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On the Fringes: Impact of the COVID-19 Shutdown on Hijras Daily Personal, Social and Economic Lives

Research Highlights

In the past month, the novel coronavirus known as COVID-19 has become declared a global pandemic by the World Health Organization, resulted in over 1,876,802 cases worldwide and 621 cases in Bangladesh, that have disrupted or altered lives across the globe.

I. BACKGROUND

The aim of the following research was to understand the health, social and economic impacts of the novel coronavirus (COVID-19) shutdown on the lives of poor and marginalized hijra populations in Bangladesh. As the government and public health professionals have emphasized the importance of social distancing and quarantining to prevent community transmission of the Coronavirus, a general holiday was declared from March 26 2020. This enforced a shut-down of public transport, offices, business houses, factories, construction work and educational institutes across the country. With the onset of the lockdown in Bangladesh, the Hijra community are badly affected as are all other daily-wage earner groups in the country. However, their marginalized and socially excluded status makes hijra more vulnerable to becoming infected by the virus as well as facing the economic and social repercussions in the aftermath of the pandemic.

II. KEY FINDINGS

A. Fear of Dying: Health Messaging around Coronavirus and Ground Realities

- The hijra community perceives death is inevitable if anyone is infected by Corona virus and the symptoms are of common cold and shortness of breath.
- The virus is thought to be spread by touching each other, through body fluids and sharing the same toilet; it may also be contracted from air.
- Precaution and preventing transmission by covering face and mouth during coughing or sneezing, not touching the face or eyes, to maintain isolation if anyone has a cold, etc. was not mentioned.
- Messaging and information on maintaining cleanliness (i.e. only limited to hand- washing) and social distancing by staying at a proximity for

prevention of transmission is very confusing for the hijra community, as they live in closed and crowded spaces.

- Visiting doctors in case of fever or cold is not an option now as they perceive they will be diagnosed with corona.
- They feared mistreatment and discrimination from doctors.
- Most of the hijra members have resorted to praying and seeking divine forgiveness as the only weapon to protect themselves against the disease.

B. Stigma and Hijras Perceived as the Carriers of Coronavirus

- With the Corona outbreak, social stigma about hijra people have been amplified among the general public as they move round everywhere and in groups and are thought to be unclean, leading unsafe life as sex workers.
- Hijra community have been accused as carriers of the virus.
- Some of them claimed law enforcement agencies have been harassing the hijra community even before the lockdown started targeting as a potential infected person

C. Mental and Emotional Distress

- The anxiety in the current circumstances due to the uncertainty, forced lockdown and mostly fear of death if infected by Corona virus is causing both physical and mental distress.
- The few that moved back to their village, had to dress in male attire and hide their identity.
- This is creating anxiety and depression.

D. Support Networks: Hidden Identities and Staying Connected Online

- Digital technology and presence of social media has been the biggest source of information and provide a breathing room to the hijra community by staying connected with friends and hijras and keeps their minds diverted and occupied.
- The outbreak and lockdown have also renewed family relationships in some cases as most hijra have left home by the age of 8 and have now been called by their mothers to return home, however, they cannot reveal their identity because of the family/ community.
- The close relationship the hijra community share among themselves and the trust that they will be looked after by each other. Their community is their biggest mental support as they stood by them when they were shunned by their families and the society.

D. Economic Impact: Being Left Out of Distribution

- With majority depending on daily earnings of traditional hijra professions and sex work, most are now jobless with no earnings whatsoever.
- Currently surviving on the little savings and arranging informal credit and borrowing or selling jewelries, however, if the lockdown continues, the chances of becoming homeless and without food is imminent.
- Owing to the third gender status as hijra people, they claimed they are left out from traditional relief support provided by local authorities.
- Some of them alleged that the local elites and mosques tend to shun them.

III. CONCLUSION

Hijras have been adversely impacted by the pandemic and particularly with the shutdown of the country. From personal, emotional, mental and social and economic impacts, most are now living their daily lives in limbo, and a pervasive fear of impending doom. While their narratives may not be so different from many of the poor living in informal settlements or in the rural areas who are dependent on an informal economy; socially and personally being transgender lead to greater marginalization, stigmatization and vulnerability. Findings show that the public health sector and policymakers must take into account the circumstances of this highly vulnerable group during the provision of programmatic support during the COVID-19 crisis as well as in the aftermath of the pandemic.

