

Third Gender and the Third World: Tracing Social and Legal Acceptance of the Transgender Community in Developing Countries

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Introduction

There is a stereotype in the Global North that asserts its superiority over its less developed neighbors in the South.¹ This idea goes beyond technology, economics, education, and health care. Some believe that the Global North is *morally* more advanced and treats its citizens in a more equal manner. By extension, Global South countries are generalized as “backwards, traditional, [and] oppressive.”^{2,3} Upon closer examination, this holds no water. There is an “immense variation” in human rights in the developing world that is just as wide-ranging as their “different religious, historical, political and cultural practices.”⁴ Actually, many of these states are quantifiably more progressive than the West on certain issues. This is particularly true in terms of transgender rights. While the United States is still struggling with the question of which bathrooms transgender people should use, Tehran is one of the global capitals of sex reassignment surgery.^{5,6} Some countries have gone so far as to create laws requiring insurance companies to cover medical costs, something that is not even up for debate in many US states (see Table II).

¹ Formerly known as the “First World” and “Third World,” respectively, the Global North/South distinction represents the social, economic, and political differences that exist between developed and developing states.

² La Barbera, Maria Caterina. *Identity and Migration in Europe: Multidisciplinary Perspectives*. (Dodrecht: Springer, 2015), p. 61.

³ Lambino, Antonio. “Exploiting the Poor Through the Images We Use?” Web log post. *People, Spaces, Deliberation*. The World Bank, 4 July 2010. Web. 10 Dec. 2015.

<http://blogs.worldbank.org/publicsphere/exploiting-poor-through-images-we-use>

⁴ Koffman, Ofra. “‘The Girl Effect’: Stereotyping the Developing World.” Research and Expertise. *The London School of Economics and Political Science*, 18 Mar. 2014. Web. 10 Dec. 2015. <http://www.lse.ac.uk/researchAndExpertise/researchHighlights/socialPolicy/Girl-power.aspx>

⁵ Brynn Tannehill, “Debunking Bathroom Myths,” *The Huffington Post*, 28 November 2015.

⁶ Sasha von Oldershausen, “Iran’s Sex-Change Operations Provided Nearly Free-Of-Cost,” *The Huffington Post*, 4 June 2012.

Yet on the other end, there are Less Developed Countries (LDCs)⁷ where mainstream society pretends, and sometimes explicitly claims, that transgender people do not exist there. Harassment and violence threaten those who dare to speak out.

What causes these radical differences in the developing world? Is it possible to pinpoint the variables that influence the social and legal acceptance of transgenderism? This paper seeks to find precisely that answer. Based on the limited studies and literature available, I hypothesize that the rate of HIV/AIDS, a country's colonial history, and the legacies of colonial missionaries are all contributing factors in contemporary attitudes towards the trans*⁸ community in the Global South (or LDCs.)

The Invisible “T”

Transgender rights were selected for analysis due to the fact that they receive very little attention, both in activist and scholarly circles. First and foremost, even in societies that perceive gender identity and sexual orientation as a singular movement, the “T” in “LGBT” is often swept to the side. Gay rights tend to be championed as advancements for the entire LGBT community while trans-specific issues are ignored. This was clearly reflected in the many reports that claimed to discuss LGBT rights in the developing world, giving detailed descriptions of the status of marriage equality, same-sex adoption, and anti-discrimination legislation based on sexual orientation, but containing no mention of issues that impact transgender individuals. It was surprisingly difficult to obtain information regarding the accessibility of sex reassignment surgery, hormone replacement therapy, the legal ability to change one's gender, and legal protections based on gender identity. Second, in many parts of the world, sexual orientation and gender identity are perceived as wholly different entities. It would be illogical to analyze them together. To once more take Iran as an example, transgender individuals enjoy a high degree of social acceptance and are protected by state and religious law; yet homosexuality can be punishable by death. Considering the vast differences that exist in transgender rights across the developing world, this subject is surprisingly understudied and warrants its own investigation.

⁷ Hereafter referred to as LDCs in the text.

⁸ Trans* (specifically followed by an asterisk) is an umbrella term meant to signify the wide range of identities that exist on the transgender spectrum: transmen, transwomen, bigender, non-binary, genderfluid, agender, genderqueer, third gender, two-spirit, and so on. There is some debate in the transgender community over the use of this asterisk, and whether “trans*” or the full word “transgender” is more inclusive. Upon the advice of individuals in the transgender community at Villanova, they are used interchangeably in this paper.

Literature Review

The literature on this subject is scattered. As previously mentioned, scholarly work on transgender acceptance is minimal, especially in relation to developing countries. Some sources describe the current situation of the transgender community, and some describe the past, but virtually none draw a link between the two and ask *why* things are the way they are. Furthermore, there appear to be relatively few works that discuss how colonial moral codes might have a continuing effect on gender today. (Shockingly, even Meredith Weiss's chapter on "Sexuality Governance in Postcolonial Settings" in *Global Homophobia: States, Movements, and the Politics of Oppression* (2013), failed in this regard.) As a result, this project seeks to fill a rather sizeable gap. It will ultimately contribute to a wide range of fields, most notably comparative politics, human rights literature, gender studies, and postcolonial studies.

