

**THE LIVED EXPERIENCES OF TRANSGENDER STUDENTS AT THE  
WINDHOEK AND KHOMASDAL CAMPUSES OF THE UNIVERSITY OF  
NAMIBIA**

**A THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE  
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**BY**

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## **ABSTRACT**

The aim of this research was to explore and describe the holistic lived experiences of transgender students studying at the University of Namibia by looking at the ways in which the campus climate and environment impacts on transgendered students overall well-being and coping mechanisms. This study also further sought to highlight the presence of a student population that defies conventional gender binaries and that exhibits gender variance.

There is a dearth of research both locally and on the African continent on transgender individuals as well as the experiences of transgender students in general. Given this gap, the literature suggests that only few authors focus on the unique experiences of this population. Consequently, this study mainly draws from the literature based on the United States of America (US) experiences and researches.

The study relied on semi-structured interviews with eight transgender students and snowball sampling using a phenomenological approach. The key themes that emerged were: gender identity development and formation in a transphobic society, negative and positive experiences as a result of transgender identity, campus climate, health care services and support networks on and off campus.

This study provides insight into how transgender identifying students make sense of their gender identity and how societal /organisational systems and climate influence all other aspects of their lives. The findings suggest that knowledge and

understanding is needed in order to better serve transgender students as members of the campus community and cultivate a culture of tolerance and an understanding of diversity.

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Secondly, I would also like to humbly thank the eight (8) participants who made this study possible. Your stories provided me with examples of courage, determination, resilience and a perspective that helped me to better understand transgender identity and the ways in which the campus climate has influenced your experiences at the University.

Many thanks also go to the following people who assisted me in various ways. Dr Nelson Mlambo and Mr. Ndumba Kamwanyah for your assistance in editing this work. Dr. Meghan Morris for your technical support in structuring and organizing this work. Your critics and logical arguments are highly appreciated. Mrs M. Mainga, your moral support, understanding and flexibility allowed me to juggle my professional and academic work. Mrs Emma Leonard, your technical support is highly valued and Linda Baumann, Deyonce Naris, Queen and Gerald Uiseb from

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Final thanks go to my husband, Mr. Kuume Nghipandulwa, for your technical support and vast academic experience which enriched my journey with this study. To my children, Tulela and Toti, I honour you with this work with the hope of creating a legacy of tolerance, compassion and an understanding of diversity.

**DEDICATION**

This work is dedicated to my mother Mrs Siiri Rebekka Kandenge. You laid the very first step to my education and never gave up on me, despite the difficult circumstances we grew up in.

**DECLARATION**

I, Lovisa Kandali Nghipandulwa hereby declare that this study is a true reflection of my own research and that this work or part thereof has not been submitted for a degree at any other institution of higher education.

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**Lovisa K Nghipandulwa**

**14 November 2014**

**ABBREVIATIONS AND ACRONYMS**

<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>CNS</b>	Central Nervous System
<b>FTM</b>	Female to Male
<b>HIV</b>	Human Immunodeficiency Virus
<b>MTF</b>	Male to Female
<b>MSM</b>	Men who have sex with men
<b>GLBTI</b>	Gay men, Lesbians, Bisexual, Transgender and Intersex
<b>LAC</b>	Legal Assistance Centre
<b>T</b>	Transgender
<b>UN</b>	United Nations
<b>ZIR</b>	A pronoun used to refer to gender neutral individuals

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**If they see breasts and long hair coming**

**They call it a woman**

**If beard and whiskers**

**They call it a man**

**But, look, the Self that hovers in between**

**Is neither man nor woman**

**Devara Dasimayya**

**Indian Devotional Saint, Tenth century C.E, (Lev, 2004)**

**This thesis is in line with the fundamental freedoms as stipulated in the Constitution of the Republic of Namibia, article 21, (b) which states: *All persons shall have the right to: “Freedom of thought, conscience and belief, which shall include academic freedom in institutions of higher learning.”*(The constitution of the Republic of Namibia, 2010).**

## **CHAPTER ONE**

### **ORIENTATION TO THE STUDY**

#### **1.1 INTRODUCTION**

Like any other social environment university campuses today are more diverse than ever before and transgender students are part of this diversity. Based on international studies, transgender students have special needs that centre around specialised counselling, health care and accommodation services, student activities as well as gender identity issues and or confusion (Beemyn, 2005; Beemyn, Curtis, Davis, & Tubbs, 2005; McKinney, 2005). These feelings of confusion are widely reported in the literature on gender-variant people (Bleiberg, 2004; Rankin, 2005; Lev, 2004). “Transgender people feel misunderstood especially when it comes to their “personal experience of gender dysphoria and what it is like to be trapped by not only social expectations of gender, but by a body that feels alien” ( Lev, 2004, p. 2). Beemyn (2005) in his study has argued that these internal conflicts on gender identity have the potential to affect students both emotionally and physically.

Transgender is defined as an umbrella term for persons whose gender identity, gender expression or behaviour does not conform to that typically associated with the sex to which they were assigned at birth (American Psychological Association, 2011). Lev (2004) and Sears (2005) expanded on gender variant categories to include “transsexuals (individuals who identify with a gender different from their biological sex) and cross-dressers/transvestites, individuals who

adopt/display the dress code and behaviours typical of the opposite sex” (p. 107). For the purpose of this study, transgender persons will refer to individuals whose gender identity or expression is not generally associated with their sex as assigned at birth, (transsexuals) who might have/have not undergone a sex change operation and transvestites or cross- dressers.

## **1.2 PURPOSE OF THE STUDY**

The purpose of this study was to explore the lived experiences of transgender students at the University of Namibia. The study also explored the ways in which the campus climate and environment affects the experiences of the students that are studied.

## **1.3 OBJECTIVES OF THE STUDY**

The objectives of the study were:

1.3.1 To explore and describe the social, physical and psychological experiences of transgender students studying at the University of Namibia’s Windhoek campus and Khomasdal campus.

1.3.2 To identify specific needs and challenges that they face in terms of service delivery from the University’s staff members such as the academic staff, primary health care providers and the Office of the Dean of Students.

1.3.3 To make possible recommendations to the University and Office of the Dean of Students in particular on promoting an inclusive campus climate /environment.

1.3.4 To identify common support systems (network of personal/professional contacts for moral and professional support) and coping mechanisms (methods used to cope) utilized by transgender student on campus.

#### **1.4 SIGNIFICANCE OF THE STUDY**

The researcher established through the University's students counsellors that transgender students are a growing minority population at the University of Namibia. The limited research focusing purely on transgender populations in Africa and Namibia in particular points to this overlooked need. Furthermore, the researcher found no evidence in the Namibian literature of any study focusing on the lived experiences of transgender populations in institutions of higher learning settings. This study will hopefully provide valuable insight into the current campus experiences of transgender students and offer suggestions for making campuses more welcoming to the transgender population. It is also the researcher's hope that this research report will stimulate debate and dialogue around issues of gender and gender identities and expression.

It is often reported that transgender identifying youth do not successfully make it through school, especially beyond high school. The majority quit school because they are unable to tolerate high levels of stigma, strict gender roles with regard to school uniforms, sports codes etc. Most of them face discrimination as well as stigma and since they are often unable to get employed due to their physical appearance, most resort to sex work to make a living (Kowciw, Greytak, Bartkiewicz

& Palmer, 2012). However, there are a number of them who despite all odds successfully make it to tertiary institutions (Finger, 2010). The question is: what is being done to ensure the retention and academic success of these minority communities at tertiary institutions?

This research challenges not only the notion that transgender people do not exist in Africa, more so largely in Namibia, but also the understanding of gender variance and expression and how society constructs and upholds the traditional gender binary. The findings suggest that gender is much more complex than the currently accepted dichotomy or definition of it. This study also highlights that research on transgender individuals in Namibia is very thin on the ground and more research is needed in this area.

#### **1.4.1 Contribution to the Social work and welfare sectors in Namibia**

The results of this study are expected to be a useful addition to the social work knowledge base as well as to the other health professionals involved with tertiary students' welfare. The study findings may also present new insights to the transgender students who participated in this research as far as their unique experiences are concerned.

The Social work profession is a profession that is uniquely placed to deal with social injustice, human diversity and many other social ailments that usually serve as a block in many people's overall well-being and daily functioning. It is a

profession based on the principles values of worth and dignity, diversity and uniqueness, equity and social justice amongst others. This is a role which is well recognised by the pioneer in the social work profession. Thus the fundament of social work is human rights and social justice (International Federation of Social Workers, 2014).

Social workers believe in making institutions more responsive to human needs to ensure that people share equally in the social order and have equal access to opportunities to realise their potential and equal access to resources (The International Federation of Social Workers, 2014).

Given this background, it is hoped that this study will help social workers to approach transgender issues with an open mind, and a willingness to embrace diversity.

## **1.5 LIMITATIONS OF THE STUDY**

Several limitations were encountered in the process of conducting this research. First of all the author does not identify as transgender and thus does not personally have the lived experiences or a personal perspective against which to use as a frame of reference when this topic was approached. It was thus difficult at the beginning to identify and come to terms with sensitive terms and the appropriate language for this population. Secondly, the study is limited to the experiences of transgender students at the University of Namibia's Windhoek campus and Khomasdal campus, thus the

results cannot be generalised to the experiences of transgender students at other satellite campuses of the University of Namibia.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 INTRODUCTION**

This chapter reviews literature on the global, African and Namibian perspectives towards transgender populations. It will also shed light on the Namibian political spheres, the legal context of transgender people and policy approaches versus the reality of transgender individuals. It will also highlight the experiences of transgender populations in the international context by highlighting their experiences in institutions of higher learning that face more structural disadvantages in terms of appropriate institutional approaches to healthcare, campus accommodation facilities, sanitary facilities, counselling services and university records systems (Beemyn, Curtis, Davis, & Tubbs, 2005). The literature review addresses each of these aspects in greater detail.

The international studies draw mostly from the American literature but the researcher will be cautious not to generalize the experiences as the contexts might greatly differ from one environment to another. The author would like to highlight that the current African based literature on gender non-conforming issues focuses on GLBTI (gay men, lesbians, bisexual, transgender and intersex individuals) as a collective rather than distinguishing between lesbian, gay men, bisexual and transgender populations. This is the main reason why this study's focus is on the transgender population alone.

## 2.2 DEFINITION OF KEY CONCEPTS/TERMS

### 2.2.1 Importance of defining key concepts for this study

According to Burdge (2007), whatever platform we find ourselves, we must be capable of engaging in sophisticated conversations on gender terminologies if we intend to reduce the social diseases of sexism, homophobia, heterosexism and transphobia. Language has the power to either exclude or include one in the mainstream of gender definitions. Transgender exclusive language is currently prevalent in many communities, including those of higher learning institutions. So this in itself establishes a feeling of invisibility and vulnerability (Finger, 2010).

In order to recognize some of the challenges faced by transgender students, let us consider the definitions so commonly attached to gender. “Many assume the binary system of male or female would suffice in daily life, but to the transgender person, having only two qualifiers is limiting” (Finger, 2010, p. 5). Thus it is important that we familiarize ourselves with sensitive and important terminologies.

#### **Sex versus gender**

These two terms, *sex* and *gender* are often and incorrectly used interchangeably despite differing definitions. *Sex* is defined as the two major forms of individuals, female or male, based on reproductive organs and structures. Everyone is assigned a sex at birth based on the examination of the visible genitals or organs. Although this is the case, “about 2 per cent of the population are intersex and thus do not fit into the two explicit categories of male or female immediately (Lev, 2004).

**Gender identity** refers to one's sense of being female, male, either genders or neither gender. The determination of whether a trait is typically male or female has been constructed by society (Burdge, 2007). Lev (2004) gave an almost similar definition that gender identity refers to "a social construct that divides people into natural categories of men and women that are assumed to be derived from their physiological male and female bodies" (p. 397).

According to Lev (2004), for the majority of people, their gender identity is in alignment with their sex assigned at birth. In simple terms this means that if one identifies as a male they usually experience themselves as men and the same goes for females. However, for other people how they experience themselves internally is not in alignment with their biological sex, a condition usually referred to as gender dysphoria (Lev, 2004).

**Gender expression** can be associated with the way someone presents him/her/ (zir) (a gender neutral pronoun) self through one's attire, physical appearance, stance, walk and gestures to name a few. This is best described by Wilchins (2004) as "the manifestation of an individual's fundamental sense of being masculine or feminine through clothing, behaviour, grooming, etc." (p. 8).

Gender expression should never be confused with *gender identity* which can be described as the inner feelings that guide a person in identifying as a man or woman. Morgan and Stevens (2008) articulate the definition of gender identity powerfully as

the person's basic sense of self as man or woman or both or neither and this is influenced by the common frames of sex and gender. A person could express *zir* gender as a man, but have an inner sense that *zir* gender identity is that of a woman. However, this might cause feelings of dissonance because what *zir* is expressing outwardly does not align with *zir* innermost feelings. In order to address these feelings of dissonance, an individual can begin a transition to match the inner being with the outward expression in an attempt to feel whole, thus experiencing what it means to be transgender.

**Transgender/gender variant** refers to those who identify and express a gender identity that does not correlate with their biological sex. If a person's gender identity does not correspond with their genital anatomy at birth, they are transgender (Burdge, 2007). This term can include transsexuals, cross-dressers, masculine-identified females, feminine identified men, MTFs, FTMs, transgendered men, transgendered women, intersexed and other differently gendered people (Lev 2004, p. 399).

Feinberg (1998), a transgender activist and author (as cited in Mintz, 2012) asserts that "our lives are proof that sex and gender are much more complex than a delivery room doctor's glance at genitals can determine, more variegated than pink or blue birth caps" (p. 5).

Transgender/gender variance is an umbrella term used to describe any person with a gender identity that does not completely match biological sex and who may

express gender in non-traditional ways (Beemyn, 2005; Lev, 2004; Burdge, 2007; Ressler & Chase, 2009).

**Sexual orientation and gender identity:** Renn (2007) distinguished between sexual orientation (GLB) and gender identity (T). While these populations are often combined, it is important to understand that sexual orientation and gender identity are different. Sexual orientation refers to the emotional and sexual attraction that individuals feel for one another. Gender identity refers to one's sense of being female, male, both genders, neither gender, and otherwise gendered (Burdge, 2007).

**Gender:** The social and cultural codes (as opposed to biological sex) used to distinguish between society's conceptions of "femininity" and "masculinity" (Burdge, 2007). Gender also refers to the socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for men and women (Singh, Hays & Watson, 2011).

**Genderqueer:** A term that some people use to identify their gender identity as falling outside the binary constructs of "male" and "female" (Lev, 2004).

**Hormone Therapy:** This refers to a medical procedure used by transsexuals to change some secondary sex characteristics including breast size, weight distribution, voice tone, and hair growth (Lev, 2004).

**Intersex:** A term referring to a variety of conditions in which a person's sexual and/or reproductive features and organs do not conform to dominant and typical definitions of "female" or "male" (Lev, 2004).

**GLBTI:** Gay men, lesbians, bisexuals transgender and intersex, which is an inclusive term for groups and identities sometimes also known as sexual and gender minorities (Wilchins, 2004).

**Female to male transgender (FTM):** A female-born person who identifies as male and often expresses her preferred gender through dress and mannerisms (Lev, 2004).

**Male to female transgender (MTF)** A male-born person who identifies as female and often expresses his preferred gender through dress and mannerisms (Lev, 2004).

**Transphobia:** Fear and contempt of transgender and transsexual persons, usually based on negative stereotypes about transgenderism and trans-sexuality.

**Transphobia** denotes all forms of violence, discrimination, hatred, disgust, aggressive behaviour and negative attitudes directed at individuals or groups who transgress or do not conform to social expectations and norms around gender. It includes institutionalised forms of discrimination, criminalisation, pathologisation and stigmatisation and manifests in various way ranging from physical violence, hate speech, insults and hostile media coverage to forms of oppression and social exclusion. (Balzer & Hutta, 2012, p. 56).

### **2.3 GLOBAL OVERVIEW OF GENDER VARIANT PEOPLE**

Societies have victimized and oppressed gender variant people in many parts of the world. Transgender people have faced horrifying hate violence, including beatings, mutilation, rape and murder. Balzer and Hutta (2012), in their global comparative review of the human rights situation of gender variant people established that there is a significant number of murder cases carried out against gender variant people worldwide. They revealed the documented statistics of 831 reported hate crime murder cases of gender-variant people between January 2008 and December 2011.

Since 2008, the number of reported hate crime homicide of gender variant people were reported to have increased annually since then, which indicates that extreme hate violence against gender variant people is an ever more pressing issue for activism as well as national and international politics. The reported murders of gender variant people increased from 146 in 2008 to 251 in 2011 (Balzer & Hutta, 2012).

The reasons for the increase may be due to various reasons which the researcher may not comprehensively capture at this juncture. However, the first reason may be due to the fact that activist worldwide has strengthened their collaborations and reporting mechanisms with the Transrespect versus Transphobia Worldwide project which has been responsible for the documentation of these cases. Secondly, the increased visibility of gender variant people in such continents may have led to improved reporting of cases.

Although the majority, at least 80% of these cases occurred mostly in Central and South America, there were four reported cases of murder on the African continent. According to the available literature, Daisy (Desmond) Dube was killed on 2 July 2008 in Johannesburg, South Africa. Ranhi Uhjir was killed in 2009 in Kampala; Uganda. An anonymous person was killed in August 2009 in Algiers, Algeria and Shamir Mussan was killed on 18 September 2011 in Port Louis, Mauritius (Balzer & Hutta, 2012).

The low percentage in Africa could partly be linked to poor monitoring and reporting mechanisms in place. Also the hostile political environment in most African countries as well as conservative beliefs, views and rigid culturally negative climates towards transgender identifying individuals could contribute to the silence around these cases.

With regard to the reported cases, it is worth noting that all four cases occurred in major cities (Kampala, Johannesburg, Algiers and Port Louis). One could assume that cases that happened in major cities have a better chance of being reported verses cases that occurs in rural based towns or villages. Secondly the circumstances surrounding the four death cases strongly suggest that it had to do with their living conditions, gender expression and transphobia. The victims from Algiers and Kampala were reportedly attacked on the street at night by people unknown to them .with regard to the Mauritian case there was reported verbal argument between the victim and the perpetrators, however in all three cases there was no evidence that they were related to jealousy, robbery or self-defence. The Johannesburg victim was

shot point blank after the victim and her friends told three men to stop calling them *isitabane*, a sepedi derogatory term used in the townships to refer to GLBTI people (Balzer & Hutta, 2012).

Among the countries that do not criminalise activities related to the activism of GLBTI, human rights protection in relation to gender identity are not guaranteed either. In Guatemala, Honduras, Cuba and China, the state informally enforces repression of GLBTI communities by refusing to grant organisations working with GLBTI issues the right to register as non-governmental organisations. In Brazil and Colombia, violators of GLBTI persons are not prosecuted for their acts (Wagberg & Samelius, 2005).

Besides the cases of killing, cases of corrective rapes, transphobic violence as well as humiliation, disownment and rejection by family members have also been documented worldwide. In Lusaka, Zambia, a transgender woman (MTF) was beaten in March 2009 and left abandoned on the streets after a group of men accused her of misleading their friend into believing that he was a transgender woman (MTF) (Wagberg & Samelius, 2005).

In a separate incident in Dar es Salam, Tanzania, a transgender woman who died on 19 May 2009 after committing suicide, was treated with disrespect before and after her death. A hospital worker took a photo of her naked unconscious body and it was widely circulated on the social networks. In addition, the morgue where her body laid was left open so that thousands of people flocked to view it. In the end

before her burial, her dead body was treated with disrespect as her breasts and genitals were surgically removed to conform to Muslim belief that Allah would recognise her with the body she was originally born with (Balzer & Hutta, 2012).

Another form of repression is that of family intolerance. Any family is supposed to be a safeguard for every individual in society. For transgender persons, exclusion from the family circle is most likely to result in economic, social and emotional hardships. It could also make them vulnerable to many social ills such as homelessness, substance abuse, suicide attempts, depression and sex work. Family rejections are reported worldwide for many transgender individuals (Wagberg & Samelius, 2005).

Another type of repression is found in higher education settings. The Human rights watch organisation conducted a research in Malaysia and established that in that part of the world, unfriendly attitudes were found in education settings. They established that four (4) out of the forty two (42) interviewed transgender people dropped out of University because of what was perceived as an unfriendly campus climate (Human Rights Watch, 2014).

In conclusion, repressions towards gender variant individuals can be felt both at three levels: society, family and the education settings. The horrific nature in which some of the murder cases were carried out suggest the transphobic state of thinking of the perpetrators of these crimes. Over more, the campus climate and

settings plays an important role in ensuring the retention of vulnerable groups, such as gender variant individuals.

## **2.4 MEDICAL CONTEXT FOR TRANSGENDER PERSONS**

### **2.4.1 What biological science says about the causes of transgenderism**

Biological science related research and theory on the causes of transgenderism is increasingly being accepted due to the fact that they can be tested scientifically. Many causes for transsexualism have been proposed over the years. It has been known from intersex data that genes do not determine gender identity and recent follow ups on intersex infant surgeries show that the consistency of genitals and upbringing does not determine gender identity (Gulliamon, 2010; Kipnis & Diamond, 2008).

Instead, current scientific results strongly suggest neurobiological origins for transsexualism. Something appears to happen during the in-utero development of the transsexual child's central nervous system (CNS) so that the child is left with innate, strongly perceived cross-gender body feelings and self-perceptions. It is still not known for sure what causes this neurological development and more research needs to be done. But the neurobiological direction for these explorations seems clear (Besser, Carr, Cohen, de Sutter, Connolly, Diamond, & Wylie, 2006).

### **2.4.2 The paradox of an intersex child**

Although most infants appear to be male or female, various genetic and developmental effects can lead in some cases to infants having ambiguous genitalia to the extent that even the doctors cannot be sure whether it's a male or a female. Children having these genital and/or genetic variations are called "intersex". Intersex babies are produced in about one in every 1000 births worldwide (Besser et al., 2006).

By the 1960's, advances in plastic surgery combined with the 'genitals upbringing' theory of gender identity led physicians to recommend 'corrective' surgeries on many types of intersexed infants. The idea was to make the genitals look cosmetically correct for a boy or girl and then raise the child in the corresponding gender, believing that the child would grow up to have a correspondingly normal gender identity.

John Money of the John Hopkins University, who gradually became the medical community dominant authority figure in gender identity studies, was the leading advocate of such treatments. A believer in behaviourist psychology in which the mind of the infant is thought to be a blank slate having no inherent personality characteristics, he theorised that gender identity was solely the product of upbringing and socialization (Besser et al., 2006).

The motive for doing 'corrective' surgeries on infants was to solve what was thought to be a deviance caused by an intersex birth. The very existence in nature of

many intersex babies with their many variations of genitalia breaks down the strict conventional ways of defining a male or female person, thus putting pressure on doctors and parents to eliminate what is perceived to be abnormal.

Follow up studies later begun on infants who were ‘surgically corrected’ over the years. “The first study of this nature, conducted by researchers at the Johns Hopkins Hospital of twenty five (25) genetically XY boys who had missing penises as infants (cloacal exstrophy syndrome) and who had been surgically turned into girls and raised as girls, revealed that all twenty five (25) developed male gender identities” (Besser, et al., 2006, p. 30).

Another famous case in history that had a significant impact on the understanding of the development of gender identity is the case of an individual known as John/Joan. John (pseudonym) was an infant who lost his penis owing to a circumcision accident. In an attempt to solve the resulting medical and social dilemma of being a boy without a penis, it was recommended that he be surgically assigned and raised as a girl (Joan).

He was not told of his original sex/gender assignment as a male. However, follow ups later revealed that the attempt to impose a female gender identity on John failed. Despite psychological treatment to make him more comfortable in the female role, Joan reverted to being John (a boy) during adolescence and later married. The outcome of this case affirms that individuals are born with an innate sense of their

gender identity which does not necessarily harmonise with the genital appearance (Besser et al., 2006).

### **2.4.3 Understanding the causes of transgenderism**

Now that some basic information about gender and gender identity has been presented in the previous section as well as some insights into the difficulties faced by intersex people, information around transgenderism and transsexualism will be highlighted.

