Understanding Actors and Processes Shaping Transgender Subjectivities: A Case Study of Kazakhstan

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List of abbreviations

ADHD	Attention deficit hyperactivity disorder
DSM	*The Diagnostic and Statistical Manual for Mental Disorders*
FTM or FtM	Female-to-male
ICD	*The International Classification of Diseases and Related Health Problems*
ID	Identification documents
LGBTQ	Lesbians, gay, bisexuals, trans people and queer
LGR	Legal gender recognition
MTF or MtF	Male-to-female
NGO	Non-governmental organization
OECD	The Organisation for Economic Co-operation and Development
RSPCMH	The Republican Scientific Practical Center for Mental Health
SRS	Sex reassignment surgery
TGEU	Transgender Europe
WHO	World Health Organization
WPATH	World Professional Association for Transgender Health

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Foreword

This dissertation uses terms related to LGBTQ activism, as well as terms in Kazakh language, all of which are always explained either in parentheses or in footnotes. There is also a list of definitions for terms specific to dissertation. The translations of all documents in the appendices are my own.

Chapter 1. Introduction

This doctoral research focuses on studying actors and processes that shape the transgender[1] subjectivities of Kazakhstani trans individuals as they seek legal affirmation. As such, the study aims to understand the process of negotiating construction of gender identities — a broad range of identities that fall under the umbrella term "trans" — by multiple actors. Generally, the research in this sphere focuses on medical professions, described as gatekeepers or judges deciding who fit the prescriptions of being a woman or a man, and on trans people themselves, who are often portrayed as victims. However, this process is more complex than only describing the interaction of these two groups or by labeling them either as gatekeepers or victims. The dissertation provides a critical approach and attempts to expand our understanding of the process, the dynamics and the actors involved.

In this work I use the term "subjectivities" with reference to postmodern feminist cultural theory where subjectivities are explained as an "effect of a set of ideologically organized signifying practices through which the individual is situated in the world and in terms of which the world and one's self are made intelligible" (Ebert 1988, 23-24). For example, a person might not be fully described as his/her identity, which includes feelings, emotions, self-perception. A subjectivity is a more diverse and complex concept that moves away from innate identity characteristics and opens the possibility of looking into variable constructions of reality, seeing different perspectives on the knowledge, and bring unheard voices of trans people to the forefront.

Human rights defenders consider the situation bringing of trans people in Kazakhstan as a demonstration of their victimization in a medical and legal system, which are presented as evil and guilty institutions. Nonetheless, the processes of shaping transgender subjectivities are

[1] I use "transgender" in reference to objects and non-humans and "trans" in relation to people.

much deeper and cannot be placed in a narrow understanding of the interaction of actors where it is not precisely clear who is responsible for existing practices. One of the goals of this thesis is to explore these processes and expand the framework of a complex relationship between the actors. Additionally, this research is an attempt to look deeper into people's narratives, which can demonstrate how subjectivities are constructed. How should narratives be read? How cans the bodies and subjectivities of the trans spectrum be theorized? Careful attention is given to an examination of interviews and published autobiographies of trans people where they produce the self and realize the transition.

Transsexuality in Kazakhstan is nowadays considered to be gender "deviance" in the public discourse, and even a sin, which influences attitude of the general population towards trans people, or people who might appear as transsexual (Alma-TQ 2016)[2]. For example, Kazakhstani TV shows that raise the issue of transsexuality only present it from a negative point of view, where all participants, including the journalist, the psychologist and the judge criticize invited participants on camera (Jurttyn Balasy 2018). Coverage of trans people's life stories in mass media is given with scandalous tone (Alma-TQ 2019), where the life stories of trans people are still presented as entertaining diversions, even if the stories themselves are quite tragic. If a journalist tries to write about an individual, he or she always touches upon their health condition and, particularly, the fact of sex reassignment surgery but not the everyday life stories in which trans men or trans women experience difficulties in using transportation, renting an apartment, getting loans from banks, and preparing documents for entry to a university. Trans individuals present identification documents and if their external appearance is not coincident with the photo or an old name is in their passport or their

[2] "Alma-TQ" is the most noticeable trans activists in Kazakhstan, it appeared as an unregistered initiative of trans people in 2014. "Alma-TQ" aims to improve the quality of life and strengthen the community of transgender, gender non-conformal and gender non-binary people in Kazakhstan through community support, development of a social support system, legal help, mobilization, community capacity building and advocacy.

udostoverenie lichnosti (identity card), representatives of state services could deny them. The report of "Article 19" in 2015 concluded that LGBT people:

> [f]ace discrimination, including biased media coverage and homophobic speech, from both public figures and society more broadly" and "societal prejudices and a lack of legal protections against discrimination based on sexual orientation and gender identity have created an environment in which LGBT people resort to self-censorship to avoid harassment or even violence (Article 19 2015, 7).

Such attitudes based on lack of objective information about LGBT and existing stereotypes affect public opinion regarding the transgender spectrum which is sometimes expressed in hate speech, and correspondingly leads to violence against any queer characteristics (ibid.) — especially when the trans person's incongruence with their identity card is revealed. active

This is in line with with the "contemporary attitude of Muslim authorities to gender deviance (homosexuality [and] bisexuality), who proclaim homosexuality as the sin of the people of Lot (referring to Sodom and Gomorrah) and as such [is] one of the gravest sins" (Sekerbayeva 2019, 1). According to an interview with Mullah Ermek trans people are sinners cursed by God (see Appendix 1). This anti-LGBTQ climate is strengthened in light of the Kazakhstani legislation where gender variant people are not protected, since there is no official law in Kazakhstan that prohibites discrimination against individuals based on their gender identity or sexual orientation. Article 121 of the Criminal Code demands punishment for "[s]odomy, lesbianism or other acts of sexual nature with the use of force or with threat of the use of force (three to five years imprisonment)" (Criminal Code 2019). Almost certainly, rights-based arguments could help judges to dispense justice on non-binary and trans people in a more nuanced way and create a culture where gender variance would be acceptable as one of the characteristics of a human being, not correlated with perversion or sodomy.

Being trans in Soviet Kazakhstan and in modern independent Kazakhstan seems equal in the level of medicalization of the condition (direct medical involvement), requiring

individuals to undergo medical and legal procedures for official recognition. These actions are recognized on the level of United Nations treaty bodies and called by the Special Rapporteur Juan E. Méndez as an example of torture (United Nations Human Rights Council 2013):

> "The Special Rapporteur calls upon all States to repeal any law allowing intrusive and irreversible treatments, including forced genital-normalizing surgery, involuntary sterilization, unethical experimentation, medical display, "reparative therapies" or "conversion therapies", when enforced or administered without the free and informed consent of the person concerned. He also calls upon them to outlaw forced or coerced sterilization in all circumstances and provide special protection to individuals belonging to marginalized groups" (A/HRC/19/41, para.37).

According to trans activists, "the legal gender recognition procedure requires humiliating and abusive procedures in order to change gender on official documents, which [include] extensive physical and psychiatric medical examinations, hormone therapy, sterilization, and gender reassignment genital surgery" (Alma-TQ 2016, 1). The surgery is a necessary stage in order to receive a new identity and that is exactly why this procedure of health-care settings unavoidable.

This doctoral dissertation addresses the existing gap in studying the transgender spectrum interaction with medical specialists who are placed in the limits of being gatekeepers, as it is widely introduced by Western scholars (Kessler and McKenna 1978; Stone 1991; Namaste 2000). This examination of processes, actors and narratives shows that it is very questionable to even use the established term "gatekeepers" with reference to medical specialists in Kazakhstan who, according to interviews, want to help to the trans community and are ready to assist. We have to recognize the role of Kazakhstani doctors as a part of a major international institution, the World Health Organization (WHO) — which approves the diagnosis categories, changes, and recommendations. After any revision made by the WHO, medical specialists must follow rules prescribed in local legislation and has to correspond to the classification of diseases given in the *International Classification of Diseases and Related Health Problems*, which is updated every 10-20 years. It is a global practice for all national

healthcare systems in the world. The current misunderstanding is that it is only health practitioners that make arbitrary decisions on whether to allow a trans person to undertake any part of the legal gender recognition procedure. This is based on the lack of clarity in the system, as well as the submissive attitude of health practitioners themselves, who as state workers must follow state regulations, as well as international WHO regulations which were accepted by the state. This is supposed to be a better determination of concepts of sex and gender for medical and legal communities, avoiding a solitary focus on biological factors alone. The approach that will people bring their voices and existence can reinforce to accept gender variant people in Kazakhstan.

Another significant gap is in the academic discourse on trans bodies in Central Asia and the normative images they seek to conform to, which is usually located within the human rights framework. There is activist research reflecting the marginalization of transgender identities which cannot change preconceived attitudes of society on global level. From an activist and human rights' points of view, trans people's search for recognition as women or men is an issue of "passability" (defined as passing for the desired gender), which is the most significant factor in whether they survive (Feminita 2016; Alma-TQ 2016). However, this subject is not approached from a theoretical point of view that looks at it from not human rights position, but rather as an issue of strategies used to guide trans people.

Finally, the transgender-specific focus of this study might help to identify and fill a lacuna in the medical field regarding the care of trans patients, which currently lacks information. Raising the issues on how medical specialists, legal authorities and activists could work more efficiently together and highlighting the discourse about transgender subjectivities in a broader context is one of the main challenges of the dissertation.

1.1 Research aims and objectives

This research presents several perspectives in order to understand the processes and actors that are shaping transgender subjectivities in Kazakhstan, in order to bridge the knowledge gap in this area, and to provide the groups involved with insights that may be useful in their work. My objectives are as follows:

1) Examine how the system of social and legal gender recognition is organized in Kazakhstan;

2) Critically assess the roles and functions of the actors involved in this system, and how they came to be perceived as they are — for example, why only medical specialists are identified as gatekeepers by both trans people and trans-focused global research, even though they show willingness to work with any person regardless of gender identity;

3) Describing the narratives of these actors by showing the logic behind the understanding of each other's motivations.

To address these objectives, an extensive literature and theoretical review was conducted with an aim of uncovering the main conceptual streams and approaches to these issues. This included an examination of the procedures that relate to trans issues in Kazakhstan, identification of the main actors, and conducting of 46 interviews in person, as well as 3 communication requests to relevant ministries via e-government (an electronic platform). Through analyzing these resources, it was possible to clarify the interrelationship of the actors, as well as their relationship to existing institutions and society. Details concerning the methodology are found in Chapter 4.

1.2 Research questions

While existing research on transgender issues in the country provides only a surface assessment of needs or a general portrait of the community, there was clearly lack of information on the dynamics of interaction between various actors involved in the process, as

well as the established practices and narratives used to describe and explain them. As such the main research questions are as follows:

RQ1: What are the main processes influencing transgender subjectivities in Kazakhstan?

RQ2: Who are the main actors in the process of shaping transgender subjectivities in Kazakhstan?

RQ3: What are the narratives these actors, including trans people themselves, employ in the process of shaping transgender subjectivities?

In this research, analysis of the narratives gives a voice to the silenced voices of trans people. Looking at people's lives under a microscope it is an attempt to describe what is referred to as "ethnographies of the particular" (Abu-Lughod 1991, 138). This approach amplifies the voices of silenced groups and examines the changing relationships between them on a personal level and demonstrates how people narrate their reality, challenges, and struggles. Everyday life of the transgender spectrum includes not only the struggle for "legal gender recognition — official recognition [to] a [trans] person's gender identity" (TGEU 2020) — but medical discourses around surgery, therapy, tests, examinations, and hormones. Complex ensembles of feelings, fears, anxiety, hopes, and thoughts are essential for understanding subjectivities (Ortner 2005) and the way they are experienced. Therefore, this dissertation explores the lived experience of people who face challenges in an acceptance of their gender identity. For instance, there are several studies which focus on the LGBT community, conducted mostly by international human rights organizations, in addition to "Feminita" and "Alma-TQ", two grassroot initiatives working in Kazakhstan from 2015. I discuss these in more detail in Chapter 3.

It is very important to provide more focused, sensitive, and reflexive attention to the narratives and voices of community research. My personal role in such research is very important and includes reflexivity as an integral part of the academic work (Applebaum 2001;

Cohen 1992; Perreault 1995; Plummer 2001; Reed-Danahay 1997). This makes us aware of the influence of the research on its subject and, at the same time, how the study effects to the researcher, namely, in terms of self-criticism and self-awareness.

After an extensive study of gender theory in Kazakhstan I came to several conclusions. First, gender in Kazakhstan is still accepted in a narrow understanding of only the heteronormative, heterosexual nuclear family where cisgender men and cisgender women are present [9] (cisgender meaning the gender assigned at birth). Second, gender is not understood as a different term from biological sex. Third, gender studies has become, according to Svetlana Shakirova, "[p]art of, developmentalism, development project, in order to provide the government with gender expertise for the annual reports of the UN and other international organizations" (Shakirova 2012). And fourth, gender policies are a prerogative of the National Commission on Women and Family-Demographic Policy (Akorda 2020) which was established by the first president of Kazakhstan Nursultan Nazarbayev in 1995. In 1993 in an appearance before the Commission one of the first feminist organizations named the "Feminist League" did not deny any connection to feminism (although it is now accepted as commonsense) and work discovering feminist issues. Zamza Kodar, a gender studies researcher from Kazakhstan, summarizes the gender structure as:

> Based on modern theories of decolonization, we can say that, 1) it is female decolonial subjectivity that is not derived only from male, but also from Western subjectivity; and that, 2) the ways of life of the steppe Kazakh women favorably differed from the production of gender technologies which took place in the settled culture of the Central Asian people of the 19th-20th centuries due to the lack of the later universal gender ideology, when the juxtaposition of men and women began to have force seemingly insurmountable binary opposition (Kodar 2013, 8).

Although such representation inspires and encourages researchers, the concept of a woman in Kazakhstani gender studies gets lost in the essentialist matrix. This is a contradictory point in transgender theory which goes beyond the essensialist nature of a mandatory system of gender. Transgender studies have raised concern about ontology of sex and gender and give

grounds for deconstruction and reconstruction of important theoretical provisions (Butler 1990).

Many academic works that research transgender subjectivities are centered on medical and psychiatric approaches. My research differs by understanding and hearing the actual voices of trans people who do not always focus on the medicalization of their lives. They have to speak about requested sex reassignment surgeries with regards to the procedure of gender marker change. The lives of trans people cannot be described simply by the process of receiving identification papers. New documents are a big chapter in the transgender spectrum's chronicles but not the whole book. Transgender subjectivities are not the mere production of medical and psychiatric establishments. What is missed is that the everyday lives of trans people whose narratives of lived experiences matter and there should be a focus on the lives and bodies of transsexuals and trans people in order to place them at the center of the research.

1.3 Theoretical framework

The social constructivist theory is used in this research to question the gender establishment (Berger and Luckman, 1966). Our observation of the reality suggests that we have men and women as two categories and human bodies divided in a classification based on reproductive organs. There is a space to ask why we use biological measures, rather than anything else. For example, Judith Butler (1990, 9) stated "that gender [identity] is a social construction" which people repeatedly perform and express the behavior of one's sex. In other words, there are no essential expressions of gender, they are constructed. She goes beyond the previous understanding of corporeal, where sex could be described not as "a bodily given on which the construct of gender is artificially imposed, but... a cultural norm which governs the materialization of bodies" (Butler 1993, 2-3). The impact of new concepts of gender performativity was crucial in establishing the transgender theoretical basis. This is discussed further in Chapter 4.

Transgender theory itself is organised on the foundations of feminist and queer theories, with a constructivist approach. It has enriched the academic understanding of sexual orientation, gender identity, lived experience, oppression, fluidity and non-stability of gender as a system. There was and still often is a common understanding that gender is defined by external charateristics such as human genitalia. Having male or female biological organs results in strict social roles and attitudes. Men are considered to be masculine and must attract women, and women should express femininity and attract men. This positioning is not balanced, and women and men fall into narrowed stereotypes of heteronormativity with cultural, social, and religious practices (Connell 2002; cited in Nagoshi and Brzuzy 2010). Garfinkel (1967, 116) describing Western societies notes that the naturalized division of humans into women and men were used as "categories of being". Reproductive functions strengthen views on women as "egg producers" and men as a "sperm producer" (Smith 1992) and lead to the eradication of personal needs and individual agency of how to use one's own body. This creates the conditions for controlling bodily autonomies, where medical specialists stand guard over reproductive and even identity choices of members of society.

One of the main concepts that could be found in academic literature regarding trans people is the term "gatekeeping" (Denny 2006; Kessler and McKenna 1978; Namaste 2000; Stone 1991). There are different perspectives on "gatekeeping" as described later in this introductory chapter. These differing perspectives of gatekeeping are developed further throughout the thesis. In order to unfold the type of relationship between actors who are already blamed or labelled as "gatekeepers" (medical specialists). Although they resemble people who are related to negative power dynamics, according to trans people's accounts, health practitioners are also victimized by trans people. In order to expand the understanding the role of medical specialists, the research goes beyond the established terms and concepts and tries to provide a nuanced view on the medical community.

Initially “gatekeeping” was a term most widely used in journalism in relation to the theory of information control (Shoemaker and Vos 2009) and it shows not only what, but who decides what information is to be disseminated and what is suppressed (Lewin 1947). According to this academic work, the infosphere was formed based on selection of information by journalists in a process in which they construct a social reality for the gated (Shoemaker 1991). In academic texts the term “gatekeeping” is used for describing the relationship between organizations and individuals who wish to use resources within those organizations in case of primary care (Forrest 2003).

Not all descriptions of gatekeeping terms are relevant to the actual situation in Kazakhstan. This research tries to portray a model of legal gatekeeping in which state bodies regulate transgender health in a very strict and biological framework. This is discussed in the Chapter 6. Thus, the List of definitions (see section 1.5), I included the legal terms and definitions by scholars and institutions such as Gaeta and Sitnick (1999) and the Expert Institute (2020) which provide a better understanding of legal actors within this research’s framework.

1.4 Significance of the study

This topic is significant because of the lack of academic discourse on trans bodies and the normative images trans people seek to conform to, especially in Kazakhstan. There are activist articles reflecting the marginalization of transgender identities which cannot change preconceived attitudes of society on global level. The issue of how trans possibilities are produced is not widely articulated in academic literature. However, there are number of academic researches on contemporary diagnosis, treatment, and the attitudes adopted from trans activists’ initiatives and movements (Hanssmann 2016).

The accessibility of gender marker change procedures to trans people in Kazakhstan today depends on the ability of authorities to receive permission for recognition of their

transgressive existence. However, before applying to the State Registry with an application for a gender marker change, trans people also need to receive permission to even start this whole process from a governmental medical commission. The latter, in order to evaluate the applicant's fitness to present as the desired gender, asks invasive questions and requires numerous medical analyses for submission as well as consideration of social documents, including published autobiographies. This can be described as a process of formation of transgender identities, which involves trans people, medical specialists, and registry authorities.

Trans people, by their very existence, raise discussions about fluctuations of gender, body transformation, body modification, non-solidity of identities and lived experiences. They underline the necessity of both individual and diverse scope when any actors such as medical specialists, judicial experts, government authorities touch upon transgender issues in order to institutionalize and structure collective identities. This is not simply a consideration of individual features, but it flows into a process of contemporary debates in lesbian, gay, queer theory, and feminism where the concepts of sexual orientation and gender identity are being rethought. These topics are taken up in more detail in Chapter 2.

This research contributes to studies of gender, transgender theory, health, and physicality. It could be used by medical specialists and trans activists who nowadays seem to be in opposition. My findings reveal a more complex relationship between professionalists and activists. It seems this interaction could be described as a triad in which health practitioners, trans activists, and non-trans activists are involved. Trans activists are important actors who embrace and shape transgender subjectivities. Unfolding these multiple connections might help to understand on everyday activism and the activist movement in Kazakhstan itself, which adopts Western practices and vocabulary, imagination and activities. Implementing them without critical comprehension might lead the abandonment of local subjectivities, local language, local terminology, local voices and local strategies.

Finally, this dissertation provides suggestions on what can be done or at least considered in critical work with actors who are influencing trans people's lives. It also expands on sociology beyond medicine and diagnosis, including cultural, social and economic factors. This is just a beginning of building a new foundation for studying the trans community in Central Asia and, particularly, in Kazakhstan, has the potential to change the lives of trans people.

1.5 Definitions

In the research, I use specific terminology which is defined in Table 1.1.

Table 1.1 List of definitions

Term	Definition
Cisgender	**"**Cisgender (from the Latin *cis*-, meaning "on the same side as") can be used to describe individuals who possess, from birth and into adulthood, the male or female reproductive organs (sex) typical of the social category of man or woman (gender) to which that individual was assigned at birth" (Aultman, 2014, 61-62).
Gatekeepers	Legal definition. A rule of evidence regarding the admissibility of expert witnesses. "Under the Daubert standard, the trial judge serves as the gatekeeper who determines whether an expert's evidence is deemed reputable and relevant" (Expert Institute 2020). The term is extensively used in trans-focused literature, which describes healthcare specialists, and their perceived role as the main decision-makers in allowing or forbidding the process of transition for trans patients (Kessler and McKenna 1978; Stone 1991; Namaste 2000). In the current research this application of the term to healthcare specialists is debated.
Gatekeeping	Exclusion of obviously invalid testimony by a judge (Gaeta and Sitnick 1999). In trans-studies this term indicates a process of sorting "those who meet the diagnostic criteria from those who do not, thereby regulating access to transition-related healthcare" (Gifford 2019, 34)
Gender	The "social structural phenomenon but is also produced, negotiated and sustained at the level of everyday interaction" (Jackson and Scott 2002, 1-2)
Gender identity	"Defined as a personal conception of oneself as male or female (or rarely, both or neither). This concept is intimately related to the concept of gender role, which is defined as the outward manifestations of personality that reflect the gender identity" (Shuvo 2015, para.1)
Gender identity disorder	Described as an individual's strong feelings towards cross-gender identification which contradicts the "gender assigned at birth" (American Psychiatric Association 2000)

Gender dysphoria	"[A] term created by the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5) to describe the distress that might be present in the context of incongruence between sex assigned at birth and gender identity. There is some controversy around the inclusion of gender dysphoria within the diagnostic manuals, as it may inadvertently pathologize gender variance through its inclusion in this manual" (Janssen and Busa 2018, 1)
Hate speech	"Covers many forms of expressions which spread, incite, promote or justify hatred, violence and discrimination against a person or group of persons for a variety of reasons" (Council of Europe 2020, para.1)
Legal gender recognition	Official recognition to a trans person's gender identity (TGEU 2020)
Sexual orientation	"An inherent or immutable enduring emotional, romantic or sexual attraction to other people" (Human Rights Campaign 2020, para.1)
Sex reassignment surgery (or gender affirming surgery)	"Surgical procedures that change one's body to conform to one's [gender] identity" (Beemyn 2008, 1)
Subjectivities	"Complex structures of thought, feeling, reflection, and the like, that make social beings always more than the occupants of particular positions and the holders of particular identities" (Ortner 2005, 36-37)
Trans people	**"**Most commonly used as an umbrella term for individuals whose gender identity and/or expression is different from the gender assigned to them at birth. Trans people include individuals who are transsexual, genderqueer, agender, androgyne, demigender, genderfluid, individuals who cross-dress or dress androgynously, and other individuals who cross or go beyond traditional gender categories" (Beemyn 2008, 2)
Transitioning	"The period during which a person begins to live as their "true" gender. It may include changing one's name, taking hormones, having surgery, and altering legal documents" (Beemyn 2008, 2)
Passability	Passing to desired gender in order to be correctly perceived by society and avoid to be perceived as transgender person.

Regardless how established by Western scholars, the definitions of "gatekeepers" and "gatekeeping" in relation to transgender studies, which are focusing only on health practitioners (Franks, Clancy, and Nutting 1992), the research both questions such terms and concepts and tries to find out who those actors are, who make decisions on transgender related issues in the Kazakhstani realm and how it influences trans people's lives. As such, in the list of definitions, I present potentially related definitions from the legal field.

1.6 Limitations of the study

The first limitation is that the research was conducted in two cities, not in whole of Kazakhstan, where diverse geographical location factors influence respondents. For example, limited Internet access in more rural areas may limit access to information about transgender health. Also, provincial areas are typically closed communities in which everybody knows the details of each other's lives, leading to a practice where people live in the closet, and are too afraid to speak to anybody about their gender identity, whether with medical specialists, or in their normal interactions.

The second limitation is language, as the interviews were conducted in Russian. However, Kazakh-speaking respondents could participate and answer in Kazakh. In two cases I recorded Kazakh-speaking interviewees and translated their narratives into Russian. Nevertheless, to analyse on the basis of cultural and social differences among participants in the perception of transgender issues.

A third barrier was the general lack of information on transgender issues at state and medical institutions, where specialists could not share their opinions on a problematic topic without permission of their top administrative managment. The same happened with state officials whom I could not meet through face-to-face interviews and were queried through special procedures via the e-government portal of the Republic of Kazakhstan. Usually it is very challenging to receive responses from government institutions in Kazakhstan, and that is why the decision to approach to ministries was made during the second field research period, when multiple actors came forward after discussions.

The fourth challenge is characterized by insufficiency to gather enough materials for analysis of autobiographies of respondents because not all of them keep their documents after the medical commission. Usually such stories are given to health practitioners in one copy. Nonetheless, narratives of trans people was analyzed in Chapter 5 and findings are presented

in Chapter 6. Additionally, it was complicated to approach to medical specialists on sexual health.

The most challenging limitation was the resistance in the field from trans activists who, for sure, had a legitimate right to question any researcher why exactly s/he or they are doing such an academic exploration. In the last 10 years, Central Asia has been attracting, scholars from all over the world, especially in case of gender, LGBTQ, queer feminism. The problem point is they never return with any update, or include participants in the projects as equal co-authors. I do not try to criticize activists for their understandable doubts, though I am very active in the Kazakhstani LGBTQ movement and have easier access to LGBTQ people. I raise the question about identity politics — how and why gender variant activists separate according on identity in joint advocacy, strategies — and allies where limitations bring less effectiveness, and do not intersect with various actors not only outside but inside.

1.7 Structure of the dissertation

The thesis is divided into seven chapters, where Chapter 1 is an introduction to the thesis, defining the background, positioning and contribution, as well as the research questions that guided that investigation. Chapter 2 presents the literature review and the theoretical framework used in analyzing the data. In this chapter I also present an overview of main analytical concepts. I will look closely at the history and concept of medical diagnosis and its influence on the lives of people, as well as the reciprocal influence of people on the diagnoses they received.

Chapter 3 focuses on contextualizing contemporary global transgender issues by first looking at the current international approaches to transgender rights (legal and sociopolitical), those prevalent on the post-Soviet area, before finally focusing on the Central Asian region and the legal and sociopolitical approaches to transgender issues. This chapter will also look at the

connections between the various Central Asian transgender communities both in terms of how they build their advocacy strategies and engage with medical specialists.

Chapter 4 describes the methods and methodology of the research, explains how research questions were designed, and details how the process of analyzing narratives helps to find out the production of the self of trans people in narrations, as well as the transition represented.

In Chapters 5 and 6, the results of the field work conducted in 2018 and 2019 are discussed. I specifically focus on description and analysis of the current procedures for gender marker change, such as medicalization and forced sterilization of patients. Furthermore, I discuss the actors involved in the gender marker change procedure, addressing my first research question. My main finding is that the main actors involved in the process of shaping transgender subjectivities are not limited to medical specialists (as is maintained in the majority of academic literature) and patients but are rather actuated within the doctor-patient-activist triad. I analyse the main reasoning for medical gatekeeping that my respondents have provided, addressing my second research question. Being part of a generally epidemiological approach, gatekeeping is intended as safeguarding the well-being of the public from those that are psychiatrically ill (cases of schizophrenia that might involve transgender delusions) and those that are criminally inclined (hypothetical criminal thugs who might want to evade justice by changing their gender and passport names). I also look at how gatekeeping is tackled by the trans activists, who were found to be somewhat influencing the access of medical specialists to transgender health-specific knowledge in an attempt to influence the normalization of transgender subjectivities in Kazakhstan. It is the finding for the third research question. I plan to re-create the process of self-creation by the trans people based on the ethnography of their essays, so called as “production of emotions”, and auto-narratives published as part of an advocacy campaign by transgender initiative “Alma-TQ”, as well as gathered in my research.

In Chapter 7, I conclude the dissertation. The logic behind the official dominant discourse on trans identity in Kazakhstan falls into two categories — “man”, “woman” and “gender” in the established context literally means sexual organs, hence to change the gender one has to undergo gender reassignment surgery. There is no third option for trans people. In Kazakhstan, as in many places in former-Soviet space (only with Kyrgyzstan as exception regarding forced sterilization), transgender identity is regulated by state and state institutions. The “social (passport) gender” in Kazakhstan is equivalent to the “biological (morphological) gender” and is not subject to personal selection.

Chapter 2. Literature review and theoretical framework

To provide an overview of the literature on the dynamic of actors, this chapter looks at the history and concepts of transsexuality as a medical diagnosis from Western and Soviet points of view and their influence on the lives of people, as well as the reciprocal impact of affected people on the diagnoses with which they were categorized with. For example, the chapter looks at the history of patient movements such as those of parents of children with Attention-Deficit Hyperactivity Disorder (ADHD) and Asperger's syndrome. It serves as a background to understanding the history and current status of transgender issues, as well as for analysis of the movement for and against the depathologization of "transgenderism" both within the medical and transgender communities. The literature review is followed up by the theoretical framework that is based on a combination of transgender and queer theory with social constructivism and poststructuralism.

2.1 History and review of transsexuality as a medical diagnosis

Working with literature regarding feminist, queer, and transgender studies review, I will use theories that explore transgender identities and expressions. Regarding trans theories, it is crucial to emphasize the distinct aspects of physical embodiment in gender, deconstruction of identity, and need for recognition.

Gender diversity has been described in relation to terms such as inversion, transsexualism, sexual perversion etc. in literature (Belkin 2001; Benjamin 1966, 1967; Bukhanovsky 1994; Krafft-Ebing 1892). First cases of people with transsexuality phenomena were documented by the Western medical community in the 19th century, particularly, the psychiatrist Richard von Krafft-Ebing and the neurologist Albert Moll diagnosed and discussed unique sexual behavior histories (homosexuality was conflated with transsexuality, without differentiation and nuance). In line with logic accepted at this time, any type of such immoral

act was categorized as perversion[3]. It was considered on a base of linkage of sexuality, which was accompanied by venereal diseases, masturbation, sex work, with forensic medicine. Under the scope of criminologists were rapes and other deviant sexual actions. Analyzing the personal characteristics of offenders, it was believed that a cause of crimes could be mental disorders (Weeks 1977, 1-22). Psychiatrist Cesare Lombroso in *The Female Offender* suggested even the direct correlation between big jaws, facial features in women as traces of degeneration (Lombroso and Ferrero 1893). These views came from ideas where sexual deviances of men were intertwined with feminization and sexual deviances of women — with masculinization (Cryle and Downing 2009). Additionally, "degenerative" behavior was not just a result of a bodily or mental failure, it at the same time was considered as a cause of other "regressive" illnesses: insanity, pauperism, alcoholism (Rimke and Hunt 2002).

The new shift in psychiatry from focusing on immoral actions to acknowledging natural morbid conditions started after efforts of French and German psychiatrists, such as Carl von Westphal, Krafft-Ebing, Wilhelm Griesinger, and Jean-Martin Charcot. They tried explaining perversions of a sexual character as inborn conditions, and this leads further to in-depth investigations of sexuality and its connection to identity. They developed psychiatric theories on questions of sexual behavior gave prerequisites to accepting and instrumentalizing views on somebody's personality in a broader sense, including self-understanding, self-actualization, attraction, passion, and sentiments. By the 1960s, the idea of emancipation and liberation of sexuality demonstrated less connection to reproductive sex (Plummer 1995). And the burden of procreation shifted to consideration that sexual desire can appear just for satisfaction or as a pleasure. Such turn resulted in the destigmatization of different sexual behaviors and taking

[3] The terms of "inversion", "perversion", "transsexuality" are used within historical context, without a judgement.

them to account in rethinking of sexuality outside of the bond with the family institution and moral acts.

Another significant milestone in the development of the understandings about sexuality was given by the American tradition of studies on sexual behavior via statistical data. Kinsey (Kinsey, Pomeroy, and Martin 1948) could present the facts of non-pathological sexual practices focusing on observations of animals. Comparing human sexuality as a variant of animal practices did not have a vital influence on psychiatrists and physicians. Still, it had played a key role in discussions and re-thinking what should be recognized as normal and abnormal human sexual behavior (Bullough 1998).

Continuing the review of the history of sexual deviations, it should be noted that in the early period of a formation of nomenclature of illnesses in *Diagnostic and Statistical Manual* under the American Psychiatric Association (APA) it was very little attention to sexual behaviors cataloged as "sociopathic personality disturbances":

> Individuals to be placed in this category are ill primarily in terms of society and conformity with the prevailing cultural milieu, and not only in terms of personal discomfort and relations with other individuals (APA 1952, 38).

The description remarkably echoed with Kinsey et al.'s statement: "the problem of the so-called sexual perversions is not so much one of psychopathology as it is a matter of adjustment between an individual and the society in which he lives" (Kinsey, Pomeroy, and Martin 1948, 32). Such vision was not ubiquitous for different schools of psychiatry, which made emphasis on biologically innated, programmed heterosexuality, disagreeing not only with Kinsey but previously with Freud. The potential cure from homosexuality was suggested in the form of "conversion therapy", it was supposed that it gives the possibility to heal traumatic experiences in childhood or in peer relationship that could lead a person to "unnatural" urges (Bieber et al., 1962).

