

CHALLENGES FACING

SINGAPORE'S

TRANSGENDER

COMMUNITY

A QUANTITATIVE REVIEW



ASIA PACIFIC
TRANSGENDER
NETWORK

transgender **sg**

Transgender
Health Research
Lab

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INTRODUCTION

This report summarises the key findings of TransgenderSG’s nationwide online survey of transgender people in Singapore, undertaken with support from the Asia Pacific Transgender Network (APTN).

TransgenderSG conducted the survey between 2 April 2020 and 29 June 2020 to gather information on concerns facing the transgender community in Singapore and received responses from 242 trans and non-binary people. This report provides the first analysis of those responses. It was written by Jack Byrne and Ashe Yee from the Transgender Health Research Lab at the University of Waikato/Te Whare Wānanga o Waikato with additional technical support from Kyle Tan and Dr. Jaimie Veale, and reviewed and designed by TransgenderSG. It is divided into the following sections:

Introduction

Section 1: Who answered the survey

Section 2: Education

Section 3: Employment

Section 4: Healthcare access

Section 5: Gender-affirming healthcare

Section 6: Legal gender recognition

Section 7: Other relevant laws, policies and issues

Concluding discussion

Appendix 1: Selected open-ended responses

Appendix 2: Survey questionnaire

TERMINOLOGY AND ACRONYMS

The words ‘trans’ and ‘transgender’ are used interchangeably in this report as the umbrella term that includes trans men, trans women, non-binary people and anyone whose gender is different from their sex assigned at birth.

Assigned female at birth (AFAB)	A person who was thought to be female when born and initially raised as a girl.
Assigned male at birth (AMAB)	A person who was thought to be male when born and initially raised as a boy.
Cis or cisgender person	Someone whose gender identity aligns with their sex assigned at birth.
Gender diverse	A term to describe people who do not conform to their society or culture’s expectations for males and females. Being transgender can be one way of being gender diverse, but not all gender diverse people identify as being transgender and vice versa.
Non-binary person	Someone who doesn’t identify exclusively as a man or a woman.
Transgender person / trans person	Someone who identifies as a gender that is different from the sex assigned to them at birth. Some trans people identify within the binary, as men or women, and others have a non-binary identity.
Trans man / trans masculine person	Someone whose gender identity does not exclusively align with the female sex they were assigned at birth
Trans woman / trans feminine person	Someone whose gender identity does not exclusively align with the male sex they were assigned at birth.

Some additional terms used in the report are explained below.

Gender-affirming healthcare	Any form of healthcare that trans and non-binary people receive to align their body with their gender. It can include non-medical care (such as hair removal, counselling support, mental health assessments, and voice therapy), medical care such as hormone replacement therapy, and a wide range of surgeries. Sometimes the term is also used more broadly to include any form of trans-inclusive healthcare that is respectful and affirming of a person's unique sense of gender and provides support to identify and facilitate their gender healthcare goals.
Gender expression	A person's presentation of their gender through physical appearance – including dress, hairstyles, accessories, cosmetics – and mannerisms, speech, behavioural patterns, names and personal references. Gender expression may or may not conform to a person's gender identity. ¹
Gender identity	A person's deeply felt internal and individual experience of their gender, seeing themselves as male, female, a blend of both or neither. Gender identity can be the same as, or different from, a person's sex assigned at birth.
Gender marker	Details indicating a person's gender that are often used in administrative records, and on identity documents and other official documents. Gender markers may include binary (male or female) or non-binary gender options and be implemented through text or numerical coding systems. In Singapore, the main gender marker is a person's legal sex that is recorded on their National Registration Identity Card (NRIC).
Intersex person / a person with a variation of sex characteristics	A term for someone born with sex characteristics (such as genitals, gonads or chromosome patterns) that do not fit typical binary notions of male or female bodies.
Legal Gender Recognition	Official recognition of a person's gender identity, including gender marker and name(s) in public registries and key documents. It may encompass amending other gendered information such as titles, registration numbers, and categories (such as parental status).

METHODS

Survey design

The survey questionnaire was designed by a team comprising 3 trans men and 2 trans women, vetted by the rest of TransgenderSG and followed by a short pilot survey with community volunteers.

The survey was initially advertised through local online trans communities and personal contacts, followed by a wider launch on social media through prominent local LGBTQ pages. Volunteers also helped residents at the T Project shelter access the survey.

Getting the data ready to analyse

Number of participants

When the online survey closed, 257 questionnaires had been completed. These were checked to ensure that everyone who completed them identified as trans. A total of 15 surveys were discarded because the person filling it out either explicitly stated they were not trans or that their assigned sex at birth matched their gender identity. This left a total of 242 survey participants. This report analyses the responses those

¹ From *The Yogyakarta Principles plus 10* (2017): additional principles and state obligations on the application of international human rights law in relation to sexual orientation, gender identity, gender expression and sex characteristics to complement the Yogyakarta Principles adopted following consultation with experts and an experts' meeting held in Geneva, Switzerland from 18-20 September, preamble p.7.

242 trans and non-binary people gave to the survey questions.

Many survey participants only answered the initial demographic questions about their gender and citizenship status, and about their transition. As a result, there was a lot of missing data for certain questions, including some demographic questions such as ethnicity and income.

Creating new variables to compare between groups

In order to see whether there were differences in the experiences of participants based on their gender, every person's gender was coded as either trans man, trans woman or non-binary. The 11 participants who listed their gender identity as 'questioning' were re-coded to 'non-binary' for analysis purposes as the 'questioning' sample was too small to be representative of the population or to obtain meaningful results. The 15 participants who answered 'other' were also re-coded to 'non-binary' for the same reasons. Examples of 'other' responses that were re-coded include 'genderqueer', 'genderfluid', 'bigender', 'agender', and instances where participants stated 'non-binary trans feminine' or 'non-binary guy'.

We also regrouped some demographic response categories and created new variables so we could do cross-tabulations by ethnicity, age and income. Participants were able to select Chinese, Eurasian, Indian, Malay, or Other as their ethnic group. Due to low responses for all the non-Chinese response options (Eurasian, Indian, Malay, and Other), these were all recoded as a 'combined minority ethnic group' that could be compared against the major ethnic group, Chinese.

Doing the analyses

We used SPSS for doing all our statistical analyses. Some variables were recoded so that missing responses could be excluded from chi-squares and frequency table percentages.² When this report describes a finding as 'lower', 'less likely', 'higher' or 'more likely' than the overall percentage or mean, this difference was statistically significant at the $p < .05$ level. This means that the probability that this result occurred due to random chance was no more than 5%.

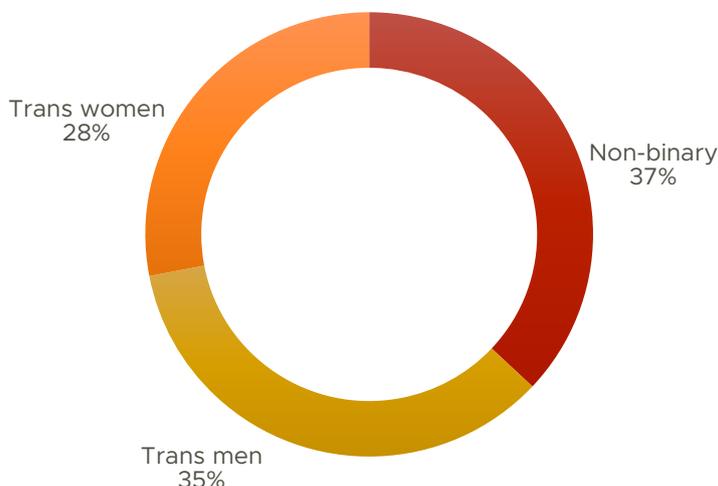
² All reported percentages were calculated as a proportion of the number of people who answered that specific question.

SECTION 1: WHO ANSWERED THE SURVEY

This section of the report describes the mix of trans and non-binary people who answered the survey. The survey was open to anyone who was a transgender or gender diverse person and who was also a Singaporean Citizen or Permanent Resident, or who was presently based in Singapore.

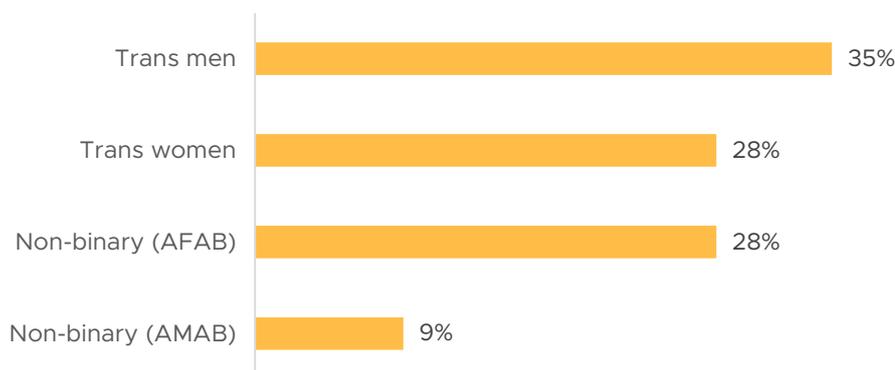
GENDER

There were 242 responses to the survey with non-binary people being the largest group (90 people, 37.2%), followed closely by trans men (84 people, 34.7%) and 68 trans women (28.1%).



It is important that trans and non-binary people are referred to by their gender, not by their assigned sex at birth. In some limited cases, data has been broken down further to identify what proportion of non-binary people were assigned male at birth (AMAB) and assigned female at birth (AFAB). This is useful when looking at gender-affirming healthcare interventions that are focused on those assigned a specific sex at birth. For example, an orchiectomy is a surgery for someone AMAB, while a hysterectomy is for someone AFAB.

Identifying the proportion of non-binary people AMAB and AFAB also gives us a better sense of the mix of people in the total sample. More than three-quarters (76.7%, 69 people) of non-binary people were assigned female at birth, and 23.3% (21 people) were assigned male at birth. This means that, across all survey participants, 153 (63.2%) were AFAB and 89 (36.8%) were AMAB.



CITIZENSHIP STATUS

Most of the participants in this survey were citizens of Singapore (89.8%, 219 people), while 7.8% (19 people) were Permanent Residents (PRs) of Singapore, and 2.5% (6 people) did not have Singaporean citizenship or PR status.

CURRENT LOCATION

Almost all the participants of the survey were currently based in Singapore (94.3%, 230 people). Three people (1.2%) were based in Australia, two people (0.8%) were in the United Kingdom, two each (0.8%) were in the United States, in the Philippines, and in Malaysia; and there was one person (0.4%) in each of Indonesia, Russia, and Thailand.

INTERSEX VARIATIONS

Six participants (2.5%) said they “had been diagnosed with an intersex condition”³, while another 15 people (6.2%) said they suspected they had an intersex variation, but they did not have a diagnosis.

The rest of the demographic questions described below were at the end of the survey and were completed by fewer participants.

AGE

There were 153 people who answered the age question in the survey. They were very much younger than the overall population in Singapore.⁴

Almost two thirds (65.4%, 100 people) were aged 25 or younger. While official population data published by Statistics Singapore is not directly comparable, it shows that only 26.4% of all Singapore residents were in the 0–24 age bracket in the year ending June 2019.⁵ There was an even starker difference between the proportion of older survey participants and the representation of older people in the overall population. While only 5.9% of survey participants (9 people) were above the age of 40, more than half of all Singapore residents (52.5%) were aged 40+ in 2019.⁶

While the majority of people in all our four gender categories were under the age of 26, this rose to almost three quarters of non-binary people AMAB (73%) and 85% of non-binary people AFAB. Almost a half of trans men (46%) were in our second age bracket (26-40), and almost all of participants aged 41 or older were either trans women or non-binary people AMAB. This age distribution of different gender identities in part reflects different waves of trans community visibility over time.

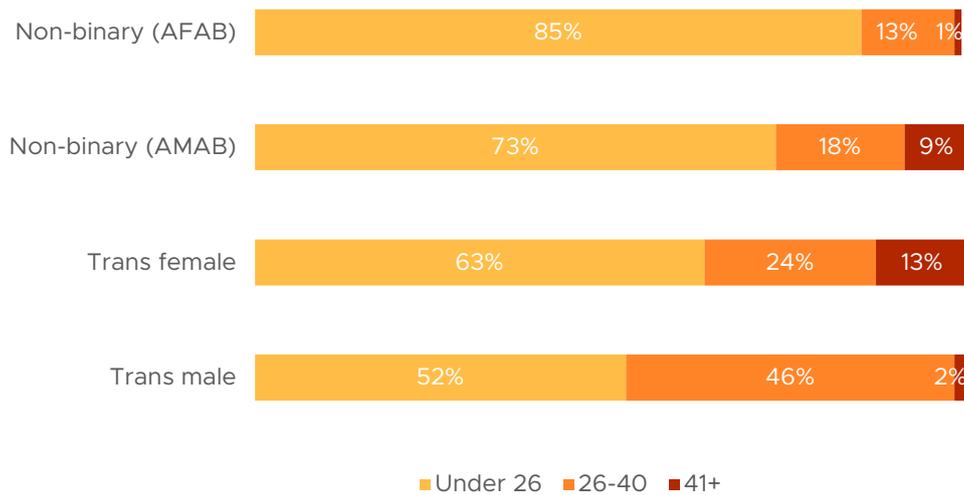
³ This was the wording of the survey question. Alternative preferred wording would be to ask if someone was born with an intersex variation or a variation of sex characteristics, as both these phrases do not pathologise innate bodily diversity as a medical condition.

⁴ The age categories used in the survey are slightly different than those in publicly available data from the Singapore Department of Statistics (SingStats). The survey data can be grouped into those aged 25 or younger, 26-40, and 40 plus. The Singapore Department of Statistics' data for 2019 can be grouped into 0-24, 25-39 and 40 plus: <https://www.singstat.gov.sg/find-data/search-by-theme/population/population-and-population-structure/latest-data>

⁵ Department of Statistics, Singapore, *Population and Population Structure*: <https://www.singstat.gov.sg/find-data/search-by-theme/population/population-and-population-structure/latest-data> Accessed 22 August 2020

⁶ Survey participants were also more likely to be in our middle age bracket, with 28.8% (44 people) aged from 26-40, compared to 21.9% of Singapore residents aged between 25 and 39.

Gender and age of participants

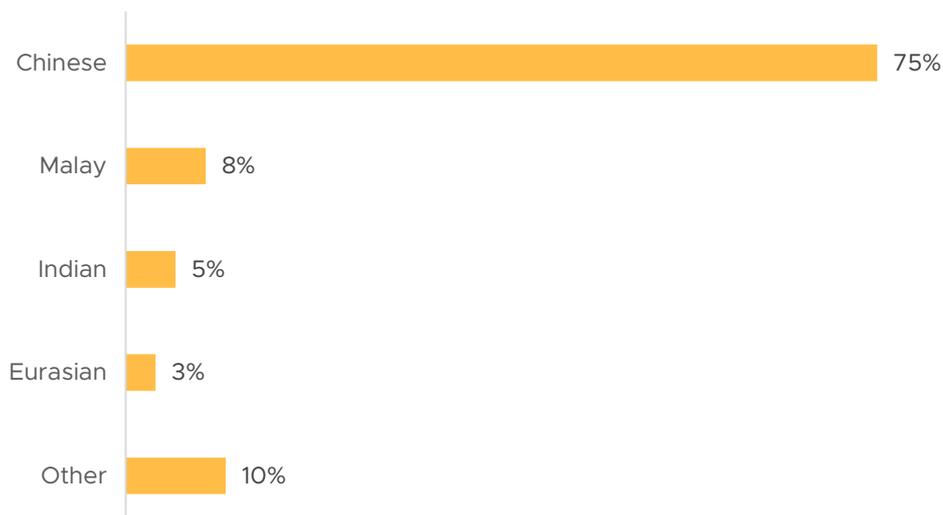


It is likely that the age distribution of the trans and non-binary population does not match that of all Singapore residents, given the relatively recent growth of trans communities in the country, particularly for trans men and non-binary people. However, the level of difference between the age mix of survey participants and the overall Singapore population is so large that it also suggests that younger trans and non-binary people were more likely to have participated in the survey than those who are older. This may also be linked to the length of time since people have started to question their gender identity or to transition. Those who have transitioned a long time ago may be less likely to maintain strong trans community links and to have heard about the survey.

Key topics in this report were analysed to see whether there were statistically significant differences based on people's gender, age, income or ethnicity. Where such differences were found, they are reported.

ETHNICITY

The survey asked participants which ethnic group or groups they belonged to, and people could select or write in one or more group. There were 154 trans and non-binary people who provided this information. Most people ticked just one of the five options (Chinese, Malay, Indian, Eurasian or Other) and those who selected Other specifically mentioned they were Filipino, Indonesian, Thai or Australian. Twelve participants selected more than one ethnic group, usually Chinese and one of the other four original options.



Three-quarters of the survey participants were Chinese (74.7%, 115 people), followed by those who were Malay (7.8%, 12 people), Indian (4.5%, 7 people), Eurasian (3.2%, 5 people), or Other (9.7%, 15 people). In order to have sufficient numbers to test for statistically significant differences between ethnic groups, people from these four ethnic groups were combined into one new category. Based on advice from TransgenderSG, this group is referred to in this report as the 'combined minority ethnic group'.

There were similar percentages of Chinese people amongst our survey participants and across all Singapore residents. In June 2019 Statistics Singapore estimated that 74.4% of Singapore residents were Chinese, which compares to 74.7% of survey participants identifying their sole ethnic group as Chinese.⁷ This also means the 'combined minority ethnic group' (25.3%) that includes all other survey participants is only slightly smaller than the 25.6% of all Singapore residents who were not recorded as Chinese.

This survey has a much lower percentage of Malay people (7.8%) than their representation in the total Singapore population, as Malay people make up 13.4% of all Singapore residents. To a lesser extent, the survey includes a lower proportion of Indian people (4.5%) than their representation within the Singapore population (9.0% of all residents). In contrast, it included more people who identified as 'Other ethnicities' (9.7%) and Eurasian (3.2%), totalling 12.9% compared to just 3.2% of all Singapore residents who were recorded as an Other ethnic group (which also includes those who identified their ethnic group as Eurasian).⁸

With no population data about the size of the trans population in Singapore, let alone the ethnicity distribution amongst that population, it is not possible to say whether these differences mean:

- fewer Malay and Indian people (and/or more Eurasian people and those from Other ethnic groups) in Singapore identify as trans
- the survey did not sufficiently include Malay and Indian trans people, and over-represented Other ethnic groups including Eurasians, and/or
- if TransgenderSG and trans community networks that promoted the survey had less connections to Malay and Indian trans people or were able to promote the survey more easily to trans people who were from Eurasian or Other ethnic group backgrounds.

Anecdotal evidence suggests that because the Malay community in Singapore is predominantly Muslim, it is harder for Malay trans people to be open about being trans. Conversely, TransgenderSG suggested that some Eurasian trans people may have more exposure to positive views about trans or LGBTQ issues. In those circumstances they may be more likely to identify as trans and to have access to trans community networks promoting this survey.

SEXUAL ORIENTATION

We asked participants which term best described their sexual orientation, from the following list of options: straight, lesbian, gay, bisexual, pansexual, queer, asexual, questioning, and other (please specify).

Three quarters (75.2%, 115 people) of the participants in our survey identified as lesbian, gay, bisexual, pansexual, queer, or questioning, only 15.7% (24 people) of people identified as straight, and 9.2% (14 people) identified as asexual.

Trans men (30.4%, 17 people) were more likely to describe their sexual orientation as straight compared to trans women (13%, 6 people), and the one straight non-binary person (2%). Non-binary people (17.6%, 9 people) were more likely to identify as asexual compared to trans women (8.7%, 4 people), and to the sole asexual trans man (1.8%).

⁷ <https://www.singstat.gov.sg/find-data/search-by-theme/population/population-and-population-structure/latest-data>

⁸ The 2015 General Household Survey provides a breakdown of the 'Other' category, which made up 3.2% of the resident population in total and included Eurasians who made up 0.4% of that resident population. <https://www.singstat.gov.sg/publications/ghs/ghs2015>

Over half of the survey participants (55.6%, 5 people) over the age of 40 identified as straight, compared to over a quarter (27.3%, 12 people) of 26 to 40 year olds, and to just 7% of people younger than 26 (7 people). People under the age of 26 were the most likely to identify as asexual (13%, 13 people), whereas only one person (2.3%) aged 26 to 40 identified this way, and no one over 40 used this term.

