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Assessing Accessibility to Public Health Service Among Hijra Community in Bangladesh: A Study on Rangpur District

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Abstract

The hijra/ third gender is a socially excluded population in Bangladesh. Access is a key concept in the study of health services, which measures the capability of the health system to reach all levels of the population. Despite the legal recognition of gender identity, the third-gender community has limited access to avail health services, as various studies revealed. The study's key objective is to measure the accessibility of government health services among the Hijra Community in Bangladesh. This study collected and analyzed data from four Upazilas (Sadar, Taraganj, Badarganj, Pirgaccha) of the Rangpur district from January to October of 2023. Results show that public hospitals only offered male and female-oriented facilities, but no facilities were explicitly designated for patients recognized as hijra. The testing, treatment, and prevention facilities were insufficient and inconsistent. Moreover, the service providers were unwilling to effectively communicate with hijra patients because of their limited understanding of specialized health services for this community. To reduce discrimination and provide equitable health service services for the hijra community, this study suggests that hijra identity needs to be institutionalized as well as to promote appropriate, safe, and respectful health services in public hospitals, including training and education of health service personnel, modifying criteria for hijra care, and providing culturally competent health service.

Keywords: Accessibility, Public health, Hijra community, Rangpur.

Introduction

Hijra is a name used to describe individuals belonging to the third gender. The term 'Hijra,'" which has been in use for centuries, is widely used in the Indian sub-continent to refer to individuals who identify as transvestites,

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intersex, eunuchs, and transsexual men (Chakrapani, 2010). Hijras are one of the most vulnerable and impoverished communities in Asia. The hijra community has historically been socially isolated from mainstream culture (Hahm, 2010). The challenges they face are distinct from those experienced by other sexual identity communities (Khan et al., 2009). The Bangladeshi government has officially recognized hijras as the 'Third Gender'. January 26, 2014. However, mainstream society is unwilling to accept hijra individuals who fall between the binary gender ranges of 'male' and 'female'. As a result, their weaknesses, discontentment, and socio-political uncertainties receive little proper attention, and they experience discrimination in terms of their socioeconomic status, social connections, and ability to move freely. According to Article 16, the state must implement practical steps to enhance public health, specifically for individuals living in rural areas. Additionally, Article 18 of the Constitution mandates that the state must improve the nutritional status of its population and enhance public health as fundamental responsibilities (Ali, 2020). The impoverished economic state of the hijra population hinders their ability to access health service treatments from the private sector. Consequently, they primarily seek cost-free services from health centers founded by non-governmental organizations (NGOs). Nevertheless, the health centers established by non-governmental organizations solely cater to the needs of hijra patients in terms of STI and HIV infection without offering any services for other health ailments (Sarkar, 2019). Accessing general health services is challenging for the hijra population because of their relationship with health services, as well as prejudice, stigma, harassment, ignorance, and institutional hurdles. In Bangladesh, a few studies have been conducted on the Hijra community. Several studies have examined social issues such as education, marital status, housing arrangements, habits, and religion. However, it has long been acknowledged that the Hijra community is consistently affected by health concerns, including infections, tumor formation, mental health disorders, and early mortality. They are experiencing significant difficulties and obstacles in accessing health services due to unfriendly encounters and barriers posed by doctors and non-clinical hospital staff. Specialized health services are necessary to prevent these adverse effects. However, this issue is frequently overlooked in Bangladesh at both the zila and upazila levels. No previous studies or reports have been found that specifically address these health service issues and provide an understanding of the current condition in this community at the zilla and upazila levels. Hence, this study aims to investigate and evaluate the health service use among the hijra minority in Bangladesh and the challenges they encounter in accessing health services.

Literature Review

Khan et al. (2020) examined the obstacles that hinder individuals with disorders of sex distinction from accessing health services in Bangladesh. The study found that most individuals reported experiencing unfriendly interactions with health service professionals and physicians and limited access to treatment options. The study addressed the obstacles posed by administrative policies in health service facilities and proposed reforms to alleviate them. Sarker (2019) explored the issue of transgender discrimination in the context of accessing public health services. The study found that transgender groups often experienced harassment, insufficient and inconsistent allocation of resources, and substandard treatment in hospitals. The study recommended the institutional integration of hijra identification as a gender category into the health service system to reduce prejudice and enhance the provision of fair health services for the hijra community.

Mamun et al. (2020) discussed the issue of discrimination and social isolation faced by third-gender people. The study found that this minority population experiences profound social, cultural, political, and economic marginalization. In addition to that, they endure physical and psychological mistreatment and are denied proper medical and legal assistance. The study shows that providing social recognition and promoting financial independence may help to reduce discrimination against the third-gender community. Ahmed and Sifat (2021) focused a study on the enduring economic, mental, and emotional consequences of the lockdown imposed on Hijra villages. The study found that the hijra group is severely lacking in fundamental human rights, particularly in terms of access to health service services. The study recommended the provision of assistance and education regarding hijra populations to enhance awareness of mental health and eradicate stigma and discrimination.

