Redefining 'family': Conceptualising social support networks of transfeminine women in the Western Cape, South Africa - A case descriptive study of in-depth qualitative data from the HPTN 071 (PopART) trial

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ABSTRACT

Transfeminine women (assigned male sex at birth and identifying with a feminine gender identity) are at risk for intersectional stigma related to their gender, sexual orientation, and other parts of their social identities (including age, class, and race). These layered stigmas can result in increased physical and mental health concerns related to physical and emotional violence, substance use, high risk sexual behaviour and HIV exposure. Social networks are important support structures for transfeminine women to ameliorate imposed risk and stigma. We investigated the family networks, household structures and community support systems of eight transfeminine women in the Western Cape, South Africa. The data for this study are embedded in a qualitative component of the larger HPTN 071 (PopART) trial. Data included in-depth interview transcripts, genogram activities and community map drawings. We found that participants who were not living in a supportive family and household structure faced stigma and health risks. In addition, we found examples of how transfeminine women in unsupportive social situations constructed their own family and household unit for support. Our findings agree with those of other studies in that transgender people often rely on extended family members, friends, or peers as social support when their families do not support or ostracise them. Understanding how transfeminine women re-organise social units to be better supported is important so that better health services can be provided to them in the local South African and international context. Further research on family restructuring among gender and sexual minority groups is needed.

1. Introduction

Transfeminine women experience stigma, mental health challenges, including substance use, and sexual practices that increase their risk of acquiring HIV and other sexually transmitted infections (Reisner et al., 2016; Stutterheim et al., 2021). A transfeminine person is someone who has a feminine gender identity, expression or behaviour which differs from an assigned male sex at birth (Costa et al., 2018; Stutterheim et al., 2021; Valentine, 2007). Discrimination towards transfeminine people is layered across multiple social identities related to gender, sexual partner preference, and sexual practice (Arístegui et al., 2018; Logie et al.,

2017), which intersect with age, ethnicity, class, and social context vulnerabilities (Bariola et al., 2015; de Villiers et al., 2020; Garcia et al., 2016). South Africa is one of the only African countries where sexual and gender minority groups like transfeminine women are visibly and legally protected, but despite legal representation high levels of discrimination and stigma persist, often leading to crime and violence against transgender people, in particular (Evans et al., 2016; Jobson et al., 2012; Theron & Kgositau, 2015).

Family is a core supportive structure in gender identity formation, adoption, and presentation (Brumbaugh-Johnson & Hull, 2019; Drucker, 2009). Conversely, negative reaction to gender expression and

sexual orientation by family members can often be a source of further strain and discrimination for LGBTQI+[1] people (Brumbaugh-Johnson & Hull, 2019; Katz-Wise et al., 2016; Pascual Bordas, 2022; Wilson & Cariola, 2020). Among people with minority gender identities, including transfeminine women, family support has been found to help decrease stigma and discrimination, and create a safe base for gender non-conforming people to feel emotionally, socially, and financially supported (Brumbaugh-Johnson & Hull, 2019; Katz-Wise et al., 2016; Lewis et al., 2021; Pascual Bordas, 2022). Understanding the family of a transgender person, however, is not as simple as focusing on their family of origin. LGBT people often elicit support from 'families of choice' in addition to, or instead of, their family of origin (Dewaele et al., 2011; Soler et al., 2010). More recent work has started to investigate 'chosen families' by LGBT people as a protective factor against trauma and oppression (Hailey et al., 2020). In this study we aimed to investigate the spaces transfeminine women in low-income communities in the Western Cape, South Africa navigated in their personal family, household, and community.

Early anthropological work complicated the use of 'household' and 'family' as distinguishable terms for understanding domestic groups, issued around the way the group is organised and what their core activities are, like food production and consumption, sexual reproduction, and child-rearing (Yanagisako, 1979). The point was made that the attributes of what a household and a family might entail often overlap. Therefore, household-based surveys with general populations of people often classify the household consisting of a nuclear biological family (Hall & Mokomane, 2018).

Research has shown that high mobility of individuals between domestic units is widespread in contemporary South Africa (Clark et al., 2007; Hoddinott et al., 2018; Hosegood et al., 2005). Household mobility was spurred early on by Apartheid policies which caused wide-scale labour migration, forcing men to leave their home and work in distant towns or provinces (Madhavan & Schatz, 2007). However, a decade after a new democratic South Africa was formed, migration of people from their household and family is still widespread (Madhavan & Schatz, 2007; Nwosu & Ndinda, 2018).