Gender is the most fundamental part of one's identity as a human being. The very first question everyone asks when a baby is born is whether it is a boy or a girl. As easy as it may seem, most people never think much about gender. They have no idea what causes their sense of being a boy or a girl, a man or a woman. Having never suffered mis-gendering, they take their gender for granted like the air that they breathe, never giving it a second thought and regarding it as an unquestioned birth right to have a gender.

Conventional wisdom says that people are either boys who grow up to become men or they are girls who grow up to become women. There are only two possibilities and one could be either one or the other. It's obvious at birth from your 'genital sex' and that's all there is to it. However, as literature will further reveal, the reality is not that simple (Burdge, 2007).

Many causes of transsexualism have been proposed over the years. As discussed earlier, it has long been known from many intersex cases that the genes do not determine gender identity. The recent follow ups on intersex infant surgeries also show that ‘genitals and upbringing’ do not determine gender identity. Instead, current scientific results strongly suggest neurobiological as the origins for transsexualism. As has been said, something appears to happen during the in-utero development of the central nervous system (CNS) so that the transsexual child is left with innate, strongly perceived cross-gender body feelings and self-perceptions. It is still not known for sure what causes this and more research needs to be done. But the neurobiological direction for these scientific explorations seems clear (Besser et al., 2006).

Scientific evidence has been growing that somehow “certain brain structures in the hypothalamus (a section of the brain responsible for hormone production) determine each person's core gender feelings and innate gender identity” (Kipnis et al., 2008, p. 40). These “structures are hard-wired prenatally in the lower brain centres and central nervous system (CNS) during the early stages of pregnancy, during a hormonally-modulated imprinting process in the central nervous system” (Kipnis et al., 2008, p. 45).

It appears that if those brain and CNS structures are masculinized in early pregnancy by hormones in the foetus, then the child will have male precepts and a male gender identity independent of whether the genes or genitalia are male. If those structures are not masculinized in early pregnancy, the child will have female precepts and a

female gender identity, again independent of the genes or genitalia. As in the case of intersex infants having ambiguous genitalia, there are undoubtedly many degrees of cross-gendering of brain and CNS structures, so that while some infants are completely cross-gendered others are only partially cross-gendered (Kipnis et al., 2008). That is also why it is possible for some children to have gender identities inconsistent with their genitalia and upbringing.

According to Besser et al (2006), basic scientific biology teaches us that every foetus derives one sex chromosome from the mother, always X and the second sex chromosome from the father which may be X or Y. Typically, a foetus with X and Y will develop into a male becoming a boy and the foetus with XX chromosomes will develop into a female becoming a girl. Most people fall into these categories and think nothing much about any categories outside of these. So when the male or female category is marked on someone's birth certificate, a consistent and unchanging gender identity is assumed on the basis of external genital appearance.

However, as research indicates gender spectrum is much more complex than that. A few individuals worldwide do not fit neatly in the gender definitions of male or female. For some reasons, one in 100 babies is born with some kind of sex differentiation abnormalities. In some instances, these abnormalities are associated with unusual chromosomes patterns. For example, a person may have XXY, XYY, XO or XXXYY (Besser et al., 2008). The impact of such patterns has direct effects on these individual's brain development, causing it to develop in ways that are

inconsistent with their genitalia and physical appearance (Gender Identity Research and Education Society, 2008). Thus the experience of these gender variances is understood in terms of scientific and medical viewpoints as having biological explanations around their origins.

A small area of the human brain is known to be different between males and females. In those with gender variations, this area is known to develop differently from other individuals of the same sexes (Kipnis & Diamond, 2008).

In a study led by Guilliamon (2010) at the National University of Distance Education in Madrid, Spain, magnetic resonance imaging (MRI) (a test that uses a magnetic field and radio wave energy to take pictures of organs and structures inside the body) was conducted on the brains of eighteen (18) female-to-male transsexual people who had no treatment and compared them with those of twenty four (24) males and nineteen (19) females. They found significant differences between male and female brains in four regions of the white matter and the female to male transsexual people had white matter in these regions which resembled male brain.

In a separate study, the team used the same technique to compare white matter in eighteen (18) male to female transsexual people with the one found in nineteen (19) males and nineteen (19) females. Surprisingly, in each transsexual person's brain, the structure of the white matter in the four regions was halfway between that of the males and females. According to Guilliamon (2010) this indicates that the participant's brains are neither completely masculinised nor feminised, yet

they identified strongly with female gender identity (Gender Identity Research and Education Society, 2008).

#### **2.4.4 Hormone therapy and gender reassignment surgery**

Some transgender individuals choose to make a physical transition to their chosen gender identity while others do not. The most commonly understood experience of transitioning is through the use of hormone therapy and gender reassignment surgery. Hormone therapy involves the use of testosterone, testosterone blockers and or oestrogen prescriptions to diminish or enhance biological secondary sexual characteristics (Spagna, 2013).

Gender reassignment surgery refers to a process where biological reproductive organs are surgically reconstructed or altered. Although these are the two most common ways of transitioning, they are not what exclusively define one to identify as transgender. While some individuals identify as one of the two socially constructed genders, male or female, others identify as neither or as parts of both (Spagna, 2013).

As stated earlier, hormone therapy is the process of taking hormones of the opposite physical sex to appear more like that particular gender. The amount of effect depends on the person's genetics and age. The younger someone is when starting on the hormone therapy, the stronger the effect of the hormones. Taking

oestrogen in MTF transgender people causes breast growth, softer skin and makes a person more emotional and sensitive. On the other hand taking testosterone in FTM transgender people causes masculine characteristics such as facial hair growth, a deeper voice and may make one more aggressive and competitive, though there is debate about the last attribute. Transgender hormonal therapy is usually taken for life (Vazquez, 2008).

Female to male transgender individuals or FTMs, can take the male hormone testosterone. Male to female transgender individuals or MTFs, can take the female hormones oestrogen and progesterone, although progesterone is not recommended. Everyone is born with both male and female hormones in their body but the levels depend on the sex of the person (Vazquez, 2008).

Some of the documented effects of taking oestrogen in MTF are:

a) Sexual functioning

Testosterone is responsible for the formation and development of male sex characteristics. When testosterone is opposed by high levels of female hormones present in birth control pills, testosterone will be less effective. MTF who take female birth controls may experience changes in the functioning and physical appearance of their sex organs. Risks may include lowered sperm count, decreased libido, erectile dysfunction and shrinking testes size. Some MTF may also develop breast tissue known as gynecomastia, along with enlargement and darkening of the nipples (Sharpe, 2007).

b) Physical appearance

Testosterone is largely responsible for the greater growth of muscle tissue and bone tissue in men. With the use of female birth control pills, testosterone will be less effective and large muscle groups such as the legs, chest and arm muscles may decrease in size. In addition the bones may develop a condition similar to osteoporosis, becoming more absorbent and stiff. This may increase the risk of bone fracture. Fat storage may also be affected, leading to a feminization of the physical appearance. Facial and body hair may also decrease in thickness and growth (Vazquez, 2008).

c) Voice

Hormone therapy will make an MTF's voice higher. The amount by which it rises will vary from person to person. Hormones are often combined with voice training to help an MTF achieve a female voice range.

d) Body hair

Oestrogen will thin body hair. Arm, leg, facial and armpit hair will become less dense while using oestrogen. It also slows baldness on the head and thickens hair that is already there.

e) Sexual function

For a MTF, oestrogen will decrease the sex drive and also may affect the strength, size and duration of an erection. In addition the testicles may shrink.

f) Skin texture

The skin will become softer and less course with hormone therapy. Oestrogen is believed to help heal scars and the skin will also become more elastic.

g) Limitations

Oestrogen will not cause a MTF to have monthly period or have the ability to become pregnant. These two functions require a uterus, ovaries and a womb. Equally, oestrogen will not make the penis disappear (Vazquez, 2008).

Some of the documented effects of taking testosterone therapy in FTM are:

- a) Thickening of the vocal chords and deepening of the voice
- b) Facial and body hair growth
- c) Enlargement of the clitoris
- d) Cessation of menses (monthly period)
- e) Migration of body fat to a more masculine pattern (i.e., fat deposits shifting from hips, thighs and buttocks to the abdomen area)

- f) Skin may become rougher in appearance
- g) Increase in sex drive and energy level (Vazquez, 2008).

Limitations:

Testosterone has to be taken for life otherwise cessation of testosterone may cause the return of some of the feminine body characteristics such as monthly periods, muscle development and fat distribution in the body. Some changes such as deepening of the voice, body hair growth and enlargement of the clitoris are irreversible (Vazquez, 2008).

In conclusion, hormone therapy is an individualised plan that should be carried out by a qualified medical doctor such as a general medical practitioner or an endocrinologist (hormone specialist doctor). In addition, medical experts caution that hormone therapy should be avoided in people with a history of blood clots or active substance abuse, due to the fact that oestrogen increase the risk of blood clotting (pro-thrombotic effect) and that drug interaction in active substance users may cause severe unwanted reactions. Furthermore, patients should be assessed for suicidal tendencies before and during therapy especially if taking testosterone as it tends to accelerate the onset of neurological problems such as depression and mood changes. Hormonal therapy is therefore highly individualized and requires monitoring from a qualified medical practitioner who needs to periodically conduct regular follow ups (Crawley, Foley, & Shehan, 2008).

#### **2.4.5 Access to medical transition services**

Accessibility of medical transitioning services appears to be an out of reach option for many transgender people. This situation is well documented as affecting transgender people not only in Namibia but also the rest of the world. Belzer and Hutta (2012) for instance stated that “in many countries, the lack of transgender specific health care often leads gender variant/transgender people to travel to neighbouring countries and even to other continents to gain access to gender reassignment surgery” (p.76). In instances where services are available, they are often limited to private health facilities at very high costs (Belzer and Hutta, 2012).

They further established that in Southern Africa, “transgender specific health care including access to hormone and especially surgery and surgical after care is very limited, available only at a high cost through the private sector” and most transgender people who can afford to are often forced to travel to South Africa to access these services (Belzer and Hutta, 2012, p. 77). In a separate study conducted in South Africa, it was established that male to female transgender people who are economically disadvantaged relied on their female counterparts to illegally access oestrogen pills in order to induce the desired effects (Klein, 2009). Even though great progress has been made over the past few decades in providing options for correcting transgender and transsexual conditions, the possibilities for transition are mainly available to those who are socially, educationally and financially advantaged in some way.

In Namibia, transgender people equally find it hard to access support for transitioning sex-re-assignment surgery and hormone therapy due to low financial and technical resources (Human rights report on LGBTI people in Namibia, 2013). Further acknowledged in this report is the lack of research that can assist in providing evidence based and informed medical intervention for transgender people.

Besides accessibility as well as financial constraints, there seems to be other causes of concern as far as accessibility of these services is concerned in Southern Africa. Bateman (2011) asserts that the “bigger barrier to surgery for transgender persons is that many surgeons have internalised the general stigma and prejudice that exists towards transgenderism” (p. 3).

This situation was also established and acknowledged in Namibia (LGBTI-Human rights report, 2013). In Namibia, the idea of trying to access any health facility in itself poses serious challenges due to high stigma. A local newspaper reported on the experience of a local transgender person with a local health facility. The transgender person was quoted saying:

Transgender people are not well received in the public health sector. There is still a lot of prejudice going on. I was born a woman trapped in a man's body. This is not my fault and I have the right to access health services just like anyone else. (Tjihenuna, 2014). In another scenario this is what a transgender person had to say, “We should all be able to live by our own truth, without fearing for our lives or

living in a constant paranoia as to what people will say when they find out who we feel we are” (Gaoses, 2013).

Besides financial and structural barriers to accessing these specialised services, personal reasons appear to play a role in some cases. In a study conducted in South Africa on transgender access to health care services, it was established that there are many individuals who do not desire surgery for other reasons (Stevens, 2012). These reasons range from fear of the consequences or side effects of such interventions and personal choices of not wanting to transition.

## **2.5 GENDER IDENTITY DEVELOPMENT AND COMING OUT FOR TRANSGENDER YOUTH**

Gender identity is defined as “a person’s self-concept of his or her gender (regardless of their biological sex”) (Lev, 2004, p. 81). Although for most people their gender identity is congruent with their assigned biological sex, other’s gender identity is in direct conflict with the biological sex of their bodies and this often refers to transgender individuals. Transgender people are aware of the reality of their physical bodies but feels that it does not describes who they really are internally.

Most transgender people have been aware of their gender variance for some time before beginning to come to terms with it. Often, transgender people have been

found to have tried to find means to cure themselves, making use of religion, marriages, aversion therapy and other behaviours modification techniques (Lev, 2004).

Eliason and Schope (2006) suggest that transgender individuals go through two developmental stage processes: one for gender identity and another for sexual identity. They further assert that gender identity development is a process that evolves over time rather than a decision one makes at a particular point in time. In addition to the developmental tasks faced by all youth in society and the challenges related to coming to terms with their gender identity, transgender youth face unique challenges that result from living in a transphobic society. Research has shown that transgender individuals go through a process that involves 'shifting' one's identity from the socially accepted gender definitions to the socially denigrated transgender identity. Coming to terms with the aspects of the sexual self represents a challenge to someone trying to reconcile a gender and sexual identity (Burdge, 2007).

Transgender individuals become aware of the body-mind dissonance from an early age, leading to an acute awareness during puberty (Morgan & Stevens, 2008). Lev (2004) mentions the following stages for transgender emergence: awareness, seeking information/reaching out, disclosure to significant others, exploration-identity and self-labelling, exploration of transition issues/possible body modifications and integration and acceptance of post transition issues (p. 235).

The first stage, *awareness*, is characterized by a sense of feeling different and the realisation that in fact one may be different. For most transgender people, this

realisation is often traced back to their childhood and this awareness of their gender is experienced as a deep discomfort between their sex at birth and what it means. This state is also referred to as 'gender dysphoria' (Lev, 2004). Moreover, those that have never suppressed their gender issues may not necessarily experience the sense of awareness but rather a mind shift and develop a need to address such issues (Beemyn, 2005).

Additional stages include seeking information, exploration of identity, exploration of transition issues as well as integration. During *information seeking*, an individual begins to seek information about transgenderism from various sources, such as books, internet, research findings, social networks etc. An individual begins to understand that they are not alone and their process of seeking out others from the transgender community reinforces a sense of belonging.

During identity exploration individuals begin to explore the meaning of being transgender. The key aspect at this stage is the acceptance of who they are and becoming comfortable in their own skin. At this stage they also begin to explore their future option to transition. During the transition options of exploration, transgender individuals begin to explore the possibility of actual possible and available body modification therapies. At this stage different forms of gender variance emerge. Some people live between genders and live double lives. This usually implies that they would live as their anatomical sex during certain hours of the day and live as the opposite sex in other spheres of their lives. This is usually influenced by various factors such as their social status in society.

Other transgender people become comfortable in being between genders. These are referred to as gender fluid. This often implies that they switch back and forth between various sexes or gender, giving them the flexibility to explore both their masculine and feminine nature. Some transgendered men and transgendered women may choose hormone therapy to make them either more feminine or masculine, yet they would not proceed to have genitals alignment surgeries. Equally this is influenced by various factors such as financial constraints, fear of losing sexual feelings and other general surgical complications. Others opt to fully transition and align their anatomical sex with their preferred gender because they strongly believe that their transgender identity does not fit into the gendered world that their anatomical body constituted them towards.

The third stage is *integration*, where an individual embraces and fully integrate themselves into their new identity (Lev, 2004). Schaefer, Wheeler and Futterweight (as cited in Lev, 2004), caution that the memories of living in the previous biological role should not be discarded at this stage as they pave the way to integrating one's whole identity.

Whatever words or phrases people use at this stage to define who they are, be it transsexuals, transgendered, cross-dressers, transman, transwoman, butch, drag queens, drag kings, bi-gendered, queer or simply men or women is an indication that they have “synthesised a key element of their identity, in that they have become comfortable with who they are and where they stand in the trans-gender continuum” (Lev, 2004, p. 268).

The final stage is *disclosure*. The process of disclosing to loved ones has been described to be frightening and many transgender people have resorted to silence as a coping mechanism (Lev, 2004). Rejection by loved ones has increasingly been reported by those that disclose or attempt to display behaviours that are deviant from the typical gender norms. The thought of disclosing to family members increases transgender people's anxiety and fear.

On the other hand (Burdge, 2007) found that disclosing can have good benefits to the transgender person as well. It brings about a sense of relief irrespective of the responses from significant others. This is what Lev (2004) refers to as a 'double bind'. This is so, in the sense that a transgender person is caught in this world where they have to please their significant others while at the same time they have to also stay true to themselves.

In some cases, the family members may be aware of the gender issue but somehow may choose to ignore and live in denial. They often fear rejection and ridicule from the other community members and as such, the concept of anyone trying to live as the opposite sex will provoke assuming thoughts of labelling the transgender person as mentally ill or evil possessed.

Lev (2004) indicates that during this stage, transgender individuals often report that their siblings went out of their way to help the transgender person adjust to the new

role. Men will talk to their new brother about those things that men know and enjoy and doing. Clothing, makeovers and other subjects of concern for women become the focus within new sister relationships, thus showing their support for the sibling's identity. The importance of social support cannot be underestimated. Research has shown that transgender individuals often have low levels of social support and that support from partners and family buffers the negative effects of social stigma and discrimination (Bockting, et al., 2006, p. 48). Transition becomes difficult for others to accept when they have always known the person transitioning in the gender that they have been living as. Often it takes a concerted effort on the part of partners and family members to change their preconceived profiles to meet or match those of the transgender person (Lev, 2004).

In conclusion, while this is the general coming-out process for transgender individuals, most scholars recognize that there are starts, stops, and backtracking that can occur throughout. Not everyone goes through each stage. There are also other outside factors such as race, religion, culture, gender and abilities that influence identity development (Lev, 2004; Beemyn, 2005).

### **2.5.1 Cultural construction of gender versus self-gender identification**

In every society there are expectations that people will look and act a certain way depending on whether they are male or female. However, for many people this is simply not the case. What gender you identify with (gender identity) may not necessarily be the same as the biological sex you were born with.

The idea of gender variance confronts widely held assumptions that children born as male will act like ‘boys’ and children born as female will act like ‘girls’. This imposed binary perpetuates negativity towards people who express themselves with gendered variations in attire, behaviour or preferences. Despite the existence of cross-gender presentations and behaviour in every culture and throughout time, society still appears to be unaware that diversity in gender expression and sexual formation is a naturally occurring phenomenon (Lev, 2004).

The gender binary, with its explicit rules of membership, rejects expansive thought or spaces to try gender in new ways. Finger (2010) in his study on the lived experiences of transgender students at tertiary institutions in the USA established that “power lies in the traditional normative binary and while many trans do not adhere to these conceptions, some, as modelled in his study, do choose the affiliation, support and comfort of fitting in with the dominant discourse” (p. 112).

A critical lens is needed to review these findings. In Finger’s words, “transgender men and women are assumed to be ‘less than’ by virtue of their noncompliance. Who decided on these rules? Who made gender-normative definitions of male and female dominant and the ‘right’ way? These assumptions come from the need to control. It aligns with the feminist argument of why men feel superior or are recognized as dominant over women” (Finger, 2010, p).

We live in a society that assigns meaning and value to the categories of male and female. Young people experiencing conflicts with their gender may begin to notice that their parents become uncomfortable with certain manners and behaviours. Toys, games, dress codes and behaviours become strongly confined to traditional gender roles. Toys are targeted either for little boys or little girls and are packaged appropriately in colours and materials culturally defined as either masculine or feminine.

In families that have rigid gender roles, there are punitive behaviours towards those that exhibit some sort of deviance from the normal gender roles and norms. For example, girls may be prohibited to play with boys or forced to grow their hair and boys are often pushed into male oriented sport activities. These types of situations often force children and young people that are not gender conforming to suppress and conceal their gender identities.

In conclusion, society expects everyone to fit into the binary of male and female. One is expected to dress according to certain norms, perform certain roles and certain types of activities. Transgender people are viewed to be violators of these expectations in many different ways. As a result they find it very difficult to fit in. If one is known to have been born in a particular body with a particular sex assigned to them at birth and begin to change the way they live and express themselves in a way that does not conform to those assignments, it predisposes them to become easy targets of stigma and discrimination.

## **2.6 STRUCTURAL CHALLENGES FOR TRANSGENDER INDIVIDUALS AND COMMUNITIES**

### **2.6.1 A global human rights approach**

Since the early 2000s there has been a major paradigm shift in the global arena. The first ever resolution on Sexual Orientation and Gender Identity was passed by the United Nations (UN) Human Rights Council on 17 June 2011. The resolution recognised the systematic human rights violations to which GLBTI (Gays, Lesbians, Bisexual, Transgender and Intersex) people are subjected worldwide and mandated the High Commissioner for Human Rights to prepare a study on this subject (Balzer & Hutta, 2012).

In 2007, an international group of human rights experts developed a milestone document on sexual and gender rights known as the Yogyakarta Principles. They present “a set of international legal principles on the application of international law to human rights violations based on sexual orientation and gender identity” (The Yogyakarta Principles, 2007, p. 7). The document further made recommendations for the UN (United Nations), urging UN bodies to integrate sexual and gender rights issues into their procedures (The Yogyakarta Principles, 2007, p. 32).

After their establishment in 2007, the Principles have significantly influenced discussions and interpretations of sexual and gender rights at the UN. Many UN

member states have expressed official support for the Principles and the statement has been cited in the proceedings and publications of a number of UN agencies. Several states have drawn on the Principles in domestic policy. Additionally, the Principles have been endorsed by several leading human rights organisations, including those which represent the interests of sexual and gender minorities (Morgan, 2009, p. 45).

### **2.6.2 Religious systems**

Kennedy (2008) defines religious systems as “an organized collection of beliefs, cultural systems and world views that relate humanity to an order of existence” (p. 20). Religious beliefs have a strong influence not only on transgender persons’ identity but also on their overall general wellbeing as well as the outlook on themselves. Religious beliefs have been criticized to be static and they are thus considered as one of the major challenges that hamper positive tolerance of transgender communities (Wagberg & Samelius, 2005).

Gender variant individuals and unidentifiable gender at birth is a challenge to the Christian biblical scriptures that state that the first two humans were created as man and woman (Wagberg & Samelius, 2005). This line of argument usually leaves no room for possibilities of other gender identity or expressions.

Religious leaders including Muslim, Catholic and other Christian churches in particular evangelic protestant churches, have expressed some of the most hatred and repressive attitudes against GLBTI persons. This has been highlighted in religious

discourse such as the following quote from one of the Evangelical churches in South Africa: “Even if science does determine differentiation in the brain at birth and even if there are prenatal influences, we can’t set aside teachings of the Bible because of research findings” (Kennedy, 2008, p. 57). Religious conservatives generally believe that transsexualism is a chosen lifestyle to which a person can become addicted. The solution from their perspective to this phenomenon is therapy, prayers, healing and deliverance.

McLachlan (2010) in her study titled ‘Exploration of the subjective experience of the development of a transgender identity in South Africa’ found that the “religious world has had an influence on the transition of the transgendered participants in the study” (p. 75). Furthermore, most participants did not experience it as supportive but rather as too judgmental and forcing them to reject their conventional religious beliefs. In addition, it was established that most of the participants struggled with the guilty idea that being transgender is sin and that the experience they had was unacceptable to God (McLachlan, 2010).

Although no direct comments from the churches were made in reference to transgender populations in this study, participants experienced a strong sense of condemnation and experienced that the church was a hindrance to their developing transgender identity (McLachlan, 2010).

Findings from other studies suggest that individuals who are more religious have more conservative religious beliefs and those that attend church frequently are

more transphobic. These claims are supported by a study conducted at the Western Cape University, where it was found that high levels of homophobia and transphobia attitudes were displayed by students who proclaimed to be born again Christians (Tati, 2009). The study also found that people who went to church almost weekly were extremely homophobic than those who never attended church.

Interestingly, almost all major religions in the world have one common golden rule which is to love and treat others as one would want to be treated. Religious beliefs need to be challenged to revisit their basic line of arguments and avoid extracting certain scriptures while leaving out others, which could be relevant in encouraging a sense of humanity.

Since conflicts between religious beliefs and transgender identities are evident, one would conclude that religious beliefs are a major aspect to take into consideration when addressing transgender inclusivity and tolerance.

