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# Development and Validation of *Khawajasira* Stigma Scale

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## Abstract

**Background.** Gender non-conforming individuals or locally called *Khawajasiras/Hijras* experience social and institutional stigma in Pakistan. To measure their perceptions of societal stigma we designed and validated a culturally grounded *Khawajasira* Stigma Scale.

**Method.** A mixed-methods sequential exploratory design was employed. In Phase I, an initial pool of perceived stigma items was created by employing qualitative content analysis to investigate semi-structured interviews with ten GNC individuals. There were 49 items instead of 59 after expert assessments and Lawshe's Content Validity Ratio (CVR) were used. For Phase II psychometric validation, 300 GNC participants were chosen by snowball sampling. Reliability analysis, exploratory factor analysis (EFA) utilizing Principal Axis Factoring, item-total correlations, and convergent validity were all performed.

**Results.** Convergent validity was supported by a concluded 35-item scale that showed moderate positive correlation with the Victimization Scale ($r = .25$, $p < .01$) and strong internal consistency (Cronbach's $\alpha = .82$). The lack of a distinct multidimensional factor structure in the factor analysis suggested that stigma is a unidimensional phenomenon.

**Conclusion**. The KSS is a psychometrically valid and culturally appropriate tool that measures the perceived stigma that GNC people in Pakistan undergo. By capturing environmental, interpersonal, institutional, and intra-community stigma, the measure provides a reliable tool for research, clinical assessment, and policy interventions aimed at enhancing the well-being of the *Khawajasira community*.

***Keywords.*** Gender non-conforming, *Khawajasira, Khawajasira* Stigma Scale, stigmatization, transgender, gender identity, discrimination, ageism

## Introduction

Gender non-conforming Individuals (GNCIs) have historically endured continuous social exclusion and marginalization around the world. Gender identity, its expression or roles diverge from cultural standards associated with sex assigned roles at birth (APA, 2015; Hughto et al., 2015). In Pakistan and in other South Asian countries, GNCIs can be called a *Khawajasira* (honorific and politically correct label)*, Khusra, hijra* (more pejorative label), or *Zenana* (effeminate man) who typically lives in a *khawajasira* community, a socio-culturally distinct group that comprises of *Khawajasiras hijras, khusras or Zenanas* (plurals). These terms represent various identity categories, for example, *hijras* or *khawajasiras* are referred to as, [intersex or] *third gender* or eunuch-transvestites (Reddy, 2003); while *zenanas* maintain their female identity with no biological transitions (Amin & Saeed, 2004). Members of *khawajasira* community face systemic violence, prejudice, and institutional marginalization despite their longstanding presence in the history and culture of the area (Reddy, 2003; Nisar, 2018). Studies in Pakistan on this subject reveal pervasive rejection of these people, which starts early in childhood, includes bullying, family estrangement, school harassment, and general community exclusion (Alizai et al., 2017; Manzoor et al., 2022). Among gender-diverse communities, these experiences are linked to psychological discomfort, low self-esteem, sadness, and anxiety (Bockting et al., 2013; Grossman & D'Augelli, 2007). Barriers in education, healthcare, employment and legal protection have been documented yet very little attention has been paid to how marginalized GNCIs cope.

Gender stigma awareness includes, how society views the identity of GNCIs and comprises of perceptions, interpretations, expectations, and feelings of gender marginalized people like the GNCIs (Link & Phelan, 2001). Perceived stigma among gender-diverse and marginalized communities predict poor mental health outcomes, lower well-being, and avoidance of social services and healthcare (Testa et al., 2015; Azhar et al., 2024).

Members of the *khawajasira* group perceive and are aware about their stigmas that originate from inclusive groups of society, which include judgments about their gender non-conformity, assumed sexuality, engagement in marginalized (sex) work and other age-related vulnerabilities (Khan, 2016). Young *khawajasiras* frequently anticipate and encounter stigmatizing reactions of others based on their gender presentation, while older ones experience increased rejection from society and their own community when their social capital declines (Sultana & Kalyani, 2012).

Stigma is a social construction process that excludes people based on perceived differences and causes them to be discriminated against (Goffman, 1963). Stigma theory by Goffman's classic understanding views stigma as a process by which people who have socially discredited characteristics go through devaluation and social rejection. Building on this perspective, Link and Phelan (2001) broadened the understanding through defining stigma as a dynamic social process of labeling, stereotyping, separation, status loss, and discrimination maintained through unequal power relations and cultural value systems.

