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Human rights violation of trans women in Umlazi Township, South Africa: an interpretive phenomenological analysis study

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ABSTRACT

This paper reports on human rights violation of trans women in Umlazi township in South Africa. Violation of trans women's human rights happens in several countries regardless of their constitutional stance regarding LGBTQI policies. Although South Africa was the first country to outlaw discrimination based on sexual orientation with its democratic Constitution of 1996, it is not an exception to these violations of transgender people's human rights. This paper presents human rights violations experienced by trans women's in Umlazi township in South African. The study was qualitative in nature utilising an interpretative phenomenological analysis design. Data was collected through semi-structured interviews from eight criterion purposively selected trans women from Umlazi township. Data was analysed guided by an interpretative analytics framework. Two key themes emerged from the study: the types of human rights violations and their sources. The findings indicated that trans women experience several types of human rights violations, including violations of their right to safety, freedom of expression, access to employment, and the right to human dignity. The sources of these human rights violations for trans women include cis-normative infrastructure, transphobic communities, and transphobic public officials. Understanding these experiences is crucial in developing measures to conscientize communities, foster tolerance and promoting social inclusivity of transgender people in society. The findings provide insights that can facilitate positive changes in how communities perceive transgender persons.

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Gender identity; trans women; transgender; discrimination; experiences; stigma

Introduction

This paper focuses on the experiences of transgender women. The Centre of Disease Control and Prevention (CDC, 2019, p. 2) refers to the word 'transgender' as 'an

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umbrella term for persons whose gender identity or expression (masculine, feminine and other social gender markers) is different from their sex (male, female) at birth. This article reflects on trans women, people who identify as women but were assigned male sex at birth (Coleman et al., 2012). For this study, the term 'trans women' refers to people who identify as females but were assigned male sex at birth; they may or may not have started with the transition process.

Many transgender people experience social rejection and marginalisation due to their gender identity and expression from a young age (Marshall et al., 2016). This phenomenological study presents the experiences of transgender women at a township of eThekwini District in KwaZulu-Natal Province. The World Health Organisation (2023) highlighted the fact that transgender people have low rates of access to health services due to a range of issues including violence, legal barriers, stigma and discrimination. Shabalala & Campbell (2023) indicated that transgender population in South Africa is among the most marginalised and misunderstood groups. Despite a progressive and inclusive human rights-based legal framework, transgender individuals in South Africa are highly vulnerable to multiple human rights violations, including inequality and significant healthcare disparities (Shabalala & Campbell 2023).

The South African Constitution enshrines the right to equality, dignity, and bodily integrity of all individuals, including sexual minorities (Human Rights Watch, 2011). Sexual minorities include lesbian, gay, bisexual, transgender, and intersex (LGBTI) people who experience stigma and discrimination in their daily lives in different spheres of life, including religious spaces, family, and even public service (Mavhandu-Mudzusi & Ganga-Limando, 2014). South Africa is the first country in the world to ban discrimination against individuals on grounds of sexual orientation or gender identity constitutionally. It was the first and only country in Africa to legalise same-sex marriages in 2006 (Rahlan & Margolis, 2014). Despite such remarkable progress, South African sexual and gender non-conforming individuals face discrimination, mistreatment, and violence (Rahlan & Margolis, 2014).

The experiences of transgender women are different from those of the lesbian or gay population. The South African National AIDS Council (SANAC, 2017) states that HIV prevalence among trans women is 49 times higher than in the general population and even higher than among women having sex with other women (WSW) and men having sex with other men (MSM). It is essential to note that trans-people are usually excluded from MSM and WSW research; hence, they do not have services planned according to their needs. In essence, this constitutes a violation of their right to health.

Studies indicate that the absence of correct identity documents among transgender people may impact on every aspect of their lives, including the right of entry to health care services, airports, banks, emergency housing, or other public services (Calton et al., 2016; James et al., 2016).