Roy et al. (2021) examined the socioeconomic state of the Hijra Community. The research findings indicate that individuals identified as the third gender experience significant discrimination across several aspects of society, including socioeconomic, cultural, and political. The study emphasized the importance of accurately acknowledging and providing appropriate support to this sector, greatly enhancing their economic and social standing. Akter (2020) discussed the experiences of transgender individuals about the COVID-19 pandemic. The study found that the transgender community is facing significant challenges during the COVID-19 lockdown, social distancing measures, and other health-related restrictions. Safa (2016) studied the process of incorporating the specific needs and concerns of the Hijra population. The study found that the Hijra community is a significant concern due to society's isolation over their

rights. The study addressed the idea that the Hijra population should be highlighted as a human rights issue, which is ruthlessly ignored in mainstream society.

Aziz and Azhar (2020) focused on the social isolation faced by the Hijra group in their study. The study's findings show that hijra individuals have not been able to officially register themselves under this category at local government offices. Moreover, institutional prejudice hinders their ability to secure lucrative jobs or fully avail themselves of health services. Matin et al. (2020) examined the susceptibility of Hijra populations to physical, emotional, and financial challenges. The result of the study showed that the presence of severe social stigma, discrimination, isolation, and segregation creates a prevalent negative perception of the transgender and Hijra population among people. Jalil et al. (2021) explored the mental health status of the hijra community during the lockdown. They examined the accessibility of health services and support for the hijras and how they cope with the stress and uncertainty caused by COVID-19. The study revealed that the abrupt cessation of income plunged them into immediate destitution, while their stigmatized position rendered them doubly marginalized in both social and political spheres. They became more susceptible due to their lifestyle, lack of income, and heightened discrimination.

Khan et al. (2008) conducted a study on the sexual experiences of transgender individuals; the author discussed the elevated prevalence of active syphilis among hijra individuals, which places them at a heightened risk of HIV transmission. The study examined the difficulties in promoting condom use, namely by ignoring the socio-cultural and socioeconomic norms surrounding sexual relationships and the sexiness of hijra-sexuality. Finally, the author suggests that interventions should avoid mechanizing the process and instead focus on humanizing and sensualizing the sexual life of the Hijra. Jebin and Farhana (2015) explored the legal entitlements of hijras. The study revealed that Bangladeshi culture imposes a taboo on the Hijra community, forcing them to either conceal their gender identity issue and conform or endure a life of extreme marginalization. The report proposes the implementation of constitutional recognition for transgender individuals to safeguard their rights and facilitate organizational reform. Sifat and Safi (2020) conducted a study that examined the many aspects of social isolation experienced by the hijra community. This study investigates the marginalization of the hijra group by analyzing their limited involvement in social, economic, cultural, and political activities. The study revealed that the formal acknowledgment of Hijra as a distinct gender has failed to yield tangible improvements in their circumstances.

Ahmed et al. (2020) and Islam et al. (2024) focused on digital health and disparities in providing health services in their study. The study showed that insufficient knowledge, unease, deviations from routine health service-

seeking patterns, inadequate comprehension and proficiency, and proximity to a health service institution were the primary factors contributing to the non-utilization of digital health devices. Mohiuddin (2020) discussed patient satisfaction with health service treatments. The study addressed how failures might significantly influence patients' unfavorable attitudes and discontent toward health service providers and the health service system. Andaleeb et al. (2007) examined the quality of health services in Bangladesh. This study aims to ascertain the factors that influence patient satisfaction with public, private, and international hospitals, and it is crucial to evaluate the quality of health services in the country.

Ali (2020) focused on the existing laws and regulations governing health services in Bangladesh to identify any deficiencies in legislation and policy. The study's findings indicate that inadequate regulatory frameworks, accountability and transparency, prevalent corruption, inadequate monitoring systems, insufficient health financing, and disparities between rural and urban populations deny individuals the right to adequate medical services. Hossain (2016) studied how the longstanding cultural concept of the third gender was legally recognized as a distinct category. The study's findings revealed that legal recognition has required the simultaneous activation of a discourse on disability to establish Hijra as a citizen deserving of rights.

Research Gap

However, existing literature focused on discrimination and social exclusion, including socioeconomic status, education, health, marital status, living status, lifestyles, and religion. Analyzing the above information, research is needed to assess access to health services in the Hijra community. This research will identify the existing access to health services, the availability of government health services, the obstacles behind the delivery of services, and some strategic suggestions for improving service delivery in the health sector among hijra communities in Bangladesh.

Theoretical framework

To assess the accessibility of government health services for the Hijra Community in Bangladesh, the study applied the HEALTHQUAL model, developed by Camilleri and O'Callaghan in 1998 (Endeshaw, 2021). This model aims to enhance the contentment of those utilizing healthcare services (Nemati et al., 2020). Four criteria influence the perception of quality and subsequent satisfaction in the HEALTHQUAL scale (Mariano et al., 2022). It modified the scale by incorporating four variables that impact the overall quality. The elements encompassed in this study are as follows: (1) Tangible components of health care, (2) Efficiency, (3) Safety, and (4) Empathy.