RESEARCH REPORT

I. Background

The advent of Coronavirus Disease 2019 (COVID-19) in Bangladesh since its first reported case in March 2020 has brought with it its own set of fears, confusion and uncertainty for most of the country, but particularly for the most marginalised. Of the 163 million population, the government estimates there are almost 10,000 hijra people, while 'Bandhan Hijra Sangha' says there are about 100,000 people in the transgender or hijra community. A highly marginalized and stigmatized community in Bangladesh; a report by Human Rights Watch reports that most hijras in the country are from poor households. A study shows that most people of the hijra community in Dhaka city earn from BDT 6,000 to 15,000 (USD71-177) per month.^[2]

Definition of Hijra:

An umbrella term used for a community of transgender woman, castrated and intersex people, predominantly in South Asia (India, Pakistan and Bangladesh). Thus, the hijra people are an archetypical third sex and/or gender and is a subculture of feminine-identified male-bodied person who are attracted towards men (Hossain 2012, p. 495).

Hijras are deprived of basic human rights such as access to basic health care services, education, housing facilities and employment opportunities.^[3] This is largely owing to the fact that hijras remain a socially excluded community. Social exclusion begins early on starting within the family, where they are abused and neglected for their non-conforming behaviour, and having an 'effeminate son' is seen as a 'disgrace and dishonour for the family. The humiliation is reinforced from childhood, in the education system where many young boys, who struggle with their sexual orientation and gender identity are bullied and even physically assaulted. A key study found that many drop out early^[4] which limits their chances of better skills and job opportunities in the future, and find solace within the hijra community to have a sense of belonging and over time becoming a disciple (known as 'shishyo' or 'chela' in Bangla) of a hijra leader (known as the 'guru ma'), who becomes their guardian. The shishyo are taught to speak 'ulti' - a language exclusively used by the hijra community, and introduced to 'hijra-giri'. The informal jobs traditionally done by hijra are usually collecting money from shops, blessing a newly-wed couple or a new born child in exchange of money, or singing and dancing at events, but a majority resort to sex work to survive.^[5]

Due to their lack of education and skills, as well as the way they dress in female attire and behave, no employer is willing to employ them in the formal job market because of the fear that it will drive away customers. As mentioned in a number of research studies, even if they dressed in male attire to be hired in restaurants and the garment factories, eventually they are terminated or sexually abused after their identity as a hijra is revealed.^[6]

Owing to certain cultural-religious beliefs, hijra, particularly those who have been castrated are often denied burial rituals and funeral prayers by Muslim religious leaders (Ibid 2009). Karim (2013)^[7] argues in her research that although the government of Bangladesh has given the recognition of the hijra community as third gender legally in 2013, it still remains a socially unacceptable gender identity.

A. Current Scenario: Impact of COVID-19 on Hijra Community

As the government of Bangladesh and public health professionals have emphasized the importance of social distancing and quarantining to prevent community transmission of the Coronavirus, a general holiday was declared from March 26 2020. This enforced a shut-down of public transport, offices, business houses, factories, construction work and educational institutes across the country. The shutdown continues to remain in place. The sudden lockdown has halted to all trade and related economic activities that were carried out by small traders and daily-wage earners. Poor Hijra communities were badly affected. There has been a decline by 75% of their income compared to the earnings before March 2020, as stated in a recent study by BRAC.^[8]

With the onset of the lockdown in Bangladesh, the Hijra community are badly affected as are all other daily-wage earner groups in the country. However, their marginalized and socially excluded status makes the hijra group more vulnerable. We conducted a series of phone interviews and follow up interviews with 22 members of the hijra community based in Dhaka to understand the health, social and economic impacts of this shutdown in their lives. Phone interviews took place from March 31 to April 1, 2020. All informed consent procedures were followed and incentives of flexi-load were given to each respondent as we took up their time for the interviews.

Limitations: This rapid qualitative assessment was done in a very short period of time. Responses are from 22 case interviews, and the findings cannot be generalized to the entire hijras, who are diverse groups and have different levels of power and position even within their own community. These finding are very context specific, but provide insights into the struggles of some of the members of this community, during the shutdown.

^[1] Farhar, T. (23 April 2019). *Transgender Community in Bangladesh Finally Granted Full Voting Rights*. The Telegraph.

