



Research Article

Experiences and Challenges of Hijra (Transgender) People in Accessing Healthcare Services: A Qualitative Study in Rajshahi City Corporation

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Abstract. In South Asia, Hijras are transgender, intersex, or eunuch people who live in close communities. In Bangladesh, they remain socially excluded and stigmatized. Although their gender identity is legally recognized, studies show they still face barriers in accessing healthcare. This research explores the healthcare experiences of Hijras in different service sectors. It is based on 79 in-depth interviews and 3 key-informant interviews, analyzed through thematic analysis. Findings show that public hospitals only provide male- and female-focused facilities, with no separate arrangements for Hijra patients. Many faced verbal harassment, blame for their illnesses, and unequal treatment. Health providers also lacked awareness of Hijra identity and culture. The study recommends formally including Hijra as a gender category in the healthcare system to reduce discrimination and ensure fair healthcare access for them.

Keywords: Hijra, Discrimination, Healthcare Access, Rajshahi.

INTRODUCTION

In Bangladesh, Hijra (transgender) people have historically faced social exclusion due to their non-binary gender identity. Known by different names across South Asia, such as jogappas, jogtas, or shiv-shaktis (Khan et al., 2009), Hijras are recognized as the “third gender” (Human Rights Watch, 2016; Nanda, 1999). The term “Hijra” originates from Arabic through Urdu-Hindustani, signifying “leaving one’s tribe” (Alhawary & Benmamoun, 2005). While most Hijras are assigned male at birth, some are intersex, and they are often described as “neither man nor woman” (Nanda, 1999; Reddy, 2005). In Bangladesh, the government formally recognized Hijras as a third gender in 2013, yet social acceptance remains limited, particularly outside the male-female binary (Aziz & Azhar, 2019; Rahman & Irani, 2022). Hijras traditionally earned income through ceremonial performances, but with reduced demand, many rely on begging, sex work, or informal employment in factories, beauty parlours, and domestic work (Hossen, 2019; Mamun et al., 2016). Access to healthcare is a major challenge; public services are their primary option, yet discrimination, stigma, lack of cultural awareness among healthcare staff, and insufficient NGO support for non-HIV/STI health needs hinder their care (Sarker, 2019; Roberts & Fantz, 2014; Amanullah et al., 2022). Mental health problems, including depression, anxiety, and suicidal ideation, often stem from societal stigma, forced childhood medical interventions, and social isolation rather than their gender identity itself (Lee & Turney, 2012; Millar & Brooks, 2021; Srivastava et al., 2020; Evje et al., 2024). Despite legal recognition and some government initiatives, Hijras continue to experience social exclusion, limited employment opportunities, and barriers to adequate healthcare (Dhaka Tribune, 2015; Ministry of Social Welfare, n.d.; Barua & Khan, 2023). This study examines the lived experiences of Hijras in accessing healthcare in Rajshahi City, aiming to highlight their challenges and support the development of more inclusive policies and services.

LITERATURE REVIEW

Bangladesh's national integrity system remains weak due to a combination of institutional, political, and societal shortcomings (Arafat & Fahmida, 2025; Arafat et al., 2025; Arafat, 2024a). Hijras, as a third-gender population in Bangladesh, face significant social exclusion, marginalization, and discrimination in almost all spheres of life, including employment, education, healthcare, and social participation (Al-Mamun et al., 2022; Amanullah et al., 2022; Aziz & Azhar, 2019; Khan et al., 2009). Despite formal legal recognition as the “third gender” in 2013, they remain socially stigmatized, with persistent prejudice from family, community, and institutions (Human Rights Watch, 2016; Rahman & Irani, 2022; Islam, 2019). Traditionally, Hijras earned income through cultural performances, such as singing and dancing at ceremonies, but economic constraints and changing social dynamics have shifted

many into begging, sex work, or informal employment, exposing them to exploitation, harassment, and violence (Hossen, 2019; Barua & Khan, 2023; Mamun et al., 2016; Shuvo, 2018). Structural barriers, ignorance, and discriminatory attitudes in healthcare settings force many Hijras to avoid modern medical services or conceal their identities, which exacerbates their vulnerability to STIs, HIV, and other health problems (Sarker, 2019; Jebin, 2018; Roberts & Fantz, 2014; United Nations Development Programme, 2013). Studies highlight that healthcare providers often lack awareness of Hijra identity and culture, resulting in neglect, refusal of treatment, or verbal abuse, while NGO services focus narrowly on HIV prevention, leaving other health needs unmet (Jebin & Umme, 2015; Hossen, 2019; Aziz & Azhar, 2019). Mental health concerns, including depression, anxiety, stress, and suicidal ideation, arise not from gender identity itself but from constant social stigma, discrimination, and coercive practices such as forced childhood “normalization” surgeries (Goffman, 1963; Hughto et al., 2015; Lee & Turney, 2012; Millar & Brooks, 2021; Srivastava et al., 2020; Quinn & Chaudoir, 2009). Globally, transgender populations face similar health disparities and discrimination, reinforcing the need for culturally sensitive policies and inclusive health systems (Evje et al., 2024; Doussantousse & Keovongchith, 2005; Nanda, 1999, 2008; Reddy, 2005). In Bangladesh, initiatives such as traffic police recruitment and government programs for Hijra welfare exist but remain limited in scope and impact (Dhaka Tribune, 2015; Ministry of Social Welfare, n.d.; Al-Mamun et al., 2022). This review underscores that, despite legal recognition, Hijras in Rajshahi and other parts of Bangladesh continue to experience multidimensional marginalization, highlighting the urgent need to explore their lived experiences in accessing healthcare and social services.

