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Right Versus Wrong: A Qualitative Appraisal with respect to Pandemic Trajectories of Transgender Population in Kerala, India

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Abstract

The transgender population generally faces rights violations and discrimination in day-to-day lives, and this was exacerbated during the current pandemic which often necessitates close scrutiny from an ethics perspective. In India, following the directives from the Supreme Court judgment of 2014, Kerala is the first Indian state to implement a comprehensive policy to enforce the constitutional rights of transgender people. Despite such positive actions, a basic tendency of society not to appreciate gender diversity leads to discrimination and marginalization which was very evident during the pandemic times. In this empirical work, we have documented the experiences of the transgender community wherein they shared experiences related to livelihood, interaction with the health care system, and acceptance in society vis-à-vis the pandemic. Simply providing third-gender status will not help this gender-marginalized community to grow professionally or to have a better lifestyle on par with mainstream society.

Keywords

Transgender population; pandemic; India; Kerala.

Introduction

The transgender population generally faces rights violations in society and in day-to-day lives, and this was exacerbated during the current pandemic which often necessitates close scrutiny from an ethics perspective. However, the pandemic-specific situation with regard to such a perspective has to be placed in the overall life trajectory they go through every day.

The Government of India as well as the Indian society in general took measures (cash transfers, free food/ groceries, and appeal to employers to pay salary as advance) to protect vulnerable sections like migrants, aged people, and disabled people during the pandemic and subsequent lockdown period. However, extremely marginalized communities like transgenders, commercial sex workers, etc. remained excluded from such protective measures. Also, their livelihood (mostly begging or commercial sex work) was severely affected. Since these jobs are not normalized in Indian society, there was no support extended to them. Hence, their plight, and issues related to livelihood, health, and human dignity remained unaddressed. Hence, it becomes imperative to explore pandemic-specific experiences in the context of ethics and human dignity. In India, transgender people remained invisible and undercounted as it was not mentioned as a category in the Census forms (until 2011).

As per the latest census²⁷, 56.10 percent of the transgender population in India is literate with large inter-state variations. The transgenders from the states of Kerala, Mizoram, and Maharashtra are educated at least up to primary levels whereas those from other states mostly dropped out within the first three years of schooling. As there is no mandatory provision of reservation in education or employment, the data on caste, religion and economic background of transgenders is not comprehensive/reliable²⁸. The majority of the transgenders are listed under the scheduled caste (SC) or scheduled tribe (ST) category and they earn a livelihood by self-employment (dancing, singing, begging, sex work)²⁹.

Indian data mentions, the total population of transgender people as 4, 87,803 and in Kerala the numbers are just 3902. This number is mostly underreported and undercounted¹. Their societal acceptance, as well as outlook, have been very different in India.² They face discrimination in education, health, housing, employment, and bureaucratic dealings, which leads them to earn a livelihood and generate income from petty extortion, performing at

ceremonies, begging, or working as sex-workers.³ More often they are subjected to physical, verbal, and sexual abuse since their childhood days.⁴

The landmark decision by the Supreme Court of India on April 15, 2014, declared transgender people as “third gender,” and affirmed that the fundamental rights granted under the Constitution of India is equally applicable to transgender people.⁵ However, from an ethics perspective, isolating a community of people in the form of the third gender does not help much for their integration into the societal mainstream. Transgender individuals have a gender identity crisis; hence in many western countries, a transwoman is recognized as a woman and a transman is recognized as a man (by the judiciary) and is protected by law from any form of discrimination. However, there are individuals who do not consider themselves as fitting into the gender binary normative culture, they recognize themselves as gender non-binary and are officially referred to as others in western countries. This clarity on gender diversity is missing in India, which reflects in the policies. They are being allowed to participate in elections, and also accorded a separate gender status in passports and other identification documents.⁶ This reductionist approach isolates and forces transgender to agree to be the “third gender” category, and they feel, further marginalized. Following the directives from the Supreme Court judgment of 2014, Kerala became the first Indian state to implement a comprehensive policy to enforce the constitutional rights of transgender people.⁷ Despite such positive actions, a basic tendency of society not to appreciate gender diversity leads to discrimination and marginalization.⁸ Mainstream society uses negative words popularized by films and other media to address them.⁹ It is reported that 54% of transgenders in Kerala have a monthly income of less than INR 5000/-. 11.6% reported having regular jobs. 90% of transgender people in Kerala have a school dropout history. Bullying from fellow students, neighbours, and family is mentioned as a various reason for school dropouts (The Transgender Survey, Kerala 2014).⁸ They are marginalized from mainstream society and are strongly and overtly discriminated against in every sphere of social lives.⁹

In the pandemic and post-pandemic times, increased suffering is expected given the discrimination they already face in society. The enhanced control during lockdowns and subsequent periods by the law-enforcing agencies as well as health services has led to severe constraints on the distinct occupational and livelihood patterns of the transgender population.

