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Lost in transition: transpeople, transprejudice and pathology in Asia

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Asia (particularly South and Southeast) is home to large numbers of transpeople: persons who are gender identity variant in that they present and identify in a gender other than that matching the gender assigned to them at birth. Many make a gender category transition early in life. Access to competent and transfriendly medical support services within the established health system is often difficult, and alternatives are risky. Regardless of physical transition, transpeople are often denied opportunities to change the gender recorded on key identification documents. The result is that transpeople wanting to live in stealth are frustrated in their attempts to do so. They become easy targets for transprejudice and discrimination, many being pushed towards work at society's margins (for example sex work). Where transpeople are denied the right to change documents specifying their legal gender status, they are also denied legal recognition for mixed-gender partnerships they enter into (i.e. the right to marry, as well as associated family rights, including adoption of children). Recent evidence suggests that psychiatry may exacerbate transprejudice by pathologising gender identity variance. The current debate in Western countries on de-pathologisation is therefore highly important for the future welfare of transpeople in Asia.

Keywords: transgender; gender identity variance; Asia; rights; pathology

Introduction

This paper¹ is about the lives of transgender people or, more informally, 'transpeople' in Asia. It begins with some observations regarding transgender experiences across the continent, and then focuses on one key aspect of the experiences: transprejudice and associated discrimination. It ends with a reflection upon what is, in the opinion of this author, an important factor supporting such prejudice and discrimination, the idea that transpeople suffer from a mental disorder. The emphasis throughout is upon transwomen in South and Southeast Asia. The reason for this is that their lives have been more thoroughly researched than those of transwomen elsewhere in Asia or of transmen across the continent.² However, it seems reasonable to assume that many challenges facing transwomen in South and Southeast Asia apply to those other groups as well.

Before beginning I need to make my own use of key terms clear. In this paper I mean by 'transpeople' persons who present and identify in a gender category other than that matching the gender category assigned to them (usually on the basis of genital anatomy) at birth, adopting the appearance and social roles associated with that gender category. They may be described as 'gender identity variant'. The period of time during which the individual

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progressively moves towards an alternative gender presentation and/or identity is called 'gender transition'. Gender variant individuals who are not gender identity variant (for example some transvestites and cross-dressers) are not discussed in this paper. It should be noted, however, that they encounter much of the prejudice and discrimination (discussed later in this paper) that gender identity variant people do. In Western literature some transpeople are often called 'transsexual'.³ This term is problematic. First, it is often used to refer only to those who have undergone or intend to undergo sex reassignment surgeries (called SRS) involving (for transwomen) the construction of a vagina and clitoris, or (for transmen) the construction, by one means or another, of a penis.⁴ For many gender identity variant people in developing countries these surgeries are simply not part of their life agenda. Second, the term carries unfortunate connotations of mental disorder, being a diagnostic label employed in the Tenth Revision of the *International Statistical Classification of Diseases and Related Health Problems* (ICD-10) published by the World Health Organisation. For some time in Western countries there has been an increasingly vocal debate on the pathologisation of gender identity variance. For these reasons I avoid using the term 'transsexual' in this paper, preferring to employ 'transpeople', and substituting the term where other authors have used the term 'transsexuals'. Within that group called transpeople 'transwomen' are those assigned to the male gender category at birth who present in a non-male gender. One might otherwise call them 'gender identity variant men'. Similarly 'transmen' are those individuals designated female at birth who present and perhaps identify as non-female, individuals who might otherwise be called 'gender identity variant women'.

Three aspects of the terms and definitions offered deserve special comment. First, the use of 'non-male' for transwomen and 'non-female' for transmen. In some cultures, including many in Asia, a sexual and gender cosmography exists that is more varied than the two categories 'male' and 'female' with which research in Western countries is familiar. Although many 'gender identity variant men' may indeed present as women (or at least as a sub-set of women) others may identify as a blend of male and female or as a third sex or gender. To this extent the terms 'transwomen' and 'transmen', products of a binary male–female sexology, are imperfect. I use them for three reasons. First, they keep things simple: as will be evident, there is a plethora of culture-specific terms for describing transpeople in Asia,⁵ many so broad in meaning that they also denote individuals who are not gender identity variant. Second, they keep things respectful: many indigenous terms are derogatory. Third, they are preferable to 'gender identity variant men' and 'gender identity variant women': however else they may identify and present, 'gender identity variant men' by their nature do not present, and seldom identify, as men; the corresponding point applies to 'gender identity variant women'.

Second, the term 'transpeople', as used here, refers to those who have undergone, or are undergoing, a gender transition. The challenges of gender transition, including but not limited to the stigma attached to being recognised as a transperson, not only can make lives difficult for those transitioning, but also can discourage others from following suit. In that sense individuals reluctant to make a gender transition may be victims of stigma as much as those who have already made it.

A note is also needed on the sexual preferences and sexual behaviours of transpeople. Terms such as 'homosexual' and 'heterosexual' (and 'gay', 'lesbian', 'bisexual', etc.) are Western conceptions. Many Asians are unfamiliar with them, there being no easy translation into their native languages or sexological worldviews. However, I take the opportunity to put on record that I consider an androphilic transwoman (i.e. one sexually attracted to men) to be heterosexual because of her attraction to a member of another gender and a gynephilic transwoman (i.e. one attracted to women) as homosexual because she has a

same-gender preference. My usage is contrary to much Western literature (particularly medical), which persists in referring to androphilic transwomen and gynephilic transmen as homosexual (indeed as homosexual transsexual males and females, respectively).

Much of the (largely Western) research in social sciences and the humanities on transpeople's lives documents stigma, prejudice, discrimination and social and economic marginalisation, much of which impacts on transpeople's mental and physical health and well-being⁶ as it does on homosexuals'.⁷ Indeed, the website *Remembering Our Dead*, which currently lists around 350 transpeople, most of whom died violent deaths, bears testimony to the hostile extremes to which antipathy towards transpeople can extend.⁸ This leads me to two final terms: 'transphobia' and 'transprejudice'. 'Transphobia' refers to a broad antipathy towards transpeople; negative attitudes and beliefs that (expressed by family members, students and teachers, employers and co-workers, and through institutions, services, government agencies and legal systems) often frame transpeople's experiences.⁹ Transphobia corresponds to a better established term used in relation to homosexuals: 'homophobia', meaning 'the dread of being in close quarters with homosexuals – and in the case of homosexuals themselves, self-loathing'.¹⁰ However, the term transphobia, like homophobia, may be a misnomer, wrongly implying that fear underlies the stigma, discrimination, marginalisation and violence that sexual minority groups suffer. King and his colleagues have recently argued for the term 'transprejudice'.¹¹ It is the term used in this paper and is defined as the negative valuing, stereotyping and discriminatory treatment of individuals whose appearance and/or identity does not conform to the current social expectations or conventional conceptions of gender. Note that the term embraces discriminatory behaviours as well as the attitudes and beliefs that give rise to such behaviours. In practice it may sometimes be useful to distinguish between prejudice (which is about attitudes and beliefs) and discrimination (which is about behaviour). I refer to them separately in this paper.

The challenge for transpeople in Western countries has been, and remains, to secure the right to gender expression (a right that implies others treating them as members of the gender in which they wish to present), the right of equality of access to goods and services (especially in relation to health, education and employment); the rights to marriage and family life consistent with their gender presentation; and the right to privacy.¹² Much of the same challenge faces transpeople in Asian countries, although, as will be evident, their life circumstances sometimes call for priorities different from their Western counterparts'.

The key premises of this paper are as follows. First, across Asia (particularly South and Southeast) there are large numbers, indeed communities, of transpeople, often transitioning early in life, and often socially visible in their societies. Second, access to high-quality, competent and transfriendly gender healthcare within the established health systems is often difficult, and alternatives are risky. Third, regardless of gender transition, transpeople are often denied opportunities to change the gender markers recorded on key documents used for identification. Fourth, the healthcare and documentation issues combine to frustrate attempts by transpeople who wish to live in 'stealth' actually to do so. They therefore become easy targets for transprejudice and discrimination. Fifth, transprejudice and discrimination are widespread across Asia. Employment presents a particular problem, with many transpeople pushed towards work at society's margins (for example sex work). Where transpeople are denied the right to change documents that specify legal gender status, they are in effect denied legal recognition for any mixed-gender partnership they enter into. Unable to marry within a mixed-gender partnership, they are denied associated family rights, including adoption of children. Finally, recent evidence suggests that modern psychiatry may exacerbate transprejudice by pathologising gender identity variance. The implication is that the

current debate in Western countries on the de-pathologisation of gender identity variance is highly important for the future welfare of transpeople in Asia.

A note is needed here about rights. In any given society, rights, whether enjoyed or denied, exist in a broad context. Across Asia as a whole, part of that context is that a human rights culture is not as well developed as in, for example, Europe. Indeed, international human rights treaties such as the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights have been portrayed by some in Asia as Western neo-colonial impositions in conflict with 'Asian values'. It is fair to say that a few Asian governments ride roughshod over the rights of their majorities (let alone any of their minorities), displaying little tolerance for any social activism aimed at securing those rights. In these countries transpeople are arguably only one of the groups who are oppressed. But their situation is exacerbated by the fact that international human rights law, which is interpreted and enforced through domestic laws, is silent on matters of sexuality. The exclusion of sexuality from the United Nations human rights agenda has been criticised for perpetuating the view that sexuality is a 'complex, even mysterious' case in matters of human rights and its exclusion from that agenda.¹³ The effect is that even among those countries that have signed or ratified the International Covenant on Civil and Political Rights and/or the International Covenant on Economic, Social and Cultural Rights the position of transpeople under the instruments' 'any other status' provisions remains unclear.¹⁴

Asia is a vast and culturally diverse continent, home to about 60% of the world's population, and perhaps a similar percentage of the world's transpeople. Given its immensity and diversity it is difficult to make generalisations about any Asian context for transpeople's lives. For one thing, concepts of sex, gender and sexual preference and behaviour differ widely across Asia: in any one place they reflect ways of thinking, and are expressed in language, unfamiliar not only to Westerners but also to Asians elsewhere.¹⁵

Until recently the lives of transpeople in Asia were not a popular research topic. When in 2002 I researched the English-language humanities and social sciences literature on transpeople and gender identity variance, I found that only 7% originated from or concerned Asia. The research literature (print and web based) has significantly grown in the past few years. The TransgenderASIA Centre carries (as of 29 April 2008) a bibliography of around 200 works, over a quarter of which are post-2002.¹⁶ The research coverage is patchy. Across Asia, transmen remain under-researched, and even for transwomen most of the available English-language research has focused on a broad band of 18 countries in South, Southeast and East Asia (less than half the total of Asian countries yet accounting for around 95% of the Asian literature).¹⁷ These 18 countries are a highly diverse group, historically, culturally, economically and politically. Nevertheless, some general observations can be made about the prevalence and social visibility of transpeople; issues of healthcare, documentation and stealth; and transprejudice and discrimination. All these observations carry implications for transpeople's lives.

High prevalence and social visibility

Transpeople are a highly visible feature of some Asian cultures; as the subject of magazine articles and documentaries, portrayed as characters in soap operas, taking part in beauty contests (which in some places are televised), and evident in urban centres as well as in villages. They often form distinct communities. The few reports examining numbers mainly concern transwomen. They suggest that in some Asian cultures, at least, transpeople seem far more common than in much of North America or Europe, where most research has

hitherto been done. There may be between 50,000 and 100,000 Malaysian transwomen (*maknyah*) (around 1:75 to 1:150 birth-assigned males aged 15 and above).¹⁸ In India there are an estimated 500,000 Indian transwomen (*hijra*) (about 1:600).¹⁹ In Thailand there are perhaps 300,000 transwomen (*phuying khaam phet*) (around 1:300).²⁰ High prevalences are not entirely limited to South or Southeast Asia. In one town in Oman in the 1970s an estimated one in 60 birth-assigned men were living as *xanith* transwomen.²¹ These prevalence figures far exceed the most commonly cited Western prevalence figures for 'male-to-female transsexualism': around 1:30,000 (birth-assigned) adult men and 1:100,000 women in Europe.²² The discrepancy almost certainly results from the fact that figures in Western countries represent those who attend medical clinics or are diagnosed as 'gender identity disordered' (or 'transsexual'), and have been approved for SRS or have undergone it. In contrast, estimates in Asian countries have generally included all transwomen; 'pre-op' (pre-operative) and 'non-op' (non-operative) as well as 'post-op' (post-operative). As has been pointed out elsewhere, transpeople who approach clinics may represent a small minority of transpeople overall.²³ This is most certainly the case for Asian societies.²⁴

Interestingly, several Asian reports provide figures based on clinic-based counting methodologies of the sort common in Western studies, that is, counting the number of transpeople seeking or undergoing SRS. Two examples are offered here. For Iran, official statistics suggest 15,000 to 20,000 transpeople nationwide.²⁵ Even at 15,000, this represents around 1:3300 of Iran's approximately 50 million people aged 15 and above. For Singapore, estimated prevalence is 1:2900 for transwomen.²⁶ Again, both are well above commonly quoted figures in Western countries.²⁷ Obviously, the more transpeople there are in a community, the more potential victims of stigma, prejudice and discrimination there are. But there are other implications. It may be especially hard for any transperson who wants to live in stealth actually to do so when it is commonly known that the gender identity variant community is large in that society.

