

**Impact of covid-19 Pandemic on Transgender A case
study of Quaid -I- Azam University Islamabad**



BY

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**DEPARTMENT OF SOCIOLOGY
QUAID-I-AZAM UNIVERSITY
ISLAMABAD
2021**

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**Thesis Submitted to the Department of Sociology, Quaid-i-Azam
University, Islamabad, for the partial fulfillment of the degree of
Masters of
Science in Sociology**

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ACKNOWLEDGEMENT

First and foremost, thanks to Almighty Allah, who blessed me with the potential and ability to complete this project.

The project was executed under Dr Sarfraz Khan, Assistant Professor Department of Sociology, Quaid-I-Azam University Islamabad. He has always been instrumental in guiding me with the research process.

It is a matter of great pleasure and honour for me to express my gratitude and appreciation to the faculty members of the Department of Sociology: Dr Farhan Ahmad Faiz, Dr Muhammad Zaman Chairman Sociology Department, Dr Sadia Saeed and Mr Imran Sabir for their unconditional support for the project.

This acknowledgement and the whole effort are meaningless if I do not mention the praise and worthy contribution and moral support of my family members, especially my parents, dearly loved elder sister and brother, who enlightened my way through this difficult task.

I would also like to thank my respected Alumnus Sociology Department, Quaid-I-Azam University Islamabad, Mr Assad, for his outstanding directions and assistance.

Muhammad Ismail

ABSTRACT

Transgender's are most vulnerable segment of society particularly in underdeveloping countries they are being violated in every field of life. The purpose of the study was to pin out the strategies adopted by transgenders in the corona virus pandemic and this study aim to explore the changes faced by transgenders during the lockdown. The majority of respondents expressed that they faced a lot of challenges during lockdown due to coronavirus particularly they faced health issues and access to the food. They are been treat unfairly by government officials and even laws prevent them to access the local market as they are tagged as a threat to society due to their homosexual course. So in the current research mainstream objectives were to unearth the realities that how transgenders adopt survival strategies in coronavirus pandemic The current research was directed through symbolic interactionism theory related to body image and mental health issues first proposed by (Goffman 1967)... A qualitative research design was used to conduct the study. Islamabad was chosen as the universe. 20 respondents were transgenders of Islamabad through a selective sampling technique. The findings of the research explore that during coronavirus transgenders adopted skillful activities to counter the unusual attitude of ordinary people in society, as respondents stressed that during the coronavirus they adopt skill full activities like teaching and making handmade crafts and they sold them to local markets and earn which helps them to survival in corona pandemic.

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CHAPTER NO 1

INTRODUCTION

transgenders are the most vulnerable and specially treated segment of our society; it is very difficult for such societies to survive in difficulties particularly when the whole society is in danger: in COVID-19 pandemics how transgender make possible their survival will explore in the current research.

The novel disease-causing coronavirus COVID-19 has revealed the political and socioeconomic inequities that lead to a disproportionate spread of sickness and deaths among socially neglected people around the world. While quick institutional measures like lockdowns, distancing restrictions, and travel restrictions have successfully slowed the spread of COVID-19 and saved lives, we are also seeing a worrying rise in regulations that perpetrate and perpetuate violence against transgender people. Panama, Peru, and Colombia (though only in Bogota) have all approved legislation to enforce physical separation by limiting people's mobility based on binary gender understandings and accompanying practices. Women have access to vital services on alternate days, while males have access on the other days. What about persons and groups that live outside of dominant gender presentation and identity frameworks. As has become obvious, negotiating these rules is more than just a practical challenge for transgender communities. The enforcement and execution of these, gender-based legislation have resulted in actual violence against transgendered people (John 2021).

