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CARE WHITE PAPER SERIES

Relocating the Health of Transgender Sex Workers in Singapore from the Margins: A Culture-Centered Approach

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ABOUT CARE

The Center for Culture-centered Approach to Research and Evaluation (CARE) at Massey University, Aotearoa New Zealand, is a global hub for communication research that uses participatory and culture-centered methodologies to develop community-driven communication solutions to health and wellbeing. Through experiments in methods of radical democracy anchored in community ownership and community voice, the Center collaborates with communities, community organizers, community researchers, advocates, and activists to imagine and develop sustainable practices for prevention, health care organizing, food and agriculture, worker organizing, migrant and refugee rights, indigenous rights, rights of the poor, and economic transformation.

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While there is high visibility of LGBT advocacy in Singapore, transgender[1] persons comprise a small, marginalized portion of the community, an even smaller proportion of which tend to go into sex work at a young age for various economic, social and cultural factors. Transgender sex workers (TSW) in Singapore comprise a marginalized community that has been identified by health authorities as one that is high risk of HIV/AIDS and other STIs, as with cisgender[2] female sex workers. They are further marginalized for their status as sex workers in an Asian society where sex outside of marriage is considered deviant behavior (Banerjee, 2000; Allard K Lowenstein Human Rights Clinic, 2015).

Sex work for transgender persons embodies an array of vulnerabilities ranging from income instability and health insecurities to everyday experiences of discrimination and communicative inequalities in articulating the problems faced by transgender sex workers (Perez-Brumer, 2016). Neoliberal state laws and policies in Singapore acknowledge that while sex work cannot be eradicated as this may force the activities underground and encourage organized crime, sex trafficking and public health risks (Singapore Parliament Reports), these laws do not deem sex work itself as illegal, but criminalize sex work-related activities such as soliciting, pimping, and owning brothels (Misc. Offences Act Art 19; Women's Charter Art 146; Women's Charter Art 148). Migrant sex workers are increasingly vulnerable, and may face arrest, fines, deportation and bans from the state for 3 years or more (Immigration Act Art 8(3)(e)(f); Allard K Lowenstein Human Rights Clinic, 2015).

[1] We use transgender as an umbrella term for persons who challenge gender normativity, which includes persons who identify as transfeminine, transmasculine, transsexual, hijra, genderqueer, female-to-male (FTM), male-to-female (MTF), intersex and more. In general, transgender refers to someone whose gender differs from that assigned at birth. [2] Cisgender' refers to a person whose gender identity i.e. woman or man aligns with their assigned sex at birth.

Project X, a sex worker advocacy and support organization, has documented issues faced in the transgender sex worker communities with which they work, who are often of low-income status, face barriers to education, from minority ethnic groups, caregivers and breadwinners, and face discrimination and violence in their everyday lives from the police, public housing officials, healthcare professionals, members of the public, clients, intimate partners and their own family members (The T Project and B-Change, 2015).

With these vulnerabilities come exacerbated health insecurities for transwomen in Singapore. Concomitant with global trends of transphobia, transgender sex workers in Singapore seem to be at high risk of mental health issues, where they may have ideated, attempted or completed suicide or engage in other types of self-harm, especially those exposed to higher levels of violence, discrimination and instability, and may experience social stress or anxiety disorders such as post-traumatic stress disorder (PTSD) (Lawrence, 2007; Meyer, 2007; Bowen, 2016). According to a report from local trans support group The T Project and international advocacy group B-Change, more than two thirds of transgender sex workers interviewed in Singapore have experienced depression in 2015, nearly 50's of the total have had suicidal ideation, and at least 1 in 10 have attempted suicide in the past year (The T Project & B-Change, 2015).

The Culture-Centered Approach

This study examines the culturally-constituted meanings of health as articulated by transgender sex workers in Singapore and the key challenges to health in their lived experiences. Drawing upon the culture-centered approach (CCA), the research study started with creating a discursive space for workers to voice their health needs (Dutta, 2008). Based upon initial ground-up conversations with transgender sex workers in Singapore and collaboration with Project X, issues of discrimination and access to transgender-sensitive health care resources have emerged as integral to the lives of the participants as well as areas they perceived as major challenges to meeting their health care needs. Grounded in these initial objectives of the advisory boards of TSWs to examine the issues of discrimination and access to health, we initiated a three year multi-method research project to examine the health meanings of transgender sex workers, especially in the areas of discrimination, police harassment and they have designed.

Drawing upon the findings of 50 in-depth interviews* conducted between 2014 and 2017, this study explores the articulations of health for transgender sex workers in the context of Singapore, the kinds of challenges and barriers that persons with trans experiences encounter in their everyday lived experiences and negotiations of poverty, structural and health inequalities, and gender-based discrimination and violence. In collaboration with Project X, the study also worked with rotating advisory boards of TSW community members

and peer leaders over 10 meetings to brainstorm, prioritize and design culturally sensitive health communication interventions for community members focused on self-empowerment and financial security, social support and coping with stress and stigma, accessing hormone therapy and gender affirming surgeries. 300 pre- and post-surveys bookended the distribution of the health communication interventions to assess the impact of the interventions on the community; the surveys were conducted by TSW peer support leaders who recruited participants at and around their places of work at Orchard Towers, Rowell Road and Geylang.

The majority of the in-depth interviews were conducted through snowballing, referrals from Project X and through weekly outreach efforts in going door-to-door to brothels and distributing condoms, lube and wet tissues, where participant observation was also conducted. The advisory boards continued to meet to develop a media advocacy campaign, which is forthcoming. We analyzed the transcribed interview data using grounded theory, combing through and utilizing processes of open coding, axial coding and selective coding to select major themes. These themes were corroborated by findings from the researchers' participant observation journal notes and notes from advisory board sessions and community members. The key themes are as follows.

