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## TRANSGENDER HEALTH CARE SOCIAL EFFECTS OF COVID-19

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### Abstract

Transgender health care covid-19 is poverty, as the “lack of social opportunities most often provides the initial impetus for prospective victims to fall prey to. Transgender health care covid-19” covid 19 in persons is an increasing problem that involves both health exploitation and labour exploitation of its victims.

Protecting vulnerable populations from Covid-19 pandemic is a strategic imperative particularly considering they are at increased risk for a wide range of issues. Based on the telephonic interview with twelve transgender women from Karnataka, India, this paper highlights the vulnerability factor for transgender individuals during a world-wide pandemic. Amongst others transgender community members who struggle to cope financially mentally, of physically with the crisis are also a vulnerable group that requires attention. Authors discuss key perspectives. to meet the health needs of this group. Findings also offer broad insights into bolstering mental health, provisioning and encouraging availing psychological services in addition to essential healthcare services. it is critically important to address this populations services needs during public health crisis such as covid-19 and beyond. More studies are needed in this area to illuminate unique considerations for healthcare workers while providing care to this important group

Finally, this report has considered the social and economic factors that lead to transgender health care social effects of covid-19 being characterised as a business. As well as this report should presenting the main causes of transgender health care as well as social economic factors and how they are suffering health issues and showing the lack of the legal rule and also finding the crisis and impact of Covid-19.

**Keywords:** Transgender, Covid-19, Pandemic, Crisis, Illuminate.

### Introduction

Transgender individuals remain marginalized and often they are deprived of their healthcare entitlements because of their gender identity outside the normative binary ming et al 2017. The fear of being stigmatized and ridiculed by healthcare professionals discourages them from using healthcare services which is now leaving them at increased risk of not being tested or for covid 19 (Deb,2020). Covid-19 posed physical as well as mental health risks of this marginalized population as well deed (2020) rightly drew attention to the distresses faced by the transgender community in India or Karnataka during the covid-19 pandemic. The concern is not just about the lack of healthcare facilities, but also about the lack of dialogue and inclusion of transgender people regarding their healthcare.

The government of India has declared a lockdown from 23<sup>rd</sup> march 2020 which was extended till 3<sup>rd</sup> may 2020. As a result, public places are closed, movements are restricted by police and physical distance, hand cough hygiene practices are recommended to prevent further spread. As of the 4<sup>th</sup> may 2020, India had 9,41,500 confirmed cases of covid 19 and 12,230 of them died resulting in more than 3% fatality rate while effective in responding to the disease many people, particularly transgender, Jogappa, kothi, Mangalamuki, malle and hijra have been negatively impacted. However, their situation is not known various studies have been understand the impact of the pandemic on people who are infected, other affected and vulnerable, people healthcare since the inception of covid-19 pandemic Karnataka population but studies are limited on the transgender community or Jogappa mangalamukki/ hijra population. The present study gauges knowledge about Covid-19, food insecurity, access to healthcare services, and psychological reactions of transgender or mangalamuki, jogappa, hijra population in Karnataka during covid-19 Karnataka Sexual Minorities Forum, Jeeva, Aneka, Ondede, Raahi, Samara Society Yeshwanthapura, Swatantra, Sarathya, Parivartan Trust and Payana are organisations of Sexual Minorities in Karnataka, working towards creating enabling environment for the gender/sexual minorities live with dignity, respect and freely in the society, building the confidence of the community, providing mental health needs as well as advocating with the legislature, judiciary and executive for their rights and entitlements. The said organisations are working for the betterment of the community from the last 12 years.

Based on the Supreme Court’s Judgement 2014, the state government of Karnataka officially approved the Karnataka State Transgender Policy in 2017. The approved policy notified the State Women and Child Development Department as the nodal agency for the implementation of the provisions of the policy. The Women and Child Development Department called a meeting including the gender minority community members during June 2019 but post that no other meetings were convened, which is very sad. The



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department has shown negligence towards the implementation of the policy as well as to discuss issues of the community members. We met the current minister and brought these issues to the notice of the minister and requested several times to convene the meeting but our efforts did not yield any result.

### Methodology

In order to collect expert opinions to provide an understanding of Transgender health care covid-19 as a business model and on the social demand and supply factors that underpin it, an expert survey was drafted and agreed upon by the contributing partners, see annex a for the expert survey template. The survey was circulated in three out four case study countries, Bulgaria the Netherlands and Romania. In Bulgaria the expert survey was circulated to eight Transgender social health care covid-19 exports who we are all representatives of non-governmental organisations [NGOS] unfortunately no response was received from any of the experts.

Semi structured telephone interviews were conducted with transgender women residing in Karnataka between 27<sup>rd</sup> march to 30<sup>th</sup> April 2020. The first author provides free telephone support for transgender individuals in Karnataka, India respondents had called to seek support and brief interviews were conducted with their consent off the total ten transgender individuals denied interview. Interviews were quality coded and analyzed using thematic analysis. Locations are de-identified to maintain confidentiality.

### Research challenges

One limitation of the correct report the predominant use of source based on secondary data from pre-existing research, in this report. The secondary data is where possible reinforced by data from the expert surveys and the care study countries Bulgaria, Cyprus the Netherlands and Romania however the use of secondary data like that online sources and net sources.