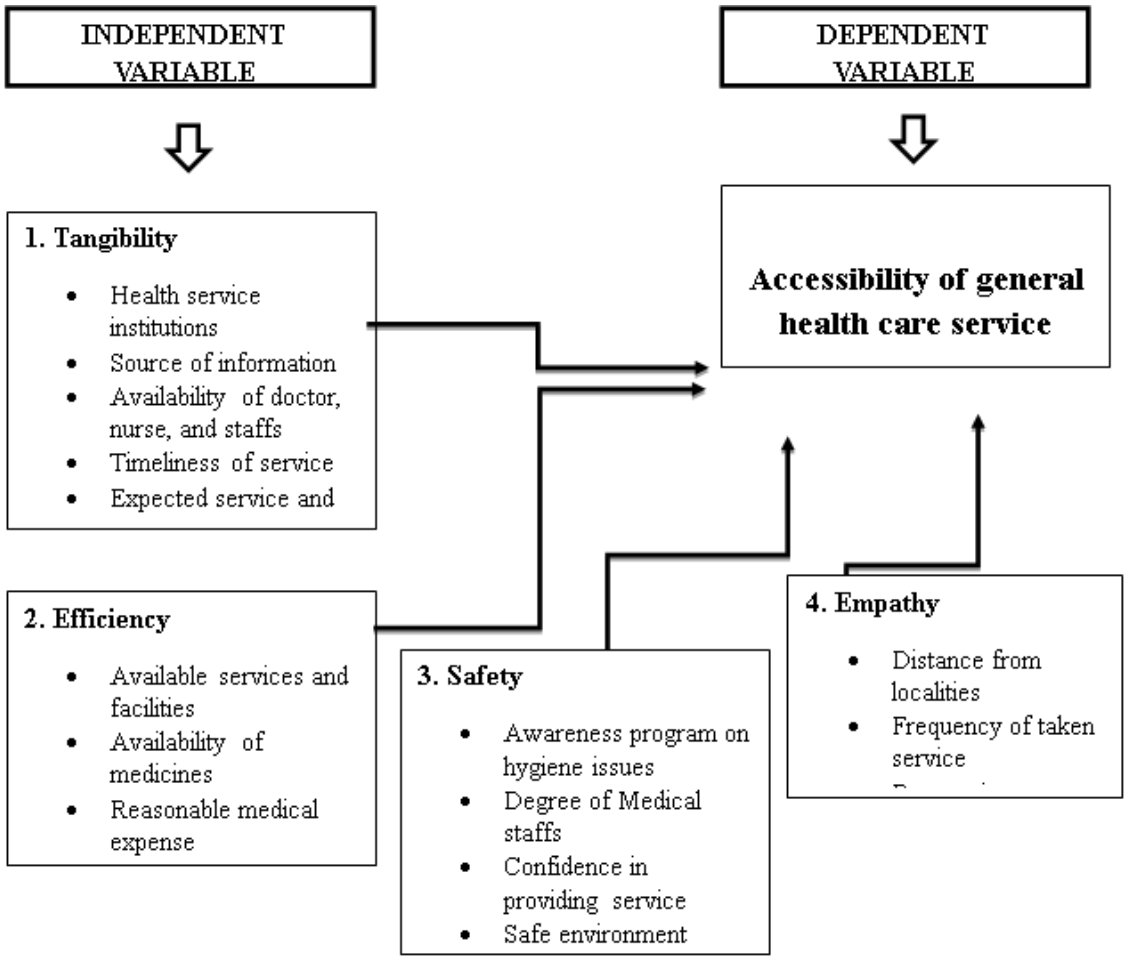

Figure 1: Analytical Framework (HEALTHQUAL Model)

These variables aim to assess the quality of health delivery and the level of satisfaction (Lee, 2016). This study uses the HEALTHQUAL model to evaluate service quality and user satisfaction and assess the accessibility of public healthcare services. This approach rigorously examines the psychometric scales as they specifically target managerial concerns in health services and propose effective operational ways to enhance treatment. Using modeling facilitates decision-making by bridging the gap between research and reality. Measurement models facilitate the analysis of complex phenomena by considering many variables and diverse contexts. The outcomes derived from these models can be used to inform proactive decisions.

Methodology

Research Design

This study followed a mixed methods approach that combines qualitative and quantitative research designs. This research involves a mixed method approach, which helped to get & analyze both qualitative and quantitative data to assess the exact scenario of accessibility of Public Health Service Among Hijra Communities in Bangladesh inside Sadar upazila, Taraganj Upazila, Badarganj Upazila and Pirgaccha upazila in Rangpur district which

directly goes with the use of the 'Mixed Method' research technique, which integrates both quantitative and qualitative data, has the potential to enhance comprehension of the subject under investigation

Research Method

The research method involves a survey and data collection technique, followed by the Survey Questionnaire Method and Key Informant Interviews (KII).

Data Collection Method

The Data was collected from both primary and secondary sources. The primary data included information collected through questionnaires and interviews. The secondary data was collected from relevant books, journals, articles, etc.

Sampling Technique

The study is followed by probability sampling and non-probability sampling. Under probability sampling, the study has conducted cluster sampling. Following the cluster sampling, it has selected four upazila, including Rangpur Sadar, Taraganj, Pirgaccha, and Badarganj. Under the non-probability category, the study has conducted purposive and snowball sampling to select respondents who availed health services from Hijra communities. The study selected 65 respondents and 8 Upazila chairmen/Upazila Nirbahi officers (UNO)/NGOs from each of the four Upazila of Rangpur District.

Data analysis technique

The study conducted qualitative data analysis (Content analysis) and quantitative data analysis (Descriptive statistics, one-way ANOVA, and chi-square test). The Statistical Package for Social Sciences (SPSS) version 25 software (IBM SPSS Inc., Chicago, IL, USA) was used for statistical analysis. The study also conducted data validity using a data normality test, Kolmogorov-Smirnov (K-S) test, and Shapiro-Wilk. While analyzing data, the missing data was calculated using a series of means.

