

Measuring Public Sentiments and Challenges Faced by Singapore's Transgender and Gender-Diverse Community

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS	1
INTRODUCTION	2
TERMINOLOGY AND ACRONYMS	3
METHODS	4
STUDY DESIGN AND PARTICIPANTS	4
DATA COLLECTION	4
MEASURES	5
ANALYTIC SAMPLE	5
DATA ANALYSIS	6
TRANSGENDER DEMOGRAPHICS	7
GENDER IDENTITY	7
INTERSEX CONDITION	7
CITIZENSHIP STATUS	7
AGE	8
SEXUAL ORIENTATION	9
ETHNICITY	10
RELIGIOUS IDENTITY	11
INCOME	12
HOUSING TYPE	13
TRANSITIONING	13
CISGENDER DEMOGRAPHICS	15
SEXUAL ORIENTATION	15
GENDER IDENTITY	15
CITIZENSHIP STATUS	16
AGE	16
ETHNICITY	17
RELIGIOUS IDENTITY	18
HIGHEST EDUCATIONAL CERTIFICATION	18
INCOME	19
HOUSING TYPE	20
EDUCATION	21
CURRENT EDUCATION STATUS	21
HIGHEST EDUCATIONAL QUALIFICATIONS	21
COMING OUT IN SCHOOL	22
TRANSITIONING IN SCHOOL	23
EXPERIENCES IN SCHOOL	29
STATEMENTS ON CARE AND SAFETY	32
CISGENDER PERSPECTIVES	35
EMPLOYMENT	37

CURRENT EMPLOYMENT STATUS	37
CURRENT SITUATION AT WORK	37
BARRIERS TO EMPLOYMENT	38
CRITERIA WHEN SEEKING EMPLOYMENT	42
NEGATIVE EXPERIENCES IN THE WORKFORCE	44
ACCEPTING INDUSTRIES	45
CISGENDER PERSPECTIVES	46
GENERAL HEALTHCARE	49
ACCESSING HEALTHCARE	49
RESPECT IN THE HEALTHCARE SYSTEM	51
HEALTHCARE PROFESSIONALS' AWARENESS OF TRANS ISSUES	52
TRUST IN HEALTHCARE PROFESSIONALS	53
COMPLAINT MECHANISMS	54
GENDER-AFFIRMING HEALTHCARE	55
GENDER DYSPHORIA	55
PURSUING GENDER-AFFIRMING HEALTHCARE	56
GENDER-AFFIRMING SERVICES	56
MEDICAL TRANSITIONING	57
HORMONE REPLACEMENT THERAPY	60
COST OF GENDER AFFIRMING THERAPY	61
EXPERIENCES OF TRANSGENDER HEALTHCARE IN SINGAPORE	62
CISGENDER PERSPECTIVES	65
LEGAL GENDER RECOGNITION	67
CHANGING LEGAL SEX ON NRIC	67
REASONS FOR NOT CHANGING GENDER MARKER	68
DIFFICULTIES CHANGING GENDER MARKER	70
WHAT THEY WOULD LIKE THEIR NRIC TO SAY IN THE FUTURE	71
IMPORTANCE OF LEGAL GENDER RECOGNITION	72
CISGENDER PERSPECTIVES	73
CISGENDER SOCIETAL VIEWS OF TRANSGENDER PEOPLE	77
FORMING OF VIEWS	77
EMOTIONS TOWARD TRANSGENDER PEOPLE	79
VIEWS OF TRANSGENDER PEOPLE	82
ACCEPTANCE TOWARD TRANSGENDER PEOPLE	83
RIGHTS OF TRANSGENDER PEOPLE	85
CONCLUDING SUMMARY	87
EDUCATION	87
EMPLOYMENT	88
GENERAL HEALTHCARE	89
GENDER-AFFIRMING HEALTHCARE	90

LEGAL GENDER RECOGNITION	92
CISGENDER SOCIETAL VIEWS	93
REFERENCES	95

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And to the respondents who spent 30 minutes of your life responding to this survey – we thank you for your contribution to this study which will help to build a truly inclusive Singapore.

INTRODUCTION

Previous studies in Singapore have highlighted how the transgender community faces several key challenges to health and well-being. These include (1) the difficult process of legal gender recognition, which has a prohibitive cost due to the required genital surgeries; (2) discrimination, abuse and restrictions facing transgender students; (3) discrimination against transgender persons in the employment sector; (4) discrimination and harassment in healthcare settings that discourage transgender persons from seeking necessary general healthcare, particularly in areas of sexual and reproductive health; (5) access to marriage, decent housing and shelter; and (6) violence against transgender or gender non-conforming adults, youths and children including physical, emotional and sexual violence from family members, the public or officials.

Given such findings, this survey hopes to explore the dynamic and fast-evolving needs of transgender individuals in Singapore, as well as examine the sentiments of cisgender individuals toward transgender persons. This survey was done as a collaboration between The Courage Lab at the Saw Swee Hock School of Public Health, National University of Singapore, TransgenderSG, and Transbefrienders.

This report is divided into the following sections:

1. Introduction
2. Methodology
3. Transgender demographics
4. Cisgender demographics
5. Education
6. Employment
7. General healthcare
8. Gender-affirming healthcare
9. Legal gender recognition
10. Cisgender societal views
11. Conclusion

TERMINOLOGY AND ACRONYMS

As this report dives into the transgender community and its experiences, we have provided a list of terminology for easier understanding.

Assigned female at birth (AFAB)	Used to describe a person who is or was thought to be female based on their body at their birth.
Assigned male at birth (AMAB)	Used to describe a person who is or was thought to be male based on their body at their birth.
Binary person	A person whose internal sense of gender is exclusively male or female.
Cis or cisgender person	Used to describe a person whose internal sense of gender matches the sex they were assigned at birth; not transgender.
Gender-affirming healthcare	Any single or combination of a number of social, psychological, behavioral and medical interventions designed to support and affirm an individual's gender identity. (from the World Health Organization's website)
Gender-diverse	An umbrella term relating to a person whose gender identity or expression does not conform to the cis-binary classification of gender. For the purpose of this report, the use of gender-diverse will exclude binary trans persons.
Gender expression	A person's behaviour or appearance that is socially associated with gender.
Gender identity	A person's deeply felt, internal and individual sense of gender, which may or may not correspond to the person's physiology or assigned sex at birth. (from the World Health Organization website)
Gender/sex marker	The gender/sex recorded on a person's legal documents (such as NRICs).
Intersex person	Someone born with, or who develops naturally at puberty, sexual characteristics outside of the typical male/female binary.
Legal gender recognition	The process which allows transgender people to change their gender marker on official documents.
Non-binary person	A person whose internal sense of gender is not exclusively male or female.
Non-heterosexual	A person who is not exclusively sexually attracted to persons of the opposite sex.
Trans or transgender person	While definitions differ across cultures, for Singapore's context in this report we use it as an umbrella term that includes all non-cis persons, including binary and non-binary trans persons.
Trans man or trans male	An AFAB person with a male gender identity.
Transmasculine or trans masc person	An AFAB person whose gender identity or expression is masculine but who does not necessarily identify as a man.
Trans woman or trans female	An AMAB person with a female gender identity.
Transfeminine or transfem person	Someone who is AMAB and whose gender identity or expression is feminine but who does not necessarily identify as a woman.

METHODS

STUDY DESIGN AND PARTICIPANTS

This study was a cross-sectional survey conducted from February 2024 to August 2024 to examine the experiences of transgender persons in Singapore across a range of topics including education, employment, healthcare, and legal gender recognition, as well as to evaluate the sentiments of cisgender persons towards the transgender community. The study was split into two distinct surveys: one for transgender persons and one for cisgender persons. Ethics approval was obtained from the institutional review board at the National University of Singapore (NUS-IRB-2023-295) prior to data collection.

In order to be eligible for the transgender survey, participants had to be Singapore Citizens or Permanent Residents between 16 to 85 years old and identify as transgender or otherwise gender-diverse. To be eligible for the cisgender survey, participants had to be Singapore Citizens or Permanent Residents between 21 to 85 years old and identify as cisgender. The transgender survey is a study of minority community needs, and therefore included younger participants in order to capture challenges faced by younger transgender and gender-diverse persons.

DATA COLLECTION

The transgender survey was primarily disseminated via the social media networks of trans community organisations, such as Transbefrienders and TransgenderSG. Participants who completed the survey were offered a SGD 10.00 reimbursement through PayNow, a Singaporean secure funds transfer service. A referral scheme was also put into place for the transgender survey as a form of snowball sampling, where participants could refer up to a maximum of four other participants for an additional reimbursement of SGD 5.00 per eligible participant. Verification of referrals was done through mobile phone numbers, which were decoupled from survey responses to preserve anonymity and discarded immediately after reimbursement was complete.

The cisgender survey was primarily disseminated via the social media networks of other community organisations, such as Pink Dot, as well as via Facebook advertisements. Participants who completed the survey were offered an optional SGD 5.00 reimbursement through PayNow. Similar to the transgender survey, mobile phone numbers were decoupled from survey responses and discarded after reimbursement.

Both surveys were only available in English and hosted on RedCap, a survey administration web platform. Participants who were interested in taking part in the surveys had the opportunity to learn more by reading an online participant information sheet. Subsequently, participants indicated their consent to taking part in the survey

by clicking the button to proceed with the survey. Cautionary statements that said, "Some of these questions may trigger memories of experiences that may not be pleasant, such as bullying and abuse. If you feel overwhelmed, take a short break before returning to the survey." were listed on the participant information sheet, and help resources were provided both on the front page and the end of the surveys. Aside from mobile phone numbers for reimbursement purposes, no personal identifiers or IP addresses were collected in order to safeguard participants' identities.

MEASURES

Demographic information was collected from all participants, such as age, gender identity, sexual orientation, race, religion, personal monthly income, household income and housing type. Transgender participants answered questions about their experiences in areas such as education, employment, healthcare and legal gender recognition. Cisgender participants answered questions about their sentiments toward transgender persons, including how their views of transgender persons had been formed, their level of social acceptance, and thoughts about transgender persons' rights. Several open-ended questions were included in order to gain a deeper understanding of participants' experiences.

The questions in this survey were based on the 2020 survey conducted by the Transgender Health Research Lab at the University of Waikato/Te Whare Wānanga o Waikato, Asia Pacific Transgender Network, and TransgenderSG, with additional questions to get more details on specific topics.

ANALYTIC SAMPLE

A total of 809 participants provided informed consent and started the transgender survey. Among the 809 participants, 16 responses were duplicates, 23 did not meet eligibility criteria, and 376 were incomplete responses, leaving 394 participants to be included in the analytic sample of transgender participants.

In order to identify differences in the experiences of participants based on their gender, each participant's gender was coded as trans female, trans male, transfem gender-diverse/non-binary, or trans masc gender-diverse/non-binary. Participants who listed their gender identity as 'questioning' were re-coded to 'gender-diverse' for analysis purposes, as the 'questioning' sample was too small to obtain meaningful results. Participants who listed their gender identity as 'others' were either re-coded into the respective categories or placed into 'gender-diverse' for analysis purposes, due to the small sample size. Examples of 'other' responses that were re-coded include 'agender' and 'genderfluid'. How we categorised each gender was as such:

1. Trans female: female gender identity + AMAB
2. Trans male: male gender identity + AFAB

3. Transfem gender-diverse/non-binary: non-binary OR others OR questioning + AMAB
4. Transmasc gender-diverse/non-binary: non-binary OR others OR questioning + AFAB

For the sake of brevity, the rest of the report will use transfem gender-diverse and transmasc gender-diverse as umbrella terms that include non-binary, questioning and other participants of the associated assigned sex.

We refer to binary and non-binary transgender people by their gender identity and associated pronouns, and not by their assigned sex at birth.

In the cisgender survey, a total of 683 participants provided informed consent. Of the 683 participants, 2 responses were duplicates, 47 did not meet eligibility criteria, and 227 were incomplete responses, leaving 407 participants in the analytic sample of cisgender participants.

DATA ANALYSIS

Statistical analysis was carried out using the statistical software STATA version 18 (Stata Corp, College Station, TX, USA). Basic descriptives were used to summarise sociodemographic information. Two-way tables of frequency counts were used together with Pearson's chi-square test for outcome variables and sociodemographic data to assess any associations at the bivariable level. Statistical significance was set at $p < 0.05$, meaning that the probability that the result occurred due to random chance was no more than 5%. For the cisgender survey, responses were weighted by age according to national statistics as our sample skewed toward younger participants and we wanted to ensure that their responses were more indicative of the general public. We also split their responses according to whether respondents were heterosexual or non-heterosexual, as we found significant differences based on sexual orientation.

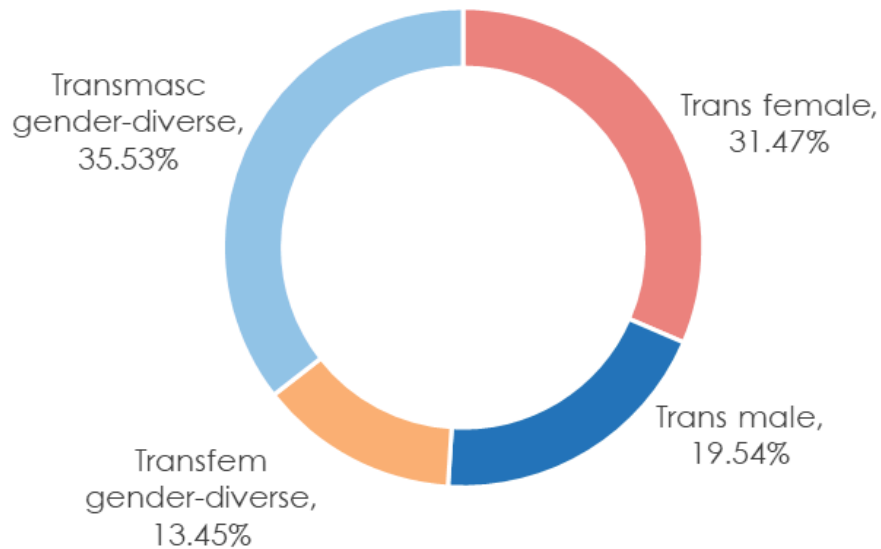
Quotes included in this report were selected to illustrate a bigger picture of the experiences of survey participants. They were edited to correct for issues such as typos, spelling, and grammar, which did not impact the substance of the responses.

While selected data points are represented in graphical format or simple tables in this report, all relevant data used in this report can be found in the supplementary report, where all statistical analyses are displayed in tables.

TRANSGENDER DEMOGRAPHICS

GENDER IDENTITY

Figure 1. Gender identity of transgender participants (n=394).



Of the 394 transgender respondents, **31.47%** (n=124) identified as trans female, **19.54%** (n=77) as trans male, **13.45%** (n=53) as transfem gender-diverse, and **35.53%** (n=140) as transmasc gender-diverse.

INTERSEX CONDITION

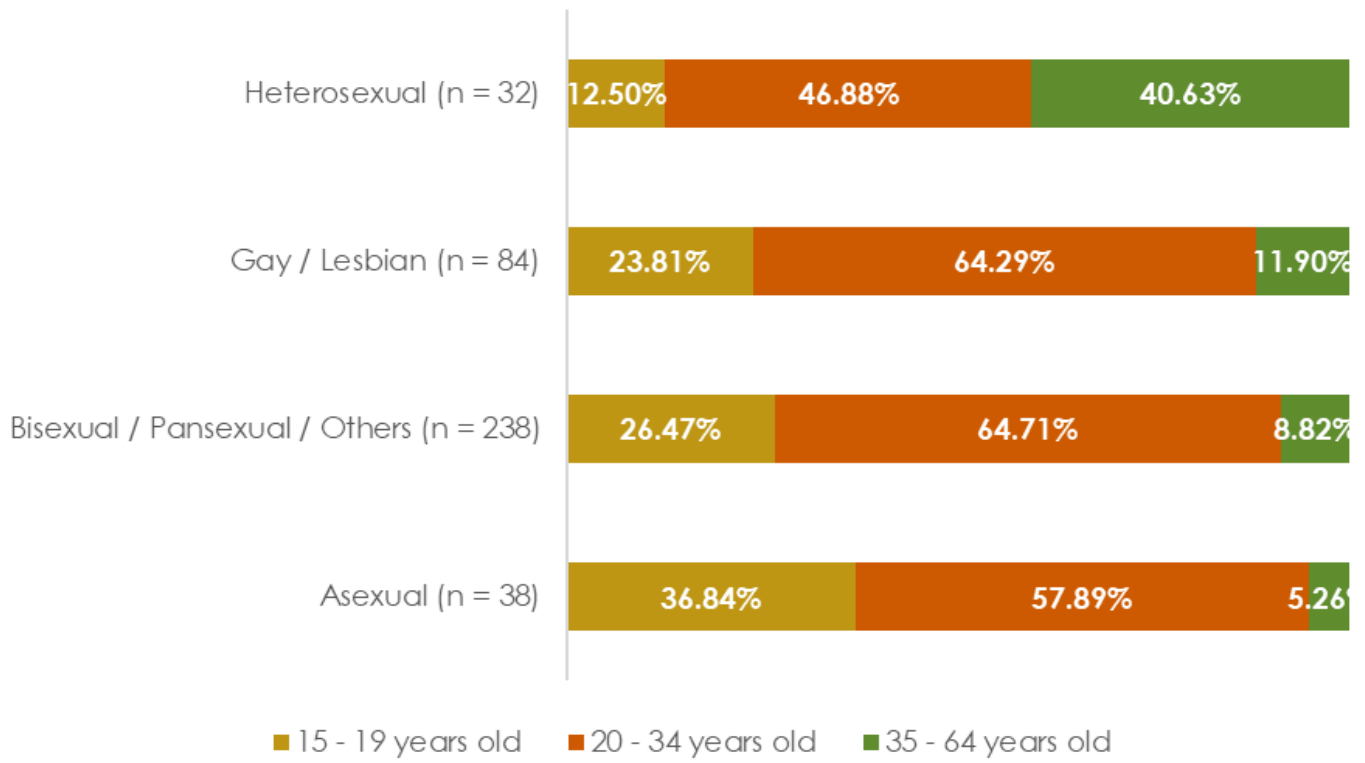
Two participants (0.51%) had been diagnosed with an intersex condition. Eleven (2.79%) suspect they have an intersex condition, but do not have a diagnosis.

CITIZENSHIP STATUS

94.67% are Singapore Citizens (n=373) and **5.33%** are Permanent Residents (n=21).

AGE

Figure 2. Age of transgender participants by sexual orientation (n=394).

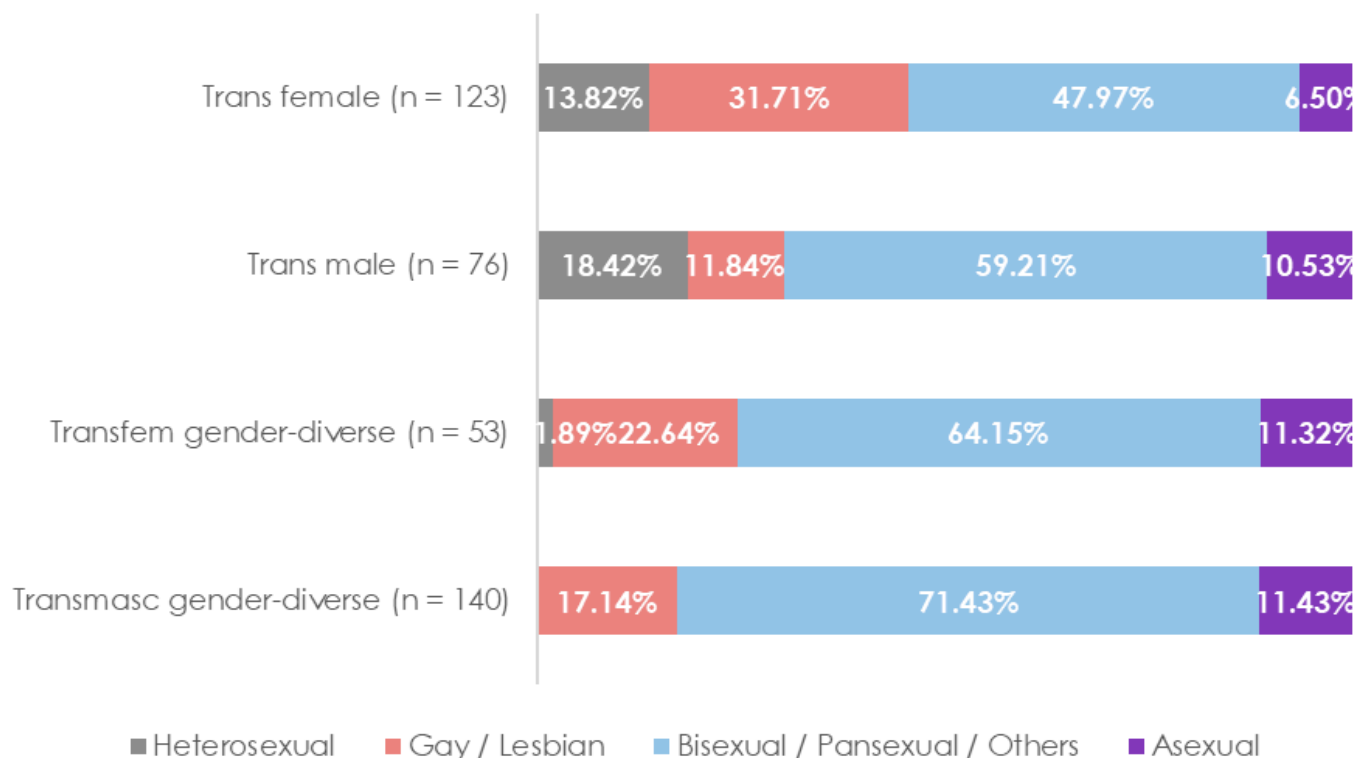


All 394 participants gave their age in the survey. The median age of participants was 25.03 years. While official population data published by Statistics Singapore shows that the median age of Singapore's population is 42.4 years in the year ending June 2023, it is not directly comparable.

Our survey showed **25.63%** (n=101) were between 16 and 19 years old, **62.18%** (n=245) between 20 and 34 years old, **11.17%** (n=44) between 35 and 49 years old, and **1.02%** (n=4) between 50 and 64 years old.

SEXUAL ORIENTATION

Figure 3. Sexual orientation of transgender participants, differentiated by gender identity (n=392).



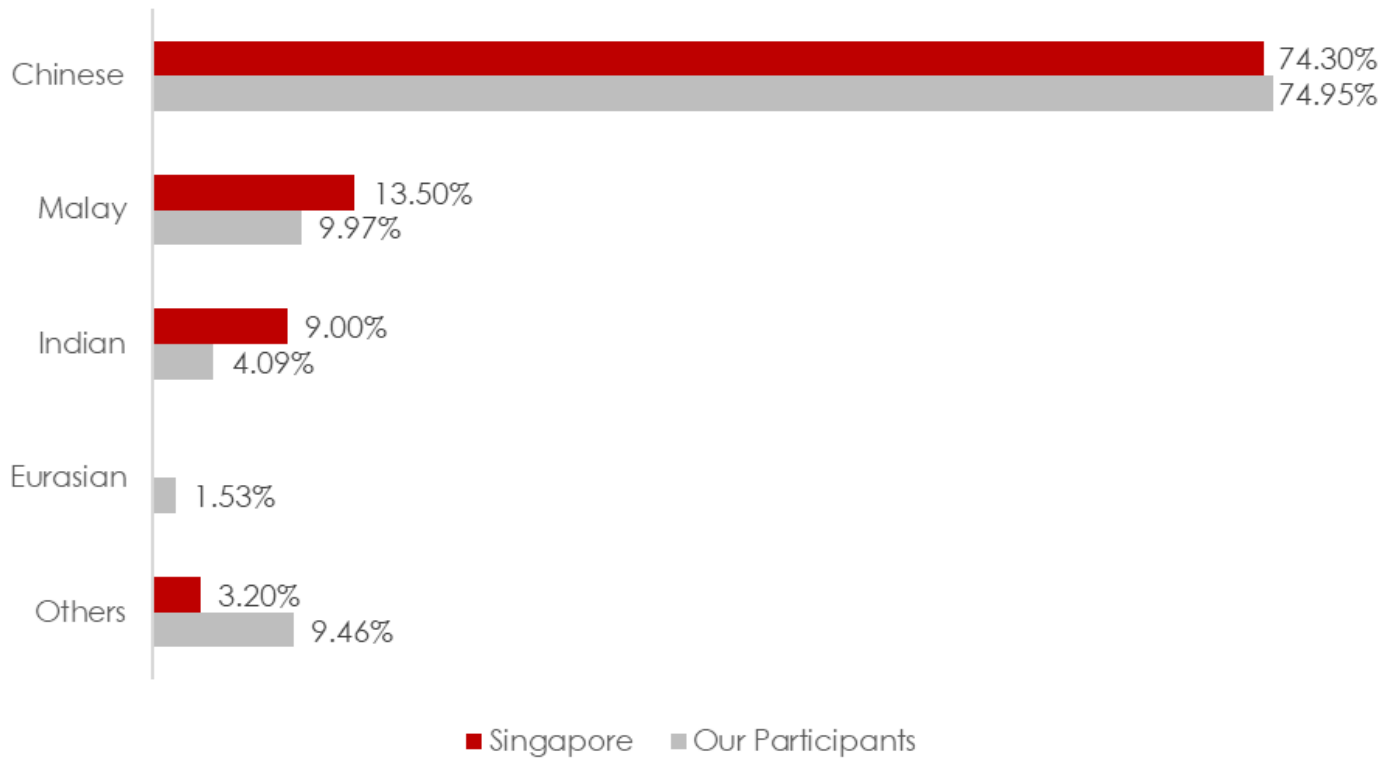
We asked transgender participants which term best described their sexual orientation from the following list of options: heterosexual, lesbian, gay, bisexual, pansexual, queer, asexual, questioning, and other. 392 participants out of 394 responded. **91.8%** (n=360) identified themselves as non-heterosexual, while a small minority identified themselves as heterosexual (**8.16%**, n=32).

Out of the total sample, **27.04%** (n=106) identified as bisexual, **14.8%** (n=58) as pansexual, **16.84%** (n=66) as lesbian, **14.59%** (n=18) as gay, **9.69%** (n=38) as asexual, **2.76%** (n=50) as questioning, and **3.32%** (n=13) as other sexual orientations.

Some respondents identified as a sexual orientation not typically associated with their gender identity, such as transmasculine individuals identifying as lesbians.

ETHNICITY

Figure 4. Ethnicity of transgender participants compared to the national average (n=391).



We asked participants which ethnic group(s) they belonged to, based on five options (Chinese, Malay, Indian, Eurasian and Others). People could select or write in one or more groups. 391 trans people provided this information.

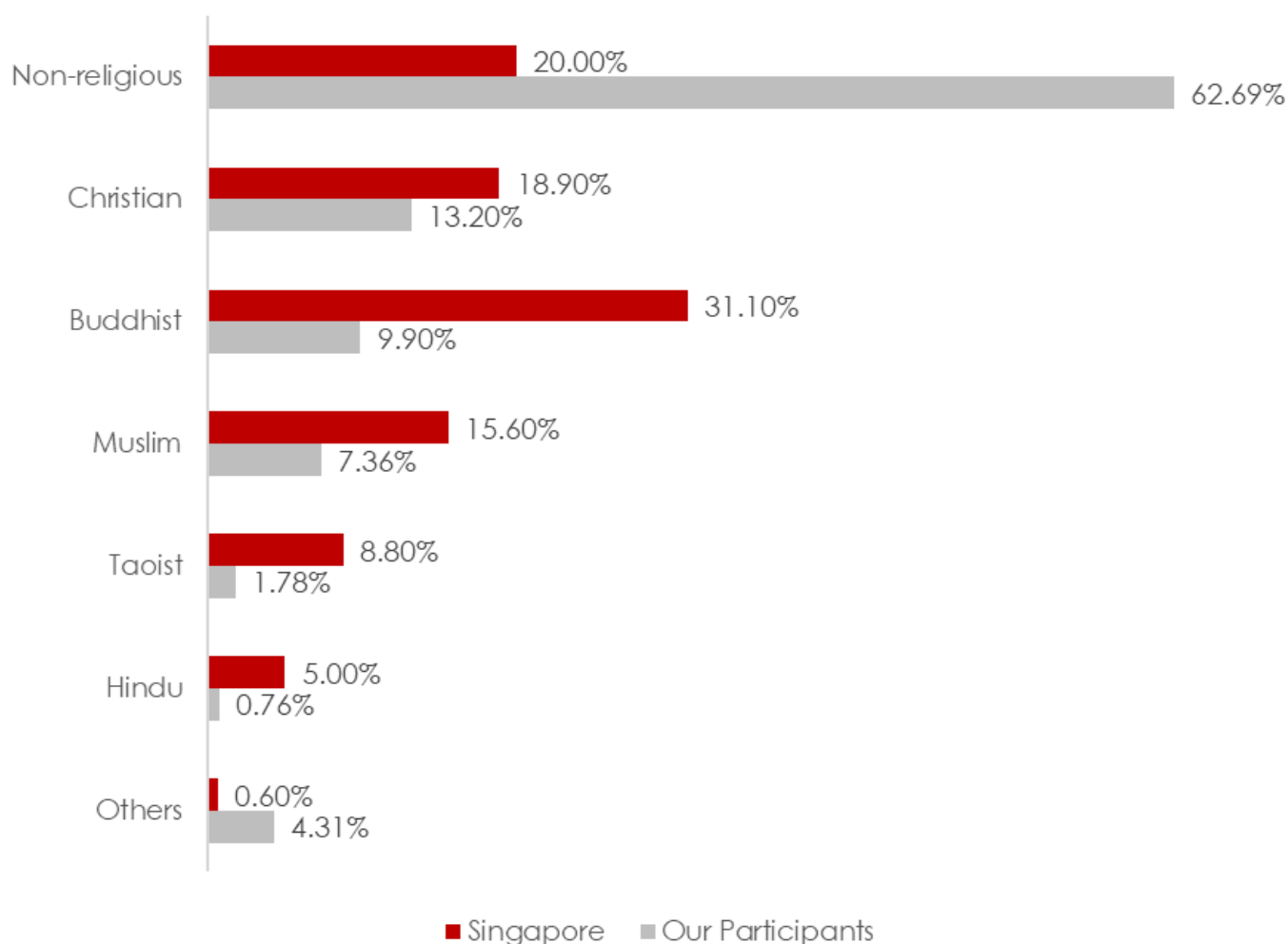
A majority were Chinese (**74.95%**, n=293), followed by those who were Malay (**9.97%**, n=39), Indian (**4.09%**, n=16), Eurasian (**1.53%**, n=6), and Others (**9.46%**, n=37). In June 2023(1), Statistics Singapore estimated that 74.3% of Singapore residents were Chinese, comparable to 74.95% of survey participants identifying their sole ethnic group as Chinese. This survey had lower representation of both Malay (9.97%) and Indian (4.09%) people compared to the Singapore population (Malay: 13.5% and Indian: 9.0%). In contrast, the survey had more who identified as 'Other ethnicities' (9.46%) and Eurasian (1.53%), totalling 10.99% compared to just 3.2% recorded as an Other ethnic group in Statistics Singapore (which also includes Eurasians).