Transgender people are more prone to encounter violence at the hands of intimate partners than other groups. In addition, they are at higher risk of experiencing violence than trans-men (Calton et al., 2016). However, victims rarely report these assaults due to fear of being intimidated by the police. In the social service sector, discrimination leads to insufficient access to housing for transgender people who are targets of intimate partner abuse. Such persons also experience stigma and discrimination from the police and transphobia from health care workers. These become barriers to them reporting violence

cases, seeking medical attention for their wounds, or accessing housing (White Hughto et al., 2016). Consequently, the prevalence of intimate partner violence and transphobia deprives trans women of their fundamental rights and their very personhood (United Nations Development Programme [UNDP], 2016). Gender-based violence is a term that refers to numerous types of abuse including physical, sexual, economic, and emotional abuse and discriminatory behaviours that violate human rights. These include being detained or incarcerated, indiscriminately stopped, and being deprived of basic supplies and being denied healthcare and other basic services (United Nations Population Fund [UNFPA], 2015). There are very few trained civil servants knowledgeable in providing trans-friendly services to transgender people (Sevelius et al., 2015).

Transgender people are at higher risk of ending up on the street due to financial vulnerability and family rejection during puberty than any other group in the LGBTI community (Smit & Viviers, 2016). Many African leaders view homosexuality as nonconformity from prescribed gender characteristics as changes brought by colonialism. When persons deviate from heteronormative sexuality or gender identity, they are not considered 'true African' (Vickerman, 2018). Transphobia is a socially formed mentality akin to racism, sexism, xenophobia, or religious bigotry (White Hughto et al., 2016) that contributed to the sidelining of transgender persons and gender nonconforming persons, resulting in their susceptibility to HIV infections.

Transgender Europe (TGEU, 2016) has noted 1,700 transphobic and gender non-conforming killings worldwide between 2008 and 2014, the majority of which were against trans women. Transphobic violence has numerous manifestations and can be seen as a form of gender-based violence. Almost 13 trans women were killed in 2014, and even higher numbers being predicted for 2015. These women were stabbed, shot, strangled, burned, or violently killed by both intimate partners and strangers (CDC, 2019).

Research related to gay and transgender women in rural African settings has revealed a diversity of sexual and gender identities specific to their settings (Msibi, 2012). Poor educational achievement, often a lack of diploma or matriculation, has been associated with negative health outcomes and lower quality of life in LGBTI communities (Daniels et al., 2019).

Transgender people, particularly trans women, face discrimination in different employment areas, from recruitment to training opportunities, access to job progression, and partner benefits (Lanham et al., 2019). Furthermore, while laws on gender identity were approved and documented, job-related issues have not been addressed, particularly at entry level. Most trans women discover that their job opportunities are restricted to being sex workers, entertainers (drag queens and performers), or beauticians (Vickerman, 2018).

In most countries, anti-discriminatory legislation that explicitly protects transgender people or allows interventions permitting persons to officially assert their gender, for example, by having their gender markers changed in official documents does not exist (Carroll, 2016). As previously stated, the lack of accurate identity documents that affirm their gender identity constrains these trans women's access to health care, formal labour market, education, and hinders their social and economic development (Lanham et al., 2019).

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS, 2016), transgender people are increasingly visible across different cultures and in everyday life. According to Gupta et al. (2016), regardless of the amplified prominence of

transgender people in broadcasting in the United States, the transgender community is still one of the most ignored sub-groups. South Africa has endorsed various legal and policy documents intended to prevent and eradicate discrimination relating to gender and disability and encourage equality in general, especially within the employment sector (South African Human Rights Commission, 2016).

A few studies have been done on the experiences of trans women from a township in South Africa (Daniels et al., 2019). The few studies focused on the experiences of trans women from rural areas and rural schools and trans women sex workers (Vickerman, 2018). Umlazi is a vibrant and diverse township, encompassing formal housing, informal settlements, and hostels. The prevalent language in this community is isiZulu, spoken not only by the local residents but also by Indians, Coloured people, and members of the White community. Umlazi residents have specific cultural norms for men and women, which include virginity testing for females. Trans women are expected to conform to these cultural norms, and it becomes problematic if they cannot do so. Therefore, this article sought to gain an in-depth understanding of the experiences of trans women in a township of eThekwini District in the KwaZulu-Natal Province

Materials and methods

Design

An interpretative phenomenological analysis (IPA) design was used. According to Smith and Osborn (2015) and Alase (2017), this approach enabled study participants to narrate their stories based on their lived experiences and facilitate the adoption from an insider's perspective. Therefore, using this approach, the researchers were able to explore and ask critical questions on issues mentioned by the study participants to gain an in-depth understanding of their experiences. The IPA enabled the researchers to have an in-depth understanding of individual transgender women's experiences as they lived in Umlazi township.

