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Exploring Social Deprivation of Transgender Community: A Case Study in Dera Ghazi Khan

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ABSTRACT

This research explores the social deprivation faced by the transgender community in Dera Ghazi Khan District. A sample of 120 transgender individuals was selected using a snowball sampling technique, where initial participants referred other members of the community to join the study. The findings reveal that transgender individuals face numerous challenges in various areas, including, employment, healthcare, and social support. The significant challenges faced by individuals due to gender identity, impacting their mental health, employment opportunities, and healthcare access. A substantial portion of respondents report difficulties in finding employment, feeling uncomfortable disclosing their transgender identity, and experiencing stress and psychological challenges due to societal factors and family rejection. Furthermore, a notable percentage faces healthcare challenges and avoids healthcare services due to fear of bullying. Statistically significant associations were found between discrimination in employment, family rejection, and mental health distress, as well as discomfort in public spaces leading to higher stress levels. Recommendations include creating more inclusive, and workplace environments, reducing gender-based discrimination, improving access to affordable healthcare, and providing mental health support tailored to the needs of individuals affected by gender identity-related challenges.

Introduction

Transgender individuals are those who do not identify with the sex assigned to them at birth. Those who identify as non-binary, gender queer, or any other gender that deviates from traditional male or female conventions are all included in this wide-ranging identification. In order to match their physical appearance with their gender

identity, transgender persons may or may not decide to have medical procedures like hormone treatment or surgery. Their experiences challenge conventional binary frameworks of male and female by highlighting the flexibility of gender (Stryker, 2017).

Khawaja Sara, Hijra, Khusra, and Murat are some of the names used by transgender individuals in Pakistan (Saddique, 2017). This study looks at three important aspects of transgender challenges: social, educational, and economic. This is different from previous studies that focused on social issues. Since social focus alone will not be sufficient to promote sustainable growth in the Trans community, we also need to consider the educational and economic challenges. This study makes significant recommendations for improving social welfare, economic growth, and education for the transgender community in our society.

Transgender people in Pakistani society live on the periphery of society. They deal with unique problems including social rejection. In fact, the name "eunuch," which is commonly used to refer to "Hijra," itself conjures up an offensive term. In general, Pakistani social groups' responses to Hijras are incredibly biased and unjust. In fact, they face discrimination even inside their own households. Due to the unfavorable attitude of society, they are excluded from all opportunities and opportunities in the country because of their sexual orientation. They are afflicted with mental and clinical guidance due to their sexual orientation. As they experience and indulge in extravagant living, they use self-cure infusions such as silicone (Ahmed *et al.*, 2014).

Between 0.5% and 1.3% of adults identify as transgender, and there are over 25 million transgender persons worldwide, according to demographic studies that give transgender prevalence data. In addition to medical unreservedness, research has frequently shown that transgender persons have ongoing discrimination, stigma, and financial difficulties, which leads to a high incidence of illness burden and a number of adverse health outcomes. However, general health is one of the transgender research topics that has gotten the least attention (Winter *et al.*, 2016).

Transgender individuals across the globe face significant socio-economic and psychological challenges that often hinder their ability to lead fulfilling and stable lives. These challenges are particularly acute in regions where societal norms are less accepting of gender diversity. In the context of Dera Ghazi Khan District, transgender individuals endure a range of socio-economic difficulties, including limited access to education, employment discrimination, and exclusion from healthcare services. These barriers contribute to high levels of poverty, social isolation, and reduced opportunities for personal and professional growth. As a result, many transgender individuals in the region experience economic hardship, which compounds their social marginalization (Bradford, 2018).

Socio-economic barriers, the transgender community faces profound psychological challenges. These challenges often stem from societal stigmatization, rejection by family members, and the persistent fear of discrimination and violence. Mental health issues such as anxiety, depression, and stress are prevalent among transgender individuals due to the constant pressure to conform to societal expectations of gender and the emotional toll of discrimination. The mental health burden is further exacerbated by safety concerns, particularly in public spaces and healthcare settings, where transgender individuals often face harassment and mistreatment. Understanding these socio-economic and psychological challenges is critical for developing effective support systems that can help transgender individuals lead healthier, more secure lives (Chakrapani, 2012).

