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BRIEF REPORT

Experiences of Hijra (transgender) communities during the COVID-19 pandemic in Bangladesh [version 1; peer review: 1 not approved]

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Abstract

In this paper, we study the transgender or Hijra communities to recognize and discuss the ongoing and long-term economic, mental, and emotional effects of lockdown on the most vulnerable who are worse off than daily wage earners. Hijras are a group of transgender people, non-binary and intersex women who have been assigned to be male at birth. In Bangladesh, they are deprived of basic human rights such as access to health care because of discrimination. Hijras in Bangladesh, especially during the national lockdown, have been adversely affected by the pandemic. There is a need for support and awareness to improve mental health awareness and eliminate stigma and prejudice. This article stands for the impact of COVID-19 on the Hijra or transgender community in Bangladesh.

Keywords

COVID-19, hijra, transgender, economic crisis, health care

This article is included in the **Emerging Diseases and Outbreaks** gateway.

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Any reports and responses or comments on the article can be found at the end of the article.

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Introduction

Bangladesh's population density, poor health care system, dysfunctional local government, and restricted civic education make it a huge concern to curb community transmission of the COVID-19 virus.¹ The emphasis on individual actions makes it difficult for the poorest to obey national guidelines. In Bangladesh, the total affected as of 16 June 2021 is 837,247 people, according to the Bangladesh government's official records. Bangladesh is the 32th most COVID-19 affected country globally, with a total of 13,282 deaths (Bangladesh COVID (worldometers.info)). The lockdown was introduced by western or developed economies with stronger economic bases and improved social safety nets.² Bangladesh exposes the realities of lockdown for the poor and vulnerable. For many, the imminent survival kit is food and health comes later. Although the restrictions are there to save lives, the lockdown creates a whole new set of risks for others. With uncertain and limited incomes, the poor and vulnerable continue to struggle and prosper, displaying remarkable resilience.³

In Bangladesh, "transgender" are referred to by the historically adopted appellation "hijra", which is often translated to mean transgender. People who identify as hijra are among those who are faced with more severe risks due to the nature of their work added to fear and prejudiced ideas against them.^{4,5} The objective of this study was to examine the ongoing and long-term economic, mental, and emotional effects of the COVID-19 lockdown on the hijra community people.

Methods

This paper adopted qualitative methods, including interpretive approaches, content analysis and represented secondary data to get the possible research outcomes. The secondary data was collected from articles, newspapers, research studies, and websites. The interpretative approach was derived from a subjective perspective of imaging and in this paper, the imaging of the transgender person was studied. This paper used secondary survey data to triangulate the interpretative approach for verification and reliability for comparable results in a broad setting. We searched databases of organizational survey data, PubMed, Scopus and Web of Science for population-based original studies prior to March to June 2020. We included studies that are related to economic impact, psychology and also health impacts of the hijra people during the COVID-19 lockdown period. Data were obtained from Covid-19: Quick Survey for Community Response for transgender and hijra from the [Bandhu Social Welfare Society](https://www.bandhu-bd.org). The survey was conducted among 80 community members covering all eight divisions of Bangladesh. Additionally, five in-depth interviews were conducted to understand the detailed situation. A total of 51 respondents participated in this rapid survey. Data were also used to understand the economic impact of the COVID-19 crisis on the third gender community in Bangladesh ([innovision-bd.com](https://www.innovision-bd.com)). The data were analyzed in this paper in terms of theme, pattern, and perspective and also to compare and contrast the information and survey by linking them with the relevant literature. Finally, a sense-making approach⁶ was used for searching information or data and to obtain an objective understanding of the phenomena.

