and experiences. Shuman (2015) argued that the sharing of a narrative that deliberately divulges an experience - which otherwise would have remained a secret - can have a major impact in terms of disrupting and challenging hegemonic oppressive paradigms. Through disclosures, narrators are able to reposition and reconfigure their own relationship to dominant ideologies.

## **5.2 Trans women as stigmatized others in healthcare**

Illuminating a phenomenon of institutional erasure, the study findings suggested that trans women are treated as stigmatised others within the healthcare sector. Institutional erasure has been predominantly examined in the context of healthcare systems that invisibilise trans patients - systematically neglecting the healthcare needs of trans persons

and, consequently, creating significant health disparities compared with their cisgender counterparts (Bauer et al., 2009; Lebreton, 2013). This structural configuration of erasure became strongly manifest in participants' narratives through the identification of institutional policies, customs and practices in healthcare that do not consider the positions of trans persons. Institutional arrangements such as sex segregation in medical settings were found to result in the allocation of trans patients into medical wards that do not match their gender self-designation. These arrangements reflect a culture of cisnormativity that has been found by Kcompt (2019) to pervasively permeate many sex-segregated medical settings that function on the systemic assumption that all patients are cisgender. In this study, cisnormativity in medicine became apparent through healthcare professionals whose use of gendered language did not affirm the identities of trans patients. Cisnormativity was also observed in healthcare practitioners' ignorance of trans people and their healthcare needs. Overarchingly, this cisnormativity (reflective of a culture of genderism that denies and undermines the existence of trans people) was demonstrated through the lack of trans-inclusive practices and protocols in healthcare structures that make it exceptionally hard for trans patients to access healthcare in ways that do not entail the ethical violations of their right to gender autonomy. Such practices of cisnormativity emerged as structural factors that exclude trans women from accessing gender-affirming healthcare in South Africa, restricting opportunities for accessing safe and dignified care. These exclusionary practices were also identified by Bauer et al. (2009), who explored how trans erasure functions to exclude trans patients in Canadian healthcare systems.

However, potent narratives of medical cultures that were embracing gender diversity were also brought to the fore. For instance, a participant reported a positive experience of a trans-inclusive clinic in her community. She was treated by knowledgeable gender-affirming

healthcare providers, who also made the use of appropriate gendered pronouns to address her. This single case gives needed insight into how inclusion may look and feel for trans women in South Africa. It also illustrated the impact of inclusive healthcare practices, which are observed to have strengthened the confidence the trans woman placed not only in themselves but also in the healthcare services she was accessing.

### **5.3 The marginalisation of transness in public education**

The structural construct of sex segregation emerged in a variety of study participant narratives, particularly in the context of public education and schooling. Mirroring Cohen's (2011) definition of sex segregation, the participants gave detail about navigating school systems that restrictively assumed the "binariness of gender" (Stern, 1993: 561), revealing that their school cultures systematically separated boys and girls, often with particular rigidity that oppressively rejected gender variance and fostered the systemic erasure of trans expressions of gender. In this study, sex segregation in schools emerged as a tool for institutional gender control usually underpinned by an ideology of cisnormativity (Bauer et al., 2009). Consequently, every learner with a penis is expected to naturally assume gender as a boy/man and every learner with a vagina is expected to naturally assume gender as a girl/woman. As Cavanagh (2010) points out, clearly these devices are for the imposition and reinforcement of gender norms. Manifestly, implicit in the structural segregation of 'boys and girls' is a social process of regulating gender by rigidly assigning learners into binary categories of identity that dictate a set of normative behavioural expectations that learners ought to submit to.

