



# Transgender-inclusive sanitation: insights from South Asia

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**Abstract:** *This paper provides insights from initiatives to include transgender people in sanitation programming in South Asia. Three case studies of recent actions to make sanitation inclusive for transgender people (in India and Nepal) are presented, accompanied by reflections and recommendations to guide future practice. Practitioners are recommended to: engage with transgender people as partners at all stages of an initiative; recognize that the language of gender identity is not fixed, varying across cultures and between generations; and acknowledge that transgender people are not a single homogeneous group but rather have diverse identities, histories, and priorities. The case studies aim to raise awareness of the diversity of transgender identities, exploring the needs and aspirations of transgender women, transgender men, and third gender people in South Asia.*

**Keywords:** inclusive sanitation, transgender, South Asia

## Introduction

THE 2030 GLOBAL AMBITION of access to adequate and equitable sanitation and hygiene for all, particularly women, girls, and those in vulnerable situations, is focusing the efforts of the WASH (water, sanitation, and hygiene) sector. Until recently, transgender people were overlooked in this field. The former UN Secretary General Ban Ki-moon noted: ‘There are 17 Sustainable Development Goals all based on a single, guiding principle: to leave no one behind. We will only realize this vision if we reach all people regardless of their sexual orientation or gender identity’ (UN, 2015).

Transgender people are vulnerable and marginalized in many spheres, including in employment, housing, healthcare, and in areas such as WASH. As Catarina de Albuquerque, the former Special Rapporteur on the human right to safe drinking water and sanitation, summarized, ‘the use of public bathrooms, which are often sex-segregated, has been associated with exclusion,

denial of access, verbal harassment, physical abuse and sometimes even the arrest of transgender and intersex individuals' (de Albuquerque, 2012). Within the WASH sector, there have been limited publications on transgender inclusion in WASH programming (Benjamin and Hueso, 2017), a gap that this paper aims to address.

## Methodology

The paper is based on a review of the literature and recent experience. We identified articles published in English, with no date restrictions, from online databases. For the case studies, we summarized recent experiences of transgender-inclusive sanitation initiatives in South Asia, based on our own experience or on interviews with those involved. The case studies are intended to help us understand 'how' the issues related to gender identity and sanitation are experienced and handled, to explore the impact of stigma and discrimination on WASH (Yin, 2009), and to consider the overlooked potential of transgender people as partners in development.

## Terminology and context

Gender identity terminology is not static; it varies across cultures and between generations. The World Health Organization defines transgender people as:

Persons who identify themselves in a different gender than that assigned to them at birth. They may express their identity differently to that expected of the gender role assigned to them at birth. Trans/transgender persons often identify themselves in ways that are locally, socially, culturally, religiously, or spiritually defined (WHO, 2012).

Transgender individuals may identify as a man, a woman, third gender, non-binary, or in other terms. Third gender is a specifically South Asian term – it is not a static cultural or rights-based label, but a contextually particular and variable term with a complex history and complex contemporary politics that should not be taken as a regionally equivalent term for transgender (Hossain, 2016). Cisgender is a term for people whose gender identity matches the sex that they were assigned at birth.

Global Action for Trans Equality (an international organization supporting transgender, gender diverse, and intersex movements) uses the term trans to include:

different experiences of gender, including those of people who identify as trans men or trans women, those who identify as gender non-binary, gender diverse, and those who identify in specific identities (such as transgender, travesti, *hijra*, *fa'afafine*, etc.), regardless of their legal or transitional status (Kara, 2017).

Throughout the 20th century, gender diversity was pathologized, stigmatized, and often criminalized in many countries across the globe. While legal recognition, depathologization, and the emergence of transgender people as rights-bearing citizens is advancing in many countries, transgender people continue to face social, legal, and political discrimination, disenfranchisement, and violence in many countries (Kara, 2017) as well as 'high levels of stigma and discrimination' (Health Policy Project et al., 2015). Transgender people are often pushed 'to the margins of society', restricted to a 'narrow range of often exploitative, underpaid and insecure jobs' (Health Policy Project et al., 2015). Gender identity often intersects with issues of race, class, and religion to exacerbate people's vulnerability and marginalization (Majeedullah, 2016).

