Health impacts of the COVID-19 Pandemic: Experiences of the trans-feminine community from Delhi, India.

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ABSTRACT

The repercussion of this bio-medical disaster can be seen immediately and expected to have more profound social, health and economic ramifications in the future. Quantitatively and qualitatively, gender minority groups are excluded from the socio-economic and political processes because of the identity that attributed the unique features and legitimised their exclusion from the 'mainstream'. The transgender community is now being pushed further into uncertainty due to the unprecedented lockdown that has a differential and disproportionate impact on men, women and other genders. The study interviews eleven transgender women who identify themselves as *hijra/kinnar* and are involved in sex work regarding the challenges they faced during the pandemic. Access to health seemed to be an alarming issue while analysing the descriptive data. Along with a severe blow to their livelihood, each of them struggled with their health- be it sexual, mental or specialised healthcare needs. The pandemic only magnified many crevasses of social stigma and structural inequalities, further distancing them from obtaining desired health care services. Experiences of these transwomen depict that chronic marginalization and transphobia in the name of pandemic only worsened their gender status.

Keywords: - gender identity, minority stress, public health, stigma.

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1.0 Introduction

The COVID-19 pandemic brought human society to a standstill. All the fault lines of harsh social realities are being nakedly exposed and are widening with each passing day. The effect of this biological warfare is seen immediately and is expected to have more profound social and economic ramifications in the future. No one and no area has been spared from the effects of this pandemic. The Sustainable Development Goal Report (2020) found that this pandemic affected the poorest and the most vulnerable populations. While job loss and poverty remain critical issues, there is also a worldwide increase in gender-based violence, including amplified domestic violence and hate crimes. This unprecedented lockdown undoubtedly had a differential impact on men, women and other genders like any disaster. Moving on to a more in-depth and layered issue, the way of life and experiences vary across gender and transgender community though greatly visible in society. Their problems purposefully remain invisible to the human eyes. The most vulnerable across gender groups, this peripheral community is still grappling to adjust to the current realities. "*I do not know if health comes first or our livelihood!*" says Laila, a 22-year-old transgender woman who used to earn from various dance programmes. She adds, "*Everything is closed now. My father lost his job. So, the sole supporter of this family is me. Cooking fuel is costly, and a dry ration is not the only need for a family. All my savings are gone. We are in acute distress. In this situation we fear for covid as well as worry about our hungry stomachs*". This statement catches a snippet of the problems faced by this marginalised community due to the pandemic. This paper aims to capture many such narratives and constellation of experiences by 11 individuals belonging to the trans-feminine spectrum of gender identity. The paper finds that access to health care seemed to be an alarming issue while analysing the descriptive data. Along with a severe blow to their livelihood, each of them struggled with their health- be it sexual, mental or specialised healthcare needs.

2.0 Conceptualisation of the study

The transgender population is an umbrella term for people existing in the broad spectrum of gender fluidity. Some people might feel an incongruence with their sex assigned at birth and their current gender identity. Some identify as a mix of two genders or gender beyond man and woman. There is no one way to affirm one's gender. Various identities and expressions include transsexuals, crossdressers, intersex people, drag kings, queens, and genderqueer. In feminist and transgender studies, the mutual imbrications of gender oppression, class struggles, 'disabilities, political economies, nationalisms, migrations and dislocations' are closely studied and explored (Enke, 2012). Transgender studies extend the theoretical foundation of Simone

de Beauvoir's work and emphasise that there is no natural process by which anyone becomes a woman and not one way to become one (Enke, 2012).