By and large, sources were consulted on a country-by-country basis. *Queer Bangkok: Twenty-First-Century Markets, Media and Rights* (Jackson 2011) was essential in understanding the complex attitudes towards the transgender community in Thailand; similarly, "Verdicts of Science, Rulings of Faith" (Najmabadi 2011) and Scott Siraj al-Haqq Kugle's *Living Out in Islam: Voices of Gay, Lesbian, and Transgender Muslims* (2014) and *Homosexuality in Islam: Critical Reflection on Gay, Lesbian, and Transgender Muslims* (2010) laid the contemporary and historical foundations for Iran; *With Respect to Sex: Negotiating Hijra Identity in South India* (Reddy 2005) and *Neither Man nor Woman: The Hijras of India* by Nanda (Nanda 1990) described India; *Out in Africa: Same-Sex Desire in Sub-Saharan Literatures & Cultures* (Zabus 2013) and the five-volume *Encyclopedia of Africa* (Gates, Appiah 2005) were the primary sources for Kenya, Uganda, and Senegal; the *Encyclopedia of Queer Myth, Symbol, and Spirit: Gay, Lesbian, Bisexual, and Transgender Lore* (Sparks, Anzaldúa 1998) provided important background on transgenderism in Haitian voodoo traditions; and "'Con Discriminación y Represión No Hay Democracia': The Lesbian and Gay Movement in Argentina" (Brown 2010) gave a brief summary of the history of the LGBT movement in Argentina and nearby Latin American countries. Where dedicated scholarly works could not be found (Nepal, Ecuador), news articles had to fill in missing information.

Methodology: Cases and Variables

This project will adopt a "large-N" analytical approach, looking at a large number of cases in an attempt to find a wider causal pattern. Ten countries will be

included: Iran, Nepal, India, Thailand, Uganda, Kenya, Senegal, Haiti, Ecuador, and Argentina. Despite their economic similarities, each case has a diverse social and political history, which should help to isolate common variables. Furthermore, at least one country from each region of the Global South is being represented.

Based on these parameters, we know *where* we are studying, but we are still unclear on *what* we are studying. A concept as broad and multifaceted as “transgender acceptance” cannot be analyzed on its face. As such, this concept was broken down into *social* and *legal* dimensions, which still require further definition. *Social acceptance* can be quantified as:

- The existence of a national discourse on transgenderism (whether it is something people can openly talk about);
- The presence of transgenderism in pop culture (movies, films, literature, TV shows, celebrities);
- The visibility of activist groups (whether there has been at least one major news story about a transgender activist group in the past year);
- The visibility of anti-trans* groups (with similar requirements as above).

Similarly, *legal acceptance* was operationalized as:

- The availability of hormone replacement therapy and sex reassignment surgery;⁹
- The presence and extent of anti-discrimination legislation;
- The ability to change one’s gender on legal documents.

Each of these factors will be assigned a numerical value and scored, giving us a quantitative understanding of the levels of transgender acceptance in each country.

These are not perfect measures. Survey data would have been the ideal method to understand attitudes in each country, though it is simply not a viable option for approaching trans* issues at this time. Most countries either did not have widely available surveys, data that could be compared across cases, or *any questions at all* that asked about the transgender community.¹⁰ Similarly, crime statistics (the rate of transphobic hate crimes, the extent to which it is investigated or ignored by the police, the success of prosecution, and so on) were difficult to find. Most evidence was anecdotal and gave no indication of how widespread the

⁹ In the literature, “sex reassignment surgery” and “hormone replacement therapy” are often abbreviated to SRS and HRT, respectively. This will be done intermittently throughout the paper to avoid unnecessary repetition.

¹⁰ Survey data is very sensitive. Question wording, question order, sample size, sample selection, and how the survey was administered can all have a huge impact on results. As such, polls conducted in different ways in different countries cannot really be compared.

issue was. The U. S. Department of State Human Rights Reports were used to get a qualitative understanding of these indicators, but unfortunately for both research and human rights purposes, anti-trans violence was a problem in *every* country case.

With the *what* and the *where* sorted out, we now turn to the *why*. Given the current social and political environment for the transgender community in our cases, are there any common variables that could explain why? As previously mentioned, few scholars have asked this question before, so there is very little guidance on which causal factors to examine. After reflecting on each country's social, religious, political, and medical history, the following variables were identified as being potentially significant:

- Whether a country was colonized, and by which powers;
- When it gained independence (if applicable);
- Whether it had pre-Western/colonial societal notions of transgenderism;
- The extent to which colonial religions supplanted indigenous religions;
- The prevalence of HIV/AIDS.

Clearly, some of these factors are not like the others. Variables pertaining to colonial history are significant due to their influence on contemporary understandings of gender roles. Yet hundreds of years of history may appear to have little to do with the relatively recent epidemic of HIV/AIDS. This latter indicator was included in the project based on the knowledge that the transgender community in the United States is disproportionately affected. It turned out to be statistically significant and, tragically, a worldwide pattern. The World Health Organization includes “transgender people” in its list of top five key populations particularly vulnerable to the HIV/AIDS epidemic, along with “men who have sex with men, people in prisons and other closed settings, people who inject drugs, [and] sex workers.”¹¹ To put the severity of the situation in perspective, “it is estimated that HIV prevalence among transgender women is 49 times higher than in the general adult population, with a pooled HIV prevalence of 19%.”^{12,13}

¹¹ “HIV/AIDS Topical Information.” *HIV/AIDS*. The World Health Organization, n.d. Web. 10 Dec. 2015. <http://www.who.int/hiv/topics/en/>

¹² “WHO Highlights Transgender and HIV Issues with New Policy Brief.” *HIV/AIDS News Media and Updates*. The World Health Organization, n.d. Web. 10 Dec. 2015. <http://www.who.int/hiv/mediacentre/news/transgender-hiv-policy-feature/en/>

¹³ “Transgender women,” often shortened to “transwomen,” refers to individuals who were born biologically male and identify as female. Similarly, “transgender men”/“transmen” refers to individuals who were born biologically *female* and identify as *male*. There is very little known about HIV prevalence in transmen.