### Social effects

Many of our community members are dependent on seeking alms or doing sex work for their livelihoods. They are living their life in fear due to the rejection of the family and society as well as fear and violence of Police and Goons. In the last four years, the Chief Secretaries and Principal Secretaries of the Women and Child Development department have been changed 4 times. When a new Officer takes charge, we orient the Officers about our community and its diversity and make efforts to educate them so that they know our community better and work accordingly, and when they are about to start their duties, they get transferred, which is very sad. If this situation continues, how will the community's education, political, financial condition change and how will the policy be implemented? According to the provisions of the policy, a State Level Cell is to be constituted by including community members. But it is reprehensible that there are no community representations in the Cell. Similarly at the district level, committees are to be formed under the aegis of the District Commissioner, but these committees have been formed only on paper but are not functioning. Similarly at the Taluka level the committees to be formed under the Chairmanship of the Tahashildar having community representative, but not a single committee has been formed yet. It is four years now since the policy was approved but still the Government is sleeping!

Community members should get Housing facilities therefore the Housing department should allocate 5% special reservations for community members. The community should also be provided with employment opportunities so that they can lead a dignified life in the mainstream society. We can see changes in the life of the future community members if they are specially provided with education, employment and other government benefits.

On behalf of all the community organisations we demand and urge the Hon'ble Chief Minister to transfer the policy implementation to the Social Welfare Department and announce a budget allocation of 100 Crore for the development of the community. We also demand for the provision of 5% reservation in all the sectors including educational and political and announce the community belong to backward class.

### Our Demands

- A baseline survey of the gender minorities community members to be initiated through the community organisations immediately
- The current polity to be transferred to the Social Welfare Department and announce a separate commission under this department as well as announce a budget allocation of Rs.100 Crore.
- Immediately allocate 5% reservations under educational and housing schemes
- The government should initiate awareness programs about gender minorities through Department of Information and broadcasting by involving community organisations.
- The government should pass an order to conduct community awareness programs for all the department staff once in 2 months and a separate awareness program to be conducted for the police department.



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## Health care covid-19

Most respondents identified them as transgender while four had self-identified as jogappa. All respondents were almost equally represented from urban areas and semi-urban areas. Key themes emerged from the data are health literacy, health conditions, fear, stigma & discrimination, decreased access to healthcare, food insecurity and psychological reactions. Many transgender people in India lack education. Out of the total, nine respondents had studied until 8<sup>th</sup> grade, two studied until 10<sup>th</sup> grade and only one had graduation. Most of them (10) were not aware of precautions for preventing COVID-19 infection, correct source of information for COVID-19 and treatment centres. Most for community member transgender jogappa mangalamuki and hijra are not educated and hence awareness on precautions for preventing coronavirus infection is limited transgender, jogappa, mangalamuki.

## Health conditions

Many suffer from chronic conditions like diabetes, asthma, TB or HIV. It added that more than half of the respondents, consumed tobacco and alcohol. which make them more vulnerable to the COVID-19 infection (WHO, 2020). Members of the transgender community have expressed their fears at not being able to physically isolate. In India, many in this community already have serious healthcare challenges related to HIV and now older transgender persons who are at greater risk of the coronavirus infections are feeling extremely vulnerable given the lack of transgender-friendly healthcare facilities (CDC, 2020).

## Decreased access to healthcare

India's health system focuses largely on the sexual health of transwomen with little thought given to their other health needs. Nevertheless, in crises such as this, even sexual healthcare services take a backseat as efforts are diverted to responding to the immediate emergency (Sohini, 2020; CDC, 2020). As access to general healthcare is reduced, especially sexual health services including HIV prevention and treatment, the effect on transwomen will be manifold. The situation is likely to be worse in rural areas where health services are just limited to health centers and hospitals (Singh, 2020). Furthermore, many transgender women living with HIV are experiencing severe impacts on their livelihoods (Mantri, 2020).

## Food insecurity

Largely most transgender individuals are forced to be dependent on undignified work such as dahnada (sex work), badhai (ceremonial collections by dancing and singing on auspicious occasions like marriages or childbirth) or begging (in the train or on the highway Toll Booth) due to lack of education. This has left many trans community members unable to earn any money. One respondent said, with little savings and social security benefits, many have a massive challenge to deal with — depleting food supplies. The Indian State Government has started providing food support (wheat, rice, pulses and sugar) through the public distribution system (Economic Times, 2020). Surprisingly, none of the interviewees received the benefit. One respondent said, “none of us have received food from the Government.” Many of them were not aware of such food provision, which is reflected in the respondent's words, “we are not aware of such a scheme.”

## Psychological reactions

Most respondents expressed psychological symptoms such as fear of COVID-19 infection, anxiety, hopelessness, suicide ideation. Three respondents had fear of death due to not accessing ART. Many of them live in the COVID-19 hotspots, which have fueled excessive fear of COVID-19 infection.

1 transgender individuals in India would be considered transgender, jogappa, mangalamuki, kothi in the United States. Many countries use equivalent terminology.

2 mangalamuki community has strict hierarchical structure which is different from general society. Jogappa individuals live together in a household, usually called “gharana” (tradition), headed by “Nayak” (topmost leader and mentor) and few “Gurus” (next level leaders and mentors). Several Chela (disciples) live under one “Guru”.

## Conclusion

**Despite the attempts** made by the state, community-based organizations, and trans activists, the transgender, jogappa mangalamuki community continues to experience discrimination in health care services, and which are more amplified during public health emergencies like COVID-19. Eventually their right to healthcare is neither respected, protected nor fulfilled. Access to adequate health care is a fundamental human right that is critically important. In times of public health crisis such as this, the consequences of the denial of health rights are extensive.

Incidentally definitions of vulnerable groups are changing amid the COVID-19 pandemic. Besides elderly people, those with ill health and comorbidities, or homeless or under-housed people, transgender population, who struggle to cope financially, mentally,



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or physically with the crisis, are also vulnerable group require attention. Essentially, we are arguing that access to basic healthcare services, food security, mental health and psychosocial support to the transgender community is crucial in the fight against COVID19. More researches should be encouraged in this area.

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