INCOME

Participants were asked two income questions:

- What is your monthly PERSONAL income in SGD\$? Include any regular personal allowance you may be receiving. If your monthly income fluctuates, use your previous 12 months' income and divide it by 12.
- What is your monthly HOUSEHOLD income in SGD\$? This would be the combined income of everyone you are physically living with at the moment, be it family or roommates.

Neither of these questions is directly comparable with official measures of personal or household income in Singapore. However, they provide a way to compare the experiences of trans people who answered the survey based on their income.

Personal monthly income

While 153 people answered the personal monthly income question, 37 indicated they would prefer not to disclose their personal income, leaving 116 people who provided these details.

Personal Monthly Income	Number	Percentage
Under 600	48	41.4%
600-1,200	14	12.1%
1,201-2,000	12	10.3%
2,001-3,500	18	15.5%
3,501-5,000	12	10.3%
5,001-7,500	4	3.4%
7,501-12,000	4	3.4%
Above 12,000	4	3.4%
TOTAL	116	100%

This low level of personal income reflects the high proportion of survey participants who were students. Therefore, we did further analysis of income levels solely for those survey participants who were not currently studying at a secondary school or for a post-secondary qualification. While the monthly personal incomes for the remaining 62 survey participants was higher, 14.5% (9 people) still had monthly personal incomes under \$600, followed by 22.6% (14 people) receiving between \$601 and \$2,000. Together this means over a third (37.1%) of non-students had a monthly personal income of \$2,000 or less.⁹

We did not have access to directly comparable personal income data, as published official personal income data divides the total household income across all household members.

Given the lower response rate to these questions, in order to check for any statistically significant differences in responses to other questions based on income levels we needed to group people into

⁹ This recalculation made more of a difference to personal income levels than removing data from those who were unemployed. Of the 66 people who were employed (part-time, full-time or self-employed) who provided personal income data, 16.7% (11 people) had monthly personal incomes under \$600 a month, and 25.8% (17 people) listed their personal income as \$2,000 or less.

three income bands that were each of a relatively similar size. Almost two-thirds of survey participants who provided personal income details (63%) had a monthly personal income of \$2,000 or less.

Household monthly income

While 153 people answered the monthly household income question, 54 indicated they did not know their household’s combined income, leaving just 99 people who provided these details. Almost two thirds of people who provided these details (63.6%) had a household income that was less than \$9,000 per month.

Household Monthly Income	Number	Percentage
Under 1,000	4	4.0%
1,000-4,999	32	32.3%
5,000-8,999	27	27.3%
9,000-12,999	16	16.2%
13,000-19,999	8	8.1%
20,000 and above	12	12.1%
TOTAL	99	100%

While the data is not directly comparable, this average household income of our survey participants was much lower than the average monthly household income in Singapore’s 2017/18 Household Expenditure Survey, which was \$11,777.¹⁰

The household income is particularly hard to interpret as the survey does not provide details about the number of household members or the relative proportion of adults and children in the household. Official household income measures typically take these factors into account.¹¹ When divided into our three income bands for further analysis, almost two-thirds of those surveyed (63%) had a monthly household income of less than \$9,000.

What is your monthly household income in SGD\$?



In sections 5 and 6 of this report, we look at whether trans people in our lower income bands were less likely to be able to afford gender-affirming care or to change their legal sex marker.

¹⁰ <https://www.singstat.gov.sg/modules/infographics/hes/household-income>

¹¹ Personal income measures in Singapore are also derived from household incomes, divided between the number of people in the household. These official measures of income also include Central Provident Fund contributions that employees receive. As people do not usually consider these contributions when discussing their salaries, it is likely that employed trans people who answered our survey did not include these in their personal or household incomes.

SECTION 2: EDUCATION

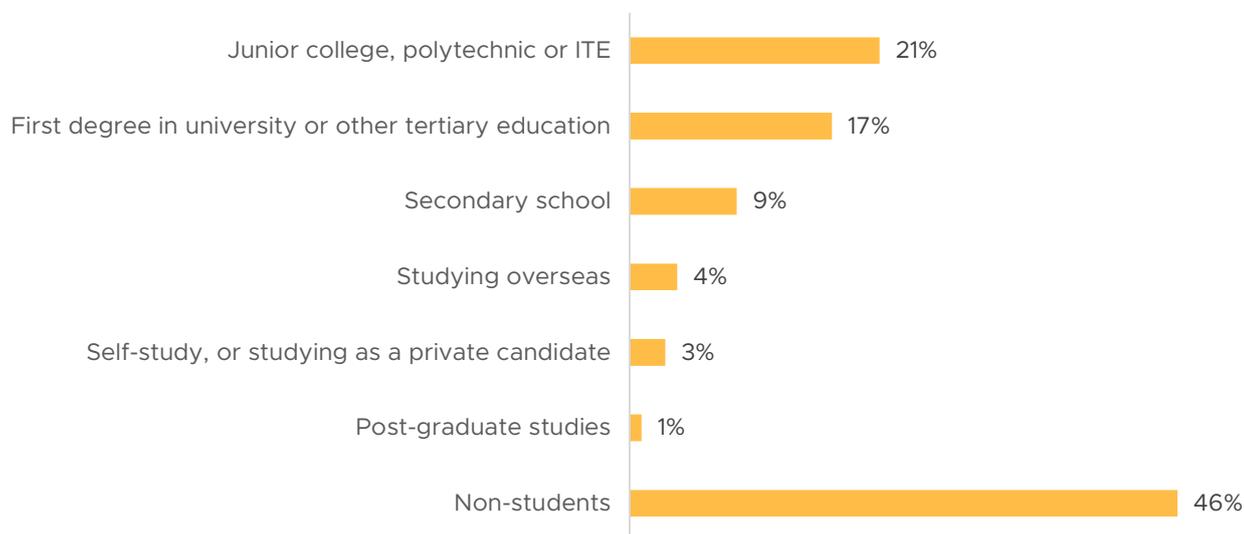
We asked students about any negative experiences they may have had while attending school, college, or university; as well as how safe they felt at their education institutions; how much their teachers cared about their wellbeing; and whether they had a teacher, counsellor, or staff member they could go to for support if they needed it.

CURRENT EDUCATIONAL STATUS

Over half of the participants of the survey (54.5%, 133 people) were currently undertaking some form of study. Approximately one fifth of the survey participants were in junior college, polytechnic or ITE (20.9%, 51 people), followed by people pursuing their first degree in university or other tertiary education (17.2%, 42 people).

Less than one in ten survey participants were either secondary school students (9.4%, 23 people), studying overseas (3.7%, 9 people), pursuing self-study / studying as a private candidate (2.5%, 6 people), or doing post-graduate studies (0.8%, 2 people).

What is your CURRENT educational status in Singapore?



Excluding those doing private study and those studying overseas, 48.3% (118 people) of the total sample were studying at Singaporean schools or campuses. Most people currently studying in Singaporean schools and campuses were under the age of 26 (87.1%, 61 people), with 11.4% (8 people) being between the ages of 26–40, and one person (1.4%) aged 41 or older.

Almost half of all students identified as non-binary (48.3%, 57 people), followed by 31 trans women (26.3%) and 30 trans men (25.4%).

The participants who weren't currently studying (45.5%, 111 people) had either already graduated (39.8%, 97 people), or did not finish their schooling (5.7%, 14 people).

HIGHEST EDUCATIONAL QUALIFICATION

The survey asked participants to select their highest education certificate. Those responding had relatively high levels of educational attainment.

Almost a third (32%) had a university qualification. This included over a quarter of participants (26.8%, 41 people) who had a bachelor's degree, and 5.2% (8 people) with a graduate degree or higher. In addition, a further 13.7% of participants (21 people) had a polytechnic diploma. This means that close to half the survey participants (45.7%, 70 people) had a post-secondary (including university) qualification. Further age analysis of the data showed that more than three-quarters of both those aged 26–40 and those older than 40 had a post-secondary qualification, compared to only a quarter of those aged 25 or younger. This is higher than the 57.3% of all Singapore residents aged 25 or older who hold a post-secondary qualification.

The highest qualifications for the remaining survey participants reflect that many were currently students. Specifically, 16.3% of participants (25 people) indicated their highest qualification was GCE 'A' Levels / International Baccalaureate, 3.9% (6 people) listed a National ITE Certificate, for 17.6% (27 people) it was their GCE 'O' Levels, for 3.3% (5 people) their GCE 'N' Levels, and 12.4% (19 people) indicated their PSLE was their highest qualification. Only one person who answered this question did not have any education certificate (0.7%).

NEGATIVE EXPERIENCES AT SCHOOL

The survey listed a range of negative school experiences, asking those currently studying to indicate which, if any, of these they had experienced. Over one fifth of trans and non-binary students reported being verbally abused (22.0%, 26 people), and having people spread rumours about their sexual orientation or gender identity (21.2%, 25 people) while attending a Singaporean educational institution. More than one in ten (11.9%, 14 people) reported they had felt pressured to come out, and 11% (13 people) said they felt singled out by their teachers for being LGBT (or being suspected of being LGBT). Eight students (6.8%) had been on the receiving end of a malicious prank or public humiliation, and four students (3.4%) had experienced either physical abuse (e.g. being hit, shoved, beaten up) or sexual abuse at school.

One in six students (16.9%, 20 people) reported that they were not out as trans or non-binary to anyone at school. One such student explained how verbal abuse still affected them, even if other students did not know they were trans:

“All students do use slurs and vulgar, degrading speech about LGBT people regularly. As such, while I am not a direct target of verbal abuse, I still feel unsafe, uncomfortable, and otherwise ostracised.”

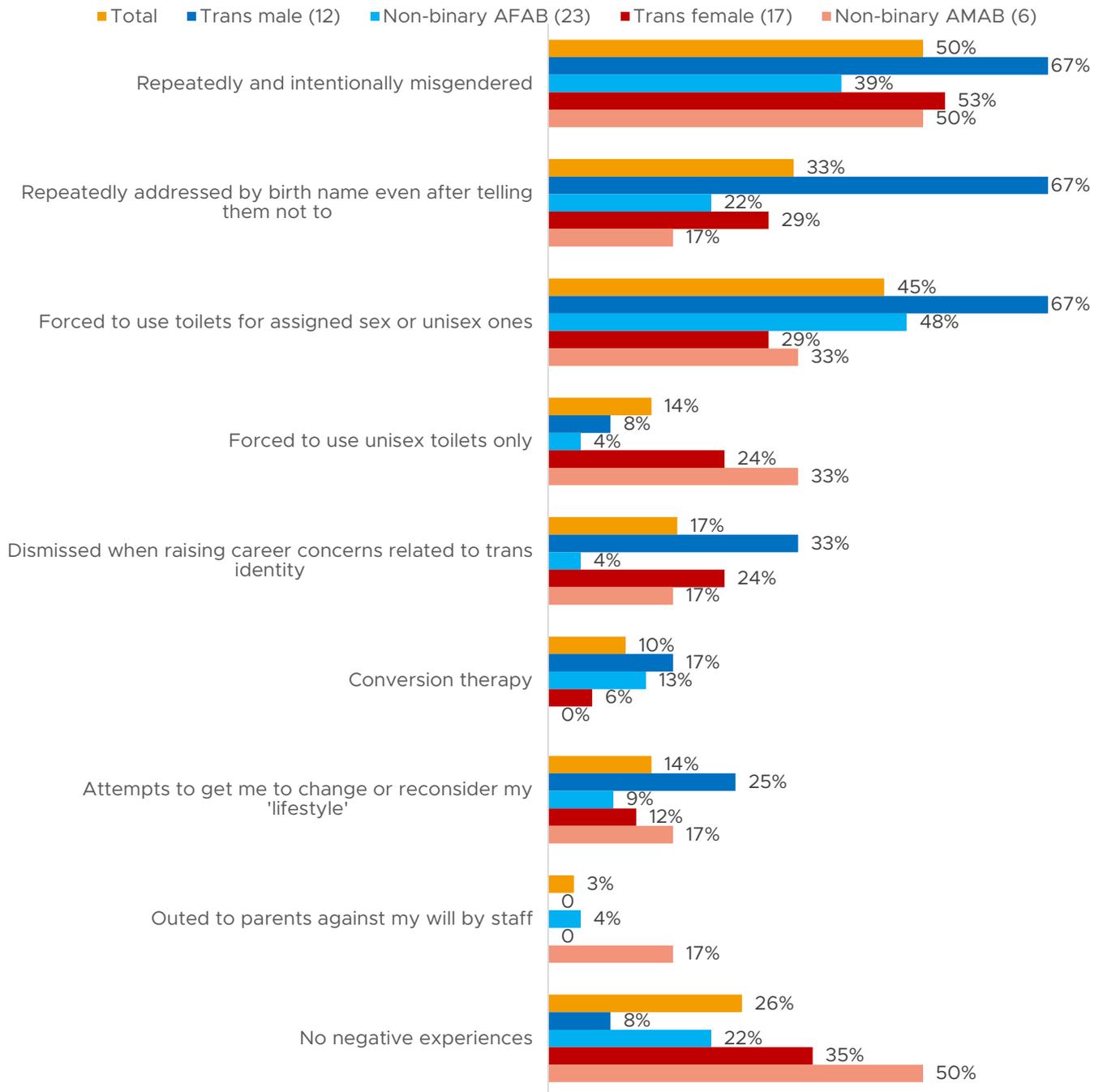
Of the 58 students who were out at school and answered the question (excluding those who answered “prefer not to say” or selected “other” without elaboration), half reported that they had been repeatedly and intentionally misgendered (50%, 29 people). 32.8% (19 people) had been repeatedly addressed by their birth name, even when they had communicated that they no longer wanted to be called that. Trans men (66.7%, 8 people) were more likely to be repeatedly addressed by their birth name at school when compared to non-binary students (20.7%, 6 people). Almost a third of trans women (29.4%, 5 people) were also repeatedly addressed by their birth name.

Almost half of students (44.8%, 26 people) were forced to use an inappropriate toilet. This was either being forced to use bathrooms that matched their assigned sex at birth or only having the option of a unisex one. Non-Chinese students who had come out (66.7%, 10 people) were significantly more likely to be forced to use a unisex bathroom or a bathroom that matched their assigned sex at birth compared to Chinese students (32.5%, 13 people).

Almost one-in-five students (17.2%, 10 people) had their career concerns related to their trans identity dismissed by others. A slightly smaller proportion of students experienced others trying to get them to change or reconsider their 'lifestyle' (13.8%, 8 people), and 10.3% (6 people) were sent for counselling to 'fix' them.

Overall, over three quarters of students (77.6%, 45 people) had negative experiences while at school (out of 58 people).

Negative experiences of openly transgender students at school

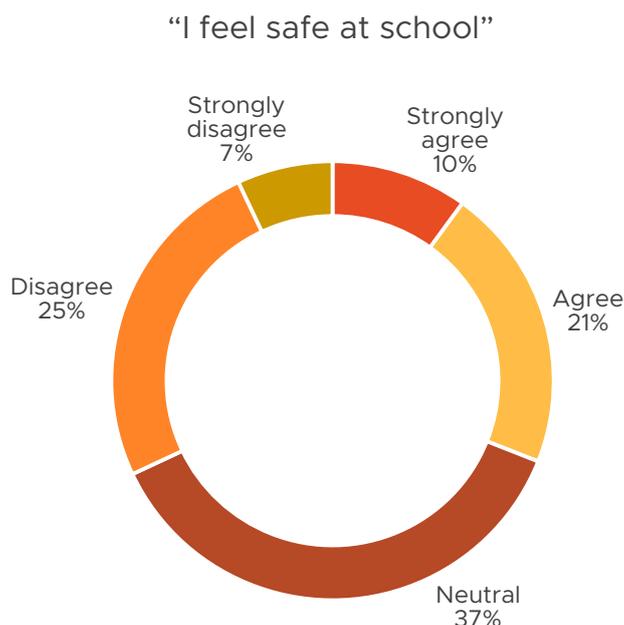


SAFETY AND SUPPORT AT SCHOOL

Students were asked to rank the extent to which they agreed with positive statements about support, respect and acceptance at school.

When asked if they felt safe at school, approximately one third of students disagreed or strongly

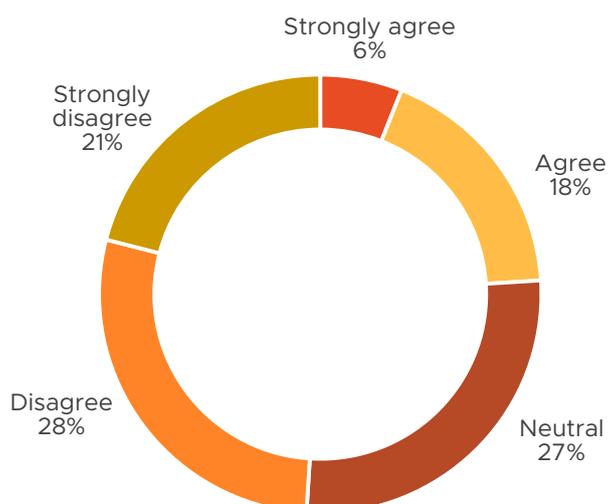
disagreed (32.5%, 27 people). A further 37.3% (31 students) felt only neutral about their safety at school. This left less than a third of trans and non-binary students (30.1%, 25 people) agreeing or strongly agreeing that they felt safe being at school.



Less than half of students (47%, 39 people) agreed or strongly agreed that their teachers cared about them, while 17% of students (14 people) disagreed with the statement.¹²

Almost half of trans and non-binary students (48.7%, 40 people) felt that they did not have a teacher, counsellor, or staff member that they could go to for support, and over a quarter of students (26.8%, 22 people) felt neutral about being able to find support.

“I have a teacher, counsellor or other school staff whom I can go to for support in school.”



Read together, this is troubling information as there is a large proportion of trans and non-binary students that feel unsafe in Singaporean schools, and an even larger proportion who feel as though they have no means of support from teachers, counsellors or staff members within their school.

¹² Over a third of students (35.4%, 29 students) gave a neutral response to the statement: “My teachers care about my wellbeing”.

SECTION 3:

EMPLOYMENT

INTRODUCTION

Article 12 of the Singapore Constitution “guarantees to all persons equality before the law and equal protection of the law.” However, there is no explicit mention of protection on the basis of gender identity or expression, nor are there any protections against anti-transgender bias and discrimination, including in employment provisions.¹³

A 2014 study of LGBT people in Singapore reported that 15% of LGBT employees experienced some sort of discrimination in employment.¹⁴ In 2017, the Asia Pacific Transgender Network worked with academics from Australia’s Curtin University and trans communities in Southeast Asia to research pre-employment discrimination against trans people, including in Singapore.¹⁵

The Singapore research found that trans people were discriminated against when applying for university graduate positions in business administration or information technology, and for school leaver positions. Despite equivalent qualifications and experience, trans applicants were less likely than cisgender applicants to receive a positive response, including being invited for an interview, across all three job sectors. Trans men and trans women applied for positions in the same sectors and both faced significant levels of pre-employment discrimination. Trans men appeared to experience the greatest discrimination in applications for university graduate vacancies, while trans women were least likely to get a positive response when applying for school leaver roles.

Pre-employment discussion is compounded by barriers to legal gender recognition outlined in section 6. When a trans person is unable to change their legal sex marker on official documents, this discloses their trans status at the very beginning of a job application process. This increases the risk of discrimination and reduces the chance they will be able to find work using their self-defined name and gender.

EMPLOYMENT STATUS — HIGH LEVELS OF UNEMPLOYMENT

The survey asked participants what their current employment status was by selecting the closest option from four options: employed fulltime, employed part-time or on contract work, self-employed / freelance / gig economy, or unemployment.

Almost half of the sample were unemployed at the time of the survey (49.0%, 103 people), while 31.0% (65 people) had full-time employment, 8.6% (18 people) were in part-time employment, and a further 11.4% (24 people) were self-employed.

Further analysis of this data shows that the high level of unemployment reflects that many of the survey participants were students. This included everyone in secondary school who was unemployed (20 people), the one person in postgraduate study, most of those in junior college (83%, 30 people), two-thirds (66.7%, 20 people) of those pursuing their first degree at university, all private candidate students (4 people) and over half (55.6%, 5 people) of those studying overseas.

¹³ ILGA World: Lucas Ramon Mendos, *State-Sponsored Homophobia 2019: Global Legislation Overview Update*, p. 174 (Geneva; ILGA, December 2019).