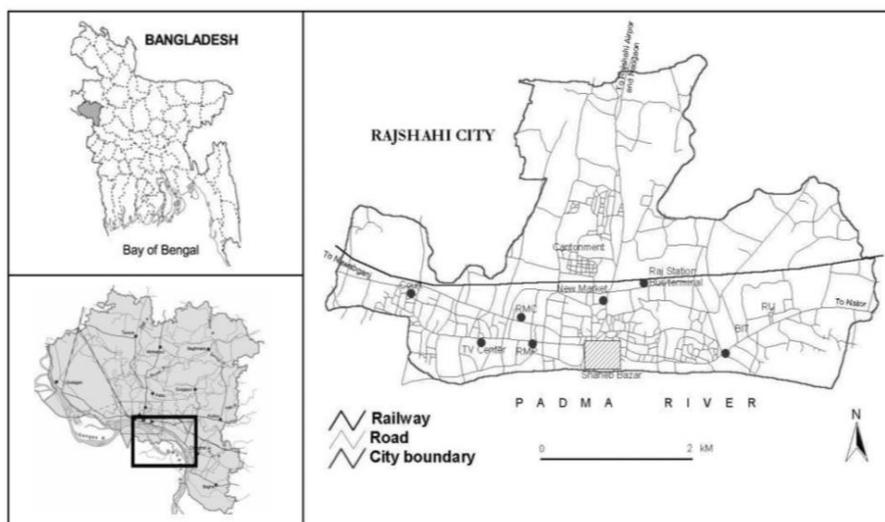
RESEARCH METHODOLOGY

Research means a systematic finding and study of materials and sources in order to establish facts and reach new results (Arafat, 2024b). This study employs qualitative research to achieve the objective of the paper. Qualitative research was conducted to enhance the outcome of the research. In-depth open-ended interviews were used for the sample of the study. Qualitative method and tools had been used for this study to seek the possible answers to the research question. The study had been conducted based on primary data collected through intensive fieldwork.

Study Area

This study had been conducted in different scattered places of Rajshahi City for Hijra participants such as Shiroil Colony area beside rail station, Kashia Danga, Binodpur, Panchabati slum beside Padma River, Saheb Bazar, and Laxmipur area.

Figure 1: Rajshahi City Map



Entering the Field

To set up a strong communication with the Hijra population in the study area, firstly, the identity of the researchers and the purpose of the study had been presented to the organizations who are working intimately with the Hijra population in the study area. The researchers had been introduced to the president of 'Diner Alo Hijra Songho', and other organizations/associations, and the researchers had begun rapport building with the Hijra community to introduce the research project to potential respondents. Hijras are well fixed with those organizations and they get services from those organizations. So, the researchers introduced with the help of those organizations and it was an authentic way to present the researchers to the Hijra population and identify potential participants, and also render them information about the study. Through this process, the researchers had met Hijra people for study purposes and made an appointment with Hijra respondents in a convenient and secured venue to talk with them.

Sampling

Total 82 participants from different stages of the Hijra community are selected for discussion to collect the necessary data to conduct this study. The sample includes three policymakers from the Hijra rights protection organization, 79 Hijras from different levels of the society were interviewed.

Data Collection

Necessary data about Hijra people's experiences and obstacles in getting healthcare treatment was collected through intensive fieldwork among the Hijra residents in the Rajshahi city area. Face-to-face In-depth Interview and Key Informants Interview (KII) qualitative data collection tools had been applied.

In-depth Interview:

It was conducted to enable the Hijra participants to tell their stories and to explore their experiences of getting healthcare treatments. The interviews for each participant were conducted till thematic saturation was achieved. Typically, each interview lasted for about 15 to 25 minutes. The semi-structured interview schedule was designed keeping in mind certain inquiry issues, which might be pertinent for the “lived experience” of getting healthcare treatments.

Key Informants Interview (KII):

This interview process was conducted to get necessary data from 3 participants of this study who work for local organizations to serve the Hijra community. They are also holding the decision-making position in the Hijra community. Semi-structured questionnaire guidelines had been applied for Face to Face Key Informant interviews.

Data Analysis

After collecting the raw data from the field, the data had been coded and thematically arranged. Themes were identified and analyzed to represent the content of the entire data set and give an understanding of predominant themes. The data had been analyzed through the Narrative analysis (story, experience, opinion, and memory). In this study, the qualitative data analysis process described by Creswell (2014) had been followed to analyze collected data.

Ethical Consideration

Ethical issues had been maintained to not put participants in a situation where they might be at risk of harm as a result of their participation. As Hijra people are a socially stigmatized and vulnerable identity group, this research had protected their rights by ensuring voluntary participation and informed consent. The consent form had been clarified very carefully at the first meeting and again at the beginning of the interview. Anonymity denotes that the individual who participates in the study remained without mentioning his or her name. The researchers used pseudonyms to protect the study participants from being identifiable. In this study, the ethical issues had been strictly maintained.