This can be traced to a multitude of factors. AVERT, formerly known as the AIDS Education and Research Trust, cites the fact that transgender communities around the world face unusually high levels of “stigma, discriminatory laws, marginalisation, social exclusion ... sex work, high risk sex,” and the use of contaminated needles to inject gender enhancement hormones.¹⁴ For the purposes of this project, the relationship between HIV/AIDS rates and acceptance/rejection of the transgender community is a bit like the chicken and the egg. Is the transgender community marginalized due to societal fears over HIV/AIDS? Are they more vulnerable to the disease *because* they are marginalized? It is very difficult to determine which came first, though it is likely that the high HIV rate among the trans* community is part of a self-perpetuating cycle. The two are certainly correlated, at the very least. Even in places where cisgender¹⁵ heterosexual contact is the primary source of transmission, quite a lot of blame for the disease is placed on the gay and transgender communities.

Additionally, there had to be some flexibility in what was defined as a preexisting idea of transgenderism. Contemporary understandings of gender cannot be equated to what they were centuries ago in ten different parts of the world. For the purposes of this paper, it was taken to mean if a society had any of the following notions: a male spirit in a female body, or vice versa; people who were neither wholly male nor female, in body *or* spirit (“third gender”); or people who cross-dressed in daily life and presented themselves as a gender that differed from their assigned sex, rather than just for special rituals.

As a final disclaimer before presenting the data analysis, these measures are not meant to perfectly capture the status of the transgender community in each country. Indeed, with the dearth of information currently available online, it is doubtful that a comprehensive portrait could be painted without extensive amounts of fieldwork. This project is meant only to take the first few tentative steps in exploring this subject. In none of the following cases is the transgender community completely accepted. None even come close. Stigma, discrimination, family shame, and random violence plague every case, and this is likely true for every country in the world. There are few places on the planet where minorities, whether they are based on race, ethnicity, gender, sexual orientation, caste, wealth, or religion, enjoy a perfectly equal status to the majority. Still, as will be demonstrated shortly, some places are more accepting than others. Even with these inherent flaws, any patterns that emerge could be immensely helpful in

¹⁴ “Transgender People and HIV/AIDS.” *Key Affected Populations*. AVERT, 1 May 2015. Web. 10 Dec. 2015. <http://www.avert.org/professionals/hiv-social-issues/key-affected-populations/transgender>

¹⁵ Cisgender refers to those whose gender identities and biological sex match up from birth.

overcoming the underlying cultural roadblocks to advancements for transgender rights around the world.

Data & Findings¹⁶

Table I: Historical Factors (Social, Political, Colonial, Medical)

	Colonized?	Year of Independence	Pre-Western Idea of Trans?	Replaced by Col. Religion?	HIV Rate
Iran	No ¹⁷	N/A	No	N/A	0.1%
Uganda	Yes (Britain)	1962	Yes	Yes (85% Christian)	7.3%
Ecuador	Yes (Spain)	1822	Unknown	Yes (80% Catholic, 11% Christian)	0.3%
Haiti	Yes (Spain, France)	1803	Yes (Voodoo)	Yes (90% Christian)	1.9%
Thailand	No	N/A	Yes	N/A	1.1%
Kenya	Yes (Britain)	1964	Yes	Yes (82.5% Christian)	5.3%
Senegal	Yes (France)	1960	Unknown	No (92% Muslim)	0.5%
Nepal	No	N/A	Yes	N/A	0.2%
India	Yes (Britain)	1947	Yes	No (79.8% Hindu, 14.2% Muslim)	0.3%
Argentina	Yes (Spain)	1816	Unknown	Yes (71% Catholic, 15% Protestant)	0.5%

¹⁶ Due to the particularly high number of footnotes for Tables I and II, fully cited versions can be found in the Appendix.

¹⁷ While Iran did experience strong Western influences in the nineteenth and twentieth centuries, it cannot be compared to states that underwent forced, violent incorporation into another power.

Table II. Current Indicators of Acceptance

Govt. Medical Funding	+Rate of Trans Sex Workers	Legal gender change	Anti-Discrimination legislation	HRT	SRS	Presence of National Discourse	Candidates to Public Office	Visibility in Pop Culture	Recently Visible Anti-Trans Groups	Recently Visible Activist Group	
Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	No*	No*	Iran
No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Nepal
No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	India
No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Thailand
No	Unknown	No	No	No	No	No	No	No	No	No	Uganda
No	Yes	No*	No	No	No	Yes	No	No	Yes	Yes	Kenya
No	Unknown	No	No	No	No	No	No	No	No	No	Senegal
No	Unknown	No	No	No	No	No	No	Yes	No	No	Haiti
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Unelected	Yes	No	No	Argentina
No	Yes	Yes	Yes	Yes	Yes	Yes	Unelected	Yes	No	Yes	Ecuador

Table III: Transgender Acceptance Index

	Social Acceptance	Legal Acceptance	Total Index
Iran	1.0	2.0	4
Nepal	2.0	4.0	5
India	3.0	4.0	6
Thailand	2.0	2.0	3
Uganda	-2.0	-4.0	-7
Kenya	-2.0	-3.5	-6.5
Senegal	-2.0	-4.0	-7
Haiti	-2.0	-4.0	-7
Argentina	1.5	4.0	6.5
Ecuador	2.5	4.0	5.5

Analysis

Out of ten countries examined, six have positive acceptance scores. This indicates that in the Global South, countries are *more likely than not* to be accepting, at least to some degree, of the transgender community. This finding alone contests the negative, inherently oppressive stereotype of developing countries.