As there is no population data on the size of the trans population in Singapore, let alone ethnicity distribution amongst that population, inferential data with regards to the distribution of ethnicities should be done with care. It is not possible to say whether these differences mean fewer Malay and Indian people, and/or more Eurasian and Other people in Singapore identify as trans, as the survey did not sufficiently

include Malay and Indian trans people and over-represented Other ethnic groups (including Eurasians). However, anecdotal evidence does suggest that because the Malay community in Singapore is predominantly Muslim, it can be harder for Malay trans people to come out as transgender. In contrast, TransgenderSG has suggested that some Eurasian trans people may have had more exposure to positive views about LGBTQ+ issues, and thus may be more likely to identify as trans and have access to community networks promoting this survey.

RELIGIOUS IDENTITY

Figure 5. Religious identity of transgender participants compared to the national average (n=394).



The survey also asked for participants' religious identity. Non-religious participants (**62.69%**, n=247) made up the majority, with Christians at **13.20%** (n=52), Buddhists at **9.90%** (n=39), Muslims at **7.36%** (n=29), Taoists at **1.78%** (n=7), Hindus at **0.76%** (n=3), and Other (religions not specified) at **4.31%** (n=17).

As of 2020(2), Singapore’s population is made up of 31.1% Buddhists, 8.8% Taoists, 18.9% Christians, 15.6% Muslims, 5.0% Hindus, 0.6% Others, and 20.0% No Religion. Though not directly comparable, there is a noticeable disparity in the numbers for Buddhists, Taoists, and Hindus, with more transgender participants identifying as non-religious. Further studies need to be done to analyse this disparity, as it could be attributed to multiple reasons, such as conflicting beliefs between religious teachings and self-acceptance, or sociodemographic factors like age, education, or ethnicity.

INCOME

PERSONAL INCOME

Table 1. Personal monthly income of transgender participants (n=302).

Personal Monthly Income	Number	Percentage
Less than \$1,000	124	41.06
\$1,000–\$1,999	41	13.58
\$2,000–\$2,999	30	9.93
\$3,000–\$3,999	33	10.93
\$4,000–\$4,999	33	10.93
\$5,000–\$5,999	9	2.98
\$6,000–\$6,999	8	2.65
\$7,000–\$7,999	6	1.99
\$8,000–\$8,999	2	0.66
\$9,000–\$9,999	2	0.66
\$10,000–\$10,999	4	1.32
\$11,000–\$11,999	1	0.33
\$12,000 and above	9	2.98

Of 394 participants, only 302 trans persons answered the question on *Personal Income*. **54.64%** (n=165) have a personal income of less than SGD 2,000, and **31.79%** (n=96) between SGD 2,000 to 4,999. According to the Ministry of Manpower’s Statistics and Research Department, the median income of a typical worker in Singapore in 2023 is SGD 5,197 (inclusive of employer CPF contributions)(3). From the survey, only **13.57%** (n=41) of trans participants have a personal income of SGD 5,000 and above, a key indicator of economic well-being. Of note, 198 participants were students at the time of the survey, which may have lowered the average personal monthly income.

HOUSEHOLD INCOME

Table 2. Household monthly income of transgender participants (n=265).

Household Monthly Income	Number	Percentage
Under \$1,000	15	5.66
\$1,000–\$4,999	65	24.53
\$5,000–\$8,999	68	25.66
\$9,000–\$12,999	43	16.23
\$13,000–\$19,999	35	13.21
\$20,000 and above	39	14.72

With regards to *Household Income*, the survey received an attrition rate of 32.74% (n=129), leaving a total of 265 people who responded. Of the remaining, **30.19%** (n=80) had a household income of below \$5,000, **41.89%** (n=111) between \$5,000 to \$12,999, **13.21%** (n=35) between \$13,000 to \$19,999, and **14.72%** (n=39) with \$20,000 and above.

HOUSING TYPE

Housing is often considered an important social determinant of health(4) as it reduces stress and provides a psychologically safe space for people. From the survey, 386 of 394 transgender participants gave their *Housing Type*; of these, 384 answered the question on housing ownership. **20.73%** (n=80) each were living in 1–3 room HDB units or private housing. **26.42%** (n=102) in 4-room HDB units, and **32.12%** (n=124) in 5-room HDB/Executive Condominium/large public housing units.

79.17% of participants lived with their parents or had some other arrangement (n=304). **12.24%** owned their homes (n=47) and **8.59%** were renting (n=33).

TRANSITIONING

SOCIAL TRANSITION

This section sought to understand the measures taken by transgender participants to socially transition. All 394 transgender participants answered this section of the survey.

A large majority of participants had come out to their friends and changed their gender expression. **82.99%** (n=327) had come out as transgender to their friends. **78.43%** (n=309) had made changes in their gender expression (e.g. clothes, hair, make up, voice training). **68.02%** (n=268) had requested a change of name, pronouns, and honorifics (sir/ma'am) in social interactions. **46.70%** (n=184) had come out as

transgender to their family. **22.08%** (n=87) had their name changed legally. **9.90%** (n=39) had not started socially transitioning.

MEDICAL TRANSITION

This section sought to understand the medical interventions taken by transgender participants to align their body with their gender identity.

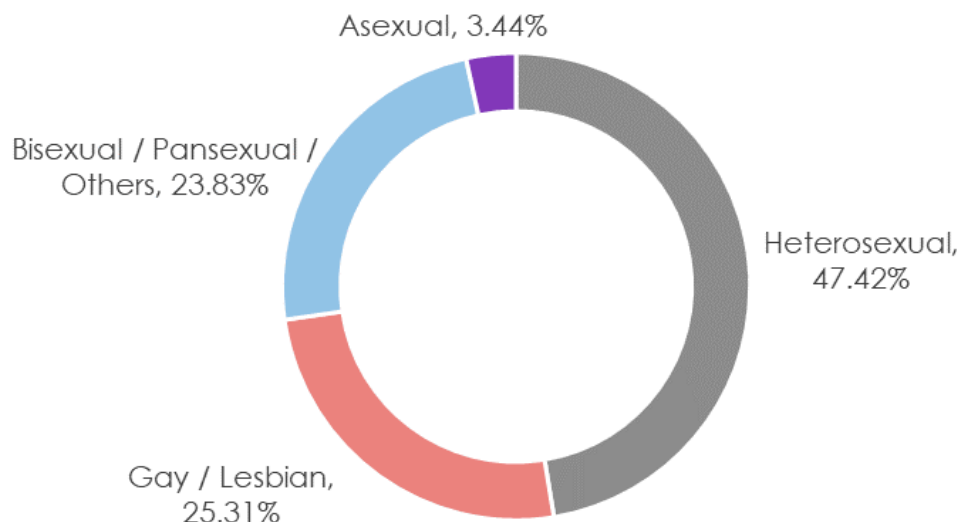
51.02% (n=201) had not started medically transitioning. **44.92%** (n=177) had undergone hormone replacement therapy, and **11.93%** (n=47) had undergone other feminisation/masculinisation procedures (facial surgery, electrolysis, etc).

10.66% (n=42) had undergone top surgery (mastectomy) or breast implants. **6.6%** (n=26) had undergone sterilisation (removal of uterus/ovaries/testes), and **4.06%** (n=16) had undergone bottom (genital) surgery.

CISGENDER DEMOGRAPHICS

SEXUAL ORIENTATION

Figure 6. Sexual orientation of cisgender participants (n=407).



407 cisgender participants were asked which term best described their sexual orientation from the following list of options: heterosexual, lesbian, gay, bisexual, pansexual, queer, asexual, questioning, and other. A slight majority of survey participants **52.58%** (n=214) identified as non-heterosexual, and the remaining **47.42%** (n=193) as heterosexual.

This is significantly higher than the prevailing rate of non-heterosexual persons in the Singapore community. While we do not have any definite local estimates, an IPSOS survey in 2023 found that 7% of Singaporean respondents identified as non-heterosexual(5). However, the researchers noted that their sample size was more urban, educated and affluent than average, and thus cannot be taken as representative of the country.

For non-heterosexual cisgender participants, **3.44%** (n=14) identified as asexual, **14.00%** (n=57) as bisexual, **15.97%** (n=65) as gay, **9.34%** (n=38) as lesbian, **4.42%** (n=18) as pansexual, **3.44%** (n=14) as questioning, and **0.25%** (n=1) as 'other'.

GENDER IDENTITY

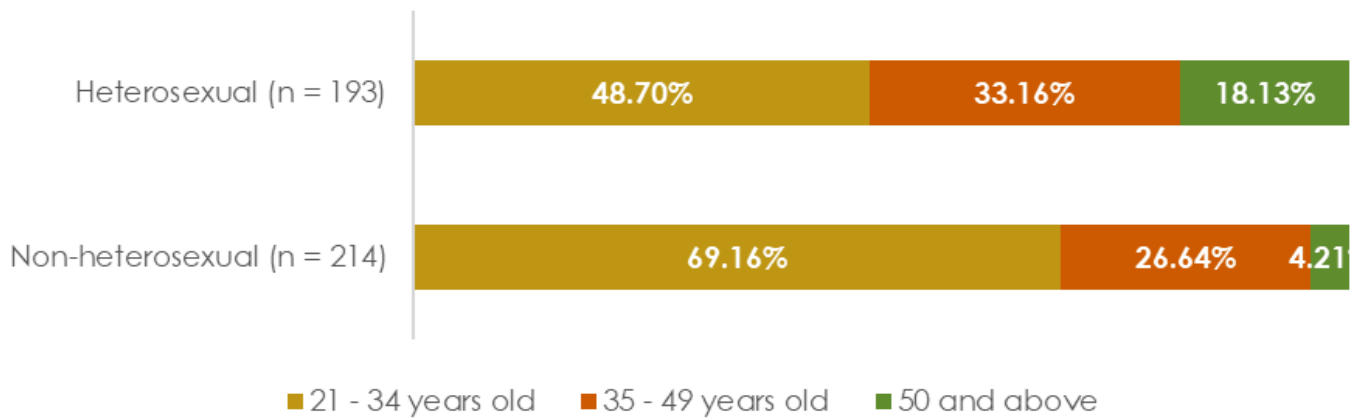
60.74% (n=246) of 405 respondents identified as female and **39.26%** (n=159) as male.

CITIZENSHIP STATUS

95.09% (n=387) of 407 cisgender respondents are Singaporean Citizens and **4.91%** are Permanent Residents (n=20).

AGE

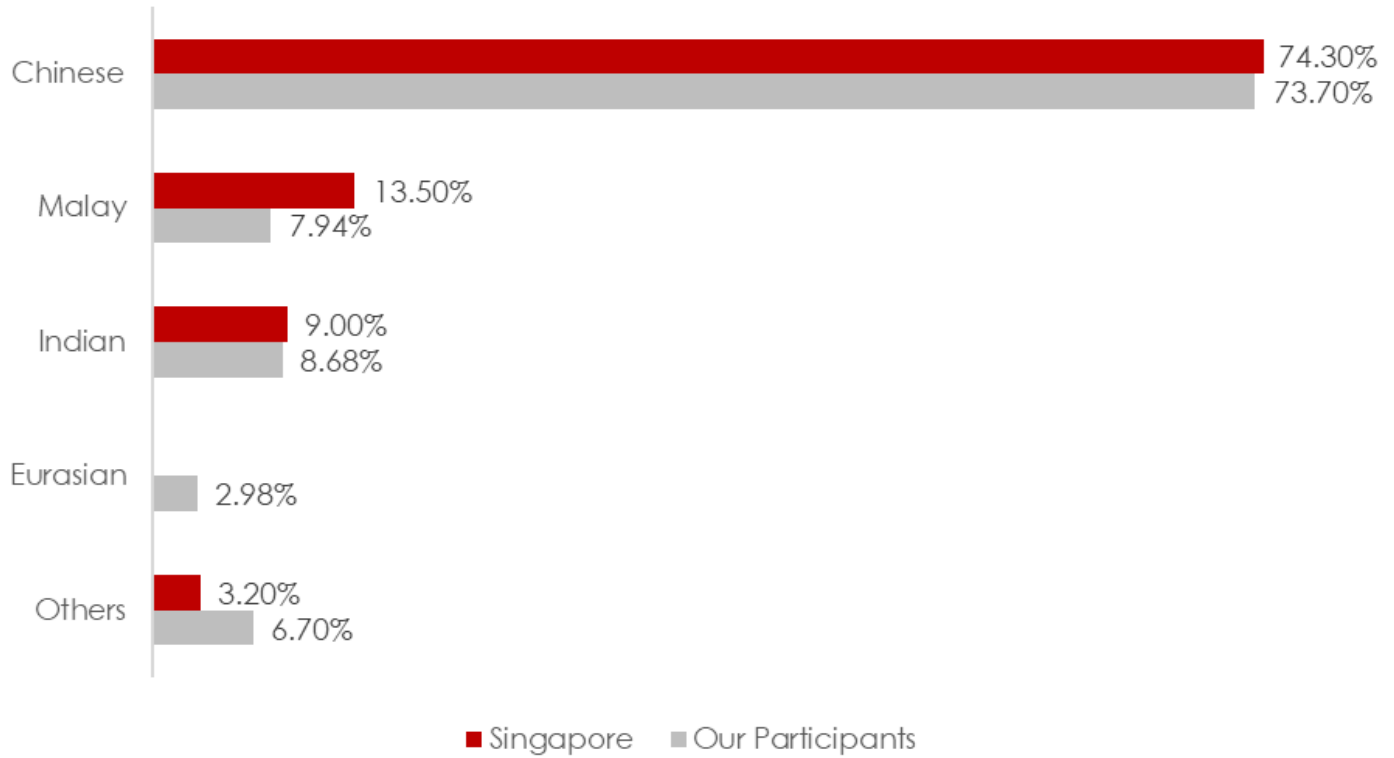
Figure 7. Age of cisgender participants by sexual orientation (n=407).



The median age of cisgender respondents was 34.5 years. **59.46%** (n=242) were between 21 and 34 years old, **29.73%** (n=121) between 35 and 49 years old, **9.09%** (n=37) between 50 and 64 years old, and **1.72%** (n=7) between 65 and 85 years old.

ETHNICITY

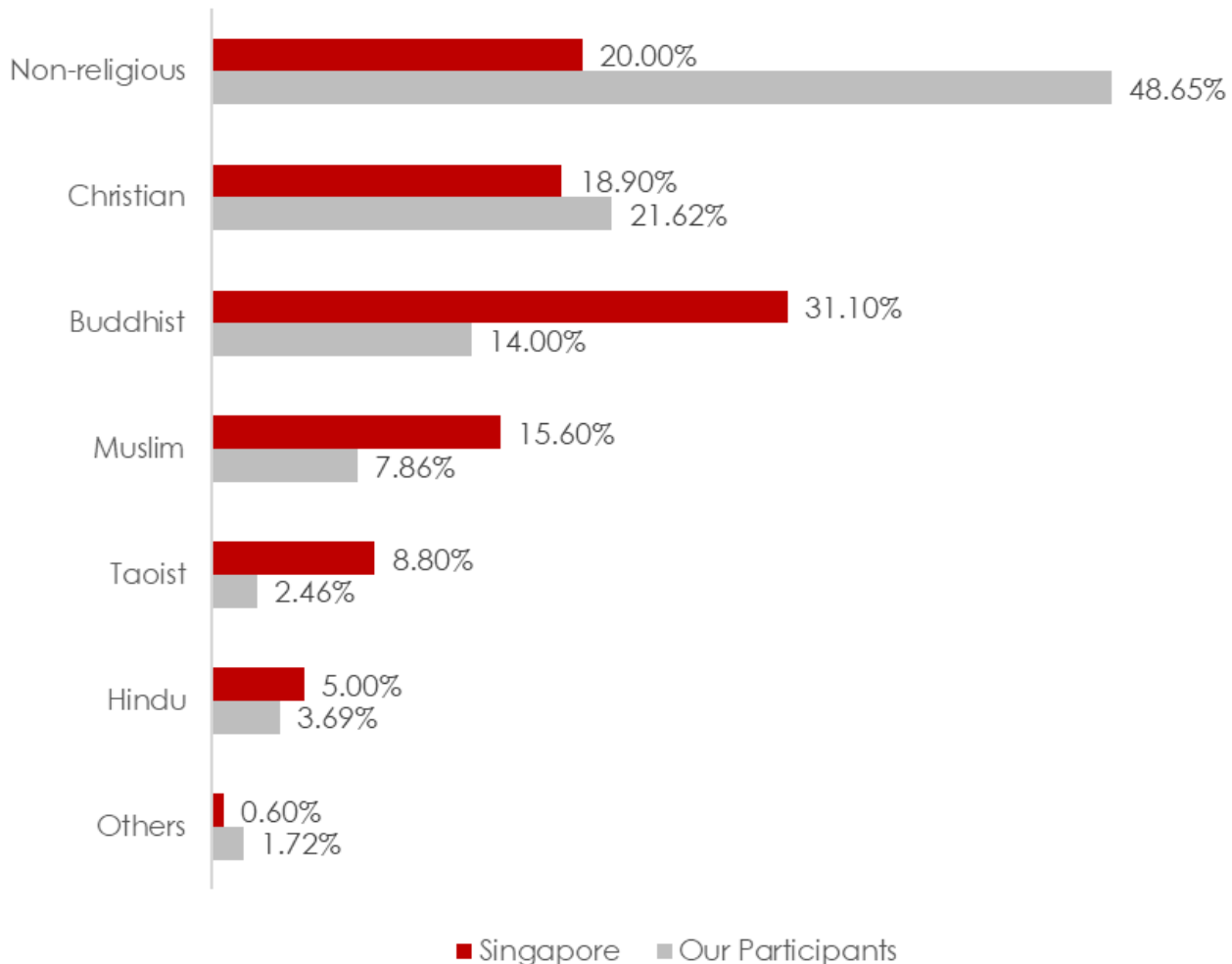
Figure 8. Ethnicity of cisgender participants compared to the national average (n=403).



A large majority of cisgender participants were Chinese (**73.7%**, n=297). Malays made up **7.94%** (n=32), Indians made up **8.68%** (n=35), Eurasians made up **2.98%** (n=12), and Others made up **6.70%** (n=27) of survey participants.

RELIGIOUS IDENTITY

Figure 9. Religious identity of cisgender participants compared to the national average (n=394).



Similar to transgender participants, our cisgender respondents were much more likely to be non-religious (**48.65%**, n=198) compared to the national average. Christians (**21.62%**, n=88) were slightly more represented than average. Buddhists at **14.00%** (n=57) were underrepresented, as were Muslims (**7.86%**, n=32), Taoists (**2.46%**, n=10) and Hindus (**3.69%**, n=15). **1.72%** (n=7) were of other religions not specified.

HIGHEST EDUCATIONAL CERTIFICATION

The majority of cisgender participants had university degrees or higher educational qualifications (**71.92%**, n=292), far more than the national estimate of 36.60% of Singapore residents aged 25 and over in 2023(6). **14.78%** (n=60) had Diploma or Professional Certificates qualifications, **10.10%** (n=41) had Post-Secondary (non-tertiary)

qualifications, **2.71%** (n=11) had at least Secondary School qualifications, and **0.49%** (n=2) had below Secondary School qualifications.

INCOME

PERSONAL INCOME

Table 3. Personal monthly income of cisgender participants (n=342).

Personal Monthly Income	Number	Percentage
Less than \$1,000	59	17.25
\$1,000–\$1,999	16	4.68
\$2,000–\$2,999	30	8.77
\$3,000–\$3,999	33	9.65
\$4,000–\$4,999	49	14.33
\$5,000–\$5,999	36	10.53
\$6,000–\$6,999	22	6.43
\$7,000–\$7,999	17	4.97
\$8,000–\$8,999	21	6.14
\$9,000–\$9,999	6	1.75
\$10,000–\$10,999	11	3.22
\$11,000–\$11,999	9	2.63
\$12,000 and above	33	9.65

As mentioned previously, the median income of a typical worker in Singapore in 2023 (inclusive of CPF contributions from employers) is SGD 5,197. **30.7%** (n=105) of our cisgender respondents have a personal income of SGD 2,999 and below, and **23.98%** (n=82) between SGD 3,000 to SGD 4,999.

HOUSEHOLD INCOME

Table 4. Household monthly income of cisgender participants (n=315).

Household Monthly Income	Number	Percentage
Under \$1,000	9	2.86
\$1,000–\$4,999	40	12.70
\$5,000–\$8,999	76	24.13
\$9,000–\$12,999	60	19.05
\$13,000–19,999	73	23.17
\$20,000 and above	57	18.10

315 cisgender participants answered the question on *household income*. **15.56%** (n=49) had a household income of \$4,999 and below, while **84.44%** (n=266) had a household income of \$5,000 and above.

HOUSING TYPE

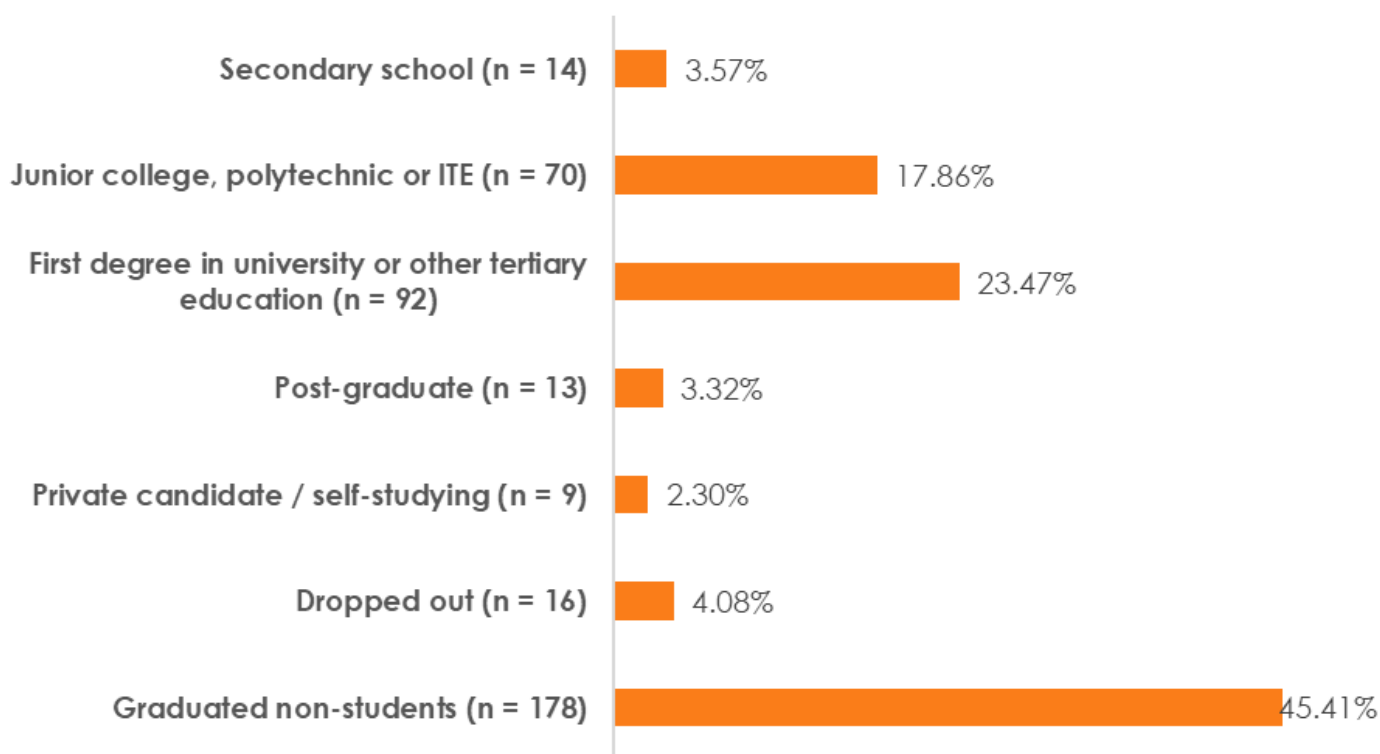
401 cisgender participants answered the questions on *Housing Type* and housing ownership. **13.47%** (n=54) live in 1–3 room HDB units, **26.18%** (n=105) in 4-room HDB units, **30.17%** (n=121) in 5-room HDB/Executive Condominium/large public housing units, and **30.17%** (n=121) in private housing.

53.87% of cisgender participants lived with their parents or had some other arrangement (n=216). **37.16%** owned their homes (n=149) and **9.73%** were renting (n=39).

EDUCATION

CURRENT EDUCATION STATUS

Figure 10. Current education status of transgender participants (n=392).



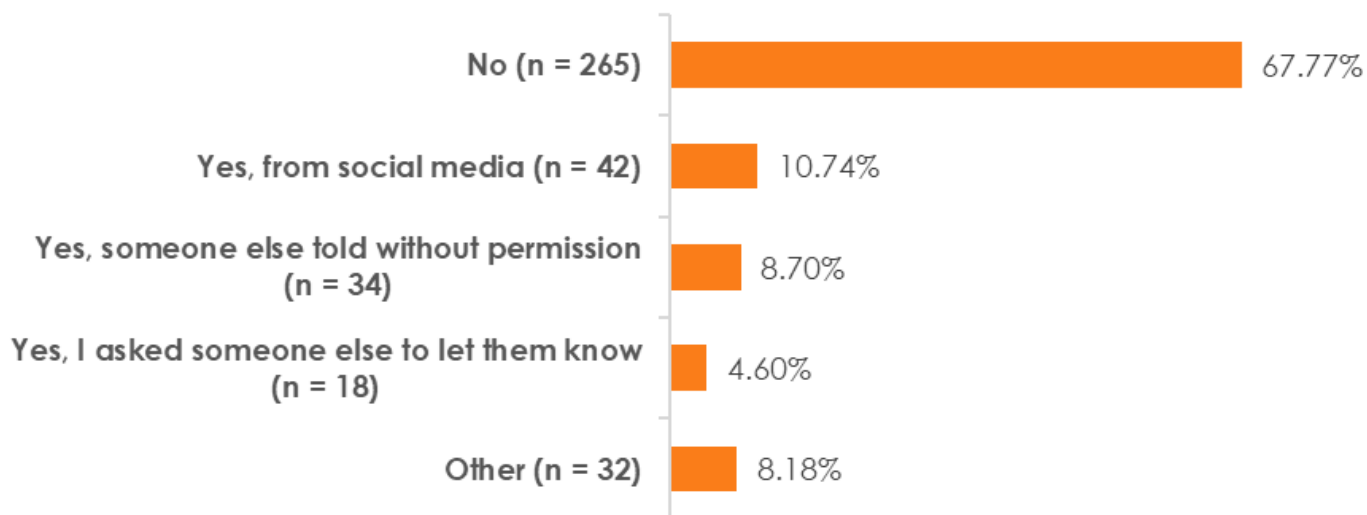
392 transgender participants provided their education status. **45.41%** (n=178) had graduated and were not currently studying. **3.57%** (n=14) were in Secondary School, **17.86%** (n=70) in Junior College, Polytechnic, or ITE, **23.47%** (n=92) doing their first degree in university or another tertiary institution, **3.32%** (n=13) pursuing postgraduate studies, **2.3%** (n=9) were private students or doing self-study, and **4.08%** (n=16) had dropped out of the education system.

HIGHEST EDUCATIONAL QUALIFICATIONS

Among the 194 transgender participants who were no longer in school, **53.09%** (n=103) had a university degree or above as their highest educational qualification. This is higher than the national average of 36.60% for Singapore residents 25 years old and above(6). **32.47%** (n=63) had a diploma or other professional qualification. **3.61%** (n=7) had a post-Secondary qualification, **7.73%** (n=15) had a Secondary School qualification, and **3.09%** (n=6) below Secondary School qualifications.

COMING OUT IN SCHOOL

Figure 11. Whether other people in school knew about their transgender identity before they told them (n=391).



Participants were asked if anyone at school had known they were transgender before they told them. A majority of the 391 respondents (**67.77%**, n=265) said no. **10.74%** (n=42) said that people found out from social media. **8.70%** (n=34) had been outed without their permission, and **4.60%** (n=18) had asked someone else to inform other people. **8.18%** (n=32) selected 'Other', and gave responses including others guessing they were trans based on their gender presentation and mannerisms, or from their interactions with other people. Selected quotes from their responses are highlighted below.

Gender identity presentation and mannerisms

"I don't completely pass nor do I try to. I try to always introduce my pronouns (she/they) alongside my name, and I openly display queer stickers on my laptop so some people know before I outright tell them."

- Transfem Gender-Diverse, 23 years old

"They noticed that my mannerisms and dressing were more masculine in nature. I also did not participate in "fangirling" over other boys in schools when my friends talked about this."

- Trans Male, 29 years old

"Mainly from the way I expressed myself appearance-wise as well as my mannerisms."