The trans-feminine population is comprised of individuals identifying as a third gender, transgender, transwoman, and woman. For this study, only those transgender individuals who self-identified themselves from the categories as mentioned above and are also born biologically male are selected for the interview. There are regional variations in the name and the role one prefers to take up in India, but the common ones are *hijras/kinnars/aravanis, kothis, panthis* and many more. A transgender person may dress, behave or self-identify anywhere along a culturally defined gender spectrum. *Hijra* is a unique, traditional gender group that embraces persons with myriad gender identities and sexual orientations (Kalra and Shah, 2013). The community broadly includes male to female transgender, intersex persons, crossdressers and transsexuals but are primarily discriminated against. The socio-religious Indian myths bestow the *hijras* with special powers to bless or curse people with luck and fertility (Kalra, 2012). Over time, they have sanctioned a social role of blessing newlyweds and newborns by singing and performing *badhai*. The marginalised gender experience of being a *hijra* forces them to auxiliary earning avenues like begging, *launda dancing* (dance form with sexual innuendoes) and prostitution (Chakrapani et al., 2019). However, a fair portion of the community is also involved with NGOs or community-based organisations (CBOs) working under different HIV/STI projects. The *hijra* community is composed of a strict hierarchy where households are headed by the eldest (by means of power and duration in the profession) *hijra* in the community called *naayaks*. Each *naayak,* in turn, have a host of *gurus (guru ma)* who rules smaller sections of the community and regulate day to day life (Nanda, 1986; 1999; Kalra, 2012). The masters or gurus can have several followers or *chelas* who learn the tradition and culture of the group and their work. Proportions of the group's earnings are also shared within this structure, along with a monthly donation that the *chelas* give to their gurus.

From her experiences, Bowleg (2020) says that deadly viruses like HIV, influenza, COVID always crack opens' fissures of structural inequality.' "Identification of gender disparities is a first step in building resilient communities, and enhancing survival across a wide range of disaster scenarios when future events occur" (Moreno-Walton and Koenig, 2016). In the months following the disaster, governments, agencies, and individuals experience impassable loss of livelihood, inadequate food supplies, impeding health services, homelessness, grief, and bereavement. To add to this, gender-based violence and intimate partner violence also escalate quickly. It is needless to say that the effect of disaster is gendered. While most of the literature on gender and disaster equates women's status to men, and in doing so, focuses on the

vulnerability and capacities of women, very few address the status of other genders beyond these two. The invisibility of the gender minorities in a binary gender model for considering and addressing gender in the disaster sphere makes them vulnerable.

The study's geographical space is limited to Delhi-NCR's boundaries, which includes the whole of Delhi National Capital Territory, thirteen districts from Haryana, eight districts of Uttar Pradesh and two districts of Rajasthan (National Capital Region Planning Board). The capital city acts as a magnet of opportunities. Most transgender individuals are migrated from the neighbouring states of Uttar Pradesh and Bihar in expectation of better earning and lifestyle.

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3.0 Data and Methods

The key idea behind this research is to learn about the problem or issue from the participants themselves. Like any qualitative research, this work typically gathers multiple forms of data, such as interviews and documents, rather than relying on a single data source. Theoretical sampling is done when data generation and analysis go simultaneously (Glaser and Strauss, 1967). Interviewing through theoretical sampling is done until theoretical saturation has been achieved; no new data or dimension stimulates new theoretical understanding (Charmaz, 2006; Bryman, 2012). Theoretical saturation is employed as a principle for assessing the adequacy of this sample.

Qualitative semi-structured interviews were conducted over the telephone. The researcher has a list of questions and specific topics to be covered (interview guide), but the interviewee has a lot of leeway in how to reply. Follow up questions were also asked depending on the direction of the conversation. The author believes that interviewees should be given more freedom in the interview situation than is permitted with 'structured' approaches. Hence, qualitative interviewing is more likely to generate a 'fairer and fuller representation of the interviewees' perspectives' (Mason, 2002). The interviews are done in Hindi language and are audio-recorded, transcribed and translated to observe themes and patterns. The basic procedure in reporting qualitative study results is to develop descriptions and themes from the data. The objective is to present these descriptions and themes that convey multiple participants' perspectives (Creswell and Creswell, 2018). The data that emerges from a qualitative study are descriptive are reported in the participant's words. The themes include repetitions, typologies,

local expressions, analogies, and transitions, all developed from the transcripts' analyses. The themes and sub-themes are also cross-referenced with the available literature on the topic.

Two key informants from two respective community-based organisations were contacted so that participants could be approached with ease. The transgender population is a 'hidden population' that is not readily accessible without community members themselves. Theoretical saturation was reached after the 9th interview, but since 11 people were already interviewed, all 11 narratives are included. The period of the interview was from 18th November 2020 to 26th November 2020. Informed consent of the interviewees was taken over the telephone by reading out or letting them read the interview's details and nature. The actual names of all the respondents are changed, and pseudonyms are used throughout the text. All the participants are compensated for their time. All the respondents had access to a mobile phone, and the researcher made the call, so the interviewees bore no cost.

