

Impact of COVID-19 and Lockdown on Health and Livelihoods of Transgender Individuals in Hyderabad, Telangana

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ABSTRACT

To combat the coronavirus disease which claimed lot of lives globally, India went into a complete lockdown starting March 24, 2020. This study examines the impact of COVID-19 and lockdown on one of the vulnerable groups of populations, that is, transgender people's livelihoods, health-seeking behavior along with their perceived health-care barriers, and accessibility to health-care services. A cross-sectional descriptive study with mixed methods approach for qualitative data was done in Hyderabad city. Eighty transgender participants identified through snowball sampling method were subjected to structured interviews and 30 among them were chosen randomly and were also subjected to in-depth semi-structured interviews. Data were analyzed using MS Excel and thematic analysis. The COVID-19 lockdown has affected target group's livelihoods and their health-seeking behavior. The denial of treatment by the doctors and unavailability of health services are hindering their accessibility to health care. Violence/harassment, discrimination, discourtesy, maltreatment, and verbal and physical abuse are major barriers for health-care utilization by transgender individuals. An inclusive policy needs to be put in place for vulnerable groups like transgenders.

Keywords: Accessibility, COVID-19, Health-seeking behavior, Health care, Hyderabad, Transgender

Asian Pac. J. Health Sci., (2022); DOI: 10.21276/apjhs.2022.9.4S1.13

INTRODUCTION

COVID-19, otherwise known as coronavirus disease, discovered in December 2019 has now taken lots of lives globally. According to the world meter's COVID-19 data, 494,267,442 positive cases and 6,184,191 deaths were reported worldwide and 43,030,925 confirmed cases and 521,518 deaths were reported in India by April 6, 2022. India has imposed a complete lockdown to contain the budding coronavirus pandemic. All educational institutes, working spaces, commercial businesses, and transportation services are closed, and social, religious, and political gatherings are outlawed in India beginning March 24, 2020, to halt the spread of the coronavirus pandemic.^[1]

As per the provisional estimates released in May 2021, the GDP had contracted by 7.3% in 2020–2021 in India. The impact of coronavirus pandemic on India has been largely disruptive in terms of economic activity as the total country was on lockdown to contain the virus. However, this struggle against the coronavirus had an impact on the survival of millions of daily paid employees, particularly the transgender population. The transgender community is part of India's huge informal sector. They are socially isolated as they do not fit into normal gender definitions of "male" and "female." These communities also bear the brunt of stigmatization, discrimination, ostracization, prejudice, lack of educational chances, and medical care. Their living is solely dependent on daily salaries and occupations such as begging, street entertainment, and paid sex. Because of the lockdown, they have lost their livelihood possibilities, putting them at a higher risk of hunger and hardship as a result of the COVID-19 lockdown. On March 26, 2020, India's Finance Minister extended a stimulus package worth approximately 22 billion USD for specific vulnerable groups such as people living below the poverty line, disabled, elderly, and widowed people, daily wage earners, and farmers, while leaving out the targeted community of transgender people.^[2] Even if the initiatives taken by the government are commendable, none of these proposals name

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How to cite this article: Grace CS, Shamanna BR. Impact of COVID-19 and Lockdown on Health and Livelihoods of Transgender Individuals in Hyderabad, Telangana. *Asian Pac. J. Health Sci.*, 2022;9(4S1):82-86.

Source of support: Nil.

Conflicts of interest: None.

Received: 05/04/2022 **Revised:** 06/05/2022 **Accepted:** 11/06/2022

transgender individuals as beneficiaries.^[3] Because they do not fit typical gender stereotypes, individuals confront numerous obstacles while obtaining health-care services.^[4] They are often deprived of healthcare entitlements because of their gender identity.^[5] The fear of being stigmatized and ridiculed by health-care professionals discourages them from using available health-care services.^[6,7]

While the rest of the world fights COVID-19 one-on-one, they are once again ghettoized and forgotten. As the transgender community has faced a lot of issues due to the lockdown in addition to the general obstacles they face in their daily lives, this study focuses to shed the light on the impact of COVID-19 and lockdown on the health and livelihoods of the transgender particularly in Hyderabad, Telangana.