Results

COVID-19 awareness and practice in transgender communities

From the quick survey for community response for transgender and hijra by the Bandhu Social Welfare Society, we found that 100% of transgender communities know about coronavirus, 80% wash their hands, 47.5% wear masks, 21.3% use hand sanitizer, 15% use gloves, only 8.8% eat a balanced diet and shield themselves while sneezing, and even less, that is 2.5%, keep themselves clean (<https://www.bandhu-bd.org>). Additionally, 71.3% of respondents knew that they need treatment if coronavirus infects someone, and 41.3% think they must be alone at home. Also, 26.3% of respondents call the government helpline for medical services, and 3.8% received help from the police.

Transgender person's need for national assistance

A significant aspect of the pandemic response is initiatives that bridge the divide between vulnerable groups and the government. Common income-generating practices for disadvantaged communities have evaporated with the nation on lockdown.⁷ A rapid perception survey⁸ showed no food stored at home for 18% and 10% of urban and rural respondents respectively. Extended shutdowns and the added stress of the pandemic intensified desperation and hopelessness.⁸ To counter the extreme economic and industrial fallout from the pandemic, Bangladesh has introduced an economic stimulus plan. The assistance package was inefficiently administered for the weakest.⁸

During a crisis, many transgender people cannot get help because they are not publicly identified. From the Bandhu Social Welfare Society survey, 74% of the transgender respondents received packages of rice, pulses, oil, etc. and 14% faced gender discrimination while receiving the aid (<https://www.bandhu-bd.org>). In addition, 61% of respondents needed food, 59% needed money, 20% needed a hand washing agent, 11% needed a face mask, 9% needed safe and secure work, and medicine, and finally, 8% needed personal protective equipment. They are experiencing financial difficulties due to a lack of or limited access to social protection. Due to lockdown, they do not have access to ensure shelter and proper sanitation. They cannot afford hand sanitizers and masks in this kind of crisis. The authorities seem to

remain blind to the miseries of the hijra community.⁴ According to a survey on the impact of COVID-19 on hijra or transgender communities, 82% of respondents had earned no money in two weeks, and 59% had received no assistance from aid programs or families (innovision-bd.com). Members of the hijra community typically make money by requesting voluntary donations in return for their good wishes.⁵ However, many of them have lost their income from alms collection, religious ritual engagement, sex work, and lockdowns, worsening their difficulties.⁴

While several public and private organizations have provided support services and assistance programs to help financially vulnerable people, it is feared that such programs will not benefit transgender diverse people due to discrimination. However, a few citizen-led youth projects have supplied some relief to the hijra community.^{4,9} The aim is to raise money through crowdfunding platforms, raise public awareness about the community's plight, raise money to source basic food supplies, or facilitate direct bank transfers to beneficiaries.⁷

The government, non-governmental organizations (NGOs), and voluntary organizations should work together to meet the needs of the hijra community, both socially and financially, to have proper access to their necessities during this pandemic.

The contrast of marginalization of transgender earners to daily waged earners in Bangladesh

The majority of transgender or hijras earned their money through street work and ritual work. They are working in informal workplaces, for example, as sex workers and in recreation. Hijras earn their livelihoods via a small range of available choices as they are still not socially accepted in daily employment.⁵ The lockdown meant they had all the doors locked as they were viewed as unclean and virus carriers. Therefore, shops and homes declined to support them.⁹ For sex workers, there were no customers. There is no community record of virus infections, but it is feared that social stigma has discouraged transgender people from obtaining medical care.¹⁰

The poorest who survive on daily wage labor show that economic mortality overshadows health mortality.^{3,11} In this pandemic, day-wage earners have struggled the most, but hijra people do not survive on a daily wage as they do get into jobs in the mainstream industries owing to their outdoor activities and lifestyle.¹¹ Hijra groups have been accused as being carriers of the virus. Many hijra people are shunned by local elites and mosques and are left out of conventional support for relief (<https://www.dhakatribune.com>).