RESULTS AND DISCUSSIONS

Difficulties in Getting Treatment from Quacks and Pharmacies

Respondents of this study were asked about the experiences and difficulties they face to get healthcare service from informal sectors such as quacks and local pharmacies. Hijra people had experienced verbal and physical abuse in getting treatment from quacks and local pharmacies. But, not all the time quacks of the pharmacy owner do not show such a discriminating attitude. Often, non-Hijra patients can not admit the presence of Hijra. They show ill feelings and negative attitudes toward Hijra patients.

Also on the road to the quack chamber, they often have experience of bullying, teasing, insult, and sometimes physical teasing. These negative attitudes avert them

to get treatment. For stigmatization and social exclusion, Hijra people feel identity crisis and often feel shy to express themselves publicly. As one respondent shared,

“I do not talk too much in medicine shop or any other service center so that they cannot recognize me as a Hijra. If they can, there must be something happening which I do not want and I may not feel comfortable.”

One respondent shared her experience and tackling such a problem like this,

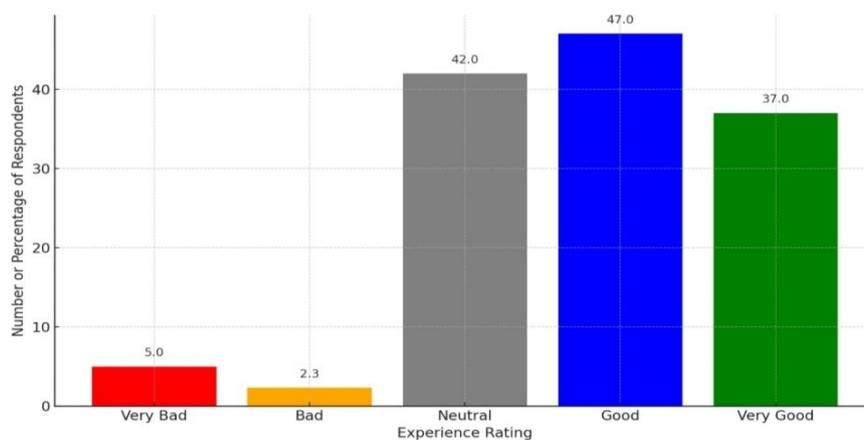
“Once I went to a pharmacy to buy some medicine as I suffered headache. Some people were sitting in front of that medicine shop. After buying medicine when I turn for a return, an older man called me. He asked my name and started asking about my personal life. He asked many questions about my genitalia, sexual life, and other sensitive and personal issues. It was so embarrassing for me and I felt discomfort.”

Figure 2: Taking Health Treatment from Quacks



Other respondents shared their experiences like this,

“I was suffering from itching in the lower part of my body. I went to a medicine shop, described my problems, and ask him to prescribe me some medicine that can cure me. Then the quack standing here wanted to observe the itching area of my body. I refused to show that. Then he enforced me and told me why I show shyness though I am a sex worker, which I am not.”

Figure 3: The Opinion Ratio of Hijra People Getting Treatment from Quacks and Pharmacies

The analysis of responses from 82 Hijra individuals regarding their experience of receiving treatment from quacks and pharmacies reveals a mixed perception. A significant portion of the respondents reported positive experiences, with 47% rating the treatment as "good" and 37% as "very good," indicating that these informal healthcare providers are commonly accessed and generally accepted within the community. Interestingly, 42% respondents expressed a neutral opinion, which suggests a level of indifference or uncertainty, possibly due to inconsistent service quality or low expectations. On the other hand, only a small percentage reported negative experiences—2.3% said "bad" and 5% said "very bad"—highlighting that while most Hijra individuals do not face overt mistreatment, there are still instances of dissatisfaction or poor service.

Experiences in Using Public Healthcare Service Centers

In this study, public healthcare service centers refer to those hospitals and medical centers which ran through public government funding and also controlled and managed by government employees. Respondents of this study were asked about their experiences and obstacles in getting treatment from public healthcare sectors. Due to social stigma and exclusion, most of the Hijra people are financially unstable, and for this, they used to take healthcare services from the public healthcare centers. They have lots of diversified experience to get healthcare services from the public healthcare centers.

Difficulties in Ticket Counter:

It was observed that in outdoor services of a public hospital, there were only two gender-specific counters that served male and female patients separately. They were not formally entitled to any counters for services due to the unrecognized Hijra identity in the hospital. Therefore, to receive a ticket, they are supposed to be documented as either male or female.

When they stood in a queue with both male and female patients at the ticket counter they had experienced verbal and physical abuse. Sometimes, non-Hijra patients complained about Hijra's presence to the receptionist of the counter. Due to the negative attitudes of non-Hijra patients and staff, they could not stay in the queue. The negative attitudes include verbal insults, poking, teasing, and bullying.