¹⁴ SOGI-Singapore (2014). *National LGBT Census: Singapore*. SOGI Singapore. Cited in: Winter, S., Davis-McCabe, C., Russell, C., Wilde, D., Chu, T.H., Suparak, P. and Wong, J. (2018). *Denied Work: An audit of employment discrimination on the basis of gender identity in Asia*, p.20. Bangkok: Asia Pacific Transgender Network and United Nations Development Programme.

¹⁵ APTN (2018) *Denied Work: An audit of employment discrimination on the basis of gender identity in Singapore*. Accessed 27 August 2020 at: <https://weareaptn.org/wp-content/uploads/2019/11/APTN-DeniedWork-Singapore.pdf>

When we removed all current students from the tally of unemployed people, the proportion of the remaining survey participants who were unemployed more than halved, falling to 20.9% (23 people). Those who had graduated were less likely to be unemployed (15.6%, 15 people), while those who had dropped out of school or university were more likely to be unemployed (57.1%, 8 people). Similarly, when we looked at levels of unemployment based on a person’s highest education qualification, those with a university bachelor’s degree or a graduate degree or higher were less likely to be unemployed (14.3%, 7 people) and more likely to be working fulltime.

	Employed			Unemployed	Unemployment Rate
	Full-time	Part-time	Self-employed		
All survey participants (including students)	65	18	24	103	49.0%
All non-students	59	11	17	23	20.9%
School dropouts	2	3	1	8	57.1%
School graduates	57	8	16	15	15.6%
University graduates	33	2	7	7	14.3%

While the figures are not directly comparable, all these unemployment levels are much higher than Singapore’s unemployment rate of 2.9% over the same time period as this survey was run.¹⁶

There were some gender differences in the levels of unemployment and full-time employment. However, these reflected that non-binary people were more likely to be younger and to be studying, and therefore unemployed. As the gender by age graph in section 1 shows, a smaller proportion of trans men were under the age of 26. When we compared trans men, trans women and non-binary people within the same age bracket, there were no statistically significant differences in their employment status.¹⁷

Most trans and non-binary people under the age of 26 who answered the survey were unemployed (70.0%, 70 people), which is likely to reflect their participation in study. Compared to trans and non-binary people under the age of 26 (13.0%, 13 people), those aged 26-40 (61.4%, 27 people) and over 40 (44.4%, 4 people) were more likely to have full-time employment.

Among those who stated their ethnicity, unemployment rates were similar for Chinese participants (50.4%, 58 people) and the combined minority ethnic group (56.4%, 22 people), as were the full-time employment rates for these two groups. Among Chinese participants, 27.8% (32 people) were employed fulltime compared to a third of the combined group of minority ethnic participants (33.3%, 13 people).

BARRIERS TO SEEKING EMPLOYMENT

The survey asked participants an open-ended question about the kind of barriers related to being transgender or non-binary that they face when seeking employment. Half of the people who wrote in comments (50%, 15 people) mentioned how general transphobia and discrimination towards trans and non-binary people was a major barrier to finding employment.

“Not being offered the job due to my trans status, having less job options due to

¹⁶ Singapore’s seasonally adjusted unemployment rate, as a percentage of the labour force, for the June 2020 quarter was 2.9% for Singapore residents aged 15 and above (excluding full-time and part-time students). Source: Statistics Singapore: <https://www.singstat.gov.sg/find-data/search-by-theme/economy/labour-employment-wages-and-productivity/latest-data>

¹⁷ This result was confirmed by further analysis showing that age was the significant predictor of employment status. Using a multinomial logistic regression, compared to the reference group (unemployed), there were no statistically significant differences found across gender groups in relation to full time, part-time, and self-employment, respectively. Age was the significant predictor to identify if someone worked full time vs. was unemployed or was self-employed vs. unemployed. Survey participants aged 26 or older were more likely to be in full-time employment and self-employed.

discrimination.”

A quarter of participants who wrote comments (26.6%, 8 people) mentioned the barrier caused by needing to present legal documents that included a gender marker and their birth name (sometimes referred to as their ‘dead name’) that did not match their current appearance, name, or gender identity.

“Repeated questioning surrounding my gender identity and transition which are unrelated to the job and which trigger dysphoria. Accusations of falsifying documents as the gender marker listed does not match my physical appearance.”

Of those who made comments, seven participants (23.3%) said it had been an employment barrier for them when an employer had preconceptions about a transgender person’s worth and capabilities.

“Employers, due to lack of awareness, have the perception that transgender employees are less capable and that we are mentally unstable.”

WHAT MAKES A POTENTIAL WORKPLACE TRANS-FRIENDLY?

The survey asked trans and non-binary people what criteria they found important when seeking employment and applying for jobs.

Being treated fairly in the workplace was an important issue for nearly every participant. Almost everyone considered it important that their chances of being hired (93.4%, 85 people), their salary (92.4%, 85 people) and their career opportunities and future promotions (92.4%, 85 people) would not be affected negatively by their transgender identity.

Other high-scoring criteria were that workplaces that had a welcome and inclusive company culture (90.2%, 83 people); that the company had an anti-discrimination policy on the basis of sexual orientation (85.9%, 79 people) and gender identity (88.1%, 81 people); and that there was a clear grievance process in place for employees who experience harassment, bullying or discrimination of any sort (87%, 80 people). This meant that company staff, and the human resource department, where applicable, should be accepting of gender identity (81.5%, 75 people) too. Participants considered good trans-friendly policies, such as being able to use the bathroom that corresponded with their gender identity (78.3%, 72 people), were important too.

Three out of four participants (76.1%, 70 people) said that being able to socially, medically, or legally transition in their workplace at their own pace and time was important, as was being able to take paid or unpaid transition-related healthcare leave.

Almost two-thirds of participants (63.1%, 58 people) stated that not needing to ‘out’ themselves as trans or non-binary (e.g. by having to provide a copy of their NRIC, or outdated documentation) was an important factor.

While it was ranked lower than other criteria, more than half of participants (53.3%, 49 people) also considered that company-provided insurance covering transition-related healthcare was also important when they were seeking employment.

Where applicable, how important are the following criteria to you when seeking employment and sending out job applications?



For all questions regarding a trans-friendly workplace, trans women (28 in total) and trans men (44 in total) tended to rate these criteria as more important than did non-binary participants (20 in total).¹⁸

Almost all¹⁹ trans women (27 people, 96.4%) and trans men (43 people, 97.7%) thought it was important that the company's hiring process, their career opportunities and promotions, and their salary would not be affected by their gender identity, compared to 75% of non-binary participants (15 people).

Almost all trans women (92.9%, 26 people) and most trans men (84.1%, 37 people) thought that having a staff and HR department that was accepting of gender identity was important, compared to 60% of non-binary participants (12 people). Similarly, most trans women (89.3%, 25 people) and 81.8% of trans men (36 people) considered trans-friendly policies at a company to be important, compared to half of non-binary participants (55%, 11 people).

5 most important factors by gender

Trans men	Trans women	Non-binary
Hiring decisions not negatively affected by trans identity	Hiring decisions not negatively affected by trans identity	A welcoming and inclusive culture
Salary not negatively affected by trans identity	Career/increments/promotions not negatively affected	Hiring decisions not negatively affected by trans identity
Career/increments/promotions not negatively affected	Salary not negatively affected by trans identity	Career/increments/promotions not negatively affected
Anti-discrimination policy regarding gender identity	A welcoming and inclusive culture	Anti-discrimination policy regarding gender identity
A welcoming and inclusive culture	Company and HR are accepting of my gender identity	Anti-discrimination policy regarding sexual orientation

¹⁸ This was not due to non-binary people being younger, as there were no statistically significant differences between how participants in our three age brackets responded to this question.

¹⁹ The two exceptions were a trans woman who had transitioned a long time ago and said that no one knew she was trans, and a trans man who had not begun transitioning yet. In the former's case, the only factor she considered important was not having to provide documentation that would out her as trans.

NEGATIVE EXPERIENCES IN THE WORKPLACE

The survey asked all participants “What are some negative experiences you have had in the workplace in relation to being transgender?”, listing possible examples. This section is based on 53 responses from people who answered this question, after excluding those who selected that they had not disclosed they were trans to anyone at work, or who had answered with “prefer not to say” or “other” without elaboration.²⁰

Of the people that were currently working and who had disclosed they were trans to someone at work, a quarter (26.4%, 14 people) had someone at work spread rumours about their gender, sexual orientation or sex life. A similar proportion, (24.5%, 13 people) had someone they worked with try to get them to change or reconsider their ‘lifestyle’. In addition, 20.8% (11 people) reported that they had been repeatedly and intentionally misgendered in the workplace by their colleagues.

Not being able to access the appropriate bathroom at their workplace was another barrier experienced by people who answered this survey. Specifically, 17% of participants who had disclosed they were trans to someone at work (9 people) had been forced to use either the bathroom that matched their assigned sex at birth or only had the option of a unisex bathroom. A third of trans men who were out at work (33.3%, 9 people) reported that they were forced to use an inappropriate toilet at work. Interestingly, no non-binary people or trans women reported this.

Other issues reported by participants who were out at work included having to deal with being verbally abused in the workplace in relation to their gender identity (11.3%, 6 people), and being repeatedly addressed by their birth name, despite telling people not to do this (7.5%, 4 people).

Almost half of trans and non-binary people who were out at work (47.2%, 25 people) had a negative experience in the workplace.

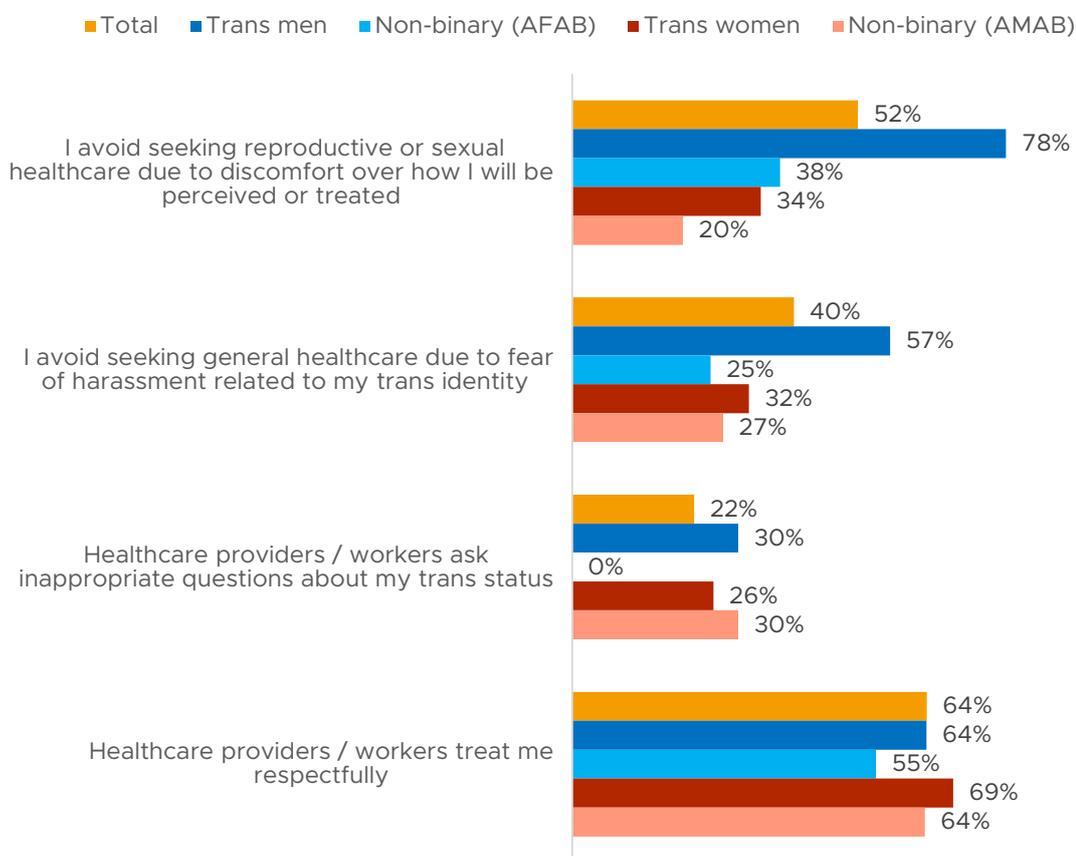
²⁰ Over a quarter (26.2%, 28 people) of those currently working (full-time, part-time, or self-employed) reported that they had not disclosed they were trans to anyone at work.

SECTION 4: HEALTHCARE ACCESS

This section deals with trans and non-binary people’s experiences seeking general healthcare in Singapore.

POSITIVE AND NEGATIVE EXPERIENCES

Survey participants were asked how much they agreed with the statements below. The bar graph measures the percentage of people who agreed or strongly agreed with each statement.



More than half of participants (51.6%, 77 people) avoided seeking reproductive or sexual healthcare (such as a pap smear or HIV test) due to discomfort over how they would be perceived or treated. Trans men were more than twice as likely to give this response than trans women.

Over three-quarters of trans men (78.3%, 47 trans men) had avoided reproductive and sexual healthcare services for this reason, compared to a third each of trans women (34.0%, 16 people) and non-binary people (33.3%, 14 people). This may reflect that the types of sexual and reproductive healthcare that trans men might access are likely to involve physical examinations, such as the example given of a pap smear. Since the majority of trans men in Singapore have not have genital reconstruction surgery, they may fear being misgendered during such an examination, experience body dysphoria, or feel physical discomfort due to the effects of testosterone on this part of their body.

This avoidance of sexual and reproductive healthcare can be problematic given trans men and non-binary people AFAB who have not had a full hysterectomy still require pap smears and potentially other gynaecological examinations, and birth control if they have a male sexual partner.

Two in five participants (40.4%, 61 people) of participants agreed or strongly agreed that they avoided seeking general healthcare due to fear of harassment for being trans or non-binary. Trans men (57.4%, 35 people) were more likely to avoid seeking general healthcare compared to trans women (31.9%, 15 people) and non-binary people (25.6%, 11 people).

More than a fifth (22.3%, 33 survey participants) agreed or strongly agreed that a healthcare provider had asked them inappropriate questions about their transgender status. The examples given in this statement included being asked whether they had had surgery or a healthcare provider asking to see their body, when it was not relevant to the medical issue being discussed.

On a more positive note, almost two-thirds of participants (63.5%, 96 people) agreed with the statement that their general healthcare providers treated them with respect. The remaining participants were more likely to feel neutral about this statement (28.5%, 43 people), with 9% (12 people) disagreeing.

HEALTHCARE PROFESSIONALS' AWARENESS OF TRANS ISSUES

Our survey asked trans people about the extent to which they thought that these three different types of healthcare providers were well informed on transgender issues:

- a) their general healthcare doctors (e.g. GPs or specialists for non-trans healthcare);
- b) their mental healthcare doctors in Singapore; and
- c) their transgender healthcare doctors (e.g. for HRT or surgery) in Singapore.

“These doctors I have seen are well informed on transgender issues”

	Transgender specialists		Mental health doctors		General health doctors	
	Number	%	Number	%	Number	%
Strongly Agree	19	24.7%	17	21.8%	10	6.8%
Agree	32	41.6%	27	34.6%	13	8.8%
Neutral	19	24.7%	18	23.1%	63	42.6%
Disagree	5	6.5%	12	15.4%	35	23.6%
Strongly Disagree	2	2.6%	4	5.1%	27	18.2%
TOTAL	77	100%	78	100%	148	100%

Not surprisingly, survey participants were much more likely to agree that those health professionals focused more specifically on gender-affirming healthcare interventions were well informed on transgender issues. This was highest for transgender healthcare doctors including those prescribing HRT or performing surgeries. Two-thirds of participants (66.2%, 51 people) agreed or strongly agreed that their transgender healthcare providers were well informed on transgender issues. Less than a tenth of the people²¹ who answered this question (9.1%, 7 people) disagreed or strongly disagreed with this statement.²²

²¹ A total of 96 people answered this question, but 19 people selected 'not applicable'. Those 19 responses were excluded from this analysis of the extent to which survey participants agreed that their transgender health doctor/s were well informed about trans health issues

²² A total of 96 people answered this question, but 18 people selected 'not applicable'. Those 18 responses were excluded from this analysis.

Most participants who answered this survey question (56.4%, 44 people) agreed or strongly agreed that their mental healthcare doctors in Singapore were well informed on transgender issues. This may reflect the role mental health providers can play in assessing trans people before they take gender-affirming healthcare steps.

However, trans people also expressed concerns about knowledge gaps among mental health providers they had seen. More than twice as many trans people disagreed or strongly disagreed that their mental health provider was well informed (20.5%, 16 people) compared to responses to the same question about their transgender healthcare provider.

Finally, survey participants were asked to indicate whether and to what extent they agreed with the statement that their general healthcare doctors were well informed on transgender issues. This statement covered General Practitioners (GPs) as well as specialists for general 'non-trans' healthcare that is unrelated to gender-affirming care.

Only a minority of people (15.5%, 23 people) agreed or strongly agreed that their general healthcare doctors were well informed on transgender issues and 41.8% (62 people) disagreed or strongly disagreed. Almost twice as many people (148) answered this question. This is likely to be because this question appeared earlier in this survey and would also be relevant to trans and non-binary people who were yet to start any gender-affirming healthcare interventions.²³

²³ There was no 'not applicable' response option for this question.

SECTION 5: GENDER-AFFIRMING HEALTHCARE

INTRODUCTION

Gender-affirming healthcare refers to any form of healthcare that trans and non-binary people receive to align their body with their gender. It can include non-medical care (such as hair removal, counselling support, mental health assessments, and voice therapy), medical care such as hormone replacement therapy, and a wide range of surgeries.

Types of gender-affirming care

Any trans or non-binary person	Trans men / non-binary people AFAB
<ul style="list-style-type: none"> • Hormone replacement therapy (HRT) • Counselling support • Mental health assessment • Voice therapy • Genital reconstruction surgery 	<ul style="list-style-type: none"> • Chest reconstruction • Hysterectomy/oophorectomy • Hair transplant
	Trans women / non-binary people AMAB
	<ul style="list-style-type: none"> • Hair removal/electrolysis • Orchiectomy • Breast augmentation • Laryngeal shave / Adam’s apple reduction • Facial feminisation surgeries

Every person’s self-defined gender identity is “integral to their personality and is one of the most basic aspects of self-determination, dignity and freedom”.²⁴ Access to gender-affirming healthcare, for those who seek it, is an important component of the right to the highest attainable standard of health.²⁵ Other trans and non-binary people may not seek such healthcare interventions as part of their transition, or choose to pursue some options but not others. This right to bodily integrity and autonomy is protected under international human rights standards²⁶ and reflected in the individualised approach to care set out in the World Professional Association for Transgender Health’s Standards of Care.²⁷

This section of the report looks at the types of gender-affirming healthcare trans and non-binary people in Singapore had accessed or hoped to access in the future and the impact of costs on these decisions. In order to interpret the survey findings, it is important to understand the range of gender-affirming healthcare available, and barriers to accessing these procedures in Singapore, particularly cost.

²⁴ *The Yogyakarta Principles* (2006): Principles on the application of international human rights law in relation to sexual orientation and gender identity, adopted following an experts’ meeting held in Yogyakarta, Indonesia from 6-9 November 2006, Principle 3, p. 11. <https://yogyakartaprinciples.org/>

²⁵ *The Yogyakarta Principles plus 10* (2017): Additional principles and state obligations on the application of international human rights law in relation to sexual orientation, gender identity, gender expression and sex characteristics to complement the Yogyakarta Principles adopted following consultation with experts and an experts’ meeting held in Geneva, Switzerland from 18-20 September. Principal 17(L), p. 20. <https://yogyakartaprinciples.org/>

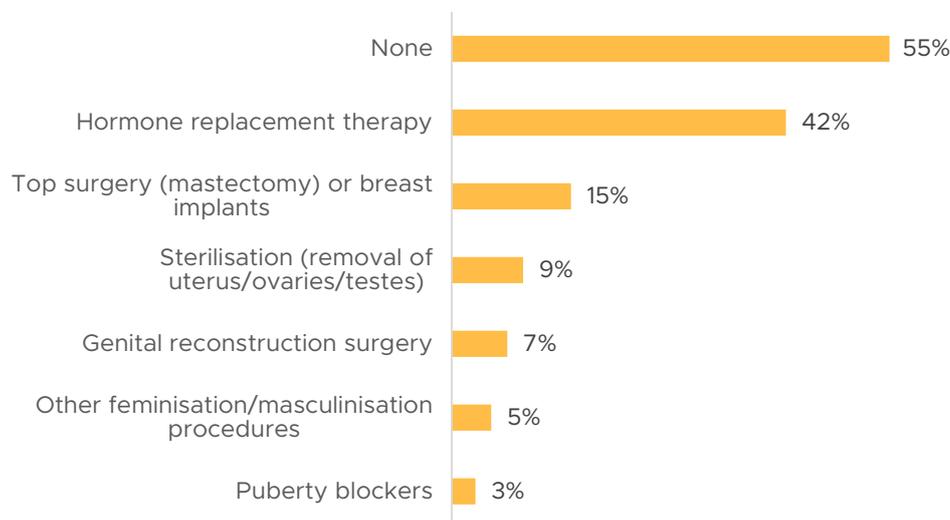
²⁶ *The Yogyakarta Principles plus 10* (2017): Principle 32, p. 10.