Study setting

The study was conducted in Umlazi, the largest township in eThekwini District, KwaZulu-Natal Province. It is the fourth largest township in South Africa after Soweto, Tembisa and Katlehong, respectively. Umlazi township is a residential area that has a diverse population: Coloureds, Indians and Whites; however, the majority are Africans and is located 23 km southwest of Durban (Statistics South Africa, 2020). According to Crime Statistics 2019/2020, delivered by Minister of Police Bheki Cele, eThekwini District had the highest incidence of gender-based violence cases reported. The above background motivated the researchers to focus on Umlazi.

Sampling

A total of eight participants were purposively sampled for data gathering through the Durban Lesbian and Gay Community Health Centre (DLGCHC). Purposive sampling was used to ensure that only trans women who have disclosed their gender identity

and were comfortable sharing their life experiences were included in this study. The limitation of reaching other trans women was the fear of disclosure, which might lead to stigma, discrimination, and rejection. The inclusion criteria for this study were as follows: trans women aged between 18 and 45 years, having stayed in the Umlazi community for at least two years, were legally and mentally capable of giving and signing an informed consent, and may or may not have started the transition process. The researchers specifically chose to engage only trans women who attended the monthly seminars at the DLGCHC; only those who had used the centre for at least three months within the last two years as they were accessible and had already disclosed their gender identities. Eight participants who met the inclusion criteria and voluntarily signed the consent form participated in this study. The sample size was determined by data saturation.

Ethical considerations

According to Polit and Beck (2018), protecting the rights of the institution is an important principle in research. To achieve this principle, all relevant ethical aspects for the study were adhered to. The researchers sought and obtained ethical clearance from the University of South Africa Africa's College of Human Sciences Research Ethics REC-012714-039 (NHERC)-(HSHDC/991/2020). In addition, permission to conduct the study was also obtained from Durban Lesbian & Gay Community Health Centre. Before each interview was conducted, an informed consent form was signed by participants following receipt of detailed background information relating to the study. The study participants also consented to audio recordings of the interviews. As part of the consent process, participants were informed that participation was purely voluntary, and that consent could be withdrawn at any time without prejudice. Participants were assured that data would be handled confidentially and that the results would be reported in a way that ensured anonymity. Therefore, all identifiers were removed from the transcripts and pseudonyms used. Data were stored in a password-protected computer.

Data collection

The data was collected by the primary researcher through interviews conducted in IsiZulu. The primary researcher is a healthcare provider who set aside her personal views during interviews. She does not work in the DLGCHC but has experience working with transgender women. Prior to the interview sessions, the researcher conducted a pilot study with two trans-individuals who are not part of the sample but met the inclusion criteria. According to Brink et al. (2018), during a pilot study, the researcher can recognise and address some of the problems by obtaining information for improving the project, adjusting the instrument, or re-assessing the feasibility of the study. The interviews were conducted during Level 1 of the COVID-19 lockdown. All the interviews were conducted in the DLGCHC boardroom, where all participants were screened for COVID-19 symptoms, hand sanitised, and all given a disposable mask to replace their cloth masks. Social distancing was observed during the interviews. Audio recordings were done to capture each entire interview. The interview sessions for each participant lasted about 45–60 min. Interviews were conducted iteratively with data analysis and were determined and terminated when data saturation was reached.

Nakkeeran and Zodpey (2012) describe data saturation as a stage in the data collection when the researcher feels that no new themes, ideas, or insights are emerging, and that continued data collection does/would not enrich or expand the explanations that have already been provided.