### **2.6.3 African states repressions and legislation**

In Africa, most countries have criminalized most or all defined behaviours under the GLBTI communities and do not formally recognize them. Some groups of people in society such as religious, political or tribal groupings may cite politics, tradition or religion as reasons to be extremely intolerant to GLBTI individuals (Wagberg & Samelius, 2005).

The legal situation for transgender persons is a complex issue. Many African countries lack constitutional legal protection with regards to discrimination on the grounds of gender orientation. Policy makers and state representatives have not clearly mapped the legal challenges and rights of transgender people. Many gender variant people in these find it difficult to change their identification documents, especially after successful transitioning interventions. Yet, examples show that in some countries where there may not be clear legislations on transgender people such as Namibia, it may be possible to officially change gender identity (Currier, 2007). This aspect will be further elaborated in this section.

Scanty research has been conducted into the experiences of this unique population in Africa. Given this gap, the literature generally indicates that few authors focus on the unique experiences of this population. However, global recognition of transgender people as key population for a comprehensive HIV prevention has increased attention to this population. Thus some states such as Namibia and South Africa have begun to mainstream transgender issues into their national HIV prevention programs.

This has not alleviated the scarcity of available research in this area. Yet, few studies have been conducted in Africa and Namibia primarily with a focus on a behaviourally defined category of men who have sex with men as well as societal responses to issues pertaining to GLBTI populations respectively (Baral, Trapence, Motimedi, Umar, Ipinge, Dausab, 2009; Currier, 2007; Lundholm, 2009; Wagberg & Samelius, 2005).

Most GLBTI activist organizations rely on western based donors and this has made them to be portrayed as puppets of the West and that they dance to the Westerners' tunes in terms of projects and ideas they were running. Therefore their mobilization efforts were looked at in light of portraying what their donors wanted them to carry out. This notion was supported by Currier (2007) in her study titled "The visibility of sexual minority movement organizations in Namibia and South Africa". She established that Namibian and South African GLBTI social movement organizations consistently faced criticism from opponents who said that they were un-African and mostly this was fuelled by the fact that they chose to apply for and accept funding from non-African donors.

#### **2.6.4 Legal context of transgender communities in Namibia**

Namibia, a country located in South West Africa, has a population of 2.1 million (Namibia Statistics Agency, 2011). Namibia, which was colonized first by German and later by its neighbouring country South Africa, became independent in 1990. Namibia inherited a South African common law that outlaws consensual same sex conduct between men (sodomy). This law, which ironically was done away by Namibia's two former colonizers, still prevails in Namibia (Namibia LGBTI-Human Rights report, 2013).

Although the general understanding is that this law is applicable to gay men, it also affects MTF transgender women who have not yet fully transitioned to their preferred gender and who have not yet altered their genitals through surgeries and still thus engage in anal sexual practices.

After independence in March 1990, the Namibian constitution enshrined a bill of human rights provisions for all its citizens. The British Commonwealth Report (1999), states that Namibia is the second country in Southern Africa to recognize the rights of transgender individuals. The report states that “in other states such as Namibia, India, Pakistan, Egypt despite a greater divergence of cultural and social norms, none have a positive prohibition on the full legal recognition of the change of gender identity equivalent to that in the UK” (The Amicus brief from Liberty, para. 12, 1997).

In a separate edition of the same report, it was reported that Namibia is the first African state besides South Africa to acknowledge transsexuals. The Ministry of Justice representative indicated that there will be full acceptance and change of documents on social acceptance (The Amicus brief from Liberty, 1997). This indication points to a significant development towards the recognition of transgender persons in Namibia. However, more clarification is needed in legal discourse as to whether all categories of transgender individuals are recognised in Namibia. This is important given the sodomy law referred to earlier, which implicates MTF transgender individuals. In addition more needs to be done to sensitise and have an open dialogue in the legal discourse.

The Namibian National Strategic Framework (2010) recognises the importance of inclusivity with regards to men who have sex with men. Male to female transgender people who have not fully transitioned or altered their biological anatomy (and this is the case for the majority of MTF transgender identifying people

in Namibia) are part of the key target in this framework besides other key populations such as men who have sex with men (MSM). However, other transgender diverse people are not addressed in this framework.

This framework saw key sub-sectors in the private sector, such as the Society for Family Health organization being tasked with the responsibility of creating awareness to health workers around key populations, with the aim of educating key health personnel on the link between HIV transmission and prevention efforts in the country. This situation of inclusion and connection between HIV/AIDS and MSM in the Strategic National framework on HIV/AIDS has produced a contradictory situation where a prohibiting legislation on anal intercourse is counteracted by state supported information directed to MSM to increase condom use.

Namibia joined the rest of the world at independence and became a member state of the United Nations (UN) in honouring its commitment to defending the human rights of all its citizens. Though UN human rights regimes are perceived to be incapable of influencing the domestic policies of its member states, it does not render the UN human rights framework totally useless. International human rights perspectives suggest that human rights have come to be widely acknowledged as global standards against which member states will be judged for their appropriate, ethical and efficient interventions (Morgan, 2009). As such, failure to adhere to these may result in member states losing credibility in international arenas. Thus it remains beneficial that African states, Namibia included, consider these aspects.

#### ***2.6.4.1 Constitutional provision regarding transgender people***

The legal obligation that the Namibian government has to protect transgender persons from transphobic acts is no different from those of other citizens. Thus transgender rights are not separate or special, but rather a set of human rights.

The Namibian constitution being the supreme law of Namibia was established at the country's independence in 1990. All fundamental human rights are enshrined under Chapter 3 of the Namibian constitution (The Constitution of the Republic of Namibia, 2010, art. 5-25).

**Article 5** states:

Protection of fundamental rights and freedoms

**Article 8** states:

Respect of human dignity

**Article 20** states:

Education entitlement for all

Every single human being in Namibia is covered by the above stated provisions, simply by the mere fact of being human. International agreements and treaties at the United Nations and its treaty bodies obligate Namibia to extend to all its citizens, human rights, freedoms and civil liberties (Human rights report on GLBTI people in Namibia, 2013; Morgan, 2009).

The basis of human rights and transgender issues is the recognition of the existence of transgender persons. In the absence of a positive recognition, it becomes difficult to fight for the protection of transgender human rights in any given country. This can only be achieved if transgender persons are given a platform to voice their concerns and to be visible at all levels of society.

#### ***2.6.4.2 Change of identification documents***

Transgender individuals experience a crisis of identity in terms of current legal provisions for them in Namibia (Human rights report on LGBTI people in Namibia, 2013). Challenges with regards to names and sex change on their national documents, such as ID, and passport have been documented. Such challenges make it difficult for them to, for instance travel to other countries. Furthermore, transgender identifying individuals become easy targets of transphobic acts due to their obvious physical appearance and gender deviance.

It was highlighted in the local media, the Windhoek Observer newspaper, that transgender people face problems in Namibia when it comes to document changing after transitioning (Gaoses, 2013). However responses from the Ministry of Home Affairs and Immigration stated otherwise. An official from the Ministry of Home Affairs and Immigration Mr. Jacobus van der Westhuizen was reportedly quoted saying that “this should not be happening” (Gaoses, 2013, p. 3). In a telephonic conversation with The Namibian newspaper, Van der Westhuizen indicated that to his knowledge, no Namibian should be denied the right to identification documents,

and he further stated that there have been similar cases in the past where transgender people have been assisted with documentation without problems (Van Wyk, 2013).

The Legal Assistance Centre in Namibia (LAC)'s public outreach manager for gender, Rachel Coomer, was also reported to have stated that “undergoing gender reassignment is legal in Namibia and according to the law, no one should be denied documentation because of this” (Gaoses, 2013).

There appears to be some form of silence around the provisions for the change of documents for transgender identifying individuals in Namibia. Although provisions in policies or guidelines appear to be there, this information is hardly shared with the public and often transgender individuals stumble upon such information when stuck with cases of document changes.

## **2.7 AFRICAN AND NAMIBIAN CONTEXT**

### **2.7.1 Do transgender people exist in Africa?**

The African continent comprises of 56 countries. It counts a population of over one billion and shows great economic, political and cultural differences. Apart from terms like ‘transgender’, ‘transvestite’, ‘transsexual’, ‘female to male (FTM)’, ‘male to female (MTF)’, and ‘GLBTI’, various other terms are used within African communities to refer to gender-variant/transgender people. These include ‘*kuchu*’ in Uganda, a positive designation of gender-variant/transgender people that also

generally refers to lesbian, gay and bisexual people; '*matrix*' in Zambia, used proudly by gender variant/transgender people to refer to one another and describe their non-conformity with conventional gender; and '*meme*', used by some MTF people in Namibia, meaning 'woman'. While there are numerous other terms, many have been used in derogatory ways. For example, in Namibia some people use the term *moffies* to refer to male to female transgender person (Balzer & Hutta, 2012; Murray and Roscoe, 1998).

Most Africans are believed to hold strong mythical beliefs that gender non-conforming people are un-African or do not exist in Africa. However, according to Murray and Roscoe (1998) societies in pre-colonial and or peri-colonial Africa were the focus of several anthropological studies on sexuality and reproduction, where some of the studies showed and described patterns of gender variance in different societies all over the African continent. They further assert that societies in pre-colonial times as well as today have gender systems that draw on three or more types of gender.

Jobson, Theron, Kagwa and Kim (2012) assert that gender non-conforming people have been recognized and accepted into their African communities for centuries. Furthermore, in the 21<sup>st</sup> century many organizations have been formally established to fight for the rights of GLBTI populations such as Out Right Namibia and Gender Dynamix in South Africa. This should arguably point to the fact that sexual and gender minorities groups exist in our midst.

However the current situation in Africa with the exception of South Africa and partly Namibia is the lack of awareness regarding transgender identity and expression as a distinct category on its own. Moreover, transgender people have been treated as if their gender identity issues were pathological and need to be medically fixed or corrected. They also suffer from society's inability to distinguish sexual orientation from gender orientation as stated earlier, usually by those in position of authority in the communities where they live. As a result, transgender people have suffered the same fate in terms of hate speeches, stigmatization and discrimination as other categories of the GLBTI population because they are often wrongly assumed to be gay men, lesbians, bisexual etc., which is not necessarily always the case (Wagberg & Samelius, 2005; Balzer & Hutta, 2012). This observation is further confirmed from a Namibian context by Namaste (as cited in Lundholm, 2009), who observed that any type of gender variance expression is automatically perceived as a sexual orientation deviance.

Juliet Victor Mukasa, a transgender identifying and activist from Uganda had this to say in an interview conducted by Balzer in 2009:

Generally, all gender non-conforming people are 'automatically' branded homosexuals, as in most of our communities a man who looks like or has tendencies of a woman is the proper picture of a gay man. In the same way, a woman who looks like or has tendencies of a man is declared a lesbian automatically. So in our communities, many transgender people have been lumped blindly to sexual orientation issues. Myself I only came out as

transgender five years ago. Even then, my friends thought I was just copying a 'new way of living' from the West. I always referred to myself as a 'lesbian', a 'butch lesbian'. All my activist life till then, I was a lesbian activist.

I never for a moment realized how most of my suffering came from the fact that I am transgender. Even as a leader of two GLBTI organisations in Uganda, I never initiated programs for gender non-conforming members, myself being one of them. That is still the case with many GLBTI organisations across the continent. Today this has changed. With more awareness of gender identity issues, many transgender and/or gender non-conforming people are coming out. People have realized the need for an African transgender movement. (Balzer & Hutta, 2012, p. 66).

Mukasa further gave examples of types of harassments that transgender people face, such as corrective rapes, humiliation at schools, public assemblies, family rejection, inability to access or change identification documents, retrenchments, avoidance of public toilet facilities, psychological distress, substance abuse and suicide ideations and attempts. Mukasa further indicated that churches also fuel dehumanization and stigma of transgender people, by reinforcing beliefs that the causes of transgenderism are supernatural. He stated that, "In church, I was once stripped naked before a multitude of people. The pastor 'saw' the spirit of a young man inside me and they burnt my clothes and shoes in order to kill the male spirit" (Mukasa, 2006, p. 2).

Mukasa, who regularly writes articles on transgender issues also states that transgender people in Africa face human rights abuse and violations, more so because they are “highly visible and therefore highly vulnerable to discrimination” (Mukasa, 2006, p. 2). In her paper presented at the World International Lesbian and Gay Men Association in 2006, she lamented the fact that there is almost no research done to understand transgender people’s lives in Africa and that transgender identifying people in Africa have an undocumented history and thus remain invisible in that sense.

Tebogo Nkoana, a South African Gender Dynamix outreach officer (as cited in Balzer and Hutta, 2012) supports this viewpoint when he highlighted that lack of knowledge around vernacular terminologies that would help people identify as transgender makes it appear as if transgender individuals are invisible. As a result some may call themselves gay, but that does not guarantee acceptance as they are often rejected by the gay men community.

### **2.7.2 Do transgender people exist in Namibia?**

In the absence of appropriately documented statistics on the population of transgender people in Namibia, local newspapers have been documenting and reporting on issues that affect transgender people in the Namibian context. These ranged from their struggles in accessing health facilities, accessing and changing national documents such as passports especially after transitioning. These reported

cases and media coverage provide evidence even in the absence of rigorous research, that transgender individuals exist in Namibia and have their own unique challenges.

To quote a few of those reported cases and news articles coverage, the table below presents a summary of the cases that were highlighted in various local newspapers.

**Table 2.1 Media coverage on transgender people in local newspapers**

Transgender faces passport photo problem  By Cindy Van Wyk, 19 December 2013	The Namibian
I wake up as Mercedes, not a transsexual  Written by Innocentia Gaoses, 30 May 2013.	Windhoek Observer
Namibia to host trans-gender conference  Submitted by Anonymous, 05 February 2012	Informante

Furthermore, one prominent Namibian transgender well known as known as Mercedes was quoted in a local newspaper saying:

I was born a guy, but my feminine side dominates more and I do not have to come and live in a foreign state to be comfortable in my own skin, I don't have to run away from the people I love back at home because of discrimination. I thought I should go home and raise awareness that this is who we are, we are here and we will be around for as long as the human race exists. So we need to start having a conversation about transsexuals and in general other GLBTI members in our societies as well as their inalienable claim to their rights and the protection of their human dignity. (Gaoses, 2013).

Once more, this should point to the fact that gender minorities groups exist in Namibia.

### **2.7.3 Socio-cultural, religious and political discourse in Namibia**

Every society is dynamic and unique. The dawn of independence in Namibia brought with it a new wave of constitutional protection for every Namibian citizen. For transgender people however this meant that they will face a situation of uncertainty around their own positions in the society. The national discourse in Namibia initially centred on the denial of other gender identities apart from the heterosexual norm, thus the GLBTI communities organized themselves through civil organizations that

fought for the recognition of gender minorities (The Namibian LGBTI Human rights report, 2013).

Lundholm (2009) reports findings in his investigations in Namibia on the perceptions and attitudes towards the GLBTI community. According to Lundholm (2009), “the biggest challenge facing transgender people in Namibia is the fact that they might not be able to hide their gender orientation because deviant gender expressions are harder to disguise as people are very sensitive to expressions that break the gender stereotype” (p. 31). Lundholm (2009) in his study further observed that there is nothing illegal about cross-dressing in Namibia, but in practice, “heteronormativity stigmatizes it and so regulates who is regarded as belonging in the society” (p. 32). Currie (2007) further supports this stance that in Namibia as it is perhaps in the rest of the world, transgender people are at risk of violence because of their clearly visible physical features.

Miyanicwe (2012) reported in the local media for example on the stigmatization of transgender people in the Namibian context. A male to female transsexual activist in Namibia, Nicodemus Aochamub commonly known as “Mama Africa” was quoted as follows:

I have been a victim of political hate speech since years ago. The Namibian Defence Force stripped me naked and showed my private parts to passing cars in Windhoek. I was humiliated as the public watched me, while Defence

Force members folded my private parts, telling me that I was a man and it (genital) must be used for its purpose (Miyanicwe, 2012).

There seems to be a mixture of responses from faith based structures, organizations and churches. The Council of Higher Churches in Namibia released a statement that contained the following quotation:

What becomes clear is that religious texts should not be used as instruments of hatred or discrimination but as a source of social and spiritual renewal. Religion is essentially an accelerator of social change and not a brake on it. Armed with the Scripture as it relates to the praxis which does not allow theology to degenerate into sterile arguments about dogmatic belief, the good news, the liberating praxis becomes a source that makes love of one's neighbour a manifestation of the love of God. In short, in order to formulate appropriate answers in all responsibility, one takes into serious consideration next to the Scriptures accounts of what is happening today. (The Namibian LGBTI Human rights report, 2013, p.19).

### **2.7.3.1 Hate crimes**

Hate crimes occur primarily in contexts of sustained prejudice-motivated victimization including on-going taunting (or hate speech), bullying or conflicts between people known to each other within specific settings such as a school or a community. Communities are seen as endorsing hate crimes when they remain silent, fail to act, or do not render support to the victim (Renn, 2010).

Hate crimes may occur anywhere despite the availability of protective legislations in any given country. The Mail and Guardian newspaper (2012) for instance, reported on an incidence in which a transgender student at the University of the Western Cape (UWC) in South Africa (a country with the best protective legislation in Africa) was attacked and beaten on campus by three assailants while the security guards watched and stood by. Mathhyse (as cited in The Mail and Guardian, 2012, p.1) described the assault as severe and said he and two friends stopped the beating and further alleged that the security guards did not intervene immediately to protect the victim.

In Namibia, an incidence was reported to have occurred at the University of Namibia during 2012 in which heterosexual students allegedly physically violated about three transgender students by beating them, in an alleged attempt to correct their 'gender orientation' behaviours. The victims, unfortunately never came forward to officially report the case or lay any charges (Elago, personal communication, May 2012).

In another isolated incident, the author observed how two transgender students were booed off stage by fellow students during the auditions for the Director of Ceremony for the 2012 cultural festival.

In conclusion, although transgender is not illegal in Namibia, there is no straight forward protective legislation either towards protecting this community. Furthermore, it appears that transphobic acts are influenced by commonly held

cultural, religious and political beliefs as well as ignorance. Position of authority is sometimes abused and used against those that are perceived to be a minority. Dialogue amongst all sectors on issues around transgender individuals could assist in unfolding rigidity in long held beliefs that may fuels transphobic hate acts.

This serves as an illustration of a need for an open dialogue on transgender issues in the Namibian context. Existing legislations or policies need to be pronounced clearly to the public and policy makers need to pronounce themselves on where they stand as far as transgender issues are concerned.

## **2.8 TRANSGENDER YOUTH EXPERIENCES**

### **2.8.1 Mental health issues**

Transgender youth in comparison to other youth face more mental health challenges including depression, suicide and substance abuse. Furthermore, transgender youth face significantly more mental health difficulties such as depression, anxiety and self-harming behaviours than their gender conforming peers (Heck, Flentje, & Cochran, 2011). Due to these mental health challenges, transgender students often feel marginalized and segregated from their peers and experience high rates of discrimination. Individuals who reject the gender assigned to them, known as gender-nonconforming, often encounter hostility for not conforming to socially acceptable gender behaviour (Beemyn et al., 2005).

According to Mintz (2011):

Harassment, discrimination and violence faced by transgender people on a daily basis, as well as the high-risk behaviours those individuals engage in to cope with these issues are common themes throughout the literature. Transgender people are not immune to the jokes, stereotypes and misperceptions about their identity and community. Repeated subjectivity to these conditions discourages the creation of a positive self-image. (p. 28).

Lack of acceptance by the self and others can lead to high-risk behaviours such as substance use, lack of health care and suicidal ideation. Zubernis and Snyder (2007) surveyed 643 Latino gay, bisexual and transgender men about drug and alcohol use. Results showed that participants reported elevated substance use which was reported to be twice as much as non-LGBTI individuals reported in previous household surveys. The authors argued that these high levels of high-risk behaviours are coping mechanisms for dealing with social stigmas and high levels of stress (Zubernis et al., 2007).

According to Burdge (2007), transgender individuals are so fearful of social stigmatization that they are willing to avoid preventative and reactive medical care in order to avoid self-disclosure. As a result of the social stigma and lack of acceptance, suicide and depression among transgender youth is common.

Grossman, D'Augelli, Howell and Hubbard (2007) completed an interview-based study with 55 self-identified transgender youth regarding past suicide ideation.

Results indicated that 45% of respondents seriously considered taking their lives while 26% reported at least one suicide attempt. Of these attempts and ideation, most participants indicated that their inability to accept their own transgender identity, including the lack of acceptance by others, directly related to their suicidal behaviour.

Finally, an understanding of the transgender identity is needed in order to better understand the difficulties faced by this population and also in order to come up with informed interventions and strategies.

### **2.8.2 Gender identity issues in relation to HIV**

Another issue that has greatly affected transgender communities is the impact of the HIV epidemic. “Gender identity directly affects individuals’ life choices, social relationships and sexuality, hence the direct implications for their HIV risks” (Jobson et al., 2012). It was also found that transgender individuals may have an increased risk of HIV infection due to a range of factors such as shame, stigma, low self-esteem, secrecy and loneliness which can affect negotiation for safer sexual practices (Jobson et al., 2012). Given these findings, transgender students may feel left out if prevention messages not only around HIV but also other STI’s are not inclusive of their sexual practices.

According to Stevens (2012), in the first study of its kind in South Africa, regarding transgender access to health care, sexuality and HIV risk, it was

established that “health services are discriminatory and health workers provide sub-standard care to transgender persons” (p. 22).

The study further established that transactional sex which is often used as part of transgender people’s ability to be resilient in the context of poverty occurs quite frequently. The study highlights the high rate of unemployment, which was reported by over half the sample although at the same time a large proportion of the sample had access to some form of tertiary education. Alcohol and other forms of substance abuse were also reportedly used in conjunction with engagements in unprotected sexual activities (Stevens, 2012).

This demonstrates the vulnerability that transgender people face in terms of negotiating for safer sexual practices as well as the maintenance of a regular partner versus the casual partners reported in the study.

Judging from similar studies conducted across the world, one can easily assume that transgender people are particularly susceptible to HIV infection. One US study found that self-identified transgender clients had a much higher rate of HIV diagnoses (6.3%) than other risk categories (California Department of Health Services, 2006). Other studies have found that lower income transgender people are even more vulnerable (Nemoto & Operario, 2004).

These studies have argued that efforts to prevent the spread of HIV/AIDS among the transgender community are urgently needed and that these efforts must be

specifically targeted towards transgender people, including FTMs (female to male transgender people) (Stevens, 2012).

### **2.8.3 Intimate relationships**

Trans-specific sexual concerns may include managing gender dysphoria in an intimate or sexual relationship, concerns related to erotic cross-dressing, shifts in sexual orientation or sexual preference as part of gender exploration or gender transition, and the impact of hormonal or surgical feminization or masculinization on sexual desire, sexual functioning, and safer sex practices. (Bockting, Knudson, & Goldberg, 2006, p. 62).

While some transgender individuals are strongly dysphoric (feeling depressed, anxious or uneasy) about their genitals and do not like them to be touched or looked at, others may be very comfortable using their genitals. For example, some FTM transgender individuals engage in receptive vaginal intercourse with other men (Bockting et al., 2006). "Like non-trans gender people, both MTF and FTM transgender individuals may engage in a wide variety of sexual behaviours, including erotic touch, receptive or oral, vaginal and anal penetration as well as role-playing" (Bockting, et al., 2006, p 63).

Transgender individuals may have discomfort discussing sexual issues in the therapy environment due to the difficulty in finding the appropriate language to refer to body parts that do not necessarily match their gender identity. Research shows that

in these cases it may be helpful to normalize the discomfort and spend time exploring language that feels comfortable to the client (Bockting, et al., 2006, p. 63).

## **2.9 TRANSGENDER STUDENT EXPERIENCES IN EDUCATION SETTINGS**

Mallon (2009) discovered that attending an institution of higher learning is a major transition for students that belong to a gender minority group. This transition plays a significant part in their lives as some of them are in the formative stage during the university years. Many if not most share their evolving status with others for the first time during this period as they explore feelings away from the scrutiny of family and high school friends.

Higher education provides an important space where students can be themselves and establish an independent adult identity away from the childhood context of school and family life (Beemyn, 2005). Older transgender students may also find that their experiences in university years change the way they view themselves and how they choose to present themselves to others. Levine and Burr (as cited in Crawley et al., 2008) found that students who were beginning to develop a strong transgender self-image but were struggling with coming out had not progressed as far as other students in developing autonomy, purpose and mature interpersonal relationships. Generally, students are faced with a number of developmental tasks which are precipitated by the internal processes of maturation

and the environmental challenges offered by their experiences in the novel social context.

