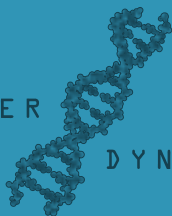




Young and Transgender

Understanding the Experiences
of Young Transgender Persons in
Educational Institutions and the
Health Sector in South Africa

GENDER



DYNAMIX



UNIVERSITY of the
WESTERN CAPE

A GENDER DYNAMIX REPORT

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This report provides an overview of the structural and systematic issues experienced by transgender and gender non-conforming persons in the education and health sectors.

The report focuses on the experiences of 17 transgender women, men, transgender girls and boys, gender queer and intergender youth and one parent of a transgender youth. The research report concludes that the lack of education around gender identity creates a hostile and discriminatory environment for trans* and gender non-conforming students and further makes recommendations on how these issues can be addressed through education of various stakeholders within the health and education sectors.

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INTRODUCTION TO ORGANISATION INVOLVED

Gender Dynamix

GDX, established in 2005, is the first organisation based in Africa to deal specifically with transgender issues. The organisation is currently based in Cape Town, South Africa. The organisation uses various advocacy methods to raise awareness around structural human rights violations experienced by transgender persons as a result of a lack of access to the right to health, citizenship (legal recognition), education, safety and security and freedom of expression.

GDX provides resources, information and support for transgender persons, their partners, family, employers and the general public. Central to its advocacy strategy is the education of medical service providers, teachers, government officials and the community.



Currently in its nascent stages, GDX's trans* and gender non-conforming (GNC) youth program focuses on empowering transgender and gender non-conforming youth through the education and sensitization of key role players. These include parents, teachers, social workers and medical-service providers. Understanding that generally the youth accesses their rights through these role players therefore GDX believes it to be necessary for these "primary points of contact" to be educated about gender identity and raise awareness on the importance of creating educational and medical environments which are inclusive to the experiences of trans* and gender non-conforming youth.

Lastly, GDX is of the view that trans* and gender non-conforming youth should be able to access their rights in material ways within the education and medical/health environments. It is important that as a vulnerable group that is more susceptible to experiencing discrimination and prejudice the rights of trans* youth and gender non-conforming youth must be protected. Reports such as this are important as they ensure the identification of systematic and structural obstacles which result in the creation of a hostile environment within the education and health sectors for trans* and GNC persons. Additionally they contribute to ensuring the creation of an environment conducive to the development of trans* and GNC persons as fully functioning citizens of a democratic country.



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Glossary¹

Cisgender: someone whose identity conforms to the gender assigned to them by society and whose gender matches their sex at birth.

Cross-gender hormone replacement therapy: One part of gender affirming treatment can be the intake of hormones in order to create changes in secondary sexual characteristics. In the case of transgender women these would be estrogens and progesterone, which stem some hair growth and initiate breast development; in the case of transgender men, this would be testosterone, which breaks the voice and promotes hair growth.

Gay: This word colloquially refers to homosexual men; thus men whose emotional, sexual, spiritual and intellectual attraction is predominantly towards other men.

Gender: The socially constructed roles, behaviour, activities and attributes that a particular society considers appropriate for men and women.

Gender affirming treatment/procedure: (Medical) treatment and procedures; such as cross-gender hormones, gender affirming surgeries, etc.; which a transgender person can choose to undertake in order to align their bodies with their gender identity, thus affirming their gender.

Gender identity: One's private sense of being a man, woman, or otherwise, not linked necessarily to one's physical body.

Gender non-conforming: Displaying gender traits that are not normatively associated with their biological sex – “feminine” behavior or appearance in a male is gender-variant as is “masculine” behavior or appearance in a female.

Heteronormative: The heterosexual norms around sexuality, and to some extent gender, prescribing how boys and girls, and women and men are expected to behave, and with whom they are expected to have emotional and sexual relationships with.

Lesbian: Homosexual women; women whose emotional, spiritual, intellectual and sexual attraction is predominantly towards other women.

LGBT: Lesbian, Gay, Bisexual and Transgender; an inclusive term for groups and identities sometimes also grouped as “sexual minorities.”

Intergender: Intergender individuals express a gender identity and/or gender expression that is between the binary genders. They may describe this in terms of being between female and male, between man and woman, between masculine and feminine or simply ‘in between’.

Transition: The process of changing one's gender expression to match their gender identity.

Transgender/trans*: People who have a gender identity, and often a gender expression, that is different to their sex assigned at birth by default of primary sexual characteristics. Some transgender people opt for gender affirming treatment (those transgender people who choose to fully transition by means of such treatment are often called transsexual), while others choose to not, or only partially, undergo such treatment. Transgender people can be heterosexual, bisexual or homosexual.

Transgender/trans* woman: A transwoman, or male-to-female, starts her life with a male body, but her gender identity is female. Always use female pronouns in reference.

Transgender/trans* man: A transman, or female-to-male, starts his life with a female body, but his gender identity is male. Always use male pronouns in reference.

Transphobia: An irrational fear of, and/or hostility towards, people who are transgender or who otherwise transgress traditional gender norms.

Sex: The sex (male/female) assigned to you at birth by default of one's primary sexual characteristics.

Sexual characteristics: Physical features that are considered to distinguish males and females from each other; primary sexual characteristics refers to the physical features part of the reproductive system, such as genital; secondary sexual characteristics are those physical features linked to the physical sex that are not directly part of the reproductive system.

Sexual orientation: a person's sexual identity in relation to the gender to which they are attracted (heterosexual, homosexual, or bisexual).

* The use of an asterisk originates from an internet search convention where it denotes a wildcard, meaning that trans* includes all things to do with gender identity.

1. The definitions in this glossary were adapted from the Report of the Gender Dynamix Trans* Health and Advocacy Conference in 2011 (see <http://www.genderdynamix.org.za/wp-content/uploads/2013/04/A4-Medical-Conference-Report-Full.pdf>), and the Human Rights Watch We'll Show you you're a woman 2011 report (see <http://www.hrw.org/sites/default/files/reports/southafrica1211.pdf>).

Executive Summary

“I said it to myself out loud that I had a girl’s mind and a boy’s body. I felt that it was something to be proud of, that I was special. I had this secret that made me unique.”