4.0 Findings and discussion

The work argues evocatively and evidentially so that the readers can feel the participants' emotions and struggles and tries to capture an 'insider's view' of how the individuals in the transgender community are interacting and negotiating their ways in their social reality. This section explores and discusses the various themes that emerged while interacting with 11 interviewees. Before moving on to health-specific discussion, it is essential to highlight a few socio-economic and demographic characteristics of the interviewed population and the effect of the pandemic on their livelihood. The impact of this pandemic cannot be explored in isolation until some of the factors are reviewed in association with health.

4.1 Socio-economic and demographic background characteristics

The pre-condition of the interview was that the participants must be biologically male (sex assigned at birth is male), but they identify themselves somewhere on the trans-feminine spectrum. In this study, six individuals self-identify as 'transgender woman', three as 'third gender' and two as *'hijra/kinnar',* and their preferred pronouns are 'she/her'. However, only one said that she did not belong to the hijra culture or profession. Within the *hijra/kinnar* culture system, six individuals are involved with begging, *toli-badhai,* and sex work, three with *launda dancing*, one works as a project manager at a reputed non-profit trust, and one is a stipendiary student. It is to be noted that seven out of 11 are directly involved with sex work.

All the interviewed individuals are currently residing in and around Delhi, but none are born there. Eight respondents migrated from Uttar Pradesh, two from Bihar and one from Andhra

Pradesh. Interestingly, three young trans individuals out of 11 migrated back to their home states during the lockdown and immediately after ' unlock one '. The sample's age range varies from 20 to 68 years, and the average age of disclosing the preferred gender identity is around 17 years. Five respondents have some documents (mostly voter card only) where their name and gender are changed to their preferred ones. Sumita says, *"When it comes to documents, I have faced so many problems. Due to a lack of family support, I spent my whole life drifting in rented accommodations. So I do not have any permanent address. Tell me how to get documents?"* Almost all had problems in their families regarding acceptance when they initially disclosed their identity. Even to this day, only four trans individuals have support from their respective families and reside with them. The majority stays in rented accommodations, either with adopted transgender families or alone. Chadni (45 years) and Saira (68 years) have no formal education, but the rest have a higher secondary level of education, and out of them, four have completed their graduation.

Given the crises from the pandemic, four individuals are currently not working, and five have shifted from their current occupations to alternative ones. Monthly income for the study population ranges from ₹3000 to ₹50,000. Most respondents gave an income range as earnings are not fixed. Sumita, 41 years old, a project manager at a reputed non-profit organisation, earns the highest of the lot. No matter how much is the earning, expenditures often tend to exceed income, with no savings—rent, food, make-up, grooming kit, medicines and travelling form the majority of expenses.