The high numbers of transpeople in some Asian cultures should be seen in the light of pre-modern traditions and beliefs that drew on themes of gender identity variance in the arts, religion and history to an extent not found in the Judaeo-Christian West²⁸ and without portraying it as a disorder.²⁹ Many pre-modern Asian cultures afforded transpeople well-respected social roles, often as spirit mediums and healers or as actors, singers and dancers.³⁰ Over the past few centuries these traditional social roles have eroded in the face of modernisation (or Western colonisation, Christianisation, urbanisation) only to be replaced by less prestigious roles such as beauty and hair salon work, dance and mime performances for tourists, and, in many societies, begging and (for transwomen) sex work.³¹ The involvement of transwomen in sex work begs a paper of its own. Briefly put, transwomen in some pre-modern societies provided a sexual outlet, enabling men to bypass strict limits on access to women outside the institution of marriage, for example in Oman, India and Thailand.³² It is possible that contemporary transwomen, deprived of some of the roles previously available, drawn into the money economy and deprived of other employment opportunities, have increasingly pursued a sexual outlet role in the context of sex work. The nature of their work places gender identity variant sex workers at particular risk of HIV/AIDS over and above other sex workers.

But how many gender identity variant individuals are there who do not make a transition, for example because of fear of family rejection or of not being able to get a job? Locating them is perforce difficult, yet it holds the prospect of enabling an estimate of the upper bound for the number of transpeople in a culture: the number of transpeople there would be were it not for the stigma involved in transitioning and the accompanying prejudice, discrimination and social and economic marginalisation. A study by Cruz and

Rogando-Sasot drew on data from a nationwide study of 15- to 27-year-old Filipinos in 2002 and suggested that around 2% of birth-assigned males reported that they would, if they could, choose to be female, *because they felt female*.³³ If these figures provide any guide to other countries, it appears that gender identity variance is a common phenomenon.

Lastly, in many Asian cultures it is not only the numbers of transpeople that are striking; it is also the age at which they transition (during childhood and adolescence, rather than adulthood). Indeed in much of Southeast and East Asia early transition seems to be the norm. This impression is confirmed by community-based research on transwomen in Thailand, the Philippines, Laos, Malaysia, Singapore, South Korea and Japan and by clinic-based studies in Singapore and Japan involving transwomen and transmen.³⁴ In some cultures young people engaged in gender transition typically benefit from support and guidance from older people in the transcommunity, in turn offering support to those who come after them.³⁵ The availability of this social networking likely increases the chance that gender identity variant individuals actually transition rather than attempt to suppress their predisposition in the hope that it will fade away and they may have a 'normal life', a strategy that would be familiar to many Western transpeople.

Healthcare issues

In much of Asia gender transition is facilitated by the easy availability of hormones. Southeast Asia is a case in point. In Laos various products are available, costing around US\$1 for a month's supply. In the Philippines many transwomen report obtaining contraceptive drugs at their local reproductive health centres. In Thailand up to 20 products containing cross-sex hormones are available over the counter at major pharmacies.

The situation for surgery is more mixed. In Thailand SRS can cost as little as 50,000 baht (about US\$1580 at April 2008 exchange rates), breast implants from 40,000 baht (US\$1260).³⁶ Even in terms of average Thai income these prices are low (around ten weeks and eight weeks of average income, respectively). Until recently, castration surgery (removal of the testicles) provided an even cheaper route to emasculation (at US\$125). Some 16,000 clinics were offering the service (incidentally providing an indication of the number of people engaged in gender transition). The Medical Council of Thailand, concerned about the numbers undergoing this surgery, has now banned the practice.³⁷

Elsewhere in Asia, surgery can be prohibitively expensive, low quality or illegal. A recent article concerning the Philippines quoted at least US\$2100 for breast implants and US\$6300 for SRS.³⁸ More current figures indicate that charges have risen, with breast implant surgery apparently now costing at least US\$2800 and SRS surgery at least US\$7100.³⁹ These figures represent 10 months and 26 months of average income, respectively. Facing such costs, many transwomen in Asia turn to cheaper alternatives: injected silicone (a procedure particularly common in the Philippines) and simple castration (now banned in Thailand but available elsewhere). In India, SRS as understood in Western countries is hardly available at all. Instead many transwomen in *hijra* (and related) communities undergo a crude procedure involving both castration and penectomy, but not construction of a vagina.⁴⁰ Few of those who perform the operations have any recognised medical qualification.⁴¹ In Malaysia, since 1983 SRS involving Muslim patients or surgeons has been banned on religious grounds.⁴² The Muslim population is of course the majority in Malaysia, and would otherwise be expected to provide most of the patients and surgeons.

Notwithstanding cross-national variations in the availability of transition-related medical procedures, it is clear that many adolescents in Asia are taking cross-sex hormones

and undergoing some form of genital surgery.⁴³ The effects of cross-sex hormones are sometimes permanent, the side effects numerous and sometimes dangerous. Surgery is often irreversible, most clearly in the case of genital surgery. Surgical procedures themselves (particularly castration, penectomy and silicone injection performed by medically untrained personnel) can be risky. Reports of subsequent ill-health or death are common. Transpeople who have undergone surgery sometimes express regret. Yet gender identity variant adolescents commonly take hormones or undergo surgery without independent professional advice regarding potential consequences, suitability or, in the case of cross-sex hormones, knowledge of what distinguishes use from abuse. Failure to consult a medical professional often stems from a perception that personnel in the public health system (where there is one) are unsympathetic. Private doctors, on the other hand, are often too expensive. Fellow transpeople, though not always medically knowledgeable, are generally sympathetic, and free. They often become the major source of medical advice for their peers.

My own research confirms the scale of unsupervised hormone use. In three separate studies (in Laos, Thailand and the Philippines, each with local co-researchers) I found that transpeople hardly ever consulted medical professionals about the use of cross-sex hormones, either before or while taking them.⁴⁴ Not surprisingly, all three studies revealed disturbing patterns of hormone (ab)use. Many participants appeared to consume whatever their friends recommended. When they had money they ingested doses well above recommended levels. When they had no money, they ingested none at all. They were largely ignorant of health risks involved in prolonged hormone use, many failing to take the most obvious precautions against ill-effects (such as desisting from smoking). Not surprisingly, many of those who took hormones eventually desisted through health complications. In the Lao study, around half had stopped taking hormones within six years, nine out of ten citing health problems. The Thai and Philippine studies yielded similar figures. Predictably, a recent Thai study revealed that transpeople taking hormones had a poorer overall quality of life than those who did not.⁴⁵

Accessible, affordable, approachable and competent trans-healthcare is a goal for transpeople of all ages. It is particularly urgent for those transitioning during adolescence and even pre-adolescence, who may be poorly informed and most easily swayed by the advice of uninformed older mentors. One way forward is by way of community education programmes that inform not only the mentees but also the mentors. Beyond these issues, consent and confidentiality are important matters concerning gender identity variant minors. Also important is the issue of alternative treatment choices. Puberty-delaying hormones are a good example. Available to minors in some parts of Europe and the United States, they are entirely reversible, making it possible for doctors, parents and perhaps the young transitioning person to avoid some of the soul-searching when less reversible procedures are being considered. Yet, I have not come across their use anywhere in Asia.

Documentation issues

In many Western countries, 'post-op' transpeople may now change their legal status. Some countries extend this right to 'pre-op' and 'non-op' transpeople (those who have not undergone SRS or do not intend to do so).⁴⁶ Few countries in Asia recognise this as a right, even for 'post-op' people. Transpeople therefore remain unable to change their birth certificates, family register or other legal documentation designating their gender.⁴⁷ Indeed, in many Asian countries transpeople are not able to amend any personal identification documentation at all.

Turning first to the Asian countries that allow a change in legal gender status (as evident in a person's marriage rights): this right currently appears available only in Japan, South Korea, China (though perhaps limited to certain provinces), Singapore and, according to informal reports, Indonesia⁴⁸ and Iran.⁴⁹ A favourable decision by a Kuwaiti court in 2004 was overturned on appeal within a few months.⁵⁰ Similarly, transpeople in the Philippines, who were until recently able to petition their regional courts for a new birth certificate, now find that practice thrown into doubt by a Supreme Court ruling.⁵¹ In all Asian jurisdictions that allow changes in legal gender status the right is conditional not only on the transperson concerned having reached a relevant minimum age, but also upon him or her having undergone SRS. This latter requirement can be quite onerous, since many transpeople may not want or be able to afford the operation (or indeed operations, in the case of transmen). Another common condition, in the absence of provisions allowing for same-sex marriage, is that the person concerned should not already be married. Notwithstanding the conditions imposed, the impact of the opportunity to change legal status can be substantial for individual transpeople: it means that they will be able to enter mixed-gender marriages (i.e. heterosexually: a transwoman to a man, a transman to a woman). The numbers of transpeople potentially affected are substantial. Research across the region confirms that most transpeople are heterosexual.⁵² Legal status as spouse, *inter alia*, enables mutual inheritance and insurance rights and, where one partner is hospitalised and unable to consent to medical procedures, the right to do so on his or her behalf. Where agencies regulating child adoption require the adopting couple to fit the hetero-normative mould, marriage makes it possible for a gender identity variant partner to be an adopting parent.

Two things are worth underlining here. First, apart from the six countries listed (the Philippines and Kuwait presently excluded), all other countries in Asia currently deny transpeople the right to change legal gender status. This is regardless of how long they have lived in another gender role, how well they 'pass' or how many procedures (pharmaceutical and surgical) they have undergone. All the rights that stem from changed legal gender status are also denied them. Indeed, in all but the six countries a transwoman in Asia is legally able to marry only another (legally defined) woman, and a transman another (legally defined) man. In view of the reluctance of so many Asian countries currently to recognise same-sex unions, this is somewhat ironic. Second, even in those six countries the right to change legal gender status is denied transpeople who have not undergone SRS or choose not to undergo it. That such central importance is placed upon one particular surgical procedure, which is only one of many steps that (some) transpeople undergo during what may be a long process of gender transition, is something I have described elsewhere as being a bizarre 'anatomania'.⁵³

My own home, Hong Kong, is a paradox with respect to documentation issues. The government funds SRS for transpeople once they have gone through a standard diagnostic and monitoring procedure. It also allows those who have undergone SRS to change their personal documentation (ID card, driving licence, passport). On the other hand, it denies them the opportunity to change their birth certificates, the document that determines legal gender status.⁵⁴ The effect is that one branch of government facilitates gender transition while another branch hinders it, an irony not lost on transpeople and transactivists. The result has been described as a sort of legal limbo.⁵⁵

Finally, Thailand, often thought of as progressive in matters relating to transpeople, presents a sad case. Home to a large number of transpeople (estimated at around 300,000)⁵⁶ of whom as many as one in three have undergone SRS,⁵⁷ the government does not allow changes in transpeople's legal gender status or the gender marked on personal documentation. The effect is that for a wide range of daily tasks it is impossible,

regardless of ability otherwise to pass, for transpeople to maintain privacy in respect of their gender identity variance.