*All participants' names have been changed in the interests of protecting confidentiality and anonymity.

Key Themes

The key themes emerging from the in-depth interviews are: i) gender-based discrimination; ii) inaccess to housing; iii) inaccess to health; iv) inaccess to education and employment.

i. Gender-based violence and discrimination

Transgender sex workers face discrimination and violence on the basis of gender identity at high rates in institutional contexts, among social networks, and in their day-to-day lives globally because they may be more visible and identifiable as gender non-conforming than cis-gendered people (Namaste, 2000; Lombardi et al., 2001). Trans sex workers face disproportionately high rates of harassment and discrimination in accessing education, employment resources and welfare systems (Sperber et al., 2005; Lawrence, 2007; Bauer et al., 2009). Furthermore, social and structural discrimination Singapore constrain transgender sex workers' ability to pursue educational and career aspirations, maintain financial security, and access health care (Allard K Lowenstein Human Rights Clinic, 2015).

Families are often the first place where transgender people experience discrimination and violence, especially when they start to transition early in childhood. Sex workers interviewed by Project X called this "a vicious cycle" where "a family's rejection of a transgender child paves the path towards a life in the sex industry" (Allard K Lowenstein Human Rights Clinic, 2015, p33). Aliyah, 45, a Rowell Road sex worker, shared how she left home, a common narrative amongst our interviewees.

"My whole life I felt like a girl, and I've wanted to be a girl since I was like 5 years old. I was beaten up very badly from that age, and when I grow older and older, my family didn't really like me... So at 15, I ran away from home. I didn't know anyone. But who I met when I was lost was another transgender... Then she took me as a daughter and made me work with her at Johor Road. I really didn't know what I'm doing. I just go with the flow. That's how I started. All my life I've been doing sex work… That's how I started, and 'til today I'm still in the same line. Frankly, 10 to 15 years ago, I don't like doing, but I got no choice. So many problems. I have no choice."

Aliyah describes the physical abuse she faced at home from her father due to her "effeminate" nature drove her to leave home and cut short her education to work and support herself. Another sex worker, Katherine, 42, shared that her family tried to correct her behavior through violence:

"My brother came back and he saw me like that. He say, 'You want to be ompattu [Tamil for nine/upside down/ transgender]?' He punched me, he hammered me. He came back and told my father everything. My father told me, 'Get out!' So I went to stay with my mummy."

Interviewees often traced their decision to enter into sex work as an accessible means to earning enough money for expensive sexual reassignment surgery, employment, housing, and social networks amongst people who accept them (Allard K Lowenstein Human Rights Clinic, 2015). Many are mentored as through their early transitioning period by older transgender sex workers known as 'mummies' or 'Mak Ayams' [mother hen] who offer some support and protection in the sex work districts. Transgender communities and support networks within them offer crucial physical, emotional and financial support and care (Hines, 2007), especially for transgender sex workers who remain single later in life. They are also significant resources of health information.

Incidences of sexual violence are an everyday experience for transgender

sex workers as well. Malathi, 53, a transgender sex worker shared that she was accosted in public, gang raped and beaten in public when she was recognized as a transgender woman:

"I got molested when I was young, before I transitioned. I was dressed like a man, but they saw me, the way I walk, the way I talk. I mean, I don't talk to them because they are strangers, but suddenly they saw my reaction is very girlish, and they thought I was something different. They forced me to have sex with them, but I don't want. It was a bad experience for me. My face was swollen, they punched my face, they hit and kicked my stomach. I didn't go to see a doctor, because how can I describe to the doctor what happened? I feel ashamed. You know? I told after I met one of my friends like me. She said, "Oh my god, you poor thing. Why this thing happened to you?" I don't know why this thing happened to me."

The stigma around sexual assault and being pre-op made it difficult for her to seek medical care after this traumatic experience. She also found it hard to report the incident to the police also because feared harassment from the police for her gender identity, which did not match the gender on her IC. Some transgender sex workers have said that experiences of violence and discrimination have improved in the past 10 years, with widespread acceptance growing. Others say that once they made their woman s IC i.e. underwent sex reassignment surgeries and were eligible to change their gender on their IC, they experienced less harassment and discrimination as legally recognized women.

For Aliyah, she discusses the safety of being legally recognized as a woman as a main motivator for her sex reassignment surgery against the backdrop of the cisgender privilege that masculine gay men enjoy in Singapore today.

"So when I was walking back home, two guys came and punched me, and asked me for oral sex. I told them I don't want, and don't want means don't want, I don't care if you kill me. Because there are two guys and they are very big. I didn't want to fight, but they beat me up and they tore my skirt and ran away. I went to police station and they asked me to wait for the IO [investigation officer] and he came and said, "You all sure lah! I see male [on your IC], you also like what! Why suddenly they want and then you never do?" I said, "But I'm working at [the convenience store], what are you talking? They tear my skirt." He said, "Aiyah, nevermind, you cannot do anything because you're still male. You waste my time coming here. If you are female, then nevermind ah. But you are male." I feel very bad that I have no rights. The main reason, I don't regret. The main reason I had a sex change was because of this problem. Actually, I don't want to have a sex change, one reason was because of fear, and another is that when Judgement Day comes, God will ask, "Where is your penis?" I really didn't want, but somehow because the law only respects you if you are female. I did it, I'm not regretting, but if you had given me a chance, I would have just been a gay man. Gay men are having a beautiful time. I would have gotten a gay boyfriend who is much more smarter than me, he would have taught me different things. Because we are both gays, and so there's nothing to be worried about. If I'm going out with a guy and holding hands, and [people in public] don't like that I'm a transgender, they see me more than gays holding hands. They are okay with gays, they don't say anything... They are more surprised with ah kuas than with gay men until now."