Stigma, Discrimination, and Victimization among the Transgender Population

Stigma significantly affects the health of transgender persons at multiple levels. Using an applied ecological model, it is evident that although changing attitudes in society have made them visible, they have also started experiencing more stigma and discrimination.¹⁰ Among self-identified transgender in the Maharashtra state of India, stigma, and violence spanned the micro, meso, and macro levels, and their visibility in public spaces for sex work and begging, as well as their inability to meet the feminine role of procreation, threaten gender-affirming norms, leading to pervasive stigma and violence.¹¹ Transgender individuals do not have separate spaces in societal functioning, and they are forced to live on the margins of mainstream society and are discriminated against very explicitly.⁸

The experience of discrimination, violence, and victimization is higher when compared to cisgender people. There are numerous community-based studies supporting this fact.¹²⁻¹⁴ U.S. Transgender Survey 2015 observed that rates of violence and discrimination are persisting among TGD adults.¹⁵ Such negative experiences also lead TGD individuals to use tobacco, alcohol, or other substances to cope with stress compared to cisgender people, and these findings have been supported with both community samples^{15,16} and population-based datasets.¹⁷⁻²⁰ A study conducted in an urban slum in Mumbai concludes that marginalization and victimization of transgenders in socio-economic spheres restrict them to traditional occupational choices, unhealthy dietary practices, and substance abuse, thereby impacting their health. More than half of the transgenders reported regular consumption of alcohol and tobacco even though they knew the harmful effects of these substances. They report that these substances alleviate the trauma of their discrimination.²¹

Family support is an important factor in achieving some semblance of order in their life. The transgender youth who lacked family support experienced higher distress across adolescence and young adulthood^{8,17}. Family support appears to be particularly important in promoting their well-being and a majority of transgender people lack this very significant aspect in their lives since childhood.²²

Health Inequities and Institutional Negativities

Health inequities for transgender people are identified to be multifactorial with risks including systematic, social, and economic marginalization, pathologization, stigma, discrimination, and violence, including in accessing healthcare systems and settings. It was found that many transgender individuals resorted to postponing needed medical care when sick or injured and they also postponed routine preventive care.²³ The treatment-seeking behavior also shows a

lack of trust in doctors, leading to seeking treatment and care only in case of aggravated conditions, which inflates the cost of treatment and the burden of disease.²¹

Transgender individuals have a variety of health needs that require accessible, affordable, and quality healthcare. For those seeking medical transition, this can include gender-affirming medical care such as hormone therapy, surgery, and support services like counseling. Insurance-based denials are common barriers for transgender and non-binary individuals in accessing medically necessary gender-affirming care.²⁴ Their experiences with healthcare discrimination are very common most often in the form of refusing gender-affirming medical care, asking unnecessary questions about gender, unrelated to the purpose of the healthcare visit, and lacking knowledge of trans-related health issues.²³

It is possible that due to such negative experiences, the transgender and gender diverse individuals experience significantly greater mental health symptom severity and increased substance use compared to their cisgender counterparts which leads to worst anxiety and depression outcomes.²⁵

The reproductive health and rights of those who are socially and economically marginalized as a result of structural and interpersonal discrimination have yet to be understood properly in the Indian context. Transgender people have expressed an interest in pregnancy, childbearing, and parenthood but studies indicate that they also face notable challenges in these areas, including limited access to gender-affirming fertility preservation and assisted reproduction services.²⁶

It is in this social context in India that the pandemic trajectories have to be contextualized. Since published data is not available, we had to depend on some primary data which included conversations with TG persons living in three districts of Kerala.

Methodology

The data for this paper was generated as part of a cross-sectional study that was conducted among the transgender population in Kerala, using qualitative methods mainly through in-depth interviews using a semi-structured interview guide. Transgender persons above 18 years of age who had undergone gender transition treatments (Hormone therapy, surgical treatments, or both) and had transgender ID cards issued by the Government of Kerala were selected for the study. The Snowball sampling method was used to identify the participants and we covered 40 individuals by following the data saturation principle. The major themes that emerged

through the thematic analysis are presented in the following sections. The study protocol adhered to Helsinki declaration guidelines and written informed consent of the respondents' confidentiality of data is ensured at all the stages of this research.