Objectives of the study

The objectives of the study were as follows:

- 1) To determine the impact of lockdown due to COVID-19 on the socioeconomic lives of transgender individuals in Hyderabad, Telangana.
- 2) To determine the common barriers in seeking health-care services among transgender individuals in Hyderabad, Telangana.
- 3) To determine the impact of COVID-19 on the health-seeking behavior of transgender individuals in Hyderabad, Telangana.

MATERIALS AND METHODS

The study was conducted in various areas of Hyderabad city from March 2021 to May 2021. This study is a cross-sectional descriptive and mixed methods study – using both quantitative and qualitative data collection methods. Snowballing approach was used to reach the transgender individuals. Individuals who identified themselves as transgender of the age 18 years and above were included in the study. As per convenience and existing circumstances, the study interviewed 80 transgender individuals. All the 80 participants were subjected to structured quantitative interviews using a 23-item pre-set questionnaire, six of them are related to sociodemographic characters, and the rest 17 questions are related to economic aspects and the impact of COVID-19 and lockdown on their livelihoods. From the 80 study participants, 30 study participants were randomly chosen to conduct the in-depth face-to-face interviews and an additional 30-item pre-set semi-structured questionnaire was administered to them, 13 questions of which are related to the accessibility of health care, nine questions of which are related to the common barriers to their health-care utilization, and eight questions of which are related to changes in health-care utilization after COVID-19. The interviews were conducted in Telugu language as it is the native language for most of the people in Hyderabad city. Audio recordings were done during the interviews after taking informed consent from all the participants. Transcription is done by converting the audio recordings of interviews to text format. The transcribed data are then translated from Telugu language to English language. Later, data were analyzed using MS Excel and manual thematic analysis of qualitative data.

RESULTS

Sociodemographic Characteristics

Out of 80 study participants, 38 participants belong to the age group of 18–25 years, 31 participants belong to the age group of 26–35 years, and 11 participants belong to the age group of >35 years. All of the participants' birth sex is male, but their present life sex is transgender.

Thirty-three study participants have pursued their higher education and the rest 47 participants have pursued their secondary education. Sixty-nine study participants are married and 11 study participants are single [Table 1].

Occupation of 36 study participants is begging and the rest 44 participants do sex work along with begging for livelihood and among those 44 study participants, 12 are completely dependent on sex work. Monthly income of 47 study participants is between 0 and 10,000 rupees and of the rest 33 study participants is between 10,000 and 20,000 rupees [Table 2].

Table 1: Age, education, and marital status of transgender participants

participant's characteristics	Age (in years)			Education		Marital status	
	18–25	26–35	>35	High school	Secondary	Single	Married
No. of participants	38	31	11	33	47	69	11

Table 2: Occupation and income of transgender participants

participant's characteristics	Occupation			Income (in rupees)	
	Begging	Sex work	Sex work and begging	0–10,000	10,000–20,000
No. of participants	36	12	44	47	33

All of the participants' birth sex is male, but their present life sex is transgender.

All 80 participants stated that the lockdown had affected their income from various sources, and they all suffered financial troubles. Seven participants had debts and the interest amount has accumulated during the lockdown. None of the participants live at home with their families. Forty participants received groceries/cash aid from non-governmental organizations (NGOs), 29 participants from local political leaders, 41 participants from others (local church pastors, transgender leaders, and relatives), none from the government, and 19 participants did not get any assistance. All 80 individuals experienced social exclusion during normal times and during lockdown, they said that it had intensified more since the pandemic.