Data analysis

The gathered data transcripts were analysed using the Interpretive Phenomenological Analysis (IPA) framework for data analysis as described by (Smith & Osborn, 2015). Interviews were transcribed verbatim by the primary researcher. They were then translated from isiZulu to English and back to isiZulu to ensure that the meaning was accurately preserved without any loss in translation by external translators. Two researchers analysed the transcripts independently using an IPA framework, whilst the third person acted as an independent co-coder and performed open coding of each transcript. Each researcher read each transcript many times and also listened to the audio-recording a few times. The following IPA steps, according to by Smith and Osborn (2015), were followed: (1) reading and rereading the transcript; (2) note-taking and developing emergent themes; (3) clustering the emergent themes; (4) crafting a master table of themes – composed of superordinate themes, subthemes and extracts from the interviews; (5) examining and comparing the similarities between the master tables of the themes; and (6) compiling a single master list – composed of a superordinate theme, themes and subthemes. After completing the described process, the research team then met to compare and discuss their respective master table of themes. The research team had a discussion, reached a consensus and agreed on the final master table, comprising superordinate themes, themes, subthemes and related extracts from the transcripts (Table 2) (Creswell & Creswell, 2018; Smith & Osborn, 2015).

Ethics statement

The study was conducted in accordance with the Declaration of Helsinki and was approved by an Institutional Review Board/Ethics Committee.

Findings

The study participants were trans women, aged between 24 and 37 years of age. Notably, the predominant demographic consisted of trans women who indicated that they were heterosexual as they identify as women, and they are attracted to cisgender men. All participants self-identified as trans women, and their educational standards ranged from grade 8 to an Honours degree as shown in Table 1. Their employment status also differs, ranging from being unemployed, or temporarily employed, to permanent employment. Some participants are still students at various institutions. All those with contracts of employment are employed by NGOs on an annual basis. This diverse background is also evidenced in their responses on their experiences as trans women in the Umlazi Township.

Following data analysis, two major themes emerged: types of human rights violations and sources of violation-related subthemes as shown in Table 2.

Table 1. Demographic data of participants.

Participant	Age in years	Highest level of education	Sexual/romantic attraction	Employment type	Has had hormones or surgery
1.	32	Grade 10	Cisgender male	Annual contract-NGO	On hormones for three years
2.	33	Grade 11	Cisgender male	Annual contract	No
3.	25	NQF Level 5	Human beings	Annual contract	Hormones for three years & surgery
4.	30	Matric	Cisgender male	Annual contract	On hormones for two years
5.	29	Grade 8	Cisgender male	Self-employed	No
6.	24	Matric	Cisgender male	Annual contract	No
7.	37	Matric	Cisgender male	Full-time student	On hormones for five years
8.	26	Honours degree	Cisgender male	Permanent	No

The table depicts the demographic characteristics of study participants.

Theme 1: types of human rights violations

This theme highlights the different forms of human rights violations experienced by the study participants. These violations include threats to safety, such as sexual violence, physical violence, and bullying. It also encompasses the right to freedom of expression, the right to employment, and the right to human dignity. Collectively, these experiences represent significant violations of various human rights.

Sub-theme 1.1: right to safety

The human right to safety was violated and often the participants felt insecure. The participants revealed that trans women are vulnerable to sexual assault and abuse. They had been sexually violated by people they knew, trusted, and counted on for protection. One of the participants explained that:

> … He locked me up and continuously raped me for the entire weekend and he told me that if I tell my aunt, he will chase me out of the house. (Participant 6)

The findings indicated that participants also experienced physical assault in the form of bullying at schools. Bullying is a serious and widespread problem among school students, but the percentage of bullying is much higher for trans women at school as they are viewed as being different by their peers and are called various names such as 'Satan, evil, and freak'. Participants also highlighted how they felt betrayed since they had been assaulted by their intimate partners. One of the participants narrated this:

Table 2. Themes and subthemes.

Themes	Subthemes
1. Types of human rights violations	1.1. Right to safety
	1.2. Right to freedom of expression
	1.3. Right to employment
	1.4. Right to human dignity
2. Sources of human rights violation	2.1. Cis-infrastructure
	2.2. Transphobic communities
	2.3. Transphobic public servants

The table shows the themes and subthemes that emerged following data analysis.