- Transmasc Gender-Diverse, 21 years old

Interactions with other people

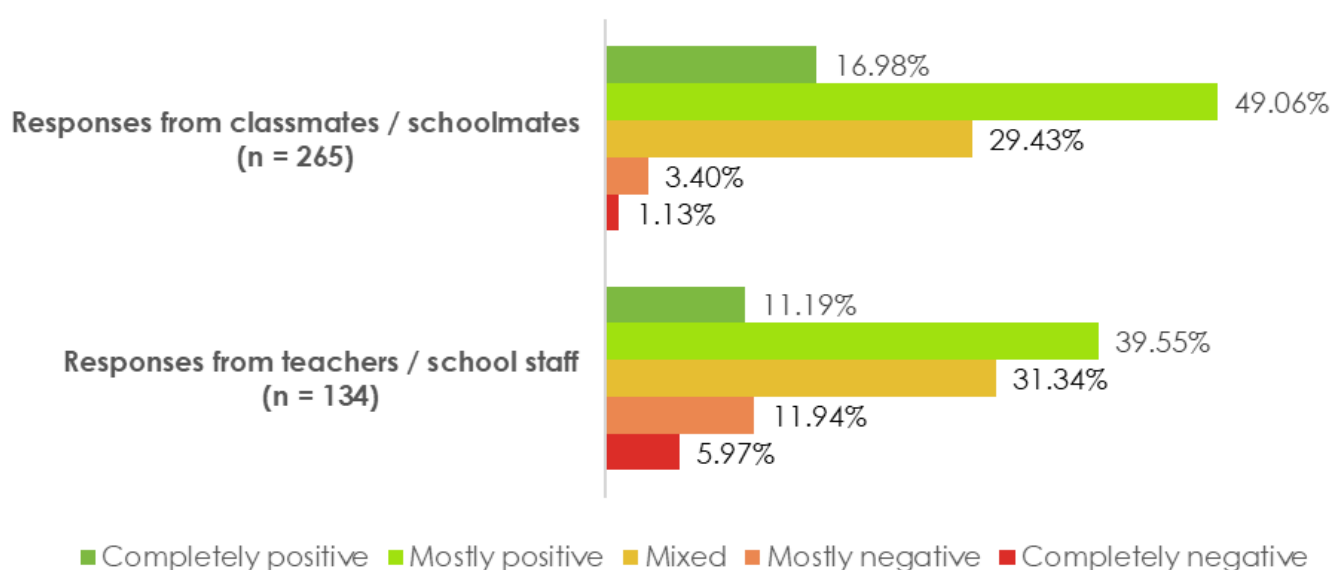
"I came out to my group of friends and other people caught on because of how they referred to me or because I changed my name on social media."

- Trans Male, 26 years old

"Yes, some of them could guess it, and only one of them overheard a conversation between my closer friends mentioning that I'm trans. I just deny when anyone except my close friends ask though."

- Trans Male, 16 years old

Figure 12. Social responses to coming out in school.



265 participants who had come out as transgender to their schoolmates responded with the reactions they received. **66.04%** (n=175) received mostly or completely positive responses from their schoolmates, while only **4.53%** (n=11) received mostly or completely negative responses. **29.43%** (n=78) received mixed responses.

134 participants who had come out as transgender to teachers or other staff responded with the reactions they received. **50.74%** (n=68) received mostly or completely positive responses from their teachers or school staff. **17.91%** (n=24) received mostly or completely negative responses, and **31.34%** (n=42) received mixed responses.

TRANSITIONING IN SCHOOL

Transgender students who plan to transition can find it daunting due to a general absence of trans-affirming policies in the Singapore education system. Participants who had transitioned in school were asked to share the steps that they took. Their

answers were grouped into overarching categories. They were also invited to share any accommodations that their school or institution had made for them.

STEPS TO TRANSITION IN SCHOOL

Name and pronouns

A change in legal name and pronouns can reduce mental health risks in transgender and non-binary youths(7). We found that changing name and pronouns was one of the more common steps for students transitioning, whether it be informally among friends, or through legal name changes.

"[I] updated my school registration name to reflect my legal name change, [and] requested that my pronouns be used in classroom spaces. As an undergrad, I also ran for valedictorian under my preferred name prior to my legal name change. I explained to the admin staff that my preferred name was different to my registration/legal name as I am transgender, and they also took the initiative to change my honorific to Mr (my preferred honorific is actually Mx, but Mr was a better option for me than Ms)."

- Transmasc Gender-Diverse, 26 years old

"I confided in close friends that I preferred a name different from my birth name, as well as indicating which pronouns I felt more comfortable with."

- Transfem Gender-Diverse, 20 years old

"[I] refer to myself as a different gender than the sex I was assigned at birth in normal conversation as a way of testing the waters. If someone notices and questions, [I] explain I am non-binary, if not, [I] leave it be."

- Transmasc Gender-Diverse, 16 years old

"I make it a point to email teachers in advance about my gender and name. It has rarely happened, but if they do not respect that I drop their class."

- Trans Male, 23 years old

Gender expression and presentation

Gender expression refers to the behaviour, mannerisms and presentation normally associated with a gender. While this may adhere to gender stereotypes, for many transgender people it is often the main or only way they can affirm their gender identity and signal their gender to others. This is especially so for those who have not undergone any forms of medical transition. Preventing transgender people from freely expressing their gender is significantly associated with higher levels of mood disorders and psychiatric distress(8).

We found that transgender participants found comfort in presenting and expressing themselves according to their gender identity, such as cutting their hair or dressing in a manner consistent with norms for that gender.

“Back in (pre-u), I used to cosplay, and I asked permission to cosplay or to wear any costume I wanted for events e.g. formal dinner. For my prom in 2015, I explicitly asked permission from one of the teachers organising the prom that I wanted to dress in a manner that I was comfortable with. I was given a green light to do so.”

- Trans Female, 27 years old

“Yes; cut my hair, wear a binder, change my mannerisms, change my food intake (more protein for muscle gain).”

- Trans Male, 21 years old

“I cut my hair short and started not to wear the female school uniform as often as I could. When I was in poly, I kept my short hair and dressed masculine.”

- Transmasc Gender-Diverse, 22 years old

Transitioning after graduation

A number of participants shared that they only felt comfortable to transition, especially medically, after graduating from school or while enrolled in university. Previous research found that these unique stressors – such as deciding to transition after graduation even though they might be suffering from distress due to gender dysphoria – was to protect themselves from discrimination and harm(9).

“I dropped out twice from school when I was younger and only pursued transitioning when I was away from school. I rejoined polytechnic in 2018 in my late 20s after some time on hormones and a legal name change, intending to present fully as male. Due to timing, I had to apply under my former name, causing some issues during enrollment and interview. I presented as cis male to my classmates and schoolmates, but did talk to teachers about being trans whenever, if it felt pertinent. My assigned mentor was also aware.”

- Transmasc Gender-Diverse, 31 years old

“I transitioned socially only in University. All my responses before this refer to my secondary school and tertiary education. In university I was accommodated without question, my pronouns respected and my preferred name accepted. I want to be clear that my responses to the questions about “school” refer to primary to tertiary, and exclude University, since that was the bulk of my school years in Singapore. In my uni years I felt safe, respected, validated, affirmed, and I am grateful to have had that space to come out as nonbinary.”

- Transmasc Gender-Diverse, 26 years old

"I started HRT when I was enrolled in the degree I'm currently pursuing, but did not socially transition back then. I told 3 classmates at that time. Then, [I] stopped school for > 1 year. Now I am back at school, but [stealth]."

- Trans Female, 35 years old

"For me [it was] only possible to transition in university. I was not really living until Uni."

- Trans Female, 27 years old

ACCOMMODATIONS BY SCHOOLS

Unisex toilets

Transgender students made to use the toilets for their assigned sex often face bullying or sexual harassment. One form of accommodation that schools offered transgender students was giving them access to unisex toilets.

"[The school] gave me the access card for [the] handicapped toilet and were respectful about my gender identity."

- Trans Male, 16 years old

"One of my tutors in polytechnic said trans students can use the unisex toilets if they want because we would be implicitly forced (school rule) to use the toilet corresponding to our legal gender."

- Transmasc Gender-Diverse, 17 years old

"[My school] provided me with gender neutral toilets."

- Trans Female, 22 years old

While unisex toilets are a welcome accommodation, being given a separate toilet from the rest of the students can also reinforce stigma as well as feelings of exclusion from their peers. For students who have transitioned and are not visibly transgender, using a separate toilet can raise questions and risk outing them when their friends wonder why they cannot go to the same toilet as them.

Accepted change in name and pronouns

Another common form of gender affirmation and accommodation for transgender students was recognising and accepting their names and pronouns. As mentioned above, reduction in mental health risks in transgender and non-binary youths(7) can be aided by accepting name and pronoun changes. Some participants reflected that their pronouns were not accepted, but their preferred names were.

“Allowing various Administrative or Educational online platforms the option for customisable names; Allowing non-legal names on graduation transcript.”

- Trans Female, 27 years old

“[I’ve] never tried it personally, but I’ve heard that (local university) will allow name and pronoun change for people who request it through counselors and course facilitators.”

- Trans Male, 22 years old

“Teachers [are] allowed to address [us] by preferred name but not pronouns.”

- Transfem Gender-Diverse, 20 years old

Accommodations in gender expression

Schools sometimes made accommodations in allowing more gender-neutral attire or hairstyles for transgender students.

“I know of two trans individuals (one MTF and one FTM) that were allowed to come to school daily in PE shorts, even on full uniform days, as the shorts were more unisex.”

- Transmasc Gender-Diverse, 19 years old

“For the reason of low mood diagnosed by my psychologist, my school has allowed me to leave my hair slightly longer as long as it is gelled and it is trimmed every term.”

- Trans Female, 16 years old

“Allowing transgender students to wear shorts instead of skirts/pants, but only with [an] official letter of diagnosis for gender dysphoria from a psychiatrist.”

- Transmasc Gender-Diverse, 18 years old

“Allowing MTF to keep their hair long, and allowing trans students to wear PE attire as long as they go through the lengthy process of talking to the head of year and deputy principal with their parents.”

- Trans Male, 16 years old

Housing/dormitory accommodations

Transgender students also face difficulties around campus accommodations and other student housing. Housing policies are typically based on students’ legal sex. While some institutions make accommodations for transgender students, these often come with caveats such as more expensive single rooms or having to get the agreement of other students who would be sharing the same room or toilets.

"It wasn't easy to get a single room hostel and I am not sure if there were already slots, but they gave me one so I would stop staying on the single gender floor with a shared bathroom. Not sure if it was an accommodation for me or for them. It's both a positive and negative experience cause I am forced to stay in a much more expensive hostel. But at least they made the swap for me."

- Trans Male, 30 years old

"We can now stay in the floor of our identified gender if it is an ensuite room, and if there is sharing of toilets, the few students sharing must consent to sharing with you, the transgender student."

- Trans Female, 24 years old

No accommodations made

Unfortunately, not all schools provided accommodations to transgender students.

"My school never made accommodations for transgender students."

- Transfem Gender-Diverse, 18 years old

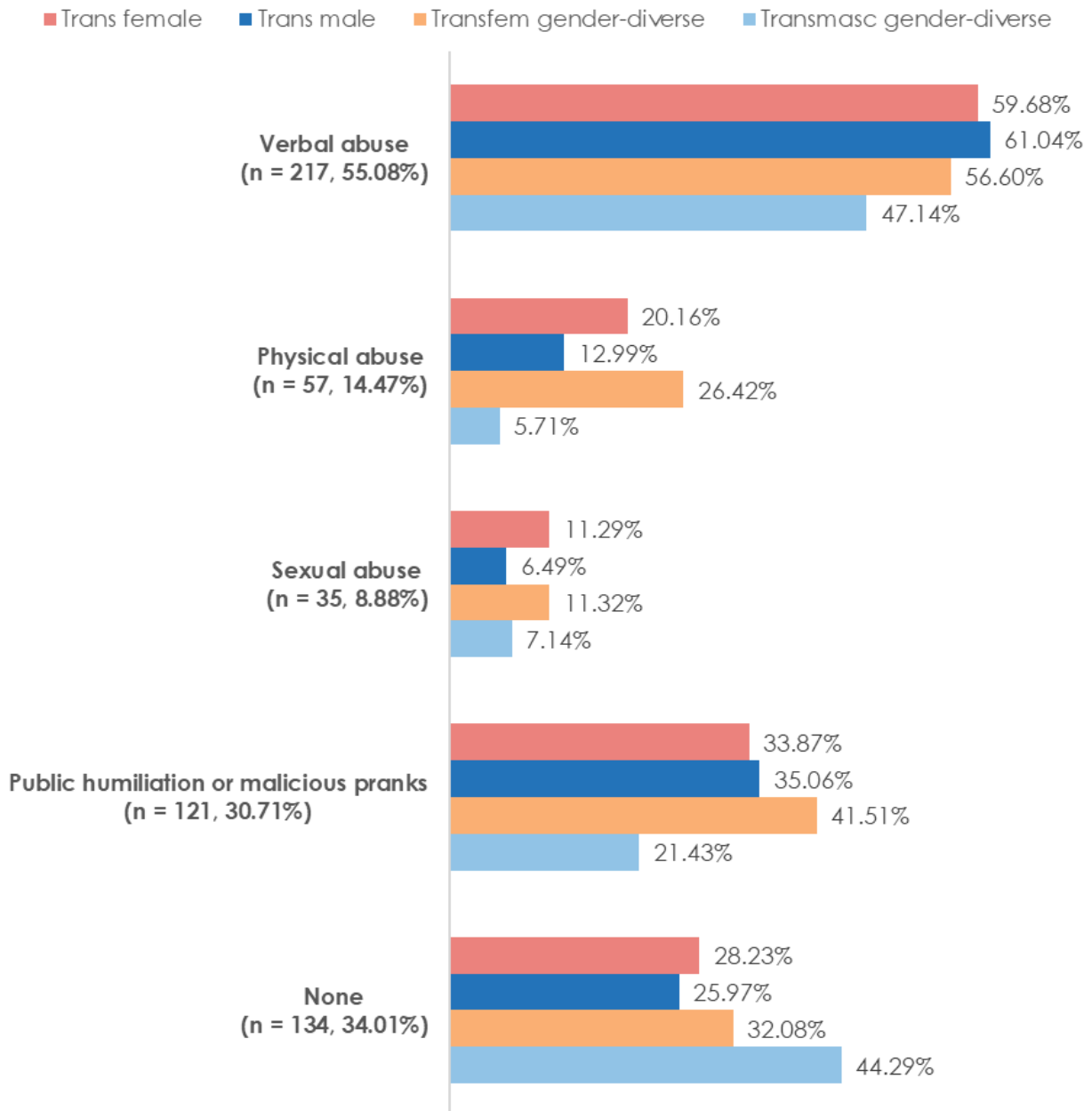
"From primary to tertiary, there were no accommodations made for genderqueer students. No anti-discriminatory protections were made nor guaranteed, and there were no forms nor instances of education that educate students about being genderqueer."

- Transmasc Gender-Diverse, 21 years old

EXPERIENCES IN SCHOOL

GENERAL NEGATIVE EXPERIENCES

Figure 13. General negative experiences in school among transgender participants, differentiated by gender identity (n=394).



The survey sought to understand the types of negative experiences trans students have faced in school, including experiences that were not related to them being transgender.

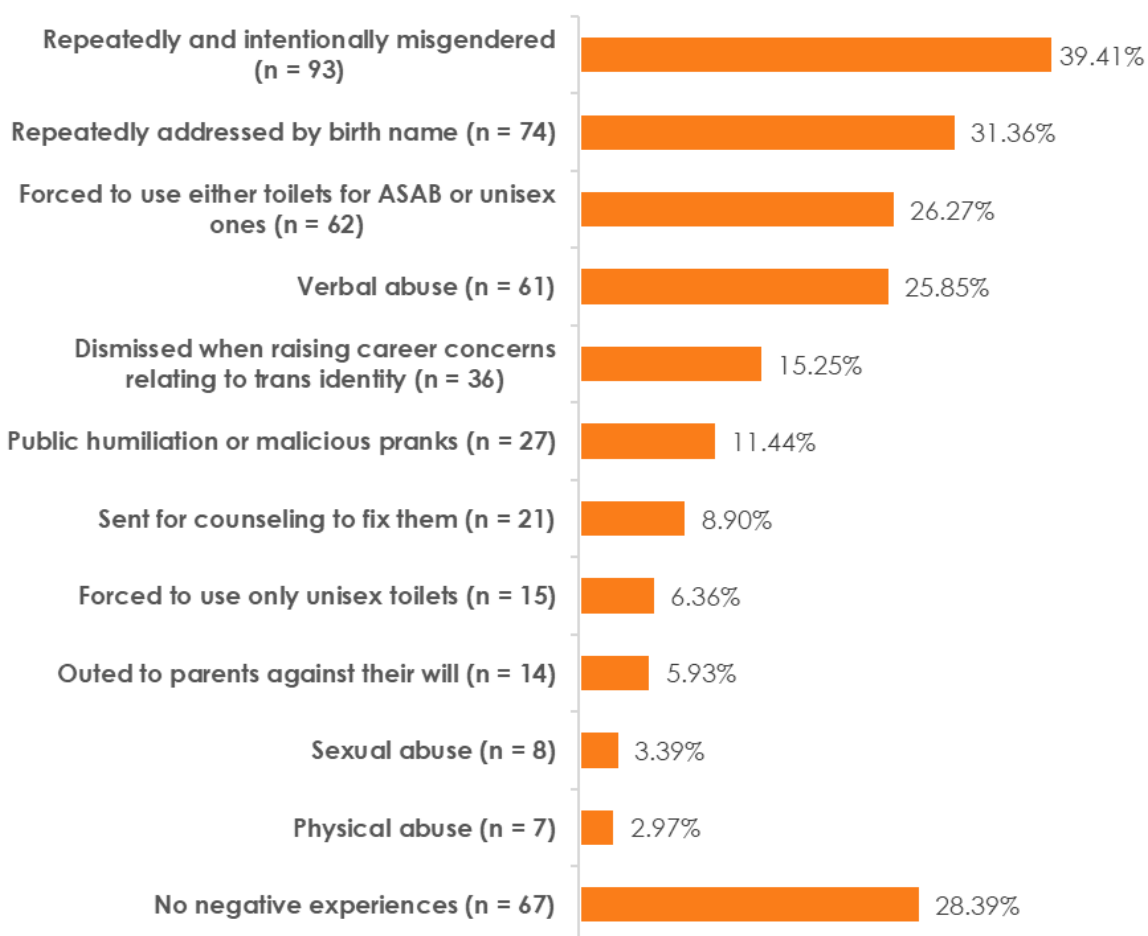
All 394 transgender participants responded to this section. Overall, **55.08%** (n=217) had experienced verbal abuse, **14.47%** (n=57) had experienced physical abuse, **30.71%** (121) had been subject to public humiliation or malicious pranks, and **8.88%** (n=35) had experienced sexual abuse in school. **34.01%** (n=134) did not report any negative experiences.

Further analyses show that physical abuse and public humiliation had statistically significant differences based on gender identity. **20.16%** (n=25) of trans female and **26.42%** (n=14) of transfem gender-diverse individuals had experienced physical abuse at school (total of **46.58%**), compared to only **12.99%** (n=10) of trans male and **5.71%** (n=8) of transmasculine gender-diverse individuals (total of **18.71%**).

Meanwhile, **35.06%** (n=27) of trans male, **33.87%** (n=42) of trans female, **41.51%** (n=22) of transfem gender-diverse, and **21.43%** (n=30) of transmasculine gender-diverse individuals had experienced public humiliation or malicious pranks at school.

NEGATIVE EXPERIENCES AS A RESULT OF TRANS IDENTITY

Figure 14. Negative experiences in school among transgender participants as a result of their transgender identity (n=236).



We then asked participants who were or had been out as transgender at school about their negative experiences related to their trans identities. We received 236 responses to this section.

39.41% (n=93) had been repeatedly and intentionally misgendered. **31.36%** (n=74) were repeatedly addressed by their birth name. **26.27%** (n=62) were forced to only use toilets based on their assigned sex or unisex toilets. **25.85%** (n=61) experienced verbal abuse, **15.25%** (n=36) had their concerns relating to their gender identity dismissed, **11.44%** (n=27) experienced public humiliation and malicious pranks, **8.90%** (n=21) were sent for counselling to “fix” them, **5.93%** (n=14) experienced being ‘outed’ to their parents against their will, **3.39%** (n=8) experienced sexual abuse and **2.97%** (n=7) experienced physical abuse. Only **28.39%** (n=67) had no negative experiences in school as a result of their trans identity.

We note that the segment of students who were openly trans at school were younger than the overall group of trans participants. The lower incidences of serious abuses such as physical and sexual abuse compared to the overall group could be due to a greater understanding and acceptance of LGBTQ+ individuals among the younger generations.

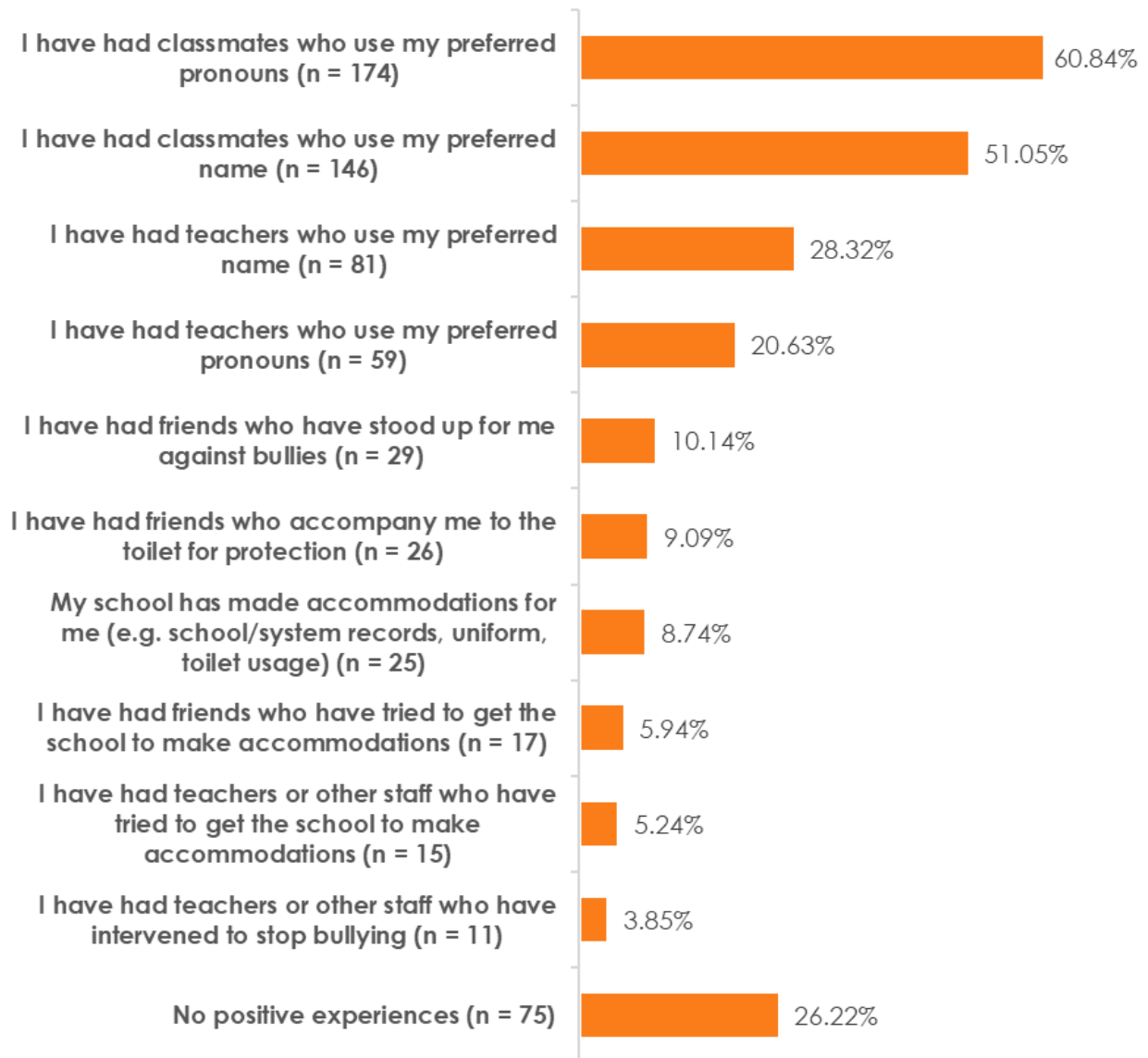
POSITIVE EXPERIENCES AS A RESULT OF TRANS IDENTITY

We also sought to understand if respondents had positive experiences in school that were related to their trans identities. These experiences are summarised in Figure 15.

286 transgender participants answered this segment.

Supportive actions that were statistically significant included: **60.84%** (n=174) had classmates using their preferred pronouns, **51.05%** (n=146) had classmates using their preferred name, **28.32%** (n=81) had teachers using their preferred name, **20.63%** (n=59) had teachers using their preferred pronouns, **8.74%** (n=25) had schools that made accommodations for them, **5.24%** (n=15) had teachers or staff who tried to get the school to make special accommodations for them, and **3.85%** (n=11) had teachers or staff who intervened to stop bullying.

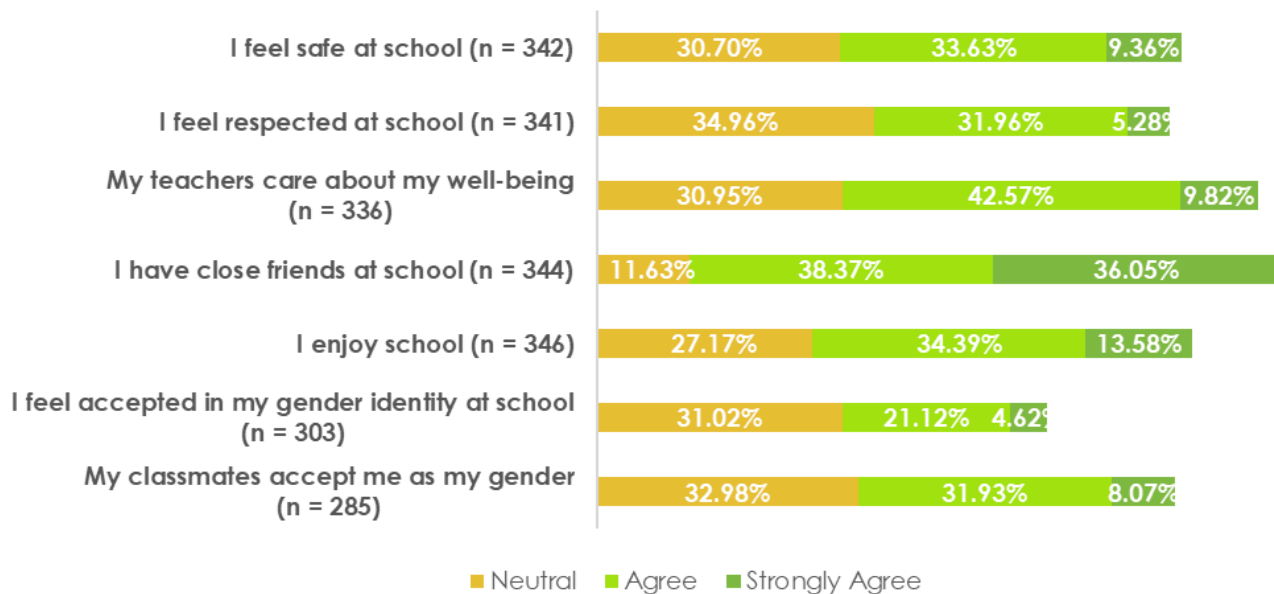
Figure 15. Positive experiences in school among transgender participants as a result of their transgender identity (n=286).



STATEMENTS ON CARE AND SAFETY

This segment aimed to understand how transgender individuals feel about their general care and safety in educational institutions or environments.

Figure 16. Responses from transgender participants to statements on care and safety in educational institutions.



For simplicity, we have combined responses of 'Agree' with 'Strongly Agree', and 'Disagree' with 'Strongly Disagree'.

Safety. **42.99%** (n=147) of 342 respondents felt safe at school. **30.70%** (n=105) remained neutral. **26.31%** (n=90) did not feel safe in school.

Respect. **37.24%** (n=127) of 341 respondents felt respected at school. **34.96%** (n=117) remained neutral, and **28.44%** (n=97) did not feel respected in school.

Care from teachers. **52.39%** (n=176) of 336 respondents felt that their teachers care about their well-being. **30.95%** (n=104) remained neutral, and **16.67%** (n=58) disagreed that their teachers cared.