Aliyah s narrative of her negative experience in reporting the attempted sexual assault to the police highlights some of the common stereotypes from members of the public that assume all transgender persons are sex workers, an experience commonly faced by many of our interviewees.

Building on Stryker s work on transgender studies and the politics of gender recognition policies, ue points out that gender recognition policies in Singapore have largely arisen as a biopolitical tool to co-opt gender variance toward the maintenance of patriarchal and binary sex roles , representing transgenderism as an intrinsic and pathological condition, where gender non-conforming wrong bodies are to be corrected and externalized through surgical intervention (Stryker, 2012; ue, 2017). Aliyah s experience demonstrates how entrenched state narratives are, especially those that treat pre-op or non-operative transgender women as non-serious or temporary transgender persons, and privilege those who have undergone surgery as more deserving of legal recognition and access to justice for gender non-conforming persons.

For Diyana, 39, reporting assault was never an option, not only because she knows the police to be unreceptive, but that it puts her at risk of getting arrested as an unlicensed sex worker herself:

*"If outside, getting beaten, no. But in the course of my work, I've gotten guests who are - sorry to say - do it forcefully, they don't want to pay us even. One time he forced me to do it, pulled my hair until my nose was bleeding, no one helped. Working with a job like this is not easy, sorry eh, working at night like this is not easy. We get customers that are not easy, some don't give us money... That was 3 years ago. I was so sad. If I went to report - over here if we do police report, we will be questioned why was I there, it's draggy. Like they will ask, why you this, so if I wanted to report -- when I was attacked, the next day I return, that jantan[*derogatory Malay term for man] hit me with his elbow. I got attacked once again… They know we're like this, some of them bring knives some more, it's dangerous you know, working like this, people think it's easy."*

As Diyana explains, sex work introduces further precarity when law enforcement, landlords and fellow sex workers are not

around or refuse to intervene. ellow card sex workers can legally practice sex work, but avoid reporting such incidents as they will slow business down for their colleagues , scare customers away or make the landlord angry . Customers pose further threats with growing cultures of stealth sex and gift giving (Klein, 2014; Brodsky, 2017), where customers may remove or puncture condoms on purpose to infect sex workers and gain sexual pleasure from the infection. One of the interviewees, Jeyanthi, 50, shares her fears when dealing with customers:

Sometimes he put condom already, fuck already, some men we know the water [semen] has come already. Some men come already, don't want to take out. Keep waiting. I said take out. Take out time, the cock is small already, the water [semen] inside the condom all come out. How to wash? I wash first the water, second I put Dettol. I wash my hands with shower gel and Dettol. I cannot tell anything, because when we go for medical, we cannot work, scared also. Sometimes the customer, when we take the lotion already, he very rough, very fast. Three, four times I kena [experienced it] already, customer buys condom ownself. They very fast take out, put. Put already, he do time, he very clever, he cutting in front. Very clever. Now when customer brings condom I'm very scared. When we're doing it, the water comes out, I say why is there water? Aiyoh. One, two times I don't know. The third time I know already, customer buy condom I don't accept. If he puts it already, I take out and put my own condom also."

This trend can be very dangerous and tantamount to rape, subjecting sex workers, including trans sex workers, to HIV and other STIs (Klein, 2014; Brodsky, 2017). If infected, Jeyanthi faces the reality of losing weeks of income, potentially losing her license and accumulating rent debt for her brothel room.

Moreover, transgender sex workers not on the yellow card licensing scheme are subject to frequent CID checks or Anti-Vice Unit raids those who are Muslim, below 18, above 35, non-citizens, or those who do not pass their monthly sexual health check-ups fall in this category and cannot seek protection for everyday incidents of violence and discrimination that impact their health and wellbeing. Gender identity based discrimination and violence was a key issue brought up in almost every one of the 50 interviews completed, and was also highlighted as one of the main challenges faced by transgender sex workers in our advisory board sessions.

ccess s n

Despite a high level of home ownership in Singapore (90.8), there is a small percentage of low-income Singaporeans or Permanent Residents who cannot afford to purchase a HDB flat (Department of Statistics Singapore, 2016). To meet the housing needs this population, HDB provides public rental housing at highly subsidized rates under the Public Rental Scheme. Low-income individuals must submit an application to the HDB and meet the eligibility criteria to be allocated rental housing.

Transgender sex workers are especially vulnerable because they do not earn or make contributions to CPF, and find it difficult to afford HDB flats. Furthermore, some of them experience family violence and homelessness as minors and enter sex work at a young age. Those who do not live with their families explore other options such as living in the brothel rooms they rent for work (sometimes 60 a day or more), renting rooms on the private market (as much as 500/month), living in backpacker hostels, (from 19/day), or living with friends. Rent in the brothels can be quite high, and rent cycles mean that the rent is due at the end of each day. Letisha, 53, is an older transgender sex worker who finds it difficult to find customers because they always want the muka baru new face . She described her difficulty in meeting her rent when she was staying in a brothel.

"No, not very healthy. I had a fall on my hands and legs. And I was at home for one month. There was a fracture. No, after 3 days, then I go doctor. I thought it was nothing, because I wanted to work. I have to pay a room what. $65 a day. You see, if I go to the hospital, money, some more, I know they will bandage, but then how will I want to work? After 3 days, it get really swollen. Big already, my hand. And then my friend, I think you know her, she said, "Come lah, you. See lah so big already. Who want to take you?" I never think about going doctor. I just think about work and paying my rent. That's my shelter for me to sleep, right? And then she said, "Just go." But I never go. She said, "How you want to work now?" I said just be patient. I spoke to *to the landlord. I cannot work for a few days, but I can't pay. At first he said it was okay, but after 3 days, he said, "Yeah you told me but you need to pay!" So like that, I have to work, so I start working with my hand like that, until the customer tell me, "Can you work or not? Can you do or not?""*

Facing pressure from customers, Letisha tried to negotiate with her landlord, who went back on his agreement to prolong her rent deadline. Eventually, she had to work overtime and borrow money to pay back 3 days worth of rent. Many transgender sex workers say they feel stuck and cannot transition to other less demanding avenues of work. Other brothel owners or landlords demand medical certificates as well as empty rent from the sex workers, which can place even further financial and physical pressure on TSWs.

