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## Pandemic Rendering the Transgender People More Vulnerable, as If It Was Not Already Enough: A Qualitative Exploration from Odisha, India

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## Pandemic Rendering the Transgender People More Vulnerable, as If It Was Not Already Enough: A Qualitative Exploration from Odisha, India

### Abstract

The COVID-19 pandemic impacted people's livelihoods worldwide to an unprecedented magnitude, the most affected being the socially and economically disadvantaged and marginalized communities, including the transgender people that constitute one of the most vulnerable sections that are often subjected to discriminated in various sectors such as education, health, housing, and livelihood opportunities. The present study attempts to offer insights into the impact of the pandemic on the livelihood of transgender people in India, given that the pandemic adversely affected their primary sources of livelihood, such as begging, sex-work, singing, and dancing, due mainly to the restrictive measures: lockdown, shutdown, social/physical distancing, etc., imposed by government authorities to curb the spread of the virus, in turn depriving them of their livelihood choices and rendering them even more vulnerable. This study draws from twelve transgender respondents in the city of Bhubaneswar, India recruited through the snowball method and uses thematic analysis of qualitative data obtained through telephonic interviews. The study finds that the pandemic-induced measures have negatively affected the lives and livelihood of transgender people during this time of crisis. Despite the government's sustained efforts in providing temporary livelihood options and monetary supports during the crisis, the transgender people continued to remain marginalized. Approaches to making them self-sufficient over a longer term and empowering them financially would have been of more significant impact.

### Keywords

transgender people, COVID-19, social distancing, livelihood, case study

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# **Pandemic Rendering the Transgender People More Vulnerable, as If It Was Not Already Enough: A Qualitative Exploration from Odisha, India**

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The COVID-19 pandemic impacted people's livelihoods worldwide to an unprecedented magnitude, the most affected being the socially and economically disadvantaged and marginalized communities, including the transgender people that constitute one of the most vulnerable sections that are often subjected to discriminated in various sectors such as education, health, housing, and livelihood opportunities. The present study attempts to offer insights into the impact of the pandemic on the livelihood of transgender people in India, given that the pandemic adversely affected their primary sources of livelihood, such as begging, sex-work, singing, and dancing, due mainly to the restrictive measures: lockdown, shutdown, social/physical distancing, etc., imposed by government authorities to curb the spread of the virus, in turn depriving them of their livelihood choices and rendering them even more vulnerable. This study draws from twelve transgender respondents in the city of Bhubaneswar, India recruited through the snowball method and uses thematic analysis of qualitative data obtained through telephonic interviews. The study finds that the pandemic-induced measures have negatively affected the lives and livelihood of transgender people during this time of crisis. Despite the government's sustained efforts in providing temporary livelihood options and monetary supports during the crisis, the transgender people continued to remain marginalized. Approaches to making them self-sufficient over a longer term and empowering them financially would have been of more significant impact.

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## **Introduction**

Coronavirus disease, or COVID-19, first emerged in Wuhan, China, in 2019. It then spread to other countries in late 2019 and 2020, affecting people worldwide, posing severe global health concerns, and adversely impacting the health, economy, and well-being of almost every country across the globe, including India (Priyadarshini & Swain, 2021). The first case of COVID-19 disease was detected in India on January 30, 2020, and the World Health Organization, on March 11, 2020, announced it as a global pandemic (Cucinotta & Vanelli, 2020). Governments worldwide adopted several health measures like social distancing and nationwide lockdowns to prevent the further spread of the virus (Swain, 2020). The strategies employed by the governments throughout the world helped save lives, but these strategies also induced some new economic challenges. With growing uncertainty over the length and severity of the pandemic, and the intensification of the pandemic-induced crisis, the livelihood situations of people turned from bad to worse.

Consequently, the COVID-19 pandemic has become more than just a health crisis; it has also had critical social, economic, and political consequences (Priyadarshini & Swain, 2021). The pandemic disrupted the lives of many, specifically the socially and economically weaker and marginalized sections of society. Transgender people constitute one of the most marginalized communities in society. The pandemic has caused widespread negative impacts on transgender people, worsening their already precarious working conditions and access to health and social services (Benoit, 2020). It has hit them harder because their livelihood sources were affected due to the imposition of the lockdown and several other restrictions on physical movements and social distancing (Kumbar et al., 2021).