Pandemic and Livelihood

The negative experiences that the people from the transgender community faced since childhood days hampered their education, leaving them less qualified which decreased their chances of getting a secured job and hence engaging in sex work to earn their livelihood. The pandemic had worsened the situation and their day-to-day survival is affected. During the pandemic majority of them were rendered jobless and they were the ones chosen to be thrown out from petty jobs were engaged in, citing their gender identity.

“I was working for an MNC as a front office assistant for one year, during COVID 19 situation after the first lockdown all of a sudden, they asked me to leave the office even though there were many others who were less qualified than me, I am sure it's just because of my gender identity and the boss announced the virus is more virulent with transgenders.” (Transwoman 28 years)

While traveling to earn a livelihood during lockdowns the experiences shared show that transgender persons were harassed by the police on the pretext of enforcing lockdown guidelines.

“During the initial days of lockdown while I went outside the house for buying food, groceries some policemen stopped me and verbally abused and said that we are the one who is transmitting COVID 19.” (Transwoman, 47 years)

Many of the transgenders were working as commercial sex workers. During the national lockdown, livelihood was severely affected in two ways. Total income was reduced as people were afraid of the infection; those who were still accessing services demanded services at a very low rate than usual.

“I used to earn INR 400/- per service. Now due to covid restrictions, customers are willing to pay very less; they understand our vulnerability and necessity; so, bargain for even 20 percent of what they used to pay earlier; similarly, when rations and groceries were distributed by the government, people living in OUR colony were not supplied with anything. So both government and society left us unattended” (Tanswoman, 34 years).

Accepting the Difference

Acceptance of transgender individuals by society including the family and peers is a very slow and gradual process. And acceptance by younger and middle-aged individuals is far better when compared to the elder population. Even after some significant legal provisions and Government support programmes enforced supporting them, many face discrimination in various important spheres both in private spaces (like one's own family in a few instances) and public spaces such as public transport, public toilets, and health institutions especially when they go for seeking care including gender affirmation treatments. During the pandemic their increased visibility (due to a smaller number of people on the roads and public spaces) is one important contributory factor to the widespread discrimination that they faced. Some of the following narratives give a better idea about the lack of acceptance.

“It was during the pandemic period I became visible and acceptable to my family as a transgender. Initially, my parents strongly opposed and questioned my behavior and thoughts. Now they have accepted me. But the problem started when I started going out of the house ...again they were unhappy. They want me to remain invisible and hiding” (Transwoman, 40 years)

“Acceptance at home is very difficult. No one at home accepts this identity. Once, they forcefully chopped my hair. Now I am living in a rented house. During a pandemic, they asked me to get back to my family home but I never went. Unconditional acceptance is not possible and for the spread of COVID 19 as well we are blamed both by police and neighborhood communities” (Transwoman, 24 years)

Public transport is a common place where most faced harassment during the pandemic. Most of them encountered negative experiences while using public transport mentioning they are moving around irresponsibly spreading the disease.

“When entering a bus, seats would be marked, as “men” and “women”. If I go and sit in any of those seats, people questioned my gender. And in the pandemic period travel was very difficult; though I was wearing a mask and taking other precautions as mentioned by government advisories I was isolated, looked down as a source of the virus” (Transwoman, 42 years)

Even there are situations when they were denied their right to use public transport, and a few had been forced to disembark from the bus.

“The problems started when I started dressing up as a woman. When I went to sit down, the conductor ran up to me and asked me to get down from the bus. It felt like I was slapped on my face. Everyone on that bus looked at me. I got off the bus and I was in total shock. I was told the bus is overcrowded and hence I have to disembark; the bus was all empty with just seven members traveling; immediately at a 50-meter distance the driver stopped to pick up three new passengers (Transwoman, 27 years)

Utilization of public toilets is another important domain in which many of them felt insecurities, and this is felt even by those who have undergone gender affirmation treatments. A few had the experience of stripping down to show their gender identity.

“Before surgery, we cannot even think of using a male toilet, as it is not possible to stand and pee, as I am trapped in a female body. Once, I went to meet my partner and got down at x bus stand. It was difficult for me to use the toilet along with other men as I never had such an experience as I was a person who had always used female toilets all my life. Then I used a toilet which I felt to be safe with doors. But then, everyone was staring at me. I have insecurities about using public toilets and I am not able to overcome it. I was repeatedly yelled at by the caretaker and two other men mentioned I might have dropped virus there in the toilet as I am unhygienic by nature” (Transman, 28 years)

COVID and Experiences from the Health Care Setting

Health care and services are another domain where negative experiences make the feelings of ‘difference’ become stronger. The following narratives explain transgenders’ encounters with the health care system for both COVID and Non-COVID medical support.