Stealth issues

Healthcare issues outlined above – absence of information on hormones, dosages and side effects, absence of easy access to affordable quality surgery, and easy availability of sub-standard substitutes – all combine to reduce transpeople's ability to pass in informal social situations (as well as pose health risks). Documentation issues – absence of gender affirmative documentation carried about the person and to determine legal gender status – combine to reduce the ability to pass in more formal situations involving bureaucracies and the law. Figures from Thailand, the Philippines and Laos reveal how commonly transpeople are 'read', with five to eight out of every ten transwomen revealing that strangers know them to be transwomen 'most of the time' or 'all the time'.⁵⁸

I do not suggest that living in stealth is the highest priority for all transpeople in Asia. Indeed, many appear quite comfortable with being recognised for who they are. Substantial numbers of transwomen in places such as Thailand, the Philippines and Laos claim that they prefer to be transwomen (rather than birth-assigned women) and that they would prefer to be transwomen in their next life (or in the case of Philippine society, which is predominantly Christian, if given a chance to start life again).⁵⁹ It seems highly unlikely that stealth is the highest priority for these individuals. Notwithstanding, for those who *would* prefer to live in stealth, health and documentation issues make life more difficult (indeed often render privacy impossible).

Transprejudice and discrimination

I have already noted the indications of transprejudice and discrimination in Asia. Unsympathetic health workers may act as a barrier to effective trans-healthcare, in turn reducing transpeople's chances to transition successfully, and therefore to retain privacy over their gender identity variance. Unsupportive government policies on documentation have a similar effect. Restrictive government policies on change in legal gender status impose limitations upon one's privacy as well as family life. Throughout Asia transprejudice runs far wider and deeper. It is often expressed in attitudes and beliefs that have the effect of stigmatising transpeople, and in discriminatory behaviours involving gender coercion, social and economic marginalisation and even actual violence. It is commonly found at all levels of society, and in all aspects of life (interpersonal and institutional).

Within the family, where across Asia harmony is highly valued,⁶⁰ transpeople often endeavour not to express their gender identity variance. Those who do express it may be rejected by their families, subjected to abuse and violence in their homes and/or thrown out from their homes. They may be taunted, ostracised and abused by peers at school and subjected to gender coercion by school authorities and drop out of education accordingly. Some, especially those drifting into the city with little education or few contacts, may find getting a job difficult. Driven to the fringes of society, living on the streets and on their wits, some (particularly transwomen) drift into sex work, where they risk harassment, abuse and violence. Gender identity variant sex workers are faced with a reality that is grim (even in comparison with the usual standards of sex work). Faced with pressures to take bar fines and have sex with customers, they are left vulnerable to risks arising from the unwillingness of many customers to use condoms, as well as the increased risk that comes from being the receptive participant in anal intercourse.

For those working on the street, police harassment is an additional problem; one that serves to discourage the carrying of condoms and lubricant. Migrants from the countryside, often less educated and informed than their urban counterparts, may be particularly at risk. Drug and alcohol use, quite common among those involved in sex work, exacerbate the problem of unsafe sex. Impotence drugs used by customers add to the problem, raising the risk of anal abrasions. Government failure (or outright refusal) to enact anti-discrimination legislation on grounds of gender identity to protect transpeople puts them at risk of further marginalisation and the state at odds with its international obligations.⁶¹ Laws against homosexuality, common across Asia, put heterosexual transpeople at risk of prosecution. Worst of all, in some societies the very government agencies that are charged with protecting the weakest fail to do so. Police abuse is common, is often systematic, is sometimes violent, and is in many places all of these (as the recent cases of Bangladesh,⁶² Nepal⁶³ and Karnataka state in India have shown)⁶⁴ and is often initiated or justified on the basis of ill-defined vagrancy and public decency laws that effectively criminalise cross-dressing.

Together with other researchers I recently undertook a detailed examination of transprejudice in Asia.⁶⁵ Our 30-item questionnaire examined attitudes and beliefs about transwomen and was completed by 841 undergraduate students in seven societies: five Asian (Hong Kong, the Philippines, Thailand, Singapore and Malaysia) and two Western (the United Kingdom and the United States). Transprejudice was evident in all seven. Although it is difficult to draw firm conclusions from cross-societal comparisons in this study, it is worth noting that the Malaysian and US samples (from Kedah and Arkansas, specifically) tied for the highest overall levels of transprejudice. Slightly lower levels were found in Hong Kong and Singapore, followed by Thailand and the Philippines. The UK sample (largely from London) expressed least transprejudice.

Transprejudice was most evident in those items that focused directly on transwomen's rights. The item 'transwomen should be allowed to marry men' provides a good illustration. Among Malaysian respondents 63% disagreed with the proposition (higher than the 50% found in the United States). Even among the otherwise comparatively accepting Filipinos, 53% of the respondents rejected that transwomen should be so enabled. The item 'transwomen should be allowed to work with children' provides another illustration. Among Malaysian respondents 33% disagreed with the proposition, as did 14% of Filipinos. On this matter Thais were most supportive of transpeople's rights, but even then 13% of the respondents disagreed that they should have the right to work with children. Transpeople in Asia intending to enter teaching (or even to apply for a place in training college) would take little comfort from these figures.

At this point it is worth considering a few societies in more detail, taking first Malaysia (a comparatively transprejudiced society) then Thailand and the Philippines (more transfriendly), then briefly reviewing six other (widely differing) societies (Hong Kong, Kuwait, Pakistan, Nepal, India and Bangladesh).

A comparatively transprejudiced society: Malaysia

In our study of undergraduates' attitudes and beliefs about transwomen, we found many Malaysian participants who believed transwomen (*maknyah*) to be mentally disordered (49% of respondents), sexually perverted (46%), weak in character (46%), in some way unnatural (61%) or displaying unstable personalities (72%). Few could accept a son becoming a transwoman (16%) or a friend becoming one (24%). Few believed that they should be allowed to marry men (18%, against the 63% who opposed), while 31% believed that they should be allowed to work with children (33% opposed).

The transprejudice evident in these responses is echoed throughout Malaysian society, leading to discrimination so systematic and encompassing that it merits the word ‘oppression’; an oppression perpetrated by law-makers, bureaucrats and academics. Transpeople are unable to change their legal gender status (and for Muslim transpeople not even their ID cards). Indeed, the 1955 Minor Offences Act criminalises cross-dressing and has led to many arrests. A 1983 fatwa (religious edict) has reinforced the ban on cross-dressing and has banned SRS, at least for transpeople and surgeons who are Muslims.⁶⁶ The fatwa is somewhat difficult for an outsider to understand, in view of the liberal attitudes towards SRS in a much stricter Islamic society, Iran.⁶⁷ The subsequent absence of Muslim surgeons in this area has had an effect on all Malaysian transpeople, making SRS less easily available than hitherto. A group of academics recently published a book on the problem of ‘effeminacy’ in men, proposing ways of preventing it and stamping it out when it occurs.⁶⁸ Inspired by the same problematising stance on gender identity variance, politicians in one part of the country have proposed a programme of forced rehabilitation for ‘cross-dressers’.⁶⁹ At least one marriage has been nullified after it was found, subsequent to the marriage, that one of the spouses was gender identity variant.⁷⁰

Predictably, many transwomen report difficulties in obtaining employment. Teh reported that 62% encountered difficulties, adding that 54% of her sample were actively involved in sex work (although estimates elsewhere have been as high as 65%).⁷¹ Whether engaged in sex work or not, transwomen are harassed by the police and, if they are Muslims, the powerful Islamic Religious Authority. Many have been arrested and charged with indecent behaviour, the most common offence being cross-dressing. Those taken to police stations were often forced to strip and then to dress as male, a humiliating experience. Some reported being beaten.⁷² In one particularly egregious case, the police were reported to have beaten a middle-aged transwoman (in full view of witnesses) on the grounds that she was cross-dressing in a public place, and then later sought the names of any persons visiting the victim in hospital. The incident prompted Amnesty International to issue a call for action.⁷³ Oppression at this level can be expected to have an impact on transpeople’s mental health. Teh found that 14% of her sample had attempted suicide at least once. Intriguingly, the figure is lower than that those found in Thailand and the Philippines, a finding that may reflect the particularly negative view Islam takes towards suicide.⁷⁴

Two comparatively transfriendly societies: Thailand and the Philippines

Transprejudice is evident even in more transfriendly societies such as Thailand and the Philippines, where transwomen once enjoyed social status (often as spirit mediums or healers). In both countries nowadays family members commonly frown upon gender identity variance in their children. In a recent study around 21% of Thai transwomen (*phuying kham phet*) and 40% of Filipina transwomen (*transpinay*) reported paternal rejection when transitioning.⁷⁵ In the Philippines school authorities often put great pressure on gender identity variant students to conform, with some schools known to rate students on masculinity and then append the ratings to the school reports they send to the post-secondary colleges to which the students have applied. The ratings can sabotage a young gender identity variant student’s entry to a college of choice.

In both countries transwomen encounter difficulties in obtaining employment, all the more because many of them are already well into gender transition by the time they try to do so. Like their Malaysian counterparts their chances of employment are undermined by the documentation they hold that records their birth-assigned gender regardless of their gender transition. The consequence is that many nowadays are employed outside

mainstream employment in ‘trans-ghetto’ jobs. These include work as beauticians (for example, the Filipina *salonistas*), cabaret performers and entertainment and sex workers (in bars, on the Internet or on the street). Such difficulties extend to graduates from prestigious universities, many of whom are forced to conceal their gender identity variance during working hours (presenting as best they can as male: in effect ‘in drag’) and to revert to their female self afterwards.⁷⁶

The Thai and Philippine governments provide no effective legal protection against discrimination on grounds of gender identity. Indeed, they actually perpetrate some of the most debilitating discrimination. As has been noted, Thai transpeople legally remain members of their birth-assigned gender regardless of how long or successfully they have presented in another gender or how much they have modified their bodies. Thai transpeople’s ID cards (which, like all their compatriots, they are obliged to carry at all times) as well as school certificates and passports all present to employers, service providers and government officials a legal gender contrary to their gender presentation. Transwomen (being legally men) are summonsed at the age of 20 for military service (along with all other men of that age who have not already done military training at high school). Some, particularly those who have not undergone breast surgery, run the risk of being humiliated in a group physical examination. Those relieved of military service receive discharge papers (the so-called ‘SorDor 43’) denoting ‘mental disorder’. They must produce their discharge papers when applying for any job. The documentary evidence that they have a ‘mental disorder’ is highly likely to deter any potential employer from offering them employment. The Thai military have announced that the phrase ‘mental disorder’ will be replaced in future with ‘belonging to the third category’. It remains uncertain whether this will affect the many SorDor 43s issued in previous years.

Notwithstanding progress on the SorDor 43 issue and a recent move to amend the law on rape to include (legally) male victims, it is not surprising that 17% of Thai transwomen reported Thai society to generally reject transpeople.⁷⁷ A recent study by Liselot Vink and myself found that many transwomen believed that their gender identity variance made them more susceptible to verbal abuse (14%), sexual harassment (15%), violence (16%) or being treated as sinful (20%), sexually perverted (22%) or sick (17%); made it more difficult to consult a doctor (10%) or receive proper treatment (9%); and made them generally more vulnerable to human rights abuse (15%). Around 22% reported having attempted suicide on one or more occasions.⁷⁸

The situation in the Philippines seems more progressive, although there have been recent steps backward. Until recently a Filipino transperson who had undergone SRS, paid the legal costs, tolerated the public attention, waited the months or years involved and risked an unfavourable decision was able to petition a regional court for a new birth certificate. The only allowable grounds for such a change was that a mistake was made on the original certificate. The courts seemed ready in most cases to accept that one had been made. The costs involved in obtaining SRS (which, as noted earlier, are extremely high in the Philippines) and hiring a lawyer to represent oneself effectively made a change in legal gender status beyond the means of most transpeople. Worse still, the Attorney-General, in response to a family values backlash, mounted a successful appeal. The Supreme Court of the Philippines recently overturned a key decision favourable to a transgender person, leaving other favourable decisions at risk of being similarly overturned.⁷⁹ Not surprisingly, there is dismay in the gender identity variant community.⁸⁰ Thus, it is not surprising that 30% of Filipina transwomen feel that society generally rejects transpeople.⁸¹ Winter and Vink found that many transwomen believed that their gender identity variance made them more susceptible to verbal abuse (29%), sexual harassment (35%),

violence (30%) or being treated as sinful (40%), sexually perverted (40%) or sick (46%); made it more difficult to consult a doctor (8%) or get the right treatment (5%); and made them generally more vulnerable to human rights abuse (15%). Around 16% reported having attempted suicide on one or more occasions.⁸²

Six other societies

So much for Malaysia, Thailand and the Philippines (respectively, predominantly Islamic, Buddhist and Christian). We turn now to Hong Kong, a relatively secular society that portrays itself as progressive and liberal (under the official banner of 'Asia's world city'). Transpeople encounter rejection within the family and beyond, and find it difficult to obtain employment. In the local language (Cantonese) they are often called *yan yiu* ('human monsters'), although more moderate alternatives exist. The media, sensationalistic when covering transgender issues, employ the word *yan yiu* with little compunction. In 2008 I and others made a complaint to the Broadcasting Authority regarding a television programme that used the phrase around 20 times within ten minutes. The basis of our complaint was the word's inherent offensiveness. The Authority rejected our complaint as unfounded. In 2003 a magazine reporter stalked a transwomen through an Internet chat room, discovered the place where she worked (a beauty salon), took photos of her at work and ran a sensationalist pictorial on her (headed 'The man who wears a bra'). She lost her job. The following year she committed suicide.⁸³

The Hong Kong government adopts an ambivalent stance towards transpeople. While the Hospital Authority subsidises SRS, the Security Bureau dismisses requests (even after SRS) for change in legal gender status. The government thus facilitates medical transition but prohibits legal transition. It has also continued to forestall any legislation that would protect transpeople, alongside members of other sexual minorities, against discrimination and harassment.

