

GENDER IDENTITY:

Yesterday we ran the first of a three-part series on lives of Kenya's transgender/transsexual community. This is the second part...

BY BRENDA OKOTH

“The first thing that people think when they hear that you are a transgender/transsexual person is sex. They assume that you are promiscuous and they just want to know how you have sex and what your preferences are. We have some really weird people who call our organisation to ask whether it's possible to get a date with one of us, like that's all we are good for. It's totally sexual objectification,” says Audrey Mbugua. She is the programmes manager for Transgender Education and Advocacy. It was founded in December 2008 following an interest by Audrey and Samantha King'ori to address the gross human rights violations and ignorance in Kenya of facts concerning transsexualism.

“The only thing that features on transsexuals in the media, especially in programmes, is that they are trying to trick other people into having sex with them. None of them are given any key roles; they are either prostitutes or drug peddlers and they are always killed off before the show is over. The more these images are channelled out to the public, the more they go a long way in reinforcing the warped stereotypes about transgender people. People are transphobic,” Audrey says.

She shares this two weeks after our first meeting. We are seated in an auditorium at a local hotel, only this time I meet up with a few more members of the Transgender Education and Advocacy organisation, about eight, both men and women.

“I see us as gender travellers because we are travelling from one gender to another. We are not gay people and we are not cross-dressers either. One thing that people need to realise about us transgender people is we are not asking them to love us or hug us or pat us on the back. What we want is for people to mind their own business, respect our rights and respect diversity,” says one member.

“We are sick and tired of the way people try to dictate things to us, especially how to portray ourselves. The worst is those who ask you whether you don't feel that you will regret being a transgender. Or worse still, “Ohh no one can tell that you are a transgender person.” Or you should go to Mombasa and find a white person to marry you and fly out of the country. I have been told this many times, it just shows that this person sees you as a sex toy,” shared another member.

Unlike Audrey, most of them prefer anonymity because they know their families and friends would never accept them as they are. A few of them however were keen to tell their stories:

Aneyia's story

Aneyia (not his real name) is a transman. He just turned 41 and is the firstborn in his family. He only found out about the transgender organisation two years ago. “We are in the same group but all our issues are different and complex. I am the firstborn in my family, my dad was a cop and he passed away. My mum



STEREOTYPE: Most transgender and transsexuals are often portrayed as cross-dressers or transvestites.

is almost 70 and I didn't know anything about TEA until two years ago. In 2001, I went through the internet, I found an article about a transgender woman from California, her name is Gian Israel. I got into contact with her and she sent me two books which I still have today and I value them very much. The first one was on transgender care and because I am transitioning from female to male, she gave me a book specifically on that issue.

How am I supposed

to come out? I come from a home full of boys and one sister and they assume that maybe I was a tomboy. My mum believes that she gave birth to a girl and I don't tell her anything to keep her happy. My siblings don't ask and so I don't tell. Sometimes you can only share with someone who has shown interest in your life.

“In 2006 I had an operation because of a growth in my uterus, I had been taking medicine for it for a few years but it stopped working. My gynecologist told me that I have secondary male characteristics and by having the operation, I would be sort of killing two birds with one stone. I would be able to stop my estrogen production thus making it easier for me to transition, I was very happy. When I told my parents, “I thought my mum would ask me then but she didn't. I don't have issues with my workmates because I am self-employed and I have only shared about myself with two of my friends. I am hoping to get a chest re-construction soon. Society needs to understand that our inner programme doesn't work with the way we look. I think for most people to come out and say that they have a gender disorder is difficult because your family who are meant to support you and help you through it are most often the ones who ostracise you first, so how is the society supposed to accept you?”

Maria's story

People say that being like this is all in your mind, it is not. It's not easy to open up about it. I have always been feminine. I used to like wearing my mum's clothes

when I was growing up. I tried to fight it but it's something that is inborn.

I started my transition when I was 21. I did it in Dubai when I went there for work. All my life, I knew that I was different and initially I considered myself as gay. In Dubai, I met a transgender for the first time; I was tongue-tied that she

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could be herself so openly. But by meeting her, I came to the realisation then that I was not alone.

That's when I made the decision to

THE OTHER SEX, PART 2



TEA FOUNDER: Audrey Mbugua.



CO-FOUNDER: Samantha King'ori.

make my transition and get started on my hormonal therapy. However when I came back home, I had to return to my male self. I was struggling and I felt it was not me. I got depressed and lost a lot of weight, that's when I met Samantha, another transgender woman, and she helped by introducing me to TEA. Here I found both a support group and a second family.

After sometime, I started growing my hair. I remember this one time, I met my mother at Karen shopping centre and I was in my female personality, she didn't say anything and when she got home, I was waiting for her.

On seeing me, she barked, “I saw you wearing make-up.” I took that as my cue to tell her about me being a transgender woman. It wasn't the first time that I had told her about how I felt. When I was in class eight I remember she called me aside and asked me, “do you feel different like you are not a boy?” and I said, “Yeah, I feel different, I feel like I am a woman.” Her response at the time had been to pray for me to change to feel like a man. She took me to so many deliverance seminars to help me be “normal” and I was willing to try but it was hopeless.

When she confronted me about the make-up, her first question to me after I explained that I felt like a woman despite being born a man, was whether I sleep with men. I told her that for me it was about my gender identity and not who I sleep with. After my mum found out, I stopped hiding because I was tired of living a double life. My brother can't tolerate who I am. I told my mum I cannot live the way other people want to live and I cannot suffer as I try to be what people want me to be so that I can please them.