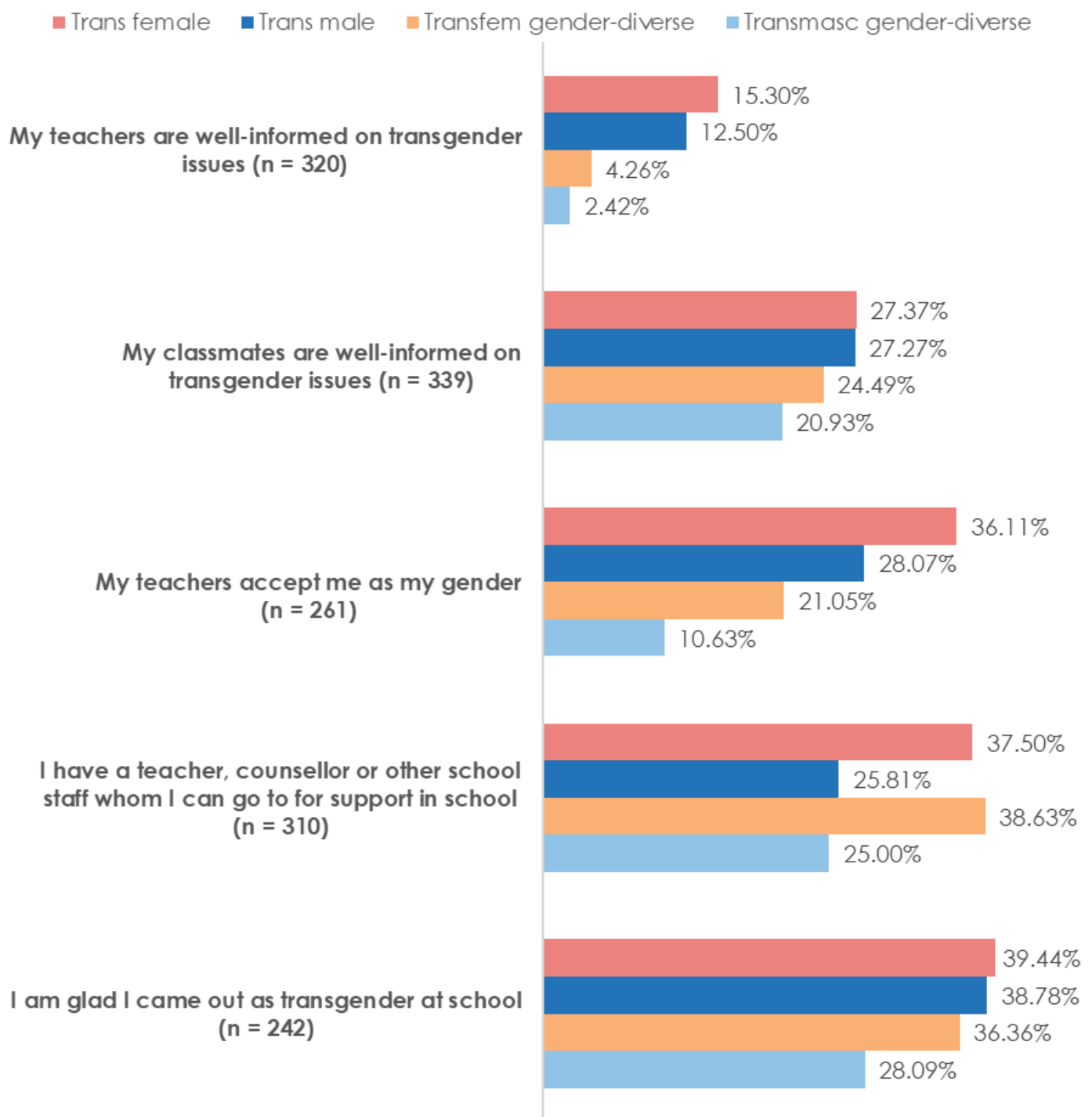
Close friends. **74.42%** (n=256) of 344 respondents had close friends at school. **11.63%** (n=40) remained neutral, and **13.96%** (n=48) had no close friends at school.

Enjoyment of school. **47.97%** (n=166) of 346 respondents enjoyed school, **27.17%** (n=94) remained neutral, and **24.86%** (n=86) did not enjoy school.

Acceptance of gender identity. Only **25.74%** (n=78) of 303 respondents felt their gender identity was accepted at school. **31.02%** (n=94) remained neutral, and **43.23%** (n=131) did not feel accepted as their gender.

Acceptance by classmates. **40.00%** of 285 respondents (n=114) had classmates who accepted their gender identity. **32.98%** (n=94) remained neutral, and **27.02%** (n=77) had classmates who did not accept their gender identity.

Figure 17. Responses from transgender participants to statements on care and safety in educational institutions, differentiated by gender identity.



We then asked how informed their teachers or peers were when it came to transgender issues, as well as the availability of support. Our analyses showed significant differences between the experiences of individuals with binary and non-binary trans identities, as well as between gender identities.

Out of 320 responses, **8.13%** (n=26) reported that their teachers are well-informed on transgender issues. However, gender-diverse respondents were much less likely to agree. While **15.3%** (n=13) of trans female and **12.5%** (n=8) of trans male respondents said that their teachers were well-informed, only **4.26%** (n=2) of transfem gender-diverse and **2.42%** (n=3) of trans masc gender-diverse agreed.

24.48% (n=83) of 339 respondents reported that their classmates were well-informed on transgender issues. This included **27.37%** (n=26) trans female, **27.27%** (n=18) trans male, **24.49%** (n=12) transfem gender-diverse, and **20.93%** (n=27) trans masc gender-diverse respondents.

22.98% (n=60) of 261 respondents have had teachers who accepted their identity. This included **36.11%** (n=26) of trans female, **28.07%** (n=16) of trans male, **21.05%** (n=8) of transfem gender-diverse, and **10.63%** (n=10) of trans masc gender-diverse respondents.

Slightly less than a third (**30.65%**, n=95) of 310 respondents felt that they had a teacher, counsellor or school staff member they could turn to for support at school. This showed a strong gender difference, with **37.50%** (n=33) of trans female and **38.63%** (n=17) of transfem gender-diverse respondents agreeing, vs only **25.81%** (n=16) of trans male and **25.00%** (n=29) of trans masc gender-diverse respondents.

Overall, only **34.71%** (n=84) of 242 respondents were glad they came out as transgender in school. This included **39.44%** (n=28) trans female, **38.78%** (n=19) trans male, **36.36%** (n=12) transfem gender-diverse, and **28.09%** (n=25) trans masc gender-diverse respondents.

CISGENDER PERSPECTIVES

This section sought to understand the perspectives of cisgender participants, differentiated by sexual orientation, regarding the educational system.

We asked if *schools should be equipped to accommodate trans students (e.g., uniforms/toilets, avenues of support if they are bullied)*. 407 participants answered this question. **86.49%** (n=352) agreed with the statement, **7.13%** (n=29) disagreed, and **5.41%** (n=22) remained neutral.

By sexual orientation, 79.28% (weighted 79.78%) of heterosexuals agreed with the statement, 10.88% (weighted 10.92%) disagreed, and 8.29% (weighted 8.52%) remained neutral. 92.99% (weighted 95.59%) of non-heterosexuals agreed with the statement, 3.74% (weighted 1.96%) disagreed, and 2.80% (weighted 1.96%) remained neutral.

We asked *when schools should start teaching students that some people are transgender*. All 407 participants responded. **55.04%** (n=224) felt that it should start in upper primary school, **32.92%** (n=134) in secondary school, **7.13%** (n=29) in Junior

College/Polytechnic/ITE, and **4.91%** (n=20) felt that schools should never teach students about transgender identities.

By sexual orientation, 45.60% (weighted 45.76%) of heterosexuals felt that it should start in upper primary school, 35.75% (weighted 39.13%) in secondary school, 9.84% (weighted 7.25%) in Junior College/Polytechnic/ITE, and 8.81% (weighted 7.85%) felt that schools should never teach students about transgender identities. 63.55% (weighted 74.25%) of non-heterosexuals felt that it should start in upper primary school, 30.37% (weighted 22.64%) in secondary school, 5.04% (weighted 2.29%) in Junior College/Polytechnic/ITE, and 1.40% (weighted 0.82%) felt that schools should never teach students about transgender identities.

For the statement on *when schools should start teaching students about transgender identities as part of sex education*, all 407 participants responded. **42.01%** (n=171) felt that it should start in upper primary school, **44.72%** (n=182) in secondary school, **8.11%** (n=33) in Junior College/Polytechnic/ITE, and **5.16%** (n=21) felt that schools should never teach students about transgender identities.

By sexual orientation, 35.23% (weighted 34.35%) of heterosexuals felt that it should start in upper primary school, 45.60% (weighted 50.47%) in secondary school, 10.36% (weighted 6.07%) in Junior College/Polytechnic/ITE, and 8.82% (weighted 7.85%) felt that schools should never teach students about transgender identities. 48.13% (weighted 55.28%) non-heterosexuals felt that it should start in upper primary school, 43.93% (weighted 40.64%) in secondary school, 6.07% (weighted 2.78%) in Junior College/Polytechnic/ITE, and 1.87% (weighted 1.31%) felt that schools should never teach students about transgender identities.

For the statement on *when schools should start teaching students not to bully or discriminate against transgender people*, all 407 participants responded. **74.29%** (n=302) of participants felt that it should start in upper primary school, **19.16%** (n=78) in secondary school, **4.42%** (n=18) in Junior College/Polytechnic/ITE, and **2.21%** (n=9) felt that schools should never teach students about transgender identities.

By sexual orientation, 66.84% (weighted 68.09%) of heterosexuals felt that it should start in upper primary school, 22.80% (weighted 24.58%) in secondary school, 6.22% (weighted 3.80%) in Junior College/Polytechnic/ITE, and 4.15% (weighted 3.53%) felt that schools should never teach students about transgender identities. 80.84% (weighted 83.57%) of non-heterosexuals felt that it should start in upper primary school, 15.89% (weighted 14.64%) in secondary school, 2.80% (weighted 1.63%) in Junior College/Polytechnic/ITE, and only 0.47% (weighted 0.16%) felt that schools should never teach students about transgender identities.

EMPLOYMENT

CURRENT EMPLOYMENT STATUS

381 transgender participants provided their employment status. **35.17%** (n=134) were employed full-time, **19.69%** (n=75) were employed part-time or doing contract work, **12.60%** (n=48) were doing freelance/self-employed work, **12.86%** (n=49) were unemployed and looking for a job, and **19.69%** (n=75) were unemployed and not looking for a job. The unemployment rate of transgender participants, excluding students, is **11.96%**. Though not directly comparable to Singapore's National Statistics, the Ministry of Manpower(10) provides a summary table of citizen unemployment rates. As of June 2024, the annual unemployment rate for citizens was **2.8%**. This makes the unemployment rate of the transgender community nearly four times as high as the national average at the time of our survey.

Table 5. Employment status of transgender participants.

Variable	Employed			Unemployed but looking for job	Unemployment Rate
	Full-time	Part-time	Self-employed		
	n	n	n	n	%
All survey participants	134	75	48	49	16.12
All non-students	115	28	19	22	11.96
School dropouts	4	4	2	3	23.08
School graduates	111	24	17	19	11.11
University graduates	82	15	10	13	10.83

As per standard unemployment rate calculations, individuals who are unemployed and not looking for jobs are excluded as they are not active contributors to the labour force.

CURRENT SITUATION AT WORK

Coming out professionally can be very risky for transgender persons, as gender identity is not a protected characteristic under Singapore's Workplace Fairness Legislation. Being known as trans could thus expose them to discrimination from both potential employees during the interview process, as well as in the workplace itself.

355 transgender participants provided their transition status at work. **36.06%** (n=128) had not come out. **9.01%** (n=32) had come out and planned to start transitioning soon. **25.07%** (n=89) had started transitioning but did not yet live fully as their gender, and **29.86%** (n=106) had transitioned and lived their daily life as their gender.

BARRIERS TO EMPLOYMENT

Transgender people face many barriers to employment outside their control that exclude them from the workforce, accounting for the high rates of unemployment in the community. Past negative experiences with potential employers have also narrowed employment options. Our participants were encouraged to share some of the main barriers they experienced when seeking employment. We have selected some responses and categorised them into five main categories: *social stigma, fear of discrimination, appearance vs. company image, mismatched legal documentation, and lack of benefits and/or protective policies.*

Social stigma

Many transgender individuals faced social stigma when applying for jobs from employers who could not look past their transgender identity. A few participants noted this as one of their main barriers to employment.

"Social stigma in Gen X & Boomers who see trans people as mentally ill, and they tend to be a lot more uncomfortable with someone who doesn't conform to gender norms."

- Trans Female, 30 years old

"I have been denied my posting as a teacher because of transphobia. I was trained to teach in classrooms but have been posted to [headquarters] because HR was unwilling to accept my transgender status."

- Trans Female, 24 years old

"Had interviews before where the interviewers looked upset after my disclosure about being trans. The interview ended shortly after the disclosure and I ended up failing the interview. While unable to confirm, it felt like my gender identity could be the reason for the failing of interview, given the interviewers' reactions."

- Trans Female, 29 years old

"Current workplaces are not informed or educated or care enough to create safer areas to be out in. I will remain hidden and will be misgendered for the rest of my life because the status of such companies barely exists in Singapore."

- Transmasc Gender-Diverse, 22 years old

"Sometimes I don't even apply for a job because there's no other gender diverse staff and I don't want to be the one who has to explain everything from scratch to them. This happens more often than not, and I feel like it's difficult to be in customer facing or client servicing roles because transness is not understood and the amount of work it would take for me to explain over and over again is just not worth it. I also feel a deep sense of precarity, not knowing if I'll be able to find another workplace that is trans inclusive, if my current company lets me go or closes down."

- Transmasc Gender-Diverse, 26 years old

"I have been shamed by recruiters [for] my gender identity, and even after asking them to call me by a name I prefer more [than] my legal name, they still do not comply even when I do not state I am transgender."

- Transmasc Gender-Diverse, 18 years old

Fear of discrimination

Transgender participants also experienced considerable fear when seeking employment, due to a variety of reasons related to their gender identity, creating a situation in which they could not comfortably be themselves.

"Fear that during the recruitment process, my trans identity is revealed, and as a result, my experience and expertise is discarded, or is made less relevant. I also do not want any of my colleagues to be aware of my trans identity as I am fully cisgender passing, and do not want this to play a part in my daily life moving forward."

- Trans Female, 24 years old

"Fear of discrimination/transphobia. I usually try to look for places of employment that are LGBTQ+ friendly but they are either hard to find or there is no guarantee that they are actually respectful of your identity."

- Trans Male, 26 years old

"I have been too scared to attempt to seek employment with full disclosure of my trans identity. I avoid disclosing my gender in application processes and hope that my employers do not notice the discrepancy between my IC assigned sex and my appearance."

- Trans Female, 22 years old

"General fear and anxiety. I am happier being out and open about being trans but lack of any legal protections makes it difficult for me to feel genuinely safe."

- Transmasc Gender-Diverse, 31 years old

Appearance vs. company image

Transgender participants also faced questions about their appearance and employer concerns about their image not fitting the company's culture, or their legal gender markers not matching their profile/application.

"I was asked whether I would be presenting myself as a male or female when I was initially transitioning by one of the HR personnel that interviewed me. I told them that I will present myself as myself and was not hired by the company."

- Trans Female, 43 years old

"I started work straight from graduation at (public hospital) as an RN. I was not out nor had I started transitioning then. Left work in 2022 due to [the] social and psychological stress of hiding my gender identity at work and in my marriage. I'm back in nursing part time at (the same public hospital) but the application process was frustrating, I was told the hospital was concerned about public image if there were people like me working as an RN. They refused to let me present as my gender identity. They stated they were happy with my previous work performance but being out as transgender was an issue."

- Trans Female, 32 years old

"I identify as non-binary and have not medically transitioned. For that reason, I'm read as female as I'm assigned female at birth. There are no gender neutral toilets in my office and there's great fear in using the restrooms, as I am masculine presenting. I'm afraid to come out when I apply for jobs / at workplaces as I'm unsure of how colleagues will react. As I'm read mostly as female, the gendered associations I encounter on a daily basis (e.g. being called "ladies" and use of female pronouns on me) gives me great dysphoria."

- Transmasc Gender-Diverse, 29 years old

Mismatched legal documentation

Transgender job applicants who had transitioned experienced anxiety and fear of discrimination when asked to provide documentation such as NRICs or educational transcripts that did not match their gender identity, thus outing them as trans. Most accounts were from trans male and transmasc respondents who were more likely to be outed by this process, compared to trans female and transfem respondents who were more likely to be outed by their appearance.

"Having to out myself to HR due to my NRIC, educational certs in my old name, single-sex school history, and not having NS records. Job applications may require some of that info upfront. At other times, companies expect a female candidate based on my school history and I likewise need to come out to them. A former manager said that he had difficulty persuading HR to hire me when they learnt I was trans, after I passed the interview rounds and submitted my documents."

- Trans Male, 34 years old

"The moment they ask for IC or gender for legal forms or they ask about reservist, I have to come out & brace for whatever reaction or bias they have, every time, every interview."

- Transmasc Gender-Diverse, 22 years old

"I had a job offer rescinded once after the company found out I was trans. Biggest difficulty being that I have not legally changed my gender marker due to health and financial concerns, hence my NRIC inevitably outs me and constantly puts me at risk for unemployment (fired, offer rescinded etc)."

- Trans Male, 36 years old

"They would ask for my name on the application then proceed to ask for my IC when I physically arrive for my application/interview stage. I was once confronted about lying about my name, which I apologised for as I did not want to out myself."

- Trans Male, 20 years old

"Not being hired because my gender marker is different from my appearance. Not being hired because I didn't out myself so they think I'm a woman who looks like a man and they told me my appearance don't match the company's image. I will also be told to dress and appear as a woman to not make other employees uncomfortable. Interviewers asking invasive questions not related to the job and when I don't feel comfortable answering them they get offended and I don't get the job. Not being offered a higher pay and position that correlates to my work experience. I used to put my photo in my CV and I never got a single call. But after I removed it I got calls for an interview but they eventually don't want to hire me because of my appearance not matching my gender marker."

- Trans Male, 30 years old

Lack of benefits and protective policies

Transgender participants also need to consider policies that account for their gender identity to ensure that they are in a physically safe environment, without having to worry about workplace harassment or lacking gender-affirming medical care. However, most companies do not offer such benefits.

"Most companies do not have such defined policies against even bullying on the most basic basis, nor healthcare that covers average things their workers might experience. These are ideals to me that I'm aware may not be met but I will always desire and look for them. Other barriers I have faced are perhaps a complete lack of acknowledgement of my identity like not using my preferred names or pronouns."

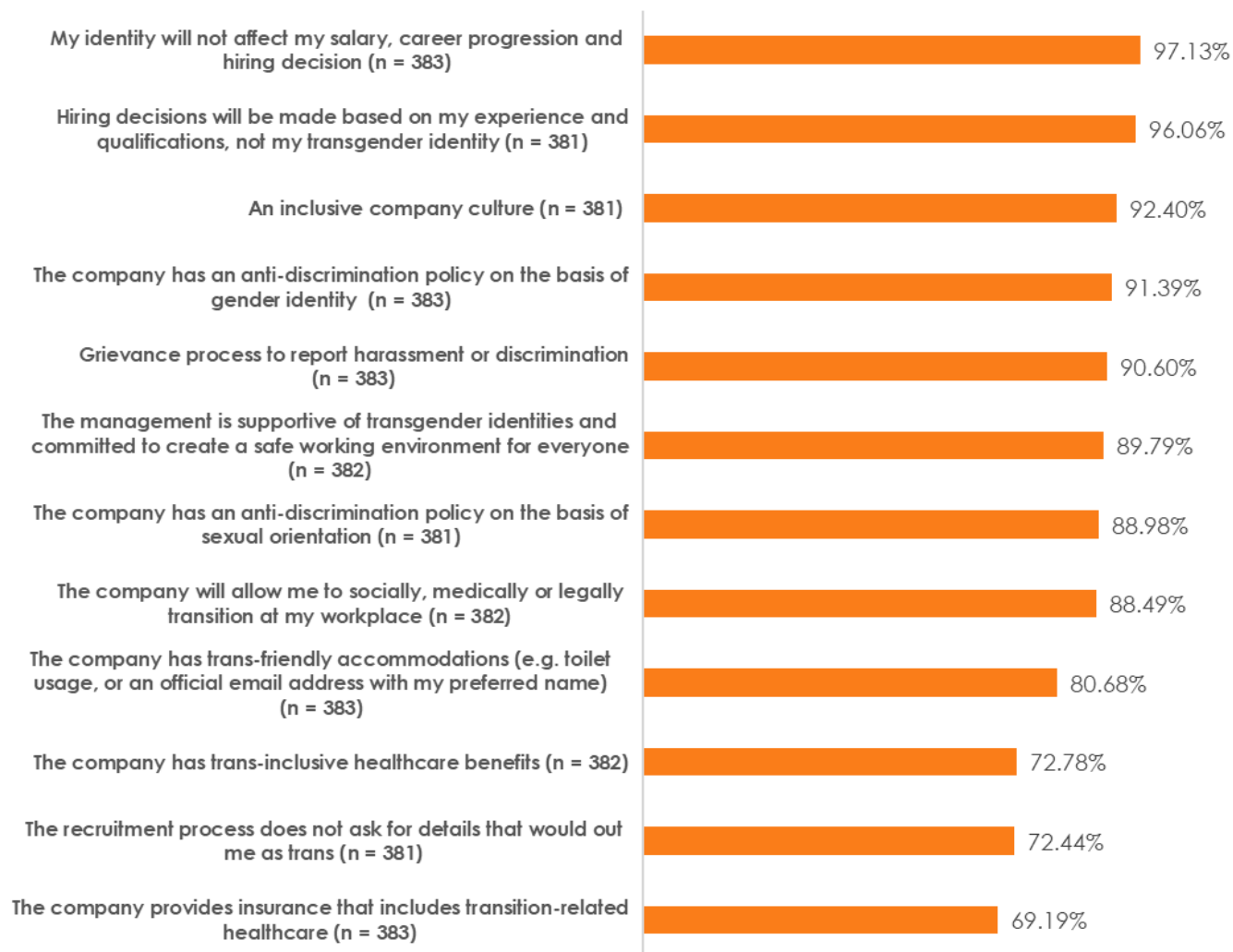
- Trans Male, 22 years old

"Not many companies offer gender-affirming healthcare coverage, which is necessary for me. Most companies only accept him/her, or the binary gender dichotomy."

- Transfem Gender-Diverse, 23 years old

CRITERIA WHEN SEEKING EMPLOYMENT

Figure 18. Key criteria considered by transgender participants when seeking employment.

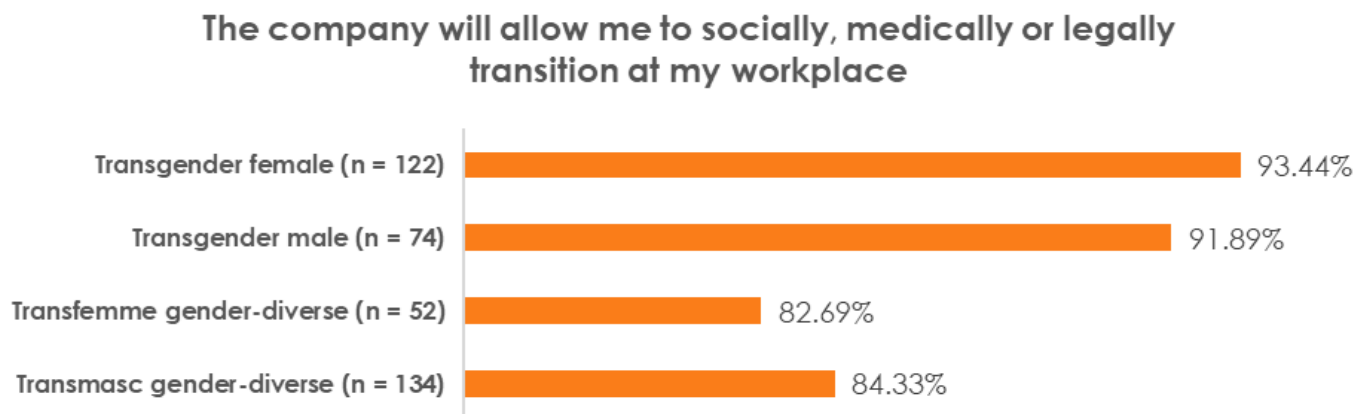


We asked transgender participants to rank how important various criteria were to them when seeking employment.

97.13% (n=372) want to know that their trans identity would not affect their salary, career progression, and the company’s hiring decisions. **96.06%** (n=366) want hiring decisions to be made based on their work experience and qualifications, not their trans identity. **92.40%** (n=352) look for an inclusive company culture. **91.39%** (n=350) look for companies with anti-discrimination policies on the basis of gender identity. **90.60%** (n=347) look for grievance processes to report harassment or discrimination. **89.79%** (n=343) look for a management that is supportive of transgender identities and committed to creating a safe working environment. **88.95%** (n=339) look for companies with anti-discrimination policies on the basis of sexual orientation

88.49% (n=338) look for companies that will allow them to socially, medically, or legally transition at the workplace. **80.68%** (n=309) look for trans-friendly accommodations in the workplace. **72.78%** (n=278) look for trans-inclusive healthcare benefits. **72.44%** (n=276) look for recruitment processes that do not ask for details that will out them as trans. **69.19%** (n=265) look for companies that provide insurance coverage for transition-related healthcare.

Figure 19. Importance of a company allowing them to socially, medically or legally transition at their workplace, differentiated by gender identity (n=338).



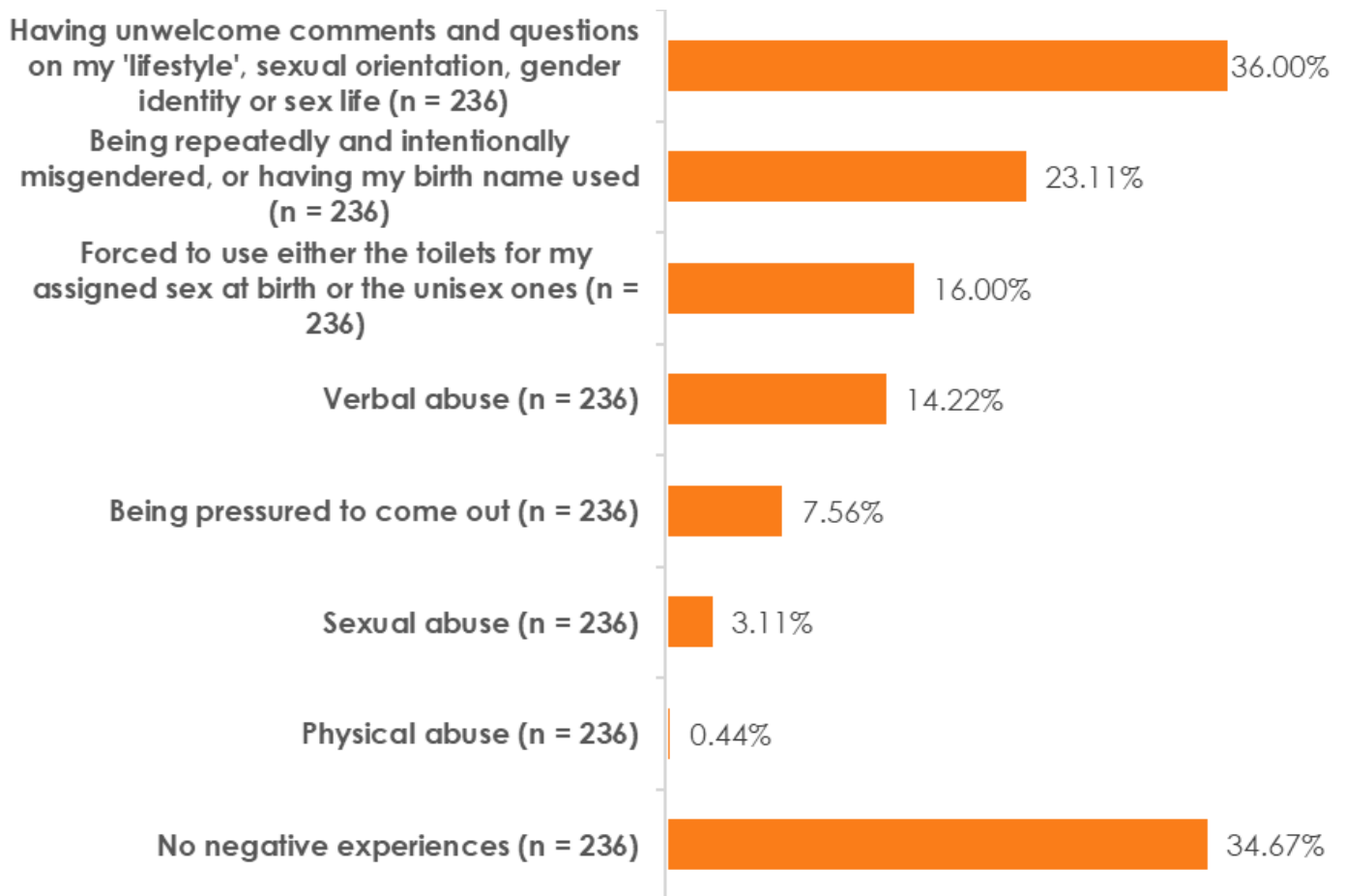
It is important to recognise that each transgender individual faces unique challenges and considerations during a job search, depending on where they are in transition and what they are able to personally manage.

Among the 338 participants who found it important for a company to allow them to transition at the workplace, we found statistically significant differences by gender identity.

93.44% (n=114) of 122 trans women and **91.89%** (n=68) of 74 trans men listed this criteria as important to very important, vs, **82.69%** (n=43) of 52 transfem and **84.33%** (n=113) of 134 transmasc respondents.

NEGATIVE EXPERIENCES IN THE WORKFORCE

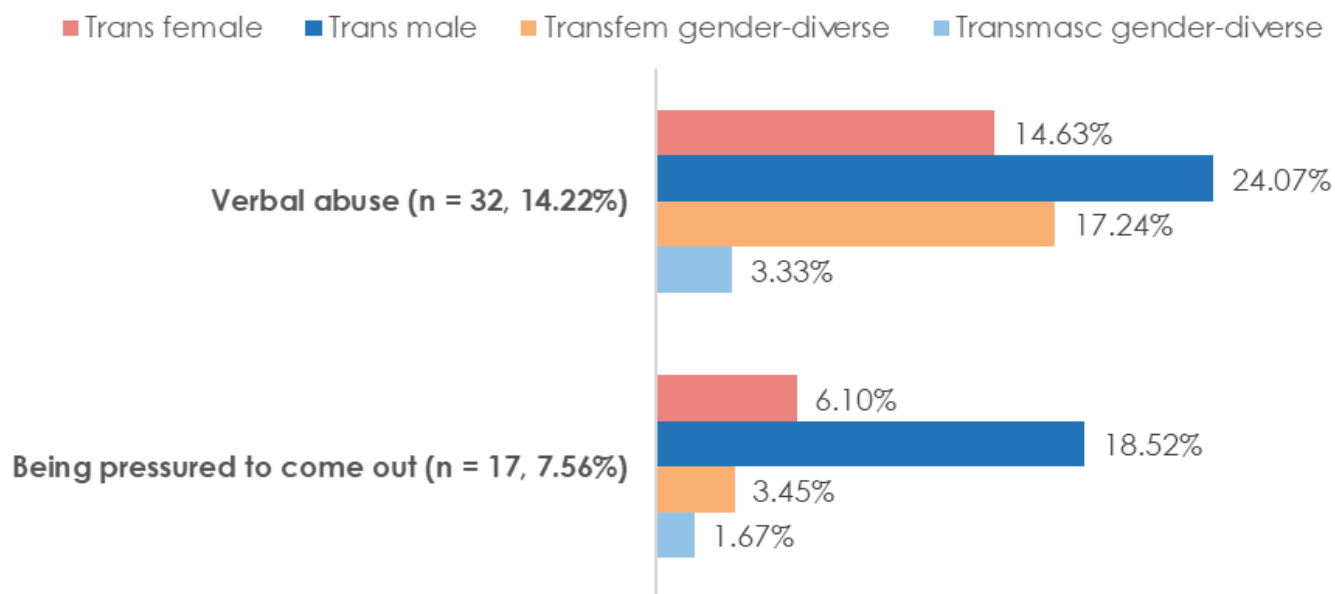
Figure 20. Negative experiences in the workforce among transgender participants as a result of their transgender identity (n=236).