> He would beat me up and then make romantic gestures just to make me forget that he is abusing me. I stayed with him for years being controlled, and I thought it was much better than being single and homeless. The last time he physically assaulted me to the point of hospital admission, and that is where I knew that this is definitely not love. (Participant 8)

Sub-theme 1.2: right to freedom of expression

The process of disclosing to the families as trans women led to participants being subjected to stigma, isolation, discrimination, and the human right to the freedom of expression violated as participants were forced to consult as traditional healers who diagnosed being trans women as an evil possession and needed to be cured of transgenderism. Participants revealed that they sought help from traditional healers known and trusted by their families but were sexually assaulted instead of being assisted. One of the participants stated:

> During the evening steaming sessions, he would rape me as he stated that the ancestor needed to be satisfied. I had just passed my Grade 10 and in Grade 11. I honestly did not think it was rape because he informed me about it and expected it to happen. We were not allowed to visit home nor to have contact with our families. I was not the only one being raped by the initiator and that is why we all did not see it as rape. (Participant 2)

Participants also highlighted how they had been sexually assaulted by community members who believe that being a trans-woman is a choice that can be corrected by rape until they stop calling themselves women.

Participants also revealed that loved ones and community members have physically assaulted them for just being trans women, often to the point of sustaining injuries and being hospitalised. Participants reflected how they had had traumatic experiences from being raped and assaulted by their cousins and uncles, with no one to report the incidents to:

> I have been assaulted and humiliated in this community by people that I grew up with and people that I respected. People would assault me for being myself, and they would say I am too much in their faces. (Participant 2)

Sub-theme 1.3: right to employment

Employment is a bigger challenge for trans women than for other members of the LGBTI community. During discussions with participants, we noted the trends of employment experienced by trans women. These include high unemployment experiences, informal ways of getting money, and on some rare occasions, contract employment. Participants indicated that despite their willingness to work and possessing relevant qualifications, they are often denied employment opportunities in both private and public sectors. Participants reflected how desperate economic situations often surround the loved trans women since their families are not willing to support them and have to resort to begging for money and food. For example, one of the participants said the following:

> My mother used to lock her house every time she went out or even to work. I would be locked outside the house until she came back in the afternoon, and sometimes, in the

evening, without any food or money to buy anything to eat. I would go around the neighbourhood, begging people for food and money to buy food. (Participant 5)

Sub-theme 1.4: right to human dignity

With trans women being exposed to such a kind of desperation, they have to resort to informal ways of getting money, which are sometimes risky and put them in vulnerable positions. Participants highlighted that lack of employment opportunities often pushes them into hustling, 'doing anything to survive', sex work, and transactional sex. It is essential to note that these informal ways are often criminalised activities. For instance, sex work is criminalised in South Africa; yet it is still one of the most common types of informal employment that participants named. One participant summed up all informal income-generating activities trans women are involved in thus:

> By saying I am a hustling woman, I mean that I do anything and everything that needs to be done to make sure that I have money. I have done so many things that I am not proud of, things like shoplifting, having sex for money, selling drugs, robbing drunk men, and dating men just for money. (Participant 5)

Theme 2: sources of human right violations

This theme highlights the various sources of human rights violations experienced by the study participants, including cis-normative infrastructure, transphobic communities, and transphobic public servants. Access to government services is a fundamental right for everyone in South Africa; however, trans women face significant challenges in accessing these services due to the influence of heteronormative patriarchy (Republic of South Africa, 1996, s9).

Sub-theme 2.1: cis-normative infrastructures

The study established that such women are heavily affected by cis-normative infrastructures and public servants. cis-normative experiences refer to transphobic images and attitudes that are portrayed in the general infrastructure of public services. For instance, participants expressed the challenges of stigma and discrimination they experienced when being admitted to hospital, since ward allocation was a problem. One participant highlighted how they are often excluded from accessing relevant health services at hospitals:

> The way the institution is structured, where there are male and female wards, make it difficult for us when we get admitted as it makes even the staff not to understand where we need to be admitted, and make a joke of us. I was terrified of being admitted to the ward, but I had no choice because I was sick. When I was taken to the male ward by the porter who could not stop smiling and telling everyone in the corridors that he was transporting male admission to the admission ward, everyone would look at me … I was admitted for two days, and I was begging to be discharged. I left the hospital while I was still ill and do not ever wish to go back to that situation. (Participant 5)

Another participant pointed out that she had experienced exclusion from receiving circumcision services at traditional initiation camps, and that:

> … A gentleman came out and called for my name, but he used Mr. I looked around and I got up and told him that it is me. He looked at me and told me that they do not circumcise women, but they only circumcise males. (Participant 7)