Although tertiary institutions strive to create “inclusive and socially just campuses where students have equal opportunities for academic success, students arrive to campus from a variety of environments, including the often discriminating and discerning hallways of high school” (Mintz, 2011, p. 107).

While little has been written about transgender students at institutions of higher learning in Africa, international literature indicates that transgender students face particular issues within University communities with arguably more structural disadvantages in terms of appropriate institutional approaches to healthcare, campus accommodation, counselling services, toilets and university records systems (Beemyn, Curtis, Davis, & Tubbs, 2005).

Transgender students often report experiencing harassment, discrimination, and other negative events in education settings, often related specifically to their sexual orientation, gender identity, and/or gender expression. Peer reactions to gender-non-conforming behaviour are often negative, ranging from verbal to physical abuse. Bullying and violence are a significant concern for transgender students. Effects of educational settings victimization such as negative responses from peer groups may impact a person’s life beyond academic years and can permanently affect psychosocial adjustment (Beemyn et al., 2005).

Some of these experiences are thought to start already from high school, and are likely to be carried over to institutions of higher learning. This was confirmed by the 2011 National School Climate (NSC) survey which consisted of 8,584 student respondents aged thirteen to twenty from all fifty states in America and the District of Columbia (Kosciw, Greytak, Bartkiewicz, & Palmer, 2012). Over 90% of respondents reported feelings of distress due to negative language. Eighty two per cent of students heard the term 'gay' used in a negative way and 61.4% of students heard negative remarks, such as not being 'masculine enough' or 'feminine enough' concerning gender expression.

An incredible 57% of students reported hearing these negative remarks from their teachers and other school staff members. More than 63% of the respondents felt unsafe due to their gender orientation and 43.9% felt unsafe due to their gender expression (Kosciw et al., 2012). First year students were significantly more negative towards GLBT persons than their peers. Unfortunately, over 60% of students in the NSC Survey who were targets of assault or harassment did not report the incident to school staff due to the belief that no action would be taken. About 36.7% of students who reported an incident stated that school staff did nothing in response (Kosciw et al., 2012).

All these aspects can hinder a transgender person's academic career. Without proper support, transgender students are sometimes unable to receive the best education possible (Beemyn et al., 2005).

### **2.9.1 Campus climate**

Rankin (2005) defines campus climate as “the current attitudes, behaviours and standards of faculty, staff, administrators and students concerning the level of respect for individual needs, abilities and potential” (p. 10). Mallon (2009) further expanded on the effects of campus climate by asserting that the campus climate can influence a student’s psychological reaction to that environment. Therefore, the college or university and the support that is or is not offered can have an immense impact on the emotional and physical well-being of the transgender student.

Much of the existing international research on transgender students explores aspects around campus climate, experiences of transgender students at tertiary institutions as well as identity development. These studies provide an important view and lens through which transgender student’s perceptions and experiences of the different campus environments can be understood (Beemyn, 2005; Mallon, 2009; Rankin et al., 2010; Schneider, 2012).

International literature reveals that pathologizing views of gender identity issues are found in higher education environments and can make the campus climate hostile for students exploring their gender identity and expression (Beemyn et al., 2005).

Latest research indicates an unfriendly campus environment in many tertiary institutions. The 2010 report on “The State of Higher Education for Lesbian, Gay,

Bisexual and Transgender People in the USA”, for instance, found that hostile campus climates present a significant obstacle to transgender and gender fluid students across the nation (Rankin, et al., 2010).

The study established that amongst those surveyed, trans-feminine respondents were the most likely to feel deliberately ignored or excluded on campus and trans-masculine respondents were most likely to feel stared at or singled out because of their identity. The report also further stated that transgender and gender non-conforming respondents felt significantly less comfortable with the overall campus climate, with trans-masculine respondents being the least likely of all respondents to feel comfortable on campus (Rankin, et al., 2010).

In addition, the study’s further findings assert that transgender students were also more likely than students who identified as men or women to have had negative perceptions of campus climate, considered leaving their college, feared for their safety because of their gender identity and avoided disclosing their gender identity because they feared negative consequences and intimidation (Rankin et al., 2010).

One of the primary problems facing transgender students upon entering universities is the dichotomization of gender as male or female based on a person’s sex as assigned at birth. Transgender students report that not having more than the two options of male and female for declaring gender is perceived as a very unwelcoming message (Beemyn, 2005).

Even in liberal countries such as the United States of America, transgender people are often not well understood. For example, in a study on homophobia within institutions of higher learning in the USA, Renn (2010) found that the reality is that few institutions have disseminated enough information to adequately educate members of the academic community about the experiences and needs of gay men as well as transgender and bisexual students.

Beemyn (2005) in his review of several studies on transgender student's experiences found that in some cases, the lack of support services for transgender students seems to result from a failure to recognize that transgender students exist on campuses and have specific needs, while in other cases it appears that colleges and universities do not know how to respond to their needs effectively. As a result, the campus environment can be extremely unwelcoming for these student populations.

According to Schneider (2012), while campus climates vary, few present a welcoming environment for transgender students. Transgender youth often encounter hostile stares and comments as well as stigmatizing behaviours. Schneider (2012) concluded that because of the unique challenges that transgender students may face, they have to deal with dilemmas related to things such as coping with being different, development of friendships and deciding whether to come out to those around them.

In light of this situation, it is hoped that this study's findings will contribute to the existing literature in Namibia and deeper insight into many aspects of the lived experiences of transgender students in tertiary institutions environments.

## **2.9.2 Factors associated with unfavourable treatment of transgender students in higher education settings.**

### **2.9.2.1 Campus accommodation and other facilities**

Many institutions offer only male or female gender options on accommodation forms, leaving transgender students without a comfortable choice especially if they are still unsure of their gender orientation or are in the transition stage. If they are forced to identify with a gender with which they are uncomfortable, transgender students may feel violated and unwelcome at their institutions of studies (Bleiberg, 2004).

Many of the current policies at colleges and universities inadvertently discriminate against transgender or gender variant students. Beemyn's (2005) study (as cited in Alexander, 2010) found that by assuming students identify only as male or female, housing policies fail to serve transgender students, particularly those in the process of transitioning or those who do not identify as either dominant gender. Beemyn (2005) further discovered that requiring students to identify as only male or female "not only fails to recognize the full complexity of gender identity but also provides insufficient information for roommate assignments" (GLBTI campus

matters, para. 5). Bleiberg (2004) states that “same-sex roommate pairings can be particularly distressing for transgender students” (p. 5), because they are forced to list their biological sex with which they do not identify on their housing forms. Bleiberg (2004) states that the discomfort transgender students feel with roommates of the same sex are similar to some non-transgender students’ discomfort with a roommate of the opposite sex.

Similar practices such as those stated above can also be found at the University of Namibia. This can be looked at from various perspectives and incidents as indicated below:

1. Despite the fact that movements and organizations that fight for the rights of GLBTI operate freely in Namibia, mainly in the city of Windhoek, such as Sister Namibia, Out-Right Namibia and GLBTI Network Namibia, the University rarely has a student organization, society, club or other resources devoted to transgender students’ concerns. Also it remains a question as to why such a body does not exist: Could it be due to the high level of stigma, that no one wants to be identified with such a body? On the other hand, is it a question of an unsupportive environment or campus climate?
2. Although there are no officially reported cases of physical violations on campus, on different occasions the author witnessed how in particular transgender individuals were publicly shown a high level of non-tolerance and also verbally assaulted by other students.
3. Hostel room allocations are still done based on male or female categories, and unisex bathrooms or toilets are non-existent.

4. On a positive note however, the University has gone to great lengths in terms of endorsing a sexual harassment policy that clearly states that any forms of sexual harassment based on a person's sexual orientation is prohibited. However, harassment in terms of gender orientation is not addressed.

### **2.9.2.2 Student Health services**

“Nine out of ten trans people do not consult doctors even in case of serious illness, because of the mistreatment they know they will face in health services” (Campaigner in Venezuela, as cited in Belzer & Hutta, 2012).

The absence of appropriate health care services may have a negative effect on the retention, academic success, physical as well as mental well-being of transgender students (DeBerard, Spielmans, & Julka, 2004). This service provision should go hand in hand with specialised counselling services to assist especially those that are still transitioning. Transgender students sometimes have a difficult time finding healthcare that suits their needs. For instance, transgender persons may disassociate from certain parts of their body such as breasts and genitals. This may cause discomfort and isolation, and in such instances, transgender patients may not seek the necessary medical care and examinations such as breast examinations or gynaecological related examinations.

It is not uncommon for transgender persons to be denied health care because of their transgender status. A study in Windhoek, Namibia, reveals that transgender persons were openly discriminated against when they approached the clinics with

intimate problems. Some were turned away because they lacked femininity, others were subjected to questions if they were males or females (Lundholm, 2009). Although this study was not conducted on a University of Namibia campus, it mirrors the overall health care provided in the country.

In addition, other instances provide structural related challenges. There are other stumbling blocks in regard to medical care for transgender students. Health care facility sign-in forms, like most official documents, dichotomize sex and offer no option for self-reporting gender identity, as a result doctors may be ill informed as to the sex related care that a transgender student may need. Transgender students may not feel comfortable and so may choose not to enter these spaces or disclose their gender identity (Beemyn, 2005). Without providing a safe space for students to identify their gender, transgender students may receive improper care. Gender-variant individuals often live difficult and traumatic lives due to victimisation, isolation and intolerance.

Studies have detailed how transgender individuals are targets of marginalisation, harassment and violence. The existence of prejudice within health systems exacerbates these problems and creates significant barriers to health care, leading to negative health outcomes (Robinson, 2010; Beemyn, 2005).

### **2.9.2.3 Student activities**

While many practices on campus can leave transgender students feeling disliked and isolated, Beemyn (2005) posited that a few practices have as powerful an effect as those associated with student activities. Beemyn (2005) reported that numerous transgender students identified the benefit of having some type of campus support groups. The author explained the key roles that such support groups play in transgender identity development, a sense of community and belonging that they cannot find on the campus at large. Support groups may also provide a safe space to gather educational resources, access to transgender friendly health providers, and human immunodeficiency virus (HIV) and sexually transmitted infection (STI) testing. Unfortunately, some institutions of higher learning simply cannot afford to run and support such an initiative and many do not offer any student organizations for transgender students.

Schneider (2012) emphasized that transgender support groups are not the only student activities that may be unable to serve transgender students adequately. Many campus sports policies do not have specifications for transgender students. Transgender students may not be able to participate on teams that match their identity due to the university's policy or league policies. The same can be said in other areas of student activities that often leave transgender students without options, such as beauty contests.

### **2.9.3. Effects of negative campus climate on transgender students**

Much of the negativity on campuses comes from inadequate or non-existent education on transgender topics (Rankin, 2005). These result in campus programs and services that fail to acknowledge transgender people. Similarly, practices that segregate students by gender such as toilets and bathroom designations, accommodation and room allocation as well as regulations on who can join which sports teams and some student organizations/clubs, ignore and stigmatize individuals who transcend binary notions of gender (Beemyn, 2005).

This kind of alienation may lead transgender students to feel isolated, withdraw from their studies and be prone to suicidal thoughts as well as increased risks of substance abuse. Students experiencing victimization in education settings may be negatively affected with regards to their ability to receive education. The potential stress caused by being frequently harassed in education settings may negatively affect a student's ability to focus on their academic work and performance. In addition, students who are frequently harassed in colleges or university settings as it may be the case at higher school level may attempt to avoid these hurtful experiences by not attending classes and may be more likely to miss lectures than students who do not experience such victimization (Beemyn, 2005).

In the "2007 USA National School Climate Survey", Greytak, Kosciw, and Diaz (2009) found that experiences with harassment were, in fact, related to missing days of school for transgender students. Transgender students who experienced high

frequencies of verbal harassment related to gender expression, gender, or sexual orientation were more likely than transgender students who did not experience such frequent harassment to report missing school because they felt unsafe.

Harassment was also related to lower academic achievement among transgender students. Not only may frequent incidences of harassment result in lower academic achievement, but it may also affect a student's educational aspirations. Research findings further suggest that transgender students who were more frequently harassed were more likely to say they did not plan to pursue further education than those who were less often harassed (Greytak, Kosciw, & Diaz, 2009).

#### **2.9.4 Summary**

In pre and post-colonial Africa, different sexualities, gender systems and expressions as well as activities of GLBTI movements have been documented and there is no denying that gender variance exists in Africa. Most African states criminalise categories and activities of the GLBTI communities in general, and others are silent on legislation that can protect this vulnerable population. South Africa remains the only country on the African continent that has guaranteed transgender people fundamental basic human rights, freedom and protection as enshrined in that country's constitution.

The Namibian print media remains a huge contributor towards awareness creation of the existence of transgender men and women, as well as the unique

challenges they face. Religious systems are largely viewed in a negative manner by transgender people and considered to be a hindrance towards the developing transgender identity.

Beemyn (2005) writes that, “trans people shouldn’t have to lie, lead double lives, and deny their gender simply to make others comfortable, avoid possible discrimination, and prevent being verbally or physically attacked (p. 41). It is for this reason that this study aimed to better understand the needs of the transgender community and to help build a more welcoming campus climate for transgender students.

## **CHAPTER THREE**

### **RESEARCH DESIGN AND METHODOLOGY**

#### **3.1. INTRODUCTION**

The purpose of the current research is to explore the experiences of transgender students at the University of Namibia setting. In order to achieve this, an appropriate research design needs to be utilised. In this chapter, the research process and design, which includes a phenomenological approach, the data collection method and instrument, data analysis, target population and sample, pilot study, qualitative rigor and research ethics are discussed. The justification for the choice of the particular methods is also provided. According to De Vos et al., (2011) these are collectively referred to as research designs. In essence it can be seen as a clearly defined structure within which the study is implemented. Research methodology can be defined as the total process from the identification of the problem to the final plans for data gathering and analysis (Neumann, 2011).

#### **3.2. QUALITATIVE STUDIES**

Neuman (2011) describes qualitative research as a method that explores attitudes, behaviour and experiences and attempts to obtain an in-depth view from the participants. Qualitative research usually begins with a conscious effort where the researcher tries to avoid preconceived ideas. This is called bracketing. The researcher will refer again to bracketing when discussing the methodology of the study. In essence it means that the researcher should not have any supposition about the

findings. It is also important for the researcher to consider the context in which the study is done.

Qualitative methodology values the description of the perceived reality of a selected group of individuals. Unlike quantitative researchers, qualitative researchers predominantly stress that objective reality can never be captured, rather reality is said to be socially constructed. Thus qualitative researchers study phenomena in terms of the meanings people bring to them in particular social contexts and historical times (Marshall & Rossman, 2006).

For this study, a qualitative research methodology was followed using the phenomenological approach as a tool to explore the lived personal experiences of students who identify as transgender. Through this approach, it was possible for the researcher to engage and interact with transgender students, thus rich data were generated.

### **3.3 RESEARCH DESIGN**

Research design is a process that begins in the identification of the problem and focuses on the formulation of a research problem as a starting point whilst keeping in mind the end product. A research design incorporates sampling, sources and procedures for data collection and the plans for data analysis (De Vos et al., 2011). For the purpose of this study a qualitative, phenomenological and explorative design was used throughout the research process.

### **3.3.1 Explorative research design**

An explorative research is often utilised when the subject under study is not well known and when no one has yet explored it. In this study, the exploratory research was used since this subject was rarely explored in Namibia and lived experiences of the transgender students were explored through in-depth interviews. As a result, new data was gathered, facts were established, patterns of experiences were determined and new insights into the transgender experiences at the University of Namibia were gained and described.

### **3.3.2 Phenomenological studies**

Within a qualitative paradigm, there exist a number of different approaches. In this study the researcher used a phenomenological approach as the research focussed on the description of the lived experiences of the participants. This approach values the meanings that the person ascribes to his/her own experience and his/her own existence.

According to Saldana (2009), phenomenological research aims to clarify situations lived through by persons in everyday life. This approach is grounded in the intent to understand and provide a rich description of human experiences as they are experienced by the subjects under study.

The aim of phenomenological research is thus to capture as closely as possible the way in which a phenomenon is experienced within the context in which

the experience takes place. In the phenomenological analysis, human experiences are examined through the detailed descriptions ('lived experience') of the people being studied, in an attempt to discern the psychological essence of the phenomenon ('meaning'). This analysis seeks to reveal the meaning that comprises the phenomenon within the context of the people's lives (De Vos et al., 2011).

For Marshall and Rossman (2006), the operative word in phenomenological research is 'describe'. Thus the aim of the researcher is to describe as accurately as possible the phenomenon, refraining from any pre-given framework, but remaining true to the facts.

### **3.3.2.1 Origins of phenomenology**

Phenomenology originated as a philosophical movement founded by Edmund Husserl and evolved into a variety of approaches. Two main traditions commonly in practice today include descriptive (or transcendental) and interpretive phenomenology. As a philosopher, Husserl's phenomenology focuses on the detailed description of consciousness as experienced from the first-person point of view. Central to Husserl's philosophy is the concept of epoché, which means "freedom from suppositions" (Reiter, Stewart, & Bruce, 2011).

Epoché center around the idea that people cannot feel that they know things without reflecting on them and that only what people think about things gives them meaning. Husserl felt that the perception of the experience itself is the source of

knowledge and that obtaining knowledge is a matter of getting input from people who have experienced a phenomenon directly.

Applying epoché to studies requires researchers to recognise their own biases, recognize the impact those biases have on their analysis of data and purposely set those biases aside (Reiter et al., 2011).

### **3.3.2.2 Strengths of phenomenological approach**

According to Reiter et al., (2011) phenomenology approach can help one to:

- Understand the human factors involved in an experience. It answers the question of how people perceive a phenomenon in order to place it within a context.
- Clearly understand human perceptions. While other methods only give you a partial view (filtered through your own interpretation of information), phenomenology focuses directly on people's experiences with perceptions of a phenomenon.
- Understand why people react a specific way to an event or experience, since people respond to situations based on their perceptions.

## **3.4 THE RESEARCH METHOD**

The research method that was used in this study was semi-structured interviews through which participants were interviewed by the researcher. A phenomenological approach, as explained in the next paragraph, was followed in this research study.

The researcher used the life stories gained from the participants' storytelling. The participants were interviewed about their real life experiences (Saldana, 2009).

### **3.5 POPULATION**

Population is defined as “the aggregate or totality of those conforming to a set of specification” (Polit & Beck, 2004, p. 67). It is also further defined by Babbie (2010) as “that group of people about whom we want to draw conclusions” (p. 116).

This study took place at a public institution, the University of Namibia, at its two campuses in Windhoek which are the Windhoek campus and Khomasdal campus. The University of Namibia was established in 1992 and has twelve (12) campuses and over 19000 students from different continents. The institution is amongst the leading institutions of higher learning on the continent. The research institution's two campuses have a population of approximately 11500 and 700 students respectively.

The sample consisted of eight transgender students. For the purpose of this study, transgender is defined as any person whose gender identity or expression is not generally associated with his or her sex as assigned at birth. Transgender includes those who identify as gender queer, gender non-conforming, gender fluid, transsexual, cross-dresser, or androgynous (Lev, 2004).

### **3.6 SAMPLING**

Sampling refers to the process of selecting a portion of the population that conforms to a designated set of specifications to be studied. A sample can thus be referred to as a “subset of a population selected to participate in the study” (Reiter et al., 2011, p. 56).

Rubin and Babbie (2011) stipulate that the nature of the subject under investigation places restrictions on the recruitment and selection of participants. In phenomenology the guiding principle in selecting a sample is that all participants must have experienced the phenomenon, and must also be able to articulate what it is like to have lived that experience. Giorgi (2008) emphasizes that phenomenologists use a criterion sampling method, the criterion being experience with the phenomenon under study. In this study the sample was targeted to represent transgender students who are registered students at the University of Namibia.

A non-probability sampling method was followed in this research. In non-probability samples, it is impossible to pre-determine an appropriate sample size thus probability based selection is not feasible (Neuman, 2011).

There is no generally accepted rule of sample size in qualitative inquiry. Saldana (2009) asserts that qualitative inquirers should continue data collection until saturation or “information redundancy is apparent” (p. 56). The notion of flexibility in determining an ideal sample size is also supported by Neuman (2011), who concluded that there are no generally accepted rules regarding sample size in

qualitative inquiry. Similarly, the same principle was followed in this research in the sense that interviews were conducted until data saturation occurred as revealed by the repeating themes and not by the amount of interviewed candidates.

Saldana (2009) also emphasized that samples in qualitative studies are generally much smaller than those used in quantitative studies. This is due to a number of reasons:

- one occurrence of a piece of data, or a code, is all that is necessary to ensure that it becomes part of the analysis framework;
- qualitative research is concerned with meaning and not making generalized hypothesis statements and
- Qualitative research involves intensive work, thus analysing a large sample can be time consuming and often simply impractical.

He thus cautioned that though qualitative samples must be large enough to assure representation of all perceptions, equally the sample should not be too large as data may become repetitive and eventually excessive and unnecessary. According to Saldana (2009), a researcher can only assure his or her authentic adherence to the principles of qualitative research if they follow the general principles of saturation.

Due to the sensitive nature of the research topic for this study, a technique known as the snowball sampling was used as a method to access potential participants for this study. The snowball sampling technique is sometimes referred to as “a network chain of referral, reputational, respondent-driven sampling” (Neuman, 2011, p. 269).

This method uses an analogy of a snowball which begins small but progressively becomes larger as it is rolled and picks up additional snow. Thus it is a technique that begins with a few people and becomes larger based on links to the initial cases (Saldana, 2009). Thus if for instance one starts with three people who do not know each other, each one of them is asked to name two or more close friends or known people who meet the research requirements. The process continues with the set of further identified people and continues in the same manner and before long a larger group of people is identified. This “process usually stops either because no new names are given indicating a closed network, or because the network is so large that it is at the limit of what can be studied” (Neuman, 2011, p. 269). This is what is referred to as saturation. Saturation will further be elaborated on in the next paragraph under this section.

The snowball sampling technique is often recommended when there is no knowledge of the sampling frame and limited access to appropriate participants for the intended study as well as in instances where the researcher is investigating a relatively unknown phenomenon and this was the case with this research (De Vos et al., 2011). In snowballing sampling, individuals act as informants in order to identify other members (for example, acquaintances or friends) from the same population who may be willing to participate in a study, until nobody else with similar characteristics can be found or until data saturation has taken place (Sausa, Sevelius, Keatley, Iniguez, & Reyes, 2009).

### **3.6.1 Sampling criteria**

The sampling criteria are the characteristics essential to the membership of the target population. These criteria are the characteristics of the study population.

For this study, some of the inclusion criteria were:

- The participants had to be registered University of Namibia students
- The participants must identify as transgender, either through self-report or through a clinical assessment diagnosis by a recognised health professional, such as clinical psychologist, psychiatrist or general medical practitioner.
- Participants should be 18 years or older, in order to give informed consent

### **3.6.2 Sampling process**

The initial contact was made on the university campus. The researcher had to make sure a good rapport was established as this would help to pave a way and lay a foundation for a good and a trusting relationship. The rest of the participants were telephoned using the snowball sampling techniques, namely the use of contact numbers that were provided by initial contacts. The task of the researcher was made a lot easier by the first contact who introduced the study and its primary objectives to the other next identified participants. The participants were informed about the researcher's field of interest and intended research topic. All the participants were eager to participate. This could be attributed to the researcher's role (Social Worker at the institution).

The participants were perceived to be open and willing to volunteer information about their gender identity and orientation. To some, the researcher represented a figure that had an open mind, displayed an understanding of their gender identity dilemma, and who was also willing to provide them with a space in which they could openly talk about their experiences. This was as opposed to their parents and the broader social contexts where the subject is a taboo and subsequently results in stigmatization and discrimination due to their perceived deviant social identities.

### **3.7 RESEARCH INSTRUMENTS**

The researcher utilized semi-structured individual interviews because of their flexibility, open-ended character and the possibility for qualitative depth. De Vos et al., (2011) recommend that semi-structured interviews and qualitative analysis are a suitable combination when the goal is to explore personal and controversial issues. Such interviews are particularly useful when the idea is to gain a detailed account of the individual's subjective experiences. This approach is also very useful to allow participants to share their own stories in their own words, rather than being coerced by pre-established lines of thinking developed by the researcher. One on one interviews are also more private and minimize the chances of conflict which are inevitable within group interviews. The interview guide used during the individual interviews is attached as Annexure 2.