This section asked transgender participants who were out at work about the negative experiences they have had in their workplace. 236 of them answered this section.

Only **34.67%** (n=78) had no negative experiences in their workplace. **36.00%** (n=81) had received unwelcome comments and questions about their 'lifestyle', sexual orientation, gender identity, or sex life. **23.11%** (n=52) experienced being repeatedly and intentionally misgendered, or having their birth name used. **16.00%** (n=36) were forced to use either the toilets for their assigned sex at birth or the unisex toilets. **3.11%** (n=7) experienced sexual abuse, and **0.44%** (n=1) experienced physical abuse.

Figure 21. Verbal abuse and being pressured to come out in the workforce, differentiated by gender identity (n=236).



Our analyses showed that ‘verbal abuse’ and ‘being pressured to come out’ were experiences that were significantly different across gender identities.

Trans men (**24.07%**, n=13) were far more likely to have experienced verbal abuse from their co-workers compared to trans women (**14.63%**, n=12) and transfem gender-diverse (**17.24%**, n=5) respondents. Transmasc gender-diverse respondents were the least likely to have experienced verbal abuse from their co-workers (**3.33%**, n=2).

Trans men (**18.52%**, n=10) were also far more likely to have been pressured to ‘come out’ at work. Only **6.10%** (n=5) of trans women, **3.45%** (n=1) of transfem gender-diverse, and **1.67%** (n=1) of transmasc gender-diverse respondents experienced the same pressure.

ACCEPTING INDUSTRIES

We asked transgender participants which industries were more willing to hire trans individuals, based on their personal experiences and that of other trans people they knew. Table 6 provides a summary of responses.

Table 6. Industries that are more willing to hire transgender individuals, as provided by transgender participants.

Industry	Number
Arts, media, and creative	121
IT and tech	63
Retail, and food and beverage	30
MNCs	26
Backend roles	12
Design	11
Beauty	11
Academia	9
Sciences	7
Healthcare	5
Social services	5
Sex work	4
NGOs	3
Hospitality	3
Education	3
Engineering	1

A large number of trans participants feel that the ‘arts, media, and creative’ and ‘IT and tech’ industries are more willing to hire trans individuals. This is followed by ‘retail, and food and beverage’ and ‘Multinational Corporations (MNCs)’.

CISGENDER PERSPECTIVES

Cisgender participants also responded to statements on transgender employment. We further differentiated responses by sexual orientation.

Working with transgender colleagues

93.86% (n=382) of 407 cisgender respondents would be comfortable working with a transgender colleague. **3.44%** (n=14) would not be comfortable. **2.46%** (n=10) did not know or were neutral.

By sexual orientation, 91.19% (weighted 90.65%) of heterosexuals felt comfortable, 5.70% (weighted 6.52%) were not comfortable, and 3.11% (weighted 2.83%) did not know or were neutral.

96.26% (weighted 98.37%) of non-heterosexuals felt comfortable, 1.40% (weighted 0.49%) were not comfortable, 1.87% (weighted 2.83%) did not know or were neutral and 0.47% (weighted 0.49%) did not specify their comfort.

Having a transgender manager/supervisor

92.87% (n=378) of 407 cisgender respondents would be comfortable having a transgender person as their manager or supervisor. **4.18%** (n=17) would not be comfortable, and **2.95%** (n=12) did not know or were neutral.

By sexual orientation, 89.63% (weighted 87.65%) of heterosexuals felt comfortable, 7.25% (weighted 7.47%) did not feel comfortable, and 3.11% (weighted 4.87%) did not know or were neutral.

95.80% (weighted 97.88%) of non-heterosexuals felt comfortable, 1.40% (weighted 0.49%) did not feel comfortable, and 5.14% (weighted 7.93%) did not know or were neutral.

Hiring of transgender individuals based on experience and skill set

96.81% (n=394) of 407 cisgender respondents agreed or strongly agreed that transgender individuals should be hired based on relevant experiences and skill sets. **0.98%** (n=4) disagreed or strongly disagreed, and **1.97%** (n=8) remained neutral.

By sexual orientation, 94.30% (weighted 93.30%) of heterosexuals agreed or strongly agreed, 2.08% (weighted 2.31%) disagreed or strongly disagreed, and 3.65% (weighted 3.38%) remained neutral.

99.06% (weighted 99.68%) of non-heterosexuals agreed or strongly agreed, 0.47% (weighted 0.16%) remained neutral, and 0.47% (weighted 0.16%) did not specify their stance.

Transgender individuals facing discrimination

90.17% (n=367) of 407 cisgender respondents felt that transgender individuals faced discrimination in Singapore. **3.19%** (n=13) felt that they did not, and **6.63%** (n=27) remained neutral.

By sexual orientation, 83.38% (weighted 79.98%) of heterosexuals felt that transgender individuals faced discrimination in Singapore, 5.18% (weighted 6.26%) felt that they did not, and 11.40% (weighted 13.76%) remained neutral.

96.26% (weighted 97.71%) of non-heterosexuals felt that transgender individuals faced discrimination in Singapore, 1.40% (weighted 1.14%) felt that they did not, and 2.34% (weighted 1.14%) remained neutral.

Company policies regarding transgender individuals

95.58% (n=389) of 407 cisgender respondents agreed or strongly agreed that companies should not be allowed to fire an employee or deny transgender individuals promotion or employment because of their gender identity. **1.47%** (n=6) disagreed or strongly disagreed, and **2.46%** (n=10) remained neutral.

By sexual orientation, 91.19% (weighted 90.47%) of heterosexuals agreed or strongly agreed, 3.11% (weighted 2.84%) disagreed or strongly disagreed, 5.18% (weighted 6.44%) remained neutral, and 0.52% (weighted 0.26%) did not specify their stance.

99.54% (weighted 99.83%) of non-heterosexuals agreed or strongly agreed, and 0.47% (weighted 0.16%) did not specify their stance.

Singapore's anti-discrimination laws

85.50% (n=348) of 407 cisgender respondents agreed or strongly agreed that Singapore's anti-discrimination laws should include gender identity as a protected characteristic. **7.86%** (n=32) disagreed or strongly disagreed, and **6.14%** (n=25) remained neutral.

77.72% (weighted 77.37%) of heterosexuals agreed or strongly agreed, 12.44% (weighted 10.01%) disagreed or strongly disagreed, 8.81% (weighted 10.82%) remained neutral, and 1.04% (weighted 1.81%) did not specify their stance.

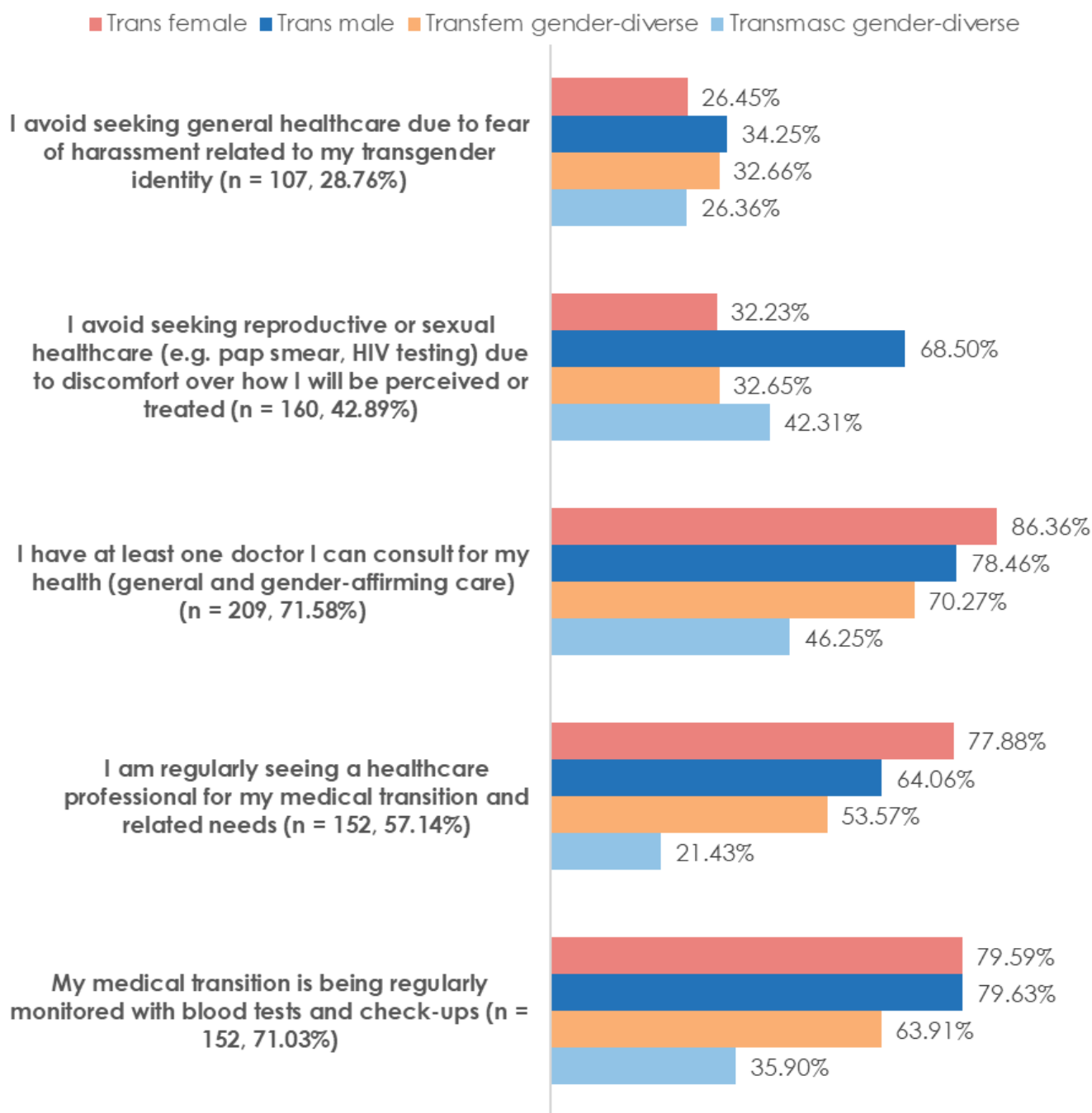
92.52% (weighted 95.43%) of non-heterosexuals agreed or strongly agreed, 3.74% (weighted 2.62%) disagreed or strongly disagreed, and 3.74% (weighted 1.96%) remained neutral.

GENERAL HEALTHCARE

In this section, we asked transgender and gender-diverse individuals about their experiences with general healthcare in Singapore.

ACCESSING HEALTHCARE

Figure 22. Responses from transgender participants to statements on accessing healthcare services, differentiated by gender identity.



28.76% (n=107) of respondents agreed or strongly agreed that they avoided seeking general healthcare, fearing that they would be harassed for their transgender identity.

42.89% (n=160) of respondents avoided seeking reproductive and sexual healthcare services (such as a pap smear or HIV testing) due to discomfort over how they would be perceived or treated. 68.50% (n=50) of trans male respondents agreed with this statement, significantly higher compared to 42.31% (n=55) of transmasc gender-diverse, 32.65% (n=16) transfem gender-diverse and 32.23% (n=39) trans female participants.

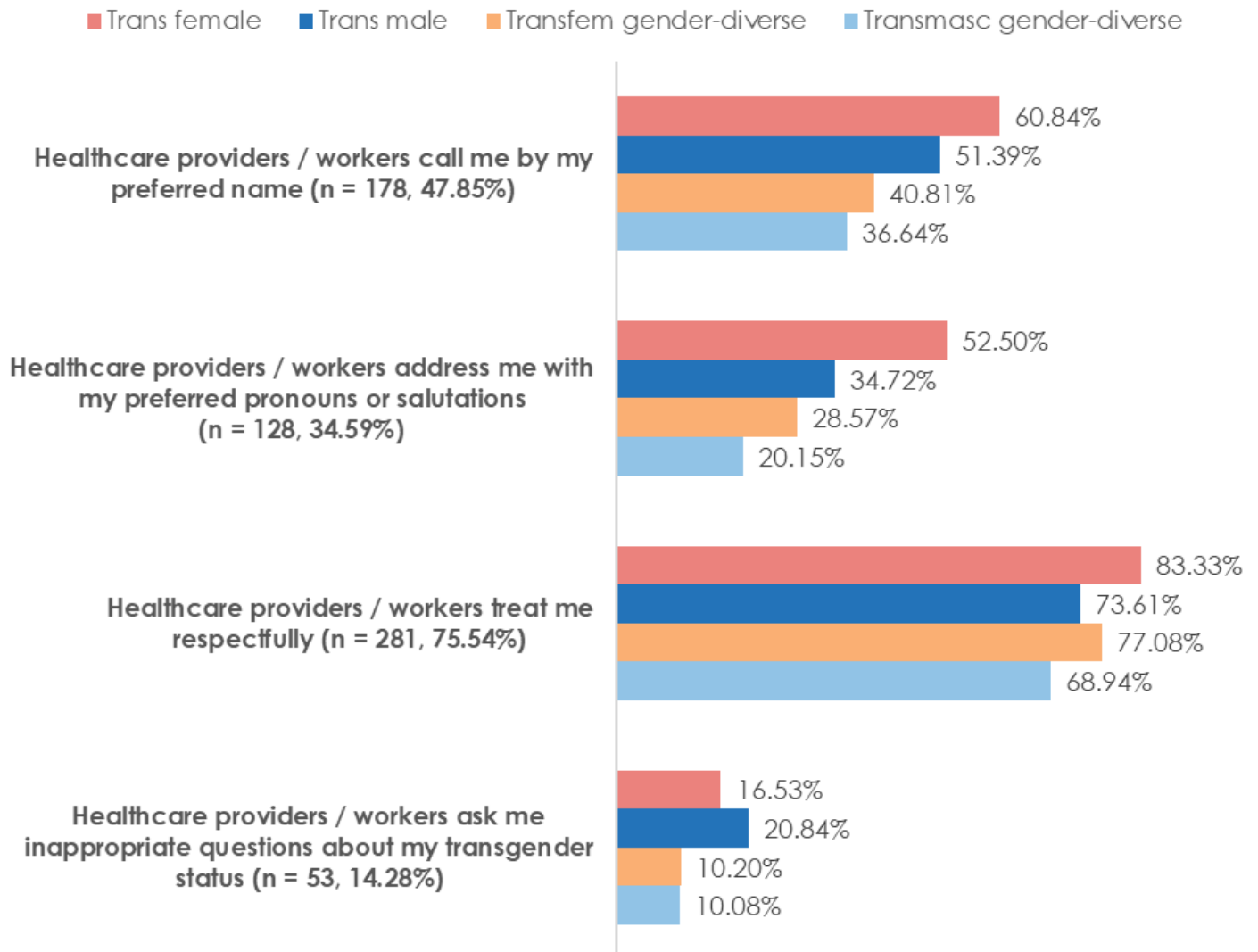
71.58% of participants (n=209) agreed that they had at least one doctor they could consult for their health (both general and gender-affirming care). Under half of transmasc gender-diverse individuals (46.25%, n=37) agreed, the only group to do so.

Most participants (**57.14%**, n=152) were regularly seeing a healthcare professional for their medical transition and related needs. However, transmasc gender-diverse individuals were much less likely to give this response (21.43%, n=15), which may be partly explained by how they are less likely to want or pursue medical transition.

71.03% of participants (n=152) had their medical transition regularly monitored with blood tests and checkups. Transmasc gender-diverse individuals were also more than twice as likely to disagree with this statement than trans male, trans female and transfem gender-diverse individuals.

RESPECT IN THE HEALTHCARE SYSTEM

Figure 23. Responses from transgender participants to statements on respect in the healthcare system, differentiated by gender identity.



Participants were asked about how they were treated by workers in the healthcare system, with regards to preferred names, pronouns and general respectfulness.

47.85% (n=178) of participants said that healthcare providers and workers called them by their preferred names. Trans female respondents (**60.84%**, n=73) were most likely to say so, followed by trans male (**51.39%**, n=37), transfem gender-diverse (**40.81%**, n=20) and transmasc gender-diverse (**36.64%**, n=48) individuals.

Only **34.59%** (n=128) of participants agreed that healthcare providers addressed them by their preferred pronouns or salutations. Similar trends were observed with the previous question, where trans female respondents (**52.50%**, n=63) were much more likely to agree

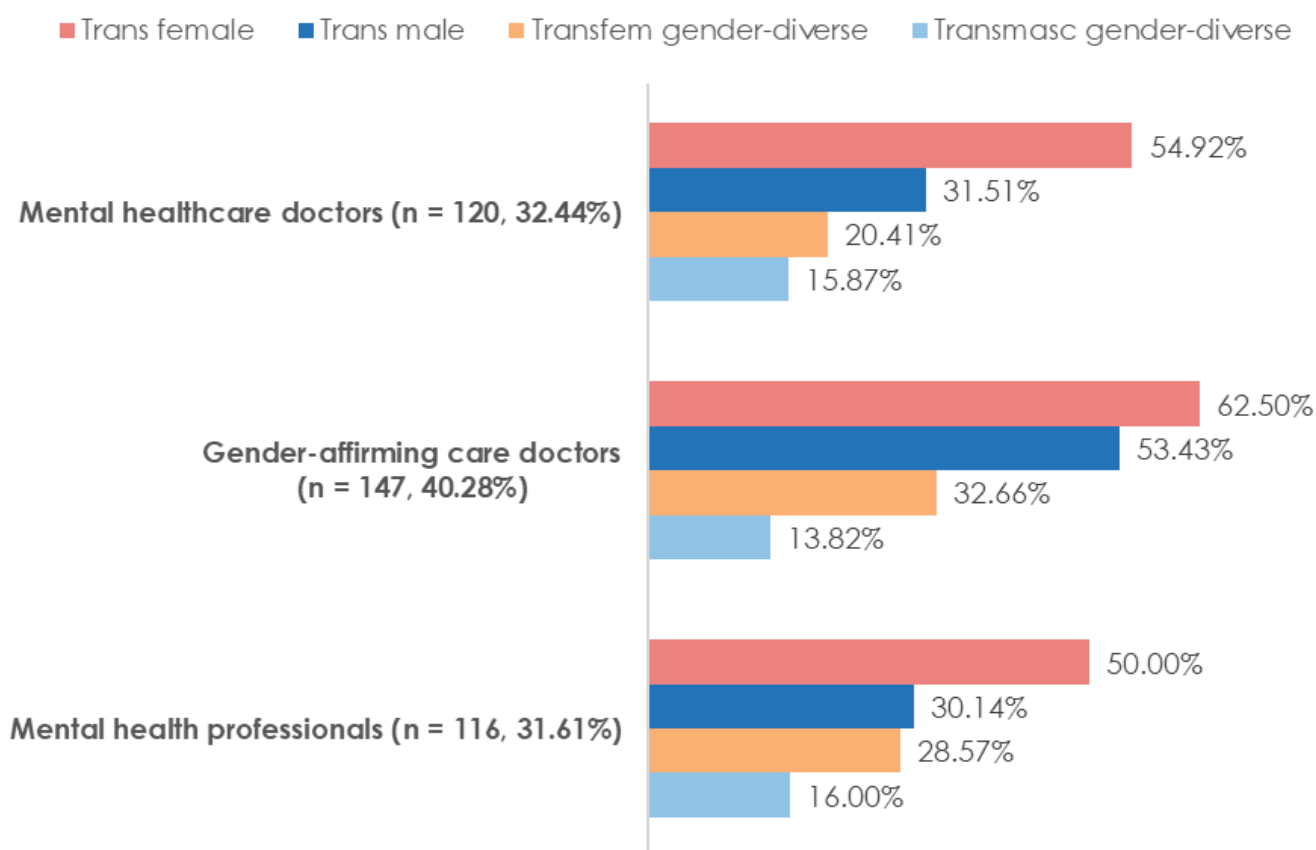
or strongly agree with the statement, followed by trans male (34.72%, n=25), transfem gender-diverse (28.57%, n=14) and transmasc gender-diverse (20.15%, n=26) individuals.

14.28% (n=53) of participants had experienced healthcare providers asking them inappropriate questions related to their trans identity. Examples included being asked if they had had surgery, or requests to see their bodies when it was not relevant to the care they were seeking.

Nonetheless, most participants (75.54%, n=281) agreed that healthcare providers and workers treated them with respect. Those who did not agree were largely neutral (21.51%, n=80), with only less than 3% disagreeing.

HEALTHCARE PROFESSIONALS' AWARENESS OF TRANS ISSUES

Figure 24. Responses from transgender participants to statements on healthcare professionals' awareness of transgender issues, differentiated by gender identity.



The survey asked participants about their perception of healthcare professionals' knowledge and awareness of transgender-related topics.

Almost a third (32.44%, n=120) agreed that their mental healthcare doctors (such as psychiatrists or psychologists) in Singapore were well-informed on transgender issues.

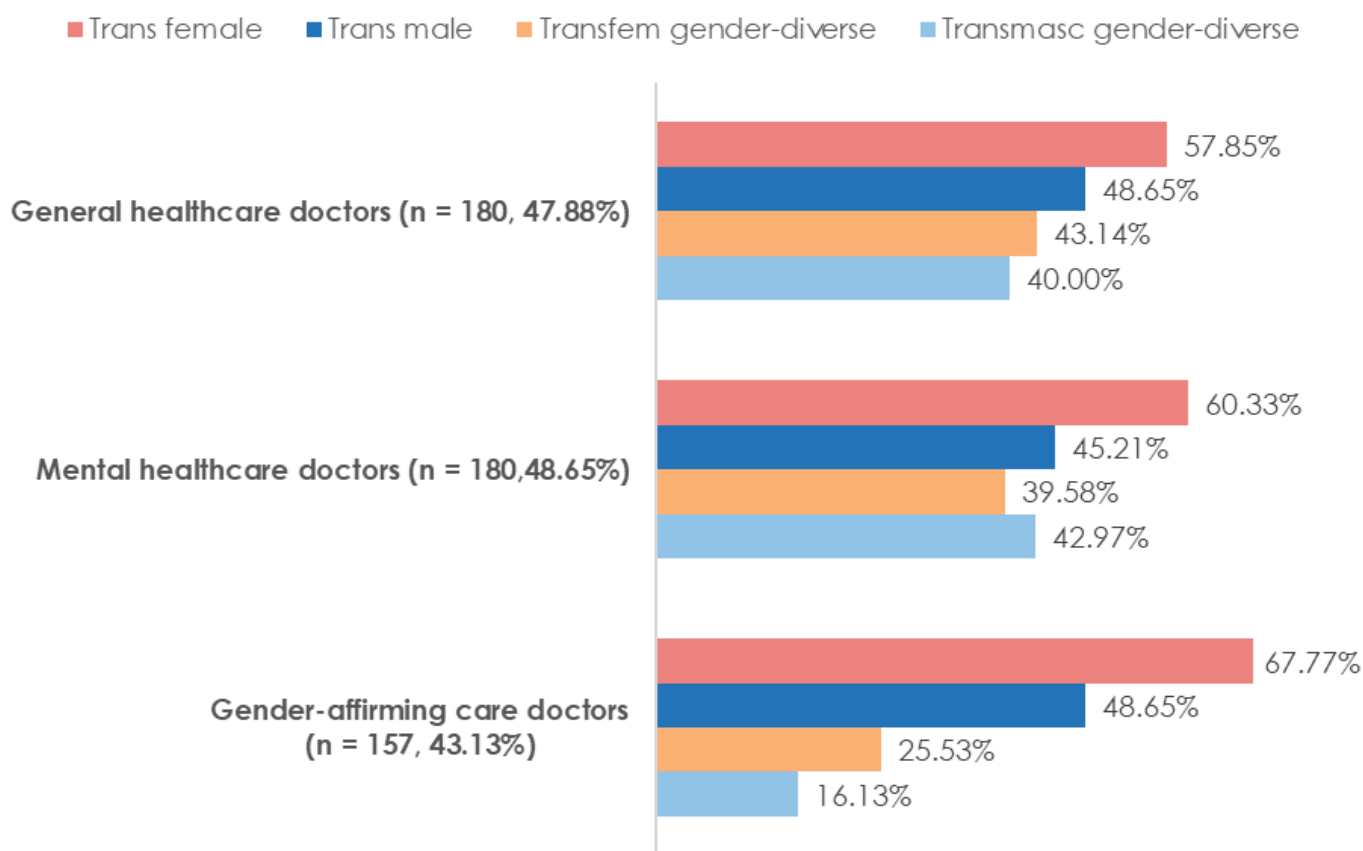
Trans female respondents (**54.92%**, n=67) were significantly more likely to agree or strongly agree with the statement, compared to trans male (**31.51%**, n=23), transfem gender-diverse (**20.41%**, n=10) and transmasc gender-diverse (**15.87%**, n=20) individuals.

A greater percentage (**40.28%**, n=147) of participants agreed that their gender-affirming care doctors were well-informed on transgender issues. Half as many participants disagreed or strongly disagreed with the statement compared to the previous question on mental healthcare doctors.

A minority of participants (**31.61%**, n=116) agreed or strongly agreed that their mental healthcare professionals (such as therapists or counsellors) in Singapore were knowledgeable about transgender-related matters. This included exactly half of trans female participants (**50.00%**, n=60), contrasting against the less than 31% for other gender identities. Only **16.00%** of transmasc gender-diverse individuals agreed or strongly agreed.

TRUST IN HEALTHCARE PROFESSIONALS

Figure 25. Responses from transgender participants to statements on whether they trusted their healthcare professionals, differentiated by gender identity.



Participants responded to statements on whether they trusted their general, mental and gender-affirming care doctors.

47.88% (n=180) of respondents agreed or strongly agreed that they trust their general healthcare doctors. A similar number agreed or strongly agreed that they trust their mental healthcare doctors (**48.65%**, n=180).

Participants mostly responded with neutral answers (**48.08%**, n=175) to whether they trust the doctors they see for gender-affirming care, with only **43.13%** (n=157) agreeing or strongly agreeing with the statement.

On average, agreement for all questions in this section did not exceed 50%, with the notable exception of trans female respondents.

COMPLAINT MECHANISMS

Transgender participants were asked if they knew of feedback avenues in the healthcare system that they could use if they faced any grievances. 131 participants responded. 4 mentioned standard official channels, such as raising issues to Patient Service Associates in public hospitals. Another 2 mentioned community-based organisations such as T Project that could help lodge complaints on their behalf.

Concerningly, the vast majority (**95.42%**, n=125) did not know of any formal complaint mechanisms they could use. This sometimes fostered a sense of hopelessness.

"I don't know and I don't trust the healthcare system to do this. Complaints in the healthcare system, last I checked, about any matters are all inefficient to lodge."

- Transmasc Gender-Diverse, 18 years old

"No. I have Transgender friends who are misgendered by clinic technicians while they are receiving treatment/HRT in the public and private sector. It often feels like there is nothing in place to ensure your comfort or rights."

- Trans Male, 23 years old

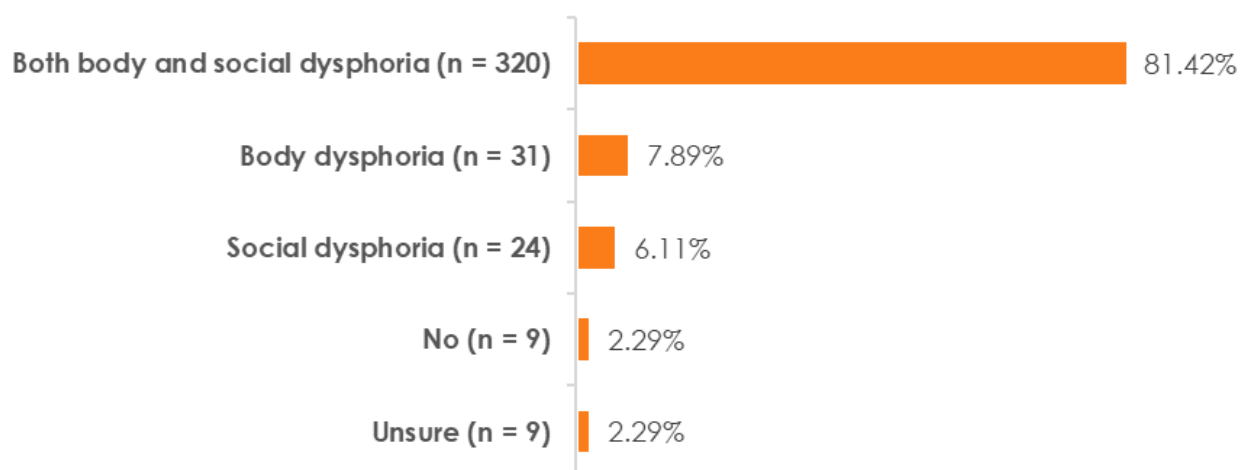
GENDER-AFFIRMING HEALTHCARE

Gender-affirming healthcare, as defined by the World Health Organisation, can include any single or combination of a number of social, psychological, behavioural or medical (including hormonal treatment or surgery) interventions designed to support and affirm an individual's gender identity.