Eleanor, 21-year old transwoman from Johannesburg

While human rights are guaranteed in the South African Constitution, these rights are often difficult to implement in practice. Socially and politically, there is a serious lack in understanding gender and gender identity, as well as the political will to interrogate what gender and gender identities mean. This impacts on transgender persons in particular ways. As the Human Rights Watch points out, “South Africa, at the forefront of the fight for legal equality on LGBT issues internationally, is desperately failing lesbian and transgender people in their everyday lives at home... Legal rights are important and can be empowering, but they are meaningless in the face of the abuse, intimidation, and violence that people with unconventional gender and sexual expression face on a daily basis.”²

2. See <http://www.hrw.org/news/2011/12/05/south-africa-lgbt-rights-name-only>

Gender DynamiX has dealt with transgender and gender non-conforming constituents throughout its history, for the most part helping them on an individual basis. The organisation has come to understand some of the specific issues they face, among these, issues related to educational institutions. Some of these issues are gendered uniforms, bullying, and the resulting drop-out rates which impact transgender and gender non-conforming youth for the rest of their lives. However, more information is needed in order to implement structural interventions beyond individual assistance. Currently, there are few educational tools available in South Africa regarding gender, sexuality, and identity which address the complexity of gender diversity in South African society. Education around transgender, transsexual, and gender non-conforming youth in schools and other educational institutions is non-existent. Young transgender individuals face high levels of stigmatisation from both their peers and from people who are meant to be their support (e.g. teachers). The impact of a tool developed upon the actual experiences of young transgender, transsexual and gender non-conforming individuals, has the potential to be very powerful, and very useful in creating a supportive environment for such young people by educating schools, peers, and organisations working with youth.

This report focuses on the experiences of 17 young transgender women and men, transgender girls and boys, gender queer and intergender persons in the school and health system in South Africa. Twelve participants are black, and five are white South Africans. Participants were between 14 and 25 years old. Trans* persons' experiences in these two sectors reveal that much needs to be done about gender education in this country. The general lack of understanding about gender identity in South African society impacts on how trans* persons are treated in schools, as well as in the health sector. In this study, discrimination in the form of bullying at school emerged as a serious concern for trans* individuals, and the use of toilets at schools as a critical issue that impacting their health. Another concern was trans* persons' engagement in the health care sector, for both trans-related as well as non trans-related health issues. Consciousness-raising and education within the school system, including within the curriculum, as well as education for health practitioners in both public and private healthcare service providers, emerge continuously in participants' narratives in this research study.

The recommendations made by young trans* persons can be summarised as follows:

1. **More information about transgender health is needed:** information about hormone replacement therapy, and gender alignment surgery is necessary. While Cape Town and Johannesburg are more resourced in terms of organisational support to transgender persons, this is not the case for Durban and the North-West.
2. **Public clinics and hospitals need awareness-raising about gender identity concerns.** Trans* people are often ostracised within the public healthcare system on the basis of their non-conforming gender identities.
3. **Community education:** Where participants feel unsafe in their communities because of transphobia, discrimination and violence becomes a possibility. Communities need gender education.
4. **Decision-making bodies and trans* concerns:** governing bodies, and decision-making bodies in the Education sector at large, need to be more engaged on concerns related to young trans* persons and the resources – such as toilets, for instance – that are not in place for trans* people. Consciousness-raising around equality and diversity was suggested as central to this process. Chapter 9 institutions such as the Commission on Gender Equality (CGE) and the Department of Home Affairs need awareness-raising specific to the needs of trans* persons.
5. **Schools and gender education:** there is a lack of education about gender identities and sexualities at both primary and high school, and this leads to discrimination against trans* people, with the use of toilets within schools as highly problematic.



Introduction

There is a paucity of global and local research about the specific experiences of transgender women and men, especially within the South African context. Internationally – although a body of knowledge is growing – research that focuses on inequalities and discrimination against transgender persons is generally limited and under-funded (Mitchell & Howarth, 2009). Except for a few studies that focus on sexuality education school policy in Australia (see, for instance, Jones and Hillier, 2012), international studies tend to be premised on a psychological and/or clinical approach, focused on providing assistance for parents and families living with transgender children and teenagers. Some of these studies include Brill and Pepper's (2008) *The Transgender Child: A Handbook for Families and Professionals*; Beam's (2007) *Transparent: Love, Family, And Living with Transgender Teenagers*; Boenke's (2003) *Trans* Forming Families: Real Stories About Transgendered Loved Ones*, and Wallace and Russell's (2013) journal article "Attachment and Shame in Gender-Nonconforming Children and Their Families: Toward a Theoretical Framework for Evaluating Clinical Interventions".

A few international studies – particularly in the United States and the United Kingdom – are focused on bullying in the school system, especially in terms of providing guidance on bullying within educational settings. These include Greytak et al's (2009) "The Experiences of Transgender Youth in Our Nation's Schools", and the Gender Identity Research and Education Society's (2008) Guidance on Combating Transphobic Bullying in Schools. Significantly, Ron Addinall's recent research (2014) in Cape Town, South Africa, reveals that with proper and supportive interventions at the level of the school governing bodies, with teachers, parents and learners, it is possible to provide a more conducive school environment for young trans* learners. In addition, recent local research published in South Africa, Husakouskaya's (2013) "Rethinking gender and human rights through transgender and intersex experiences in South Africa", considers how governmental practices, i.e. medical service providers, researchers, LGBTI activists, transgender and intersex people themselves, construct transgender and intersex individuals within fixed ideas of gender that is rooted in biological dualism. In this report, participants' narratives when they describe themselves in terms of gender, and their experiences within the healthcare sector, reveal that this is indeed the case. More documented research is required that specifically looks at the experiences of young transgender individuals in schools and within the health sector.

As noted above, there is a dearth of local knowledge on transgender young people, particularly children and teenagers, within the school and health system. This report aims to document the experiences of 17 young (14 – 25 years old) trans* persons and one parent in Gauteng (Johannesburg), Western Cape (Cape Town), North-West (Vanderbijlpark and Klerksdorp) and Kwa-Zulu Natal (Durban and Richards Bay) in South Africa. Three participants were under the age of 18 – between 14 and 18 years old. Twelve participants are black South Africans (two of whom would be considered 'coloured') and five are white South Africans. Of the 17 participants, seven identified as transwomen, three as transmen, two as intergender, one as genderqueer, one as a woman (she preferred omitting the prefix 'trans' as part of her identity), two as transgirls, and one as a boy (he preferred omitting the prefix 'trans' as part of his identity).