Sub-theme 2.2: transphobic communities

Trans women experience a lot of stigma and discrimination from transphobic people. People use negative labelling and names to degrade, humiliate, stigmatise, and discriminate against transgender people. One participant shared the negative names that were used on her:

> I experienced stigma, shame and embarrassment by people who know me including my family. I was labelled with all the negative names by people who knew from Umlazi, they would call me names like 'whore', 'prostitute', 'man-eater', 'homewrecker', or '*umahosha*'. I suffered more name-calling because of my gender identity, they called me names like 'he/she', '*moffie*,' *stabane*, 'demon', and 'evil'. (Participant 1)

Sub-theme 2.3: transphobic public servants

Trans women rely on public services due to lack of formal and permanent employment, but the attitude and discrimination they receive from public servants is a major barrier preventing them from accessing necessary basic services. For example, participants narrated how staff at public clinics often make jokes at their expense when they go for treatment, and, instead of treating them, they send them from one room to another, making them repeat their story again and again, just to mock them for identifying themselves as women. One participant said:

> … Each nurse would send me to the next one … Every nurse would have negative things to say to me during my time of pain. The cruellest question they all asked me was, 'where do you see this female you keep telling us of because we can only see an ugly male? (Participant 2)

Moreover, participants also indicated how they have had their fair share of transphobic experiences with police, whom they expected to provide non-judgemental justice services without discrimination. Participants recounted how they are often abused and raped, yet police refuse to assist them and may even laugh at them. These brutal experiences of discrimination reflect the experiences of trans women within the Umlazi township.

Discussion

The study explored the experiences of transgender women in Umlazi township, South Africa. The following themes discussed below emerged: types of human right violations and sources of human rights violations.

The study found violations of rights for transgender individuals. Our findings indicate that transgender women face multiple types of human rights violations, including the right to safety, freedom of expression, employment, and human dignity. These rights are primarily violated due to the participants' gender identities. This is consistent with findings by James et al. (2016), National Centre for Transgender Equality (2021) and United Nations and Office of the United Nations High Commissioner for Human

Rights (2021). A related study by Rahlan and Margolis (2014) found that they were often victims of gender-based violence.

The study found that trans women in their quest for identity and self-expression are frequently victims of violence. These findings concur with those of Daniels et al. (2019) whose study in Mpumalanga found that transgender women experienced gender-based violence because their identity documents clashed with their gender identity. Because of this, Calton et al. (2016) and Poteat et al. (2015) recommends that the transgender people should be allowed the choice of the name and gender appearing in their documents without having to meet any stringent requirements.

This study established that transgender women were sexually assaulted, bullied or beaten up as an assumed corrective measure for the manner they expressed themselves. These findings resonate with those of Lanham et al. (2019), who found that in most instances, transgender women were bullied, harassed, and physically threatened for being who they are. This self-expression by transgender women makes them vulnerable to rejection by family members (Smit & Viviers, 2016). This is because, posits Vickerman (2018) in many African societies, deviation from heteronormative sexuality or gender identity is regarded as not being in keeping with true Africanness. Further, according to Broockman and Kalla (2016) transphobia is a response to actual or perceived discrepancy between the anatomical sex assigned someone at birth and their gender identity or expression. Echoing similar sentiments, Collison (2017) postulates that transgender women from various communities are often exposed to a minefield of cultural traditions and cis-normative gender expression.

The second theme that emerged from this study was identifying the sources of human rights violations for transgender women. These sources include cis-normative infrastructure, transphobic communities, and transphobic public servants. As a result, transgender women often struggle to access services and may seek alternative options. White Hughto et al. (2016) liken transphobia to racism, sexism or religious bigotry and contribute to the sidelining of transgender persons and gender non-conforming individuals resulting in their vulnerability to HIV infections. One of the greatest barriers is the access to healthcare services. This is because of cis-normative patriarchy. Transphobic government services manifest themselves in a cis-normative infrastructure and public servants. The study found that when transgender women fell sick and needed hospitalisation, they experienced stigma and discrimination, as ward allocation was a problem since the healthcare personnel did not know to which ward to admit them. Sevelius et al. (2015) attribute the foregoing challenges to the fact that South Africa has a limited number of civil servants trained in transgender-friendly services. The same study established that the public health amenities were not friendly or responsive to the needs of transgender women.