Results of Semi-Structured In-Depth Interviews of 30 Study Participants

Thirty study participants were randomly chosen from the 80 study participants to conduct the in-depth face-to-face interviews. The following are the results of those interviews: When asked about where they seek health care, 19 of the 30 study participants reported that they obtain health treatment in private clinics, while the other 11 participants seek care in government hospitals. When asked how many times they had visited the hospital/clinic in the previous 12 months, 18 individuals said twice, three said thrice, and the other nine indicated 4 times or more. The reasons for their visit to the hospital/clinic are as the following, regular check-ups – 21, sexual health related – three, blood tests – three, and others such as accidents/fever etc. – 18. Eighteen of the thirty individuals were denied health-care services, among them 11 participants were denied at private clinics and seven participants were denied at government facilities. During their visit to the health-care facilities (HCFs), 22 participants reported being subjected to violence, harassment, or discrimination, among them, three were subjected to physical abuse, nine were subjected to verbal abuse, and 10 were subjected to both verbal and physical abuses [Figure 1]. Participants were subjected to verbal and physical harassment at both private clinics and government hospitals [Figure 1].

Twelve out of 30 participants said that they did not receive the health-care services they need when they seek for health care at health-care facilities. The reasons they reported are as follows; doctors not willing to treat – nine and other reasons – three such as lack of proper facilities. Twelve out of 30 participants have never been admitted in a hospital and the other 18 have been admitted to hospital for at least once. Among these 18 participants, 12 have

been admitted in the female ward, three in the male ward, and three in the combined ward.

During their visit to the health-care facilities, 19 participants stated that they were not treated with dignity by their fellow patients. Participants stated that they have either delayed or did not obtain needed health-care services, citing the following reasons; no support from friends/family – three and lack of infrastructure – three; they are scared that people will know about them being a transgender – six, fear of refusal by doctors – 15, fear of body exploitation – 18, affordability – 18, fear of mistreatment/discrimination – 21, fear of not being treated with dignity – 27, and others such as negligence – six [Figure 2].

Sixteen participants experienced the symptoms of COVID-19 in the past year, but only 12 of them have done the COVID-19 test and the other four did not, one among those said that she was scared that the people would make fun of her at the test center and the other three felt that the staff at the health-care facilities would refuse to test her. All the 30 participants have said that the COVID-19 has brought a positive change in their health-seeking behavior.

Results of Thematic Analysis of Semi-structured In-depth Interviews of 30 Study Participants

An inductive approach was used allowing the data to determine the themes. After familiarization with the data, the following codes have been identified: Unacceptance, by oneself, huge impact, broke, support, debts, denial of health-care services, ignorance,

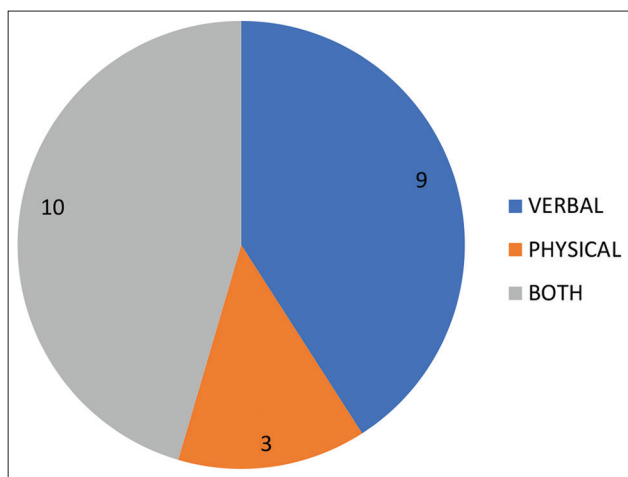


Figure 1: Pie chart showing type of violence/harassment experienced at health-care facilities by transgender individuals

