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Culturally Centering the Voices of Transgender Sex Workers in Singapore: Health, Materiality and Violence

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ABSTRACT

The transgender sex worker experience of health in Singapore is multidimensional, working at the intersections of culture, social class, and gendered marginalization. Drawing on in-depth interviews with transgender sex workers in the context of Singapore's extreme neoliberalism and located within a larger culture-centered intervention that emerged through an academic-activist-community partnership, this study foregrounds the everyday meanings of health among transgender sex workers who are marginalized. We offer a discursive register for theorizing violence as disruption of health. Participants narrate health as the negotiation of stigmas coded into their everyday lives, the forms of material violence they experience, and the struggles with accessing secure housing. The theorizing of violence as threat to health by transgender sex workers shapes the health advocacy and health activism that takes the form of a 360 degrees campaign. This essay pushes the literature on the culture-centered approach (CCA) by centering voice as the basis for structurally transformative articulations amidst neoliberal authoritarianism.

Transgender¹ sex workers experience multiple layers of health risks, situated amidst the marginalizing structural contexts of identity and sex work (Hughto et al., 2015; Reisner, Keatley, et al., 2016; Reisner, Poteat, et al., 2016). Extant research documents a range of health challenges experienced by transgender individuals caused by cisnormative structures, including health care discrimination, in access to preventive services, poor sexual health, and poor mental health (Hughto et al., 2015). These challenges to health are exacerbated by stigma-driven work transgender women engage in (Reisner, Keatley, et al., 2016; Reisner, Poteat, et al., 2016). Sex work, one of the available forms of paid work accessible to transgender women in Singapore, embodies an array of vulnerabilities ranging from income instability and health insecurities to everyday experiences of discrimination and erasure of voice (Perez-Brumer et al., 2017).

Reisner, Poteat, et al. (2016) identified the missing participation of transgender people and communities as an important gap in the health literature. The erasure of transgender voices is further exacerbated by the repression of dissent through techniques of calibrated coercion in authoritarian Singapore (Baey, 2021; International Human Rights Clinic, 2015). With few economic opportunities in Singapore, many transgender women enter sex trade (e.g., Fraser et al., 2019; International Human Rights Clinic, 2015), where they are further marginalized because of hegemonic constructions of Asian values (Dutta, 2019) that reproduce colonial cisnormative whiteness and stigmatize sex outside of marriage (International Human Rights Clinic, 2015).

This essay seeks to address this erasure by drawing on the culture-centered approach (CCA). The CCA seeks to place the frameworks of meaning making in the hands of communities² at the margins, through their participation in the identification of the problem, development of research design, data analysis, and emergent health advocacy seeking structural transformation (Basu & Dutta, 2009; Dutta, 2008, 2018; Dutta et al., 2019; Sastry et al., 2021). The CCA foregrounds community voice through community ownership of voice infrastructures (Dutta, 2008, 2018). We draw on in-depth interviews and advisory group meetings conducted as part of an ongoing (in its sixth year) collaboration between an academic research center and Project X, a sex worker advocacy organization in Singapore to explore the meanings of health as the basis for health advocacy to transform structures.

Transgender health and sex work

The transgender health experience has frequently been approached from the context of HIV/AIDS risk (Clements-Nolle et al., 2001; Lawrence, 2007). Across the global south, communication campaigns have been a central component in the prevention of HIV/AIDS (e.g., Peltzer & Seoka, 2004). Although some campaigns have increased the awareness of safe sex practices, scholars have emphasized the need to address structural determinants (e.g., Basu et al., 2022). For instance, Basnyat (2017) noted that cultural expectations, poverty, patriarchy, lack of jobs, oppression, and violence limit access to resources for sex workers in Nepal, impacting the

effectiveness of HIV/AIDS prevention. Other studies have drawn attention to the relationship between violence and unsafe sex practices (e.g., Logie et al., 2017), between HIV risk and stigma (e.g., Perez-Brumer et al., 2017), and the role of repressive policing practices (Platt et al., 2018).

Although transgender people experience high prevalence of HIV globally, traditional HIV prevention efforts might not be suited to their unique needs. Kosenko (2011) observed that transgender participants in the United States viewed sexual safety as involving difficult disclosure decisions and concerns of physical and emotional threats, concluding that promotion efforts which stress condom use, or sexual history discussions may inadvertently place transgender individuals at risk of harm. In Brazil, Magno et al. (2018) established that although condoms are used in sex work among transgender participants, sex with stable partners was less influenced by the importance of safe sex practices, being imbued with personal and emotional significance. The emotional context of negotiating safe sex is situated within a broader context of transgender people frequently experiencing discrimination, prejudice, and violence, which can lead to social stress or anxiety disorders (Lawrence, 2007) and limit opportunities and access to resources (Hughto et al., 2015). Research has determined that transgender people experience high rates of depressive symptoms, suicidality, interpersonal trauma exposure, substance use disorders, anxiety, general distress (Valentine & Shipherd, 2018), hazardous alcohol use and a poorer quality of life (Nobili et al., 2018).