In less progressive Asian societies conditions are even tougher: Kuwait, Pakistan, Nepal, India and Bangladesh illustrate the point. In Kuwait, 14 transpeople were arrested within the space of a few weeks for cross-dressing (specifically, on the grounds that they were violating a law that criminalised 'impersonation of the other sex' and set custodial sentences of up to one year). They were reportedly abused both psychologically and physically by police officers while detained.⁸⁴ As noted earlier, a Kuwaiti court ruling that allowed a transwoman (who had undergone SRS in another country) to change her legal gender status was recently overturned on appeal.⁸⁵ In Pakistan a newly married couple were separated, charged, found guilty and incarcerated, on the grounds that the groom (who it turned out is a post-op transman and was known to be one by his bride) had lied by presenting as a man at the wedding. In any case, it was alleged, the SRS he had undergone was not done properly.⁸⁶ In Nepal transwomen (*meti*) have been mocked, threatened, chased, arbitrarily detained, stripped, raped and/or assaulted (in some cases almost to the point of death) by the police in a series of incidents described by some human rights activists as a programme of 'sexual cleansing'.⁸⁷ In India, a 2003 report detailed widespread violations against the *hijra* and *kothi* in the state of Karnataka in southern India. The incidents encompassed harassment at home as well as police harassment, entrapment and abuse including rape.⁸⁸ In Bangladesh abuses of this sort appear widespread, involving not only the police but also *mastans* (violent gang members acting as musclemen for political parties in exchange for the parties' tolerance of their racketeering and other criminal activities).⁸⁹

In short, transprejudice is widespread across Asia, leading to discriminatory behaviours at both interpersonal and institutional levels, in turn leading to limitations on opportunities

and to social and economic marginalisation, even exclusion. Discrimination is sometimes so debilitating and systematic that it merits the word ‘oppression’. Gender-coercive schools deprive transpeople of education directed at the full development of their personality; unwilling employers deprive them of opportunities to work and to have an adequate standard of living; governments deprive them of privacy as well as family life, and effective protection against discrimination and harassment. Transpeople are consequently put at risk of poor mental and physical health. In extremis, oppression can be so severe that it leads to de facto deprivation of the right to life. All these represent a barrier to one’s exercise of freedom of expression, including gender expression, enshrined in various international human rights treaties which roughly half of Asian governments have ratified or acceded to. In some jurisdictions many of these rights and freedoms are also enshrined in domestic law (such as, in the case of Hong Kong, through the Hong Kong Bill of Rights Ordinance⁹⁰).

The way forward for transpeople in Asia is not easy. Strategies include local organising as well as alliances among transgender rights groups and with other local and international human rights lobbies, and campaigns pressuring governments not only to promote public education about transpeople and their rights but also to more directly effect their rights such as by changing their legal status and legislating against discrimination and harassment on grounds of gender identity. The ‘any other status’ clause in various international human rights treaties should be extended to transpeople. Beyond this, education is necessary in the family and at school (places where transpeople first encounter transprejudice) but also in the workplace and wider society. In this respect, legislation serves as the most powerful educational tool. Finally, it is essential that action be taken in the world of medicine – specifically psychiatry. It is to this point that I now turn.

The role of psychiatry in fuelling transprejudice

Gender identity variance is widely viewed in Western countries as symptomatic of a mental disorder, and transpeople as mentally ill. The *Diagnostic and Statistical Manual (DSM-IV)* published by the American Psychiatric Association describes their condition as ‘gender identity disorder’. ICD-10, the manual published by the World Health Organisation, describes it as ‘transsexualism’.

The diagnoses, and their underlying rationale, have become increasingly controversial.⁹¹ Criticisms have been laid on the technical aspects of the diagnostic process, including diagnostic criteria, information upon which clinicians make a diagnosis and the absence of an ‘exit clause’ by which transpeople (once transitioned) may be free of a diagnosis. More fundamental criticisms have focused on the nature and consequences of pathologisation, including the idea that pathologisation is a tool of social control, stemming from restrictive ideologies of sex, gender and sexuality; perpetuates an essentialism that sees the transwoman as a man and the transman as a woman, undermining a person’s gender self-identification; encourages ethically questionable ‘reparative’ treatment while undermining the legitimacy of effective medical procedures that enhance transpeople’s lives; and contributes to unfavourable court decisions for transpeople. It has also been argued that gender identity variance in itself involves no pathology, any mental disturbance experienced by transpeople being the result of intolerance and stigma, and that pathologisation merely exacerbates intolerance and stigma and does so more than many other psychiatric diagnoses because it involves pathologisation of one’s identity. These last criticisms suggest that, in a gender identity variant person, pathologisation may bring about pathology.

Psychiatry is Western dominated. Across Asia psychiatrists are connected with developments in psychiatry through organisations such as the Washington-based American

Psychiatric Association and the Geneva-based World Psychiatric Association.⁹² Thus, it is inevitable that psychiatric orthodoxy on gender identity variance will undermine long-standing local views of gender identity variance as an aspect of human diversity rather than a mental disorder.

In a seven-society study of attitudes and beliefs regarding transwomen we conducted a factor analysis on the pooled data.⁹³ This was to identify the core attitudes and beliefs underlying our data. Five factors were identified, namely, the belief that transwomen suffered from a mental disorder; the belief that transwomen were not women, should not be treated as such and should not be afforded their rights; rejection of social contact with transwomen in a range of situations, including among family members and teachers; rejection of social contact with transwomen within one's peer group; and, finally, the belief that transwomen were sexually motivated to do what they do, were promiscuous and engaged in sexually deviant behaviour. Together, the five factors accounted for 51% of variance.

Importantly, these factors were inter-correlated. Strong and consistent across the seven countries were links between, on one hand, the belief that transwomen suffered from a mental disorder and, on the other hand, refusal to regard or treat them as women or to afford them rights as women (with a correlation coefficient of 0.55) as well as unwillingness to accept the idea of any social contact with them, either within the family (with a correlation coefficient of 0.50) or among peers (with a correlation coefficient of 0.64). These correlations were statistically highly significant, suggesting that they were extremely unlikely to be due to chance. They raised the possibility that the view of gender identity variance as mental disorder may support and encourage key transprejudicial attitudes.

This possibility is worrying. As has been discussed, transprejudice and discrimination impair mental health and well-being. If pathologisation of transpeople (on the basis of their gender identity variance) reinforces and perpetuates transprejudice, then the result is a self-fulfilling prophecy in which transpeople, regarded by others as mentally disordered, do indeed encounter mental health problems, but largely, perhaps only, as a result of being so regarded. When I have expressed this concern elsewhere,⁹⁴ I have been accused of overstating or oversimplifying the case. My answer is that, in my experience, transpeople whose gender identity variance has been accepted by significant others within and outside the family are generally well-adjusted individuals, free from any distress or disability associated with their self-identification. It therefore seems to me that there may be no 'gender identity disorder', except the inability or unwillingness of transprejudiced people to accept transpeople. True, psychiatric diagnosis *has* offered transpeople in some more affluent parts of the world the hope or expectation of subsidised gender healthcare. My fear is that many transpeople in Asia, with different priorities and other health needs, are paying the price.⁹⁵

Concluding thoughts

In this paper I have described the difficulties transpeople in Asia encounter regarding their gender healthcare needs and gender-identifying documentation and argued that such difficulties reduce these people's ability to make a successful gender transition and (if they wish) to live in stealth. Consequently, transpeople are left especially vulnerable to any transprejudice and discrimination in their societies. I have presented evidence suggesting that transprejudice and discrimination of varying sorts and degrees is evident in all Asian societies. Across Asia transprejudice is prompted or supported by the belief that transpeople are mentally ill. Given the impact that prejudice is known to have upon minority group individuals' mental health and well-being, a self-fulfilling prophecy may be at work.

I do not suggest that every person in Asia reads psychiatric diagnostic manuals – there is no such need. Psychiatric thinking percolates into mainstream society in many ways, especially through the media. There are other vehicles for dissemination. For example, we have seen how in Thailand many transpeople are designated ‘mentally disordered’ when relieved of military service and how their SorDor 43 discharge papers depict to all potential employers their ‘mentally disordered’ status.

Nor do I suggest that transprejudice arises solely out of the ‘mental disorder’ view of transpeople or that it would wane overnight if gender identity variance were de-pathologised. Religion sometimes supports transprejudice; for example the Roman Catholic and other church faiths in the Philippines teach that androphilic transwomen are homosexual (and therefore sinful) men, and Muslim clerics in Malaysia teach that transpeople are un-Islamic. Indeed, if the history of homosexuality is anything to go by, de-pathologisation may only lead to a reinvigoration of the inclination of the religious right (Christian or Islamic) to portray transpeople as sinful. Rather, pathologisation is *one* factor that prompts and supports transprejudice. It is, in my view, a notion that is scientifically bankrupt, and socially disastrous for the gender identity variant person.

De-pathologisation may not erase overnight the stigma that transpeople are mentally ill; there remain to this day those who regard homosexuals as mentally disordered more than 30 years after the American Psychiatric Association removed homosexuality from its *Diagnostic and Statistical Manual*. But de-pathologisation is a start. With the Association gearing up to produce a fifth revision of its manual in the next few years, it is time to proclaim, more loudly than ever, that transpeople represent human diversity rather than defect and that the world is richer for their presence. This is more than an American affair. In my view, this is a matter of human rights central to the lives of transpeople worldwide, including the lives of transpeople in Asia.

