

Chapter Nine

Well and Truly Fucked: Transwomen, Stigma, Sex Work, and Sexual Health in South to East Asia

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This chapter is about a visible though little understood sector of the global sex work industry; the involvement of South to East Asian transgender women (or *transwomen*) in sex work. By South to East Asia we mean those countries sweeping around the southern edge of Russia, from Iran and the former Soviet “stans” to China, Korea and Japan, along the way including the Indian subcontinent, the Mekong region and insular Southeast Asia. By transwomen we mean individuals who, though they were assigned as males at birth, grow up identifying and presenting as another gender (i.e., they are gender identity variant). By sex work we mean provision of sexual services for economic gain, that is, as activities involving (in whole or part) the provision of sexual acts (services that are intended to arouse and/or satisfy a customer’s sexual drive) in return for payment (monetary, or for goods and services with monetary value). So defined, sex work can span a wide range of activities, diverse in terms of (among other things): (a) the degree of worker independence enjoyed; (b) the context in which worker and customer meet and the acts are performed; (c) the nature of the sexual acts and the payment; (d) the act-payment contingency; (e) the number of customers served; (f) the degree to which there are non-commercial aspects to the relationship; and (g) the length of time over which the worker-customer relationship endures. More about all this later. For the present, we want to make clear our belief (shared by many sex workers, transgender and otherwise, and groups such as APNSW¹) that sex work is work, that people have the right to choose sex work for themselves, pursue it with dignity, free of harassment, violence, and criminalisation and have access to appropriate health education and services.

The chapter is largely based on ten years of research during which we have learned (through observation, interviewing, correspondence and otherwise) about the lives of hundreds of transwomen, including transfemale sex workers (TSWs) in Hong Kong, Thailand, Laos, Cambodia, the Philippines, Singapore, Indonesia, Bangladesh, and Kyrgyzstan. It also draws on research done by others across the region.

This chapter's key points are as follows. First, there are large numbers of transwomen in South to East Asia, often gender-transitioning early in life. Second, in many cultures transwomen draw upon a sexology that conflates sex, gender, and sexuality, and upon a rich pre-modern tradition of gender pluralism in which they played important social roles (as well as providing a sexual outlet for men). Third, transwomen have in modern times often become victims of stigma, driven out to the margins of society and unable to obtain employment except in a small range of "ghetto" occupations, which includes sex work. Fourth, a large number of men enter sexual relationships with transwomen (including TSWs, whose services involve a wide range of worker-customer relationships). Fifth, sex work offers transwomen opportunities not easily available elsewhere for earning money (including for changing their bodies to match their gender identity), for affirming their identity, and for searching for a stable partner. On the other hand it puts transwomen at heightened risk of stigma, harassment and violence, relationship distress, and HIV/AIDS and other sexually transmitted infections (STIs). It is this chain running from stigma through sex work, to more stigma, illness and death, that underlines the title of this chapter: "well and truly fucked." We argue that the social changes which would improve the life circumstances of TSWs are broadly those that would improve the circumstances of transwomen more generally. In particular there is a need to remove stigma attached to being transgender. We argue that this stigma arises in part from the Western psychiatric view of transpeople as suffering from a mental disorder (Gender Identity Disorder or GID, and related diagnoses such as Transsexualism). TSWs, and transpeople more generally, would benefit from an end to the practice of pathologising their identities.

The Western terms *transwomen* and *transgender* are problematic when applied to East Asia. Firstly, they are hardly used in the region, more local (sometimes traditional) terms being used instead. Secondly, many transwomen (for example the *hijra* of South Asia) live in cultures which recognise more than two genders and, although markedly feminised, identify as members of a group other than female (i.e., as a third gender). This said, transwomen is probably the best term for describing those with whom this chapter is concerned; individuals who, though allocated to the male gender category at birth, grow up identifying and presenting as other than male (i.e., they make a *social gender transition*). Note that many transwomen may also make a *physical gender transition*, altering their bodies to match their identity and presentation (for example taking hormones, injecting silicone, and/or undergoing surgery). Some undergo genital surgery; castration with/without removal of the penis, or full *sex reassignment surgery* (SRS). SRS is a complex major operation (or operations) involving removal of the penis, scrotum and testicles, and creation of a vagina, labia and clitoris. Performed by a competent surgeon, and normally available only through specialised clinics dotted around Asia, SRS can provide the appearance and sexual function (including orgasm) of naturally occurring female genitals. Those transwomen who have undergone SRS are often called *post-op* transwomen.

Those who await it are often called *pre-op*. The vast majority of transwomen worldwide are *non-op*; that is, they live without any expectation of undergoing SRS, or in many cases expressing any desire for it. Many among them refrain from any physical transition at all, and yet still present and identify as non-male.

South to East Asia is home to many religions (Buddhist, Hindu, Islamic, Taoist, Shintu, Animist, Christian, and others), philosophical traditions (from Confucian to Zen), national histories (from ancient to very modern, and often peppered with multiple migrations, invasions, and/or colonial periods), and political and economic systems (from multi-party democratic to one-party totalitarian, from extreme capitalist to extreme socialist). Levels of economic development vary greatly, from countries such as Afghanistan, Bangladesh, and Nepal (among the least developed globally) to Japan, Singapore, and South Korea (among the most developed). Nevertheless, a few general observations about the transgender and TSW experience are possible.

Prevalence, Transition and Reversion

Transwomen are evident in most if not all South to East Asian cultures, and often form distinct communities. In some cultures they seem far more common than in much of North America or Europe. 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).² In India there are an estimated 500,000 *hijra* (who themselves form only one sub-group of transwomen in the subcontinent) (about 1:600).³ In Thailand there are perhaps 300,000 transwomen (*phuying khaam phet*) (around 1:300).⁴ In one town in Oman in the 1970s an estimated one in 60 birth-assigned men were living as *xanith* transwomen.⁵ Most transwomen across the region do not, for one reason or another, approach gender clinics for SRS.⁶ Nevertheless, available figures often suggest that those that do represent a larger proportion of the general population than is the case in the West.⁷

Throughout much of the region many young people appear to transition (both socially and physically) in childhood and adolescence. One Thai study revealed that half a sample of transwomen reported feeling 'not male' by the age of 11, and half of those taking hormones in adulthood had started before 16 years of age.⁸ Where transgender communities are large and socially visible, transitioning youth benefit from support and guidance from older "sisters," and in turn help those who come after them.⁹ This social networking likely increases the chance that transgender youth transition rather than suppress their identity hoping that it will fade away and that they may be able to have a "normal life" (a notoriously unsuccessful strategy familiar to many Westerners).

In some cultures across the region transwomen appear to engage in gender reversion later in life; presenting as male when older. While some revert freely,

others are forced by the difficulties of a transgender life. We will have more to say about these difficulties later. For the present we note Thai and Philippine studies reporting that 11% and 21% (respectively) of young transwomen anticipated presenting as men by the time they were 50 years old,¹⁰ and an Omani study reporting that gender reverting individuals there often marry women.¹¹

Gender Pluralism, Sex and Sexuality

In pre-modern times several South to East Asian cultures appear to have recognized, even celebrated, gender variance in a way unfamiliar in the West. Religions (established and folk) are replete with stories of gender-bending deities and heroes, and gender variant individuals were recognized as having a role to play in their respective communities; often as spirit mediums and healers or as actors, singers and dancers.¹² Peletz writes about the gender pluralism of pre-modern Southeast Asia.¹³ He notes that gender variant individuals there enjoyed legitimacy, even social status, adding that gender pluralism has waned in more modern times (though remnants are still evident).