### Transgender people in South Asia

The 2011 Indian Census counted over 487,000 transgender people, including more than 54,000 children under the age of 7 (India Census, 2011). These numbers are widely thought to be an underestimate, conducted at a time when transgender identities were not legally protected in India. Winter (2012) has estimated that 0.3 per cent of the adult population in Asia and the Pacific may be transgender – although this figure only covers trans women or *hijra* (a term adopted by individuals who may identify as women or third gender). Using 2010 UN population data, he calculated that would amount to between 9.0 and 9.5 million transgender people in this region. In other countries, estimates of the adult transgender population are around 0.6 per cent in the United States (a figure thought to be an underestimate) (Flores et al., 2016) and 1.2 per cent of adolescents in New Zealand (RCH, 2017).

In Asia, a wide number of indigenous terms exist to describe gender-variant identities (Health Policy Project et al., 2015). Terms used for transgender women or third gender people, i.e. people assigned male at birth who identify as women or as a third gender, respectively, include the following: *kinnar*, *hijra*, and *thirunangai* (India), *khwaja sira* (Pakistan), *meti* (Nepal), *kathoey* (Thailand), *waria* (Indonesia), *mak nyah* (Malaysia), *transpinay* (the Philippines), *bin-sing-jan*, and *kwa-sing-bit* (Hong Kong). Terms for transgender men, i.e. people assigned female at birth who identify as male, include the following: *baindhu* (Bangladesh), *transpinoy* (the Philippines), *thirutambi* and *kua xing nan* (Malaysia).

The above terms are not synonyms; each has its own unique history and context, which often go beyond gender identity to encapsulate a particular tradition, community, or social grouping. Some indigenous terms are labels imposed upon transgender people, and some are insulting.

In India, there exists a wide variety of terms used by gender-variant persons. The term *hijra*, for example, is adopted by individuals who may identify as women or third gender. The term *hijra* represents not only an individual's gender identity, but also encapsulates a particular culture, way of life, and community. *Hijra* communities, for example, have culturally associated roles in rituals relating to childbirth

and weddings (Reddy, 2005). In Maharashtra (location of our third case study), transgender people prefer the term *kinmar*.

It is important to note that gender identity terminology is not static; it shifts across culture and between generations. It cannot be assumed that one individual will represent all transgender people. It is good practice to mirror the terminology each individual utilizes to describe themselves, recognizing the diversity of transgender identities.

## Background: transgender people and sanitation

Within the WASH sector, there has been limited consideration of transgender people: few WASH programmes have taken steps to explicitly include transgender people, and there are few publications focusing on their needs. Geographically, in South Asia and South-east Asia there has been comparatively more focus on the WASH needs of transgender people. Existing publications (WSSCC and FANSA, 2016; Benjamin and Hueso, 2017) highlight some of the challenges transgender people face when accessing public toilets, which include verbal abuse, physical and sexual assault, expulsion, denial of access, and even arrest.

The case studies that follow are an attempt to share first-hand experiences and perspectives on transgender-inclusive sanitation. They aim to help WASH sector professionals add nuance and depth to their understanding of these issues and modify their sanitation and hygiene approaches accordingly. They illustrate the diversity of transgender identities, the needs and aspirations of transgender women, transgender men, and third gender people.

## Case study 1: Trans-inclusive sanitation in Nepal

### *Nepal context*

Transgender people have been visible for centuries in Nepal – gender diverse identities are referred to in Hinduism (a religion practised by over 80 per cent of the population according to the 2011 Census) and Nepal never criminalized gender minorities (in the way that British colonial law prohibited gender minorities in other parts of South Asia) (UNDP and USAID, 2014).