### **3.8 PROCEDURES**

#### **3.8.1 Research ethics**

The research was guided by the general codes of social research ethics. Approval was obtained from the Postgraduate Committee of the University of Namibia with a rationale provided for why the research was important and necessary (See Annexure 3). The rationale emphasized that this study was necessary because the literature on transgender students in Namibian higher education settings is extremely limited and needed in order to better understand this population.

Participants were given an opportunity to read through the interview questions and informed about the freedom of refusing to participate in the study should they feel uncomfortable with the content of the interview questionnaire. A consent form was issued to them to give permission to participate and to be recorded on the audiotape and confidentiality was explained. They were also informed that their responses would be recorded and that they have an option to listen to the audiotapes on completion of the study. Furthermore, participants were informed that there were no direct benefits due to their participation, but rather that, through the study findings, the outcomes could help make the campus environment friendlier to future generation of transgender students.

It was thoroughly outlined to the participants that the results are not completely confidential as they would be documented within the research and that there was a possibility that the researcher's supervisor, external examiner and

reviewer may have access to the transcripts but their anonymity was assured through no use of specific identification details as well as through the use of pseudonyms.

The researcher explained how the recorded materials on the audiotapes would be discarded. The participants were offered the opportunity to select their own pseudonym for the purpose of this study to ensure confidentiality. These pseudonyms were marked on the transcription to protect their identity. Confidentiality was maintained in this study with only the researcher, supervisor and external examiner having access to the original interview transcripts on request.

Babbie (2010) notes that research should never injure the people who are being studied. In this instance, such an ethical consideration refers primarily to the possibility of psychological or emotional harm. Revealing personal information is at the very minimum likely to make people feel uncomfortable (Babbie, 2010). The participants were hence advised that they would be able to make use of the free Student Counselling Centre at the University of Namibia should they find the research process disturbing in any way.

Although the topic of this research is sensitive, none of the participants experienced any signs of emotional distress as anticipated. It appears most of them were comfortable to share the necessary information.

### **3.8.2. Pilot study**

Interview guide were test piloted to enhance confidence and rapport in interviewing techniques, refine questions and where necessary introduce specific focus questions.

It is important to conduct a pre-test to identify problems early in the study. The pilot study is the smaller version of the proposed study conducted to develop and refine the methodology such as the instruments or data collection process to be used in the larger study (Burns & Grove, 2009).

Pilot testing was done with two transgender students who were willing to participate and who did not participate in the main study. The objective of the pilot testing was to establish whether participants would understand and effectively respond to the guiding questions presented. Furthermore, the researcher wanted to assess the quality of the tape recorder.

Finally, the purpose of the pilot study was to pre-test the methodology and the feasibility of the study. The inclusion criteria were taken into consideration during selection. This was done in order to evaluate whether the open-ended semi-structured interview schedule did indeed explore and stimulate in-depth discussion about the participants' gender orientation experiences around the campus environment. It was decided to include the data of the pilot study into that of the main study.

Furthermore, before the pilot testing the interview guide was reviewed by a FTM transgender identifying persons at Outright Namibia, Josef (pseudonym), to check for sensitivity and appropriate use of certain preferred terms and languages. A few adjustments were made to the interview guide based on this assessment.

The pilot testing revealed that the two respondents in the pilot testing understood the guiding question clearly and were comfortable in the set environment as well as with the tape recording. The quality of the recorded sound was good and clear and no modifications were deemed necessary to the research equipment. Based on this, the researcher initiated the data collection process.

### **3.8.3 Data collection process**

Data collection was done through the use of the interview guide referred to earlier with all the participants. The researcher audio-recorded interviews with permission of the participants. With regards to other interviews the researcher had to rely on her own field notes, as two participants felt uncomfortable and refused to be recorded.

Most interviews were conducted in the researcher's office which is located at the Office of the Dean of Students, a division that deals with general student welfare aspects on campus. This played a major role in putting the participants at ease as no one could associate them to the research, but rather as any other routine visit to the centre. However, two participants who were based at Khomasdal campus, preferred to be interviewed at their homes. They felt uncomfortable to come to the Windhoek campus and did not feel comfortable either to be interviewed in any space on their own campus. One participant preferred to be interviewed at Outright Namibia offices.

The interviews varied in duration and lasted between one to one and a half hours. In order to create consistency in the data collection method, all interviews were conducted face to face with the researcher using the interview guide.

Each interview was assigned an identifier, for example “Participant A”. Each interview was recorded on a separate folder and transcriptions of each interview were completed as soon as possible after the interview. The researcher listened and re-listened to the recordings and reviewed the field notes in order to identify key words, phrases and statements.

The student’s preferred pseudonyms were marked on the transcriptions to protect their identities. After transcription the interview tapes were destroyed immediately as per the consent form. Although the interviews were guided by an interview guide, some amount of flexibility also allowed the introduction of new concepts and interpretations. Thus, certain skills were applied during the interview process and they will be elaborated as follows:

**Active listening:** This skill was applied by focusing wholly on the response of the participants and paying attention to ensure that the participants completed all they had to say before asking another question or seeking clarification on what had been said (Guion, Diehl & McDonald, 2011).

**Paraphrasing:** The researcher listened attentively to the respondents to assure them that she was listening and the message conveyed was received through paraphrases.

This technique encouraged the participants to focus on the conversation, whilst limiting distractions.

Reflection: This is one of the methods that were used during the interview. It involved paying attention to the tone of voice and emotional content during the interviews (Guion, Diehl & McDonald, 2011).

Probing: This was applied to enrich the responses to the questions posed in order to get more detailed information and give an indication to the participants about the level of response or information needed for a specific question. Personal reflection was also allowed (Guion, Diehl & McDonald, 2011).

Clarification: Throughout the interviews, the researcher interpreted and extended the meanings of the responses and statements to avoid misinterpretation and to confirm that what was said was interpreted correctly (Guion, Diehl & McDonald, 2011).

### **3.8.4 Management of collected data**

Anonymity, according to Neuman (2011) is a vital concern in the protection of the participant's interests and welfare. Data were collected via the means of a tape recorder. Recorded files were marked with unique anonymous codes for each participant and were saved on the researcher's personal computer, and thereafter deleted from the tape recorder immediately. They were further deleted from the researcher's personal computer after the researcher was assured that the transcripts

contained the exact content, word to word of what the participants said. Thus the researcher engaged in a rigorous process by listening and listening to the recorded materials to ensure that it was all captured in the transcripts. All transcripts were securely stored in a locked personal cabinet of the researcher. Only the researcher had access to these.

### **3.8.5 Data analysis and coding procedures**

According to Burns and Grove (2009), data analysis is conducted to reduce, organize and give meaning to data. This section will give a detailed explanation of the data analysis and procedures utilised to analyse the interview transcripts of the eight participants in this study.

The discussion is structured according to the categories and subcategories that were identified through the analysis of the data that were collected to explore the experiences of transgender students. Eight (8) individual interviews were conducted and recorded on an electronic tape recorder.

#### **3.8.5.1 Data analysis**

The data was collected from the 1st of April until the 30th of August 2014. The collected data was listened to and then transcribed to confirm trustworthiness of the data. Thereafter, the researcher picked the transcripts randomly to read and re-read in order to get a comprehensive understanding of the information shared by the participants. Data was analysed using Tesch's method of analysis for qualitative data (Cresswell, 2009). During the data analysis, similar ideas or keywords were coded.

After coding, similar topics were grouped together into categories. The participants were asked to validate the analysed data. The data was transcribed and keywords were identified representing the major categories, as listed in table 4.2.

Creswell (2009) further simplified the data reduction process according to Tesch's 8 steps detailed below:

- a) The researcher listened to all audiotapes and reads all of the transcriptions to get a sense of the whole data, and some ideas were jotted down as they came to mind.
- b) One interview was selected at a time, to establish the underlying meaning in the information. The meanings/interpretations were pasted on a board. Topics which reflected a positive nature were highlighted in yellow, and those that reflected negativity were highlighted in red.
- c) The identified topics were grouped according to similarities. Then provision was made for major topics, unique topics and leftovers.
- d) The topics were abbreviated as codes and written next to the appropriate segments of the text while checking if new categories emerge.
- e) The most descriptive wording for the topics was identified and turned into categories. Related topics were grouped together to reduce the total list of categories and then lines were drawn between categories to show interrelationships.
- f) Final decisions on the codes of categories were made and codes alphabetised.
- g) A preliminary analysis of data belonging to each category was done.

### **3.8.5.2 Coding**

After the analysis of the participant's transcriptions, the researcher used the content analysis technique to analyse the collected data. A classification or coding system using common themes and categories that emerges was then created. The researcher categorized recurring themes into subcategories, recurring categories into broader categories which eventually led to the construction of major categories. Colour coding was utilized for the data analysis. This means that all the information with the same meaning was coded with the same colour where after it was posted on the board. This activity resulted in the use of different colour for different themes that emerged into categories and sub-categories. This process was repeated three or four times in some cases to ensure the integrity of the process. The data analysis was a lengthy and on-going process and continued until saturation of the themes and sub-themes were achieved. The results are indicated in table 4.2 and further elaborated upon in this chapter.

## **3.9 QUALITATIVE RIGOR**

Qualitative researchers usually use the term rigor when they describe the desirable characteristics and the appropriateness of the method used to address the question. Rigor refers to adherence to high standards such as adequacy and solidity of the research design. Morse and colleagues submitted that without rigor, the research will be worthless (Tappen, 2011, p. 153).

Some researchers use terms such as reliability and validity when they define rigor. Terre Blanche et al., (2006) asserts that validity and reliability are two factors which any qualitative researcher should be concerned about while designing a study, analysing results and judging the quality of the study. This corresponds to the question that “How can an inquirer persuade his or her audiences that the research findings of an inquiry are worth paying attention to?” (p. 56).

Newman (2011) has proposed that qualitative rigor be seen in terms of its trustworthiness and evaluated according to credibility, transferability, dependability and conformability, member checking and audit trail. These concepts are defined below and used to provide evidence of the validity and reliability of the research project.

### **3.9.1 Credibility**

The credibility of a research project can be established through peer de-briefing, scrutiny, persistent immersion in the data and the field, triangulation, acknowledgement of negative or deviant cases and member checking. Peer scrutiny was sought through peer review of various sections of the research. Persistent immersion in the data was part of the reflective interpretive process of the data analysis.

Triangulation involves evidence from different sources, ways or means, with each validating the other and coming to the same conclusion (Giorgi, 2008). Triangulation of sources was achieved in this study through the use of 8 participants

to answer the research questions. These viewpoints were then compared for similarity and differences. Deviant or negative cases are reported in the results. To ensure credibility the researcher employed the following measures:

- All participants were taken through similar guiding questions.
- All interviews were conducted to the point of saturation. This means there was prolonged engagement with the participants.
- The interviews were transcribed and transcripts are available.
- The researcher consulted the participants, to ascertain whether the transcriptions were true reflections of their shared experiences.

### **3.9.2 Transferability**

Transferability involves evidence of external validity achieved through the presentation of ‘thick descriptions’ which allow the reader to determine whether the conclusions of the research are in fact relevant to their own circumstances and therefore to them (Cresswell, 2009). Participants’ own responses and words were used to illustrate the various real-life contexts and views across the range of answers given.

Transferability also refers to the extent to which the findings can be applied in other contexts, or with other participants (Neuman, 2011). A literature control was done to refer to similar findings from other studies where possible.

### **3.9.3 Dependability**

According to Neuman (2011), credibility and dependability are interchangeable. Thus a demonstration of one is essential to establish the existence of the other. This principle was applied in this research through the provision of the methodology used to conduct the study, as well as data description. All interviews materials (transcripts) were kept, except for the recorded materials, which were deleted immediately after the transcriptions, as per the consent form. These materials will be kept and made available to the supervisor and any other researcher for the purpose of conducting an audit trail.

### **3.9.4 Member checking**

Member checking is primarily used in the qualitative inquiry methodology and is defined as a quality control process by which a researcher seeks to improve the accuracy, credibility and validity of what has been recorded during a research interview.

Member checking is also known as participant verification informant feedback, respondent validation, applicability, external validity and fittingness. In general during an interview, the researcher will restate or summarize information and then question the participant to determine accuracy. The participants either agree or disagree that the summaries reflect their views, feelings, and experiences, and if accuracy and completeness are affirmed, then the study is said to have credibility (Creswell, 2007).

Cresswell (2007) believes another kind of member checking occurs near the end of the research project when the analyses data and report are given to the participants to review for authenticity of the work. The participants check to see whether a “true” or authentic representation was made of what he or she conveyed during the interview. Member checks may involve sharing all of the findings with the participants, and allowing them to critically analyse the findings and comment on them (Creswell, 2007).

Whether the member checking occurs simultaneously during the interview or near the end of the project, these member checks are not without fault. However, they serve to decrease the incidence of incorrect data and the incorrect interpretation of data, with the overall goal of providing findings that are authentic and original (Creswell, 2007). The greatest benefit of conducting member checks is that it allows the researcher the opportunity to verify the accuracy and completeness of the findings which then helps to improve the validity of the study.

In addition to verifying accuracy, providing completeness and improving validity, member checking may create therapeutic benefits for research participants in different ways. Saldana (2009) discovered that benefits such as self-acknowledgements, sense of purpose, self-awareness, and healing can have a therapeutic effect on the participants.

The last example is from Saldana (2009) who believed that therapeutic effects usually resulted from the client reconstructing the experience as it is being told from their viewpoint. When given the opportunity to read what they have reported, the depth of their narration hits them like a bolt of lightning because they are now faced with their perspective of the experience as captured in the interview. However, he cautioned that there are some limitations associated with this method. The possibility of recalling painful memories, and reading personal statements could cause emotional turmoil. Thus issues of this nature were taken care of, when provision for counselling services was made available, if the need arose.

### **3.9.5 Audit trail**

To ensure that this research is transferrable, this researcher utilised member checking (as mentioned previously) as well as peer review. For peer review, this researcher's coded transcriptions were reviewed by a colleague to check for errors and missed information.

To increase dependability within this research process, this researcher engaged in mapping an audit trail (Creswell, 2007). Mapping an audit trail created a detailed guide to the process of this research, including transcriptions, journals, and coded topics. The audio recordings are not included in the audit trail as they were destroyed after the completion of research per the consent form. The efforts enhance the confirm ability of the results.

Ms Karina Kadhikwa, a research consultant, served as the auditor and an impartial third party with experience and familiarity with qualitative methods of data collection and analysis. She reviewed the audit trail which consisted of the raw data (transcripts). These items were reviewed with an interest in determining if the findings could be traced back to the raw data.

Finally, the review focused on ensuring that there was logic and clarity associated with the coding process and thematic development process, as well as ensuring that the researcher was objective and neutral throughout this process.

### **3.10 SUMMARY**

The research design for this study was qualitative, exploratory, descriptive and phenomenological. A snowball sampling method was used. The data was collected through individual interviews. Content analysis was applied to data analysis. To ensure reliability and validity, the researcher applied six criteria: credibility, dependability, conformability, member checking and audit trail. The research findings and discussions are presented in chapter four.

## **CHAPTER FOUR**

### **FINDINGS AND DISCUSSIONS**

#### **4.1 INTRODUCTION**

In this chapter, the findings of the study are presented based on the final major themes identified as categories and sub-categories with supporting literature. The focus is on views of the University of Namibia students who identifies as transgender and who participated in this study. The data analysis is to provide meaningful insight about the experiences and presentations on the emerging themes found in the raw data.

The following significant themes or categories emerged: gender identity development and formation in a trans-phobic society, negative and positive experiences as a result of transgender identity, campus climate, health care services, as well as support network on and off campus.

#### **4.2 BRIEF OVERVIEW OF THE PARTICIPANTS DEMOGRAPHIC**

Table 4.1 offers basic demographic information for each participant. The categories in the table include: Pseudonyms used to maintain participant anonymity, biological sex at birth, current age and age of gender variance which is the age that participants first recalled recognizing being different with regards to their gender identity. The gender identity category represents the gender identities that each participant identifies with. The ethnicity category was included mostly to indicate the diverse

ethnic or tribal background where the participants came from. Finally, the researcher included the family category with the consideration of siblings and parent roles in their upbringings. This list is not exhaustive. However, it provides basic demographic data on each student's identity.

\*\*\* The names reflected in the table are pseudonyms\*\*\*

**Table 4 .1. Respondents Demographics**

Name	Biologic al sex at birth	Current age	Age at which participant began to notice gender variance	Gender identity	Ethnicity	Family/raised
Annabel	Female	28	10	FTM	Herero	Grandmother
Carol	Female	24	5	FTM	Wambo	Single mother headed household
Caroline	Male	24	6	MTF	Wambo	Grandparents
Dantago	Female	23	7	FTM	Tswana	Nuclear family

Desiree	Male	25	8	MTF	Coloured	Nuclear family
Friedel	Male	20	6	MTF	Damara	Single mother headed family
James	Male	20	10	MTF	Coloured/ Damara	Single mother headed family
Annatjie	Male	20	7	MTF	Damara	Single mother headed family

### 4.3 CATEGORIES AND SUBCATEGORIES THAT EMERGED

**Table 4.2 Identified categories and subcategories on the lived experiences of transgender students at the University of Namibia**

CATEGORIES/THEMES	SUB CATEGORIES
4.3.1 Gender identity development and formation in a transphobic society.	<ul style="list-style-type: none"> <li>• Awareness of gender identity in early life</li> <li>• Cross-dressing and gender specific plays in childhood</li> <li>• Disclosure</li> </ul>
4.3.2. Negative and positive experiences as a result of transgender	Negative experiences: <ul style="list-style-type: none"> <li>• Intimacy and dating issues</li> </ul>

identity	<ul style="list-style-type: none"> <li>• Stares , looks and labelling</li> <li>• Isolation and inability to form relationships with others</li> <li>• Re-enforcements of transphobic beliefs in society</li> </ul> <p>Positive experiences</p> <p>(No mini categories identified)</p>
4.3.3 Campus climate	<ul style="list-style-type: none"> <li>• Exclusion from and avoidance of social activities</li> <li>• Accommodation services</li> <li>• Accessing and utilising toilet facilities</li> <li>• Attitudes from staff</li> </ul>
4.3.4 Health care services	<ul style="list-style-type: none"> <li>• Avoidance of health care services on campus</li> <li>• Non-surgical/non-medical attempt to change</li> <li>• Poor knowledge around trans issues</li> </ul>

	<ul style="list-style-type: none"> <li>• Lack of suitable medical intervention and services for transgender students on campus</li> </ul>
4.3.5 Support networks on campus	<ul style="list-style-type: none"> <li>• Social networks</li> <li>• Role of church</li> </ul>
4.3.6 Support networks off campus	<ul style="list-style-type: none"> <li>• Role of the family</li> </ul>

#### **4.3 1 Gender identity development and formation in a transphobic society**

The first main category of data was referred to as *Gender identity development and formation in a transphobic society*. This category contained data that were related to the participants' perceptions of how and when they first came to the realisation of their gender identities, recollections of early childhood specific gender roles in childhood plays and the difficulties encountered when participants behaved in ways that were contrary to what society prescribed to gender categories.

The data contained in this category were divided into three subcategories, namely, awareness of gender identity in early life, cross-dressing and gender specific plays in childhood as well as disclosure. The first subcategory, *awareness of gender identity in early life*, contains data that spoke to the coming out process as well as initial thoughts on the development of their gender identity. The second subcategory,

*cross dressing and gender specific plays in childhood*, includes data that reflected the participant's experience of the world as being strongly defined by gender. These worlds of gender are characterized by certain symbols and activities that define who is a boy or a girl. This was often seen and reflected through enforced ways of dressing, playing with toys and mannerisms. The third and final sub category under this category is *disclosure*. Under this sub-category, participants shares their experiences around their disclosure to significant others.

#### **4.3.1.1 Awareness of gender identity in early life**

Interestingly, all participants expressed that they began to feel that their gender identity did not fit into the conventional societal gender that existed in the community around them. The participant's first feelings of difference tended to be early in life, when they realized that specific views and constructions of gender were imposed on them and that they were expected to behave in specific ways in line with societal norms. The participants lived in an uncomfortable way with aspects of these ascribed gender identities for example clothes, activities, games and toys. This is what some participants said:

*"I remember when I was young I always wanted to be around girls, I simply loved the company of girls and I tell you, Mom used to freak out. She was always like, you are a dude and you should be playing with boys not with girls." (James, MTF)*

*“When I was young, I noticed that there was something in me that was different. It was always this strong feeling of wanting to be a boy.”*

(Dantago, FTM)

*“I noticed that I was different when I was quite young. I remember I always used to hang out with girls and liked to play with my sisters a lot. I also noticed that as I was growing up I was not really attracted to girls.”*

(Annatjie, MTF)

*“I remember when I was quite young, I knew that my body did not fit who I was. Then as I grew, my grandparents were very religious, so with that influence I guess I used to think I was demon possessed and after a series of prayer sessions, it still didn’t work out. Then I went through periods of inner turmoil and I became mad at God, sort of questioning why I was the way I was, because I felt that I was a girl. Of course the meaning of being a boy or a girl became more sophisticated over time.”* (Caroline, MTF)

*“Since primary school I knew there was something different with me, I strongly felt like I was a girl. At the time I didn’t know much about these terms, such as transgender, so I used to call myself gay women. Then after high school I moved to Windhoek and I was introduced to Outright*

*Namibia. After attending several workshops, I got to realize that there was a term that refers to me, which is transgender.” (Friedel, MTF)*

These statements are in line with what was stated earlier in the literature review that transgender individuals become aware of the body-mind dissonance from an early age, leading to an acute awareness during puberty (Morgan & Stevens, 2008). Despite the realisation that they were different they were forced or coerced to conform to socially constructed gender roles.

As indicated in the literature, in every society there are expectations that people will look and act in a certain way depending on whether they are born male or female. The idea of gender variance confronts widely held assumptions that children born as male will act like boys and children born as female will act like girls. As indicated by some participants, some caretakers and parents often scolded them while growing up usually as a result of expressing themselves in ways that were different from the socially expected gender roles and norms. This imposed binary, as emphasized earlier in the literature perpetuates negativity towards people who express themselves with gendered variations in attire, behaviour or preferences. Despite the existence of cross-gender presentations and behaviour in every culture and throughout time, society still appears to be unaware that diversity in gender expression and sexual formation is a naturally occurring phenomenon (Lev, 2004).

It also confirms an assertion that many families have rigid gender roles as well as punitive behaviours toward those that exhibit some sort of deviance from the normal gender roles and norms. For example, girls may be prohibited to play with boys or forced to grow their hairs and boys are often pushed into boy specific sport activities. These types of situations often forces children and young people that are not gender conforming to suppress and conceal their gender identities (Lev, 2004).

By the time they entered the University, most participants were certainly sure of their gender identity and were already attempting to bring their anatomical body in alignment with their preferred physical appearance by for example binding their breasts or “putting things in their pants”.

*“I started binding before entering the University. I started binding across my chest really tight to flatten my breast and make them sort of invisible. I even started putting some things in my pants. You know more like a penis shape, to feel more like a man. It brought me some amount of satisfaction that I could be who I want to be, you know, I can’t afford those expensive treatments yet.” (Annabel, FTM)*

For MTF, they would put on women’s clothes, makeup and jewellery, high heels and tight pants and jeans. The low tolerance level somehow forces some to be gender fluid. This forces them to remain androgynous, floating in-between and not really settling for a particular preferred gender.

*“At university, many people are like strangers to you, so they will just give you funny looks and stares and it’s hard to swallow that, cuz you are aware you are being watched. So sometimes, because of this situation, there are times when I withdraw and dress like a man or try to behave like a man and this makes people even more confused and they will think you are confused, that you don’t know what you are doing or you are lost, but it’s them, forcing me.” (Annatjie, MTF)*

In conclusion, this affirms that the participants were sure of whom they are in terms of their gender identity and this realization was felt during their early years. These feelings were strongly felt and participants were sure that there was something different about them. The pressure from society to conform to conventional gender roles and behaviours forced some participants to live in closets or lead double lives. This is an important lesson for families and society in general, that forced gender binaries results in oppression for the transgender people. At a later stage, the effects of oppression may manifest in many negative ways. In addition, they may internalize the negative experiences and this may lead to self-hatred in their later life. Thus it is worth reflecting and noting that transgender persons experience conflicts between themselves and society as they try to navigate their coming out process.

