A Trans Tale: The Phenomenology of Challenges Faced by Transgender Community during COVID-19 Induced Lockdown

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Abstract: Background: As a preventive measure against the Coronavirus disease 2019 (COVID - 19) the Government of India imposed a nationwide four - phased lockdown (25 March 2020 to 31 May 2020) during the first wave while several states including Bihar announced statewide lockdown (5 May 2021 to 8 June 2021) during the second wave. These lockdowns forced the third gender community to move to their native places from where they left once for being "not normal". Their search for a home ended at toll booths, railway stations & bus stands. Decreased income, homelessness & loneliness made them more vulnerable. With this in mind, the study explores the phenomenology of challenges faced by the transgender community of East Champaran, Bihar during COVID - 19 induced lockdown. Methods: An exploratory research design has been used for the study. Eight individuals with a “transgender” identity were selected with consent through purposive sampling. Data were collected from both primary and secondary sources. Interviews were conducted thoroughly with the help of a predetermined interview schedule. Results: All respondents are of the age group of 20 to 35. No one has studied up to the higher secondary level and five out of eight respondents are illiterate. Lack of education and skill sets have limited them to occupations like dancing, begging & “badhai dena”. Decreased income, difficulties in accessing medical health care (due to unavailability of public transportation facilities & doctors), stress, anxiety, depression, and remaining unheard were the major challenges faced by them while “The Gharana System”, neighbourhood support, and hope were their saviour. Conclusion: The transgender community was at heightened emotional and social risks throughout the lockdown and like always their voices remained unheard. Social inclusion of the third gender community can be done by the community awareness about transgender issues and rigorous implementation of acts and policies related to them.

Keywords: Phenomenology, Transgender, Covid - 19, Community, Pandemic, Lockdown, Badhai, Gharana system, and Launda Naach

1. Introduction

Virginia Prince introduced the word transgender in 1969 to refer to individuals like her whose identity falls somewhere in between transvestite (Dr. Magnus Hirschfeld coined the term in 1910) and transsexual (Dr. Henry Benjamine coined the term that received attention in 1950). Transvestite or cross - dresser is a person who prefers to wear clothes designed for the “opposite sex” while a transsexual is a person who permanently changes gender to gain membership in a gender other than one assigned at birth. According to Virginia Prince, a transgender is a person who permanently changes his/her gender through public presentation of self without going to genital transformation (Stryker & Whittle, 2006). The phenomenon of transgendering is a complicated interplay of sex, sexuality, and gender. Most transgender people take hormones to switch into desirable body shapes and to manipulate secondary sex characteristics, such as facial hair, but usually, they do not have surgery to modify genitalia. They can be heterosexual, homosexual, or bisexual. Thus, transgendering is not always a clear - cut exchange of one gender and sex for another but is often a blurring of sex, sexuality, and gender boundaries.

Journey so far

According to the Census 2011, there were about 4, 87, 803 people who are living with transgender identity in India. State and Union territory - wise distribution of transgender shows that Uttar Pradesh has the highest population (1, 37, 465), followed by Andhra Pradesh (43, 769), Maharashtra (40, 891), Bihar (40, 827), and West Bengal (30, 349).

The transgender people in India have a strong historical presence and are generally referred to as Hijras, Kinnars, Aravanis, Jogappas, Shivshaktis (a Hindu god who is half Shiva and half Parvati), and Eunuchs. They have been mentioned in the epics like Mahabharata (the character of Shikhandi). During the medieval period, they played a very important role in royal families. In Mughal Empire, they served as the custodian of harem. They became much marginalized in Colonial India. Criminal Tribes Act that refers to several pieces of legislation enforced in Colonial India was a draconian law for the community. In the beginning The Criminal Tribes Act, 1871 was applied mainly in North India but by 1876, it was extended to Bengal presidency and by 1911 it was spread to Madras presidency. During the next decade, the act went through various amendments and finally, the Criminal Tribes Act, 1924 comprising all of these came into existence. This law asked the local government to maintain a record of the names and residences of all eunuchs who were reasonably suspected of kidnappings or castrating children or committing offenses under Section 377 of the Indian Penal Code (It was introduced in 1861 which criminalizes ‘carnal intercourse against the order of nature with any man, woman or animal even if it is voluntary’). The law considered eunuchs as incapable to be a guardian. Later in 1952, this law was scrapped. To provide free legal services to the marginalized and weaker sections of the society, the National Legal Services Authority was constituted under the Legal Services Authority Act, 1997 that came forward to

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advocate the rights of transgender people. The election commission of India in 2009 authorized the transgender community to choose their gender as “others” in the ballot form. National Legal Services Authority versus Union of India was a landmark judgment by the Supreme Court of India in 2014 which proclaimed transgender people as the ‘third gender’, asserted that the fundamental rights given by the constitution of India are equally applicable to them (Samel, 2018).