In Nepal, there are a variety of indigenous terms used to describe transgender individuals assigned male at birth, who identify either as a woman or as a third gender individual. These include *meti*, *kothi*, *fulumulu*, *hijara*, and *nachaniya*. *Meti* is the most familiar transgender term and identity in Nepal, and issues of importance to *metis* are often assumed to align with the needs of other transgender individuals. Even the term *meti* envelops a range of identities ‘that span a spectrum of masculinity and femininity, which may be represented in the variety of words used to refer to *Meti* individuals such as third gender, transvestite, *hijra*, TG, Meta and Pinky meta’ (Wilson et al., 2011). *Metis* encounter stigma, discrimination, and hostility in many areas of life (employment, housing, healthcare),

experience high levels of sexual assault and violence, including from the police (Wilson et al., 2011), and are disproportionately affected by poverty and social isolation (Boyce and Dasgupta, 2017).

In 2007, a group of Nepali LGBT rights advocates successfully challenged regressive legislation, resulting in a Supreme Court ruling (Pant and Others v. Government of Nepal and Others, 2007) that called on the Nepali government to scrap laws that discriminate on the basis of gender identity, and to recognize a third gender. Legal recognition of a third gender category was granted in 2011, and since 2013 citizenship under a designation of 'other' can be extended to new applicants who identify as neither male nor female, making Nepal one of the first countries in the world to allow an 'other' gender category on passports.

Nepal's new constitution (from 2015), is considered one of the most progressive in Asia in terms of recognition of LGBT rights. However, Nepal still has a long way to go to achieve legal equality for transgender people.

Legal recognition of the identities and rights of third gender individuals has however given rise to some misunderstandings. It is in many cases misunderstood that all transgender individuals identify as third gender. Some transgender people identify as third gender (neither male nor female), some as women (transgender women), and some as men (transgender men).

Only a handful of individuals have so far changed their legal gender to third gender/other. Questions remain as to whether this is due to administrative and bureaucratic barriers (e.g. local administrations requesting 'proof' of identity despite the law enabling self-identification) or due to other reasons, including that the category of 'other' or 'third gender' is not appropriate for all transgender people.

According to the *Trans Legal Mapping Report 2016*, Nepal transgender individuals are only eligible for legal recognition if they fulfil 'prohibitive requirements' including enforced sterilization, psychiatric diagnosis, and surgery (ILGA, 2016).

Appropriate (and non-medicalized) legal identity recognition for transgender women, transgender men, and third gender people remains a high priority to reduce their vulnerability (UNDP and USAID, 2014).

Transgender people often face prejudice when perceived to be transgender, a situation that is exacerbated when asked to produce official documents that indicate gender assigned at birth and not their identified gender.

Transgender people in Nepal lack adequate legal protection, 'experiencing discrimination and violence in all aspects of their lives – in employment, family, healthcare and education' (UNDP and USAID, 2014). In education, transgender students can be denied access to exams due to challenges with identification and uniform (UNDP and USAID, 2014). In employment, there is no anti-discrimination protection for transgender people, and individuals whose legal documents do not match their identified gender often cannot secure employment, pushing transgender people to the margins of society and into vulnerable situations dependent on begging or sex work.

### *Inclusive sanitation in Nepal*

In 2012, in Nepalgunj, the country's first gender-inclusive public toilet was opened – a toilet that could be used by anyone. A 24-year-old, who identifies as third gender, is reported as saying, 'I feel safe now. I used to come to this park ... I was beaten in the bathroom one time because of how I look so I never went back' (Knight, 2012). At the opening of the gender-inclusive bathroom, Sunil Babu Pant, founder of the Blue Diamond Society in Nepal and the first openly gay member of parliament, said: 'This is to show respect for the gender-variant people of Nepal and to demonstrate physically what our court said five years ago, that citizens who identify not male and not female are equal citizens'. Sunil states that 'toilets should either be gender-neutral (open to all), or if gender-segregated toilets are necessary, they must be built for all' (Knight, 2012). In the context of Nepal, gender-segregated facilities would include men's toilets (for cisgender men and transgender men); women's toilets (for cisgender women and transgender women), and third gender toilets (for individuals who identify as neither men nor women) (personal communication with co-author).