“When I went for COVID Vaccination, a person working in the health department announced loudly to others in the queue that ... (pointing fingers and holding my ID card in his hand) I am a transgender and none of them should let the children come near me.” (Transwoman, 27 years)

“I was infected at least twice with COVID-19. First time I approached the community centre for diagnosis. They simply shouted and yelled at me telling me I might be infected as I went here and there to meet my sexual needs. Took a sample cursing me; After such humiliation, I did not follow up on my test result; I rested in my colony for three weeks fearing I should not spread it to other transgender friends/ neighbours. My dreams were full of my funeral wherein I am cremated like a dog. On sleepless nights and fearful days, no one even provided counselling/consoling help. No one (government) provided any awareness programme to anyone in my community” (Transwoman, 30 years)

The majority of the respondents are undergoing gender affirmation treatments. As they are rendered jobless during the pandemic period, they had to discontinue their treatment midway and had to face its health and psychological consequences. Some surgeries also got postponed due to the pandemic.

We struggled a lot during the pandemic. We earned our living by breeding and selling fish. We pay huge amounts as rent and won't be able to afford our treatment expenses. I was taking hormone treatment for one month and due to a financial crisis, I discontinued it. Now I am suffering from its difficulties and side-effects. For those who have not removed their us, with the disruption of hormone treatment, periods will reappear, and facial hair will fall off.” (Transman, 28 years)

During the pandemic majority of respondents are separated from their families and really had a hard time living with dignity.

“The pandemic was so challenging for the Transgender community. Many among us struggled even for food, and it was much more difficult for us to arrange minimal groceries and stationery. Once our treatments are discontinued doctors and nurses were not seen to be worried/ concerned. They mentioned many of these procedures are already unwanted and avoidable; so now wait till the situation normalizes”. (Transwoman, 28 years).

Discussion and Conclusions

Evidently, valorisation of the body in terms of dichotomies is still stronger in society and this is intensified during the pandemic. This tendency cannot be considered as a universalistic phenomenon only as the way the gender minorities cope with their everyday life experiences. It has a larger pluralistic and contextual element wherein society refuses to accept them as human beings with dignity and rights. Despite some positive legal measures from the State, there is no significant difference in societal mindset about the acceptance of transgender people. The conventional sentiment towards the body is largely dominant. The harassments and discriminations that they face are due to these regressive mindsets and will take more time to change. The present reality that is unfolded through this review and conversations shows the need for a reality check than the celebration of genders.

The condition of transgenders in traditional Indian society was always suppressive, discriminatory, and violating dignity which made them invisible as far as possible. Legal reforms since 2014 have assured them protection by the State; however, the implementation of protective measures remains poor. The pandemic and subsequent protracted livelihood issues have further pushed them away from the mainstream. The increased suffering during pandemic and post-pandemic periods is expected given the discrimination they already face in the society. The enhanced control by the law-enforcing agencies as well as health services has led to severe constraints on the distinct occupational and livelihood patterns of transgender population. Empirical studies are needed to explore the dynamics between social crises like the pandemic and how transgenders from different regions/classes and castes experienced and coped with the emotional, financial, and health issues during the pandemic and the post-pandemic times.

We have tried to develop and build some knowledge from the available fragmentary and ‘shredded pieces’ of literature and data. This is important given the fact that the actions towards gender reaffirmation medically, socially as well as legally have been partial as some proximal

and the more important social determinants regarding the trans and non-binary individuals have not been highlighted. Placing transgender individuals as ‘third gender’ is another form of discrimination, which shows a lack of clarity about gender diversity. This is evident from our data regarding continued harassments and rights violations they face from different facets of life and different domains of society which was more visible during the pandemic period. The dichotomized convention can only be erased by more extensive visibilities of the ‘third’ eye and maybe also by popular sensitization. Simply providing third gender status, will not help this gender marginalized community to grow professionally or to have a better lifestyle on par with the mainstream society. Strict laws should ensure that any sort of discrimination in education/job/healthcare/public sectors based on gender is punishable. A change in a conservative community can only be initiated through strict laws which strengthen the basic rights of transgender and non-binary individuals.

Conflict of Interest

The authors declare that they have no conflict of interest.

Ethical Declaration

The study protocol adheres to the Helsinki Declaration guidelines. The research proposal was approved by the Institution Ethics Committee of the Global Institute of Public Health, Trivandrum. Informed consent was sought from all the participants. Confidentiality of data is ensured during all the stages of research. The manuscript is not submitted to any other journal for consideration.

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