Notes

1. This paper draws on nine years of communications with many transpeople in Asia (including activists for transpeople’s rights), and from more formal research work (my own, my students’ and that of my collaborators associated with the TransgenderASIA Centre). My own most recent work has been to collect autobiographies (oral and written, delivered in English or translated from local languages into English) of transpeople as part of the ‘Trans Lives: Asian Voices’ project funded by the University of Hong Kong.
2. The TransgenderASIA Centre publishes a bibliography of relevant English-language materials drawn from the humanities and social sciences: <http://web.hku.hk/~transgenderASIA/index.htm> (last accessed at 1 December 2008).
3. Stephen Whittle, Lewis Turner and Maryam Al-Alami, ‘Engendered Penalties: Transgender and Transsexual People’s Experiences of Inequality and Discrimination’, 2007, <http://archive.thecabinetoffice.gov.uk/equalitiesreview/upload/assets/www.theequalitiesreview.org.uk/transgender.pdf> (accessed 14 October 2008).
4. Stephen Whittle, *Respect and Equality: Transsexual and Transgender Rights* (London: Cavendish, 2002).
5. There are a startling variety of names, with several sometimes available in just one language. Examples for ‘transwomen’ include: *kathoei* (Thailand, Laos), *pumia*, *pumae*, *phet tee sam*; *sao*, *phuying praphet song* (Thailand); *acauly* (Myanmar/Burma); *bayot*, *bayog*, *babyalan*, *asog*, *bantut*, *bakla*, *binabae* (the Philippines); *maknyah* (Malaysia); *waria* (throughout Indonesia); *banci* (old Batavia); *calabai* (Bugis); *kedie* (Java and Bali); *kawekawe* (Makassar and Bugis); *wandu* (Java); *yen yiu* (China); *yirka-la-ul-va-irgin*, *ne-uchica* (northern Siberia); *khanith* and *xanith* (Oman); *hijra* and *kothi* (India); *chokka* and *meti* (Nepal); *aravani* (Tamil Nadu); *khusra* and *zanana* (Pakistan); *donme* (Turkey); and *ah kua* (Singapore). Many of these terms are imprecise and (at least as used nowadays) demeaning, and are thus often ill-suited to the tasks of rights activism on behalf of the communities concerned. Consequently,

some rights groups have started to construct their own vocabulary of gender identity variance. Filipino transactivists have introduced the Tagalog–English compound terms *babaeng* (or *lalaki*) *transgender* for transgender woman or man (Sass Rogando-Sasot, email communication with author, 3 July 2007), and more recently *transpinay* and *transpinoy*, literally ‘trans Filipino woman’ and ‘man’, respectively (Society for Transsexual Women of the Philippines, press release, 4 May 2008). In Thailand activists have recently introduced the terms *khon* (or *phuying*, *phuchaai*) *khaam phet* (‘a person/woman/man who has crossed sex’), *khon* (or *phuying*, *phuchaai*) *plaeng phet* (‘a person/woman/man who has changed sex’) (Krisana Mamane, Nada Chaiyavit and Prempreeda Pramoj Na Ayutthaya, email communications with author, 5 May 2008, 16 May 2008 and 26 November 2008, respectively). Attempts to construct a vocabulary that conveys both dignity and precision may be an essential first step for transpeople to achieve recognition as a distinct community able to promote its members’ interests and press for their rights.

6. See, e.g., Jay Harcourt, ‘Current Issues in Lesbian, Gay, Bisexual, and Transgender (LGBT) Health: Introduction’, *Journal of Homosexuality* 51, no. 1 (2006): 1; Arnold H. Grossman and Anthony R. D’Augelli, ‘Transgender Youth: Invisible and Vulnerable’, *Journal of Homosexuality* 51, no. 1 (2006): 111; Kristen Clements-Nolle, Rani Marx, Robert Guzman and Mitchell Katz, ‘HIV Prevalence, Risk Behaviors, Health Care Use, and Mental Health Status of Transgender Persons: Implications for Public Health Intervention’, *American Journal of Public Health* 91 (2001): 915.
7. See, e.g., Eric R. Wright and Brea L. Perry, ‘Sexual Identity Distress, Social Support, and the Health of Gay, Lesbian and Bisexual Youth’, *Journal of Homosexuality* 51, no. 1 (2006): 81; Ilan H. Meyer and Laura Dean, ‘Patterns of Sexual-Behavior and Risk-Taking among Young New-York-City Gay Men’, *AIDS Education and Prevention* 7, no. 5 (1995): 13; Jeanne Abelson et al., ‘Factors Associated with Feeling Suicidal: The Role of Sexual Identity’, *Journal of Homosexuality* 51, no. 1 (2006): 59.
8. See <http://www.gender.org/remember/> (accessed 1 December 2008).
9. See, e.g., Wing Foo Tsoi, ‘Male and Female Transsexuals: A Comparison’, *Singapore Medical Journal* 33, no. 2 (1992): 182; Jody Norton, “‘Brain Says You’re a Girl, but I Think You’re a Sissy Boy’”: Cultural Origins of Transphobia’, *International Journal of Sexuality and Gender Studies* 2, no. 2 (1997): 139; Darryl Hill and Brian Willoughby, ‘The Development and Validation of the Genderism and Transphobia Scale’, *Sex Roles* 53, nos 7–8 (2005): 531.
10. George Weinberg, *Society and the Healthy Homosexual* (New York: St Martin’s Press, 1972), 4.
11. Mark King, Sam Winter and Beverley Webster, ‘Contact Reduces Transprejudice: A Study on Attitudes towards Transgenderism and Transgender Civil Rights in Hong Kong’, *International Journal of Sexual Health* 22, no. 1 (2009): 17–34.
12. See, e.g., Whittle et al. ‘Engendered Penalties’; Ontario Human Rights Commission, ‘Policy on Discrimination and Harassment because of Gender Identity’, <http://www.ohrc.on.ca/en/resources/Policies/PolicyGenderIdent/pdf> (accessed 29 April 2008); International Conference on Transgender Law and Employment Policy, ‘The International Bill of Gender Rights’, <http://www.pfc.org.uk/node/275/print> (accessed 24 April 2008); International Lesbian and Gay Association/Europe, ‘Transgender Working Party Platform’, http://www.ilga-europe.org/europe/notice_board/resources/transgender_working_party_platform (accessed 29 April 2008); Murray Couch et al., *Transnation: A Report on the Health and Wellbeing of Transgendered People in Australia and New Zealand* (Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University, 2007); Anti-Discrimination Board of New South Wales, ‘Transgender Discrimination’, http://www.lawlink.nsw.gov.au/lawlink/adb/ll_adb.nsf/pages/adb_transgender (accessed 29 April 2008).
13. See Eric Heinze, ‘Sexual Orientation and International Law: A Study in the Manufacture of Cross-Cultural “Sensitivity”’, *Michigan Journal of International Law* 22 (2001): 283.
14. Article 2 of the International Covenant on Civil and Political Rights states that ‘[e]ach State Party to the present Covenant undertakes to respect and to ensure to all individuals within its territory and subject to its jurisdiction the rights recognised in the present Covenant, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status’. Article 2 of the International Covenant on Economic, Social and Cultural Rights contains very similar wording, although Yvonne Klerk argues that it requires enforcement that is even more immediate than under the International Covenant on Civil and Political Rights: ‘Working Paper on Article 2(2) and

- Article 3 of the International Covenant on Economic, Social and Cultural Rights', *Human Rights Quarterly* 9 (1987): 250, 260. Article 26 of the International Covenant on Civil and Political Rights states that '[a]ll persons are equal before the law and are entitled without any discrimination to the equal protection of the law. In this respect, the law shall prohibit any discrimination and guarantee to all persons equal and effective protection against discrimination on any ground such as race, colour, sex, language, religion, political or other opinion, national or social origin, property birth or other status'; see, in particular, the views of the United Nations Human Rights Committee in *Toonen v. Australia*, 1(3) IHRR 97 (1994); *Young v. Australia*, United Nations Human Rights Committee, Communication No. 941/2000, CCPR/C/78/D/941/2000, 6 August 2003 (cf., however, *Joslin v. New Zealand*, United Nations Human Rights Committee, Communication No. 902/1999, CCPR/C/75/D/902/1999, 17 July 2002).
15. Southeast Asia is interesting in this respect. Michael Peletz, in 'Transgenderism and Gender Pluralism in Southeast Asia since Early Modern Times', *Current Anthropology* 47, no. 2 (2006): 309, argues that 'gender pluralism' was evident across the region in pre-modern times. Gender variant individuals enjoyed legitimacy, even social status. Peletz remarks that gender pluralism has waned in more modern times, though remnants are still evident. It is true that even nowadays sex, gender and sexual preference and behaviour (and their inter-relationships) are perceived across the region in a way unfamiliar even in other parts of Asia. The conceptual division between 'sex' and 'gender' provides an example. In Thailand and the Philippines, there is one word for both (*phet* and *kasarian*, respectively), a situation similar to that in pre-twentieth-century Europe; for more detail of the increased use of 'gender' in Western countries, see David Haig, 'The Inexorable Rise of Gender and the Decline of Sex: Social Change in Academic Titles, 1945–2001', *Archives of Sexual Behavior* 33, no. 2 (2004): 87. The absence of any convenient vocabulary for distinguishing between sex and gender can sometimes confuse any sensible debate on the rights of transpeople. Scholars and activists across Asia nowadays find it sometimes necessary to invent terms to distinguish the two (for example the recently developed terms *phet phawa*, *phet saphap* and *phet saphawa* [all meaning 'sex condition/status' in Thai]: Peter Jackson, email communication with author, 5 November 2008). Furthermore, some Asian cultures seem (from a Western point of view) to conflate sex/gender with sexual preference and behaviour. In Thailand, for example, a person's status as a man or a woman may be defined not so much by his or her biology (genital anatomy), but more in terms of what he/she does with it, and with whom he/she does it. Simply put, the act of being penetrated connotes femininity. The corollary is that the act of penetrating connotes maleness. A man who penetrates other men does so without undermining his claim to maleness, especially if he also penetrates birth-assigned women. Indeed he can even enhance his status as a male by letting it be known that he penetrates both men and women: Preempreea Pramroj na Ayutthaya, 'Sexual Fluidity within Bisexuality in Thailand', paper presented at 10th International Conference of Thai Studies, Bangkok, 9–11 January 2008. In contrast, the biological man who is habitually penetrated by other men forfeits his claim to maleness, since he has abandoned the orthodox male sexual role. The male-identifying gay 'bottom' here becomes the emasculated man. Defined as other than a 'real man', it is understood that he may adopt a generalised non-male social role, as a member of a third gender (*phet thee sam*) or as a woman of the second kind (*phuying praphet song*), identifying as such (or even identifying as *phuying jing*, a 'real woman'). See also Serena Nanda's discussion of multiple genders in Indian culture in 'Hijra and Sadhin: Neither Man nor Woman in India', in *Gender Diversity: Cross-Cultural Variations*, ed. Serena Nanda (Long Grove, IL: Waveland Press, 2000), 27. Finally, it is common in Western countries to conceptualise sex and gender as fixed, transwomen for example often claiming that throughout their lives they have possessed a feminine essence (for example as a 'woman of transgender experience', etc.). Once a gender transition has been made, it is rare for steps taken to be retraced (i.e. gender reversion). However, in some Asian cultures it is relatively common to see this sort of thing take place: a birth-assigned male who once identified and presented as female may later reclaim presentation as male. Some may choose this gender reversion freely. Others are pressed to do so by the daily difficulties of leading a translife. In recent Thai, Lao and Philippine studies we found that 11%, 13% and 21% of our participant transwomen, respectively, anticipated presenting as men by the time they were 50 years old. For detail on these studies, see Sam Winter, 'Thai Transgenders in Focus: Demographics, Transitions and Identities', *International Journal of Transgenderism* 9, no. 1 (2006): 15; Sam Winter and Serge Doussantousse, 'Gender

Identity Variance in Laos' (under review); Sam Winter, Sass Rogando-Sasot and Mark King, 'Transgendered Women of the Philippines', *International Journal of Transgenderism* 10, no. 2 (2007): 79. For some transwomen in Asia, reversion to maleness involves adopting a male sexual role, perhaps even by marrying a woman: see, e.g., the *xanith* in Oman as discussed in Unni Wikan, *Behind the Veil in Arabia: Women in Oman* (Chicago, IL: University of Chicago Press, 1991). We see, then, in the relationship between sexual behaviour and sex/gender the possibility for a gender fluidity that contradicts the relatively fixed genders constructed in Western discourse. Many transwomen in Asia have told me about their transgender friends who later reverted to presenting as men or, somewhat aghast, how they came across former boyfriends who were now presenting as female. The point here is that this is a worldview of multiple and fluid sexes/genders based as much on behaviour as on biology. Legal systems that conceive gender as binary (male or female), biologically based (in practice based on genitalia) and fixed for life (notwithstanding that a few Asian jurisdictions accept change in legal gender status after SRS) are typically incapable of accommodating such sexual cosmographies.