Gender non-conforming individuals face marginalization (Bockting et al., 2013). Marginalization is defined as the systemic exclusion and oppression through major social institutions, including schools, families, and healthcare systems, due to their identities or behaviors not aligning with dominant cultural norms (Khan, 2020). Stigma is experienced and perceived by marginalized communities, such as gender non-conforming people, in a variety of individual, interpersonal, and structural contexts (Hughto et al., 2015). The absorption of social disapproval and guilt related to a person's gender identity is known as internalized stigma, and it frequently results in low self-esteem and mental health problems (Bockting et al., 2013). Expecting rejection is known as anticipated stigma, and it can lead to avoidance and concealment strategies (Quinn & Chaudoir, 2015). Overt experiences of violence, exclusion, and discrimination are examples of enacted stigma (Herek, 2007; Hatzenbuehler & Link, 2014).

A 2008 study looked at stigmatization as an intersectional process, where persons who have intersecting identities such as sexual orientation, gender nonconformity, class, age, and occupation face several overlapping forms of stigma (Mahajan et al., 2008). These overlapping stigmas are not

only externally imposed, but people also perceive, expect, and internalize them, which affects how they personally experience marginalization. In order to comprehend and manage the cumulative effects of intersectional stigma in their daily lives, people turn to perceived stigma as a critical lens.

By increasing their exposure to psychosocial stress and doubling their exclusion from services, superimposed stigmas significantly increase the risk for GNC individuals. *Khawajasira* people's lives are made more difficult by intra-community hierarchies in addition to outward stigma. Exclusionary practices are reinforced by hierarchical differences; for example, *Khusras* (intersex people) are always perceived as more authentic than *Zenanas* (effeminate men), leading to intra-community stratification (Jami & Kamal, 2015). These stigmas are additionally made worse by colonial legal customs, religion, and patriarchal religious-cultural practices (Reddy, 2003; Nisar, 2018).

There is still a big gap between the research and the creation of suitable stigma measures, even if qualitative studies show the psychological and social costs of stigma among *Khawajasira* people (Azhar et al., 2024; Kanwal, 2020; Meyer, 2003). The majority of today's stigma tools were created in Western settings, and they frequently have limited scopes and neglect to take into account intersectionalities that are culturally specific. Such as the Transgender Identity Scale (TIS) and the Internalized Transphobia Scale (ITS) are mostly focused on self-directed stigma and cannot quantify culturally, socially, or structurally oriented prejudice (Bockting et al., 2020; Testa et al., 2015). The HIV Stigma Scale, developed by Berger et al. (2001), is as well not highly generalizable beyond the medical context. The conceptual conceptualizations like the minority stress model by Meyer et al. (2008)'s and the concept of stigma by Link's (1987), though they shed some light on the experiences of stigma, were created in the western sociocultural setting and, therefore, are inadequate when it comes to understanding the multifaceted stigma experiences of gender non-conforming people in south Asian context.

The current study develops a culturally based measure on the basis of existing research through the combination of both qualitative and quantitative research methods. The quantitative part permits the generalizability and reliable evaluation, and the qualitative part make sure that the lived *khawajasira* people experiences, social cultural reality and intersectional marginalization are correctly conveyed. Moreover, this paper addresses several of shortcomings identified in previous researches, like absence of culturally validated measures and a lack of emphasis on structural barrier and stigma exist in society. By developing a measure called the KSS-GNC (*Khawajasira* Stigma Scale for Gender Non-Conforming Individuals), this study seeks not just to fill empirical gap but also to come up with a tool by which culturally appropriate interventions, policy advocacy, and future research on stigma within South Asia will be absolutely informed.

**Objectives**

- To develop a culturally sensitive measure for measuring stigma among gender non-conforming individuals of *Khawajasira* community in Pakistan,
- To establish the psychometric properties of the newly developed measure through rigorous empirical validation.

## Method

### Phase 1: Interviews and Item Pool

**Sample**

In Phase 1, a snowball sample of 10 GNCIs (five declined to participate) from *khawajasira* community in Islamabad and Rawalpindi were asked to participate in in-depth biographical interviews until response saturation occurred; no new content surfaced after the tenth interview. Guest et al. (2006) suggest, a sample of 6 to 12 individuals is sufficient to reflect the extent of experiences saturating them effectively. They ranged in age from 40 to 49 years, with extensive lived experience in their gender cast. Five participants identified themselves as *khawajasiras* and the other five as *zenanas*; seven were *chelas* (disciples) one as a *guru* (mentor), and two that titled them as both; seven were single (unmarried), two married, and one was divorced; most of the participants left their homes as teenagers (ostracized early), leaving age ranged from 8 to 27 years, see Table 1 for details.