Sex workers bear high burdens of violence (Deering et al., 2014), as well as stigma (Ma et al., 2017), which serve as barriers to receiving healthcare (Ma et al., 2017). Transgender sex workers experience unique structural, interpersonal, and individual vulnerabilities (Poteat et al., 2015). For instance, a qualitative study conducted in the United States revealed how transgender sex workers were stigmatized, violated, and abused, and denied access to employment, education, health insurance and basic health services (Basu et al., 2022). In Singapore, transgender sex workers face challenges in accessing healthcare, barriers to education, and discrimination and violence from the police, public housing officials, healthcare professionals, members of the public, clients, intimate partners, and their own family members (International Human Rights Clinic, 2015).

Although in Singapore there is high visibility of market-oriented lesbian and gay advocacy that forms the infrastructure of queer tourism (International Human Rights Clinic, 2015) and transgender people are part of the history of queer organizing (Yue, 2017), they comprise a small and highly marginalized portion of the population (International Human Rights Clinic, 2015). The repressive structure of the authoritarian state silences human rights advocacy while the pursuit of extreme neoliberalism produces deep marginalization of people and communities that fall outside its normative production of “Asian values” (Dutta, 2019).

Noting the calls for the engagement of transgender people to understand their needs (e.g., Reisner, Keatley, et al., 2016; Reisner, Poteat, et al., 2016), this study draws upon the CCA to examine the culturally constituted meanings of health as articulated by transgender sex workers in Singapore and the

key challenges to health voiced from within their lived experiences. Scholars have highlighted how public health strategies would benefit by drawing upon existing social capital within transgender communities and incorporating their strengths within interventions (i.e., Perez-Brumer et al., 2017).

Culture-centered approach

The CCA foregrounds empirically situated cultural contexts as the bases for theorizing health and communication (Basu & Dutta, 2009; Dutta, 2008). As a meta-theory of communicative processes of erasure, it attends to the erasure of the voices of the subaltern³ in hegemonic constructions of health (Dutta, 2008, 2018). Turning to subaltern voice serves as a register for disrupting the hegemonic constructions of health and well-being, foregrounding rationalities of health from the margins, situated amidst structures that shape the everyday negotiation of health (Basu & Dutta, 2009; Dutta, 2008). The theorizing of subaltern voice as the basis for co-constructing health meanings in the CCA articulates health at the intersections of culture, structure, and agency (Dutta, 2008). Culture, as a dynamic site of meaning making, reflects the contested spaces, contexts, and negotiating processes where health is understood, theorized, and acted upon. Structure reflects the framework of organizing of material resources that in turn shape the everyday experiences of health and wellbeing at the subaltern margins. Agency, reflecting the capacity of communities at the margins to make sense of the structures that shape their lives, to negotiate these structures, and to participate in transformative processes of change seeking to transform the structures, serves as a fulcrum for theorizing health from the margins. Subaltern voice, emergent in culture-centered interventions, is both an expression of agency and the anchor for transforming structures (Basu & Dutta, 2009; Dutta et al., 2019). Transgender sex workers negotiate their everyday experiences of health amidst gendered, classed, raced structures (Hughto et al., 2015).

The CCA recognizes the capacity of communities to enact agency in identifying the challenges they experience and corresponding transformative localized solutions, dialectically situated within the relationship between culture and structure (Basu & Dutta, 2009; Dutta, 2008, 2018). In doing so, the CCA concentrates on localized contexts, building theory from within communities (Dutta, 2018). Drawing upon the findings of 50 in-depth interviews conducted between 2014 and 2018 and a series of advisory group meetings comprising transgender sex workers who created the research design, designed the interview protocols, and made sense of the emergent themes, issues of discrimination, violence, and housing emerged as anchors to health meanings. The findings served as the basis of an advocacy-activist intervention designed by transgender sex workers (see <https://www.facebook.com/thestilettoalliancecg> and <https://thestilettoalliance.wordpress.com/>). As a reflection of knowledge ownership by the margins, this manuscript is coauthored by a collective of transgender sex workers, collaborating with activists and academics. Drawing on the key conceptual register of the CCA and situated within an academic-activist partnership housed under the umbrella of the Center for Culture-centered Approach to Research and

Evaluation (CARE) to co-create an advocacy intervention anchored in the voices of and led by an organized collective of transgender sex workers, we ask: What are the meanings of health constructed by transgender sex workers in Singapore?