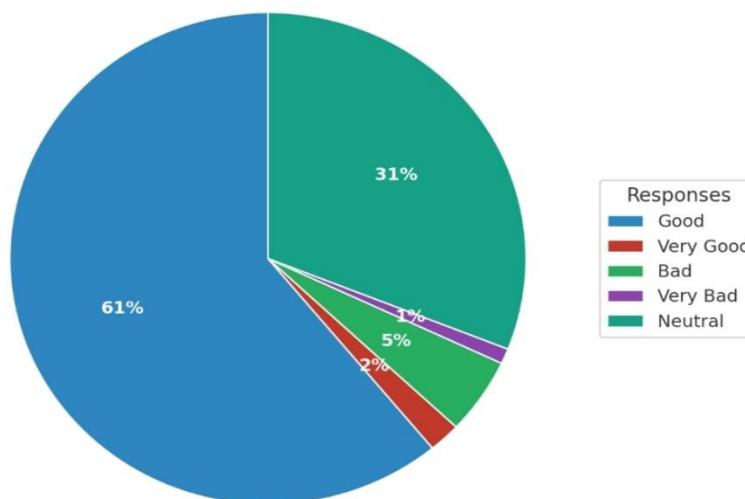
Most of the respondents of this study had admitted that problem. They had got in dilemma and they cannot understand that in which queue they had stood. They fell identity crisis in this situation. One of our respondents shares her experiences about the problem and negative attitude of non-Hijra patients toward Hijra patients like this:

"My mother was ill and had brought her to medical. In medical you have to collect the ticket from the counter by maintaining a queue to get any treatment. There are two separate queues and counters for male and female patients but not for Hijra. In this situation what can I do? I stood in a male queue as I wearing a 'male-like' dress. Then, some teenage boys who stood after me start joking on me."

Another respondent shared her experiences about the problem and negative attitude of non-Hijra patients toward Hijra patients as this,

"Someday ago I went to medical for treatments. Though there was no specific counter for us, I used to go male counter. I was acting like normal (non-Hijra) people. At this time, I got a phone call. Then, it revealed that I am a Hijra. After getting it, the people who were just behind me, scowled at me and they started bullying me."

Figure 4: The Opinion Ratio of Hijra People in Using Public Healthcare Service Centers



The analysis of experiences among Hijra individuals in utilizing public healthcare service centers reveals a nuanced perspective that highlights both progress and persistent challenges. According to the data, a majority of respondents (61%) rated their experience as "good," and an additional 2% described it as "very good," indicating that public healthcare services are relatively accessible and, to some extent,

meet the expectations of a significant portion of this marginalized community. This reflects a positive development in terms of healthcare inclusion and may suggest improvements in public health outreach or policy efforts aimed at underserved populations.

However, a substantial proportion—31%—remained neutral, which signals a critical area for deeper examination. Neutral responses often imply ambivalence or mixed experiences, potentially stemming from systemic barriers such as a lack of gender-sensitive care, limited provider awareness of Hijra-specific health needs, or insufficient interpersonal communication. Furthermore, 5% of respondents reported their experience as "bad" and 1% as "very bad," indicating that despite some positive engagement, discriminatory practices, stigma, or inadequate service delivery still affect a portion of the Hijra population.

The Behavior of Medical Staff: Stigmatization and Ignoring:

The majority of Hijra respondents reported that they get ignored, often stigmatized, by medical staff such as nurses, compounders, etc. Medical staffs often misbehave with Hijra people. As one respondent shared her experience when she took her grandmother in the medical,

"My grandmother had a tumor in her leg. I took her to medical. The doctor suggested to remove the tumor by surgery. Then I admitted her but we cannot get any bed. When a patient left his bed become empty. I laid down my grandmother on this bed. After some time a ward boy came and ask us to release those beds. When we deny, he forcefully put us down."

Another respondent shared,

"When we go to medical we do not get the good and friendly behavior that we expect from medical staff. We do not get any priority, even we get ignored. They (medical staffs) say 'not now', 'go away', 'come later', 'go here', 'go there' and many else."

One respondent shared her experience about the neglectful attitude of nurses when she got admitted to the hospital after committing suicide by taking poison:

"I was too ill, about to die and admitted to hospital. Not a single person (nurse) come to look after me. They stand far away from me and impose on one another to serve me. But no one is approaching. In this situation, I suffered much with deep pain. One of my relatives used to work there. Then she came and told them, 'What happen! Though she is a Hijra, she is a very good person.' Then one of the nurses came to me and the treatment started."

Another respondent also shares her bad experience of misbehaving with medical staff. That is,

"Their behavior is not so well. They neglect us as if we are not human. They do not treat us positively. There are lots of hassles to getting treatment. Lots of excuses they show, 'not here,' 'not this place,' 'not this bed,' and so on. It is difficult to get proper treatment by tackling this problem."

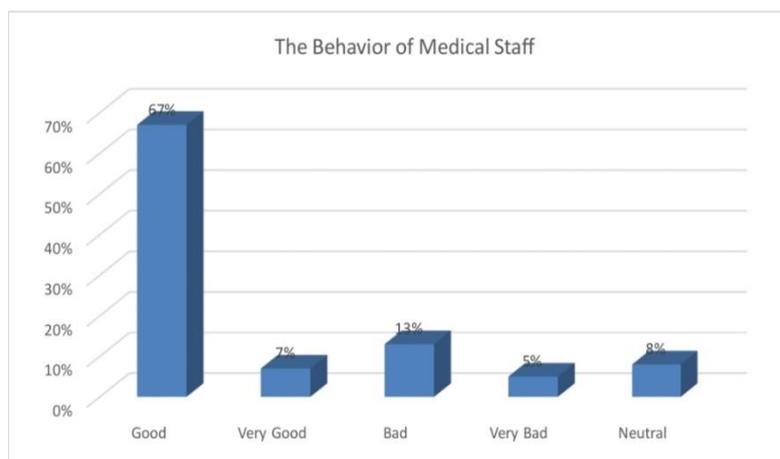
Not only in the public sector, but in the private sector also, staff have shown a negative attitude toward Hijra people. Sometimes they bully Hijra patients. One of the respondents shared how she had been bullied by staff while getting treatment in the private sector:

“Once I took my mother in a private doctor’s chamber. Staff asked me ‘how are you, Bhaiya (brother)?’ He said this in a girly tone to insult me in front of my mother. My mother was already depressed about me and after hearing this type of bully she got more depression. And such insulting behavior hurt me also. I got ashamed in front of my mother.”