According to the stories told by the study participants, segregating learners according to strict gender categorisations came with institutionalised gendered prescriptions of, for

example, what female and male learners can and cannot wear and set limitations for what sports female and male learners can and cannot play per their sex/gender assignment. These findings revealed that gender regulations in schools are evidently confining, often reproducing subjective states of anxiety for trans pupils, who are typically denied the safety and freedom to define themselves outside the boundaries of the gender binary without being questioned. For the participants in the study, a simple process of entering a bathroom, typically resulting in aggressive accusations of being in the wrong toilet, was complicated, producing significant anticipatory anxieties. Through these gendered regimentations, as also argued by Cohen (2011), who studied sex segregation as a systemic issue in the United States of America, gender is reflected as systemically constituted in constellations that open up possibilities and set limits for who students can be (Youdell, 2005). In view of this, the erasure of learners of the trans experience in South African schools is evident through standards, codes of conduct and cultural norms in school systems that normalise the genders of cisgender learners while effectively providing very little accommodation for trans learners, who defy the confines of institutionalized gender norms in the school environment.

Gender regulations are seen to not only constrain self-definition but also reinforce power relations based on sex and gender among learners. The trans women in the study revealed that they are in most cases bullied and excluded by their peers in school. Greytak and colleagues (2009) found that these exclusionary interpersonal incidences occur mostly as a result of the trans learners' rejection of gender norms in schools. Research demonstrates that children identify with social groups (through gender, ethnicity, or language) early in life (Bennett & Sani, 2008; Dunham et al., 2011). Although peer exclusion is often due to interpersonal reasons, Killen and colleagues (2013) contend that it can also be the result of negative intergroup relations, where intergroup exclusion is seen as emanating from learned

bias and discrimination. The school environment was represented in the narratives of the study participants as sites that are imbued with power dynamics, implicit in the hierarchal social relationships cisgender learners have with their trans peers. The cisgender peers of the participants in the study are seen to have frequently used intimidation to police and enforce the trans learners' conformity to gender norms. Thus, the subordination of trans learners is portrayed through violent disciplinary actions to which they are routinely subjected by their cisgender peers (and cisgender teachers).

As a consequence of living in a regulated cisnormative social order that effectively shutters transness, the trans women in the study were found to typically experience themselves as alienated in their schooling cultures as well as society at large. This is revealed by participants' narratives of being alone, different and other, speaking to a sense of cultural alienation that Kerry (2014) addressed in their exploration of the experiences of indigenous and non-indigenous trans Australians.

However, trans women's alienation appeared to be also driven by a state of being separated from normative societal ideas about the world heralded by those around them. This study explains this latter form of alienation as a function and consequence of trans epistemic invisibility, echoed by a cultural system in South African democracy that prioritises cisgender viewpoints of the world while marginalising trans positions. Epistemic invisibility, which Dilley (2019: 2) writes as "another form of the unseen", was materialised through participants' narratives which reflected that trans identities are hardly reflected in the languages, customs and knowledge systems that shape their communities. To illustrate this point, it was for example articulated that gender variant identities are excluded in the subject Life Orientation in public schooling. A study conducted by Francis and Monkali (2021) revealed

that schooling in South Africa is constructed in such a way that the gender binary also determines curriculum and pedagogy; highlighting how teaching, learning and pedagogy (in addition to classroom routines and school practices) reproduce cisgender norms.

Similarly, participants in this study alluded to the underrepresentation and misrepresentation they receive from mainstream South Africa media, ignoring, silencing and disregarding trans stories, perspectives and voices in favour of more hegemonic discourses of gender. All in all, it is this epistemic invisibilisation that underpinned most participants' contentions with having lacked the information and vocabulary to make sense and meaningfully define their trans identities for the most part of their lives, delaying their gender transitioning processes.

#### **5.4 South African trans women in the intersection of gender, race and class**

The exclusion narratives of the trans women also strongly implicated factors of race and class in post-apartheid South Africa that reproduce compounded barriers to access, impeding their social, economic and cultural participation in present-day South African democracy. Capturing multiple interlocking oppressions that contribute to societal marginalisation, intersectionality theory (Crenshaw, 1991), within the tenets of critical trans politics (Spade, 2015), in the context of the current study provided an important framework for examining these intricate ways in which gender intersected with race and class to shape the trans women's experiences of exclusion. The nuances produced by race, gender and class collisions in the participants' lives were particularly strongly manifest through narratives that pointed toward significant socio-economic obstacles that prohibited them from gaining access to healthcare in South Africa on grounds of their race and class status in capitalist South Africa.