Rejection, denial of family property, verbal and physical abuse, and social isolation are some of their issues. Because of their gender identity or sexual orientation, the transgender community is often stigmatized and

marginalized by society. The term "social stigma" refers to the disempowerment that people who are forced to work as sex workers or sex solicitors endure due to stigma and negative perceptions (Padma and Aniruddhan, 2008).

The transgender community at the school experiences discrimination, neglect, and emotional, sexual, and physical assault. They are regularly excluded from common areas with their classmates, subjected to maltreatment, and sequestered (Hotchandani, 2017). Professors' accusations that transgender students have violated social and academic standards have made schools and colleges feel like torture chambers for the transgender population. Because of this, the transgender community is not accepted in high school, college, or post-secondary education.

In Pakistan, mental health problems are very common among transgender people. High rates of anxiety, sadness, and suicidal thoughts are caused by ongoing exposure to social stigma and marginalization (Awan & Ara, 2021). These problems are made worse by a lack of access to quality mental health care, which feeds a vicious cycle of neglect and declining health. Accessing gender-affirming care, such hormone replacement therapy and surgeries, is another major obstacle for transgender people. Their capacity to attain physical and mental well-being is hampered by the scarcity of these services, their high expense, and social discrimination (Jami, 2019). Many transgender individuals turn to risky behaviors and unlicensed providers, which puts their health at serious danger.

The health inequalities that the transgender population faces are also significantly influenced by socioeconomic determinants of health, including poverty, education, and employment. Their vulnerability to health problems is maintained by their lack of educational chances and economic marginalization, which also restricts their access to healthcare (Malik & Niaz, 2020). Improving the general health and wellbeing of transgender people in Pakistan requires addressing these larger societal variables. Education is one of the main areas of concern. Compared to their cisgender counterparts, transgender kids face greater rates of bullying, discrimination, and harassment in schools, which results in higher dropout rates and worse educational attainment (Kosciw et al., 2013). Due to institutional discrimination, social marginalization, and restricted access to necessary services, the transgender population in District Dera Ghazi Khan experiences severe social hardship. Even with some legal rights, transgender people frequently face major obstacles in sectors including housing, work, healthcare, and education. Their socioeconomic advancement is hampered by this marginalization, which also makes them more susceptible to stigma and violence. The issue requires a thorough investigation to determine the degree of social deprivation that the transgender population in this area faces, pinpoint the root reasons, and provide workable solutions to promote equity and social inclusion.

Objectives of the Study

- To identify the socio-economic and psychological challenges of transgender
- To investigate the health challenges of transgender

Review of Literature

Budge et al., (2013) studied that Systemic stigma, discrimination, and obstacles to healthcare access pose serious health risks for transgender people. Research indicates that people are more prone to experience mental health issues, such as anxiety, sadness, and suicidal thoughts, which are frequently made worse by violence, harassment, and social rejection. Due to their marginalization and lack of access to preventative healthcare treatments, transgender persons also have higher prevalence of HIV, especially among transgender women,

according to study by Baral et al. (2013). Healthcare systems are often ill-equipped to meet the specific needs of transgender patients, and many healthcare providers lack cultural competency or awareness regarding transgender health concerns. Additionally, many transgender people experience worse health outcomes overall because to the stress of being a stigmatized minority and the challenges they face in getting treatment. These health inequities are made worse by the intersections of gender identity, race, and socioeconomic class; transgender individuals of color are particularly affected (Budge et al., 2013). It is evident that transgender people's physical and mental health are greatly impacted by the psychological and socioeconomic obstacles they confront, underscoring the necessity of focused treatments to enhance their quality of life.