The INGO Practical Action has been focusing on improving sanitation in western Nepal, in partnership with the local NGO Environment and Public Health Organization (ENPHO) and with support from the UK Department for International Development. From 2014 to 2016, it focused on making Gulariya Municipality (in Bardiya District) open defecation-free, through activities including education and provision of improved sanitation facilities. Practical Action and ENPHO constructed a public toilet in the bazaar, close to the police office and the district hospital. The public toilet was constructed with separate facilities for men, women, and an additional cubicle for third gender people. The initiative was prompted by local discussions with third gender individuals who had mentioned their challenge in using either men's or women's facilities. For some third gender individuals, the provision of third gender facilities was important not only for their access to sanitation, but also as a means of publicly recognizing and affirming their identity and their existence. According to one respondent identifying as third gender:

One day, I was travelling to Kathmandu and on the way, I went to a public toilet but saw the photos of male and female only. So, I went to an open space to answer the call of nature. Seeing that, the security personnel came to me and forcefully asked to collect the urine. I was terrified and asked him where I should go. I further told him to construct an inclusive toilet. I felt miserable at that time.

Third gender individuals in the area reported satisfaction with the third gender toilet – especially with its visibility in a public area near to the bus stop. They hoped that this visibility will help raise awareness and increase acceptance of third gender individuals, and hoped it would be replicated across other districts.

Discussions on provision of third gender facilities with transgender people in Nepal raised an additional consideration. While provision of third gender facilities can be important to raising awareness of third gender people, there is a risk that, in the absence of wider education or awareness raising, the public may presume that all transgender people should use the third gender facilities (and that all transgender

people identify as third gender). This could have an unintended negative impact on transgender women and men, potentially leaving them further marginalized and at even greater risk of violence and abuse when using women's and men's facilities.

Particularly in parts of Asia with a recognized third gender, an ongoing challenge is to support the needs and aspirations of third gender individuals while simultaneously supporting the needs and aspirations of transgender women and transgender men.

## **Case study 2: Sanitation as a vehicle for inclusion, awareness raising, and empowerment in India**

The legal environment in India is one of ambiguity for transgender people and sexual minorities (Boyce and Dasgupta, 2017), with transgender people harassed and prosecuted under a variety of laws (Immoral Traffic (Prevention) Act (ITPA), anti-begging laws, or public nuisance laws).

In April 2014, a successful court case (National Legal Services Authority (NALSA) v. Union of India) recognized transgender identities and upheld their right (Dutta, 2014) to 'decide their self-identified gender as male, female, or third gender', directing 'Centre and State governments' to 'recognize them as such' and recognising 'the rights – both civil and socioeconomic – which should be available to trans Indians' (ILGA, 2016).

Unfortunately, this legal precedent has not filtered into progressive legislation. In 2016, the Indian parliament proposed a Bill that removed the progressive self-identification of the 2014 court case, and only promised legal recognition and support for third gender people (ILGA, 2016), without similar recognition for transgender men or women. Transgender people continue to face widespread discrimination and exclusion (Dhall and Boyce, 2015).

### ***Manipur***

In Manipur (a state in the north-east of India), transgender people are marginalized, affected by socio-legal stigma, discrimination, and criminalization (Dhall and Boyce, 2015). Local transgender and sexual minority community groups and their allies in Manipur have been actively advocating for the socio-economic inclusion of transgender people and sexual minorities, including a focus on access to sanitation and hygiene for trans people.