Method

The data reported in this paper were gathered within a broader academic-activist-civil society collaboration with Project X, the only civil society organization in Singapore advocating for the health and sociocultural wellbeing of sex workers (see <https://theprojectx.org/>). Founded in 2008, Project X advocates to eradicate violence and exploitation in the sex work industry in Singapore. The academic-activist collaboration was co-created to build health advocacy around the structural challenges to health among sex workers that was being reported by sex workers Project X works with. Based on the networks of Project X and the activists participating in it, particularly building on the networks of transgender sex workers organizing under the umbrella of Project X, we co-created an advisory group of transgender sex workers at the “margins of the margins.” The concept “margins of the margins” is attentive to the intersectional nature of power distribution within communities, asking the questions, “Which voices are being erased?” and “How do we invite these voices in?”

The advisory group developed the guiding research questions, co-creating the research design, creating the in-depth interview protocol, making sense of the emerging themes through participation in the coding process, and developing health advocacy solutions through 12 strategy-focused workshops. The solutions comprised of training programs and workshops for transgender sex workers, a health information intervention focusing on key structural elements of health information (e.g., handling harassment, engaging with police, interacting with health care services), and a 360-degree advocacy campaign titled “Accept, Adapt, Respect” hosted by the advisory group (that named itself “The Stiletto Alliance” through the course of the collaboration) addressing private and public stigmas and violence around the transgender identity. For further details on the campaign, refer to Center for Culture-centered Approach to Research and Evaluation [CARE] (2020). The in-depth interview protocol asked about everyday meanings of health, challenges to health, and respective solutions envisioned by transgender sex workers. Three of us, as transgender sex workers and community researchers, guided the sense-making process as we co-analyzed the data, complemented with sense-making dialogs in the advisory group meetings.

Most of the in-depth interviews ($n = 50$), lasting between sixty and ninety minutes, were conducted through snowball sampling, with referrals from Project X, our community advisory group members, and community research collaborators. We recruited additional participants through our weekly safe sex outreach efforts in going door-to-door to brothels and distributing condoms, lube, and wet tissues, where participant observations were also conducted. We recruited participants from three locations of sex work, at Orchard Towers, Rowell Road and Geylang. The interviews were conducted by the academics on the team as well as by those of us who are

transgender sex worker community researchers, supported by the academic team of researchers. Informed consent was sought through conversation, going over the consent form in depth together before the participant was asked to sign it. Where participants expressed concerns about safety in signing the consent form, verbal consent was secured. The interviews explored the articulations of health among transgender sex workers in Singapore, the forms of challenges that transgender women sex workers encounter in their everyday lived experiences and negotiations of poverty in Singapore, the structural and health inequalities experienced, and the everyday experiences of gender-based discrimination and violence. We collaboratively analyzed the transcribed interview data using the co-constructive grounded theory approach, utilizing processes of open coding, axial coding, and selective coding to select major themes. These themes were corroborated with journal notes, notes from advisory group sessions, and reflections from community-wide meetings. The emergent themes were shared in our advisory group meetings to make sense of them, and to guide further analysis, creating an iterative process of analysis.

Findings

The key themes emerging from the in-depth interviews are gender-based violence that plays out both in private familial spaces and public spaces, and structural violence and housing. Violence as a threat to everyday meanings of health forms the basis of the health advocacy that emerges from this research.

Gender-based violence

Meanings of health are intertwined with the everyday spaces of discrimination and violence that transgender sex workers negotiate. Transgender sex workers face discrimination and violence within familial and community contexts, institutional contexts, among social networks, and in their day-to-day lives in public spaces, marked as the “other” in hegemonic “Asian values” (Lombardi et al., 2001). The participants articulate that they face disproportionately high rates of harassment and discrimination in familial contexts as well as within the public contexts of accessing education, employment resources, and welfare systems, which shape their struggles with livelihood. Hegemonic “Asian values” embedded within the ideology of authoritarian capitalism construct queerness as opposed to the norms around filial piety and pathologize assertions of rights as un-Asian, shaping practices of social and structural discrimination in Singapore, constraining transgender sex workers’ ability to pursue educational and income generating opportunities, support their livelihood, maintain financial security, access health care, and organize around rights to access resources (International Human Rights Clinic, 2015).

Private violence

Families are often the first places where transgender individuals experience discrimination and violence, especially when they start to transition early in childhood. Sex workers interviewed by Project X called this “a vicious cycle” where “a family’s rejection of a transgender child paves the path toward

a life in the sex industry” (International Human Rights Clinic, 2015, p. 36). Aliyah, 45, a Rowell Road sex worker, shared how she left home, a common narrative among our interviewees.