Transgender sex workers who apply for HDB rental housing often do not meet the eligibility criteria – if they are renting as singles, they are required be 35 years old and to find another eligible single to rent a one-room flat with them. This can prove a difficult process given the level of discrimination they face not only as sex workers but as transgender persons too. TSWs from minority ethnic groups face further discrimination in this process. For example, Desiree, 25, who is currently staying with a friend, expressed her fears in trying to find another eligible single to rent with her:

"I did go to apply [for HDB], but cannot… I'm alone. They need 2 person. Everybody needs someone.

They give it to me with some stranger. I don't want… Because we don't know each other. What if something happens? Because I'm a transgender, I'm scared people will take advantage. Definitely lah, because we'll have a fight. Because I want to stay in there long-term, not short-term… [The HDB officer] asked me to go to the MP to ask for help, but did not help, but the new regulation is that must be minimum 35 years old. The MP could not do anything. He said, "Why don't you find someone to apply again?" But I can't find… Just leave it like that."

Malathi, who is HIV positive, disabled, and homeless, echoes her concerns, sharing her fears of being sexually assaulted or controlled by a potential HDB rental roommate:

"[My concern in sharing is] maybe strangers, whether they can understand me or not. Maybe a misunderstanding in the house, whatever I'm facing or going through. If it's friends, I mean I need friends beside me. Like neighbors. In the house, both person got the rights to be in the house. What if she gives me rules and regulations, then how? Because I have to pray to my Hindu Gods, I have to do all that. I don't mind if they pray or whatever. But I don't want any misunderstanding based on religious reasons. I don't want them to control me, I don't want a person like that and I also don't want to control them... I'm medically ill, homeless. No place to stay. I got 4 big bags of clothes. Carrying here and there, here and there. I'm struggling but on the outside I'm smiling. Most people cannot help. When I say and say, I get more stressed. That's why I'm going to HDB to ask, but they say, cannot. They say, I must find someone else. I told HDB that I'm a sex change female with a lot of medical issues, and you want me to stay with a stranger. What if you have any misunderstandings in the house? Then police case. Or what if he or she manhandle or molest me?"

Transgender sex workers who apply for rental housing as singles under 35 are treated as exception cases, and often have to visit HDB officers, social workers and Members of Parliament (MP) multiple times to apply for a rental flat; fragmentation in housing services can lead to TSWs having to retell their experiences of violence and discrimination multiple times with scant results, and face secondary trauma. Housing security for elderly transgender persons, especially those with disabilities, becomes tantamount to the upkeep of their health. Their abilities to access housing under the current policies for low-income singles can be affected by their experiences of trauma. One transgender sex worker, Aliyah, who currently rents a room from her sister, spends more than 85 of her income on rental, and shares the impact of her housing worries on her mental health:

"If I got a house, I can make it work on my own. Some people are paying $25 a month. Now I'm paying $600. See the difference? Some people staying hotel, one day is $80. $80 can pay how many months of rental flat? With water bill, electric bill, you pay $100 a month for rental flat. They earn $900 only! Earn $900, pay $100 for flat, I think they can save $200 and the rest buy the things and keep. Transgenders are smart in doing this. [The HDB officer] don't want to give house. I have to go and beg from the MP. I'm like a beggar in my own country! I'm so ashamed that we don't even have a rental flat. Staying with anybody is not easy. Suicidal ah, sometimes... I have felt so many times. I really hung myself. I knew the feeling of being hanged, and the blood rushed to your brain and you cannot control your hand. I was just---when I jumped, the sari I tied to the fan, I wound the sari two times, the balance I was holding like that [in my fist], jumped down and my hand was like jammed. The moment I jumped, I didn't want to die… Then my boyfriend came back home and brought me down."

Aliyah s suicide attempt was the first in several others triggered by her inability to meet high private rental costs, which she was unable to negotiate further, given the breakdown of her relationship with her sister. Structural barriers in the form of discriminatory policies and communicative inequalities resulting from gender-based discrimination can make eking out a decent existence near impossible, and have devastating effects on transgender sex workers lives, health and wellbeing. The fact that housing issues were highlighted so strongly during fieldwork is indicative of how disabling the lack of access to short- and long-term shelter can be, especially in times of financial or health crisis.

ccess e c re

The Singapore healthcare system is renowned for its high quality and relative affordability for Singapore Citizens and Permanent Residents, especially because state clinics (the Polyclinic system) and government hospital treatment and medication are heavily subsidized (Haseltine, 2013). A compulsory savings scheme called the Central Provident Fund (CPF) apportions part of a CPF member s savings to the Medisave account, which may be utilized for medical expenses. The government has also set up Medifund, an endowment fund for low-income Singaporeans unable to meet their healthcare costs (Haseltine, 2013). et others are still unable to afford healthcare costs due to insufficient savings, low income, disability and/or an inability to be granted private health insurance.