^[2] Jebin, Lubna. (2019). *Status of transgender people in Bangladesh: a socio-economic analysis*. 58

^[3] https://www.hrw.org/sites/default/files/report_pdf/bangladesh1216_web.pdf

^[4] Aziz, Abdul & Azhar, Sameena. (2019). *Social Exclusion and Official Recognition of Hijra in Bangladesh*.

^[5] Khan, Sharful & Hussain, Mohammed & Parveen, Shaila & Bhuiyan, Muhammad & Gourab, Gorkey & Sarker, Faruk & Arafat, Shohael & Sikder, Joya. (2009). *Living on the Extreme Margin: Social Exclusion of the Transgender Population (Hijra) in Bangladesh*. *Journal of health, population, and nutrition*. 27. 441-51. 10.3329/jhpn.v27i4.3388

A. Fear of Dying: Health Messaging round Coronavirus and Ground Realities

Among the hijra but even understandings of Corona among their wider informal settlement area, there was a clear association between Corona and death. This was a deadly pandemic that would kill a person.

When asked about signs and symptoms of Covid-19, only 4 out of the 22 respondents knew that for specific COVID symptom, one will have fever for 3-4 days and shortness of breath along with cough; otherwise, if any of the symptoms is missing, it meant seasonal flu or allergy. A few also shared that this was caused by 'batash (air)' and one respondent shared that one could catch it by "simply looking into the eyes of an infected person." However, one respondent Meherun (20) who travelled to outside of Dhaka did mention that as it was the time for seasonal flu now and many people are suffering from flu and cold. However, there also appears to be other more common perceptions among the Hijras and others living in their locality, that a cold is the sign of Corona and it was 'deadly' and "people would die from it."

Shila's Story

Shila (42), is a hijra living in Dokkhin Komlapur, Dhaka. She collects money from the shops in markets for living. She started to live as hijra since 9 years of age. Recently, as she went out to buy some groceries, although there were other people, the police only came to her and started to abuse her. Police said to her, "Why are you in outside? Are you here to get beaten up? Then I replied, 'you are a police. There is nothing in the laws that you can abuse me like this. You can simply tell me that lockdown is going on, so go back to your home. I am here for my necessities and after that I got back from there.'"

Out of 22, 6 mentioned that only prayers would save a person from catching the Coronavirus. The link between faith and lack of and curse of a higher divine power is not only among the Hijras but came up over and over again as a perceived cause of the pandemic. Many of the senior hijras advised the younger hijras to pray regularly, as most were inside one room due to the shutdown. Almost 5 the respondents mentioned that are regularly praying seeking forgiveness. Mushfiqua (30) mentioned she rented a room in her house and brought her "guru-ma" to live with her so that the guru ma recites the Quran, while sitting inside her room the entire day. She believes it will protect her and her entire community from being infected by the virus. This also implies that those who get the virus were sinners and therefore affected. Morality, sin and illness is common perception among the poor but also among the upper- and middle-class families in Bangladesh. An illness/disease is viewed negatively and there is an underlying assumption that the individual and or the family had sinned and this affliction was sent as retribution.^[9]

Therefore, according to the respondents, people in the community preferred to keep their symptoms quiet and didn't visit doctors. Aside from the perceived stigma of this disease, many of the hijras shared that even if they accessed care, there would be discrimination and abuse if they sought treatment for Corona. They shared that in past they have been mistreated by doctors and providers when seeking treatment for general ailments. They shared how they are usually were reprimanded by the hospital staff for scaring away or making the other patients uncomfortable. Usually hijras in the Bangladesh context, wear colorful saris and make up and lots of costume jewellery, and they stand out visually because of their non-conforming attire. As Tiru (50) stated that they will face even more discrimination in the climate of Corona. Shejuti (30) shared, "doctors are not even providing services to normal patients, then why should they see us (hijra) who might be a Corona patient?" Stigmatized all their lives, they were very clear that this situation was not going to be any different, possibly worse, were they to seek help from the health system.

