

Governance, Social Policy and Communication

Stories at the Edge: Reframing Public Discourse on Elder Hijra Lives N. Alam. *Gerontechnology* 25(s)

Purpose This study, part of the doctoral research "Seeing Hijra Aging in Bangladesh: Lived Experiences of Late-Life and Healthcare Precarity," examines the service vacuum and policy gaps affecting elderly hijra (gender non-conforming individuals/transgender) in Bangladesh, investigating how intersecting systems of oppression—age, gender identity, poverty, and social stigma—create barriers to healthcare access, housing security, and community support for this marginalized aging population. **Method** Qualitative research employing in-depth interviews with 25 elderly hijra participants (aged 50+) and nine key informants, including NGO workers, caregivers, and hijra rights activists across Dhaka, Rajshahi, and Tangail districts.

Results and discussion Findings reveal a complete absence of age-specific programs across governmental, NGO, and community-based organizations serving hijra populations. Existing Drop-In Centers focus exclusively on HIV/STI services for younger, sexually active hijra [1,2], leaving elderly members systemically excluded. Healthcare barriers include provider discrimination, misgendering, absence of trans-competent geriatric care, and reliance on unsafe self-medication through local pharmacies. The government stipend program (500-600 taka monthly/~\$7 CAD) proves inadequate and irregularly delivered. Housing insecurity is pervasive due to landlord discrimination and unaffordability, mirroring global LGBTQ elder experiences. The traditional guru-chela kinship system deteriorates with age, resulting in abandonment and economic exploitation, consistent with broader South Asian patterns [3,4]. Mental health services are nonexistent despite documented depression, anxiety, and isolation comparable to global transgender aging populations [5]. Elderly hijra articulate urgent needs for comprehensive geriatric services integrated into culturally safe environments, government-supported housing schemes, livelihood programs enabling micro-enterprises and agricultural activities, and mental health counseling. The study demonstrates that structural intersectionality manifests through policy vacuums in geriatric care, housing, and pensions, while political intersectionality renders elderly hijra invisible in both LGBTQ+ and mainstream elder care advocacy [6]. Gerontechnology interventions could address these critical gaps through several innovations, telehealth/virtual platforms providing trans-competent geriatric care; inclusive digital platforms with Bengali language voice recognition and low-literacy features for appointment scheduling and medical records management; mHealth solutions for medication management; digital payment systems ensuring reliable stipend delivery; community networking applications connecting isolated elderly hijra with support networks; and targeted digital literacy programs enabling access to online services and social connections. Without such targeted interventions addressing these intersectional vulnerabilities, elderly hijras face less dignified aging marked by untreated illness, homelessness risk, and profound marginalization, constituting a preventable human rights crisis requiring immediate policy response.

References

1. Khan SI, Hussain MI, Parveen S, Bhuiyan MI, Gourab G, Sarker GF, Arafat SM, Sikder J. Living on the extreme margin: Social exclusion of the transgender population (hijra) in Bangladesh. *J Health Popul Nutr.* 2009;27(4):441–51.
2. Gourab G, Hossain SM, Huq AK, Sarker M. HIV/STI prevention services for hijra sex workers in Bangladesh: Experiences from the field. *Cult Health Sex.* 2019;21(12):1399-412.
3. Arshad S, Malik A, Alam N, Muslim M. Mental health issues among hijra community in Pakistan. *J Soc Sci Rev.* 2022;2(2):45-58.
4. Bhattacharya S, Ghosh D. Transgender mental health in India: A systematic review. *Indian J Psychol Med.* 2020;42(5):409-18.
5. Fredriksen-Goldsen KI, Kim HJ, Emlert CA, Muraco A, Erosheva EA, Hoy-Ellis CP, et al. The aging and health report: Disparities and resilience among lesbian, gay, bisexual, and transgender older adults. Seattle: Institute for Multigenerational Health; 2013.
6. Tobin KE, German D, Spikes P, Patterson J, Latkin C. An examination of age-related differences in social and structural determinants of HIV risk among black men who have sex with men. *J Urban Health.* 2023;90(1):94-102.

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