Transgender sex workers triangulate their meanings of health differently. For many TSWs in Singapore, questions of health and healthcare experiences inevitably point to procedures related to hormone replacement therapy (HRT), liquid silicone injections, skin whitening, vocal training, breast surgery and sex reassignment surgery (SRS), also known as gender affirming feminizing surgeries, which as research has shown are essential to their health, well-being and possibilities of living a full life (Sperber et al., 2005; Murad et al., 2010; Smith et al., 2005). As with many global north countries, Singapore requires transgender persons to undergo a mental health evaluation and gender-confirming or sexual reassignment medical procedures as preconditions for legal gender reassignment since legalization in 1973 (Allard Lowenstein Human Rights Clinic Report, 2015; Linander et al., 2017; ue, 2017). The

pathologization of trans bodies in the form of psychiatric diagnoses (Gender Dysphoria in DSM-5 and Transsexualism in ICD 10) mean that healthcare professionals can be seen as gatekeepers that aggravate inequalities in access to trans-specific healthcare such as gender affirming surgeries (Butler, 2004; Burke, 2011; Suess, Espineira and Walters, 2014; Stryker, 2013).

This homogenization of diverse identities and expressions causes pre-operative, non-operative and post-operative trans persons to encounter stigma, discrimination, ignorance and a lack of visibility in varying degrees when accessing culturally competent primary, emergency, and transition-related healthcare (Valentine, 2007; Bauer et al., 2009; Sperber et al., 2005; Redfern and Sinclair, 2014). For example, Lydia, 33, shares how as a yellow card-holding sex worker, she is expected to go for regular sexual health check-ups at the Department of STI Control (DSC), which screens for HIV and other STIs at a discounted rate.

"So when you say sex worker everybody will be thinking, I'm sure y'all will thinking HIV or STIs. But, I'm a regulated sex worker, so I need to go for regular. Every month I need to go for checkup, as a regulated sex worker. I need to go, it's a compulsory thing. So I got, they're giving me a license. I have to work as a sex worker legally. But I must go for check up every one month."

The focus on sexual health can eclipse other health concerns and result in false positives. Aliyah shared that she was wrongly diagnosed with syphilis at DSC last year and administered treatment despite having no symptoms.

In the hospital or clinical settings, doctors or nurses sometimes see transgender patients as exceptions or unique cases to study. The biomedicalization framework points out the shift towards increased individual responsibility, and in accordance with neoliberal discourses, a shift towards being proactive and taking charge of one s health as a moral responsibility, where it often falls on the trans individuals to attempt to remedy systematic deficiencies (Clarke et al., 2003; Davis, Dewey and Murphy, 2016; Linander 2017). Helen, 39, describes her experience in seeking treatment for a UTI:

"Helen: I think doctors often see us as interesting or fascinating, especially when they've never seen another transgender before. When I went to the doctor for my UTI, he asked to examine me and then he asked if he can put his finger inside me. He probed around and then told me, "Wow, I can't tell the difference. Your doctor has really done a good job." I mean like, why is he commenting about how good my surgery is? It's not about whether I look like a real woman or not, it's about my UTI. I felt so violated and dirty after that.

Interviewer: Doctors don't usually perform an exam when diagnosing and treating a UTI. Were you aware of that?

Helen: How was I supposed to know that? He just said that's what he has to do!"

Helen s narrative demonstrates processes of informational and institutional erasure work together to reinforce and erase transgender persons and communities, and produce a system in which a trans patient is seen as an anomaly. Thus they must

shoulder the burden of their care while in urgent need of care, instead of being able to rely on a team of medical professionals.

Another example of taking charge of one s health as a trans person is with Joanna, a 41 year old sex worker who was warded in hospital for third degree burns.

"Joanna: There are so many side effects. I have kidney function issues. One kidney is functioning at 70% and the other one is functioning at 25%. And this is because of the side effects of taking so many hormones when I was younger. My kidneys are having trouble working. Even I was having reconstructive surgery for my burns, they were doing skin grafting and all that, the endocrinologist and the obste--I don't know, what his name? The other hormones doctor, took my blood sample. And when they saw me and I asked them to continue my hormone therapy while I was recovering from surgery, they said, "No." They said, "We don't know anything about that." And: "We don't know how the hormones would treat you."

Interviewer: Why do you think they said that?

Joanna: I don't know! They could have [looked for a specialist] but they just didn't want to. And it was so upsetting just to be told no to my face like that. Like they don't know that I need the hormone therapy to continue living like this."

Joanna s frustration in not being able to access an endocrinologist or specialist at a public hospital resulted in her ceasing her hormone replacement therapy for several years during her healing process and and deeply impacted her sense of wellbeing.

Alternate responses in clinical settings include a lack of training on trans-specific healthcare needs, such as the long-term impacts of hormone replacement therapy and sex reassignment surgeries. Existing gaps in research are particularly alarming, especially in the study of long-term management of complications and side effects of transition-related healthcare such as diabetes, hyperthyroidism, liver damage and depression, which increase morbidity and mortality for trans people (Lawrence, 2007).

In order to afford private health Singapore s private health insurance landscape also does not provide for pre-existing conditions, nor does it provide insurance for individuals engaging in activities deemed illegal and/or high risk, such as sex work, sex reassignment surgery and substance abuse. Paula elaborates:

"I told you already, they are not accepting to transgender. As they using hormone therapy, or you taking hormone, they are not willing to accept. They don't even accept you. You're transgender, you can't buy insurance. It's crazy right? Isn't it crazy? So crazy. I'm not a pig, I'm not a dog, I'm just a transgender. If I'm not cut, if I'm not went through sex change, I'm a boy. That's a male. Even my IC stated as a male. My friend went through a sex change, she's a female. We're male and female but why you tell us we can't buy insurance? Just because we look transgender? That's so weird."

Great Eastern and from every insurance agent . Helen explains why this is the case:

"We realized that it's very difficult for us to get health insurance. If I get silicone implants in my breast I am in high risk group. If I take hormones, I'm in a high risk group. If I do sex work, also high risk. That's why nobody is going to give me insurance."