HIV Rate

Out of the cases with positive social, legal, and aggregate acceptance indexes, 83% (five out of six) have a total HIV rate at or below 0.5% of the general adult population. Out of the countries with *negative* social, legal, and aggregate indexes, 75% (three out of four) have HIV rates at nearly 2% or more of the general adult population. Overall, the lower a country's HIV rates, the more accepting it is of the transgender community. The two exceptions here are Thailand (+3 aggregate score, 1.1% HIV rate) and Senegal (-7 aggregate score, 0.5% HIV rate). There are a few potential explanations for these latter cases: first, HIV rates might not be accurately reported. Perhaps these countries *do* fall into the above pattern, but people are too afraid of social backlash to seek treatment. Upon closer examination, though, this does not appear to be the case: UNAIDS calls Senegal one of its "success stories" due to its early and continued implementation of anti-HIV/AIDS health measures.^{18,19} With such close scrutiny from international

¹⁸ "Feature story Senegal: a success story of AIDS investments and impact," *UNAIDS*, 11 October 2012.

¹⁹ "Preventing HIV among sex workers in sub-Saharan Africa: A literature review," *The World Health Organization*, 2011. http://apps.who.int/iris/bitstream/10665/44549/1/9789241501279_eng.pdf. Although Senegal's sex worker population sees significantly higher rates of

organizations, one must assume that their statistics are accurate. How else can this pattern—and its exceptions—be explained? Another potential option is that, although Senegal is still an outlier, the negative impact of an elevated HIV rate is visible in Thailand. It may have a +3 aggregate acceptance index, but that remains one of the lowest scores amongst the positively ranked countries. While not a perfect example, Thailand still fits comfortably within the pattern: slightly higher HIV rate, slightly lower levels of acceptance. A third explanation is that, on its own, HIV is not enough to foster a total rejection of the transgender community. It can simultaneously be a very important factor and not account for everything. With that in mind, we must look towards the other variables.

Length of Independence

While it may seem logical that countries that have long been independent from colonial forces will have had more time to form an organic domestic discourse on transgenderism, it does not necessarily lead to *positive* discourse. Actually, the length of a country's independence appears to have little to no impact on current attitudes. Argentina, Ecuador, and Haiti all achieved independence during the same twenty-year span at the start of the nineteenth century, but are situated at completely opposite sides of the acceptance index. The same is true for India, Kenya, Uganda, and Senegal, which all achieved independence between 1945 and 1965. This particular factor appears to be irrelevant, but colonial history is still significant in other ways.

Colonization & Indigenous Religions Supplanted by Colonial Influences

Colonization appears to be detrimental towards modern acceptance of the transgender community: 100% of negative acceptance cases were colonized by Western powers in recent centuries. Furthermore, every country that was *not* colonized currently has a positive aggregate index (Thailand, Iran, and Nepal). Yet a colonial past is not a death sentence for contemporary transgender acceptance: Argentina, Ecuador, and India were all colonized and still have the highest scores. What do these cases have in common? They were colonized by different powers in different eras, Argentina and Ecuador have been independent for much longer than India, and they are located in completely different areas of the globe. But what

HIV/AIDS (between 18.9% and almost 30%, depending on the city), this doesn't help the original theory, which stated that high rates of HIV/AIDS *in the general population* would create a higher degree of fear, suspicion, and rejection of specifically HIV-vulnerable populations.

they *do* share is a legacy of religious missionaries *where colonial religions supplanted indigenous religions, specifically for the indigenous population*. If a country's ideologies have been previously replaced by those of foreign occupying powers, there appears to be negative consequences for contemporary views of minority communities.

This may seem like an unusual (and confusing) caveat, but it makes quite a bit of sense with further analysis. India was colonized by Great Britain, and for the most part, religious missions failed. Hinduism and Islam continued to reign supreme. The diverse range of indigenous ideologies remained more or less whole. Argentina and Ecuador, on the other hand, are a little more complex: on the surface, it appears that their indigenous religions have been replaced. Both were colonized and both have retained the Catholicism of their Spanish conquistadores, which *should* have a negative impact on their aggregate acceptance scores—until one considers that, in these two cases, colonists did far more than replace indigenous religions. They effectively replaced the entire indigenous population. Only 1.49% of the population of Argentina²⁰ and 7% of the population of Ecuador²¹ is of direct Amerindian descent. For the most part, they were not merely *replaced* by the West, they *are* the West—or at least the majority of the population is of Western descent. With such significant levels of white European origin, Argentina and Ecuador likely did not face the same traumatic loss of identity experienced in postcolonial Africa and the Caribbean. It is a common theme throughout history that we define who we *are* by first determining who we are *not*. Going all the way back to the foundation of Abrahamic religions, it is theorized that kosher and halal food restrictions were conceived to give members an idea of “us” vs. “them.”²² *We* do this; *they* do not. *These* people are included in our society and *those* are the outsiders. One would be hard-pressed to imagine a more crucial scenario for redrawing group boundaries than the chaos of postcolonial independence. Accordingly, countries that did *not* experience such upheaval would have had a much less severe need to define themselves against atypical “Others.” As we see in the cases of Argentina and Ecuador, this may have led to an increased tolerance for those who defied societal gender norms.

²⁰ “Native Argentines.” *Project Gutenberg*. World Heritage Encyclopedia, 2015. Web. 10 Dec. 2015. <http://www.gutenberg.us/articles/argentines>

²¹ “Población Del País Es Joven Y Mestiza, Dice Censo Del INEC.” *Noticias*. El Universo, 2 Sept. 2011. Web. 10 Dec. 2015. <http://www.eluniverso.com/2011/09/02/1/1356/poblacion-pais-joven-mestiza-dice-censo-inec.html>

²² Freidenreich, David M. *Foreigners and Their Food: Constructing Otherness in Jewish, Christian, and Islamic Law*. Berkeley: U of California, 2011. Print.