According to the 2011 census in India, there are around 4.88 lakh transgender people with 55 thousand children as reported by their parents. The transgender community is traditionally stigmatized and marginalized in India (Dasgupta et al., 2021) and faces the consequences of the economic challenges that the pandemic posed. An overwhelming section of the transgender community depends solely on social interaction-based jobs like traditional begging in crowded places like traffic signals, railway stations, marketplaces, etc., entertaining in marriage functions and baby shower occasions, and engaging in sex work. Restrictions on travel, shutdown of marketplaces, commercial establishments, transportation services, and the prohibition on social and religious gatherings have made it extremely difficult for this marginalized community to earn a living. For people who sell sexual services, the impacts have been severe, worsening their already precarious working conditions and access to health and social services (Benoit, 2020; Sifat, 2020).

### **Impact on Economic Well-Being and Livelihood**

The economic impact of COVID-19 on the Indian economy was severe (Kumar et al., 2020). The most affected groups were people working in informal sectors and daily wage workers (Bhavani, 2020; Das, 2020). As India is primarily an agricultural country, the impact of the economic distress is projected on the rural economy. Due to the disruption of supply chains during the mandated lockdown, the farmers faced much uncertainty; even daily wage workers working in hotels and restaurants were laid off. As projected, more than 3,000 crore losses occurred in the live event industry (Goyal, 2020).

COVID-19 affected the supply chains in the agricultural industry; the rural economy is dependent on agriculture and the selling of farm products. The agricultural harvest depends on migrant workers, especially in northern India, where wheat and pulse are cultivated; this was affected due to mandated lockdowns and supply chain disruptions. The crisis affected various parts of India differently due to regional disparities, resource availability, and problems like unemployment (Ramakumar, 2020). The vulnerable communities of India faced a new economic challenge that was unprecedented. The challenges faced by the vulnerable sector were not just economic but also had a social impact. The strategy to stay at home to combat the transmission of the virus also increased the rates of domestic violence for vulnerable people (Arora & Kumar, 2020).

The lockdown induced restrictions disrupted the daily lives of the transgender people, which resulted in concerns about food security, loss of source of employment and savings, financial instability, health crisis, delay in hormonal therapies, and postponing sex reassignment surgeries (Priyadarshini & Swain, 2021). The primary sources of livelihood for the community are *badhai* (singing and dancing to give blessings on auspicious occasions), *Mangti* (begging from shops and at red lights), and prostitution or sex work (Chakrapani et al., 2021). The nationwide lockdown changed the daily life of these people; social functions were postponed or conducted in virtual mode, commercial activities came to a halt, establishments including the brothels were shut down, public transport was at a halt, imposition of social

distancing led to inaccessibility of food and other essentials. This crisis situation pushed the marginalized community to the edge. With continued depletion of savings and no alternate source of income in sight, the transgender population became financially more unstable. They could not even take advantage of the financial aid provided by the local government for want of necessary documentation of their self-identified gender and employment status. It was also reported that many transgender people faced the hardships of being evicted from their rented accommodation (Singh & Dandona, 2021).

### **Impact on Health**

Historically, disease outbreaks have increased gender inequities, and the vulnerability of marginalized communities has increased in times of pandemics (Dasgupta et al., 2021). The transgender population faces more health challenges due to barriers to accessing healthcare services. Being associated with prostitution as one of their sources of livelihood, they have a higher incidence of HIV/AIDS (Baral et al., 2013). The transgender population also faces stigma and violence at various levels for their gender, identity, and involvement in sex work (Benoit & Unsworth, 2022; Dasgupta et al., 2021). These health challenges were also translated when the pandemic broke out. HIV-affected persons were at higher risk for contracting the disease, especially with low immunity and poor working and living conditions. Transgender sex workers face health disparities as they face violence and stigma at work; the higher incidence of HIV in the community also stems from not taking appropriate protection during the trade. The intersection between health, socio-economic challenges, and employment discrimination leads to a higher level of vulnerability (Dandona et al., 2006). The health infrastructure got overwhelmed during the COVID-19 pandemic, making access to health services by the transgender people even more difficult. As highlighted in a study by Singh and Dandona (2021), “This inaccessibility made them vulnerable to the exposure of virus and the underlying fear of being denied the facilities at hospitals left them unreported. Thus, adding to the number of infected individuals at stake. It has been accounted in various literatures about the ways and manners in which stigmatized community of transgenders and sex workers are ridiculed by health care professionals in India and across the globe” (p. 275).