**Table 1**

*Demographic Characteristics of Participants(N=10)*

| Participant | Age (*Y*) | ALH (*Y*) | GID | Status | Ethnicity | Marital Status |
|---|---|---|---|---|---|---|
| KS7 | 41 | 15 | *Khawajasira* | *Chela* | Punjabi | Divorced |
| KS9 | 40 | 15 | *Zenana* | *Chela* | Punjabi | Single |
| KS5 | 40 | 13 | *Khawajasira* | *Chela* | Punjabi | Single |
| KS4 | 43 | 14 | *Khawajasira* | *Chela* | Punjabi | Single |
| KS3 | 49 | 8 | *Zenana* | *Guru* | Punjabi | Single |
| KS1 | 45 | 15 | *Zenana* | Both | Punjabi | Single |
| KS8 | 47 | 27 | *Khawajasira* | *Chela* | Punjabi | Married |
| KS6 | 44 | 12 | *Zenana* | *Chela* | Punjabi | Single |
| KS2 | 46 | 12 | *Khawajasira* | Both | Punjabi | Married |
| KS10 | 45 | 15 | *Zenana* | *Chela* | Punjabi | Single |

*Note.* ALH = Age Leaving Home, Y = Years, GID = Gender Identity

**Assessment Measures**

An interview guide consisted of 13 broad questions that identified central issues like, *Khawajasira* gender and sexual identity, childhood experiences, family reactions and dynamics, schooling, and *Khawajasira* community support, for example some questions were: how much schooling did you receive and where did you obtain it? If you did not go to school what were the underlying reasons? Describe your experiences in school? Did you feel you were different from other children? What impact did this have on your education? In addition, 38 more specific probing questions were subsequently asked to relate their lived experiences of social discrimination and stigmas. These included how and why did you join the *Khawajasira* community, and what challenges did you face? What problems and criticism did you encounter as a *Khawajasira* etc.?

**Design and Procedure**

***Interviews.*** In Step 1, semi-structured interviews were carried out using the guide to generate items for the scale. articipants gave their consent after agreeing to participate in the study, all were assured their personal information and data would be kept confidential and anonymous. Duration of the interview was 40-60 minutes, audio-recorded and transcribed with permission. The interviews were conducted in a culturally appropriate manner. The interview questions were in Urdu however, if clarity was needed, Punjabi was also employed. We gave each participant was a small monetary incentive and thanked them for participating in the study.

***Item Pool.*** In Step 2, transcribed interviews went through content analysis, and recurring stigma themes led to extract a pool of 59 items that were based on at least half of the participants that included anticipated, internalized, and enacted stigmas. Items tapped into experiences of *Khawajasiras* about gender identity, sexuality, race and ethnicity, marital status, and community membership etc. Examples include: *People consider khawajasiras as a pile of filth | People think khawajasiras are only meant for sex | I feel sorry for not being born a complete male or female* etc.

***Evaluation and Content Validity.*** In Step 3, an evaluation of the above items were reviewed by panel of ten subject matter experts (SMEs) in the fields of clinical psychology, gender studies, and researchers working with GNSIs. To help the SMEs authors of this study provided definitions and examples of perceived stigma. They were requested to assess each item on face validity, linguistic clarity, relevance to perceived stigma, redundancy or item overlap and appropriateness for the target population. After their review, SMEs modified, rephrases, and

kept items as is from this pool. Then, the same set of ten experts rated above items to establish content validity (Lawshe, 1975). Content Validity Ratio (CVR) analysis retained an item if CVR was .60 or above. Ten items were screened leaving behind 49 items ($M_{CVR}$ = .79) for further analysis. Experts screened items for relevance and sufficiency about stigma members of *khawajasira* community may have about inclusive groups of society.

***Naming the Scale.*** In Step 4, authors applied a 5-point Likert-type response format to each of the 49 items that ranged from Strongly Disagree (1), Disagree (2), Neutral (3), Agree (4), and Strongly Agree (5). This response format was selected because middle value (neutral) flanked agreement and disagreement clearly and could identify presence or absence of stigma. No item was reversed scored. The range of composite scores could be between 49 to 245, where higher numbers represented greater stigma perceived or felt by Khawajasira s from society. All authors agreed to call it the *Khawajasira* Stigma Scale.

**Phase 2: Validation of the Scale**

**Sample**

After pilot testing KSS for clarity and ease of comprehension on a small sample of *Khawajasiras*, a snowball sample of 300 GNCIs or *Khawajasira*s, age range 18 - 70 years ($M$ = 33.53, $SD$ = 9.13) were approached to complete KSS after consent. Data from 30 participants were excluded for inconsistent or incomplete response entries.

**Assessment Measures**

***Khawajasira Stigma Scale (KSS).*** Developed in this study, KSS a self-report scale contains 49 items with no reverse-coded items. Each item can be rated on a 5-point Likert-type response format from Strongly Disagree (1), Disagree (2), Neutral (3), Agree (4), and Strongly Agree (5) with a composite score range between 49 to 245. Higher scores indicate higher levels of perceived stigma. The scale demonstrated acceptable to moderate internal consistency (α = .77) in the current sample.