Almost all the hijras interviewed shared that they had heard of numerous preventive methods, such as 'washing hands, face and feet frequently (responses varied from washing every 20 minutes to washing for 20 minutes) and most importantly, everyone emphasized on the messages of "no touching" and exchange of body fluids. This information is very difficult for the "hijra" community to abide by as they are by nature (as shared by them) very affectionate towards each other in expressing their feelings through touching, holding and hugging and usually live in close proximity to another and share the same room in the informal settlements. However, no one mentioned that the virus spreads from getting exposed to fluids of cough and sneeze. Further into our interviews, we found that the COVID-19 messages that are critical to prevent community transmission like covering the mouth with elbow while coughing, wearing masks if someone has cold, not going out if anyone is unwell, not touching the facial area etc. were not mentioned by any respondents. As we ask the respondents about their understanding of social distancing, a respondent Lamia (50), shared that to maintain social distancing, one needed to be 3 feet apart from each other when in a crowded place. While some are happy to regurgitate such facts from different news sources the reality was quite different. On the contrary, almost 20 out of 22 respondents couldn't differentiate among social distance, self-isolation and quarantine and stated what they heard from various sources, "staying indoors, not mixing with anyone and going out only by wearing masks and gloves." As another respondent Nishita (28) shared, "we always share everything but, can't do it now", which reveals their vulnerable state of mind. Many expressed that they are afraid of contracting the virus by mere touching and sharing the same toilet used by a corona infected person.

^[6] Jebin, Lubna. (2019). Status of transgender people in Bangladesh: a socio-economic analysis. 42. 49-63.

^[7] Karim, M. (2013). Hijra now a separate gender. Dhaka Tribune, 11.11.2013.

^[8] <https://bdnews24.com/economy/2020/04/10/brac-survey-finds-14pc-of-low-income-people-do-not-have-food-at-home-during-shutdown>

^[9] Haque, M., Chowdhury, A., Shahjahan, M., Harun, M. (2015). Traditional Healing Practices in Rural Bangladesh: a qualitative investigation. Retrieve from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5815193/>

^[10] <https://www.aljazeera.com/news/2020/03/coronavirus-dense-bangladesh-social-distancing-tough-task-200320103733470.html>

Like most of the poor in the settlements and the communal nature of their relationships; these recommended precautions are even more difficult to maintain. As one respondent Trina (35) mentioned, “In one room we are often 4-5 or even up to 10.” Needless to say, maintaining quarantine or self-isolation is difficult. Also, most commonly, 1 toilet on an average is shared by minimum 10 families in a slum, hence, maintaining hygiene is not an easy matter. Some talked about using bleach and washing the latrine after use as part of the rules of their household.

B. Stigma and Hijras Perceived as the Carriers of Coronavirus

Hijras usually move around in groups and hardly ever alone. During this shutdown period, they shared that they were not comfortable with the health messages of maintaining social distancing. For safety and security reasons, most of them shared that they preferred to walk in groups when outside their locality. During the shutdown when they had to go to the nearby shops to buy essential items, they preferred to walk in pairs, walking in close proximity to give each other protection in case they were abused or harassed. The hijra people, who are by nature social beings are now unable to travel outside for their regular work or chat with friends, which many shared was isolating and depressing. The fear of being seen to break the “shutdown law” has had repercussions, and a few narratives of being threatened and even attacked were shared. A few of the respondents shared that most people perceived ‘hijras as carriers as we roam around in groups,’ and they already viewed as diseased and ‘dirty’, as many of them are sex workers. As they are already starting from the bottom of the social hierarchy, the pandemic has amplified the stigma and harassment faced by some. Shejuti (30) mentioned that a few days earlier, they went outside to collect money from the market. This was before the shutdown was declared, but people in the city were already talking about the pandemic. In the midst of collecting money, a few people began charging at them with sticks. They began shouting “these hijra people could be infected already and can spread it to us. Shejuti and the other two hijras who were with her, managed to escape and rushed back to their home in the informal settlement, severely traumatised.

While Shila (age 42) fought back bravely, many of the younger hijras may not have been able to assert themselves. Having said that, Shila was shaken up after the encounter and now thinks twice before she leaves her room.

Papiya (47) shared how within her community, some landlords asked them to leave their rented rooms, because there was a perception that they are responsible for spreading the virus. Another shared an incident, where a hijra who returned from abroad was threatened because she had recently returned from India. Rumours had also spread that incoming people from overseas, including hijras, were infected and would spread it in the community:

“A friend of mine stayed went and stayed in India for a while for two years and returned to Bangladesh on 2nd March and went to her village.

With the recent news that people who are coming from abroad must be on quarantine for 14 days, she stayed indoors. The villagers got confused.” The perception was that people who stayed abroad would bring the virus with them and it did not matter to the villagers that my friend had returned much earlier and before the shutdown. In this situation my friend had to flee otherwise the whole village was accusing of her being infected. Being a hijra also meant that she did not receive a lot of support from others in the community.