Although we initially planned to conduct 30 qualitative interviews, recruitment was difficult in terms of access, technological obstacles, and parents consent were prominent obstacles. Due to transgender youth being an ignored and marginalised group there has been no development of structures for transgender youth to

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source support and collective mobilisation. Thus the youths interviewed were accessed through a variety of sources, ranging from referrals to support groups accessed through various social-media sites. Another source was through personal connections of the staff members at Gender DynamiX. This situation made the interviewing process slow and difficult.

Further the technological tools available were inadequate making some of the potential interviewees too remote to access for interviews within the time frame of the project. Because they had no access to skype and telephonically conducted interviews were of poor quality, we were unable to reach those interviewees.

Lastly, in terms of parental consent, although some of the youth were willing to be interviewed, when we contacted the parents, they became suspicious and apprehensive of the process and consequently reneged on the interviews. This is due to the fact that most parents are themselves still dealing with the issue of their child being transgender and the possibility of exposure makes them cautious of third parties.

However, the narratives analysed for this report are very rich, and patterns emerged around school life and access to medical care in the South African context that are invaluable.

All participants were interviewed on an individual basis, except where the individual was under the age of 18 years, and a parent/guardian was present during the interview. Participants signed an informed consent form, and where they were under 18, parents/guardians were expected to give their consent. Two major themes are discussed in this report – school life and support structures (with a focus on health care) for transgender persons in South Africa.



Life at school

“The uniform is not there to learn, you are there to learn. They should allow you to decide what you’re going to wear in terms of the school uniform.”

Rowland, 17-year old transgirl from Durban.

This section focuses on the experiences of trans* learners within the school system. Five themes emerged here: bullying and discrimination by learners; teachers’ and administrative staff support; the curriculum; mistaken identities: sexual orientation and gender identity, and using toilets at school.

Bullying and discrimination by learners

All the participants in this study experienced some level of discrimination on the basis of their expressed gender identity at both primary and high school. This discrimination, in the form of bullying, was perpetrated mainly by other learners and sometimes by the teaching staff. The severity of the bullying and the kind of bullying (verbal or physical) were dependent on a number of interlinking factors, such as the kind of school the person attended, i.e. township or Model C for instance, the participant's personality (shy or extroverted, for instance) and/or the way he/she expressed their gender identity. At primary school, however, bullying occurred less frequently, due to the fact that the expression of gender identities was less acute: the person was not identifiable in terms of sexuality or gender as 'different', as 'gay' or 'trans'. This lower level of gender expression occurred within a context where all learners were forced to wear what is considered gender-appropriate uniforms, and to play sport considered gender-appropriate. At high school it was more possible to avoid playing certain sports, or play around with uniform to some extent. In primary school, they therefore 'fitted into' the normative gender binary, not creating attention to themselves, and therefore not treated as 'different' in terms of gender (and sexuality). Where participants were bullied at primary school, it was mainly because their gender expression was (wrongly) identifiable as 'gay' and not necessarily 'trans', as in the two narratives below. Angelique and Eleanor (both identifiable as 'different' and not 'manly' at primary school) attended a public school and private school respectively, but their experiences of bullying were very similar:

14-year old Angelique, currently at high school and from Cape Town explained:

Angelique: They were always mean to me. They used to throw me with stones and spit at me and be rude to me.

Interviewer: All the children, girls and boys, or...?

Angelique: The boys.

Interviewer: The boys. Why were they spitting at you?

Angelique: They don't like me.

Interviewer: Why?

Angelique: Because I'm transgender. They like to make fun of me.

Eleanor, a 21-year old currently living in Johannesburg, had a similar experience of bullying at primary school:

"In my first year of primary school I was bullied by the other students, male students in residence, and the initial group of boys that I used to hang out with when I just moved to Malawi, they would often just hit me. They used to punch me as hard as they could on the shoulder. Like it was a game... and I didn't hit them back or anything... it's just how boys are. I dismissed it... it was quite common and they would hit each other and I completely dismissed [it]... I was smaller than them and I wasn't very masculine."

Girls also acted as bullies at school. Aleksandr, a 25-year old transman from Klerksdorp in the North West, made a distinction between the bullying of girls and boys at primary school:

"I will honestly say that my experience as a child, the girls' bullying was more aggressive than the boys were. They had much more personal attacks than the boys did... they were really good at breaking you down, whereas the boys, not so much. The boys were much more direct and that's it."

Bullying at high school was common for trans* persons across the different schools they attended. Unlike primary school, it was at high school where participants began experimenting with their gender (and sexual identities). Diversion from the gender binary became more pronounced, and their gender expression less conforming to normalised ideas of gender. Ndumiso P.D, a 20-year old from Durban who identifies as intergender and as 'gay' in terms of sexual orientation, expressed how he/she often felt like not going to school because of the boys' bullying:

"Sometimes I would get boys being very bullish because there were bigger boys there and I couldn't fight for myself and I would have run away when it was time to go home... Having to always defend yourself and always having groups of people, like the other time there was just this group of boys they just came to me after break, there was no teacher there and they just came and tapped me on the back and when I turned around they asked me, "Who are you? What are you? What's your problem?" To a point where I had to fight with the other one to just show them that I'm not playing and I don't like what they are doing. So I got into a fight with that boy but when it got to the office and it was talked about they were punished for that."

Although uncommon across the interviews, one participant, 23-year old Nduna, a transman from Vanderbijlpark in the North-West, stated that he responded to the school environment by *becoming the bully*. His confusion, and lack of

understanding about his gender identity led to him taking on the role of bully at primary school. Part of Nduna's struggle with his identity emerged from not "understanding what's going on" with the changes he was experiencing. With no support structure in terms of family, organisation or counselling, Nduna felt angry and irritated at school which led to him picking fights with other learners in order to cope.

In some instances, participants' 'different' gender identity means that they were treated as 'special' at primary and high school, as 'divas'. Pretty, a 23-year old transwoman from Richard's Bay in Kwa-Zulu Natal was the "queen of the school", and 16-year old Zoya, a transboy, from Cape Town noted that he was "popular for being different". While Pretty attended a public school, Zoya was enrolled at a Model C school.