In an advocacy initiative supported by the University of Sussex, UK, community groups undertook research, planning, and strategizing in close collaboration with transgender community advocates, two transgender women associated with the All Manipur Nupi Maanbi Association and two transgender men associated with Empowering Trans Ability. Other NGOs like SAATHII (Solidarity and Action Against The HIV Infection in India), Core Manipur, and Varta Trust were also involved. This process raised collective understanding of gender, sexuality, human rights, and how stigma, discrimination, and violence in different social spheres lead to (pathways of) economic exclusion (Dhall and Boyce, 2015). The group prioritized

a holistic approach to economic inclusion, focusing on action in areas including education, skills building, social security, health, employment, livelihood, law, and policy. Specific advocacy issues (including education, inclusion, and employment) were emphasized, with one intervention focusing specifically on toilets.

Transgender community leaders in Manipur felt that access to sanitation and hygiene has to be part of a larger effort, so to speak part of a package deal, and not only a goal in itself but also a means for furthering other forms of inclusion. Engagement, awareness raising, and progress in one sphere such as sanitation was seen as potentially enabling broader inclusion and empowerment.

Transgender students in Manipur reported challenges in gaining safe access to toilets at educational facilities, with this topic being a relatively new consideration for schools and colleges in the area (Khurai and Dhall, 2015). Harassment when accessing segregated toilets was reported as a barrier to access to education and to healthcare. The trans advocacy group in Manipur decided to prioritize improving access to toilets in educational institutions, in workplaces, and in other public settings. The group prioritized creating some new third gender- or transgender-specific facilities, re-designating some existing facilities (as third gender-specific or transgender-specific facilities) and providing some gender-neutral toilets, to ensure that transgender individuals had an alternative option.

Alongside provision of additional toilet options, the transgender community group prioritized awareness raising and education. Sensitization sessions were held with entrepreneurs at vocational training centres, with government child protection officials, and with members of the media, and mass awareness events raised awareness of transgender people, discrimination, and transphobia. In parallel, community advocates were trained in storytelling techniques and managing *Rainbow Manipur | Inclusive Manipur*, a community-led blog to document narratives of socioeconomic exclusion as an evidence base for advocacy (for example, 'Queues and toilets scare me!', in which a transgender man describes his discomfort using the women's toilets; Rainbow Manipur, n.d.). As well as raising awareness, the blog is a source of empowerment, enabling individuals to articulate their challenges and aspirations, lending sustainability to future advocacy.

Advocacy achievements include a leading vocational training centre in Manipur agreeing to include transgender individuals in all their courses as well as allocating one of the three toilets in their centre premises to transgender people (with transgender people free to select whether to use the women's, the men's, or the transgender-specific facility). These steps towards transgender inclusion were highlighted in a recent newspaper advertisement announcing their latest batch of training courses. In Imphal, the capital of Manipur, a private software development company converted both its toilets to gender-neutral to accommodate the transgender employees in their office. Community advocates trained under the project are in dialogue with officials around setting up separate toilets for transgender people in market places like in the Lamlong area of Imphal and at the Sangai Festival sites. It is hoped that, disparate though these attempts may be, they will build momentum, encouraging governmental authorities to proactively address the WASH and wider empowerment and inclusion concerns of transgender people in Manipur.



An important consideration that emerged is the diversity of preferences within the transgender community, with differing perspectives on whether individuals want to use designated men's/women's/third gender facilities (for men (trans and cis), for women (trans and cis), and for third gender individuals) or whether the preference is for gender-neutral shared facilities. It is recognized that not all trans people would be comfortable using the same toilet as cis people. It is important to understand that this diversity represents a diversity of identities, a diversity of aspirations, as well as a diversity of experiences (including experience of violence). At the time of writing, there was some debate on this in social media in Manipur. There were also discussions on ensuring the available facilities are appropriate for all transgender people. Trans men are often less visible in these conversations.