According to Poteat et al. (2013), insurance restrictions and healthcare practitioners' lack of cultural competency make it difficult for transgender people to access gender-affirming treatments including hormone therapy and operations. These elements highlight the need for comprehensive and inclusive healthcare for transgender communities by contributing to health inequalities.

Anitha, (2015) identified whether they were traffic cops the overwhelming majority of the transgender community (87.5%) reported having experienced problems caused by the police (Anitha, 2015). Heartbreaking stories were shared by many. It is important to note that the data indicates that women are more sympathetic of the transgender community than men. According to members of the transgender community, several people who were subjected to persistent harassment were physically beaten by police and instructed not to beg. Instances of blatant violations of fundamental human rights have also been documented, yet because of legal loopholes, the perpetrators escape punishment.

Nazir and Yasir, (2016) argued that psychologically, the impact of social stigma and discrimination on transgender individuals is profound. The constant threat of violence, social rejection, and the pressure to conform to gender norms contributes to a high incidence of mental health issues among the transgender population. Studies have found that transgender individuals experience elevated rates of depression, anxiety, and suicidal ideation compared to the general population. The lack of social support and widespread stigmatization often leads to internalized transphobia, where individuals struggle with negative self-perceptions and identity-related distress. Additionally, the psychological effects of discrimination and rejection can impede healthy relationships and overall emotional stability.

Vanitha, (2017) explained the transgender community has concerns and challenges that require immediate attention and resolution. These concerns include access to essential services, education, health care, and resources. These issues could be partially resolved by implementing progressive measures such as (i) building distinct public toilets and hospital wards, (ii) starting programs to assist members of the transgender community in their claims to housing and property, and (iii) raising public awareness of transgender community identity. (v) urging print and visual media to highlight their situation and status rather than misrepresent them; (vi) avoiding verbal abuse of the transgender community; (vii) financing community-based organizations; and (iv) acknowledging their civic right to vote and allocating seats for them in elections.

Parveen & Khatak, (2020) investigated that Due to their lack of societal acceptance and very limited economic opportunities; transgender persons face several barriers to participating in the economy. The majority of respondents (87%) strongly agreed that they face a lack of social acceptability. The majority (64%) said that they were dancing professionally in order to make money. Respondents are assumed to despise the public's perception of acceptable financial status. Since most of them were not very talented, they had dreadful salaries, lived with people other than their families, and had neither property nor cars. Financial opportunities are very limited, and there are no government jobs available. Because they have less financial assistance for running their

own firms, there are fewer opportunities for specialized, promoting employment in the confidential field. The main challenges they sought were the lack of social recognition and the inaccessibility of specialized, privileged, and necessary education. The availability of basic, advanced, and specialized knowledge, financial assistance, and social acceptance to support transgender people economically and generally are all suggested solutions to such problems.

Nwafor, (2021) claimed that transgender students have several challenges in educational institutions. These challenges can lead to financial instability, which further exacerbates feelings of marginalization and exclusion from society. Transgender people, particularly transgender women and people of color, are more likely to experience poverty, homelessness, and economic insecurity due to these intersecting societal prejudices.

Sooraj & Krishna, (2024) explored that Transgender individuals face significant socio-economic and psychological challenges that impact their overall well-being. Studies consistently highlight the barriers they encounter in multiple domains of life, including education, employment, healthcare, and social acceptance. Socio-economically, transgender individuals often experience high levels of discrimination, which manifest in various forms such as workplace harassment, difficulty accessing adequate employment opportunities, and lower earning potential compared to their cisgender counterparts.