***Victimization Scale (VS).*** Originally developed by Testa et al. (2015) and translated into Urdu by Fatima and Jami (2022), is a six item scale that measures experiences of victimization across three timeframes: before age 18, after age 18, and within the past year. A 5-point Likert-type scale measures each item on (0) to (4) response format, with a 0-24 composite score range with no reverse-coded items. Higher scores indicate greater victimization. The scale showed acceptable internal consistency in this study (α = .71).

## Results

In order to test the psychometric properties of the *Khawajasira* Stigma Scale (KSS), reliability analysis, convergent validity, exploratory factor analysis, and item to total correlation statistics were computed.

**Reliability and Descriptive Statistics**

The internal consistency of the *Khawajasira* Stigma Scale was analyzed by using Cronbach's alpha. Alpha value (α = .77) shows the strong internal consistency of the scale. While descriptive statistics showed a mean score of $M$ = 205.46 ($SD$ = 13.65) reflecting similar stigma experience across respondents.

**Validation of *Khawajasira* Stigma Scale through victimization scale**

Convergent validity of KSS was examined by correlating with victimization scale. It was hypothesized that individuals who face higher victimization would report higher perceived stigma. The Pearson Product-Moment correlation analysis showed a statistically significant positive correlation between the *Khawajasira* stigma and victimization ($r$ = .25, $p$ < .01), validating the convergent validity of the *Khawajasira* Stigma Scale. The small-to-moderate effect size shows that more experiences of the victimization are associated with the higher levels of perceived stigma among gender non-conforming individuals.

**Exploratory Factor Analysis (EFA)**

**Table 2**

*Exploratory Factor Analysis of the Khawajasira Stigma Scale (N = 300)*

| Items | Factor 1 | Communality ($h^2$) | Items | Factor 1 | Communality ($h^2$) |
|---|---|---|---|---|---|
| KSS 28 | .53 | .30 | KSS 10 | .35 | .19 |
| KSS 38 | .52 | .29 | KSS 29 | .37 | .21 |
| KSS 48 | .47 | .28 | KSS 15 | .39 | .23 |
| KSS 25 | .47 | .28 | KSS 05 | .36 | .20 |
| KSS 20 | .43 | .27 | KSS 27 | .33 | .17 |
| KSS 12 | .43 | .27 | KSS 26 | .33 | .17 |
| KSS 16 | .42 | .26 | KSS 14 | .35 | .19 |
| KSS 08 | .41 | .25 | KSS 37 | .37 | .21 |
| KSS 06 | .41 | .25 | KSS 35 | .34 | .18 |
| KSS 07 | .41 | .25 | KSS 30 | .32 | .16 |
| KSS 24 | .40 | .24 | KSS 48 | .32 | .16 |
| KSS 19 | .41 | .25 | KSS 18 | .29 | .13 |
| KSS 45 | .42 | .26 | KSS 22 | .28 | .12 |
| KSS 13 | .39 | .23 | KSS 23 | .29 | .13 |
| KSS 43 | .38 | .22 | KSS 03 | .26 | .10 |
| KSS 39 | .37 | .21 | KSS 49 | .25 | .09 |
| KSS 17 | .39 | .23 | | | |
| KSS 47 | .40 | .24 | | | |
| KSS 40 | .41 | .25 | | | |

*Note.* Extraction Method = Principal Axis Factoring. One Factor Solution Specified.

Exploratory Factor Analysis (EFA) was conducted on a sample of 300 gender non-conforming individuals to explore underlying factor structure of KSS using Principal Axis Factoring. The sample size of 300 was deemed adequate for EFA as per guidelines by Pearson and Mundform (2010). The Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy was .74, satisfactory for factor analysis (Kaiser, 1974). Bartlett's Test of Sphericity was significant, $\chi^2$ (595) = 2484.50, $p < .001$, suggesting that the data were suitable for factor analysis. Several factor solutions (three to six factors) were examined using both Promax (oblique) and Varimax (orthogonal) rotations. The scree plot suggested a five-factor solution; however, the extracted factors lacked theoretical clarity, and several items exhibited significant cross-loadings or weak loadings. Due to the absence of a coherent and interpretable factor structure, the KSS was retained as a unidimensional scale measuring Stigma. The final one factor solution yielded an eigenvalue of 4.80, accounting for 13.71% of the total variance. Factor loading ranged from .25 to .53, with majority of items exhibiting moderate to strong loading (≥ .30) supporting strong association with the latent construct. Items with relatively low loading were retained based on the theoretical relevance and acceptable items to total correlation.