It is worth noting that the distinctions made in the West between (biological) sex and (social and psychological) gender are unfamiliar to many South to East Asians.¹⁴ Instead, the two terms are often conflated, leaving academics and activists without vocabulary they need for addressing each topic. Moreover, the notion of sex/gender is defined in terms of sexual behaviour. The act of being penetrated (fucked) connotes femininity. The act of penetrating (fucking) connotes maleness. A man who habitually penetrates other (birth-assigned) men does so without undermining his claim to be a "real man" (a phrase often used across the region). Indeed, he can even enhance his status as a male by penetrating both (anatomical) men and women.¹⁵

By contrast the (birth-assigned) man who is habitually penetrated by other men forfeits his claim to maleness, since he has abandoned the orthodox male sexual role. The Western male-identifying gay who enjoys being penetrated is in effect emasculated; sex/gender defined not so much by his anatomy as by what he/she does with it. Defined as other than a real man, it is understood that he may adopt a generalised non-male social role, as a woman (at least a subcategory thereof) or as a member of a third gender.¹⁶

Across the region transwomen arguably represent a particularly attractive sexual outlet for penetrating males, free of the risks accompanying the act of sex with a (biological) woman: risks of pregnancy, of expectations to marry, and (for men already married) of accusations of adultery. Not surprisingly then, transwomen appear to have played a long-standing social role as a sexual outlet.¹⁷

Stigma, Marginalisation and Sex Work

Across the region transwomen's pre-modern roles as teachers, dancers, healers and/or spirit mediums have been undermined by forces of modernisation, urbanisation, and globalisation (all shorthand terms for Westernisation, and often accelerated by the act of colonisation). Western colonial powers were invariably Christian, and often displayed little tolerance for gender (or sexual) diversity. From the British in India to the Spanish in the Philippines, they tended to see transgender people as sexual perverts (indeed, as sexual inverts), whose practices were to be eradicated.¹⁸ Western medicine has also played a role; transpeople, even those who clearly suffer no distress about their condition (other than distress about the way others respond to them) diagnosed as suffering from Gender Identity Disorder or related diagnoses.¹⁹ We will return to Western medicine's view of transpeople later in this chapter.

Today, seen as sexually perverted or mentally sick, or as contravening some moral or natural order, transwomen in many Asian societies find themselves stigmatised (subjected to severe disapproval) on account of their gender identity expression. The result is something this chapter's second author has called "transprejudice:" adverse judgements made about their traits (their personality, morality, abilities, etc.) and based entirely on their status as transgender.²⁰ This leads to discrimination: unfavourable treatment on the grounds of actual characteristics (i.e., relating to their gender expression) and perceived characteristics (i.e., stemming from prejudice). Stigma, prejudice, and discrimination reduce opportunities for accessing education, employment, and other goods and services. Worse, the consequences (in terms of damaged self-esteem and self-confidence, heightened social anxiety, and even depression, helplessness, and hopelessness) in turn reduce the likelihood that transwomen take advantage of whatever opportunities exist. Socially and economically marginalised, transwomen get into risky situations and behaviours: risky in terms of threats to their health and well-being, both mental and physical. These include unsafe feminisation procedures (e.g. hormone abuse and injections of silicone and other materials), use and abuse of prohibited drugs, unsafe sex, and intentional self-harm.

Some recent Southeast Asian research spotlights the degree to which transpeople are victims of stigma and prejudice. Together with nine other researchers, the first author of this chapter employed a 30-item questionnaire examining attitudes and beliefs about transwomen, completed by 841 undergraduate students in seven societies.²¹ Five were Asian (Hong Kong, the Philippines, Thailand, Singapore, and Malaysia). Two were Western (the United Kingdom (UK) and the United States (US)). Transprejudice was evident in all seven societies. Though it is difficult to draw firm conclusions about how countries rank in transprejudice from this study, it is worth noting that the Malaysian and US samples (from Kedah and Arkansas, specifically) tied for the more severe transprejudice,

with slightly lower levels found in Hong Kong and Singapore, and still lower levels in Thailand and the Philippines. Interestingly, the UK sample (largely from London) was the least transprejudiced.

Two items focusing on transwomen's rights illustrate the problems facing Asian transwomen hoping for a full and productive life. Sixty-three percent of Malaysian students opposed the idea that transwomen should be able to marry men. Even among the comparatively accepting Filipinos, 53% were opposed. Thirty-three percent of Malaysians and 14% of Filipinos opposed the idea that transwomen should be allowed to work with children. Transpeople in the region who attempt to enter the teaching profession often report discrimination. These figures indicate why.

The prejudice evident here in university students (young, educated, and perhaps more progressive than their elders) is the tip of the iceberg. Regionwide transfemale youth are rejected by their families, subjected to abuse and violence in their homes, and/or thrown out onto the streets. They are taunted, ostracised, and abused by peers at school, are subjected to gender coercion by school authorities, and drop out of education early. Many, especially those drifting into the city with little education or few contacts, find getting a job difficult. Driven to the fringes of society, living on the streets and on their wits, they compete for a small number of ghetto occupations [a small range of jobs widely considered appropriate for them—dance and mime performances for tourists (Thailand and the Philippines), telephone call centre work (the Philippines), blessing marriages and births, as well as organised begging (particularly in South Asia), and beauty and hair salon work (widespread)]. As we will see, many get involved in sex work, arguably a modern economic role drawing on their traditional social role as a sexual outlet for penetrating males.

Governments' reluctance to enact anti-discrimination legislation on grounds of gender identity adds to the problem of transpeople's marginalisation, as well as in some cases putting the state at odds with its international obligations.²² Laws against homosexuality, common across Asia, put heterosexual transwomen (i.e., transwomen attracted to men) at risk of prosecution, and further marginalise them. 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, often systematic, sometimes violent and, in many places, all of these (as in the recent cases of Bangladesh,²³ Nepal,²⁴ and Karnataka state in India²⁵). The abuse is often on the basis of ill-defined vagrancy and public decency laws that effectively criminalise cross-dressing.²⁶

Then there is the issue of legal gender status. Legal recognition as a woman provides an important affirmation of a transwoman's identity, and opens up opportunities for a heterosexual marriage (i.e., to a man) and legally recognised rights and responsibilities as an adoptive parent. In many Western countries, these rights are enshrined in law. While many countries limit these rights to post-op transpeople, some (e.g., the UK) extend them to pre-op and even non-op transpeople.²⁷

By contrast, few Asian countries allow the possibility of change in legal gender status for purposes of marriage. At the time of writing the possibility exists only in a few places (for example Japan, South Korea, and some provinces of China, Singapore, and Kyrgyzstan). In all the countries named the right is afforded only to post-op transpeople; an onerous condition for many who are unable to afford this operation. In other countries across the region (for example Thailand and the Philippines) transpeople are unable to amend any personal identification documentation at all, leaving them unable even to open a bank account in their preferred name.²⁸

The research shows that the vast majority of transwomen in the region are heterosexual, that is, they are attracted to men.²⁹ Denied the right to change legal gender status and marry heterosexually, large numbers of South to East Asian transwomen who have male partners are denied the emotional, financial, and legal benefits of marriage.³⁰

All these problems—stigma, prejudice, and consequently reduced opportunities to lead a full and productive life—result in transwomen being firmly pushed towards the margins of both society and the economy. With opportunities in ghetto occupations limited, sex work becomes attractive (even imperative) for many, particularly those who hope to help support their parents or siblings, and those who want to fund their own physical gender transition. It is difficult to assess how many transwomen are involved in sex work across the region. The numbers likely vary across place and time. Many engage in sex work at different times, according to their needs and circumstances, and often in parallel with other activities (a second job, or being a student). What is clear is that almost everywhere in the region where the lives of transwomen have been studied, TSWs are in evidence in places as diverse as Kyrgyzstan, Pakistan, India, Nepal, Bangladesh, Thailand, Laos, Cambodia, Singapore, Malaysia, Indonesia, Vietnam, the Philippines, Hong Kong, Taiwan, and Japan.³¹

To put TSWs in context, we should point out that sex work is widespread in South to East Asia, drawing in not only TSWs but large numbers of (birth-assigned) women, men, and even children. Widespread even in those societies in which it is actually illegal (for example Thailand and Cambodia), sex work often draws in the poor (often rural) and uneducated, and thrives on sexual double standards endemic to the region (male sexual freedom, controlled female sexuality), as well as on the presence of men with disposable income. Across the region sex work has in recent times benefited from cheap international travel (feeding sex tourism) and development of the Internet (providing new means for pursuing sex work).