Study participants reported that they are frequently turned away from public-funded medical institutions, which most of the poor and working-class participants heavily rely on. This rejection is observed to be due to the lack of availability of resources to provide gender affirmative care to trans patients. This narrative is supported by Spencer et al. (2017), who explained that state facilities often do not provide gender affirmative care at all nor have the skills to facilitate this specialised care. In South Africa, only six public hospitals in the country (mostly situated in urban centres) provide various components of gender-affirming care (Spencer et al., 2017). Due to these limitations, the participants' desperation to medically transition and self-actualise often pushed them to explore typically unsafe alternatives, reporting gaining access to professionally unapproved gender affirmative hormonal treatment through illegal trade.

When attempting to engage in private healthcare, as an alternative, due to the unavailability of resources in public healthcare, the participants found private gender affirmative healthcare grossly unaffordable. This narrative of unaffordability revealed the structural fashioning of medicine as an industrial system that constructs healthcare practitioners as healthcare providers while patients are relegated to consumers (Towler, 2014). In view of this, it is seen that some of participants barriers to healthcare access were principally connected to the commodification of healthcare in largely capitalist South Africa, where the trans women in the study are observed as experiencing intersecting forms of social marginalisation as a result of a collusion of genderism and capitalism in healthcare.

The poor and working-class women in the study (largely located in the rural socio-geographic margins) often find themselves being unable to travel long distances in order to access the few healthcare facilities that provide gender affirmative procedures in the country,

often located in city centres. Participants' barriers to mobility were manifest as a result of the lack of affordable and reliable transport infrastructure (Cervero, 2013; Gumbo and Moyo, 2020). This becomes very challenging especially in a country where both health and mobility are structurally rendered as commodities that some social groups have more of, while others do not, on the grounds of their race, class status and spatial location. Through these means, space in the narratives of the participants is mirrored as reflecting and reinforcing socio-economic inequalities.

## **CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS**

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This chapter provides a conclusion to the study, paradigmatically reviewing the findings of the study and discussing their significance through the lens of critical trans politics alongside social exclusion theory. In addition, the implications of the study findings are discussed in terms of research, theory and practice. The limitations of the study are also critically discussed.

## 6.1 Conclusions

Drawing from narratives as a way in which the lives of the women in the study were ordered and permeated with meaning, the study in question utilised semi-structured interviews as a means to obtain insight into the ways in which the gendered social world is experienced and represented. The study focused on the positions of five adult trans women living in South Africa, navigating a gendered post-apartheid society at the unique intersection of being women and trans. The study aimed to explore the lived realities of the trans women as they navigated various gendered institutional settings - namely employment, healthcare and education. Their experiences of inclusion and exclusion were engaged to better understand the institutionality of gender in South Africa.

In light of the historical side-lining of the political interests of trans women in South African gender development discourses, the findings of the study prove to be particularly important for providing means for the structure of gender and its socio-cultural, political and historical constellations to be marked, unpacked and questioned from a normatively silenced trans standpoint. An observation of the gendered regimentations that shape the lives of the women in the study reiterated Butler's (1990) view of gender as not merely emanating from assumed natural and universal categories, but that, through diverse social mechanisms, gender is produced, performed and regulated in society. Through the medium of storytelling, the interconnectedness between trans identity and context has been illustrated. Especially in a colonial discipline with a long history of isolating the psyche of trans persons from other elements of the greater social sphere, this study is significant for exploring the transactional space between institutions and trans persons as well as between institutional processes and individual stories.