My whole life I felt like a girl, and I’ve wanted to be a girl since I was like 5 years old. I was beaten up very badly from that age, and when I grow older and older, my family didn’t really like me. So, at 15, I ran away from home. I didn’t know anyone. But who I met when I was lost was another transgender. Then she took me as a daughter and made me work with her at Johor Road. I really didn’t know what I’m doing. I just go with the flow. That’s how I started. All my life I’ve been doing sex work. That’s how I started, and ‘til today I’m still in the same line. Frankly, 10 to 15 years ago, I don’t like doing, but I got no choice. So many problems. I have no choice.

Aliyah describes how the physical abuse she faced at home from her father due to her “effeminate” nature drove her to leave home and cut short her education to work and support herself. The everyday forms of discrimination at home are situated amidst the “Asian values” construction of heteronormative families and are tied to narrative accounts of sex work.

Another sex worker, Katherine, 42, shared that her family tried to correct her behavior through violence:

My brother came back, and he saw me like that. He says, “You want to be ompattu [Tamil for transgender]?” He punched me, he hammered me. He came back and told my father everything. My father told me, “Get out!” So, I went to stay with my mummy.

Interviewees often traced their decision to enter sex work to earn enough money for expensive sexual reassignment surgery, employment, housing, and building social networks amongst people who accept them (International Human Rights Clinic, 2015). Many are mentored through their early transitioning period by older transgender sex workers known as “mummies” or “Mak Ayams” [mother hen], who offer some support and protection in the sex work districts. Transgender communities and support networks within them offer crucial physical, emotional, and financial support and care (Hines, 2007), especially for transgender sex workers who remain single later in life. They are also significant resources of health information.

Public spaces and violence

Incidences of sexual violence in public spaces are an everyday experience for transgender sex workers, and these constitute the meaning infrastructures of health and wellbeing. Gender identity-based discrimination and violence were brought up in almost every one of the 50 in-depth interviews and were also highlighted as key challenges to health and wellbeing faced by transgender sex workers in our advisory board sessions. Malathi, 53, a transgender sex worker shared that she was accosted in public, gang raped and beaten in public:

I got molested when I was young, before I transitioned. I was dressed like a man, but they saw me, the way I walk, the way I talk. I mean, I don’t talk to them because they are strangers, but suddenly they saw my reaction is very girlish, and they thought I was something different. They forced me to have sex with them, but I don’t want. It was a bad experience for me. My face was swollen, they punched my face, they hit and kicked my stomach. I didn’t go to see a doctor, because how can I describe to the doctor what happened? I feel ashamed. You know? I told after I met one of

my friends like me. She said, “Oh my god, you poor thing. Why this thing happened to you?” I don’t know why this thing happened to me.

The stigma around sexual assault and being pre-op made it difficult for her to seek medical care after this traumatic experience. She also found it hard to report the incident to the police because she feared harassment from the police for her gender identity, which did not match the gender on her IC. Some transgender sex workers have said that experiences of violence and discrimination have improved in the past 10 years, with widespread acceptance growing. Others say that once they secured their woman’s identity card, i.e., underwent sex reassignment surgeries and were eligible to change their gender on their identity card, they experienced less harassment and discrimination as legally recognized women.

Aliyah discusses the safety of being legally recognized as a woman as a main motivator for her sex reassignment surgery against the backdrop of the cisgender privilege that masculine gay men enjoy in Singapore today.

So, when I was walking back home, two guys came and punched me, and asked me for oral sex. I told them I don’t want, and don’t want means don’t want. I don’t care if you kill me. Because there are two guys, and they are very big. I didn’t want to fight, but they beat me up and they tore my skirt and ran away. I went to police station, and they asked me to wait for the IO [investigation officer] and he came and said, “You all sure lah! I see male [on your IC], you also like what! Why suddenly they want and then you never do?” I said, “But I’m working at [the convenience store], what are you talking? They tear my skirt.” He said, “Aiyah, nevermind, you cannot do anything because you’re still male. You waste my time coming here. If you are female, then nevermind ah. But you are male.” I feel very bad that I have no rights.

Aliyah’s narrative of her negative experience in reporting the attempted sexual assault to the police highlights some of the common stereotypes reproduced by the state that assume all transgender persons are sex workers, an experience commonly faced by many of our interviewees. Aliyah’s experience demonstrates how entrenched state narratives are, especially those that treat pre-op or non-operative transgender women as “non-serious” or “temporary” transgender persons, and privilege those who have undergone surgery as more deserving of legal recognition and access to justice for gender non-conforming persons. Moreover, Aliyah situates her experience in the backdrop of the hegemonic construction of cisnormative gay identities as sites of neoliberal marketing by the authoritarian state.

Sex work and violence

Participants discuss the ways in which violence plays out in sex work. They point to instances where they are subject to violence at work. Diyana, 39, shares:

If outside, getting beaten, no. But in the course of my work, I’ve gotten guests who are - sorry to say - do it forcefully, they don’t want to pay us even. One time he forced me to do it, pulled my hair until my nose was bleeding, no one helped. Working with a job like this is not easy, sorry eh, working at night like this is not easy. We get customers that are not easy, some don’t give us money. That was three years ago. I was so sad.