But not all the staffs have a negative attitude toward Hijra people. Some respondents express positive views about the staff’s behavior. One of the respondents who committed a suicide attempt shares her positive feelings like this,

“When I got admitted to hospital, I got friendly behavior. One of the nurses who addressed me as ‘sister’ consult me to do not attempt suicide anymore. She made me understand that I am someone who can be alive for myself. Her friendly and heartily behave help me to get rid of depression.”

Figure 5: The Opinion Ratio of Hijra People about the Behavior of Medical Staff



The responses from 82 participants regarding medical staff’s behavior toward Hijra individuals in healthcare settings reveal a generally positive perception, with 67% rating the behavior as "good" and an additional 7% as "very good," totaling 74% favorable feedback. Conversely, 13% of respondents described the behavior as "bad" and 5% as "very bad," indicating that 18% had negative experiences. A small portion, 8%, remained neutral. This distribution suggests that while the majority of Hijra individuals perceive medical staff’s behavior as respectful and appropriate, a significant minority still face negative or unsatisfactory interactions, highlighting the need for continued efforts in sensitizing healthcare professionals to ensure equitable and inclusive care for gender-diverse populations.

The Behavior of Doctors:

The majority of Hijra participants reported that when they entered doctor’s rooms they had felt uncomfortable. Doctors asked about their health problems but showed unwillingness to know in detail. In some cases, doctors blamed Hijra patients for their 'unhealthy' sexual practice, that is, anal sex. Many claimed that doctors spent enough time examining the health problems of non-Hijra patients, but did not want

to listen to the problems of Hijra patients. Hijras also perceived that service providers, including doctors, have no idea about Hijra culture and sexuality.

One respondent told her experience in a doctor's chamber when she took another Hijra to get treatment about an issue in the anus, that is,

"Someday ago one of our Hijras suffered some issues in her anus. I took her to the doctor. The doctor was not careful about what my friend said about her problem, he was busy with his phone. After hearing her problem, the doctor blamed her that she did a sinful occupation, that's why it happened. Such comments are pathetic. Nobody expects such ill behave from an educated person."

The doctor's behavior is a matter of concern for all patients, not only for Hijra. Another respondent shared her bad experience in this manner,

"We do not get any priority from the doctor. They are often unconscious about what we say. Sometimes they even do not look at us. Once I went to the doctor with some medical issue. By the time I entered the room, the doctor looked at me and shouted with anger, 'what happen to you!?' I got frightened. I could not express my problem clearly after such rude behavior."

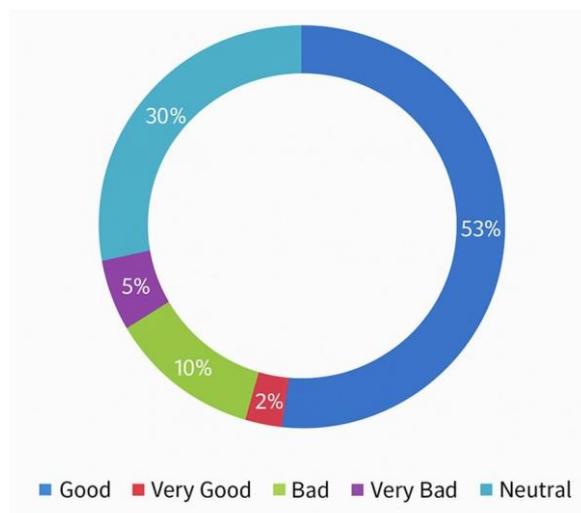
Another respondent expressed her experiences as like this,

"All the doctors are not bad. But most doctors neglect us. We are not significant someone to them. We do not get the same importance that other people get. They are not ready to hear our problem. Once when I went to the doctor, the compounder told me to seat far away from where regularly other patients seat."

Though most of the respondents had negative experiences with doctors' behavior, not all of the doctors are the same. Some doctors cut good marks in the minds of their patients by their positive and friendly behavior. One respondent shared her experience as like this,

"Not all doctors are the same. Some doctors' behavior is amazing. Once when I went to the doctor, he used to address me as 'mother'. At this time I feel excellent. I think the patient-doctor relationship should be like this."

Figure 6: The Opinion Ratio of Hijra People about the Behavior of Doctors



The data from 82 respondents regarding doctors' behavior toward Hijra individuals in healthcare settings presents a mixed picture. While 53% rated the behavior as "good" and only 2% as "very good," the combined positive response (55%) indicates that just over half of the respondents had satisfactory experiences. However, 10% reported "bad" behavior and 5% "very bad," totaling 15% who faced negative treatment. Notably, a significant 30% remained neutral, suggesting uncertainty or inconsistency in their experiences. This distribution implies that while some Hijra individuals experience respectful interactions with doctors, a substantial portion either encounter indifference or hesitate to express strong opinions, which may reflect ongoing issues of discrimination, lack of sensitivity, or mistrust within the healthcare system.