Findings

Socio-Economic Characteristics of the participants

The study was conducted in Rangpur Sadar, Pirgacha, and Taraganj Badarganj upazilas in Rangpur district. Approximately 470 members of the Hijra community reside in Rangpur district. Nearly 340 members are registered with the Ministry of Social Welfare (Ministry of Social Welfare, 2023). The study examines the respondents' demographic status, including location, age, educational qualifications, primary occupation, and living conditions, thereby providing insight into the economic and social needs of the Hijra community members. According to Table- 1, about 266 participants from four upazilas participated in the survey. The participants

hail from Rangpur Sadar (32.3%), Pirgacha (23.7%), Taraganj (19.5%), and Badarganj (24.4%). Most participants were between 20 and 30 years old (54.5%).

Table 1: Socio-Economic Characteristics of the Participants

Characteristics	**(%)**
1. Location	
Sadar Upazila	32.5
Pirgacha Upazila	23.7
Taraganj Upazila	19.5
Badarganj Upazila	24.4
2. Age (years)	
10 to 20	3.4
20 to 30	54.5
30 to 40	29.3
40 to 50	11.3
50 to 60	1.5
3. Educational Qualification (Majority)	
Illiterate	41
Primary Level	10.9
JSC	13.2
SSC	18.4
HSC	9.8
Diploma	6
Graduation	0.8
4. Primary Occupation	
Money collection	83.5
Business	2.7
Worker	5.6
Entrepreneur	8.3

Source: *Survey Interview*

Most of the participants (43%) are unable to read or write. The rest (57%) have basic academic knowledge. The survey shows that they mainly live with community members. Some came into the territory willingly, though most were forced to leave their families. On the other hand, most respondents (83.5%) depend on money collection from shops, markets, wedding ceremonies, and the birth of newborn babies as their primary occupation.

Several respondents stated that,

> *The government provides a monthly allowance of 600 BDT, which applies only to hijra community members aged 50 and above. Unfortunately, the amount is insufficient, and no one has received the correct amount on time.* (Survey Interview, 28 July 2023)

Existing Status to Access Health Service

According to Table 2, almost 91% of respondents stated they took services from local public service institutions. Nearly 55.6% of respondents said they took service once in six months, and 40.2% stated they took service once a year. It is because most of them suffer from colds, flu, headaches, and injuries such as minor cuts or burns. As a result, they didn't take service frequently. They took services from the head of community members called "Guru Maa" and local pharmacy health practitioners in situations in the early stages for the most straightforward and fastest access.

Table 2: Existing status to access health service

Accessibility to health service information	**(%)**
1. Take Services from local public health service institutions	
- Yes	91
- No	9
2. Most visited health service institution	
- Rangpur Medical College and Hospital	31.6
- Upazila Health Complex	68.4
- Community clinic	0.0
3. Frequently Take Health Service	
- Yes	16.5
- No	83.5
4. Frequency of receiving health services	
- Twice in a month	0.8
- One in a quarter month	3.4
- Once in a six-month	55.6
- Once in a year	40.2
5. Availability of doctor or health practitioner	
- Yes	88.7
- No	11.3
6. Most accessible health service provider	
- Specialist doctor	12
- MBBS doctor	60.8
- Medical assistant	1
- Nurse	26.3

Source: *Survey Interview*

However, 68.4 % of respondents go to Upazila Health Complex, and the rest go to Rangpur Medical College and Hospital. Members from the Rangpur Sadar area mainly depend on Rangpur Medical College and Hospital. On the other hand, members of Pirgacha, Taraganj, and Badarganj upazila mainly depend on the nearby Upazila health complex. However, they must move to Rangpur Medical College and Hospital when the disease is more severe and needs more advanced treatment facilities. Though they mentioned Upazila Health Complex and Rangpur Medical College and Hospital, they didn't discuss the community clinic, the nearest institution to their locality. It has been observed that the Hijra community people are disappointed with the community clinic because they didn't get any services from there correctly. After all, the community clinic's health practitioners don't get adequate training to serve them. As a result, they showed unwillingness to serve. In emergencies, the Hijra individuals seek assistance at a nearby local private dispensary for medications and receive treatment from local quack for primary care. The table also highlights the accessibility of healthcare providers, with the majority of respondents receiving care from MBBS doctors (60.8%) and nurses (26.3%). Additionally, 12% of respondents reported having access to specialist doctors for serious illnesses. In more severe cases, they sought treatment at Rangpur Medical College Hospital to consult a specialist. Conversely, access to MBBS doctors during peak hours is limited. During these times, they receive care from nurses and medical assistants. Overall, their expectations were reasonable, as they have consistently found a doctor or other healthcare practitioner available in the hospital. Furthermore, respondents mentioned several sources of health service information, including medical announcements, posters, social media, community members, and electronic media, to stay informed about health programs and services.

Source of Health Service Information

Table 3 Source of health service information

Sources	**(%)**
Mic Announcement	27.5
Poster	9.6
Social Media	10.7
Community Member	30.6
Electronic Media	21.5

Source: *Survey Interview*

According to Table 3, nearly 30.6% of respondents indicated they received most health service information from community members. The table also reveals that 27.5% of respondents obtained information from mic announcements, 21.5% from electronic media, 10.7% from social media, and 9.6% from posters.