Economic impact transcending to mental health impact

Marginalized societies around the world, including Bangladesh, are disproportionately affected by the COVID-19 crisis.³ With inadequate access to basic resources, minority groups such as Biharis and transgender people live on the fringes of society with a 95% decrease in daily income of transgender people, 71% have borrowed money, and 81% have a decreased diet (<https://www.democracyspeaks.org/>; <https://www.bandhu-bd.org>).

The average daily income of transgender people was Bangladesh taka (BDT) 296, and now it has dropped to BDT 14 (<https://www.bandhu-bd.org>). In a study we found 51 transgender people were surveyed on the economic impact of the COVID-19 crisis on the population in Bangladesh (innovision-bd.com). For the remaining crisis period, 100% of the respondents want food and monetary aid. During the economic slump, 86.36% need to postpone their loan payments due to low wages, 9.09% will borrow cash to repay a loan and 4.55% will sell their properties to repay a loan. Some are going to go to look for work, and some are going to start begging. A further 81% do not believe that funding from the government and individual private initiatives is going to continue (innovision-bd.com).

By contrast, hijra community people were previously aided by NGOs and community groups, which stopped during the lockdown. The transgender community cannot go for health care, diagnosis of sexually transmitted infections (STIs), and other illnesses amid COVID-19 due to the extreme strain on the Bangladesh medical service during the pandemic. Furthermore, many people create discomfort for them when they visit health care facilities as they are feared and disliked by larger communities.

Hijras are more vulnerable to mental health issues, anxiety, and depression due to the various and intersecting forms of discrimination they face. The pandemic's severe economic and health consequences and increased transphobia could exacerbate the situation.⁸ Around 93% of hijra have anxiety due to uncertainty about food availability in the future, most survey respondents were psychologically anxious about money (94%) and food (68%), 16% endured mental abuse, but very few were exposed to physical torture and brutality (<https://www.bandhu-bd.org>).

Discrimination, stigma, and fear causing transgender people not to pursue physical health care

Transgender people are viewed as having ill health and are seen as risky due to participation in sex work.¹² They are apparent carriers of STIs. This results in social exclusion when they appear in public health services. In public or private hospitals and clinics, the doctors and the nurses sometimes feel uncomfortable treating hijra people. They are subject to violent acts from the staff, including physicians.⁵

When it comes to medical services, this group of people is still disadvantaged and fails to gain access to our social system's basic amenities due to discrimination. There is a distinction in fundamental health care. The medical infrastructure is still overburdened; testing and treatment for the transgender community are made more difficult by discrimination. Although the wards are divided into male-female categories, there is no center for transgender men and women.¹⁰

Respondents from the hijra community alleged that they could not obtain medical health care due to discrimination, a lack of legal identity papers, and violations of patients' rights in healthcare settings. Health care professionals fear and are stigmatized when it comes to accessing healthcare services, putting them at a higher risk of not being tested or monitored for COVID-19.^{4,10}

Discussion

From this study, we understand that there is a dire need to ensure an inclusive transgender awareness to remove the stigma and create a plan in line with their gender-based needs difference and demand for regulation and prevention of this coronavirus disease. Funding is needed for capacity building by community leaders. An increased communication platform has to be created such as community-based organizations (CBOs) for participation to mitigate the difference in information. The Ministry of Disaster Management and Relief can also collaborate with humanitarian aid initiatives and CBOs. As the transgender community's main revenue-generating operations have been interrupted due to the coronavirus outbreak, the presence and adaptation of new Income Generating Activities (IGAs) and the introduction of alternative jobs have to be created to protect their means of survival. Besides, they need support from institutional funding such as banks and government support for entrepreneurial activities and empowerment to reduce their propensity to take loans directly from informal sources. They should be supported for mental and physical health practices via hotline numbers to ensure their access and use of services available to the public.

Furthermore, it is salient to broaden aid by providing a transgender expert or social inclusion advisor to comprehend their needs. Reinforcement of the development of capability, and preparation for the ability can be discussed by experts or partnerships with other countries with diverse abilities. It is needed to build a welcoming policy or action to ensure fair access and respect during aid distribution. Separate budget allocation is required for the transgender and/or hijra community for their financial security in the forthcoming budget to protect them.