16. Key work covers Buddhist and Buddhist-influenced societies like Thailand, Laos, Myanmar/Burma, Cambodia and Vietnam; Shinto Japan; Islamic societies such as Pakistan, Bangladesh, Oman, Indonesia, Turkey and Malaysia; Hindu societies such as India and Nepal; Confucian societies such as China, Hong Kong, Taiwan and Singapore; and the Philippines, a society that is predominantly Christian.
17. The 18 countries are Turkey, Pakistan, India, Nepal, Bangladesh, Myanmar/Burma, Laos, Cambodia, Vietnam, Thailand, Malaysia, Singapore, Indonesia, the Philippines, China (including Hong Kong), Taiwan, South Korea and Japan. The figure of 95% is based on a count I made using the bibliography published on the TransgenderASIA website.
18. See, e.g., Jeswan Kaur, 'Transgender: Mak Nyah Cry for Compassion', 6 November 2008, <http://www.sgbutterfly.org/index.php?name=News&file=article&sid=218> (accessed 11 October 2008); Farid Jamaludin, 'Transsexuals: Declare Us as Women', *The Star*, 21 January 2001, <http://ai.eecs.umich.edu/people/conway/TS/MalaysianTS.html> (accessed 5 March 2009).
19. Nanda, 'Hijra and Sadhin'.
20. Sam Winter, 'Counting *Kathoe*', http://web.hku.hk/~sjwinter/TransgenderASIA/paper_counting_kathoey.htm (accessed 22 October 2008).
21. Wikan, *Behind the Veil in Arabia*.
22. American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: DSM-IV* (Washington: American Psychiatric Association, 1994).
23. Femke Olyslager and Lynn Conway, 'On the Calculation of the Prevalence of Transsexualism', paper presented at First Biennial Symposium of the World Professional Association for Transgender Health, Chicago, 5–8 September 2007. This article was subsequently re-published in the refereed journal *Tijdschrift voor Genderstudies* in 2008. See Femke Olyslager and Lynn Conway, 'Transseksualiteit komt vaker voor dan u denkt. Een nieuwe kijk op de prevalentie van transseksualiteit in Nederland en België' [Transsexualism is more common than you think. A new look at the prevalence of transsexualism in the Netherlands and Belgium], *Tijdschrift voor Genderstudies* 11, no. 2 (2008): 39.
24. In a recent Lao study, only one of 214 participating transwomen had undergone SRS: Winter and Doussantousse, 'Gender Identity Variance in Laos'. In a corresponding Philippine study it was found that only one out of 147 participants had and 29% indicated they had no desire to do so: Winter et al., 'Transgendered Women of the Philippines'. Even among Thai transpeople, for whom SRS is more easily affordable and available, only 28% of a sample of 195 transwomen had undergone an operation, and 12% had no desire to do so: Winter, 'Thai Transgenders in Focus'.
25. Robert Tait, 'Sex Change Funding Undermines No Gays Claim', *The Guardian*, 26 September 2007, <http://www.guardian.co.uk/world/2007/sep/26/iran.gender> (accessed 5 May 2008).
26. Wing Foo Tsoi, 'The Prevalence of Transsexualism in Singapore', *Acta Psychiatrica Scandinavica* 78, no. 4 (1988): 501.
27. Iran may pose an interesting case. Homosexual sexual conduct is a capital offence yet the possibility exists for subsidised SRS and change in legal gender status for people diagnosed as transsexual. It has been suggested that some who undergo SRS may simply be homosexual men and women attempting to bypass the criminalisation of their sexual preferences: Megan Stack, 'Iran Warms up to Sex Changes, but Still Shuns Homosexuality', *Los Angeles Times*, 30

- January 2005; Tait, 'Sex Change Funding Undermines No Gays Claim', <http://web.hku.hk/~sjwinter/TransgenderASIA/iran.pdf> (accessed 5 March 2009). The situation in Singapore is somewhat similar in that gay men are liable for criminal prosecution and incarceration yet transpeople who have undergone SRS are able to change their legal gender status and to marry.
28. References encompass the arts, literature, religion, folklore and superstitions. Examples include aesthetic traditions valuing androgyny in Japan: Junko Saeki, 'Beyond the Gender Dichotomy: The Cross-Dressing Tradition in Japanese Theatre', *Intersections* 16 (2008), <http://intersections.anu.edu.au/issue16/saeki.htm> (accessed 11 November 2008); cross-dressing (sometimes apparently gender identity variant) actors and/or actresses in imperial China and Japan (*ibid.*); Brett Hinsch, *Passions of the Cut Sleeve: The Male Homosexual Tradition in China* (Berkeley, CA: University of California Press, 1990); Sophie Volpp, 'Gender, Power and Spectacle in Late-Imperial Chinese Theatre', in *Gender Reversals and Gender Cultures: Anthropological and Historical Perspectives*, ed. Sabrina Petra Ramet (London: Routledge, 1996), 138; gender-bending Hindu deities and Buddhist bodhistavas: Nanda, 'Hijra and Sadhin'; Burkhard Scherer, 'Gender Transformed and Meta-gendered Enlightenment: Reading Buddhist Narratives as Paradigms of Inclusiveness', *Revista de Estudos da Religião* 3 (2006): 65; beliefs about salvation through gender modification in Hindu and Buddhist cultures: Cynthia Humes, 'Becoming Male: Salvation through Gender Modification in Hinduism and Buddhism', in *Gender Reversals and Gender Cultures: Anthropological and Historical Perspectives*, ed. Sabrina Petra Ramet (London: Routledge, 1996), 123; creation myths involving three sexes in Thailand: Rosalind Morris, 'Three Sexes and Four Sexualities: Redressing the Discourses on Gender and Sexuality in Contemporary Thailand', *Positions* 2, no. 1 (1994): 15; and cross-dressing in order to ward off widow ghosts, also in Thailand: Mary Beth Mills, 'Attack of the Widow Ghosts: Gender, Death, and Modernity in Northeast Thailand', in *Bewitching Women, Pious Men: Gender and Body Politics in Southeast Asia*, ed. Aihwa Ong and Michael Peletz (Berkeley, CA: University of California Press, 1995), 244.
 29. Possibly reflecting this cultural history, an international study of attitudes towards transwomen found that while 49% of Malaysians regarded transwomen as mentally disordered, 13%, 21% and 15% shared this view in Thailand, Singapore and the Philippines, respectively. In the latter three countries transwomen were much more commonly regarded as 'normal, just different' (54% of Thais, 66% of Singaporeans and 82% of Filipinos). However, many saw their condition as a physical disorder (12% of Thais, 24% of Singaporeans and 18% of Filipinos regarding transwomen as 'women in the wrong body'): Sam Winter et al., 'Transpeople, transprejudice and pathologisation: a seven-county factor analytic study', *International Journal of Sexual Health* 21, no. 2 (2009).
 30. Examples include Oman, India, Burma, Thailand, the Philippines, Indonesia, China, South Korea, Japan and the island of Okinawa, and Siberia. For detail, see Matthew Allen, 'Being Male in a Female World: Masculinity and Gender in Okinawan Shamanism', in *Genders, Transgenders and Sexualities in Japan*, ed. Mark McLelland and Raj Dasgupta (London: Routledge, 2005); Marjorie Balzer, 'Sacred Genders in Siberia: Shamans, Bear Festivals, and Androgyny', in *Gender Reversals and Gender Cultures: Anthropological and Historical Perspectives*, ed. Sabrina Petra Ramet (London: Routledge, 1996), 164; Carolyn Brewer, 'Baylan, Asog, Transvestism, and Sodomy: Gender, Sexuality and the Sacred in Early Colonial Philippines', *Intersections* 2 (1999), <http://www.she.murdoch.edu.au/intersections/issue2/carolyn2.html> (accessed 10 November 2008); Eli Coleman, Philip Colgan and Louis Gooren, 'Male Cross-Gender Behavior in Myanmar (Burma): A Description of the Acault', *Archives of Sexual Behavior* 21, no. 3 (1992): 313; Hyung Ki Choi et al., 'South Korea', in *International Encyclopedia of Sexuality*, <http://www2.hu-berlin.de/sexology/IES/southkorea.html> (accessed 10 November 2008); Hinsch, *Passions of the Cut Sleeve*; Serena Nanda, 'Transgendered Males in Thailand and the Philippines', in *Gender Diversity: Cross-Cultural Variations*, ed. Serena Nanda (Long Grove, IL: Waveland Press, 2000), 71; Peletz, 'Transgenderism and Gender Pluralism in Southeast Asia since Early Modern Times'.
 31. See, e.g., Serge Doussantousse and Bea Keovongchith, 'Male Sexual Health: Kathoey in the Lao PDR, South East Asia – Exploring a Gender Identity', http://web.hku.hk/~sjwinter/TransgenderASIA/paper_doussantousse.htm (accessed 28 June 2006); Barbara Earth, 'Diversifying Gender: Male to Female Transgender Identities and HIV/AIDS Programming in Phnom Penh, Cambodia', *Gender and Development* 14 (2006): 259; Adnan Hossain, 'They Swing

between Both Sexes; Hijras as “Asexual Others”, http://web.hku.hk/~sjwinter/Transgender-ASIA/paper_swinging.htm (accessed 5 September 2006); Serena Nanda, ‘The Hijras of India’, in *A Queer World: The Center for Lesbian and Gay Studies Reader*, ed. Martin Duberman (New York: New York University Press, 1997); Yik Koon Teh, *The Mak Nyahs: Male to Female Transsexuals in Malaysia* (Singapore: Eastern Universities Press, 2002); Winter, ‘Thai Transgenders in Focus’; Winter et al., ‘Transgendered Women of the Philippines’. In some cases the forces of change were abrupt. Invaders and colonists (who were usually Europeans from a Judaeo-Christian tradition and less favourably disposed towards gender variance, and indeed gender identity variance, than the indigenous cultures concerned) attempted to stamp out what they thought was perverse and sinful behaviour. The case of the Philippines is a well-documented example. Nanda, ‘Transgendered Males in Thailand and the Philippines’, describes the “sexualising” and masculinising of Filipino culture’ by successive Arab, Spanish and American domination and details its effects on gender variant people (and on relationships, both mixed and same sex, in general). Brewer, ‘Baylan, Asog, Transvestism, and Sodomy’, has written in detail on the role played by the Spanish, remarking on early colonists’ reports of cross-gender *bayog*, *bayoc* and *asog* shamans and *babaylan* ritual facilitators, all of whom offended the sensibilities of the newcomers. The author (para. 14) quotes the Jesuit Brother Francisco Ignacio Alcina, who wrote in 1668, ‘The fact is the Asog considered themselves more like women than like men in their manner of living, or going about, or even in their occupations. Some of them applied themselves to women’s tasks, like weaving and cultivating, etc. In dress, although they did not wear petticoats (these were not worn by women in ancient times either) they did wear some Lambon, as they are called here. This is a kind of long skirt down to the feet, so that they were recognised even by their dress.’ It may be that Alcina’s use of the past tense when referring to these people, just 80 years after the arrival of Spanish Governor Miguel Lopes de Legaspi, attested to the success of the Spanish in eradicating gender variance. ‘Modernising’ forces may not always have been detrimental to the quality of life enjoyed by transpeople; they may have sometimes enhanced their lives. In Thailand, for example, 19th-century reforms of dress and appearance (to fend off colonisation by making Thais appear ‘less barbaric’ in the eyes of potential Western colonists) may have resulted in new opportunities for expressions of gender variance (and indeed gender identity variance). Twentieth-century reforms of names (requiring that all be gender specific) may have had the same effect: Peter Jackson, ‘Performative Genders, Perverse Desires: A Bio-history of Thailand’s Same-Sex and Transgender Cultures’, *Intersections* 9 (2003), <http://www.she.murdoch.edu.au/intersections/issue9/jackson.html> (accessed 7 September 2005). More recently, easy access to hormones (with up to 23 products available over the counter in some pharmacies in Thailand) and relatively inexpensive SRS often of a high standard (even attracting trans-patients from overseas) have arguably further enhanced the ability of transpeople to express their gender identity variance more fully than at any time in the history of Thai culture.

