

Not the Doctor's Order; Eunuchs Access to Health Care in Central Punjab

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ABSTRACT

Objective: The study aims to identify the barriers in availing healthcare services by eunuchs. Explore the needs and concerns, and ascertain the attitude of General Practitioners towards eunuch in providing health care services.

Study Design: Descriptive / cross sectional study.

Place and Duration of Study: This study was conducted at the University of Health Sciences, Lahore from April 2010 to march 2011.

Materials and Methods: The total samples size was sixty. The group 1 included thirty eunuchs and group 2 included thirty General practitioners. A convenient non probability sample was identified from the target population. A questionnaire was used for the purpose of data collection.

Results: Poor access to the doctor and non-availability of medicines were the most difficult part of seeking and receiving medical care. Use of unethical practices, lack of confidentiality, admission into male ward and death of colleague due to negligence were the negative experiences they came across while seeking medical care. Responding practitioners seemed to be bit uncomfortable in providing consultations to eunuchs in their clinics. Majority of the practitioners remained neutral to the question about their attitude toward hijras and agreed that it is more challenging to conduct genitourinary examination and also discuss sexual behavior with them.

Conclusion: Hijras are neglected, discriminated against and not given the same rights as other Pakistanis, in matters of inheritance, employment, education and health care. This study reveals that marginalized population that have the health problems, both mental and physical and have the poor access to medical care. Similarly the health care providers are unable to provide appropriate care and devotion to these patients. There is a dire need to train health care providers to understand the psychosocial aspect of the Hijra culture and to deal with them without any prejudices. Health care policy makers must develop appropriate structures, policies and processes to enhance the social determinants of health so that equity in healthcare could be provided to all strata of the society.

Key Words: Health care, Hijra, Eunuchs, Central punjab

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INTRODUCTION

Hijra is an umbrella term used for transgenders, eunuchs, transvestites, hermaphrodites or intersexe, bisexuals or homosexuals¹. South Asian hijras draw their cultural heritage from the 'Khawjasara' of Mughal era (1526-1858), who were employed by Mughal rulers, as care takers of their harems². Eunuch (Hijra) population size in Pakistan is estimated from 80,000³ to 300,000 (BBC News report, 2009) while a population of 5000 hijras is living in the district of Lahore⁴. Eunuchs usually live by performing at marriage or birth celebration, begging and prostitution⁵. National Study of Reproductive

Tract and Sexually Transmitted Infections of high risk populations in Lahore and Karachi during 2004 showed that 35.9 % in Lahore were suffering from Syphilis and 0.5% Hijras in Lahore were HIV positive⁶. Only few people consider them as a family person and friends but in majority of cases they are discriminated in all fields of life and even their access to openly avail the required health care needs is limited⁷. As Renate. (2003) described "The attitude of Pakistanis toward Hijras is contradictory: Some accept them, others hate them, many fear them, many are amazed by them, a few like them, many make fun of them, and no one invites them in. Eunuchs are ridiculed and treated poorly in health care settings by the health care providers⁸.

MATERIALS AND METHODS

This is descriptive cross sectional study carried out at University of Health sciences Lahore, while the data was collected from Lahore city. The duration of the study was 12 months periods started from April 2010 to march 2011

The total samples size was 60 selected samples were divided into two equal groups. The group 1 included thirty eunuchs and group 2 included thirty General

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practitioners with minimum of 5 years' experience of general practice. A convenient non probability sample was identified from the target population. The questionnaire was adopted from the work of Dutton L. 2008. Gynaecology“ Care of the Female-to-Male Transgender Man”. Formal permission from the original authors was sought out before using the tool in this study. The Urdu translation was done by back translation method.

RESULTS

Group I: Eunuchs

A= Demographic Information:

The age of participants ranged from 18-60 years with a mean of 31.57 ± 9.762 years.

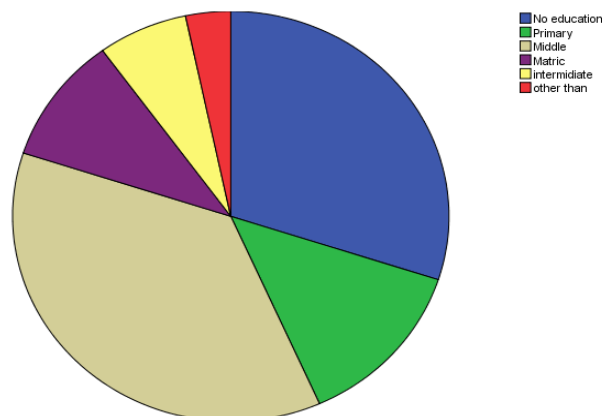


Figure No.1: Education of the participant.

The average monthly income was Rs.5000/- of 25(83%) participants, Rs.10,000/- of 4(13%) and only 01(3%) had monthly income more than 10,000 rupees.