GENDER DYSPHORIA

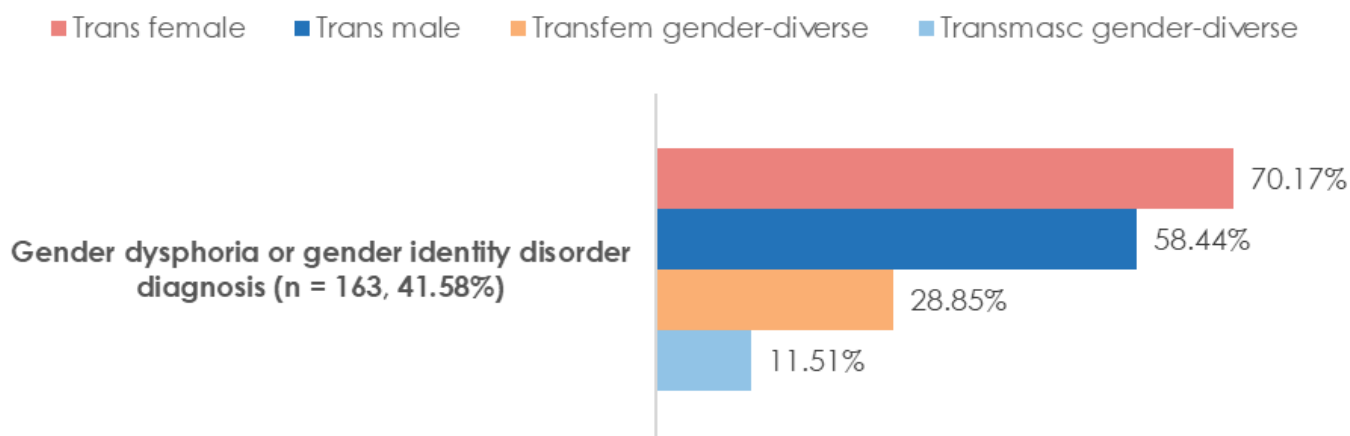
Gender dysphoria refers to the distress, dissonance or discomfort experienced by individuals whose perceived and actual gender identity do not match. While experiences of dysphoria vary from person to person, common categorisations include body dysphoria (dysphoria over the sexual characteristics of one's body) and social dysphoria (dysphoria over being perceived as the wrong gender).

Figure 26. Body and social dysphoria among transgender participants (n=393).



81.42% (n=320) of participants reported that they experience or have experienced both body and social gender dysphoria. **14.00%** (n=31) experienced either body or social dysphoria, while the remaining **2.29%** (n=9) indicated that they did not experience gender dysphoria.

Figure 27. Gender dysphoria diagnosis, differentiated by gender identity (n=392).



An official diagnosis of Gender Dysphoria or Gender Identity Disorder may be given following evaluation by a psychiatrist. **41.58%** (n=163) of participants have received an official diagnosis. Trans female (**70.17%**, n=87) and male (**58.44%**, n=45) respondents were much more likely to have received a diagnosis than transfem (**28.85%**, n=15) and transmasc (**11.51%**, n=16) gender-diverse individuals.

PURSUING GENDER-AFFIRMING HEALTHCARE

54.22% (n=212) of participants had pursued gender-affirming healthcare such as trans-related psychiatric or psychological appointments, hormone replacement therapy (HRT) and surgeries. A significant majority of trans female (**81.30%**, n=100) and trans male (**77.92%**, n=60) respondents had done so. A majority of all age groups, aside from the 15–19 year-olds (25.00%, n=25), had pursued some form of gender-affirming healthcare.

GENDER-AFFIRMING SERVICES

Participants were asked what gender-affirming service providers they knew of.

Table 7. Gender-affirming service providers, as provided by transgender participants.

Industry	Number
Community-based organisations	143
Oogachaga	68
T Project	38
Transbefrienders	29
Public healthcare	174
Private healthcare	143

Respondents also gave specific accounts of seeking gender-affirming services in Singapore.

"I don't think we can go for gender affirming surgery in Singapore. I am self medicating for HRT and not seeing any doctors for fear of outing myself. I have a few chronic illnesses and I see many specialists at (public hospital). I also understand that doctors are able to pull up your medical history and will be able to see which hospitals/clinics you have been to and will know if you're undergoing HRT. That's the reason why I'm not seeing any doctors for HRT and doing self medication instead."

- Trans Female, 43 years old

"In order to get a referral to start HRT treatment, I had to go through (public hospital). I needed to be accessed by a psychiatrist before I could meet the doctor. Which is honestly a little offensive because being trans is not a mental health problem."

- Transmasc Gender-Diverse, 37 years old

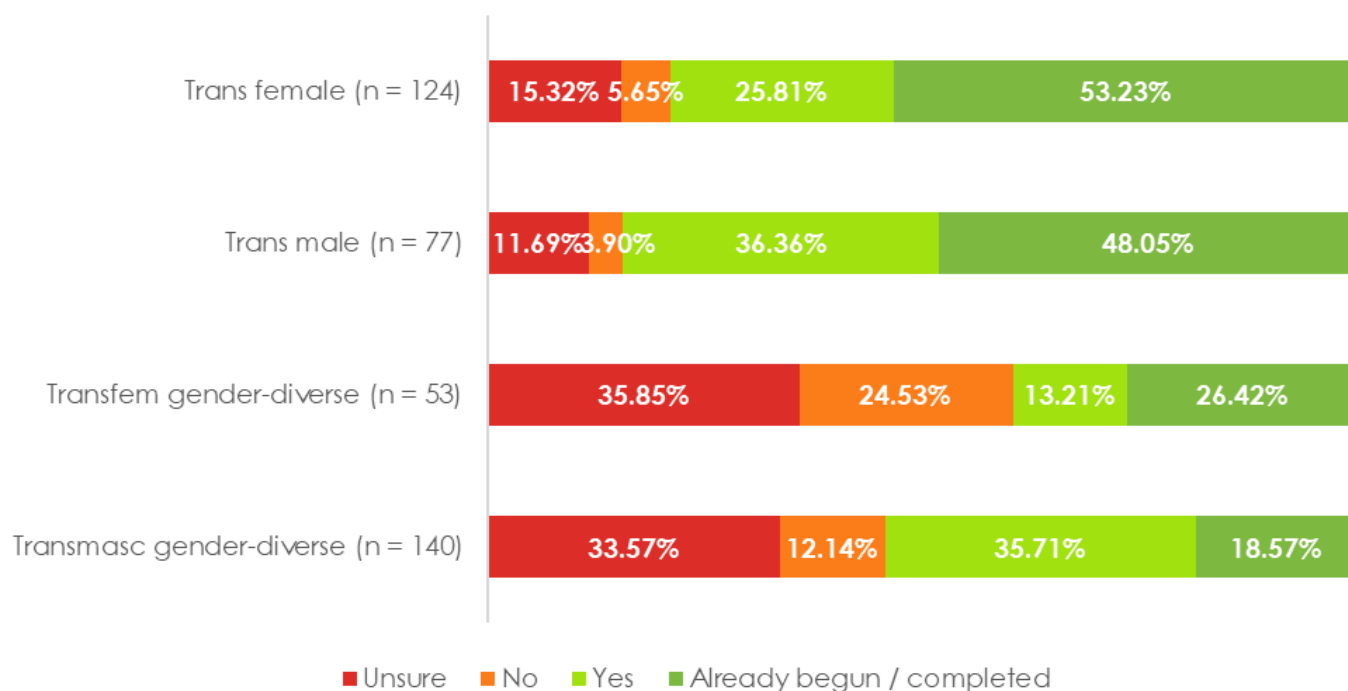
"I had a positive experience getting subsidised therapy at (public hospital). I just needed a polyclinic referral, but the waiting time from the referral was a few months where I sought private therapy. Ultimately this was important for referrals to other healthcare institutions for HRT and Top Surgery. I do HRT at (public hospital), and appreciate the doctor's thoroughness in informing one of the changes and objectivity when it comes to achieving certain changes. I got double incision top surgery at (public hospital), and am very happy with the results and the healthcare team's bedside manners. Oogachaga and Transbefrienders is a good option but I found it difficult to get help from them because of limited availability of services."

- Trans Male, 22 years old

MEDICAL TRANSITIONING

When asked about whether they intended to medically transition in the future, most participants (**36.29%**, n=143) had "already begun or completed" their medical transition. The next largest group of participants (**34.86%**, n=94) indicated that they were "unsure". This is followed by participants who responded "yes" (**29.80%**, n=117) and "no" (**10.15%**, n=40) respectively.

Figure 28. Medical transitioning, differentiated by gender identity (n=394).



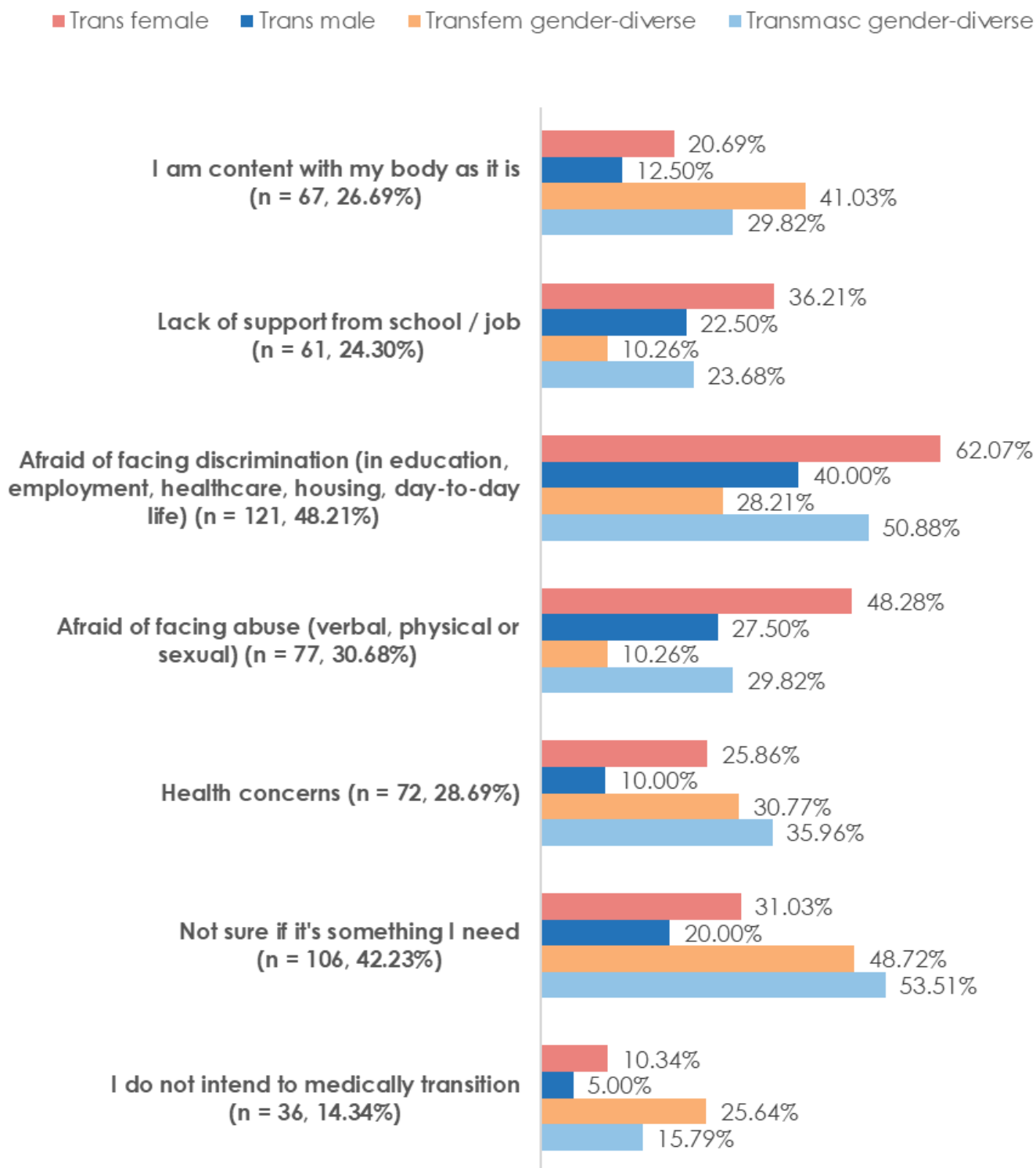
Transfem (**35.85%**, n=19) and transmasc (**33.57%**, n=47) gender-diverse respondents were far more likely to be unsure compared to trans female (**15.32%**, n=19) and male (**11.69%**, n=9) respondents. A similar pattern emerges with far more transfem (**24.53%**, n=13) and transmasc (**12.14%**, n=17) gender-diverse respondents who do not intend to medically transition, compared to trans female (**5.65%**, n=7) and male (**3.90%**, n=3) respondents. Accordingly, trans female and male respondents were more likely to have already begun or completed their medical transition compared to gender-diverse participants.

REASONS FOR NOT WANTING TO MEDICALLY TRANSITION

Participants who had not yet begun medical transition were asked the reasons for it. Some indicated more than one reason.

The top reasons were financial restrictions (**58.96%**, n=148) and a lack of support from their families (**50.20%**, n=126). Other reasons included fears of facing discrimination (**48.21%**, n=121) and abuse (**30.68%**, n=77), concerns regarding health (**28.69%**, n=72) and a lack of support from schools and jobs (**24.30%**, n=61).

Figure 29. Reasons for not wanting to medically transition, differentiated by gender identity (n=251).



When broken down by gender identity, transfem (**48.72%**, n=19) and transmasc (**53.51%**, n=61) gender-diverse respondents were more likely to be unsure about whether medical

transitioning was something that they need compared to trans female (**31.03%**, n=18) and male (**20.00%**, n=8) respondents. Transfem (**41.03%**, n=16) and transmasc (**29.82%**, n=34) gender-diverse respondents were more likely to be content with their bodies compared to trans female (**20.69%**, n=12) and male (**12.50%**, n=5) respondents.

Trans female respondents were noticeably more likely to fear facing discrimination and abuse, as well as a lack of support from schools or their jobs, compared to trans male and transmasc gender-diverse respondents. Interestingly, transfem gender-diverse respondents were least likely to fear discrimination, abuse or lack of support.

HORMONE REPLACEMENT THERAPY

Hormone replacement therapy (HRT) is a medical treatment that replaces natural hormones when the body does not make enough(11). In transgender individuals, HRT is utilised to feminise or masculinise the body so as to alleviate gender dysphoria.

DURATION OF HORMONE REPLACEMENT THERAPY

53.44% of respondents had never been on HRT (**53.44%**, n=210), with a majority of transfem (**64.15%**, n=34) and transmasc gender-diverse (**86.33%**, n=120) individuals indicating this response.

13.49% of participants (n=53) had been on HRT for less than a year, **17.05%** (n=67) for 1–3 years, and **15.27%** (n=60) for over 3 years.

SOURCES

Table 10. Source of hormones for transgender participants on HRT (n=172).

Variable	n	%
Public hospitals	99	57.56
Private doctors	31	18.02
The internet	27	15.70
Friends, community or family	7	4.07
Overseas	8	4.65

Participants were asked how they obtained their gender-affirming hormones for HRT.

The most common response was through public hospitals (**57.56%**, n=99) such as Tan Tock Seng Hospital and National University Hospital. This was followed by private doctors (**18.02%**, n=31). Smaller proportions obtained them from the internet (**15.70%**, n=27), social networks (**4.07%**, n=7) or overseas (**4.65%**, n=8).

Participants between 15–19 years old were most likely to source their hormones from the internet (**62.50%**, n=10), while those in the 20–49 and 50–64 age groups were most likely to have their hormones prescribed by public hospitals (**64.47%**, n=98) and private doctors (**75.00%**, n=3) respectively.

COST AND AFFORDABILITY

Participants were asked how much they spent on HRT every month (in SGD).

The 170 responses gave a mean monthly cost of **SGD 93.81**. Mean monthly HRT costs for trans female and transfem gender-diverse individuals were SGD 97.18 and SGD 97.19 respectively, slightly higher than for trans male (SGD 88.27) and trans masc-gender diverse individuals (SGD 88.07). This may be attributed to the different HRT regimen for each group.

97.11% of respondents were currently able to afford their HRT. However, **36.31%** (n=61) could only do so after cutting down on other expenses.

31.51% of respondents (n=58) reported having stopped HRT at some point. Within this group of 58, **44.83%** (n=26) had to stop due to financial constraints, **17.24%** (n=10) due to objections from family, school or work, and another **17.24%** (n=10) due to medical reasons. The remaining **20.69%** (n=12) stopped due to personal choice.

This comes to **6.52%** of those who have been on HRT who stopped HRT at some point out of personal choice. This comprises 2.25% (n=2) trans female, 6.00% (n=3) trans male, 13.64% (n=3) transfem gender-diverse and 17.39% (n=4) trans masc gender-diverse respondents. Gender-diverse individuals sometimes choose to temporarily go on HRT or have a lower dosage so as to obtain a more androgynous body.

COST OF GENDER AFFIRMING THERAPY

Table 11. Total cost of any gender-affirming surgery in SGD (n=75).

Variable	Trans Female	Trans Male	Transfem Gender-diverse	Transmasc Gender-diverse	Total
n	23	29	6	17	75
Mean	16,130.43	10,504.83	3,022.50	3,712.35	10,091.80
SD	21,664.92	12,735.03	7,337.65	4,380.52	15,280.60
Max	90,000.00	50,000.00	18,000.00	12,000.00	90,000.00

Participants were asked how much they had spent on gender-affirming surgeries (in SGD). We received 75 responses.

The mean total cost was SGD 10,091.80, with the maximum cost at SGD 90,000.00.

Notably, gender-diverse participants indicated lower mean and maximum costs compared to trans female and male participants. Trans female respondents had the highest mean costs (SGD 16,130.43), followed by trans male (SGD 10,504.83), transmasc gender-diverse (SGD 3,712.35) and transfem gender-diverse (SGD 3,022.50) participants.

However, this section did not ask what specific surgeries participants had undergone, which would contribute greatly to the cost disparity. The large standard deviation further suggests huge variations in the total costs of surgeries for participants within each gender identity group.

From an earlier question on medical transition procedures, the most common surgery for trans men was top surgery, which is significantly cheaper than genital surgery. Only **3.90%** (n=3) of trans men had undergone genital surgery, compared to **9.68%** (n=12) of trans women, while **35.06%** (n=27) of trans men had undergone top surgery. Trans women were most likely to have undergone other procedures (**29.84%**, n=37) such as facial feminisation, as were transfem gender-diverse respondents (**11.32%**, n=6). Transmasc gender diverse respondents were most likely to have undergone top surgery (**6.43%**, n=9).

EXPERIENCES OF TRANSGENDER HEALTHCARE IN SINGAPORE

Our participants were encouraged to share their experiences with the healthcare system in Singapore. We have selected and categorised their responses into the following categories: *lack of accessible information, treated inappropriately, lack of sensitivity, inaccessible treatment and surgeries, and not being taken seriously.*

Lack of accessible information

Transgender participants found it difficult to find information about trans healthcare and had to spend significant effort on their own to figure out what was available.

“Transgender healthcare is not publicised and the general population is uneducated about both our struggles and our existence and likely have a skewed perception of us. It would be nice for both healthcare and transgender issues to be more widely talked about and accepted in public.”

- Trans Female, 24 years old

“I think people need to know where to start. So many trans people cannot even envision a future in Singapore where they can be themselves. It doesn't feel like there's anything in place to protect us.”

- Transmasc Gender-Diverse, 21 years old

Treated inappropriately

Transgender participants reported that many healthcare workers treated them inappropriately, asking irrelevant and intrusive questions or imposing their own viewpoints about transgender people.

"I had an absolutely terrible experience once with some old senior consultant in (public hospital). My mom got me to visit him for a special session of EMDR therapy, after I had a traumatic experience with my father. I went for one session and instead of focusing on my trauma with my father he kept honing in [on] my gender dysphoria and whether I "got that idea from the internet" or something horribly upsetting like that. He clearly did not care about treating his patients well and just wanted my mom to fork over the money for the session and he was very clearly transphobic."

- Trans Female, 22 years old

"Met doctors from school, public hospital and polyclinic and private that have made inappropriate remarks and questions (e.g. do you feel horny in the bathroom). Met [a] doctor who used my medical history against me when I tried to complain about the inappropriate pain I received for medical treatment that was not properly [administered] in a public hospital. Healthcare workers who made inappropriate comments and laughs. Developed phobia from seeking medical help in the public sector. Stopped going to some cause too much phobia. Most if not all doctors know so little about transgender healthcare needs it's baffling. For those that have complications or post sterilisation, they know so little and care very little. My health took a dive ever since I transitioned and second dive after surgery."

- Trans Male, 30 years old

"I had an experience of a mental healthcare doctor at (public hospital) dragging gender into a consultation where it was not relevant. I was seeking an assessment for ADHD and he was prompted to ask about my top surgery from accessing my public healthcare records. I answered honestly but after that, not only did he dismiss my ADHD concerns, but he also seemed a lot more interested in discussing gender. I tried to push back but I felt uncomfortable in his presence so I did not end up scheduling an assessment, and even stopped pursuing a diagnosis."

- Transmasc Gender-Diverse, 34 years old

Lack of sensitivity

Another common theme that emerged was the lack of sensitivity from healthcare workers, turning regular encounters into uncomfortable affairs.

"If healthcare workers can address me by my correct name and pronouns by having it be in the system that would be great. Every time I visit the hospital I get misgendered at the counters with the nurses. Also, the endocrinologists seem to intentionally avoid using my pronouns and name, making the situation slightly uncomfortable and it makes me feel embarrassed to be honest with them as I think they don't really agree with me medically transitioning. I guess doctors have their own personal thoughts about this issue, and this issue is also controversial so I understand and try not to let it affect me. But if there would be

a medical standard that would help the doctors be more at peace with treating patients like me that would be cool. “

- Trans Male, 33 years old

“More sensitivity and training is needed, especially for mental healthcare professionals working with children and/or young adults. My concerns regarding my gender/sexual identity at the time were carelessly brushed off and ignored, with my therapist opting for me to explore the possibility that my “issues” were due to childhood trauma. It was an unpleasant experience that made me resistant to therapy for a while.”

- Transmasc Gender-Diverse, 34 years old

Inaccessible treatment and surgeries

Transgender participants also found difficulty accessing transgender healthcare, with public healthcare providers requiring convoluted routes with many rounds of referrals and long waiting times, resulting in them having to turn to private healthcare options that were often much more expensive.

“The availability of mental professionals like psychiatrists for treatment of gender disorder is not readily available as there are only a few (I guess only 3) private practitioners and the fee [for] consultation is high and validation on their diagnosis is strongly dependent on only these doctors.”

- Trans Female, 52 years old

“It is extremely convoluted. The public pathway is uncertain and not properly planned. Appointments take a long time due to a lack of practitioners and proper referral route. A lack of subsidies [for] trans related issues and lack of sperm freezing options is also really troubling.”

- Trans Female, 24 years old

Not being taken seriously

Transgender participants also found that they were often dismissed by healthcare workers and their complaints not taken seriously.

“Too many “I know what you should feel or do” (know-it-alls) than proper listening and consultation.”

- Transfem Gender-Diverse, 23 years old

“I feel that many doctors in SG are doing the bare minimum for trans healthcare. From personal experience, I had been trying to get my endocrinologist to increase my dosage for about 2 years because I felt like the changes I should have been seeing weren't happening, my period started coming back, and my feelings were fluctuating according to my shot cycle. These things were really affecting my mental health as well. My T levels on blood tests were also on the lower end, but my endocrinologist wouldn't increase my dosage until my T levels got extremely low. After increasing my dosage, my issues started clearing up. I

understand that they are trying to avoid other health risks involved with HRT, but I also think that trans people know their bodies better and that our concerns should be taken more seriously."

- Trans Male, 26 years old

CISGENDER PERSPECTIVES

Cisgender participants were asked to respond to statements on transgender healthcare, specifically on topics such as accessibility and financial assistance for gender-affirming care.

Public healthcare services

92.74% (weighted 91.05%) of heterosexual and **98.60%** (weighted 98.86%) of non-heterosexual participants agreed or strongly agreed that public healthcare institutions should provide general healthcare to transgender people.

74.61% (weighted 72.88%) of heterosexual and **94.40%** (weighted 96.41%) of non-heterosexual participants agreed or strongly agreed that public healthcare institutions should provide gender-affirming healthcare.

Accessibility of gender-affirming care in Singapore

79.28% (weighted 77.95%) of heterosexual and **95.79%** (weighted 97.22%) of non-heterosexual participants agreed or strongly agreed that gender-affirming healthcare should be available in Singapore.

64.76% (weighted 65.98%) of heterosexual and **85.98%** (weighted 91.83%) of non-heterosexual participants agreed or strongly agreed that gender-affirming healthcare should be subsidised in Singapore.

78.75% (weighted 76.09%) of heterosexual and **94.86%** (weighted 97.22%) of non-heterosexual participants agreed or strongly agreed that transgender people should be allowed to draw from their Medisave accounts for gender-affirming healthcare.

Access to mental healthcare for youths under 18

Prior to the following question, cisgender participants were informed that transgender youths had a higher risk of depression, anxiety, self-harm and suicide, particularly if they did not have an accepting family. They were then asked if trans youths under 18 should be allowed to see mental health professionals without parental consent.

79.28% (weighted 76.09%) of heterosexual and **92.05%** (weighted 94.28%) of non-heterosexual participants agreed or strongly agreed with the statement.

Overall, heterosexual cisgender participants had a lower level of acceptance for transgender people accessing gender-affirming healthcare than general public healthcare. However, a similar effect is not seen for non-heterosexual cisgender participants, whose levels of agreement are mostly consistent across all statements.

LEGAL GENDER RECOGNITION

CHANGING LEGAL SEX ON NRIC

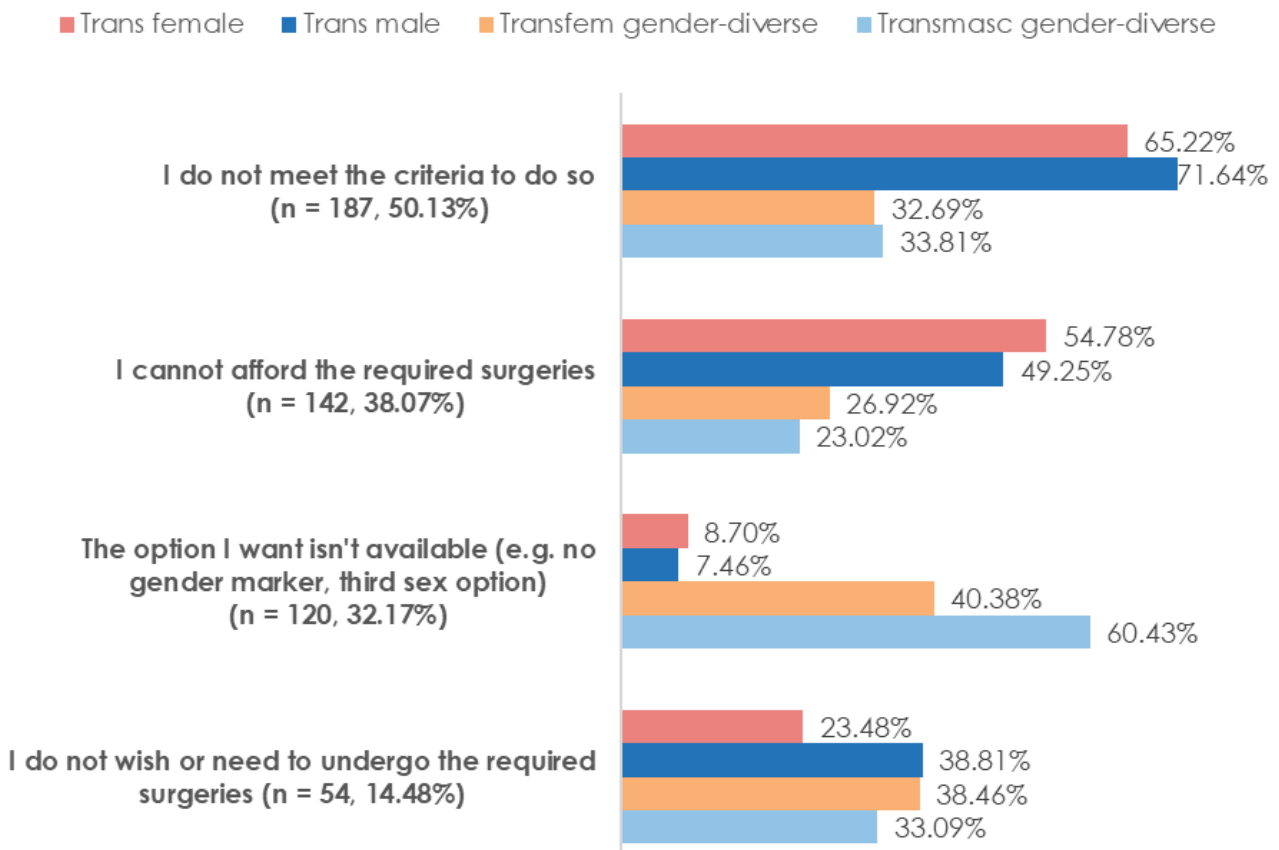
In order to change one’s gender marker in Singapore, ICA requires a locally-registered medical professional to physically examine the applicant’s genitals and certify that they have been “completely” changed from that of one sex to the other. Prior to 2017, ICA accepted surgeons’ letters confirming that an irreversible sex-reassignment procedure had been completed.