A respondent from Taraganj Upazila stated that,

> *"In the past, we were largely reliant on microphone announcements. Now, we utilize smartphones and the internet more effectively. We can easily access health information by viewing advertisements and videos on smartphones and online."* (Survey Interview, 29 July 2023)

Availability of health services among Hijra Community

According to Table 4, every respondent noted that the receptionist was responsive. The availability of doctors, nurses, and medical assistants in local hospitals is satisfactory. Approximately 88.7% of respondents reported that they could find a doctor or another health practitioner promptly. They also mentioned that they sometimes did not see the doctor on time and had to wait 40 to 50 minutes, although this was not common. Nearly 39% of respondents indicated they had to pay 10 BDT as a visiting fee at the ticket counter, but they received medications at no charge. Conversely, 61% of respondents stated they did not pay for the ticket. The receptionist at the ticket counter assisted them in obtaining free access. However, they must pay if they undergo any laboratory or diagnostic care as per the government-directed fees. 69.2% of respondents noted that all the services are cost-effective, while more than 30.8% also highlighted the unreasonably high diagnostic test costs.

A few respondents from Taraganj upazila stated that,

> *" We face too many difficulties when the doctor orders laboratory and diagnostic tests, which are prohibitively expensive. Many of us are unable to afford these tests and endure significant suffering. Some of them have died as a result vain."* (Survey Interview, 1 August 2023)

They expect to reduce laboratory and diagnostic care costs or offer a 50% discount. The impression of timeliness in service delivery was very positive. Most respondents (93.6%) said they got on-time service delivery except for the emergency cases of non-hijra patients. They also added that people would give them service as early as possible. On the other hand, the hijra members also showed their willingness to assist the non-hijra patients as early as possible. Lastly, the table also mentioned the arrangement of safety and health awareness programs, where 96.6% of respondents stated that they hadn't seen such programs till now. They didn't even get any support from NGOs and government officials. However, they are expecting several programs on sanitation, nutrition, and intercourse.

A respondent from Badarganj Upazila stated that,

> *"Some government officers from the District Social Service office come yearly to survey us. We have requested them more than two or three times to arrange safety and awareness programs. Still, we didn't see any arrangement from the authority."* (Survey Interview, 16 August 2023)

Based on this argument, one of the government officials stated that,

> *"It is challenging for us to collect information to identify hijra community members' demands and expectations as we have a limited understanding of the culture, gender, and sexuality of the Hijra community.* (Survey Interview, 19 August 2023)

Table 4: Extent of health service availability by the Hijra Community

Health service pre-conditions	**(%)**
Availability of doctor/ health practitioner	
- Yes	88.7
- No	11.3
Pay to receive service.	
- Yes	39
- No	61
Cost of service	
- Cost effective	69.2
- Cost ineffective	30.8
Timeliness of service delivery	
- On time delivery	93.6
- Medium time delivery	6.4
- Too late delivery	0
Arranged safety and awareness programs.	
- Yes	3.4
- No	96.6

Source: *Survey Interview*

Availed Health Services by Recipients

According to Table 5, approximately 40.2% of individuals seek primary care for conditions such as colds, flu, fever, headaches, and pharmaceutical care. Almost 27.1% of respondents utilized emergency care for injuries, minor cuts, or burns. They also receive ambulance services in emergencies. About 15% of respondents reported obtaining diagnostic care from the Upazila Health Complex, although they visited Rangpur Medical College and Hospital for advanced tests. As the Upazila Health Complex lacks sufficient equipment and services, the table also indicates low participation in specialized care (9.8%), encompassing mental health, dental care, behavioral support, sexually transmitted infections, cancers, contraceptive treatments, physical therapy, and nutritional care.

A respondent from Sadar Upazila stated that,

> *"We can avail ourselves of mental health care from a mental health specialist at Rangpur Medical College and Hospital. But it was quite impossible for us a couple of years ago."* (Survey Interview, 25 August 2023)

Conversely, these mental health facilities are unavailable in the Upazila health complex, as noted by some respondents. Furthermore, the location of Rangpur Medical College and Hospital is considerably far from other Upazilas. As a result, many community members hesitated to seek this support due to the long distance. Lastly, the response rate for preventive care, including vaccinations, is 7.9%. People indicated they were unaware of its importance and the related events, although they acknowledged its necessity. During the COVID-19 period, they accessed vaccination services sufficiently. However, in the pre-COVID period, the majority could not access most preventive care. Additionally, they request a monthly "Door-to-Door Health Service Programme" and "Digital Mental Health Counselling."