Conclusions

Many people are living in a vulnerable state of life during the COVID-19 pandemic, and so are the hijras or transgender people. Sympathy is not exactly what one expects, but sensitivity is. This group of people is unnoticed when the world is busy talking about the pandemic's effects on the poor, the middle-class, the industries, and the economy. They were a community that was heavily affected, too.^{4,10}

With most of the nation in lockdown, Bangladesh is bracing for the effects of COVID-19. Some people have means to stock food in their homes. However, for many Bangladeshis, in a country where one in five lives below the poverty line, these precautions are unlikely. People who identify as hijra and/or transgender are among those who are acutely facing those risks. Many of these families, relying solely on revenue from their everyday jobs, live hand to mouth. The Ministry of Social Welfare should ensure enough funds and social safety net programs for the hijra community. In order to guarantee the prosperity of marginalized communities, the government must use a fair solution to resolve this crisis. For many Bangladeshis who consider themselves as hijra and/or transgender, profoundly rooted stigma also poses an obstacle to accessing critical health services.

Data availability

All data underlying the results are available as part of the article and no additional source data are required.

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The study is relevant and important. However, it has many methodological and analytical weaknesses that should be addressed. In the Introduction, it is said that transgender people are referred to "hijra". Provide reference. Transgender is an umbrella term and multiple gender identities exist within that but it remains unclear in the context of Bangladesh. Kindly provide more details of Hijra community, how they live, where they live, what they do for a living, and their social status. Details of Transgender population, cultural identities, and legal status should be elaborated on for audiences from other countries. Further, politico-legal environment, people's attitudes towards transgender population must be elaborated. The justification of the study is missing. Statement of objective need to be revised: it states..."to examine the on-going and long-term economic, mental and emotional effects of COVID-19 lockdown on the hijra community people."

As the study is qualitative, it would explore not examine (which is quite common when a quantitative approach is used). Second hijra community people phrase should be revised to hijra community.

Methods: This section is very weak. Once it is said qualitative approach but later talks about rapid survey. It also talks about secondary data collection. It is confusing which method authors have adapted. It looks like a mixed method approach and authors must clarify its sequence and approach with proper reference.

Data analytic approach needs to be specified and steps must be articulated. Sense making approach was used but is not reflected in the results. Authors must expand on sense-making approach, and its steps. Ethical considerations for the study is missing.

Results section needs to be more analytic. No specific themes (and sub-themes) are observed in the results section. It can be strengthened with verbatim. In text-citation should be avoided in the

results section.

The discussion section does not compare and contrast current findings with existing literature. Not a single reference of existing literature is cited. This section must compare and contrast current findings, and discuss key results.

Conclusion: This write up is more aligned with discussion. Many of the recommendations are broad and out of the scope of the research findings. Finer nuanced understanding should be highlighted and recommendations should be specific. The recommendations section can be integrated into the discussion. There is a huge scope of recommendations for community based organizations.

The conclusion section summarizes key findings and the authors' conclusions based on findings should be represented.

Is the work clearly and accurately presented and does it cite the current literature?

Partly

Is the study design appropriate and is the work technically sound?

Yes

Are sufficient details of methods and analysis provided to allow replication by others?

Partly

If applicable, is the statistical analysis and its interpretation appropriate?

Not applicable

Are all the source data underlying the results available to ensure full reproducibility?

No

Are the conclusions drawn adequately supported by the results?

No

Competing Interests: No competing interests were disclosed.

Reviewer Expertise: Public Mental Health, Gender, Sexuality and Health, Health Promotion, Counselling, Health Technology Assessment, Public Health

I confirm that I have read this submission and believe that I have an appropriate level of expertise to state that I do not consider it to be of an acceptable scientific standard, for reasons outlined above.

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