Customers, Sex Workers and the Sex Work

Little so far is known about men who are interested in having sex with transwomen. So it is worth considering them in this chapter. We know from large scale surveys of sexual behaviour that they exist in substantial numbers. For example, an online survey of US Latino men's sexual behaviour identified 4% who reported having had sex with a transgender partner.³² A recent article in the popular Internet press gushed dramatically about a second sexual revolution and declared that "research gathered from more than a dozen major sources—including Alexa, Google, and Internet World Stats—reveals that nearly 190 million heterosexual men are attracted to transsexual women and actively seek romantic contact with or sexually explicit images of them annually."³³ As we will see, there is plenty of evidence of interest in sex with Asian transwomen.

The impression is that such men often keep a low profile (at least in the West); in narrowly hetero-normative communities such interest can often be regarded as homosexual and prompt stigma, ridicule, harassment, or violence as severe as that experienced by transpeople themselves. As if to reflect (or indeed promote) such hostility towards these men, much of the available research problematises them, portraying their interest as (a) pathological per se (even employing a pseudo-medical label: Gynandromorphophilia),³⁴ (b) associated with increased risk for sexual compulsion,³⁵ and (c) linked to unsafe sex and HIV/STI risk, and a bridge bringing HIV and STIs from transwomen into the general population,³⁶ or from other risk populations into the transfemale population.³⁷ The point here is that many of these men also have sex with (birth-assigned) women, and/or are (or have been) married.³⁸ Few identify as gay.³⁹ Others identify as bisexual (or even trisexual). Many simply identify as straight, regarding their transfemale partners, even those who have a penis, as women (as indeed the transwomen themselves may self-identify). For many men their role as penetrator may underpin their view that this is straight sex. Indeed this is a view common among Asian men, for whom the sexual fault line is between not between gay and straight but rather between the penetrating real man and the penetrated not-real man, with the latter engaging in sex with transwomen without undermining (even enhancing) their status as real males.⁴⁰

Cheap and easy communication (air travel and the Internet) has brought interested men from the developed West into contact (actual and virtual) with the transwomen of Southeast Asia. Transwomen with penises appear to be in particular demand. Many of the men appear quite open about the basis for the attraction. They often find the transwomen doubly exotic, combining the idealised exoticness of Asia with the prospect of exploring bodies and engaging in sexual acts not easily available back home. Many of the men identify as straight, some as bisexual or even trisexual. For those who are regarded by others back home as exclusively heterosexual their liaisons with "ladyboys" would present the risk of stigma if discovered. For their part Asian transwomen are often quite open about the appeal of Western men. They are generally seen as more socially pro-

gressive, presenting the possibility of long-term relationships and a degree of romantic and emotional stability. For some transwomen, the prospects of financial stability and emigration are particularly attractive.

The evidence of this mutual romantic and/or sexual interest is very clear. Dating sites such as Meetladyboy.com and Ladyboykisses.com are largely populated by Asian pre-op transwomen and the men interested in forming relationships with them. Membership of Meetladyboy.com grows at around 1,000 members each month, and at the time of writing (November 2009) had over 20,000 members. Of these around one in five was described by the website operators, and in many cases described themselves, as "ladyboys." Their ages ranged from 18 to 67 years, although one transwoman indicated in her profile she was actually 14 years of age. The vast majority of transfemale members were Asian. Filipina transwomen, able to communicate with Westerners in English, were very well represented (nearly two thirds of the transwomen). Other Asian transgender communities (Thais, Malaysians, Indonesians, Singaporeans, etc.) were also represented, albeit in much lower numbers. Importantly, male members (overwhelmingly Western, paying a membership fee and searching for partners) outnumbered all transwomen by over three to one. The site includes a chat room.

Ladyboykisses.com listed (at the time of writing) over 13,000 members and grows by several hundred each week. Over a third of members were "ladyboys" (the website operator calls them transsexuals or transvestites) aged 18 to 80. Again, the vast majority of these transwomen (nearly three quarters) were Filipina (with other Asian groups also evident, albeit in much smaller numbers). Again, male members outnumbered transwomen by almost two to one. Members are able to chat with partners, as well as contacting them by other means.

It is evident that the men and transwomen participating in these sites do so for various reasons. There is much talk of friendship, relationships (serious and long-term), and marriage. Sex is clearly an important element in all of this. The Meetladyboy.com operators encourage transwomen to indicate in their profile whether they have a penis. Nearly 2,000 transwomen have indicated that they do, around 30 times more than those who indicate they do not. The Ladyboykisses.com operators encourage all members (male and trans-female) to indicate on their site profile their various priorities in life (explicitly including sex). It is evident that some transwomen and male participants are interested in the provision and support of commercial sex (either cybersex conducted in another location on the Internet or via face-to-face encounters arranged for another time).⁴¹

As we have seen, it is difficult to ascertain how many transwomen (both absolute figures and as a proportion of the transfemale population) are involved in sex work. Numbers in any case depend on one's definition of what sex work is (and is not). The definition of sex work we are working with (briefly, *sexual*

services for economic gain, either in money or in kind) implies that sex work can span a very wide range of activities indeed. It is to these activities that we now turn, taking bar, nightclub, and disco work first, then street, international, and Internet work.

Nightclub and Disco Work

In some parts of Asia, TSWs work as dancers, hostesses or cruise for customers as freelancers in mixed (birth-assigned women and transwomen) or specialised ("ladyboy") bars and discos. In Singapore for example, there is a building at the heart of the shopping district which, at night time, is well-known to contain sex workers bars and discos ("four floors of whores").⁴² At least one of these bars is exclusively populated by freelance (and largely tourist visa) TSW "hostesses." Across Thailand countless bars employ TSWs as hostesses or dancers alongside other female sex workers. In Bangkok, Chiangmai, Pattaya, Phuket, Ko Samui, and elsewhere there are "ladyboy" bars staffed entirely by TSW dancers. Some bars employ over one hundred such dancers; even the "mamas an" and waitresses may be transwomen. In Bangkok two neighbouring bars (sharing the same owner) have become so specialised that one is for exclusively post-op dancers, and the other is for pre-op and non-op girls. At least one TSW bar has recently opened in Manila in the Philippines.

The sex work in these bars proceeds quite transparently. A TSW in one of these bars approaches or is called over by a customer and engages in conversation (and perhaps a little petting) over one or more "lady-drinks" for which the worker gets a kick-back from the bar. If she is a freelancer she can leave the bar with the customer at any time if she so chooses. However, if she is employed by the bar, then a "barfine" is necessary (meaning that the customer must pay the bar so that he can take the worker out). Barfines can be for "short time" (one sexual act, after which the worker normally returns to the bar), or "long time" (the entire night, in the customer's home or in a hotel room). Though the bar expects one of its employees to earn a certain number of drinks and barfines, she may in any specific case refuse a customer's invitation to go out, or indeed ignore his initial approaches. Whether the sex worker is a freelancer or a bar employee there is a clear understanding with the customer that he will later on give her a tip, contingent on sexual services being provided. The two may negotiate the services before leaving the bar, as well as the tip and its timing (before or after the act). Alternatively and particularly if the worker likes and trusts the customer, who in any case may have been her customer before, nothing will be said of these things. The customer may simply slip something into her handbag before she leaves him later that night or in the morning.

Intriguingly, a man entering (indeed even leaving) such a bar may not know that it is a "ladyboy" bar. There are even reliable accounts of men spending a night with a TSW without knowing she is a transwoman. When serving an apparently naive customer a pre-op or non-op TSW may opt for deception, tucking her penis tightly under her scrotum to hide her genitals and create the appear-

ance of a labia. In the bedroom she may claim that she is having her menstrual period (even simulating the blood), thereby avoiding any request for vaginal sex and instead offering oral, manual, or anal sex. Deception is a risky business. Naive customers who discover their partner is transgender can be abusive and violent, particularly when alcohol is involved. To avoid such unpleasantness, many TSWs are careful to inform their customer about their gender status before going with him.