Transsexualism was first included in 1980 as a diagnosis in the third edition of the American Psychiatric Association's *Diagnostic and Statistical Manual* (DSM-III), which is generally considered by practitioners as more forward-thinking compared to other manuals (Reed 2010). Nonetheless, DSM-III included in the same list other paraphilias (condition when a person's sexual arousal and gratification depend on fantasizing about the object) like zoophilia, pedophilia, voyeurism, exhibitionism, fetishism, sexual sadism, and masochism. Only in 1994 gender identity disorder (GID) replaced transsexualism in DSM-IV, where it was re-categorized and shaped as a subset of diagnoses. This is in stark contrast with the World Health Organization's *International Statistical Classification of Diseases and Related Health Problems*[4] (ICD), 10th edition, which kept "transsexualism" as part of the manual to be used by all healthcare practitioners and psychiatrists in WHO member countries.

The ICD-11 was finalized in June 2018, and it replaced "transsexualism" with a diagnosis of gender incongruence in adolescence and adulthood (Winter, De Cuypere, Green, Kane, and Knudson 2016), moving the diagnosis out of the classification of "Mental and Behavioral Disorders into Conditions Related to Sexual Health". The differences between the two medical ratings are presented in Table 2.1.

[4] Globally mental and behavioural disorders are officially classified in International Classification of Diseases.

Table 2.1 Differences between the Diagnostic and Statistical Manual and International Classification of Diseases and Related Health Problems

DSM	ICD
U.S. classification (used in many other countries)	Official world classification
Used primarily by psychiatrists	Intended for use by all health practitioners
Focused mainly on secondary psychiatric care in high-income countries	Special attention is given to primary care and low- and middle-income countries
Tends to increase the number of diagnoses with each succeeding revision	Primary focus on clinical utility (planned for ICD-11) with reduction of the number of diagnoses
The diagnostic system depends on operational criteria using a polythetic system for most conditions (i.e., a combination of rules that need not all be the same)	Provides diagnostic descriptions and guidance but does not employ operational criteria

Source: Adapted from "ICD vs DSM - Key Differences and Similarities." 2020. Healthcare PBO. Accessed March 7, 2020. Available at https://www.flatworldsolutions.com/healthcare/articles/icd-vs-dsm-key-differences-and-similarities.php.

The WHO's member states are not obliged to accept the ICD in an unchanged form, and some of them create their customized versions. It happened in most of the post-Soviet countries where ICD-10 was adapted to peculiar properties of national medical practice (Karagapolova 2016). For example, mistranslation from English to Russian resulted in incorrect and imprecise terminology: "gender identity disorders" became "*rasstroistva polovoi identificatsii*" (literally "sex identification disorders"). Karagapolova also mentioned "male/female transsexualism", "nuclear transsexualism", "variant of delusions", "sex identification". What is significant is that in post-Soviet psychiatry and society, in general, the words "gender" and "sex" are used interchangeably without any attention to meaningful differences. Such synthesis does not lead to an understanding of gender variant individuals, and leads to invisibility and denial of diversity.

The change of the ICD-11 was prepared not only by doctors and legal experts, but also it was a result of solidarity and collaboration of international transgender activist movement.

On the other end of these developments, a movement for trans depathologization was gaining ground since 2012, spearheaded mainly by activists from the Euro-American countries (Global North). They felt their access to healthcare services covered by insurance were limited because of association with a primary mental health disorder as included in the ICD-10. At the same time, activists from the Global South countries and especially Eastern Europe and Central Asia were concerned that depathologization would lead to the total disappearance of the very few healthcare-related services that were available to them (Trans*Coalition in post-Soviet space 2017). The two strategies of trans-movements — for medicalization and depathologization — represent different configurations of advocacy and activities. For Kazakhstan, it is a direction towards depathologization with open access to health care services to transgender, transsexual, gender non-conforming, and gender non-binary people.

Before going into a description of the situation with trans people in Kazakhstan, there is a need to present essential characteristics regarding Soviet psychiatry. United Soviet Socialist Republics (USSR) united with the current global coordinate system proposed by WHO and adopted the ICD-9, which in the Russian-speaking version became "the International Statistical Classification of Diseases, Injuries, and Causes of Death, adapted for use in the USSR" (Karagapolova 2016, 46). A paper version of it was published in 1983. In Section 5, classification in a rubric 302 "Sexual Perversions and Abuses," there is a diagnostic category 302.5 "Transsexualism" (ICD-9 1998). It says: "Sexual perversion based on the belief of the subject that his sexual characteristics do not correspond to him. As a result, the behavior is aimed at changing the genitals through surgery or a desire to hide their gender by dressing in clothes of the opposite sex".

Spravochnik po psikhiatrii (Psychiatry Guide) included almost the same definition: "Sexual arousal can also occur when dressing people of the opposite sex (transvestism). Perversion is characteristic mainly of men" (Smulevich 1985, 249). This and other works of

Soviet and later Kazakhstani specialists formed the practices. The references to gender variance were given in connection to psychiatric discourse, where transsexuality was not explained as itself but only in conjunction with the listing and classification of mental diseases. For instance, there are sections on psychiatry books that refer to homosexuality or transsexuality to "disorders of psychosocial orientation" or "sexual psychopathies" (Ushakov 1973, 121-22). Kazakhstani medical specialists repeatedly mentioned in interviews the absence of explanatory information during study books their education. Both the Soviet and modern Kazakhstani curriculum did not include a non-medicalized view on sexual orientation and gender identity. According to the existing medical literature of the 1990s, transsexualism was described as a persistent desire to belong to the opposite gender and was characterized as teaming up with surgical treatment (Krasnov and Gurovich 1999). The concept of "transsexualism" was first applied to patients, physicians and the psychological state of which was defined as:

> [T]he pathological state of the individual, consisting in the extreme divergence of biological and civil gender, with one hand, with the mental gender, on the other hand, in other words, to persons with a self-identification disorder, which consists in the mismatch of feelings of one's sexual belonging to the external genital organs, i.e., persistent awareness of their belonging to the opposite sex (Sochneva 1988, 143-5).

Despite the approaches mentioned above, there were famous Soviet experts known by their treatment of trans patients. Aron Belkin (1927-2003) was one of the first psychiatrists who developed criteria for diagnostics of transsexualism:

> A sense of belonging to the opposite sex, reaching the certainty that some kind of error occurred at birth; disgust and hatred of own body; the desire to acquire the appearance of the "right" sex through treatment, including surgical. But there is the fourth sign. It may not be so striking, but without it, like without any of the first three, there is no whole idea of transsexualism. It is a desire that reaches the same all-consuming urgency to be accepted in society as a representative of the opposite sex (Belkin 2001, 172).

Belkin formulated a concept of help to trans people where gender reassignment considered a profoundly humane act that helps a person not only get rid of the painful situation

that sometimes leads to harmful actions but also to find a place in society. Professor Belkin provided meticulous attention to the needs of trans people, making a principle of dialogue as a central one. He was the authority that granted permission for masculinizing and feminizing operations and helped his patients through the process of changing the "passport gender". In "Tretii Pol" (*The Third Gender*), Belkin shared the nuanced experience of work, focusing on social adaptation of the trans community (2001). A similar humanistic approach carried out by Professor Alexander Bukhanovsky. He started to study transsexualism even when the concept was not in Russian language classifications and was considered as a "false bourgeois problem" (Karagapolova 2016, 49) because of a lack of access to Western sources of information. According to his student and colleague, assistant professor of the Department of Psychiatry and Narcology at the Rostov Medical University Alexei Perekhov, people from all over the country gradually came to Bukhanovsky, because they could not get consultancy in other cities, they could not receive help and had to search assistance by themselves. Bukhanovsky did not just engage in the study of trans people, which became the subject of his scientific work, which was very important in a situation of denied or limited access to information.

Professor Alexander Bukhanovsky (1994) defines transsexualism as a state of internal patients' beliefs in belonging to different sex in the absence of psychotic symptoms, accompanied by rejection of their sexual characteristics, desire to assimilate in society among people of the opposite gender, as well as the urgent requirement of the transformation of the body. Bukhanovsky (1994, 3) highlights symptoms of transsexualism s: 1) inversion of gender identity; 2) inversion of sexual socialization of personality, and 3) inversion of psychosexual orientation. The famous Soviet and Russian academic continues his description of transsexuality as a dichotomously organized phenomenon — an individual lives a "foreign" body: either a man enclosed in a female body or vice versa. It results in a constant feeling of pain, discomfort, and leads to chronic stress and suicidal behavior. Also, the final formation of

transsexualism ends, as a rule, by the age of 20 (Bukhanovsky 1994). Another professor Svetlana Kalinchenko writes that the "essence of transsexualism is still not completely clear" (2006, 7). The book *Transsexualism. The Possibilities of Hormone Therapy* by this author lists clinical conditions that allow recognizing transsexualism: "[a]bsence of violations of gender identity, the correct formation of a sexual role (preference in childhood for games and peers of one's gender, normal sex with the opposite sex" (Kalinchenko 2006, 9). Again, use of opposition of normal and abnormal behavior, correct and incorrect formations demonstrates the precise modality of medical language and the position of doctors who try to prevent surgical interventions even if it is a requirement of a trans person:

> The only acceptable solution for transgender patients' conflicts ending painful suffering and finding inner harmony can bring the biological gender in line with the mental gender. No explanation of doctors about the crippling essence of the required operations, nor the awareness of the impossibility of substantial changes in the biological gender with the creation of a full-fledged organism does not change the settings of patients (Kalinchenko 2006, 6).

> The basis of transsexualism are violations of the differentiation of brain structures responsible for sexual behavior, which are the biological principle of the so-called reproductive center, responsible for the formation of a sense of gender (sexual self-identification) (Kalinchenko 2006, 12).

In addition to biologically centered views on the etiology of transsexualism, there are attempts to interpret its pathogenesis from different perspectives. Treatment of transsexualism with the use of large doses of antipsychotics, lithium preparations, convulsive, and insulin comatose therapy was considered ineffective (Bukhanovsky, Golubeva 1986, 33). The World Professional Association for Transgender Health (WPATH) Standards of Care (SOC) explains adjective "transgender" as "a diverse group of individuals who cross or transcend culturally defined categories of gender. The gender identity of transgender people differs to varying degrees from the sex they were assigned at birth" (WPATH SOC 2012, 97). Another identifier "transsexual" explained as "individuals who seek to change or have changed their primary and/or secondary sex characteristics through feminizing or masculinizing medical

interventions (hormones and/or surgery), typically accompanied by a permanent change in gender role" (WPATH SOC 2012, 97).

Trans communities all over the world try to vocalize the effects of being diagnosed with transsexualism. The diagnosis itself develops gender stereotypes, sharpens attitudes to trans people as mentally ill human beings (Lev 2005) and brings the sexual orientation as a specifier in recognition of various types of gender dysphoria or even something that "strengthen" diagnosis and include, for example, notions of autogynephilia — male's propensity to be sexually aroused by the thought of himself as a female, or male-to-female trans person in case not being attracted to men is attracted to themselves rather than to women. Such a narrow understanding of sexual orientation could not result in a broader interpretation of gender variance and individual wishes of trans individuals whose social, cultural, and even medical portrait are not the same.

The articulation of silenced voices of LGBTQ people on a global level has been a part of the politicization of LGBTQ issues. The intense advocacy in many countries brought to the scope questions of the necessity of medical service and withdrawal of direct therapeutic interventions, and importance of self-identification and resistance against identity enforcement (Bettcher 2007), adaptation of hate crime legislation and coalition with other movements addressing primary causes of premature death (Spade 2015).

An example of a collaboration of multiple actors could be demonstrated through the union of parents of children with Attention Deficit Hyperactivity Disorder (ADHD) and healthcare professionals who formed knowledge about the diagnosis (Fuller 2015). It influenced the modeling of ADHD as a mal-diagnosis — "a construct that maintained the objectivity of aligned professional knowledge in diagnosing and treating the disorder on the one hand, and on the other accounted for discrepancies through the differential "art" of diagnosis that individual professionals exhibited" (Feinstein 1967, 214). The medicalization of

the disorder led to the removal of social stigma and blame which parents feel about their children, and terms of labels “naughty” and “stupid” were worse than a diagnosis for them (Klasen 2000). On the other hand, the ADHD diagnosis narrowed views on what could be acceptable for society and what could not. In some cases, schools absolve themselves responsibility for kids (Timimi 2002). The studies examining the retrospectives of having the medical condition usually showed the perspective of parents of children with ADHD. Few types of research were taking accounts of children who could verbalize their feelings and experiences in the whole process of diagnosing and living with the disorder. Results were highlighting (Bringewatt 2011) experience both stigma and empowerment by children.

It is not the same as gender disorder diagnosis which, according to ICD-11, appropriately should be called gender incongruence, but could bring more understanding of gender identity discourse. Another example of multiple actors’ influence on diagnosis is Asperger’s Disorder (A.D.), which was included as a “pervasive development disorder” category in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (American Psychiatric Association, 1994). A coalition of people who identify themselves having A.D. and doctors allows making a shift in the attitude to the new disease. The new neurodiversity movement of “Aspies” emerged and brought other characteristics to the diagnosis mentioning its difference, variety, positive identity rather than disability. And it immediately was reflected in an institutional document based on the DSM-V where A.D. is described in a broader, general way as an “autism spectrum disorder”.

The tradition of symbolic interactionism places the role of medical diagnosis in connecting experiences to the group and individual identities (Glaser and Strauss 1971). When the diagnosis is given, the process of negotiation of identity with the medical conditions starts. The person with Asperger’s diagnosis feels the pressure of stereotypes of being mentally

disordered. And the potential threat or harm to identity results in dealing every day with the prescribed status, which could become a master status (Singh 2003).

The following section discusses the main theories guiding this research. The theoretical framework encompasses theories relating to social constructivism, poststructuralism, transgender, feminist and queer studies.

2.2 Theoretical framework

The title of this dissertation — *"Understanding Actors and Processes Shaping Transgender Subjectivities: A Case Study of Kazakhstan"* — reflects the constructivist nature of the research design and theme. Owing to the anthropological view of this inquiry, the constructivist theory that is one of the applications for the analysis of actors and processes engaged in the production of transgender subjectivities is one of social constructivism, as developed by Peter Berger and Thomas Luckmann (1966). This theory is aimed at identifying how individuals and groups of people participate in creating the reality they perceive by examining how people create social phenomena that are institutionalized and transformed into traditions. As such, a socially constructed reality is an ongoing, dynamic process, where truth is reproduced by people under the influence of its interpretation and knowledge about it. In this regard, social constructivism places particular focus on social relationships between people, which engender experience and common perception of reality based on shared common sense. According to social constructivism, a social construct is an idea that is perceived as natural and evident by those who accept it. At the same time, it remains an invention or an artificially created cultural artifact belonging to a particular culture or community. It is understood that a person is selective about social constructs, accepting some, and rejecting others.

So far as this research touches upon the medical reality regarding trans people, social constructivism helps to understand the constructed nature of a diagnosis. That approach could allow looking more in-depth into socially produced characteristics and referral artifacts of the

gender incongruence in terms of the revised *International Statistical Classification of Diseases and Related Health Problems* (ICD-11). A similar study was conducted by scholars, for instance, regarding borderline personality disorder (BPD). They investigated the reason why among those diagnosed with BPD, there are frequently more females than males (by a ratio of 3:1) and how sociocultural factors play a crucial role in the whole process of diagnosis (Brown 1995; Widiger 1998). The main finding was that females had a higher chance of being diagnosed with BPD than males due to a gendered reading of symptoms. Anxiety, mood swings, emotional vulnerability, which are the main characteristics of BPD, were more associated with feminine behavior. In Chapter 6, there is an attempt to reveal the social construction of gender incongruence in Kazakhstan, which is done by the analysis of institutional and professional norms shaping transgender subjectivities and knowledge about them.

At the same time, social constructivism alone cannot provide a full working theoretical framework that would assist in analyzing the processes of shaping transgender subjectivities, as it overlooks the agency of trans people in their social delinquency (Berger and Luckmann 1966: 20). It is necessary to expand the framework towards a more poststructuralist position, which separates sex from gender and emphasizes their constructed nature, as well as their commodification (Monro 2005). At the same time, poststructuralism may lead too far away from transgender subjectivities by erasing any limitations and effects of the body, rendering individual accounts of trans people as irrelevant to the constructed reality of sex and gender and their societal treatment (ibid). As such, it is essential to focus on queer and transgender theories more, as they allow for a much fuller field of action and reference to the sex and gender binaries without taking away the importance of lived experiences.

Transgender theory is organized on the bases of feminist and queer theories (with constructivist approach), which enriched understanding of sexual orientation, gender identity, lived experience, oppression, fluidity, and non-stability of gender as a system. Challenging

essentialist ideas is necessary to criticize and suggest new visions of social identities. For an extended period, sociology as a science did not include and consider everyday routines. Developed by Garfinkel (1967), the theory of ethnomethodology raised compelling questions about the interactions and activities of individuals who were doing "the reflexive project of the self" (Giddens 1991). Using the theoretical framework of ethnomethodology allows decoding of conventional social structures, including gender, which could have been researched as unconstrained and non-granted with tremendous and careful attention to narratives of lived experience.

Going to central concepts of transgender theory should be highlighted the existence of division between transgender (trans) and transsexual. Trans people question the monocentricity, heteronormativity of gender and identities, breaking gender roles (Green 2004), and thus can lead to the silencing of transsexuals who put in the center the change of their sexed bodies, need of medical and legal recognition (Hird 2002).

Feminist theory brought meaningful questions about the essentialist nature of mandatory systems of gender. It was and still nowadays is functioning as a common understanding that gender is defined by external characteristics such as human genitalia. Having male or female biological organs resulting in strict social roles and attitudes, men are considered to be masculine and attract women, and women should raise femininity and attract men. Such positioning is not balanced, and women and men fall into narrowed stereotypes of heteronormativity with cultural, social, and religious practices (Connell 2002). Garfinkel (1967) noted that such binary socialization is accepted as being "natural". Reproductive functions strengthen views on women as "egg producers" and men as "sperm producers" (Smith 1992) and lead to eradicating agenda, personal needs, and individual plans on how to use one's own body.

Gender binary itself became a central point for theorists (Hesse-Biber, Gilmartin and Lydenberg 1999) who discussed how essentialist views developed the core and the polarized concepts of feminism. French academics Cixous (1986), Irigaray (1991), and Kristeva (1986) focused on women's body, psychic, and sexual differences, making them essential and foundational sources for critical rethinking. Poststructuralist ideas have overcome the feminist conundrum — Butler (1993) suggested gender as a performative that can be done as expected behavior of one's sex, appearance, and actions affirming prescribed gender roles.

How identities should be deconstructed, become a focal issue for the next discussion among researchers (Jagose 2009; Scott 1986) who addressed postmodern optics that decenter, structuralize, rebuild previous understandings of society and gender. Intersectionality, lines of oppression based on characteristics of class, social status, race, and language, have shown examples of how lived experiences of women cannot be universal and the same (Haraway 1991) and suggestion to consider the multiple systems of oppression. Anzaldua (1987) proposed that a plurality of selves is connected to the ability to resist the abuse. In the case of trans people, gender and sexuality are always intersected, although feminist and queer theories divide them specially.

Theorization of gender structure set critical thinking towards feminist and deconstructivist fundamental works. The queer theory appeared as a challenge to them, enlightening uncomfortable questions regarding sexual, not only gender, oppression. Having alluring power of destabilization and being out of gender norm, queer theory criticized for its lack of approach to individuals. Same with feminist theory, a queer theory created the collective identity and plurality of selves, for example, regarding trans people do not resist social oppression.

Transgender theory challenges feminist and queer studies where essentialist views on being men or women have a significant impact on the acceptance of female-to-male (FTM) or

male-to-female (MTF) trans people. Being in the frame the work of feminism, notably radical movement, FTM perceived as somebody who wants to be on the oppressors side as a man, and MTF still has privilege from male socialization, and that is why the person is not recognized a woman. Queer theory suggests no exit from such a situation which still is unstable and always anxious, and, even more, brings more significant frustration — trans activist and non-activist community met Judith Butler's queer concept of performativity with high resistance. Outlining disagreement referred to the constructed performance where people perform, play, and pretend to something rather than live and have experience with no intention to demonstrate identity. In other words, the need for a more flexible and diverse understanding of self-identifying and self-embodying processes happened. One idea suggested by Tauchert (2002) is about the "fuzzy gender", term, which describes mental and physical as one whole concept, not a philosophical Western dual notion of mind versus body.

A relational model of feminist theory suggested by Shotwell and Sangrey (2009) tried to combine identification and embodiment — central points for transgender theory. They pay attention to narratives as a tool of self-construction, underlining three sources: 1) self-generated bodily experiences, 2) self-constructed aspect of identity, and 3) socially constructed character of integrity. According to geographical differences, academics change the center of theorization — if we speak about Anglo-American feminist theory, it put as focal questions of individual choice and autonomy. If we look at East Asia identity here formed through labor, sex work, and sex-reassignment surgery that allow continuing existence. There is no space to discuss was its choice to have surgery or not. In Central Asia, in the context of Kazakhstan, sex work is also becoming one of the if not the only source for living for trans people. And this is an integral part of understanding transgender subjectivities and their lived experiences, which, according to Adair (2002), are "written on the body".

Gender non-binary and non-conforming practices were existing in many countries as empirical nexus, transgender studies were established mainly in North America's academic and activist institutions with the ensuing circumstances of belonging only to specific groups, for instance, to white people (Haritaworn and Snorton 2013). European and Russian colonial regimes condemned and used sexual and gender diverse techniques as a tool for the introduction of homophobia, piety, categorization of colonized bodies as barbaric, disobedient, and needed for subordination, "re-education" (Stoler 1995, 7). One of the first scholars on post-Soviet space who did raise questions about coloniality in gender theory was Madina Tlostanova in her *Decolonial Gender Epistemologies* (2009), echoing to Maria Lugone's (2010) critical thinking regarding decoloniality and feminism, Nelson Maldonado-Torres (2008), and Walter Mignolo (2000). For this research, coloniality and identity politics with hegemonic anglophone LGBTQ discourse are reflexive aspects.

Feminism was hostile towards transgender experiences (Jeffreys 1997; Greer 1999; Bindel 2004). Exclusionary attitude is actual for radical feminist scholars and activists who do not see in trans people the individuals whose rights are violated and who are, in many cases, are oppressed and discriminated by state. Hence, trans women are accused of overusing femininity and trans men in using their privileges being men. Feminist debates, unfortunately, might fall into narrowed stereotypes of heteronormativity with cultural, social, and religious practices (Connell 2002) and eradicate practices and personal views on how to use one's own body. *The Transsexual Empire: The Making Of The She-Male* by Janice Raymond (1980) strikingly demonstrated the radical viewpoint on trans bodies where medical discourse was significant for shaping subjectivities. Transsexuality for Raymond was only male's practice for creating a subordinated image of women. The author assures:

> It is biologically impossible to change chromosomal sex. If chromosomal sex is taken to be the fundamental basis for maleness and femaleness, the man who undergoes sex conversion is not female (1980, 283).

Receiving the critique in 1991 in the form of the published essay *The Empire Strikes Back: A Posttransexual Manifesto* (Stone 1991) Janice Raymond nevertheless did not reconsider addressed developments in the transgender field. She almost repeated statements picturing medical interventions as a tool of the patriarchal system. A similar vision was maintained and continued by Sheila Jeffryes (1997) in defining "transgenderism" as human rights violation and alien concept to gay and lesbian liberation in the USA. And the echo of this opposite view on trans people still sounds loud. An idea of an "alien body" that Janice Raymond brings to appear forward because trans individuals identify themselves as such. Yet, they do so to receive access to surgeries. Interventions were recommended carefully in the main book titled *The Transsexual Phenomenon* (1966), where author Dr. Harry Benjamin, a prominent endocrinologist and sexologist, set out his empirical knowledge. He was very cautious describing the genital operations and grouped information in "Advice" that *Sexology Magazine* published first, and it was reprinted in other publications (1966, 109). I repeat some of them due to strong consonance with the actual situation in Kazakhstan and post-Soviet countries:

> The law, too, may cause you many difficulties and complications, even after the operation. Much red tape stands in the way for you to have your birth certificate read "female" instead of "male". But you may need that for a new job, or if you should want to get married as a woman (1966, 109).
>
> When you have recovered from the pain and the aftereffects of the operation, after a few weeks or months, your real work begins — to change into a "woman". You have to learn how to behave like a woman, how to walk, how to use your hands, how to talk, how to apply make-up, and how to dress. Existing handicaps would require special attention (1966, 109).
>
> Finally, but highly relevant, how do you know you can make a living as a woman? Have you ever worked as a woman before? I assume that so far, you have only held a man's job and have drawn a man's salary. Now, you may have to learn something entirely new. Could you do that? Could you get along with smaller earnings? (1966, 109).

The expressed views of Harry Benjamin sound relevant to the situation in Central Asia. It is possible to suggest that Kazakhstan symbolically is situated in the U.S. in 1960-1970 with

the early stages of recognition on the activist grass-root level, interacting with medical experts and advocating together for the humanization of legal gender recognition. Therefore, the way ahead can be seen as achievable and predictable in practice. Taking to account different political and economic regimes of United States of America and Kazakhstan, it is possible to build a comprehensive strategy which includes Medicare activism, community-based response to violence, fight for community self-determination, change rules of hospital visitation allowing same-sex partners, trans and non-binary people have access to members of their families if they are in facilities.

2.3 Summary

This chapter provided a literature overview on the history of transgender issues from a medical framework and a theoretical framework discussion, in which the distinct aspects of physical embodiment in gender, deconstruction of identity, and need of recognition were emphasized. Gender variance was described in the literature in terms of inversion, eonism, genuine transvestism, and transsexualism, which was first included in 1980 as a diagnosis in the third edition of American Psychiatric Association's *Diagnostic and Statistical Manual*[6] (DSM-III) which is generally considered by practitioners as more forward-thinking compared to other manuals (Reed 2010).

Despite biologically centered views on the etiology of transsexualism, there were organized attempts at interpreting its pathogenesis from alternative perspectives. Trans communities all over the world attempted to vocalize the stigmatization effects of being diagnosed with transsexualism. With time the term "transsexualism" was replaced with a diagnosis of gender incongruence in adolescence and adulthood, moving the diagnosis out of the classification of "Mental and Behavioral Disorders into Conditions Related to Sexual Health" (ICD-11). However, this has not been reflected in both Soviet and modern Kazakhstani

medical curriculum and diagnostic manuals, which still considers transsexualism as a mental illness.

Owing to the anthropological nature of this inquiry, the constructivist theory that is most applicable for the analysis of actors and processes engaged in the production of transgender subjectivities is one of social constructivism. This theory is aimed at identifying how individuals and groups of people participate in creating the reality they perceive by examining how people create social phenomena that are institutionalized and transformed into traditions. To provide a full working theoretical framework that helps in analyzing the processes of shaping transgender subjectivities, the poststructuralist position was taken to attention.

Chapter 3. Contextualizing contemporary global and local transgender issues

Chapter 3 focuses on contextualizing present global transgender problems by first looking at the current international approaches to transgender rights (legal and sociopolitical), those prevalent in the post-Soviet area, before finally focusing on the Central Asian region and the legal and sociopolitical approaches to transgender issues. This chapter also looks at the connections between the various Central Asian transgender communities both in terms of how they build their advocacy strategies and engage with medical specialists. The example of best practices illustrates the direction which could be taken by Kazakhstan to achieve progressive gender recognition laws.

3.1 International approaches to transgender rights

Before starting to review the criteria, the definition of sexual orientation and gender identity (SOGI) should be presented: "[s]exual orientation encompasses more than the mere choice of a sexual partner; it is a fundamental part of one's identity" (Zamansky 1993, 11) and gender identity "[d]efined as a personal conception of oneself as male or female (or rarely, both or neither). This concept is intimately related to the concept of gender role, which is defined as the outward manifestations of personality that reflect the gender identity" (Shuvo 2015, para.1). When society touches aspects of SOGI, it does not always necessarily mean to speak on homosexuals or trans people. The understanding of SOGI goes wider and touches questions of self-identification, self-perception, and affiliation with a group (Heinze 1995). The dominant model of interpersonal relationships and intimate partnerships have a heterosexual and heteronormative structure. Nuclear families — in the form of biological male and biological female — are cherished by the majority of people, and child-rearing is supported by societal rules (Heinze 1995). Any other gender-variant people who fall out of the procreation or main

heterosexual matrix are considered abnormal, challenging the set gender order and in such a way destabilizing it.

Aspects of privacy and non-discrimination are at the core of the Universal Declaration of Human Rights adopted by the United Nations in 1948, Article 2, which prohibits state and private discrimination: "[e]veryone is entitled to all the rights and freedoms outlined in this Declaration, without distinction of any kind, such as race, color, sex, language, religion, political or other opinions, national or social origin, property, birth or another status" (Universal Declaration of Human Rights 1948). And there is some protection as described in article 7 of the Universal Declaration: "[a]ll are equal before the law and are entitled without any discrimination to the protection of the law. All are entitled to equal protection against any discrimination in violation of this Declaration and any incitement to such discrimination".

Besides the Universal Declaration, other instances of international human rights law declare non-discrimination and equality — for example, the multilateral treaty ICCPR (International Covenant on Civil and Political Rights*),* Article 2 (1):

> Each [s]tate [p]arty to the present covenant undertakes to respect and to ensure to all individuals within its territory and subject to its jurisdiction the rights recognized in the present covenant, without distinction of any kind, such as race, color, sex, language, religion, political or another opinion, national or social origin, property, birth or other status.

And Article 26:

> All persons are equal before the law and are entitled without any discrimination to the equal protection of the law. In this respect, the law shall prohibit any discrimination and guarantee to all persons equal and effective protection against discrimination on any ground such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

There is no mention of sexual orientation or gender identity in these documents. Regardless of such absence of wording, it was considered that sexuality and identity are the parts of developments of human beings, and therefore they should be protected. LGBTQ groups usually are invisible, and in societies, for example, where homosexuality is criminalized,

it is life-threatening to file a complaint of discrimination in a police station. This procedure will require revealing of identity and sexual orientation (any complaint necessary to give personal information). The need for antidiscrimination legislation is based on safeguard individuals to achieve justice. The work in changing laws, adopting non-discrimination based on SOGI is a global challenge and aim of human rights organizations.

Reviewing international perspectives on LGBTQ and especially transgender rights, it is crucial to start with chronology and character of the global activist movement. In the late 19th century, the Scientific Humanitarian Committee and the World League for Sexual Reform campaigned against punishment for same-sex relationships (Waites 2008). The spread and development of fascism interrupted initiated efforts till the 1940s when homosexuals in France, Sweden, and Norway started to advocate for their liberation.

In the 1960s and 1970s, Western countries' LGBTQ groups focused on equality and liberation rather than the human rights concept (Kollman and Waites 2009). They started to define themselves globally and cross borders of intergovernmental organizations (Adam et al. 1999; Altman 2002; Binnie 2004). Subsequent collaboration with the European Union (EU) demonstrated reasonable successful advocacy practices that can be used with non-state and state institutions. Before 1990 there were no appeals to the EU regarding violation of LGBTQ people's rights (Sweibel 2009) and the International Lesbian and Gay Association (ILGA) first brought this agenda. In comparison with the United Nations (UN), the EU was more open to including discrimination against LGBTQ though the human rights organization framework that was announced by the UN as fundamental. Only in the 1990s did the United Nations start campaigns centering LGBTQ issues on the agenda (Blasius and Phelan 1997, 840-41). An illustrative example was the decision in *Toonen v Australia* where Tasmania's law violated same-sex relationships, and the United Nations Human Rights Committee (UNHRC 1994) recommended that the Tasmanian legislation should be repealed. In the process of establishing

protection for people who could suffer from discrimination based on SOGI, the Australian government passed the Human Rights Act, which changed previous aboriginal law.

In the legal field, the signings of the Declaration of Montreal at the International Conference on LGBT Human Rights (2006) and the Yogyakarta Principles on the Application of International Human Rights Law in Relation to Sexual Orientation and Gender Identity (2006) were significant milestones for LGBTQ world activists. These developments allowed the international human rights framework to be analyzed with a view of considering SOGI as protected categories.

Globalization of LGBTQ rights politics led to a sharp denial and opposition on the part of Egypt, Zimbabwe, Iran, and some countries in Eastern Europe, which were against actualizing the questions regarding discrimination on the base of SOGI. LGBTQ, queer, and feminist, transgender theories were perceived as only a Western influence. In this regard, globalization of identity became a critical focal point for understanding activism networks and strategies.

There is diverse academic literature written on the globalization of identity politics. Such focus on gender identity and sexual orientation helps understand how local practices of corporeality and gender fluidity are framed in international framework with a prevalence of lesbian, gay, bisexual, trans, queer, intersex concepts, and terminology (Altman 1997: 417-36).

Unification and usage of globalized discourse enable LGBTQ activists and human rights organizations to work together, cooperate, collaborate, and do advocacy, which already played a significant role in people's lives. Recognition on political, economic, social, cultural levels — not everywhere — brought the possibility to have a dignified attitude from society, apply for jobs, being accepted at schools and universities, receive medical care, and create legitimate relationships and unions.

Notably, the existence of laws protecting categories such as sexual orientation or gender identity is essential in addressing the rights of LGBTQ society. Still, on the other side, individuals might not quite fit into labeled sexualities and identities "box" and fell out of protective legislation. In other words, identity politics created inclusion and exclusion at the same time. The prohibition here can be understood as "forcing of Western identity norms onto the identity and the body of the sexual other" (McGrath 2005, 27). Illustrative examples going with cases of seeking asylum when persons have to migrate to other countries and have to match to the LGBTQ spectrum and convince adjudicators that they are real carriers of LGBTQ sexualities and identities. For instance, a case of Iraqi homosexual man who was seeking asylum in the Netherlands in 2017 and was rejected by the Dutch IND (Immigration and Naturalization Service) because he was "not gay enough". At that time, the founder and director of the LGBT Asylum Support, Sandro Kortekaas, recorded 90 similar cases (Rainey 2017) when LGBTQ refugees did not receive approval from the Dutch institution, regarding their SOGI.