32. See, e.g., Wikan, *Behind the Veil in Arabia*; Richard A. Jenkins and Bryan Kim, ‘Cultural Norms and Risk: Lessons Learned from HIV in Thailand’, *Journal of Primary Prevention* 25, no. 1 (2004): 17; Nanda, ‘Transgendered Males in Thailand and the Philippines’.
33. Sass Rogando-Sasot, email communication with author, 14 March 2008. A second study was conducted by a team involving myself (Winter et al., unpublished report available from author) which examined gender satisfaction among 526 university undergraduate students from four Asian societies (Hong Kong, Malaysia, Singapore and Thailand). Respondents completed the seven-item questionnaire anonymously. Two items touched clearly upon gender disaffection. Among men 1.4% reported feeling ‘uncomfortable being a member of this sex’ ‘all the time’; among women 2.8%. Among men, 2.1% wished they ‘had not been born into this sex’ ‘all the time’; among women 2.8%. While some of the respondents may have expressed gender dissatisfaction because of the social conditions they face in their cultures (among women gender inequality, among men the burden of being family breadwinners), it seems likely that some of the dissatisfaction we observed was a result of a more fundamental gender dysphoria. Interestingly, we obtained broadly similar figures for a sample of 193 undergraduate students in the United Kingdom and the United States.
34. Turning first to community-based samples, a study of 195 Thai *phuying khaam phet* revealed that half of them felt ‘not male’ by the age of 11, half of those who took hormones doing so by 16 and half of those who were cross-dressing doing so full-time by 18: Winter, ‘Thai Transgenders in Focus’. Broadly similar results were found in a Philippine sample of 147 *transpinay*;

- the corresponding mean ages were 10, 17 and 18: Winter et al., 'Transgendered Women of the Philippines'. In a comparable Lao study involving 214 *kathoey* the corresponding mean ages were 11, 17 and 13: Winter and Doussantousse, 'Gender Identity Variance in Laos'. Teh, *The Mak Nyahs*, reported that 71% of her sample of 507 Malaysian *maknyah* 'thought they were female when they were children' and 14% were cross-dressing by 11, 82% by 20. In a sample of 43 South Korean transwomen, Tae-Suk Kim et al. found a mean onset of gender dysphoria by 11 and cross-dressing by 18: 'Psychological Burdens Are Associated with Young Male Transsexuals in Korea', *Psychiatry and Clinical Neurosciences* 60, no. 4 (2006): 417. All of these studies were community based (involving sampling based on social networks within the respective communities of transwomen). Turning now to clinic-based studies: from Singapore a study involving 200 transwomen and 100 transmen found that by the age of 12 74% of the transwomen and 80% of the transmen had begun to identify as the other gender. By 18 the figures rose to 99% for both transwomen and transmen. By 12 60% of the transwomen and 84% of the transmen had begun to cross-dress. By 18 the figures rose to 92% of the transwomen and 94% of the transmen; by the same age 38% of transwomen had started taking hormones (the figure appeared much lower for transmen); Wing Foo Tsoi, 'Developmental Profile of 200 Male and 100 Female Transsexuals in Singapore', *Archives of Sexual Behavior* 19, no. 6 (1990): 595. From Japan, a study involving 349 transwomen and 230 transmen reported that by the time they entered elementary school 28% of the transwomen and 70% of the transmen reported discomfort with their gender identity. Another 28% of the transwomen and 23% of the transmen were experiencing gender discomfort by the end of elementary schooling. For detail, see Nobuyuki Okabe et al., 'Clinical Characteristics of Patients with Gender Identity Disorder at a Japanese Gender Identity Disorder Clinic', *Psychiatry Research* 157 (2008): 315.
35. In the case of Thailand, see, e.g., LeeRay M. Costa and Andrew Matzner, *Male Bodies, Women's Souls: Personal Narratives of Thailand's Transgendered Youth* (Binghamton, NY: Haworth, 2006); Richard Totman, *The Third Sex: Kathoey, Thailand's Ladyboys* (London: Souvenir Press, 2003).
 36. Nuttawut Udomsak, email communication with author, 28 April 2008.
 37. *International Herald Tribune*, 'Thai Health Ministry Issued Temporary Ban on Castrations for Non-Medical Purposes', 2 April 2008, <http://www.ihf.com/bin/printfriendly.php?id=11620629> (accessed 2 October 2008).
 38. Winter et al., 'Transgendered Women of the Philippines'.
 39. Sass Rogando-Sasot, email communication with author, 30 April 2008.
 40. See Nanda, 'Hijra and Sadhin'.
 41. *Ibid.*, 33, provides a vivid description of the operation: 'The surgery is (ideally) performed by a *hijra*, called a "midwife". The client is seated in front of a picture of the goddess [Bahuchara Mata] and repeats Bahuchara's name over and over, which induces a trancelike state. The midwife then severs all or part of the genitals (penis and testicles) from the body with two diagonal cuts with a sharp knife. The blood from the operation, which is considered part of the male identity, is allowed to flow freely; this rids the person of their maleness. The resulting wound is healed by traditional medical practices and a small hole is left open for urination.'
 42. Teh, *The Mak Nyahs*.
 43. See Winter, 'Thai Transgenders in Focus: Demographics, Transitions and Identities'; Winter et al., 'Transgendered Women of the Philippines'; Sam Winter and Serge Doussantousse, 'Transpeople, Hormones and Health Risks: A Lao Study', *International Journal of Sexual Health* 21, no. 1 (2009): 35–48.
 44. In the Lao study we found that 60 of the 112 transwomen reported taking hormones at some point in their lives. Only two had ever consulted a doctor about hormone use, with four consulting other medical professionals. In contrast, four out of five had consulted other transwomen: Winter and Doussantousse, 'Transpeople, Hormones and Health Risks'. More recent studies of hormone use in Thailand and the Philippines have found much the same pattern of advice-seeking. Of the 150 Thai transwomen, 139 reported taking cross-sex hormones at some point in their lives, 43 consulting a doctor and/or a nurse and 120 consulting transgender friends before doing so. The advice-seeking after beginning hormone use was hardly more balanced; 70 consulted a doctor and/or a nurse and 101 consulted other transwomen: Sam Winter, Ling Li and Chayada Lertraksakun, report in preparation. Of the 150 Filipina transwomen, 132 reported taking cross-sex hormones at some point in their lives, only 68 consulting

- a doctor and/or nurse and 114 consulting transgender friends: Sam Winter and Brenda Alegre, report in preparation.
45. Somchai Suja, Sasiraporn Sutanyawatchai and Supawinee Siri, *Quality of Life in Male to Female Transsexuals Using and Not Using Female Hormone Therapies* (Chiang Mai, Thailand: Chiang Mai University, 2005).
 46. For example, any transperson (pre-op, post-op or non-op) may change legal gender status, under strictly controlled circumstances, in the United Kingdom. The Gender Recognition Act 2004 (c. 7) enables transpeople to change their birth certificates (the document that designates legal gender status) if they satisfy a panel of professionals that they have been living in their preferred gender for some time, intend to do so permanently and are not already married (this last provision designed to avoid creation of a same-sex marriage).
 47. In some Asian jurisdictions legal gender status is designated on the birth certificate (e.g. the Philippines and Hong Kong). In others it is on a family register entry (e.g. Japan and South Korea). In Singapore the ID card has since 1996 performed the function of legal gender status designation: Waipang Au, 'Singapore: A Woman with a Past', July 2005, http://www.yawningbread.org/arch_2005/yax-457.htm (accessed 24 March 2008).
 48. Dede Oetomo, email communication with author, 22 February 2008.
 49. See Tait, 'Sex Change Funding Undermines No Gays Claim'.
 50. *BBC News*, 'Kuwaiti Sex-Change Case Overturned', 12 October 2004, http://news.bbc.co.uk/2/hi/middle_east/3734336.stm (accessed 10 December 2008).
 51. Decision in the Case of *Rommel Jacinto Dantes Silverio v. Republic of the Philippines*, Supreme Court of the Philippines 19 October 2007, <http://elibrary.supremecourt.gov.ph/decisions.php?doctype=decisions%20/%20signed%20resolutions&docid=a45475a11ec72b843d74959b60fd7bd6476b8ef08b258> (accessed 10 December 2008).
 52. Almost all research hitherto conducted in this area concerns transwomen, for whom a heterosexual sexual preference (androphilia, i.e. attraction to men) appears most common. Consider the research from Malaysia, Singapore, South Korea, Thailand, the Philippines, Laos and Japan. In Malaysia, Teh, *The Mak Nyahs*, reported that 97% of her *maknyah* participants were attracted to men when they were younger and had a male as their first date. A similar figure (largely the same participants we can assume) had never been attracted to women. In Singapore, Tsoi, 'Developmental Profile of 200 Male and 100 Female Transsexuals in Singapore', found that all the transwoman participants in his study were androphilic. In South Korea, around 98% of transwomen in Kim et al.'s study, 'Psychological Burdens Are Associated with Young Male Transsexuals in Korea', reported attraction to men. My own research findings in Southeast Asia echo these generally high figures for androphilia among transwomen. In five independent samples of between 147 and 225 participants in Thailand, the Philippines and Laos, my colleagues and I have obtained prevalence rates for exclusive androphilia ranging from 76 to 92%: see Winter, 'Thai Transgenders in Focus'; Winter et al., 'Transgendered Women of the Philippines'; Sam Winter and Liselot Vink, 'Predictors of Mental Health in a Sample of Transwomen in Thailand' and 'Predictors of Mental Health in a Sample of Transwomen in the Philippines' (both in preparation); Winter and Doussantousse, 'Gender Identity Variance in Laos'. Given the tendency of some Asian cultures to confer femaleness on any birth-assigned male who habitually adopts the 'penetratee' role, the generally high levels of findings of heterosexuality in samples of transwomen may not be entirely surprising. The only major exception to this picture of overwhelming heterosexuality is in a Japanese sample of transwomen, only 40% of whom were attracted to men (a further 14% appeared to be bisexual): Okabe et al., 'Clinical Characteristics of Patients with Gender Identity Disorder at a Japanese Gender Identity Disorder Clinic'. What about the sexual preferences of transmen in Asia? Tsoi's Singapore study indicated that a majority may be heterosexual (gynephilic, i.e. erotically attracted to women), although on this matter Tsoi's figures appear somewhat unclear. In Japan, Okabe et al. reported that 92% of transmen were gynephilic. How do these figures compare with Western countries? The most reliable research in this respect is a study of 113 transwomen referred to a Dutch gender identity clinic, which identified 61 (54.5%) who were exclusively androphilic, a figure well below most of the figures in Asian countries cited above; see Yolanda L.S. Smith et al., 'Transsexual Subtypes: Clinical and Theoretical Significance', *Psychiatry Research* 137, no. 3 (2005): 151.
 53. Sam Winter, 'Language and Identity in Transgender: Gender Wars and the Thai *Kathoei*', in *Problematising Identity: Everyday Struggles in Language, Culture and Education*, ed. A. Lin (Mahwah, NJ: Lawrence Erlbaum, 2008), 119.