Teachers and administrative staff support

The attitudes and behaviour of teachers and administrative staff across primary and high schools toward learners' gender identities varied. Mostly, participants spoke of individual teachers being supportive and protecting them against bullies. Other participants spoke about the limited extent to which teachers could offer protection against other pupils at school. As 20-year old Ndumiso P.D from Durban stated:

"Some teachers were supportive but they couldn't be with me all the time. So you'd get people that would wait for the teacher to walk out before they could do something or say something... "

Ndumiso Q.C, a 20-year old from Durban who identified primarily as 'gay', and as intergender, explained how the high school principal offered some protection against a bully:

"There was one teacher who supported me and there was one day this boy who called me names and I actually punched him and his nose started bleeding. He took me to the office and the principal said, 'You should have done that, that's a good thing you did.' I said, 'But I punched him, how can you say that?' He said, 'He called you that and he shouldn't have called you that.' They supported me every step of the way.

19-year old West, a young transwoman from Johannesburg, explained how teacher protection against bullying pupils was superficial in her experience: when it was clear that the bullying was related to discrimination based on gender identity, teachers would not engage the reason for the bullying:

“They didn’t go through the effort to find out. It would be, ‘Leave West alone, sit down, and stop bullying West.’”

In Angelique’s case, a 14-year old transgirl in Cape Town, learners at the high school being unaware of her gender identity as trans, means that she is free from bullying and discrimination on the basis of her gender identity:

Angelique: They all know... that I’m a girl, they don’t know that I was born transgender... some [teachers] do know.

Mother: But they’re not allowed to say anything about it... Because the principal has said they’re not allowed to. When I went to go and see the principal about getting her into the school there, so I told him the issues I had encountered and he said, “It’s fine, she can come here. We won’t tell anybody except some of the teachers”, but that’s it. And they’re not allowed to break that confidence... And she’s at the school as a girl, and she is treated as a girl, and she is like a girl... and that’s it.... They don’t have issues with her about her gender identity.

The teachers’ and principal’s support of Angelique – due to parental intervention by her mother – allows her to spend time at school centrally as a learner, and frees her from the bullying that, as revealed in the narratives of other trans* participants above, makes the learning environment one that is productive rather than oppressive for the trans* person. But this freedom from bullying came at a huge cost for Angelique’s mother, who spent significant amounts of time and energy directly engaging the school system about gender identity in order to provide her daughter with a decent education. Generally, it is clear that support for transgender and gender non-conforming youth comes from individual teachers and there is no support system which guarantees comprehensive and structured interventions. This lack of a structured support system able to address the specific needs of trans* pupils in the school system means that they enter a school environment that is potentially hostile.

The Curriculum

In most instances, gender (or sexual identity) was not spoken about in the school context. This silence about gender (and sexuality) exists in the school curriculum, including Life Orientation classes. What is evident is that white South African transwomen and transmen spoke specifically about the absence of gender (and sexuality) education in the school curriculum. As 22-year old David from Johannesburg, who identifies as gender-queer, explains,

“There was little engagement with any kind of identity politics in the school curriculum and in things like Life Orientation where we have Sex Ed regardless of all the issues that they covered, like sex and contraceptives and so forth, just in terms of the understanding there of anything beyond heterosexual, cisgender sex and even within that framework, it was about not having babies and getting AIDS and there was no discussion around pleasure... I got the sense that the whole education system is scared to engage with queer issues.”

In an interview with Aleksandr, a 25-year old transman who lives in Klerksdorp in the North-West, the following emerged about the lack of emphasis on gender (and sexuality) in the curriculum:

Aleksandr: Physically it’s [gender and sexuality] not straightforward black and white, it’s a spectrum to begin with because that’s how nature works, it’s how we develop.

Interviewer: But we don’t learn that in Science classes, right?

Aleksandr: I didn’t even learn that in Biology when I was studying it, if you can believe that. I learned that on my own, through my own research and I believe that if that were widely known that would be fantastic.

For Eleanor, a 21-year old transwoman in Johannesburg, there are serious consequences for an individual trans* person who doesn’t learn about gender through the school curriculum. One of these is feeling pressured to fit into the existing gender binary:

“I didn’t have resources to expose me to different types of thinking, it was a very heteronormative society and because I didn’t fit in well, I thought that there was something deeply wrong with me and the only way I could change that was by fitting in and discarding what I felt.”



Although the other participants in this study did not necessarily articulate the lack of education about gender (and sexuality) as it is expressed above, it was clear in their narratives that the lack of understanding about their own gender and sexual identities is inextricably linked to the lack of formal education about gender in the school curriculum.

This in turn is linked to how trans* persons are identified by others, and identify themselves as 'gay' rather than 'trans' at some point in their lives, as the next section reveals.

Mistaken identities: sexual orientation and gender identity

Societal lack of understanding of the difference between gender and sexual identity means that young trans* people, at some point in their lives, identify as gay. In fact, many participants in this study believed they were gay in primary and high school because they had never been exposed to the idea of transgender identities, or the existence of transgender people at home or within the school curriculum. Others identify as gay because this is the language that the people around them understand – there is generally little knowledge of trans* issues across communities, in township, working-class and middle-class environments, even though the latter space allows for easier access to resources such as the internet. In addition, using sexual identity terms such as 'homosexual', rather than 'trans', allows for easier access to health services. As 20-year old Ndumiso P.D from Durban says, "I called myself gay because that was the thing that they understood". Similarly, 23-year old transwoman Pretty from Richards Bay in Kwa-Zulu Natal notes:

"I did use the word 'gay' then but it was only because I didn't understand and I only knew that there are gays. So I would say that I'm gay but as time went on I found this word, 'trans'. Then I was like, "Oh!""

Alaine, a 20-year old transwoman from Johannesburg, similarly said that:

"Being gay didn't make sense to me but the more you say that you aren't the more everyone says you are. It didn't make sense to me. I eventually just kind of rolled with it because apparently that was what I was. I think even to the end of matric I was a gay boy"



What emerged from the interviews is that familiarising oneself with trans* language is critical to the young person's sense of gender identity. At the point that participants begin engaging trans* language, they are usually older, and they begin to understand their own experiences as trans* persons. They are able to see themselves as part of a broader community where they have access to support from others. This is central to how young trans* persons can defend their rights to the gender identity of their choice in the different spaces which they inhabit.