The nature of sex work is constituted by power inequalities that shape the everyday experiences of violence at work. Further observe the way in which these power inequalities produce the interplays of violence and hyper-precarity.

Moreover, the violence experienced by transgender sex workers often goes unreported because of the structural response to transgender sex work. For Diyana, reporting an assault was never an option, not only because she knows the police to be unreceptive, but also because it puts her at risk of getting arrested as an unlicensed sex worker:

If I went to report - over here if we do police report, we will be questioned why I was there, it's draggy. Like they will ask, why you this, so if I wanted to report - when I was attacked, the next day I return, that jantan [*derogatory Malay term for man] hit me with his elbow. I got attacked once again . . . They know we're like this, some of them bring knives some more, it's dangerous you know, working like this, people think it's easy."

As Diyana explains, sex work introduces further precarity when law enforcement, landlords and fellow sex workers are not around or refuse to intervene. Yellow card [referred to as a form of license in the interviews] sex workers can legally practice sex work but avoid reporting such incidents as they will "slow business down for their colleagues," "scare customers away" or "make the landlord angry."

Customers or clients pose health risks that are tied to the violence, with growing cultures of "stealth sex" and "gift giving" (Klein, 2014), where customers may remove or puncture condoms on purpose to infect sex workers and gain sexual pleasure from the infection. One of the interviewees, Jeyanthi, 50, shares her fears when dealing with customers:

Sometimes he put condom already, fuck already, some men we know the water [semen] has come already. Some men come already, don't want to take out. Keep waiting. I said take out. Take out time, the cock is small already, the water [semen] inside the condom all come out. How to wash? I wash first the water, second, I put Dettol. I wash my hands with shower gel and Dettol. I cannot tell anything, because when we go for medical, we cannot work, scared also. Sometimes the customer, when we take the lotion already, he very rough, very fast. Three, four times I kena [experienced it] already, customer buys condom ownself. They very fast take out, put. Put already, he do time, he very clever, he cutting in front. Very clever. Now when customer brings condom, I'm very scared. When we're doing it, the water comes out, I say why there is water? Aiyoh. One, two times, I don't know. The third time I know already, customer buy condom, I don't accept. If he puts it already, I take out and put my own condom also.

Participants note that the control held by clients constitute the everyday danger to health for transgender sex workers. These threats to health are often experienced amidst threats to rape, subjecting sex workers, including transgender sex workers to HIV and other STIs (Klein, 2014). If infected, Jeyanthi shares that she faces the reality of losing her life, being burdened with high medical expenses, and losing income, potentially losing her license and accumulating rent debt for her brothel room. Moreover, transgender sex workers not on the yellow card licensing scheme are subject to frequent CID checks or Anti-Vice Unit raids - those who are Muslim, below 18, above 35, non-citizens, or those who do not pass their monthly sexual health checkups fall in this category - and cannot seek

protection for everyday incidences of violence and discrimination that impact their health and wellbeing.

Housing and structural violence

Despite a high level of home ownership in Singapore (90.8%), there is a small percentage of low-income Singaporeans or Permanent Residents who cannot afford to purchase a Housing Development Board (HDB) flat (Department of Statistics Singapore, 2016). To meet the housing needs of this population, HDB provides public rental housing at highly subsidized rates under the Public Rental Scheme. Low-income individuals must apply to the HDB and must meet the eligibility criteria to be allocated rental housing. Transgender sex workers often do not earn enough to make contributions to the Central Provident Fund (CPF), finding it difficult to afford HDB flats. Furthermore, some of them experience family violence and homelessness as minors and enter sex work at a young age. The search for home as a safe space is shared by participants as a fundamental anchor to health and wellbeing.

Those who do not live with their families explore other options such as living in the brothel rooms they rent for work (sometimes \$60 a day or more), renting rooms on the private market (as much as \$500/month), living in backpacker hostels, (from \$19/day), or living with friends. Rent in the brothels can be quite high, and rent cycles mean that the rent is due at the end of each day. Letisha, 53, is an older transgender sex worker who finds it difficult to find customers because they "always want the muka baru [new face]." She described her difficulty in meeting her rent when she was staying in a brothel.