By moving data beyond the level of the individual, a phenomenon of exclusion in the lives of the trans women in the study is made known as containing interlinking intrapersonal, interpersonal, cultural and structural elements that are mutually reinforcing. Underlyingly, the participants' relationships with the social world emerged as centrally organised by a cisnormative structure of genderism that ideologically assumes the binariness (Brewis, 1997) of gender. Within historical heteropatriarchal conceptions of gender as a biologically determined dichotomy of man and woman (Goldman, 1996), the participants' narratives dominantly mirrored Lennon and Mister's (2014) definition of genderism, discursively illuminated as a system of gendered oppression that denies, denigrates and pathologises trans persons for their transgression of the cisgender norm while privileging those who conform it. The stories of the participants did not unfold this system of genderism as necessarily operating differently across healthcare, education and employment contexts in post-apartheid South Africa. However, genderism was demonstrated as constantly reproducing itself through various intrapersonal, interpersonal, cultural and structural manifestations that function to exclude persons who ultimately destabilise fundamentalist understandings of the presumed naturalness of man/woman social categorisations.

By foregrounding the stories and perspectives of those culturally constituted as abnormal for challenging gender conventions (Stryker, 2006), this study has practically challenged hegemonic narratives of the cisgender regime that render the marginalised trans subject voiceless. The voices of the participants in this study, existing as "counter-narratives of gender" (Bamberg, 2004: 221) that enlarge our social imaginaries of gender, mark, disrupt and challenge the hegemony of genderism as manifest in post-apartheid South African democracy. Often subtle experiences of inclusion relayed by the study participants revealed

cisgender institutional power as not immune to resistance and transformation. The subtleties of inclusion locate cisgender power in South African democracy as, in fact, contested terrain.

## **6.2 Recommendations**

In foregrounding the unique experiences of trans women, compelling concerns about the inequitable arrangements of employment, healthcare and employment contexts in South Africa are raised. These questions provide important implications for policy, practice and theory.

In terms of theory, the study recommends the followings:

**Interjecting genderism.** Genderism is a structural system that is marked in the narratives of the study participants as regulated and perpetuated by South African institutions. The study findings demonstrated interconnections between identity and context and showed that institutions have a strong influence on organising societies and regulating the lives of individuals. This study recommends the mobilisation of a theory of genderism - across employment, healthcare, education contexts and other arenas - in the interest of marking and interjecting gendered legalities, administrative processes, policies, discourses, practices, customs and norms that exclude trans persons in institutions. The study encourages the continual questioning and revision of ideas and arrangements of society that maintain the relegation of trans persons to the gender margins. For meaningful social change to emerge, it is argued that it is necessary to continually name, problematise and destabilise genderist structural processes within systems and across institutions that consistently reproduce gender transgressive bodies as non-normative, out of the ordinary, and unintelligible (Renn, 2010; Butler, 2004; Francis & Monakali, 2021).

Moving beyond narratives, a move toward discourse analysis and critical policy ethnography is recommended for future research practice. This is so to enable a nuanced ground-level analysis of the discourses and policies (Dubois, 2015) that maintain genderism and the exclusion of trans persons in institutions. Discourse analysis and critical policy ethnography shall empower the possibilities for genderist structures to be clearly viewed, deconstructed and interjected; opening up opportunities for inclusive gender reform that solves the practical problems of trans women in the world.

**Toward trans\* inclusion: refining gender equity.** The study suggests a greater refinement of the concept of gender equity, which has historically excluded the positions of trans women. This study argues for taking genderism as a social justice issue and a serious feminist concern. The exclusion experiences of the trans women in the study is observed to be, without doubt, discriminatory and gender-based, violating their constitutional rights to equality and non-discrimination. In view of this, this study advocates for the rigorous inclusion and absorption of trans women in gender programming and feminist practice.