Experiences in Private Healthcare Service Centers: Money Matters

Respondents of this study were asked about their experiences in getting treatment from private healthcare centers. Most of the respondents of this study are engaged with '*hijragiri*' as income-generating work. Due to social exclusion and stigmatization, most of the Hijra people do not have enough chance to engage with any other prestigious job. And as a result, they are financially vulnerable. They usually use public healthcare centers. But the bad experiences and other behavioral obstacles often push them to use private healthcare centers. Doctors who serve in the public hospital often suggest, sometimes pushed, his patients to consult with him in his private chamber.

Figure 7: Taking Health Treatment from Private Center



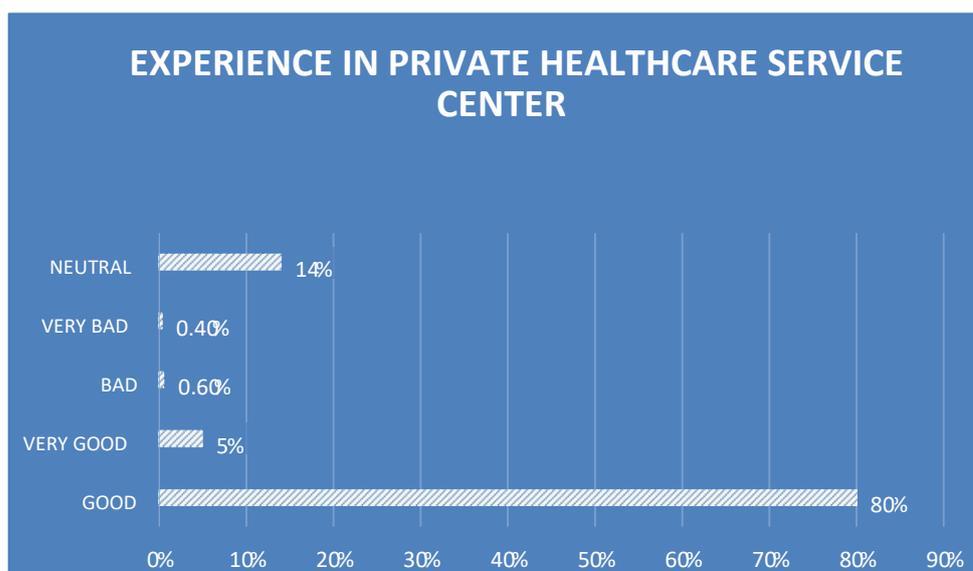
As a private sector, the main purpose of such service centers is to gain money. Doctors who served in a private chamber, clinic, or hospital often claimed a remarkable amount of money as honorarium. So, the environment of private hospitals is more friendly and genial than public hospitals. Medical staffs and nurses are more attentive and obtain to their patients. Doctors are also more careful and attentive to patients in private healthcare centers. As one respondent shared,

“One morning when I got up, I started coughing. At the same time, bleeding started inside of the mouth. I went to a nearby private hospital as soon as I can. Here they gave me treatment within the shortest possible time. I get cured immediately. But, the shocking thing is that they demanded an unbelievable amount of money. I had not enough money. I made calls to friends for money. They came and pay the bill. The service and environment of private hospitals are far better than government hospitals. But, it requires a large amount of money.”

But money is the main character here. Patients have to pay for every service they use. Whereas the healthcare service of the public sector is almost free of cost, a small amount of money is required to get treatment.

Though the environment of private service is better and less discriminatory, there is also some sort of problem that makes Hijras feel uncomfortable. Especially, the non-Hijra patients cannot take the presence of Hijra patients as the user of the same services they use due to the large stigmatization and social exclusion.

Figure 8: The Opinion Ratio of Hijra People about Private Healthcare Service Center



The responses of 82 Hijra individuals regarding their experiences at private healthcare centers indicate a predominantly positive perception. A substantial 80% rated the behavior of private healthcare providers as "good," with an additional 5% describing it as "very good," totaling 85% favorable feedback. Only a marginal 0.6% reported "bad" behavior and 0.4% "very bad," highlighting minimal negative encounters. Meanwhile, 14% of respondents remained neutral, which may reflect limited interaction or uncertainty about their experiences.

Healthcare Services Managed by Nongovernmental Organizations (NGOs)

In Bangladesh, especially in Rajshahi, there are not enough healthcare services managed by NGOs. An NGO named 'Light House' is working on the health issue of

Hijra people. Though their service is inadequate to demand. Hijras usually use services that Light House provides. Especially they deal with the sexual health of Hijra people.