No, not very healthy. I had a fall on my hands and legs. And I was at home for one month. There was a fracture. No, after 3 days, then I go doctor. I thought it was nothing because I wanted to work. I have to pay a room what. \$65 a day. You see, if I go to the hospital, money, some more, I know they will bandage, but then how will I want to work? After three days, it gets really swollen. Big already, my hand. And then my friend, I think you know her, she said, "Come lah, you. See lah so big already. Who want to take you?" I never think about going to doctor. I just think about work and paying my rent. That's my shelter for me to sleep, right? And then she said, "Just go." But I never go. She said, "How you want to work now?" I said just be patient. I spoke to the landlord. I cannot work for a few days, but I can't pay. At first, he said it was okay, but after 3 days, he said, "Yeah you told me, but you need to pay!" So, like that, I have to work, so I start working with my hand like that, until the customer tells me, "Can you work or not? Can you do or not?"

Facing pressure from customers, Letisha tried to negotiate with her landlord, who went back on his agreement to prolong her rent deadline. Eventually, she had to work overtime and borrow money to pay back three days' worth of rent. Many transgender sex workers say they feel "stuck" and cannot transition to other less demanding avenues of work. Other brothel owners or landlords demand medical certificates as well as empty rent⁴ from the sex workers, which can place even further financial and physical pressure on TSWs.

Transgender sex workers who apply for HDB rental housing often do not meet the eligibility criteria - if they are renting as singles, they are required be 35 years old and to find another

eligible single to rent a one-room flat with them. This can prove a difficult process given the level of discrimination they face not only as sex workers but as transgender persons too. TSWs from minority ethnic groups face further discrimination in this process. For example, Desiree, 25, who is currently staying with a friend, expressed her fears in trying to find another eligible single to rent with her:

I did go to apply [for HDB], but cannot . . . I'm alone. They need 2 person. Everybody needs someone. They give it to me with some stranger. I don't want . . . Because we don't know each other. What if something happens? Because I'm a transgender, I'm scared people will take advantage. Definitely lah, because we'll have a fight. Because I want to stay in there long-term, not short-term . . . [The HDB officer] asked me to go to the MP to ask for help, but did not help, but the new regulation is that must be minimum 35 years old. The MP could not do anything. He said, "Why don't you find someone to apply again?" But I can't find . . . Just leave it like that.

Malathi, who is HIV positive, disabled, and homeless, echoes her concerns, sharing her fears of being sexually assaulted or controlled by a potential HDB rental roommate:

[My concern in sharing is] maybe strangers, whether they can understand me or not. Maybe a misunderstanding in the house, whatever I'm facing or going through. If it's friends, I mean I need friends beside me. Like neighbors. In the house, both person got the rights to be in the house. What if she gives me rules and regulations, then how? Because I have to pray to my Hindu Gods, I have to do all that. I don't mind if they pray or whatever. But I don't want any misunderstanding based on religious reasons. I don't want them to control me, I don't want a person like that, and I also don't want to control them. . . I'm medically ill, homeless. No place to stay. I got 4 big bags of clothes. Carrying here and there, here and there. I'm struggling but on the outside I'm smiling. Most people cannot help. When I say and say, I get more stressed. That's why I'm going to HDB to ask, but they say, cannot. They say, I must find someone else. I told HDB that I'm a sex change female with a lot of medical issues, and you want me to stay with a stranger. What if you have any misunderstandings in the house? Then police case. Or what if he or she manhandle or molest me?

Transgender sex workers who apply for rental housing as singles under 35 are treated as "exception" cases, and often have to visit HDB officers, social workers, and Members of Parliament (MP) multiple times to apply for a rental flat; fragmentation in housing services can lead to TSWs having to retell their experiences of violence and discrimination multiple times with scant results and face secondary trauma. Housing security for elderly transgender persons, especially those with disabilities, becomes tantamount to the upkeep of their health. Their abilities to access housing under the current policies for low-income singles can be affected by their experiences of trauma.

One transgender sex worker, Bella, who currently rents a room from her sister, spends more than 85% of her income on rent, and shares the impact of her housing worries on her mental health:

If I got a house, I can make it work on my own. Some people are paying \$25 a month. Now I'm paying \$600. See the difference? Some people staying hotel, one day is \$80. \$80 can pay how many months of rental flat? With water bill, electric bill, you pay \$100 a month for rental flat. They earn \$900 only! Earn \$900, pay \$100 for flat, I think they can save \$200, and the rest buy the things and keep. Transgenders are smart in doing this. [The HDB officer]

don't want to give house. I have to go and beg from the MP [Member of Parliament]. I'm like a beggar in my own country! I'm so ashamed that we don't even have a rental flat. Staying with anybody is not easy. Suicidal ah, sometimes. . . I have felt so many times. I really hung myself. I knew the feeling of being hanged, and the blood rushed to your brain, and you cannot control your hand. I was just—when I jumped, the sari I tied to the fan, I wound the sari two times, the balance I was holding like that [in my fist], jumped down and my hand was like jammed. The moment I jumped, I didn't want to die . . . Then my boyfriend came back home and brought me down.