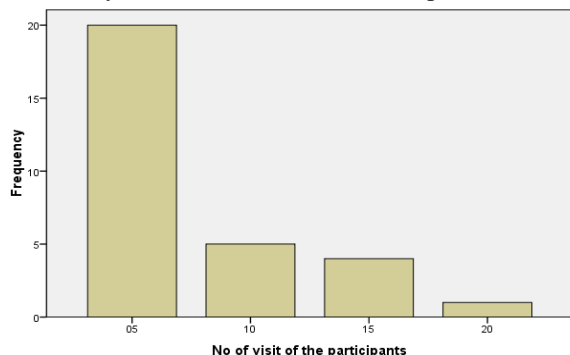


Figure No.2: Number of visits of the participants.

B. Healthcare Status: In this category 22 questions were asked from the participants to know about their health care status. To the question regarding “thoughts, feelings, and experiences with the health care system” the response showed that 9(30%) had positive feelings& experiences with the local healthcare system while 21 (70%) had negative feelings &experiences. The healthcare system was considered very bad and run by inefficient people by 14(47%) participants, while 07(23%) said that service providers are very cruel and

rude with them and only 9(30%) considered their attitude to be kind and friendly. Unnecessary questioning & irrelevant probing by the doctors was considered to be the barrier in availing healthcare facilities by 12 (40%) participants, while 11(37%) considered that doctors do not listen to them properly and have forgotten their ethics and duty, 4(13%) considered lack of respect and improper treatment as the barrier they experienced during receiving healthcare. To the question about the most difficult part of seeking and receiving medical care, poor access to the doctors was the response by 27 (90%) participants while 3 (10%) considered non-availability of medicine as the most difficult part. Use of unethical practices, abusive language and lack of confidentiality was considered to be the negative experiences that 14 (46%) participants experienced, 01 (3%) reported that admission into the male ward instead of female ward was her negative experience, 02 (7%) attributed the death of their colleagues due to negligence and non-availability of medical services at proper time while 13(43%) participants did not have any negative experience with health care providers

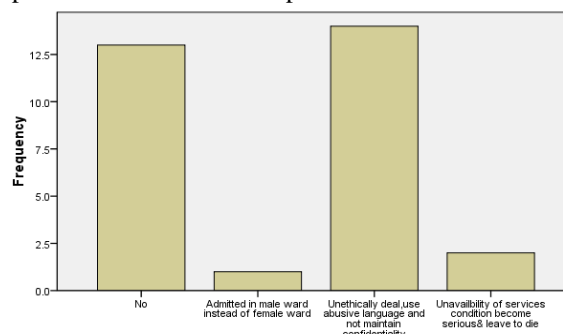


Figure No.3: What are the most negative experiences you have had with a health care provider, or his or her staff?

Majority 22(73%) of the participants responded that they did not have any positive experience when asked about the most positive experience they had with the health care providers while 08 (27%) did experience positive feelings. Among those responding that they had positive experience, 04(50%) informed that doctors checked them without charging any fee, 03(37%) said that they were given respect in spite of knowing them that they are eunuchs and 01(12%) said that a nurse looked after her very well and even paid money for her medicine,

To the question “What do you think would help to improve the healthcare system, clinics, or providers with respect to understanding healthcare of transgendered people?”14(47%) responded that system can be improved by bringing the dealing of health care providers with them to be at par with normal patients 13(43%) think that provision of separate hospitals or ward for them would improve the system while 3(10%) thought that they should be treated as separate special

group. All the 30(100 %) participants reported that they have “major health concern” among whom 12(40 %) had hemorrhoids, 05 (17 %) had syphilis, 03(10 %) had hypertension, 03(10 %) had tuberculosis, 03(10 %) had depression and Hepatitis C and 02(10%) had skin infection as major health problems. At the time of sickness 22(73 %) participants prefer to visit doctors, 05(17 %) would visit hakeems, and 03(10 %) would visit others health care service providers. To the question whether they have an access to primary health care provider for advise and consultation, 21(70 %) participants responded in negative while 09(30 %) responded that they do have access to this facility. Government negligence was considered to be the reason for non-availability of the primary health care providers by 24(80 %) participants while 06 (20 %) thought it as a societal discrimination. Chronic medical condition was absent in 17 (57%) participants while 13(43%) were suffering from chronic conditions like Arthritis, Haemorrhoids, Tuberculosis, Hepatitis C & psychiatric disorders like depression.