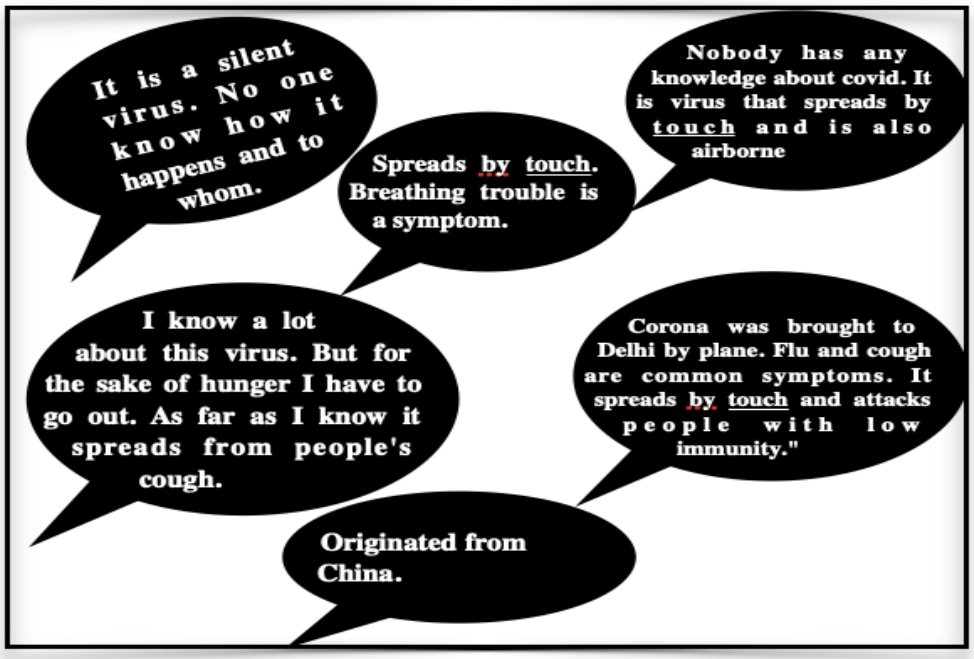
4.2 Health and Lifestyle

When asked about how the interviewees were feeling about health, the majority responded with affirmative answers. Only two respondents have diagnosed ailment-HIV and Hepatitis B, for which they are taking regular medicines. Chadni, by profession, has been a sex worker for 20 years, and she says, "*I am always in great stress. I have to drink and smoke every day because of the nature of work I am in. Now that I am in this profession, I have to deal with it as well."* However, the rate of alcohol consumption is higher than the rate of tobacco consumption in the overall sample. Only five said they always use protection while having sex, and the rest varied between 'sometimes' to 'most of the time'. Eight respondents did not undergo any gender affirmative medical treatment, while most wished to undergo complete reassignment of gender someday. In terms of therapy, six individuals visited a counsellor or psychologist at some point in their life. Six individuals also expressed discontent with their life when asked about their mental satisfaction.

4.3 COVID-19

The National Center for Transgender Equality (NCTE), a reputed non-profit United States based organisation, gave out few directives for transpersons to deal with this new coronavirus. It urges everyone to put together a plan of action to cater to both primary and specialised health care for transgender persons. According to NCTE, " LGBTQ people have higher rates of HIV and cancer, and therefore may have a compromised immune system…. LGBTQ people also use tobacco at a rate of 50% higher than the general population….More than 1 out 5 transgender adults have at least one or more chronic conditions." It is now known to all that coronavirus is a respiratory illness that also can weaken the already compromised immune system. Six out of 11 interviewees have already done the covid test, but none reported to be positive. In order to get a better idea of how the pandemic affected the lives of these transgender women, some questions were asked on perception and knowledge regarding the coronavirus, source of information for Covid related news and the precautions taken by them. "*This coronavirus stopped everyone's work. This is what I know"*- a brilliant observation came from Taslima, a 20-year-old kinnar also involved in sex work who currently moved back to her natal village. This idea of coronavirus taking away everyone's livelihood percolated through every participants' answers. Some of the common perceptions are listed below in figure 1.

Figure 1: Perception and knowledge regarding Covid among the transwomen



Source:- Compiled by the author.

It is clear that not all their information about the virus is accurate as significant sources are from the internet, social media, and forwarded messages. Sumita raised a very valid point-"*In*

this entire lockdown, many statements came from governments and various organisations, even WHO, but after some days they change those and issue new guidelines." This undoubtedly leads to confusion and misinterpretation of guidelines. Access to correct information is also problematic for them (Raja et al., 2020). However, everyone is following all precautionary norms for covid like wearing masks, maintaining social distance, sanitising hands and or washing hands with handwash. Some are also taking lukewarm water and drinking immunity tea or *kad-ha* (a concoction of black tea with ginger, clove cinnamon, pepper and basil leaves). But, it seems that 'covid fatigue' has also started setting in. Kashis accepts this fact was well- *" I have to be honest here. Initially, we used to sanitise all our stuff and groceries as well. But now we are not doing that."*