Pre-Western/Colonial Notions of Transgender

Although the exact term “transgender” is a recent sociological development, the experiences behind it are not. As long as humanity has conceived of separate notions of “male” and “female,” there have been people who do not fit neatly into either box. Many societies, no matter how they define gender, have recognized the existence of trans* individuals for hundreds of years. Perhaps having such long-standing, pre-Western traditions could outweigh the negative effects of colonial moralism.²³

Yet surprisingly, this factor ended up not being particularly significant. Out of the countries with a positive aggregate score, only three out of six (50%) had such pre-Western conceptions. Out of countries with a negative score, three out of four (75%)²⁴ *did have* pre-colonial non-binary gender roles. Iran is one of the most interesting cases here. Iranian-American gender theorist Afsaneh Nadmabadi traces the first modern dialogues on transgenderism in the country to the mid-twentieth century, when the idea was introduced by American medical journals.²⁵ It is important to make this distinction: it was never discussed as a matter of morality or deviancy, but as a physiological condition. This might contribute to overall positive levels of acceptance today.

Kenya, Uganda, and Haiti all had indigenous conceptions of transgenderism. However, these all appear to have been replaced by negative Western attitudes, which harkens back to the previous section and the importance of colonial religions. When missionaries imposed a new ideology, they also imposed new gender norms. These norms were likely couched in the same ethical terms we see used today—that LGBT people are sinful and “bad.” The medical context in Iran was socially neutral. The religious/colonial context in Africa and the Caribbean was not. Ultimately, it is not statistically significant for modern levels of acceptance if societies had pre-Western ideas of transgenderism. The imposition of foreign moral ideology is, once more, the key factor.

²³ This study does not seek to imply that the West was the first to understand the existence of transgenderism. Rather, at the time when Western powers were colonizing and exerting heavy influence in other parts of the world, they had overwhelmingly negative views of anyone who stepped outside strictly defined gender and sexual norms. The idea here is that if a society already had their own views of transgenderism, they might be more resistant to disapproving Western attitudes. If they did *not*, they may have been more open to adopting colonial views, and would thus have more negative acceptance levels today.

²⁴ There was insufficient evidence to confirm or deny the existence of a pre-colonial transgender community in Senegal.

²⁵ Afsaneh Nadmabadi, “Verdicts of Science, Rulings of Faith: Transgender/Sexuality in Contemporary Iran.” *Social Science: An International Quarterly*, 78:2 (2011), p. 540.

Summary of Findings

None of the examined variables appear to be sufficient on their own to be the deciding factor in contemporary attitudes towards the transgender community. However, when added together, there is a clear pattern that stretches across most cases. Countries with positive levels of acceptance:

- Have low rates of HIV/AIDS, and
- Were not impacted by Western moral and religious conceptions of gender.

Similarly, countries with negative levels of acceptance:

- Have high rates of HIV/AIDS;
- Were colonized;
- Retain the colonial religion for the indigenous population; and
- Had any pre-existing conceptions of transgenderism replaced by Western moral values.

There is an important point to make here: neither Christianity nor Islam is inherently transphobic. Argentina and Ecuador are deeply Catholic countries, yet have some of the highest acceptance scores; Uganda, Kenya, and Haiti are both Christian and Catholic, but are located at the complete opposite side of the spectrum. Senegal and Iran are both Muslim majority countries, yet could not treat their transgender communities more differently. Even though the relationship between colonial and indigenous religions appears to be a significant factor, religion *itself* is not anti-trans.

Shortcomings

Naturally, there are several shortcomings with this study. First and foremost, as previously mentioned, there is a conspicuous lack of data: opinion surveys and crime statistics would be invaluable at getting a more faithful sense of the status of the transgender community in each country. Secondly, the measures used in this project do not study the *extent* of current situations. For example, every case has disproportionately high percentages of prostitution among the transgender community. What this study could not take into account, neither with the data nor the space available, was *how* disproportionate each case was. AVERT reports that “the proportion of transgender people who sell sex is estimated to be up to 90% in India, 84% in Malaysia, 81% in Indonesia, 47% in El Salvador and 36% in

Cambodia.”²⁶ It appears to be a problem everywhere, but it is clearly worse in some places than others. Future research could potentially weigh the numbers to get a more exact statistic. The same could be argued for the presence of anti-discrimination legislation. This study only measured the *presence* of such legislation, rather than how many laws were in place, how long they have been in place, and how effective they are. This would be enormously difficult to quantify and would require more extensive resources.

There were also serious language barriers. For the most part, only English-language sources could be used. There are almost certainly other sources, both in terms of scholarly works and newspaper articles, in Persian, Spanish, Thai, Tamil, and so on, that had to be neglected. Senegal is the one exception; however, due to the apparent total blackout on transgender discourse in the country, there were no relevant French-language sources. This is particularly troublesome in terms of measuring media coverage of activist groups. Many cases appeared to have no media coverage in the last year, but since only a small portion of news articles could be surveyed, this finding may not have been completely accurate. (The one consolation here is that if the activities of pro-trans* groups were important enough to be translated for worldwide media coverage, they must have been fairly domestically visible. Tiny, inconsequential groups would not have received such attention.)

There is also the matter of variable selection. As noted earlier, there was little scholarly literature to build upon, so there were almost certainly relevant variables that went unanalyzed. The outlier case of Senegal underscores this potential weakness: it had low rates of HIV/AIDS, it did not retain colonial religions, it may or may not have had a pre-existing notion of transgenderism, and yet it had one of the lowest acceptance scores. On top of overlooked cross-country variables, there may be internal factors that apply in some cases and not in others. Senegal might have a certain number of conditions that are completely irrelevant in Argentina or Iran. Such is a frequent problem in comparative politics: few theories can account for every single country.