Panama, Peru, and Colombia have all approved laws that impose physical isolation by restricting people's mobility based on binary gender understandings

and accompanying practices. On alternate days, women have access to essential services, while men have access on the remaining days. What about people and groups who don't fit within the prevalent gender and identity frameworks? Negotiating these rules, as has become clear, is more than a practical challenge for transgender people. Actual violence against transgender persons has come from the enforcement and implementation of these binary, gender-based laws. On Sunday, Peruvian civilians will not be permitted to leave their homes. The government used government-sponsored signage, such as infographics that were widely shared on social media sites, channels, online websites, and television news as well as written pamphlets placed in public spaces that were regularly patrolled to ensure physical separation, to publicise these prohibitions. This legislation constituted an escalation and the country's most draconian regulatory measure to date, in response to the urgent necessity to establish physical isolation to prevent the new coronavirus from spreading faster than the Peruvian health system could respond. Gender restrictions were implemented by the Peruvian armed forces and police during the ongoing national emergency, including country-wide curfews banning all travel after 6 p.m. The implementation of these regulations has been particularly harsh among Peru's transgender population, as proven by videos, photographs, and remarks broadcast on social media. In one video, three transgender women were openly taunted by officers, who ordered them to sit and bounce while declaring, "I want to be a male, I want to be a man." Physical and metaphorical violence directed

against transgender persons has also been documented, including sexual harassment, identity policing, and other genderphobic activities.

The implementation of these regulations has been particularly harsh among Peru's transgender population, as proven by videos, photographs, and remarks disseminated on social media. Officers in one video blatantly mocked three transgender women, ordering them to sit and jump while screaming, "I want to be a male, I want to be a man." Physical and metaphorical violence directed against transgender persons has also been documented, including sexual harassment, identity policing, and other transphobic activities.

The Indian government imposed a lockout on the 23rd of March 2020, which was prolonged to the 3rd of May 2020. Public places have been closed, authorities have imposed travel restrictions, and hand and cough grooming regimens have been urged to avoid further spread. India reported 40,836 confirmed cases of COVID-19 as of May 4, 2020, with 1,489 of them dying, resulting in a fatality rate of greater than 3%. While it is efficient at controlling the condition, it has had negative consequences for many people, including transwomen and hijra. Their current position, however, remains uncertain. Since the beginning of the COVID-19 pandemic, several studies have been conducted to better understand the pandemic's impact on infected people, other affected and vulnerable people, healthcare workers, and others (Armitage, 2020). The current study looks on the transgender/hijra population's

understanding of COVID19, as well as food shortages, healthcare availability, and psychological reactions during COVID-19 in Gujarat.

As the COVID-19 pandemic spreads over the world, limited medical resources have been devoted to treating COVID-19 patients, and non-essential medical treatment has been halted. Despite general agreement that COVID-19 treatment should be prioritised, an increasing number of health care specialists and patient activists are concerned about the repercussions of delaying other medical therapies (Wang , 2020).

Previous literature has reported on the importance of community-level strategies and social connections for mitigating the negative impact of social vulnerabilities among trans women in Peru (Clark et al., 2020; Maiorana et al., 2016; Perez-Brumer et al., 2017). These strategies can be understood through the concept of social capital, which refers to the resources nested in a community's networks and relations of trusting and cooperation with each other (bonding social capital), their connections with members of different groups who strive for compatible ends (bridging social capital) and with broader institutions across power differentials (linking social capital) (Szreter & Woolcock, 2004).

The health state of those who are not affected by the COVID-19 crisis, such as those who are poor or have had previous health difficulties, is mostly unknown. We express our concerns in this Guest Editorial about the delays in most

gender-affirming (medical) therapies, as well as the direct and indirect consequences this may have on the public health of transgender and gender nonconforming transgender persons and the health care system that supports them. We discuss this group's increased insecurity, the compounding stress (physical, mental, and socioeconomic) that many TGNCs face, and the importance of gender-affirming medical care (Bowleg, 2020).

TGNC people have an impact on a large segment of society, including adolescence, youth, and adults (Goodman , 2017). In a major portion of this group, misalignment of gender identity and physical traits causes dysphoria and serious mental health problems (Dhejne, 2018). Gender-affirming therapy has been shown to improve the physical and emotional health of TGNC people on numerous occasions (Grift, 2016), as well as when they were children (van , 2016) (Miesen, 2020). Mental health care, such as psychiatric therapy and/or medical therapies, are examples of gender-affirming treatments for TGNC people. Both components of treatment are critical in providing effective gender-affirming care due to the various expectations of care-seekers. However, due to long waitlists, rigorous medical limitations, or logistical problems such as travel distance or a lack of coverage, obtaining this critical care has become challenging (Puckett, 2018).

In many countries around the world, basic access to gender-affirming medical services remains a serious issue; for example, a recent study in the Netherlands found that 68% of adult transgender care-seekers waited more than 17 months

for an initial intake and hormone injection, and another 7 months for surgical intake. (Department Welfare, and Sports, 2019).