According to the data of ILGA World for 2019 among 198 countries, there are 75 that criminalize all same-sex sexual acts. Having such an environment, it is tough to live fulfilling lives and have relationships with a partner, build a family, and work at a job. It is not surprising when people decide to flee to another country where legal conditions are more friendly to LGBTQ society. The flow of refugees narrowed the gates — rules and procedures required LGBTQ persons to prove their impossibility to live in native countries and prove their SOGI. Different European countries deal with LGBTQ asylum in their ways. According to the report *Fleeing Homophobia, Asylum Claims Related to Sexual Orientation and Gender Identity in Europe* (Jansen and Spijkerboer 2011, 34):

> In at least seventeen countries, asylum seekers' applications were rejected on the ground that they could conceal their sexual identity to a greater or lesser extent in the country of origin. In many cases, decisions about credibility were based on stereotypes concerning LGBTI asylum seekers. In some countries, the

assistance of sexologists, psychologists, and psychiatrists was called in. A late disclosure towards the asylum authorities, too, was treated in widely different ways, with the Netherlands standing out in a negative sense.

The situation with proving SOGI became outstanding and doubtful: having a same-sex partner is not evidence of the sexual orientation or gender identity; hiding in a closet is not evidence of being a heterosexual woman, not sharing all details about private and especially sexual life is not evidence of harbor SOGI. Regarding trans people, it is most challenging to prove their "current" gender identity or why the transition is not what all transgender society dream about.

3.2 Post-Soviet approaches to transgender rights

The challenges that the LGBTQ activists are facing in Kazakhstan, Kyrgyzstan, Uzbekistan, Tajikistan, and Turkmenistanhade had grown exponentially, especially after 2013, when Russia prohibited any "homosexual propaganda", which included even neutral statements that affirmed homosexuality as a variant of standard human sexual orientations. This event has had a cascade effect on Central Asian countries, with parliaments of two (Kazakhstan and Kyrgyzstan) initiating several draft laws on similar prohibition. At the same time, the Tajik government encouraged the creation of a special list of "undesired elements" of society, which included LGBT people. Governments of Uzbekistan and Turkmenistan continue the criminalization of consensual same-sex relations between men, which also affects homosexual women and trans men who usually recognized as homosexuals having sex with other men. Even in cases of murders, a trans person is not identified as such. For instance, Shokir Shavkatov was dismembered in Uzbekistan, and personal information that police gave to mass media was incorrect. According to the officer, who asked that his name was not mentioned about an ongoing investigation, Shavkatov was a homosexual man who — after coming out on Instagram — was killed by two men (RFE/RL's Uzbek Service 2019). But according to Uzbekistani activists, Shavkatov was a trans woman, and only one English

language website mentioned that fact (The Wild Hunt 2019). In Turkmenistan, young doctor Kasymberdy Garayev disappeared in Turkmenistan after coming out in October 2019. The reason for the incident was a story where Kasymberdy told about his homosexuality (Radio Azatlyk 2019). After he was called to the police, and from that moment, the connection with him was lost.

At the moment, trans and non-binary people from Tajikistan and Uzbekistan are the most unexplored and hidden communities. There is no systematic qualitative and quantitative information on all spheres of the life of this group in the two countries (Labrys and Kyrgyz Indigo 2016). This does not mean that trans community is absent in these countries because it is evident that the prevailing homophobic and transphobic sentiments in society do not allow trans people not only to seek help and services but simply to be safe. Despite the presence of LGBT organizations in Tajikistan, there is no direct work with trans people, and those who seek help are redirected to the Kyrgyzstani organization "Labrys". There are a friendly lawyer and one trained gynecologist-endocrinologist in Uzbekistan who can assist trans people, but there are no NGOs specializing in more extensive and systematic assistance to trans people. Regarding Turkmenistan, not a single study has been conducted and is currently considered also impossible due to the lack of access to the transgender community. Uzbekistan and Turkmenistan are the only former Soviet republics where gay relations have not been decriminalized since the collapse of the Soviet Union. Such a harsh environment was established under the influence of the Soviet legacy. To understand how sexuality and gender politics was formed in post-Soviet states, it is necessary to look through historical milestones.

Historically, the period from 1917 to the mid-1920s is marked by efforts towards inclusion politics — abortion and homosexuality were decriminalized, with calls for 'free love' and abolition of the institute of the family from feminists and revolutionaries like Alexandra Kollontai and others (Kollontai 1918). Later, however, Soviet politics started aiming at

eliminating diversity in sex and sexual practices, leading to activities that were characterized as rigid, organized, and restricting sexuality. Totalitarianism tried to achieve control over the personality using administrative methods. In 1934 Joseph Stalin's regime criminalized sex between men and banned abortion. According to Dan Healey (1993, 29), "homosexuality in males was usually associated with the "disease" of masturbation; in females, it was viewed as one of the attendant evils of prostitution". The general view on sexual behavior was named by researchers as "sexophobic" (Kon 1997) and was expressed in literature, cinema, dances.

> Being the product of a Western European restaurant, these dances are aimed at the most base instincts. In their supposedly stinginess and uniformity of movements, they, mostly, are a "salon" imitation of sexual intercourse and all kinds of physiological distortions. <...> In the working atmosphere of the Soviet Republic, which is rebuilding life and sweeping away property-bourgeoisie decadence, the dance should be different, vigorous, joyful, bright (Zolotonosov 1991, 98).

Igor Kon in his work *Klubnichka a Berezke: Seksualnaya Kultura v Rossii* ("Strawberry on birches: Sexual culture in Russia") mentions that the concept of the body itself was missing in Soviet psychology books (1997, 127), he discovered that the body was the primary focus in psychiatric studies — in regards to the body scheme disorders in schizophrenia. The careful attention to the bodily experiences led to rethinking of the sociology of the body through which it was possible to analyze social structures produced in daily life experience (Turner 1996, 24).

3.3 Central Asian approaches to transgender rights

Post-Soviet countries nowadays — except contemporary Kyrgyzstan — cannot be named as "best practices" countries regarding transgender rights. Turkmenistan, Tajikistan, Kazakhstan, and Uzbekistan have almost the same prerequisites in the process of legal gender recognition (LGR) — the necessity of medical interventions unite all Central Asian republics in this regard.

Kazakhstan is a with diverse ethnicities living together and considered to have good communication and tolerance with one another. Nonetheless, when it comes to LGBTQ people

and issues, this same tolerance is not shown. Issues concerning homophobia and transphobia are silenced and the attitudes of people towards LGBTQ communities are sidelined.

Human Rights Watch (2015) and Article 19 (2015) as active NGOs conducted human rights related studies focusing on gender-variant individuals in Kazakhstan. Based on the results of the researches "the Kazakhstani authorities are reluctant to protect their citizens from hate-motivated violence because of their sexual orientation and/or gender identity (SOGI)" (Feminita 2016, 2). Acts and violations against gender-variant people are not only visible within society but within the government as well. For example, in 2019, the national parliament of Kazakhstan drafted bylaws with violations and discriminatory language against LGBTQ people illustrating the country's lack of tolerance and acceptance towards them (Feminita 2016).

The reciprocal strategy of LGBTQ activists attempts to change the situation and improve the lives of people by accepting anti-discrimination legislation. Though, there is a belief that antidiscrimination law creates proprietary rights rooted in the idea of immorality and viciousness of one's group (Rubin 1998). Supposedly, a public discourse criticizes LGBTQ people who "demand" specific attitude comes from the advocacy goals, and one of them is to adopt anti-discrimination law, which includes sexual orientation and gender identity (SOGI) as prohibited categories for discrimination. Kazakhstani Constitution, Article 14, does not protect the SOGI ground. The government of Kazakhstan received recommendations from the Human Rights Committee in 2016 and the Committee on the Elimination of Discrimination against Women in 2019 regarding the need for protection of LGBTQ people. When confronted with a question to provide information on the measures taken to prevent discrimination on the grounds of sexual orientation and gender identity the State commonly highlights (United Nations Committee on Economic, Social and Cultural Rights 2018) sufficiency of Article 14 of Kazakhstan's Constitution which provides that "[n]o one shall be subjected to discrimination

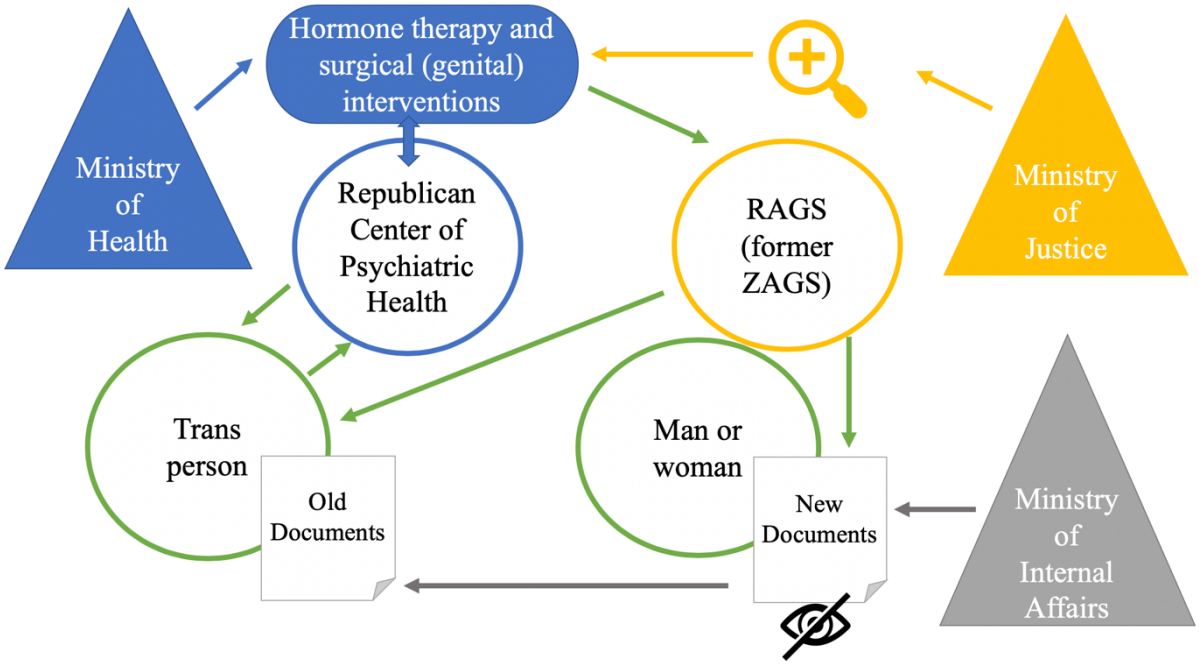
on the grounds of origin, social, property status occupation, sex, race, and nationality, language, religion, convictions, place of residence or any other circumstances" (Constitution of Kazakhstan). While it may be argued that "other circumstances" in Article 14 extend to sexual orientation and gender identity, there have been no precedents of any court judgments finding discrimination against LGBTQ people under this provision.

The situation regarding access to gender marker change procedures for trans people in Kazakhstan is similar to their reliance on permission from the State for recognizing their legal existence. "According to activists, for [trans] people in Kazakhstan, the legal gender recognition procedure requires humiliating, invasive, and abusive procedures to change [the] gender on official documents, which [include] extensive physical and psychiatric medical examinations, hormone therapy, sterilization, and gender reassignment genital surgery" (Alma-TQ 2016, 1). At the beginning of this whole process, trans people also need to receive permission to start the process from a governmental medical commission, which asks invasive questions and requires numerous medical analyses for submission, as well as social documents for consideration.

Legal recognition of gender for trans people in Kazakhstan is regulated by the Rules for Medical Examination of Persons with a Disorder of Sexual Identification (Ministry of Healthcare and Social Development 2015), and Article 257, paragraph 13, of the Code of Marriage (Matrinomy) and Family Code of the Republic of Kazakhstan (2011) where there are no direct mentions of legal recognition or gender marker change. Figure 3.1 shows the algorithm of procedure of the legal recognition of gender identity where a trans person starts a quest for documents and can face denials on each stage of applying. The process of gender marker change takes an extended period of time, from months to years, and even decades. First of all, a trans person has to come to the Republican Center of Psychiatric Health (now the full name of it — the Republican Scientific-Practical Center for Mental Health) and go through the

medical commission. The commission checks the health conditions, and the person has to be in a day patient facility for 15-30 days to present required general analysis, tests, consultations with doctors.

Figure 3.1 Procedure of the legal gender recognition in Kazakhstan reconstructed from interviews



Source: Author.

The earlier experience of trans people before 2009 showed that for changing documents, only examination of psychiatrists was required without surgical corrections in RAGS (*registratciya aktov grazhdanskogo sostoyania* — registry office which keeps records of civil status acts). After 2009 there were introduced a few nuances. At that time Deputy Head of the Department of Justice Kanat Bazarbayev commented:

> Citizens' appeals about changing their last name, first name and patronymic in connection with a legal gender change have been considered and will be regarded as in the departments of registry offices of Almaty subject to the provision of a full package of documents, including a conclusion on a change of sex as a fait accompli (Vremya 2010).

An updated Healthcare Code provided the right to change one's gender, therefore, establishing opportunities for people to undergo surgery for sex reassignment. However, the

government introduced procedures and guidelines for this to be performed which could restrict and, in some cases, prohibit the legal recognition process. Many NGOs responded negatively to this new Healthcare Code and contacted the Prime Minister opposing sex-reassignment operations in Kazakhstan (Vremya 2010).

According to Article 257, justification for the state registration of changes in name (first name, patronymic, and surname) was added as paragraph 13 of the Code of Marriage (Matrimony) and Family (2011, para.13). This Article denotes that only upon reassignment of sex through surgery can an individual change their name legally. Order №187 of the Ministry of Health and Social Development was approved in 2015. It provided information regarding the process of "sex change" for those with gender disorders (identity-related) and the regulations for medical examination to be conducted. Hormonal therapy and surgical correction are obligatory steps required for the State to proceed with legal recognition process in the country.

Since some trans people avoid undergoing sterilization and sex reassignment surgeries because of issues related to health, financial difficulties, or wanting to maintain their reproductive organs, the government's new mandatory regulations have further complicated the lives of trans people. To understand these complications, the initiative group "Alma-TQ"[5] surveyed 41 trans individuals in Kazakhstan (Alma-TQ 2016):

> Of the 41 respondents, all but three reported that they had been subjected to discrimination or violence because of their transgender status. Sixty-three percent of the respondents indicated that they had been insulted and humiliated. Twenty percent reported that they had avoided discrimination by hiding their transgender status (3-4).

[5] This publication was the "Violations by Kazakhstan of the Right of Transgender Persons to Legal Recognition of Gender Identity" that submitted to the Human Rights Committee in Geneva in 2016.

In a question regarding help for more prominent integration "in society, nearly two-thirds of respondents answered that they needed to change their legal gender on documents… [In contrast,] only two respondents had been able to do so." (Alma-TQ 2016, 11). The need for continuous disclosure of gender identity in a transphobic society has led a majority of ["Alma-TQ"'s] respondents to constant stress and their inability to [socialize]. Forced [sterilization] and surgical correction prevent [trans] people from establishing families and violate their reproductive rights, while discrimination in the workplace, education, and healthcare, lead to deterioration of their financial position and health (Alma-TQ 2016, 11-12). The vast majority of respondents of the needs assessment research of the trans community in Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan have a desire to change documents (Labrys and Kyrgyz Indigo 2016). However, more than half believe that it is impossible to change records in Kazakhstan. The reason for this is the complexity of the process in Kazakhstan and the lack of information among trans people about the procedure for gender recognition. For half of the respondents, their appearance does not match the data in the documents. Almost all respondents suggest simplifying the process of changing documents.

The information below is a brief overview of the gender marker change procedure in Kazakhstan. Additionally, there are some groups of trans people who are "barred from obtaining legal recognition of their gender identity. Transgender children and young adults below the age of 21 are not allowed to apply for legal recognition of their gender identity" (Alma-TQ 2016, 1-7; Ministry of Healthcare and Social Development, 2015, para.3).

According to the legal system of Kazakhstan, it should be noted the hybrid character of the laws which absorbed Soviet and Russian models, for instance, in an attempt to criminalize sodomy. It was punished in tsarist Russia, and the Soviet Union declined that law until the 7th of March 1934. The specific regulations are provided by the Ministry of Healthcare and Social Development [as a] new procedure [stating] gender reassignment medical measures are

[realized] upon the results of the Commission's decision and include two stages: hormonal therapy and surgical correction (Ministry of Healthcare and Social Development 2015, Order 187, para.4). To go through genital surgery, an applicant has to follow the Preconditions for Sex Reassignment Surgery (SRS) such as (a) diagnosis of gender identity disorder, (b) sterilization and gender surgery, (c) marriage possible in KZ only between a heterosexual man and heterosexual woman, (d) age — from 21 years old.

The legal gender recognition in Kazakhstan is not separated from medical interventions. The Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment Juan E. Mendez, in a report presented to the UN Council on Human Rights on February 1, 2013, calls "upon all States to repeal any law allowing intrusive and irreversible treatments, including forced genital-normalizing surgery, involuntary sterilization, unethical experimentation, medical display, 'reparative therapies' or 'conversion therapies', when enforced or administered without the free and informed consent of the person concerned" (UN Human Rights Council 2013, 23). Consequently, the requirement to undergo hormone therapy and surgical intervention is considered tantamount to a violation of the human right to be free from torture and ill-treatment. While to many countries, like Kazakhstan, this seems like an overly simplified procedure that is potentially subject to abuse by military absentees and criminals wishing to avoid justice, there are countries around the world (such as Argentina, Netherlands, Malta) that have adopted declarative procedures based on a person's self-identification. There has been no problem with the perceived dangers of such a simplified system of gender marker change.

At the same time, there is now more concerted advocacy on changing this legal environment in Kazakhstan concerning gender marker change. For example, an independent consultant on international human rights law Tatyana Chernobyl concluded in her prepared legal analysis entitled "Legal recognition of gender in Kazakhstan":

> In the future, the issue of legal recognition of gender should be considered exclusively on an administrative level, based on the application of the person seeking legal attention to gender. The health care service to trans people should be separated from the procedure of legal recognition of gender and must comply with standards of the human right to health. These steps would enable Kazakhstan to establish itself among the foremost global jurisdiction in the observance of human rights" (Chernobyl 2018, 20).

And this was considered not only by a legal expert. Breathtaking view of psychologist L. was supported by others specialists who confirmed that changes in transgender issues would happen only after statutory provisions which give clear understanding that denial or violation of human rights of trans patients (notably, the right to self-determination and the right to physical integrity) is prohibited by law regardless personal opinions, religious beliefs to any institutions. I discuss this deeply in Chapter 6.

Nowadays, legal conditions require trans people to go through sterilization (so-called sterilization-requirement) with no choice or possibility to avoid such bodily sacrifice. This requirement means that trans people should be infertile to modify their gender on the birth certificate, passport, driver's license (if it was given before), and an identity document (ID). Notably, ID is keeping 12 numbers named as IIN (own identificational number). The first part of the six digits includes the year of birth (the last two digits), month, and date of delivery of the individual. The second consists of one numeral, which means the gender of the individual and the age of his birth. The third part of the four digits is the serial number of registration in the system. The last figure is determined automatically, and it is the check digit. In the case of Kazakhstan and Kyrgyzstan, the number for gender is assigned for once, and they could not be changed even in case of SRS (sex reassignment surgery), which is still the point that activists are working on stressing the importance of inclusion of legal and state authorities.

Kazakhstani trans activists, in addition to being in close contact with their Kyrgyz colleagues, are also members of the Trans* Coalition in the Post-soviet Space, which unites trans activists and allies from the former Soviet countries. This coalition organizes regular

meetings of its members in one of the member countries where they exchange knowledge and strategies, and also develop joint strategies on promoting rights and improving well being of trans people in their countries. In addition to this coalition, Kazakh trans activists are also members of TGEU (Transgender Europe) — a network of transgender organizations and activists in Europe and neighboring countries. They have recently included Central Asia, an official part of their area of work.

It is important to note that the character of transgender advocacy in Kazakhstan is more silent rather than actualized publicly, promoted actively. Security reasons cause a more soft and non-pronounced way of activism. None of LGBT organizations are registered, and the transgender initiative as "Alma-TQ" is not in a hurry to do so because of denials or interruptions in the registration of public funds, or civic organizations (non-governmental organizations) could lead to misuse and disclosure of personal data of trans people, in that case, who are very stigmatized in Kazakhstani society. Another risk is an absence of anti-discrimination law, which opens spaces for potential and real cases of discrimination and violation of human rights. That is why effective legislative measures are needed.

Table 3.2 shows the see best practices and conditions required for changing legal documents:

Table 3.1 Best world practices in gender marker change

Country	Argentina	Netherlands	Malta	Kyrgyzstan
Legal System	The Civil and Commercial Code of Argentina, 2015 includes Articles 51 "Inviolability of the human person" and Article 52 "Protection of personal dignity" that are protecting fundamental human rights Gender Identity Law allows a person's gender identity to define their gender	The Constitution of Kingdom of the Netherlands, 2008, Article 1 states: "All persons in the Netherlands shall be treated equally in equal circumstances. Discrimination on the grounds of religion, belief, political opinion, race or sex, or on any other grounds whatsoever shall not be permitted."	The Constitution of Malta, Article 32, states: "Whereas every person in Malta is entitled to the fundamental rights and freedoms of the individual, that is to say, the right, whatever his race, place of origin, political opinions, color, creed or sex, but subject to respect for the rights and freedoms of others and the public interest, to each and all of the following, namely — (a) life, liberty, the security of the person, the enjoyment of the property and the protection of the law; (b) freedom of conscience, of expression and peaceful assembly and association; and (c) respect for his private and family life" T.he Gender Identity, Gender Expression, and Sex Characteristics Act 2015	The Constitution of Republic of Kyrgyzstan, 2000, Article 16, paragraph 2 states: "No one may be discriminated against based on gender, race, language, disability, ethnicity, religion, age, political or other beliefs, education, origin, property or other provisions, as well as other circumstances" (Constitution of the Kyrgyz Republic 2000, 5)

Spe.cific Regulation	"Act 26.743/2012 Gender Identity Law (trans-specific) states that total or partial reassignment surgery, hormone therapies or any medical or psychological treatment, are not needed." (ILGA 2017, 88)	"Act of 18 December 2013 (amending Book 1 of the Civil Code and the Act municipal base administration personal data related to the change of the terms and conditions for matters of change of the mention of the gender in the deed of birth)." (ILGA 2017, 71)	"Section 4 (4). (1) It shall be the right of every person who is a Maltese citizen to request the Director to change the recorded gender and, or the first name, if the person so wishes to change the first name, to reflect that person's self-determined gender identity." (ILGA 2017, 68)	
Preconditions for Sex Reassignment Surgery (SRS) or Document Change	(a) apply to "the Office of National Registry of Persons (birth certificates are amended, and new national identity cards are issued), (b) age — be at least 18 years old, unless the authorization of the legal representatives of the child is taken and a lawyer is present to assist with the application, (c) to provide the new first name they want to be registered in" (ILGA 2016, 47)	(a) "the application should be accompanied by a statement from an expert (appointed by executive order) to the effect that the applicant has the conviction of belonging to the gender other than mentioned in his birth certificate and, in the opinion of the expert, has proven that they understand the scope and meaning of this statement and the change in the birth certificate. The expert should not enter the statement if they have reasonable reason to doubt the validity of such conviction, (b) if these terms are complied with, the registrar can register the change of gender into the registry. They can also come to a change of the first name for the applicant, (c) age — 16 years or older who has a "conviction of belonging to the sex other than that which is mentioned on their birth certificate" can make an application to the appropriate area's Civil Registrar. A non-national can apply if they have been resident in the Netherlands for a year and have a valid residence permit. A minor aged 16 or over is competent to represent themselves in this process." (ILGA 2016, 71)	(a) "the person shall not be required to provide proof of a surgical procedure for total or partial genital reassignment, hormonal therapies or any other psychiatric, psychological or medical treatment to make use of the right to gender identity." (ILGA 2016, 38) "In the case of a minor, the application must be filed by a parent or guardian. The court will take into account the best interests of the child as per the CRC, and the age and maturity of the minor." (ILGA 2016, 38) In September 2017, Malta allowed citizens to use the gender marker X on their passports and other identification documents. An applicant can self-declare and change their marker following an oath witnessed by a notary (Malta Today 2018)	

Source: Author and adapted from "Trans Legal Mapping Report", by Chiam, Zhan, Duffy Sandra, and González Gil Matilda. 2017 and 2016. International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA). Copyright 2017, 2016 by ILGA. (In ILGA 2017: Argentina on pages 88-90, Netherlands 71, Malta 68. In ILGA 2016: Argentina 47, Netherlands 39, Malta 38).

The best practices were not a quick change initiated from the authorities' side only. A significant role in legislation system change was a result of the solidary network, including activists, medical experts, and legal specialists. They criticize the use of medicalized diagnosis F64 (gender identity disorder diagnosis) as a possibility to go through requested sex reassignment surgery and suggest to renew, revise laws that allow trans people to define their gender identity without obstruction. It is wrong, however, to associate the level of development of a country with whether they could be described as having best practices in terms of transgender rights. Although we can already see that Kyrgyzstan is included in this list, it is more owing to active advocacy on the part of the trans community, rather than a progressive government. On the contrary, many developed countries, like the USA, New Zealand, South Korea, Singapore, Hong Kong, and Japan, still require proof of removal of reproductive organs or sterilization.

In Japan, the procedure is almost the same as in Kazakhstan in its invasiveness with requirements of sterilization and gender reassignment genital surgeries before application for gender marker change. Still, an additional requirement states that the applicant must also be single, which means they must divorce in case they are married. The Japanese Gender Identity Disorder Act (2003) informs that for gender recognition, a person should have the diagnosis affirmed by more than two doctors. The requirements include (a) diagnosis of gender identity disorder, (b) genital surgery, (c) no existing marriage, (d) age 21 or older, (e) no criminal record, (f) 2 years living in desired sex, (g) 5 years wanting the change, (h) a year of psychological treatment (Itani 2011, 290-291). The recently gaining power movement for depathologization of gender identity disorder diagnosis shows that there is growing opposition to this regulatory power of the medical systems globally.

3.4 Summary

Aspects of privacy and non-discrimination are at the core of the Universal Declaration of Human Rights adopted by the United Nations in 1948, Article 2, which prohibits state and private discrimination: "[e]veryone is entitled to all the rights and freedoms outlined in this Declaration, without distinction of any kind, such as race, color, sex, language, religion, political or another opinion, national or social origin, property, birth or another status" (Universal Declaration of Human Rights 1948). Although there is no mention of sexual orientation or gender identity in these documents. Regardless of such absence of wording, it was considered that sexuality and identity are the parts of developments of human beings, and therefore they should be protected. Unification and usage of globalized discourse enable LGBTQ activists and human rights organizations to work together, cooperate, collaborate, and do advocacy, which already played a significant role in people's lives.

The challenges that the LGBTQ activists are facing in Kazakhstan, Kyrgyzstan, Uzbekistan, Tajikistan, and Turkmenistan had grown exponentially, especially after 2013, when Russia prohibited any "homosexual propaganda", which included even neutral statements that affirmed homosexuality as a variant of standard human sexual orientations. This event has had a cascade effect on Central Asian countries, with parliaments of two (Kazakhstan and Kyrgyzstan) initiating several draft laws on similar prohibitions. At the same time, the Tajik government encouraged the creation of a select list of "undesired elements" of society, which included LGBT people. As per the report by Kazakhstani Feminits Initiative "Feminita":

> Kazakhstan positions itself as a country with a high level of tolerance. Indeed, there are definite trends developing in inter-ethnic communication and promoting religious tolerance. However, this is not reflected in levels of tolerance towards LGBT citizens. There remains a lack of attention to the problem of homophobia and transphobia, as well as the harm caused by these attitudes to society in general (2016, 2).

The situation regarding access to gender marker change procedures for trans people in Kazakhstan is similar to their reliance on permission from the State for recognizing their legal existence. According to activists' report, for trans people in Kazakhstan, the legal gender recognition procedure requires humiliating, invasive, and abusive procedures to change the gender on official documents, which "include extensive physical and psychiatric medical examinations, hormone therapy, sterilization, and gender reassignment genital surgery" (Alma-TQ 2016, 1).

Chapter 4. Methodology

This chapter describes methods and methodology of the research, explain how research questions table was designed and how the process of analyzing narratives helps to understand what identifies a trans person, ignoring the process of transitioning. I present nuanced narratives of both the trans people and medical specialists and legal experts assisting and representing them.

Special attention to narratives is given to unravel the tapestry of transgender procedures and policies not only as they given in official governmental documents and medical protocols. It was a primary point to find out the perspectives of those who are the subject in these processes. Methodology takes a careful prospect at multiple layers, and inside look of the actors engaged.

4.1 Research methods

This research aims to look at this issue from a different point of view, filling the gaps between the theory and practice of negotiating transgender identities. I will focus on using the experiences of medical specialists and trans people to understand who and what influences their decision-making and shapes their transgender subjectivities. It is expected that closer examination of the experiences of these two or more groups will help to uncover the previously invisible actors that affect the dynamics of the Doctor-Patient relations. To achieve this qualitative research methods are used: unstructured participation and informal observation, as well as in-depth interviews and analysis of narratives. The published autobiographies of trans people also serve as observations of the lived experiences. Snowball sampling was employed in the second round of interviews to uncover more actors involved (like state authorities). The research questions table are located in this chapter. Additional questions to the Kazakhstani Ministry of Justice, Ministry of Healthcare and Ministry of Internal Affairs are located in Appendix 3.1, 3.2, and 3.3 respectively.

Upon reviewing literature, I found that most of the research available focus on medical experts within a Doctor-Patient relationship. Trans people are generally portrayed as victims of power abuse from health practitioners, who have the power to identify the suitable candidates for gender marker change by law. Some researchers even go as far as to say that transsexualism is a socially constructed reality only existing "in and through medical practice" (Billings and Urban 1982, 266), "which serves a moral function rather than a healing one" (Sekerbayeva 2018, para.1). However, the majority of this research (Feinberg 2001; Israel and Tarver 1997) overlooks the agency of trans people in these processes, heavily focusing on the proscriptive role of the medical specialists both from a negative and positive point of view.

4.2 Methodology

For an extended period, sociology as a science did not include and consider everyday routines. The theory of ethnomethodology developed by Garfinkel (1967) raised compelling questions about interactions and activities of individuals who were undertaking "the reflexive project of the self" (Giddens 1991, 52-5). Using the theoretical framework of ethnomethodology allows decoding of conventional social structures, including gender, which could have been researched as unconstrained and non-granted with great and careful attention to narratives of lived experience.

For this research, ethnomethodology is used with purpose to understand people's daily life and their interaction with other actors. Such an attitude allowed us to study the social life, common-sense knowledge, and communication in the trans community. Following Garfinkel's formulation, it critical to consider the subjective dimensions of a social order when it is presented as a result of continuously daily practices (Garfinkel 1967). The ethnomethodology approach afforded the possibility to provide participant observations as "laboratory studies". I was able to participate at the trans conferences, formal and informal meetings, and joint events with LGBT activists. Using qualitative methods of ethnomethodology with case study

methodology provided tools for analyzing the complex process of shaping transgender subjectivities and interpret it within the context. The case study helped to inform us regarding the behaviors of the actors, and their shared beliefs regulating transgender identity in Kazakhstan.

The ethnomethodology was chosen in light of the specific needs of trans people, with careful attention to local practices and situated knowledge. This doctoral research tried to considers routine conversations with actors (mostly with trans people) and shows (in the Chapter 5) that these procedures which are embedded in the social order are essential. In the case of trans spectrum in Kazakhstan, social and emotional aspects are presented by different narratives, not only medical, activist or legal. Having published autobiographies of trans people, it was possible to look into a production of self through personal stories.

The narrative analyses (Prosser 1998), centering the body in the research's focus, could give different views on trans people whose existence are bonded only within medical technologies such as sex reassignment surgeries or hormone therapy. Transgender subjectivities are more diverse than the representation of trans people's experiences in medicodiscursive texts. The general image of trans body is stereotyped and pathologized. It is a commonly held belief that a trans body must have undergone an intervention of some kind — but this does not always happen and may be impossible. A trans person may decide to transition but be unable to use hormones or start to use them and stop in order to undergo surgery. They might be unable to afford them and are waiting for an opportunity, or they might have one surgery, but not all of them. In fact, they might decline to undergo any surgery at all. The nature of the transition can often only be found in trans people's accounts, because their bodies may not fulfil the legal requirements of a gender marker change. This view could challenge the conceptual framework of constructivist and postmodern theories. In that sense it is possible to look at narratives as a tool of transition itself.

Qualitative data collection fieldwork was completed in two main rounds and gives a sense where Kazakhstan was before 2011, when coercive operations was not officially required. The 180-degree change in course of the government must be analyzed in order to understand the Central Asian approach to transgender rights.

The analysis is based on 46 qualitative face-to-face interviews that were conducted from field researches in August and September 2018 and February and March 2019 in Kazakhstan. All interviews were conducted in the Russian language, except two interviewes that were conducted in Kazakh. I would suggest that the health-care services themselves do not always include gatekeeping practices as perceived by the transgender communities and as described in academic literature (Lev 2009; De Cuypere et al 2010; Bouman et al 2014). However, this does not eliminate existing cases of having humiliating, negative experiences with doctors, nurses and cases of mistreatment by those who do express transphobic behavior due to a lack of information (Alma-TQ 2016).