Table 5: Availed health services by Hijra community

Types of health services	**(%)**
a. Primary care (Cold, flu, fever, headache, pharmaceutical care)	40.2
b. Special care (Mental Health, Dental care, Nutritional Support, sexually transmitted infections, Cancers, Contraceptive treatments, Physical Therapy)	9.8
c. Emergency care (Ambulance service, Cut and burns)	27.1
d. Diagnostic care (Cholesterol, Blood pressure, Dialysis)	15
e. Preventive care (Vaccination)	7.9

Source: *Survey Interview*

Level of Satisfaction among Hijra Community in Public Healthcare Management

According to Table 6, nearly 58.3% of respondents indicated they were moderately satisfied with the availability of facilities and services. However, over one-quarter of the respondents (35.3%) expressed dissatisfaction. Most respondents attributed this grievance to the Upazila health complex. The table also presents the availability rate of medicines, doctors, nurses, and other healthcare staff in a positive light. 50.8% of respondents reported being moderately satisfied with the availability of drugs. Nearly 88% expressed happiness with the availability of doctors in health service institutions. Additionally, 70.3% of respondents were pleased with the accessibility of nurses and other medical staff while receiving services. Most respondents (63.5%) are satisfied with the availability of health service information. Conversely, 61.3% of respondents are delighted with the timeliness of health services. Lastly, a significant proportion of respondents (71.7%) were dissatisfied with their locality's lack of safety and health awareness programs. Furthermore, Table 6 indicates that most respondents (85%) are satisfied with the responsiveness of doctors during service delivery. Respondents also noted that doctors try to engage in friendly interactions with them.

Table 6: Satisfaction level of Hijra Community People on Healthcare Management (%)

Categories of Healthcare Management	Strongly Satisfied	Satisfied	Moderately Satisfied	Dissatisfied	Strongly Dissatisfied
Availability of facilities and services	0	1.1	58.3	35.3	5.3
Availability of medicines	0	49.2	50.8	0	0
Availability of doctors	1.5	88	10.5	0	0
Availability of nurses and other staff	19.5	70.3	10.2	0	0
Timeliness of services provided.	61.3	38	0.8	0	0
Available Health service information	2.6	63.5	33.8	0	0
Arrangement of a safety and health awareness program	0	0	8.6	71.7	18.6
Response from Doctors	3	85	12	0	0
Response from Nurse and Medical assistant	35.3	53.8	10.9	0	0
Service Providers make information obtainable to the patients	0	61.7	38.3	0	0
Behavior of the service providers	3	86.1	10.9	0	0
Distance from locality	0	0	72.6	27.4	0
Service delivery fee	0	0	61.3	29.3	9.4
Individual attention by service providers	0	35.7	64.4	0	0

Source: *Survey Interview*

The responsiveness rate of nurses and medical assistants is also commendable, with 35.3% of respondents stating they were delighted and 53.3% expressing satisfaction with their service and responsibilities. Conversely, 61.7% of respondents are satisfied with the service providers' efforts to make information accessible to individuals who identify as third gender. Lastly, Table 6 shows that approximately 86.1% of respondents are satisfied with the behavior of the service providers, while 64.3% feel moderately comfortable with the individual attention received from them. However, feedback regarding distance and service delivery fees is mixed, with about 72.6% of respondents stating they were moderately satisfied with the distance, while 27.4% expressed dissatisfaction. It has been observed that, in cases of severe diseases, doctors recommend that patients go to Rangpur Medical College and Hospital for advanced treatment, which is located 40 to 45 minutes from Sadar Upazila, Taraganj, Badarganj, and Pirgaccha Upazila. This distance creates dissatisfaction among patients during emergencies. A similar review occurs regarding service delivery fees, with 64.3% of respondents expressing moderate satisfaction and 29.3% citing dissatisfaction with the costs of diagnostic care. Lastly, 64.3% of respondents report moderate satisfaction with the individual attention received from service providers.

Barriers to Access to Healthcare Service

Barriers to accessing healthcare services encompass various obstacles that hinder individuals or communities from obtaining necessary medical care. These barriers significantly impact the ability to receive timely and appropriate healthcare. The study examined the barriers to access to health service delivery in Table 7 to get a clear view of existing problems in the health service system for hijra community members. The table highlights the required services, ticket counters, doctors' rooms, and waiting room challenges. While getting service, almost all the respondents (99.1%) faced the issue of not having specific ward facilities like other patients. It creates complexity and uncomfortable situations when sharing words with ordinary people. Almost half of the respondents (43.4%) faced an excessive congregation of general people around to see them when getting service, and the respondent added that it felt uncomfortable for them. About 32% of respondents stated that hospital staff suspects them of asking for charity instead of illness issues. One of the community members said,

> *"A few years ago, the authorities did not permit us to enter the hospital. They suspected we were seeking charity rather than addressing health issues. Some abused us both verbally and physically. At that moment, we had to fight to convince the authorities to resolve this misunderstanding. Currently, we typically have not encountered such problems before."* (Survey Interview, 26 August 2023)

Secondly, the respondent mentioned difficulties with ticket counters. Most (96.4%) respondents stated they were not formally entitled to services due to their unrecognized hijra identity. Almost one-fourth (24.5%) of respondents added that ordinary people sometimes abused them verbally and physically at the ticket counter.