In terms of practice, the study recommends the following:

**Employment.** The study reveals that there are a variety of barriers faced by trans women as employees and jobseekers in organisational settings. These barriers exist as a result to institutionalised gender norms in labour processes that engage gender in a ways that undermines and denies its expansiveness, fluidity and diversity. Inspired by Ozturk & Tatli (2016) who have worked on the issue of gender identity inclusion in the workplace, the findings of this current study champions the criticality of an intersectional equality legislation in workplaces that addresses, explicitly, trans positions in the labour system. Intersectional equality legislature promises the possibility to positively drive organisations toward engaging

with an equality agenda in a manner that is trans inclusive. As a point of departure, the study underscores the need for practical institution-led action (within both organisations and professional associations) that will take accountability for the shortcomings of approaches to diversity that currently exist, in the interest of promoting the inclusion of trans employees (Ozturk & Tatli, 2016). It is argued that the solution to gender equality partly lies in increasing trans representation in organisations and giving the voices of trans persons power in the shaping of organisational cultures and systems.

**Healthcare.** In light of the study findings, institutionally countering the systematic erasure of trans persons in healthcare contexts can be argued to be, in and of itself, a crucial step toward providing an intervention that supports the health and well-being of trans persons in society. As Bauer and colleagues (2009) have put forward before, there is a need for more resources to be made available in order to professionally guide attending to healthcare needs of trans persons. The following are possible recommendations for inclusion, inspired by those penned by Bauer et al. (2009):

- i. Developing intake forms that allow for trans patients to self-identify. Through these means, administration is handled in such a way that it does not restrict self-identification and self-determination.
- ii. All healthcare providers and supporting staff should use pronouns and names appropriate for a patient's gender identity.
- iii. For healthcare practitioners to assume that any patient may be trans. In other words, for healthcare practitioners to divorce themselves from the limited assumption that every patient is cisgender.

- iv. Developing protocols for assessing, diagnosing and treating that are not gender-specific or that do not assume all persons are cisgender.
- v. All in all, eliminating sex segregation where possible and providing a safe place for trans patients to access care without entailing a contravention of their ethical right to self-determine in healthcare structures.

**Education.** In light of the exclusions that trans persons experience in school systems, the following recommendations are made, inspired by Martino and colleagues (2020):

- i. Employing intersectional diversity approaches in schools by expanding currently existing anti-bullying and non-discrimination measures in schools, ensuring that they explicitly name mistreatment based on gender and sexual orientation as punishable offenses.
- ii. Creating administrative channels for trans and non-binary students to make themselves legible within the school system.
- iii. Providing appropriate institutional support for students seeking to transition at schools. Promoting the trans student's right to self-determine by provide a space free of discrimination for social transition to safely take place.
- iv. Altering school structures to be open to gender diversity.
- v. Having gender affirming training and guidance for school employees.

### **6.3 Limitations**

Several limitations exist within this study. Firstly, although the use of a five-person sample size is arguably appropriate for an exploratory and critical inquiry such as this, seeking to gain insight into how a marginalised group makes sense of their experiences, using small sample sizes can provide a challenge in terms of the compromising the generalisability of the

results to a larger population (Morrow, 2005). The study findings do not necessarily map a full picture of the lived experiences of trans women in South Africa, nor has it attempted to do this in any straightforward manner. However, through an ontological recognition of the realities of trans people as inseparably encompassing the self and its contextual elements, the study offers an important glimpse at normative ideologies, practices and systems that maintain the societal marginalization of trans women in post-apartheid South Africa. It should be noted that generalizability was not the primary objective of this inquiry, but maximizing awareness of the contextuality and complexity of trans subjectivity was. The search for particularity outweighed the need for generalizability.

As a way to upholding the credibility of this research, the study addressed internal validity and reliability by means of appropriate contextualisation; holistic, inductive and theoretically grounded analysis, triangulation; prolonged engagement with the literature; a recognition of the complex and dynamic interactions that may exist among factors influencing subjectivity; and suitably thick interpretive descriptions that aim to accurately represent the experiences of trans women and the meanings they have constructed.