Research Methodology

In this study, the impacts were examined using the quantitative technique. Data was acquired from original sources, and the approach to data collection was interview schedule. The study was conducted in the district of Dera Ghazi Khan using double stage sampling technique, focusing on social deprivations of transgender community. Snowball sampling, a non-probability sampling approach used in research to find and attract participants through referrals from current participants, was used to pick a sample of 120 respondents. Initially, a random selection of gurus was made, and these gurus then recommended other transgender responders to take part in the survey. A interview schedule questionnaire was used as the study tool in a survey to collect data once the sample was selected. A standardized questionnaire that participants self-administered was used to gather data through in-person interviews. Chi-square and gamma tests were used to examine correlations and associations between variables in the analysis, which was carried out using SPSS Version 20.

Discussion and Analysis

Just 5% of respondents have completed a bachelor's degree or more, while the majority (46.7%) is between the ages of 28 and 37. Of them, 33.3% are illiterate. Only 10% live with their families, while the majority (75%) live in rural locations and more than half (51.7%) live with a guru. Due to their meager financial means, 72.5% of them earn between 10,000 and 19,999 PKR every month. With 34.2% strongly agreeing that they experience gender discrimination at work and 30.8% strongly agreeing that they experience social humiliation, discrimination is clearly present. Notable experiences include homelessness because of gender identity (32.5%) and rejection from family (33.3%), as well as generalized discomfort in social situations and a sense of insecurity in public places (59.2%).

Table 1: Percentages and frequency distribution of respondents face difficulty in finding employment

Difficulty find employment	Frequency	Percent
Strongly agree	39	32.5
Agree	9	7.5
Neutral	59	49.2
Disagree	9	7.5
Strongly disagree	4	3.3
Total	120	100.0

Table 1 presents the perceived difficulty in finding employment. A significant portion of respondents (32.5%) strongly agree that finding employment is challenging, while 7.5% agree. Nearly half of the respondents (49.2%) remain neutral on the matter, indicating no strong opinion. Conversely, 7.5% disagree with the notion, and only 3.3% strongly disagree, suggesting minimal difficulty.

Table 2: Percentages and frequency distribution of respondents face main source of stress attributed to their gender identity

Main source of stress	Frequency	Percent
Strongly agree	6	0.5
Agree	50	46.1
Neutral	34	28.3
Disagree	20	16.7
Strongly disagree	10	8.3
Total	120	100.0

Table 3 shows the main source of stress attributed to their gender identity. A significant 46.1% of respondents agree that their gender identity is a primary source of stress, while 28.3% remain neutral. A smaller proportion (16.7%) disagree with this assertion, and 8.3% strongly disagree, suggesting minimal stress related to their gender identity. Only 0.5% of respondents strongly agree, indicating a very limited number of individuals who perceive gender identity as a major stressor.

Table 3: Percentages and frequency distribution of respondents experience Psychological stress

Psychological stress	Frequency	Percent
Strongly agree	80	70.0
Agree	12	10.0
Neutral	19	15.8
Disagree	5	2.2
Strongly disagree	4	2
Total	120	100.0

Table 5 illustrates their experience of psychological stress. A substantial 70% of respondents strongly agree that they experience psychological stress, while 10% agree with the statement. Nearly 16% remain neutral, reflecting a lack of strong opinion or certainty on the matter. Only a small portion, 2.2%, disagree, and 2% strongly disagree, suggesting that most respondents acknowledge experiencing some level of psychological stress.

Table 4: Percentages and frequency distribution of respondents regarding their experiences with healthcare challenges

Face healthcare challenges	Frequency	Percent
Strongly agree	0	0.0
Agree	83	69.2
Neutral	18	15.0
Disagree	14	11.7
Strongly disagree	5	4.2
Total	120	100.0

Table 6 displays the distribution of respondents regarding their experiences with healthcare challenges. The majority of respondents, 69.2%, agree that they face healthcare challenges, while 15% remain neutral, indicating uncertainty or no strong opinion. A smaller proportion, 11.7%, disagree with this notion, and only 4.2% strongly disagree, suggesting minimal healthcare challenges. Notably, no respondents strongly agree, indicating that while healthcare challenges are prevalent, they are not universally extreme.