Using toilets at school

Interviewer: And which toilets did you use in primary school?

Luyanda: The boys', but I used to hold it in sometimes.

Interviewer: Why?

Luyanda: Because I have a very high-pitched voice and I look like a girl with no hair, so sometimes I'd go there and they'd pee and they would run away or hide... At first they wouldn't say anything because I would go in with my friends and stuff. But as time went by they would be like, 'Hi.' And I would say, 'Hey.' It was like normal

(Luyanda is a 22-year old transwoman from Durban)

Most trans* participants, if they were 'read' as the gender they identified with, used the toilets they were comfortable with – so transgirls used the girls' toilets and transboys, the boys' toilets. Disturbingly, some young trans* persons spoke about not using the bathroom at school at all for fear of the other learners' reactions. This means that they (unnaturally) contained urinating, defecating, and changing menstrual items (such as tampons and sanitary towels) to avoid mocking and discrimination from other learners. Pretty, a 23-year old transwoman from Richards Bay, waited to use the toilet until she got home from school:

"That's where the problem started in school, because I was not that person to go to the toilet because I knew there'd be a problem. In the boys' toilet they would say, 'What are you doing here? Don't you see that you're a woman? Go to the girls' toilet.' So I was that person who didn't use the toilet because even if I wanted to, I didn't know which toilet to use... I waited until I got home, even in town I don't go to the toilet."

Other trans* persons were able to negotiate on a one-on-one basis with a teacher to use the staff toilet:

Ndumiso Q.C: I didn't actually use any toilets in school. I actually told myself that I wouldn't use any toilet.

Interviewer: So then what did you do?

Ndumiso Q.C: There was a changing room with a toilet and I spoke to my PE teacher and I told him that I needed the key and every time I needed the toilet I would go to him and use the toilet.

(Ndumiso Q.C is a 20-year old intergender from Durban)

Interviewer: Which toilets were you using?

Senamile: I was using teachers' toilets, staff room toilets.

Interviewer: Was that agreed on by the staff?

Senamile: It was not, I would use a chance if there was nobody seeing me but then sometimes when I feel like I don't care what people say then I would walk into the girls' toilets but I would never walk into the male toilets

(Senamile is a 25-year old transwoman from Durban).

Senamile eventually approached her Accounting teacher and asked if she could use a locked toilet, unused when the students were writing exams:

And she said, 'No problem, I'll take you to one of the caretakers and every time you want to use the toilet you can go to one of them.' And she took me to one of the ladies and she said, 'You must give this child a key anytime she wants to use the toilets.'

Rowland, a 17-year old transgirl from Durban stopped using the boys' toilet at school when the boys sexually harassed her:

Interviewer: When last did you use the boys' toilet in school?

Rowland: Early this year maybe.

Interviewer: And then you just stopped? What happened, why did you stop using the boys' toilet?

Rowland: They'd get all touchy-touchy and they'd start showing their private parts.

Although individual teachers assisted some trans* pupils to discreetly use either the staff toilet or a vacant toilet, when there are no policies which deal with trans* learners' access to toilets, these actions serve to further isolate and marginalise them...

She began to use the girls' toilets after these incidents:

Interviewer: Did they [the teachers and principal] give you permission to use the girls' toilets or are you just using them?

Rowland: I just use them.

Interviewer: And how do the girls' react to you using the girls' toilets?

Rowland: They're fine because they know that I wouldn't do any harm because we're the same blood.

Similarly, Angelique, a 14-year old transgirl in Cape Town, avoided using the toilets at primary school because she would have had to use the boys' toilets. In grade 7, however, the teachers allowed her to use the staff toilet. Angelique's mother felt that by allowing her daughter to use the staff toilet, "they isolated her in that way." Some of the girls at the school also raised concerns about Angelique using the girls' toilet:

*Some of the other girls had an issue with a boy being in the girls' bathroom, and that is perfectly normal. Some girls would have that issue, and it's also logically how you're brought up, you know?
(Angelique's mother).*

Although individual teachers assisted some trans* pupils to discreetly use either the staff toilet or a vacant toilet, when there are no policies which deal with trans* learners' access to toilets, these actions serve to further isolate and marginalise them, to perpetuate ideas of trans* persons as Others. By relegating a different toilet for trans* learners, teachers and principals do not need to engage learners, themselves, and the Education system more broadly on issues related to gender identity. It essentially allows the discrimination against trans* learners to continue without structural intervention at school level.

COMMUNITY
CLINIC

Support structures for transgender persons

This section focuses on support structures around young transgender people, and how these structures play a critical role in how the trans* person is able to live out their identity in schools and in the health system in healthy ways. Four themes are discussed – parental and family support; medical care and counseling services; discrimination in public clinics and hospitals, and organisational support.

Parental and family support

“It’s been a very long process and a very hard and painful process.”

Ndumiso Q.C, 20-year old intergender from Durban

Support structures for transgender people are inextricably linked to education and information about gender and gender identities. Support from parents and family is tied to whether they understand gender identities in general, and the transition phases trans* persons experience specifically. It was clear throughout the interviews with young trans* persons that their parents are struggling to understand their experiences, and finding difficulty comprehending gender, gender identities, and sexual orientation. Younger siblings and extended family members (such as young cousins) appeared to be more accepting of their trans* brothers, sisters, and cousins, despite not having any kind of sophisticated knowledge about gender and gender identities.

Not unlike the other participants in this study, Tyler’s parents were unable to support him at first:

“Since coming out about being trans, our relationship has improved a great deal. It was rocky when I first came out about my desire and my decision to make the change. Their response was that they couldn’t support me. They didn’t agree with it, they didn’t understand it and luckily actually the fact that we live so far apart obviously it is a factor, they had space to deal with their things and I didn’t have to deal with that on a daily basis. I could deal with what I had to deal with.”

(25-year old transman, Johannesburg).