Secondly, impaired by time limitations, the rigour of the research could have been strengthened by prolonged engagement with participants. For this reason, participant feedback was not incorporated officially in the methodological process of the inquiry, providing no opportunity for study participants to speak back to the subjective interpretations of the researcher. An analysis of marginalia - of written notes or verbal comments offered by participants over the course of a study (McClelland, 2016) - could have provided the researcher with the methodological tools to disrupt and challenge their role as the 'expert'.

Thirdly, the exclusion of trans men and gender nonconforming persons undermines the extent to which the study findings can be understood to comprehensively address a theory of genderism in South Africa as there are, evidently, missing perspectives. The search for particularity motivated the choice to only focus on specifically trans women, resisting the potentiality to produce research that homogenises trans experiences and fails to adequately capture the nuances of gendered experience. In line with trans\* epistemology, this study embraces the diversity and plurality of trans subjectivity, recognising that there is no singular trans experience.

In closing, this project holds innovative value in that - by spotlighting the contextual regimentation of genderism and the structures, norms and practices that maintain the erasure of trans women in society - it has effectively challenged assumptions concerning the neutrality of institutional structures in post-apartheid South Africa. By foregrounding the stories and histories of trans women, of those situated at the gender margins, the study has championed the voices of the normatively marginalised, empowering a discursive construction of the social world in imaginative trans terms. In this way, the study's prioritization of the positions of trans women - and their respective articulations of the gendered world - takes feminism, psychology and South African democracy at large, in a historical cisnormative social order, a step closer toward understanding and engaging gender in more nuanced, creative, expansive and equitable ways.

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Appendix A: Participant Invitation Poster

**CALL FOR RESEARCH PARTICIPANTS!**

**A STUDY ON TRANSGENDER WOMEN'S EXPERIENCES OF INCLUSION AND EXCLUSION IN SOUTH AFRICA**



You are invited to take part in a research study examining patterns of exclusion and inclusion among transgender women in South Africa.

- Interviews will be conducted telephonically or on Zoom.
- The interview will be focused on your experiences of inclusion and/or exclusion as a transgender woman living in South Africa.
- The interview should not take longer than 90 minutes.

**INTERESTED? CONTACT THE RESEARCHER AT:**

Email: [isiyandashabalala@gmail.com](mailto:isiyandashabalala@gmail.com)  
Phone/WhatsApp: 076 628 9347

**PARTICIPANT CRITERIA:**

Transgender woman  
Currently living in South Africa  
Over the age of 18  
Employed or looking for employment

Siyanda Buyile Shabalala,  
Clinical Psychology Trainee,  
Department of Psychology,  
Rhodes University



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## Appendix B: Consent Letter/Form

RHODES UNIVERSITY,  
DEPARTMENT OF  
PSYCHOLOGY



### AGREEMENT BETWEEN STUDENT RESEARCHER AND RESEARCH PARTICIPANT

I \_\_\_\_\_ (participant's name) agree to participate in the research project of Siyanda Buyile Shabalala on patterns on inclusion and exclusion among trans women living in South Africa.

I understand that:

1. The researcher is a student conducting the research as part of the requirements for a Master's degree at Rhodes University. The researcher may be contacted on 0766 289 347 or [isiyandashabalala@gmail.com](mailto:isiyandashabalala@gmail.com). The research project has been approved by the relevant ethics committee(s), and is under the supervision of Prof Megan Campbell in the Psychology Department at Rhodes University, who may be contacted on [m.campbell@ru.ac.za](mailto:m.campbell@ru.ac.za).
2. The researcher is interested in exploring trans women's experiences of inclusion and exclusion as they navigate the intersections of being women and trans in employment, education, and healthcare contexts in South Africa.
3. My participation will involve a single semi-structured interview that will not be an hour and a half long. The interview will be conducted via a telephonic voice call or Zoom session, depending on my preference and circumstances. Zoom appointments will be password protected to manage the confidentiality of the space. In the event of a loss

of connectivity, interviews will be rescheduled or conducted via a telephonic call as an alternative.