²⁷ World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, Version 7, WPATH, 2012, p. 8. Accessed on 28 August 2020 at: https://www.wpath.org/media/cms/Documents/SOC%20v7/Standards%20of%20Care_V7%20Full%20Book_English.pdf

OVERVIEW OF GENDER-AFFIRMING HEALTHCARE PEOPLE HAD ACCESSED

The survey asked people what forms of gender-affirming healthcare they had received, if any. Slightly more than half (55%) had not taken any medical transition steps.

What forms of medical transition have you undergone, if any? *(Check all that apply)*



All the response options to this question were written so that they could be answered by any participants, regardless of their gender. By looking at the gender of people having these procedures, we can make the following assumptions about the medical interventions undertaken by the trans and non-binary people who had completed this survey.

Type of gender-affirming healthcare	How many have had this care
Hormone replacement therapy	102
Chest reconstruction / mastectomy / masculinising top surgery	34
Removal of uterus or ovaries	16
Other feminising procedures (e.g. facial surgery, electrolysis)	11
Vaginoplasty / feminising genital reconstruction surgery	9
Removal of testes / orchiectomy	7
Masculinising genital reconstruction surgery	7
Breast implants / feminising top surgery	3
Other masculinising procedures	1

This information confirms that hormones were by far the most common form of gender-affirming care accessed by survey participants, followed by chest reconstruction and hysterectomies for trans masculine people. Read alongside other evidence, it is likely that electrolysis is the second most common form of gender-affirming healthcare for trans feminine participants. It is interesting that more trans feminine people had had a vaginoplasty than an orchiectomy, though the numbers were low for both, and similar to the number of masculinising lower surgeries.

GENDER-AFFIRMING HORMONES

As noted above, 102 of survey participants stated at the start of the survey that they had ever used gender-affirming hormones. This section considers how trans and non-binary people were sourcing their hormones. It then provides background information about hormone costs in Singapore before describing how much participants said they spent on hormones per month and whether that cost was affordable for them.

Source of hormones

We asked our participants who are currently taking gender-affirming hormones where they obtain their current source of hormones, and some people selected more than one option.

The most common place to obtain them was from public hospitals (e.g. Tan Tock Seng Hospital), with 39.2% of those using hormones (40 people) acquiring them there, followed by 25.5% (26 people) obtaining hormones from private doctors. Smaller proportions of participants obtained hormones overseas while they were travelling (8.8%, 9 people); from their friends, community, or family (5.8%, 7 people) or ordered them from the internet (3.9%, 4 people).

Trans women currently using hormones were more likely to obtain them from a public hospital (51.2%, 21 people), compared to trans men (38.1%, 16 people). This was also where all three non-binary people using gender-affirming hormones were accessing them.²⁸ Trans women were also more likely to get their hormones online (9.8%, 4 people). Trans men were more likely to be getting hormones through private doctors (40.5%, 17 people), compared to trans women (22%, 9 people).

People aged between 26 and 40 were more likely to have accessed hormone replacement therapy, and those aged 25 or younger were less likely to have done so. There were 32 young people below the age of 26 who were using hormones, with most obtaining them from public hospitals or private doctors. Three people in this age bracket (9.4%) obtained hormones from their friends, community, or family; two had ordered them from the internet (6.3%); and one person had obtained hormones while travelling overseas (3.1%).

Types and Costs of Hormones

The table on the next page summarises information supplied by TransgenderSG about the costs of gender-affirming hormones in Singapore.

While these prices may fluctuate depending on demand, the main factor affecting cost for any trans person is whether they are accessing hormones through a public hospital or privately. For trans women and non-binary people AMAB there are two types of hormones, anti-androgens and estrogens. For trans men and non-binary people AFAB, the hormones listed are all forms of testosterone. The respective costs supplied were converted into approximate monthly costs, for this report.

Comparing the highest and lowest cost for each type of hormone, trans women and non-binary people taking an estrogen and an anti-androgen could be paying between \$56 and \$150 per month.²⁹ Trans men and non-binary people taking testosterone could be paying between \$15 and \$150 per month³⁰.

²⁸ Two non-binary people AMAB and one non-binary person AFAB were currently using hormones and both obtained them from public hospitals.

²⁹ While combining public and private sources of hormones could potentially mean a maximum monthly payment of \$202.50 for estrogen and an anti-androgen, it is unlikely for anyone to mix and match public and private sources once they have a steady supply.

³⁰ Trans masculine people who obtain testosterone through public hospitals incur additional costs for injection administration, particularly in the case of Nebido, which cannot be self-injected. Public hospital injection services are cheaper but usually unavailable on weekends and would necessitate taking time off work or school. Some thus get medication from public hospitals and then go to private doctors for the injection.

(As of January 2018)³¹

Hormones	Cost details	Monthly cost
Trans women and non-binary people AMAB		
<i>Anti-androgens</i>		
25mg Spironolactone: \$0.025/tab	Public hospital: 10 or 20 cents per day	\$6 (public)
or		
100mg Spironolactone (anti-androgen). Take 100–200mg per day	Private doctor: \$20/box of 20 i.e. may only last 10 days	\$60 (private)
or		
50mg Cyproterone 12.5–50mg per day)	Public hospital: less popular but more powerful anti-androgen. \$3.75/tab	\$112.50 (public)
<i>Estrogens</i>		
2mg Estrogen (2–6mg per day):	Public hospitals: \$0.52/tab and may need 3 per day	\$50 (public)
or		
2mg Progynova (2–6mg per day)	Private doctor: \$20/box of 20 and may take 3 per day	\$90 (private)
Trans men and non-binary people AFAB		
<i>Testosterone</i>		
Depo T (cypionate): one shot every 3 weeks	Public: \$30-35 per 10ml multi-dose vial, which lasts a few months depending on dosage Private: \$25-\$45 per vial	Public: \$15 Private: \$60
or		
Sustanon: 1 shot every 3-4 weeks	Public: ~\$35 per 250mg single-dose vial Private: \$45-50 per vial	Public: \$47 Private \$65
or		
Nebido: 1 shot every 10-14 weeks, most typically 3 months. Self-injection is not possible.	Public: \$267 per 1000mg single-dose vial \$6 for injection administration Private: about \$400+ per vial \$20-\$50 for injection administration	Public: \$91 Private: \$150 (assuming \$410 for Nebido and \$30 for injection)

Cost paid by survey participants

Survey participants who were currently using gender-affirming hormones were asked how much they roughly spent each month on hormones, in Singapore dollars (SGD). This question was answered by 95 trans and non-binary people.

³¹ Many of these costs have since increased; cyproterone is now \$5/tab at public hospitals. TransgenderSG has had difficulty compiling updated information for private doctors, whose prices can vary widely, and which fewer trans people obtain hormones from due to the cost. In 2020, many prices were further affected by the impact of COVID-19 on medical supplies. For example, the price of Nebido had reportedly increased to \$300 per vial in public hospitals. With many people also suffering pay cuts or job losses in the pandemic, some trans people were forced to stop their hormone therapy for financial reasons.

The median cost of gender-affirming hormones for trans women was \$50, and these costs ranged from \$10 to \$500. The median cost of hormones for trans men was \$34, and these costs ranged from \$5 to \$150. Based on the costs of hormones listed in the table above, and that trans women were likely to be taking two different types of hormones, it is not surprising that their monthly costs were higher than for trans men.

The higher upper limit of hormone costs for some trans women pushed up the average cost for trans women overall. This meant that trans women paid on average twice as much for hormones each month (\$84) compared to trans men (\$42).

The average cost of hormones for non-binary people was \$92, with a median cost of \$65. This cost ranged from \$60 to \$150; however only 3 non-binary people listed the cost of their gender-affirming hormones.³²

Affordability of hormones

Almost a quarter of participants (22.7%, 17 people), could only afford hormones after cutting down on other expenses. One person (1.3%) was not able to afford their hormones consistently and had missed dosages or stopped for financial reasons. Three-quarters of participants, 76% (57 people) were able to afford their hormones.

Trans men were more likely to say they could afford their hormones (76.7%, 33 people). Trans women were more likely to say they could afford hormones only after cutting down on other expenses (27.9%, 12 people), compared to 9.3% of trans men (4 people).

Those in our higher monthly personal income bracket (\$2000+) were more likely to say they could afford hormones (85.7%, 30 people) and those in our lowest monthly income bracket (under \$600) were less likely to be able to do so (36%, 9 people).

GENDER-AFFIRMING SURGERIES

Types and costs of gender-affirming surgeries

All 242 survey participants answered the question at the start of the survey about “what forms of medical transition” they had undertaken. Over half (55.8%, 135 people) ticked “I have not started medically transitioning”. Most of the remaining 107 people had taken gender-affirming hormones (95.3%, 102 people). Much fewer trans women and trans men had had any forms of gender-affirming surgeries, and no non-binary people had had these procedures.

As the table earlier in this section shows, the most common surgeries that Singapore trans men have had are chest reconstructions³³ (34) and hysterectomies (16), and much fewer have had the most expensive procedure, genital reconstruction surgery (7), which can cost up to SGD\$150,000. Slightly more trans women (9) had had genital reconstruction surgery (vaginoplasty, which costs on average \$30,000), than had had the one relatively cheap procedure, an orchiectomy to remove testes (7), which costs \$1,000. Very few trans women had had breast augmentation surgery / breast implants (3), which may cost about the same as chest reconstruction for trans men.

³² These small numbers also meant there was no statistically significant difference between the costs for non-binary people compared to trans men or trans women.

³³ Prices for chest reconstruction (or ‘top surgery’) partly depend on how much tissue there is to remove. Most trans men from Singapore travel to Bangkok for surgery, where top surgery costs around SGD\$4-10k. Others have gone to more expensive surgeons in South Korea, Australia or the USA, where prices range from \$8-15k. Local options cost \$15k and up, and in instances of multiple revisions may lead to a total bill as high as \$25k. It is generally rare for trans people in Singapore to have surgeries locally, since it is cheaper to travel overseas even with travel and accommodation costs, and where surgeons are typically more experienced with transgender patients specifically. However, with borders indefinitely closed due to COVID-19, trans people have been limited to local options.

The following table lists the approximate range in cost for each of these surgeries, based on information supplied by TransgenderSG.³⁴ The cost of masculinising genital reconstruction surgery is typically much higher than for a vaginoplasty, the equivalent feminising surgery.³⁵

Surgeries	Cost details (SGD)
Trans women and non-binary people AMAB	
Orchiectomy (in local hospitals)	\$1,000
Breast augmentation	\$15,000
Lower surgery: Vaginoplasty	\$20,000 – \$30,000
Trans men and non-binary people AFAB	
Hysterectomy	\$3,700 – \$25,000
Top surgery / chest reconstruction	\$2,800 – \$25,000
Lower surgery: Metoidioplasty	\$7,000 – \$40,000
Lower surgery: Full phalloplasty	\$35,000 – \$150,000

Cost paid by survey participants

Survey participants were asked roughly how much they had spent in total on gender-affirming surgeries, including travel and accommodation costs.

Trans women paid more for these surgeries on average (\$35,000) than trans men (\$30,790). The cost of surgeries that trans women had received ranged from \$3500 to \$300,000, and the cost of surgeries for trans men ranged from \$1000 to \$150,000. For each group, one single very outlier cost (\$300,000 for a gender-affirming surgery for a trans woman and \$150,000 for a trans man’s surgery) is likely to have skewed these average amounts.

Affordability of gender-affirming surgeries

There were no specific survey questions asking people what gender-affirming surgeries they would like to have, or whether they could afford such surgeries. This means that the reported surgery costs are hard to interpret. For example, the higher average surgery costs for trans women could mean that surgeries are less affordable for them because of the higher cost, or more accessible because trans women have been able to afford to spend that amount of money.

The legal gender recognition section of the survey asked those who had not changed their gender marker whether that was because they could not afford the required surgeries. Those findings are presented in the next section and suggest that the cost of genital reconstruction surgery is a high barrier for many, and particularly for trans men. As one trans man explained, other surgeries such as chest reconstruction and hysterectomies were also prohibitively expensive.

“I wished to go for mastectomy and hysterectomy . . . , however I could not afford financially. Singapore insurance company does not cover this aspect.”

³⁴ Many factors affect surgery costs, including country, surgeon’s experience/reputation, surgical technique, aesthetics, safety of procedure, recovery time, surgical invasiveness, potential impact on health, post-surgical functionality, level of refinement, surgical complications, need for revisions, and whether the trans person’s health and body qualifies them for certain techniques. This means that while it may be theoretically possible for a trans person to opt for the cheapest option for each desired surgery, it may not be advisable or possible in reality. Those who can afford it are also likely to choose higher-priced surgeries with results that they are more likely to be satisfied with.

³⁵ Metoidioplasty costs range from \$7-40k, depending on the country, surgeon and how extensive the procedure (implants etc.). This surgery does not create a full-length phallus. A phalloplasty costs from \$35k upwards in Bangkok to \$150k (in other overseas countries such as the USA.). One surgeon in Singapore now does phalloplasty for about \$100k. The wide variation in costs partially reflects the extent of surgery, where features such as nerve hookups (enabling physical and/or erotic sensation), urethral lengthening (enabling the person to urinate standing up), erectile rods, scrotal implants, and aesthetic details add to the base price.

SECTION 6: LEGAL GENDER RECOGNITION

INTRODUCTION

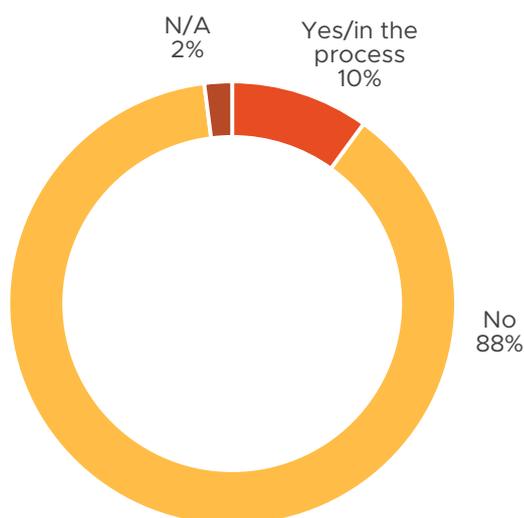
The current requirements for legal gender recognition in Singapore are that the trans person’s genitalia must have been “completely changed from male/female to female/male genitalia”, with this confirmed via a genital examination by a locally licensed urologist, gynaecologist, endocrinologist or plastic surgeon. There is no additional requirement for gender-affirming hormones or a diagnosis or letter of support from a psychiatrist.³⁶

These altered requirements were instituted in late 2017, without community consultation, and there is still limited information publicly available about the new provisions. Prior to that point, the wording of the legal provision required that a trans person had “undergone a sex change procedure”, and letters from the surgeons or hospitals that performed the surgeries were sufficient without the need for further examination by a separate doctor.

CHANGING LEGAL SEX DETAILS ON YOUR NRIC

The survey asked participants if they have changed their legal sex marker on their National Registration Identity Card (NRIC).³⁷ The majority of the sample (87.9%, 145 people) said they had not. Only 9.7% (16 people) had previously changed their gender marker or were currently in the process of doing so and 2.4% (4 participants) did not have an NRIC.

Have you changed the gender marker on your NRIC?



³⁶ International Lesbian, Gay, Bisexual, Trans and Intersex Association: Chiam, Z., Duffy, S. and González Gil, M., *Trans Legal Mapping Report 2017: Recognition before the law*, pp. 25 and 41. (Geneva: ILGA, November 2017). https://ilga.org/downloads/ILGA_Trans_Legal_Mapping_Report_2017_ENG.pdf Singapore’s Immigration and Checkpoints Authority (ICA) policy and its overarching National Registration Regulations, reg.10(2)(b) are outlined on page 41.

³⁷ The survey questions used the terms ‘legal sex marker’ and ‘gender marker’ interchangeably. This report typically uses the term ‘gender marker’, as it appears more often in other research on legal gender recognition. If a survey question specifically asked about a person’s legal sex, that wording is repeated here for accuracy purposes.

Similar proportions of survey participants who were trans women (15.7%, 8 people) or trans men (13.6%, 8 people) had changed their gender marker. No non-binary people who answered this survey question had changed these details on their NRIC and only one person aged 25 or younger (4%) and two over the age of 40 (22%) had done so. Those aged 26-40 were more likely to have changed their gender marker (25%, 11 people).³⁸

Survey participants in our highest monthly income bracket of over \$2,000 (21.4%, 9 people) were most likely to have changed or be currently in the process of changing their legal sex marker. Only two of those with a personal income between \$601 and \$2,000 (7.7%) were in this position, and nobody whose income was under \$600 had been able to change their legal sex marker.³⁹

Even amongst those trans people who had pursued gender-affirming healthcare, few had been able to amend the gender marker on their NRIC. Only 15 of the 83 people (18.1%) who had taken such medical transition steps had changed or were currently changing their gender marker. Often, trans people had been on hormone replacement therapy for many years and still did not have a NRIC which reflected their gender. This included about three quarters of those on hormones for between 3 and 5 years (73.3%, 11 people) or 5–10 years (75%, 6 people) and almost half of those who had used hormones for 10 or more years (46.2%, 6 people). (It must be noted that most would have changed their NRICs under the more lenient pre-2017 criteria, such that the percentages of those able to do so may drop further in future.)

REASONS PEOPLE HAVE NOT CHANGED THEIR GENDER MARKER

Surgical requirement

Many of the reasons survey participants had not changed their legal sex details were linked to the requirement to have genital reconstruction surgery. Almost half of participants who answered the question (49.0%, 70 people) were not able to change these details because they did not meet the criteria to do so or were not able to afford the required surgeries (47.6%, 68 people).

Over half of the people who said their personal income was less than \$600 a month (56.5%, 26 people) in personal income stated that not being able to afford the required surgeries was the reason they hadn't changed their legal sex details. This reason decreased as income increased; however, almost half of those whose personal income was between \$601 and \$2,000 (47.8%, 11 people) were still not able to afford the required surgeries, and neither were more than a third of those whose income was over \$2,001 a month (39.4%, 13 people).