Specific post-Apartheid factors like freedom of movement, poverty, and illness such as HIV/AIDS seem to have influenced diverse and fluid household structures (Madhavan & Schatz, 2007). Other influential factors also contribute to how households and wide family grouping change over time, like births, deaths, union and separation of partners, and arrival and departure of new members to the house for various reasons (Hall & Mokomane, 2018; Welaga et al., 2009). In particular, recent trends show more poor and female-headed households (Nwosu & Ndinda, 2018) and migration of young people between households (Hosegood et al., 2005; Spiegel et al., 1996). More specifically, in the Western Cape of South Africa, more than 50% of coloured[2] and 66% of black African children live in extended family households, as opposed to nuclear or single parent families (Hall & Mokomane, 2018).

Gevisser (2020) explains that the general trend of the industrial and technological revolutions in the last century, which caused large-scale urbanisation and a shift from cultural, traditional, and familial structures to more individual and personally autonomous ones in urban spaces, had implications for LGBT people. Initially these shifts facilitated an environment for LGBT people to explore their gender and sexual identities in urban spaces where there may be more diversity and acceptance (Gevisser, 2020; Rodó-Zárate, 2022; Spiegel et al., 1996). Conversely, recent research has also shown how these public and urban spaces can often be very heteronormative and a place of further suppression of diverse gender and sexual identity expression for these groups of people (Poltz, 2022; Rodó-Zárate, 2022). Therefore, private home, family and community spaces can also be safer and more supportive of transgender people's gender expressions than urban and public spaces (Marques, 2022), as they get to explore creatively – without too much prejudice – safe spaces to be themselves (Marques, 2022).

Gevisser (2020) describes the space where queer people ground their lived experiences 'safely' as an abstract space called the pink line, navigating stigma and discrimination in some parts of their lives and more open acceptance in other parts. With the lack of research on LGBT people's lived experience in South Africa (Mayeza, 2021), we aimed to understand how transfeminine women navigate their family and household structures to feel supported. We used the data from eight transfeminine women and their social support structures. For the sake of this study, we use the term 'family' as a core group connected through kinship and biological relationship in some way or another, while acknowledging that there will always be exceptions to how people are related.

In this manuscript, in order to investigate the spaces transfeminine women navigated in their families, households and community, we.

- Describe and contextualise family membership and household structure as defined by transfeminine women in our setting.
- Consider the conceptual relevance of these household and community connections on social support systems for these women and potential influence on gender identity expression.

2. Methods

2.1. Design

An exploratory, case descriptive study with mixed, in-depth qualitative data.

2.2. Setting

The data for this analysis were collected as part of a nested component of the HPTN 071 (PopART) trial – see Hayes et al. (2017). The PopART trial was a cluster-randomised control trial that tested the effects of a HIV preventions package on community HIV incidence in 21 communities in Zambia and South Africa. An ancillary study of the trial included additional data collection elements to understand the intersection between HIV stigma and the trial outcomes, which included a qualitative cohort design to understand how higher HIV risk populations may be differentially impacted by the trial intervention.

For this manuscript, we analysed data collected in the Cape Winelands and Cape Metropolitan areas of the Western Cape of South Africa. There were two communities in the Cape Winelands, which are typically a mix of formal and government-built houses, as well as informal areas where corrugated iron and wooden shacks are constructed. The informal areas have little formal infrastructure and usually have public facilities like shared toilets and illegal electricity connections. The Cape Winelands of South Africa in general are towns bordering on farmlands, where people in these communities often find seasonal work in fruit orchards and vineyards on farms. The two other communities are closer in proximity to the urban city centre of Cape Town. Again, these communities are physically made up of formally developed sections, with tarred roads and pavements, but also include large sections of informal housing, known as townships in South Africa. Generally, all the

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[1] Acronym to include reference to a wide range of gender and sexual minority groups of people, referring to Lesbian, Gay, Bisexual, Transgender, Queer, Intersex and more. We use a shorthand of LGBT from here onwards.

[2] 'coloured', a racial classification used during South Africa's Apartheid period, is used today as racial and cultural category for people of mixed racial descent (Petrus & Isaacs-Martin, 2012). The term is complex, with some people self-identifying as coloured and advocating for a distinct ethnic/cultural identity, and others rejecting the term. It is further complicated by multiple sub-groups within the category, including indigenous Khoi and San peoples, descendants of slaves from southeast Asia, and descendants of white and black parents.

communities our participants lived in have poor resources, are high crime areas where gangsterism is rife, jobs are few and poverty is widespread (Bond et al., 2021).

2.3. Sampling logic and recruitment processes

The nested qualitative cohort was sampled purposively according to geographical and study arm representation, as well as extreme case sampling to include representation of people living with HIV, people with greater risk of HIV infection and socially marginalised people. This included people living with disability, young people 15–24-years-old, cisgender female sex workers, men who have sex with men (MSM), transgender women and people who have been incarcerated. In this analysis, we included all participants who were assigned male sex at birth and identified or expressed their gender in a feminine manner. They were recruited by approaching clinic staff, specialised men's health clinic spaces and staff, community members and visiting sex work hotspots. We initially recruited thirteen participants, five who ended participation in the cohort for a variety of reasons – these reasons mostly related to being a gender minority and fear or distrust of people and organisations approaching them.