Respondents of this study were asked about their experiences in getting treatment from NGO healthcare centers. Hijra people feel comfortable getting healthcare service from Light House. The environment is also friendly for them. The doctors and staff are well behaved and specially trained to deal with Hijra people. One respondent shared her experiences like this,

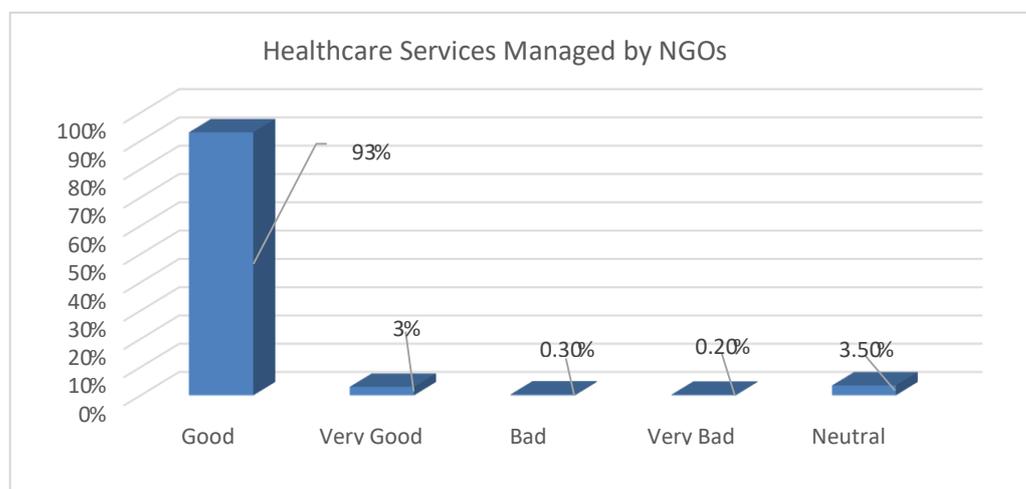
“All (doctors and staff) are trained here and well behaved also. They only serve Hijra like us. For this, the environment is comfortable for us.”

Though the NGO sector is dedicated to serving the Hijra people, due to insufficient resources and infrastructural scarcity the services of Light House are not enough to serve the whole Hijra community in Rajshahi city. One respondent stated about the inadequacy of the Light House.

“Light House is comfortable. We can easily express our health issues here. But, Light House only deals with sexual health and other non-major diseases. They do not treat other complex and major diseases. In such case, we prefer to go to public or private healthcare service centers.”

Though inadequate, Hijra people are satisfied with the service of NGO sector healthcare providers, especially mentioned Light House.

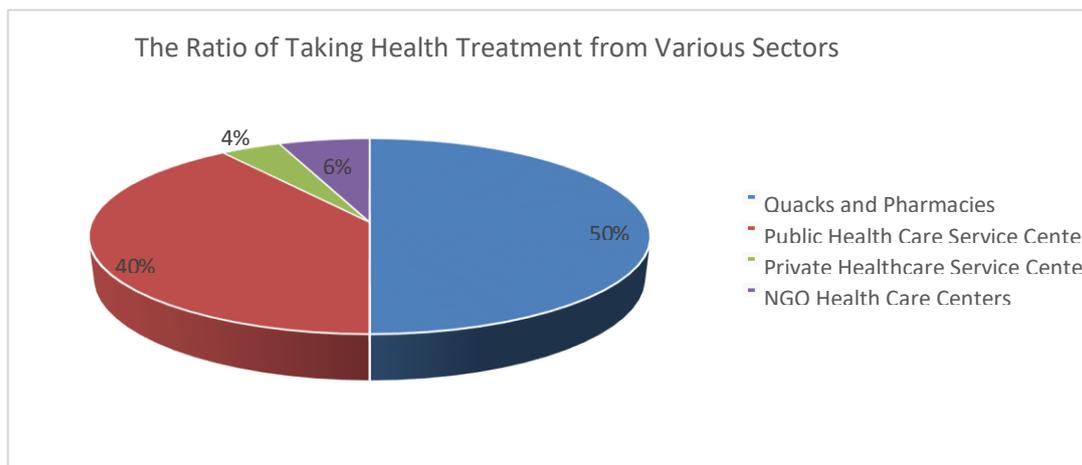
Figure 9 : The Opinion Ratio of Hijra People about Healthcare Services Managed by NGOs



Based on the responses of 82 participants regarding healthcare services managed by NGOs, it is evident that the overall perception is overwhelmingly positive. A significant majority, 93%, rated the services as good, while 3% considered them very good, indicating that 96% of respondents expressed satisfaction. Only a small portion, 3.5%, remained neutral, and negligible percentages—0.3% and 0.2%—rated the services as bad and very bad, respectively. This data suggests that NGO run healthcare services are widely appreciated by the community, reflecting their

effectiveness, accessibility, and possibly a more empathetic approach compared to other providers. The very low level of dissatisfaction highlights the trust and reliance placed on these services, making them a vital component in addressing healthcare needs, especially among marginalized populations.

Figure 10: The Ratio of Taking Healthcare Treatment from Various Sectors



According to the pie chart, we observed that 50% of the Hijra people taking healthcare facilities from the Quacks and Pharmacies. 40% of the Hijra people taking healthcare facilities from the public healthcare service centers. 6% of the Hijra people taking healthcare facilities from NGO Health Care Centers and 4% of them taking healthcare facilities from Private Health Service Centers.

How to Overcome: According to Hijras' Voice

Respondents of this study were asked about the probable solution to overcome this 'adverse' situation. Most of the respondents mentioned public healthcare centers and their systems and environments are discriminatory to Hijra people.