Bella's suicide attempt was the first in several others triggered by her inability to meet high private rental costs, which she was unable to negotiate further, given the breakdown of her relationship with her sister. In the six years of our ethnographic work, we have witnessed multiple incidences of suicide in the community of transgender sex workers, constituted amidst the hardships of just getting by. Structural barriers in the form of discriminatory policies and communicative inequalities resulting from gender-based discrimination can make eking out a decent existence near impossible, and have devastating effects on transgender sex workers' lives, health, and wellbeing. The fact that housing issues were highlighted so strongly during fieldwork is indicative of how disabling the lack of access to short- and long-term shelter can be, especially in times of financial or health crisis.

Discussion

Transgender marginality frames how transgender sex workers in Singapore understand everyday meanings of health and is produced through societally anchored stigmas situated amidst the repressive practices of an authoritarian state that marginalizes protest and reproduces the colonial pathologizing of transgender identities while simultaneously leveraging a rainbow market to position its seduction as an Asian tourism destination. Societal stigmas, embedded in the repressive practices of authoritarianism that silence dissent, work materially to constitute the everyday struggles with poverty voiced by transgender sex workers. Stigma as a cultural form is scripted into a wide array of structures, working through features of structural organizing to threaten human health and wellbeing. As an entry point to theorizing health of transgender sex workers, the very occupation of sex work is constituted amidst the structural contexts of stigmatization. Sex work as often the only accessible form of work among transgender women is reshared by participants, constituting health risks amidst economic opportunities and mobility, which are shaped by extreme neoliberal policies pursued by the authoritarian state. The erasure and expulsion of transgender women from structures of schooling and employment in neoliberal Singapore contribute to their everyday participation in sex work and the exposures to various forms of violence that threaten health. The economic marginality expressed by the participants is constituted amidst experiences of being expelled from schools and being unable to pursue traditional jobs within the dominant structures of authoritarian Singapore that mirror colonial values. Amidst the extreme neoliberal policies pursued by the authoritarian state, this erasure from opportunities for economic livelihood turn into ongoing

experiences of impoverishment, living from client-to-client, and being unable to save up to support sustained housing and savings for retirement. Moreover, participants note their marginality amidst authoritarian state practices that on one hand, repress dissent by framing rights as Western, and on the other hand, cultivate a cisnormative rainbow market to draw in tourism and capital investments.

Our co-constructive design and analysis of 50 in-depth interviews reveal that issues of intersectional violence and discrimination constitute the lived experiences of transgender sex workers in Singapore. Health therefore is constructed in the everyday struggles of making a living amid the cultural stigmas that circulate across the multiple spaces of everyday life, beginning from some of the most intimate spaces of familial relationships and community. The turning of the theoretical power in the hands of transgender sex worker community researchers, the advisory group members and interview participants create the basis for theorizing health as violence at gendered and classed margins of neoliberal authoritarianism. The everyday challenges of health are the challenges posed by various forms of violence in the lives of transgender sex workers. These forms of violence are further legitimized and circulated through the organizing of stigmatizing structures that fail to adequately and meaningfully respond to the violence, amidst the repression of protest by the authoritarian state. Violence reiterates through the meaning formations of health voiced by transgender sex workers in Singapore, serving as the basis for a narrative of rights. Violence is scripted and normalized into the everyday cultural fabric, structured into the various institutions that a transgender person inhabits and moves through in their life. Beyond the materiality of violence that directly threatens human health and wellbeing, violence emerges in risks of HIV/STI infections, the loss of control in practicing safe health behaviors, and the daily challenges to mental health, depicted as the depletion of right to health. So far to our knowledge, this is the first scholarly manuscript that is coauthored and led by transgender sex workers, and therefore is reflective of culture-centered interventions that seek to transform the spaces of knowledge generation through the enactment of agency at the subaltern margins. The transformative power of this intervention is particularly salient in the context of Singapore's authoritarian neoliberalism, foregrounding a narrative of rights that is pathologized in dominant discourses perpetuated by the state.

The structures of violence are further reworked into and reproduced by the hegemonic structures of housing, and particularly the challenges with housing in a rental market that has aggressively become expensive. For the advisory group, housing was identified as one of the primary sites of intervening to secure access to the basic conditions of health and wellbeing for transgender sex workers. This was strongly supported through the in-depth interviews, with participants documenting the ways in which the challenges with housing pose risks to health and wellbeing, including exposing to risks at work, risks within housing spaces, and attempts at suicide. The articulations of the challenges to mental health often center on the everyday experiences with being homeless or worrying about where to secure housing. The absence of guarantees over the long term, especially in terms of securing a space to stay in, translates into

heightened anxieties and perpetual feelings of trauma. This study foregrounds the vitality of theorizing housing as a site for health and drawing health communication work as advocacy-activism for secure and guaranteed housing. Health is embodied in disruptions that are structured into the hegemonic cultural context, with gendered violence rendered as a ritual practice of daily life. Dismantling the biomedical framing of health in the hegemonic literature as well as in the dominant literature on transgender health, our advisory groups and in-depth interview participants foreground the everyday violence scripted into the culture that fundamentally threaten human health and wellbeing.