### **Transgender People in Odisha**

The total population of transgender people in Odisha is around 70,000. However, the social stigma of being identified as transgender has made only 2000 people identify themselves as transgender officially (Singh, 2018). Odisha's Socio-Economic and Caste Census of 2011 estimates the number of transgender households in the state is 4316 in the rural sector compared to only 463 households in urban areas. The number of households identified in this study may not accurately represent the actual households because of the social stigma associated with being identified as transgender (Government of Odisha, 2017). According to a study by Singh (2018), most of the transgender people in Odisha (75%) do not even have matriculation certificates, and only a few (20%) have studied till Intermediate level. The low level of education stems from the social stigma attached to the children from the community and poverty. The online survey done by the Social Security & Empowerment of Person with Disabilities Department (SSEPD), Odisha, in 2017, highlights that 14.5% of the transgender community in Odisha do not have any form of income, and a majority of them are unemployed.

## Initiatives by the Government of Odisha for the Transgender People

Odisha is the first state in the country to give transgender people social welfare benefits such as a pension, housing, and food grains (Jena, 2019). Government and non-government organizations offer several livelihood options for transgender people in the state of Odisha. The government has taken the "*Sweekruti*" initiative to secure the livelihood of transgender people; the program entails training the community to become self-sufficient by providing them with self-employment kits to start their businesses. This program also offers a 50% subsidy to transgender people who want to start their own business, and the rest of the support will be paid by SSEPD. The Malkangiri district employed five transgender people under the "*Nirmal*" Scheme launched in 2018.

An NGO called "*Sakha*" has provided training to fifty transgender people for mushroom cultivation and motivated them to pass the skills to other community members. The organization also aims to provide training for the necessary skillset to open their beauty parlors. Lepra India Sakhyam also has the initiative to employ transgender people. The government and the NGO initiatives for livelihood betterment and skill development are limited, and the burden of financial stress and inequities the community faces make them more vulnerable. Despite the initiatives by the state government of Odisha and some non-state actors, the temporary livelihood options and monetary supports provided to transgender people have not been enough to be sustainable alternate sources of income. Besides, the existing social stigma was a significant hindrance in many cases. This study, drawing from a handful of case studies, attempts to offer qualitative insights into the lives and livelihoods of transgender people during this time of crisis.

### Methods

This research is a part of the doctoral research the first author is undertaking with an objective to understand the socio-psychological aspects of social discrimination and access of health services for the transgender people in the state of Odisha. Both the authors are native residents of the state and empathized the study participants during the time when the COVID-19 struck and got intrigued to focus on the hardships that the transgender population faced during this time. The study, albeit small, was conducted among transgender people from Bhubaneswar, the capital city of Odisha. Bhubaneswar (20.30° N, 85.82° E), a globally acclaimed smart city (Panda et al., 2021), is the largest city in the state, and it offers several employment opportunities to people from various parts of the state. One can spot migrant and daily wagers, including transgender people engaged in begging at some of the crowded junctions and streets of the city.

In this descriptive study, we used mixed qualitative research methods (Krippendorff, 2004) primarily to understand the experiences of transgender people during the COVID-19 lockdown period (Kim et al., 2017). The case study approach was used to generate an in-depth, multi-faceted understanding of this complex issue in its real-life context. In-depth interviews were carried out using a semi-structured interview guide having open-ended questions to address a wide range of experiences of transgender people. The qualitative naturalistic tenets were used, encompassing several thematic areas reflecting upon the lived experiences of the respondents. The data analysis depicts the description of the data instead of theory development (Miles & Huberman, 1994).

## **Recruitment of Participants**

The study used snowball method to recruit the participants by applying both inclusive and exclusive criteria (Parker et al., 2019). Inclusive criteria were as follows: (i) a participant must be a transgender person living in Bhubaneswar city of Odisha; (ii) must be of 18 years and above; (iii) must be residing in a locality/colony along with other transgender people; (iv) willing to participate in the interview process; and (v) experienced hardships during the lockdown. The ice-breaking session was organized through a local non-government organization working for the betterment of the trans community. The respondents were briefed about the nature and purpose of the study, and verbal consent was obtained from them to participate.