2.4. Data collection processes

Participants were interviewed in-depth multiple times for ~9–18 months, approximately every six weeks. Interviews happened individually or with members of their household as convenient to the participants. The interviews were organised into 7 topic areas – kinship; mobility; socio-economics; love and sex; HIV knowledge and experiences; research experience, goals and ambitions. Within each topic area we used a variety of participatory research activities to stimulate discussions. The interviews were facilitated by a pair of graduate researchers in the participants' preferred language of English, Afrikaans, or Xhosa.

In this analysis we include all data from the transfeminine women but with a focus on two of the participatory activities. Firstly, kinship mapping – drawing a 'family tree' with the participants to represent their household, relationships between members, and co-residence (Hoddinott et al., 2018). Secondly, geographic mapping of their communities – drawing a picture of their community on a large sheet of paper, including main features, how they moved about within the community and for what reasons, and going on a 'walking tour' of these spaces guided by the participant. The two activities happened about 3 months apart.

The mapping activities included research staff drawing an outline of the bigger community of the clinic catchment area where the participants lived. The participants were then given a variety of markers and pens and asked to draw the map of their local community, while researchers asked about often visited places, spaces they avoid, homes and houses of people they often visit and other probing points of interest, to help build the narrative of each participant. The maps as portrayed in this manuscript have been re-drawn with the same colours and details that the participants drew them up with, excluding any personal identifying information. The detailed analysis of each separate map is rich with personal narrative and lived experiences of each participant. For the purpose of this analysis we broadly refer to the maps as reference to the experiences of the participants as it relates to their social connections.

The geographic drawing/mapping was a novel activity used in this study, but similar mapping techniques have been used in studies where queer and transgender people were asked to map out experiences of gender dynamics in public spaces – one in Brazil (Almeida, 2022) and another in France and England (Bonté, 2022) – relevant to their lived experiences, often drawing out safe spaces or areas where they felt discriminated against. Similarly, we used the activity for these transfeminine women to show how they access certain spaces or not, often referring to potential verbal and physical violence connected to specific areas. All interviews were audio recorded and the researchers wrote detailed field notes and reflections.

2.5. Data analysis processes

The first step in analysis was to compare the kinship maps and community maps of the eight participants across cases. This was done in an interpretive process of developing and drafting initial themes and patterns from the activities and getting feedback from co-authors. The second step included developing case descriptions for each participant, including the participatory activities, recordings, field notes and reflection notes from researchers. The first author developed these descriptions as he had first hand data collection experience with all participants.

2.6. Ethical considerations

The HPTN 071 (PopART) study, including this nested qualitative component, received ethical approval from Stellenbosch University's Health Research Ethics Committee (N12/11/074), the US Centers for Disease Control and Prevention, the London School for Hygiene and Tropical Medicine, and the University of Zambia. All participants and family members were formally recruited and consented to participate in the study. In our presentation of the data, all identifiers have been removed and pseudonyms developed for the participants. The research team were diverse South Africans across different language, racial and cultural groups. Researchers did fieldwork in pairs and always had someone from a similar racial and/or language group than that of the participants.

3. Results

We first show broad changes of the eight participants' households and family structures, using the following pseudonyms that were chosen by the lead author: Curella, Steven, Georgie, Sizwe, Girlie, Patricia, Stacey, and Simone. All participants were between the age of 21- and 32-years, from lower income settings (average household earnings between 100 and 600 USD/1950 to 11,500 ZAR per month), and often living in informal built houses and structures. Seven participants identified as coloured Afrikaans-speaking women and one, Sizwe, was a Xhosa-speaking black African woman. The data from the participants were largely homogenous and we didn't identify any cultural or religious differences, meaning that topics of religion and cultural nuances were not discussed or raised by the participants.

3.1. Family membership and household structure of transfeminine women

Four of the participants (Curella, Steven, Georgie and Sizwe) had broadly stable kinship and household membership relationships. These were families of origin typified by family members like immediate and extended family members who were not only part of the household but also contributed to the household together in various ways, creating a so-called 'stable' supportive environment. In these four households and kinships structures, financial expenditures were shared, where multiple household members would be working full-time or part-time jobs. Child-rearing and emotional support were shared between household members, especially if a parent was working; grandparents and other unemployed household members would look after young children in the house. A sense of emotional support was directly and indirectly extended towards household members as there was a form of deep involvement in each other's lives. For example, the family and household members of these four participants were aware of their gender identity, and often knew their sexual and intimate partners as well as other parts of their social lives. In these families, even if there was an overall conservative and religious heteronormative ideology, the

transfeminine women were open to express parts of or all of their gender identity.