#### **4.3.1.2 Cross-dressing and gender specific plays in childhood**

Some participants indicated that cross-dressing behaviours were experienced early on in life. This supports other studies that demonstrate gender variance realisation is

detected very early in many individuals. It also opposes the myth held by many people that gender variance is a learned behaviour. The literature reviewed earlier indicates that the first stage in gender identity development: *awareness* is characterized by a sense of feeling different and the realisation that in fact one may be different. For most transgender people, this realisation is often traced back to their childhood. In most cases, this awareness is experienced as a deep discomfort between their sexes assigned at birth and what they feel deep inside. This state is also referred to as gender dysphoria (Lev, 2004).

Thus as illustrated by participants below, the dysphoria or confusion of being born biologically as a certain sex and the desire to behave as an opposite sex clashes in childhood, as illustrated with cross dressing behaviours below.

*“I remember I loved it when my parents went away, I will always sneak out into an old corrugated iron shack at the back of our house where my parents stored some of their items. I would go there and dress up like a boy. That was the only time I could really enjoy this part of myself. Other than that, my father used to scold me a lot if he noticed that I was wearing boyish cloths. But in general I was known as a tomboy girl in our small town, so it was not much of a big deal really, but at school, I remember my teacher used to scold me also. She was always asking me, why I like to play with boys and hang out with them. Why did I keep my hair short and so forth? But what can one do? It’s like you are in a battle, every day of your life.” (Dantago, FTM)*

*“Whenever we played role plays I would always try to take on the part of the mother figure, which probably at the time was never really a big deal, I don’t think other children really noticed. For them it was just us playing, having fun.” (Annatjie, MTF)*

Again, this emphasizes the internal conflicts that the participants experience in relation to their emerging gender identities and societal pressure to conform to the conventional gender binaries. During childhood participants already found ways to escape into private gendered world, such as dressing up in the gender they strongly identified with. Others found solace in role playing gendered roles they preferred during childhood playing.

#### **4.3.1.3 Disclosure**

This section will present evidence from the interviews that support the existing literature related to the challenge of disclosure and the difficult decisions that the participants are faced with.

The literature review has indicated that disclosure of one’s identity can have both negative and positive experiences to those directly involved in the process. Rejection by loved ones was reported to be high as a reaction to those that disclose or attempts to display behaviours that are deviant from the typical gender norms. On the

other hand, disclosure was thought to bring a sense of liberation and relief to the one disclosing despite the possible negative reactions (Lev, 2004).

In this study, participants shared a variety of mixed reactions to their attempts to disclose to significant others. Annatjie (MTF) had a different experience from the other participants regarding disclosure. For her, a lack of knowledge by her mother on transgender issues played a role in the slow acceptance of her gender identity. As she states:

*“I have disclosed to my mom and although she was a bit unaccepting at the beginning she understood over time. I think she also started to read more on these things and got more knowledge on how to deal with it. My grandmother has passed away, so I would not know how she would react if she was alive”.*  
(Annatjie, MTF)

Lack of knowledge often serves as a hindrance to progress. Without proper understanding, it is usually difficult to initiate change. As evidenced by this participant, change, tolerance and acceptance of transgender could easily come about through more awareness creation, education and open dialogue.

For other participants, siblings were perceived to be sources of support and were thus entrusted with sensitive information around gender identity. Yet others chose not to disclose to their parents. The participant’s disclosure depended on a number of factors, such as the gender identity of the person they would disclose to and how close they were to their family members.

Family dialogue on transgender issues whether positive or negative was also looked at as another determining factor. One participant for instance, Dantago, felt that he would not disclose to his parents as he perceived them to be religious conservatives and their own family discussions considered transgenderism as a spiritual illness. Denial also emerged as a coping mechanism for some parents, especially if they were suspecting that their children might be transgender. Instead of talking about it they would rather pretend it was not there.

The participants below reinforce the above findings, in the sense that they found solace and comfort in their own siblings in order to cope better with their situations while other chose to disclose to non-family members whose gender identity was similar to theirs.

This is what some participants had to say:

*“I have only disclosed to people I have interacted with whom I know are in the same situation. I have also confided in my brother, because I trust him very much and I know he won’t tell anyone unless we’ve discussed it. But in general, I try to be who I can be, sometimes, I would wear like a tomboy and don’t necessarily have to tell anyone. People are very judgmental you know, but, I know they stare at me, like, as if they want to ask me something. So I ignore and just try to live my life.” (Dantago, FTM)*

*“Uhm, my parents are very conservative. They are too typical Catholics and I*

*know at home, whenever we discuss about such things, they always bring the issue of evil possession and exorcism and how these situations have always been dealt with in church. So I don't think I'm ready yet to tell them, I need to go through a counselling process around that first. But deep inside, I know that my Mom somehow probably know that there is something different about me, although she doesn't really bring herself to talk about it. For instance she constantly keeps reminding me how one day I will grow up to be a respected woman in society or a woman this or woman that, something she hardly do with my brother.” (Dantago, FTM)*

In conclusion, although disclosure may be perceived to be beneficial to both the discloser and their family members or significant others, it is not an easy process as one may think. A number of factors play a role in determining when to disclose and to whom. Such factors border around religious beliefs, societal norms and expectations, the nature of the relationship with the significant others as well as the gender identity of those to be disclosed to.

#### **4.3.2. Negative and positive experiences as a result of transgender identity**

The second major theme that emerged was labelled as *negative and positive experiences as a result of transgender identity*. Contained within this section are the participant's experiences as a direct result of identifying as transgender. The data in this category were divided into four subcategories. The first category: *intimacy and dating issues*, reflects on the participant's direct experiences in navigating for

successful intimate relationships. The second subcategory: *stares, looks and labelling* contain units that depict participant's struggles with the failure of those around them in accepting them for who they are. As a result they often endure strange stares, something that provokes a lot of discomfort. The third subcategory was labelled *isolation and inability to form relationships with others*. This subcategory reflects the participant's struggles with loneliness, withdrawals, harassment in relation to their academic success and retention and emotional wellbeing. The fourth subcategory was labelled as re-enforcements of transphobic beliefs in society. This category contains data that reflected on participant's experiences of messages heard around transgenderism and how it shaped the way they looked at themselves and life in general.

The final subcategory was labelled as *positive experiences*, which depicts participant's reactions, often referring to positive reactions that participants employed as not only a way of coping with what was happening, but also to strengthen their resilience.

#### **4.3.2.1 Intimacy and dating issues**

Dating and intimate relationships is an integral part of everyone's life. The participants experienced different intimate worlds. The two FTM participants experienced that they could share their transgender world on an intimate level with females and that it has been possible to date them. As indicated by these two participants below:

*“Dating has been a problem, because I consider myself to be a heterosexual man, so it is hard to find someone who can really understand you. At one stage I tried dating a lesbian woman. I thought she would understand me, but it never really worked because she expected me to be the other women in the relationship, so we broke off.”* (Annabel, FTM)

*“Dating and finding a partner is a challenge. The only people who understand us are other transgender. So once I tried dating this trans woman and it was not really easy... But you see, I know my place exactly, I would be more comfortable with a heterosexual female who has some understanding of trans issues.”* (Dantago, FTM)

But for the MTF participants, this has been a much more difficult world to share as they indicate that they need to find partners who understand them. As they illustrate below:

*“I think it has been hard for me to get a partner really, some people are either not serious or they approach you pretending they don’t mind you, but when you start dating they discard you. Since we play a feminine role in a relationship, maybe it’s hard for some people to understand that. Maybe when you get someone who really understand issues around transgender, maybe it will work.”* (Desiree, MTF)

*“I’ve seen that guys on campus are not serious when it comes to relationship. There was this guy who used to come to my room at night, wearing short pants and all that and giving me signs. And I really fell in love. We even kissed few times.*

*And later he just withdrew, telling me he is not one of my kind, meaning he do not tolerate people like us. I really felt bad, cuz I kept wondering what his motive was. To test what it is like to date a transgender person? To this day, I really don't know.” (James, MTF)*

Transgender individuals transcend gender roles and gender expectations. Although the aim of this research was not to investigate the intimate relationships of transgender students, through the interviews the pursuit of intimate relationships was highlighted. This study finding indicates that although some people are attracted to transgender people, the majority of transgender people feel they need partners who understand them and their gender identities. More research needs to be done in this area.

On the other hand, other participants indicated that they were able to connect to partners from other countries that probably had a better understanding of transgender issues, as it will be further elaborated in this chapter.

#### **4.3.2.2 Stares, looks and labelling**

Most participants described how they were often looked at with strange stares wherever they went and this was described as hard to deal with by most of them. The participants shared different experiences regarding the reaction of others to them

being transgender. Furthermore, they experienced different reactions from different people both off and on campus. This is depicted by the three participants below:

*“It’s a bit difficult if one hasn’t really come out openly and also the fact that you often get funny stares from others.” (Annatjie, FTM)*

*“Stares and the looks from people as if you were a clown or circus, you know, is killing. It takes time to kind of learn to brush that off and ignore it. But even if you do, being human means you will still find yourself at the lowest moment of your life because you wonder how long will this go on.” (Caroline, MTF)*

*“My first semester was the toughest. First of all, you get stares wherever you go, in offices in corridors and so forth. There were many times that I turned away from some offices simply because of the way people looked at me. Most of the time I would turn away.” (Friedel, MTF)*

The experiences of being different from others stood out as central in the life of all of these transgender participants. These experiences led them to feel alienated, alone and not understood by others. There is some evidence in the literature that gender-nonconforming mannerisms, another aspect of gender expression that can be readily observed by others, are associated with lower peer acceptability independent of appearance amongst young people (Horn, 2007).

The feeling of being misperceived was a distressing subject, especially for some transgender participant. This indicates some level of hostility, ignorance and lack of knowledge amongst the peers. In general, this points toward a hostile campus climate. The following participant said:

*“People ask me if I’m a man or a woman. I ignore them. If I listen to them, I’ll go crazy. They always ask what type of person are you? You act like a man. Why don’t you be a woman?”* (Dantago, FTM)

Asked to describe reactions of students on campus, Dantago responded that:

*“I think it is generally ok, but quite uncomfortable because of the stares one gets. Like myself I don’t really keep long hair, I always have a punk (short hairstyle often worn by men) style, which is usually worn by men, and I generally wear shorts and t-shirts, really baggy outfit. So, I was on several occasions asked by some closer people, if I was a lesbian, trans or what? So, ja, it gets uncomfortable, as I wouldn’t just disclose to anyone, because I know their reactions would not necessarily be supportive all the time. It depends on how close the person is, maybe”.* (Dantago, FTM)

*“There has been no positive experience for me but negative experience. People have been calling me names and labelling me, hating me, it has been affecting me*

*emotionally, psychologically and sexually also.” (Annabel, FTM)*

It was interesting to note the variety of responses with regards to how the attitudes from fellow students tend to be influenced by their own background and perhaps cultural influences. Namibian students were perceived as more tolerant than for instance students from Zimbabwe.

*“It is great with my close friends and associates because they understand me. But of course you get those moments where people stare, especially in your first year. But I think people’s background also determines their attitudes. For example, people from the south are quite open while others are quite transphobic, like people from Zimbabwe, but Namibians in general are quite open. They like to call us sisters.”*

*(James, MTF)*

*“My closest friends understand me because I have educated them on who I am. So we are very close and they are very protective of me. But the other students, they are sometimes unwelcoming and have tendencies to look at you like you are from another planet. I have also found that students from Zimbabwe are a bit transphobic, maybe it’s because of Mugabe’s talks and politics. They would even try to get personal with you, like, in asking your personal questions. Others, local ones, seems to have this impression that you are making all this up. I mean really, for what? To be ridiculed? Why in the world would I pretend to be something I know is*

*not tolerate in society? This is not by choice, the way I am. This is how God made me.” (Caroline, MTF)*

Once again, the participants are reaffirming that they are not transgender by choice but rather that they were born that way. Moreover, the concept of God is linked to creation. Transgender participants are looking for answers. They are caught in a battle where society perceives them to be unnatural and as a result they turn to God who is perceived to be the creator of all. God is understood to be the cause of their gender identity.

In the literature, religious beliefs towards transgender persons were not experienced as supportive but rather as negative (McLachlan, 2010). The excerpts from this participant are an eye opener in terms of the role of spirituality in transgender students' lives. The role of spirituality is very crucial for transgender persons. Being able to create a space of spiritual exploration and ability to connect to God directly rather than through religious domain appears to be a refuge for some transgender persons and a means to escape the stigma around them. Elaboration on this aspect will be presented under the major category labelled as support networks in this section. However, this participant highlighted the place of God in her life:

*“I guess when I learned and educated myself on this condition, I reached a point where I felt I am no longer going to live my life to satisfy anyone, I will live it the way God made and created me and that was a very liberating moment, at least for myself”*  
(Caroline, MTF)

Finally, for other participants, reaching out to others in a similar situation led to better things such as finding committed partners as well as accessing the necessary medical interventions needed for full transitioning. Annatjie MTF, for instance stated that:

*“I usually get support from Facebook, from my friends and they would always connect me to other people in the same situation. I recently met my partner and fiancé from Germany there and things are cool for now. He is busy organizing to fund my hormone therapy and later I will do a sex change. I will visit him at the next holiday and I will visit the Doctors there and we will see how it goes”.* (Annatjie, MTF)

The internet has created a platform for transgender students not only to access resourceful information but also to allow them to explore their gender identity in the confines of their own homes and often with some level of privacy. Given the fact that social networks have no geographical boundaries, transgender students are able to reach out to others in other parts of the continent.

#### 4.3.2.3 Isolation and inability to form relationships with others.

Being lonely and socially isolated was a major difficulty for many participants who described feelings of alienation that they have never been able to resolve. As this participant illustrates:

*“Initially classmates did not want to associate with me, if there were group assignments no one wanted to pair up with me. So I often skipped classes and kept to myself. Sometimes the lecturers would refer me to as “Mam, or she and the whole class would laugh. In fact this whole thing was too overwhelming that I quit varsity towards the end of my first semester and only returned the following year.” (Friedel, MTF)*

This reflection seems to indicate a twofold situation. On one hand, there appears to be a demonstration of acceptance, tolerance and inclusivity from the academic staff. However, on the other hand when fellow students react in such a negative way by laughing and giggling, one wonders what support mechanisms are in place to protect the student against the stigma displayed by fellow students.

This scenario highlights the deeply felt pain or rejection, loneliness and a general sense of not being understood by the closest people to transgender identifying persons. As demonstrated by Friedel, harassment of transgender students has been linked to lower academic achievement among transgender students. Not

only does frequent harassment result in lower academic achievement, but it may also affect a student's educational aspirations. Research findings have suggested that transgender students who were more frequently harassed were more likely to say they did not plan to pursue further education than those who were less often harassed (Greytak, Kosciw & Diaz, 2009).

In further support of this stance are the findings from the *USA 2007 National School Climate Survey*, where it was found that experiences with harassment were in fact related to missing academic classes by transgender students (Greytak, Kosciw, & Diaz, 2009). The following description of isolating acts and withdrawals are depicted by the other respondents as follow:

*"I hardly mingle in social events, I generally don't feel comfortable. Outside the classroom people will look at you with funny faces, like they have discussed you or something, because they are maybe not used to seeing people that look like that. So, ja , sometimes it's hard for me, I tend to walk by myself or try to walk through corridors that are very full, because I know no one will have time to look around that much. Sometimes, I have this I don't care attitude, but sometimes, uh, it is hard, I'm only human, you know."* (Annabel, FTM)

*"I don't really reach out as such, in fact I lead a life of a recluse and keep to myself. I am lonelier and socially isolated than I would like. I still find it very hard to make friends."* (Desiree, MTF)

As it is demonstrated by the participants, research findings have indicated that the potential stress caused by being frequently harassed in educational settings may negatively affect a student's ability to focus on their academic work and performance. In addition, students who are frequently harassed in colleges or university settings may attempt to avoid these hurtful experiences by not attending classes and are more likely to miss lectures than students who do not experience such victimization (Greytak, Kosciw, & Diaz, 2009).

In other instances, society itself was blamed by some participants for being coercive through its socially constructed perceptions of what is expected from a man or a woman. Such situations led to missed opportunities in developmental stages, such as childhood or mid-life (youth). Desiree (MTF) expressed her inner felt anger towards society

*“The fact that I was forced by society around me to suppress the real me and live a lie. That is quite hard and one will always have this feeling of emptiness or vagueness about this part of your life that you will never be able to relive.”*

(Desiree, MTF)

To conclude, academic retention and success go hand in hand with the general wellbeing of transgender students. Feelings of isolation, rejection and stigma can negatively impact on the transgender student's self-image and overall well-being.

#### 4.3.2.4 Re-enforcements of transphobic beliefs in society

The notion that external stigma can sometimes be reinforced and become internal stigma seems to hold some truth. In this study, it emerged that transgender individuals may start to believe what they hear around them in the community where they grow up. Also the notion that transgenderism is un-African and is believed to be foreign to some cultures emerged. One responded for instance stated:

*“At first I felt weird you know and me being a Wambo, such things are a taboo in my culture and you know it is not openly practiced in our culture. I felt funny and not comfortable with my friend and family at home. I have always been isolating myself from people.”* (Caroline, MTF)

Generally, Namibians especially Oshiwambo speaking people believe that transgender people or other categories of the GLBTI community are predominantly associated with certain tribes in the country such as the Damara speaking people.

The Damara speaking communities are believed to be more accepting and tolerant toward people who do not conform to both conventional gender binary as well as heterosexual patterns than other communities in Namibia (Ikhaxas & Wieringa, 2007). Although there seems to be a high prevalence rate of individuals who do not conform to gender or heterosexual patterns, this does not mean that such individuals do not exist in other tribes.

Asked how support for transgender people could be improved in general, this participant responded:

*“It’s hard to say, because our society already is very intolerant, so I don’t know if anything can be done by the university management. Probably it will take years. But it is impacting on the transgender community. Not only at University level but also at high school people are dropping out, because they can’t be forced to conform to gender dress codes or behaviours etc. That’s why many transgender people have resorted to sex work or are in relationship with older rich men to survive.”* (Annatjie, MTF)

#### **4.3.2.5 Positive experiences**

Not all participants exclusively experienced negative experiences. There were some that used their situation to make better changes in their lives. This participant for instance used her negative experience as a drive to academic success:

*“I guess this whole thing made to be a striver, I became the best in my class, always top performer. Because I somehow felt that that was the only thing I had to validate my worth, my being.”* (Desiree, MTF)

Another participant stated:

*I think I just got motivated to be who I really want to be, especially after attending the workshops at Outright Namibia.” (Friedel, MTF)*

### **4.3.3 Campus climate**

The third category of data was labelled *campus climate*. This category contained data that were specifically related to how the participants' related to services provision on campus. The data contained in this category were divided into four main subcategories. The first sub category, *exclusion from and avoidance of social activities*, contains data that captured the participants feelings and direct experiences in relation to students social activities on campus. The second subcategory was labelled as *accommodation services*. This category captured participant's experiences with regards to the treatment they received from university officials when they intend to stay or when they made use of the university's accommodation services. The third subcategory under this theme is referred to as *accessing and utilizing toilet facilities*. This sub category captured participant's experiences when utilising and accessing campus toilets facilities that are predominantly designed for female or male gender binaries. The final subcategory *attitudes from staff* spoke to the participant's direct experiences in their day to day interaction with their lecturers.

As discussed earlier in the literature review, much of the negativity on campuses comes from insufficient awareness on transgender topics (Rankin, 2005). This resulted in campus programs and services that fail to acknowledge transgender

people. Similarly, practices that segregate students by gender such as toilets and bathrooms designations, hostel accommodation, room allocation and regulations on who can join which sports teams and some student organizations/clubs, ignore and stigmatize individuals who transcend binary notions of gender (Beemyn, 2005). Some of these issues were reflected on by most of the participants

#### **4.3.3.1 Exclusion from and avoidance of social activities on campus**

Humans are social beings. As such social contacts are crucial for their overall wellbeing. When social contacts are engaged with in a negative way it can have tremendous effects on that person's wellbeing. It can affect one's self esteem and make them a social recluse in some cases. Effects of education settings foster victimization such as negative responses from peer groups which may impact a person's life beyond academic years and can permanently affect psychosocial adjustment (Beemyn et al., 2005).

This is what these three participants had to say:

*“The beauty pageants on campus are strictly for male or female born students only, not for people like us.” (Annatjie, MTF)*

*“If one exposes yourself also too much, e.g. speaking at large gatherings, you become a laughing stock and students will make sure they boo you and make you uncomfortable. Like there was this time when they were auditioning for MC for cultural festival. Once it was my turn and they heard my feminine voice I was booed off the stage. It was really heart-breaking because it made me wonder:*

*there were worst performers that day and none of them were treated the way I was treated. So, ja, it dehumanise you and that's a hard punch to take because next thing you do is withdraw altogether, ja, it really affect your self-esteem."*  
 (Caroline, FTM)

*"I hardly attend social events on campus."* (Dantago, FTM)

In another incident, one participant recalled how certain patterns or behaviours in sports are similar both at high school level as well as tertiary level. This participant recalled:

*"I remember also at school I had issue with various sport codes. I was often paired with boys and was never allowed to play in girls teams. For them you are either male or female so it really made me feel uncomfortable. And I have observed that this situation is also happening on campus. Some sports are segregated by biological sexes and if for instance one wants to join for example the netball team they will think you are crazy."* (Friedel, MTF)

As highlighted earlier in chapter two, activities that have the potential to offer opportunities to all gender possibilities may not be engaged in such practices, further leaving those that transcend gender binaries to feel left out. Schneider (2012) emphasised that many campus sports policies do not have specifications for

transgender students and thus transgender students may not be able to participate on teams that match their identity.

#### **4.3.3.2 Accommodation services**

Two participants based at the Windhoek campus and Khomasdal campuses were accommodated in the hostel. They both indicated high levels of support from the administrative officer. For example, if a student was to disclose that he/she was from a gender or sexual minority, the officer would pair them with someone of the same orientation. In other instances where a roommate complains because they do not feel comfortable to share a room with someone who displayed gender variance behaviours, swapping was done without hesitation. It was also reported that where the readjustment was not possible, transgender identifying students had opted to commute from off campus to avoid unnecessary tensions.

For instance, these two participants stated:

*“The officer in charge is very understanding and supportive, that is if you open up. When it comes to sharing of rooms she makes sure she pair people with those that are tolerant or from the GLBTI. In general there are no issues.”* (James, MTF)

*“It’s a bit tough, especially if you are not from Windhoek and your parents’ can’t afford to rent. It’s very hard to get a single room especially in your first year. So, in my first year I was paired with a heterosexual male in the male hostel, because I*

*was born biologically male and officials go with your documents, not with how you look today. So, this guy, my roommate really turned out to be transphobic. He started to insult me and threatening me, that if I ever tried to rape him he will deal with me. I guess he thought I was gay. The situation really got tense that I reported it to a social worker and luckily they allocated a single room to me. Now they know me, because I was open to the social worker, so I get a single room every year.”*

(Friedel, MTF)

In some cases, the anxieties reported with regard to accommodation facilities stem from both personal experience and experiences of other transgender persons known by the participants.

*“I’m not in the hostel, but hearing from others, there is a lot of anxiety because you are often placed in the hostel according to your biological sex. So I would not really want to subject myself to that, that’s why I resorted to renting. Luckily my parents can afford it.”* (Dantago, FTM)

*“I chose not to stay in the hostel. I value my privacy. But I know of a transgender friend who was placed with someone in a room to share and it was kind of hard, because she had to wake up early to go bath or if her roommate friends came over, she had to leave. And sometimes people use to make fun of them, asking like, is she your wife? So after the first semester, she just vanished, because she*

*couldn't afford a room to rent and she didn't really have relatives around here. I lost contact with her and I am not too sure why she left, but I suspect that's the reason because she used to complain a lot."* (Annabel, FTM)

*"I used to stay in the hostel in my first year, but I moved out because it was just too uncomfortable for me. Firstly, I was put in the male hostel, no one understood what transgender is. And I wouldn't have fitted in the female block either, because I have not yet fully transitioned, I guess. So for the sake of my peace of mind, I moved out. Because that is equal to placing a female in the male hostel."*

(Caroline, MTF)

The experiences illustrated here confirm the anxiety that transgender students experience when it comes to hostel accommodation. This is largely due to the fact that major shifts are not in place yet to accommodate gender neutral accommodation facilities nor the fact that hostel allocation is still being done based on the traditional gender dichotomy. Bleiberg (2004) states that "same-sex roommate pairings can be particularly distressing for transgender students because they are forced to list their biological sex with which they do not identify on their housing forms" (p. 5). He further argues that the discomfort transgender students feel with roommates of the same sex is similar to some non-transgender students' discomfort with a roommate of the opposite sex.