## **Research Tools and Data Collection**

Though telephonic interviews have limitations in collecting a wide range of data, they provided a viable option for obtaining in-depth and qualitative data for this study. Interview via phone tends to increase anonymity and data gathered on sensitive topics (Irvine et al., 2013). The interview guide included 25 questions that were based on three themes: (1) the livelihood aspects, including questions about the respondents' experiences during the lockdown affecting their livelihoods; (2) the stigma the respondents encountered; and (3) the barrier to accessing health care services. Interview guides were prepared along these broad themes. The interview schedule and guide were designed in English and then translated into the local language, Odia. The questions were asked, and responses were recorded in Odia language to ensure that the data received were more valid and reliable. The texts were later translated and transcribed into English. With the respondents' consent, calls were made to them at their convenient times. A total of twelve transgender individuals participated in the study during the months of April, May, and June of 2020. All the interviews were conducted in Bhubaneswar city. To ensure data quality and reliability, we took detailed notes of the responses and kept getting back to the respondents whenever we faced lack of clarity during the data analysis stage. While analyzing and presenting the data, we have made conscious efforts to keep the respondents' identities as anonymous as possible. Instead of the respondents' names, we present the pseudonyms in the paper.

## **Ethical Considerations**

Informed verbal/oral consent was taken from the participants. The respondents' identities were not disclosed, and their names were replaced to maintain their privacy. All respondents were assured that their information would be kept confidential. The respondents were also informed about the time of their interview beforehand via telephonic conversations. Required approval was obtained from the Institutional Ethics Committee for Human Research at the National Institute of Science Education and Research in Bhubaneswar (India) to carry out this study with transgender people as participants since they are considered to be from the socially and culturally vulnerable sections of the Indian society.

## **Thematic Analysis**

The transcribed responses were coded and grouped thematically (Strauss & Corbin, 1998). Responses along a particular theme were coded individually and subsequently classified into thematic groups. Some responses needed multiple iterations and a few follow-up calls with the respondents to cross-check the data, bringing in more clarity and eliminating ambiguities

and misinterpretation wherever necessary. The authors reached a consensus on categorizing the collected data and analyzing them along various themes. This helped in enhancing the reliability of the data and eliminating ambiguities in data interpretation. Throughout the entire process, the authors carefully examined the themes and the contents before elucidating the results.

## Results

Even before the pandemic, the availability of gender-affirming healthcare providers was limited. Beginning in March, 2020, healthcare systems in the state ceased providing non-essential healthcare services to combat the spread of COVID-19, rendering this already disadvantaged segment of the population even more vulnerable. Health issues aside, the daily lives of transgender people have been impacted more severely than the general population. In subsequent section, we present the results along 44 themes: (i) loss of livelihood; (ii) social stigma and trauma; (iii) issues related to healthcare services; (iv) multifaceted societal challenges; and (v) sense of uncertainty and insecurity.

### Loss of Livelihood and Income of the Transgender People at the Time of COVID-19 Lockdown

During the lockdown the transgender community faced the loss of livelihood; most were associated with the profession that required some form of interaction with other people. One sex worker explains how the lockdown led to loss of her income: both the worker and the client had the shortage of money. She explains:

I used to earn INR 1000 per month. Now in the Covid-19 situation earning even half of it is very difficult. I am a sex worker, and now, due to the lock-down and social distancing, my earnings have been affected adversely as no new customer is coming to me and the old customers say that they have no money to pay, so reluctant to come.

The transgender community as a whole and the same from our study area faced various issues related to livelihood. As begging and prostitution are their primary sources of income, the lockdown and other pandemic-related restrictions imposed by the government squeezed such avenues for them to fend for themselves, rendering them further vulnerable. Explaining the agony, a respondent said:

During the lock-down, I was unable to beg on the roads. So, I decided to sell flowers. I started delivering flowers at the doorsteps in some of the residential apartments. But as I am a transgender, many people refused to take flowers from me. Initially, I used to sell flowers for INR 1000 per day. But due to non-acceptance from people, I was forced to sell those flowers for INR 500 to 600 for a bare minimum profit margin pushing me into difficult situations financially.

Another respondent explains the loss of livelihood that the respondent faced from being a skilled worker to daily wage labourer. She says

I was earning INR 12,000 per month as I was working as a beautician in a local parlor. However, due to COVID-19, the government ordered the closure of the



parlor, which rendered me jobless. Now I am living a life of a daily wage labourer as I am working with my village peer group as a wage earner, earning INR 250 per day. The work is also not available every day. So I was finding it increasingly difficult to meet my ends.