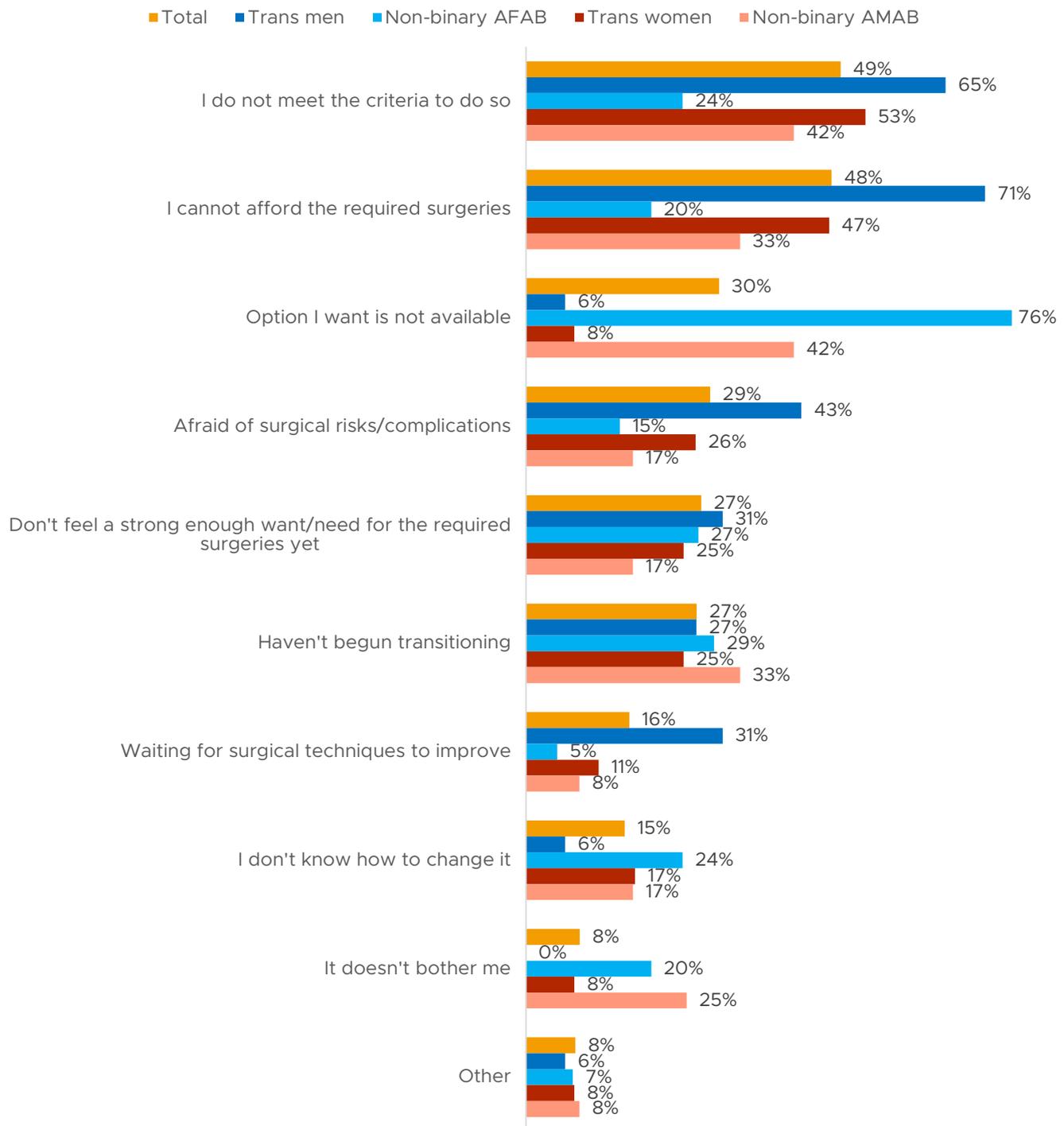
Could not afford the required surgeries (by monthly personal income)



³⁸ The findings that those aged 25 or under were less likely to have changed their gender marker, and those aged 26-40 were more likely to have done so, are statistically significant.

³⁹ Those whose personal income was between \$601 to \$2,000 a month (26.9%, 7 people) were more likely to cite not currently being in the process of transitioning as the reason for not having changed their NRIC. They were followed by participants whose personal income was less than \$600 a month (22.9%, 11 people), and those whose personal income was over \$2,001 a month (4.8%, 2 people).

Reasons for not changing gender marker on NRIC



Not being able to afford the surgeries was cited as a reason by more trans men (71.4%, 35 people) compared to trans women (47.2%, 25 people), and to non-binary people AFAB (19.5%, 8 people). The Chinese group (55.3%, 57 people) was more likely than the combined minority ethnic group (37.5%, 12 people) to not be able to afford the required surgeries.

Others were afraid of the medical risks and potential complications from the required surgeries (28.7%, 41 people). 42.9% of trans men (21 people) were afraid of the medical risks and complications from the required surgeries and were more likely to report this compared to 26.4% of trans women (14 people) and 15.1% of non-binary participants (8 people). Almost a third of Chinese participants (33.0%, 34 people) were afraid of the medical risks and potential complications from the required surgeries, compared to 15.6% (5 people) in the combined minority ethnic group.

Almost one in six participants (16.1%, 23 people) were waiting for surgical techniques to improve first. Trans men (30.6%, 15 people), were more likely to select this response, compared to 11.3% of trans

women (6 people), and just 5.7% of non-binary participants (3 people).

Some survey participants didn't want these surgeries or feel a strong enough need for them yet (27.3%, 39 people). Chinese participants (28.7%, 33 people) were more likely to give this response compared to the combined minority ethnic group (10.3%, 4 people).

Only two binary options on the NRIC

The survey found that 30.1% (43 people) of those who answered the question had not changed their legal sex marker because the option they wanted on their NRIC was not available (e.g. third sex option or no gender marker). Non-binary people AFAB (75.6%, 31 people) were much more likely to report that the desired option was not available compared to trans men (6.1%, 3 people) and trans women (7.5%, 4 people). The combined minority ethnic group (50.0%, 16 people) was more than twice as likely as the Chinese group (24.3%, 25 people) to say that the option they wanted was not available.

Lack of information

Lack of information was a factor, with 15.4% (22 people) unaware of what the process was for changing their NRIC. Almost a quarter of those (24.0%, 23 people) under the age of 26 said they didn't know how to change their legal sex marker. No one in the other two age brackets listed this as a reason.

Hadn't begun to transition

Some participants (26.6%, 38 people) hadn't changed their NRIC because they hadn't begun transitioning yet. Almost a third of participants under the age of 26 (33.3%, 32 people) cited this as the reason they hadn't changed their legal sex marker, compared to just 4 people (12.5%) between the ages of 26 to 40. No one over the age of 40 gave this reason. Only 8.4% of participants (12 people) were unbothered by their current NRIC, comprising 20.8% of non-binary people, 7.5% of trans women and no trans men.

WHAT WOULD YOU LIKE YOUR NRIC TO SAY IN THE FUTURE?

Survey participants were asked what they would like their NRIC to say in the future, once they are satisfied with their transition. They could choose between their assigned sex at birth, the opposite sex to that, an option specifically for non-binary people (e.g. 'NB', 'X'), an option specifically for intersex people (e.g. 'I'), a third option open to anyone (e.g. 'U' for 'undisclosed'), no gender marker, or Other (please specify).

Opposite to their assigned sex at birth

Over half of the sample (57.0%, 90 people) said they wanted their NRIC to record the opposite of their assigned sex at birth or had already changed it to do so.

Almost three quarters of trans men (78.9%, 45 participants) and 84% (42 people) of trans women wanted their NRIC to list the opposite of their assigned sex at birth, compared to just 3.7% (2 participants) of non-binary people.

An option specifically for non-binary people

Close to one in five participants (19.4%, 31 people) wanted their NRIC to record an option specifically for non-binary people, e.g. 'NB' or 'X'. This was the case for over half of all non-binary people (51.9%, 28 participants), compared to only one trans woman (2.0%) and two trans men (3.5%).

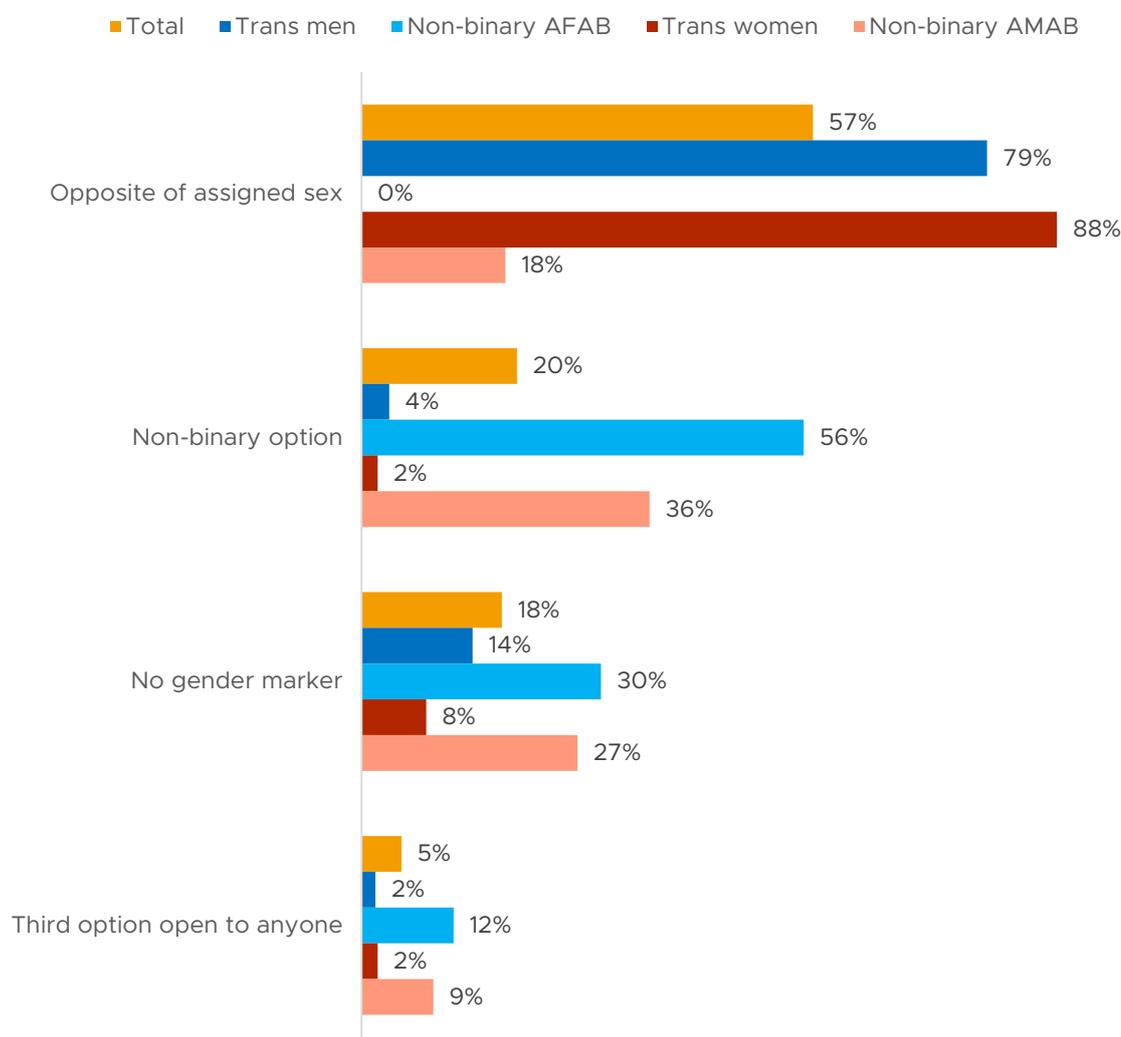
No gender marker

A similar proportion of all participants wanted their NRIC to have no gender marker at all (17.5%, 28 participants). Non-binary participants were more likely to select this option (29.6%, 16 people) compared to trans women (8%, 4 participants) or trans men (14.0%, 8 people). However, this wasn't the most favoured option among non-binary people, with under a third of non-binary participants selecting it.

A third option open to anyone

A small number (5.0%, 8 people) wanted a third option open to anyone (e.g. 'U' for undisclosed). Non-binary people (11.1%, 6 participants) were also more likely to want a third option open to anyone, compared to just one trans woman (2%) and one trans man (1.8%).

What would you like your NRIC to say once you are satisfied with your transition?



Note: The rows do not total to 100% as two options have not been included, for ease of reading. These were 'an option specifically for intersex people' and 'other'. 3 people stated 'not applicable' and were excluded from the sample.

In summary, trans people's responses reflected the options that would best enable them to have an NRIC with a gender marker that matched their self-defined gender.

The vast majority of trans women (87.8%) wanted a female gender marker and trans men wished their gender to be listed as male (78.9%). Almost all other trans women and men requested that the gender marker be removed altogether, with very few wanting a non-binary option. In contrast, a non-binary gender marker was wanted by over half (56%) of non-binary people AFAB. While it was the most common option picked by non-binary people AMAB too (36%) it was very closely followed by a

preference for no gender marker (27%).

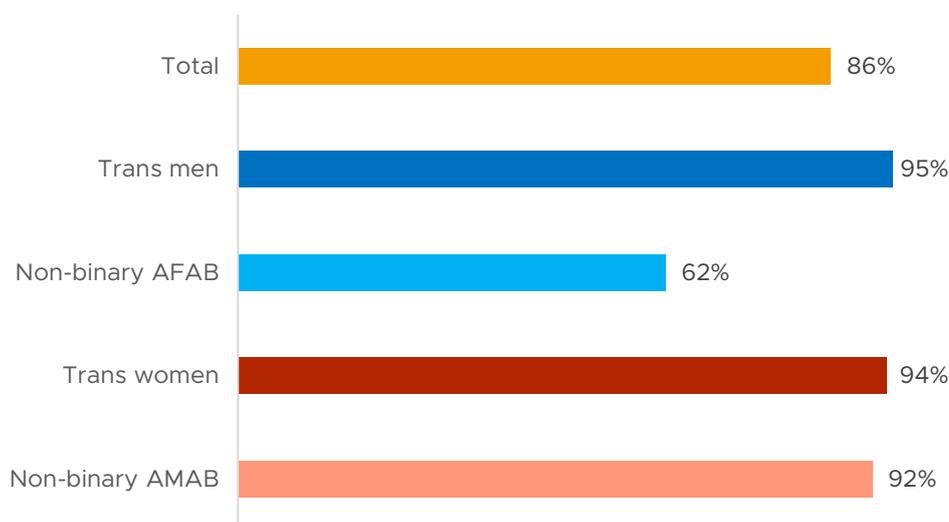
IMPORTANCE OF HAVING THE CORRECT GENDER MARKER

“I also want to add that I feel very satisfied with my transition for the most part and yet I am still unable to change my legal name and gender marker, and this – and this alone – is the cause of 90% of my distress in my life at the present moment, because it puts my safety in danger AND makes it near impossible for me to even get a basic tuition job, let alone most other jobs, which means I can barely earn income to support my own transition or living expenses.”

Survey participants were asked to what extent they agreed with statements about the importance of being able to amend their gender marker.

The vast majority of participants (85.7%, 138 people) agreed that it was important for them to be legally recognised as their gender, with 10.6% (17 people) feeling neutral toward this statement, and only 3.7% (6 people) disagreeing. Almost all trans women (94.0%, 47 people), trans men (94.7%, 54 people) and non-binary AMAB people (91.7%, 11 people) agreed that being legally recognised as their gender was important, compared to almost two-thirds of non-binary AFAB people (61.9%, 26 people). Non-binary AFAB people were also more likely to feel neutral (28.6%, 12 people), compared to just three trans women (6.1%) and only one trans man (1.8%) and AMAB non-binary person (8.3%).

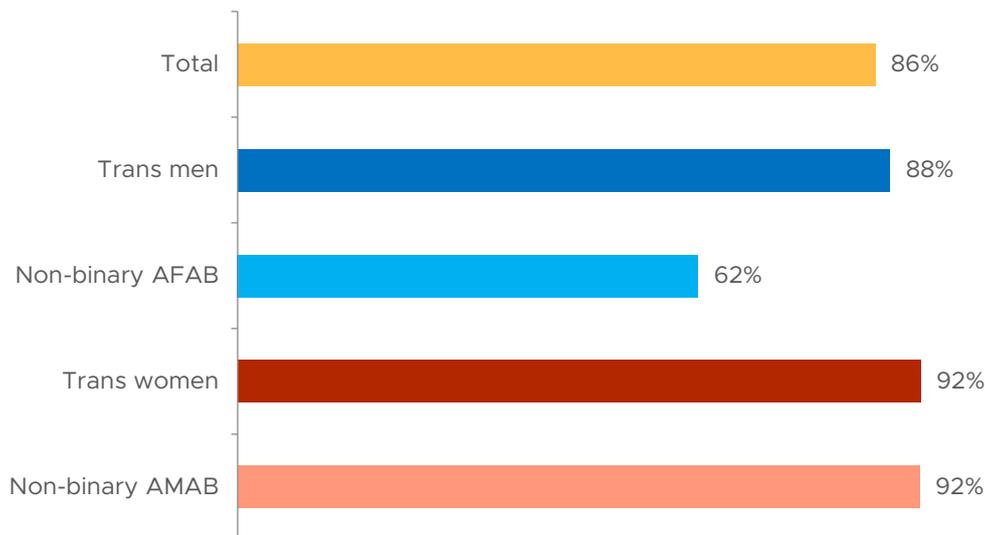
Being legally recognised as my gender is important to me



Similarly, 82.5% of participants (132 people) agreed that having the correct gender on their NRIC made them feel safe, with 12.3% (20 people) feeling neutral, and only 4.9% (8 people) disagreeing.

Almost all trans women (90%, 45 people) and trans men (87.7%, 50 people) agreed with this statement, compared to two-thirds of non-binary people (67.3%, 37 people).

Having the correct gender on my NRIC makes me feel safe



Non-binary AFAB participants (11.9%, 5 people) were significantly more likely to disagree with this statement compared to a single trans woman (2.0%), trans man (1.7%) and non-binary AMAB person (8.3%). Non-binary AFAB participants (26.2%, 11 people) were also more likely to feel neutral about whether the correct gender on their NRIC made them feel safe, compared to trans women (6.1%, 3 people) and trans men (10.5%, 6 people) and non-binary AMAB people (0%).

VIEWS ON LEGAL GENDER RECOGNITION CRITERIA

Introduction

International human rights standards confirm that “everyone has the right to change gender information in [identity] documents“ and that States shall “ensure that no eligibility criteria, such as medical or psychological interventions, [or] a psycho-medical diagnosis” shall be a prerequisite to change one’s name, legal sex, or gender”.⁴⁰

Despite such obligations, and very recent moves away from mental health diagnoses pathologising trans people, the medicalisation of gender diversity leaves a legacy of medical requirements limiting such rights. In a context where many trans people have relied on the support of health professionals in order to access gender-affirming healthcare, it can be hard for some to imagine the lifting of medical requirements and the assertion of rights to self-determination, and bodily autonomy.

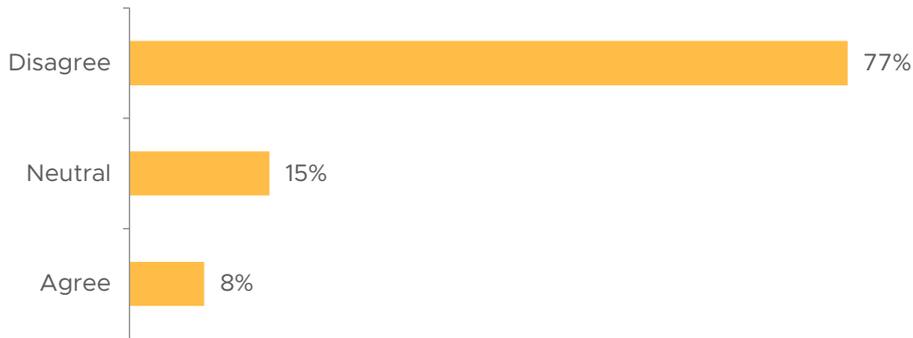
Survey participants were shown a list of statements about potential steps trans and non-binary people might need to take in order to legally change their gender marker and asked the extent to which they agree or disagreed with each statement.

Genital surgery requirements

Over three quarters of participants (77.4%, 123 people) did not think trans or non-binary people should be required to have genital surgery to change their legal sex.

⁴⁰ *The Yogyakarta Principles plus 10* (2017): Principal 31, p. 9. <https://yogyakartaprinciples.org/>

Trans people should have to undergo genital surgery to change their legal sex



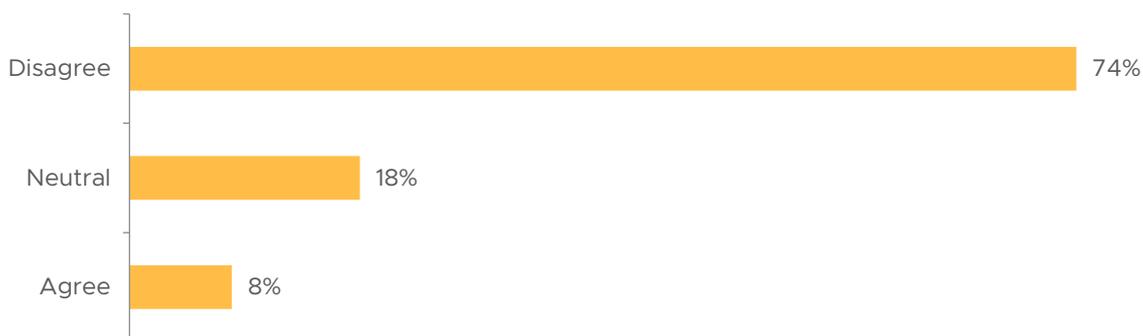
Most participants under the age of 26 (85%, 85 people) disagreed that genital surgery should be a requirement for changing legal sex on the NRIC, which was higher than people aged 26 to 40 (68.2%, 30 people) and people over 40 (44.4%, 4 people). People between the ages of 26–40 (20.5%, 9 people) were the most likely to agree with this requirement, compared to just one person under 26 (1.0%), and one person over 40 (11.1%).