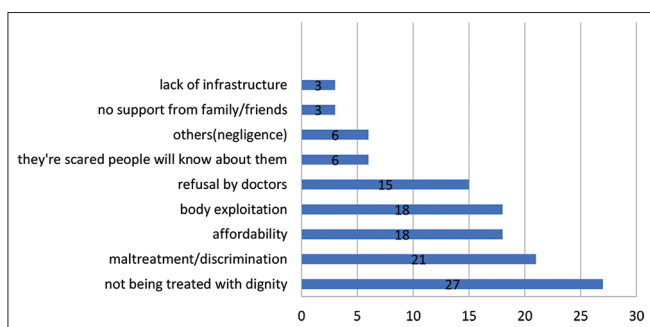


Figure 2: Bar chart showing the common barriers to health-care utilization by transgender individuals

body exploitation, abuse, discrimination, maltreatment, financial hardships, fear, change in health seeking behavior, equitable health care, separate wards, privacy and dignity, and gender sensitization. The following six themes have been identified from the above-mentioned codes.

Family acceptance and support

This theme has been identified by combining the codes unacceptance and by oneself.

All the 30 participants said that they are not living with their family. Their families did not accept them and never supported them after they've revealed their gender identity. Seven of the participants are still in touch with their parents or siblings and only one among them received support from her sibling during the lockdown and the other two have supported their family during the times of crisis.

Impact of COVID-19 and lockdown on the livelihoods of transgender

This theme has been identified by combining the codes huge impact, broke, support, and debts.

When asked whether the COVID-19 and lockdown had any impact on their livelihoods, all the participants reported that COVID-19 and lockdown had a huge impact on their livelihoods as they could not continue commercial sex work and begging and hence lost their income as they were their ultimate sources of income. Everyone faced financial hardships and was unable to pay their rents and even could not take proper food daily. Seven participants had debts and the interest amount has accumulated during the lockdown. Few managed those financial hardships using their savings and by taking loans and few received support in the form of cash assistance/groceries from local pastors, local political leaders, NGOs, transgender leaders, etc. None of them has received support from the government.

Participants quoted:

“Due to lockdown, everything was closed and we faced many losses as we didn't come outside for begging. I didn't pay the rent and even didn't take proper food”

“As all shops and malls were closed and we couldn't go outside for begging, I lost my income. I had debts and the interest amount has increased as I didn't pay during the lockdown and it has affected my livelihood”

“Due to lockdown, I was unable to continue my sex work and it affected my income as I was mostly dependent on it”

Accessibility to health-care services

This theme has been identified by combining the codes denial of health care and ignorance.

When asked about their preferences among private clinics and government hospitals for seeking health care, most of the participants said that they prefer to visit a private clinic in which the doctor is already familiar to them rather than visiting a government hospital and other private clinics as they were ignored and denied of health-care services earlier at those health-care facilities.

Participants quoted:

“We usually go to a private clinic nearby as the doctor over there is familiar to us and he treats us in a proper way and will not deny providing us the health-care services

we need. So even if he is not available at the moment in need, we will just wait for him but will not visit any other government hospital or other private clinics as we were not treated with dignity and were denied of health care over there earlier"

Common barriers to health-care utilization

This theme has been identified by combining the codes body exploitation, abuse, discrimination, maltreatment, and financial hardships.

When asked about the common barriers, they face in health-care utilization, most of them said that refusal by doctors, body exploitation, discrimination/harassment, not being treated with dignity, being made fun of their condition, financial problems are the common barriers to their health care utilization.

Participants quoted:

"I experienced verbal and physical abuse at a private clinic. The staff and the fellow patients over there just gossip about us and they didn't treat me with dignity and they ignored me. The doctor has physically abused me by putting his hands all over my body including my breast. Sometimes, they even ask us to show our breast to exploit our body"

"Once I met with an accident and I was injured badly, I went to a government hospital and though I was losing so much of blood they didn't treat me immediately. Instead, they ignored and made me wait for a long time and even abused me verbally"

"If we go to a government hospital, they don't treat us properly, just make fun of us and refuse to provide treatment. To visit a private hospital, we need money and sometimes we can't afford it so we just postpone it"

Impact of COVID-19 on health-seeking behavior

This theme has been identified by combining the codes fear and change in health-seeking behavior.