The other four participants (Girlie, Patricia, Stacey and Simone) had less stable kinship and household networks. Typically, these households were made up of a variety of people not necessarily part of the immediate family and often included far-off distant relatives who do not have a strong connection to the person's family of origin, where unstable' then refers to less stability or support from the initial family of origin. These were families of choice for participants. Income to the households was meagre and people in these households often had to resort to illegal and illicit ways of making money or rely on other members for financial and other kinds of support (emotional, shelter). Substance use and abuse was common among individual members of the household and as a collective activity. The transfeminine women in our study who lived in households like this often felt unsupported and sometimes ostracized for their sexual and gender identities. These participants' households did not hold strong relational ties and led to transfeminine women having to move out or away from their household and find alternative means of accommodation, financial and social support. Some participants moved between various houses throughout their life staying with a variety of friends, relatives, peers, other extended family members and even strangers.

3.2. Finding freedom and relative safety within stable and supportive households and community connectedness

3.2.1. A stable kinship household structure allows for open and free exploration of a feminine gender identity for transfeminine women

When there is a supportive family and household structure (not necessarily made up of just family or nuclear family) there is often greater freedom to express an open transfeminine identity at home and in the close community. We see examples of how participants Steven, Curella and Sizwe openly dressed and behaved in effeminate ways at home and felt mostly comfortable to do the same in their nearby community and neighbourhood. They all lived with immediate family and had a household structure of mutual financial and emotional support. A slightly varying household setup with a mixture of immediate and extended family members, created a different but still very supportive household structure for the participant named Georgie. Georgie's family, although having strict moral beliefs against same-sex attraction, still

seemed like a stable space for her to feel safe and supported. She was able to dress and openly show effeminate parts of her identity without her family's disapproval. For these four women their family of origin created a supportive household structure that allowed them to be open and expressive about their transfeminine gender identities.

Steven lived with her immediate family, including her mother, father, and sister (see Fig. 1). As mentioned, Steven and her parents shared financial responsibility, as they all worked and contributed to the household. Steven reflected that she was openly accepted and even supported because of her non-heteronormative gender identity expression by her immediate family and household:

> My parents were now very … they had very open thoughts and they are very open-minded. They accepted me just as I am … actually it was never necessary for me to tell them. They knew. (Steven, 23 August 2016)

She received similar acceptance and support from the neighbouring community she lives in:

> And like people in my road, street who I grew up with, the children, they all knew who I am. They never judged me or so. They knew today Steven is … Steven plays with the girls today, because tomorrow Steven plays with the boys or if tomorrow, we all play together … it's basically here where I grew up the people are very, uhm, they accept things, they are used to it. It's not even a type of lifestyle, it is just part of the community. Because, I mean, if us gays now had a show, then the people couldn't even wait to go watch. (23 August 2016)

We found that Steven moved around quite freely in her community (see Fig. 2). She identified various houses in the nearby neighbourhood of her friends she would visit and spend time at. She also identified the local nightclubs that, in particular, were used to host modelling shows. Her mother made an effort to support Steven by attending these modelling shows. Steven and the other transfeminine women with supportive household structures were also actively involved in the bigger LGBT community and events in their area.