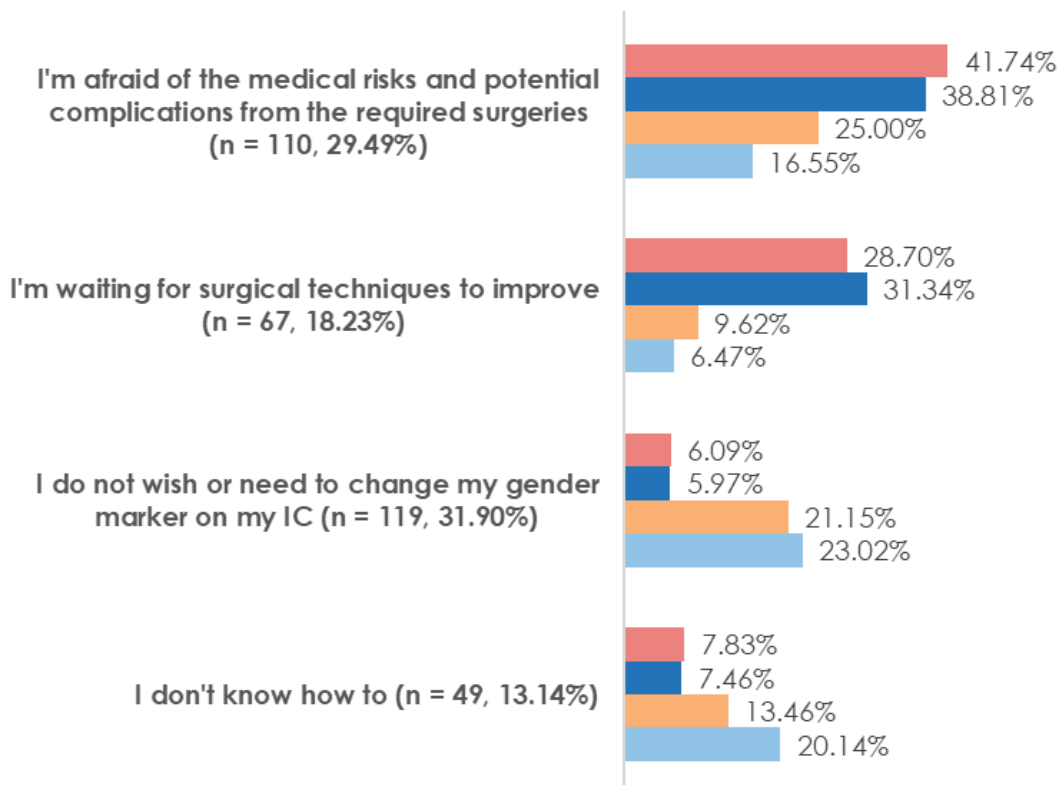
Almost all participants (**94.67%**, n=373) had not changed the legal sex on their NRIC.

Noting that the median gross monthly income level of Singapore is SGD 5,197 as of 2024, of the 18 participants who had changed their legal sex and indicated their personal income, exactly half of them fell into income thresholds below and above the median.

REASONS FOR NOT CHANGING GENDER MARKER

Figure 30. Reasons for not wanting to change their legal gender marker, differentiated by gender identity (n=373).





The most prevalent reason for not changing one's gender marker was not meeting the criteria to do so (**50.13%**, n=187).

Inability to afford the required surgeries was the next most common response (**38.07%**, n=142). This calls back to earlier figures regarding the steep and variable costs of gender-affirming surgical procedures, which may present financial difficulties for most, especially those who struggle to find steady employment.

For gender-diverse participants, the most popular reason was that their preferred gender marker was not available as an option (be it no gender marker or a third sex option). **60.43%** (n=84) of transmasculine and **40.38%** (n=21) of transfeminine gender-diverse respondents chose this reason. Singapore currently does not legally recognise sexes other than male or female.

Other significant reasons include fearing medical risks and complications from surgery (**29.49%**, n=110), waiting for surgical techniques to improve (**18.23%**, n=67) and not knowing how to change their gender marker (**13.14%**, n=49).

Some participants indicated that they did not wish or need to change their gender marker (**14.48%**, n=58), with a range of reasons provided. One transmasculine respondent worried that amending their gender marker could result in workplace discrimination and limit career progression within the civil service. Another trans woman was concerned that her existing marriage might be nullified. Some gender-diverse people who were not on HRT feared unnecessarily opening themselves to discrimination.

Some of those in same-sex relationships said that not changing their gender marker would allow them to get legally married.

DIFFICULTIES CHANGING GENDER MARKER

Those who had successfully changed their legal gender marker were asked if they had faced any difficulties during the process.

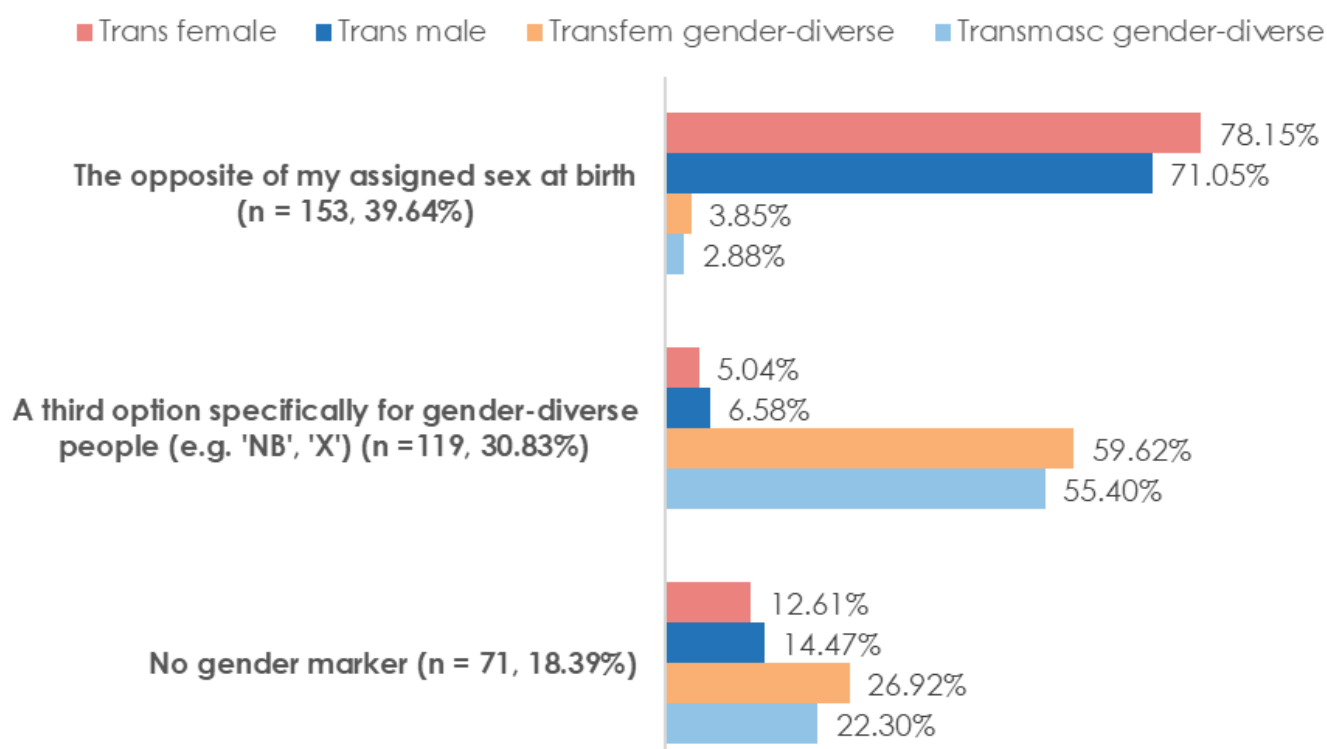
One trans man found it difficult to find a doctor willing to examine him and sign the form certifying his surgery. Key difficulties were needing to book consultations that could exceed SGD 400 solely to enquire if the doctor could sign the form, and reception staff who did not follow up with him when he tried to book a consultation.

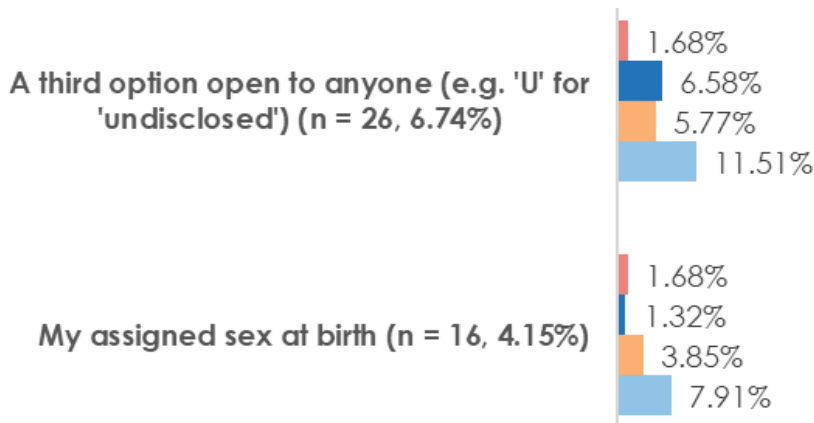
Another trans man found the surgical requirements for gender marker change to be archaic and completely unattainable for some due to medical conditions that preclude surgery. The high costs of gender-related surgeries, which are neither subsidised nor insurance claimable, also make it difficult for most to meet the requirements.

Even after having her surgery certified by a doctor, a trans woman was asked "many strange and very personal questions" when attempting to submit the documents to the relevant authorities.

WHAT THEY WOULD LIKE THEIR NRIC TO SAY IN THE FUTURE

Figure 31. Responses for what transgender participants would like their NRIC to say in the future (n=373).





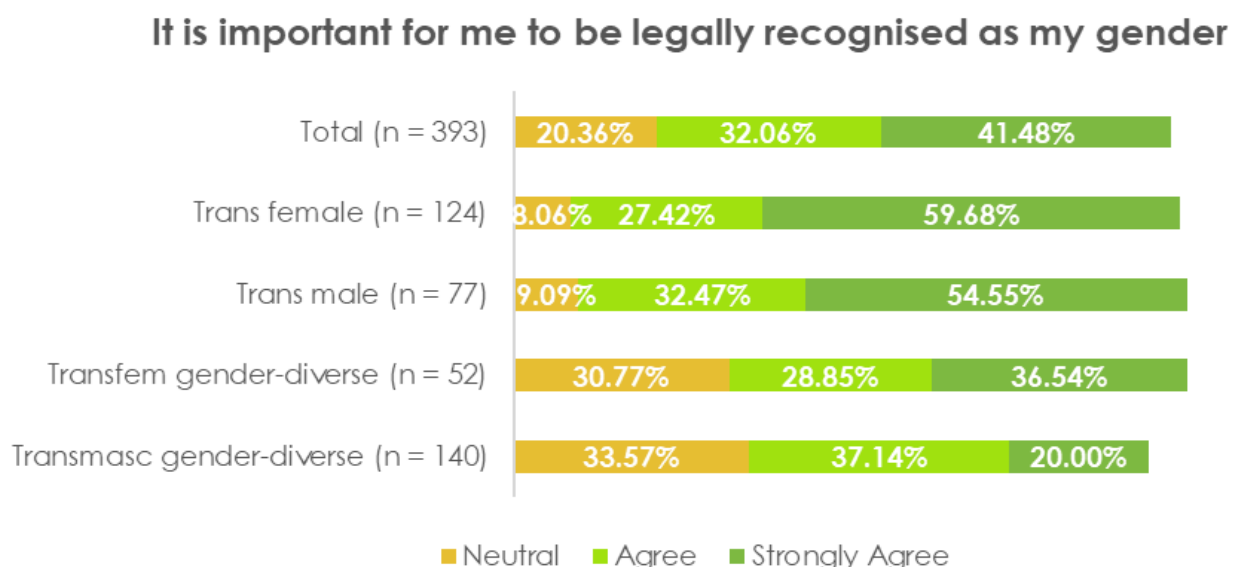
Note: Options will not total up to 100% as one option has been omitted: “a third option specifically for intersex people”. Only 1 trans female participant selected that option.

When asked what they would like their NRICs to say in the future, participants had markedly different opinions based on gender identity. Trans female (78.15%, n=93) and male (71.05%, n=54) participants were far more likely to want a gender marker that was the opposite of their assigned sex at birth, whereas transfem (59.62%, n=31) and transmasc (55.40%, n=77) gender-diverse participants were far more likely to want a gender marker that was specifically for gender-diverse people.

18.39% (n=71) of participants did not want any gender marker on their NRIC, with this option being slightly more popular among transfem (26.92%, n=14) and transmasc (22.30%, n=31) gender-diverse participants than trans female (12.61%, n=15) and male (14.47%, n=11) participants.

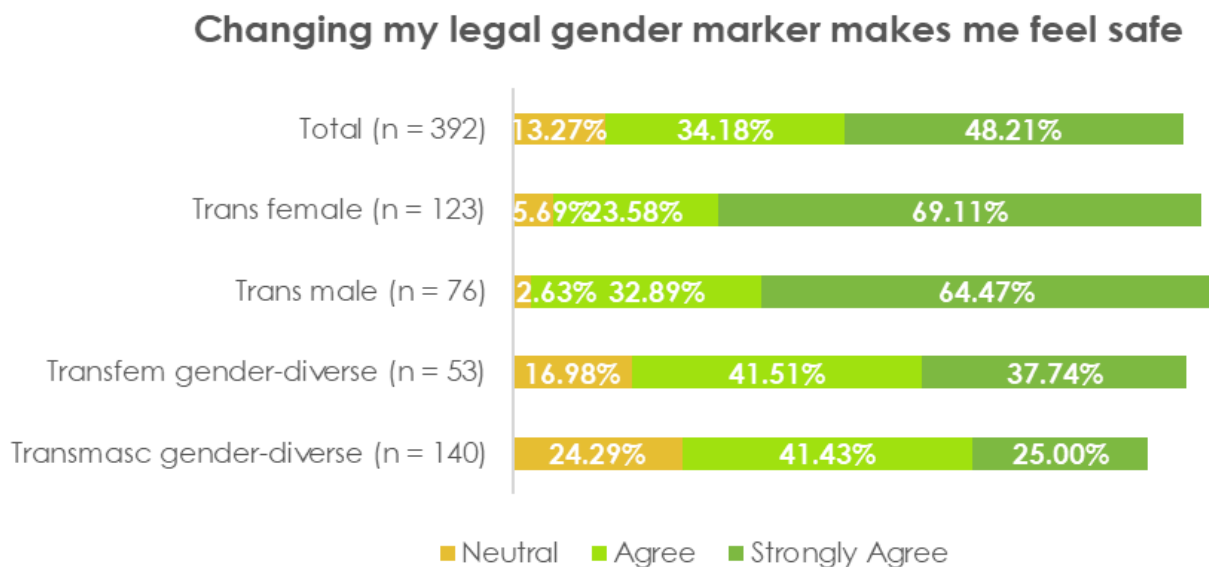
IMPORTANCE OF LEGAL GENDER RECOGNITION

Figure 32. Importance of being legally recognised as their gender, differentiated by gender identity (n=393).



73.54% (n=289) of participants agreed or strongly agreed that it was important for them to be legally recognised as their gender. Of the remaining responses, most were neutral (**20.36%**, n=80), with gender-diverse participants being more likely to indicate this response.

Figure 33. Responses to whether changing their legal gender marker would make them feel safe, differentiated by gender identity (n=392).



82.39% (n=323) of participants agreed or strongly agreed that the ability to change their legal gender marker would make them feel safe. This included **92.68%** (n=114) of trans female and **97.37%** (n=74) of trans male respondents. No trans male respondent disagreed with this statement.

CISGENDER PERSPECTIVES

Cisgender participants were asked to respond to statements on the legal rights of transgender people.

Changing legal sex without genital surgery or sterilisation

56.02% (n=228) respondents agreed or strongly agreed that **trans women** should be allowed to change their legal sex from male to female without genital surgery. **24.57%** (n=100) disagreed or strongly disagreed, and **19.16%** (n=78) remained neutral.

By sexual orientation, 41.97% (weighted 41.05%) of heterosexuals and 68.70% (weighted 63.77%) of non-heterosexuals agreed or strongly agreed. For heterosexual participants, the remaining responses mostly disagreed or strongly disagreed (weighted 34.51%) while non-heterosexuals mostly indicated the "neutral" option for their remaining responses (weighted 20.12%).

58.72% (n=239) respondents agreed or strongly agreed that **trans men** should be allowed to change their legal sex from female to male without genital surgery, **21.62%** (n=88) disagreed or strongly disagreed, and **19.41%** (n=79) remained neutral.

By sexual orientation, 43.52% (weighted 43.11%) of heterosexuals and 72.43% (weighted 66.71%) of non-heterosexuals indicated agreement or strong agreement. Levels of disagreement were similar to the previous question for both heterosexuals and non-heterosexuals.

In comparison, a much higher **68.30%** (n=278) agreed or strongly agreed that transgender people should be allowed to change their legal sex without having to be sterilised (made infertile through surgical removal of reproductive organs). This included 54.40% (weighted 52.35%) of heterosexuals and 80.84% (weighted 76.11%) of non-heterosexuals.

Changing legal sex based on medical transition

63.64% (n=259) agreed or strongly agreed that transgender people should be allowed to change their legal sex after having been on HRT for at least 1 year. **12.78%** (n=52) disagreed or strongly disagreed, and **22.60%** (n=92) remained neutral.

By sexual orientation, 50.26% (weighted 48.28%) of heterosexuals and 75.70% (weighted 63.68%) of non-heterosexuals agreed or strongly agreed. Heterosexuals chose the "neutral" option most compared to other options.

62.90% (n=256) agreed or strongly agreed that transgender people should be allowed to change their legal sex as long as they have undergone any other surgical procedure to make them look more like the gender they want to live as. **15.97%** (n=65) disagreed or strongly disagreed, and **20.88%** (n=85) remained neutral.

By sexual orientation, 54.40% (weighted 53.67%) of heterosexuals and 70.56% (weighted 77.36%) of non-heterosexuals agreed or strongly agreed with the statement.

Changing legal sex based on diagnosis

58.97% (n=240) agreed or strongly agreed that transgender people should be allowed to change their legal sex as long as a doctor has diagnosed them as transgender. **18.43%** (n=75) disagreed or strongly disagreed, and **22.36%** (n=91) remained neutral.

By sexual orientation, 49.22% (weighted 47.95%) of heterosexuals and 67.75% (weighted 70.57%) of non-heterosexuals agreed or strongly agreed.

Changing legal sex based on whether they live as that gender

55.17% (n=224) agreed or strongly agreed that transgender people should be allowed to change their legal sex as long as they are living as that gender. **21.18%** (n=86) disagreed or strongly disagreed, and **23.65%** (n=96) remained neutral.

By sexual orientation, 43.53% (weighted 44.97%) of heterosexuals and 65.42% (weighted 62.30%) of non-heterosexuals agreed or strongly agreed.

Exceptions for meeting criteria

We also asked if exceptions should be made for transgender people who are unable to meet the legal criteria for changing their legal sex, such as due to medical conditions. **72.24%** (n=294) agreed or strongly agreed, **9.59%** (n=39) disagreed or strongly disagreed, and **18.18%** (n=74) remained neutral.

By sexual orientation, 62.70% (weighted 61.63%) of heterosexuals and 87.38% (weighted 85.85%) of non-heterosexuals agreed or strongly agreed.

Ease of changing legal sex

77.39% (n=315) agreed or strongly agreed that it should be easier for transgender people to change their legal sex. **12.53%** (n=51) disagreed or strongly disagreed, and **10.07%** (n=41) remained neutral.

By sexual orientation, 66.32% (weighted 65.65%) of heterosexuals and 90.19% (weighted 93.29%) of non-heterosexuals agreed or strongly agreed.

80.84% (n=329) agreed or strongly agreed that medical and surgical care should be made affordable and accessible for transgender people to change their legal sex. **9.58%** (n=39) disagreed or strongly disagreed, and **9.09%** (n=37) remained neutral.

By sexual orientation, 70.47% (weighted 73.05%) of heterosexuals and 90.19% (weighted 93.29%) of non-heterosexuals agreed or strongly agreed.

73.95% (n=301) agreed or strongly agreed that the policy for changing one's legal sex should not require transgender persons to undergo surgeries they do not want. **14.00%** (n=57) disagreed or strongly disagreed, and **12.04%** (n=49) remained neutral.

By sexual orientation, 60.63% (weighted 60.05%) of heterosexuals and 85.98% (weighted 84.38%) of non-heterosexuals participants agreed or strongly agreed.

The right to have a family

86.49% (n=352) agreed or strongly agreed that transgender persons should have the same rights to have a family as anyone else. **4.67%** (n=19) disagreed or strongly disagreed, and **7.86%** (n=32) remained neutral.

By sexual orientation, 76.17% (weighted 75.68%) of heterosexuals and 95.80% (weighted 96.89%) of non-heterosexuals agreed or strongly agreed.

Cisgender participants were then informed that married transgender people who change their legal sex are considered to be in a same-sex marriage. Participants were asked if these marriages should remain legitimate. **69.95%** (weighted 72.4%) of heterosexuals and **87.38%** (weighted 82.99%) of non-heterosexuals believed they should remain legitimate. A further **5.70%** (weighted 5.77%) of heterosexuals agreed with the statement, but only in cases where children were involved

Those who indicated “other reasons” for their agreement or disagreement were given the option to elaborate on their answer, some of which are reflected below.

Yes, other reasons

“It is up to the 2 individuals to decide if they want to live together as a couple. If they already have children, then it has further implications.”

- Heterosexual, 56 years old

“Opposite-sex marriage and same-sex marriage should both be legitimised in Singapore. Everyone should have the right to choose who (an of-age legal adult) they want to love, without legal or social reprimand.”

- Gay, 33 years old

No, other reasons

“This is a very dicey one. Where same-sex marriage is still currently disallowed in Singapore, to allow same-sex marriage for transgender people feels like a cop-out and unfair for gays/lesbians who may otherwise feel one of them have to be transgendered for the marriage to be legalised. I wonder what the current protocol is, and whether transgender people are willing to change their marker despite losing the marriage. I do not know enough to decide on this yet - but I do know that the transgender people I know who feel strongly about the marker will do it regardless of their marital status. As such, my stance is no for now.”

- Lesbian, 39 years old

CISGENDER SOCIETAL VIEWS OF TRANSGENDER PEOPLE

FORMING OF VIEWS

We asked cisgender participants what shaped their views of transgender people. They could indicate multiple options.

Figure 34. Responses to what helped shape cisgender heterosexuals' views about transgender people (n=193).

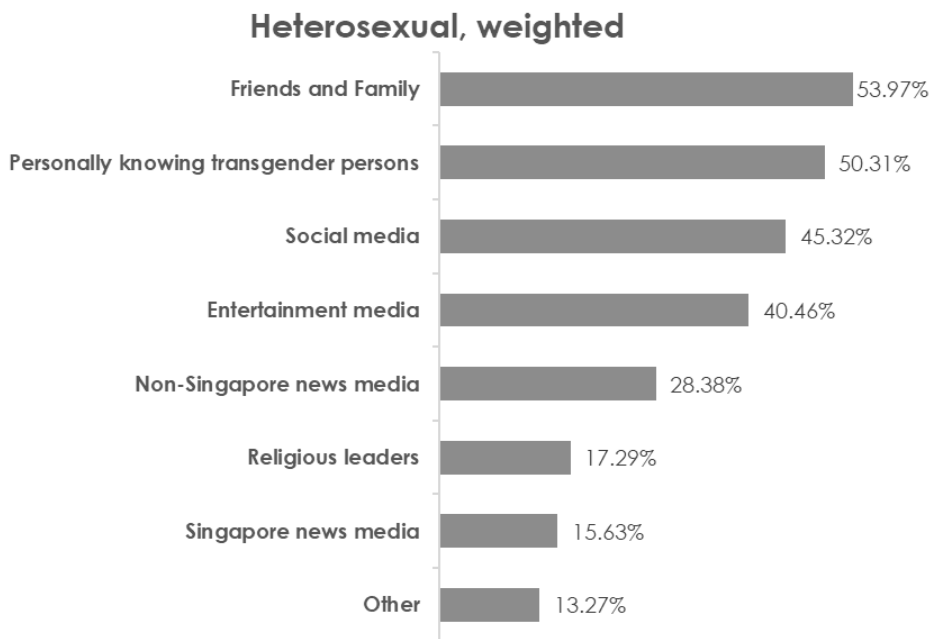
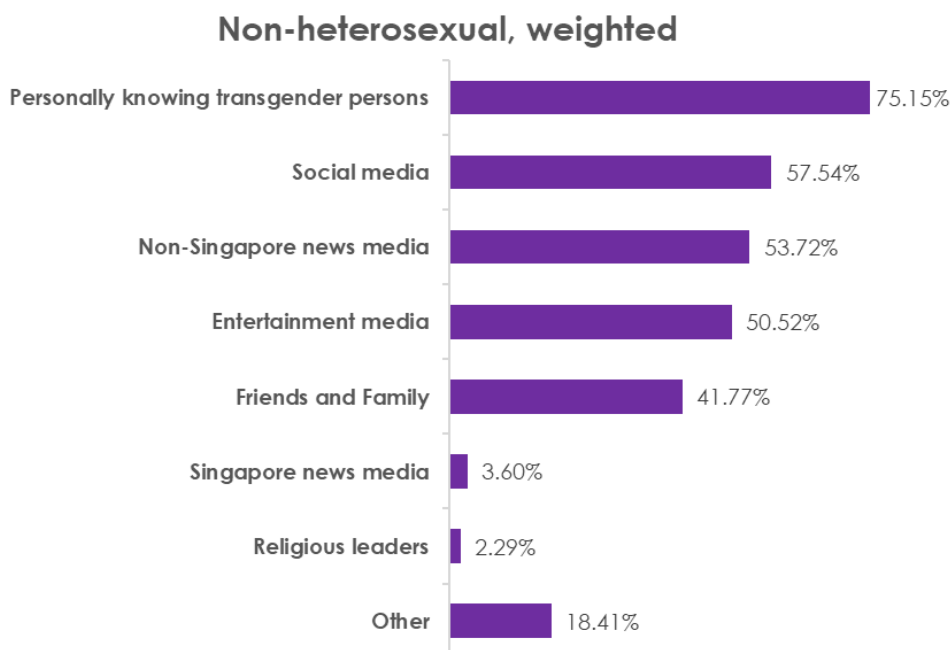


Figure 35. Responses to what helped shape cisgender non-heterosexuals' views about transgender people (n=214).



The 3 most popular responses for heterosexual participants were “friends and family” (weighted **53.97%**), “personally knowing transgender persons” (weighted **50.31%**) and “social media” (weighted **45.32%**).

The 3 most popular responses for non-heterosexual participants were “personally knowing transgender persons” (weighted **75.15%**), “social media” (weighted **57.54%**) and “non-Singapore news media” (weighted **53.72%**).

As seen above, social media appeared as a popular response for both groups. However, comparing pre-weighted and weighted responses, it should be noted that levels of agreement fell for both groups by more than 10%, implying that social media was more influential for younger individuals.

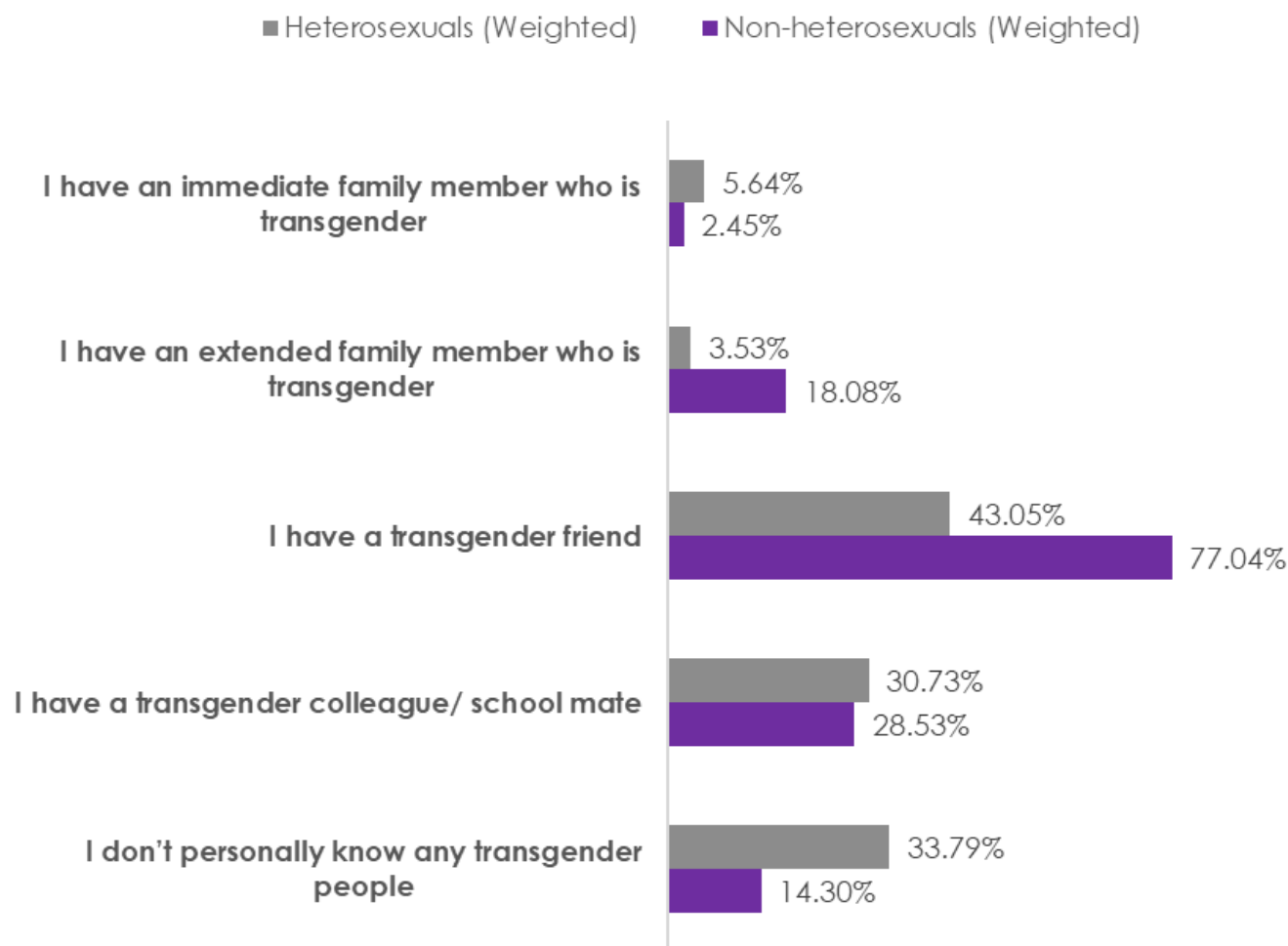
Below are additional written-in responses, differentiated by sexual orientation.

Table 12. Additional responses on what helped shape cisgender participants’ views on transgender people, differentiated by sexual orientation.