On 6 September 2018, the Supreme Court declared that Section 377 was unconstitutional. To protect their rights, for their welfare, and matters related to them the Transgender Persons (Protection of Rights) Act, 2019 came but these legislations are not widely accepted by society. Society still disapproves of their gender expression and hence discrimination against them continues.

Transgender Community and Lockdown
China reported about the outbreak of COVID - 19 to the World Health Organization (WHO) on 31 December 2019. Dr. Tedros Adhanom Ghebreyesus (The Director - General, WHO) on 30 Jan 2020 declared the coronavirus outbreak a Public Health Emergency of International Concern (PHEIC). WHO’s the alarm of highest level. The First confirmed case of COVID - 19 infection in India was reported in Kerala on January 27, 2020, in a lady who returned to Kerala from Wuhan city of China (the epicenter of the outbreak). As the number of confirmed cases was rising, the government of India announced a lockdown on 24th March 2020 to prevent the spread of the virus. During the first wave of COVID - 19, a nationwide complete lockdown for 68 days was imposed while during the second wave, the Bihar government imposed a statewide lockdown for 35 days. Each part of the population has faced distinctive challenges during the pandemic but certain communities were at high risk of getting affected by COVID - 19 and lockdown. The transgender people in India were already living with a unique bio - psychosocial vulnerability because of gender - based discrimination, poverty, and administrative apathy (Banerjee & Rao, 2020). The risk of becoming immunocompromised was high among them and this was one of the reasons why the community was more vulnerable to Covid - 19. The transgender community was among those groups/communities that were going to be highly affected by the nationwide lockdown but they remained neglected during disaster preparedness and lockdown planning.

Research Methodology (Study design and Sampling)
The study is both quantitative as well as qualitative. Interviews were conducted with 8 adult people who were aged 18 years and identified themselves as “transgenders”. Purposive sampling was used as this community is not easily accessible. The first interaction with respondents was on the 15th of July, 2021 at a toll booth in Chakiya where they were asked to participate in the study. Interviews were conducted in the month of September 2021. On September 16, when the researcher visited their place for data collection an unfortunate incident took place. An old companion of a transgender person looted her by keeping a knife on her neck. He, aged 55 years, took all of her (also in her 50s) jewellery and all the cash she had (according to her it was around 3 lakhs). Four out of twelve participants refused to participate in the interview because they had to go for lodging FIR. They said such incidents are very common among their community. Men came to them like a lover and then looted them.

Operational definition of “Transgender”
For this study, the definition of Transgender has been taken from the Transgender Persons (Protection of Rights) Act, 2019.

Transgender person means “a person whose gender does not match with the gender assigned to that person at birth and includes trans - man or trans - woman (whether or not such person has undergone Sex Reassignment Surgery or hormone therapy or laser therapy or such other therapy), person with intersex variations, gender queer and person having such socio - cultural identities as kinner, hijra, aravani and jogta.”

Ethical consideration
The respondents had the opportunity not to participate or to withdraw from the interview at any time for any reason. The respondents were interviewed during their leisure time at their homes as well as at their place of work. COVID - 19 protocols have been followed during data collection.

Data collection and Analysis
Based on an extensive literature review, a structured interview schedule was designed. The interview schedule was divided into two parts. The first part has close - ended questions related to the socioeconomic status of the respondents while the second part has open - ended questions about the challenges faced by them during Covid - 19 induced lockdown. Open - ended questions on occupation and income (before, during, and after lockdown), mental health, challenges faced, people’s behaviour, support received, and coping strategies were asked to them. The content analysis approach was used for the study.

2. Results
The sample contains 8 transgender people. All of them identified themselves as “female”, follow Hinduism, and are living with their Gurus but not at the same place. They are from different parts of Bihar. The mean age of the participants was 28.6 years. Only three of them are literates, but all of these three respondents are school dropouts. They left education at the middle school level and have an average of only 7.3 years of schooling. Four of them are involved in the profession of “badhai dama”, two of them are dancers (they are part of Launda Naach that is a folk dance of Bihar and performed by males dressed as females, referred to as “Launda”) whereas two of them beg at the toll booth and railway station. Two of them are AIDS (Acquired Immunodeficiency Syndrome) patients. Their average income in the month of August 2021 was 79, 125. Six of them have Aadhaar cards, four of them have valid Voter IDs and only two of them have Bank Accounts.
Open-ended questions on the experiences of the respondents about Lockdown were mainly on six themes. These themes were:

1. Occupation and Income (Before, During, and After Lockdown).
2. Mental health,
3. Major challenges,
4. People’s behavior/ Society’s response,
5. Support received and
6. Coping strategies