In the process of field outreach towards trans people in Almaty and Astana, I relied on my activist connections to a transgender rights initiative that has been working in Kazakhstan for the last four years. This approach allowed me to go into trans activists and non-activists circles, neither of which are monolithic and mono-constituent in the sense of different experiences, plans, willingness or denial of potential transition (using hormone therapy and surgical interventions), and views on the tendencies of the transgender movement in Central Asia. While formulating the research for this Ph.D., I faced resistance from within the field with doctors and trans activists. Before unfolding this significant experience, I needed to establish my position as a researcher with knowledge of local Kazakhstani LBQ(T) activism from 2014 when my colleague and I started the Kazakhstan Feminist Initiative “Feminita” (Sekerbayeva 2017). This initiative monitors and advocates for human rights with a focus on LBQ(T) women. My LBQ(T) activism has afforded me considerable access to the trans

community for the purposes of this research: trans activists know me and have expressed willingness to support me, providing necessary contacts and recommended friendly medical specialists. However, there were instances of my role as a researcher creating some distance, for example, my involvement in a trans conference in 2019 was questioned, and my request of a recommendation to be an intern at international organization was denied in 2018. I very often felt the need to prove my abilities and explain why I am so interested in trans issues, or to prove that I relate to trans spectrum. I was often confronted with the notion that trans research should only be done by trans people whose gender identity is approved by trans activists at least — and this is understandable. Moreover, the voice and participation of the trans community are vital for the LGBTQ activist movement in Kazakhstan. One goal is to form alliances, and this includes medical specialists by ensuring that they are no longer portrayed as negative actors in trans affairs. It is not enough for them to be friendly, we have to establish connection to their professionalism. Once, as a participant of a trans conference in Amsterdam, I noted that trans activists tried to involve doctors in trans friendly panels, avoiding biology centered sessions. Another time, I observed a situation when a representative of a governmental institution used wrong terminology regarding trans spectrum at a conference in Bishkek. Her insensitive was poorly received, and she only later understood the mistake she had made. It is my hope we can avoid this kind of situation in the future by being more inclusive and welcoming to potential supporters, friends, colleagues, sisters, lovers, and partners who can only make us stronger. They can also bring bright ideas and help us to achieve our dreams.

Above-mentioned experience responds to the theoretical notions regarding activist identities and cultures which I incorporate in analysis of narratives. Activist environment creates the knowledge which is accessible for participants of the close-knit community. Phillips mentioned (1991, 125-6) that people outside of the circle could seem as outsiders and they are not accepted as allies or friends. Craddock in her recent book “Living Against Austerity”

(2020) describes the experiences of doing activism and being activist where she acknowledges an "activist bubble". Her respondents mentioned it in regard to Notts Uncut[6] which was failing to reach new people outside the group. Activists created barriers to other people, non-activists, to be involved bringing an impact of distancing and externality. Craddock names it as "the negative effects of activist culture" (2020, 158).

In conclusion, a tension exists between doctors and activists, a tension that is conditioned and even strengthened by the existence of an exclusive "activist bubble". This bubble is in a principle a safe space for activists, but it needs to be extended to include doctors, non-practitioners, scholars, and legal specialists on transgender issues. I discussed this further in Chapter 6.

4.3 Research questions table

The following table shows questions asked during interviews during the fieldwork in Kazakhstan. They were organized to achieve understanding the main processes, the main actors and the narratives these actors employ in the process of shaping transgender subjectivities. The questions were shaped in that order to address the necessity to understand who and how are guiding and influencing the trans community. The effects of regulation transgender issues at medical and legal levels in Kazakhstan revealed from three research questions. For nuanced knowledge of the process of shaping transgender subjectivities, third research question was provided. It helped to consider and to center trans people's voices, and what and how are said by the main actors regarding legal gender recognition, documents change, transition, experience of trauma, diagnosis revision, etc. Narratives played a role of net or display which caught at the moment of discourse concerns and hopes of medical, legal specialists and trans people. Interview questions 3.6 and 3.7 were prepared for unfolding the concepts of femininity

[6] The activist group which defends jobs, benefits, welfare and education cuts in the Nottingham City and Nottinghamshire, United Kingdom

and masculinity from trans people's and clinicians' perspectives. Chapter 5 gives the detailed representation of the participants.

Table 4.1 Research questions table

#	Research questions	Interview questions	Medical / Legal specialists	Trans people
1	What are the main processes influencing transgender subjectivities in Kazakhstan?	1.1 In your opinion, what kind of medical interventions are necessary for complete transitions?	✓	✓
		1.2 What is your experience in communicating with medical specialists and undergoing procedures during your transition?		✓
2	Who are the main actors in the process of shaping transgender subjectivities in Kazakhstan?	2.1 In your opinion who are the main actors involved in the process of normalizing transgender identities in Kazakhstan?	✓	✓
		2.2 How do you see the role of other actors you mentioned in 2.1 in this process?	✓	✓
		2.3 How do you see your own role in the process of normalizing transgender identities in Kazakhstan?	✓	✓
		2.4 What is your opinion of the activities of medical /legal specialists and trans activists/patients in this process?	✓	✓
3	What are narratives these actors, including trans people themselves, employ in the process of shaping transgender subjectivities?	3.1 What do you know about the process of diagnosing with GID in Kazakhstan? What does it entail?	✓	✓
		3.2 What is your opinion of the conditions for gender transition in Kazakhstan?	✓	✓
		3.3 What is your experience of communicating with trans patients/trans activists regarding transgender subjectivities in Kazakhstan?	✓	
		3.4 The World Health Organization officially released ICD-11 with new trans-related categories. 1) What is your opinion of the new categories? 2) Do you agree or disagree with these changes? Why?	✓	✓
		3.5 In your opinion how can the specialist / non-specialist relations be improved? (Medical specialists – trans activists/patients; legal specialists – trans activists/patients)	✓	✓
		3.6 What is your opinion of the concepts of femininity and masculinity? How would you describe femininity and masculinity?	✓	✓
		3.7 Where or who from do you get your understanding of these concepts?	✓	✓

4.4 The ethics of the research

The sensitivity of the topic of the research was taken as an important factor. Trans people are a vulnerable group of people which experience a high level of discrimination, poverty, low paid jobs, and a lack of healthcare and housing. They are very exposed by the existing legislative system which even does not have a definition for term "discrimination" (Feminita 2016). Therefore, interview excerpts from all trans respondents are presented by their initials only, for example, Ivan — I, Alnur — A. Each interview participant received and signed a Consent Form (see Appendix 4). Only the life stories of the trans community that had previously published in the media were selected for use here. In addition, the one essay called as "Production of Emotions", which was required by medical commission during the examination, was deliberately shared by trans woman M. From her permission the story was analyzed as an example of practices of confirming identity when trans person should describe early depiction of the awareness of their sensations: what they felt in life when they realized themselves to be a trans person feelings and realization of identifying themselves as a trans person. Other trans respondents were aware of this textual portrait as an autobiography, not the "Production of Emotions". Nevertheless, the main goal of both documents was a description of the awareness of their sensations: what trans people felt in life when they realized themselves. The autobiography is required by medical commission in order to approve trans individuals go through hormone therapy and/or surgical interventions.

Regardless of anonymity, there were medical experts who gave permission to publish their names. Albeit, the names of all medical specialists are also coded in the research. Names of one of legal specialists and representatives of the Ministries are published in order to respond to requests for updates, questions, and additional meetings.

4.5 Analysis of the data

I conducted 46 interviews with trans people and specialists and three interviews with the officials (through written request) of the Ministry of Justice, the Ministry of Healthcare and the Ministry of Internal Affairs. Also, I approached the sexologists in Kazakhstan who are in charge for confirming a diagnosis for trans community after update of ICD-10 (*International Classification of Diseases and Related Health Problems*) to renewed version ICD-11. The result of such search was not successful as a result of lack of specialists. The visualized data in Table 4.1 shows 22 medical specialists, 19 trans people, and two legal specialists (plus three letters with answers from the Ministries ― Appendices 3.1, 3.2, and 3.3), one representative from the NGO working on right to have access to health services (with experience of work with trans activists), one activist (a co-founder of a LGBT organization in Kyrgyzstan) and one mullah of mosque in Almaty. Most names are disguised, but some were published with consent.

In the table I tried to visualize number of respondents that agreed to be recorded. This table does not include meetings that could not be recorded because of a lack of experience on the part of the doctor in working with trans patients. I took field notes and incorporated them into the thesis, and present observer experience, as well as describing visits in which I was waiting for about an hour just to ask medical specialists one question in a corridor of a city policlinic.

In the analysis of interviews in Chapter 6, I organized the information according to which research questions are addressed. The narratives of main actors are presented in the Chapter 5.

4.6 Summary

The main focus of the research is on the experiences of both medical specialists and trans people in understanding what and/or who influences their decision-making in shaping transgender subjectivities. It was expected that a closer examination of the experiences of these two or more groups would help to uncover the previously invisible actors that affect the dynamics of doctor-patient relations. To achieve this qualitative research methods were used: unstructured participation and informal observation, as well as in-depth interviews and analysis of narratives. Published autobiographies of trans people also served as observations of the lived experiences. Snowball sampling was employed in the second round of interviews to uncover more actors involved.

For this research, ethnomethodology was used with purpose to understand people's daily life and their interaction with other actors. Such an attitude gave us an insight into the common-sense knowledge, and communication interactions in the transgender community. Following Garfinkel's theoretical comprehension, it was very critical not to neglect the subjective dimensions of social order where it appears as a result of continuously daily practices. The ethnomethodology approach allowed us to use participant observations as "laboratory studies". I was able to participate at a trans conference, formal and informal meetings, and joint events with LGBT activists. I use ethnomethodology as a qualitative method, with case study methodology, which provided tools to analyze the complex process of shaping transgender subjectivities and interpret it within the context. The case study helped us to understand the behaviors of actors, their shared beliefs, and processes of regulating transgender identity in Kazakhstan.

Chapter 5. Findings: Processes, main actors and narratives employed in shaping transgender subjectivities in Kazakhstan

In Chapter 5, the results of the fieldwork conducted in 2018 and 2019 are discussed. I specifically focus on the description and analysis of the current procedures for gender marker change and processes. The next sections discuss the processes influencing transgender subjectivities such as the legal gender recognition (LGR), the medical and social transition, the consultations with trans activists, and the diagnosis revision — the first section organized to respond to my first research question.

The second section addresses the main findings regarding the actors involved in the process of shaping transgender subjectivities. I argue that the focal participants are not limited to medical specialists (as is maintained in the majority of academic literature, see Chapter 4) and patients but are instead actuated within the Doctor-Patient-Activist triad. According to interviews, trans activists are important actors because they participate actively in guiding trans people at many levels: from accessing information access to recommendations on how to act during the medical examination. The interaction of the legal specialists is also included in findings and analyzed in the second section that helps to answer the second research question.

The third research question investigating narratives employed in the process of shaping transgender subjectivities is answered in the final section of this chapter. The stories suggested the specific role of Kazakhstani health practitioners, which are not related to gatekeepers.

5.1 Main processes

The section answers **Research Question 1 "What are the main processes influencing transgender subjectivities in Kazakhstan?"**. Based on the responses from the interviews, there are official and unofficial processes involved, which I discuss in the following subsections.

5.1.1 Legal gender recognition

For the trans community, the legal gender recognition (LGR) is the most critical issue because it is required to commence or continue education, apply for a job, rent an apartment, live in a recognized relationship, and deal with state institutions where identification documents are needed to present. The LGR implies a change of key documents that indicate the stipulated gender. For many respondents, new records are the essential matter of safety and access to care or places which are gender-based, like hospitals or schools. It is also the detention and asylum facilities where gender identity becomes one of the focal characteristics of placing the person in the correct room.

> I can say that in 2017, 10 people passed a commission, and 6 of them have already received new identification documents. Furthermore, this year, too, many people go to the medical commission (trans activist A.).

The decision to change documents is not instantaneous, and it characterizes the situation of trans people for many years in Central Asia, and particularly in Kazakhstan. Relying on the information in "Needs Assessment Research of Trans People" conducted by LGBT organizations from Kyrgyzstan in 2015-2016, all respondents want to change documents in following their gender identity (Labrys and Kyrgyz Indigo 2016, 44-5). Forty-seven percent of the participants answered that their appearance (gender expression) corresponds to the documents. However, more than half of the participants believe that it is impossible to change records in Kazakhstan. The reason they give is the complexity of the process in Kazakhstan and the lack of information among trans people about the procedure of the legal gender recognition. For half of the respondents, their appearance does not match the data in the documents.

As per Kazakhstani legislation, the legal recognition of gender is mentioned only in terms of changing the name, patronymic, and last name. Moreover, it is regulated by the Code on Marriage and the Family, Article 30, as well as the Law on Identification Documents.

Gender, according to the Law on Identity Documents, Article 22, refers to "personal characteristics of an individual that allow identification of the owner [of ID documents]". Other personal identification data includes surname, name, patronymic, date, place of birth, nationality, citizenship, photograph, and own signature.

Looking closer at the identification documents, an apparent discrepancy was found between the types of documents. For example, it is possible to amend the gender marker in a passport. However, it is not possible to modify the birth certificate in Kazakhstan. The birth certificate applies to identity documents and includes an act of birth in the information system "Registration of Acts of Civil Status" (registry office). Trans people face a similar difficulty at the judicial level in the process of changing their individual identification number (IIN). The legal recognition of gender still needs to be developed to allow people to have all revised documents and certificates with a gender marker's implication.

> The LGR procedure and in Kazakhstan made in a way to completely discourage the desire of most trans people to make their identity legal. As a result, it is necessary to undergo all kinds of operations, and hormones must be taken, although it is known that many of these things are not needed (respondent M.).

> There is some situation when a person has "old" IIN still male or female. It shows your gender identity regardless of the change (respondent D.).

Thus, a person is required to choose between the right to privacy and several other rights, the exercise of which is available only to persons with a fixed social identity, including gender. Such rights include, in particular, the right to freedom of movement, the right to marriage and family, as well as some of gender-specific social and economic rights. At the same time, as noted above, the provision by the state of legal recognition of gender can be considered as a positive obligation of the state regarding the right of everyone to privacy and legal personality.

5.1.2 Medical transition

The aspect of surgical interventions of trans people should be considered from a diverse perspective. The change of documents is identified as a part of the process influencing

transgender subjectivities as well as the transition procedures such as sex reassignment surgeries (SRS) for FtM[7] (female-to-male) surgeries include mastectomy, hysterectomy etc., and for MtF (male-to-female) surgeries include facial reconstruction, breast enhancement, orchiectomy, vaginoplasty, buttock enhancement etc. Such operations, sometimes described as "cosmetic" by trans people, were mentioned by respondents as essential for their self-perception.

To describe further what trans people think regarding the operations, I explain also based on the interviews conducted. There were varying opinions among interviewees when asked about the medical interventions.

> Why many trans people go for these surgical procedures? Because it is not known what can happen to you. I had a conversation with my acquaintance, a trans girl who has been taking hormones for many years and has not made any transitions. I do not know how correct this word is the "transition". The personality does not change, and the body does not change. The person remains the same. She says, well, you will change the documents, but if you have not had operations, there can also be some difficulties. The car hits you, and they took you to the hospital — there can also be difficulties on the surgical table, and anywhere. Here I see only one way out — working with society through the government, probably I do not even know who is at the head of all this. Someone has to change the whole system (respondent R.).

Although most of the narratives of trans people are centered around medical-related difficulties, however, they agreed that other non-medical aspects also exist and need to be addressed. The respondents revealed embodied practices that not always correlate with the idea of gender mutability. For a few respondents, there is no need at all for any interventions from medical specialists:

> If you ask many people, someone does not want hormone therapy based on further plans for reproduction or does not wish to change at all — a person is satisfied with his or her appearance. There are society's response and [trans] community's response concerned about a person's socialization and society influences the community, not vice versa. […] For some reason, everyone believes that if you do not do surgery, then you are not a part of the [trans] community. It also raises the question that many transgender people go for

[7] The terms "FtM" and "MtF" have negative connotations, but I use them only once in order to describe the process of interventions.

> interventions not even because of documents, but to join the community, to become its part. Non-binary understanding of self is absent (respondent A.).

The quality of surgeries is one of the criteria for members of the trans community to decide to have an operation. According to trans woman O., she is not satisfied with the quality of medical care and specialists in Kazakhstan.

> He did an orchiectomy [surgeon]. In my opinion, there were 3 or 4 cases, and they were all different. Well, this man, he kind of trains on people, right? It turns out that he picks up prices but uses trans people like experimental rabbits. Moreover, the last operation he did for the girl Olesya, he did an incision on a side, and which generally does not seem right, because if she has vaginoplasty done, she will have such a huge scar right on her labia. This lateral incision is very painful and takes a long time to heal. Several months have passed, and she is still tormented.
> On the other hand, he told her that he pulled out her spermatic cord. Before, he did not pull out the spermatic cord for other girls. If they are not taken out, then there is a side effect, the person has phantom pains. That is why a surgeon must completely cut it out. In general, we do not have surgeons in Alma-Ata [Almaty] who would do vaginoplasty correctly. Once someone provides service at the Center of Urology, but I was told he was just a butcher, because what he had done before was terrible, and when he refused to redo some of his mistakes (trans woman O.).

In such cases, trans people decide to collect money and go abroad. Usually, they choose Russia, Kyrgyzstan, India, or Thailand.

> When I came across the quality of our surgery, I just realized that I would better live with old documents for now. I will collect money and go abroad. I will do it usually, and then I will return and change documents because Kazakhstan is not an option for me (respondent O.).

These are not similar stories regarding surgical interventions. Some trans people reject medical procedures regarding gender marker change. Transgender narratives reveal embodied practices that do not always correlate with the idea of gender mutability. According to the interviews, people do want their body and gender to stay stable as far as they achieve desirable results with hormone therapy or surgeries.

> I am trying not to embarrass myself with the existing framework, I can invent my gender — I am an artist, after all, I am interested in queer identity, I do not fit under the male but also the female, and what is to me now? And in the existing medical system, I do not see a place for myself, they [doctors]

> normalize me either here or there, and I do not need it, so I remain such an undergrounder (respondent R.).

> Now the guys [trans activists] said that the composition of the commission [medical] is changing, and I force myself to go, but I do not have surgical interventions again. It was difficult for me to take hormonal therapy, and now they put me in such a framework that I am forced now. I have to do an operation. In theory, by law, everything is necessary. The whole package of operations must be completed. However, I did not need it, and I did not want it. Others, of course, are eager, want to go through. I, honestly, do not want, so I forced. I have a situation, personally mine, because I do not worry about the "pass", like others (respondent Z.).

According to trans people's accounts, their understanding of transition is necessarily related to the process of changing documents, which is a constitutive part of legal gender recognition. Although there is an acceptance of procedural rules, there is also resistance to towards them, that is why trans people are on different levels of medical transition: 1) hormone therapy and surgery, 2) only hormone therapy, 3) in between of hormonal treatment and surgery and 4) no therapeutic interventions at all. Separate, any or all stages should not always be considered as a matter of choice. In making a decision, trans persons take into account their financial well-being, technological innovations, ideological reasons, and family situation. Moreover, attitudes towards medical interventions are also different among interviewees. Participants emphasized the self-treatment from electronic sources as a means of educating themselves about hormones. It was clear from the interviews that many respondents decided to start treatment without seeking help or consulting with an endocrinologist because of several reasons, such as lack of trust, fear, and anticipation of negative behavior. The fact of self-medication should be taken carefully, although it gives a power of decision on the modification of the body to trans people themselves. Nonetheless, it brings in some cases a risk on choosing a treatment without doctors, questioning more broadly the need to approve treatment by medical specialists to a person who identifies themselves as non-binary or trans based on self-determination.

5.1.3 Social transition

Social transition equals to a medical change of the body in its irreversibility. The transition as a process implies several switches for a trans person. According to respondents, there are some of them: 1) change of name and pronoun; 2) transformation of physical appearance; 3) disregard or preservation of previous social role; and 4) change of relations to other people. The social acceptance of a trans individual is no less important than the medical transition.

In cases of the impracticality of coming out or its futility in a close family circle (in context of Kazakhstan there is no tradition to sit with parents and talk directly about love, relationship or self-identification — opposite to coming-out discourses in Western countries), it is essential to be accepted by others as a trans or non-binary person. The acceptance means that there will be no questioning of gender, no potential humiliation, no feeling of fear, or anxiety because of gender identity and gender expression. According to the theoretical framework of the research, this is very close to making "the reflexive project of the self" (Giddens 1991, 52-5), where self-identity gets in contact with the social conditions and reciprocal relations. Interaction within society brings a sense of expectations from people, which sometimes cannot be fulfilled and causes a desire to create a bricolage of identity manifestations. Concerning gender variant people, it is almost out of the question that society does impact on each member, expecting people to fit in binary categories of being male and female. Trans people constantly indicate that they sensate social attitudes and social pressure because of their appearance: on different levels of transition, they look accordingly. Respondents raised this concerning point. They were questioning themselves about factors that determine the trans community. Whenever it is a wish or reflection of society? Trans activist T. shared his thoughts:

> Some people need it [medical interventions]. While we live in a cisgender normative society, we cannot always come to full understanding. It is still the

> question: how much is the desire of mine or fascination imposed by society? Very difficult to determine, years of reflection should be spent, but you live in a transphobic society where you need to socialize faster. You do not have time. Some people agree for operations and afterward regret. If we live in a world without gender roles and everyone would be trans, then there is a difference. As long as rules of the game exist, there will always be people who will choose this path. And they will feel better, comfortable, even if deep down they realize — it is not their desire. Many trans people come to us and talk all about how, where they make operations, and there are people who start hormone therapy and understand that the operations are not needed. I am accepted in society in the gender in which I feel myself. But some people are uncomfortable purely in sexual life, so they do something that resembles a vagina or a penis. It is a very individual issue. On the other hand, if one person needs the interventions, it must be considered as part of medical and social care, and in our context, we speak about many people (trans activist T).

Medical specialist O. also gave her opinion regarding the "passing"[8] of trans people. She was surprised by the desire of trans people to fit the images of femininity or masculinity.

> A society forces: if you are a girl, you should look like a girl, if you are a boy, you should look like a boy. And this could be achieved at best by an endocrine profile. We bring a person closer to the desired gender. Communicating with trans patients, I understand that it is even comfortable for them, in all respects. Moreover, they tend to feminize more themselves, sometimes even too much. When I say: "Stop, you have reached the criterion when they [people] say about you that you are one hundred percent woman, even despite your passport details." No, they still want to do more (Endocrinologist O.).

For people to have "passing" means not just to be handsome or beautiful, but also to be imperceptible. A challenging formulation that trans people could not stop being too feminine or too masculine after they went through all processes is not taking into consideration the multiplicity of trans voices. The "passing" allows one to integrate into society become a part of it, albeit invisible parts. It helps to avoid sensitive questions about gender identity. The step to be out of the community explains why many trans people, after medical and social transition might disappear from the activist community: they do not come back for meetings, do not participate in joint activities. Achieving a possibility to merge into a bigger social circle, these trans individuals seem not want others to connect with them. One of the possible interpretations

[8] "Passing" — being perceived by the outsiders by the expressed gender of trans people.

lies in safety reasons and a distance from LGBTQ activism in Kazakhstan. Being bound to activism increases the social attention of a person. If s/he is not ready for steadfast gaze from state officials, journalists, researchers, and the general audience, the trans individual may choose a more private environment.

5.1.4 Consultations with trans activists

Another process that shapes transgender subjectivities is meetings with trans activists who share information regarding transition, change of documents, and legal issues. Before going to specify the meanings of consultations, it is necessary to mention geographical nuances, which are crucial for access to consultations. Owing to the demographic distribution and economic level of development across Kazakhstan, information centers, medical specialists, trans communities, and activities are mostly concentrated in big cities. Therefore, trans people living in rural areas face significant difficulties when in need of consultations. They have no choice but to undertake short-term or long-term trips to Almaty or Nur-Sultan.

Activists during consultations would recommend a list of medical specialists whom they consider to be friendly (I discuss the concept of friendliness in more detail in Chapter 6) and to whom they would trust to receive services. Information collected from trans activists plays a vital role in self-actualization, self-understanding, and learning about the transgender community. The advice they share could help raise awareness and improve the social aspects of living, including jobs, closed platforms for communication, volunteering, consciousness-raising groups, etc. In some cases, activist help with the expenses incurred from medical check-ups.

> When I realized myself, I was in a vacuum. That was very scary. I was 18 at that time. Before I learned about the situation with trans people in other states, indirectly, there were snippets from sources. I did not even know what was happening in Kazakhstan. I found in "Google" some scandalous articles, something hard-hitting, and, honestly, I had a feeling of such hopelessness. And just by delving deep into the search directly in "Vkontakte"[9] groups, already

[9] Russian language social network, very similar to "Facebook".

> somehow starting to search purposefully, and not only using the "transgender in Kazakhstan" in a search, but I also managed to get to something, to "Alma-TQ"[10] and the community center in Astana[11]. I needed just information, informing the population is very important (respondent D.).

Interviewee's account echoes a report by the non-governmental organization "Article 19", which stated that LGBTQ people "[f]ace discrimination, including biased media coverage and homophobic speech, from both public figures and society more broadly" (Article 19 2015, 7). A simple search in mass media verifies a familiar appalling, provocative tone towards gender variant people. Consequently, closed forums or thematic groups in VKontakte and Facebook, have become safer and more comfortable spaces for LGBTQ people. According to the Trans* Coalition desk research "Countries Context Analyzes: Kazakhstan, Kyrgyzstan, Ukraine", "since 2016 activists themselves have been actively forming an online information space through the publication of studies, interviews, which can be called a positive a change in the image of LGBT people in general" (2017, 26). The public attitude towards gender diverse people started slowly but may come to change due to increased visibility of the trans community.

Activism has also shown to empower, inspire, and gives a perspective into one's desires, as described by respondent V.

> Before involvement in trans activism, I dreamed of doing all kinds of operations, and I called myself a transsexual. No one could convince me until I found out the information that is currently most adequate. Maybe someday it will be outdated, but now it is not pathological information. It is my own choice. No one imposes it. Three years ago, it was completely different. I did not communicate with any community nor with LGBT people. I read what was on the Internet. I am glad to change. It became less stressful, less upset that for many people, I somehow did not correspond to the gender in which I live. If I had the opportunity to do the operations that I wanted, I would be an unhappy person, and changes would not satisfy me anyway after some time, this is not what I wanted (respondent V.).

[10] Kazakhstani transgender initiative "Alma-TQ".
[11] Previous name of the capital of Kazakhstan.

Discussing transgender-related issues, activists reach out to more members of the trans community, even in rural areas (through the Internet) — this a potential audience for community-based researches that the LGBTQ community conducts every 1-3 years. The nature of the surveys is people-centered in its approach because it does group discussions whereby LGBTQ people speak for themselves and share their opinions. Based on the talks, researchers develop the design of the research on more community-based characteristics, when, for example, questions do not contain generalized judgments or assume gender identity as something stable, monolithic. Representation of transgender issues by trans people is perceived as more legitimate, and this applies to guidance too.

> Trans activists fully coordinate guidance for trans people. There are various platforms, information platforms, and a person from any city in critical situations can search and find these websites. People write for help, and they do not know how to go through medical commissions. Here, naturally, activists join in and coordinate these issues. It is a complete accompaniment. Trans activists speak about various meetings, support groups so that people do not just have knowledge but learn everything how it goes. Necessarily the person is supervised. If a person passes a commission, be sure someone is there with him, or she who introduces with other people leads to our friendly endocrinologist, it helps to take tests (respondent M.).

Consultations with trans activists could improve future activist work. Furthermore, the issue of representation becomes an important one. If a volunteer is a heterosexual man or woman, there are limited chances that s/he would be accepted for that role in a transgender activists' initiatives. Because trans people may receive numerous denials during job hiring, or more than that, fired after "outing"[12] by colleagues or strangers, they primarily allow trans people. This selection for volunteer or staff position is aimed at two goals: mobilize trans people and give a voice to the community. The active trans volunteers take the place of activists after some time, and now their experience, positive outlook might be a key for other trans people who come to Almaty or Nur-Sultan seeking information regarding the medical

[12] Term "outing" refers to disclosure of a person's sexual orientation or gender identity without her consent.

procedures, the change of documents, the hormonal therapy, and so on. However, access to relevant information for trans people and reaching out to trans communities is difficult because they are can only be found in big cities in Kazakhstan. Trans activist A. spoke about this concern:

> For this period, Kazakhstan has quite a complex and multi-stage system of passing the medical commission. In the regions, there are no possibilities for that. Now only a few areas of the country declare that they can conduct the first stage — establishing the diagnosis F 64.0[13]. That is a monopoly. We see complicated access to the commission itself. You can apply for it only in Almaty. In many regions, people do not receive information on how to get through the procedures. There is an information resource that gives scarce data on the most necessary things: what tests to pass, what to prepare, and other things that later would help for the whole process. People receive information from each other. They find people who have passed the commission, or organizations that can inform about it. Also, most often, people contact directly to the Republican Center and the secretary of the commission, which tells and explains. There are cases when people just come to Almaty from other regions to find out how the commission goes. They spend money on travel, on living here, even though they often travel with their parents, it is quite costly. They cannot receive information from local medical institutions. We went to Astana recently and explained what tests should be taken, where to go, although this is a competence of local authorities (trans activist A.).

The geographical location determines access to the process of legal gender recognition. Rural gender variant people seek not only for information but for people like them. As mentioned earlier, for trans persons from villages or rural areas to access to information or similar communities, they have to commute often to locations that are very far. It often results in times to relocate to urban areas, and complete abandonment of hometowns or constant migration. The idea of moving correlates to Prosser's thought about "metaphoric territorializing of gender and literal territorializations of physical space have often gone hand in hand" (Prosser 1998, 171). Jay Prosser was analyzing the transgender narratives centering the body in the research's focus. The constant moving of trans people in Kazakhstan is not just a whim or choice. They are forced to do so because of the legal gender recognition process,

[13] Section in ICD-10 which describes Gender Identity Disorders.

which requires follow-up visits to the Republican Scientific Practical Center for Mental Health (RSPCMH), registry offices, state, or private clinics. Therefore, the migration of trans people from town to town, gender to gender is not coincidental or by choice as supported by respondent D.

> It seems to me that there is some kind of injustice, inequality in geographical location. Maybe if there were some kind of visiting medical commission, which sometimes comes to one or another city after reaching a certain number of applications, it would undoubtedly be more comfortable, and the feeling of stress would decrease (respondent D.).

In the event of a trans person visiting comes to health practitioners requesting to start their transition, they would likely be sent to Almaty mostly because the RSPCMH is located there. Medical specialists themselves look at that differently. Psychiatrist I. criticizes this approach:

> It is wrong when people from Atyrau[14] come only to undergo a medical commission. Why do local doctors refuse? It is not an oculist problem. It is embedded in our codes — F 64.0. This is all that psychiatrist knows. And if you are a certified doctor, you have no right to refuse. Another thing is that, perhaps, it is necessary to organize these commissions on the ground, of course, it is required to educate people. <...> Unfortunately, the official situation with the Ministry of Healthcare indicates that the commission is held only in our center. We want everyone to have access to any place.

Summarizing the critical aspects of consultations, it can be said that the geographical location of the trans person is vital to access the available information and community of trans people. Thus, other than understanding that legal provisions, rules of changing documents, etc. as the essential information when consulting with trans activists, these are not the only challenges for trans people in Kazakhstan. The ability and resources to move predetermine the whole result of the long-term process of having new identity documents and for a person to start living as a person without fear, exercising rights, and living as any other citizen of the country.

[14] A city in the Western part of Kazakhstan.

5.1.5 The diagnosis revision

New versions of the *International Classification of Diseases and Related Health Problems* (ICD) appear every 10-20 years, as discussed in Chapter 2. It gathers the information about diagnoses and diseases that are used globally by the members of the World Health Organization. The revision of the previous ICD is the process of updating the data regarding health information. The date of release, for example, of the ICD-11 was June 2018, but this does not mean that countries will apply it in the same year. After an endorsement at the World Health Assembly, it can be implemented differently, throughout three-five years after the launch.

According to trans people's interviews, the substantial process that influences their lives is the *International Classification of Diseases and Related Health Problems* 11th Revision in 2019 and especially that one which modified the diagnosis "Transsexualism" (code F64.0) to "Gender Incongruence of Adolescence and Adulthood." (code HA60). The condition of having gender incongruence is characterized as "a pronounced, persistent incongruence between the individual's experience of gender and the sex assigned." In ICD-11, trans-related categories have been removed from the Chapter on Mental and Behavioral Disorders and moved to the chapter titled "Conditions Related to Sexual Health." It is a focal step for the trans community for non-pathologization of the diagnosis for adults. Nonetheless, some progress was made towards the change in the diagnostic manual; however, the question that is raised concerns children. The ICD-11 introduced the Gender Incongruence of Childhood (GIC), which provides the medicalization of trans youth (2018, code HA61). Nonetheless, this faced resistance from human rights organizations and scholars as well, who support the idea of exploring and expressing gender identity by young children (below the age of puberty).

Regarding gender incongruence as a concept, many respondents shared their satisfaction with the revised ICD-11. They mentioned that each updated version of the

International Classification of Diseases and Related Health Problems brings more attention to trans people's voices and needs. The respondents claim that medical specialists are becoming more willing to be involved more in understanding nuances of transgender-related issues and work with trans people rather than deal with written 20 to 50 years ago textbooks and books which are outdated.