When asked about if COVID-19 had any impact on their health-seeking behavior, all the participants said that the fear of corona has changed their health-seeking behavior. Earlier they used to postpone their visit to health-care facilities because of various reasons but now they are visiting the hospital immediately if they are feeling sick, keeping all their fears aside.

Participants quoted:

"I am scared of losing my life with corona virus, so now I'll put all my fears aside and visit a hospital when needed"

"Even though I have financial issues and fear of being mistreated, I will now go to the hospital if I fall sick, because I may die with corona if I don't go"

"Despite of fear and all other issues, I will now visit a hospital if I'm ill with the fear of corona"

Requisite necessities to improve current health-care situation

This theme has been identified by combining the codes equitable health care, separate wards, privacy and dignity, and gender sensitization

All the participants said that they should be treated equally without any discrimination and separate ward has to be provided for them at each health-care facilities with separate toilets. Doctors

should be specially trained to treat their health issues. Few also said that children should be gender sensitized from the school level only.

Participants quoted:

"Doctors should be specially trained for treating us. There should be separate wards and toilets for transgender in the hospital. Children should be taught, how to treat us equally with all others at the school"

"We need a separate ward at the hospitals and we shouldn't be discriminated by the doctors/hospital staff. Doctors should be trained to treat our issues specially and they should be friendly. We should be treated with respect and dignity"

DISCUSSION

According to the study which was conducted in October 2020 to assess the impact of COVID-19 on women livelihood in Hyderabad, 65% of 715 female respondents lost their jobs in the private sector and 78.6% did not have a source of income.^[8] There has been no similar study on transgender people in Hyderabad; thus, this study attempted to fill that void.

Many studies have been conducted in India and other countries to assess barriers to health-care utilization, accessibility to health-care services by transgender,^[9,10] and the impact of COVID-19 on transgender health,^[11] but no such studies were conducted in Hyderabad. Above studies did not examine the impact of COVID-19 on transgender individuals health-seeking behavior. Hence, the authors attempted to fill all those gaps by conducting this study in Hyderabad.

While the whole world is combating COVID-19 altogether, the community of transgender is fighting it all alone. Most of the transgender in India are segregated from the mainstream and continue to depend on commercial sex work and begging as a result of years of discrimination, social exclusion, and violence. Due to lockdown, they did not move out of their houses and therefore could not continue begging and sex work. Hence, they lost their income completely. Basic necessities of human like proper food and shelter have also become difficult for most of them as they could not afford to pay the rent and buy the groceries. All of them have experienced financial hardships during lockdown. They did not receive any kind of support from the government but hopefully they've managed using their savings and also with the support of NGOs, local politicians, local church pastors, and others in the form of groceries and cash assistance.

The transgender population is repeatedly denied the right to necessary health-care services, which is a fundamental human right. Eighteen of the 30 study participants who were subjected to in-depth interviews reported being denied health care by doctors at both government hospitals and private clinics. There are numerous hurdles to their health-care utilization, such as hospital violence/harassment and discrimination, financial difficulties, fear of being mocked, fear of denial by doctors, fear of not being treated with respect and decency, and so on. Most of the participants experience physical and verbal abuse at HCF. Most of the times their body is being exploited by the doctors/staff when they visit a hospital which is very heart wrenching and may sometimes even lead to trauma/depression. It's apparent that COVID-19 has a large and favorable impact on their health-seeking behavior. Previously, most of them would put off or avoid seeking health care for a variety of reasons, but now they put all of those

fears aside and go to the HCF as soon as they notice any unusual change in their health/fall sick with the fear of corona. Because everyone values their life and does not want to lose it, the fear of death due to corona is driving the individuals to seek medical attention if they become ill.