Aisha's story

I was the only boy in my family and my sisters used to ask me why I act like a girl. I became self-aware in 2008; I had just dropped out of school. So I started doing my hair, my mother didn't understand what was wrong with me. I remember one morning, I wore a dress and a stuffed bra and appeared before

my family. They were all shocked and my mother threatened to have me locked up but I explained to them how I felt on the inside. My mother tried praying for me but it's not something that you can change.

I think for me the intolerance of people scares me a little. I almost got raped by this man until he discovered I was a transgender woman. Then he called a mob to come beat me up, claiming that I was impersonating a woman. It's been difficult but I am happy living as a woman because that's how I am wired inside.

BY BRENDA OKOTH

MANY experts believe that biological factors such as genetic influences and prenatal hormone levels, early experiences, and experiences later in adolescence or adulthood may all contribute to the development of transgender identities.

Dr Catherine Syengo Mutisya is a consultant psychiatrist who has been involved in the management of two transsexual/transgender people in Kenya, and has confirmed information of the first person to undergo surgery in KNH for sexual change. Both her patients are over 18 years.

She explained, “Transgender is an adjective to describe a diverse group of individuals who cross or transcend culturally-defined categories of gender. Gender identity is a person's sense of maleness or femaleness. The gender identity of transgender people differs to varying degrees from the sex they were assigned at birth. Thus in medical terms, they are said to have a gender identity disorder.”

According to Syengo, this is a strong and persistent preference for the status and role of

SEX RE-ASSIGNMENT THERAPY

TRANSEXUALS undergo a series of medical procedures to change their physical sex to that which they identify with. Collectively, these medical procedures are known as Sex Reassignment Therapy or SRS. **Diagnosis and Counselling:** The individual has to be working with a psychiatrist who understands their case and who can make proper recommendations on a course of treatment.

Hormone Replacement Therapy: After the diagnosis, the transsexual person is eligible to take hormones to develop secondary sex characteristics of the sex she/he identifies with.

For example, Estrogen is administered to male to female transsexuals (transsexual women) and anti-androgens to inhibit the action of testosterone. Estrogen causes the development of female characteristics including breasts and a redistribution of body fat.

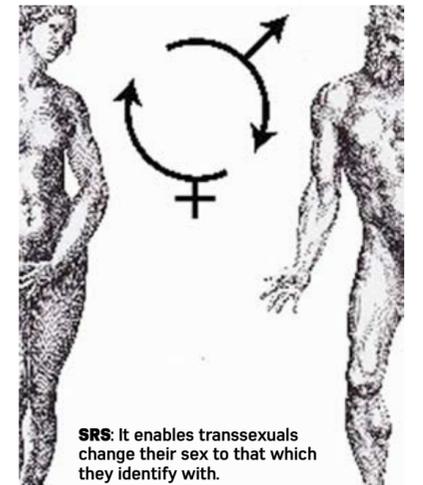
Testosterone hormone is administered to female to male transsexuals to help them develop male secondary sex characteristics such as growing a beard and male musculature.

Surgery

There are a number of surgical procedures involved:

Female to male Transsexuals (FtM)

- Mastectomy which is the surgical removal of breasts.
- Oophorectomy which is the surgical removal of ovaries.
- Hysterectomy which is the surgical removal of the uterus.



SRS: It enables transsexuals change their sex to that which they identify with.

- Phalloplasty which is the creation of a penis from the clitoris.

Male to Female Transsexuals (MtF)

- Castration which is the surgical removal of the testis.
- Breast Augmentation which is the surgical enhancement of breasts.
- Vaginoplasty which is the creation of a vagina and removal of the penis.

Electrolysis

Most transsexual women require electrolysis. This is the removal of facial hair using a tiny needle that is inserted in the skin and a small electric current passed to kill an adjacent hair follicle.

— Transgender Education and Advocacy

WHAT EXPERTS SAY

the opposite sex which is not merely a desire for any perceived cultural advantages of being the other sex.

“We have transsexuals, transgender, and gender non-conforming people. The subtypes are classified according to whether the disorder occurs in children, adolescents, or adults and whether the person is sexually attracted to males, females, both sexes, or neither sex. The designation of gender identity disorders as mental disorders is not a license for stigmatisation, or for the deprivation of gender patients' civil rights. The use of formal diagnosis is often important in offering relief, providing health insurance coverage, and guiding research to provide more effective future treatments,” said Syengo.

In Kenya, Dr Syengo believes that most people with gender identity disorder do not disclose it but they are struggling with it. This is because they are afraid of the stigma associated with it and most of them lack proper guidelines on identifying the condition and its management. “I guess the question is how do you know when and if to seek help? People with gender identity disorder have this strong and persistent preference for the status and role of the opposite sex which is not merely a desire for any perceived cultural advantages of being the other sex. The first step is to go for evaluation and a psychiatrist can make the diagnosis,” she says.

Mental health professionals may serve as a psychotherapist, counsellor, or family therapist, or as a diagnostician/assessor, advocate, or educator. “They assess gender dysphoria and will provide information regarding options for gender identity and expression.” Once the patient has been diagnosed, they discuss treatment options for co-existing mental health concerns, if applicable: assess eligibility and preparedness of the patient before referring them for feminising/masculinising hormone therapy. This is the period known as the true-life test, where the individual lives in accordance to his/her preferred gender. After a period of over a year, if the patient wills it, the psychiatrist also assesses their eligibility for sex reassignment surgery.

“We work to educate and advocate on behalf of clients within their community (schools, workplaces, other organisations). We assist clients with making changes in identity documents; provide information and referral for peer support, medical interventions, voice and communication therapy. We also work with them through their surgery, postoperative care and follow-up, lifelong preventive and primary care.”