> F64.0 diagnosis is submitted, not to the sexual health section. It emphasizes that trans people are not ill. They will approach us, psychologists and psychotherapists, if they are in a state of sexual dysphoria or in a state of assessing the correctness of gender identity to help them with gender internalization. With ICD-11, new questions will arise here. Who, in principle, will diagnose, even if not a disorder, but incongruence? Trans people will come to the surgeon and say what? That s/he is gender non-congruent? (Psychiatrist I.).

The concern and subject of anxiety for trans people are in the diagnosis category related to sexual health. They do not know any experts to whom they might approach for a diagnosis and how all the process will take place.

> After all, trans people do not go through transition procedures to have sex. They do it to live a healthy life. And it is a little funny for me that a sexologist, maybe I'm just not wholly competent in what sexologists do, I am probably judging a book by its cover, perhaps they will ask about precisely what a formation of sexuality in the process of growing up. I do not know, but I believe that the issues of sex, yes, perhaps they should be addressed, but not concentrated on them during the passage of the commission (respondent D.).

While conducting fieldwork in 2018 and 2019, I undertook several attempts to find out the sexual health specialists in Kazakhstan. However, it was difficult to find or contact any. In the case where I did find some, I was unable to arrange interviews. Other than the temporary absence of practitioners who could work with trans people concerning their sexual conditions, there is another concern — the translation of ICD-11 to Russian and Kazakh languages.

> How will Russia translate [the ICD-11] this time, with its transphobic moods, and with this new procedure where there is a word "sexual reorientation." They can quickly put it into the ICD-11 and, as a result, how it will all work incomprehensible. When I was in the week of trans advocacy in Geneva, I talked about this, it is a big problem at the United Nations, and many things are clumsy and consist of soft language, or when some fictitious or pathologizing terminology comes to sexual orientation and gender identity (SOGI). During

> the last session of the event, at the opening when the independent expert on SOGI spoke, and I specifically listened to Russian translation. However, I could listen to the English translation, and there it was all "non-traditional sexual orientation," "homosexualism," it was all there.
> <…> Kazakhstan will not translate the ICD-11 into the Kazakh language. If activists in the post-Soviet countries do not have such access and influence to negotiate with WHO to render correctly, then most likely, they will be specialists from Russia who will massively translate the ICD. What we will receive as a result is unknown (trans activist T.).

Finally, another issue that trans community face with regards to the ICD-11 provisions in the presence of the "Gender Incongruence in Childhood" diagnosis that could pathologize gender variant children below the age of puberty. TGEU, the Trans*Coalition in postSoviet Space, GATE Civil Society Expert Working Group brought to the attention to possibility when a child explores gender identity and does not need any medical interventions (like feminizing or masculinizing hormones, puberty suppressants). The Kazakhstani trans activists expressed their solidarity with changing diagnosis categories for gender diverse children. For instance, it was mentioned that "few cases in which young gender diverse children experience the distress of an extent and nature demanding clinical mental health care, these Z Codes[15] could be used as markers, attached to generic diagnoses such as depression or anxiety, signaling that the child's mental health issues are linked to experiences of discrimination on the grounds of their gender diversity (with implications for the sort of care needed)" (TGEU 2016, para.14). ICD accepts Z codes, and they used in situations when patients do not meet established requirements for a diagnosis. Examples of usage of Z codes are conditions related to lifestyle, sexual attitude, or psychological circumstances.

The discussed practices are taken together to unfold the processes of shaping transgender subjectivities. Participants mostly emphasized the legal gender recognition, the medical and social transitions, the consultations with trans activists, and the diagnosis revision

[15] Z codes are a special group of codes provided in ICD-10-CM for the reporting of factors influencing health status and contact with health services (TGEU 2016, para.14).

as main procedures. Understanding these processes could help with better interaction with a diverse trans community, members of which, for example, go through a medical transition, escaping the social change or vice versa. Additionally, it switches the attention from the medical prism on trans people, which formed a persistent conclusion: transgender issues can be conceptualized only in medical terms. Respondents themselves brought to the scope of the analysis their disagreement with the conventional discourse on trans lives, expanding it to a variety of identities, lived experiences, practices of self-recognition. This way of thinking about influencing processes allows looking at the formation of transgender subjectivity as an unfinished project.

5.2 Main actors

Answering **Research Question 2 "Who are the main actors in the process of shaping transgender subjectivities in Kazakhstan?"** I present perspectives of medical, legal specialists, and trans people. First group identified other health practitioners in different areas such as psychiatrists, psychologists, gynecologists, endocrinologists, urologists, therapists, and nurse practitioners. Only in few cases doctors realized the bond with legal experts who can be main actors in shaping transgender subjectivities. Second group is trans people. And the third is legal authorities from the Ministry of Internal Affairs, the Ministry of Justice and the Ministry of Healthcare. In identifying actors, the areas of their responsibilities also were determined.

5.2.1 Medical specialists' perspective

These are some of the narratives of health practitioners who agreed to participate in the interview. They are not homogenous: few of them never worked with trans people, others — had some experience. Nevertheless, most of them were surprised by the topic of the research, the academic potential of the topic, and upon learning that there have been cases whereby

doctors have denied providing the medical services to patients, particularly from the LGBTQ-community.

5.2.1.1 "This is my job"

Analysis of accounts of practitioners has shown a direct relationship between professional involvement and personal attitude. When medical specialists have any or some connection with LGBTQ people (as family, relatives, close friends, friends of close friends), notably, this causes a significant change in their behavior, displaying a more profound interest in learning more about the transgender spectrum. The case of Psychologist A. supports this claim. According to her, she went through a "transition", from a state of being unconsciously homophobic to full acceptance:

> I had my first trans patient in 2011. And I did not want to take him because of the age. I work with adults, and he was at that time 16 or 17 years old. But his mother insisted strongly, and she said that she could not show him to anyone; she was afraid. I said that I did not work with trans people before, and I do not know how to. She replied that she understands me (she is a doctor herself), but needed me just to talk to him. <...> He sent me links, videos about trans people. He took hormonal drugs himself. For the first time through my patient, I realized there was so much pain. He went through a psychiatric clinic because everyone thought it was schizophrenia. Everything was up and running. It was the first stage when I collided and saw how generally for him there was nowhere to go. And after at the University for the first time, I heard from a girl: "I am *bishka*" (bisexual). For the first time, I listened to this word though I knew the meaning. And at that time, people told me about clubs, I read literature at the same time and realized my limitations (Psychologist A.).

The same experience of the existence of close surroundings was crucial for psychiatrist I. She shared that in the past, in time of the Soviet Union, she had many gay friends:

> I still have them. Sometimes I wondered why I was interested in my friends. It might be that people from any minorities, not necessarily homosexuals to socialize, occupy a worthy niche, try to be slightly superior in terms of competence, education, knowledge, tolerance, breadth of view. They were just pleasant to me. Pleasant. Even this word was not pronounced, we exchanged books, I liked it. I listened to what they want. It seemed to me that my friends from "there" are more educated (Psychiatrist I.).

However, having trans or homosexual friends in close surroundings cannot be the only factor influencing medical professionals' attitudes. There are stories of respondents who started

to work with trans people because they knew activists from LGBTQ, and attended special, thematic events or were yet to begin their practice again but ready to do so. They recognize that trans people are a part of society, with the same duties and responsibilities. Other health practitioners also see their role as friends or supporters.

> An active participant, chair of the medical examination committee in this process — I am myself (Psychiatrist I.).
>
> The main actors in the process of guiding of trans people are psychologists and social workers (Psychologist L.).
>
> I am a friendly specialist for the LGBT+ community (Psychologist L.B.).

Moreover, some medical specialists show great zeal to provide help to trans people. And they continuously educate themselves with the coordination of the activist community.

> I always try to explain to our doctors about people who feel uncomfortable in their body [concerning some trans people]. Most of the colleagues do not support me. They value and respect me because, as an endocrinologist, I am professional, but they think that work with trans people is my hobby, my fad. They cannot understand that this is also my job; they say: "Again, "your" people came" (Endocrinologist O.).
>
> I cannot say how I see further trans people's lives. I do help in the process of treatment; this is my only role (Gynecologist Z.).
>
> I will help trans patients if they come to me (Endocrinologist B.).

Only a few practitioners stressed the importance of family as actors in trans people's lives. It was a sensitive topic for them. Most cases regarding support or denial from relatives outweigh the direction of rejection. In 2019, the Kazakhstani transgender initiative "Alma-TQ" started to work with the parents of trans adults. Joint meetings with activists play a significant role in uniting, making relatives accept their daughter or son.

> The degree of comfort in own identity can significantly change the scenario, up to the fact that the high level of adoption in the family and the development of corresponding communication with the desired gender can lead to the refusal to change the gender marker in documents. Especially in the situation of young and/or gender non-conforming people. Or, on the contrary, the family's support for a young trans person can be a significant help. <…> And in a hostile family environment, there are different options for the future and close people indirectly become substantial actors.

> A community also plays a role, which can facilitate this path - if they paved or tested this path. Lawyers. Partners — if, for example, the driving force for changing documents is the desire to arrange a marriage (Psychiatrist I.K.).

The interviews showed that medical specialists accepted their roles as supporting health experts who should provide services regardless of gender variance. Nevertheless, respondents with no experience of working with trans people expressed an unwelcoming attitude towards the topic.

> But I am against "these" [trans people]. It is my personal opinion. I have children — boys and girls are growing up. If they become like that, I will be against them. Nature created us as men and as women. <…> If everybody becomes trans, it will be challenging to gather our folk, they all could wander off. Motherland will be gone. Kazakhstan turns out different. No such thing! We have to unite as patriots and raise our nation and blood (Psychologist G.).

The view of Psychologist G. echoes with the national-patriotic opinions expressed by public persons such as ex-deputies of the Parliament of Kazakhstan or celebrities, they see a threat to nation and family in the LGBTQ-community (Revyakin, 2018). Having a lack of gender variant people's visibility and balanced coverage in media, makes it challenging to get first-hand information and create a more diverse image of trans people or bisexuals — the same taxpayers and citizens of the country. Unease regarding LGBTQ issues lies in misunderstanding the nature of advocacy provided by activists. There is an assumption that LGBTQ people demand exclusive rights. For instance, Psychologist T. supports a similar idea:

> As an ordinary person, I do not agree with that [trans people's transition]. But I understand, this is a choice of any person. <…> I do not have an idea to change a 40-year older man with one world view, and regarding this, I have a question to a trans person. Will s/he be tolerant of those who express a negative attitude towards the trans community? Those who show a negative attitude are having that kind of ideology. I am trying to say that trans individuals should be tolerant of other people's judgments. For example, there are two individuals, and if one of them is trans man/woman, naturally, another person should respect him/her. I am for reciprocal respect. We can see cases when people receive particular respect. Why should you receive such? For instance, services of local government, community service center, hospitals. Only because you are a trans person, you have to accept special conditions? It should be equal (Psychologist T.).

The concern of the respondent illustrates a representative opinion on human rights discourse against LGBTQ-community campaigns, actions, and strategies aimed at protecting the rights and interests of a particular social group considered as individual rights. The majority of interviewees do not support this articulated position, and they share optimistic views on further work with trans patients.

Moreover, doctors themselves realized that they might think along the lines of stereotypes and assumptions formed under the media influence. Practitioners understand that deep self-introspection needs to happen before work on trans healthcare. As Psychologist L. underlines:

> I know a lot of specialists who theoretically understand everything about homosexuality. But at the same time, it is tough to abandon your prejudices internally. Nevertheless, homosexuality is withdrawn from the ICD, and trans issues are raised urgently now. Still, there are not many trans people both here and around the world. When any phenomenon is not very common, people can say for themselves: "Why should I go into it and be interested when there are not so many people?" (Psychologist L.).

In an ongoing dialogue with medical specialists, the visibility of health-related issues was considered as an essential aspect when forming the list of medical institutions. In simplistic terms, the demand to provide service to trans people may create an intensive preparation of healthcare personnel, potentially. According to information from the Ministry of Healthcare (Abishev 2019), there is an existing staff shortage which reached the number of 2481 specialists in 2019. A distribution by profession shows the significant deficit in resuscitation anesthetists (371 units), therapists (242 units), psychiatrists (218 units), general practitioners (158 groups), and obstetrician-gynecologists (153 units). To consider this data in the framework of trans health needs, it can be said that there is also a shortage since these are the same doctors who can help trans people. The trans community's request should be taken into account by state bodies, particularly by the Ministry of Healthcare, it is not only a matter of time but also the active manifestation of a claim itself.

To meeting the specific needs of dealing with trans health, trans activists are working together with health practitioners to prepare the guidelines on medical and social assistance to adults with a mismatch of gender identity to the sex registered at birth. The medical and social support is a combination of medical, psychological, and social activities, which consists of recognizing and confirming a person's gender identity, overcoming the associated discomfort, and promoting adaptation and socialization in the desired gender. Its primary characteristics include multidisciplinarity, informed consent, compliance with individual needs, and the absence of contradictions with human rights.

5.2.2 Trans people's perspective

Trans peoples' accounts included both activists and non-activists' narratives. Many of them were aware of the required procedures of legal gender recognition and were on different levels of changing documents or medical or social transition. As health practitioners, they were surprised to hear that trans related issues are under the scope of academic research.

5.2.2.1 Activists, doctors and state

In identifying the main actors in the process of shaping transgender subjectivities in Kazakhstan, trans activists realize the crucial role they play in Kazakhstan, explicitly, in the legal gender recognition process. Trans activist M. shared:

> The transgender community also deals with issues of assistance, HIV prophylactics, work with MSM (men who have sex with men), and the lesbian community. If there were no goals and objectives, how, and what to do, it would be sad because there were medical examination commissions recently. It is critically challenging to go through them. Today all our girls, boys, and queer people are working on this and are seeking friendly doctors. These are doctors of the main category, who accompany the commission, go to meetings abroad — for an additional preparation so that they know how to accompany us [trans people]. And the fact that in the state there is a paper signed, I read this document, but it is so superficial and does not prepare doctors. The state does not make specialists. Not a single report is visible on how the practitioner should guide us correctly. Only the community is trying, investing. Great help comes from abroad to us, so that we can take all the doctors to the training so that they know how to work.
> And doctors, of course, also play an essential role, because we go through the commission, we already have friendly doctors, already know how to guide us.

> It applies only to those physicians who are trained, especially in the Republican Scientific-Practical Center for Mental Health (RSPCMH). These are the most critical doctors who deal with us, who permit surgical correction of sex, for changing documents. Other doctors are simply surprised. In my opinion, they never heard about it.

It is a complex interplay of interaction between doctors and trans activists. Activists come with well-researched knowledge of medical and legal information, understanding of correct terminology, familiarity with other countries' practices. Health practitioners are not used to be taught or guided by visitors from the non-medical community. The character of the medical science which may be described, as authoritative and hierarchical, does not seem to allow them to accept easily change their expert opinions quickly. In their professional routine, they are used to one-way communication, when clinicians explain a diagnosis or ask patient questions regarding symptoms, etc. If it is possible to imagine the opposite situation, when doctors come to educate activists about activities, it would be seemed confusing. Based on my fieldwork and observations from 2018-2019, I observed that activists' activities included information sessions, training, and conferences. Perhaps, more involvement of the medical community is needed, and this could be adopted in legal provisions which will give more motivation and the legitimate interest of any specialists to take qualification courses or invite human rights defenders, and trans activists at the workplace. Thus, the number of professionals who explore transgender issues can increase. Nowadays, few specialists are working with SOGI, as respondent T. stressed:

> I do not think that doctors could be the main actors. It is a minimal number of physicians, especially psychiatrists, psychotherapists, with whom I interacted. Almost no one touches on the topic of gender identity, sexual orientation. This topic is a taboo, always bypassed. Nobody asks about it, nobody talks. Therefore, this causes particular problems in interaction with doctors, because they are not aware, they do not know; they do not want to know. "Oh, no, guys, we will not interact; this is not for us". Unfortunately, (respondent T.).

Interviews showed a great extent of misunderstanding from medical specialists who demonstrate their personal feelings or beliefs openly:

> Most medical specialists are not informed about trans people; they often confuse concepts, diagnoses, or guided by outdated diagnoses from ICD-9. They like to make a diagnosis pathologizing a patient. <…> Some medical specialists are governed by the word of God and mention God in a conversation with a trans patient (trans activist A.).

Trans people are divided in definitions as to who are the main actors in the process of shaping transgender subjectivities. Some of them without any doubts named the health experts and activists, others did not mention any. Analyzing the latter, it was clear that non-recognition of doctors as actors was stemming from an understanding of their professional position as such (without any specifics). They provide medical services to everyone; they should do so to trans people as well. Another concern is regarding physicians. Despite invested resources of trans activists, there are few friendly specialists in Kazakhstan, and almost all of them are located in big cities of Kazakhstan, such as Almaty and Nur-Sultan (the new name of Astana city, the capital of the country). It creates dependency and reliance only on known and recommended experts.

Furthermore, it is costly and time-consuming since trans people have to travel and to stay in a day patient facility for about 20 days. Not everybody can afford such expenses, which create a significant challenge and potential dead-end: a person cannot earn money because s/he needs new documents (ID). For making a unique ID, s/he needs to go through medical examination and afterward receives an ID — to do that s/he has to have money.

Reviewing the answers received when identifying the main actors, it is clear that trans people name medical professionals and lawyers as the main actors. These external actors were mainly mentioned rather than internal actors such as parents, relatives, partners. Almost none of the trans respondents (non-activists) noted their position as actors. The accepted self-image of being a patient while interacting with medical specialists might not allow for widening the perception of trans people. They do not always consider their visits to doctors as moments of advocacy. Usually, trans activists are at the forefront of such informal meetings and public

awareness campaigns. For non-activists, it can be very challenging to take on an active role because of their previous negative experiences.

Also, it can be assumed that trans people probably do not view themselves as actors. However, it was evident during the interviews, official and unofficial meetings. It was apparent that they are the experts in their lives. Trans people decide what to do: apply for the legal gender recognition or agree to hormonal therapy (if they are yet to start it by themselves), postpone surgeries, or deny any interventions at all in the end. Despite the importance of activists' contributions, doctors' interaction, and legal gatekeeping from the state, as well as the voices of trans people, should be taken into consideration.

5.2.3 Legal actors' perspective

To understand the actors in processes shaping transgender subjectivities, I expanded the research scope to include narratives of decision-makers. I contacted three ministries through their e-government portal sites. Representatives of the Ministry of Healthcare, the Ministry of Justice, and the Ministry of Internal Affairs denied having face-to-face interviews. Thus, I sent them my questions via an electronic platform.

5.2.3.1 Administrating gender identity

The Ministry of Healthcare responded to eight complex structured questions regarding trans people, the current system in place for changing the gender marker as well as the number of operations that have occurred (see **Appendix 2.2**). The Ministry representative responded only with figures concerning the number of sex reassignment surgeries performed in 2010-2011 by 'Dzharbusynov' Scientific Center of Urology in Almaty. However, as this information was insufficient, I contacted the Ministry of Healthcare again. During this follow-up interview, a representative informed me that they did not have much experience with such requests and did not keep statistics of that type. She added that this kind of request is rare, and the staff did not know what to provide or how to help with the research. Seeing that I had reached a dead-

end, I asked for any other contact person or expert who could comment on the situation of trans people. I was provided with the contact number of the Department of Medical Care, and contacting them, the representatives gave me contacts of the Department of Socially Significant Diseases and Diseases that are Dangerous to Others. Furthermore, the response I received from the department seemed unfriendly and in vain:

> The Ministry of Healthcare is not dealing with these issues [trans people]. We are not dealing with questions of trans politics. Do you need statistics? We do not have any!

It was challenging to contact or find a specific department that is responsible for or had information on trans people in Kazakhstan. I was repeatedly advised to contact the Republican Scientific-Practical Center for Mental Health (RSPCMH). Thus, I obliged. I managed to interview four specialists from that center. However, one of the experienced specialists, Psychiatrist G., was approached for an interview but indicated unavailability. According to one of the trans activist's words, Psychiatrist G. was one of the most critical persons in the commission who was responsible for conducting medical examinations of trans people, and who gave recommendations to trans patients on how to speak, what to wear, how to behave in order to "pass".

In the responses from the Ministry of Justice, I found only two answers from the seven questions asked (see **Appendix 7**). According to Director of the Department of Legislation Olzhas Danabekov:

> Necessary medical intervention (hormone therapy, surgical correction) is justified by the fact that, despite the equal rights and equal opportunities of men and women, each of them has its role in society. Belonging to particular biological sex entails legal consequences, such as a reference to military duty (men are obligatory), retirement age (women — 58 years old, men — 63 years old), and also establishing legal liability (some types of punishments do not apply to women), etc.

In the end, Danabekov made references to the Ministry of Healthcare and explained that other questions were out of the competence of the Ministry of Justice and added, "[a]t the

same time, we note, that by Article 60 of the Law "On Legal Acts", the above explanation is not legally binding and is advisory".

The Ministry of Internal Affairs, similarly to other ministries, did not send full answers or information of five questions asked (see **Appendix 2.3**). For example, the question "What do you know about transgender people and the current system for changing the gender marker in identity documents?" was without an answer. The other important question was regarding individual identification number (IIN) and the disclosure of private information such as gender identity. Their response, however, was ambiguous, seeming like information on gender identity is absent in IIN, passports, and *udostoverenie lichnosti* (identity card). However, according to trans activists, gender identity marker is present in all documents, which often creates challenging situations at the border, police stations, banks, and other state institutions that require to check the identity of a person.

As anticipated before the fieldwork phase, representatives of these ministries could have provided more information on the procedure of gender marker change, share nuances of legislation of Kazakhstan, discuss the potential of switching to a new system of personal identification which confirms the identity of individuals through fingerprints all of which would help eliminate the "gender" column in the passport and other IDs. Nonetheless, neither of the profile ministries was able to provide clear answers on the aforementioned trans issues. Such misunderstanding of the topic demonstrates an acknowledged distance from state institutions. It creates not only the lack of information but the absence of a system that could support, guide, and work within the trans spectrum in medical and legal administrative queries. The Ministry of Justice in their response did refer me to the Ministry of Healthcare, the Ministry of Internal Affairs — however, the Ministries of Healthcare and Justice, the Ministry of Healthcare — gave irrelevant numbers of sex reassignment surgeries, which was not requested as a part of the questions sent and the overall doctoral dissertation.

Upon completing the interviews with three profile institutions in Kazakhstan, it is evident that they are unaware and, in many cases, unwelcoming to the issue of trans people. It also demonstrates practices of self-censorship, where even the word "trans" or "transgender" is not documented, not vocalized, not mentioned, and remains highly invisible. The state representatives, as it seems, stay on the position of the medical vocabulary of ICD-10: in terms of "transsexualist", "transsexuality", "people with gender identity disorder" which are legitimate in the description and even though this that lexicon is not updated, very medicalized, and as per the Soviet psychiatry thesaurus with the return of meanings such as suspicion, opposition to West (trans people as people from abroad and concept of transsexuality as a Western concept), mistrust.

During an informal conversation with respondent T. about forced sterilization, the topic of fraud arose. One of the answers to the question "Why forced sterilization is needed for trans people?" was concern about fraud: citizens can change gender identity and then take a loan from a bank after they return their previous gender marker. Since legally they are another person, they may not pay off a debt or other worse situations. He indicated that:

> And the rest of the citizens, who do not know [trans people], have not heard, they have no idea who they are, and I also could not imagine it. For example, here is the *apashka* [old lady] lying in the ward, and by no means will she understand why a person with male genitalia is in the same ward? Now I think in a different way that you can find a way out, that this is not such a frequent phenomenon, but requires the observance of freedoms. It, of course, is the function of the state - to protect minorities because the majority stands up for itself, it already works for the majority (respondent R.).

The situation described by respondent R. happened in reality. It was voiced by trans activists, for example, trans activist T. who had the experience of being in one medical ward with women, as opposed to with men, which contradicts safety.

> I also remember such a moment: she [psychiatrist of the RSPCMH] said that, according to the law, they should send me in a hospital, but I said that I do not need it, that I live across the road. She asked: "And if you had to, what room would you like to go to?" "To the men's room". "But if you have menstruation periods, you are not on hormones, and you know, psychos, they feel it like

> animals, and they can attack, rape you when they think that you have your periods. She said this to intimidate me, or she believed in this. It looked severe. And this is a specialist who has worked in psychiatry for 30 years, there was transphobia, and the worst was still to come (respondent T.).

Trans people should be accommodated by their gender identity accordingly. The need for this articulated from the point of respect for human rights, which includes questions of safety, people's vulnerability, exclusion of any form of violence, etc. At the same time, exceptions might occur: trans people sometimes prefer to be placed on a ward appropriate their birth-assigned gender. From these practices, it appears that decisions on choosing the correct chamber cannot be made on judging the appearance of the genitalia of trans persons.

5.3 Narratives

To respond to **Research Question 3** regarding narratives shaping transgender subjectivities, I will present two sections concerned with medical specialists and trans people. Introducing them in separate sections (with theme topics) helps to see differences and nuances in the portraits of each group. Health professionals in Western literature are identified as gatekeepers (Kessler and McKenna 1978; Stone 1991), although they do provide medical service and are ready to work with trans people. My findings suggest a far more nuanced role of medical specialists, which cannot be adequately explained by labeling them as gatekeepers. Most participants of the research answered that they have to perform their duty regardless of the gender identity, social status, nationality, language, and so on of their patients. Below are identified topics in the process of decoding the interviews.

5.3.1 Medical specialists' perspective

It is essential to embed the narratives of clinicians who are recognized by the trans community as actors. In general, a lack of information on transgender issues made them uncomfortable or incapable of working with trans patients. Cases of denials to provide medical

care are mostly related to an absence of clinical guidance on work with trans people. Unwillingness to take responsibility for an unexplored area is also one of the explanations for the confusion of health practitioners who want to be sure of the correctness of their work.

Accounts of practitioners articulated need in information resources on transgender health. Even if they skillfully use ICD-10 in the practice, more clarification and explanation of nuances is requested. Another concern which voiced by doctors was the possibility to exclude cases of psychotic disorder when they conduct medical examination for applicants of legal gender recognition.

5.3.1.1 Lack of information on transgender issues

Most of the respondents expressed their curiosity and annoyance regarding the lack of information on transgender issues. They questioned about trans people and assured in willingness to work with them. Doctors who had minimal experience could not share anything, and some of them were alarmed that to their workplace, a researcher studying in Japan came with such request. They were surprised and confessed that nobody spoke to them on transgender topics before.

> It is unclear who will do hormonal correction because this was not taught to endocrinologists either based on the institute, or based on advanced medical training, or the basis of narrow-specialized education, like three months training courses. As such, we do not have studies on trans patients, so even endocrinologists do not know how to conduct them. I had such cases when a trans patient came, but I did not know what to do with him, and I started to lead him just as a person with hypogonadism to whom we compensate for the deficiency of hormones. And then, thanks to the initiative group “Alma-TQ”, I began to travel more. They sent me to Kyrgyzstan. There was a meeting of endocrinologists and gynecologists conducted by Professor Bitkevich from Belarus. She is a member of the commission as an endocrinologist, and she explained to doctors the protocols for trans patients. We do not have a protocol in Kazakhstan, unfortunately (Endocrinologist O.).

To fill in the blanks regarding information based on interview data and observations, trans activists try to organize special transgender-related seminars and sessions where they explain the terminology, the aims of the transgender activist movement and, the legislation of

Kazakhstan to medical specialists. Also, they pick one or three practitioners by the criteria of friendliness for participation in international conferences in the Netherlands, Kyrgyzstan, Ukraine, Belgium (these are countries where The World Professional Association for Transgender Health (WPATH) conferences are held). Friendliness means a positive personal attitude towards LGBTQ people. Frequently, these healthcare providers are very motivated and full of willingness to learn. They inspire colleagues at workplaces, talking about their impressions.

> I was very impressed with Amsterdam, where I was invited in 2015. And I decided to make an educational meeting among the medical community here at the RSPCMH and the Mental Health Center on Kablukov Street. I was impressed with what a free wonderful world I saw, where no one is burdened by nonsense, where everyone is busy expressing themselves, no one looks into bed and asks how "this" is happening there. I told colleagues how it should be, how to live the only life without touching the other. And what do you think? The psychiatrist came up to me and said: "Do you believe in God?" I said: "You know, no! My heroes are Richard Dawkins and Christopher Hitchens" (psychiatrist I.).

Besides the participation of Kazakhstani medical specialists at the conferences, trans activists also try to reach out to the regional experts. For example, they travel inside the country and visit hospital managers, psychiatrists, psychologists, endocrinologists, therapists, and discuss readiness to work with trans people and to provide the medical commission's service locally. As explained by activists, there are different profile medical specialists in many regions of Kazakhstan who are interested in new information. Although medical specialists receive some sessions, they can send trans person again to Almaty for the medical examination. Perhaps, there is a need in constant training which might bring knowledge and confidence as well.

5.3.1.2 Medical care providers

Two respondents out of 22 expressed their narratives as both positionalities: as psychologists and as individuals. It is essential to notice that as professionals, they never refuse trans people, but on a personal level, it was a question of doubt and skepticism:

> — I had patients, young male Kazakhstani students. They had problems with "this" because they said that they could not come out to parents. They asked for my advice. I told them it is necessary to prepare parents, so they do not get hurt and do not misunderstand, explain everything thoroughly. First, you look attentively, give a hint, indicate such topics, and tell everything in detail. But I against "these" [trans people]. It is my personal opinion. I have children — boys and girls are growing up. If they become like that, I will be against them. Nature created us as men and as women.
> Transgender means when men wear women's clothes and vice versa. There was one story in *aul* [kazakh village] in Western Kazakhstan where the girl wanted to be a boy and wore pants, shirts, all-male. Dresses were bought for her, but pupil threw everything into the fire, into the stove. All the time I was observing her, and she was behaving like that always until her parents asked to make a choice: drop a school or accept wearing female clothes. The girl decided to go away, then she married and became dress as a woman.
> ***— Can we be sure that she was satisfied? Does it look as if she was forced to wear clothing through marriage? (researcher)***
> — I asked that girl, was it difficult for her. She answered that to stop wearing male clothes was hard. She would hate herself (Psychologist G.).

What was described by the interviewee G. is well known Kazakh tradition *erkekshora* (in the Kazakh language: *erkek* – man, *shora* – big). In some families, the girl was raised as a boy, she grew up relaxed and free, with boyish habits which were welcomed by relatives. The author of the book *The Etiquette Norms of Kazakhs* Shaizada Tokhbayeva (2017) explains that custom by the desire to contribute to the birth of a son magically. It was a belief that after the birth of only daughters, if the next child is a girl again, she could be raised as a son. It might help to family to have another newborn male baby.

Psychologist G., during the interview, was continually repeating that every individual has a right for their own life, she mentioned that she could not deny services for trans people at all. At the same time, the specialist expressed open annoyance by a homosexual, transgender society whom she cannot understand.

> Maybe attention, care, hint, advice should have given to them [LGBTQ]. Perhaps they face anger, hate in childhood. <...> We live in Kazakhstan, and among Kazakh Muslims, we do not have such people. Did you know about that? (Psychologist G.).

According to G., she is not refuting the existence of certain groups — in Soviet times. It was silenced. She questions the presence of diversity nowadays by simple reason — modern

Kazakhs are Muslims. Such answers of Doctor G. echo with the opinion of state university Psychologist T. who did not agree with the idea of gender transition.

> I would not say that I am directly against it. I am not saying that it is terrible, and it does not need to be done. But there is some disagreement. Each person decides it himself or herself. For me, as to specialist, the condition of the person is more important. His or her psycho-emotional health. Because such a person encounters a lot of discrimination, rejection, loneliness, loss of a sense of security, our society is not tolerant. I certainly will not refuse such a client (Psychologist T.).

Specialist T. questioned me on how much trans people could tolerate doctors who do not have any information about sexuality and gender identity. He supposed that the previous generation of practitioners is "built," and it is complicated to change their minds. "Those who express negative attitudes are having that kind of ideology. I am for reciprocal respect", — respondent added. In his understanding, trans people do not need a unique attitude.

The voiced concern above echoes with the rhetoric of individual rights that could be given to one social group or individuals who potentially might abuse this, relatively speaking, power. After looking carefully at the narratives of trans people, it was clear that none of them requested exclusive rights to protect them.

Some health practitioners were knowledgeable of the situation with the LGBTQ community. Endocrinologist B. was mindful of who trans people are: "As my professor told us that only endocrinologists have to authorize right for gender change procedure, we have to be proud of becoming such professionals". It was indicated in other accounts, and knowledge availability was not always a decisive factor in creating conditions for work with trans persons. The environment carried crucial functions. Gynecologist Z. shared that her chief medical officer does not know that she sees trans patients. She started to do so because of her colleague — trans-friendly endocrinologist, who participated in several transgender health-related conferences in Kyrgyzstan and abroad. Z. gave an example when she and her colleague wanted to involve urologist, but she flatly refused.

> She was shocked. I thought there is nothing terrible. You need to see what happens to the person. I believe, as a doctor, first of all, we must help the patient. Trans people are the same people as we are. Yes, their genitals can be changed, but they have the right to everything. Everyone has the right to become what he or she wants to become (Gynecologist Z.).

The same opinion expressed Psychologist L. She is confident in her readiness to work with trans people if they come:

> It seems to me that when a person realizes his/her otherness, that s/he should or maybe experiencing a series of some specific internal crises. And s/he needs support in, firstly, accepting himself/herself. These are people who are initially in different conditions of life, and they have a different level of self-support. I believe that there are many more such people; just not everyone can accept this in themselves. There is a part of the work where help is needed. It is still a particular adaptation to a new life. When a person changes the outer shell, and at these stages, the role of both a psychologist and a social worker is essential and necessary. I do not know why, but I have no experience. I have some amount of knowledge. I cannot tell that I have no thoughts on this subject. But I do not have clients [trans people] with this topic. Maybe they do not know that I am ready to work with them (Psychologist L).