Stigma and discriminatory behaviours against transgender women were also noted by the United Nations Development Programme (2016). The United Nations Population Fund (2015) also showed how this stigma and discrimination manifested itself in transgender women being denied healthcare services. Vickerman (2018) survey established that the transgender community was confronted by exclusion and discrimination by healthcare workers when they tested HIV positive. On the other hand, Luvuno et al. (2017) also contend that the high levels of stigma and discrimination faced by transgender women restrict their access to and use of public healthcare facilities.

The findings highlight yet another right transgender women are sometimes denied: the right to employment, this emanates from the fact that transgender persons face

discrimination in employment, recruitment for training and access to job progress (Lanham et al., 2019), forcing many transgender women to resort to sex work to put food on the table (Vickerman, 2018). This sentiment was also echoed by Nadal et al. (2014). Decker et al. (2015) posit that sex work is demeaning and lowers the dignity of sex workers – an experience found in this study. The study by Tagliamento and Vera Paiva (2016) demonstrated that the marginalisation of transgender people limits their access to healthcare services while increasing their risk to abuse and HIV infection.

Carroll (2016) argues that the absence of antidiscrimination legislation in many countries protecting transgender individuals like accurate identity documents that affirm their gender identity acts as barriers to the access to healthcare and a formal labour market. This in turn, according to Lanham et al. (2019) hinders their social and economic development.

Recommendations

Trans women in Umlazi experience various critical challenges. This study presented information on the challenges experienced by them, including violence, employment challenges, and transphobia. A study conducted in Johannesburg by Duby et al. (2019) indicated that despite the stated limitations, this evaluation suggests that a one-day integrated key population sensitisation training course can positively impact the perceptions, attitudes and knowledge of healthcare workers and such changes may contribute to the reduction in barriers to access health services and the promotion of welcoming and enabling healthcare facilities.

The study also indicated that participants highlighted the need for sensitisation training to be including in the formal academic training of health care workers, law enforcement agencies, and the need for awareness campaigns in the community to provide accurate information about transgender people to eliminate the violations of their human rights. Efforts towards improving the positive conditions of trans women experience are highly crucial. Consequently, based on the findings of this study, we suggest the following recommendations:

- Government departments should partner with NGOs that provide services to trans women and advocacy teams to create trans-friendly environments within.
- More support groups, health seminars and awareness campaigns should be planned and executed to make transgender people more visible within communities and eliminate violence.
- Sensitisation training of all public servants on human sexuality, including gender identities, to impart knowledge that will eliminate human rights violations and discrimination of trans women.
- Psychologists and social workers to provide family-based interventions that will empower the parents and families of transgender people at early stages to avoid family conflicts that lead to trans women being homeless and more vulnerable.
- Inclusion of human sexuality in the curriculum of the basic training of health care workers with examinations to ensure that the health care workers are knowledgeable and provide non-judgemental services upon completion of their training.

- The policies, SOPs, and guidelines on HIV and AIDS, STIs, and contraceptives used in the health facilities should include transgender people to avoid misdiagnosing and illicit use of contraceptives by trans women.
- Resources and tools used by the department should not be limited only to males and females. Still, they should also cater to transgender people, especially trans women, as they have specific sexual reproductive health needs.

Conclusion

Trans women in Umlazi experience various critical challenges. This study presented information on the challenges experienced by them, including violence, employment challenges, and transphobia. The study indicated that participants highlighted the need for sensitisation training to be included in the formal academic training of health care workers, law enforcement agencies, and the need for awareness campaigns in the community to provide accurate information about transgender people to eliminate the violations of their human rights. Efforts towards improving the positive conditions of trans women experience are highly crucial. While this study focused on trans women who have disclosed their identity, a limitation on the fact that trans women from the same township, who have not disclosed their gender identity, were not accessed. Despite this limitation, this study brings unique insights on the challenges experienced by this population.

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Disclosure statement

No potential conflict of interest was reported by the author(s).

Data availability

Data used in this study are available from the corresponding author (I.M.) upon reasonable request. All personal identifiers found in the data will be removed prior to data sharing.

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