3.2.2. The risks of weak ties to household and community

Girlie and Patricia are examples of women who did not have secure household structures, who also had to fend for themselves or work hard
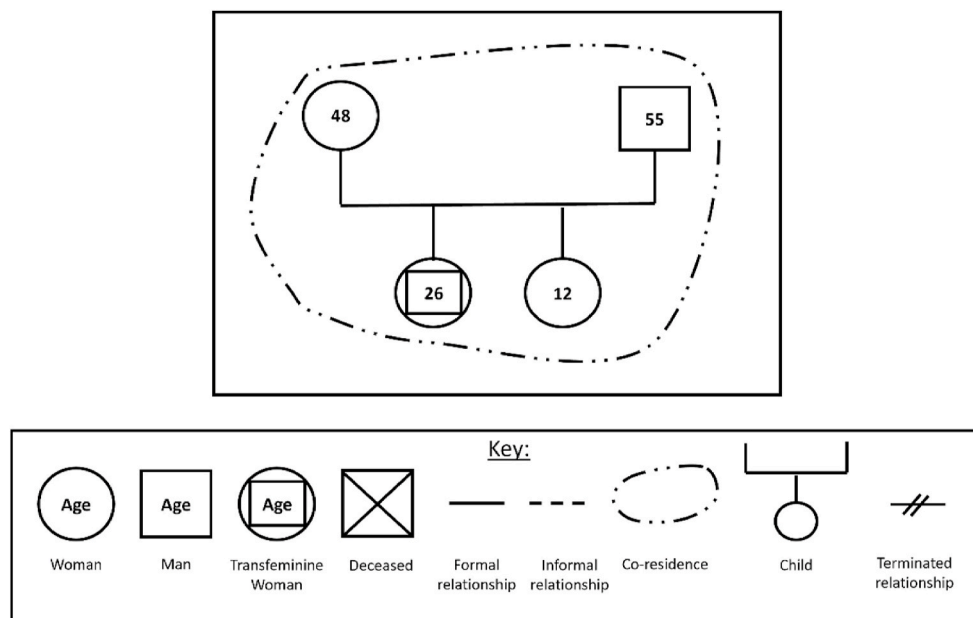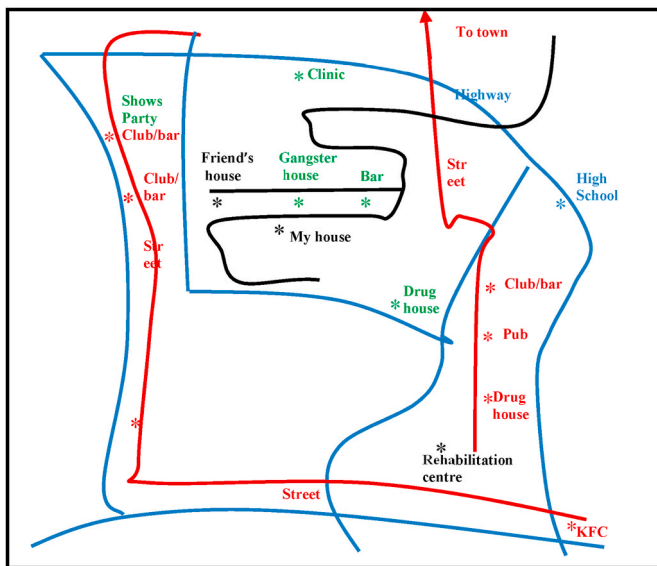

Fig. 1. Steven's genogram.

Fig. 2. Steven's community map.

to find any way of contributing to their poor households.

Girlie lived with her brother and her deaf mother in a farm labourer house (see Fig. 3). Her father reportedly had an informal and distant relationship with her family which could make it easy for him to be uninvolved in Girlie and her brother's lives. Girlie related that her father did not contribute to the family financially and therefore she and her brother had to find ways of making money in a seasonal farming community (where jobs are few and temporary) to look after their mother. This caused both of them to resort to illegal ways of earning money; her brother being involved in gangsterism and drug dealing, and she stole and hawked fruit, as well as worked as a sex worker on a nearby highway. Her household space with her immediate family was not one she felt particularly supported in and her brother didn't condone her same-sex relations. Below she explained in an interview what her home space felt like:

I'm mainly on my own. I'm never at home. I'm o-only … only evenings I go home … I'm almost like a stranger … like that, uh. (Girlie, 4 August 2016)

In referring to the map of her area (see Fig. 4), Girlie explained that she moves around a lot, rarely being at home during the day and sometimes staying elsewhere or only arriving late at night. Her main focus was to ensure she had money or food to contribute to the household. Her map, therefore, showed the different places she went to earn money, through hawking and sex work. On the map she showed the different orchards and vineyards where she stole fruit and the highway where she stood to sell these goods and be picked up by clients for sex work. Apart from her family and house she also spent time with her partner (boyfriend) who had a very complicated relationship with her. She showed on her map that she often travelled to stay with him. He was a gang member and was involved in having coerced her into sex work. The rest of her immediate family (see Genogram 2) consisted of half-siblings from two other women that her father bore children with, all of whom lived in different houses on the same farm. Even though she and her family were related to the neighbours, she did not trust them. It was difficult for Girlie to identify any significant person in her life and her social network, as she responded quite bluntly to a question asked during the mapping exercise interview.

Researcher: Girlie, who is important to you around here, who is important to you?

Girlie: The most important thing to me, is just that I can get any form of money to buy something for the house, because if I don't have anything to take home, then I don't go home. (November 8, 2017)

In Girlie's home space, she dressed like a man and was addressed by her family as a man, and it was often outside in the community and when she did sex work that she dressed effeminately and connected more openly to a feminine gender identity.

Patricia, similar to Girlie, also did sex work but in a different community to the one where she grew up. She was forced to leave her foster parents' house when she got involved with drugs at a young age. Since then, she has experienced sex work as the only way to make a living, something she was coerced into by gangsters. Patricia struggled to draw her community map (see Fig. 5) and did not really go out and move around in her nearby community – she could only draw her house, the street and some neighbouring houses, but had no social relations to people in the area.

In this lived reality, it seemed difficult for Girlie and Patricia to have time to consider their gender identity as they were focused on surviving financially, scraping meagre social support systems together and facing harsh forms of abuse and violence. Both these women struggled also with drug addiction. We found they had no strong social support networks outside of the households, with no transfeminine friends and peers and no active involvement in the LGBT community.