Table 7: Barriers of Hijra Community members in access to healthcare service **(%)**

Challenges to get required service	
- Non-friendly interactions by non-clinical hospital's staff	2.7
- Non-friendly interaction by physicians	4.8
- Public fright	2.3
- Excessive congregate of general people around to see Hijra patients	43.4
	2.4
- Some physicians prefer to treat Hijra patients	32
- Hospital's staff suspect to ask for charity instead of illness issues	99.1
- No specific ward facilities	
Difficulties in ticket Counter	
- Not formally entitled for services due to the unrecognized hijra identity	96.4
	24.5
- Verbal and physical abuse in a queue.	2.6
- Complain of non-Hijra patients in receptionist	
Difficulties in doctor room	
- Less patience for Hijra Patients	7.2
- Doctors showed unwillingness to know in detail.	1.8
- Don't spent enough time for examine health problems.	24.7
Difficulties in waiting room	
- Allowed to sit with non-hijra patients at the doctor's room.	1.8
- The doctors' assistant tried to skip hijra patients' serial number.	2.3
- Showed favor towards non-hijra patients.	8
- Not welcoming in social interaction with non-hijra patients	61.9
- No specific toilet for hijra	98.2

Source: *Survey Interview*

Thirdly, the respondent shared their experiences on difficulties in the doctor's room. About 24.7% responded that doctors didn't spend enough time examining health problems during rush hour. At that moment, they sought support from the nurses or medical assistants to understand their concerns and find solutions. Some Hijra members who have faced this kind of problem stated that,

> *" For not having gender specialized doctors, we can't express our problems properly. As a result, doctors don't give enough time to prescribe us."* (Survey Interview, 26 August 2023)

Lastly, they discussed the difficulties faced in the waiting room. Almost all respondents (98.2%) noted the absence of a specific toilet for the third gender, which always left them unsure whether to use the male or female washroom. Consequently, this creates a very embarrassing and uncomfortable situation in front of others. About 61.9% of respondents indicated that they were not welcoming during social interactions with non-hijra patients and often attempted to avoid them. While waiting, nearly 8% of respondents reported that hospital staff displayed favoritism towards non-hijra patients. However, in recent years, they have not encountered these issues and have received timely services, as mentioned by the respondents. It has been noted that general patients tend to avoid close interactions with hijra patients. The hospital authorities aim to prevent uncomfortable situations by causing delays or skipping serial numbers. Therefore, both general patients and hospital authorities strive to provide services as swiftly as possible.

From the analysis, it could be said that currently, the respondents are satisfied with the present state of timeliness of services, the behaviour of the service providers, health service information, the response from doctors and nurses, availability of medicines, doctors, nurses, and other stuff, obtainable information, and individual attention by service providers. On the other hand, as their disability rate is not in a good state, it could be said that Hijra community members are currently facing problems with the availability of facilities and services, location costs, and arranging awareness and safety programs. Based on geographical location, the health service delivery and hijra individual satisfaction level differed from place to place, highlighted by Khan et al. (2020) in their study. On the other hand, Mamun et al. (2022) highlighted that the government and public have less acknowledgement of the third gender/ hijra community members, including their unique cultural, traditional, recreational, and marital practices, which is the main reason for creating the problem in social acceptance. Sarkar (2019) also supported this statement in his study.

Table 8 represents the influence of health service user satisfaction on users' location and age range. Regarding the availability of facilities and services within the hijra community, the living area showed a significant effect ($p=0.001$), while the age range did not. Regarding distance from locality, no significant influence was found between location ($p=0.798$) and age ranges ($p=0.088$). In terms of cost of service, there is no significant influence found with location ($p=0.551$) as well as age range ($p=0.564$). In terms of the arrangement of awareness and safety programs, the table shows that there are no significant differences found with location ($p=0.137$) and age range ($p=0.889$).

Table 8: Influence on Health Service User Satisfaction Against Demographic Profile

	Location					Age			
Components	**Sadar Upazila (%)**	**Taraganj Upazila (%)**	**Badarganj Upazila (%)**	**Pirgaccha Upazila (%)**	**p-value**	**Adolescent (10-20) years (%)**	**Young adults (20-40) Years (%)**	**Senior adults (40-60) Years (%)**	**p-value**
Availability of facilities and services									
• Strongly Satisfied	0	0	0	0		0	0	0	
• Satisfied	0	0	0	0		0	0	0	
• Moderately Satisfied	58.1	75	84.6	55.4	0.001	66.7	56.5	67.6	0.142
• Dissatisfied	41.9	25	15.4	44.6		22.2	42.6	32.4	
• Strongly Dissatisfied	0	0	0	0		0	0	0	
Distance from locality									
• Strongly Satisfied	0	0	0	0		0	0	0	
• Satisfied	0	0	0	0		0	0	0	
• Moderately Satisfied	72.1	76	75.4	68.3	0.798	88.9	69.1	91.2	0.088
• Dissatisfied	27.9	24	24.6	31.7		11.1	30.9	8.8	
• Strongly Dissatisfied	0	0	0	0		0	0	0	
Cost of service									
• Strongly Satisfied	0	0	0	0		0	0	0	
• Satisfied	0	0	0	0		0	0	0	
• Moderately Satisfied	65.1	55.8	56.9	65.1	0.551	66.7	62.3	52.9	0.564
• Dissatisfied	34.9	44.2	43.1	34.9		33.3	37.7	47.1	
• Strongly Dissatisfied	0	0	0	0		0	0	0	
Arrangement of awareness and	0	0	0 0			0 0			

safety program • Strongly Satisfied • Satisfied • Moderately Satisfied • Dissatisfied • Strongly Dissatisfied	0 8.1 91.90	0 3.8 96.20	7.7 92.30	0 0 15.9 84.10	0.137	7.5 92.50	0 0 9.7 90.30	0 0 94.1 5.90	0.889