CONCLUSION AND RECOMMENDATIONS

The COVID-19 lockdown has had a significant impact on the target group's livelihoods, as they have lost their primary means of income, namely, sex work and begging. The denial of treatment by the doctors and unavailability of health-care services they need are the major reasons hindering their accessibility to health care. Denial of treatment by doctors, body exploitation, financial problems, discrimination, harassment/violence, and not being treated with dignity are the common barriers to health-care utilization by transgender community. The COVID-19 has brought a difference in their health-seeking behavior. Keeping all their fears and reasons aside, they are now willing to visit a hospital/clinic if they fall sick with the fear of corona.

Hence, the following initiatives have to be taken on the above-mentioned fronts:

- Establishment of hospitals and clinics with separate ward and toilets for transgender
- Gender sensitization of doctors and hospital staff must be made mandatory
- In case of any natural disasters or any pandemic like corona, they should also include the third gender under vulnerable category in the state relief program
- Encouraging gender sensitization programs in communities to ensure citizens learn varied aspects of gender and treat all genders with equal respect and dignity
- Establishment of well-equipped health facilities with expertise in specific health-care needs of transgender to ensure provision of appropriate care.

DECLARATION FOR FUNDING AND CONFLICTS OF INTEREST

This paper is independent of any funding organization. The authors declare no potential conflicts of interest with respect to research, authorship, and/or publication of this article

ACKNOWLEDGMENT

The authors are grateful toward the transgender respondents who expressed their deep-down emotions that greatly assisted the research work.

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ETHICAL APPROVAL

The project prior ethical approval was taken from the Institute Ethics committee (IEC), University of Hyderabad – bearing IEC No. UH/IEC/2021/95

INFORMED CONSENT

Informed consent was obtained from all the individual participants included in the study.

REFERENCES

1. Komireddi K. Modi's India isn't Prepared for the Coronavirus. Pennsylvania: Foreign Policy; 2020.
2. Raja N, Waghela P, Dewan F. As the World Comes together, India's Transgender Community Fights Covid-19 Alone. India: Amnesty International India; 2020.
3. Choudhary P. Being a Trans Person in India During Covid-19 Pandemic. Daily O. India: Living Media India Limited; 2020.
4. Vermeir E, Jackson LA, Marshall EG. Barriers to primary and emergency healthcare for trans adults. *Cult Health Sex* 2018;20:232-46.
5. Ming LC, Hadi MA, Khan TM. Transgender health in India and Pakistan. *Lancet* 2016;388:2601-2.
6. Chakrapani V, Willie TC, Shunmugam M, Kershaw TS. Syndemic classes, stigma, and sexual risk among transgender women in India. *AIDS Behav* 2019;23:1518-29.
7. Ganju D, Saggurti N. Stigma, violence and HIV vulnerability among transgender persons in sex work in Maharashtra, India. *Cult Health Sex* 2017;19:903-17.
8. Ali MA, Kamraju M, Anjum A. A Socio-Economic Impact of Covid-19 Pandemic on Women: Case study of Hyderabad city. In: *Impact of Covid-19 on Indian Society: Challenges and Opportunities*. 1st ed. Hyderabad: Balaji Publications; 2020. p. 219-35.
9. Kosenko K, Rintamaki L, Raney S, Maness K. Transgender patient perceptions of stigma in health care contexts. *Med Care* 2013;51:819-22.
10. Poteat T, German D, Kerrigan D. Managing uncertainty: A grounded theory of stigma in transgender health care encounters. *Soc Sci Med* 2013;84:22-9.
11. Koehler A, Motmans J, Alvarez LM, Azul D, Badalyan K, Basar K, *et al.* How the Covid-19 pandemic affects transgender health care a cross-sectional online survey in 63 upper-middle-income and high-income countries. *Int J Transgender Health* 2021;22:1-14.