Street Work

Bars, nightclubs, and discos cannot accommodate the numbers of transwomen engaged in sex work. Across Asia large numbers of TSWs work the street alone or cruise shopping malls or sit in coffee shops searching for possible liaisons, usually concentrated in city locations widely known among prospective customers.⁴³ The streets can be a risky place; more about this later. For the present, we note that TSWs are often on the street because they have no choice, being barred from bars, nightclubs, and discos accessible to other (birth-assigned) female sex workers. The usual reason given by management is the desire to protect the sexual sensibilities of their male patrons. Such thinking, often coupled with an assumption that all transwomen are engaged in sex work, leads to *all* transwomen being barred, even those going with friends for a night out. For their part TSWs, left out on the street, approach or are approached by prospective customers, often total strangers. The TSWs negotiate a sexual act and payment (perhaps taking payment in advance), and then provide the act (often in a nearby hotel, in the customer's car or in the bushes), never seeing the customer again and serving several more men that night on the same basis.

International Work

Throughout the South and Southeast Asia region, enterprising transwomen from low-income countries travel to more affluent ones to work; for example large numbers of Filipinas travel to Hong Kong and on to Shanghai, and large numbers of Thais travel to Hong Kong and Singapore. Again, the work is risky. Immigration authorities look particularly closely at transgender arrivals (the official explanation is that their passport details do not match their physical appearance) and have been known to refuse entry. If a visa is given, it is usually for tourism. If she is found engaged in sex work, the TSW is at risk of incarceration (often coming with a particularly unwelcome and drastic hair cut) and deportation. Again, many find that they may have to work on the street, where they are at greatest risk of being caught by the authorities.

Tourist visa sex work in places like Hong Kong and Singapore can be lucrative for TSWs, providing earnings which per sex act are four to six times what they could earn back home. Twenty to thirty sex acts in Hong Kong can provide a Filipina TSW with enough money to buy a simple house for herself, her par-

ents and siblings in Manila, the Philippines capital. Thirty to forty will buy a Thai TSW a breast implant operation back home. All this comes at the cost of a cheap airfare and hotel room and, for some, the fee charged by a fixer. The most enterprising TSWs run or subscribe to websites upon which they give advance notice of their movements across Asia, informing potential customers of their phone numbers in each location, and arranging customers in advance of arrival. For some tourist visa TSWs, an added plus to their work is that no one back in their home country (particularly family members) is ever likely to find out how they earned their money. Some go back telling stories of well-paid jobs as waitresses or barmaids.

Internet Work

The Internet has provided new vehicles for sex work, with Western men figuring prominently in the customer base. "Ladyboy" or "shemale" websites are now an obvious (and apparently profitable) World Wide Web genre. Indeed they are difficult to avoid whenever the word 'transgender' is used in a Google search. Many feature photos (and in some cases videos) of Asian transwomen (e.g., Barbarianshemales.com, Worldshemales.com, Shegods.com). Some do so exclusively (e.g. Magic-shemales.com, Thailbs.com, Lustfulladyboys.com). The vast majority of girls on these sites have penises, prominently displayed and often erect. The erotic and pornographic demand therefore appears to be for pre-op and non-op transwomen rather than for post-op ones. A wide range of sexual activities are depicted. The girls engage in solo masturbation (often with dildos), and give and receive blowjobs, handjobs, and anal intercourse. They ejaculate and are ejaculated upon (often upon the face in the *bukkake* style popularised in Japanese pornography). Partners are men, women, and (in a Japan-oriented sub-genre called *futinari*) other transwomen. A photo session can earn a girl a one-off payment (in Thailand the amount may be in the \$200 to \$250 US range). More popular girls, presumably by popular demand, return for repeat photo sessions. For the website customers (and, depending on the activities involved, the TSWs), these sites present the opportunity for sex work without the usual health risks (more about those risks later).

Some sites offer men opportunities to contact the girls (e.g., Asiants.com, Bangkokladyboyescorts.com, Orchidbeautylibescort.com) and thereby provide a vehicle for more traditional sex tourism. A variant on these sites, possible through the development of fast broadband services in Asia, is the commercial webcam site (e.g., Imlive.com, Tsmate.com, LadyBoySexOnline.com), allowing men to communicate with and see transwomen in real time, and to request them (through a keyboard) to perform sex acts on camera. Girls pay for their own computer and a connection to the site, and then earn money for every minute an interested customer is connected to them. Some transwomen, taking full advantage of this safe-sex vehicle for sex work, operate their own webcam sites. A few websites (e.g., Angel-porns.com) offer a comprehensive service involving all the above sex services.

Finally, as we have seen, the Internet sites Meetladyboy.com and Ladyboykisses.com, despite the website owners' obvious intention to provide dating opportunities only, also provide opportunities for TSWs to provide services. An indication of how many provide services may be seen in the one in four transfemale members of Meetladyboy.com who announce that they are looking for or would appreciate a "sponsor".

In a world in which so many vehicles exist for sex work, and relationships between workers and customers can be so varied, the boundaries between sex work and other forms of man-woman relationship become ever more difficult to discern. The following (actual) example makes this point well. A transwoman intent on finding a stable partner (or failing this some sex work opportunities) meets a man in a chat room and strikes up an Internet relationship with him. They like each other, and at his invitation some time afterwards she agrees to travel to his home country (at his expense). He provides her with spending money during her stay, and they both enjoy a sexual relationship incorporating a developing warmth and affection. She returns to her country, and he sends her money (initially according to need, later on a regular basis) to support her and her parents, and to bring her over again to his own country. Since he supports her fully (and she likes him a lot), she feels there is no need for any other man in her life. But she has realised from the outset (and he understands) that this relationship would not exist (specifically the sexual relationship would not have started and would not persist) but for the fact of the initial, and continuing, financial support.

Is this sex work? For us the answer is yes; the defining feature being the economic activity focused on the provision of sexual services for economic gain; the link (albeit implicit and loose in this case) between the sexual act and the monetary transaction. While our definition of sex work may seem broad for some readers—inclusive of sexual relationships often not thought of as sex work (perhaps including many marriages)—we believe that more narrow definitions run the risk of naiveté, and leave out a lot of economic activity focused on the provision of sexual services for economic gain in South to East Asia.⁴⁴

Opportunities Offered by Sex Work

As we have seen, stigmatised and pushed by prejudice and discrimination to the margins of society and the economy, transwomen work in a narrow range of ghetto occupations, of which sex work (a modern cash-economy equivalent of their traditional sexual outlet role) is one. This said, it is clear that for many TSWs sex work has its attractions too; in terms of earning power, identity affirmation, and perceived opportunities for meeting a long-term partner.

First, is the issue of earning power. For some transwomen (especially the youngest and/or most attractive) sex work can offer opportunities to earn unusually large amounts of money. The money may be used to support parents and younger siblings, particularly those who are poor and/or live in rural areas. Importantly, the money brings opportunities for paying for gender transition healthcare, especially hormones and surgery. For any transwoman, gender transition healthcare can be an important need. However, for a TSW a highly feminised body (and the money to pay for it) can be even more important, providing a means for attracting more customers and raising income. In view of all this, it is worth looking at gender transition healthcare in a little more detail.