C. Mental and Emotional Distress

Amongst almost all of the hijras interviewed, 20 out of 22, most spoke of emotional and mental tension and anxieties since hearing the news about Corona. The impending shutdown with no sign of earning an income anytime soon had added to an increased their levels of stress. Many spoke of bodily aches and symptoms, such as suffering from hair loss, sleeplessness, weight loss, chest pain, and the pain of loneliness of being sequestered in these small rooms, and not knowing what lay ahead for them economically and also health-wise.

Many of the respondents mentioned watching videos regarding Corona virus in various social platforms, such as Facebook and YouTube videos, using their mobile phones. They said their knowledge of COVID-19 as a fatal disease and people die soon after getting the infection, came from these sources. Different types of rumours are spreading in the community relating to the Corona virus. One respondent Piya (47) heard that Corona virus is just a beginning of a series of disasters and many people will die from that. She referred to the rumour of an asteroid colliding with the Earth in near future and said that “There will be a clash and a loud noise. People who are Corona virus positive will die because of this noise. I cannot sleep well in the night when it comes in my mind that maybe I will die very soon because of this pandemic.”

A critical finding is that there was a popular belief that there was no cure for Corona and a simple fever, cough and cold was perceived as Corona, and one could die soon after getting these symptoms. 19 respondents believed that whoever gets infected will eventually die and this was also found as a common theme in our urban and rural survey across the country where 1600 were interviewed. Most of the hijras interviewed said that the panic and tension of not having any money and the fear of impending death was driving many of them to be depressed and causing sleepless nights.^[12]

Naila's Story

Naila (35) is tired of the anxiety and loneliness. Recently she has been experiencing chest pain. Naila wants to talk to her friends, share her feelings, which she thinks is impossible now. She doesn't know how the rent will be paid or how she will buy her medicine. She needs support, but cannot get out of her house to collect any in fear of getting harassed by police – “The police would beat us. They can't tolerate us anyway. Since they have an excuse now, they won't spare us.” She doesn't see a way to get rid of her emotional distress.

A few did return to their village homes from the urban informal settlements, but since their family had not accepted their new identity; they changed their attire to dress up like a male. This created significant emotional and mental anxiety and depression. Meherun (25), who works in a beauty parlor in Mugda, Dhaka after the announcement of lockdown Meherun left Dhaka as she only gets payment when the parlor is open. So, to manage food and living cost she had to go back to her village and living with her family where people know her as male and she needs to maintain her “male identity” to protect her family from any kind of abuse by the villagers. She cited, “I cannot live in my village if I dress like a woman. Also, I do not want to make my family suffer by being akghora (ostracized) by the village because of who I am.”

After living their lives as a hijra for most of their lives, this is an additional emotional and mental burden and stress for Meherun and others, who have had to again falsely construct an identity, to avoid shame and stigmatization on themselves and their families. Given the extremely difficult circumstances and the precarity of their lives, they didn’t have a choice but to live in a way that goes against their sense of self and identity.

As Meherun added, “I cannot be myself and I cannot dress and speak how I want to...which is so hard.” In the past, Meherun would visit her village home for two days and then swiftly return back to her life in the hijra community. With this never-ending quarantine Meherun shared her restlessness of ‘being stuck’ with biological family with no end in sight to this quarantine. With no income, she hesitates to return to the city as she cannot contribute to the rent. A few who are in the village, expressed the frustration and desire to return to their own community. Most of the respondents had left their families and their home villages at fairly young age (adolescents or younger) and had not visited them for many years. They shared that not in all cases, were the villagers and even family members aware of their transformation as a “hijra.”

One of the respondents shared that she had turned to regular prayers to cope with the situation. Kakoli, 55 years old and living in Badda, Dhaka, and a leader of a group of hijra sex workers. When we asked her the same question about her coping mechanism, she replied, “I only pray to Allah and he can only save us. I feel better when I pray to him and this gives mental peace.” For Kakoli and other senior members, there is also the added social pressure of ensuring the younger hijras are looked after and taken care of during the pandemic. This creates enormous mental anxiety as they feel responsible for their younger community members.