Nevertheless, this project has established a small-but-solid foundation. Further research on this subject can build on these findings to determine an even more cohesive pattern. Potential suggestions include expanding to a greater number of cases; studying other social, historical, and political variables; incorporating translations of more sources; studying the extent of contemporary factors rather than the current black-and-white “yes/no” method; and incorporating on-the-ground research and interviews with transgender individuals in each

²⁶ “Transgender People and HIV/AIDS,” AVERT.

country, who might have alternative points of view and a deeper understanding of historical factors.

Conclusion

Over the course of this project, two more developing countries, Bolivia and Vietnam, passed pro-trans* legislation. Both fit into the pattern established here. Clearly, the matter of transgender acceptance is evolving across the Global South, and it is important to understand this trend as it progresses. The findings in this paper could have implications not just for the LGBT community, but for a wide variety of human rights issues, and how they may be predicted and encouraged.

This study hopes to call attention to the fact that even in countries believed to be accepting of the transgender community, there is quite a lot of progress to be made. Across all six positively-scored acceptance cases, there were consistently high levels of anti-trans violence and high levels of prostitution. Furthermore, countries with no national discourse on the transgender community are left with no excuse. This study examined a diverse range of cases, societies with wildly differing economies, histories, religions, and traditions. There was evidence of a transgender population in every single one. Those who claim that LGBT individuals do not exist in their country, or that they are simply incompatible with their societal principles, should take a closer look.

This paper has tried to paint a more accurate picture of transgender acceptance in developing countries than negative Global North stereotypes would suggest, while also highlighting the advancements that need to be made around the world. Activists on the ground in each country may be able to use information from this study (and from potential future research) to their advantage: if the cultural stumbling blocks are identified, pro-trans* groups may be able to get a better sense of what strategies are needed to improve the situation. Understanding the past is essential in working towards a more equal future.

Variable Coding

Social Acceptance

- 1) Visibility of activist groups. News coverage of at least one pro-LGBT/transgender-specific activist group in the past year.
 - +1 = News coverage of at least one pro-LGBT/transgender-specific activist group in the past year
 - 0 = No such news coverage
- 2) Visibility of anti-trans activist groups. News coverage of at least one anti-LGBT/transgender-specific activist group in the past year.

- -1 = News coverage of at least one anti-LGBT/transgender-specific group in the past year
- 0 = No such news coverage
- 3) Visibility of transgender individuals in popular culture (film, literature, television)
 - +1 = Transgender individuals are visible in popular culture
 - -1 = Transgender individuals are not visible in popular culture
- 4) Presence of national discourse on transgenderism
 - +1 = National discourse is present
 - -1 = No national discourse is present
- 5) Transgender official has run for public office
 - +1 = Successfully won public office
 - +0.5 = Unsuccessfully ran for public office
 - 0 = No record of transgender individuals running for public office
- 6) Disproportionately high levels of prostitution in the transgender community
 - +1 = Transgender community is no more vulnerable to prostitution than the rest of society
 - 0 = Unknown/no data
 - -1 = Transgender community is reported to be particularly likely to participate in sex work

Legal Acceptance

- 7) Availability of hormone replacement therapy
 - +1 = HRT is available in the country
 - -1 = HRT is not available in the country
- 8) Availability of sex reassignment surgery
 - +1 = SRS is available in the country
 - -1 = SRS is not available in the country
- 9) Presence of anti-discrimination legislation with provisions for gender identity
 - +1 = Anti-discrimination legislation has been passed
 - -1 = No anti-discrimination legislation
- 10) Ability to change one's gender on legal documents
 - +1 = Can legally change one's gender
 - -1 = Cannot legally change one's gender
- 11) Medical costs of transitioning are covered by the government or by insurance companies
 - +1 = Costs covered
 - -1 = Costs not covered

Appendix

Table I: Historical Factors (Social, Political, Colonial, Medical)

	Colonized?	Year of Independence	Pre-Western Idea of Trans?	Replaced by Col. Religion?	HIV Rate
Iran	No	N/A	No	N/A	0.1% ²⁷
Uganda	Yes (Britain)	1962	Yes ^{28,29}	85% Christian	7.3% ³⁰
Ecuador	Yes (Spain)	1822	Unknown	80% Catholic, 11% Christian ^{31*}	0.3%
Haiti	Yes (Spain, France)	1803	Yes (Voodoo)	90% Christian (80% Catholic) ³²	1.9% ³³
Thailand	No	N/A	Yes	None (95% Buddhist)	1.1% ³⁴
Kenya	Yes (Britain)	1964	Yes ³⁵	82.5%	5.3%
Senegal	Yes (France)	1960	Unknown	No (92% Muslim)	0.5%
Nepal	No	N/A	Yes ³⁶	No (81% Hindu)	0.2%
India	Yes (Britain)	1947	Yes	No (79.8% Hindu, 14.2% Muslim)	0.3% ³⁷
Argentina	Yes (Spain)	1816	Unknown	Yes, 71% catholic, 15% Protestant*	0.5%

Table II. Current Indicators of Acceptance

	Iran	Nepal	India	Thailand	Uganda	Kenya	Senegal	Haiti	Argentina	Ecuador
Activist	No*	Yes ³⁸	Yes ³⁹	No	No	Yes ⁴⁰	No	No	No	Yes
Anti	No*	No	No	No	No	Yes ⁴¹	No	No	No	No
Pop C	Yes	Yes	Yes	Yes	No	No	No ⁴²	Yes	Yes	Yes
Pub Off	No	No	Yes ⁴³	Yes ⁴⁴	No	No	No	No	Unelected	Unelected
Nat Dis	Yes	Yes	Yes	Yes ⁴⁵	No	Yes ⁴⁶	No	No	Yes	Yes
SRS	Yes	Yes	Yes	Yes	No	No	No	No	Yes	Yes
HRT	Yes	Yes	Yes	Yes	No	No ⁴⁷	No	No	Yes	Yes
Discrim	No	Yes ⁴⁸	Yes ^{49,50}	Yes ⁵¹	No	No	No	No	Yes ⁵²	Yes ⁵³
Legal gender change	Yes	Yes ⁵⁴	Yes	No	No	No*	No	No	Yes ⁵⁵	Yes
Sex Workers	Yes ^{56,57}	Yes ⁵⁸	Yes ⁵⁹	Yes ⁶⁰	Unknown	Yes ⁶¹	Unknown	Unknown	Yes ⁶²	Yes ⁶³
Medical funding	Yes ⁶⁴	No ⁶⁵	No ⁶⁶	No	No	No	No	No	Yes ⁶⁷	No