Several lessons have emerged from this project with specific relation to sanitation and hygiene. Social stigma continues to be an important issue for transgender people trying to access public toilets, so public education, awareness raising, and transgender community empowerment is important. There is limited government funding for gender-neutral toilets, with more investment needed. Some limited progress has been made advocating for private sector provision of trans-inclusive facilities.

### **Case study 3: Transgender people as drivers and champions of change**

Please recognize our legal and civil rights to clean, hygienic and secure WASH facilities in all public places and at home (transgender person during consultations by WSSCC in India, 2016).

From October to November 2015, WSSCC, in partnership with FANSA, conducted consultations with transgender people in Bangladesh and India as part of a series of 55 consultations with marginalized and unheard individuals and groups across eight countries in South Asia. In all consultations with transgender people in the region, the themes of stigma, discrimination, fear, exclusion, and human rights violations were consistent and systematic. In Bangladesh, transgender residents of Mohammedpur slum, Dhaka, reported that they had only two toilets for 25 to 30 households in the slum where they live. They are forced to use the toilet after the other residents and end up waiting much longer. Most transgender residents bathe in ponds or the railway station or even in drains, if they cannot find another place (WSSCC and FANSA, 2015a, b; WSSCC, 2016).

Transgender people across South Asia, including transgender men, transgender women, and third gender individuals, described the challenges they face in safely accessing designated men's or women's facilities. One transgender participant described the dilemma: 'Men harass and abuse me in men's toilets and women are frightened of me in women's toilets' (transgender person during consultations by WSSCC in India, 2016). Transgender women report preferring to use the women's toilet, but cover their faces with a dupatta (scarf worn on the head and shoulders) when entering a women's toilet or delaying going to the toilet until they can find a private place to avoid abuse (WSSCC and FANSA consultation, India, 2016).

Indian trans rights activist Akkai Padmashali described being verbally harassed by a member of staff in the women's toilets of a government building noting: 'it is because of such discrimination that we demand separate toilets for us in public places' (Mallikarjunan, 2016). However, if cisgender women were not scared of them, transgender women could use the women's toilets without any problem (Curry, 2016).

To move beyond challenges to solutions, WSSCC convened a one-day Action Summit in Mumbai in November 2016.

### **Maharashtra**

The Summit brought together marginalized groups (including people with visual and hearing impairments, elderly people, adolescents, sanitation workers, and transgender people), government practitioners, policymakers, and civil society representatives to discuss challenges relating to sanitation and to forge plans for joint action.

Transgender women at the Summit discussed their daily challenges with government officials and civil society representatives, and also their aspirations to join the Swachh Bharat Mission (SBM – the national movement for a Clean India – a scheme not without its critics (Wilson, 2016)). Following the Summit, they continued discussions with Nidhi Chaudhary, the Chief Executive Officer of Palghar District in Maharashtra State, and agreed to work together to improve sanitation and hygiene.

Members of the Kinnerma Trust, a *kinnar*-led organization working for the rights of *kinnars* (people assigned male at birth who identify as women or as a third gender) across India, worked hard to raise awareness in Palghar District, seizing every opportunity to spread messages on sanitation and hygiene on the trains between Mumbai and Palghar, at auto-rickshaw stops and at traffic lights.

Members said:

At first, the village people offered us money, thinking we were there to beg, but we told them that we have not come to take but to give. Some people said, 'We are used to defecating in the open, so we don't need a toilet.' Then we said, 'For years, our community members have been dancing and singing at holy occasions to earn a living. Now that we have this new opportunity to work with the Swachh Bharat Mission, we have left our habit of dancing and singing for the further development of our community. We request you also to change your habit of going out to defecate by building a toilet and using it. This will help us to give a hygienic life to all the citizens of India.'

Initially, people wondered what transgender people were doing promoting sanitation and hygiene, but since they were accompanied by government officials, they listened.