### **The Stigma and Trauma During the Time of COVID-19**

Stigma is historically associated with trans people. They are attached with derogatory labels and are routinely denied social rights enjoyed by other citizens. The predicament mentioned above clearly reinforces the prevalence of stigma and how it leads to possible trauma the transgender people face in their day-to-day life experiences. Another respondent says

I was a sex worker earning Rs.1000 per day. But the lock-down, social isolation, and night curfews caused a great loss to my earnings. No customer approached me during nighttime; no movement was possible. Moreover, looking for other paid jobs was difficult as I was not literate enough to work in any office. Feeling helpless, I started a small tea shop in my locality. But people started teasing me “*Maichia* (effeminate) will make tea, and we will pay money only for sex. So tea is free with sex.” The statements made me so embarrassed that I had to close the tea shop, fearing that people would come to my shop less for tea and more for making fun of me.

The above paragraph’s analysis shows that due to loss of livelihood they had to take alternative sources of livelihood, but the new livelihood may not be safe to work.

Many transgender people were forced to look for alternate avenues as their current livelihood activities were not allowed in public places. Social ceremonies and public gatherings are the prominent places where they generally earn their livelihood. But the pandemic posed unprecedented challenges for them to carry on with their livelihood activities. A respondent explains:

I was a sex worker. But due to the prevailing lock-down, I work in a factory nearby as a cleaner. Many staff members of the factory pass lewd comments at me, use slang while addressing me, tease me, and sometimes create problems in my work. One even tried to force himself on me. The factory owner also asked me for sexual favor and lured me with a higher salary than other cleaners. Due to financial insecurity, I agreed to his proposal because there was no other source for me to earn my livelihood.

This statement shows how the transgender community faces problems at the workplace, and jobs are offered to them in exchange for involuntary sexual favours to the owners and supervisors. Another respondent talks about stigma associated being a transgender shopkeeper and its impact on the income and vulnerability:

I was a cook in my transgender community. But due to the pandemic, my fellow transgender people who used to stay together in one place have now gone to their native villages or relatives’ places leaving me jobless. Out of desperation, I have started a small snacks stall in the locality. But people hesitate to come to my shop since I am a transgender and look for other shops in the vicinity. Only a few buyers whom I know for quite some time come to my shop to buy

cigarettes and snacks. My earnings have gone down significantly. My gender identity has become my enemy now, as people are reluctant to even come to my shop.

Rajni, a 24-year-old transgender person, a native of Banki (54 kms away from Bhubaneswar) from an upper caste Odia household, completed her education up to the intermediate level (she/her is used as requested by the respondent). She is a sex worker and stays near the Khandagiri area of Bhubaneswar. During the pre-pandemic days, Rajni used to earn her living out of roadside begging and paid sex services. Her monthly earnings used to be approximately INR 15,000. With the restrictions on movements and shutting down establishments, her income came crashing down.

Since it became difficult for her to make ends meet, she had gone back to her native village. The cost of living in the city was too much for her to afford. She confided that her family members were reluctantly helping her out. She had to endure the continuous teasing and mocking by her fellow villagers. Her family members were not willing to shelter her for a more extended period as they have also been subjected to embarrassment in the local community. With all these pushing her to further mental distress, she was waiting for this crisis to end so that she could return to Bhubaneswar to secure her livelihood. A distressed Rajni said:

There were days when I helped my family members with education, food, and medical expenses. But now I want help from family members; they are unwilling to keep me at home for a longer period and extend financial support for my survival.

She was a God-fearing person and had surrendered to fate, hoping that the Lord Almighty would soon put an end to her traumatic situation primarily caused by this pandemic situation. She was also hopeful of getting back to her friends that she was staying with before the deadly virus struck and resuming her means of livelihood.

### **COVID-19 and Issues Related to Sex Reassignment Surgery Among Transgenders**

Sex reassignment surgery plays a significant role in a transgender person's life. The pandemic has adversely affected healthcare facilities in general and transgender people in particular. Some respondents who participated in this study were under hormone therapy treatment and willing to undergo surgery. However, the long wait due to the lockdown, curfew, and restriction on movements created hardships for transgender people to travel out of state to do the surgery. As government hospitals do not have proper guidelines and specific healthcare services for them to go through the long and painful surgery, they opt for private hospitals with good cosmetic surgery professionals paying exorbitant fees. A respondent says:

I recently underwent vaginal surgery at a private clinic in Delhi, which cost me around INR 1,50,000. I faced many difficulties arranging the money as I earn around INR 10,000 per month, which is not enough for my day-to-day expenses. I had to borrow money from my friends and my mentor. They also stood by me during my surgery and post-surgery rehabilitation. The post-surgery care is essential for nearly 40 days. I owe immensely to my friends and mentor who supported me financially and emotionally.