Those in our lowest income brackets were also more likely to disagree with any requirement that genital surgery was necessary before someone could amend their gender marker. As young people were also more likely to be on lower monthly personal incomes, we did further analysis to see which of these factors was having the greatest effect. After controlling for the effect of age, we found that personal income was no longer a significant predictor of views about whether genital surgery should be a requirement to amend one's legal sex. Instead, being a young person (aged 25 or younger) or someone aged 26 or older was a stronger predictor.⁴¹

Sterilisation requirements

Almost three quarters of people (73.6%, 117 people) disagreed with the statement that transgender people should be sterilised before they could access legal gender recognition. The statement clarified that this meant being made infertile through the surgical removal of testes or ovaries.

Trans people should have to be sterilised to change their legal sex



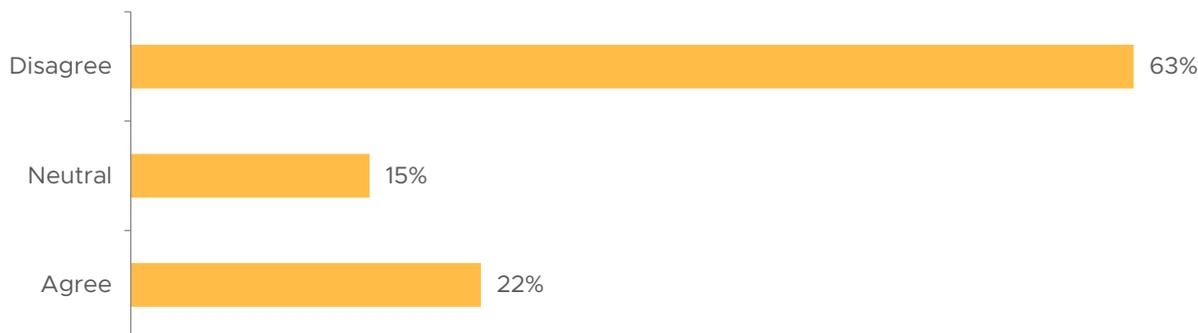
Again, a higher proportion of those aged under 26 (82%, 82 people) did not believe sterilisation should be a requirement, compared to 61.4% (27 people) aged 26 to 40, and a third of those (over the age of 40 (33%, 3 people). A quarter of participants between the age of 26 and 40 (25%, 11 people) thought sterilisation should be required, compared to just one person under 26 (1%), and one person over 40 (11.1%).

⁴¹ The results of this binary logistic regression, controlling for age, were statistically significant, $\alpha < .05$

Other forms of gender-affirming surgery

Almost two-thirds of participants (62.9%, 100 people) disagreed with the statement that transgender people should have to undergo some form of gender-affirming surgery to be able to change their legal sex. The statement described such surgeries as making someone “look more like the gender they want to live as” and gave the examples of top surgery / chest reconstruction or facial feminisation surgery.

Trans people should have had some surgical procedure to change their legal sex



More than one in five participants (15.1%, 24 people) neither agreed nor disagreed with this statement, while 22% of participants (35 people) agreed such surgery should be required before someone could change their gender marker.

Three quarters (74%, 74 people) of people under the age of 26 disagreed that some form of surgical procedure (such as chest reconstruction, facial feminisation surgery) should be a requirement for amending the legal sex marker on a NRIC. This compared to half (50%, 22 people) of those aged 26 to 40, and a third of those 40 or older (33.3%, 3 people). Once again, people aged 26 to 40 were most likely to agree this should be a requirement, compared to 8% of participants (8 people) under 26, and one person (11.1%) aged over 40.

Gender-affirming hormones

Slightly more survey participants (37.1%, 59 people) disagreed with the statement that trans people should have to be on gender-affirming hormone replacement therapy for a set period of time in order to change their legal sex. However, 35.2% (56 people) believed it should be a requirement, with just over a quarter of participants (27.7%, 44 people) taking a neutral position.

Trans people should have to be on HRT for a set time to change their legal sex



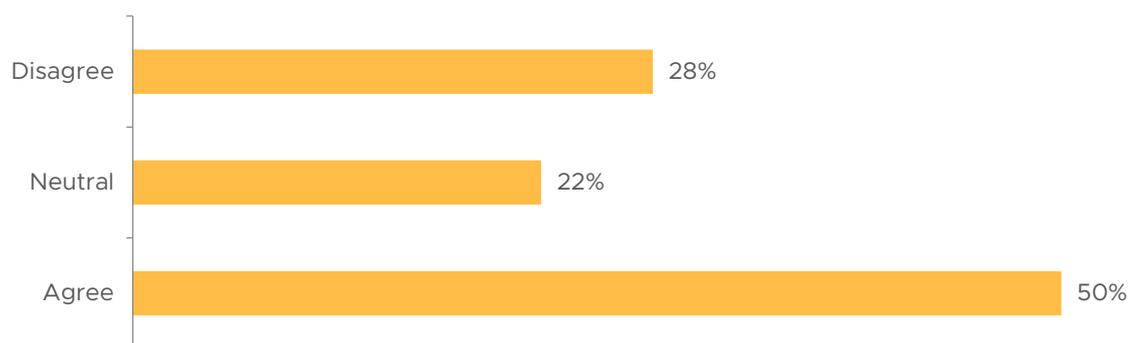
Almost half of trans women (47.9%, 23 people) and trans men (49.1%, 28 people) believed that people should have to meet this requirement before being able to legally change their sex, compared to only 9.3% (5 people) of non-binary people. Non-binary people (55.6%, 30 people) were more likely to disagree with any requirement to have been on hormones, compared to just over a quarter of trans women (29.2%, 14 people) and trans men (26.5%, 15 people).

Almost half of people under the age of 26 (49%, 49 people) disagreed with the statement that being on hormones for a certain period should be a requirement for legally changing the sex marker on their NRIC. Almost a quarter of people (22.7%, 10 people) aged 26 to 40 also disagreed, but no one from the over 40 group did. Over half (56.8%, 25 people) of the 26-40 year olds agreed that hormone therapy should be required to legally change the NRIC sex marker, compared to 44.4% (4 people) of people aged 40 and over, and to 26% (26 people) of those aged 25 or younger.

Diagnosis requirements

About half of the survey participants (49.7%, 79 people) agreed with the statement that trans people should have a doctor's diagnosis confirming that they are trans before they can change their legal sex, with 28.3% (45 people) disagreeing and 22% (35 people) taking a neutral stance.

Trans people should have a doctor's diagnosis, confirming they are trans, before changing their legal sex

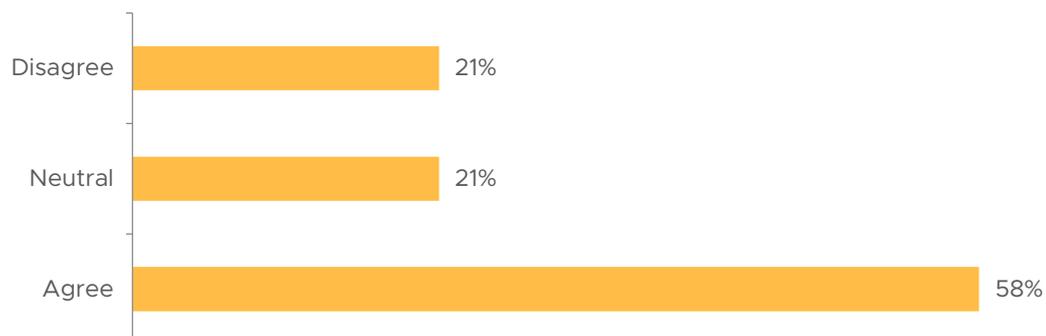


Trans men (63.2%, 36 people) were most likely to agree that such a diagnosis should be required to legally change one's gender marker, followed by over half of trans women (52.1%, 25 people) and a third of non-binary participants (33.3%, 18 people). Non-binary people (42.6%, 23 people) were more likely to disagree with this requirement than trans women (27.1%, 13 people) and trans men (15.8%, 9 people).

Social transition requirements

Over half of participants (57.9%, 92 people) believed that transgender people should be living socially in their gender before being able to amend their legal sex to match that gender. The remaining survey participants were split between 20.8% (22 people) believing this should not be a requirement and 21.4% (34 people) taking a neutral stance.

Trans people should live socially as their gender to change their legal sex



Non-binary people were more likely to disagree that trans people should be living socially in their gender before amending their legal sex on their NRIC (33%, 18 people). Trans men were less likely to disagree with this statement (8.8%, 5 people). Age was not a statistically significant predictor of views about social transition requirements.

Impacts of changing legal sex on an existing marriage

Singapore prohibits marriage between people of the same legal sex, and a person's legal sex is presumed to be what is stated on their NRIC at the time of marriage.⁴² A separate survey question looked at the impacts for married trans people if they changed their legal sex.

Survey participants were asked "Should married transgender people who change their legal sex marker have their existing marriages remain legitimate?". The vast majority of respondents (87.3%, 137 people) agreed with this statement, followed by those who answered that they didn't know (8.9%, 14 people). Only six people answered no, and five of these six thought married trans people should still be able to retain their Housing and Development Board (HDB) flats and other benefits available to married couples. Only one person thought married people should lose the associated benefits from marriage if they changed their legal sex marker.

⁴² <https://transgendersg.com/family/>

While this is the case in theory, Singapore's Registry of Marriages website also states: "the Registrar and/or the licensed solemnizer can decline to solemnize a marriage if he or she is of the view that the attire chosen by the parties is not in accordance with the solemnity of the occasion, and the spirit of the marriage as the union between one man and one woman."

This has led to couples being rejected for marriage if one of them is trans and they both present as the same gender, even if they are of different legal sex. This leaves many trans people effectively unable to marry anyone. e.g. a trans woman who is legally male would not be able to marry a man who is also legally male, but be likewise unable to marry a woman if they appear as two women to ROM. (We have yet to be aware of any cases of trans men marrying trans women.)

Existing marriages meanwhile risk annulment – with the accompanying loss of marriage benefits, such as access to public housing – should one of the spouses transition and change their legal sex.

SECTION 7:

AWARENESS OF PROTECTIVE LAWS OR POLICIES

PROTECTIVE LAWS AND POLICIES

The survey concluded with some final overarching questions, including one that asked people if they were aware of any laws and policies in Singapore that protect transgender people against discrimination in education, employment and health settings. Less than one in ten people who responded to this question (8.6%, 7 people) named any protective laws or policies.⁴³ This reflects the lack of any explicit anti-discrimination provisions protecting trans people in Singapore.

The most common example given was the Maintenance of Religious Harmony Act, mentioned by four people. The Act enables the Minister of Home Affairs to make a restraining order against a religious leader preventing them from saying or writing something that instigates religious enmity or hatred. The provisions were amended in 2019 and this included adding an Explanatory Statement clarifying that the Act's original provisions encompass force or violence incited by religious groups or movements against members of the LGBTQ community, as well as against other minorities.⁴⁴ While the Explanatory Statement wording refers solely to sexual orientation and does not specifically mention gender identity or expression, Minister of Home Affairs Mr K Shanmugam has referred more broadly to how the provisions cover LGBTQ groups or individuals. This clarification and other amendments to the Act were debated in media from late 2019 through to March 2020, just before this survey was launched in early April 2020.⁴⁵

One person mentioned the current legal gender recognition provisions, mentioned in Section 6, and set out in the Immigration and Checkpoints Authority's policy.⁴⁶

The other two examples given were more tentative with one person saying they thought that the Women's Charter might protect trans women and another wondering if the Protection from Harassment Act 2014 covers trans people and other members of the LGBTQ+ community.

VIOLENCE FROM FAMILY MEMBERS OR INTIMATE PARTNERS

Finally, one of the questions asked at the end of the survey signals an issue that requires further attention when considering protective laws and policies for trans people in Singapore. Participants were asked if they had ever experienced violence from an intimate partner or family member. Almost a quarter of participants (23.3%, 35 people) had experienced such violence, and an additional 8% (12 people) preferred not to say whether they had had this experience.

⁴³ In addition, one person simply said yes but did not list any specific laws or policies. In addition, two people mentioned organisations rather than legal or policy provisions. Those organisations were the Tripartite Alliance for Fair and Progressive Employment Practices that provides advice about employment practices including compliance with employment legislation, and the regional Asia Pacific Transgender Network that is based in Bangkok.

⁴⁴ https://the-singapore-lgbt-encyclopaedia.wikia.org/wiki/Explanatory_Statement_to_the_Maintenance_of_Religious_Harmony_Act

⁴⁵ <https://www.straitstimes.com/politics/parliament-law-protects-both-religious-groups-and-lgbt-community-from-threats-says>

⁴⁶ https://ilga.org/downloads/ILGA_Trans_Legal_Mapping_Report_2017_ENG.pdf Singapore's policy and the overarching National Registration Regulations, reg.10(2)(b) are outlined on page 41.

CONCLUDING SUMMARY

The 242 trans and non-binary people who completed this survey have provided an invaluable resource for identifying and addressing the barriers trans people in Singapore face when studying, at work, accessing general healthcare, or when seeking gender-affirming care. Trans people also gave detailed comments about their attempts to change their legal sex on documents so that it matched their gender and their hopes for changes to gender recognition provisions. This report documents their responses including when there are extra challenges experienced by specific groups within trans communities.

EDUCATION

Over half of the survey participants were currently undertaking some form of study and almost a third had a university qualification.

Negative experiences at school

Many students had negative experiences when studying because of their gender, with more than one in five experiencing verbal abuse or rumours about their gender identity or sexual orientation. Four students had experienced either physical or sexual abuse at school.

Lack of safety and support

Of the students that were out as trans or non-binary, more than three-quarters had had negative experiences in school. Half reported that they had been repeatedly and intentionally misgendered and just under a third had been repeatedly addressed by their birth name, against their wishes. Almost half of them were forced to use an inappropriate toilet.⁴⁷ Six students had been sent to counselling to try and 'fix' them – despite so-called 'conversion therapy' practices being widely criticised by health professional bodies as unethical.⁴⁸

Almost a third of students did not feel safe at school and even more students, just under half, felt they have no means of support from teachers, counsellors or staff members within their school.

EMPLOYMENT

Recent research coordinated by APTN identified pre-employment discrimination against trans people in Singapore, with trans applicants less likely to get positive responses such as being called for an interview, despite having equivalent qualifications and experience.

Unemployment

Almost a half of participants in this survey were unemployed, partly reflecting the high proportion of who were students. However, almost a quarter of non-students were also unemployed, as were one in seven of those with university qualifications. While the figures are not directly comparable, all these unemployment levels are much higher than Singapore's unemployment rate of 2.9% over the same time period as this survey was run.

⁴⁷ For all but 7 people this included meant being forced to use a toilet that matched their sex assigned at birth. For the other 7 participants this involved only being allowed to use a unisex toilet.

⁴⁸ <https://www.florenceashley.com/resources.html>

Read together with the data about education levels, these findings suggest that even when trans people persist with education, despite the bullying many experience at school, their employment opportunities do not reflect their levels of education.

Barriers seeking employment

The most common barriers that survey participants voluntarily mentioned about being trans and looking for work were transphobia and discrimination, employer preconceptions about a trans person's worth and capabilities, and the difficulties of supplying documents that include your legal sex or birth name that no longer match who you are.

Negative workplace experiences

The survey participants who were currently working and who were also out about their trans status at work provided information about their negative workplace experiences. Almost half of trans and non-binary people who were out at work had had a negative experience in the workplace.

The three most common experiences, each reported by close to one in four people, were that someone at their work:

- spread rumours about their gender, sexual orientation or sex life
- tried to get them to change or reconsider their 'lifestyle' or
- repeatedly and intentionally misgendered them in the workplace.

More than one in six had been forced to use an inappropriate bathroom at work, usually one that matched their assigned sex at birth and sometimes being limited to using a unisex bathroom. Having single-stall unisex bathrooms available for everyone is an inclusive option, and these may be the preferred option for non-binary people in particular. However, when trans people are forced to only use unisex bathrooms, this may disclose their trans status to others, undermine their privacy and place them at higher risk of discrimination.

What makes workplaces and applying for jobs more trans-inclusive?

The survey asked trans and non-binary people what criteria they found important when seeking employment and applying for jobs. All the proposed examples in the survey questionnaire were selected by at least half the survey participants. Almost everyone considered it was important that their chances of being hired, their salary and their career opportunities and future promotions would not be affected negatively by their transgender identity.

Given the level of pre-employment discrimination identified in previous APTN research, it is not surprising that participants welcomed job application processes that did not require them to provide their NRIC, school history or other outdated documents that would disclose their trans status. Other high-scoring criteria were that workplaces had a welcome and inclusive company culture, an anti-discrimination policy, and good trans-friendly policies including around access to bathrooms. Company staff (and the human resource department, where applicable) also needed to be accepting of their gender identity. These policies needed to be backed up by a clear grievance process for employees who experienced harassment, bullying or discrimination.

For over three-quarters of survey participants, it was important to be able to transition in their workplace at their own pace and time, with access to paid or unpaid transition-related healthcare leave. More than half of participants also considered that company-provided insurance covering transition-related healthcare was important when they were seeking employment.

GENERAL HEALTHCARE ACCESS

Avoiding healthcare due to fear of discrimination

More than half of survey participants, and over three-quarters of trans men, had avoided seeking reproductive or sexual healthcare (such as a pap smear or HIV test) due to discomfort over how they would be perceived or treated. Two in five participants had avoided seeking general healthcare due to fear of harassment for being trans or non-binary and over a fifth agreed that a healthcare provider had asked them inappropriate questions about their transgender status.

Gaps in knowledge about trans people and trans health

It is heartening that almost two-thirds of participants agreed that their general healthcare providers treated them with respect. However, there was significantly less agreement with the statement that general healthcare doctors were well informed on transgender issues.

Survey participants were much more likely to have confidence that health professionals whose discipline focused more specifically on gender-affirming healthcare interventions were well informed on these issues. Two-thirds of participants agreed that their transgender healthcare providers were well informed on transgender issues and over half had this confidence in the knowledge of their mental health doctors. Conversely, survey participants felt more than two in five of the health professionals they saw for general healthcare, and a fifth of the mental health providers they had seen, were not well-informed about transgender issues.

These figures echo the findings of a 2018 APTN regional mapping report that identified a significant unmet need for guidance about trans cultural and clinical competency for health providers and community-based organisations in this region⁴⁹. Both these sets of skills and knowledge are important in all models of trans-inclusive care,⁵⁰ with key elements found in the core principles that underpin the World Professional Association for Transgender Health's Standards of Care.⁵¹

Trans cultural competency refers to the ability to understand, communicate with, and effectively interact with trans people, in a respectful, non-judgemental, compassionate manner, in settings free of stigma and discrimination.

Trans clinical competency is closely related to cultural competency. It encompasses both training in the specific medical needs of trans people and helping providers understand that many aspects of medical care for trans people (including hormone treatment and basic primary and preventative care) are similar to the services they offer to cisgender patients.⁵²

⁴⁹ Asia Pacific Transgender Network, *Regional Mapping Report on Trans Health, Rights and Development in Asia*, 2019, p 37 <https://weareaptn.org/2020/02/19/regional-mapping-report-on-trans-health-rights-and-development-in-asia/>

⁵⁰ Health Policy Project, Asia Pacific Transgender Network, United Nations Development Programme, *Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities in Asia and the Pacific*, Futures Group, Health Policy Project, Washington, DC, 2015; UNDP, IRGT: A Global Network of Transgender Women and HIV, UNPF, UCSF Center of Excellence for Transgender Health, Johns Hopkins Bloomberg School of Public Health, WHO, UNAIDS, and USAID, "Implementing comprehensive HIV and STI programmes with transgender people: practical guidance for collaborative interventions," United Nations Development Programme, New York (NY), 2016.

⁵¹ <https://www.wpath.org/publications/soc>

⁵² Asia Pacific Transgender Network, 2019, p 8

GENDER-AFFIRMING HEALTHCARE

Access to gender-affirming healthcare, for those who seek it, is an important component of the right to the highest attainable standard of health.⁵³ Gender-affirming healthcare can include:

- non-medical care such as hair removal (which was the most common intervention for trans feminine people), counselling support, mental health assessments, and voice therapy;
- medical care such as hormone replacement therapy; and
- a wide range of surgeries.