**Items to Total Correlation**

As exploratory factor analysis (EFA) did not yield a stable factor structure, so item retention was led by item–total correlations, which are commonly advocated as a viable approach for item reduction in classical test theory. As Clark and Watson (1995) emphasize, internal consistency analyses especially

item–total correlations are amongst the most frequently used and empirically supported methods for item selection in unidimensional scale. Item-to-total correlation analysis was conducted to determine the contribution of each item to the overall internal consistency of the scale. Following the guidelines of Clark and Watson (1995), items with item-total correlations below .20 were considered for removal. Of the 49 items, 14 items demonstrated correlations below the .20 threshold and were therefore excluded from the final version of the scale. The remaining 35 items revealed correlations of.20 to.45 (M =.29), indicating their inclusion. The internal consistency of the *Khawajasira* Stigma Scale improved after item refinement, with Cronbach's alpha increasing from.77 (49 items) to.82 (35 items), indicating better dependability. The *Khawajasira* Stigma Scale has 35 items that contribute significantly to measuring the construct (See Appendix).

## Discussion

The current study aimed to developing and validating the *Khawajasira* Stigma Scale for gender non-conforming members of the *Khawajasira* community in Pakistan. The scale was created to assess how stigma is perceived in daily life across a range of factors, including socioeconomic position, aging, gender nonconformity, sexual identity, and discrimination within the community. The main stages of the study and the thematic categories that emerged from the validated instrument are explored in relation to the results, which together provide an extensive understanding of how stigma functions in various institutional and social situations.

According to minority stress studies (Meyer, 2003; Testa et al., 2015), the KSS demonstrated good internal consistency (α =.82), demonstrating its reliability in evaluating perceived stigma among GNC individuals. Items below the total were examined for relationships with the items. DeVellis (2016) reduced the original 49-item draft to a 35-item scale by eliminating the .20 threshold. Bartlett's Test of Sphericity was significant (p <.001), indicating factor analysis abilities, and an explanatory factor analysis yielded a KMO value of.74, indicating good sample adequacy (Kaiser, 1974). The substantial internal consistency indicates unidimensionality, indicating that the KSS operates as a single connected construct rather than numerous dimensions, even though the EFA could not identify clearly separate multidimensional variables. This unidimensionality demonstrates how several types of stigma, such as contempt, social exclusion, sexual objectification, and family rejection, work together to provide a more comprehensive, cumulative feeling of societal devaluation.

The KSS had a substantial positive correlation with the Victimization Scale ($r=.25, p<.01$), indicating convergent validity. This is taken into account in light of the theoretical assumption that violent episodes are linked to higher stigma attitudes among GNC people, as established in earlier study (Testa et al., 2014). It should be emphasized that the KSS includes only identity-based characteristics, which sum up the stigma, including gender expression, sexual orientation, and marital status, and contextual modifying features of healthcare, education, family, and community. Unlike more classic measures of stigma, such as the Internalized Transphobia Scale (Bockting et al., 2020) or Gender Minority Stress and Resilience Scale (Testa et al., 2015) which are created in Western cultures, the KSS is shaped by the *Khawajasira*-specific experiences, the manifestations of marginalization on the local level. Due to its contextual sensitivity, the scale is more ecologically valid and can be particularly applicable in the research and intervention development in the South Asian cultural setting.

KSS found out several primary reasons that describe how individuals who consider themselves as gender nonconforming feel stigmatized. The results of the study indicated a similar fashion: *Khawajasira* individuals are subject to a significant stigma in the community. The KSS contains several sentences that show the intensely set up societal demeaning of nonconforming genders in Pakistan, such as, "People think we have bad influence on their children, neighbors think we are piles of filth, the good people in society think badly of the *Khawajasira* people personages. These remarks indicate that stigma is not confined to exceptional events, but it is a part of all aspects of social life, such as in the community and even during a family reunion. Even the spaces of kinship may become a source of shame and isolation in the collectivist civilizations, which is depicted

in the item by the description when I attend family events, they call me names such as "*Zenanas*." This is consistent with Link and Phelan's (2001) concept, which states that stigma is a process that comprises identifying, stereotyping, separating, and status loss and takes place inside societal bodies dominated by power. According to Shafaat (2004), gender nonconformity is usually viewed as a moral and religious transgression in Pakistan. Popular cultural narratives that depict *Khawajasira* as distinct, harmful, or humiliating serve to further this stigma.

Stigma can also appear in a family setting. Items like "Family members add to our sorrows and sufferings instead of feeling our sorrow" "The family forbids us from staying with them because they are afraid of society." "I regret that I had to distance myself from my parents due to my gender identity and behavior." "Families arrange our marriages to indorse our masculinity in order to preserve their honor." "My family forbids me from meeting my married sisters in order to preserve their honor." These items are a reflection of deeply ingrained stigma based on family. Research has consistently shown that family rejection is a major source of suffering for GNC and transgender people (Jami & Kamal, 2015). This rejection originates from the fear of loss of societal honor and deviation from acceptable gender roles, further excluding GNC individuals.