Some respondents found themselves in the trap of private money lenders who charged them a high interest rate on loan repayment. Due to the travel restrictions imposed by the government,

they could not travel out of the city to do their surgery. However, they are paying back the interest components of the loans taken. The plight is explained by a respondent as follows:

I had borrowed around INR 80,000 from a local money lender to do my surgery in February 2020 and had planned to visit Delhi in April. But due to the restrictions on traveling by train, I cannot go to Delhi but am paying high interest to the money lender. I have deposited my gold earring and necklace with him as a mortgage. Currently, I have no other source of income as I was earning my livelihood as a sex worker only.

Some of the respondents tried to obtain loans from banks to pay for their surgery. However, the banks declined their loan applications since they did not have the required creditworthiness nor had anything substantial to mortgage. These people did not have much financial literacy and did not have savings bank accounts in their names. In addition, banks did not seem to have any provision for extending loans to people required to go for sex reassignment surgeries.

The following quote explains how the stigma associated with a having a transgender child keeps them away from having access to financial resources, even for a health-related need. A respondent explained:

I am the single child of my parents. My father is rich and owns lots of land in my native village. But as he had disowned me due to my sexuality apprehending embarrassment to the family, he also refused to help me financially. My family members do not welcome me. They have warned me of the consequences of demanding any share from my parental property. I do not know whether the law of the land even grants me a legal right to inherit property against my family's will. On top of that, this pandemic has added salt to my injury, and I am running from pillar to post to arrange money for my sex reassignment surgery.

From the respondents' accounts, it is evident that the pandemic has impacted the lives and livelihoods of transgender people and increased their predicaments to a great extent. Some of the respondents have unwillingly put their plans for gender reassignment surgery on hold.

### **Multifaceted Societal Challenges**

The pandemic not only affected the livelihood opportunities of the transgender people, it also brought along many other socio-psychological hardships upon them. One of the respondents, Kaveri, a 36-year-old who calls herself a trans-female (she/her is used as requested by the respondent), a native of Thakurpada (35 km from Bhubaneswar), recalled her experiences growing up which gives context as to why she is working for the benefit of the transgender community and the challenges she faced while carrying out these activities during the lockdown. The following text is a short memoir of her life along with the challenges she faced at a personal and a societal level during lockdown.

She was born to a family belonging to the *Teli* caste group (recognized as the “Other Backward Class” by the State gazette). The traditional occupation of this caste group was edible oil extraction from seeds. She was not available for an interview when she was contacted first. However, she called back and scheduled a meeting at a mutually convenient time and place. As narrated by Kaveri, she was the eldest child of her parents. She fondly recalls how proud her parents were when she was born. She was good at studying in school, raising hope for the family that the child would grow up to make a good living and take care of the family. She had two younger siblings, and all of them were going to the same school. As far as her memory

took her back, she said she was a lovable child growing up. Fellow neighbours and villages used to adore her for her charm. She was participating in the observance of seasonal cultural festivities of the village. There were specific festivals (such as *khudurukuni*, *kumara Purnima*, *Kartika Purnima*, etc.) typically observed by the female folks of the village. Kaveri was fascinated by the festive activities and would participate actively in the observances.

Gradually, she got increasingly comfortable with the girls of her age group and started being in the girls' company. Typically, in rural areas of Odisha, people do not notice such things and do not mind young boys and girls playing together. Kaveri grew up in such an environment and subconsciously felt more inclined towards the company of girls. She even bathed in the village's community pond without much inhibition and resistance from others. Her self-realization started when she completed high school and went to attend college. She claims to have started getting sexually attracted to boys only then. Out of confusion, initially, and later on, fear, she felt reluctant to discuss her feelings with her friends, let alone her family members.

As time passed, Kaveri got into a steady relationship with a boy from her class. Then she completed her MBA from a business school in Bhubaneswar and took up a position as a marketing manager in a private company. After a few months of being on the job, when her family started discussing and looking for a bride for marriage, Kaveri began to gather the courage to come out of the closet. This, she calls the turning point of her life. Convinced of her sexual identity (as she calls it), she opened up and revealed her feelings to her family members. Shocked and fearing embarrassment, the family members asked her to leave the parental house and warned her of imminent disowning of her by the family. That night, Kaveri left home and went to one of her transgender friends in Delhi. She did not look back since then.