4. I may be asked to answer questions of a personal nature, but I can choose not to answer any questions about aspects of my life which I am not willing to disclose.
5. I am invited to voice to the researcher any concerns I have about my participation in the study, or consequences I may experience as a result of my participation, and to have these addressed to my satisfaction. Due to the sensitivity of the topic, the interview does pose a relative risk of causing emotional distress. The RU Counselling Centre may be contacted for further support on 046 603 7070 or [counsellingcentre@ru.ac.za](mailto:counsellingcentre@ru.ac.za).
6. I am free to withdraw from the study at any time. However, I commit myself to full participation unless some unusual circumstances occur, or I have concerns about my participation which I did not originally anticipate.
7. The report on the project may contain information about my personal experiences, attitudes and behaviours, but that the report will be designed in such a way that it will not be possible to be identified by the general reader.
8. I agree to be interviewed and to allow recordings to be made of the interview. tape recordings may be transcribed. I have been informed by the researcher that the tape recordings will be erased once the study is complete, and the report has been written.

Signed on (Date):

Participant: \_\_\_\_\_ Researcher: \_\_\_\_\_

## Appendix C: Interview Schedule

### i. Contextualising Biographical Information

Biographical Question	
Chronological Age—How old are you?	
Gender Identity—What is your gender identity?	
Gender Pronoun—Which gender pronoun(s) do you use?	
Natal Sex—Which sex category were you assigned at birth?	
Race and Ethnicity—What best describes your race and/or ethnicity?	
Dis/ability—Do you have any disability?	
Education—What is the highest level of education you have completed?	
Employment and Occupation—What is your current employment status? If employed, where do you work?	
Location—Where in South Africa is your home located?	
Place of Birth and Citizenship—Where were you born, and what is your citizenship status?	
Community—What best describes the general area where you live?	

### ii. Guiding Interview Questions

As it is a semi-structured interview, the interviewer will only be asking a series of predetermined but open-ended questions, while the rest of the questions are not planned in advance.

Focus Area	Questions
<b>General</b>	<ul style="list-style-type: none"> <li>a. How long have you publicly identified yourself as who you are?</li> <li>b. At what age did you realize your identity?</li> <li>c. What has it been like after transitioning/coming out?</li> <li>d. How has navigating the world as a trans person been like since transitioning?</li> <li>e. What is a typical day like for you?</li> </ul>
<b>Conceptual</b>	<ul style="list-style-type: none"> <li>a. What do you understand by inclusion?</li> <li>b. What do you understand by exclusion?</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>a. How has school and/or university been like for you?</li> <li>b. What challenges have you been confronted as a trans woman at school?</li> <li>c. How supportive has your institution been of you?</li> <li>d. What would you change about your institution to make life easier for you as a trans woman? And why?</li> </ul>
<b>Employment</b>	<ul style="list-style-type: none"> <li>a. Have you experienced any challenges with regards to finding work as a trans woman?</li> <li>b. How have people responded to your gender identity at work?</li> <li>c. How inclusive of you as a trans woman is your workplace?</li> <li>d. What specific challenges have you been faced with at work?</li> <li>e. How has your current financial standing impacted the quality of your life?</li> </ul>
<b>Health</b>	<ul style="list-style-type: none"> <li>a. Where do you usually receive your primary health care, and when was the last time you visited a health clinic or hospital?</li> <li>b. How has being a trans women impacted your professional care?</li> <li>c. What difficulties do you typically experiences when accessing health care services?</li> <li>d. What has been positive about your experience in health care settings?</li> </ul>
<b>General</b>	<ul style="list-style-type: none"> <li>a. What do you think should be done at a personal or institutional level to enable access and inclusion of trans women in society?</li> </ul>