Access to hormones

Hormones were by far the most common form of gender-affirming care accessed by survey participants. Most trans and non-binary people obtained hormones from public hospitals or private doctors. Smaller proportions of participants obtained hormones overseas while less than 10 people selected each of the other options (bought overseas while travelling; from their friends, community, or family; or ordered from the internet).

Most people aged 25 or younger also obtained hormones in a regulated environment, through public hospitals or private doctors. However, a small number accessed them informally, particularly from their friends, community, or family or by ordering them from the internet. This suggests there is a need to improve access to hormones for young people through formal health pathways, to ensure young people have the same access to information and health support as older trans people.

Cost of hormones

Based on information supplied by TransgenderSG about the costs of different types of hormones in Singapore⁵⁴, trans women and non-binary people taking an estrogen and an anti-androgen could be paying between \$56 and \$150 per month. Trans men and non-binary people taking testosterone could be paying between \$15 and \$135 per month. Information from the 95 survey participants who completed this question confirmed that the median cost of gender-affirming hormones for trans women was \$50 and the median cost for trans men was \$34.

Almost a quarter of participants, particularly trans women and those in our lowest income bracket, could only afford hormones after cutting down on other expenses. One person was not able to afford their hormones consistently and had missed dosages or stopped for financial reasons.

Lack of access to costly gender-affirming surgeries

Most trans women and trans men who answered the survey had not had any forms of gender-affirming surgeries, and no non-binary people had had these procedures. By far the most common surgery overall was chest reconstruction for trans men, followed by hysterectomies. Fewer than ten trans women and ten trans men had accessed genital reconstruction surgeries, which typically cost up to \$35,000 for trans women and up to \$150,000 for trans men. However, this was the most common surgery that trans women had received, followed by those who had an orchiectomy to remove testes. Very few trans women had had breast augmentation surgery / breast implants which may cost about the same as chest reconstruction for trans men.

Survey participants were asked roughly how much they had spent in total on gender-affirming surgeries, including travel and accommodation costs. The average cost was \$35,000 for trans women and close to \$31,000 for trans men.

⁵³ *The Yogyakarta Principles plus 10* (2017): Principal 17(L), p. 20. <https://yogyakartaprinciples.org/>

⁵⁴ As of January 2018. Prices have since increased.

There were no specific survey questions asking people what gender-affirming surgeries they would like to have, or whether they could afford such surgeries. However, people who had not changed their gender marker were asked whether that was because they could not afford the required surgeries. Their responses suggest that the cost of genital reconstruction surgery is a high barrier for many, particularly for trans men, and that other surgeries such as chest reconstruction and hysterectomies were also prohibitively expensive.

LEGAL GENDER RECOGNITION

The current requirements for legal gender recognition in Singapore are that the trans person's genitalia must have been "completely changed from male/female to female/male genitalia", with this confirmed via a genital examination by a locally licensed specialist. There is no additional requirement for gender-affirming hormones or a diagnosis or letter of support from a psychiatrist.

Most could not change the gender marker on their NRIC

The vast majority of survey participants had not changed their legal sex marker on their National Registration Identity Card (NRIC). Survey participants in our highest monthly personal income bracket of over \$2,000 were most likely to have done so.

Even amongst those trans people who had pursued gender-affirming healthcare as part of their transition, few had been able to amend the gender marker on their NRIC. This included trans people who had been on hormones for 10 or more years.

Reasons people have not changed their gender marker

Almost half of survey participants said they had not changed their legal sex marker because they did not meet the criteria of having had gender-affirming genital reconstruction surgery. Similar numbers said they were not able to afford the required surgeries. Trans men were more likely to say they could not afford these surgeries; were afraid of the potential medical risks and complications; or were waiting for surgical techniques to improve first. This is likely to reflect the higher cost and complexity of genital reconstruction surgeries for trans men, specifically for a phalloplasty. Chinese participants were also more likely to select the first two of these reasons when explaining why they had not changed their legal sex on their NRIC.

Almost a third of survey participants had not changed their legal sex because the option they wanted on their NRIC was not available (e.g. a third sex option or no gender marker). Non-binary people assigned female at birth and people from the combined minority ethnic group⁵⁵ were much more likely to give this as the reason for not amending their NRIC.

For a quarter of those under the age of 26, lack of information about the process for amending their NRIC was a barrier. No one in the other two older age brackets listed this as a reason why they had not changed their legal sex.

What people wanted on their NRIC

Survey participants were asked what they would like their NRIC to say in the future, once they are satisfied with their transition. Trans people's responses reflected the options that would best enable them to have an NRIC that matched their self-defined gender. The vast majority of trans women wanted to be recorded as female and trans men wished to be listed as male. A non-binary option was preferred by most non-binary people.

⁵⁵ Those who were not Chinese or who specified another ethnic group as well as Chinese

The clear second preference for all trans people was to remove gender markers completely from the NRIC.

Importance of having the correct gender marker

Almost all trans women and trans men, and two-thirds of non-binary people, agreed that it was important for them to be legally recognised as their gender and also that having the correct gender on their NRIC made them feel safe.

Views about current legal gender recognition criteria

The responses from trans and non-binary people in Singapore to statements about possible eligibility criteria for amending the legal sex marker on the NRIC capture a specific moment in time, and intergenerational dialogue about the future of legal gender recognition in Singapore.

Over three quarters of participants disagreed that genital surgery should be a requirement for changing legal sex on the NRIC, particularly those under the age of 26.

Almost three quarters of survey participants disagreed with the statement that transgender people should be sterilised (through the surgical removal of testes or ovaries) before they could access legal gender recognition. Most people aged 40 or younger held this view.

Almost two-thirds of survey participants disagreed with the statement that transgender people should have to undergo some other form of gender-affirming surgery to be able to change their legal sex on their NRIC. The statement gave the examples of top surgery / chest reconstruction or facial feminisation surgery. Half of those aged 26-40 took the opposite view and agreed with this statement.

There were more divided opinions in response to the statement that trans people should have to be on gender-affirming hormones for a set period of time in order to change their legal sex. Overall, slightly more survey participants disagreed than agreed with this requirement, with a quarter taking a neutral position. Most non-binary people disagreed with the requirement for hormones, however almost half of trans women and trans men agreed with this view.

Just under half of the survey participants agreed with the statement that trans people should have a doctor's diagnosis confirming that they are trans before they can change their legal sex, with almost three out of ten disagreeing with this requirement. Almost two-thirds of trans men and just over a half of trans women agreed with a diagnosis requirement, and only a third of non-binary people.

Over half of survey participants believed that transgender people should be living socially in their gender before being able to amend their legal sex to match that gender. Non-binary people were more likely to disagree with this requirement, and trans men were less likely to disagree. This may reflect that the concept of 'living socially in your gender' applies more easily to trans men who have a binary male gender than to some non-binary people, particularly those who are gender fluid and move between gender identities or expressions.

The vast majority of survey participants agreed that a trans person's existing marriage and associated benefits should be retained if they amended their legal sex.

Reflecting on views about improving legal gender recognition in Singapore

In summary, there was strong agreement from survey participants that people should be able to amend their legal sex on the NRIC without any form of surgery, particularly genital reconstruction or removal of ovaries or testes. This is a clear rejection of the current policy restrictions in Singapore.

When imagining what a new approach could look like, there were differences between the experiences of trans women and men on the one hand, and non-binary people on the other. In part these may be because trans people are more likely to have already received a diagnosis from a health professional

confirming they are trans and to be on hormones. So, requiring these steps does not create a barrier to legal gender recognition for them in the same way it does for someone about to start medically transitioning or who, for example, wants to use low dose or no hormones. Trans women and men were also older on average than non-binary people and some will have transitioned in times when being on hormones was still regarded by many health professionals as an essential initial medical transition step.⁵⁶

It is easier to draft eligibility criteria that require some form of definitive proof that a trans person has moved from one binary sex category assigned at birth to the 'other' binary sex category, based on their gender. However, both science and human rights standards demonstrate that such criteria are arbitrary and unfair. Biological science confirms that there are more than two sexes and social science describes the lives of many people, in all regions of the world, who move between genders or identify as a non-binary or 'third' gender.

In more recent years, guidance for health professionals has placed greater emphasis on patient-centred care and informed consent, moving away from a one-size fits all 'typical' medical transition path and recognising non-binary and gender non-conforming people.⁵⁷ WPATH's identity Recognition Statement opposes medical and other barriers to gender recognition as they may harm transgender people's physical and mental health. This includes opposing each of the potential eligibility criteria discussed above including requirements for any form of surgery, hormones, diagnosis, or for people to socially transition by undergoing periods of living in their affirmed gender prior to gaining legal gender recognition.⁵⁸

The Yogyakarta Principles apply international human rights law to sexual orientation and gender identity issues. Yogyakarta Principle 3 states that "each person's self-defined gender identity is integral to their personality and is one of the most basic aspects of self-determination, dignity and freedom". Principle 31 on the right to legal recognition notes that "everyone has the right to change gendered information in [identity] documents "and that States shall "ensure that no eligibility criteria, such as medical or psychological interventions, [or] a psycho-medical diagnosis" shall be a prerequisite to change one's name, legal sex, or gender".⁵⁹ In his report to the UN General Assembly in 2018, the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity documented the full scope of the duty of States to respect gender recognition as a component of identity.⁶⁰

In a context where many trans people have relied on the support of health professionals in order to access gender-affirming healthcare, it can be hard for some to imagine the lifting of medical requirements or that it is possible to assert these rights to self-determination and bodily autonomy. However, gender recognition provisions fall far short of upholding each person's dignity, equality and security when they impose constraints on the process for obtaining a male, female or non-binary gender marker or fail to consider the option of removing gender markers altogether.

Restrictive and inequitable access to legal gender recognition impacts on most areas of a trans or non-binary person's life, including education and employment as documented in this report. Where there are costs associated with meeting those eligibility criteria, this creates a vicious cycle of disadvantage. With a growing trans population in Singapore and more who identify as non-binary, the underlying tension in the current gender recognition policy is likely to increase. Without change, it risks leaving a rising proportion of the trans community in a legal limbo, denied the right to protection and equality under Singapore laws.

⁵⁶ See for example, changes in the WPATH Standards of Care in 2012 where being on hormones was no longer an eligibility requirement for chest reconstruction surgery.

⁵⁷ WPATH Standards of Care, 2012

⁵⁸ WPATH Identity Recognition Statement, 15 November 2017: <https://www.wpath.org/media/cms/Documents/Web%20Transfer/Policies/WPATH%20Identity%20Recognition%20Statement%2011.15.17.pdf>

⁵⁹ *The Yogyakarta Principles* (2006) Principle 3: The right to recognition before the law, p. 11; *The Yogyakarta Principles plus 10* (2017): Principle 31, p. 9. <https://yogyakartaprinciples.org/>

⁶⁰ Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, A/73/152, 12 July 2018

LACK OF PROTECTIVE LAWS AND POLICIES

It is telling that when asked if they were aware of any laws and policies in Singapore that protect transgender people against discrimination in education, employment or health settings, only seven people said yes, citing four generic provisions.

Four people mentioned the Maintenance of Religious Harmony Act. A recent Explanatory Statement clarified that the Act's original provisions, that allow a restraining order to be issued against a religious leader who incites force or violence, also cover violence directed against members of the LGBTQ community. One person mentioned Singapore's legal gender recognition provisions, another suggested the Women's Charter might protect trans women and the final person wondered if the Protection from Harassment Act 2014 covers trans people and other members of the LGBTQ+ community.

Legal protections against violence are a pressing issue for trans people. Almost a quarter of trans and non-binary survey participants had experienced violence from a family member or intimate partner.

This survey asked a total of 72 questions and only some could be prioritised for this initial report. The full list of questions is attached as Appendix 1. The remaining data are a potential source of further rich information to support evidence-based changes to laws, policies and practices. The report's findings are intended to encourage further dialogue between trans people in Singapore and businesses, trade unions, teachers, school administrators, health professionals, government agencies and community organisations. Everyone has a role to play in enabling trans and non-binary people to participate fully and equally in all areas of Singapore life.

APPENDIX 1:

SELECTED OPEN-ENDED RESPONSES

Some of the following responses have been edited for length. Only a few responses for each question are included, as a few were similar in content, too insubstantial, or too personal.

NEGATIVE EXPERIENCES IN SCHOOL: 'OTHER' RESPONSES

- *(Non-binary secondary school student)*: “when we were having sex ed my teacher showed us a video of someone invalidating trans people. And showed us a article of a celebrity whos pronouns were they/them and said the world was messed up while refering to the celebrity.”
- *(Non-binary private candidate student)*: “since i am closeted ... nothing direct but ive heard casual forms of transphobia and homophobia in class”
- *(Trans male junior college student)*: “a bit of cyberbullying”
- *(Trans female former ITE student)*: “the reason i do not want to continue to study at this point in time is ite still force me to wear male uniform. i just graduated from nitec in Febuary 2020. i need to go higher nitec then can go poly. so if i go higher nitec still need wear male uniform. i pass too well as a girl that even wearing male uniform, the boys will stare at me weirdly in male toilet. so they allowed me card access to handicap toilet.”
- *(Non-binary secondary school student)*: “unintentional misgendering but ppl not bothering 2 correct themsleves/ppl saying it doesnt matter. also this is a Christian school homophobia is normalised.”
- *(Trans male graduate student)*: “Social ostracizing”
- *(Non-binary university student)*: “person who knew me before social transition telling others “her name used to be ___””
- *(Trans male university student)*: “Hearing transphobic comments made by others during class (not directed at me)”
- *(Trans female university student)*: “I had next to no social support at all very much as a result of the near-daily abuse.”
- *(Trans female university student)*: “some administrative situation would call for them to look at my NRIC and then they look at me and go “this isn’t yours, this is your brother’s! where is yours?” ... in my residential college, I was literally instructed to not use the female toilets at all and told I could use only either the male toilets or the sole unisex toilet (that was only retrofitted with showering facilities right before I started my second year). This was made worse by how NUS, in their “attempt” to address sexual violence, decided (very misguidedly) to install card locks in all residential washroom doors, which... means our cards are tied directly to our official assigned sex and which in turn means we trans people are left even more vulnerable in this process.”

NEGATIVE EXPERIENCES AT WORK: 'OTHER' RESPONSES

- “Being outed by those who know”
- “Clients refusing to be serviced, or assuming that I’m a ‘diversity hire’
- “Having my gender salutation reflected based on my IC gender marker rather than my identity on several company platforms despite my requests to have them changed or omitted”
- “Dirty looks by student’s grandparents when they pick them up“

REASONS FOR NOT CHANGING GENDER MARKER ON NRIC: 'OTHER' RESPONSES

- “I’m scared to, even if the option was available”
- “Required to either change citizenship, or change in original country of citizenship. Rejected from Singapore citizenship twice, and near-impossible to change in Malaysia safely.”
- “I feel pressured to have major surgery just to change a single letter in my documents.“

ELABORATIONS ON DESIRED NRIC GENDER MARKER

- *(Trans woman, wants F):* “At worst, a sex marker as well as gender marker to show my trans identity if it matters.”
- *(Trans woman, wants F):* “my outward appearance is female and NRIC states M.. just totally misaligned”
- *(Non-binary, wants no marker):* “I’m bigender so when I’m able to pass as a male or female that day. At least people will not give me funny look if they need to see my ic.”
- *(Trans woman, wants F):* “i am waiting for the day when trans people do not have to go through intrusive operations just to be recognised as their true gender”
- *(Trans man, wants M):* “Assuming I have total freedom to do so, I’d like my NRIC to reflect my actual gender as it disturbs me whenever I have to take out and look at the gender marker. Plus, it’s something most people dont really notice about your NRIC. People check if the name and face is correct, not gender.”
- *(Trans man, wants no marker):* “Classifying people by their gender is an arbitrary exercise that adds no benefit beyonds creating additional paperwork and confusion. There are cisgender people who do not physically present in a manner prototypical of their assigned gender at birth as well, and therefore having the gender marker on the IC has no identifying benefit.“
- *(Non-binary, wants no marker):* “I tend to change gender every few weeks.“
- *(Trans man, wants M):* “I present as male, and the only thing that ‘outs’ me from my documentation is my gender marker. Having been on HRT for 10 years and having had top surgery, it is confusing and complicated for healthcare workers and other government agencies like police officers to confirm my identity when the marker does not match their expectations. I also don’t think they should know I’m trans from my government identification.”
- *(Trans man, wants M):* “because i’ve already began HRT, my NRIC gender confuses people”
- *(Trans woman, wants F):* “If I really had my way, I’d like NRICs to omit gender and include pronouns instead. However, as far as gender markers still exist, I’d want it to reflect the gender I am.”

- *(Trans woman, wants third option available to anyone):* “Safer option for those who are not ready to come out yet, especially if they haven’t undergone transition yet / still are in the process of figuring out if they’re transgender or not.”
- *(Trans woman, wants F):* “It would make me more comfortable when people ask to look at my NRIC”
- *(Trans man, wants no marker):* “I identify primarily as masculine and pass well enough as male. The “F” gender marker on my ID cards mean that I literally hide them behind other cards in my wallet for fear that someone might catch a glimpse.”

ELABORATIONS ON WHETHER MARRIED COUPLES SHOULD RETAIN THEIR MARRIAGES AND RELATED BENEFITS IF ONE SPOUSE CHANGES THEIR LEGAL SEX

- “sanctity of marriage should remain if possible and to keep family together“
- “love shouldn’t be seperated forcefully.“
- “Marriage should be void if there are 2 men or 2 women after transition, marriage must be a union of 1 man and 1 woman to be exclusive.“
- “Because it is unfair and creates unnecessary stress and disruption to require that a marriage be annulled simply because one party has taken the step to legally transition; marriage and legal transition are two separate matters.“
- “This is exactly why marriage equality affects trans people *on top* of every other source of systemic discrimination. In the current configuration, marrying either way is tricky unless you’ve been able to change your gender marker.”
- “I believe Singapore should have marriage equality in general”

FINAL COMMENTS

- “Things are better than they used to be ... But it’s still not quite enough. Also noteworthy is that even though many of my survey responses are relatively positive in terms of feeling like I have people to turn to and places to go, I still feel fundamentally unsafe because of culture and wider societal disapproval.”
- “I hope to be freely be myself and accepted in society”
- “The friends I am out to aren’t currently schoolmates, but are accepting of me. ... I want to point this out so that it doesn’t seem I don’t have any support :) The response I did get (from friends) was surprisingly positive despite the intense fear I felt.“
- “Hope the future gets better but my expectations are very low”
- “I hope Singaporean can be more open minded and more accepting. And to stop looking at people with judgemental looks. I also hope Singapore can be more forward minded and accepting and to protect those that doesn’t confirm to the norm.”
- “this is a cool survey and i feel a little more seen and less alone”
- “just thankful that you guys are doing something about the shit we’re in”
- “It’s great to be able to participate in having our voices heard.”

APPENDIX 2:

SURVEY QUESTIONNAIRE

This is a hard copy version of the online survey questions for the Survey on Transgender Issues in Singapore.

INTRODUCTION

This is a nationwide survey to gather perceptions about transgender issues from transgender or gender diverse Singaporeans. We hope the survey will give us a quantitative sense of the concerns currently facing the transgender community.

You are invited to complete this survey if you are a transgender or gender diverse person who is also a Singaporean Citizen or Permanent Resident OR are presently based in Singapore. It will take about 20 mins to complete, and you can come back and edit your responses before submission.

Be assured that, unless consent is explicitly given, all your responses will be kept confidential, and that no identifying information will be attached to them.

The survey is being conducted by TransgenderSG with the support of the Asia-Pacific Transgender Network. If you have any queries, you can reach us at contacttransgendersg@gmail.com.

*** 1. What is your citizenship status?**

- Singapore Citizen
- Singapore Permanent Resident
- No Singaporean citizenship or PR status

*** 2. Which country are you primarily based in at the moment?**

[dropdown list]

*** 3. What was your assigned sex at birth?**

- Female
- Male
- Intersex

*** 4. Which term best describes your gender identity?**

- Female
- Male
- Trans female / transfeminine
- Trans male / transmasculine
- Non-binary
- Questioning
- Other (please specify)

5. Have you been diagnosed with an intersex condition?

- Yes
- No
- No, but I suspect I have one

TRANSITION

There are lots of different ways that transgender people transition. This includes social transition, where you change the way you dress, your mannerisms or the name and pronouns you use around friends, family or online. Transitioning may also involve medical steps such as taking hormones or having surgeries to physically change your body.