#### 4.3.3.3 Accessing and utilising toilet facilities on campus

There was a high level of anxiety reported when using toilets facilities. In fact, most participants noted that they had been confronted or questioned about their gender identity in a toilet setting. Annabel (FTM) and James (FTM) and Friedel (MTF) both expressed feelings of anxiety concerning using the toilets or bathrooms of their preferred gender identity. Annabel, for example said:

*“It’s hard, because I don’t feel comfortable using neither of the toilets, wherever you go, other students will always stare at you , like with this question of what are you doing here. So I try as much as possible to use the toilets in the hostels, because I know most of the times, more students are out attending classes. So, you won’t pump into as many people as the other toilets that are in the rest of the campus.” (Annabel, FTM)*

James (MTF) spoke about the first time he used the restroom on campus designated for female students:

*“While I was busy in there, I heard somebody come in and I went like, Oh, gosh, how do I get out of this one? So, I waited a few minutes and this person was taking too long and I had a class to run to. So I took a grip on myself and I tried to exit*

*real fast. As I try to exit, here she comes behind me and really gave me this chilling shout, she went like, hey, you, what do you think you are doing? Are you confused or something? If I see you here again, I will teach you a lesson.”*

*“You feel unwelcomed in either of the gender toilets. Female students will look at you as if you are not female enough and the same goes for male students also. I often hold my urine in and walk around and visits toilets that are a bit isolated or would preferably use the hostel toilets where there are fewer movements.” (Friedel, MTF)*

These findings are reported in other international studies and confirm similar challenges that transgender students faces in other parts of the world. Spagna (2013) in his study of the experiences of transgender students at the Massachusetts Colleges and Universities found that half of the participants stated that:

Broader awareness about the transgender community could provide greater understanding and acceptance from the broader campus community. It could also provide assistance to those individuals who understand that they are gender non-conforming or transgender, but have no knowledge about the community, the term itself, or the potential support they could be receiving. (p .21)

Finally, the findings are further supported by other study findings in the USA, where it was found that:

The lack of gender-neutral toilets on campus have left transgender students with three options: use a restroom assigned to the gender of which they identify and become a possible victim of violence or harassment, use a restroom assigned to the gender of which they do not identify and therefore be forced to temporarily not identify with their chosen gender or choose not to use the restroom while on campus and therefore risk comfort and good health practices. (Mintz, 2011, p. 34).

#### **4.3.3.4 Attitudes from academic staff**

Across the participants, experiences with campus personnel were varied with some students reporting good level of tolerance while in other cases a few incidences of discomfort were reported, but not really anything trans phobic or serious as such. The experiences given by students reflected a lot of tolerance and acceptance of this minority group from staff members, especially lecturers. As reflected below most participants experienced acceptance and warmth from their lecturers:

*“I personally did not have any negative experience with my lecturer. In fact I’m loved by many because of my outstanding academic performance.” (Dantago, FTM)*

*“I haven’t had any negative experiences with staff really.” (James, MTF)*

*“They are very cool with anyone, they are not discriminating, they are ok with everyone irrespective of your gender or sexual identity, they are just the same,*

*treating people the same.” (Annabel, FTM)*

*“I did not really have any personal problem with my lecturer.” (Annatjie, MTF)*

*“Ok, for my lectures, they don’t mind me, so they just treat me like any other students.” (Carol, FTM)*

However contrary to these experiences, one participant had a negative experience with an academic staff, but one that ended in a positive way for the student concerned.

*“They are really cool, especially academic staff. I haven’t had much of problems with them. Probably they do a lot of reading and understand these things, I don’t know. But , there was one incident where one of my first year lectures once asked me what my gender identity was and when I told her she told me she was a born again Christian and would thus just pray for me, she believed I was possessed by a female spirit and needed deliverance. Other than that she showed love which I believe should be the fundament of all believers.” (Caroline, MTF)*

These contrasting experiences regarding attitudes from academic staff are worth noting. It was also interesting to note that in one incident an academic staff allowed her values and beliefs to determine her behaviours towards a transgender student. Projections of religious transphobic beliefs towards a student and

accommodation of such remarks by the student thereof may indicate a state of poor self-esteem on the participant's side and possibly lack of confidence to explain and clarify a condition such as transgenderism from a scientific point of view. These findings are in contrast to the findings of international literature where it was found that there was a high level of lack of warmth and understanding from academic staff (Beemyn, 2005).

Other participants had this to say:

*“Outside the classroom, people will look at you with funny faces, like they have discussed you or something, because they are maybe not used to seeing people that look like that. So, ja (yes), sometimes it's hard for me, I tend to walk by myself or try to walk through corridors that are very full, because I know no one will have time to look around that much. Sometimes, I have this I don't care attitude, but sometimes, uh, it is hard, I'm only human, you know.”* (Annabel, FTM)

*“...you often get funny stares from others.”* (Annatjie, MTF)

*“I remember this time, we were all required to do a presentation in front of the class. And the moment I started speaking, I remember that was in my first semester of my first year, the moment I spoke, they, fellow class mates, started giggling. It was really hard for me, because after the class, I noticed some of them were asking*

*each other if I was a girl or a boy. Why was my voice so girly? So I started to avoid any activities that would put me in the spot, sometimes I would skip a lecture, if I knew there were presentation to be done and I avoided speaking altogether. It was only in my second year, I think, that I decided enough is enough, I'm not going to be prevented from talking by anyone.” (James, MTF)*

These experiences presented here by the participants with regards to hostile stares and reactions seem to correlate with previous findings around the campus climate. According to Schneider (2012), while campus climates vary, few present a welcoming environment for transgender students. Transgender youth often encounter hostile stares and comments as well as stigmatising behaviours.

Other literatures supported this finding also in that transgender individuals may be targets of violent attacks and suffer acute psychological distress as a result of pervasive hostility toward appearance and behaviour perceived as gender nonconforming (Clements-Nolle, Marx, & Katz, 2006).

As indicated in chapter two, the negative experiences of transgender students in higher education settings may negatively affect their ability to receive an education. The potential stress caused by being frequently harassed in educational settings may negatively affect a student's ability to focus on their academic work and performance.

Schneider (2012) concluded that because of the unique challenge that transgender students may face, they have to deal with dilemmas related to things such as coping with being different, development of friendships and deciding whether to come-out to those around them.

In other instances, it appears as if disclosure facilitates a welcoming environment and tolerant attitude. One participant differed from the experiences presented earlier.

*“In my class, let me say like, 4 to 10 are aware of my gender identity and they are fine with it. It’s not like they discriminate against me and we work together, if we have activities, like group work, they don’t have a problem.” (Carol, FTM)*

In conclusion, international literature reveals that pathologizing views of gender identity issues are found in higher education environments and can make the campus climate hostile for students exploring their gender identity and expression (Beemyn et al., 2005). According to Schneider (2012), while campus climates vary, few present a welcoming environment for transgender students. Transgender youth often encounter hostile stares and comments, as well as stigmatising behaviours. Schneider (2012) concluded that because of the unique challenge that transgender

students may face, they have to deal with dilemmas related to things such as coping with being different, development of friendships and deciding whether to come-out to those around them.

#### **4.3.4 Health-care services on campus**

The fourth main category of data was labelled *health care services on campus*. This category contained data that were specifically related to the participant's experiences with health services provided on campus as well as those that were available off campus. It also captured participants' self-efforts towards transitioning as proper medical procedures were reported to remain off limit for many. The data contained in this category were divided into four subcategories. The first subcategory, *avoidance of health care services on campus*, spoke to the data that reflected participant's discomfort to visit the primary health care clinic on campus. The second subcategory, *non-surgical/non-medical attempts to change*, contained data that captured the participant's experiences and efforts in making body changes towards their preferred gender. The third subcategory was labelled *poor knowledge around transgender issues* captured participant's direct experiences with health personnel on campus. The fourth and last subcategory, *lack of suitable medical services for transgender student on campus*, highlights the plight that transgender students suffers from as far as services related to sex reassignment surgeries and gender transition are concerned.

#### 4.3.4.1 Avoidance of health care services on campus

The participants indicated that there was some level of unfriendliness from the nurses when they made use of the campus based health facilities. Some participants opted to utilize and make use of alternative sources to aid their transitioning efforts. Some of these alternatives may not necessarily be safe and at times may be considered to be unethical.

One participant related her experience with this approach:

*“I went there once for an infection and since I wore G-string underwear the nurse felt I should go for mental evaluation because I was apparently confused. Also there are no specific services for those of us who would like to transition. I know these services are also not available at public hospitals, but they will never give you counselling or refer you to somewhere where you can get assistance. Only people with medical aid can afford to go for sex change operation. I tried once to get female contraceptives, to make me more feminine you know, but they refused. So, now a female friend of mine is assisting me with the pills. She goes to the clinic and collect, like it’s for herself, then she would come and give them to me.” (Annatjie, MTF)*

Other participants opted to utilise off campus health care clinic and the one mentioned by some participant was the NAPPA (The Namibian Planned parenthood Association ) clinic, which is a clinic operated by a non-governmental organisation

whose work focuses on youth friendly health services and ensuring that youth access the necessary health treatment without prejudice or judgment. State health facilities seem to be regarded as unfriendly as reported by the participants below:

*“I would only go there for minor ailments like flu, as for other needs I consult the NAPPA clinic.” (Caroline, MTF)*

*“I haven’t really used them, cuz I’ve heard too many negative issues about them. I have been mainly using the NAPPA clinic (off campus). They have all the staff members there and are very friendly towards us, they also offer comprehensive treatments, they do anal pap smear, give us condoms and share information on STI’s that are specific to our situation. I do not want to become a laughing stock at hospitals, so I don’t go there.” (Friedel, MTF)*

*“NAPPA provides sensitive examinations around anal area, most of us refer to it as anal pap smears and I know many transgender people like such services. It helps to detect anal STI’s and other problems early. Besides anal pap smear, they give us condoms, lubricants and share information on STI’s that are specific to our situation.” (Friedel, MTF)*

By looking at this subcategory, what comes out clearly is the fact that transgender students avoids consulting the clinic on campus due to what is perceived as unfriendly and judgemental attitudes from health care workers. The campus health clinic as it is the case with other public health facilities in the country appears not to have clear guidelines on how to deal with transgender patients, hence referrals for mental evaluation of transgender patients that seek assistance there.

Any sort of health care services related to transgender identifying students such as hormone therapy, gender variant sensitive examination, e.g. gynaecological examination, anal pap smears, provisions of lubricants and STI prevention information that are specific to transgender people etc. are not provided. The campus health facility, as a section under the Office of the Dean of student has the mandate to look after all of the student's primary health care needs. In instances where services towards gender variant students are not available, as it is the case in many state health facilities in the country, health personnel should be in a position to refer these patients to specialist Doctors or counsellors for further assistance specific to their gender identity needs. However it appears that referral are done with the anticipation that they need mental health evaluation rather than services related to their transition process for example. Thus it was reported by participants that they opted to consult off campus primary health care centre, such as NAPPA for such services or resort to illegal ways of obtaining hormone therapy such as oestrogen through their female friends.

#### 4.3.4.2 Non-surgical/non-medical attempts to change

Most of the participants attempted to bring their anatomical body in alignment with their preferred gender. This was done through resorting to all sorts of possible available options as proper medical interventions to assist in transitioning remains out of reach for many due to financial and personal reasons, as well as unavailability of such services in state funded health facilities.

It is well documented in the literature that male to female identifying persons who cannot afford private health services to gain access to hormones therapy often resorted to using female birth control pills (Balzer & Hutta, 2012). The participants expressed their concerns about the difficulties in accessing the necessary sex reassignment surgery and hormone therapy.

*“I tried once to get female hormone from our clinic to assist myself with the basic of transitioning, because I’ve been doing a lot of reading on the internet, you see on the effects of these pills, but I was told that something must be wrong with me or what makes me think I need such pills, if I am a man?. So I have resorted to my girl pals to assist me. They would go there and I would just go and collect them. You see, I can’t really afford the service of a private doctor so it’s quite frustrating.”*

(Desiree, MTF)

*“Sometimes my friend also goes to other public clinics, using a different health*

*passport, that way I get to keep some for several months. You got' to do what you got to do, when things are this tough, you know.” (Desiree, MTF)*

Female contraceptive pills are available free of charge at most public primary health care clinics and hospitals in Namibia. However they are only given to biologically born females or women and not to transgender identifying women in most cases. Thus the interviewees were dependent on their girlfriends for help for as long as possible.

*“I’m a bit masculine, yet I am always referred to as a she. So I really would like to, may be, access testosterone therapy, but right now I’m stuck. I don’t have a medical aid and am not sure what private doctors will charge. And I know at the public hospitals, it’s a joke to even ask for these things. I don’t really want these surgeries, even if I can afford, because I’m scared of the consequences, I don’t know if it will work.” (Dantago, FTM)*

In conclusion, this indicates the frustrations that transgender identifying students live with on a daily basis due to lack of medical transitioning services in state funded facilities. Resorting to these types of alternative practices could prove fatal as they are not monitored by qualified health practitioners.

#### 4.3.4.3 Poor knowledge around transgender issues

One of the most common experiences shared by participants was the insufficient or inadequate services received from health care workers. Most participants found them to be generally unsatisfactory. Some participants resorted to private health care services off campus where they felt more accepted, understood and received gender specific medical examinations.

Some of the participants stated:

*“I, for example, found that the nursing staff aren’t really well equipped with our situation. If you go there they will think you are weird or abnormal or something in that line. They don’t even know where to refer us for hormone therapy, for example.”* (Dantago, FTM)

*“I was never to such services and I have been going recently to the clinic at NAPPA because I find them to be very friendly. The public clinics and hospitals, uh, I’ve heard many unpleasant stories, so I don’t want to experience that. I would go there for maybe pap smears and breast examinations.”* (Annabel, FTM)

*“Like, when they do these health awareness or prevention activities, especially around STIs, they would only focus on heterosexual sexual activities and they would talk about, like vaginal or penile STI’s, but hardly about anal STIs for example.”* (Annatjie, MTF)

*“I would only go there for minor ailments like flu, as for other needs, I consult the NAPPA clinic.” (Caroline, MTF)*

*I think it would be good if service providers could familiarise themselves with issue around transgender. You know, many people confuse us with gay people and don't realise that this is totally a unique situation that needs appropriate intervention. For example, I found that the nursing staffs aren't really well equipped with our situation. If you go there they will think you are weird or abnormal or something in that line. They don't even know where to refer us for hormone therapy for example (Dantago, FTM)*

#### **4.3.4.4 Lack of suitable medical intervention and services for transgender students on campus.**

The following comments suggest that there is a need for inclusive on campus resources that can deal broadly with transgender student issues and concerns.

*“But I feel, like, when it comes to prevention campaign around diseases, like HIV and STIs, the messages are not beneficial to us at all. They are more designed for*

*heterosexual practices. In some of our cases, the thing is, some of us still engage in anal sex, because that's the only tool we have for sexual pleasure, I mean, most people cannot afford these expensive treatments to start transitioning or physically removing certain body parts.” (James, MTF)*

*“Hmm, I think they must have at least some clubs maybe for transgender people and at least they must, I don't know, but, they should have fun day, advertising or awareness programs to create more awareness around these issues. Because I tell you people don't know the difference. They think I'm a lesbian, which is totally a different thing.” (Annabel, FTM)*

*“Like, when they do these health awareness or prevention activities, especially around STIs, they only focus on heterosexual sexual activities and they would talk about, like vaginal or penile STIs, but hardly about anal STIs for example.” (Annatjie, MTF)*

*“There should be awareness campaigns in the form of talks, discussions and lectures workshops to talk about gender identity and diversity. This will help people to be more open minded and perhaps know how to react to our presence. Because it is really demoralising sometimes when people stares at you, as if you were an alien or something.” (Annatjie, MTF)*

*“Well, I have seen representatives from Outright Namibia and sometimes transgender identifying individuals coming to campus to give presentations on GLBTI issues. But it would be good if they can incorporate issues of gender identity diversities also in the Gender studies curriculum or contemporary social issues module.” (Friedel, MTF)*

These experiences are not only unique to this study population. A South African study revealed that there is a general lack of knowledge by medical providers about the health needs of transgender individuals. “This gap may cause health service providers to discriminate and violate the rights of transgender individuals through inappropriate and unethical treatment as well as stigmatizing language” (Graves, 2013, p. 2).

Additionally, the “lack of exposure to the transgender population combined with a lack of training may lead to a lack of knowledge” (Graves, 2013, p. 2). A survey conducted to assess the amount of time dedicated to GLBTI related content in the curricula of medical students in American universities revealed that there were only a median of seven hours spent on GLBTI education. This demonstrates the lack of transgender education in the international medical and health sector as well (Graves, 2013, p. 2).

The Namibian National Strategic Framework on HIV/AIDS has been updated to specifically mention transgender individuals as part of the “key population” for further HIV health prevention policies and development. There are a number of issues within this categorisation in the framework such as transgender needs which merged with men having sex with men (MSM) and sex workers as well as other vulnerable groups in society. Although this framework saw key sectors in the private sector being tasked with the responsibility of creating awareness to health workers around key populations with the aim of educating key health personnel on the link between HIV transmission and prevention efforts in the country, it remains clear that the country and all health sectors have a long way to go as far this aspect is concerned.

#### **4.3.5 Support networks on campus**

The fifth main category of data was labelled *support networks on campus*. This category contained data that were related to the participants concerns with regard to the lack of inclusive services provision on campus. The data contained in this category were divided into two subcategories. The first subcategory which was labelled *social networks* contains data that centred on the important role that social networks (such as internet, Facebook and others) play towards and in making relevant and useful information easily accessible. It also highlights the support that is prevalent in terms of networking and connecting to people with similar problems. The last subcategory under this category is the *role of the church*. It seeks to

highlight the participants' reflections on the impact of the campus based religious services on their spiritual beliefs.

#### **4.3.5.1 Social networks**

Participants expressed their concerns with regards to lack of easily accessible information around their conditions and lack of proper guidance thereof in terms of how to go about in transitioning. They also highlighted that those entrusted with such responsibilities such as nurses have limited knowledge around transgender issues. This section also reflects lacks of campus based platforms where such information could easily be obtained and shared such as support groups. The participants expressed their satisfaction with regards to benefits that social networks and the internet has brought to their lives. It is on these platforms that they are able to reach out to others in the same situation and get the necessary assistance and guidance as well as to simply obtain relevant information. Others have used these platforms to connect to worldwide support groups and in some cases met their partners. This is illustrated by the following excerpts from interview participants:

“

Desiree stated, *“I see that most transgender people resort to internet for more information. I started doing more research while here at UNAM on transgender issues. So I would visit sites like ORN and Gender Dynamix and also connect with other people worldwide. There are support groups one can join at least in*

*one's own privacy".*

*"Not really, we are basically on our own. I sometimes talk to my friends that I'm open with) but I get a lot of information from the internet, you know to sort of understand myself. I have also reached out to someone recently from Finland on Facebook but we have resorted to engaging in conversation via email. I feel there is more privacy there than on Facebook. So, ja I get a lot of support there too." (Dantago, FTM)*

As it was indicated in the literature review, during the stage of *information seeking*, transgender persons begin to seek information about transgenderism from various sources such as books, internet, research findings, social networks etc. This helps them to understand that they are not alone and their process of reaching out to others from the transgender community reinforces a sense of belonging.

The same can be equally said of this study's participants as there seems to be a sense of comfort and belonging when reaching out through social networks. In addition, self-acceptance and finding a support network formed critical turning points for the participants. This leads to a further development in the transgender person's identity and furthermore enables them to live this identity in the dominant world.

#### 4.3.5.2 The role of the church

The church is central to the lives of many Namibians and it is widely believed that the majority of Namibians, approximately 90 per cent identify as Christian. This is also reflected on the UNAM campus where almost all Christian church affiliations have a branch representation on campus. This ranges from Catholic, Lutheran, Pentecostal, Bahai and many others. The increases in religious affiliation are associated with high levels of transphobia and negative attitudes towards transgender people. McLachlan (2010) found that people who went to church almost weekly were extremely transphobic and homophobic than those who never attended church. Most participants did not experience campus based religious groups or churches in a supportive but rather as not accepting, condemning and judgmental. Furthermore, most of the participants struggled with the idea imposed on them that being transgender somehow means they are possessed by evil spirits and are in need of deliverance and that what they are experiencing is unacceptable to God.

The above literature is supported by the transphobic experiences that were shared by some of the participants.

*“I avoid church groups on campus because they tend to judge and not to be fully welcoming. Even if they say welcome sister, they will always hint at praying for you, to get rid of the evil spirits around you. So it’s hard to deal with because I was born like this and there is nothing I can do.” Carol, FTM*

*“Religious groups or societies are a bit judgemental, I don’t know where that is coming from, they are not God, they should leave the judging to God and where*

*is their love that Jesus mostly spoke about? If you go there and they notice how you look, they want to pray to cure you.” (Annatjie, MTF)*

*“I guess when I learned and educated myself on this condition, I reached a point where I felt I am no longer going to live my life to satisfy anyone, I will live it the way God made and created me and that was a very liberating moment, at least for me.” (Caroline, MTF)*

The above experiences suggest that the participants believed that the mainline churches represented on campus did not support them as transgender people. Most of the participants at the time of the interview thought that God created them as transgender. In addition, participants moved from a position where other’s opinions did not matter anymore, to a position where their own opinions became valuable.

Besides the church being experienced as a source of transphobic experiences, individuals and Christian believers appear to extend and carry with them similar attitudes outside the church sphere. For instance this participant shared this experience:

*“There was one incident, where one of my first year lectures once asked me what my gender identity was and when I told her, she told me she was a born again Christian and would thus just pray for me, she believed I was possessed by a female spirit and I needed deliverance. Other than that she showed love, which I believe should be the fundament of all believers.” (Caroline, MTF)*

Finally, some participants avoid formal church services on campus in fear of being labelled as possessed and in need of healing or deliverance and resorted to embarking on their own spiritual paths. Despite shunning the church, there is some form of recognition that God is ultimately the being that can be reached anywhere and anytime directly and not necessarily through formal means, for example the church or pastor.

For instance, Desiree, a male to female transgender stated:

*“Generally, one would find solace in God, so I try to engage in private conversation with him, because he created me. I wouldn’t really go to any church, because last time I tried to reach out for prayers on campus, it did not go well. Instead of the pastor focusing on my problems, which I presented to him, he ended up praying for me to be cured or delivered. He even suggested that he takes me to their senior pastor for deliverance.” (Desiree, MTF)*

Africa is generally associated with superstitious beliefs. This, tied with religion often leads to the interpretation that what seems to be an unnatural occurring factor is from the supernatural/devil and equally needs spiritual intervention or that which appears to be unnatural occurring phenomenon can only be explained by consulting with the traditional healers or doctors. Although many participants expressed mostly their negative experiences, interestingly though, not one participant experienced being sent to traditional doctors for ‘a cure’.

#### **4.3.6 Support networks off campus**

The sixth main category of data was labelled *support networks off campus*. This category contained data that were specifically related to the participants’ interactions with structures in their societies such as families and neighbours. The data contained in this category were divided into one subcategory which was labelled as *role of family*. This subcategory contained data that captured the participants’ experiences with regards to the reactions of their family members on learning about their gender identity.

##### **4.3.6.1 The role of family**

Clearly the family response is critical to the physical, material and emotional well-being of transgender individuals. Those who disclose their gender orientation to their families hope for support and validation while others fear losing financial support should they come out and disclose their gender orientation. According to Lev (2004),

transgender people usually do not have immediate family members who identify in the same way. As a result, there is a lack of support and understanding about what they are experiencing.