²⁷ “HIV and AIDS Estimates (2014).” *Islamic Republic of Iran*. UNAIDS, n.d. Web. 10 Dec. 2015. <http://www.unaids.org/en/regionscountries/countries/islamicrepublicofiran>

²⁸ “Homosexuality in Africa,” in Anthony Appiah and Henry Louis Gates, ed., *Africana: The Encyclopedia of the African and African American Experience*. (Oxford: Oxford University Press, 2005), p. 229.

²⁹ *Ibid.*

³⁰ “HIV and AIDS Estimates (2014).” *Uganda*. UNAIDS, n.d. Web. 10 Dec. 2015.

<http://www.unaids.org/en/regionscountries/countries/uganda>.

³¹ “El 80% De Los Ecuatorianos Afirma Ser Católico, Según El INEC.” *Vida Y Estilo*. El Universo, 15 Aug. 2012. Web. 10 Dec. 2015. <http://www.eluniverso.com/2012/08/15/1/1382/80-ecuatorianos-afirma-ser-catolico-segun-inec.html>

³² “Haiti.” *The World Factbook*. Central Intelligence Agency, 7 Dec. 2015. Web. 10 Dec. 2015.

<https://www.cia.gov/library/publications/the-world-factbook/geos/ha.html>

³³ Joia Mukherjee et al. “Perspectives and Practice in Antiretroviral Treatment—Access to antiretroviral treatment and care: the experience of the HIV Equity Initiative, Change, Haiti, Case Study.” *The World Health Organization*. 2003, p. 2. http://www.who.int/hiv/pub/prev_care/en/Haiti_E.pdf

³⁴ “HIV and AIDS Estimates (2014).” *Thailand*. UNAIDS, n.d. Web. 10 Dec. 2015.

<http://www.unaids.org/en/regionscountries/countries/thailand>

³⁵ Anthony Appiah and Henry Louis Gates, “Homosexuality in Africa,” p. 230.

³⁶ Michael Bochenek and Kyle Knight, “Establishing a Third Gender Category in Nepal: Process and Prognosis,” *Emory International Law Review* 26:1 (2015), web.

<http://law.emory.edu/eilr/content/volume-26/issue-1/recent-developments/establishing-a-third-gender-in-nepal.html>

³⁷ “HIV and AIDS in India | AVERT.” *HIV and AIDS in India | AVERT*. AVERT, 1 May 2015.

Web. 10 Dec. 2015. <http://www.avert.org/professionals/hiv-around-world/asia-pacific/india>

³⁸ Camille Arigo, “Nepal LGBT Parade: LGBT Rights Advocates Parade In Nepal,” *HNGN*, 31 August 2015.

³⁹ Deven Lad, “World AIDS Day: Humsafar Trust starts its ‘Know your Status’ campaign in Mumbai,” *I am inDNA of Mumbai North Central*, 30 November 2015.

⁴⁰ Vincent Agoya, “Kenya: Transgender Lobby Sues State Over Change of Names,” *AllAfrica*, 27 November 2015.

⁴¹ Lydia Matata, “Kenya: MPs, Religious Leaders to Hold Anti-Gay Protest On Monday,” *AllAfrica*, 4 July 2015.

⁴² Logan S. Casey and Andrew Reynolds, “Standing Out: Transgender and Gender Variant Candidates and Elected Officials Around the World,” *The London School of Economics and Political Science*, 2015. p. 25. <http://www.lse.ac.uk/InternationalInequalities/pdf/Standing-Out.pdf>

⁴³ *Ibid.*

⁴⁴ “Thailand: Trans woman becomes the first to win elections to public office,” *PinkNews.UK*, 30 May 2012.

⁴⁵ Peter A. Jackson, *Queer Bangkok: 21st Century Markets, Media, and Rights* (Hong Kong: Hong Kong University Press, 2011), p. 19.

⁴⁶ “Kenya court victory for transgender activist Audrey Mbugua,” *BBC World News*, 7 October 2014.