Also, our study demonstrates the interplays of several factors – individual, familial, and cultural-structural – that are relevant to understanding the intersectional experiences of being transgender and negotiating health and wellbeing in authoritarian contexts. This is particularly salient in the context of the rise of the far right and populist authoritarianism globally (Miller et al., 2017). This manuscript documents the ways in which community-led data listen to the voices of transgender sex workers in Singapore, dialogically engaging transgender sex worker communities in conversations to understand their experiences, working alongside them to create registers for advocacy, and co-creating platforms for activism led by transgender sex workers. The findings reflected in this manuscript served as the basis for designing and implementing a 360-degree communication intervention to promote the acceptance of transgender women as equal and deserving of dignity, to reduce gender-based violence and discrimination, and to promote policies supporting transgender housing (see CARE, 2020). The campaign's message, "We are humans too," was placed on a wide range of digital platforms. After five rounds of discussions and meetings, our research team, and the advisory group of transgender community members co-designed three print advertisements. The advisory group members also co-scripted, storyboarded, and co-created 3 videos of 30 seconds each, and ran the media advocacy campaign. The culture-centered campaign created by transgender sex workers disrupted the erasures perpetuated by Singapore's authoritarian state and placed rights-based conversations in national discourse, depicting the role of voice infrastructures in disrupting the erasures and silencing of dissent perpetuated by authoritarian regimes. Challenging the notion that holds up Singapore's illiberalism as an "Asian value," the voices of transgender sex workers articulate health as a human right, and advocate on the basis of this concept to demand safe housing. Our academic-activist solidarity housed under CARE, including practices such as hiring transgender sex worker activists as community researchers, came under scrutiny by the state, being labeled "financial mismanagement" for hiring human rights activist in an audit targeted at CARE (see Dutta et al., 2019).

Violence as a fundamental threat to human health and wellbeing serves as a register for theorizing health communication as transformative resistance to violence. Emergent from theorizing of violence perpetuated within the structures of an authoritarian state, culture-centered health communication interventions turn to advocacy and activism that seek to resist and rupture the hegemonic cultural ideologies. In their meta-synthesis of culture-centered interventions, Sastry et al. (2021)

depict tier three culture-centered studies where community-owned infrastructures point toward health equity. We suggest this notion of pointing toward health equity needs to be crystallized further in culture-centered studies, delineating what the struggle for health equity actually looks like when placed in solidarity with communities at the margins. Moreover, the nature of solidarity in culture centered studies ought to be unpacked further, theorizing solidarity as resisting state-capitalist power in community struggles against the violence that threatens health. Our study adds to the theorizing of CCA by demonstrating the nature of emancipatory politics based on crafting solidarities with communities at the margins, embedded within an academic-activist partnership that actively and explicitly challenges the authoritarian structure and the heteronormative violence embedded within it. To be committed to the emancipatory politics of the CCA is to name the structures of violence that perpetuate marginalization and to agitate against these structures that perpetuate oppression by placing the “body on the line” (Dutta et al., 2019). The nature of health communication as health advocacy is reflected here in the “Accept, Adapt, Respect” campaign (see <https://www.facebook.com/thestilettoalliancesg/videos/1650351201704222> and <https://www.facebook.com/thestilettoalliancesg/videos/1602593723146637> for campaign videos created by the advisory group) that narrates the structural violence, renders it visible, and disrupts the erasure perpetuated by the authoritarian state amidst state controls on voice and active erasure of articulations. Future culture-centered theorizing ought to examine closely the communicative processes through which solidarities are sutured and resistive acts of health activism are co-created through academic-activist-community partnerships. Amidst the global rise in anti-transgender hate, future generation of culture-centered scholarship ought to attend to the ways in which health communication as health activism takes the form of resisting hate and violence.

Notes

1. Persons who challenge gender normativity, which includes persons who identify as transfeminine, transmasculine, transsexual, Hijra, genderqueer, female-to-male, male-to-female, and intersex and more.
2. The concept of community in the culture-centered approach attends to a register for collective organizing drawing on identity, while simultaneously attending to differences and inequalities within community spaces. The activist partnership that forms the basis of this report is anchored in the organizing of transgender sex workers in Singapore as a collective under the umbrella of Project X.
3. Subalternity is the condition of being erased from discursive registers and from pathways of mobility.
4. The names of the participants have been changed.
“Empty rent” refers to rent owed to landlords for off days.

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