The situation when doctors have almost no experience working with trans people, do not allow them to start to do it. Trans people are afraid to come to hospitals because they seek and only visit friendly specialists. The dead-end situation appears where both groups cannot establish communication and interaction. Gender variant people's behavior in terms of being very cautious is understandable because of previous experience, which could be harmful, traumatic, or neutral, and sometimes positive. A way out of the circumstances could be found in an adaptation of legal provisions ensuring transgender care medical guidance, providing resources for transgender competency training, facilitating the professional routine of health practitioners, fixing rewards for extra hours in the process of education.

In cases when trans activists share information with doctors on training or at hospital visits, they provide developed materials based on international standards of healthcare. One of the recommended guidance is the World Professional Association for Transgender Health Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People, 7th version (2012). Transgender health includes not only stages of

medical examination in the process of legal gender recognition. Much more extensive range of clinical care consists of aspects of HIV, cancer, alcohol and tobacco use, suicidality and non-suicidal self-harm, substance use. Additionally, the stigma of LGBTQ people in general results in a "minority stress" (Meyer 2003), which develops mental health conditions to the edge of high vulnerability, causing depression and anxiety. According to WPATH standards, "these symptoms are socially induced and are not inherent to being transsexual, transgender, or gender-nonconforming" (WPATH 2012, 4).

5.3.1.3 Ensuring prevention of psychotic disorders

According to the accounts of the psychiatrists, the process of diagnosis is one of the methods to ensure the prevention of psychotic disorders (split personality). Specialists focus on associated difficulties and needs related to health problems. For instance, Psychiatrist I. believes that her role is to differentiate trans individuals from people with mental disorders:

> Do everything to relieve a person of discomfort and lead to a higher correspondence between the feeling of internal and external. And to exclude the fact that this is a desire to change, so to speak, sex, although, of course, this terminology requires clarification, it would not be within the framework, for example, of a chronic mental illness. That is the primary goal. In my long therapeutic age, there was the only case when the desire to change, so to speak, sex was a part of personality disorder. All the rest are healthy people who exist in a state of gender incongruence. Our goals should ideally be dedicated to aligning and giving permission for hormone therapy (Psychiatrist I.).

Interestingly enough, in the interview, the practitioner touched upon questions of necessity to diagnose mental disorders several times: notably, in the case of schizophrenia. Nurse Practitioner I.'s thoughts echoed with the representation mentioned above:

> We were taught to diagnose, to judge, for example, is this diabetes or not? It is about how it is in medicine, and I try not to work like that. I follow the concept of informed consent (Nurse Practitioner I.).

Other specialists were also aware of this apprehension:

> A patient comes with a referral from a psychiatrist that he has a diagnosis of F-64 (we do not make psychiatric diagnoses). I cannot start treatment with hormone therapy until I am convinced that s/he has this diagnosis, because s/he may have a split personality. I will prescribe hormone therapy to him/her.

> His/her relatives will come and say: "What did you do to him? We have a sick person, and you remake him/her here!" (Endocrinologist O.).

Such concern regarding a split personality could be understandable from the history of the diagnosis of the Gender Identity Disorder (GID), which was interconnected with cases of schizophrenia. As claimed by Psychiatrist Irina Karagapolova in the collection of articles "Gendernoye Puteshestvie" (2016, 47) regarding the approaches of health experts:

> Until that time, a new diagnosis was clearly "acclimated" in Soviet psychiatry [GID], patients often received a diagnosis of schizophrenia. They were put on psychiatric records, received treatment with psychotropic drugs, which entailed lifelong restrictions not only in the possibility of adaptation to the desired gender but also in several other issues.

A person's need to "change sex" was much more easily interpreted by psychiatrists as delusional symptoms, rather than as something requiring intervention. The question of whether to consider a gender identity disorder as a mental disorder is a debatable one in the area of post-Soviet countries; some scholars believe that this is primarily a medical condition, while some members of the transgender community consider the necessity to divide medical procedures from legal gender recognition process. One of the main goals of trans people when seeking medical help is usually not to get psychological help, but to change their appearance with hormonal or surgical treatment according to their gender.

Respectively to doctors' interviews, the medical commission in Kazakhstan examines a trans person for existence or absence of split personality — they are taught to exclude any underlying psychotic disorder before hormonal therapy or surgeries. Having schizophrenia, an individual can attribute himself/herself to the opposite gender. And this is opposite to GID's definition, where an individual perceives that s/he belongs to a different gender rather than being convinced that s/he belongs to another sex (American Psychiatric Association 2000). At this moment, looking for cases of split personality is a part of diagnostic management.

5.3.2 Trans people's perspectives

Trans people's voices unfold diverse trajectories taken by individuals at a different level of their lives. It was highlighted in the research, the purview of trans issues is not limited by interaction with the medical community or by the urgency of legal gender recognition. Gender crossing is a merely complex process than it could be seen at first glance. Narratives opened up the valuable meaning of how trans people describe themselves and what strategies they take during self-actualization.

5.3.2.1 Creating a self-ethnography

Nagoshi and Brzuzy (2010) have described transgender theory as an important foundation and concept within the gender and feminist realm. It is critical for academics, practitioners and policymakers to include transgender theory when dealing with trans people and their issues. In their opinion, transgender theory allows understanding that "the lived experiences of individuals, including their negotiations of multiple, intersectional identities, may empower them without confining them to any particular identity category" (Nagoshi and Brzuzy 2010, 439).

The trans respondents mentioned autobiographies (they called "Production of Emotions") during interviews as one of the required documents in acquiring an examination conclusion by the official medical commission. It can be a new source of looking at how trans individuals consciously adapt their life narratives to fit the expected trans-autobiographies. However, they learn about these perceived expectations from activists, who directly tell them what kind of stories the medical commission plans to hear from patients to be considered "the right kind of transgender". So far, this means that their account of self-awareness as a trans person must start around the age of four or five and must show constant desire to "change gender", as well as present as being heterosexual — i.e., one cannot be a trans man and be gay at the same time.

The “production of emotions” of trans woman M. showed the start of her narrative journey from childhood. M. described episodes that were important for her: how she saw herself in her parents’ house, what games she paid, what she felt when her friend, a boy, suggested a kiss. M. was interested in mother’s clothes, she tried to wear them and once her mother noticed that and scolded M. Her wish to express gender identity as a girl was met with high resistance from the family, school peers, friends. Her father made M. choose a box and go for training. Attempts to escape from them resulted in her father’s close monitoring of that sports section.

> I did not understand what was happening to me. In my head, the words of my parents stood like a bell, that I was sick and had problems with my head. I always went to the library and took different books. In the library, I rummaged through them. I tried to find the answers. Right, I also tried to understand what kind of questions I asked to myself (trans woman M.).

M. decided to become firm, not because she wanted to please her father, but because she wanted to protect her mother from their abusive relationship. After a time, she was conscripted to the army, and M. served. Then she went to the police to work, as M. wanted to protect people from crime and/or humiliation.

The story of M. also has some hopeful when she shared her love story. It was interrupted by one incident.

> Once we were at my wife’s girlfriend, and she had a wig, and I told my wife it would be cool if we asked for it. She thought the wig was for her. I asked my wife at home, can we play, and that I would put on her clothes, a wig. For me, it was severe. Having dressed, and using my wife’s makeup, I felt calm. As if everything fell into their places. I was myself. I listened to my feelings. I asked my spouse; can I stay like that for a while? And if she wants, I can cook something delicious for her. But then she became serious and gave me a weird look (trans woman M.).

Nevertheless, M. was very caring and loving. She had to divorce. They have together a child whom till nowadays M. does care for and support. Her ex-partner after time understood and accepted M. Meanwhile, M. changed her style, make-up, and hair epilation became for her a usual routine.

Another unique source for narratives of trans community is a compilation *Life Stories* published in Almaty (Alma-TQ 2017). It includes 15 stories of trans people in Kazakhstan. A foreword from editors says: "Today we urge you to abandon all your assumptions and hear what transgender people say about themselves. How do they live in a society full of these images of transgender" (2017, 5). Every story is illustrated with graphic portraits and one- or two-pages narrative. Participants share experiences of self-realization, coming out, views how it is to live in Kazakhstan. This compilation inspires other trans people to speak about themselves without shame or guilt. The stories have titles which are names of persons. Anybody can read narratives of trans people from their perspective, hear their voices. These narratives speak not only about the self-identification, the experience of trauma, and the confusion. The indicative story of M. and lessons from the collection show the way of self-discovery, self-realization, and it is not always about losing the past — to forget the rejection of identity — but how to find a bound to keep it and live fulfilling lives. "You just need to let the person change documents, and she will dissolve in the crowd — like hundreds of other ordinary people with their history", — words of Ravil (a participant a compilation *Life Stories*) echo to many accounts of trans people in Kazakhstan (2017, 9).

It is vital that in 15 collected stories, trans persons recount the process of transition itself, medical or social. After fragments of self-realization, struggle with society and relatives, descriptions of trauma, or coming out selected narrations finished by gaining an identity. Distinguishing feature of *Life Stories* is in inclusion partners and family members, whose voices co-presented with trans people accounts. The absence of such stories makes it impossible to see the point of view of parents or loved ones. The common assumption is that families do not accept a trans person and create an unwelcomed environment inside the house. However, the cases of positive attitude, affirmation, support from parents occur. In Kazakhstan and Kyrgyzstan, groups of trans people's parents "T-Zhanuya" and "Meduza" gather together

solidarizing with activists. An example of such contribution is a brochure about adoption experience written by trans people addressed to other parents (Labrys 2019) — those who are still looking for answers to questions and are on the way to understanding. The brochure was presented at the First Regional Conference "Health and Quality of Life of Trans People in Central Asia" in Bishkek in 2019.

5.3.2.2 Guiding each other

The process of guiding trans people by trans people is significant. Without such help, they feel lonely, stressed out, start to experiment with hormones independently.

> I am a security curator. I supervise questions on crimes, help with writing a statement, tell people how to keep yourself in the police, how to talk. I provide direction with courts, visits, help. These are advocacy services.
> Regarding medical commissions, I escort people who, we have people from the southern regions who are somewhat very impulsive and help them. Some of the activists, who most often accompany people for the commission, they cannot stand their impulsiveness, and I close these points. I substitute activists and accompany a person. Go with him/her, introduce to whom they need. I also draw attention to the psychological portraits of people in case of strangers, not "ours" (respondent M.).

The importance of focus on medical assistance is paramount regarding a lack of information at the medical institutions and medical universities. It goes further in the development of the social health care guide, which trans activists are discussing and working out with doctors and trans people. Trans community gave their recommendations, and the majority of them, as trans activist A. said in the interview, agree in the necessity to separate legal gender recognition from health service.

Another kind of help is constant communication within community, meetings, introduction to each other, sharing of experiences, including the knowledge about the medical examination.

> I had the opportunity to receive, let's say, from third parties, from people who passed the commission, psychological tests. I find out what will be there. But I decided for myself that I have to be honest, at least in front of myself. And for sure, if I have tested with me on hands, then I will start to cheat out of fear (respondent D.).

> We have, as far as I know, one organization — "Alma-TQ," which helps and supports trans people. They are based in Alma-Ata, sometimes they come to the capital and also advise on some issues. We have a community center; they provide legal assistance and support if necessary (respondent T.).

The community center in Nur-Sultan provided meeting and psychological sessions for the LGBTQ community. For some time, the center was closed, and then again reopened. Thankful to the activists, several years ago, after the training with psychologists, the number of friendly medical specialists increased. Till nowadays, psychologists are continuing consultations for the trans community.

5.4 Summary

In identifying main actors in the process of shaping transgender subjectivities in Kazakhstan, medical specialists named the following: 1) other health practitioners in different areas such as psychiatrists, psychologists, gynecologists, endocrinologists, urologists, therapists, nurse practitioners. Only in a few cases, doctors realized the bond with 2) legal experts who can also be main actors in shaping transgender subjectivities. Interviews show that medical specialists accept their roles as supporting health experts who provide service regardless of gender variance. Analyzing answers of trans activists to this question, it was clear that trans people name medical professionals and legal specialists as the main actors. Those kinds of external participants were more easily recognized rather than internal such as parents, relatives, partners. Almost zero trans respondents noted their position as actors. The accepted self-image of being a patient in interaction with medical specialists might not allow for widening the perception. They do not always consider their visits to doctors as moments of advocacy.

Asked to describe practices and narratives that shape transgender subjectivities, health professionals answered that they see their role in providing medical care. Many professionals confessed they had zero experience of work with transgender society. It was the only reason

they could not share their opinion about nuances in transgender health. None of them would have denied access to medical services. Two respondents out of 22 were presented in a narrative, both positionalities: as psychologists and as individuals. Important to notice that as professionals, they never refuse transgender people, but personally, it was a question of doubt and skepticism.

As per the transgender theory, experiences and lives of trans individuals are vital aspects of their existence thus, policymakers, practitioners and academics should carefully consider. The trans respondents mentioned autobiographies as one of the required documents in acquiring a medical examination conclusion by the official medical commission. Although these were not available at this time, future research trajectories could involve examining how trans patients consciously adapt their life narratives to fit the expected trans-autobiographies.

The three Ministries that were contacted for additional information, the Ministry of Justice, the Ministry of Healthcare, and the Ministry of Internal Affairs, did not provide analytical information on trans issues. Three profile institutions demonstrate the insufficiency of knowledge or information, and practices of self-censorship, where even the word “trans” or “transgender” is not written, not vocalized, not mentioned. The state representatives, as it seems, prefer to follow the medical vocabulary of ICD-10: in terms of “transsexualist”, “transsexuality”, and “people with gender identity disorder” which although legitimate in the description is quite medicalized, referring to Soviet psychiatry thesaurus.

Chapter 6. Analysis: legal gatekeeping, the activist bubble, the Doctor-Patient-Activist triad and the professionalism approach

This chapter presents an analysis of the research, and main four findings are conceptualized and presented. First, I discovered the gatekeeping processes emanated not from medical experts but from legal state institutions. At the same time health practitioners are usually portraited as gatekeepers, with a transphobic attitude. This attitude leads to a lack of acceptance and possibly even the denial of services but is also in part due to a lack of knowledge about trans health.

Second, the activist bubble — a closed community established by activists, limits the possibility of expanded interactions with external actors. By increasing interactions, new actors could be involved and play essential role as allies. Although creating safe spaces is essential for the safety of the community, it can close doors to cooperation with parties outside the community.

The third finding is the existence of a complex relationship structure that is not limited to medical specialists and patients only. It was found that trans activists influenced the access of transgender health-specific knowledge in Kazakhstan.

Moreover, contrary to the prevailing narrative, clinicians were found to be willing to work with trans people, demonstrating that a professional attitude means more than just being friendly to gender-variant people. This, however, does not eliminate the prejudice which doctors might have.

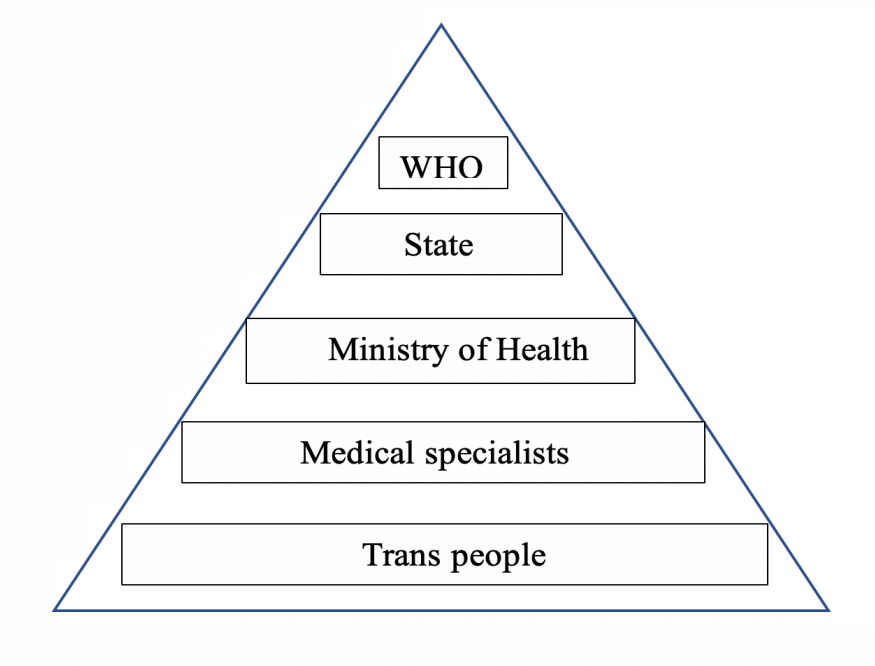
6.1 Legal gatekeeping

In Kazakhstan, the self-identification of a person is not decisive in the process of legal gender recognition. By visualizing and creating a model of interaction as in Figure 6.1, it can be seen that there exists a hierarchic structure whereby the decision-making power lies with the World Health Organization at the highest level, and trans people are at the lowest level.

Trans people are subjected to the adopted rules of Kazakhstani legislation. The Ministry of Healthcare adopts the *International Statistical Classification of Diseases and Related Health Problems* (ICD) for Kazakhstan (in Russian) and all medical specialists must follow the diagnostic criteria specified therein.

The requirement of a diagnosis in order to be approved for gender transition procedures creates a unilateral power dynamic associated with a *legal gatekeeping* model. The medical practitioners are a part of the bigger system "legitimizing" trans persons. The orthodox view on gender identity as "sex-as-genitalia" violates the rights to privacy and bodily autonomy. Governmental organizations recognize the only two gender identities that are considered to be "natural".

Figure 6.1 Legal actor hierarchy

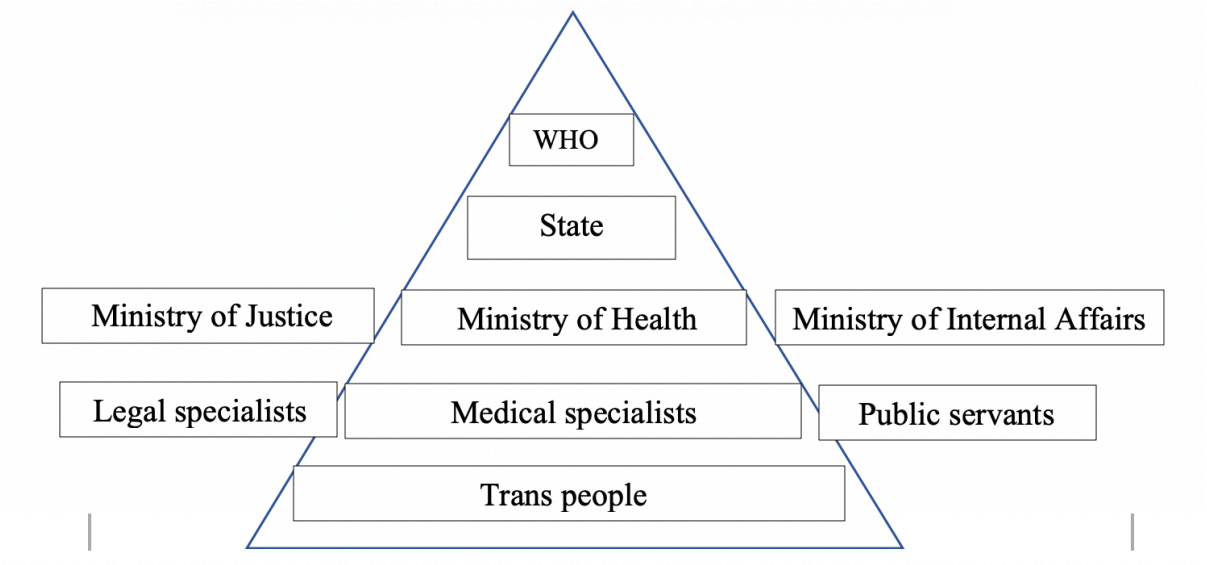


Source: author (figure was compiled from interviews).

It should be noted that the procedure of medical processes of the legal gender recognition is intertwined with legal processes. As a result, this hierarchy is modified to the one pictured in Figure 6.1, which acknowledges the interplay between the three ministries involved (healthcare, justice and internal affairs). has to be modified and presented with a

nuanced interplay where three profile Ministries of Healthcare, Justice and Internal Affairs are included in the work with trans issues. The Ministry of Internal Affairs is responsible for issuing of identity documents, as well as the maintenance of the National Register of Individual Identification Numbers.

Figure 6.2 Nuanced legal actor hierarchy



Source: author (figure was compiled from interviews).

As illustrated in Figure 6.2, the Ministry of Healthcare is not the one and only decision-making actor in the process of shaping transgender subjectivities. During the interviews, I identified the main actors leading the process and elucidated how the three ministries collaborate in the process of shaping transgender subjectivities.

In the inquiry I sent to the Ministry of Internal Affairs, I specifically asked a question regarding the possibility of an alternative identification system that is not linked to gender identity (see Appendix 3.1) — biometric identification. For example, a system which confirms a person's identity through a fingerprint could possibly eliminate the "sex" column in the passport. Another alternative is to adopt an "X" gender option for trans and non-binary people. Scholars advocating for recognition of gender variant people also suggest removing any gender classification (Clarke, Shim, Shostak, and Nelson 2009). In response to my questions about

this, the Ministry noted the necessity to be in line with international standards (italics in original):

> Regarding the requisite about the gender of the person in the passport, we note that the legal disclosure in a passport of a citizen of the Republic of Kazakhstan (*approved by the Government of the Republic of Kazakhstan dated July 4, 2013 No. 684*) was developed in accordance with international requirements and the standards of the International Civil Aviation Organization (ICAO). The gender identity is required part of the machine-readable format in such travel documents. Considering that the passport of a citizen of the Republic of Kazakhstan certifies the identity of a citizen of the Republic of Kazakhstan outside the country, and is issued for traveling abroad (*that is for entering foreign countries*), it must comply with international requirements and standards for machine-readable travel documents. Regarding the transition to a new identity system, we inform you that the introduction of mandatory fingerprint registration is not related to determining the gender of a person; the introduction of an additional biometric parameter in identification documents in accordance with international requirements is provided for the purpose of improving biometric passport and visa documents, identification and verification of identity by personal data.
> However, it should be noted that issues of transgender subjectivity can affect various areas and competencies of state bodies (justice, health, etc.), and therefore require additional study.

The government agency insisted that human identification in Kazakhstan is compliant and cannot be replaced by alternative variants. Here I distinguish between biological identification and social identification: the first uses the body, i.e. physical attributes as an immutable identifier for a person, whereas the latter is mutable and not necessarily tied to any physical attributes. Such legal regulations could be described as gatekeeping because they guide and deny the possibility of changing of the gender marker, name, and surname. The legal gatekeeping approach forces a person into a binary decision — man or woman, and a trans person should bring themselves into compliance by being closer to one extreme or the other (male or female).

During my exchange with the Ministry of Justice, I asked about (see Appendix 3.2) the possibility of changing the requirements of medical intervention (e.g. obligatory genital surgery) in favor of the informed consent system which is in operation in Kyrgyzstan. I wanted to understand whether the state considered the existing system to be optimal, or even sufficient,

and if it could explain why it is impossibile to separate legal recognition of gender from the medical details. In the answer prepared by the director of the Department of Legislation of Ministry of Justice Olzhas Danabekov, he stressed that the legislation of Kazakhstan does not contain the concept of "transgender" and added:

> The mandatory medical intervention (hormone therapy, surgical correction) is justified by the fact that, despite the equal rights and equal opportunities of men and women, each of them has its own role in society.
> Belonging to a certain biological sex entails legal consequences, such as attitude to military duty (men are obligatory), retirement age (women — 58 years old, men - 63 years old), and also when establishing legal liability (some types of punishments do not apply to women) (Olzhas Danabekov).

It is clear that for the Ministry of Justice, the concept "sex-as-genitalia" fits governmental understanding of gender variant, non-binary people. In this way, it justifies compulsory surgeries to divide trans people into two "boxes," men and women, indicating that their different roles in society. With the implicit assertion of different treatment of people based on their identity in the criminal legislation of the Republic of Kazakhstan, the emphasis is on the exceptional cases of pregnant women, women with young children and men raising young children. So, for example, in the Criminal Code of the Republic of Kazakhstan:

> "Article 43. Involvement in a community service.
> Involvement in community service is not prescribed for pregnant women, women with young children under the age of three years, men raising single children under the age of three years, women aged 58 or more years, men aged 63 or more years old, disabled persons of the first or second group, military personnel.
> Article 53 provides for circumstances mitigating criminal liability, in particular in cases of pregnancy and the presence of young children;
> Article 74 provides for a postponement of serving the sentence "to pregnant women and women with young children, to men raising young children alone".

There are seven articles in the Criminal Code. The response from the Ministry suggests that the state is concerned about the roles and duties of trans people and the relationship of such issues to public order. Here, as in other countries, identification of criminals becomes problematic if individuals can easily change their gender and passport names. Thus,

governments may take a cautious attitude towards trans people's applications for change in legal identification documents.

Certain acts of legislation violate the human rights of trans people, in particular, Article 14 of the Constitution; Articles 177, and 178 of the Code on Marriage and Family; rules of the local executive bodies (civil registration authority state) and rules in generation and appropriation of individual identification number (IIN) (regulated by Order No. 583 of the Minister of Internal Affairs of the Republic of Kazakhstan dated May 31, 2016). Overturning these laws is a potential field of advocacy work for activists and human rights defenders.

I also approached legal experts in Kazakhstan for their input. Respondent R. works for the Information and Analytical Monitoring Center of the Republican Scientific Practical Center for Mental Health (RSPCMH) and he was on the committee that implemented the Rules of Examination of trans people before 2011. He gave the rationale for these rules as follows:

> — *You participated in the development of the Survey Rules until 2011, they included sterilization. What was the rationale for the decision that trans people undergo surgical correction?*
> — That time I thought the morphological characteristics of a person should correspond to what is written in the passport. The rights of one person end where the rights of another person begin. And the rest of the citizens, who do not know, have not heard [about trans people], they have no idea what it is and I also could not imagine it. For example, here is the *apashka* (old Kazakh lady) lying in the ward and by no means will she understand why a person with male genitalia is in the same ward. Now I think in a different way that you can find a way out, that this is not such a frequent phenomenon, but nevertheless requires the observance of freedoms. This, of course, is the function of the state — to protect minorities, because the majority stands up for itself, it already works for the majority (Respondent R.).

The topic of social acceptance mentioned by legal specialist R. echoes with the real situation in Kazakhstan. If a convicted trans person is imprisoned with the incorrect biological sex and the fact of biological gender is disclosed, it causes situations such as inevitable harassment, violence, and misgendering. For instance, from 2017 trans woman V. faced misgendering all the time being in the prison. She experienced countless difficulties such as humiliations from the administration of a female facility (Tengrinews 2018), mistreatment,

harassment, a four-months stay in punishment cell, and rape from the representative of Committee of National Security (Tengrinews 2019). To keep her safe, the staff of the jail puts V. in isolation where neither men nor women could question her gender identity. But there is no legislation that can provide safety for incarcerated trans people.

The failure to apply the gender equality in prisons for trans people can be referred to cases that could happen in hospitals. That is why the legal gender recognition should not just include simplification of medical procedures (not including surgeries) but should be accompanied by a cultural transformation leading to the social acceptance of trans community as human beings, and not as "sexual perverts", "jerks", "fags". One way to start this process might be an adaptation of antidiscrimination law providing legal base for recognition human rights, particularly, trans people's rights.

One of the legal specialists, who asked to maintain anonymity, brought to my attention that it would be impossible to change the individual identification number (IIN), even if a person undergoes genital surgeries brcause their electronic data stored by the state is immutable system keeps all information about the one citizen. He shared:

> Having no research results on the need to change documents in the Republic of Kazakhstan by gender, I cannot unambiguously determine the feasibility of introducing the procedure. At birth, the sex is determined by primary characteristics. Subsequently, gender is also determined by primary characteristics. Other sex measurement systems have not been formally implemented and, as far as I know, are not available in Kazakhstan. Therefore, when changing sex, medical intervention is taken as a basis. I do not know anything about the system for determining the health of transgender people and the implementation of standards. The gender in the passport should probably be indicated. This is due to a number of procedures: 1. Search by persons of the same sex; 2. Marriage; 3. Maternity leave, etc. We need to study the problem on behalf of state bodies and understand its scope. The percentage of trans people in society, their social protection, criminal factors. I think they are very victimized (respondent A.).

Finally, the approach to the Ministry of Healthcare yielded little useful information. Unfortunately, the institution could not answer on any questions in a request regarding this research. They chose to provide me with statistics sex reassignment surgeries in Kazakhstan in

period 2010-2011. And after a follow-up call, a staff member responsible for communication at the Department of Science and Human Resources explained that they had limited information due to their lack of knowledge on the trans-related issues.

Regardless the official answer from the Ministry, the accounts of medical specialists confirm readiness to work with trans people. If genital surgeries are not needed and not requested by trans person, they would not be compelled to do so, in contrast with the law, order №187.

6.2 The "activist bubble" and access to knowledge on transgender health

Negative power dynamic between doctors and activists that is not only conditioned but possibly strengthened by the existence of the activist bubble. It was not easy to explore literature regarding this topic. Some academic works dedicated to rethinking of activist environment and discussed the accessibility to the inner circle (Phillips 1991, Craddock 2020). Scholars focused on stories of people and local communities contributing in political and economic change. They paid attention to emotions and gender in the developments of activist movements.

Kazakhstani trans activism is spread across the country over unregistered individuals and NGOs and as such they remain relatively unexamined, while there is a need to study their local initiatives and understand the challenges that they face. This helps not only researchers in their academic projects but forces activists to critically evaluate what they have done and see more clearly what they need to do. Legal specialist Tatyana Chernobyl (who also known as a big ally of LGBT movement in Kazakhstan) raised the issue of the activist bubble in an interview, suggesting that it limits the scope of cooperation with potential partners:

> [As a community] we agree then on friendly policemen, friendly judges — it should not be like that. Doctors should be guided by professionalism, we should not divide them into friendly and hostile. We should transphobia with discipline, instead of locking ourselves away [in the bubble]. We need to make the whole

> medical community friendly, not cherry pick the practitioners we might see as easy targets (Tatyana Chernobyl).

Other respondent T. was consonant to this opinion and continued to say the following about activist activities:

> The strength and weakness of the project [development of the Guide for Medical Specialists for Work with Trans Patients] with trans activists lies in the fact that transgender community has developed very good relations with friendly specialists in psychiatry, and this is very good. Yes, the specialist helps to pass [the commission] faster, but at any moment they could fall ill or leave the area, or be forced to stop by some other life situation, causing a break in the chain. A new specialist with an absolutely opposite attitude replaces previous friendly doctor. And now we have put a large number of trans people in a position of dependency on this individual (respondent T.).

What was said by respondent T., who has experience working with trans activists, HIV positive people and disabled people, is supported by the real life examples. Psychiatrist I. is famous and well-respected by the trans community in Almaty and plays an important role within the medical commission. She has been working with trans activists for many years, and guides people around her personally and professionally, towards the acceptance of gender-variant people. But what was very compelling in the process of interviewing her is the fact that she will be retiring soon, and there is no one to replace her who has a similarly friendly and comprehensive approach towards trans people.

According to respondent T., it is very difficult, and, practically, impossible to solve any problem from inside the community.

> When communities avoid external evaluations and introspection, we avoid solving problems, circumventing them instead. For example, when mothers with many children in Astana protested against government, they were given benefits, which partially satisfied them. But these benefits will not solve the problem. The support system needs to enable mothers work. […] Advocacy should be based on going to specialists and communicating with them. Many people who are engaged in science, and do not accept transgender people internally. S/he will understand as a scientific specialist that s/he cannot develop without new knowledge, an experience. And when you go to only one specialist, no matter how good s/he is, you have no guarantee that another will not offer you something better. […] When you get hung up on your wounds, the insults that medical workers inflicted on you, it is bad, scary and painful, and you will go to only doctor and your life will be dependent on that doctor. Yes, it can be

> dangerous and frightening, but in order to live a full life, you need inner, middle and outer circles of people with whom you work or communicate (respondent T.).

I wanted to go beyond the activist bubble to see, if there are medical specialists who are unaware of transgender initiatives or are yet to be contacted by activists but are willing to work with trans people. At the same time, certain factors could prevent activists from working with wider range of health practitioners. Interviewee T. from the public association working on access to health shared:

> The problem is that many organizations, public or private, to which they [trans people] can turn for help, are to some extent not ready. Not ready for information, not ready psychologically, because we still do not have such practices, a developed algorithm of action, and very often people may have their own personal biases which affect the quality of their assistance. […] In order to continue provision of information to medical specialists funds are needed. Yes, specialist herself has learned a lot, but, as I am observing now, she does not have such opportunity to transfer that knowledge outside her own project. She also has a day job from 9 am to 9 pm has day-to-day which.

Interviewee T. revealed, it was uncovered that limited funding remains a challenge in reaching out to medical experts. They are overburdened with their existing work routines and unable to provide additional services beyond their office hours. Similarly, both medical specialists within and outside the activist bubble are overworked. Most accounts from doctors suggests that their intensive workday means they can rarely take breaks regardless of whether they work with trans people or not. External conferences or seminars are not rare but usually, specialists recommended to choose additional training according their specialization or based on request from patients. Additionally, since trans people are in the minority of patients attended to, most clinics are unable to organize such meetings. As mentioned by Psychologist A:

> There are not enough psychiatrists or psychotherapists at all. It is impossible to work with salary of 120 000 tenge[16], for example. The beginner has 90 000. And this stream [of patients]. It would be good for them to have time to read how to treat their bipolar disorder, schizophrenia and psychosis. In this light,

[16] Approximately 280EUR/310USD.