Table 5: Percentages and frequency distribution of respondents experience of avoiding healthcare services due to a fear of bullying

Fear of bullying	Frequency	Percent
Strongly agree	11	9.2
Agree	58	48.3
Neutral	26	21.7
Disagree	16	13.3
Strongly disagree	9	7.5
Total	120	100.0

Table 7 presents experience of avoiding healthcare services due to a fear of bullying. A significant portion, 48.3%, agrees that fear of bullying influences their decision to avoid healthcare services, while 9.2% strongly agree. Nearly 22% remain neutral, reflecting ambivalence or no strong opinion on the issue. Smaller proportions, 13.3%, disagree, and 7.5% strongly disagree, suggesting that for some respondents, the fear of bullying does not significantly affect their healthcare choices.

Table.6 Association between the difficulty to face employment and discrimination in the place due to gender identity

	Strongly agree	Agree	Neutral	Strongly disagree	Disagree	Total
Strongly agree	15	14	1	7	4	41
	12.2%	12%	0.8%	5.8%	3.30%	34.2%
Agree	3	3	2	2	12	22
	2.5%	2.5%	1.7%	1.7%	10%	18.3%
Neutral	7	1	7	10	4	32
	5.8%	0.8%	5.8%	8%	3.4%	26.7%
Disagree	3	3	3	1	3	13
	2.5%	2.5%	2.5%	0.8%	2.5%	10.8%
Strongly disagree	4	3	1	1	3	12
	3.3%	2.5%	0.8%	0.8%	2.5%	10%
Total	37	26	25	9	23	120
	30.8%	21.7%	20.8%	7.5%	19.2%	100.0%

χ^2 : 9.022 df= 2.04 p-value = 0.004 γ =.001

There is a statistically significant correlation ($P = 0.004$) between difficulty in finding employment and experiencing discrimination due to gender identity, as indicated by the chi-square value (9.022) in the table. Furthermore, the gamma value of (0.001) suggests a weak positive association between the two variables. Based on this, the researcher concludes that there is an association between facing employment challenges and experiencing gender-based discrimination, accepting the hypothesis that "individuals who face employment difficulties are more likely to experience discrimination due to gender identity." This result is statistically significant at the 0.05 level, emphasizing the relevance of addressing gender discrimination in the employment sector to ensure equal opportunities for all individuals, especially those affected by gender identity issues.

Table.7. Association between the level of rejection from family due to gender identity and feel mentally (psychologically) down

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Total
Strongly agree	19 15.8%	10 8.3%	1 0.8%	9 7.5%	1 0.8%	40 33.3%
Agree	7 5.8%	12 10%	2 1.7%	2 1.7%	3 2.5%	26 21.7%
Neutral	8 7%	10 8.3%	4 3.4%	1 0.8%	2 1.7%	32 20.8%
Disagree	4 3.4%	2 1.7%	6 5.1%	12 10%	1 0.8%	13 20.8%
Strongly disagree	2 1.7%	0 0%	1 0.8%	1 0.8%	0 0%	4 3.3%
Total	40 33.3%	34 28.3%	14 11.8%	25 20.8%	7 5.8%	120 100.0%

$$\chi^2 = 6.082 \quad d.f = 4 \quad P\text{-value} = 0.05 \quad \gamma = .123$$

There is a statistically significant correlation ($P = 0.05$) between the degree of familial rejection brought on by gender identity and feeling mentally or psychologically down, as indicated by the chi-square value (6.082) in Table 2. The gamma value of (0.123) recommends a weak positive relationship among these two variables, meaning that as rejection from family increases, individuals are more likely to report feeling mentally down. This result is statistically significant at the 0.05 level, supporting the hypothesis that rejection due to gender identity contributes to psychological distress. Therefore, the researcher concludes that family rejection is associated with negative mental health outcomes, underscoring the need for supportive environments to mitigate

such psychological effects.

Table 8. The association between the degrees of discomfort experienced in public spaces due to gender identity and overall life stress levels.