-
- ⁴⁷ Katy Migiro, "Kenya's transgender warrior: from suicide bid to celebrity," *Reuters*, 7 April 2015. HRT and SRS are possible, but exceedingly rare, and operations/treatments are sometimes canceled with no explanation.
- ⁴⁸ "India left far behind: Nepal's new LGBT non-discrimination laws put even the liberal West to shame," *I am inDNA*, 18 September 2015.
- ⁴⁹ "Bills on transgenders, disabled in monsoon session: Gehlot," *New Kerala*, 11 June 2015.
- ⁵⁰ "Kerala becomes first state to unveil transgender policy," *The India Express*, 12 November 2015.
- ⁵¹ Joe Williams, "Thailand introduces first law to protect LGBT people," *Pink News*, 10 September 2015.
- ⁵² "Discrimination at work on the basis of sexual orientation and gender identity: Results of the ILO's PRIDE Project," *International Labour Organization*, 2015. http://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/briefingnote/wcms_368962.pdf
- ⁵³ Christina M. Fetterhoff, "Shutting Down Clinics that 'Cure Homosexuality' in Ecuador," *Human Rights Brief*, 28 November 2011.
- ⁵⁴ Kyle Knight, "Nepal's Third Gender Passport Blazes Trails," *Human Rights Watch*, 26 October 2015.
- ⁵⁵ Sarah Raphael, "Prostitution Is Argentina's Last Hurdle for the Equality of Trans People," *Vice News*, 13 May 2014.
- ⁵⁶ "Iranian Transgendered People: Harassed, coerced to undergo what turns out to be botched sex reassignment procedure," *ILGA Asia*, 22 February 2010.
- ⁵⁷ Kelli Busey, "Meet refugee Martha Honey, fleeing Iran's transgender eugenics," *Planet Transgender*, 8 August 2015.
- ⁵⁸ Bibbi Abruzzini, "Feature: Nepal NGO is working to protect transgender sex workers," *Xinhua*, 4 September 2014.
- ⁵⁹ "Transgender People and HIV/AIDS." AVERT.
- ⁶⁰ Jackson, p. 257.
- ⁶¹ Deanna Kerrigan et al., *The Global HIV Epidemics among Sex Workers* (Washington: World Bank Publications, 2012), p. 92.
- ⁶² Sarah Raphael, "Prostitution Is Argentina's Last Hurdle for the Equality of Trans People."
- ⁶³ Rochelle Jones, "Transgender Rights In Ecuador: A Legal, Spatial, Political And Cultural Acquittal," *Awid Women's Rights*, 4 January 2013.
- ⁶⁴ Robert Tait, "Sex change funding undermines no gays claim," *The Guardian*, 25 September 2007.
- ⁶⁵ Shilu Manandhar, "In Nepal, Transsexuals Spend Hefty Sums, Risk Health Problems to Manifest Their Gender Identities," *Global Press Journal*, 4 December 2014.
- ⁶⁶ "Transgender Activists Seek Free Sex-change Surgery," *The New Indian Express*, 13 November 2015.
- ⁶⁷ Sarah Raphael, "Prostitution Is Argentina's Last Hurdle for the Equality of Trans People."

Bibliography

- Appiah, Anthony and Henry Louis Gates, ed., *Africana: The Encyclopedia of the African and African American Experience* (Oxford: Oxford University Press, 2005).
- Brown, S. “‘Con Discriminacion Y Represion No Hay Democracia’: The Lesbian and Gay Movement in Argentina.” *Latin American Perspectives* 29.2 (2002): 119-38.
- Currier, Ashley. *Out in Africa: LGBT Organizing in Namibia and South Africa* (Minneapolis: University of Minnesota Press, 2012).
- Jackson, Peter A., *Queer Bangkok: 21st Century Markets, Media, and Rights* (Hong Kong: Hong Kong University Press, 2011).
- Jolly, Susie. “‘Queering’ Development: Exploring the Links between Same-sex Sexualities, Gender, and Development.” *Gender & Development* 8.1 (2000): 78-88.
- Kerrigan, Deanna et al., *The Global HIV Epidemics among Sex Workers* (Washington: World Bank Publications, 2012).
- Kaoma, Kapyia J. “The Marriage of Convenience: The U.S. Christian Right, African Christianity, and Postcolonial Politics of Sexual Identity.” *Global Homophobia: States, Movements, and the Politics of Oppression*. Ed. Meredith L. Weiss and Michael J. Bosia. (Champaign: University of Illinois, 2013). 75-102.
- Marks, Suzanne M. “Global Recognition of Human Rights for Lesbian, Gay, Bisexual, and Transgender People.” *Health and Human Rights* 9.1 (2006): 33-42. *Harvard School of Public Health/François-Xavier Bagnoud Center for Health and Human Rights*.
- Nanda, Serena. *Neither Man Nor Woman: The Hijras of India* (Belmont: Wadsworth Publishing Company, 1990).

-
- Najmabadi, Afsaneh. "Verdicts of Science, Rulings of Faith." *Professing Selves: Transsexuality and Same-sex Desire in Contemporary Iran*. (Durham: Duke University Press, 2013). 163-202.
- Reddy, Gayatri. *With Respect to Sex: Negotiating Hijra Identity in South India* (Chicago: The University of Chicago Press, 2005).
- Siraj al-Haqq Kugle, Scott, *Homosexuality in Islam: Critical Reflection on Gay, Lesbian, and Transgender Muslims* (Oxford: OneWorld Publications, 2010).
- Siraj al-Haqq Kugle, Scott, *Living Out Islam: Voices of Gay, Lesbian, and Transgender Muslims* (New York: New York University Press, 2014).
- Suthrell, Charlotte, *Unzipping Gender: Sex, Cross-Dressing and Culture* (Oxford: Berg, 2004).
- Swarr, Amanda Lock, *Sex in Transition: Remaking Gender & Race in South Africa* (Albany: State University of New York Press, 2012).
- Thoreson, Ryan Richard. "Demanding Rights, Compelling Recognition: LGBT Advocacy in the Global Human Rights Arena." *Transnational LGBT Activism: Working For Sexual Rights Worldwide*. (Minneapolis: University of Minnesota, 2014). 182-210.
- U.S. Department of State, *Country Reports on Human Rights Practices for 2014*, <http://www.state.gov/j/drl/rls/hrrpt/humanrightsreport/index.htm#wrapper>.
- Weiss, Meredith L., and Michael J. Bosia. "Navigating International Rights and Local Politics: Sexuality Governance in Postcolonial Settings." *Global Homophobia: States, Movements, and the Politics of Oppression*. (Champaign: University of Illinois, 2013). 196-217.
- Zabus, Chantal. *Out in Africa: Same-Sex Desire in Sub-Saharan Literatures & Cultures* (Suffolk: James Curry Press, 2013).