Across the region many TSWs (like some of their "sisters" not in sex work) take hormones (as young as age ten).⁴⁵ These include female hormones (typically by way of oral contraceptives or injections), and anti-androgens (male-hormone blockers, usually by way of injections). They undergo surgery to feminize their face, to provide breasts, and to provide female genitals (this latter procedure as young as age 15).⁴⁶

However, in some places good quality healthcare is prohibitively expensive.⁴⁷ Healthcare workers are often seen as unsympathetic and/or offensive. Sometimes they appear not to be competent. Sometimes healthcare is quite simply not available. Many transpeople resort to a parallel healthcare system. Large numbers take hormones without any qualified medical supervision at all, and undergo medically unorthodox feminization procedures such as simple castration,⁴⁸ and injections involving silicon (and other products) for breasts, hips and buttocks. For advice they go to elder transgender sisters who, though probably not medically qualified, at least have direct experience of feminization and give their advice free without demeaning those seeking it. For injections they go to unqualified providers. Across the region the results are alarming and sometimes tragic.⁴⁹

Second, is the issue of gender reaffirmation. It is clear that sex work presents transwomen with opportunities to reaffirm on a daily basis a female identity. Reaffirmation comes in different ways. First, there is the self-esteem boost that comes from being seen as attractive by potential customers. Second, there is the boost every time she is taken by a straight-identifying customer who responds to and treats her as a woman. Third, some TSWs clearly experience the added buzz enjoyed when they are able to deceive naive customers into thinking that they are birth-assigned women.

Last, the issue of relationships must be addressed. Some TSWs hope that their work will present the possibility of meeting a long-term partner and settling down. Many express little hope of finding such a relationship with their male compatriots, who are commonly judged as only interested in sex and short-term relationships, and as liable to leave them for a birth-assigned woman when the time comes to settle down and have children. As we have seen, Western men are commonly perceived as more progressive in relationship matters and are known to come from legal jurisdictions more favourably disposed towards marriages

involving transpeople. They are seen as a better bet. The sad fact, we suggest, is that few Western men using sex services are interested in stable relationships. Indeed many are already in a stable, even married, relationship and are more interested in sexual experimentation. Notwithstanding, some transwomen and customers do enter into stable relationships. Some transwomen do travel to their partners' home countries, and some do marry. Accounts of their good fortune circulate widely in the transgender community and act as inspiration for many.

Risks Posed by Sex Work

Whatever the benefits of involvement in sex work, it comes with risks of increased stigma, harassment, and violence (including from police), relationship distress, and STIs. These last risks are apparently higher than those for other female sex workers. We here take them one by one.

First, is stigma. Most transwomen already experience stigma stemming from being gender identity variant. In most if not all Asian cultures sex work adds another layer of stigma, the amount depending on popular attitudes towards sex work in the country concerned. That stigma is often expressed in (and in turn shaped by) the relevant sex work laws. In places such as Hong Kong and Singapore sex work is legal, but highly circumscribed (for example, with laws against soliciting). In places like Thailand sex work has long been illegal. Stigmatised by her gender identity and her work, TSWs risk harassment, hostility, and violence. As we have seen, customers who discover a TSW's gender status, particularly later on in a transaction, may pose a particular problem. Police, under pressure to remove undesirable elements or enforce anti-sex work laws, may arrest (sometimes arbitrarily, even on the supposed basis of being a nuisance to tourists), fabricate evidence, abuse, beat up, sexually assault, and/or extract money from those that fall into their clutches. These abuses can be especially egregious for TSWs who work the streets. For those imprisoned, incarceration with male inmates (with consequent risk of sexual assault) is a particularly unpleasant prospect.

The case of Cambodia spotlights very well how laws against sex work can be both ineffective and downright oppressive. The recent (2009) law criminalises not only sex workers, but also anyone who has an association with them, even sexual health workers. It has led to grave concerns about arbitrary detentions, and abuse of and sexual violence towards detainees by police. Brothels have been closed down, only to be replaced by other entertainment venues which, while providing a venue for sex work, present another face to the authorities by ostentatiously banning condoms on their premises. In an ominous sign of what the future may bring, sex workers no longer attend sexual health clinics as they did before. Many have been forced into rehabilitation pro-

grammes against their will. Sewing factories feature prominently. Indeed, the sewing machine has become such a ubiquitous feature of rehabilitation centres that it has been taken up as a campaign focus by APNSW (the Asia-Pacific Network for Sex Workers): a “no sewing machines” image now forms part of its logo.⁵⁰

Second, is relationship distress. While some TSWs are able to maintain an emotional detachment in their dealings with customers, others become emotionally involved. Transwomen who hope to find a stable partner are at particular risk. Stories of disappointment are many. The charming single man showing early signs of emotional commitment may simply be looking for a reduced or waived fee, may be uninterested in a stable relationship (at least not with a sex worker) and may indeed be married. Or he may be engaging in emotional manipulation, interested only in the prospect of more intimate (condomless) sex. The foreigner taking her for a few days of holiday on a beach may simply be taking some sexual luggage with him, something to make the holiday even more enjoyable. In any case, a holiday romance may not survive beyond his return to his home country.

A third risk includes sexually-transmitted disease. We earlier referred to a common view of transwomen as a vector for the transmission of HIV/AIDS and other STIs.⁵¹ In fact the role played by transwomen (including TSWs) in the HIV/AIDS epidemic (and their sexual health needs) was until recently largely ignored. Health agencies and researchers tended to view transwomen as a small sub-community within MSM (men having sex with men). With transwomen unrecognised as a distinct community, transgender-specific epidemiological research was left undone. With the numbers of infections left unknown, transgender-specific HIV/AIDS prevention and care services were rare. Only recently has the no-recognition-no-data-no-services chain been broken. We now know that transwomen are at high risk for HIV/AIDS infection and presumably a range of other STIs. Research done outside Asia indicates that the risk may be especially high for TSWs.⁵² So what is the extent of the transgender HIV/AIDS problem in Asia? Research on transwomen in five Asian locations indicates HIV/AIDS infection rates ranging from 10% and 42%.⁵³ In every case the observed rate is far higher than for the general population. Significantly, in Indonesia the rates are nine times higher than for MSM. Other research indicates high rates for syphilis (as high as 60%), rectal gonorrhoea, and rectal Chlamydia.⁵⁴ The overall picture is an alarming one indeed. The likely reasons underlying this transgender health crisis are not hard to find. Transwomen engage in receptive anal sex (a high risk sexual behaviour, and higher than its insertive equivalent). Moreover they often do so without adequate protection, dependent on their partner to apply a condom. They are often reluctant or unable to insist on one, especially if they are in a relationship they hope will become long term. Any insistence on using a condom runs the risk of upsetting their partner, conveying, in the absence of any pregnancy risk, a singular lack of trust, and jeopardising their relationship. The willingness to set aside caution and condoms at the first hint of

their partner showing affection and acceptance constitutes a major sexual risk behaviour for transwomen.⁵⁵

TSWs face still higher risks. Engaging in sex with multiple customers, they are vulnerable to customers who are unwilling to use condoms. Often barred from venues open to other sex workers, they commonly work the streets, doing so without a supply of condoms and lubricant, which police often regard as evidence of sex work. Water-based lubricants may in any case be expensive and not easily available. Oil-based lubricants (including engine-oil) are sometimes used as substitutes, even though they have a corrosive effect upon condom rubber. Sex work liaisons on the street may be brief (leaving less time for the niceties of a condom) and fewer (leaving the worker in an economically powerless position to insist on condom use). The less appealing and older the TSW is, the fewer customers she attracts and the less power she has to insist on a condom. Migrants from the countryside, often less educated and informed than their urban counterparts, are particularly at risk. Drug and alcohol use, quite common among those involved in sex work, exacerbate the problem of unsafe sex. Male impotence drugs add to the problem, making for longer and repeated sexual intercourse and raising the risk of anal abrasions.

With transwomen (and TSWs) at such high risk for HIV/AIDS and other STIs, and so many of their sex partners also having sex with birth-assigned women (and perhaps married), it is easy to see how transwomen and their partners do indeed become a bridge to the general population. This said, the multiple adverse risk factors with which transwomen contend implies that they have more reason to feel victim than vector. Belatedly, and with the extent and distinctiveness of the transgender HIV/AIDS epidemic now being realised (by international organisations if not national governments), there is the beginning of a concerted effort to provide systematic education, prevention, testing, and treatment services for this beleaguered population, explicitly distinguishing their needs and those of their partners from MSM.⁵⁶

Finding a Way Forward

We have argued that circumstances push as well as pull transwomen into sex work. They are pushed by stigma. The stigma leads to prejudice and discrimination, even harassment and violence, which all conspire to corral them into the social and economic margins. They are pushed into a small range of ghetto occupations, including sex work. Sex work offers prospects of high income, opportunities for gender reaffirmation, and possibilities for entering stable relationships. However, sex work also makes them vulnerable to additional stigma, relationship distress, and HIV/AIDs and other STIs. Sexual health services have up to now failed to target transwomen properly, lumping them together with MSM.