Furthermore, perceived objectification and sexualization also appeared as prominent contributor to stigma. Several of these items refer to the commodification and hypersexualization of *Khawajasira bodies*, including "People in society perceive us as sexual objects" and "While begging, people offer money in exchange for sexual favor." "Even during sacred months, people pressure us for sexual relations" "Male University students express a desire to engage in sexual acts with us" "Voyeurs drug us and sexually assault us" "Because of my mannerisms and behavior, men take me to various places for sex work". They refer to how *Khawajasira individuals* are continually sexualized regardless of context or consent. Such experiences in schools, places of worship, and public spaces attest to the ubiquity of sexual objectification across every aspect of *Khawajasira* individual's lives. Such objectification is not merely passive but usually takes the form of active sexual coercion, exploitation, and abuse (Aziz & Azhar, 2020). As noted by studies by Winter et al. (2009), transgender and gender non-conforming people in South and Southeast Asia are often subjected to sexual harassment, offers of transactional sex, and even coercive sex by virtue of their gender status and the prevailing belief that they are mostly for sexual gratification. In addition to violating physical autonomy, these interactions reinforce stigma by portraying *Khawajasira* as hypersexual individuals, a deeply ingrained stereotype connected to colonial and post-colonial narratives (Reddy, 2005).

Participants reported stigma in healthcare settings "Doctors and nurses put on gloves and masks upon seeing us" Although the wearing of gloves and masks by healthcare professionals is a common infection-control practice, participants in this study constantly reported that such measures were selectively and disproportionately applied to them, rather than to all patients. Participants reported that healthcare staff displayed visible discomfort, avoided being in close proximity, and often used derogatory remarks alongside the use of protective equipment. These experiences show that the precautions were perceived as expressions of dread, contamination worries, and social distancing specifically aimed at them as *Khawajasira* persons rather than as standard therapeutic practice in and of itself. In line with earlier research demonstrating that transgender and gender-diverse individuals tend to be subjected to degrading, discriminatory treatment in clinical settings as well (Kosenko et al., 2013).

Items like "In educational institutions, students call us with mocking tones" emphasize the absence of inclusive and safe learning environments for GNC individuals. South Asian research has found systematic bullying, exclusion, and dropout of transgender young people due to ongoing harassment. In school environments, *Khawajasira's* are often rejected due to their departure from the traditional masculine gender norms (Alizai et al., 2017; Khan, 2020).

The majority of them stated that because they played with dolls, painted their nails, and applied makeup as children, they were perceived as effeminate boys (Alizai et al., 2017).They never

played or related with them since such gender performances often left them isolated by their friends and mocked by their teachers (Somasundaram, 2009; Virupaksha and Muralidhar, 2018).

Moreover, prejudice in the community is also captured in the KSS, which is commonly disregarded in traditional stigma research. The prevalence of ageism and classism bias in the *Khawajasira* group is depicted by statements like the one which encompasses that I feel stigmatized in the community because I am old or married. Other phrases such as I face discrimination in my community because of my skin color, it is because of my beauty and I face discrimination in my community because I am married, all lend credence to this trend. The fact that low financial status individuals are victims of the extortion process also emphasizes the weakness of the members of the disadvantaged group. This observation aligns with the past studies showing the effects of economic hierarchies, beauty standards, and power dynamics on intra-community dynamics (Hossain, 2012; Khan, 2020). Old age has become a central point of marginalization. With the age of *Khawajasira* people, they suffer discrimination not only within their community but also with the rest of the population. Khan et al. (2009) note that desertion, low social status, and accessibility of economic opportunities are common challenges older *Khawajasira* have to face. This age discrimination contributes to invisibility and dispensability, and it creates competition among the members of the younger generation. Alamgir (2022) argues that the stigma of *Khawajasira* individuals does not diminish over time, instead, it changes and becomes apparent in workplace situations in various forms of discrimination and social apathy. The results indicate the importance of considering intra-community stigma to be a significant source of the cumulative burden of perceived stigma.

The *Khawajasira* Stigma Scale (KSS) systematically measures labor market exclusion by statements such as "We are not given a respectable job" and "The government does not give us jobs because we are *Khawajasira*." These items shows that gender non-conforming individuals face institutional and structural challenges, as well as individual-level prejudice at employment in Pakistan and across South Asia. Moreover, GNC employees repeatedly face discrimination, harassment, and abuse at work (Grant et al., 2011).

**Limitations and Future Directions**

Even though the scale verified strong psychometric performance, the EFA did not produce theoretically relevant factors, implying that the concept of perceived stigma is best understood as a unidimensional yet complex experience. Future study might reveal the use of confirmatory factor analysis (CFA), explanatory factor analysis (EFA), and cross-cultural validation to further clarify its structure.