A big city like Delhi offered her the required anonymity, and she settled down after the initial days of discomfort. Since she was an MBA graduate, she managed to get a job and did reasonably well. Now she is back in Bhubaneswar, working as a project manager in a state-run initiative for helping and rehabilitating transgender people. She earns a decent salary of INR 50,000 per month. As destiny would have it, her elderly parents are now living with her, and she is also extending financial support to her younger siblings as they have not yet started earning. Besides her regular job, she manages some additional income by working as an agent for an insurance company. Despite all her income-generating activities, she finds time to spend as a social worker and does advocacy for the transgender community of the state. She has become a role model for transgender people. She has been providing counseling to people struggling with gender identity disorder and handholds them if they wish to go for sex reassignment surgery. She explains:

All was well till the pandemic hit. I was not worried about the loss of income from the additional activities I was engaged in. Instead, I was concerned about the activities that I used to organize for the transgender people of Bhubaneswar. Restrictions of movements and social distancing impacted the livelihood of the people I was handling and counseling. I had to extend financial helps to those who completely lost their livelihood sources. Gradually my savings started to dry up, and I became increasingly worried about the mental health of transgender people. Despite several restrictions, I used to call and arrange meetings to offer psychological counseling. Many young transgender people still depend on me financially. I hoped and prayed that this pandemic was behind us soon so that people in general and transgender people, in particular, got back to their routine activities to earn their livelihood.

The pandemic not only posed a challenge for the people who had loss of livelihood but also for the people who are working for the social welfare of the community. These experiences help in understanding the duality and multifaceted nature of the lockdown and the societal challenges than occurred during the period.

### ***Sense of Insecurity and Uncertainty During Lockdown***

The pandemic induced restrictions on movements of people and brought families and friends to spend time together. Most of the transgender people in Bhubaneswar live closer to each other in colonies on the periphery of the city. Staying together or in close proximity, as revealed by most of the respondents, provide them a sense of security and confidence. Priya, a 28-year-old transgender individual (she/her is used as requested by the respondent), native of Kandhamal (250 kms away from Bhubaneswar), claimed to have been asked to leave her parental house when she opened up to her family members about her being transgender. Her friends in the villages also deserted her. While in school, she recalls being bullied and physically abused by her male friends. She had to undergo mental agony for the continuous calling out of names like *maichia/maitulia* (effeminate). She felt more comfortable with her female friends and preferred staying with them. Tired of the agony, she decided to run away from her native village. She took a bus and ended up in a nearby town, the name of which she does not even remember. After a couple of days of wandering around for food, she approached a dhaba (roadside restaurant) for some work. The dhaba owner asked her to clean the used utensils and she could stay on the premise. After some days, she moved to a nearby lodge (a motel) and started working as a housekeeping staffer. There she came across a transgender social activist Roshni (name concealed), who was in town for some advocacy work. Roshni suggested to her,

There are many transgender people like you in Bhubaneswar. You can shift there, stay with them, and earn your livelihood independently with dignity. There is a colony where you can find like-minded people, dress up and do make-up of your choice. Come with me. I will introduce you to them.

Priya did not blink an eyelid before leaving that place and traveling to Bhubaneswar. She said she always loved wearing female clothing and doing make-up like girls. After reaching Bhubaneswar, she started living with other transgender people who cross-dress and lead lives like females. For the first time, Priya felt liberated, which allowed her satisfaction from within and mental peace to realize the person she always wanted to be. For over four years, she has been engaged in prostitution during the night and occasional begging and working as a housemaid during the day. On average, she earns INR 30,000 per month. She got her younger sister from her village and put her in a school here in the city. She also runs a shelter house for fellow transgender people. After the pandemic struck, all her income-generating activities were hit badly. Detailing her ordeal, Priya added:

The pandemic has created havoc not just financially but also hit us psychologically. Many transgender people, including me, are dreadfully uncertain about what the future holds for us. Most of my friends have gone back to their native places and are desperately looking for some source of livelihood. Now I work as a part-timer in a local NGO but has not received any salary for the past three months.

Another respondent, Radha expressed her fear when she said

I used to work in a store, where I was continuously subjected to bully by my fellow workers. However, despite the annoyance in the initial days, I got used to their behaviour. Gradually their abuse went down and they started accepting me the way I was which became very comforting for me. Now since the store is shut down for quite some time and I have no place to go for earning, I am very worried. I am also missing my co-workers with whom I used to share my joy and sorrows as well. Most of us are afraid of the uncertainties that the pandemic has created.