The very first obstacles they faced in the queue were when they want to collect the ticket to get treatments. They express the need for a separate counter and queue only for Hijra. They believe separate queue and counter can reduce their hassles in getting treatment. As one of them said,

"There is no specific counter for us. We are getting confused about which counter we should go to. The dilemma also continued in queuing. When we stand in male or female queue, we face discriminatory attitudes from other service takers. As we are government-recognized citizens, if there was a separate counter for us, we can easily get the treatment we feel the need."

They feel that specialized training programs should be started to train doctors and staff to deal with the people of the Hijra community, to improve the environment, and to the standard of healthcare services. One respondent suggested,

"If it is possible to train the doctors about Hijra, it will be helpful for us. They will know we are also human beings like them. They will easily understand Hijra health"

issues. We also will easily express our problems. And I hope, we can get healthcare without any hassles.”

Some of the respondents expressed the need for specialized doctors who have enough knowledge and skill to deal with the sexual health and other diseases that Hijras often suffered. One of the respondents expressed that,

“If there are specialized doctors who only serve people of the Hijra community, it will be very helpful. If this happens, we can easily get the treatment, we want. And we can avoid the unwanted hassles in ticketing, queuing, etc.”

Since people in the Hijra community are financially vulnerable, they often face problems to purchase medicine and diagnose the health problem. Some respondents stated that they cannot consult with specialized doctors for the financial issue. In this situation, they asked to expand the public healthcare services, minimize the service costs and distribute free medicine. One of the respondents shared that,

“I have a tumor inside of my chest. The doctor suggested cutting off this tumor by surgery. The operation requires a remarkable amount of money. How can I manage such a big amount? If the surgery can do in a government hospital, it will be helpful for me. Also after operation, treatment is still expensive. All the medicine I have to purchase from a pharmacy. That will cost huge money. If I get free medicine, then the surgery may possible to execute. Otherwise, I have to suffer this, how long I do not know.”

Most respondents admit that most of the incidents of bullying, verbal and physical teasing are made by the general people. They feel more attention in mass public awareness. Mass public awareness programs can improve the overall discriminatory environment. As one respondent shared,

“Mass awareness is important. We are constitutionally recognized citizens of Bangladesh. Though we have recognition, common people do not admit us. It should make them understand that we are also human beings like them and we are recognized citizens. Mass public awareness can remove the prejudices that are established in society about us.”

Respondents wished and hoped that if government consider these solution programs seriously and execute them on a priority basis, this adverse and discriminatory situation of the healthcare service of the Hijra community can be improved.

How to Overcome: The Researchers' Perspective

From a research perspective, the barriers Hijra individuals face in accessing healthcare in Rajshahi stem from deep social stigma, institutional exclusion, and a rigid binary understanding of gender. To overcome these challenges, formal inclusion of Hijras as a gender category in healthcare documentation and administration is essential, enabling better visibility and acceptance. Healthcare providers, including doctors, nurses, and administrative staff, need training on gender diversity, Hijra-specific health issues, and cultural sensitivity through medical curricula and ongoing professional development. Hospitals should establish Hijra-friendly service desks or liaison officers to provide guidance, emotional support, and ensure respectful treatment, along with separate counters or unisex queues to reduce harassment. Collaboration with community-based organizations, such as Light House and Diner

Alo Hijra Songho, can help Hijras navigate the healthcare system while educating providers about their specific needs. Gender-affirmative mental health services, including trauma-informed therapy and peer-support groups, are vital to address depression, anxiety, and suicidal thoughts caused by prolonged discrimination. Legal protections against gender-based discrimination in healthcare and patient grievance mechanisms are needed to hold providers accountable and give Hijras a voice. Public awareness and education campaigns through media and schools can normalize diverse gender identities and foster social acceptance. Finally, more research and data collection, including longitudinal and comparative studies with disaggregated data by gender identity, are necessary to better understand Hijra healthcare needs, patterns, and challenges, supporting evidence-based policies and inclusive healthcare planning.

CONCLUSION

Hijras face significant challenges in accessing health, education, income, and security, living a life marked by criticism, harassment, and neglect from mainstream society. They are often unable to meet their basic human needs, particularly proper healthcare, and are forced to live in separate communities lacking essential resources. Although the Constitution of Bangladesh guarantees the rights of all citizens regardless of sexual identity, this study highlights the urgent need for policy guidelines to ensure that the gender identity of Hijras is respected and that they have equitable access to public healthcare. Non-discriminatory policies must be implemented to reduce bias, and hospitals should establish gender-specific registration counters and ticketing for Hijra patients while addressing other hijra-specific health needs. Incorporating Hijra culture and healthcare into medical and nursing curricula will prepare doctors and nurses to provide appropriate care. Additionally, hospital management should offer training and workshops on Hijra sexuality, health issues, treatments, and management to improve the quality of services and ensure Hijras receive respectful and effective healthcare.

Limitations

This study has several limitations. First, it focuses only on Hijra individuals in Rajshahi City, so the findings may not fully represent the experiences of Hijras in other regions of Bangladesh. Second, the research relies on self-reported experiences, which may be influenced by personal perceptions and recall bias. Third, due to the qualitative nature and relatively small sample size, the results cannot be generalized to the entire Hijra population. Finally, some participants may have withheld sensitive information due to fear of stigma or privacy concerns, which could affect the comprehensiveness of the findings. Despite these limitations, the study provides valuable insights into the challenges Hijras face in accessing healthcare and the solutions they propose.

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