3.2.3. Remaking home: finding and constructing supportive household structures

Some transfeminine women in this study found support through newly created family and household networks either from extended family members, friends, peers, or strangers. We saw this most clearly with Stacey, whose immediate family neglected to support her, and she had to move away from home.

Stacey grew up with her immediate family. Her father was absent throughout her youth. Her mother was initially supportive of her gender identity. However, due in part to tensions with her brother, Stacey was eventually left on her own and had to move to a different community. As Stacey's immediate family failed her as a core social support network and household structure, she went out to find support and build a new familial structure around family members (like aunts and cousins), friends and other transfeminine peers (see Fig. 6). In this community Stacey lived a very mobile lifestyle, moving often from house to house (see Fig. 7). On the community map note the different pink-marked (cisgender women) houses of friends and family and two purple-marked (femgay/transfeminine women) houses of friends and acquaintances she regularly stayed with (see two images of a bed) or visited for means of support. Although she only used feminine ways to talk about herself (in particular using the term "femgay"), a lot of people in her household and community addressed her as a gay man and often used the derogatory term "moffie"[3] to address her. She has adopted this term amongst her femgay peers. In the exchange below Stacey explains her dependence on peers and friends as social support.

Researcher 1: For you, throughout your life who was your support?
Stacey: My mom.
Researcher 1: But during the time that your mom wasn't here with you?
Stacey: No one.
Researcher 2: Who would you consider as your family?
Stacey: My close (emphasis on "close") friends.

We see in Stacey's story an example of restructuring her family and

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[3] A colloquial Afrikaans word typically used in a derogatory manner to refer to a gay and/or effeminate man (with uncertain origins, but likely to have originated from the Dutch *mofrodiet* for "hermaphrodite") (Gevisser & Cameron, 1994; Luyt, 2014).
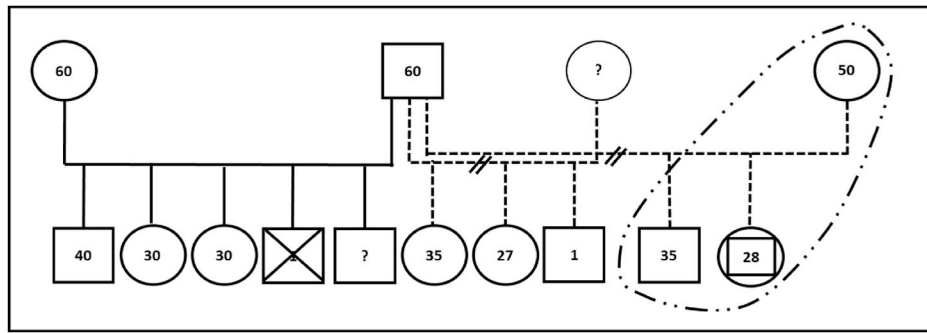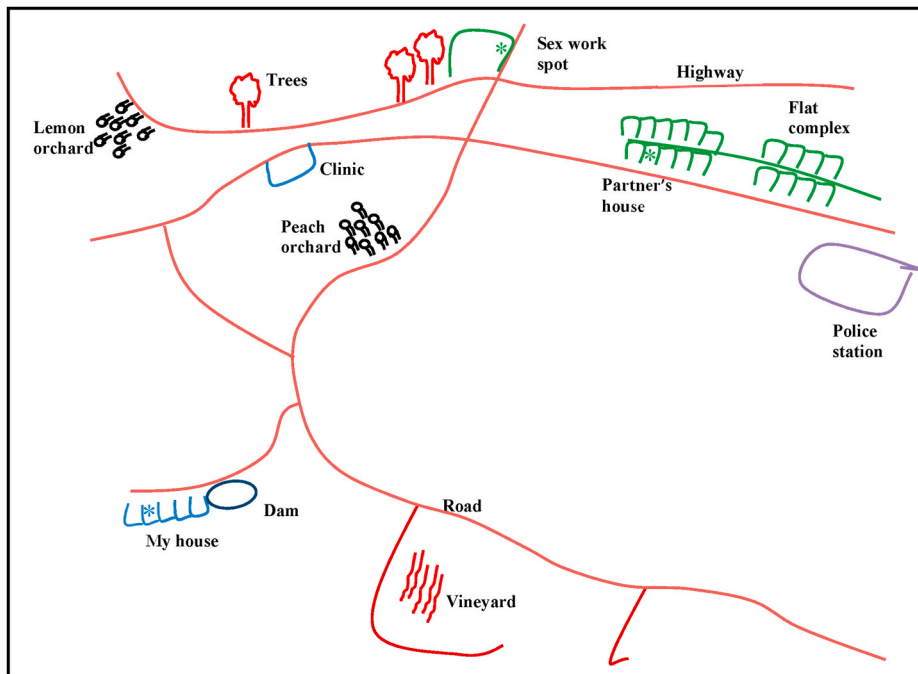
Fig. 3. *Girlie's genogram.*
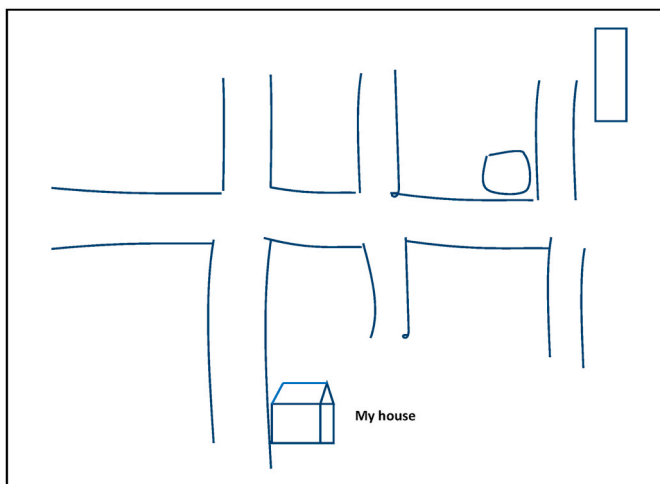