Transgender sex workers who do manage to get private health insurance often omit details about their gender identity (Allard K Lowenstein Human Rights Clinic, 2015), which may be risky as the insurance company has the discretion to reject their claims and/or void their policy later on. Project X noted that one of the transgender sex workers they interviewed had to pay higher insurance premiums after her sex reassignment surgery (Allard Lowenstein Human Rights Clinic Report, 2015, 35).

Joanna discusses the difficulty of not only being low-income but not being able to rely on family support for already subsidized healthcare costs at a public hospital:

Well, I saw the medical social worker. And we talked. I told them point blank I have no money. Just told them to their face. Please. I got no savings. At that time I barely have Medisave or CPF because I'm a sex worker. How to pay? And you know I'm living away from home for over 15 years and my mother just accepted me back into the family and now you want me to go and ask my mum to help me pay my medical bill out of her own pocket. I think if I ask her she'll tell me that I don't need to stay in her house and I can go and stay elsewhere, she don't care, but just so she don't have to pay my bills. She's my mum, and it's taken her so much to accept me as her transgender daughter. Sometimes she still calls me by my male name. How can I ask her for her Medisave? I told the medical social worker this. Then they tried to ask me to pay installments. Every month $100. I think there are not enough months in my whole life! I told them when they asked me about the surgery. You can either treat me and save my life or I can just die here. Medical suicide!"

Another sex worker, Sangeetha, was able to access Medifund for her diabetes-related hospital bills with the assistance of a medical social worker, after making partial payment through her Medisave collected when she was working at a normal job for several years after her transition.

Having to fall back on family support systems for healthcare costs can pose dangers to already fragile familial relationships for transgender sex workers, as in Joanna s case, a sensitivity that medical social workers and healthcare professionals should take into consideration. Transgender sex workers, despite having biological family with Medisave, should be able to access Medifund and Medifund Silver as they age. Health insecurities can produce further risks and precarity for transgender sex workers; and through our advisory boards and in-depth interviews, has emerged as an issue integral to the lives and survival of transgender persons in Singapore.

ccess c n n en

Education in Singapore is generally segregated by gender, where school policies differ on their policies of disciplining gender non-conforming behavior. The existence of 377a and social taboos around discussing LGBT issues limit the Ministry of Education s (MOE) ambit to address the issue of transgender children, or minors who may have experiences of gender non-conformity, in public schools, which impacts their access to a decent education. As primary school in Singapore is mandatory for all children, secondary and tertiary educational institutions become crucial places for transgender children under the age of 16 to seek resources and information on their gender identity, common experiences processes of informational and institutional erasure work together to reinforce and erase transgender children and youth. Often young transgender persons in Singapore drop out of school because of instability caused by violence and discrimination at home, a lack of interest in furthering education, urgency to transition and earn enough money to do so, and/or an unsupportive environment in schools, affecting their ability to access affordable education and sustain employment. Jane, 45, shares her experience of Singaporean schools:

"Ok, I become aware I am transgender, so I cannot conform to the school system, Singapore school system, will have to leave, because we cannot dress - you cannot attend school as a transgender. Or attend school as a transit - transitioning transgender. You cannot. It's either boy or girl. That time ah, it's secondary, Bartley Secondary Boys school. Cedars Girls School."

Other transgender sex workers shared that they left school because of a lack of interest, and without qualifications such as O Levels, N Levels, ITE Technical Certificates, or other qualifications that enable access to higher paying jobs, employment options become limited to customer service, retail, domestic work and other lines, where contract and part-time work and unregulated labor are common. Letisha shared with us that when she would apply, she would immediately be cut during the interview rounds on the basis of her gender identity.

"Interviewer: Did you apply for anything else, with your experience you could go into similar jobs right?

Letisha: Can but cannot get the jobs. Interviewer: What do you think the issue was for your employers?

Letisha: My opinion is like, I'm like this, transgender. Second thing they have no job for me. So I just think, it's like that. Because I'm transgender. Yeah lah! There are enough of people to work, so they have no space for me to work, until too tired for searching, then work back like this, how am I to survive. People will talk. People will talk about us."

Malathi described how she saw getting a sex change and working in a normal job was something she considered a step towards success. Her first view of sex work was that it was a temporary occupation which could aid in earning money quickly so that she could save up for SRS. It later became a reliable source of income for her. When asked about retirement, she also pointed to similar markers of settling down , where she would have a house and settle down, get married to a nice man .

After a few years, after I was doing sex working job, I earned some money, good money I fulfilled my wish to be

fully woman. I went for breast implant and got the sex change surgery. I got my name and I/C changed as well. I fulfilled myself. And then I do normal job for a few years. Then I try to work but the money is still—I tried to change my life… I was having CPF contribution, I want to have a house and settle down, get married to a nice man. I want to change my life, have a normal life. But when I was working at the factory job, people start to laugh at me, make fun of me. I know that it hurts me. They are pointing to me. I left the place and went back to street life. I was a production operator on the factory floor, doing electronic components. The girls and guys were laughing at me. I felt so uncomfortable. I was about 20 plus then. So then I came back to the street again."