Most of the trans* individuals in this study were not economically able to live away from their parents and families. Living in the same space, acceptance and support from parents was therefore a long and painful process. As Ndumiso P.D explained:

“My parents I can say that they have tried to be supportive but [the problem] is their understanding and I think that when you’re a parent you have dreams for your kids and it’s hard to understand when you have to tell your parents

that I don't feel like this, I feel like that. It's hard for them to understand because they can say that they accept you as you are because that's what I've seen, but when you do certain things they feel that maybe it's too much and maybe not what they thought when you said you were this, that [it meant] that you were going to do this and that. So ... they do try to understand but it's not the way that I would like it to be."
(20-year old, intergender, from Durban).

Alaine's father suggested that she "try and spend a month away from [her] transgender friends to see if [she's] still transgender". In attempts to force Luyanda to become 'manly', her mother said: "You have to wear this. You have to act like this. You have to stop playing with girls now." Luyanda states that "there was a time my mother wanted nothing to do with me. She didn't like me, sometimes we'd get along, other times she would say, 'You need to go and cut your hair. I don't like how you dress'". Similarly, Eleanor's parents told her: "You should have no reason to feel any pressure because [you] need to accept who [you] are. They said that I am a man and nothing would change that."

For many of the participants in this study, it was information and counselling that helped their parents understand what they were experiencing. For religious parents, coming to terms with their child's transition appeared to be especially difficult. As Tyler noted, "a lot of their difficulty in coming around to lesbian, trans, whatever the case, is because of the Bible. I would think that it's also part of my brother's concern because he is extremely devout."

Generally, siblings and cousins seemed to be more supportive of their trans* brothers and sisters. But overall, the acceptance process with parents is an on-going and difficult one for young trans* persons.

"...there was a time my mother wanted nothing to do with me. She didn't like me, sometimes we'd get along, other times she would say, 'You need to go and cut your hair. I don't like how you dress'".

Medical care and counselling services

Of primary concern to all the young trans* persons in this study was information about, and access to, medical care. This was especially the case for cross-gender hormone replacement therapy and gender affirming procedures in the form of surgery. While some parents were supportive of their children beginning hormone replacement therapy, others were concerned about the long-term physiological effects. Almost all the participants had been through some form of counselling or were currently using counselling services. In some cases, although few, parents were undergoing some form of therapy to help them understand what their trans* children were experiencing, and how to deal with their own feelings about their child's transition. Parents educating themselves about trans* issues creates a more enabling environment for trans* individuals.

Hormone Replacement Therapy

"The only thing we know is that it's all expensive, we can't get it because it's expensive."

Luyanda, 22-year old transwoman in Durban

Except for one, all participants over 18 years old were either undergoing hormone replacement therapy or wanting to begin therapy soon. Taking hormones represented a way to align to their preferred gender so that they could be identified by others as either men or women. Participants were concerned about the expense of hormone replacement therapy – especially where their parents refused to pay for this – and one participant, for instance, was using birth control pills in order to get an intake of estrogen. The following is a conversation between 14-year old Angelique and her mother regarding hormone replacement therapy:

Interviewee: Let's talk about hormone therapy.

Angelique: Next year – 16 years old.

Interviewer: That's the law, right?

Angelique: Yep.

Interviewer: So next year you are going to use hormones: what do you want the hormones to do for you?

- Angelique:* Want them to make me feel pretty.
- Interviewer:* How? Explain that, explain how the hormones will make you feel pretty.
- Angelique:* I don't know. To make me feel more like a girl.
- Interviewer:* Do you feel like a girl now?
- Angelique:* Ja, but not like a girl girl.
- Interviewer:* What would make you more like a girl?
- Angelique:* If I had breasts, yes.
- Interviewer:* If you had breasts, and? Anything else?
- Angelique:* And if I had private parts like a vagina and if, if I was born a girl and I had a womb I would be so happy because I love children.
- Mom:* I don't have a problem with it. I am concerned about her dad, that's something that we have to face.

Most participants felt that hormone replacement therapy would allow them to become more 'feminine' or 'masculine', and consequently allow them to fit into normative societal gender binaries. Some participants, especially those who did not have access to a private doctor, articulated that they needed more information about where to access the hormones and what the process of undergoing the therapy would be.

Gender Alignment Surgery

Although none of the participants had undergone gender alignment surgery yet, the majority was interested in undergoing surgery as soon as they had more information about the procedures and could afford it. Participants expressed the need for more detailed information about what surgery would entail, and which government hospitals had the expertise to perform various kinds of gender alignment surgery. Except for one participant, Tyler, the participants stated that they would use government hospitals as they couldn't afford to undergo the procedure(s) at a private hospital. The issue around medical cover and gender identity was relayed by Aleksandr:

"I have not been able to find a Medical Aid that covers it. And I've contacted a few Medical Aids which either don't list trans-exclusions but they either sit back or they stop answering [phone calls and emails] after I say 'transgender'." (25-year old transman from Klerksdorp in the North-West).

Some parents refused to pay for surgery. In Rowland's case, her mother stated that "you're going to have to do that with your money, as long as you're doing it with your money not mine." Eleanor's parents suggested that she move out of her home country once she is fully transitioned:

"They just avoid it. They say to me that I should go through university so that I can go abroad and so by that time I should be fully transitioned and I don't have to tell anyone about it and I just hide it and be in a new environment."

One participant, David, critiqued the idea of gender alignment surgery, stating that such procedures fit into

"...a social expectation of how one is supposed to be trans* or how one is supposed to, in a sense, fix gender dysphoria or gender dissatisfaction. And of course for many people that is the way that they address and make their lives more, make their bodies fit themselves and the binary."

Overall, participants wanted more information about gender alignment surgery, and were concerned that they would be unable to afford it in the future. It is significant to note here, that following young transgender individuals over a period of six years, one study has found that early intervention, in the way of puberty suppression during adolescence and gender-reassignment surgery, leads to both subjective and objective well-being for transgender individuals. Coupled with a supportive environment – including the school space – transgender young people are generally able to enjoy a better and happier quality of life, and are less likely to develop depression or other psychological disorders (de Vries et al. 2014). The participants in this study have only recently begun hormone replacement therapy and have not yet undergone gender-reassignment surgery. For some participants, such as Tyler, a transman, who has recently begun hormone replacement therapy and a rigid diet and exercise regime, it is clear that his sense of self-esteem and quality of life has dramatically improved. It would be useful to do a follow-up study with these same participants over a five to six year period to establish their levels of subjective and objective well-being.