Fig. 4. Girlie's community map.
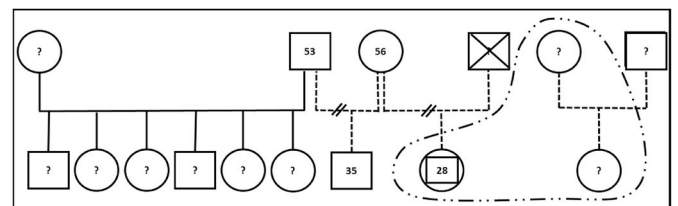

Fig. 5. Patricia's community map.

Fig. 6. Stacey's genogram.

household setup when she moved away from her immediate family's home to go stay in a different neighbourhood and community with extended family and friends. Stacey seems to have open support from her extended family members to express a feminine gender identity. She dressed in feminine clothes permanently within her home space and community space. She did this while knowing that there will be discrimination towards her, as she's mentioned in the past there are certain areas she tries to avoid where gang members and other men throw both verbal insults and physical objects (like stones) at her.
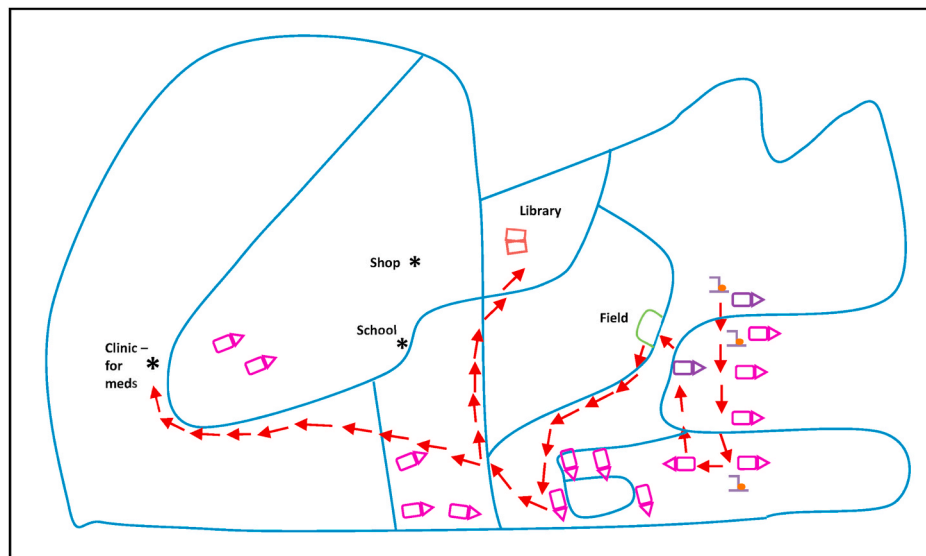
Fig. 7. Stacey's community map.

4. Discussion

We found that (a) some transfeminine women had stable, supportive family networks while others had unstable networks and a lack of support; (b) this base of support influenced how and where they expressed their feminine identity and moved through their community; and (c) in the absence of support from a family of origin, some transfeminine women crafted new "families" of close peers and extended family members to solicit such support. Therefore, strong family and household relationships, can increase a sense of safety and support for transfeminine women, and this can enable freedom to express authentic identities, while also providing stability and protection from risk factors such as violence, abuse, and addiction.