> gender incongruence is already like a luxury. There are no time and resources for this. I do not condemn but due to the fact that the situation in our practice is generally terrible. […] A lot of critical patients, the load is very large because only two doctors work in one whole department. The burnout occurs very quickly. Because of this when one doctor goes on vacation, there is only one with forty patients in the hospital. How can there be an individual approach? The doctors start to trickle away from the pool, and only the few who can withstand the workload remain (Psychologist A.).

Staff shortage in Kazakhstan is problematic. For example, in Aktobe, Western region of Kazakhstan, one medical specialist has to work for three and take up to 60 patients per day (AstanaTV 2019). Despite the annual increase in the number of graduate students of medical schools and universities, the burden on doctors is also growing steadily. In one instance, 2196 people were accounted for by one health practitioner in 2015 (Omirbayeva 2018). According to the Minister of Healthcare Yelzhan Birtanov, in 2018 the number reached 2200, while the average was 2000 (Kazinform 2018). The statistics which, will be recalculated in 2020 will be skewed with be the effect of COVID-19, which exposed existing problems of personnel deficit in healthcare more dramatically.

> This is the system itself: absence of time, the hugedemands on us. As one medical specialist told: "I am tired of treating a paper". Doctors are under the threat of fines. […] I myself come to Atyrau and watch a doctor running about their duties. Ninety people are in department. You are all in this whirl. […] My administration arranged my work environment so I am not burdened with any papers, and I can allow myself to talk with you (Psychiatrist I.).

Another distinctive point raised by health practitioners is not just the lack of information on trans issues at clinics, hard work environments, or absence of a developed plan of action. They stressed also almost total default of any references on trans related topics in the libraries of medical institutions, providing graduate and postgraduate education.

> — You will not find anything on transgenderism in even the most sophisticated endocrinology textbook. You will not find it in any textbook, in any specific literature, in any reference book of any endocrinologist, even internationally - you will not see transgenderism
> — *What about universities?*
> — Not in universities, in general education or what I call public education. There is also KazMUCE (Kazakh Medical University of Continuing Education), where you specialize. You will not find a single lecture in course related to

> gynecology or reproduction, let alone a whole course on transgenderism. This is in Kazakhstan. In Belarus there is an education about trans issues. Twenty years ago, after the collapse of the Soviet Union, they have it. We are just introducing with it. In Kyrgyzstan the knowledge came earlier. Well, Kyrgyzstan is a small country, it is easier to arrange such options there, major change is easy to arrange there, we still cannot. We are over 20 years behind, I would say. We are in the middle ages, with *zhuzy* (territorial association of clans). We are lagging behind the West.
> When endocrinologist, professor Shapelkevich from the Belarusian Medical Institute came to Kyrgyzstan, she said that they have as many as 2-3 topics dedicated to transgender people, and at another institute they also teach these things to students (Endocrinologist O.).

Psychologist A. had same experience:

> When I was studying, I remember a forensic medicine textbook. I distinctly remember the word "sodomy". In forensic medicine, you need to everything, how to diagnose, how to describe, etc. I graduated in 1992. Therefore, my peers have 38 years of experience, they studied that time. But it was such a confusion in terminology, WPATH was not there yet. Transgender people, transvestism — all these concepts were mixed up (Psychologist A.).

According to one of the works of Soviet era "*Spravochnik po psykhiatrii" (Psychiatry Guide)* (Snezhnevskii 1985), "transsexualism" was not even considered as a discrete concept — it was described as a perversion next to "homosexualism". Similar academic works and terminology nowadays are considered outdated (Kirey-Sytnikova 2015, Karagapolova 2016). This regressiveness manifested itself in the responses of medical specialists to my questions. More than half of 22 respondents have never worked with trans people, although they are all in a field that would directly be engaged with them. Thus, I spoke to doctors who could not answer the questions of my qualitative interviews but, on the contrary, questioned me. Some of them did not know what a trans person was and stated lack professional experience (despite having a medical practice of 5 to 38 years) with transgender health issues.

One of the gynecologists was surprised that she did not have any trans patients and she asked why they do not visit all available healthcare specialists, because if they did doctors would be more aware about transgender issues. Absence of visits, according to this gynecologist, prevents any education on such sensitive topics.

In contrast, other friendly allies — endocrinologists, psychologists, psychiatrists, gynecologists — participate in training and workshops organized by a transgender initiative in Almaty and have access to information and recommendations from trans people directly. Such connection between medical specialists and trans patients is not recognized administratively and is not considered work-related, so thus to order to participate, the specialists must ask for a holiday which is not reimbursed. These ally healthcare practitioners openly speak to their colleagues and try to educate them about trans patients, receiving both positive and negative feedback.

6.3 Triad relationship: Doctor-Patient-Activist

Initially, I had assumed that the dynamics of shaping trans subjectivities was limited to the doctor-patient relationship, however my findings of the September 2018 trip strongly indicate that it is not a diad, but a triad, in which the third side is represented by trans activists. So, it should be dynamics of doctor-patient-trans activist relations in Kazakhstan. I think this is a significant finding as it shows a more nuanced state of affairs than initially assumed.

This triad shows the complex nature of the interaction between medical specialists and trans people, non-activists, and activists. What was clear, is that trans activists are important actors, who influence, embrace, support and shape trans subjectivities. And trans activists are also at times gatekeepers in the way the control communication and preparation in advance in front of a medical commission hearing, or determine terminology, advocate, organize trans conferences, build alliances and find friendly specialists.

Trans activists gather the communities, and provide lectures, and are involved in groups of self-consciousness, public and closed events; effort goes to raising awareness and understanding transgender identity. Friendly experts are necessary to raise awareness within their field outside the trans community, specifically with medical, legal specialists, and journalists. This is how friendly experts are appearing in activism.

> It is important for three groups of actors to work together. Medical and legal confirmation might be very crucial, but it is still not enough; activists can help to transgender person to feel less alone (Psychologist A.).

The trans community itself informs trans people about the medical examination and guides them through it. As trans activist M. described:

> A trans activist accompanied me during my first visit. I was introduced to doctors, and the activist blocked any uncomfortable and unnecessary questions. That activist helped me to answer some questions. Therefore, it was easier for me. Probably, if I came alone, it would be more difficult, because I would not know where to start or how to speak (trans activist M.).

Finding trans activists to get information about the legal gender recognition etc., usually causes a cascade effect, and the amount of information it is possible to find increased exponentially over the time. Trans people recommend trans activists to other trans people and word of mouth spreads. Before going to the medical examination, they collect as much first-hand knowledge as possible.

> People receive information from each other, stay connect, find those who have passed the medical commission or organizations that can inform on trans issues. Most often, people turn directly to the Republican Scientific Practical Center for Mental Health itself and the secretary of the commission explains the details to them. They come to Almaty (trans activist A.).

> It is good if a person is informed, if s/he uses social networks, forums. But there are people who do not use the forums. In Shymkent[17] we have people who wrote: "I am not very good with Internet" or "I build houses, breed dogs, but I do not have access to the Internet, and even if I have, I do not like using it". There is very little information about operations, doctors, medical places (trans activist A.).

The city of Almaty[18] become a harbor for many trans people who wanted to go through medical commission to receive permission to start hormone therapy and/or surgery. People from other regions, including very far rural areas, come to big cities to find out about the commission. They spend money on traveling, living, temporal housing and often they come

[17] A city in South Kazakhstan.
[18] In December 1997, the capital of Kazakhstan was moved from Alma-Ata (former way of writing of Almaty) to Akmola, a regional city in the center of the republic. Then Akmola was renamed in Astana, and after in Nur-Sultan nowadays.

with their parents. The whole process even before visiting doctors is already resource-intensive and expensive.

> I would like to change my endocrine profile but there is no money now. I have not been working anywhere for many years and I am saving and waiting for the moment when my financial situation will recover, and I can go and start buying hormones (respondent R.).

> All common analyses must be paid for. The average is 30,000 to 40,000[19] tenge plus 8,000 for hormones and 2,800 for endocrinologist's visit, so about 50,000[20] tenge in total (trans activist A.).

This is more straightforward if the trans person is working, but the challenges arise when they are unemployed. This situation is worsened if family of a trans person does not accept their child and blame him/her for being different from their heteronormative peers. This is often manifested in cases of "house arrest", visits to psychiatrists or mullahs, and even escapes from home. To facilitate the social acceptance from relatives and workplace colleagues, trans people must seek resources for physical transition. Sometimes access to the activist community helps to reconsider the need for medical procedures.

> Before activism, reading information on the Internet, I dreamed of having all kinds of operations and I called myself a transsexual and no one could convince me until I found out the most recent information. Maybe someday it will be outdated, but I think it is legitimate now.
> — *How many years have you been in activism?*
> — Two years. Three years ago I was completely different. I did not communicate with any community, nor with LGBT people. I did not know anything. I read what was on the Internet. I am glad to change. It became less stress, I began to experience less upset by reason that for many people I somehow did not correspond to the gender in which I live. If I had the opportunity to do the operations that I wanted — and thank God I did not — I would be an unhappy person, they would not satisfy me, this is not what I wanted (trans activist V.).

According to the transgender initiative "Alma-TQ", it appears that activists have multiple educational goals. In drawing attention to trans people in Kazakhstan, it seems that activists make attempts to mobilize the communities. Some of the newcomers become trans

[19] Approximately 89EUR/95USD.
[20] Approximately 110EUR/120USD.

activists, uniting with existed initiatives or opening new ones. One critical focus in trans activism is understanding and preparing to the medical commission procedures: what to say to doctors in a process of diagnosis during medical examination, what to wear, and how to behave. Certain advice simplifies and speeds up the commission conclusion in the Republican Scientific Practical Center for Mental Health (RSPCMH). The spectrum of trans experience is very diverse, but this process tends to homogenize them. However, during the commission doctors are exposed process to a multitude of trans experiences. For example, a trans man shares his perception of being a man, who is attracted to women, and the specific moments when he started to fell himself as a man in his youth and adolescence. In cases when a trans man is homosexual, he might be asked by psychiatrists why he decided to transition if he might be a member of the "previous" gender and love men as a woman. This example was taken from real story of trans person T. whom medical specialist K. gave advice to hide some information.

> The Commission was appointed, and five doctors gathered. I did not know any of them. They asked moronic questions such as "Why are you so quiet?" and added: "You wrote such a beautiful biography, we almost shed a tear". And they began to ask some questions about my childhood. Then they started asking whether I have a sexual life, if I have a girlfriend, and I said on the advice of K., that my girlfriend is sitting in the corridor. They asked how we have sex, if I satisfy her as a man, whether I am afraid that she will leave to a cisgender man (because the issue is in a penis), as if I had not made it clear, I performed as a brutal male because most people know what the Commission wants from them, and try to play this role for half an hour or an hour <…> (trans activist T.).

When I spoke to the secretary of the medical commission, psychiatrist I. regarding such real stories in the past, she said that she "convinced everyone and everyone knows that this is a matter of diversity, it is a question of healthy people".

> I categorically suppress homophobic, transphobic conversations, but they do not come up in my close circle. I support the idea that the world is not binary. I am not completely sure of my gender identity, because many of my ideas, my behavior, and my independence, they are not feminine. And I accept that. This is not a matter of sexual things; it is a matter of sensations. Our people do not even understand this. If they basically hear the word "gender", they imagine the external genitalia. This is a stupid expression of gender reassignment. It is not about that. In fact, we bring the gender identity into line, into a congruence and that is it. Whether we do surgery or not, whether we administer hormonal

> therapy or not, we bring this inner total individual feeling in accordance with the fact that nature was made [somebody] differently (psychiatrist I.).

For other trans people, the existing framework of being a trans is already narrow and exclusionary. These are several explanatory accounts:

> The existing official transgender paradigm does not suit me. Maybe, according to it, I have to go through a number of procedures and turn into a woman. Yes, the real woman, because, firstly, I should not be married, for example, and, secondly, for me the transition is not necessarily connected with the fact that you change from "female" to "male" (respondent R.).

> Today there are a huge number of trans people who are already at an age when cannot already make the gender transition because fears are so driven into them. I have many trans girlfriends over the age of 40, they are afraid. The system has driven this anxiety into them so much so that they do not even want to come to meetings. Not because they do not want, but because they cannot overcome their trembling. They are very ashamed of their appearance, of themselves (trans activist M.).

These are articulations of trans people who feel alien to the trans community or the state's legal requirements. According to the analysis of the interview, this appears to be how the legal system regulates it. The state demands an unfair exchange: new documents for a diagnosis F64.0.

6.4 Professional does not mean friendly

As a part of this research, I looked for contacts outside the circle of sympathetic medical practitioneers. I approached "un-friendly" actors in an attempt to understand their hostilities, and what effect they had in shaping of transgender subjectivities.

Friendly allies — endocrinologists, psychologists, psychiatrists — participate in trainings and workshops organized by the trans initiative "Alma-TQ" in Almaty or by LGBT organization "Labrys" in Bishkek, Kyrgyzstan. Through these trainings they have access to information and recommendations from trans people directly. Such connection between medical specialists and trans patients is not recognized officially and is not considered to be work related. In order to participate, the specialists need to ask for a holiday, which is not

reimbursed. These ally healthcare practitioners speak openly with their colleagues and try to educate them about trans patients. They received both positive and negative feedback from other doctors.

It must be noted, the principle of making allies could be viewed from different points: 1) friendly medical specialists are needed for beneficial work with trans patients, 2) friendly medical specialists are a working model only for short time and not effective for further perspective. The first way is often chosen by trans activists in Kazakhstan. One possibility is that the choice for this strategy proposed by activists could be aimed at raising awareness or consciousness among professionals on an individual level. Also, in general advocacy work of trans activists is characterized by unwillingness to draw unnecessary attention from mass-media or authorities who might affect public acceptance or opinion towards gender non-conforming practices and knowledge.

In Kazakhstan to be professional does not mean to be humane, friendly, or empathetic. Health practitioners do not have to be friendly to be perceived as professionals. LGBTQ activists in Kyrgyzstan, Uzbekistan, Tajikistan, and Russia work towards "sensitization" of careworkers to increase their empathy to LGBTQ patients. This creates a comfortable environment where patients feel free to share their health concerns. Activists categorize medical specialists that succeed in this as "friendly" — i.e. safe to recommend to trans people. Long-term collaboration with clinicians could be fostered through changing the legal and medical provisions codified by the law. This view is echoed by medical specialists and trans people.

Psychologist L. is confident about additional factor influencing work of health practitioners:

> As soon as our president Nursultan Nazarbayev[21] said[22] that we should have what they have in Europe — every organization should have a psychologist.

[21] Nursultan Nazarbayev stepped down from the office as President of Kazakhstan on 19 March 2019.
[22] Regarding what Psychologist L. mentioned, a supporting article was found on an online news site covering former President's statement that caused psychologists to take this issue more seriously.

> Before that we came with projects, we tried to attract the attention, nothing happened. <...> There were a lot of terrible stories at schools [such as suicides], and nobody paid attention to them. School principals were such satisfied organizing some conferences, which had no relation to the solution of childhood suicides. They conducted training, ticked the boxes, nothing changed. And as soon as president mentioned psychologists in his speech — everyone wanted to be involved! Everyone want to divert money from the budget in order to invest money in training, because the president said so. I have two years of experience in participating with these events. Last year we tried to start a grassroot initiative, and this year we got results after one word from above from the president of Kazakhstan. It amazes me (Psychologist L.).

The character of any changes is dependent on decisions of the president of Kazakhstan and any developments go from up to down in a state apparatus. Adjusted procedure creates challenges not only for medical, and legal communities, but also in the non-governmental sphere for human rights, civil, activist, feminist organizations and grass roots initiatives.

> A lot depends on how the political situation develops in Kazakhstan. If any democratic transformations take place, then they will inevitably affect different aspects of life, and they will also open this side of life to many more. When you have more choice in all matters, not just medical ones, then these changes will happen somehow then faster. If the trend of religious influence, Islam and other religions, continues or intensifies in our country, or if the regime chooses the path to self-preservation by tightening internal laws, and controlling activities of public organizations, then inevitably these restrictions will touch upon such controversial, complex topics as trans people, and LGBQ people. Naturally, they will fall under a public or unofficial ban and it will become much more difficult for representatives of these communities to be in the country (respondent T.).

However, there were no statements made by the Ex-President of Kazakhstan Nursultan Nazarbayev during 25 years of ruling the country nor by the current President of Kazakhstan Kassym-Zhomart Tokayev that declare or recognize the situation on LGBTQ community. In fact, several high-ranking government officials have made statements that are classified as hate speech by human rights organizations. Moreover, there were no cases known when authority would have been charged for hate speech. Consequently, this gives deputies and heads of departments to express their attitude to homosexuals or trans individuals in any manner.

Informburo (2018): “2018 Presidential Message: What You Need to Know Briefly”, para.4. https://informburo.kz/stati/poslanie-prezidenta-2018-kratko-o-tom-chto-nuzhno-znat.html.

6.5 Summary

In Kazakhstan, medical diagnosis is the basis for access to gender transition procedures. The medical procedures for such diagnoses are accompanied by legal rules. The three profiled ministries — namely the Ministry of Healthcare, the Ministry of Justice and the Ministry of Internal Affairs — are involved in formulating standards for trans people to undertake procedures. Looking closely at the role of these state actors, the initial findings suggest evidence for a *legal gatekeeping* model.

Independent consultant for international human rights law Tatyana Chernobyl suggested that the trans community should demand the eradication of the harmful medical and legal procedures for gender marker change, shaping advocacy towards interaction with the Ministry of Justice rather than with the Ministry of Healthcare.

It is crucial to understand the concept of activist bubble which show limitations of interaction with friendly actors, and, particularly, with health practitioners. Other factors might influence the preservation of activist bubble. For instance, medical specialists within and outside the activist bubble are overloaded.

Initially, I had assumed that the dynamics of shaping trans subjectivities was limited to the Doctor-Patient relationship, however my findings from the September 2018 field trip strongly indicate that it is not a diad, but a triad, in which the third side is represented by trans activists. So, it should be dynamic of the Doctor-Patient-Activist relations in Kazakhstan. I think this is a significant finding as it shows a more nuanced state of affairs than initially assumed a complex nature of interaction between medical specialists and trans people, non-activists, and activists. What was evident, was that trans activists are important actors to influence trans subjectivities. Trans activists are also at times, especially in preparation for the medical commission. They influence trans people in many ways and can also influence health practitioners.

Chapter 7. Conclusion

This dissertation focused on studying actors and processes that shape the transgender subjectivities of Kazakhstani trans individuals as they seek legal affirmation. As such, the study aimed at understanding the process of negotiating the construction of gender identities — a broad range of identities that fall under the umbrella term "trans" — by multiple actors. Generally, the research in this sphere focuses on medical professions, described as gatekeepers or judges deciding who fit prescriptions of being a woman or a man, and on trans people themselves, who are often portrayed as victims. However, this process is more complex than that, and I have attempted to take a critical approach to this issue in an attempt to expand understanding of the process, the dynamics, and the actors involved.

Transsexuality in Kazakhstan is considered nowadays to be a gender "deviance" in the public discourse and even a sin, which influences attitudes of the general population towards trans people, or people who might appear as transsexual (Alma-TQ 2016). For example, the Kazakhstani mass media present LGBTQ people in a very ambiguous light, highlighting the issue of sexuality or gender identity as deviance, and as a disease (Jurttyn Balasy 2018). Trans people's stories are portrayed as scandalous in the media, comparable to reality television, even if the stories themselves are tragic (Alma-TQ 2019). When a journalist writes about a trans individual, he or she always touches upon their health condition and, particularly, the fact of sex reassignment surgery but not the everyday life stories when trans men or trans women experience difficulties in using transportation, renting an apartment, getting loans in banks, and preparing documents for entry to a university. Many trans individuals must be ready to negotiate the fact that their appearance does not coincide with an outdated photo or their previous name is used.

A report by the NGO "Article 19" in 2015 concluded that LGBT people "[f]ace discrimination, including biased media coverage and homophobic speech, from both public

figures and society more broadly" and "societal prejudices and a lack of legal protections against discrimination based on sexual orientation and gender identity have created an environment in which LGBT people resort to self-censorship to avoid harassment or even violence" (Article 19 2015, 7). Such attitudes are informed either by existing stereotypes, or a general lack of information about the transgender spectrum and are often manifested in the form of hate speech, which can lead to violence — especially when the trans person's incongruence with their identity card is revealed.

The discourse on trans identity in Kazakhstan is not nuanced: people fall into two categories, man and woman. In this context, the word "gender" is not ambiguous and rich in subtext, but it simply refers to sex organs literally. So in order to change one's name, one must undergo gender reassignment surgery. There is no third option. In Kazakhstan, like in many places in the former Soviet Union (with only Kyrgyzstan as an exception regarding forced sterilization), transgender identity is regulated by a legal provision, whereby anyone who does not fit within the dichotomy is ill and gender non-conformity becomes a disease. That is, the "social (passport) gender" in Kazakhstan is equivalent to the "biological (morphological) gender" and is not subject to selection. The legislator in Kazakhstan is interested in registering not the gender, but specifically the sex of the person, which, as it is believed, cannot be changed. The only way to change the social gender in Kazakhstan, that is, to achieve legal recognition of gender, is to change the anatomical gender. It is impossible to limit oneself to a change in the social (passport) gender in Kazakhstan today.

Because of the requirement of changing the anatomical gender in order to achieve legal recognition, medical specialists are usually perceived as villainous "gatekeepers", or those who wield power over a trans person's fate by means of allowing or limiting their access to the gender marker change procedure. This view is widely shared by Western scholars (Kessler and McKenna 1978; Stone 1991; Namaste 2000). However, the close examination of processes,

actors, and narratives in this research showed that it is very questionable to even use the established term "gatekeepers" in application to medical specialists in Kazakhstan who, according to interviews, want to help to the trans community and are ready to provide services. We have to recognize the role of Kazakhstani doctors as a part of a major international institution, the World Health Organization (WHO) — which approves the diagnosis categories, changes, and recommendations. After any revision made by WHO, medical specialists must follow rules prescribed in local legislation and have to accomplish the classification of diseases given in the *International Classification of Diseases and Related Health Problems*, which is updated every 10-20 years. This is a global practice for all national healthcare systems in the world.

It is a popular misconception that health practitioners make arbitrary decisions on whether to allow a trans person to undertake any part of the legal gender recognition procedure. And it is a result of the lack of clarity about this system in the general public discourse, as well as the submissive attitude of health practitioners themselves, who as state workers must follow state regulations, as well as international WHO regulations which were accepted by the state. To bridge the gap in the knowledge I focused on the following objectives in my research:

1) Examine how the system of social and legal gender recognition is organized in Kazakhstan;

2) Critically assess the roles and functions of different actors involved in this system, and how they came to be perceived as they are — for example, why only medical specialists are highlighted as gatekeepers, by both trans people and trans-focused global research, although they demonstrate a willingness to work with any person regardless gender identity;

3) Describe, based on the narratives, the logic of each of the actors involved in the process, which highlights how little they understand each other's motivation.

These objectives prompted the three research questions listed at the beginning of the dissertation, which led to the following aims: identifying what are the main processes influencing transgender subjectivities in Kazakhstan; understanding the main actors involved in these processes; and examining the narratives that these actors, including trans people themselves, employ in the process of shaping transgender subjectivities.

To aid in the better analysis of findings to these questions I developed a contextual background, in which I examined the history and concepts of transsexuality as a medical diagnosis from Western and Soviet points of view and their influence on the lives of people. For example, in contrast with the current demonization of psychiatrists by the trans activist communities in the post-Soviet space and references to the Soviet roots of this perceived "gatekeeping", there is evidence that Soviet psychiatrists developed a concept of help to trans patients, even by accompanying them to state registries in a quest for legal recognition. In the Western countries the history of patient movements such as those of parents of children with ADHD and Asperger's syndrome served as a background to understanding the history and current status of transgender issues, as well as the movement for the depathologization of transgenderism within both the medical and transgender communities. I used this to establish a theoretical framework that was based on a combination of transgender and queer theory with social constructivism and poststructuralism.

In understanding how diagnoses are developed the theoretical framework focused on constructivism and poststructuralism, indicating the dependence of diagnoses on the socially constructed concepts — in this case of gender and sexuality. An example from the history of psychiatry with the case of bipolar disorder (BPD), where females were more likely to be diagnosed with BPD than males (in a ratio of 3 to 1) due to a gendered reading of symptoms associated with femininity, illustrates how diagnoses can be constructed in accordance with the social mores of the time. Gender variance was described in the history of psychiatry in terms

of inversion, eonism, genuine transvestism, and, finally, transsexualism, which was first included in 1980 as a diagnosis in the third edition of American Psychiatric Association's *Diagnostic and Statistical Manual* (DSM-III) generally considered by practitioners as more forward-thinking compared to other manuals (Reed 2010). Since then transsexualism has been moved from the category of mental disorders to that of sexual disorders in the ICD-11, the newest edition of the international classification of diseases, where being diagnosed with it does not preclude psychiatric interventions. For the purposes of my research, I combined the theory of social constructivism the transgender theory, as it allows for a much fuller field of action and reference to the sex and gender binaries without taking away the importance of lived experiences. Trans people question the monocentric heteronormativity of gender and identities, breaking gender roles (Green 2004), which can lead to the silencing of transsexuals who put in the center the change of their sexed bodies, their need for medical and legal recognition (Hird 2002). The transgender theory in its turn is based on feminist and queer theories, which enriched the understanding of sexual orientation, gender identity, lived experience, oppression, fluidity, and the non-stability of gender as a system. I also added the theory of ethnomethodology, which raises compelling questions about the interactions and activities of individuals who were doing "the reflexive project of the self" (Giddens 1991). Using the theoretical framework of ethnomethodology allows decoding of conventional social structures, including gender, which could have been researched as unconstrained and non-granted with tremendous and careful attention to narratives of lived experience.

Qualitative research methods were used to examine the narratives of the aforementioned actors and fill in gaps in the theory and practice of negotiating transgender identities; these included unstructured participant and informal observation, as well as in-depth interviews and analysis of narratives. Published autobiographies of trans people also served as a record of their lived experiences. Snowball sampling was employed in the second round of

interviews to uncover more actors involved. This included an examination of the procedures that relate to trans issues in Kazakhstan, identification of the main actors, and conduction of 46 interviews in person, as well as 3 communication requests to relevant ministries via e-government. By analyzing this information, I was able to clarify the interrelationship among the actors themselves, as well as their relationship to existing institutions and society.

In Chapter 5 results of the fieldwork conducted in 2018 and 2019 were discussed. This was used to identify the main processes influencing transgender subjectivities in Kazakhstan, and the following official and unofficial processes were mentioned by respondents: legal recognition of gender, medical transition, social transition, consultations with trans activists, and diagnosis revision on global and national levels.

Medical specialists named the following as the main actors: 1) other health practitioners in different areas such as psychiatrists, psychologists, gynecologists, endocrinologists, urologists, therapists, nurse practitioners. Only in a few cases doctors realized the link to 2) legal experts. Interviews show that medical specialists accept their roles as supporting health experts who must provide service regardless of gender variance. Conversely, it was clear that trans people name medical professionals and lawyers as the main actors. Those kinds of external participants were more easily recognized rather than "internal" participants such as parents, relatives, or partners. Almost no trans respondents noted their own position as actors. The accepted self-image of being a patient in interaction with medical specialists might be responsible for this perception. They do not always consider to be advocates for the trans community visiting the doctor.

Asked to describe practices and narratives that shape transgender subjectivities health professionals answered that they see their role in providing medical care. Many professionals confused at the very question, because with the transgender society, which was the only reason they could not share their opinion about nuances in transgender health. None of them would

have denied access to medical services due to their own opinions. Two respondents out of 22 gave both professional and personal narratives. It is important to notice that as professionals they never refuse trans people regardless of their own skepticism.

Transgender theory as a concept within the gender and feminist realm is critical for academics, practitioners and policymakers when dealing with trans people and their issues. It allows for understanding that "the lived experiences of individuals, including their negotiations of multiple, intersectional identities, may empower them without confining them to any particular identity category" (Nagoshi and Brzuzy 2010, 439).

Autobiographies were mentioned by the trans respondents as one of the required documents in acquiring approval from the official medical commission. This can be an enlightening source for examining how trans patients consciously adapt their life narratives to fit the expected narratives. They learn about these perceived expectations from trans activists, who will directly tell them what kind of stories the medical commission expects to hear from the patients for them to be considered "the right kind of transgender". The commonly agreed-upon story of self-awareness as a trans person must start around the age of 4-5 and must show unflinching desire to "change gender", as well as clearly present as being heterosexual — i.e. you cannot be a trans man and be gay at the same time.

The three Ministries that were contacted for additional information, the Ministry of Justice, the Ministry of Healthcare, and the Ministry of Internal Affairs, did not provide any analytical information or even answers to my questions. Unawareness of three relevant institutions demonstrates not just a lack of knowledge or information, but practices of self-censorship, where even the word "trans" or "transgender" is taboo. The state representatives, as it seems, conform to the medical vocabulary of ICD-10, words such as "transsexualist", "transsexuality", "people with gender identity disorder". Although the use of these words may

be legitimate, they are outdated and tend to medicalize the condition of transgenderism. This may be a result of Soviet psychiatry which tended to regard Western methods with suspicion.

In Kazakhstan, medical diagnosis is a basis for access to gender transition procedures. The medical procedures are accompanied by legal rules, legislated by the three relevant ministries of Healthcare, Justice, and Internal Affairs, who also form the standards for trans people. Looking closely at the state actors, a legal gatekeeping model was evident. In an interview with an independent consultant in international human rights law, Tatyana Chernobyl, it was very clear that the trans spectrum should demand a full eradication of the harmful practices of the division of legal and medical procedures for gender marker change, and instead direct advocacy towards interaction with the ministry of healthcare rather than the ministry of justice.

An important conclusion can be made about the existence of a negative power dynamic between doctors and activists that is not only conditioned but possibly strengthened by the activist bubble. The activist bubble can be described as a safe and established environment for trans people, that despite the best intentions of the activists, may be harmful in negotiating with medical specialists. I found it challenging to find literature on this topic and do not intend to criticize the activist movements (I identify as bigender and an activist in Kazakhstan since 2014). It is merely my attempt to see what other people have missed on the heterogeneous canvas of interpersonal interactions between doctors and trans people.

Initially, I had assumed that the dynamics of shaping trans subjectivities were limited to the Doctor-Patient relationship, however, my findings from the September 2018 field trip strongly indicate that it is not a diad, but a triad, in which the third side is represented by trans activists. This is a significant finding as it shows a more nuanced state of affairs than initially assumed. What was clear, is that trans activists are important actors, who influence, embrace, support, and shape trans subjectivities. And trans activists are also at times gatekeepers in how

they control interactions between trans people and the medical commission. Moreover, activists may also guide health practitioners. This position of activists is often overlooked or downplayed, however, it is important to take it into account when attempting to understand the processes and actors shaping transgender subjectivities. As such this finding is significant, as it may aid in the further exploration of the topic.

As these findings show understanding actors and processes shaping transgender subjectivities in Kazakhstan involves a multi-level exploration of all parts of the system, consisting of multiple actors with multiple motivations, as well as different levels of legal authorities. While the majority of research on trans people and their subjectivities paint medical specialists in a negative light as gatekeepers, this research showed that it is not that simple. More often than not medical specialists in Kazakhstan exhibited openness and interest to work with trans patients, however, due to an existing "activist bubble" created and maintained by trans activists, not all specialists are exposed to such an experience. Many of the interviewees indicated they have never encountered trans patients, which can be directly related to the existence of this "bubble", which trans activists have created as a way of sheltering trans patients from potentially transphobic treatment and discrimination on the part of uneducated medical specialists. The existence of this "bubble" makes the work of expanding the circle of friendly specialists more difficult, limiting the access of trans patients only to those practitioners that have already been tried.

Another counterpoint to the mainstream view of medical specialists as gatekeepers is the existence of the legal gatekeeping model, where healthcare practitioners are obliged to follow the legal codes of their profession prescribed by local adaptations of the *International Classification of Diseases* and other such global legislation. The actual procedure of gender marker change is regulated by the state authorities, not medical specialists, who serve more as cogs in the machine rather than the engine. This position cannot be understated, as it provides

a critical alternative to the mainstream view. It is important not to follow blindly in the footsteps of the trans movements in the Western countries, who are trailblazing the depathologization movement, and where the practices of medical specialists may fall under the category of "gatekeeping". As opposed to the healthcare system in the post-Soviet countries, the Western healthcare system is capitalistic, heavily dependent on the solvency of patients. Medical procedures for transgender people are well developed and market regulated, whereas in the post-Soviet countries the medical regulations for trans people are not fully developed, as well as fully state-regulated.

Furthermore, the results of this research suggest that in order for trans individuals to fully integrate into society both their names and gender must be correctly documented on a trans person's identity records, including their identification numbers. Whether this is actually possible is a challenge for trans advocacy groups in Kazakhstan. Although it is possible for a trans person to change their gender marker in identification documents, their INN numbers are fixed and immutable. This raises the possibility of the previous gender marker of a trans person to be uncovered and maliciously made public by anybody with access to the state registration archives.

Overall, this research showed that the main processes and actors involved in these processes of shaping transgender subjectivities are in a far more entangled relationship that existing literature suggested. Trans people are not all victims — it is necessary to differentiate between regular patients, those trans people for whom their trans status is only temporary until the moment they have fully transitioned both medically and legally, and trans activists, who purposefully keep the prefix 'trans' to raise public awareness about existence of the trans spectrum, and who actively engage in advocacy for their rights. My findings showed that trans activists are equal parts of a triad composed of doctors, patients, and activists, and in many cases take a lead in shaping the processes by controlling the access to information for both

trans patients who turn to them for help and support and for medical specialists, who often depend on trans activists for up to date knowledge on their health needs, as well as latest health-related developments in the wider medical world.