Discrimination in public clinics and hospitals

For trans* persons who feel they are not easily 'read' according to their preferred gender identity, discriminatory treatment in public hospitals and clinics was more pronounced. Pretty spoke about the nurses' complete lack of concern and unprofessional conduct when she visited a clinic for treatment unrelated to her gender identity:

"Nurses, every time I come they ask, 'What do you want, what can we help you with?' You see that they are not patient; they take me otherwise because ... they would just look down upon me and just pass [judgment]. They take my card, ask me what I want and then pass it back to me and then [say] 'maybe you get better.'"

Ndumiso P.D had similar experiences while in a public hospital for treatment unrelated to his/her gender identity:

"And now going to hospital with hair... it raises a lot of questions for a lot of people, like sometimes you're sharing a room with a person. They are sick but they... are still judgmental to you."

Eleanor tried to commit suicide more than once. On one occasion after a failed attempt, she was found and rushed to Johannesburg General Hospital. At the hospital, her experience with medical students revealed their deep disregard for her bodily integrity:

"They tried to get me a catheter and they pulled down my pants and there was a bunch of medical students, they started undressing me, my bra, everything and... they just started giggling. They started giggling and asking if I am male or a female and that's not the kind of professionalism that I expect and that was very uncomfortable for me and I wanted to complain but I was so drained after that, that I just wanted to go back to residence and I ended up going to a friend's house who took care of me."

As documented South African research has indicated (see Husakouskaya, 2013), the health sector is premised on fixed ideas of gender that impact on how trans* persons are treated within the system. Unlike the school system, it is harder in the health system to educate health practitioners about gender identities. This is because science and medicine are premised on fixed notions of gender that leaves very little space for an engagement with trans* identities, which destabilise fixed ideas of gender. Nurses and doctors should be trained during the course of their formal study about gender identities and bodies.



Recommendations by trans* people

This section focuses on recommendations by trans* persons themselves. Four themes emerged here: information about trans* health; community education; decision-making bodies and trans* concerns, and schools and gender education.

1. Information about trans* health

All participants spoke about needing more information and knowledge about transgender health care, particularly as it relates to hormone replacement therapy, and gender alignment surgery and options. In contrast to Johannesburg and Cape Town, in Durban and the North-West, the lack of organisations focused on providing support and education to trans* persons seemed to be especially lacking. Leticia, a 23-year old transwoman in Durban, stated that despite the large number of trans* individuals in Durban, there are limited funds to do outreach work with trans* persons. In line with this, Ndumiso P.D recommended:

[There needs to be] a specific place where we could go to be directed, like an organisation. Because at Durban Pride I met a lot of cross dressers and trans* persons who would like to [transition] but they don't know where to start and where to go and they have been living their lives for years like this and they really would love to go to a place where they could be helped and could be assisted.

Ndumiso Q.C was particularly concerned about access to spaces/organisations that would provide protection for trans* persons against violence:

I don't even feel comfortable going home at night. I don't feel safe in my own community.

One participant suggested that trans* people, as well as lesbians, bisexuals, gays and intersex people, needed to make better use of available supportive resources:

The problem with the LGBTI [people] in Durban... why some of us don't have the information, it's not because there are no service providers, there are, not that there are no facilities that can help us with issues that we have or information that we need, there are. It's just that if these facilities [try to find] people they don't show up, yet they are the ones having problems. They don't want to come, even the church – it's meant to be full [but] they don't want to attend. But if I say I am having a party we will be stepping on each other – it will be full (Senamile, 25-year old transwoman from Durban).

Information and knowledge about transitioning and medical options were repeatedly mentioned by trans* persons as central to the work of organisations working in their interests.

2. Community education

The need for community education was raised by some participants who felt especially unsafe in the areas where they live. Ndumiso Q.C, for example, wanted to begin taking hormones but had reservations about transitioning in his/her community:

Ndumiso Q.C: I'd love it. But firstly I would have to get out of the township before I could start on hormone therapy, I would need to get to a much better place.

Interviewer: Why's the township a problem?

Ndumiso Q.C: The township is very hard, people know me as this. When I start developing breasts and everything, they'll treat me differently.

Pretty, from Richards Bay in Kwa-Zulu Natal, felt similarly about the lack of community education about gender and sexuality in her community:

In my hometown, a lot of people are not knowledgeable about this thing... In my town, I think a lot has to be done; we still need people who will teach them about trans, about gays and lesbians...

In Cape Town, 16-year old Zoya, a transboy, is part of a programme with 'Inner Circle', a Muslim NGO providing gender, sexuality and religious education to gender non-conforming people. In Johannesburg, 'Control-Alt-Gender', located at the University of Witwatersrand and started by students, is a space where trans* individuals support each other. In Durban, however, there appeared to be less spaces for trans* persons to access for support. The Durban Gay and Lesbian Centre, according to the participants in Durban, seemed to cater specifically for the lesbian and gay community, and not to the needs of trans* persons. Durban respondents in this study consistently spoke about the need for more organisations working in their interests.

In Cape Town, 16-year old Zoya, a transboy, is part of a programme with 'Inner Circle', a Muslim NGO providing gender, sexuality and religious education to gender non-conforming people.

3. Decision-making bodies and trans* concerns

Some recommendations made include the need for governing bodies, and decision-making bodies in the Education sector at large, to be more engaged on concerns related to young trans* people. Consciousness-raising around equality and diversity was suggested as central to this process. The Commission on Gender Equality (CGE) was mentioned as a central decision-making body that has a role to play with regard to the interests of trans* people: it was noted that the CGE has not been doing anything practical in this domain, and has in fact been removed from the realities of people's lives. The Department of Home Affairs was also mentioned by participants as needing consciousness-raising specific to the needs of trans* persons. Although this is particularly relevant to trans* migrants to South Africa, an ordinary visit to Home Affairs regarding identity documents can be especially stressful and humiliating for trans* persons. Government representatives are not educated about trans* issues, leaving trans* persons in a situation where they need to convince these service providers of their identities, especially when they've transitioned to look different from photographs in their identity documents.