4.4 Effect of pandemic and Lockdown

The coronavirus was declared a global health emergency on 30th January 2020 by the Director-General of the World Health Organization (WHO). Soon, mobility restriction measures like night curfews, physical distancing protocols, travel restrictions and complete lockdown are adopted by the authorities to check the spread of the virus. In India, country-wide complete lockdown started from the last week of March. The concept of lockdown is a new one. Roma says, *" We had no idea what is this thing called lockdown. No one knew what it was. It took a few days to understand it.*" Roma (22 years) used to beg at traffic signals, but now she occasionally does sex work. The restrictions on mobility proved to be highly disadvantageous for socially disenfranchised transgender people. For Kashis, the announcement of lockdown was a suffocating feeling, *" I do not know what happened, maybe it is purely psychological, but, as soon as the lockdown was announced, I started to feel trapped. Even though I was at home and no reason to feel so."* Wallen (2020) writes, "No group in Indian society has had their health and livelihoods so badly decimated by coronavirus as India's fiercely proud transgender community." This resonates very well with the current study, considering the rich and varied experiences that are explored throughout. According to Manali, *" I had a terrible time during this lockdown. Never in my life I was troubled so much and worried so much."* Transgender individuals also say stigma and discrimination have intensified during the Covid-19 pandemic, as their modes of operations have led to accusations they are carriers of the virus (Wallen, 2020). Many articles both in national and international academic forums talk about how this community stands alone, even though everyone claims that this fight against the pandemic is a collective one (Raja et al., 2020; Bowleg, 2020).

4.5.a Loss of livelihood

Mittra (2020) narrates almost similar stories like this study about the struggles of the transwomen community during the lockdown. The economic hardships, change of occupation and loss or of livelihood probably scared the community for life. Mallika, 50 years old, involved in badhai and begging, explains her struggle- "*I had to take a loan from friends. Now I am worried about how to repay with no source of income. My family and I ate in a community kitchen for two months."* This is probably the most common response of all. A detailed picture is given below in figure 2, where a platter of problems is represented.

Figure 2:- Effects on the livelihood of transwomen due to the pandemic

NAME (AGE)	PROFESSION	THE EFFECT ON LIVELIHOOD
Chadni (45)	Sex worker, dancer	We are in extreme trouble. I had to work every night. But, there is no work. I used to beg during lockdown. Got ration from NGOs.
Kashis (26)	Student	Could not claim my scholarship for 6 months as the university was closed and process was also not shifted to an online mode.
Manali (27)	Sex worker	I could not pay rent. My house owner almost dragged me out of the house and asked for two months' rent. After intervention from a NGO owner, he agreed to give me some more time". "I could not buy anything. Whatever I saved, just vanished. Then I had to take loan from here and there."
Mallika (50)	Begging and toli-badhai	This lockdown ruined my savings. How will I pay rent or run my household ? Rent is the main problem. The house owner never considers.
Praveen (26)	Begging and sex work	Expenses are so much! Sighs! I ask to the vegetable sellers to give me free vegetables. To survive I borrowed money from my brother.
Gunjan (20)	Sex worker	Whatever savings I had all were spent.
Roma (22)	Begging and sex work	I do not stand now. No point in standing the whole day for 100-200 rupees. People do not entertain us much any more. Even they do not have money to give away.
Saira (68)	Begging and toli-badhai	I am just sitting in my home for 8 months because of this pandemic. I have no other option now. My friend has a stall in Azadpur Mandi. So now I sell pan beside her stall."
Manali (27)	Sex worker	I had no job. All was shut down due to lockdown. So now I talked to local leaders and they arranged something temporary for me. Now I pick dry garbages from streets."

Source:- Compiled by the author.

The words/phrases that are marked red are the common problems. Most of the expenditures are met from savings, but that too went dry after 2-3 months of lockdown. Since most of their works are done through public interactions and in public places, their work has come to a grinding halt along with their daily income (Raja et al., 2020). Recovery from this is difficult as they are further pushed into the cycle of marginalisation and acute poverty.

4.6 Effects on Health due to lockdown

The COVID-19 pandemic has brought immense psychological distress to every population, and transgender individuals face an aggravated threat to their mental health and overall well-being. Along with problems in accessing primary health care services, there is a shortage of specialised services (like ART drugs, hormone interventions), a threat to sexual health and mental health (Wang et al., 2020). Though most reported, there were no medical emergencies; some health effects are elaborated as the study reports in figure 3.

Figure 3: - Different facets of transgender health and the problems during the pandemic

Source:- Compiled by the author.