It is important to understand and recognize the agency of trans people in the processes that shape transgender subjectivities, although certainly, their agency is not the only composite part of this process. There is also state regulation, which my research showed to have greater gatekeeping power than medical specialists, who are usually considered to be gatekeepers both in literature and in activist circles. While indicating the importance of state legislation on trans identities, this research was not able to secure definitive answers from representatives of the responsible ministries as to the foundations of these regulations. It is possible to extrapolate that these foundations may be based on societal understandings of gender and sex as rigid categories, considering that state officials and lawmakers outside of their professional positions are also members of the general society. Developing this thought further could be one of the potential vectors for a deeper investigation of the processes that shape transgender subjectivities.

Appendix 1 Answer of the mullah Y. in Kazakh language

Құран кітапта Лұт пайғамбардың қауымы бар. Соларға Алла Тағала запрет қойған, “лесбианкалар” — харам, ер мен ерге, әйел мен әйелге қатынасуға болмайды. “Мен сендерді ер қылдырып, ер адамның қабырғасынан Хиуа ананы жаратқам, ұрпақ жалғастыру үшін, мен сендерге өздеріңнің әйелдеріңнің тек рұқсат еткен жерімен ғана жақындасыңдар, басқа жерімен жақындасуға болмайды — деген Алла Тағала. Ол біздің дініміз Исламда, Шариатта — үлкен күнә. Әйелдің тек бір жерімен жақындасуға рұқсат ер адамға, оны”. “Алтын құрсақ” дейді. Ол ер мен әйел бір-бірін жақсы көру, некесін қиып, бірге тұрады. Алла Тағала жаратқаннан кейін, еркек пен әйелдің бір-біріне табиғи қалауы бар, сол бойынша еркек пен әйел қосылады, сосын ортаға бала әкеледі. Тек қана бір-ақ жеріне жақындауға рұқсат, басқа жеріне жақындаса ол үлкен күнә, харам, болмайды, категорически запрет біздің дінімізде. Сондықтан осы мәселе бойынша Шариғаттың көз-қарасы осындай. Мен сіздерге вотсапқа дәлелмен жазылған ақпарат жіберейін. Біз молдамыз ғой, біз “Неке қию”, “Жаназа шығару”, “Ас”, “Уағыз айту”, “Кішкентай балаға ат қою” сияқты саладамыз, өзімізге тиісті нәрсе, мен сол саланың маманымын. Ал терең дүниелерге үңілетін болсақ, мен білемін “Харам” екенін, ал қай сүреде, қай аятта жазылғанын мен сізге вотсаппен жіберем, сіз соны докторлық жұмысынызға қосып қойыңыз. Енді пайғамбар айтады: “Сендер еркектің әйел құсап, әйелдің еркек құсап киінгені болмайды. Олай киініп жүргенге Шариат запрет қойған, ол харам, күнә болады. Еркек еркек құсап, қатын қатын құсап жүру керек. Шариғаттың талабы осылай”. Осындай хадис бар. Ол жерде айтылады: “Еркектің әйел сияқты киініп алып жүргені үшін, Алланың лағнеті жаусын оған”. Бұны да іздеп тапсам, жіберем вотсаппқа. Сіздің зерттеп жатқаныңыз өте дұрыс, жақсылап зерттеңіз. Біздің елде, дінде бұндай нәрсе дұрыс емес, болмайды деп айтсаңыз, білдіртсеңіз халыққа, өте пайдалы. Ал болады деген көз-қарас қалыптастырсаңыз, ол сізге де күнә. Сондықтан дұрыс нәрсе ашқаныңыз сізге жақсы болады деп ойлаймын. Сіз как оно есть жазасыз ғой, ал астына өз пікіріңізді жазғанда, “Гомосексуализм” дұрыс нәрсе емес деп жазсаңыз супер болады.

Answer of the mullah Y. translated in English:

The Koran contains the congregation of the prophet Lot. They are forbidden by the Almighty, “lesbians” — haram, men and women, women and men are not allowed. “I made you a man and created the mother of Khiva from the wall of a man, so that you may have intercourse with your wives only where your wives allow you, and you may not have intercourse with anyone else”, — said the Almighty. It is a great sin in our religion, Islam, and in the Sharia. Only a man is allowed to have intercourse with a woman. It is called the “golden belly”. He and his wife love each other, get married and live together. After the creation of the Almighty, man and woman have a natural desire for each other, according to which a man and a woman are united, and then give birth to a child. It is permissible to approach only one place, it is a great sin, haram, it is not categorically forbidden in our religion to approach another place. Therefore, this is the position of the Shari'a on this issue. I will send you the information with evidence. We are mullahs, we are in such fields as “Marriage”, “Funeral”, “Food”, “Preaching”, “Naming a little child”, we are experts in that field. As for the deeper worlds, I know that it is Haram, and I will send you a watsap on which surah and which verse it is written on, and you should include it in your doctoral dissertation. The prophet now says: “You will not be like the man, and the woman will be like the man. The Shari'ah forbids wearing such clothes, which is haram and a sin. A man should vomit and vomit. This is the requirement of the Shari’a. There is such a hadith. It says: “May the curse of God be upon her because she is dressed like a woman”. If I find it, I will send it to “WhatsApp”. What you are studying is very good, study it carefully. In our country, in religion, it is very useful for the people to say that such a thing is wrong and will not happen. And if you think it is possible, it is a sin for you too. So I think it will be good for you to discover the right thing. You write as it is, and when you write your opinion below, it would be super if you write that “Homosexuality” is not right.

Appendix 2 Respondents' data (numbers of respondents, dates and positions of the interviewees)

#	Name (coded)	Date	Position of the respondent
1	I	17.03.2018	Nurse practitioner
2	R	08.08.2018	T-woman, artist, activist
3	O	13.08.2018	T-woman, activist
4 (p.1)	Ir (L)	13.08.2018	Psychiatrist, chair of the medical advisory commission of the Republican Center for Mental Health
5	N	14.08.2018	T-woman, non-activist
6	V	14.08.2018	T-woman, activist
7	A	14.08.2018	T-man, activist
8	T	15.08.2018	T-man, activist
9	Na	17.08.2018	T-woman, sex-worker, non-activist
10	M	17.08.2018	T-woman, non-activist
11	L	18.08.2018	Psychologist
12	Vi	20.08.2018	Psychiatrist
13	An	20.08.2018	Ordinator
14	Ol	24.08.2018	Endocrinologist
15	Zh	25.08.2018	Gynecologist
16	D	25.08.2018	T-woman, non-activist
17	Al	27.08.2018	T-man, activist
18	G	05.09.2018	Psychologist from 12th clinic
19	B	05.09.2018	Endocrinologist
20	Z	05.09.2018	T-man, non-activist
21	Ole	11.09.2018	Psychologist
22	Su	13.09.2018	T-woman, activist
23	S	10.01.2019	T-man, activist
24	Ann	23.01.2019	Activist
25	Ta	03.02.2019	Legal expert
26	Mi	11.02.2019	T-woman, activist
27	Tat and 3 doctors	15.02.2019	Psychiatrists
28	Vik	15.02.2019	Psychologist
29	Ai	18.02.2019	Psychologist
30	B	20.02.2019	Therapist, head of the department of practical examination of the Republican Center for health development
31	Sv	21.02.2019	Psychologist
32	Ri	23.02.2019	T-woman, school psychologist, activist
33	Da	23.02.2019	T-man, student, non-activist

34	Vl	23.02.2019	T-man, student, non-activist
35	Tem	25.02.2019	University psychologist
36	To	26.02.2019	T-man, non-activist
37	Sa	26.02.2019	T-woman, non-activist
38	Y	27.02.2019	University psychologist
39	O	27.02.2019	University psychologist
40	Le	27.02.2019	University psychologist, head of the psychologist's service
41	Z	28.02.2019	Psychotherapist
42	Ma	01.03.2019	Therapist
43	Taty	16.03.2019	Project manager of NGO working on right to have access to health service
4 (p.2)	Ir (L)	18.03.2019	Psychiatrist, chair of the medical advisory commission of the Republican Center for Mental Health (second visit)
44	E	18.03.2019	Mullah of the central mosque in Almaty
45	R	25.09.2019	The Head of the Information and Analytical Monitoring Center of the RSPCMH
46	Ir (K)	27.10.2019, 12.11.2019	Psychiatrist

Appendix 3 Additional questions to officials from the Ministry of Internal Affairs, the Ministry of Justice and the Ministry of Healthcare

(answers are attached separately for the Ministry of Internal Affairs **— Appendix 3.1,** the Ministry of Justice **— Appendix 3.2**, the Ministry of Healthcare **— Appendix 3.3**):

1. What do you know about trans people and the current system of gender marker change in their legal documents?
2. Do you consider the existing system to be optimal, even though world best practices around are moving towards simplification of the procedure?
3. How would you explain the impossibility of separating the medical procedure from the legal recognition of gender (sex)?
4. According to the interviewed psychologists and psychiatrists, their curricula at the university did not include sections on the health of trans people. Will such information be entered in the methodological manuals? Will there be special training trainings among the staff of the ministry, as well as among medical and legal specialists?
5. How will the transition to ICD-11 take place in Kazakhstan? What is envisaged for this process?
6. What country's experience does Kazakhstan rely on when implementing or introducing standards for medical services for trans people?
7. Kazakhstan was a progressive country with regard to the issue of legal recognition of gender, but after the mandatory procedure of surgical correction, our country gave up these positions. If you have information, please tell us what caused the introduction of compulsory surgery for trans people?
8. When switching to a new person identification system by confirming identity through a fingerprint, would it be possible to remove the "sex" column in the passport?
9. Do you see the need for doctors/legal professionals to attend international conferences on the issues of trans, homosexual people? Is there such a practice? If not, why not?

Appendix 3.1 Response from the Ministry of Internal Affairs (Russian and English)

ҚАЗАҚСТАН РЕСПУБЛИКАСЫ ІШКІ ІСТЕР МИНИСТРЛІГІ КӨШІ-ҚОН ҚЫЗМЕТІ КОМИТЕТІ

010000, Нұр-Сұлтан қаласы, Тәуелсіздік даңғылы, 1/1, тел.: 8 (7172) 715131 электрондық мекенжай: kense@mvd.kz

МИНИСТЕРСТВО ВНУТРЕННИХ ДЕЛ РЕСПУБЛИКИ КАЗАХСТАН КОМИТЕТ МИГРАЦИОННОЙ СЛУЖБЫ

010000, город Нур-Султан, проспект Тәуелсіздік, 1/1, тел.: 8 (7172) 715131, электронный адрес: kense@mvd.kz

ПЭП

Гр. Секербаевой Ж.С.

Уважаемая Жанар Сансызбаевна!

Рассмотрев письмо Вашего главного научного руководителя Лесли Ткач-Кавасаки университета Цукубы, Япония, касательно проводимых Вами исследований по теме: «Понимание действующих акторов и процессов, формирующих трансгендерные субъективности на примере Казахстана», сообщаем следующее.

В соответствии с Законом Республики Казахстан от 29 января 2013 года «О документах, удостоверяющих личность», законодательство Республики Казахстан о документах, удостоверяющих личность, основывается на Конституции Республики Казахстан и состоит из данного Закона и иных нормативных правовых актов Республики Казахстан.

Переоформление документов, удостоверяющих личность при перемене установочных данных гражданина Республики Казахстан *(фамилии, имени, отчества, пола, даты рождения*) органы внутренних дел уполномочены осуществлять на основании **свидетельства о рождении** *(Правила оформления, заполнения, учета, хранения, передачи, расходования, уничтожения формуляра для изготовления документов, удостоверяющих личность (кроме удостоверения беженца), утвержденных приказом МВД РК от 31 мая 2016 года № 583*).

В соответствии со статьями 177, 178 Кодекса РК «О браке (супружестве) и семье» государственная регистрация фамилии, имени, отчества *(далее – ФИО),* выдача свидетельств о рождении (*первичных и повторных*), осуществляется местными исполнительными органами (*орган регистрации актов гражданского состояния*).

Одним из основанием перемены ФИО является желание носить фамилию, имя, отчество соответствующие выбранному полу, при хирургическом изменении пола *(статья 257 Кодекса о браке (супружестве) семье).* В этой связи, при переоформлении документов, удостоверяющих личность, в связи с переменой пола указывается соответствующий пол лица согласно представленным документам.

Также обращаем внимание, что индивидуальный идентификационный номер (*далее - ИИН*), который указывается в документах, удостоверяющих личность, в том числе паспортах и удостоверениях личности граждан РК, не содержит сведения о поле гражданина. Согласно пункту 3 Правил формирования идентификационного номера, утвержденных постановлением Правительства от 22 мая 2007 года № 406 в ИИН сведения о дате, веке рождения, поле лица и т.д. отсутствую. Соответствующие

изменения в Правила внесены постановлением Правительства № 853 от 26.08.2013г. таким образом, алгоритм генерирования ИИН и его структура имеют чисто техническое значение, и после генерации единственно важным является уникальность кода (*Закон РК от 12.01.2007г. «О национальных реестрах идентификационных номеров»* .).

ИИН представляет собой уникальную комбинацию из 12 цифр, генерируется для физического лица при первичной регистрации в информационно-производственной системе изготовления документов. Формирование ИИН **происходит автоматически** с учетом принципов уникальности и неизменности.

В целях осуществления контроля и снижения ошибок клавиатурного ввода в составе ИИН предусматривается наличие контрольного 12-го разряда, при расчете которого используется соответствующий алгоритм (*пункт 3 Правил от 26.08.2013г.*).

При повторной и последующей выдаче документов, формирование нового индивидуального идентификационного номера не производится, **кроме случаев усыновления (удочерения)** (*ст. 9 Закона от 12.01.2007г. «О национальных реестрах идентификационных номеров»).*

Касательно реквизита о поле лица в паспорте отмечаем, что образец паспорта гражданина Республики Казахстан (*утвержден постановлением Правительства РК от 4 июля 2013 года № 684*) разработан согласно международным требованиям и стандартам Международной организации гражданской авиации (ИКАО), предъявляемым к машиночитаемым проездным документам, удостоверяющим личность, которыми предусмотрено наличие данного реквизита в документах.

Учитывая, что паспорт гражданина Республики Казахстан удостоверяет личность гражданина РК за пределами страны, и выдается для выезда за границу (*то есть для въезда в иностранные государства*), он должен соответствовать международным требованиям и стандартам, предъявляемым машиночитаемым проездным документам.

Касательно перехода на новую систему идентификации личности информируем, что введение обязательной дактилоскопической регистрации не связано с определением половой принадлежности лица, введение в документах, удостоверяющих личность дополнительного биометрического параметра, согласно международным требованиям предусмотрено в целях усовершенствования биометрических паспортно-визовых документов, идентификации и подтверждения личности по персональным данным.

Следует отметить, что вопросы трансгендерной субъективности могут затрагивать различные сферы и компетенции государственных органов *(органов юстиции, здравоохранения и др.*), в связи с чем требуют дополнительного изучения.

Вместе с тем, система МВД при подготовке кадров органов внутренних дел Республики Казахстана уделяет особое внимание изучению международных норм в области защиты и обеспечения прав человека.

Так, учебными программами по подготовке специалистов ОВД, предусмотрено изучение вопросов механизма реализации и защиты прав человека. Сотрудниками полиции изучается спецкурс «Права человека и механизмы их защиты». Кроме того, уделяется дополнительное время по изучению вопросов противодействия пыткам.

Отдельное внимание уделяется вопросам правового положения личности в государстве, деятельности государственных органов и общественных организации по защите прав человека, соблюдения прав и законных интересов личности при применении сотрудниками ОВД методов административного и уголовного принуждения.

К проведению занятий привлекаются как ведущие преподаватели учебных заведений МВД, так и представители государственных органов и общественных организаций, а также действующие сотрудники полиции.

В 2018 году проведены курсы для более 1 тыс. сотрудников полиции на базе учебных заведений МВД по следующим направлениям: «Риски и уязвимость: правоохранительная деятельность в отношении ключевых групп риска и защита прав человека», «Актуальные проблемы защиты прав человека», «Защитим детей вместе», «Права человека», «Служебное поведение сотрудников - недопустимость угроз применения насилия, притеснения, преследования, запугивания или репрессий» и др. Аналогичные курсы запланированы и проводятся в текущем году.

Кроме того, сотрудники ОВД, научно-педагогический состав учебных заведений МВД согласно поступающим от контрагентов предложений проходят обучение и принимают активное участие в различных мероприятиях (*тренингах, форумах, конференциях, круглых столах*), проводимых под эгидой международных организаций (ООН, ОБСЕ и т.д.) по тематикам касающимся деятельности ОВД, в том числе по проблемам соблюдения прав человека.

Совместно с Управлением по наркотикам и преступности ООН (УНП ООН) было разработано учебное пособие, которое направлено во все организации образования МВД, для использования в учебном процессе. Также совместно с Программой развития ООН (ПРООН) подготовлено учебно-практическое пособие по вопросам гендерного насилия. Проведены три обучающих тренинга в г.г.Нур-Султан, Алматы, Караганда для сотрудников территориальных подразделений.

С уважением,

Заместитель председателя **Г. Сарсенова**

Translation of response in English

To Sekerbayeva Z.S.

Dear Zhanar Sansyzbayevna!

Having considered the letter from your main scientific advisor Leslie Tkach-Kawasaki of the University of Tsukuba, Japan, regarding your research on the topic: "Understanding the Actors and Processes Shaping Transgender Subjectivities: Case Study of Kazakhstan," we report the following.

In accordance with the Law of the Republic of Kazakhstan dated January 29, 2013 "On Identity Documents", the legislation of the Republic of Kazakhstan on identity documents is based on the Constitution of the Republic of Kazakhstan and consists of this Law and other regulatory legal acts of the Republic of Kazakhstan.

The renewal of identity documents when changing the settings of a citizen of the Republic of Kazakhstan (*last name, first name, patronymic, gender, date of birth*) is authorized by the internal affairs bodies on the basis of a **birth certificate** (*Rules for processing, filling out, recording, storage, transfer, expenditure, destruction of a form for the production of identity documents (except for a refugee certificate), approved by order of the Ministry of Internal Affairs of the Republic of Kazakhstan dated May 31, 2016 No. 583).*

In accordance with Articles 177, 178 of the Code of the Republic of Kazakhstan "On Marriage (Matrimony) and Family", state registration of a surname, first name, patronymic (*hereinafter – name and surname*), issuance of birth certificates (*primary and repeated*), is carried out by local executive bodies (*civil registration authority state*).

One of the grounds for changing the name is the desire to bear the last name, first name, and patronymic corresponding to the chosen gender, in case of surgical sex change (*Article 257 of the Code on marriage (matrimony) and Family*). In this regard re-issuing identity documents, in connection with a gender change, the corresponding gender of the person is indicated in accordance with the submitted documents.

We also draw attention to the fact that the Individual Identification Number (*hereinafter - IIN*), which is indicated in identification documents, including passports and identity cards of citizens of the Republic of Kazakhstan, does not contain information about the citizen's gender. According to paragraph 3 of the Rules for the Formation of an Identification Number approved by the Government Decree of May 22, 2007 No. 406 in the IIN, information about the date, age of birth, gender, etc. is absent. The relevant changes to the Rules were introduced by Government Decision No. 853 of 08.26.2013. thus, the IIN generation algorithm and its structure are of purely technical importance, and after generation, the uniqueness of the code is the only important thing (*Law of the Republic of Kazakhstan dated 12.01.2007. "On National Identification Number Registers."*).

IIN is a unique combination of 12 digits, generated for an individual upon initial registration in the information production system of document production. The formation of IIN **occurs automatically**, taking into account the principles of uniqueness and immutability.

In order to control and reduce keyboard input errors, the IIN provides for the control of the 12th category, the calculation of which uses the corresponding algorithm (*clause 3 of the Rules of 08.26.2013*).

In the case of repeated and subsequent issuance of documents, the formation of a new Individual Identification Number is not performed, **except in cases of adoption** (*article 9 of the Law of 12.01.2007. "On National Registers of Identification Numbers"*).

Regarding the requisite about the gender of the person in the passport, we note that the sample of the passport of a citizen of the Republic of Kazakhstan (*approved by the Government of the*

Republic of Kazakhstan dated July 4, 2013 No. 684) was developed in accordance with international requirements and standards of the International Civil Aviation Organization (ICAO), presented to machine-readable travel documents proving identity , which provides for the presence of this attribute in the documents.

Considering that the passport of a citizen of the Republic of Kazakhstan certifies the identity of a citizen of the Republic of Kazakhstan outside the country, and is issued for traveling abroad (*that is, for entering foreign countries*), it must comply with international requirements and standards for machine-readable travel documents.

Regarding the transition to a new identity system, we inform you that the introduction of mandatory fingerprint registration is not related to determining the gender of a person, the introduction of an additional biometric parameter in identification documents in accordance with international requirements is provided for the purpose of improving biometric passport and visa documents, identification and verification of identity by personal data.

However, it should be noted that issues of transgender subjectivity can affect various areas and competencies of state bodies (justice, health, etc.), and therefore require additional study.

At the same time, the Ministry of Internal Affairs system in training personnel of the internal affairs bodies of the Republic of Kazakhstan pays special attention to the study of international standards in the field of protection and ensuring human rights.

Thus, the curriculum for the training of OVD (*organi vnutrennilkh del – internal affairs bodies*) specialists provides for the study of issues of the mechanism for the implementation and protection of human rights. Police officers are studying the special course "Human rights and mechanisms for their protection." In addition, extra time is being devoted to studying the fight against torture.

Particular attention is paid to the legal status of the individual in the state, the activities of state bodies and public organizations for the protection of human rights, the observance of the rights and legitimate interests of the individual when OVD officers use administrative and criminal coercion methods.

Leading teachers of educational institutions of the Ministry of Internal Affairs, as well as representatives of state bodies and public organizations, as well as current police officers are involved in the classes.

In 2018, courses were conducted for more than 1 thousand police officers at the Ministry of Internal Affairs educational institutions in the following areas: “Risks and vulnerability: law enforcement in relation to key risk groups and protecting human rights”, “Actual problems of protecting human rights”, “Protecting children together "," Human Rights", "Official behavior of employees - the inadmissibility of threats of violence, harassment, harassment, intimidation or reprisals ", etc. Similar courses are planned and conducted this year.

In addition, employees of OVD, the scientific and pedagogical staff of educational institutions of the Ministry of Internal Affairs, according to proposals received from contractors, are trained and take active part in various events (*trainings, forums, conferences, round tables*) held under the auspices of international organizations (UN, OSCE, etc.). e.) on topics related to the activities of the internal affairs bodies, including the problems of observing human rights.

Together with the UN Office on Drugs and Crime (UNODC), a training manual was developed, which is sent to all educational institutions of the Ministry of Internal Affairs, for use in the educational process. A training manual on gender-based violence has also been prepared in conjunction with the United Nations Development Program (UNDP). Three training sessions were held in the cities of Nur-Sultan, Almaty, Karaganda for employees of territorial divisions.

Yours faithfully,
Deputy Chairman **G. Sarsenova**

Appendix 3.2 Response from the Ministry of Justice (Russian and English)

ҚАЗАҚСТАН РЕСПУБЛИКАСЫ
ӘДІЛЕТ МИНИСТРЛІГІ

МИНИСТЕРСТВО ЮСТИЦИИ
РЕСПУБЛИКИ КАЗАХСТАН

010000, Нұр-Сұлтан қаласы,
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010000, город Нур-Султан,
«Дом министерств», проспект Мәңгілік Ел, 8
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e-mail: kanc@adilet.gov.kz

ПЭП
Г-же Ж. С. Секербаевой

В первую очередь, выражаем Вам благодарность за обращение!

Рассмотрев Ваше обращение от 31 июля 2019 года, поступившее в Министерство юстиции 5 сентября 2019 года, касательно трансгендерных людей и смены гендерного маркера, сообщаем следующее.

В законодательстве Казахстана не содержится понятие «трансгенедеры».

Кодексом РК «О здоровье и системе здравоохранения» предусмотрено право лиц с расстройствами половой идентификации, кроме лиц с психическими расстройствами (заболеваниями), на смену пола (пункт 3 статьи 88 Кодекса).

При этом согласно Правилам медицинского освидетельствования и проведения смены пола для лиц с расстройствами половой идентификации *(утвержденным приказом Министра здравоохранения и социального развития Республики Казахстанот 31 марта 2015 года № 187)* **расстройство половой идентификации (транссексуализм)** – это ощущение собственной принадлежности к противоположному полу, желание жить и быть воспринятым в качестве лица противоположного пола, обычно сочетающееся с чувством неадекватности или дискомфорта от своего морфологического (биологического) пола и желанием получить гормональное, хирургическое лечение, с целью сделать свое тело как можно более соответствующим избранному полу.

Обязательность медицинского вмешательства (гормональная терапия, хирургическая коррекция) обосновывается тем, что, несмотря на равные права и равные возможности мужчин и женщин, каждый из них имеет свою роль в обществе.

Принадлежность определенному биологическому полу влечет правовые последствия, такие как отношение к воинской обязанности (мужчинам обязательно), пенсионный возраст (женщины - 58 года, мужчины - 63 года), а также при установлении юридической ответственности (некоторые виды наказаний не применяются к женщинам) и др.

В этой связи согласно Закону Республики Казахстан «О документах, удостоверяющих личность» при смене пола документ, удостоверяющий личность, является недействительным и подлежит сдаче и замене.

Другие вопросы, указанные в письме, не входят в компетенцию МЮ.

В случае возникновения дополнительных вопросов Вы можете обратиться в Министерство здравоохранения Республики Казахстан.

Одновременно с этим отмечаем, что в соответствии со статьей 60 Закона «О правовых актах» вышеизложенное разъяснение не имеет обязательной юридической силы и носит рекомендательный характер.

Директор департамента
законодательства
Министерства юстиции
Республики Казахстан **О. Данабеков**

Translation of response in English

ПЭП
To Miss Z.S. Sekerbayeva

First of all, we express our gratitude for the appeal!

Having considered your appeal dated July 31, 2019, received by the Ministry of Justice on September 5, 2019, regarding transgender people and changing the gender marker, we are reporting the following.

The legislation of Kazakhstan does not contain the concept of "transgender".

The Code of the Republic of Kazakhstan "On Health and the Healthcare System" provides a right of the persons with mental identification disorders (except persons with mental disorders (diseases)) to change their sex (Paragraph 3 of Article 88 of the Code).

Moreover, according to the Rules of Medical Examination and Gender Reassignment for Persons with Gender Identity Disorders (*approved by order of the Minister of Health and Social Development of the Republic of Kazakhstan dated March 31, 2015 No. 187*), **gender identification disorder (transsexualism)** is a feeling of belonging to the opposite sex, a desire to live and be perceived as a person of the opposite sex, usually combined with a feeling of inadequacy or discomfort from their morphological (biological) sex and the desire to receive hormonal, surgical treatment, in order to make own body as suitable as possible for the chosen gender.

Mandatory medical intervention (hormone therapy, surgical correction) is justified by the fact that, despite the equal rights and equal opportunities of men and women, each of them has its own role in society.

Belonging to a certain biological sex entails legal consequences, such as reference to military duty (men are obligatory), retirement age (women - 58 years old, men - 63 years old), and also establishing legal liability (some types of punishments do not apply to women), etc.

In this regard, according to the Law of the Republic of Kazakhstan "On Identity Documents" in case of changing gender, the identification document is invalid and must be surrendered and replaced.

Other issues indicated in the letter are not within the competence of the MJ.

Kazakhstan.

At the same time, we note that in accordance with Section 60 of the Law "On Legal Acts", the above explanation is not legally binding and is advisory in nature.

Department Director legislation
Ministry of Justice
Republic of Kazakhstan **O. Danabekov**

Appendix 3.3 Response from the Ministry of Healthcare (Russian and English)

ҚАЗАҚСТАН РЕСПУБЛИКАСЫ ДЕНСАУЛЫҚ САҚТАУ МИНИСТРЛІГІ

МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ РЕСПУБЛИКИ КАЗАХСТАН

010000, Нұр-Сұлтан қаласы, Мәңгілік Ел даңғылы, 8,
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010000, город Нур-Султан, проспект Мәңгілік Ел, 8, Дом Министерств, 5 подъезд
тел: 8 (7172) 74 36 50, 8 (7172) 74 37 27

Leslie M. Tkach-Kawasaki,
Associate Professor
Faculty of Humanities and Social Sciences
University of Tsukuba, Japan

Уважаемая госпожа профессор Лесли Ткач-Кавасаки!

Департамент науки и человеческих ресурсов Министерства здравоохранения Республики Казахстан, рассмотрев Ваше письмо относительно поддержки исследований госпожи Ж. Секербаевой, сообщает следующее.

В Казахстане на базе Научного центра урологии им. Б.У. Джарбусынова 2010-2011 годы проведены две операции по смене пола.

В целом обращений за подобными медицинскими услугами не зарегистрировано.

Директор **С. Сыдыкова**

Translation of response in English

Leslie Tkach-Kawasaki,
Associate professor
Faculty of Humanities and Social Sciences
University of Tsukuba, Japan

Dear Madam Professor Leslie Tkach-Kawasaki!

The Department of Science and Human Resources of the Ministry of Health of the Republic of Kazakhstan, having examined your letter regarding the support of research by Ms. Z. Sekerbayeva, reports the following.

In Kazakhstan, on the basis of the Scientific Center of Urology named after B. U. Dzharbusynov 2010-2011, two sex reassignment operations were performed.

In general, requests for such medical services have not been registered.

Director **S. Sydykova**

Appendix 4 Consent form (Russian and English)

Форма согласия на участие в докторском исследовании
«Понимание акторов_к и процессов в процессе сопровождения трансгендерных субъективностей: на примере Казахстана»
Жанар СЕКЕРБАЕВА, кандидатка философских наук, Университет Цукубы

Большое спасибо за согласие участвовать в этом исследовательском проекте, касающимся динамики отношений между врачом и пациентом_кой в Казахстане с фокусом на трансгендерных вопросах. Это исследование проводит Жанар СЕКЕРБАЕВА, студентка докторской программы Высшей школы гуманитарных и социальных наук, Университет Цукуба, Япония.

Пожалуйста, внимательно прочитайте эту форму и задайте любые вопросы, которые могут возникнуть перед подписанием. Подпишите две копии формы; вы можете оставить один экземпляр себе.
Подписывая данную форму, вы соглашаетесь на следующее:

1. Мое участие в этом проекте является добровольным. Я понимаю, что за участие мне не будут платить. Я могу прекратить участие в любое время без последствий. Если откажусь от участия или выйду из исследования, никто в моем профессиональном или социальном окружении не будет про это проинформирован.
2. Я понимаю, что большинство респондентов_ток найдут дискуссию интересной и продуманной. Тем не менее если во время интервью я почувствую себя некомфортно, я имею право отказаться от ответа на любой вопрос или завершить беседу.
3. Мое участие включает интервью с Жанар СЕКЕРБАЕВОЙ из Университета Цукубы. Интервью - письменное.
4. Я понимаю, что исследовательница не будет идентифицировать меня по имени в любых отчетах (если я согласна на открытые данные, то упоминание имени возможно), используя информацию, полученную из интервью. Последующие виды использования записей и данных будут подчиняться стандартным политикам использования данных, которые защищают анонимность отдельных лиц и/или их организаций.
5. Я понимаю, что Жанар СЕКЕРБАЕВА может использовать мои ответы на вопросы интервью как часть данных для ее докторской диссертации и последующих публикациях только в анонимной форме для защиты моей личной информации.
6. Я прочитал_а и понял_а объяснения, предоставленные мне. На все мои вопросы я получил_а ответы и я добровольно участвую в этом исследовании.
7. Мне была предоставлена копия этой формы согласия.

Подпись участника_цы: _____ Дата:

Подпись исследовательницы: _____Дата:

Consent Form (translated into English)

Thank you very much for agreeing to participate in this study. It is a research project on studying the Understanding Actors and Processes Shaping Transgender Subjectivities: A Case Study of Kazakhstan focusing on transgender issues, carried out by the PhD researcher Zhanar Sekerbayeva from the University of Tsukuba. Please, read this form carefully and ask any questions you might have before signing it. You will have one copy of the consent form.

I volunteer to participate in a research project conducted by Zhanar Sekerbayeva from the University of Tsukuba. I understand that the project is designed to gather information about **Understanding Actors and Processes Shaping Transgender Subjectivities: A Case Study of Kazakhstan** focusing on transgender issues and that:

1. My participation in this project is voluntary. I understand that I will not be paid for my participation. I may withdraw and discontinue participation at any time without penalty. If I decline to participate or withdraw from the study, no one in my community will be told.
2. I understand that most interviewees will find the discussion interesting and thought-provoking. If, however, I feel uncomfortable in any way during the interview session, I have the right to decline to answer any question or to end the interview.
3. Participation involves being interviewed by a researcher from the University of Tsukuba. The interview will last approximately 45-90 minutes. Notes will be written during the interview. An audio tape of the interview and subsequent dialogue will be made. If I don't want to be taped, I will not be able to participate in the study.
4. I understand that the researcher will not identify me by name in any reports using information obtained from this interview. Subsequent uses of records and data will be subject to standard data use policies which protect the anonymity of individuals and institutions.
5. I understand that the researcher can use my answers to the interview questions as part of the data for her doctoral dissertation and subsequent publications only in anonymous form to protect my personal information.
6. I have read and understand the explanation provided to me. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate in this study.
7. I have been given a copy of this consent form.

Participant Signature:_____Date:

Researcher Signature:_____Date:

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