Group II: General Practitioners: Questioner was filled by 30 General practitioners out of which 24(80%) were males, and 06 (20%) were female medical practitioners. All the 30(100 %) participants had experience of treating or provide consultation to the eunuchs. According to the study participants’ response to “attitudes towards transgender” showed that 02(6.7%) were very comfortable, 07 (23 %) were comfortable, 14 (47%) were neutral, 05(17%) were uncomfortable, and 01(3 %) was very uncomfortable. Whether it is more challenging to conduct physical examination of eunuch was responded as strongly agreed by 07(23%), agreed by 07(23.3%) neutral by 08(27%), disagreed by 07(23%) and strongly disagreed by 01(3%) participant. Similarly, 07(23 %) strongly agreed that “it is more challenging to conduct genito-urinary system examination”, 11 (37%) agreed, 11(37%) were neutral, and 1(3 %) disagreed. While, among total participants 08 (27%) strongly agreed that “it is more challenging to discuss sexual behavior with them”, 11(37%) agreed, 09(30 %) were neutral, 01(3 %) disagree, 01 (3 %) strongly disagreed. Among all the participants, 11 (37%) strongly agreed to the statement that “Transgender patient deserve the same level of quality care”, 13 (43 %) agreed, 01(3 %) was neutral, 02 (7%) disagreed, while, 03(10 %) strongly disagreed. Their facility provides an equal opportunity of healthcare to the eunuchs was claimed by 26 (87%) practitioners, while 04(13 %) thought that it is not same. When asked whether there is need for training to deal with the transgender patient, 25(83 %) participants agreed that training is required. No guidelines to deal with eunuch patients were followed by 28 (93 %) participating practitioners. Regarding separate health care services for transgender, 03(10 %) strongly agreed to this proposal, 03(10 %) agreed, 05(17 %) were

neutral, 14 (47%) disagreed, and 05(17 %) strongly disagreed to this suggestion

DISCUSSION

Eunuchs in our society are inadequately represented, discriminated against and marginalized. They are considered to be abnormal both physically and psychologically. They rarely access conventional health-care system due to distrust and fear of being rejected⁹. Although general perception in the society they gave that, they belong to a third gender which is neither male nor female. They claim to have men’s bodies and women’s souls¹⁰. As expected most of them were either illiterate or had primary level education. This is not surprising as harassment and jeering of the peers and school fellows prevents them from pursuing their education. Similarly most of the responder eunuchs belonged to low socio-economic class. Although some were doing jobs either part time/full time begging and prostitution was the main mode of earning. Poor access to the doctor and non-availability of medicines were the most difficult part of seeking and receiving medical care. Use of unethical practices, abusive language, lack of confidentiality, admission into male ward and death of colleague due to negligence were the negative experiences they came across. Medical checkup without charging fee, giving due respect and even giving money for medicine were some of the positive experiences they had. Their major health concerns were haemorrhoids, syphilis, hypertension, tuberculosis, depression, asthma, hepatitis C and skin infections. Qualified medical doctor was the choice of consultation by majority of the responders while hakims and quacks were the other choices. Government negligence and social discrimination was considered to be the reason for non-availability of the primary health care. The effectiveness and contributions of public health should be strengthened to reduce unfair differences in health among population groups, especially, the under privileged and marginalized groups¹¹.

Equal numbers of health care practitioners were questioned about their attitudes and experiences with transgender patient. Responding practitioners seemed to be bit uncomfortable in providing consultations to eunuchs in their clinics. This is perhaps due to the mocking and offensive behavior of eunuchs. It is possible that medical practitioners feel embarrassed to have such people in their clinic and fear that other patients would feel uncomfortable in their presence. There was a mixed response to the question whether it is more challenging to conduct physical examination, while majority agreed that it is more challenging to conduct genitourinary examination and also discuss sexual behavior with them. Physicians might have fear that by exposing genitals of their eunuch patients or asking about their sexual problems they might

themselves be blamed for sexual exploitation. Although there are no specific guidelines given by Pakistan medical and dental council or any other medical regulating body in Pakistan but most of the medical practitioners surveyed agreed that such patients deserve the same level of quality care as other patients, equal opportunity to receive health care should be given to them, and that there is a need for training and sensitizing health care professionals to deal with transgender patients. The idea of having separate health care facilities for such patients was not accepted by majority of the responders.

CONCLUSION

Hijras in conservative society like Pakistan live a life of fear and uncertainty. They are neglected, discriminated against and not given the same rights as others, in matters of inheritance, employment, education and health care. The social stigma attached to these patients, resulting in different barriers to access health care facilities. This study also reveals that marginalized population that have the greatest health problems, both mental and physical, have the least access to care. Similarly the health care providers are reluctant to provide appropriate care and devotion to these patients. There is a need to train health care providers to understand the psychosocial aspect of the Hijra culture and to deal with them without any prejudices. Health care policy makers must develop appropriate structures, policies and processes to enhance the social determinants of health so that equity in healthcare could be provided to all strata of the society.

Future researches are needed to investigate this issue from multiple angles and provide strong evidence regarding experiences of eunuch to avail health care services and attitude of health care personnel towards this segment of society.

Conflict of Interest: The study has no conflict of interest to declare by any author.

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