Malathi s experiences of discrimination and mockery on the basis of her gender identity created more trauma for her. She was unable to work there because the work environment made her feel poorly about herself, and made it impossible for her to be judged based on the merits of her contributions. Letisha shared that after she transitioned at work, management targeted her for the loss of money in the retail store at which she worked:

"I got a job at a retail outlet store, and after they found out, I started to wear more girl's clothes. I talked to my boss, he said he's fine. But they tried to make a drama. Because one day, there was cash lost, but how could it get lost if there was everybody on the floor? They tried to accuse me. When I asked then to report to the police, they didn't want to. Why don't you want to report to the police? And you have CCTV, but you don't want to open the CCTV? You just want me out from this store. What are you trying to do? They gave me a termination letter because they said that I'm very rude, and that I don't want to show—and my performance is very bad. But I'm not happy. And the petty cash, there was $200 lost, the next day, it was found. It's very funny, it was found by my store manager, on top of one of the clothes' rack. And we were there last night, me and 8 part-timers and 3 full-timers were searching the floor. But I was so surprised, the next day, the store manager comes in, and he said that he found that. So then, I was not happy. So I left the job. Actually they find ways to kick me out. I think so, because based on my work performance, I come to work everyday, I overwork, on my off days I come, when they ask me to help, I help out. I think it's a way of kicking me out… They found the money, but they still terminated me, as they said as a manager in training, I'm not fit to lead."

Refusing to look at evidence or make a police report, Letisha s bosses targeted her for the loss of materials and later accused her of being rude when she disagreed with them. Discrimination can manifest in ways in which its victims are scapegoated or subject to irrational biases and prejudices such that a hostile work environment is created. She was eventually terminated, and tried to find work in other retail stores as a part-time or contract sales staff.

However, she said she felt depressed and could not sustain the work as she found she spent more money than she earned per day on travelling to and from work, food and on other daily expenses. She eventually returned to sex work.
When asked what policies she would change to improve the state of employment and education access for transgender sex workers, Helen highlighted the lack of specific transgender-sensitive job training programs available as a proposed solution to the inaccess to qualifications that transgender sex workers face in competitive job markets.

"I would create more job training programs. Because people can't work in sex work forever. Once a new young transgender comes onto the scene, that's it. You're gone. You're not the ong queen [high earner/lucky one] anymore. You can't make money so much anymore. And you have to look for other work. That's why I think what we need in the community is job training, like one employer comes in and trains transgenders on how to do something like call center. Because transgenders are already skilled in customer service and caregiving."

Most importantly, over the long run, the following solutions are vital to worker empowerment in preventing similar crises in the future.

Helen highlights an important reality for transgender sex workers above the age of 40 their income earning abilities may decrease with health, time, and disability. Helen describes the urgency she feels to establish herself and other transgender sex workers in jobs that might be able to sustain them through their 50s and 60s and enable them to save for retirement.

As Project X recommends, it is only through addressing discrimination on the basis of gender identity and maximizing the accessibility of education, employment, health care, and housing, the government of Singapore can ensure trans women who do not wish to engage in sex work, or for whom sex work is no longer an option due to age, disability or health issues, have viable alternatives available to them.

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The transgender sex worker experience in Singapore is multidimensional. Our analysis of 50 in-depth interviews revealed that issues of intersectional violence and discrimination on the basis of gender identity and participation in sex work,

2. Our study demonstrates several factors – individual, structural, and fatalistic – are relevant to our understanding of the intersectional experiences of being transgender in Singapore. Explanations that are individualistic or blame the victim focus on how transgender sex workers themselves are responsible for the difficulties they face, while structural explanations focus on economic and social factors such as gender-based discrimination and violence or unemployment issues.

3. Some of these barriers they face are communicative in nature, as transgender sex workers may not have sufficient knowledge or access to social networks outside of the sex worker community to ask for avenues of support. The transgender sex worker community may tend to rely more on social networks and transgender community members for resources than top-down structures. Furthermore, gender-based violence and discrimination and related trauma may hinder them from seeking the necessary assistance when needed, or qualifying for assistance under certain policies in the first place. Where this happens, there needs to be more open two-way communication and dialogue where community members can engage in crowdsourcing and deciding how best to reach out to the more marginalized in their community and offer solutions that speak from their intersecting cultural contexts.

4. This white paper aims to serve as an entry point to listening to the voices of transgender sex workers in Singapore, and dialogically engaging the transgender sex worker communities in conversations to understand their experiences, familiarize them with multiple modes of engagement, and create platforms for them to inform stakeholder decision-making that ultimately impacts transgender sex worker lives.

5. One of our key next steps is enacting a media advocacy campaign as part of a communications intervention to enrich the public s acceptance of transgender persons as equal and deserving of dignity, and reduce gender-based violence and discrimination. The campaign s message is Accept. Adapt. Respect. After 5 rounds of discussions and meetings, CARE and the advisory board of community members co-designed 3 print advertisements with the messages We Are Equal , Accept. Adapt. Respect. and, Don t Discriminate. They have also co-created 3 videos of 30 seconds each, and will be working to put out a media advocacy campaign.

6. Various limitations to this project include participants being recruited through snowball sampling and through Project X, which might neglect more isolated transgender sex workers on the margins.

This might mean that our sample may not be as representative of the transgender sex worker population, but as with qualitative research aims, our goal is not to generalize the findings to all transgender sex workers, but to engage in rich ethnography that details thick descriptions and contextualized understandings of phenomena. The project also focused only on transgender sex workers, and cannot speak on behalf of all transgender persons, even though some of their concerns and challenges are shared.

References

Banerjee, R. (2000). The development of an understanding of modesty. The British Journal of Developmental Psychology, 18(4), 499 – 517.

Basu, A., & Dutta, M. J. (2009). Sex Workers and HIV/AIDS: Analyzing Participatory Culture-Centered Health Communication Strategies. Human Communication Research, 35(1), 86-114.

Basu, A., & Dutta, M. J. (2009). Sex Workers and HIV/AIDS: Analyzing Participatory Culture-Centered Health Communication Strategies. Human Communication Research, 35(1), 86-114.

Basu, A. (2011). HIV/AIDS and Subaltern Autonomous Rationality: A Call to Recenter Health Communication in Marginalized Sex Worker Spaces. Communication Monographs, 78(3), 391-408.