*** 6. Which forms of social transition have you undergone, if any? (Check all that apply)**

- I have not started socially transitioning
- Came out to friends as transgender
- Came out to family as transgender
- Change in gender presentation (e.g. clothes, hair, makeup, voice training)
- Requesting change of name, pronouns and honorifics (sir/ma'am) in social interactions
- Voice training
- Legal name change
- Other (please specify)

*** 7. Which forms of medical transition have you undergone, if any? (Check all that apply)**

- I have not started medically transitioning
- Hormone replacement therapy
- Top surgery (mastectomy) or breast implants
- Sterilisation (removal of uterus / ovaries / testes)
- Genital surgery (bottom surgery)
- Other feminisation / masculinisation procedures (facial surgery, electrolysis, etc)
- Puberty blockers
- Other (please specify)

8. If you have begun hormone replacement therapy, how long have you been on it? (If you started and stopped or had your HRT interrupted, you can select 'Other' and provide details.)

- Not applicable – I have never been on HRT
- Less than a year
- 1–3 years
- 3–5 years
- 5–10 years
- 10 years and more
- Other (please specify)

*** 9. What is your CURRENT educational status in Singapore? (Choose the closest option. If you're studying overseas, choose the last option.)**

- I'm in secondary school
- I'm in junior college, polytechnic or ITE
- I'm pursuing my first degree in university or other tertiary education
- I'm doing my post-graduate studies
- I'm studying as a private candidate / self-studying
- I did not finish schooling (e.g. dropped out of school/university)
- I have graduated and am not currently studying
- I am currently studying overseas

CURRENT STUDENTS

For this part of the survey, we will be asking you about your experiences as a transgender student, whether or not anyone knows you are trans.

If you are not currently in a school (e.g. if you're a private candidate), you can skip the questions that ask specifically about schools.

Some of these questions may trigger memories of experiences that may not be pleasant, such as bullying and abuse. If you feel overwhelmed, take a short break before returning to the survey. You may also choose not to answer if you are not comfortable doing so by selecting the 'Prefer not to say' option.

10. (Optional) Which school or educational institution are you currently attending?

[open answer]

11. Is there a transgender community or informal friendship / support group of transgender students at your school?

- Yes, and I am part of it
- Yes, but I am not part of it
- I don't know / I'm not aware of any
- No
- Not applicable - I am not in a school

12. Does your school have any administrative policies in place to protect transgender students?

- Yes
- No
- Unsure

13. If Yes, please specify.

14. Is there anyone in your school you could go to for help if you experience bullying, harassment or discrimination due to being transgender?

- Yes
- No
- Unsure

15. If Yes, please specify.

16. Does your school's sexuality education curriculum include any portrayals of or information about transgender identities and people?

- Yes, and they are positive
- Yes, and they are negative
- Yes, and they are neutral
- No
- Not applicable - I have not had sexuality education in this school / I am not attending a school

17. Are you aware of any sensitisation or training workshops for teachers to manage cases of bullying, harassment and/or any form of discrimination in your school? (Not limited to LGBT-related.)

- Yes
- No

18. Have you taken any steps to transition at school? If Yes, what are they?

19. Which of the following negative experiences have you had at school? (Check all that apply)

- a. Prefer not to share
- b. Verbal abuse (e.g. name-calling, mocking, insults)
- c. Physical abuse (e.g. being hit, shoved, beaten up)
- d. Sexual abuse (e.g. rape, molestation)
- e. Public humiliation or malicious pranks
- f. Spreading rumours about my sexual orientation or gender identity
- g. Being pressured to come out
- h. Singled out by teachers for being LGBT (or being suspected for being LGBT)
- i. None – I have not had any negative experiences
- j. Other (please specify)

20. If you are out as transgender to anyone at school (even if it's just a few people), which of these negative experiences have you had?

- a. Prefer not to say
- b. Not applicable – I am not out to anyone at school
- c. Repeatedly addressed by my birth name, even when I've told them not to
- d. Being repeatedly and intentionally misgendered
- e. Forced to use either the toilets for my assigned sex at birth or the unisex ones
- f. Forced to use only the unisex toilets
- g. Dismissed when raising career concerns related to my transgender identity
- h. Sent for counselling to 'fix' me
- i. Attempts to get me to change or reconsider my 'lifestyle'
- j. Outed to parents against my will by teachers, counsellors or other staff
- k. None – I have not had any negative experiences
- l. Other (please specify)

21. If you are out as transgender to anyone at school, which of these positive experiences have you had?

- a. Prefer not to say
- b. Not applicable – I am not out to anyone at school
- c. I have classmates who use my preferred name
- d. I have classmates who use my preferred pronouns
- e. I have teachers who use my preferred name
- f. I have teachers who use my preferred pronouns
- g. I have friends who accompany me to the toilet for protection
- h. I have friends who have stood up for me against bullies
- i. I have friends who sympathised with my difficulties being trans at school
- j. I have friends who have tried to get the school to make accommodations
- k. I have teachers or other staff who have intervened to stop bullying
- l. I have teachers or other staff who have tried to get the school to make accommodations
- m. My school has made accommodations for me (e.g. school/system records, uniform, toilet usage) that are not part of official school policy
- n. None – I have not had any positive experiences
- o. Other (please specify)

22. If your school has made accommodations for you, what are they?

23. If you were ever bullied in school, did you ever seek help from school staff?

- Yes
- No
- Not applicable – I have not experienced bullying in school.

24. If you have come out as transgender to any of your classmates/schoolmates, how were their responses?

- Not applicable – I am not out to them
- Completely negative
- Mostly negative
- Mixed
- Mostly positive
- Completely positive

25. If you have come out as transgender to any of your teachers / school staff, how were their responses?

- Not applicable – I am not out to them
- Completely negative
- Mostly negative
- Mixed
- Mostly positive
- Completely positive

26. Did anyone at school know you were transgender before you told them?

- No
- Yes, from social media
- Yes, someone else told them (maliciously)
- Yes, someone else told them (with good or neutral intentions)
- Yes, I asked someone else to let them know
- Other (please specify)

27. Where applicable, select the option that indicates how much you agree with each statement below.

Strongly Disagree Disagree Neutral Agree Strongly Agree

- I feel safe at school.
- I feel respected at school.
- My teachers care about my well-being.
- My teachers are well-informed on transgender issues.
- My classmates are well-informed on transgender issues.
- I have close friends at school.
- I have close friends at school who are aware I am transgender.
- I enjoy school.
- I feel accepted in my gender identity at school.
- My classmates accept me as my gender.
- My teachers accept me as my gender.
- I have a teacher, counsellor or other school staff whom I can go to for support in school.
- It's important to me to be able to live authentically as who I am in school.

28. What is your current employment status? (select the closest option)

- Employed full-time
- Employed part-time or on contract work
- Self-employed / freelance / gig economy
- Unemployed

CURRENTLY WORKING

For this part of the survey, we will be asking you about your experiences as a transgender person in the workforce.

Some of these questions may trigger memories of experiences that may not be pleasant, such as bullying and abuse. If you feel overwhelmed, take a short break before returning to the survey. You may also choose not to answer if you are not comfortable doing so by selecting the 'Prefer not to say' option.

29. Which best describes your CURRENT transitioning journey AT WORK? (to colleagues, employers, clients, etc.)

- I do not intend to transition
- I am pre-transition and do not intend to let anyone know that i am trans
- I am pre-transition and only some people know that i am trans
- I am pre-transition and almost everyone knows I am trans
- I started transitioning while at my current job
- I took this job in the midst of transitioning
- I have transitioned and almost everyone knows I'm trans
- I have transitioned and only some people know I am trans
- I have transitioned and nobody knows I'm trans
- I work multiple jobs and my status is different at each

30. If you work multiple jobs with different statuses, please elaborate here.

31. My boss / direct supervisor knows I am transgender.

- Not applicable
- Yes
- No
- I don't know

32. My colleagues know I am transgender.

- Not applicable
- Yes, all of them
- Yes, some of them
- No
- I don't know

33. Where applicable, how important are each of the following criteria to you when seeking employment and sending out job applications?

Not important at all Not important Neutral Important Very important

- a. I do not need to provide details that might out me as transgender, such as a copy of my NRIC, school history, or outdated documentation.
- b. The company will allow me to socially, medically or legally transition at my workplace at my own pace and time.
- c. A welcoming and inclusive company culture.
- d. Hiring decisions will not be negatively affected by my transgender identity.
- e. My salary will not be negatively affected by my transgender identity.
- f. My career opportunities, salary increments and promotions will not be negatively affected by my transgender identity.
- g. The company will allow me to take transition-related healthcare leave (paid or unpaid).
- h. The company has an anti-discrimination policy on the basis of sexual orientation.
- i. The company has an anti-discrimination policy on the basis of gender identity.
- j. The company has trans-friendly policies in place (e.g. regarding toilet usage, or an official email address that reflects my preferred name).

- k. The company staff and human resource department (if applicable) are accepting of my gender identity.
- l. The company provides insurance that includes transition-related healthcare.
- m. The company has a clear grievance process in place for employees who experience harassment, bullying or discrimination of any sort.

34. What are some barriers you have personally faced in seeking employment that are related to being transgender?

[open-ended]

35. What are some negative experiences you have had in the workplace in relation to being transgender?

- a. Prefer not to say
- b. Not applicable – I am not out to anyone at work
- c. Verbal abuse (e.g. name-calling, mocking, insults)
- d. Physical abuse (e.g. being hit, shoved, beaten up)
- e. Sexual abuse (e.g. molestation/rape)
- f. Being repeatedly and intentionally misgendered
- g. Repeatedly addressed by my birth name, even when I've told them not to
- h. Attempts to get me to change or reconsider my 'lifestyle'
- i. Forced to use either the toilets for my assigned sex at birth or the unisex ones
- j. Forced to use only the unisex toilets
- k. Spreading rumours about my sexual orientation, gender identity or sex life
- l. None – I have not had any negative experiences
- m. Other (please specify)

36. From your experience and those of other trans people you know, which industries are more likely to hire trans people?

HEALTHCARE

This section asks about your experiences seeking general and transition-related healthcare in Singapore.

If you are currently obtaining trans-related healthcare overseas, feel free to skip those questions.

37. Where applicable, select the option that indicates how much you agree with each statement below.

Strongly Disagree Disagree Neutral Agree Strongly Agree

- a. Healthcare providers / workers call me by my preferred name.
- b. Healthcare providers / workers address me with my preferred pronouns.
- c. Healthcare providers / workers address me with my preferred salutation (e.g. Mr/Ms), or agree not to use one.
- d. Healthcare providers / workers treat me respectfully.
- e. I avoid seeking general healthcare due to fear of harassment related to my transgender identity.
- f. I avoid seeking reproductive or sexual healthcare (e.g. pap smear, HIV testing) due to discomfort over how I will be perceived or treated.
- g. Healthcare providers / workers ask me inappropriate questions about my transgender status (e.g. whether I've had 'surgery' or asking to see my body) when it is not relevant to the reason I am there.
- h. My general healthcare doctors (e.g. General Practitioners (GP), specialists for non-trans healthcare) are well-informed on transgender issues.
- i. I trust my general healthcare doctors

38. To your knowledge, where are the places that a transgender person can go to for gender affirming services such as HRT, surgery and trans-friendly counselling in Singapore? Please share details of the place, contact information or links where possible.

39. Do you know of any complaint mechanisms available in the healthcare system where transgender patients can seek redress if their patient rights are violated? (If Yes, please specify.)

*** 40. Have you pursued any gender-affirming healthcare? (e.g. trans-related psychiatrist appointments, hormone replacement therapy, surgeries)**

- Yes
- No

TRANSGENDER HEALTHCARE

In this section, mental healthcare refers to seeing a psychiatrist or psychologist for purposes such as addressing mental health issues stemming from or related to gender dysphoria, or being assessed for transition.

For this survey, 'mental healthcare' does not include counselling or psychotherapy. Medical transition refers to medical interventions like hormone therapy or surgery (including follow-up).

Gender Dysphoria

'Gender dysphoria' is a medical term that describes the discomfort, distress or sense of disconnection that some trans people experience because of the mismatch between their gender identity and their assigned sex at birth. This includes both body dysphoria (related to your physical sexual characteristics) and social dysphoria (related to how you are treated or perceived when it comes to gender).

41. Have you experienced gender dysphoria?

- Yes, and I have an official diagnosis of Gender Dysphoria or Gender Identity Disorder
- Yes, and I am currently being assessed for a diagnosis
- Yes, but I do not have a diagnosis
- No, but I have a diagnosis
- No, but I am currently being assessed for a diagnosis
- No, and I do not have a diagnosis

42. If you are currently on hormone replacement therapy (HRT), where do you obtain your CURRENT source of hormones?

- Not applicable – I am not currently on HRT
- Public hospitals (e.g. Tan Tock Seng Hospital, National University Hospital)
- Private doctors (e.g. Dr. Tsoi, Dr. Fok)
- I get my hormones from the internet
- I get my hormones from my friends, community or family
- I get my hormones overseas when I travel
- Other (please specify)

43. If you are on HRT, roughly how much do you spend on HRT each month? (in SGD)

44. Are you currently able to afford your hormone replacement therapy?

- Not applicable – I am not on HRT
- Yes
- Yes, but only after cutting down on other expenses
- No, and I have had to miss dosages or stop for financial reasons

45. If you have undergone any trans-related surgeries, roughly how much have you spent on them in total? (in SGD; include travel and accommodation costs)

46. For each statement, select the option that feels most accurate to you.

Yes No N/A

- a. I have at least one doctor I can consult for my health (general and trans-related concerns)
- b. I am regularly seeing a healthcare professional for my medical transition and related needs
- c. My medical transition is being regularly monitored with blood tests and check-ups
- d. I am regularly seeing a mental healthcare professional for my mental health needs

47. For each statement, select the option that feels most accurate to you.

Strongly Disagree Disagree Neutral Agree Strongly Agree N/A

- a. My mental healthcare doctors in Singapore are well-informed on transgender issues
- b. My transgender healthcare doctors (e.g. HRT, surgery) in Singapore are well-informed on transgender issues.
- c. I trust my mental healthcare doctors
- d. I trust my transgender healthcare doctors

LEGAL GENDER RECOGNITION (PERSONAL)

48. Have you changed your legal sex marker on your NRIC?

- Yes / currently in the process of changing
- No
- Not applicable – I do not have an NRIC

49. If No, why not?

- I do not meet the criteria to do so
- The option I want isn't available (e.g. third sex option, no gender marker)
- I cannot afford the required surgeries
- I don't want / don't yet feel a strong enough need for the required surgeries
- I'm waiting for surgical techniques to improve
- I'm afraid of the medical risks and potential complications from the required surgeries
- I haven't begun transitioning
- It doesn't bother me
- I don't know how to
- Other (please specify)

50. When it comes to your NRIC, what would you like your gender marker to say AT THIS MOMENT?

i.e. even if you would like it to say something different in future, what about at this point in your life?

- My assigned sex at birth
- The opposite of my assigned sex at birth
- An option specifically for non-binary people (e.g. 'NB', 'X')
- An option specifically for intersex people (e.g. 'I')
- A third option open to anyone (e.g. 'U' for 'undisclosed')
- No gender marker
- Not applicable – I do not have an NRIC
- Other (please specify)

51. If you would like to elaborate on your answer, please do so here.

52. What would you like your NRIC to say IN FUTURE, once you are satisfied with your transition?

- Not applicable – I do not have an NRIC
- My assigned sex at birth
- The opposite of my assigned sex at birth
- An option specifically for non-binary people (e.g. 'NB', 'X')
- An option specifically for intersex people (e.g. 'I')
- A third option open to anyone (e.g. 'U' for 'undisclosed')
- No gender marker
- Other (please specify)

53. If you would like to elaborate on your answer, please do so here.

54. How much do you agree with each statement?

Strongly Disagree Disagree Neutral Agree Strongly Agree N/A / I do not have an NRIC

- It is important for me to be legally recognised as my gender.
- Having the correct gender on my NRIC makes me feel safe.
- I would like the option of not having any gender marker on my own NRIC.
- I would like it if NRICs had no gender marker for anyone.
- I would like my gender marker to match how my body currently looks to others, even if it is not what I identify as.

55. From your knowledge, what are the current requirements to change one's legal sex in Singapore?

IEWS ON LEGAL GENDER RECOGNITION CRITERIA

As Singapore currently only has two gender marker options available (M or F), changing one's legal sex would mean changing it to the opposite of one's assigned sex at birth.

56. In your opinion: In order to change their legal sex, transgender people should...

Disagree Neither agree nor disagree Agree

- Have to undergo genital surgery
- Have to be sterilised (made infertile through the surgical removal of testes or uterus and ovaries).
- Have undergone some surgical procedure (e.g. top surgery, facial feminisation surgery) to make them look more like the gender they want to live as
- Have been on hormone replacement therapy for a minimum period of time
- Be living socially as that gender
- Have been diagnosed by a doctor confirming that they are transgender

In order to change one's legal sex in Singapore, a transgender person currently has to undergo surgeries to be sterilised and have their genitalia changed from that of one sex to the other. (This costs around \$20-30k for trans women and \$40-\$150k for trans men.)

57. How much do you agree with these statements?

Disagree Neither agree nor disagree Agree

- It should be easier for transgender people to change their legal sex
- The criteria for changing one's legal sex should be adapted for each person's circumstances, even if it means making exceptions sometimes
- Medical and surgical care should be made more affordable (e.g. government subsidies, insurance coverage) for transgender people to change their legal sex
- Gender-affirming surgeries should be made available in Singapore

58. Should married transgender people who change their legal sex marker have their existing marriages remain legitimate?

- Yes
- No, but they should be able to keep their HDB and other benefits available to married couples
- No, and they should lose the associated benefits from marriage
- I don't know

59. If you would like to elaborate on your answer, please do so here.

WRAPPING UP

Please help us by answering these questions about your background. The demographic questions in this section are important to help us understand how age and different personal identities (e.g. race, religion, sexual orientation) may affect the answers people give.

60. Are you aware of any laws and policies in Singapore that protect transgender people against discrimination in education, employment and health settings? (If yes, please list them)

61. Are you aware of any services or resources available for transgender employees in Singapore who have been discriminated against at work? (If yes, please list them)

62. Are you aware of any services or resources available for transgender students in Singapore who have been bullied or discriminated against in school? (If yes, please list them)

63. Have you ever experienced violence from an intimate partner or family member?

- Yes
- No
- Prefer not to share

*** 64. As of today, how old are you?**

- Under 16
- 16-20
- 21-25
- 26-30
- 31-40
- 41-55
- 56-64
- 65 and above

*** 65. Which term best describes your sexual orientation?**

- Straight
- Lesbian
- Gay
- Bisexual
- Pansexual
- Queer
- Asexual
- Questioning
- Other (please specify)

*** 66. Which ethnicity group(s) do you belong to?**

- Chinese
- Malay

- Indian
- Eurasian
- Other (please specify)

*** 67. What is your present spiritual or religious identity, if any?**

- Buddhist
- Taoist
- Muslim
- Protestant Christian
- Catholic
- Hindu
- Non-religious
- Other (please specify)

*** 68. What is your highest education certification attained?**

- PSLE
- GCE 'O' Levels
- GCE 'N' Levels
- National ITE Certificate
- GCE 'A' Levels / International Baccalaureate
- Polytechnic diploma
- Bachelor's degree
- Graduate degree or higher
- None

*** 69. What is your monthly PERSONAL income in SGD\$?**

Include any regular personal allowance you may be receiving. If your monthly income fluctuates, use your previous 12 months' income and divide it by 12.

- Prefer not to say
- Under \$600
- \$600–1,200
- \$1,201–\$2,000
- \$2,001–\$3,500
- \$3,501–\$5,000
- \$5,001–\$7,500
- \$7,501–\$12,000
- Above \$12,000

*** 70. What is your monthly HOUSEHOLD income in SGD\$?**

This would be the combined income of everyone you are physically living with at the moment, be it family or roommates.

- Under \$1,000
- \$1,000–\$4,999
- \$5,000–\$8,999
- \$9,000–\$12,999
- \$13,000–\$19,999
- \$20,000 and above
- I don't know

71. Would you be willing to join a focus group discussion or be interviewed at a later date to find out more about your experiences and opinions? If so, please leave your name and email address in the comment box below.

72. Do you have any final comments or things you would like to share with us?