Going forward, how can TSWs best be helped? At one level the answer is obvious, and applies as much to transwomen generally as it does to TSWs. Across the continent they would all benefit from full and convenient access to affordable and competent gender and sexual healthcare services that: (a) recognise their distinctive identities and healthcare needs; (b) are offered in a patient-friendly manner; (c) offer effective sexual health education; and (d) provide prevention and care services for HIV/AIDS and other STIs. Currently across Asia, the availability of such services is mixed and almost never on a one-stop-shop basis. Moreover, we believe that TSWs would benefit from a relaxation in sex work laws that currently make it difficult for them to work safely and securely, and only add to their social and economic vulnerability.

We believe that throughout the region transwomen (including TSWs) would benefit from legislative and administrative opportunities to alter their legal gender status (ideally without resorting to major surgeries). Few Asian jurisdictions offer these opportunities. Where it is offered it is only at the physical, emotional, and financial cost of major genital surgery. We believe that transwomen (including TSWs) would also benefit from effective and enforced anti-discrimination legislation, especially in the areas of education and employment. On one hand it can be argued that international human rights instruments (which many South to East Asian governments have signed or ratified) already protect the rights of sexual minorities, including the rights of transpeople to express their gender identities.⁵⁷ And there is no shortage of declarations that have reinforced transwomen's claims to these rights.⁵⁸ This said, few Asian jurisdictions offer such protections. The reality of life for transwomen is that they experience discrimination in all important areas of life and, even where anti-discrimination laws exist, they are often reluctantly enforced. All this blocks off opportunity and pushes transwomen to the social and economic margins, where they get into risky situations and risky behaviours, making them vulnerable to damaged mental and physical health and well-being. Without overstatement, one can speak of a chain leading from stigma and prejudice, through discrimination and marginalisation, to death.

Our work with transwomen and TSWs leads us to a key conclusion: that the needs of transwomen and TSWs can be best met by addressing the sources of the stigma and prejudice that push them to the margins of society. The sources are likely complex and culture-specific. Depending on where they live, transwomen may be seen as deviant (contravening a natural order), immoral (contravening God's will), and/or deceitful (effeminate men simply pretending to be women, homosexuals intent on catching straight men). It is perhaps significant that all of these views of transwomen portray them as men, denying them their gender identity. Arguably, the failure or refusal to see transwomen as women is the root of the stigma and prejudice.

Religion plays a part in prompting or supporting these views of the transwoman. Judaic, Islamic, and Christian scholars (tending to see a person's sex in simple terms, determined at conception and immutable) typically draw on scrip-

ture to decry transwomen as cross-dressing men, and as homosexuals (i.e., men attracted to men) and therefore sinful. Laws that proscribe homosexuality, commonly leftovers from colonial days, add to the stigma. Beyond this, we believe that Western psychiatry plays a part.

Transgender Stigma and Western Psychiatry

Western mainstream psychiatry views transwomen as men who are mentally sick and suffering from Gender Identity Disorder (as in DSM-IV, the diagnostic manual of the American Psychiatric Association) or Transsexualism (as in ICD-10, the manual published by the World Health Organisation).⁵⁹

The diagnoses, and their underlying rationale, have become increasingly controversial.⁶⁰ Criticisms have been levelled at the technical aspects of diagnosis, including: (a) diagnostic criteria, (b) information upon which clinicians make a diagnosis, and (c) the absence of an exit clause by which transpeople (those previously distressed but now happily transitioned) may exit diagnosis. More fundamental criticisms have focused on the nature and consequences of pathologisation, including that pathologisation (d) is a tool of social control, stemming from restrictive ideologies of sex, gender, and sexuality; (e) encourages an essentialism that sees the transwoman as a man, and the transman as a woman, undermining a person's gender self-identification; (f) encourages ethically questionable 'reparative' treatments whilst undermining the legitimacy of more effective and gender-affirming medical procedures; and (g) contributes to unfavourable court decisions for transpeople. It has also been argued that gender identity variance in itself involves no pathology, that mental disturbance experienced by transpeople is usually the result of intolerance and stigma. It is argued that, ironically, pathologisation exacerbates intolerance and stigma, doing so more than many other psychiatric diagnoses because it pathologises one's identity. The implication is that psychiatric diagnosis increases the risk of psychopathology in the person diagnosed and that psychopathologisation may prompt psychopathology.

Western psychiatry has gone global. Across Asia, psychiatrists are connected with developments in Western psychiatry through organisations such as the Washington, DC-based American Psychiatric Association and the Geneva-based World Psychiatric Association.⁶¹ Western psychiatric orthodoxy inevitably undermines longstanding South to East Asian views of gender identity variance as diversity rather than mental disorder. This is clearly the case in Thailand, where the military authorities for many years discharged transwomen from national service requirements on the grounds that they were mentally disordered. The discharge papers (a document called SorDor43) carried the words "suffering a permanent mental illness." Like all other legal males, Thai transwomen are obliged to show their discharge papers to any prospective employer. The Thai

military, under pressure from rights groups, has recently altered the wording on transwomen's SorDor43. But the policy change is not retrospective, and thousands of Thai transwomen continue to suffer the consequences of the wording on their SorDor43.

The seven-nation study of attitudes and beliefs regarding transwomen (mentioned earlier in this chapter)⁶² shows the extent to which Western views of gender identity variance have become accepted. We conducted a factor analysis on the pooled data in order to identify core attitudes and beliefs underlying our data. We identified five factors, namely, (a) the belief that transwomen suffered from a mental illness; (b) the belief that transwomen were not women, should not be treated as such, and should not be afforded their rights; (c) rejection of social contact with transwomen in a range of situations, including amongst family members and teachers; (d) rejection of social contact with transwomen within one's peer group; and, finally, (e) the belief that transwomen were sexually motivated to do what they do, were promiscuous, and engaged in sexually deviant behaviour. Importantly, these factors were inter-correlated. Strong and consistent across the seven countries were links between, on one hand, a mental disorder model of gender identity variance and, on the other hand, (a) refusal to regard or treat transwomen as women or to afford them rights as women, and (b) unwillingness to accept the idea of any social contact with transwomen, either within the family or among peers. The correlations were highly statistically significant, meaning that they were extremely unlikely to arise from chance.

Our findings suggest that a view of transwomen as mentally disordered prompts and/or supports key elements of transprejudice. This possibility is worrying. If transprejudice prompts or supports discrimination and marginalisation then it likely leads to impaired mental health and well-being. There is a possible self-fulfilling prophecy at work here. Put simply, transpeople regarded by others as mentally disordered may indeed encounter mental health problems, but largely, perhaps only, as a result of being so regarded.

It is important for us to stress here that transwomen have a far better chance of growing up well-adjusted, devoid of any distress or disability associated with their gender identity, if they have enjoyed acceptance by significant others inside and outside the family (especially early in life) and have the social and emotional support of a transgender community. It therefore seems to us 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 SRS (with Hong Kong being an Asian example). However, many transpeople worldwide with different health needs and other priorities in life are paying a high price, unable to play a full and productive role (even get a job) in mainstream society. The reason? They are viewed as having a mental disorder.⁶³

Concluding Comments

To summarise our chapter, we have described how transwomen (or rather, people we in the West nowadays would call transwomen) live in great numbers throughout South to East Asia, many transitioning both socially and physically before adulthood. Transwomen represent, at least in some countries, a contemporary expression of a well-established culture of gender pluralism that, in pre-modern times and in some places, provided them with valued social roles, as well as a sexual role. With many of those social roles no longer available to transwomen, and with stigma preventing them from entering other occupations, transwomen today enter a small number of ghetto occupations. A substantial though indeterminate number become involved in sex work (if only part-time and temporarily). As communications and lines of travel develop, international demand for their services has become high. Nowadays, the settings in which TSWs engage in sex work are many. Sex work can in some ways be an attractive occupation for transwomen. However, it also often puts them at risk of increased stigma, harassment and violence, relationship distress, and HIV/AIDS and other STIs. These last risks are apparently higher for TSWs than for other female sex workers.