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Total
Strongly agree	16 13.3%	0 0.0%	1 0.8%	1 0.8%	0 0.0%	18 15%
Agree	38 31.7%	19 15.8%	10 8.3%	4 3.3%	0 0.0%	71 59.2%
Neutral	2 1.7%	0 0.0%	2 1.7%	0 0.0%	0 0.0%	24 20%
Disagree	0 0.0%	0 0.0%	0 5.1%	3 2.5%	0 0%	4 3.3%
Strongly disagree	2 1.7%	0 0%	1 0.8%	10 8.3%	0 0%	3 2.5%
Total	56 46.7%	34 28.3%	20 16.7%	0 0%	0 0%	120 100.0%

$$\chi^2 = 8.244 \quad \text{d.f.} = 4 \quad \text{P-value} = 0.005 \quad \gamma = .653$$

The chi-square value (8.244) in Table 3 shows a statistically significant link ($P = 0.005$) between stress levels in life and experiencing discomfort in public settings because of gender identity. The gamma value of (0.653) suggests a strong positive association between the two variables, meaning that individuals who feel uncomfortable in public places due to their gender identity are more likely to experience higher stress levels in life. This result is statistically significant at the 0.01 level, supporting the hypothesis that discomfort in public spaces contributes to increased stress. Therefore, the researcher concludes that gender identity-related discomfort in public places is strongly associated with elevated stress levels, highlighting the importance of creating more inclusive and supportive public environments to reduce such psychological strain.

Table 9. Association between the their unable to pay for improved medical care and experience avoiding healthcare services and fear of bullying

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Total
Strongly agree	0 0.0%	19 15.8%	0 0.0%	1 0.8%	0 0.0%	20 16.7%
Agree	32 26.7%	19 15.8%	1 0.8%	3 2.5%	0 0.0%	55 45.8%
Neutral	0 0.0%	0 0.0%	8 6.7%	1 0.8%	0 0.0%	9 7.5%
Disagree	2 1.7%	19 15.8%	9 7.5%	2 1.7%	0 0%	32 26.7%
Strongly disagree	0 0%	0 0%	0 0.0%	0 0%	4 3.3%	4 3.3%
Total	34 28.3%	57 47.5%	18 15%	7 5.8%	4 3.3%	120 100.0%

$$\chi^2 = 9.234 \quad \text{d.f.} = 9 \quad \text{P-value} = 0.004 \quad \gamma = .653$$

There is a statistically significant correlation ($P = 0.004$) between the inability to afford better healthcare services and the experience of avoiding healthcare services due to fear of bullying, as shown by the chi-square value (9.234) in Table 4. The gamma value of (0.653) suggests a strong positive association between these two variables, meaning that individuals who cannot afford better healthcare services are more likely to avoid healthcare services due to a fear of bullying. This result is statistically significant at the 0.01 level, supporting the hypothesis that financial barriers to healthcare contribute to avoidance behaviors driven by fear of bullying. Therefore, the researcher concludes that both affordability and fear of bullying are strongly linked, highlighting the need for more accessible and supportive healthcare environments to reduce the negative impact of these factors.

Conclusion and Recommendations

In conclusion, significant challenges faced by individuals due to gender identity, impacting their mental health, employment opportunities, and healthcare access. A substantial portion of respondents report difficulties in finding employment, feeling uncomfortable disclosing their transgender identity, and experiencing stress and psychological challenges due to societal factors and family rejection. Furthermore, a notable percentage faces

healthcare challenges and avoids healthcare services due to fear of bullying. Statistically significant associations were found between discrimination in employment, family rejection, and mental health distress, as well as discomfort in public spaces leading to higher stress levels. Recommendations include creating more inclusive, supportive public and workplace environments, reducing gender-based discrimination, improving access to affordable healthcare, and providing mental health support tailored to the needs of individuals affected by gender identity-related challenges. These actions are crucial for enhancing the well-being and social inclusion of transgender individuals.

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