Though currently not working, Gunjan thinks that health comes first- "*On one hand you have to fight for covid. On the other hand, you have to fight for hunger. What is the use of money if I die*." The three-month-long lockdown interrupted the sexual health services that are usually provided by the CBOs (Roy, 2020). The study finds that mental health services' need is the highest, followed by specialised needs for patients with life-threatening diseases. Only two

respondents who could afford mental health care did counselling virtually. Roma says, "*Lockdown was terrible for me. I went into depression. I was under so much pressure. My work is gone. Then I decided to talk to a psychologist*." Since most of the policies reflect the binary gender system's social bias, such marginalised groups are more at risk of premature mortality and morbidities due to the pandemic (McSheret al. al, 2015; Giallard et al., 2017). The use of non-affirming language and inappropriate pronouns are always a barrier to access any public services, including health care services (The Lancet Diabetes & Endocrinology).

Even though the community has no explicit knowledge about the virus or the lockdown protocols, most had to go out because of compulsion, though they fear their health. However, those who had support from their family had a better experience than those who did not.

The Indian Disaster Management Act of 2005 does not mention the *hijra* or any gender minority community. None of the governments' covid schemes identifies the needs of the transgender community (Rawat, 2020). The National Council for Transgender Persons formed under the Transgender (Protection of Rights) Act, 2019, says that discrimination, housing, and the pandemic's impact are among their top agendas to deal with. However, a severe criticism it draws is that the fact that bureaucrats hold a majority of positions. The representation from the transgender community is not reflective of the intersectionality of the community.

While few are happy with the government's performance and actions, the majority found no need for lockdown, significantly when daily cases are still rising. Overall, the level of dissatisfaction is higher since they received no help from either of the governments. " *I have nothing to say. They will not listen.*"- Taslima. Kashis feels that the transgender community is non-existent to the government. She rightly says, *" There is nothing that could be done now. The actual time when actions were needed is gone. We have to wait till things normalise."* The community is also not hopeful that the government will do anything. According to Sumita, *" Government must ensure reservation as directed by the NALSA judgement". Proper counting is needed. Government has a count for dogs in the locality, tigers in forests but not us. "*

5.0 Conclusion

Transgender health is a critical public health issue that needs to be addressed by the country. Many of the factors contributing to gender disparities in a disaster like this pandemic can be partially remediated, if not eliminated, by gender-specific advanced disaster planning. The need of the hour is to get out of this two-gender framework and normative identities. More awareness of causes of gender-based disparities (what are they) and data collection and research on sexual and gender minorities in disaster studies are required to plan out the next

steps. However, this pandemic is already too late as the foundations for any gender-based reforms are merely absent.

The primary thing is preparing a gender-sensitive disaster risk reduction (DRR), which includes capacity development, gender-sensitive risk assessment, and gender-responsive recovery, all of which are currently absent from any disaster mitigation policies or programmes. The state must use the community networks to ensure information reaches the most vulnerable in the community and in regional languages. In fact, in times of lockdown, it is the community-based organisations that came to the rescue of transgender persons. It is necessary to identify the gaps in 'risk reduction policy and practice'(Gaillard et al., 2016). Immediate steps should have involved arranging for 'safe homes'/shelters where the trans community can stay safe and making all the social welfare schemes available without many bureaucratic complications. Some monthly cash transfers or distribution through the CBOs. Arrangement of trans-friendly units in hospitals. However, the long term intervention needs to be providing alternative employment avenues so that their livelihood is less threatened by any such disasters. Apart from that, policies on health, education, employment, and even government budgets should be gender-sensitive. Government and agencies should work together with the transgender community to bring out some mitigation strategies. An essential part of it is also the political representation of the community member in parliaments.

Though this study focuses on the country's capital region, snippets from newspaper reports from this time prove that the rest of the country is not on a different level. This paper thus focuses on the unequal impact of the pandemic on social life, livelihood and health, and the discriminatory practices of DRR that makes this pandemic a gendered one. There are two aspects to this. It is gendered because the effect is not the same for all gender, and second the mitigation strategies are also not gender-sensitive, as none of the interviewees says that they did not receive any help from the government. Narratives have shown that chronic marginalisation and discrimination have led to an inferior quality of life without any social capital. These factors, multiplied with the ongoing pandemic, lead to further deterioration of their social, economic and health status culminating in poor gender status.

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