54. The Director of Immigration, who acts on such matters for the Security Bureau, made clear the government's position in a reply letter dated 7 August 2002 to Robyn Emerton of TEAM (Transgender Equality and Acceptance Movement). The letter was headed 'Position of Post-operative Transsexuals: Immigration Issues Government of Hong Kong', and stated that in the Director of Immigration's opinion the relevant Hong Kong law (i.e. Births and Deaths Registration Ordinance (Cap. 174)) allowed changes only where the original certificate contained an error (a condition, it was implied, not applicable to transpeople).
55. See Robyn Emerton, 'Time for Change: A Call for the Legal Recognition of Transsexual and Other Transgender Persons in Hong Kong', *Hong Kong Law Journal* 34, no. 3 (2004): 515; Robyn Emerton, 'Neither Here nor There: The Current Status of Transsexual and Other Transgender Persons under Hong Kong Law', *Hong Kong Law Journal* 34, no. 2 (2004): 245.
56. Winter, 'Counting *Kathoey*'.
57. See Winter, 'Thai Transgenders in Focus'.
58. Recent research in Laos, the Philippines and Thailand (sample sizes 214, 158 and 225, respectively) reveals how common it is for transwomen to be read. Asked how many strangers, in their experience, were aware that they were transwomen, 47.4, 56.5 and 84%, respectively, answered 'most' or 'all' (as opposed to 'some' or 'none'). Asked how often, at a distance and wearing make-up, they were thought by strangers to be birth-assigned women, 14.8, 7.8 and 14.8%, respectively, answered 'never' (as opposed to 'some', 'most' or 'all' of the time); Winter and Doussantousse, 'Gender Identity Variance in Laos'; Winter and Vink, 'Predictors of Mental Health in a Sample of Transwomen in Thailand' and 'Predictors of Mental Health in a Sample of Transwomen in the Philippines'.
59. Among 147 Filipina transwomen 20% reported preferring to be a transwoman (rather than a birth-assigned woman), and 10% reported wanting to be a transwoman if they were given a chance to start life again: Winter et al., 'Transgendered Women of the Philippines'. Among 195 Thai transwomen 15% preferred to be a transwoman (rather than a birth-assigned woman), and 11% expressed a desire to again be gender identity variant in their next life: Winter, 'Thai Transgenders in Focus'. Among 214 Lao transwomen the figures were 43 and 20%: Winter and Doussantousse, 'Gender Identity Variance in Laos'.
60. Erick Laurent, 'Sexuality and Human Rights: An Asian Perspective', *Journal of Homosexuality* 48, nos 3–4 (2005): 163.
61. See, e.g., Phil C.W. Chan's criticism of the Hong Kong government's position and approach in 'The Lack of Sexual Orientation Anti-discrimination Legislation in Hong Kong: Breach of International and Domestic Legal Obligations', *International Journal of Human Rights* 9, no. 1 (2005): 69.
62. Human Rights Watch, *Ravaging the Vulnerable: Abuses against Persons at High-Risk of HIV Infection in Bangladesh* (New York, 2003).
63. Human Rights Watch, *World Report* (New York, 2006).
64. People's Union for Civil Liberties–Karnataka, *Human Rights Violations against the Transgender Community* (Bangalore, 2003).
65. Winter et al., 'Transpeople, transprejudice and pathologisation'.
66. Teh, *The Mak Nyahs*.
67. Fereydoon Mehrabi, Mehrdad Eftekhar Ardebili and Nahaleh Moshtagh Bidokhti, 'Sexual Experience and Fantasies of Homosexuals and Transsexuals in Iran', paper presented at First World Congress for Sexual Health: Achieving Health, Pleasure and Respect, Sydney, 15–19 April 2007.
68. Mohd Noor Noraini et al., *Sexual Identity: Effeminacy among University Students* (Kuala Lumpur: International Islamic University Malaysia, 2005).
69. *New Straits Times*, 'Rehabilitation Centre for Cross-Dressers', 12 April 2007.
70. For detail, see Yik Koon Teh, 'Give Transsexuals Room to Live', *The Sun*, 2 April 2007, <http://www.sun2surf.com/article.cfm?id=17470> (accessed 23 April 2007). It is noted that cases such as this are not unknown in Western countries. For instance, in the United Kingdom there were the two leading cases of *Corbett v. Corbett (otherwise Ashley)*, [1970] 2 All ER 33, and *R. v. Tan and others* [1983] 2 All ER 12, both of which denied any possibility of change in legal gender status, even for post-operative transpeople and for the purposes of the criminal law. The Gender Recognition Act 2004, representing a substantial step forward in the recognition and development of transpeople's rights, now enables a gender identity variant person to change his or her legal gender status, even where surgery has not taken place.

71. See Teh, *The Mak Nyahs*; Yik Koon Teh and Slamah Khartini, *Maknyahs (Male Transsexuals) in Malaysia* (Kuala Lumpur: Ministry of Science, Technology and Environment of Malaysia, 2000).
72. Teh, *The Mak Nyahs*.
73. Amnesty International, 'Malaysia: Fear for Safety/Torture or Ill-Treatment', 3 August 2007, <http://web.amnesty.org/library/Index/ENGASA280022007> (accessed 20 August 2007).
74. M. Amer Sarfraz and David Castle, 'A Muslim Suicide', *Australasian Psychiatry* 10, no. 1 (2002): 437.
75. See Winter et al., 'Transgendered Women of the Philippines'; see also Winter, 'Thai Transgenders in Focus'.
76. Winter and Vink examined the impact of being gender identity variant upon the lives of transwomen in Thailand ('Predictors of Mental Health in a Sample of Transwomen in Thailand') and found that 22% of Thai transwomen believed that being a transgender person reduced their chances of obtaining employment and 29% believed that it reduced the choices of jobs available. In a similar study conducted by Winter and Vink in the Philippines ('Predictors of Mental Health in a Sample of Transwomen in the Philippines') the figures were somewhat lower, 12% and 15%, respectively. The authors of the two studies believe the figures to be underestimates of the extent of the problems transpeople face in obtaining employment, even in these two comparatively tolerant societies. The reason is that in contacting participants we relied on social networks within the gender identity variant community. Those in full-time studies or already in employment were more readily drawn into our samples. Transpeople not in employment were less likely to learn of our study and to join our sample accordingly. Yet these transpeople are likely those who had had the most direct experience of transprejudiced hiring practices. Had the jobless (particularly the chronically jobless) been better represented in our sample, our figures for the impact of being a transgender person upon obtaining employment would probably be more alarming.
77. Winter, 'Thai Transgenders in Focus'.
78. Winter and Vink, 'Predictors of Mental Health in a Sample of Transwomen in Thailand'.
79. *Rommel Jacinto Dantes Silverio v. Republic of the Philippines*.
80. Filipino transpeople's dismay has recently been heightened by the Supreme Court of the Philippines' overturning of a lower court's favourable decision over a petition by an intersex person for a new birth certificate: Decision in the case of *Republic of the Philippines v. Jennifer B. Cagandahan*, Supreme Court of the Philippines, 12 September 2008. <http://elibrary.judiciary.gov.ph/decisions.php?doctype=Decisions%20/%20Signed%20Resolutions&docid=1221805563131007007> (accessed 9 March 2009). In important respects her case was identical to that of a transgender person, with the one difference that she was able to point to a physical disorder underlying her gender dysphoria (congenital adrenal hyperplasia); also, unlike transwomen, she was seeking a birth certificate designating her as male.
81. Winter et al., 'Transgendered Women of the Philippines'.
82. Winter and Vink, 'Predictors of Mental Health in a Sample of Transwomen in the Philippines'.
83. For detail, see Robyn Emerton, 'Finding a Voice, Fighting for Rights: The Emergence of the Transgender Movement in Hong Kong', *Inter-Asia Cultural Studies* 7, no. 2 (2006): 243.
84. Human Rights Watch, 'Kuwait: Repressive Dress-Code Law Encourages Police Abuse: Arrests Target Transgender People', 16 January 2008, <http://hrw.org/english/docs/2008/01/17/kuwait17800.htm> (accessed 5 May 2008).
85. 'Kuwaiti Sex-Change Case Overturned'.
86. *BBC News*, 'Pakistan "Same-Sex" Couple Held', 22 May 2007, <http://news.bbc.co.uk/2/hi/6679733.stm> (accessed 5 May 2008).
87. See, e.g., Human Rights Watch, 'Nepal: Police on "Sexual Cleansing" Drive: Transgender People Routinely Subjected to Physical and Sexual Abuse', 11 January 2006, <http://www.hrw.org/en/news/2006/01/11/nepal-police-sexual-cleansing-drive> (accessed 10 December 2006); Sunil Pant, *Social Exclusion of Sexual and Gender Minorities: Final Report* (Kathmandu: Blue Diamond Society, 2005).
88. People's Union for Civil Liberties–Karnataka, *Human Rights Violations against the Transgender Community*.
89. Human Rights Watch, *Ravaging the Vulnerable*.
90. Article 22 of the Hong Kong Bill of Rights Ordinance (Cap. 383), modelled upon and implementing Article 26 of the International Covenant on Civil and Political Rights, states that '[a]ll persons are equal before the law and are entitled without any discrimination to the

- equal protection of the law. In this respect, the law shall prohibit any discrimination and guarantee to all persons equal and effective protection against discrimination on any ground such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.’ See *Leung T. C. William Roy v. Secretary for Justice* [2005] 3 HKLRD 657 (Hong Kong Court of First Instance); *Secretary for Justice v. Leung T. C. William Roy* [2006] 4 HKLRD 211 (Hong Kong Court of Appeal).
91. Criticisms have been numerous, varied and prolonged. The earliest were by Justin Richardson, Richard Isay and Shannon Minter: Justin Richardson, ‘Setting Limits on Gender Health’, *Harvard Review of Psychiatry* 4, no. 1 (1996): 49, followed by a response to his critics in Justin Richardson, ‘Response: Finding the Disorder in Gender Identity Disorder’, *Harvard Review of Psychiatry* 7, no. 1 (1999): 43; Richard Isay, ‘Remove Gender Identity Disorder in DSM’, *Psychiatric News* 32, no. 9 (1997): 13; Shannon Minter, ‘Diagnosis and Treatment of Gender Identity Disorder in Children’, in *Sissies and Tomboys: Gender Nonconformity and Homosexual Childhood*, ed. Matthew Rottnek (New York: New York University Press, 1999), 9. Since then criticisms have gathered pace, including Nancy H. Bartlett, Paul L. Vasey and W.M. Bukowski, ‘Is Gender Identity Disorder in Children a Mental Disorder?’, *Sex Roles* 43, nos 11–12 (2000): 753; Stuart Chen-Hayes, ‘Counseling and Advocacy with Transgendered and Gender-Variant Persons in Schools and Families’, *Journal of Humanistic Counseling, Education and Development* 40 (2001): 34; Darryl B. Hill et al., ‘Gender Identity Disorders in Childhood and Adolescence a Critical Inquiry’, *Journal of Psychology & Human Sexuality* 17 (2006): 7; Andrea James, ‘A Defining Moment in Our History: Examining Disease Models of Gender Identity’, <http://www.tsroadmap.com/info/gender-identity.pdf> (accessed 5 July 2006); Susan J. Langer and James I. Martin, ‘How Dresses Can Make You Mentally Ill: Examining Gender Identity Disorder in Children’, *Child and Adolescent Social Work Journal* 21, no. 1 (2004): 5; Arlene Lev, ‘Disordering Gender Identity Disorder in the DSM-IV-TR’, *Journal of Psychology and Human Sexuality* 17, nos 3–4 (2005): 35; Paul L. Vasey and Nancy H. Bartlett, ‘What Can the Samoan “Fa’afafine” Teach Us about the Western Concept of Gender Identity Disorder in Childhood?’, *Perspectives in Biology and Medicine* 50, no. 4 (2007): 481; Anne Vitale, ‘Rethinking the Gender Identity Disorder Terminology in the Diagnostic and Statistical Manual of Mental Disorders IV’, paper presented at Conference of Harry Benjamin International Gender Dysphoria Association, Bologna, 6–9 April 2005; Ian Wilson, Chris Griffin and Bernadette Wren, ‘The Validity of the Diagnosis of Gender Identity Disorder (Child and Adolescent Criteria)’, *Clinical Child Psychology and Psychiatry* 7, no. 3 (2002): 335; Sam Winter, ‘Transphobia: A Price Worth Paying for “Gender Identity Disorder”?’, paper presented at First Biennial Symposium of the World Professional Association for Transgender Health, Chicago, 5–8 September 2007; Kelley Winters, ‘Gender Dissonance Diagnostic Reform of Gender Identity Disorder for Adults’, *Journal of Psychology & Human Sexuality* 17 (2006): 71; Madeleine H. Wyndzen, ‘A Personal and Scientific Look at a Mental Illness Model of Transgenderism’, *APA Division 44 Newsletter* (Spring 2004): 3.
 92. As of 14 December 2008 the senior officers of the World Psychiatric Association (WPA) were overwhelmingly from Western countries; only two of the 20 positions in the WPA Executive Committee and Council were held by members from Asia (Hong Kong and Israel, respectively).
 93. Winter et al., ‘Transpeople, transprejudice and pathologisation’.
 94. Winter, ‘Transphobia’.
 95. Presumably subsidies for healthcare for transpeople would remain even if transpeople were regarded as experiencing a physical disorder, a re-conceptualisation that would conform to the subjective experience of many transpeople (i.e. ‘I feel I was born into the wrong body’); be logically consistent with the only effective treatment for transpeople (i.e. medical treatment designed to bring one’s body in harmony with one’s identity); and be less stigmatising than a mental disorder. Finally, this view of transpeople would accord with recent research on biologically based brain gender that suggests that gender identity variance may indeed have a physical basis: Terry Reed et al., ‘Atypical Gender Development – a Review’, *International Journal of Transgenderism* 9, no. 1 (2006): 29; thus, it may best be regarded as a form of intersexualism.