Across the globe transpeople and their partners-in-advocacy campaign for the right to legal recognition of gender status, as well as for anti-discrimination laws. Transwomen also campaign for de-psychopathologisation.⁶⁴ We believe these three campaigns are key to the interests of transwomen and also to TSWs more specifically. Moreover, we believe that, from a pragmatic point of view, the campaigns for legal gender status and for psychiatric reform are linked. As more governments assign to transwomen the rights to be regarded in law as women, the more difficult it becomes for the medical establishment to maintain a view of transwomen as sick men. Similarly, any decision by the American Psychiatric Association, the World Health Organisation and other professional organisations to abandon the view of transwomen as sick men is likely to tilt governments toward according legal recognition of gender status. Parenthetically, it is worth recalling that legal changes and psychiatric reform have gone hand-in-hand before; homosexuality was de-criminalised and depathologised (at least across much of the world) over the last few decades of the 20th century.

We argue that, free of the stigma of mental disorder, enjoying opportunities to obtain legal status as women (and carrying documentation that matches that status), and with effective protection against discrimination, transwomen would likely stay in education longer and consequently have access to a wider range of employment. Those who prefer not to be in sex work would have more alternatives for supporting themselves, their parents and siblings, and funding their own gender transition costs. Those who crave gender-affirming experiences would enjoy them on a continuing and daily basis as persons recognised by their

governments as women, and might not search for them in sex work. Those wanting a life partner would enjoy the same opportunities to have one as other women have (including marriage), and might not search for them by way of sex work. Less stigmatised, less discriminated, less marginalised, we argue that transwomen would likely enjoy higher self-esteem and be less prone to the social anxiety, depression, helplessness, and hopelessness that so often impact their mental health and lead them into risky behaviours like drug and alcohol abuse and unsafe sex. We suggest that, free of stigma and recognised as women, they might be more likely to get health services catering to their needs, and might be more likely to access those services.

On one hand we accept that transprejudice would unlikely disappear completely even if Gender Identity Disorder, Transsexualism, and related diagnostic terms were taken out of the psychiatric manuals. Many sources of prejudice would remain. Nor would the popular belief that transpeople suffer from a mental disorder promptly disappear. The case of homosexuality is instructive in this regard. Worldwide, large numbers evidently persist in regarding it as a mental illness, even though it was removed from the key psychiatric manuals from 1973 onwards. Indeed, if the history of homosexuality is anything to go by, de-pathologization of gender identity variance may only lead to a reinvigoration of the struggle by the Christian religious right to have it portrayed as a sin.

Nevertheless, we believe that the removal of diagnoses which pathologise gender identity variance is an important step in creating a world free of transgender stigma, and one that is socially and economically inclusive of transpeople. It is to be hoped that gender identity variant children born today might live to see such a world.

Notes

1. Asia-Pacific Network of Sex Workers.

2. See Farid Jamaludin, "Transsexuals: Declare Us as Women." *The Star*, Jan 21st 2001. Archived at <http://ai.eecs.umich.edu/people/conway/TS/MalaysianTS.html> (accessed February 10, 2010).

3. Serena Nanda, "Hijra and Sadhin: Neither Man nor Woman in India," in *Gender Diversity: Cross-Cultural Variations*, ed. Serena Nanda. (Long Grove, Illinois: Waveland Press, 2000).

4. Sam Winter, "CountingKathoeys." http://web.hku.hk/~sjwinter/TransgenderASIA/paper_counting_kathoeys.htm (accessed February 3, 2010).

5. Unni Wikan. *Behind the Veil in Arabia: Women in Oman*. (Chicago: University of Chicago Press, 1991).

6. Sam Winter, "Thai Transgenders in Focus: Demographics, Transitions and Identities," *International Journal of Transgenderism* 9, no. 1 (2006): 15-27; Sam Winter, Sass Rogando-Sasot and Mark King, "Transgendered Women of the Philippines," *International Journal of Transgenderism* 10, no. 2 (2007): 79-90.

7. See Robert Tait, "Sex Change Funding Undermines No Gays Claim," *The Guardian*, September 26th 2007; Wing Foo Tsoi, "The Prevalence of Transsexualism in Singapore," *Acta Psychiatrica Scandinavica* 78, no. 4 (1988): 501-4.

8. See Sam Winter, "Thai Transgenders in Focus." Broadly similar findings for other countries are evident in Sam Winter, Sass Rogando-Sasot, and Mark King, "Transgendered Women of the Philippines"; Yik Koon Teh, *The Mak Nyahs: Male to Female Transsexuals in Malaysia*. (Singapore: Eastern Universities Press, 2002).

9. See Lee Ray Costa and Andrew Matzner, *Male Bodies, Women's Souls: Personal Narratives of Thailand's Transgendered Youth* (Haworth, Binghampton, NY, 2006).

10. Winter, "Thai Transgenders in Focus"; Winter, Rogando-Sasot and King, "Transgendered Women of the Philippines."

11. See for example Wikan, *Behind the Veil in Arabia*.

12. Examples include Oman, India, Burma, Thailand, the Philippines, Indonesia, China, Korea, Japan and the island of Okinawa, and Siberia. See Serena Nanda, "Transgendered Males in Thailand and the Philippines," and Michael Peletz, *Gender Pluralism: Southeast Asia since Early Modern Times* (New York: Routledge, 2009).

13. Michael G. Peletz, *Gender Pluralism: Southeast Asia since Early Modern Times*. New York: Routledge, 2009.

14. See for example the case of Thailand, described in Timo Ojanen, "Sexual/Gender Minorities in Thailand: Identities, Challenges and Voluntary-Sector Counseling," *Sexuality Research & Social Policy: A Journal of the NSRC* 6, no. 3 (2009): 4-34.

15. See Preempreeda Pramoj na Ayutthaya, "Sexual Fluidity within Bisexuality in Thailand" (paper presented at Tenth International Conference of Thai Studies, Bangkok, Thailand, 9-11 January 2008).

16. See also Serena "Hijra and Sadhin: Neither Man nor Woman in India," in Serena Nanda (ed.), *Gender Diversity: Cross-Cultural Variations* (Long Grove, IL: Waveland Press, 2000), p.27.

17. See Wikan, *Behind the Veil in Arabia*; Richard Jenkins and Bryan Kim, "Cultural Norms and Risk: Lessons Learned from HIV in Thailand," *Journal of Primary Prevention* 25, no.1 (2004), p.17.

18. The Philippines is a well-documented case. See Carolyn Brewer "Baylan, Asog, Transvestism, and Sodomy." See also Sam Winter, "Lost in Transition: Transpeople, Transprejudice and Pathology in Asia," *International Journal of Human Rights* 13, no. 2/3 (2009): 357-82.

19. American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*. 4th Ed. (Washington: American Psychiatric Association, 1994); World Health Organisation. *International Classification of Diseases and Related Health Problems*. 10th Revision. (Geneva: World Health Organisation, 1992).

20. The term transprejudice was coined by the second author to replace the more common but misleading term transphobia. See 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* 21, no. 1 (2009): 17-34.

21. Sam Winter, Pornthip Chalungsooth, Yik Koon Teh, Nongnuch Rojanalert, Kulthida Maneerat, Ying Wuen Wong, Anne Beaumont, Loretta Ho, Francis 'Chuck' Gomez, and Raymond Aquino Macapagal. "Transpeople, Transprejudice and Pathologi-

sation: A Seven-Country Factor Analytic Study," *International Journal of Sexual Health* 21, no. 2 (2009): 96-118.