4. Schools and gender education

As discussed in the section on the school curriculum above, the lack of education about gender, gender identities and sexualities at both primary and high school was noted by participants as a serious contributor to discrimination against trans* people. The silence around, and avoidance in speaking about and dealing effectively with gender identities within the school's curriculum, was mentioned as an area that needs to seriously be focused on. The use of toilets at schools as problematic and a space of discrimination for trans* people, would be more easily dealt with if gender identities were discussed more openly within the school environment. Interventions are needed with school governing bodies to ensure that learners are accessing a decent education and that their lives at school are not wrought with discrimination and bullying by other learners as well as teachers and administrative staff.



Conclusion

The interviews conducted with young trans* persons in South Africa highlight that there are strategies which need to be employed at multiple levels in the education system and healthcare sector to ensure that trans* persons are protected from discrimination. In the education sector, there have been suggestions to capacitate teachers for the classroom space to enable more gender and sexually sensitive learning (see Addinall, 2014; Johnson, 2014). But these suggestions have yet to be implemented at the structural level. In terms of the health care sector, service providers such as nurses, doctors and administrators need education and sensitisation about transgender issues. As the young trans* persons in this study reveal, discrimination by health workers is a serious concern which impacts on their ability to access standard medical care. This study is one way in which we have access to knowledge about what trans* persons need in order to access their rights as gender non-conforming people. This knowledge must be used to implement, at the policy level, changes to the education and health care sector that allow young trans* persons to live their lives more fully, without discrimination.

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Appendices

Appendix 1: Qualitative interview questions: over 18s

DEMOGRAPHIC INFO

1. What is your name?
2. How old are you?
3. Where do you live?
4. Do you live with others or on your own? Do you live with your parent/s or guardian/s?
5. Do you have brothers and sisters? How many do you have? Do they live with you?
6. Do you have your own room or do you share? If you share, with whom do you share?
7. Are you religious? Is your family religious?
8. Which primary and high schools did you attend? Did you ever change schools? If yes, why?
9. Which grade did you complete? (If high school not completed, ask why).
10. Do you have any tertiary education? (If currently at a tertiary institution, ask for field and year of study).
11. Are you employed? If yes, what kind of work do you do?

IN-DEPTH QUESTIONS

About gender identity

1. How do identify yourself? Do you call yourself a girl or boy, man or woman, or by another term?
2. What gender was assigned to you at birth?
3. How old were you when you realised that the gender assigned to you at birth was different from how you perceived yourself? What were your experiences when you made this realisation? (How did you feel?)
4. Did you 'come out' to anybody about how you felt about your gender identity? If not, why not? If yes, with whom did you share this? What was the response to your 'coming out'?
5. Do your parents/guardians and siblings know about your trans* gender identity? If not, why not? If yes, what was your relationship like with your parents/guardians and siblings when they just found out? What is your relationship like with them now?
6. Does anyone else in your family know about your gender identity? If not, why not? If yes, what was your relationship like with them when they just found out? What is your relationship like with them now?

7. Do you have close friends who are trans? Are they open about their trans* identities?

About school: in hindsight

1. Tell me about your experiences at school – did you express your gender identity at school? If not, why not? If yes, who did you first share this with? How did they respond to you?
2. Were you able to express your gender identity openly at school? If not, why not? If yes, in which ways were you able to do this?
3. Did your teachers know? If no, why not? If yes, how did they know? What was their response to you? How did they treat you?
4. Did you 'come out' to any friends at school? If not, why not? If yes, how did this/these friend(s) respond to you?
5. Did you feel safe at school? What made you feel safe/unsafe?
6. Did you experience any bullying at school? If yes, why do you think you were bullied? And how did you respond to this?
7. What was your experience using the school bathrooms? Were there any problems with other pupils when using the girls'/boys' bathroom? If yes, can you tell me about these experiences?
8. When doing Physical Education or other sport activities, at school, and outside of school, what were your experiences with teachers and peers?
9. When did you start to learn any transgender-related words? How did you learn these?

Hormone therapy and gender re-assignment surgery

1. Have you had any trans-specific medical treatment? If yes, can you tell me what kind of treatment you've had?
2. What was your experience like? For instance, what were your experiences with the health practitioners involved in your treatment?
3. If no, do you plan on having medical treatment in the future?
4. Can you tell me a little about your experiences with health practitioners in general, i.e. when you've consulted health practitioners for non-trans* specific treatment?
5. Are you currently on hormone therapy? If yes, can you give me some detail about these hormones? If no, do you plan on using hormone therapy in the future?

Appendix 2: Qualitative interview questions: under 18s

DEMOGRAPHIC INFO

1. What is your name?
2. How old are you?
3. Where do you live?
4. Do you live with your parent/s or guardian/s?
5. Do you have brothers and sisters? How many do you have?
6. Do you have your own room or do you share? With whom do you share?
7. Are you religious? Are the people you live with religious?
8. Which school do you attend?
9. Have you always been at the same school? If not, why did you change schools?
10. Which grade are you in?

IN-DEPTH QUESTIONS

About gender identity

1. Were you born as a girl, boy, ...?
2. How do you identify yourself? Do you call yourself a girl or boy or by another term?
3. When did you know that you were not a girl/boy?
4. How do your parents treat you? Do they treat you as a girl/boy, ...? Why/why not?
5. How do your teachers treat you? Do they treat you as a girl/boy, ...? Why/why not?
6. How do your friends treat you? Do they treat you as a girl/boy, ...? Why/why not?

About school

1. Do you enjoy school? If yes, what about school do you enjoy? If no, what about school don't you enjoy?
2. Tell me about your teachers – do you have any favourite ones? Why do you like this/these teacher(s)?
3. Tell me about how it's been at school: Do you feel safe/protected at school? For example, if you have a problem at school, is there a teacher or principal whom you trust to help you?

4. Have you had any bad experiences at school because of how you identify yourself as a girl/boy, ...?
5. Which bathroom do you use at school? Have you had any problems using this bathroom? Perhaps problems with other pupils? Can you tell me about this?
6. Do you have any friends at school? Do you spend time together after school? What kinds of things do you do together? If no, why do you think you don't have any friends?
7. Have you ever felt bullied at school? Who do you feel bullied you? Will you tell me what happened? Why do you think you were bullied?

Hormone therapy and gender re-assignment surgery

1. Can you tell me a little about your experiences with health workers when you go to the doctor because you're ill? How do they treat you?
2. Are you using any hormones?
3. Do you plan on making changes to your body in the future because of your gender identity? What kind of changes?