Bauer, G. R., Hammond, R., Travers, R., Kaay M., Hohendel, KM., Boyce, M., (2009). "I don't think this is theoretical; this is our lives": how erasure impacts health care for transgender people. J Assoc Nurses AIDS Care, Sep-Oct:20(5), 348-361.

Bowen, E. A., & Murshid, N. S. (2016). Trauma-Informed Social Policy: A Conceptual Framework for Policy Analysis and Advocacy. American Journal of Public Health, 106(2), 223-229.

Butler, J. (2004). Undoing Gender. Psychology Press.

Davis, G., Dewey, J. M., & Murphy, E. L. (2016). Giving Sex: Deconstructing Intersex and Trans Medicalisation Practices. Gender & Society, 30(3), 490-514.

Dutta, M. J., & Basu, A. (2008). Meanings of Health: Interrogating Structure and Culture. Health Communication, 23(6), 560-572.

Department of Statistics Singapore (2016). Home ownership rate of resident households. Retrieved 4 April, 2016, from http://www.singstat.gov.sg/statistics/visualising-data/charts/home-ownership-rate-of-resident-households/.

Hines, S. (2007). Transgendering care: Practices of care within transgender communities. Critical Social Policy, 27(4), 462-486.

Ho, Vanessa, Veronica Jordan-Davis, Ryan Thoreson, Soo-Ryun Kwon, and Kyle Delbyck. (2015). They Only Do This To Transgender Girls: Abuses of Transgender Sex Workers in Singapore. Project X and The Allard K. Lowenstein International Human Rights Clinic. Web.

Lawrence, A. A. (2007). Chapter 19: Transgender Health Concerns. In I. H. Meyer & M. E. Northridge (Eds.), The Health of Sexual Minorities: Public Health Perspectives on Lesbian, Gay, Bbisexual and Transgender Populations (pp. 473-505). New York: Springer. Linander, I., Alm, E., Hammarstram, A., & Harryson, L. (2017).

Negotiating the (bio)medical gaze: " Experiences of trans-specific healthcare in Sweden. Social Science & Medicine, 174, 9-16.

Lombardi, E. L., Wilchins, R. A., Priesing, D., & Malouf, D. (2001). Gender Violence. Journal of Homosexuality, 42(1), 89-101.

Meyer, Ilan H., Northridge, Mary E., (eds.) (2007). The Health of Sexual Minorities: Public Health Perspectives on Lesbian, Gay, Bisexual and Transgender Populations. US: Springer.

Murad, M. H., Elamin, M. B., Garcia, M. Z., Mullan, R. J., Murad, A., Erwin, P. J., & Montori, V. M. (2010). Hormonal therapy and sex reassignment: A systematic review and meta-analysis of quality of life and psychosocial outcomes. Clinical Endocrinology, 72(2), 214-231.

Namaste, V. K. (2000). Invisible lives: The erasure of transsexual and transgendered people. Chicago: University of Chicago Press.

Oogachaga. (2012, May 17). Impact of Homophobia and Transphobia on LGBTQ individuals in Singapore (Rep.). Retrieved June 27, 2017, from Oogachaga website: http://oogachaga.com/congregaytion/news/detail/204/Homophobia-and-Transphobia-Survey-Summary

Perez-Brumer, Amaya G., Sari L. Reisner, Sarah A. Mclean, Alfonso Silva-Santisteban, Huerta Leyla, Kenneth H. Mayer, Jorge Sanchez, Jesse L. Clark, Matthew J. Mimiaga, and Javier R. Lama. (2016). Leveraging Social Capital: Multilevel Stigma, Associated HIV Vulnerabilities, and Social Resilience Strategies among Transgender Women in Lima, Peru. Journal of the International AIDS Society 20.1.

Redfern, J. S., & Sinclair, B. (2014). Improving health care encounters and communication with transgender patients. Journal of Communication in Healthcare, 7(1), 25-40.

Shrestha, R. K., Sansom, S. L., Schulden, J. D., Song, B., Smith, L. C., Ramirez, R., . . . Heffelfinger, J. D. (2011). Costs And Effectiveness of Finding New HIV Diagnoses by Using Rapid Testing In Transgender Communities. AIDS Education and Prevention, 23(3_supplement), 49-57.

Singapore Parliament Reports. (2009, February 5). Retrieved January 27, 2017, from http://sprs.parl.gov.sg/search/topic.jsp?currentTopicID=00073329-ZZ&%3BcurrentPubID=00075263ZZ&%3BtopicKey=00075263-ZZ.00073329-ZZ_1%2B%2B

Singapore Statutes - Penal Code, § 224.

Situation in Singapore. (2016, December 19). Retrieved January 27, 2017, from http://theprojectx.org/situation-in-singapore/

Smith, Y. L., Goozen, S. H., Kuiper, A. J., & Cohen-Kettenis, P. T. (2005). Sex reassignment: Outcomes and predictors of treatment for adolescent and adult transsexuals. Psychological Medicine, 35(1), 89-99.

Sperber, J., Landers, S., & Lawrence, S. (2005). Access to Health Care for Transgendered Persons: Results of a Needs Assessment in Boston. International Journal of Transgenderism, 8(2-3), 75-91.

Stryker, S., & Aizura, A. Z. (2012). Introduction: Transgender Studies 2.0. In The transgender studies reader 2 (pp. 1-12). London: Routledge.

Suess, A., Espineira, K., & Walters, P. C. (2014). Depathologization. TSQ: Transgender Studies Quarterly, 1(1-2), 73-77.

Valentine, D. (2007). Imagine Transgender: The Ethnography of a Category. Durham: Duke University Press.

Yue, A. (2017). Trans-Singapore: Some notes towards queer Asia as method. Inter-Asia Cultural Studies, 18(1), 10-24.