Furthermore, the non-random sample and geographical confinement to Islamabad and Rawalpindi limit the findings' applicability to larger GNC populations. More studies are required across other provinces and various linguistic and cultural environments in Pakistan.

## Conclusion

The validated KSS offers a culturally and contextually entrenched measure to assess the perceived stigma experienced by GNC individuals in Pakistan. The scale advances over uni-dimensional conceptualizations of perceived stigma and includes institutional, sociocultural, sexual, intra-community and economic aspects. Through operationalizing these lived experiences using a psychometrically reliable scale, our research offers a crucial tool to clinical, policy, and advocacy work towards enhancing the mental health and social well-being of the *Khawajasira community*.

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# Appendix

## *Khawajasira* Stigma Scale for Gender Non-Conforming Individuals (KSS-GNC)

**ہدایات:** مندرجہ ذیل بیانات خواجہ سرا کے روزمرہ کے تجربات کے بارے میں ہیں کہ کس حد تک ان کو کمیونٹی یا کمیونٹی کے باہر تنقید کا سامنہ کرنا پڑتا ہے۔ مندرجہ ذیل بیانات کو غور سے پڑھیں / سنیں اور بتائیں آپ کس حد تک مندرجہ زیل صورتحال یا تنقید کا سامنا کرنا پڑتا ہے؟

**1= مکمل طور پر غیر متفق: 2= غیر متفق: 3= نہ متفق نہ غیر متفق: 4= متفق: 5= مکمل طور پر متفق**

| نمبر | بیانات | مکمل طور پر غیر متفق | غیر متفق | نہ متفق نہ غیر متفق | متفق | مکمل طور پر متفق |
|---|---|---|---|---|---|---|
| 1 | گھر والے ہمارا دکھ محسوس کرنے کے بجائے ہمارے دکھوں اور تکالیف میں اضافہ کرتے ہیں۔ | ① | ② | ③ | ④ | ⑤ |
| 2 | معاشرے کے لوگ ہمیں زنانہ کپڑوں اور میک اپ کی وجہ سے جنسی کاموں کی مشین سمجھتے ہیں۔ | ① | ② | ③ | ④ | ⑤ |
| 3 | محلے والے ہمیں گندگی کا ڈھیر سمجھتے ہیں۔ | ① | ② | ③ | ④ | ⑤ |
| 4 | دنیادار خواجہ سرا کو حقیر سمجھتے ہیں۔ | ① | ② | ③ | ④ | ⑤ |
| 5 | کام کی جگہ ہو یا کوئی محفل، لوگ ہم سے زبردستی کرتے ہیں اور تشدد کا نشانہ بناتے ہیں۔ | ① | ② | ③ | ④ | ⑤ |
| 6 | ہمیں جنسی کاموں میں ملوث ہونے کی وجہ سے مختلف خطرناک (ایڈز، ہیپاٹائٹس وغیرہ) بیماریاں لگ جاتی ہیں۔ | ① | ② | ③ | ④ | ⑤ |
| 7 | لوگ مجھے بھیک مانگنے وقت جنسی کاموں کے لیے پیسوں کی آفر کرتے ہیں۔ | ① | ② | ③ | ④ | ⑤ |
| 8 | گھر والے معاشرے کے خوف سے ہمیں اپنے پاس نہیں رہنے دیتے۔ | ① | ② | ③ | ④ | ⑤ |
| 9 | تعلیمی اداروں میں طالب علم ہمیں طنز بھرے لہجوں اور مختلف ناموں سے پکارتے ہیں۔ | ① | ② | ③ | ④ | ⑤ |
| 10 | .میری حرکتوں اور چال چلن کی وجہ سے مجھے تنقید کا نشانہ بنایا جاتا ہے۔ | ① | ② | ③ | ④ | ⑤ |
| 11 | مجھے جنسی طور پر نامکمل ہونے کا طعنہ دیا جاتا ہے۔ | ① | ② | ③ | ④ | ⑤ |
| 12 | خواجہ سرا کمیونٹی میں اگر میں نربان (castrated) نہیں ہوں تو مجھے مرد ہونے کا طعنہ دیا جاتا ہے۔ | ① | ② | ③ | ④ | ⑤ |
| 13 | لڑکوں کی طرف جنسی رجحان ہونے کی وجہ سے مجھے تنقید کا نشانہ بنایا جاتا ہے۔ | ① | ② | ③ | ④ | ⑤ |
| 14 | مجھے افسوس ہوتا ہے کہ میں مکمل مرد یا عورت کیوں پیدا نہ ہوا۔ | ① | ② | ③ | ④ | ⑤ |
| 15 | مجھے دکھ ہے کہ اپنی مختلف صنفی رجحان اور حرکات کی وجہ سے مجھے ماں باپ سے دور ہونا پڑا۔ | ① | ② | ③ | ④ | ⑤ |