Discussion

The Hijra community is an essential component of society, possessing a firmly established socio-cultural framework unique to their group. Hijras live on the fringes of society, holding a position of low social standing. Non-Hijra individuals in the mainstream community avoid forming social connections with hijras and limit their access to social institutions, resources, and services (Daize, 2019). The Hijra individuals, like their counterparts in various countries, face pervasive discrimination across multiple domains, including social, economic, cultural, and political spheres. This discrimination manifests in areas like healthcare, housing, education, employment, immigration, and legal systems, where their identities cannot be easily categorized as either male or female. Deviation from this norm has hindered their ability to establish a position in mainstream society with the opportunity for personal growth and stability (Cruz, 2014). The current demographic status of hijra community members of Rangpur district is below average. Almost half of the Community members still need to gain educational knowledge. This causes insincerity regarding their rights and demands. Hijra patients could not explain their problems and understand advice correctly due to a lack of education and societal manners. The study has identified no specific health allowance system for the Hijra community. The current allowance system needs to be integrated, as most members are out of this opportunity because of complex age restrictions. Moreover, the plan was corrupted because it did not get the proper amount. Another important finding is that the Hijra community can't avail itself of services from the nearby community clinics like Upazila Health Complex and Rangpur Medical College and Hospital. The service provider of the community clinic showed unwillingness to provide the service. It creates dissatisfaction in times of emergencies because of its distance from location. As a result, each hijra community member received Primary services from Guru maa and a local pharmacist. This led them to self-treatment by collecting medicine from a pharmacy shop without consulting any physician. This self-treatment might contribute to receiving the wrong medications, leading to adverse outcomes, including drug resistance. Moreover, the analysis shows that Hijra individuals get most of their health information from community members and medical announcements. As they use smartphones and the internet, getting more

information from social media platforms is possible. Currently, Hijra Individuals are satisfied with the present state of timeliness of services, the behaviour of the service providers, health service information, the response from doctors and nurses, availability of medicines, doctors, nurses, and other staff, obtainable data, and individual attention by service providers. Their disability rate is unreasonable regarding the availability of facilities and services, location costs, and arranging awareness and safety programs applicable for all Upazilas. However, from the hypothesis test, it is clear that residents of Sadar Upazila have comparatively better services than other Upazila residents. The study also finds that almost 61% of respondents said they did not pay for the ticket and got privileges from the ticket counter. The receptionist at the ticket counter helped them get free access. It has also been identified that the cost of laboratory and diagnostic care is ineffective due to their poor economic condition. The government and NGOs have arranged no safety and awareness programs, which have been demanded after the government's official recognition. They have no idea about the operations and services of Drop Centers, a recent government initiative to provide them with all kinds of support and assistance. Hijra Individual mostly avails of primary care for Colds, flu, fever, headaches, and pharmaceutical care). Specialized care like mental health, dental care, nutritional support, sexually transmitted infections, cancers, contraceptive treatments and physical therapy have been ignored to provide them effectively and efficiently. The study also identified that the status of the existing available facilities and services is not updated with advanced equipment. To avail of this, doctors influence them to go to private hospitals or clinics they can't afford or access. The study has found a lot of mismanagement in the delivery service. The government still hasn't taken any initiative to separate lines for the hijra community members at the ticket counter to avail themselves of tickets. They mostly faced Verbal and physical abuse in a queue from ordinary people. In terms of receiving services, there is no specific ward or toilet service for them. Moreover, doctors don't spend enough time examining health problems because they do not have enough knowledge to prescribe them. Still, government health institutions have no proper pre and post-test counselling services, free condoms, and lubricants for prevention and treatment practices of STI/HIV, which they suffer a lot.

Lastly, all the findings assure that an unequal power relation between service providers and hijra patients exists, and this relation has been an obstacle to healthcare delivery. Here, stigmatizing attitudes of service providers constitute inequality in systems, contributing to health disparities. Non-Hijra Patients, Policymakers, and service providers are from mainstream society and have prejudice about hijra culture and health needs. As a result, they still can’t adequately be recognized or accepted. It also creates non-interaction and misunderstanding between them, such as suspicion of asking for charity instead of illness issues.

Conclusion

Hijras, being cognitive entities, possess the same entitlement to rights as other individuals of the human species. Hijras possess the inherent entitlement to lead a life of respect and honor, irrespective of their legal, social, or political standing. This study emphasizes the immediate necessity of creating and enforcing policy standards that guarantee the recognition of 'hijra' gender identity and their access to public healthcare. The government ought to implement inclusive policies that explicitly prohibit prejudice and discrimination on the basis of gender identity. The hospital administration should implement gender-specific registration and documentation procedures for hijra patients, as well as provide separate or inclusive restroom and patient wardroom facilities to cater to their special needs. Additionally, the hospital should address various health requirements specific to hijra individuals. The inclusion of 'Hijra culture and healthcare' should be integrated into the regular curriculum of medical and nursing colleges, ensuring that doctors and nurses are equipped to deliver proficient treatment to hijra patients. Furthermore, hospital administration must offer comprehensive training or workshops on hijra sexuality, sexual practices, health issues, therapies, and management to enhance the proficiency of all healthcare workers. It is necessary to establish an effective partnership with hijra community-based organisations (CBOs). In addition, the government should raise awareness among non-hijra and hijra individuals regarding the health rights of hijras and the rules of hospital services for them.

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