22. For example Hong Kong. See Phil Chan, "The Lack of Sexual Orientation Anti-Discrimination Legislation in Hong Kong: Breach of International and Domestic Legal Obligations," *The International Journal of Human Rights* 9, no. 1 (2005): 69-106.

23. Human Rights Watch, *Ravaging the Vulnerable: Abuses against Persons at High-Risk of HIV Infection in Bangladesh* (New York: Human Rights Watch, 2003).

24. Human Rights Watch, *World Report* (New York: Human Rights Watch, 2006).

25. People's Union for Civil Liberties-Karnataka, *Human Rights Violations against the Transgender Community*, (Bangalore: People's Union for Civil Liberties-Karnataka, 2003).

26. Yik Koon The, "The Mak Nyahs."

27. United Kingdom Government "Gender Recognition Act." (2004).

28. For more information on the position of Asian transpeople wanting to change gender markers on documents see Sam Winter, "Lost in Transition."

29. See Yik Koon Teh, *The Mak Nyahs*; Wing Foo Tsoi "Developmental Profile"; Tae-Suk Kim et al., "Psychological Burdens"; Those reporting a sexual preference for men range from 76% to 100% in these studies.

30. These benefits typically include: (a) tax and social security benefits, (b) housing benefits, (c) mutual inheritance and insurance rights, and (d) the right to consent to medical procedures on behalf of his or her partner.

31. See Serge Doussantousse and Bea Keovongchith, "Male Sexual Health: Katho-eyes in the Lao PDR, South East Asia-Exploring a Gender Identity," available at http://web.hku.hk/~sjwinter/TransgenderASIA/paper_doussantousse.htm (accessed February 3, 2010).

32. Walter Bockting, Michael Miner, and B. R. Simon Rosser, "Latino Men's Sexual Behavior with Transgender Persons," *Archives of Sexual Behavior* 36, no. 6 (2007): 778-86.

33. Anonymous, "'Man's secret love' of transsexual women: do new trends predict a second sexual revolution." www.examiner.com/x-18935-Phoenix-Transsexual-Relationships-Examiner (2009) (accessed February 3, 2010).

34. Ray Blanchard and Peter Collins, "Men with Sexual Interest in Transvestites, Transsexuals, and She-Males," *Journal of Nervous and Mental Disease* 181, no. 9 (1993): 570-75.

35. Bockting, Miner and Rosser, "Latino Men's Sexual Behavior."

36. Bockting, Miner and Rosser, "Latino Men's Sexual Behavior."

37. Dara Coan, Willow Schrager, and Tracy Packer. "The Role of Male Sexual Partners in HIV Infection among Male-to-Female Transgendered Individuals," *International Journal of Transgenderism* 8, no. 2/3 (2005): 21-30.

38. Coan, Schrager and Packer, "The Role of Male Sexual Partners in HIV Infection."

39. A number have experience as recipients in anal intercourse. For this reason and others men interested in sex with transwomen pose a challenge for category-based HIV education. See Coan, Schrager and Packer. "The Role of Male Sexual Partners."

40. Prempreeda_Pramoj_Na_Ayutthaya. "Sexual Fluidity within Bisexuality in Thailand," in *Tenth International Conference of Thai Studies*. Bangkok, 2008.

41. Some transwomen appear intent on scamming money, and when caught are removed from the site concerned.

42. Orchard Tower.

43. For example, Lan Kwai Fong and the Luard-Jaffe Intersection in Hong Kong; Orchard Road and Changi Village Car Park in Singapore; Sukhumvit Road and the edge of Lumpini Park in Bangkok; the streets of Malate and the coffee shops of Robinson's Plaza and Greenbelt 3 in Manila.

44. See Rory Gallagher, "Shifting Markets, Shifting Risks: HIV/AIDS Prevention and the Geographies of Male and Transgender Tourist-Oriented Sex Work in Phuket, Thailand." Paper presented at the First International Conference of Queer Asian Studies (Sexualities, Genders and Rights in Asia), Bangkok, July 2005. Available at <http://bangkok2005/anu.edu.au/papers/Gallagher.pdf>.

45. Winter "Thai transgenders in focus."

46. Winter "Thai transgenders in focus."

47. In Thailand full SRS (involving removal of the male genitalia, and creation of a neo-vagina, labia and clitoris) can cost from 50,000 baht (about \$1,580 USD at April 2008 exchange rates) to nearly 500,000 Baht (\$15,000 USD). Breast implants are available from 40,000 baht (\$1,260 USD).

48. In India, many in the *hijra* (and related) communities undergo a related procedure involving both castration and penectomy (but not construction of a vagina). Few of those performing the operations have any recognised medical qualification.

49. Transwomen are often poorly informed about hormones and their effects. Many take them against contraindications (for example continuing to smoke), in dangerously high doses (in the mistaken belief that they are speeding up the process of feminisation), and are unaware of what the long-term side effects of hormones can be.

50. See Cheryl Overs, "Caught between the Tiger and the Crocodile: The Campaign to Suppress Human Trafficking and Sexual Exploitation in Cambodia." (2009), <http://apnswdollshouse.files.wordpress.com/2009/03/caught-between-the-tiger-and-the-crocodile.pdf>. (accessed February 14, 2010)

51. Bockting, Miner, and Rosser. "Latino Men's Sexual Behavior."

52. Cathy Reback, Emilia Lombardi, Paul Simon, and Douglas Frye. "HIV Sero-prevalence and Risk Behaviors among Transgendered Women Who Exchange Sex in Comparison with Those Who Do Not," *Journal of Psychology and Human Sexuality* 17, no. 1/2 (2005): 5-22.

53. See UNAIDS. "UNAIDS Action Framework: Universal Access for Men Who Have Sex with Men and Transgender People." Geneva, Switzerland: UNAIDS, 2009.

54. For example Karachi (Pakistan) transgender prevalence rates for syphilis have been reported at 60%, with rates for rectal gonorrhoea at 29% and rectal chlamydia at 18% (National AIDS Control Programme, *National Study of Reproductive Tract and Sexually Transmitted Infection-Survey of High Risk Groups in Lahore and Karachi* (Ministry of Health, Government of Pakistan 2005).

55. See Rita Melendez, and Rogerio Pinto. "'It's Really a Hard Life': Love, Gender and HIV Risk among Male-to-Female Transgender Persons," *Culture Health & Sexuality* 9, no. 3 (2007).

56. UNAIDS. "UNAIDS Action Framework: Universal Access for Men Who Have Sex with Men and Transgender People." Geneva, Switzerland: UNAIDS, 2009.

57. The ICCPR (United Nations Organisation. "International Covenant on Civil and Political Rights." www.ibiblio.org/ais/iccpr.htm) and the ICESCR (United Nations Organisation. "International Covenant on Economic, Social and Cultural Rights." www.ibiblio.org/ais/icescr.htm) are particularly relevant here.

58. For example the Yogyakarta Principles ("The Yogyakarta Principles: The Application of International Human Rights Law to Sexual Orientation and Gender Identity." www.yogyakartaprinciples.org, 2007.

59. American Psychiatric Association, *Diagnostic and Statistical Manual*; World Health Organisation. *International Classification of Diseases*.

60. Perhaps the most comprehensive recent attack has been mounted by Kelley Winters in her book *Gender Madness in American Psychiatry: Essays from the Struggle for Dignity*. Dillon, Colorado: GID Reform Advocates, 2008.

61. As of December 14, 2008 the senior officers of WPA were overwhelmingly from Western countries; only two of the 20 positions in the WPA Executive Committee and Council were occupied by members from Asia: Hong Kong and Israel.

62. Winter *et al.*, "Transacceptance and Transprejudice."

63. This view of transpeople would accord with recent research on biologically-based brain sex that suggests that gender identity variance may indeed have a physical basis: Gender Identity Research and Education Society, "Atypical Gender Development—A Review," *International Journal of Transgenderism* 9, no.1 (2006), p.29; thus, it may best be regarded as a form of intersexualism.

64. For example the STP 2012 (Stop Transpathologization 2012) campaign initiated by Transgender Europe on its website at www.tgeu.org (accessed February 14, 2010).