| نمبر | بیانات | مکمل طور پر غیر متفق | غیر متفق | نہ متفق نہ غیر متفق | متفق | مکمل طور پر متفق |
|---|---|---|---|---|---|---|
| 16 | ہمیں باعزت نوکری نہیں دی جاتی۔ | ① | ② | ③ | ④ | ⑤ |
| 17 | جب ہم ہسپتال جاتے ہیں تو ہمیں دیکھ کر ڈاکٹر اور نرسیں دستانے اور ماسک پہن لیتے ہیں۔ | ① | ② | ③ | ④ | ⑤ |
| 18 | معاشرے کا ہر طبقہ ہمیں نفرت کی نگاہ سے دیکھتا ہے۔ | ① | ② | ③ | ④ | ⑤ |
| 19 | ہمیں خواجہ سرا ہونے کی وجہ سے حکومت نوکری نہیں دیتی۔ | ① | ② | ③ | ④ | ⑤ |
| 20 | اپنی عزت کی خاطر خاندان والے ہماری شادیاں کرا دیتے ہیں تا کہ ہمیں مرد ثابت کر سکیں۔ | ① | ② | ③ | ④ | ⑤ |
| 21 | جب میں خاندان کی تقریبات میں شرکت کرتی ہوں تو لوگ مجھے زنانہ کھسرا کہتے ہیں۔ | ① | ② | ③ | ④ | ⑤ |
| 22 | لوگ سمجھتے ہیں کہ ہماری وجہ سے اُن کے بچوں پر برا اثر پڑتا ہے۔ | ① | ② | ③ | ④ | ⑤ |
| 23 | مجھے خواجہ سرا ہونے کی وجہ سے ناقابل برداشت باتیں بھی برداشت کرنی پڑتی ہیں۔ | ① | ② | ③ | ④ | ⑤ |
| 24 | مقدس مہینوں میں بھی لوگ جنسی تعلقات کے لیے مجبور کرتے ہیں۔ | ① | ② | ③ | ④ | ⑤ |
| 25 | یونیورسٹی میں مرد طالب علم ہم سے جنسی کام کرنے کی خواہش ظاہر کرتے ہیں۔ | ① | ② | ③ | ④ | ⑤ |
| 26 | تماش بین ہمیں نشہ آور چیزیں دے کر زیادتی کا نشانہ بناتے ہیں۔ | ① | ② | ③ | ④ | ⑤ |
| 27 | خواجہ سرا کمیونٹی کا حصہ بننے کے بعد لوگوں کی تنقید سے بچنے کے لیے میں اپنے اصلی گھر سے باہر کم نکلتی ہوں۔ | ① | ② | ③ | ④ | ⑤ |
| 28 | شادی شدہ خواجہ سراؤں کو ان کی بیوی کی جانب سے بھی تنقید کا سامنا کرنا پڑتا ہے۔ | ① | ② | ③ | ④ | ⑤ |
| 29 | بڑھتی عمر کے ساتھ لوگ ہمیں بھیک دینے سے بھی انکار کر دیتے ہیں۔ | ① | ② | ③ | ④ | ⑤ |
| 30 | خاندان والے اپنی عزت کی خاطر مجھے میری شادی شدہ بہنوں سے نہیں ملنے دیتے۔ | ① | ② | ③ | ④ | ⑤ |
| 31 | میری مختلف چال ڈھال اور حرکتوں کی وجہ سے مرد مجھے جنسی کاموں کے لیے مختلف ٹھکانوں پر لے جاتے ہیں۔ | ① | ② | ③ | ④ | ⑤ |
| 32 | مجھے میری کمیونٹی میں رنگ، خوبصورتی وغیرہ کی بنیاد پر امتیازی سلوک کا سامنا کرنا پڑتا ہے۔ | ① | ② | ③ | ④ | ⑤ |
| 33 | مجھے میری کمیونٹی میں بڑی عمر کی بنیاد پر امتیازی سلوک کا سامنا کرنا پڑتا ہے۔ | ① | ② | ③ | ④ | ⑤ |
| 34 | مجھے میری کمیونٹی میں شادی شدہ ہونے کی وجہ سے امتیازی سلوک کا سامنا کرنا پڑتا ہے۔ | ① | ② | ③ | ④ | ⑤ |
| 35 | .خواجہ سرا کمیونٹی میں کم مالی حیثیت رکھنے والے خواجہ سرا استحصال کا شکار ہوتے ہیں۔ | ① | ② | ③ | ④ | ⑤ |