Responses	Heterosexuals	Non-heterosexuals
Personal values and philosophy	7	2
Education	7	1
Self-education, e.g. books or research online	6	3
Company environment	2	0
Working with transgender people	2	3
Personal experiences	1	2
Documentaries	1	0
Civil society	1	0
Online media, e.g. YouTube	0	1
Professional training	0	1

Cisgender participants were also asked if they personally knew any transgender persons.

Figure 36. Responses to whether they personally knew any transgender persons, differentiated by sexual orientation (n=407).

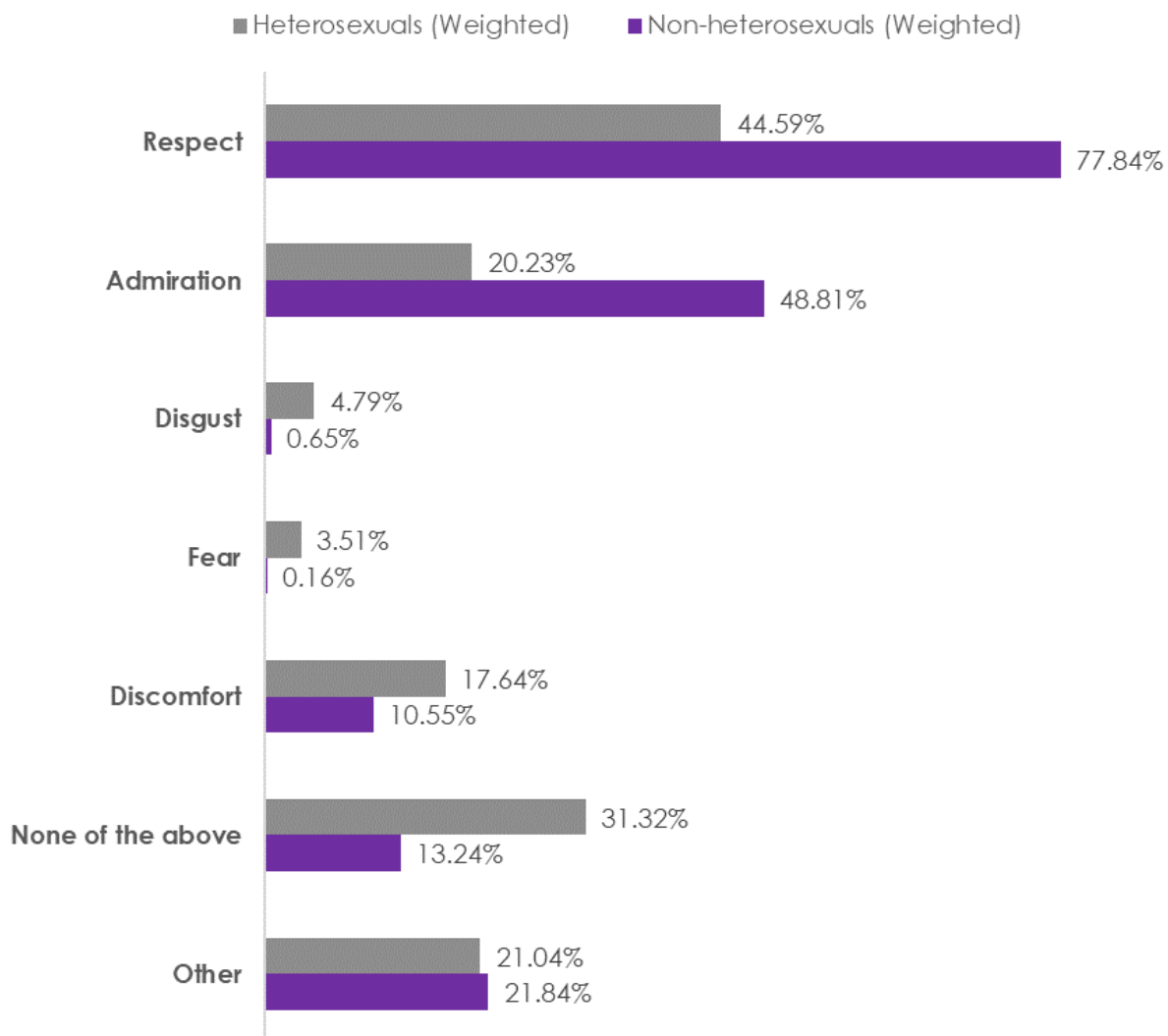


By and large, non-heterosexuals were much more likely to have a transgender friend (weighted **77.04%**) compared to heterosexuals (weighted **43.05%**). They were also far more likely to have an extended family member who is transgender (**18.08%**) compared to their heterosexual counterparts (weighted **3.53%**). Overall, heterosexuals (weighted **33.79%**) were more likely to not personally know any transgender people compared to non-heterosexuals (weighted **14.30%**).

EMOTIONS TOWARD TRANSGENDER PEOPLE

Cisgender participants were asked to indicate which emotions described how they felt about transgender people.

Figure 37. Emotions felt toward transgender people, differentiated by sexual orientation (n=407).



Respect was the most selected emotion, with high levels of agreement for both heterosexual (weighted **44.59%**) and non-heterosexual (weighted **77.84%**) participants. This was followed by admiration from non-heterosexuals (weighted **48.81%**) and “none of the above” from heterosexuals (weighted **31.32%**).

Overall, non-heterosexuals were more likely to feel positive emotions such as respect and admiration toward transgender people, whereas heterosexuals were more likely to feel negative emotions like disgust, fear, and discomfort.

The third most indicated response by both heterosexual and non-heterosexual participants was “other”. Some of these are listed below.

Table 13. Additional emotions felt by cisgender participants, differentiated by sexual orientation.

Emotions	Heterosexuals	Non-heterosexuals
Neutral	9	4
Curious	6	8
Compassion	5	3
Worry	2	0
Indignant	2	0
Awkward	2	0
Sad	2	0
Empathy	1	2
Sympathy	1	3
Protective	1	1
Confusion	1	1
Indifference	0	1
Uncertainty	0	1
Doubt	0	1

Some cisgender participants shared additional thoughts about seeing transgender people like anyone else, and that their feelings towards them would be based on their character rather than gender identity.

“Transgender people are respected as any other human person, nothing more nothing less.”

- Heterosexual, 47 years old

“What I feel about them is based on [who] they are as individuals - their personalities, etc. It has nothing to do with their gender identity. They're just people.”

- Pansexual, 33 years old

“I just think of trans people as I would any other person. I don't think being trans automatically earns someone respect or admiration; at the same time I am not disgusted by or afraid of someone simply because they're trans.”

- Gay, 33 years old

VIEWS OF TRANSGENDER PEOPLE

Cisgender participants were asked why they think some people are transgender. They could choose multiple options. A summary can be found in Table 14.

The most indicated option regardless of sexuality was “They feel like a different gender than the sex they are born as”. Heterosexuals (weighted **80.00%**) were less likely to choose this option than non-heterosexuals (weighted **98.20%**).

Table 14. Why cisgender participants think some people are transgender, differentiated by sexual orientation.

Variable	Heterosexuals	Non-heterosexuals
	Weighted %	Weighted %
They feel like a different gender than the sex they are born as	80	98.2
They are too masculine or feminine for their sex	14.53	7.02
It is due to their biology	48.91	45.31
It is due to their upbringing	10.27	3.76
It is due to social influences	25.03	7.68
It is due to early childhood or past trauma	15.39	3.76
They are mentally ill	10.92	0.98
They choose to live that lifestyle	27.35	5.72
I don't know	6.46	6.95
Other	1.9	12.27

Statistically significant results ($p < 0.05$) are highlighted in bold font. Significance is calculated based on non-weighted statistics.

Some cisgender participants opted to share further thoughts, as reflected below.

“Mix of environmental and biological factors. It's something they can't change.”

- Pansexual, 31 years old

“idk how to explain it but like... [because] gender norms are so heavily enforced in society, even slight deviation makes people question their gender identity or makes them gender

apathetic, etc. its v easy to doubt being female if there is a covert outline of what it means to be female. That being said, someone choosing to be a diff gender due to what I described is still a legitimate reason for choosing the identity that they do..”

- Queer, 31 years old

“From what I understand, having clinically diagnosed gender dysphoria (previously known as GID) is a statistical abnormality. However, the current percentage of the sub-population that has declared themselves as trans/gender diverse exceeds this. Some of this can be attributed to changing social norms (greater acceptance) and how being trans/gender diverse is marketed as something trendy. Among de-transitioners, there is a high percentage of them who have other undiagnosed medical conditions as well. I think the correct diagnosis & health care safeguards are important.”

- Heterosexual, 28 years old

ACCEPTANCE TOWARD TRANSGENDER PEOPLE

Cisgender participants were asked to respond to statements on their acceptance of transgender people.

Dating a transgender person

12.95% (weighted 10.44%) of heterosexuals and **38.79%** (weighted 33.60%) of non-heterosexuals agreed or strongly agreed that they would date a transgender person.

By contrast, **53.98%** (weighted 59.69%) of heterosexuals and **26.17%** (weighted 20.85%) of non-heterosexuals agreed or strongly agreed that they would not date a transgender person. Interestingly, these figures are lower than the percentage of heterosexuals (weighted 64.70%) and non-heterosexuals (weighted 35.90%) who disagreed or strongly disagreed with the previous question, suggesting that around 10% of respondents might not actively agree to date a trans person but also would not definitively close off the possibility.

41.45% (weighted 39.30%) of heterosexuals and **69.63%** (weighted 65.08%) of non-heterosexuals agreed or strongly agreed that if their partner came out as transgender, they would accept them.

Parent coming out as LGBT

74.61% (weighted 71.02%) of heterosexuals and **92.06%** (weighted 95.58%) of non-heterosexuals agreed or strongly agreed that if their parent came out as gay, lesbian or bisexual, they would accept them.

70.53% (weighted 68.42%) of heterosexuals and **88.79%** (weighted 93.79%) of non-heterosexuals agreed or strongly agreed that if their parent came out as transgender, they would accept them.

Child coming out as LGBT

80.31% (weighted 72.88%) of heterosexuals and **97.20%** (weighted 98.70%) of non-heterosexuals agreed or strongly agreed that if their child came out as gay, lesbian or bisexual, they would accept them.

73.06% (weighted 68.20%) of heterosexuals and **89.72%** (weighted 94.77%) of non-heterosexuals agreed or strongly agreed that if their child came out as transgender, they would accept them.

Regardless of sexuality, acceptance of a family member coming out as transgender was lower than acceptance of a family member coming out as gay, lesbian or bisexual.

Acceptance based on personal, religious, spiritual, or moral beliefs

We asked cisgender participants whether their personal, religious, spiritual or moral beliefs allowed them to accept various forms of transitioning that trans individuals might undergo.

78.24% (weighted 77.80%) of heterosexuals and **92.05%** (weighted 95.91%) of non-heterosexuals could accept trans people socially transitioning (e.g. changing names, pronouns and dressing).

77.15% (weighted 73.88%) of heterosexuals and **93.45%** (weighted 96.73%) of non-heterosexuals could accept trans people medically transitioning (e.g. hormone replacement therapy, sex-reassignment surgery).

Finally, **78.24%** (weighted 78.16%) of heterosexuals and **92.06%** (weighted 95.59%) of non-heterosexuals could accept trans people changing the sex on their NRICs..

RIGHTS OF TRANSGENDER PEOPLE

Cisgender participants were asked to respond to statements on the rights of transgender people.

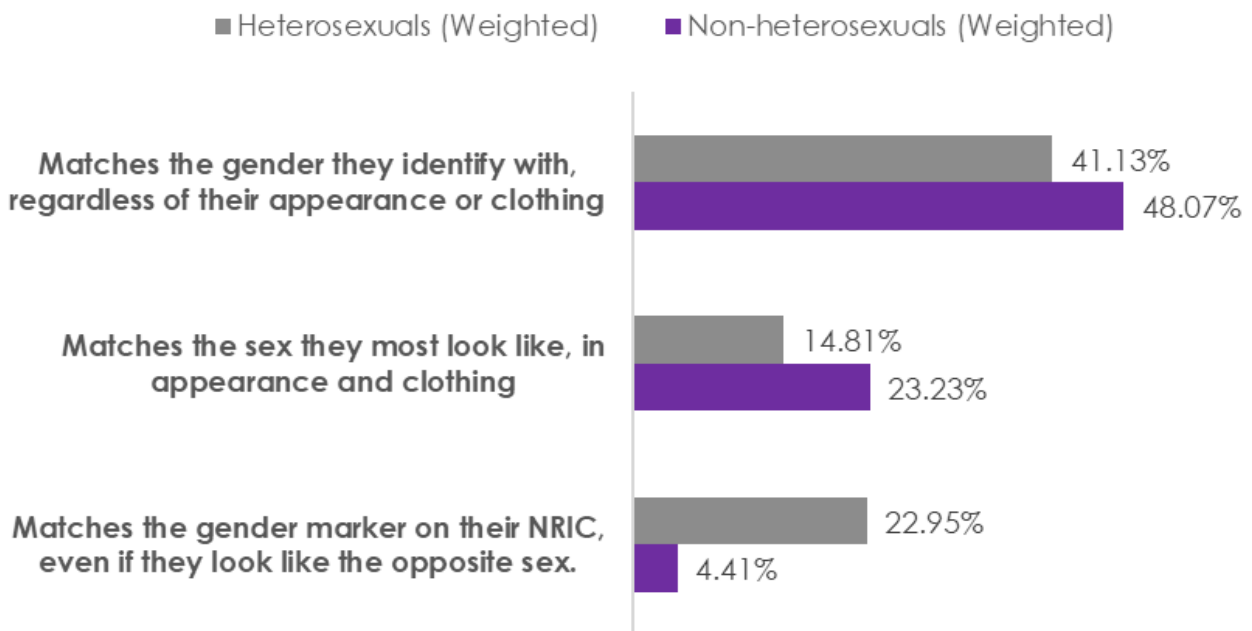
Figure 38. Responses by cisgender participants to statements on the rights of transgender people, differentiated by sexual orientation (n=407).



For all questions, generally high levels of agreement were observed for both heterosexual and non-heterosexual participants. However, across all options it is clear that non-heterosexual participants were more than 10% more likely to agree compared to their heterosexual counterparts.

Cisgender participants were then asked their views on which public toilet a transgender person should use, which is reflected in Figure 39 below.

Figure 39. Responses by cisgender participants to statements on which public toilet transgender people should use, differentiated by sexual orientation (n=407).



39.90% (weighted 41.13%) of heterosexuals and **56.07%** (weighted 48.07%) of non-heterosexuals indicated that transgender people should be using the public toilet that matches the gender they identify with, regardless of their appearance or clothing. This statement records the highest level of agreement amongst three given options.

15.03% (weighted 14.81%) of heterosexuals and **20.09%** (weighted 23.23%) of non-heterosexuals indicated that transgender people should be using the public toilet that matches the sex they most look like, in appearance and clothing.

21.76% (weighted 22.95%) of heterosexuals and **7.01%** (weighted 4.41%) of non-heterosexuals indicated that transgender people should be using the public toilet that matches the gender marker on their NRIC, even if they look like the opposite sex.

CONCLUDING SUMMARY

The 394 transgender people and 407 cisgender people who provided their responses have helped give a deeper glimpse into what experiences are like on the ground for transgender people across different domains, and how society's views of transgender people continue to shift. The detailed comments about their experiences allow us to better understand the barriers that transgender people face in Singapore, and thus provide a resource in identifying and framing what needs to be done to address these barriers. We hope this report offers valuable insight into the current situation on the ground.

EDUCATION

Just about half (**50.51%**, n=198) of transgender participants were still schooling, with the largest proportions of respondents in university or other tertiary education (**23.47%**), and junior college, polytechnic, or ITE (**17.86%**). The majority of those who were in school had chosen not to come out in school (**67.60%**). Among those who did come out, responses from classmates or schoolmates were generally more positive (**66.04%**) when compared to responses from teachers or school staff (**50.74%**).

EXPERIENCES AT SCHOOL

Generally speaking, **71.61%** of transgender participants had had negative experiences in school that were related to their transgender identity. The most common negative experiences included being repeatedly and intentionally misgendered (**39.41%**), repeatedly addressed by their birth name (**31.36%**), being forced to use either the unisex toilets or those for their assigned sex at birth (**26.27%**), and verbal abuse (**25.85%**).

In comparison, **73.78%** of transgender participants had had positive experiences in school that were related to their transgender identity. The most common positive experiences were classmates who used their preferred pronouns (**60.84%**) or name (**51.05%**), and teachers who used their preferred name (**28.32%**) or pronouns (**20.63%**).

LACK OF SAFETY AND SUPPORT

Of greater concern, **26.31%** of transgender students did not feel safe at school, with a further **30.70%** being neutral about it. Only just over one third (**36.24%**) felt respected at school, and only a quarter (**25.74%**) felt accepted as their gender identity. Slightly less than a third of students (**30.65%**) had a teacher, counselor, or school staff that they could go to for support in school.

EMPLOYMENT

After excluding students, we found an overall unemployment rate of **11.96%** among transgender participants. This soared to **23.08%** for school dropouts and was **10.83%** for university graduates. Given Singapore's unemployment rate of **2.8%** during the same time period, it is concerning to note that transgender participants were about four times more likely to be unemployed than the average Singaporean.

BARRIERS TO EMPLOYMENT

When asked about the barriers they faced when seeking employment, responses from transgender participants could be largely grouped into the following categories:

- 1) **Social stigma:** Transphobia and social stigma sometimes led to outright discrimination and unfair treatment in the workplace.
- 2) **Fear of discrimination:** The fear of experiencing discrimination and transphobia prevented some trans people from actively seeking employment.
- 3) **Appearance vs. company image:** Employers sometimes took issue with how a trans person presented themselves, claiming it did not fit their company's image.
- 4) **Mismatched legal documentation:** Trans people whose name or gender did not match their legal documents would be unintentionally outed as trans.
- 5) **Lack of benefits and protective policies:** Trans people often suffer from a lack of protection from workplace harassment, or benefits like trans healthcare coverage.

TRANS-INCLUSIVE WORKPLACE CRITERIA

When asked what factors they found important when seeking employment, almost all transgender participants found it important that their identity would not affect their salary, career progression, and the company's hiring decisions (**97.13%**), and that hiring decisions would be made based on their experience and qualifications, not their transgender identity (**96.06%**). An inclusive company culture, anti-discrimination policies on the basis of gender identity, and a clear grievance process to report harassment or discrimination all also had the support of **more than 90%** of participants.

In general, all suggested factors were considered important, with the lowest being insurance that covered transition-related healthcare (**69.19%**), the recruitment process

not asking for details that would out them as trans (**72.44%**), and trans-inclusive healthcare benefits (**72.78%**).

CISGENDER PERSPECTIVES ON EMPLOYMENT

In general, **more than 90%** of cisgender participants were comfortable working together with transgender colleagues or with a transgender manager or supervisor. Acceptance was generally higher among cisgender non-heterosexual participants compared to cisgender heterosexual participants.

Over 90% of cisgender participants felt that transgender individuals should be hired based on their relevant experiences and skill sets, and that companies should not be allowed to fire an employee or deny them promotion or employment because of their gender identity. However, when extending this to national legislation, only **77.72%** of cisgender heterosexual participants felt that Singapore's anti-discrimination laws should include gender identity as a protected characteristic, compared to **92.52%** of cisgender non-heterosexual participants.

GENERAL HEALTHCARE

Almost one third (**28.76%**) of transgender participants avoided general healthcare due to fear of harassment. More than two in five (**42.89%**) avoided seeking reproductive or sexual healthcare due to discomfort over how they would be perceived or treated. Of note, avoidance of reproductive or sexual healthcare was significantly higher among trans male (**68.50%**) and transmasc gender-diverse people (**42.31%**) compared to trans female (**32.23%**) and transfem gender-diverse people (**32.65%**), possibly indicating additional burdens on transmasculine individuals within the healthcare system.

RESPECT AND TRUST

Three in four transgender participants (**75.54%**) felt that healthcare workers treated them respectfully. However, **14.28%** of them also experienced inappropriate questions about their transgender status from healthcare workers, with trans male (**20.84%**) and trans female (**16.53%**) respondents experiencing higher rates of this compared to gender-diverse individuals.

Slightly less than half trusted their general healthcare doctors (**47.88%**), mental healthcare doctors (**48.65%**), and gender-affirming care doctors (**43.13%**). A large proportion were neutral about it, ranging from **32.98%** for general healthcare doctors to **48.08%** for gender-affirming care doctors.

Of greater concern, less than a third (**32.44%**) of transgender participants agreed that their mental healthcare doctors were well-informed on transgender issues. This was not much better when it came to their gender-affirming care doctors, where only

40.28% agreed that they were well-informed on transgender issues. This highlights a lack of awareness and expertise on transgender issues within the healthcare system.

COMPLAINT MECHANISMS

When asked if they knew any methods through which they could air their grievances about their experiences in the healthcare system, it was concerning that **95.42%** of respondents did not know of any formal complaint mechanisms that they could use. Furthermore, some felt that any complaints they did make would not be taken seriously and simply dismissed.

GENDER-AFFIRMING HEALTHCARE

Just over half (**54.22%**) of transgender participants had pursued some form of gender-affirming healthcare such as hormone replacement therapy (HRT) or surgeries. The majority were trans male (**77.92%**) and trans female (**81.30%**). Trans male and female participants were also more likely than gender-diverse participants to intend to medically transition in the future if they had not already started.

Among those who had not begun medical transition, the top reasons were financial restrictions (**58.96%**), lack of support from their families (**50.20%**), and fears of facing discrimination (**48.21%**).

HORMONE REPLACEMENT THERAPY

The most common form of gender-affirming healthcare that was pursued was HRT, with **44.92%** of participants having done so. The majority of those on HRT obtained their hormones from public hospitals (**57.56%**) or private doctors (**18.02%**). A smaller percentage obtained their hormones informally, such as from the internet (**15.70%**) and from friends, community, or family (**4.07%**). These informal channels were more common among those aged 15-34 years old, suggesting a gap in care and a need to ensure that younger trans people have safe access to HRT through official regulated avenues.

With regards to cost, transgender participants spent an average of SGD 93.81 on hormones each month. Trans female and transfem gender-diverse individuals spent about SGD 10 more per month compared to trans male and trans masc gender-diverse individuals. Slightly over a third (**36.31%**) could only afford their hormones after cutting down on other expenses. **44.83%** of those who had stopped HRT at some point did so due to financial constraints. Of those who had ever been on HRT, **6.52%** chose to stop out of personal choice, with the majority of those being gender-diverse individuals.

GENDER-AFFIRMING SURGERIES

Compared to HRT, transgender participants were much less likely to have undergone gender-affirming surgery. Only **10.66%** had had top surgery or breast implants, **6.60%** had undergone sterilisation, and **4.06%** had undergone genital surgery.

The average cost of surgeries was **SGD 10,091.80**. Trans female and trans male respondents spent significantly more on average than gender-diverse individuals. The highest cost was from a trans female respondent who spent **SGD 90,000**, followed by a trans male respondent at **SGD 50,000**. Comparatively, the highest cost among transfem gender-diverse individuals was **SGD 18,000**, and **SGD 12,000** for transmasculine gender-diverse individuals.

TRANSGENDER EXPERIENCES OF GENDER-AFFIRMING HEALTHCARE

Many transgender participants highlighted the difficulty of accessing gender-affirming services in Singapore. Their experiences can be grouped into the following categories:

- 1) **Lack of accessible information:** There is little information available online, making it difficult to find. Furthermore, as gender-affirming healthcare is rarely talked about, many people are uneducated about what it is and how it is beneficial.
- 2) **Treated inappropriately:** Many transgender people are treated inappropriately when seeking healthcare services, such as healthcare professionals focusing on their trans identities when it is irrelevant to the medical issues they are there for.
- 3) **Lack of sensitivity:** Many healthcare professionals are ignorant of transgender issues, leading to insensitive remarks or misgendering.
- 4) **Inaccessibility of treatment and surgeries:** It is difficult for transgender people to access gender-affirming care due to convoluted processes, multiple processes, and long waiting times.
- 5) **Not taken seriously:** Transgender participants felt that many doctors did not take their issues seriously, and they had to advocate for their own medical care rather than be able to rely on the doctor to provide adequate care.

CISGENDER PERSPECTIVES ON GENDER-AFFIRMING HEALTHCARE

Overall, **over 90%** of cisgender participants agreed that public healthcare institutions should provide general healthcare to transgender people. However, views quickly

diverged between heterosexual and non-heterosexual participants when it came to gender-affirming healthcare.

Regarding whether public healthcare institutions should provide gender-affirming care, and whether it should even be available in Singapore, heterosexual participants' agreement ranged from **72.88%** to **77.95%**, compared to **96.41%** to **97.22%** for non-heterosexual participants. Only **65.98%** of heterosexual participants agreed that gender-affirming care should be subsidised, compared to **91.83%** of non-heterosexual participants.

Lastly, due to the increased risks of depression, anxiety, self-harm, and suicide among transgender youths, cisgender participants were asked if youths under 18 should be allowed to see therapists or counselors without parental consent. Only **76.09%** of heterosexual participants agreed, compared to **94.28%** of non-heterosexual participants.

LEGAL GENDER RECOGNITION

Only **5.33%** of transgender participants have managed to change their legal sex marker on their NRIC. Most of them are trans male (**12.99%**) and female (**7.26%**).

REASONS FOR NOT CHANGING GENDER MARKER

The top reason transgender respondents gave for not changing their legal gender marker was that they did not meet the criteria to do so (**50.13%**). This figure was notably higher for trans male (**71.64%**) and trans female (**65.22%**) respondents. The next most popular reason was not being able to afford the required surgeries, which ties in with the high cost of gender-affirming surgeries.

Almost a third (**32.17%**) said that the option they wanted was not available, such as no gender marker, or a third sex option. This was the most popular response for gender-diverse individuals, with **60.43%** of trans masc and **40.38%** of transfem gender-diverse participants choosing it.

Transgender participants also feared repercussions from changing their legal gender marker, such as increased discrimination in employment or healthcare. Among trans female and male respondents, some noted that not changing their gender marker would allow them to either maintain a current marriage or the possibility of getting married in the future to someone of the opposite legal sex.

WHAT PEOPLE WANTED ON THEIR NRIC

Transgender participants were asked what they would like the gender marker on their NRIC to say in the future. The top option for trans female (**78.15%**) and male (**71.05%**)

respondents was the opposite of their assigned sex at birth. Among transfem (**59.62%**) and trans masc (**55.40%**) gender-diverse participants, the most popular option was a third option specifically for them, e.g. 'NB' or 'X'. The next most popular option was to have no gender marker, which was selected by **18.39%** of all transgender participants.

IMPORTANCE OF GENDER MARKER

Almost three in four (**73.54%**) of transgender participants agreed that it was important for them to be legally recognised as their gender. This was particularly important for trans female (**87.10%**) and male (**87.02%**) respondents.

The same pattern continues with **82.39%** of all transgender participants agreeing that being able to change their gender marker would make them feel safe. **92.69%** of trans female and **97.36%** of trans male respondents agreed with the statement, compared to **79.25%** of transfem and **66.43%** of trans masc gender-diverse individuals.

CISGENDER PERSPECTIVES ON LEGAL GENDER MARKERS

In general, opinions for this section differed by an average of **21%** between heterosexual and non-heterosexual cisgender perspectives, with non-heterosexual participants being more accepting of trans people changing their legal sex markers and making it easier for them to do so.

Notably, about half (**52.35%**) of heterosexual and **76.11%** of non-heterosexual participants agreed that changing legal sex should not have to require sterilisation. An average of **42.08%** of heterosexual and **65.24%** of non-heterosexual participants believed that transgender individuals should be allowed to change their legal sex without having to undergo genital surgery. Furthermore, **60.05%** of heterosexual and **84.38%** of non-heterosexual cisgender participants agreed that transgender persons should not be required to undergo surgeries they do not want. **65.65%** of heterosexual and **85.85%** of non-heterosexual participants also felt that it should be easier for transgender people to change their legal sex.

Encouragingly, **75.68%** of heterosexual and **96.89%** of non-heterosexual participants believed that transgender persons should have the same rights to have a family.

CISGENDER SOCIETAL VIEWS

When asked about what helped shape their views of transgender people, heterosexual and non-heterosexual cisgender participants had slightly different influences. For heterosexual participants, top influences were friends and family (**53.97%**), personally knowing transgender people (**50.31%**), and social media (**45.32%**). For non-heterosexual participants, the top influences were personally knowing transgender people (**75.15%**), social media (**57.54%**), and non-Singapore news media (**53.72%**).

EMOTIONS AND VIEWS TOWARD TRANSGENDER PEOPLE

In general, heterosexual cisgender participants were more likely to feel negative emotions like disgust and discomfort when thinking about transgender people, compared to more positive emotions like respect and admiration among non-heterosexual cisgender participants. Several participants added that a person's transgender identity did not determine what they felt about them. As one participant said, *“what I feel about them is based on [who] they are as individuals... it has nothing to do with their gender identity, they're just people”*.

When evaluating their comfort with transgender people in various situations, heterosexual participants were commonly less comfortable compared to non-heterosexual participants, with an average of **16.93%** difference in their scores across multiple questions. For example, an average of **72.16%** of heterosexual participants would be comfortable with a transgender or gender-diverse roommate/housemate, vs. an average of **86.55%** of non-heterosexual participants.

ACCEPTANCE OF TRANSGENDER PEOPLE

Acceptance towards transgender people followed similar patterns where non-heterosexual cisgender participants were generally more accepting. For example, more than half (**59.69%**) of heterosexual participants said that they would not date a transgender person, compared to **20.85%** of non-heterosexual participants.

On average, **71.95%** of heterosexual participants said they would accept it if their parent or child came out as gay, lesbian, or bisexual, while only **68.31%** of them would accept it if their parent or child came out as transgender. Non-heterosexual participants had a similar pattern in which acceptance for a family member coming out as transgender (**94.28%**) was slightly lower than them coming out as gay, lesbian, or bisexual (**97.14%**), albeit at a much higher acceptance rate as a whole.

When asked whether their personal, religious, spiritual, or moral beliefs would allow them to accept transgender people socially, medically, or legally transitioning, an average of **76.61%** of heterosexual participants agreed. Acceptance was comparatively much higher among non-heterosexual participants at **96.08%**.

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