R1, while discussing occupation and income during the lockdown:

“Before lockdown, I was engaged in the same profession (badhai) at Delhi. I used to earn comparatively better than this place but I returned because I had no money to pay for the rent. That city was too costly to live in. Here all of us begged at the toll booth in Chakiya. Usually, for badhai we had to visit remote places but the unavailability of transportation facilities constrained our movement and people were not allowing us to enter their places. So we were not going for badhai errands. People were opting for small wedding ceremonies only with their close friends & family, so we could not earn from Launda Naach. Train services were stopped so we could not be there to seek alms. We were left with only one option to beg at toll booths”

**Mental Health**

The incidences of depression, suicidal tendency, self-destructive behaviour, and eating disorders are high among the third gender in comparison to the first and second genders (Connolly et al., 2016). This study found that out of the eight participants three were anxious, two were stressed while one was depressed during the lockdown. Interestingly one respondent enjoyed the period of lockdown. There were several factors responsible for it. Like she had money, she believed in God, and she remained optimistic. She was also trying to keep herself busy in learning new things.

R2, when asked about her mental health during the lockdown:

“I enjoyed that phase. Being transgenders we are used to bearing pains. We have seen so much in our lives that nothing makes us worried now. My profession (dance) demands a lot of travelling. I perform mainly in three states - Bihar, Uttar Pradesh, and West Bengal. When the nationwide lockdown was imposed, I was in Kolkata. I heard that it was going to be extended. I was staying and eating at a hotel and it was expensive for me. So I decided to return to my home (Gharana) at Motihari. I had some savings that helped me. If I had no savings then definitely it was going to affect my mental health to some extent. I believe in God and I devote approximately one hour daily to my God. He is my protector that’s why I had no fear. During that period, I was trying to learn more about hairstyles, makeup, and dance steps with the help of Youtube.”

### Occupation and Income (Before, During, and After Lockdown)

Their average income in the month of February 2020 was ₹13,000 (this may be because they earn comparatively well during wedding seasons) but their average monthly income during the first lockdown (for the month of May 2020) was only ₹1,062.5 while it was ₹1,337.5 during the second lockdown (for the month of May 2021).

<table>
<thead>
<tr>
<th>Respondent</th>
<th>Age</th>
<th>Education</th>
<th>Occupation</th>
<th>Current Income (monthly)</th>
<th>Disease if any</th>
<th>Adhar Card</th>
<th>Voter ID</th>
<th>Bank Account</th>
</tr>
</thead>
<tbody>
<tr>
<td>R1</td>
<td>20</td>
<td>Illiterate</td>
<td>Badhai dena</td>
<td>₹12,000</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>R2</td>
<td>22</td>
<td>Class 7th</td>
<td>Dance</td>
<td>₹10,000</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>R3</td>
<td>32</td>
<td>Illiterate</td>
<td>Badhai dena</td>
<td>₹15,000</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>R4</td>
<td>35</td>
<td>Class 8th</td>
<td>Begging at tall booth</td>
<td>₹8,000</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>R5</td>
<td>29</td>
<td>Illiterate</td>
<td>Begging at railways</td>
<td>₹8,000</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>R6</td>
<td>22</td>
<td>Illiterate</td>
<td>Dance</td>
<td>₹12,000</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>R7</td>
<td>34</td>
<td>Illiterate</td>
<td>Badhai dena</td>
<td>₹3,000</td>
<td>AIDS &amp; TB</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>R8</td>
<td>35</td>
<td>Class 7th</td>
<td>Badhai dena</td>
<td>₹5,000</td>
<td>AIDS</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
R7, while describing mental health during the lockdown:

“I have AIDS and tuberculosis, so most of the time I feel weakness and dizziness. Several times I have fainted while dancing during badhai that is why I never travel alone. I earn the least in my group and have no savings. For taking my regular medicines I was supposed to visit the district hospital but I did not want to go there because it was full of Covid - 19 patients. My doctor told me that I should be more cautious. I was more prone to get the virus. I wanted to visit any private hospital with fewer Covid - 19 patients but only a few private hospitals were open during the lockdown and the lack of public transport facilities also constrained me. If I was not going to take my regular medicine I could die or if I got the Covid - 19 infection while visiting the district hospital I could die. In both cases, I was going to die so I decided to go with the first option. Throughout the lockdown, I was living with the “fear of dying”. I was unhealthy and had no money so I decided to go to my family for living there but my brother threw me out. If I am alive today it is only because of my Guru and community. They are the ones who bear all my medical expenses. During the lockdown, I was completely dependent on my community for everything like food and shelter. There were many times I wanted to die but these people have given me hope (in tears). ”

Major Challenges
No/Low income, difficulties in accessing medical health care (due to unavailability of public transportation & doctors), stress, anxiety, depression, and loneliness were their major challenges during the lockdown.