Many respondents appeared apprehensive and worried about the crisis situation brought along by the pandemic. They were as much concerned about losing their lives and livelihood sources, as their concerns over what future holds for them. The imposition of lockdown and shutdown has thrown everyone's life out of gear. The transgender people in Bhubaneswar who only have their fellow members to look up to are understandably more insecure than the general public.

### **Discussion and Conclusion**

The pandemic has adversely affected the lives and livelihood of transgender people in various ways. Given the transgender people's social and economic disadvantage, structural barriers, and pervasive social stigma, the pandemic has hit this section of the population very badly (Benoit & Unsworth, 2022). They have experienced discrimination related to their gender identity and were at more risk during the pandemic due to health disparities, healthcare access barriers, and unique healthcare needs (Kidd et al., 2021). Protecting them from the pandemic is a strategic imperative considering the vulnerability of these marginalized groups. Transgender people who struggle to manage financially or health-wise are vulnerable and hence required targeted attention during the pandemic (Pandya & Redcay, 2021). This study's findings reinforce the multi-pronged adverse impacts that the pandemic has had on the lives and livelihoods of this vulnerable section of population and offer broader insights into existing and imminent issues related to individual and community experiences, and mental health risks.

Many research studies have discussed how vulnerable populations are affected by the COVID-19 pandemic (Pandya & Redcay, 2021; Chakrapani et al., 2021; Burgess et al., 2021; Benoit, 2020; Dasgupta et al., 2021; Kidd et al. 2021). The transgender communities, including trans-women and hijra, who face financial, mental health, and physical abuse problems, required greater attention during the pandemic. The study reinforces that adequate healthcare offerings are an essential human rights concern. Addressing issues and problems related to the COVID-19 pandemic without a human rights framework could have severe repercussions on attaining the Sustainable Development Goals. Future research on this population will undoubtedly enhance the understanding of the specific issues of this marginalized group and may require the state agencies to redesign their intervention programmes. Transgender people face problems related to health and employment due to the pandemic, in addition to the other existing stigmatization and discrimination (Burgess et al., 2021). The fear of being stigmatized and ridiculed has also increased their risk of not being tested or treated for COVID-19 (Deb, 2020). The imposition of various restrictions, including physical distancing, has been stated to have had a catastrophic effect on the lives of transgender people. Their source of livelihood was not of immediate concern to the government and hence misplaced in the gravity of the pandemic. Coupled with dreadful instances of stigma and discrimination, transgender people have been bearing the brunt of inequality since the pandemic outbreak. The pandemic has not just uncovered but intensified the existing social inequalities. Bridging the gap between the research highlighting the plight of marginalized communities in the wake of the COVID-19

pandemic and the implementation of intervention programmes, our observation intends to attract attention from various quarters to this often-ignored population segment in India.

Studies explain how in the US, no empirical research is being done to analyze the impact of COVID-19 on transgender and gender non-binary individuals. Being the minority groups, they were disadvantaged by having no access to gender-affirming healthcare practices in society, which led to increased psychological distress among them. Moreover, the transgender groups lagged in adopting pandemic-appropriate behaviour and primary safety practices that must be followed for COVID-19. (Kidd et al., 2021; Kumbar et al, 2021). Particular focus is required to address various social and health concerns and their mental health through a holistic approach. This study depicts how their source of income got adversely affected in this COVID-19 situation. Sex reassignment surgery is one of the essential parts of a transgender person's life. But this study reveals how COVID-19 has impacted them adversely and availing health services related to the surgery has become difficult for them to afford. Access to healthcare and financial pressure were reported as the major issues, due to restricted physical movements and access to health facilities. Despite the limitation of the number of participants and narrowness of the focus, this study brought to the fore multiplicity of problems and issues of the transgender population that need specific attention that they deserve. Further studies and interventions by researchers and policymakers are called for to carry forward the dialogue about the needs and inclusion of the transgender population in the healthcare system. Crisis situations like the COVID-19 pandemic put severe pressure on the existing health infrastructure. However, making healthcare facilities inclusive is the need of such unfortunate times. To address the issue of loss of livelihood, the transgender people could be engaged in the state-run employment guarantee programs as a temporary measure. Since the transgender people face exclusive structural risks, there is a need to design proactive and multi-level interventions that are sensitive to their unique needs (Philip, 2021). The government and civil society organizations can supplement each other to design and implement targeted mechanisms for the people who are already living on the margins of society.

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