Recent work has investigated how chosen families (chosen or created families, with peers and older LGBTQ persons that mimic nuclear family structures) in the United States have cultivated dynamics that may directly impact the social determinants of health among the LGBT community (Hailey et al., 2020). No such studies were found in the local South African context, but we reflect on some recent works that have started looking at the impact of chosen family and household supportive structures on LGBT people.

De Voux et al. (2016) investigated South African MSM's (men who have sex with men) connectivity to social networks of family, friends, sex partners and other LGBT peers as a way of feeling more comfortable with their sexual identity and supported in making conscious decisions around identity and sexual behaviours. Husahouskaya (2017)found a related emphasis on a deep sense of belonging in family and household structure by a group of migrant transgender women in South Africa, in particular, how this sense of belonging helped their gender identity expression. Transfeminine women not only navigate their gender identity but also navigate across space in a similarly fluid way to fit into family and community structures (Husakouskaya, 2017).

As found by Brumbaugh-Johnson and Hull (2019) in the United States of America and Drucker (2009) in South Africa a key idea is that LGBT people, especially transgender people, often rely on creating their own community and family structures to be supported in terms of persecution and economic survival. The way that family and household structures are changing and becoming more dynamic in South Africa (Hall & Mokomane, 2018) is then clearly relevant to marginalised people like transfeminine women. In a way, the fluidity of family form in contemporary South Africa (and the recent past) provides opportunities for these women to manage their situation – allowing space for being different and being accepted in different family forms and household setups.

For this study we considered COREQ criteria for reporting on qualitative research (Tong et al., 2007). Strengths of our analysis include that we collected rich and in-depth data, over extended time periods, with participatory tools to facilitate explication of participants' experiences. The longitudinal nature supports credibility of our study and transferability was supported by the thick description of cultural and social relationships. This is also one of the first studies among transfeminine women in the local context. We further recommend future work to investigate how supportive factors potentially counteract aspects like violence, abuse, and addiction.

Limitations on extrapolation from our findings included that this was an exploratory study with a relatively small sample. Further, that five participants who discontinued participation because of their identity vulnerability may mean our findings under-represent many women's more extreme negative experiences. Further research with a larger sample of transfeminine women and across multiple local settings would be beneficial, including understanding cultural, racial, religious and other demographic nuances and how it relates to social support structure. In particular, it would be helpful to understand and test causal relationships between social support structures and other potentially influential factors like socio-economic status or employment access on the wellbeing, health or quality of life on this sample.

In addition, future work with transgender people would be enhanced by constructively looking at potential supportive factors in their lives, amongst the immense inequality that they experience across the world. We also acknowledge that all of the researchers were cisgender men and women, which could have affected a deeper level understanding of trans people's experience. This was largely due to the sample being a sub-sample of a larger trial. We do recommend future studies to include trans people as researcher or to use creative ways of including trans people as peer researchers.

Finally, our work supports a more systemic understanding and positive framing of transgender people, understanding how their realities are entwined with their closest relationships and that within these relationships might lie possible ways of creating an environment for them to feel less discriminated against and express their gender identity more openly. If we know that transfeminine women are able to find new ways of getting household and family support, we can help them navigate this space at specific points of intervention with support when accessing health, public services or private counselling and therapy (Pascual Bordas, 2022).

5. Conclusion

LGBT people find themselves in very polarised times where the pink line Gevisser (2020) refers to is shifting dramatically On the one hand, we find worldviews, beliefs and regulations increasingly integrating queer people in society as full citizens, and in other ways society is finding new ways to shut them out. It is along this pink line that we find the narratives of the women from this study. Transfeminine women like Steven, Stacey, Sizwe and Georgie have some form of supportive household and family networks. Whereas women like Girlie and Patricia find themselves in unsupportive and even dysfunctional family and household structures, to the extent that it is hard to step out from it and the dysfunction affects how they can openly express their gender identity. Then, we found examples of transfeminine women with unstable and unsupportive family and household structures, like Stacey and Simone, who despite their circumstances have restructured their family and household structure to ones that are more supportive. Interventions to support and enable transgender individuals to restructure or build better social networks and to help them overcome inequality and discrimination are much needed. In addition, interventions that create or foster communities and environments that are less hostile to transgender people and transfeminine women could enhance safety and belonging.

CRediT authorship contribution statement

L. de Villiers: Writing – review & editing, Writing – original draft, Methodology, Formal analysis, Data curation, Conceptualization. **L. Swartz:** Writing – review & editing, Supervision, Conceptualization. **P. Bock:** Writing – review & editing, Investigation, Funding acquisition. **J. Seeley:** Writing – review & editing, Conceptualization. **A. Stangl:** Methodology, Investigation. **G. Hoddinott:** Writing – review & editing, Writing – original draft, Supervision, Methodology, Formal analysis, Conceptualization.

Declaration of competing interest

The authors declare no competing interests.

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