Gradually, our advocacy worked and people accepted our messages and we made 11 villages in Palghar District in Maharashtra Open Defecation Free (ODF). This is proof that the transgender community can drive WASH initiatives and in doing so, we will achieve not just sanitation and hygiene but also be

recognized as full citizens who can contribute in nation building. We believe that safe sanitation, hygiene and water can be a means to mainstreaming the transgender community in Asia (Salma Khan, President and Sonalee Chaukekar, Kinnerma Trust).

Perspectives differ on the extent to which engagement in WASH initiatives can be empowering and transformative for transgender people. Some transgender people saw engagement with SBM (promoting sanitation and hygiene) as a powerful entry point in changing the public perception of transgender people, enabling transgender people to be seen in a new light as leaders, community workers, and change-makers. Other transgender advocates were more sceptical of the ability of sanitation initiatives to transform perceptions of transgender people, given the historical association between sanitation and marginalized groups in India.

The Kinnerma Trust continues to fight open defecation and unsafe hygiene, in partnership with the Government of Maharashtra, reminding us about the potential value of sanitation as a transformative entry point. A simple change in mindsets can make accessible existing infrastructure and services, without extra cost, bringing increased understanding, joint action, and safe services with dignity for all. In the words of a member of the Kinnerma Trust: 'Our voices can help create acceptance, unity, togetherness and inclusivity of marginalized groups without stigma, discrimination and harassment (WSSCC, 2016).

Four months after the Action Summit, the Government of India issued guidelines on implementing SBM with special attention to gender and inclusion. Section 7 of these guidelines explicitly instructs SBM to make a conscious effort to recognize third gender people as equal citizens and users of toilets. It also applauds transgender people's role in sanitation work:

people belonging to the third gender have come up as sanitation and hygiene champions and have played a huge role in taking this message to households in the community. Where suitable, their support can be enlisted in engaging communities, and their efforts duly recognized and honoured to break any stigma around them, and also enable them to use facilities without any embarrassment (Government of India, 2017).

## Discussion and recommendations

Transgender people encounter a range of obstacles in accessing safe and dignified sanitation. Leaving no one behind means we need to make WASH programmes and initiatives transgender-inclusive, and this is especially relevant in relation to public and community toilets.

Provision of basic services on their own, without safeguarding fundamental rights and respect for diversity and difference, is insufficient for guaranteeing all the parameters of the human right to water and sanitation. The case studies have highlighted that transgender people's access to sanitation cannot be separated from their daily experiences of stigma and marginalization. Legal recognition, public education, protection from violence and discrimination, and the right to utilize

facilities corresponding to their gender identity are critical to transgender people's wellbeing (APTN, 2014).

In engaging with these issues, we need to be mindful of the prejudice and marginalization transgender people face, and ensure we don't add to it, for instance by giving voice to transphobic views or those questioning transgender rights. Also, blanket approaches or ill-conceived interventions may do more harm than good. The case studies highlight the importance of recognizing the diversity of identities, needs, and aspirations of transgender people rather than assuming one individual or group can speak for all.

As a matter of principle, transgender individuals should be included in all aspects of any trans-inclusive initiative, shaping the research, design, implementation, evaluation, and policy, and not just be merely consulted. It is important to engage with a range of trans people, listening to their priorities and enabling them to identify their preferred solutions, ensuring that a variety of transgender voices are heard, including those from subgroups who may otherwise be overlooked (for example trans men, trans youth, trans people with disabilities, or trans people from minority groups).

The following recommendations aim to support WASH professionals interested in supporting trans-inclusive sanitation. The list is by no means exhaustive, and the authors welcome further feedback.

Firstly, an important aspect in any engagement with transgender people is appropriate and *respectful language*. In general use, it is important to utilize the term transgender (or trans) as an adjective, for example, rather than as a noun (Kapitan, 2017). Be aware that terms used by wider communities and the general public may be inaccurate or offensive. Be aware that terms like third gender, in common use in some countries such as India, would be inappropriate in other contexts, and indeed are not an appropriate term for all transgender people in India. Respect the language local individuals or groups use to describe their identity, their gender, and their pronoun.