D. Support Networks: Hidden Identities and Staying Connected Online

The hijra community are in general a close-knit group, where the hierarchy is strictly maintained under the leader or guru ma. As most hijra have left their family between the ages of 8-12, the hijra group they belong to is next to their kin. They all look after each other in times of illness and despair. Even in old age, the junior disciples look after the old seniors who are unable to earn on their own^[13].

In this crisis situation, all the respondents unanimously mentioned that if anyone in their community falls ill, they will look after the person as they are a bonded community, within their own separate groups. on their own. Some of them even shared that they would take an infected Hijra to the hospital, provide food and medicine and take care of them. For many this smaller close knit has become their family and support in the absence of support from their own biological families.

For a few of them, the COVID-19 pandemic has brought about a welcome change in their family relationships, and some of them have been asked to go back to their home in their village and stay with their parents. However, in all these cases, the hijra was welcomed back home if the living parent was the mother, however, for who had siblings who were alive, there was no support extended. Hijras had mixed feelings about the offer to return home, as they saw themselves as disrupting their family’s lives and bringing social shame on them. However, for those who did return home, they needed to take permission from their Guru, or they would not be allowed to return to their own community.

Shejuti (30), a hijra, lives in Shyampur, Dhaka. She lives with her hijra friends under her guru and leads a traditional hijra life of collecting money from markets and individuals. Singing and dancing is another source of income for Shejuti and she loves to perform in different events. She left her family when she was just 10 years old. She mentioned, “as I was effeminate and liked to dress like a girl, my family members used to be taunted by the neighbors in the village. So I left my family so that they do not feel ashamed because of me. Now, sometimes I go to see my mother in some other place far from my parents’ neighborhood and give her money to buy food or pay the room rent. During this situation, my mother said there is no guarantee what will happen to whom, so I should go back and stay with her, but I had to reject that proposal. I have 2 brothers who are living with her in the same house and I know they won’t be happy to see me again because they will have to face derogatory questions about my gender identity from the neighbors.

Stigmatization of and Misconceptions about Hijras

The reason for not getting existing support has not always been their gender identity but other assumptions are made about their lives. For example, it is perceived that transgender people earn a lot more money by collecting from shops and on the streets and from sex work, and therefore in less need of cash. Humairah (36), “Many think we are rich but the truth is we live from hand to mouth.”

^[12]<https://www.aljazeera.com/news/2020/03/coronavirus-dense-bangladesh-social-distancing-tough-task-200320103733470.html>

^[13] Khan, Sharful & Hussain, Mohammed & Parveen, Shaila & Bhuiyan, Muhammad & Gourab, Gorkey & Sarker, Faruk & Arafat, Shohael & Sikder, Joya. (2009). Living on the Extreme Margin: Social Exclusion of the Transgender Population (Hijra) in Bangladesh. Journal of health, population, and nutrition. 27. 441-51. 10.3329/jhpn.v27i4.3388.

Access to a phone seems to play a critical role and is a lifeline for hijras to stay connected and was helping many alleviate their stress and emotional and mental anxieties. Most reached out to friends and lovers through mobile calls, Facebook, and IMO (internet messaging and calling application), to talk regularly or chat online. They shared that despite the shutdown, they only felt happy when they could connect to the wider hijra community, friends and lovers. Most shared that they didn't feel the need to connect via mobile phones with their family members, who didn't understand their current predicament or their emotional needs. Most shared that they were using their savings to recharge the phone and to buy internet data.

One of our respondents Trishna, (35) years old and living in Badda, Dhaka. She used to work as maid in a house and lost her job because of the recent crisis situation. As she doesn't have job, this financial stress causes sleeplessness in her life. In response of her coping mechanisms for this stress, she said, "I talk to my friends over the call. Family doesn't understand our sufferings. Also, I don't know what happens in my mind, I don't feel comfortable to talk to my family but my friends. Maybe we are going through the same situation, so we can understand our problems better and can support each other. Most of the time we talk about the COVID-19 situation and share our information regarding this crisis. We also talk about our personal problems such as financial issues and food. We do not share the problems only, we share our coping mechanisms as well"

E. Economic Impact: Being Left Out of Distribution

In our interviews, majority of the respondents claimed that they had no income and were living off their savings (BDT5000-6000 approx USD59-71 on average), supporting each other to manage. In most of the interviews the respondents said that they have been engaged in various typical "hijra" professions like collecting money from shops and individuals on the streets, sex work, performing at local programs, small personal businesses and informal jobs as cooks or as maids in transgender friendly organizations. Only one hijra named Lamia (50) had a formal job as a caretaker and a cook in a private company, but she was worried whether she would receive her salary, given the situation.