The fear of rejection by family is so great that transgender persons often do not disclose their gender identity to family members who may nevertheless guess because of their appearance, behaviour or the company they keep. Another respondent, Caroline said:

*“And culturally, like in my tribe it’s not acceptable. At some point when I told my mom about it, she even chased me out of the house, so I was not really happy about it and I ended up staying at my friends’ place you know, I felt abandoned by my family”.*(Caroline, MTF)

*“Hard at first, you know, you can’t plan every step in life, so I never knew what their reaction would be. My mom first chased me out of the house and I went to stay with my cousin who was renting a flat in town. But then later, after my sister’s intervention, I moved back, after about 7 months.”* (Desiree, MTF)

While for some transgender students family rejection played a key role in terms of their own general wellbeing, their own families equally suffered the same fate in terms of their own preconceived ideas of what the rest of their communities will say or think of them should they find out. One respondent stated:

*“On disclosure, at first I was discouraged by my mother, because she was apparently scared if the other people in the family hear it, they will think maybe she didn’t raise me in the way I was supposed to be raised and she was also not happy about it because she was scared people will call her names and they will think maybe, yes, we are possessed or something.” (Caroline, MTF)*

Finally, in some cases the family chose to live in denial and not talk about what they openly saw as gender deviance in their own homes. As this participant illustrates:

*“With family members, mine are accepting now, but we went through several phases, first of shock when I told them, then denial and stuff like that. Eventually, they are okay with me being who I am, but I know they feel shameful out there. They don’t really openly go around and say we are okay with this. And people around don’t really understand us, that is a bit frustrating. I think people should educate themselves more on these things.” Caroline, MTF.*

Support systems at family level are crucial to every individual’s overall wellbeing. The family is one of the basic systems in society. Almost every individual is born within the boundaries of a family. A family is defined as a group of persons related by biological ties and or long term loyalty, trust and commitment (Renn, 2010). This basic unit of society is supposed to serve as an anchor and buffer against

social ills. However, as illustrated by the findings of this study, families can be either supportive or negative in their reactions upon learning of one of their member's gender status. It is crucial for University staff to be aware of the various backgrounds and difficulties that transgender students bring with on campus. This may help in enabling the facilitation of creating a supportive environment so that they are not further stigmatised, to ensure retention and successful exit of transgender students so that they can equally contribute to the society.

#### **4.3.7 Summary of findings**

This chapter presented the results of an examination of the transgender students' lived experiences as relayed through individual interviews. Five major categories were identified namely: gender identity development and formation in a transphobic society, negative and positive experiences as a result of transgender identity, campus climate and health care services on campus as well as support networks on and off campus. The findings were categorized in categories and sub-categories and these are summarised below.

The first category was about gender identity development and formation in a transphobic society. According to the transgender students' experiences, the subcategories of their early childhood development were listed as awareness of gender identity in early life and cross dressing and gender specific plays in childhood. Participants emphasized that they were confidently aware of their transgender identity already in childhood and their families scolded them since then whenever they showed gender deviance behaviours. They also expressed the

frustrations of growing up in a transphobic society where gender norms and roles are imposed on boys and girls.

The second category was identified as the negative and positive experiences as a result of transgender identity. Participants were able to share their experiences around the aspects of social, physical and psychological issues, either in positive or negative ways. The sub categories under this theme were intimacy and dating issues, isolation and inability to form relationships with others, stares, looks and labelling, re-enforcements of transphobic beliefs in society as well as the positive experiences.

Some participants expressed the challenges they face were in terms of getting intimate partners, isolation and stigma. Others turned their negative experiences into positive ones and became stronger people.

The third major category covered campus climate. The subcategories under this theme were exclusion from and avoidance of social activities on campus, accommodation services, accessing and making use of campus sanitary facilities as well as attitude from staff. The participants experienced mixed reactions with regards to the above. In general, the campus climate was regarded to be non-supportive. Attitudes from students were perceived to be negative as opposed to those of the lecturers who were regarded as tolerant and accepting. The Administrative staffs were perceived to be understanding and ready to act if there was a situation that needed immediate intervention such as hostel room allocation. Unisex toilets are non-existent.

The fourth category looked at the provision of health care services on campus. The subcategories under this theme were avoidance of health care services on campus, non-surgical or non-medical attempts to transition, poor knowledge around transgender issues and lack of suitable medical services for transgender students on campus. The health care staffs were perceived to have limited knowledge on transgender issues. This situation has forced some of them to seek for health care services off campus. In addition, affordable transitioning services seem to remain out of reach for many and this situation has forced the participants to resort to illegal means to obtain hormone therapy.

The fourth category looked at the available support networks for transgender students, both on and off campus. The research has highlighted transgender students' experiences and opinions with regards to support systems and coping mechanisms employed by transgender students to cope while on campus. Based on the students' experiences, the following subcategories emerged, namely: social networks and the role of church. Under the category support networks off campus the following sub category emerged: role of family.

Social media through the internet such as face book came on top of the list as a useful resource that transgender students make use of to reach out to other transgender persons for support. Churches were perceived to be negative. As a result, many transgender people are embarking on a personal spiritual exploration to connect to God.

In conclusion, the interviews served as the cornerstone for this research and helped to provide a context for greater understanding about transgender individuals on campus.

\*Pseudonyms have been used to conceal the identity of the participants and the information provided by them.

## **CHAPTER FIVE**

### **RECOMMENDATIONS AND CONCLUSIONS**

#### **5.1 Introduction**

The aim of this research was to describe the transgender student's psychological, social and physical experiences. Furthermore, it explored the transgender student's common support systems and coping mechanisms at UNAM's Khomasdal and Windhoek campuses. Participants were forthcoming in discussing their experiences and opinions concerning their experiences at the University of Namibia. A phenomenological approach was used with the lived experiences of the transgender students as the focus. Central categories came to the forefront as the data was analysed. In this chapter, conclusions are drawn from the findings. In addition, recommendations, limitations or challenges of the study, further research proposals and contributions of the study to the body of knowledge are presented.

#### **5.2 Study purpose review**

The purpose of this phenomenological study was to provide insight into the lived experiences of transgender identifying students studying at the University of Namibia's Windhoek and Khomasdal campuses. In particular, the study explored their social, physical and psychological experiences and common support systems (network of personal/professional contacts for moral and professional support) and

coping mechanisms (methods used to cope) utilized by transgender students on campus. The study further sought to identify specific needs and challenges that they face in terms of service delivery from the University's staff members, mainly academic staff and the Office of the Dean of Students staff that deal with student's welfare.

This chapter justifies the study in terms of its purpose and objectives in relation to the experiences of transgender students at the University of Namibia and provides recommendations regarding research findings. To recap, the precise wording of the study objectives were:

- a) To explore and describe the social, physical and psychological experiences of transgender students studying at the University of Namibia's Windhoek campus and Khomasdal campus.
- b) To identify specific needs and challenges that they face in terms of service delivery from the University's staff members, mainly academic staff, primary health care providers and the Office of the Dean of Students.
- c) To make possible recommendations to the University and Office of the Dean of Students in particular on the issues of inclusivity and campus climate enhancement.

- d) To identify common support systems (network of personal/professional contacts for moral and professional support) and coping mechanisms (methods used to cope) utilized by transgender student on campus.

Finally, it was hoped that through this study suggestions for improvements in areas such as inclusivity, campus climate enhancement and specialized services for transgender students could be highlighted. Final concluding remarks on the study will also be presented.

### **5.3 Conclusion**

The following conclusions were drawn based on the set objectives and according to categories that emerged in the study.

#### **5.3.1 Campus climate**

It was highlighted in chapter two that the campus environment can either affect transgender students in a negative or positive manner, depending on the general support available.

This study revealed that the academic staffs at the University of Namibia are not as transphobic in comparison to studies conducted elsewhere, mostly in the USA (Beemyn, 2005, Rankin, 2005, Renn, 2010). The personal narratives that were shared by the participants of this study highlighted that the university academic staff were

open to diverse identities and were non-judgmental. However, transphobic tendencies seem to be a regular occurrence amongst fellow students, a situation which support the call for more awareness creation, as suggested by some participants. The campus and classroom climate is particularly helpful in pointing out how the campus environment in which the students operate and the different phrases used on a daily basis can have a detrimental or beneficial impact.

Lack of gender neutral or unisex toilets came out as a barrier to ensuring inclusion of transgender students on campus. Minor renovations to some existing toilet structures to gender neutral toilets could help ease this burden. Gender neutral toilets are often seen at some public places such as restaurants and hotels in Windhoek. So this should not be considered as a taboo. Consistent with Spagna (2013) and Beemyn (2005)'s studies, this research project indicates that exclusive facilities such as gender specific toilet designations can penalize students who do not fit the gender binary, resulting in further segregation of transgender students.

Finally, transgender students could offer new insights, experiences and opportunities to their campuses. However, feelings of segregation can lead to a decline in participation and motivation resulting in students who pass through universities on the outskirts. For most transgender students, as the researcher has come to learn through interview with participants, trust of individuals outside of their inner circles has become a necessity in their lives. If transgender students do not feel that they can trust their university or the staff and faculty within, they will not be able to receive the best education possible. Thus it is necessary that education about the

transgender community should be provided to faculties, staff, student leaders and the general student bodies so that these individuals can be better suited to understanding, advocating and helping the students on campus.

### **5.3.2 Health care services**

Health personnel play an integral part in the lives of transgender people, especially when it comes to services that aid their transitioning processes. There was a perception among transgender students that the health staff members are ill-informed or just ignorant about transgender persons or patients. Additionally, appropriate services that aid transitioning remain out of reach for many. Many of the participants were especially troubled by the lack of transgender education inclusive programs such as those that centre on HIV and STIs transmission. Thus inclusive messages on STI's prevention are necessary. For example it could be useful to not only share information on how to use a condom for heterosexual practices, but to consider other sexual practices as well as such as anal sex which some MTF transgender students who haven't fully transitioned still engage in. Furthermore the availability of lubricants on campus could further assist in making sexual practices safer.

Denial of health care services was also reported in some instances and referral for proper further interventions failed to occur. As a result most participants reported seeking for help on off campus private health facilities. In other cases as well, they resorted to illegal and harmful ways of accessing hormone therapy. Although there appears to be lack of guidelines on how to deal with gender variant patients at the primary health care facility available on campus and this seems to be

the norm at other public health facilities, initiatives by health personnel to engage in dialogue around these issues with relevant policy makers may be helpful. This will in the end create an open space in which transgender students could be treated with dignity and in instances where services are not available, it should be communicated clearly, rather than for gender variant students to be ridiculed or looked at as if they are mentally ill when they approach the clinic looking for hormone therapy assistance or care related to reproductive health for example.

The primary health care clinic is a subdivision under the Office of the Dean of students (ODS) and since the mandate of the ODS is to ensure that all students holistic welfare are looked after, a revisit of their mandate to look at issues of inclusivity is necessary.

### **5.3.3 Support networks off and on campus**

One of the study objectives was to explore what gender variant students have on and off campus as support networks. There was an indication from the participants that there are no formal support networks in terms of support groups for transgender students on campus. As a result many of them have turned to social media networks through the internet to get the necessary support. The availability of free Wi-Fi services provided by the campus IT department on all of UNAM's campuses and off campus has made it much easier for students to access the internet any time and at their own convenient time. The internet now plays a powerful role in the lives of transgender people all around the world. Transgender people are now able to meet

via the internet and locate others who have similar gender situations to their own and find friends to share their experiences with.

Other transgender students reach out to organisations that advocate for the rights of GLBTI people in Namibia, such as Outright Namibia. At these organisations, they are provided with comprehensive psycho-social support and education on transgenderism as a phenomenon.

Religious structures such as churches or church extensions representatives available on campus were perceived to be judgemental and strongly embedded in certain repressive religious writings that are utilised to impose condemning remarks on transgender students. Some were under the impression that the church's focus is on love, considering the religious principle that you must treat your neighbour the way you would want to be treated. Thus it was confusing to transgender students that this is not necessarily the case in practice.

The family was identified to manifest itself as the hardest barrier to overcome with regard to the stigma and discrimination towards transgender people. As the basic unit of society, the family is supposed to safeguard its members from societal ailments. However, this study's findings indicate that transgender students experienced some level of intolerance and discrimination at the hands of their loved ones. This ranged from expulsion from the family and lack of trusting relationships which forced transgender students to not disclose their gender identities.

A combination of experiencing rejection from family and friends and marginalisation at campus level may lead to stress, anxiety, depression, substance abuse and suicide ideation. These mental stressors may negatively affect transgender students' academic performance. Thus it is important for staff members to be aware of all the difficulties that gender variant students may experience in their own personal lives, to ensure that they do not add to these stressors and further contribute to drop outs and eventually unproductive citizens of the country.

#### **5.3.4 Gender identity development and formation in a transphobic society**

Although this category is not the pivotal focus of this study, it emerged as one of the strong categories. It sheds more light in understanding the effects of rigid societal gender roles and expectations on transgender individuals.

The majority of the participants expressed how from the beginning or rather from their early childhood days they have struggled with an identity that was incongruent with the societal expectations and norms. Some of the expectations included playing with either girls or boys only and conforming to certain dress codes. Punitive behaviours from parents were experienced if gender variance behaviours were observed.

They also emphasised that this realisation was very strong to the extent that they often resorted to looking for an escape world where they could live out their fantasies such as cross-dressing and playing reverse gender roles.

Despite the realisation that they were different and were forced to conform to socially constructed gender roles, participants made attempts to align their biological bodies with their preferred gender identity. By the time they entered the University, most participants were already experimenting with things like binding their breasts, taking hormone therapy and cross dressing.

Societal pressure of gender roles was not only experienced during their childhood but also at the UNAM (University of Namibia) setting. This pressure affects transgender students in negative ways such as loneliness, skipping lectures and avoiding public speaking. These experiences sometimes forced transgender students to suppress their gender identity and either become gender fluid or conform to socially constructed gender identity and behaviours.

### **5.3.5 Negative and positive experiences as a result of transgender identity.**

Transgender students experienced mixed reactions from people around them as a result of their gender identity. With regards to the negative experiences, some participants found it challenging to find intimate partners who could understand them on campus. Some experienced extreme loneliness and found it difficult to find friends. Others felt they were 'exhibits', when they experienced long and puzzled stares, as if they were weird and not human beings. Others began to internalize the negative messages from those around them on gender variance issues. This in turn affected their self-esteem and outlook on life.

On the other hand, some students used these negative experiences to focus on themselves. This gave them an opportunity to explore their strength and utilized them to for example excel academically, explore spirituality and draw support from there.

#### **5.4. Recommendations**

The following recommendations were made based on the results of the study:

##### **a) Awareness creation**

Educating students and staff about gender diversity and issues facing transgender communities is crucial for creating a positive climate for transgender and gender fluid students. More transgender-related education to all members of the campus can increase transgender student safety and support full inclusion in all aspects of campus life. A lack of basic information by staff or students can further marginalize transgender students.

###### **●Students**

A revision of the student grievance policy to include a clause on harassment and discrimination based on gender identity and expression is therefore recommended.

Incoming students should be provided with information about gender identities during orientation.

###### **●Staff**

Inclusion discussion of transgender issues in staff trainings at all levels of the institution, particularly for those working most closely with students or prospective

students (for example lecturers, accommodation staff, student counsellors) are called for. Platforms such as induction of new staff workshops are crucial. Furthermore, circulation of resources about creating a positive environment in the classroom for transgender students should be encouraged.

#### **b) Health care**

Transgender students need access to health care professionals who understand their specific health and medical needs. Health care professionals should understand that medical and health needs should never be assumed based on students' external appearances. The University is therefore encouraged to provide resources for continued training of health personnel working with transgender and gender fluid students.

#### **c) Gender neutral toilets**

Gender specific restrooms are one of the greatest sources of anxiety for transgender students on campus (Beemyn, 2005). The anxiety is not unfounded since gender specific toilet facilities are a hotbed for hostility towards transgender persons as reported in international literature (Beemyn, 2005). This study described the anxiety the participants experienced regarding gendered toilets at the University of Namibia. It will thus be appropriate to make a call for a review and installation of gender-neutral or unisex toilets on campus.

#### **d) Recommendations to the Student welfare Offices**

The research findings imply that there is a population of students that feels uncomfortable on the two campuses and has unique needs that require specific interventions. As the diversity of gender variant students continues to grow on the campuses, student affairs professionals will have increased contact with individuals who may not fit into the traditional gender binary and may not fit traditional models of student development.

- A reorganization of the student programs intervention approach may be necessary.
- In support of transgender student development, the office can spearhead the creation of support groups for transgender and gender questioning students. This may lead to retention on the campus community and ensuring academic success

This may call for a proactive approach in terms of advocating for the rights of all students as well as inclusive services, such as when it comes to sports activities and gender neutral toilets. Staff members should invest in every student's social, academic and personal development. This investment must occur regardless of the race, gender identity or expression, religion or sexual orientation of each student.

Inclusivity of all students regardless of their gender expression will ensure that they are comfortable on their campus community and are able to reach their highest potential as well as ensuring academic retention and success.

## **5.5 Challenges**

One of the challenges encountered during the course of this study was the unavailability of research reports that focused directly on the subject of this research not only in Namibia but on the African continent. This made it difficult for the researcher to access relevant literature from the African and Namibian perspective. Most of the literature was drawn from the US, where extensive research in this area has been conducted.

## **5.6 Future research**

The following further studies are recommended to gain more insight on the experiences of transgender students in tertiary and secondary educational settings, particularly in Namibia and Africa at large:

- A study on the experiences of transgender students from other or all of Namibia's tertiary institutions could result in a broader understanding of the experiences of this minority population. This is necessary in order to use evidence based information to advocate for the desired changes as far as our political and legal discourse are concerned, especially at government level.
- This study focused on transgender students who are currently enrolled at the University of Namibia, which is one of the leading public tertiary institutions in Namibia. It could be worth conducting a future study to address the experiences of transgender youth at secondary or high school level, to

establish their experiences and whether this has or has not affected their academic progress in school. This is useful in order to explore the notion that only a handful or gender variant people make it through high school and progress to tertiary educations. The majority are reported to drop out due to unfavourable practices that are deemed to be not inclusive. This was reflected on by some participants in this study as well.

### **5.7 Concluding remarks**

By using a phenomenological approach, this study aimed to provide greater insight into the transgender student's lived experiences in relation to tertiary institution settings. The scarcity of research in this area in Namibia was noticed and it is hoped that this research will contribute to this body of knowledge. More research is needed in this area and as the transgender community becomes more empowered, the experience of being voiceless is also changing.

This study further highlighted the uniqueness and complexities of transgender identifying students and the unique needs that come along with this type of gender identity and expression. The narratives shared by participants in this study not only challenge society's notion that transgender people do not exist but also the fact that it is not some type of pathological disease that needs correcting or to be cured. Rather this is a unique phenomenon that needs to be well studied and well understood in order to create a sense of diversity and understanding.

Finally, the lived experiences shared by the participants in this study provided details and answers that create a greater understanding of the following aspects: what it means to be transgender (including the psychological, social and physical experiences that come with identifying as a transgender), what transgender students experience in tertiary institutions and what organizational structures hinder or enhance their success while on campus. Seeking insight in these areas of inquiry can shape and direct best practices for institutions interested in creating a welcoming and inclusive environment for transgender students.

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**ANNEXURE 1**

**CONSENT FORM**

**TITLE OF RESEARCH:** An exploratory study on the lived experiences of transgender students at the University of Namibia's Windhoek and Khomasdal campus.

**RESEARCHER'S NAME**

This signed consent is to certify my willingness to participate in the research, **THE LIVED EXPERIENCES OF TRANSGENDER STUDENTS AT THE UNIVERSITY OF NAMIBIA** study, conducted by Lovisa Nghipandulwa, a University of Namibia postgraduate student under the direction of her supervisor, Professor John Matthews.

**PURPOSE OF STUDY:**

The purpose of this research study is to better understand the experiences of transgender students at UNAM campuses. This study will be used to aid student affairs professionals and other UNAM staff members in accommodating the needs of transgender students on campus.

**PROCEDURE(S):**

Each participant will take part in a one on one interview with the researcher that is expected to take 60 minutes. These interviews will be audio recorded. I am free to choose whether or not I wish to discuss a particular question or topic.

**BENEFITS AND RISKS:**

There are no direct benefits to me for participating in this study. There may be some psychological / emotional distress due to the personal nature of the questions/topics.

**CONFIDENTIALITY:**

Any information about me obtained from this study will be kept strictly confidential and I will not be identified in any report or publication. After the study is completed all audio recordings will be destroyed.

**WHOM TO CONTACT:**

If I have questions about this research study, I can contact the researcher, Lovisa Nghipandulwa at lknghipandulwa@gmail.com. If I have general questions about giving consent or my rights as a research participant in this research study, I can call the University of Namibia Postgraduate School, at 061-2063647 or 2063111.

**VOLUNTARY CONSENT:**

I am free to refuse to participate in this study or to withdraw at any time. My decision to participate or to not participate will not adversely affect my relationship with this institution or cause a loss of benefits to which I might otherwise be entitled.

My signature below means that I have freely agreed to participate in this study.

---

Signature of Participant and Date

---

Printed Name of Participant

*Adapted from an interview schedule guide by Roxie Patton, Wright state University, 2012.*

## ANNEXURE 2

### INTERVIEW GUIDE

#### **A. Demographic information**

- 1) How old are you? \_\_\_\_\_
- 2) How long have you identified as transgender? \_\_\_\_\_
- 4) Did you grow up in an urban or rural environment? \_\_\_\_\_
- 5) What is your ethnicity/race \_\_\_\_\_
- 6) Are you a University of Namibia registered student? If so, which year of study are you?

#### **Personal experiences questions**

1. Would you describe your gender transition in terms of male-to female or female-to male?
- 2) Is there a word other than transgender that better describes your gender identity?  
Could you explain?
- 3) When did you first begin to identify as transgender? Could you describe the feelings and events surrounding that initial experience?
- 4) How is living as a transgender person different than living as a non-transgender person?

- 5) How has your transgender identity impacted the way society views you? How has it impacted the way you view society?
- 6) Has therapy been a part of your gender transition? If so, how has it impacted your experience of your transition?
- 7) What medical interventions have you sought out in order to aid in your gender transition? Why? What negative experiences have you had BECAUSE you identify as transgender?
- 8) What positive experiences have you had BECAUSE you identify as transgender?
- 9) Have there been times you wished your gender identity matched the gender you were assigned at birth? Could you describe the situation(s) and the thoughts and feelings you experienced?
- 10) Have there been times when you've been thankful that you are transgender as opposed to non-transgender? Could you describe the situation(s) and the thoughts and feelings you experienced?

### **Campus climate related questions**

1. Tell me about your experience and the factors that encouraged or discouraged your disclosure of your gender orientation?
2. What is the residential/accommodation life experience like for someone who identifies as a transgender person at this university?
3. What is the experience like utilising male or female facilities available on campus?

4. What has been your experience with regard to primary health care services available on campus?
  
5. Given your experiences, related to your gender identity, how could support for transgender students be improved?

## ANNEXURE 3

**LETTER OF PERMISSION FROM THE POSTGRADUATE STUDIES UNIT  
OF THE UNIVERSITY OF NAMIBIA**

**UNIVERSITY OF NAMIBIA**

Private Bag 13301, 340 Mandume Ndemufayo Avenue, Pionierspark, Windhoek, Namibia



14 September 2014

**TO WHOM IT MAY CONCERN**

**RE: RESEARCH PERMISSION LETTER**

This letter serves to inform that student **LOVISA KANDALI NGHIPANDULWA** (Student number **9704191**) is a registered student in the Department of Human Sciences at the University of Namibia. Her research proposal was reviewed and successful met the University of Namibia requirements.

1. The purpose of this letter is to kindly notify you that the student has been granted permission to carry out postgraduate studies research. The School of Postgraduate Studies has approved the research to be carried out by the student for purposes of fulfilling the requirements of the degree being pursued.
2. The proposal adheres to ethical principles.

Thank you so much in advance and many regards.

Yours truly,

Name of Main Supervisor: Professor JD Matthews

Signed: 

**Dr. C. N.S. Shaimemanya**

Signed: -----

**Director: School of Postgraduate Studies**  
Tel: 2063523  
E-mail: [cshaimemanya@unam.na](mailto:cshaimemanya@unam.na)