R3, discussing the major challenges faced by her during the lockdown:

“Are bda mushkil smay rhe. Kabhi gas khain ta kabhi chaval. Kabhi dal ke bina khana to khbi bina shji ke” - In Bhojpuri, that means “It was a tough time. Sometimes there was no LPG gas to cook food or sometimes there was no rice to be cooked. Sometimes we have eaten without pulses or sometimes without vegetables. ”

R5, on the major challenges faced during the lockdown:

“No one should be alone. First of all, society excluded us, then our family and then our love mates. My boyfriend left me and got married in June 2020 because I can’t give birth. We were in a relationship for three years. We too are human beings. We too want to be loved and we too have sexual desires but people ignore our psychosexual needs. ”

People’s behavior/ Society’s response
The Transgender community confronts insulting remarks almost on regular basis. They have been treated badly everywhere such as in their own family, at school, at their place of work. Earlier studies have pointed that usually they get disowned by their family and live in transgender communities, as their friends and family feel embarrassed in living together with them. Hateful gazes and taunts have become a part of their life (Ismail & Shah, 2018). They have very limited access to education and employment opportunities. That is why they are trapped in the vicious cycle of begging, dancing, and sex work. They do not have inheritance rights; this is one of the reasons why most of them do not have financial stability.

R8, on People’s behavior/ Society’s response during the lockdown:

“Every place has both good and bad people. Some men call us “Chhakka” while some call us “Priyanka” or “Deepika”. It depends on who they are and not on who I am. Some people, like our neighbours, students showed empathy while some people maintained a distance of four yards like we are the persons who have all infections of this world. ”

Support received
To look after the poor, daily wage workers, migrant labourers, and those who require indispensable help during the lockdown the central government announced a Rs 1.7 - lakh - crore assistance package but there was nothing significant for the transgender community. Being the nodal ministry for Transgender Welfare the Ministry of Social Justice & Empowerment decided to provide a subsistence allowance of Rs.1500 to each transgender person as immediate support to meet their basic requirements in May 2021. A helpline number was also launched to take care of their mental health but none of them out of eight participants availed these services. They said they were not aware about these services.

R3, when asked on support received during the lockdown:

“Some students provided us food 4 - 5 times during the lockdown. ”

R4, on support received during the lockdown:

“We received support from our neighbours in the form of ration, masks, and sanitizers. ”

Coping Strategies
People had a high level of depression and anxiety during the lockdown, which was significantly different among genders. Most of the people adopted these coping strategies - (a) watching television for entertainment, (b) social networking, (c) listening to music, (d) sleeping, (e) doing mundane house chores like cleaning, washing, etc. (f) eating well, and (g) clearing/finishing the piled - up work (Sameer at el., 2020). But in the case of the transgender community, the activities of gharana system like the regular practice of dancing and singing and hope emerged as their main coping strategy along with watching television and Youtube.
R6, while describing her coping strategies during the lockdown:

“Before lockdown, I was living at Banaras on rent. I was there for the last two years. When I saw everyone (migrant workers, students, etc.) is returning to his/her native place, I too decided to return to Motihari. A truck driver gave me a lift in exchange for sex and dropped me at the toll booth, Chakia. I had no courage to visit my consanguineal family, so I stayed there for three days. I was homeless. The transgender persons who were seeking alms there gave me an offer to live with them and I found a new family. Television and mobile were my safaris. I love to watch movies and Indian drama series. I was doing mainly three things during the lockdown: 1. Watching movies and dramas, 2. Household work and 3. Dance rehearsal with my friends.”

R7, while talking about her coping strategies during the lockdown:

“We are like pigeons born to one but brought up by another. Our Gharana is our savior. In the evening we all come together for rehearsal. We sing, we dance, and we talk. This revitalizes us.”

3. Conclusion

This community is confronting with social exclusion, psychosexual difficulties, physical, emotional, and financial threats. There is an urgent need for holistic care of the transgender community. Different interventions at different levels but at the same time can make a difference. As suggested by Debjan Banerjee and Vasundhara S. Nair in 2020, all stakeholders like people of India, bureaucrats, lawmakers, judicial authorities, Non - Government Organizations, civil societies, central and state governments are required to be sensitive towards the issues of the transgender community and proceed beyond the taboo of stigma and stereotyping. We are in need of creating a more progressive and peaceful society for our next generation where we all accept freedom of gender expression even at the cost of our privileges.

4. Limitation of the Study

Due to the small sample size, it will be difficult to generalize the inferences.

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