Maliha lives in an informal settlement in the Gulshan area. She shared: "Previously I used to earn tk 300/400(USD3.5-4.7) a day from the local market. Now there is no income. I am spending from my savings now. If the lockdown continues for another month then I won't be able to manage anymore. I don't know what I will do!".

With the upcoming Bangla New Year and Eid-ul-fitr (religious holidays) in April and then in May, this time of the year is considered to be the most profitable for earning extra money from shops and from begging for money from others on the streets. Usually extra money is given during these occasions, as most people tend to be most generous during festive events. Rahela (25), shared in frustration, with the fear palpable in her voice, "As the bengali new year is coming up,

followed by Ramadan and Eid...this is the biggest collection period from the shops. If things do not get back to normal, it will be a huge loss for the entire year for all of us." Tina, 38 year-old hijra sex-worker shared, "I used to go to outside for sex work at night. The number of clients was decreasing in earlier weeks and now during the lockdown I am inside home for 24 hours, so, no income at all."

Some of our respondents used to work at nearby households as cooks and cleaners. After the lockdown the houses they worked at have been shut down for anyone coming in from outside, and salary has not been paid as they are not working. Respondents who have personal businesses such as a small catering service, working in beauty parlors and one of them was employed in a tailoring shop, are victims of this situation, as customers have greatly reduced.

The senior members of the hijra household have begun to ration daily intake of food for the group living together. As stated by some respondents, they have now come down to one meal of 'bhaat-daal' or 'bhaat-alooobhorta' i.e. rice and lentils or rice and mash-potato and cook 1kg of rice whereas, earlier they needed 3kg rice per day for 12 people. Others are borrowing money or buying their daily food and other essentials on credit from nearby local shops. Despite the stigma and harassment, there is also familiarity and trust with local shops and neighbourhood so they have support. However, as many questioned, 'how long would this last for?' A number of them shared that they heard from others that the government and other organisations were distributing food to residents living in the informal settlements. The reality is that 16 of the 22 did not receive any relief at all during the time of the interviews. They alleged that they were left out because they were hijras. Shejuti (30), mentioned, "I heard that the local political leader is collecting NID (National Identification) to make a list to provide support. We went there to submit our NID card, but unfortunately, seeing that we are hijras, they did not take our NID. Rather they drove us away."

Others did not get relief because they are not on the voter list of a particular area, so they cannot contribute to the vote bank of the local leaders who were providing the relief. Also the added burden of being a hijra means they are automatically left out. It is unclear whether it is because they are hijras or there is general mismanagement and corruption in the distribution of food and other essential relief items. Anecdotal reports indicate, that those who are most well connected to local leaders were getting access to relief. Rahela (25) who moved back to the village shared, that no support had been provided as yet in her village. She added, "As my identity as a hijra is not known in my village, I don't think I will receive any support ...I don't think they will be giving to any hijras in my village. And I am pretending to be a man..." One of the hijras living in an informal settlement in Dhaka, out of desperation dressed up as a man and received food from the nearby mosque in the city. She knew that she would be turned away if she went dressed in female attire. Another hijra shared that her compassionate employer gave her Taka 500 and a meal of rice, potatoes and lentils. She was grateful to her employer because she was desperately hungry and the money would help for the next several days to get by.

Shila (42) made a comment on this which reflects the situation they are going through because of lack of food, “Now our anxiety is more about surviving than that of the virus.”

CONCLUSION

Hijras have been adversely impacted by the pandemic and particularly with the shutdown of the country. From personal, emotional, mental and social and economic impacts, most are now living their daily lives in limbo, and a pervasive fear of impending doom. While their narratives may not be so different from many of the poor living in informal settlements or in the rural areas who are dependent on an informal economy; socially and personally being a transgender lead to greater marginalization, stigmatization and vulnerability.

Researchers:

By Sabina Faiz Rashid (Professor and Dean),
Tasfiyah Jalil (Senior Coordinator),
Mostafizur Tamal (Assistant Coordinator), and
Maruf Rahman (Research Assistant);

For further information, please contact

Tasfiyah Jalil
Senior Coordinator
BRAC James P Grant School of Public Health,
BRAC University

Email: tasfiyah.jalil@bracu.ac.bd

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