Secondly, *recognize the diversity* of transgender experiences, identities, aspirations, and requirements. Do not presume one individual or group can speak for all transgender people and be aware of likely differences in perspective between generations. Understand that some people experiencing high levels of harassment and violence may be willing to compromise on using their preferred facilities in pursuit of short-term safety. A potential two-stage question (untested) to understand the sanitation needs and aspirations of transgender people in South Asia could be: i) In your current circumstances, which toilets do you prefer to use (men's, women's, third gender, transgender, gender-neutral)?; and ii) In a situation of improved acceptance and safety, which toilets would you prefer to use (men's, women's, third gender, transgender, gender-neutral)? When consulting with transgender people, be aware of voices and perspectives that are frequently overlooked, for example transgender men, transgender youth, transgender children, non-binary people, transgender people with impairments or disabilities, transgender people from ethnic or religious minorities. In addition, assess requirements for access to menstrual hygiene management facilities and products and preferred responses to these requirements. Transgender people can be important partners in societal change, working side by side to achieve shared objectives.

Discussions on whether to prioritize segregated facilities (men/women/third gender) or instead provide gender-neutral facilities may consider ensuring the safety and dignity of users in specific-contexts. In such circumstances, ensure that any discussions on safety and privacy are focused upon exploring how the safety and dignity of *all vulnerable groups* can be improved. For example, efforts to reduce the risk of violence against women and girls (trans and cis) can consider the practical suitability of designated women's or gender-neutral facilities, thinking about the best options for ensuring the safety of all women (cis and trans) in that specific context. It is important to ensure that the options consulted on do not inadvertently discriminate against transgender people (for instance, denying transgender women's access to designated women's facilities) and ensure consultations on toilet design and provision do not become a platform for harassment of an already vulnerable group. Similarly, ensure toilet attendants and other stakeholders are adequately trained and sensitized to enable trans people to access the toilets matching their gender identity without harassment or discrimination (e.g. in waiting times in queues or in payment for use).

The case studies in this paper have focused on improving the rights, wellbeing, and access to safe sanitation and hygiene for third gender people, transgender women, and transgender men in South Asia.

While there are contexts in South Asia where designated separate toilets for third gender people are valued, it is important to note that third gender is an identity term widely used in South Asia and third gender facilities would be inappropriate in contexts outside of South Asia without a self-identified third gender population.

It is also noted that in many contexts across the world, transgender individuals face extreme persecution; in these contexts, efforts for transgender inclusivity need to bear in mind that heightened visibility of transgender individuals may increase risk of harassment or violence. The sensitivity of and variation to what will work in different contexts highlights further that it is essential in all cases to work with transgender people themselves to understand their realities and requirements and then in designing the most appropriate sanitation solution for their particular context. This is the only way to get it right and to ensure that inclusive sanitation work does not inadvertently add to the already significant risks faced by transgender people.

Finally, if providing designated toilets for third gender individuals (for example in South Asia), ensure that such facilities are clearly marketed as for such individuals, and that this does not impede upon the right of transgender men and transgender women to utilize men's and women's toilets, respectively. The APTN summarized the dilemma of 'how to recognize the rights of those who identify as third gender, while also enabling transgender women to identify as female and transgender men to identify as male – and providing them with the same legal protections' (Health Policy Project et al., 2015).

In conclusion, the learnings so far offer some practical approaches and principles that can help WASH practitioners to better meet the requirements and aspirations of transgender people in relation to sanitation. At the same time, new questions have arisen and unresolved challenges have become evident. More investment in learning from and researching with transgender people is needed to fill the many gaps in what is currently known about sanitation solutions that will be more appropriate for them.

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