Transgender people in some locations do not have access to gender-affirming services (Puckett et al., 2018). In the near term, a lack of appropriate treatment may lead to an increase in gender-affirming hormone self-medication, which can be harmful if not well controlled. In the long run, a lack of adequate treatment may increase allostatic load (stress), depression, non-suicidal self-injury, and suicidal thinking and behaviour, leading to a shorter lifespan (Reisner, White Hughto, & Pachankis, 2015) Not only the initiation of therapy, but also the continuance of care and assistance are critical in this regard (Wiepjes et al., 2020).

Barriers to community organizing efforts were identified, such as difficulties negotiating cultural differences among individuals from different geographic regions, which has been reported as a limitation toward achieving a unified community among trans women (Clark et al., 2020), and declining levels of social interactions within trans-houses. Additionally, the legitimization of a leadership role that created noticeable power differential between trans women, while key for overcoming the difficulties associated with the pandemic, also challenged community trust norms. This constitutes a constraint for mobilizing toward more articulated political goals and reflects a broader systemic issue with democracy and authority in Peruvian society. Declining trust relations toward leadership figures are a feature of unequal and hierarchical societies

(Szreter & Woolcock, 2004), such as Peru, which is characterized by growing levels of within-regions economic inequality (Castillo, 2020) and a fragile democratic system (Levitsky & Ziblatt, 2018). This has particularly negative consequences for those most affected by social marginalization, as it hinders their ability to form community networks and establish relationships with other groups higher up the social status hierarchy (Szreter & Woolcock, 2004).

Equitable implementation of COVID-19 vaccine delivery is a national and global priority. The Centers for Disease Control and Prevention Advisory Committee on Immunization Practice highlighted allocation strategies that “aim to reduce existing disparities and to not create new disparities” [1]. The National Academies of Sciences, Engineering, and Medicine published a framework for equitable allocation of COVID-19 vaccine that recognizes the rights and interests of sexual and gender minorities (SGM) but fails to identify strategies or data to achieve that goal [2]. Attitudes about COVID-19 vaccine acceptance can inform planning and implementation, and have been correlated with age, education, race, and employment status [3–6]. However, analyses have predominantly focused on cis-gender heteronormative populations, limiting their generalizability to SGM populations. Given that stigma and discrimination drive health inequities among SGM which may result in increased risk of severe COVID-19 disease [7–9] and influence COVID19 vaccine acceptance, research examining COVID-19 vaccine acceptance among SGM is needed. These data may inform equitable vaccine implementation strategies and prevent worsening

health inequities among SGM populations. The psychosocial and economic impact of the COVID-19 pandemic disproportionately affects SGM compared to cisgender heterosexual populations. Studies across international settings have demonstrated that SGM communities have experienced increased depression and anxiety as a result of social distancing measures and worrying about health status related to COVID-19 [10,11]. Studies examining global sample of SGM using a smart-phone based “Gay Social Networking” app found that since the beginning of the COVID-19 pandemic SGM have been more likely to experience job loss, income reduction, and decreased access to gender affirming resources [12,13]. In the United States, Latinx SGM have experienced increased personal violence due to stay-at-home orders, and racial/ethnic minority status has been associated with increased risk of severe COVID-19 [9,14,15]. Thus, COVID-19 related vulnerability likely varies across intersectional racial/ethnic, sexual, and gender minority identities. COVID-19 restrictions have been associated with decreased access to healthcare and decreased perceived social support, which may weaken resilience to minority stressors [13,16–18]. The confluence of disproportionate psychosocial and economic burdens with increased vulnerability to minority stressors among SGM may decrease COVID-19 vaccine uptake and further deepen health inequities. Improved understanding of COVID-19 vaccine acceptance among SGM can inform equitable implementation of vaccine delivery strategies. In a study of HIV vaccine trial acceptance, for example,

Connochie et al. demonstrated that greater vaccine efficacy beliefs and altruistic attitudes were associated with increased vaccine acceptance while social concerns (e.g., experiencing stigma and discrimination as a result of vaccination) decreased vaccine acceptance [19]. Studies examining human papillomavirus vaccine uptake among SGM have found increased acceptance associated with receiving provider recommendations and decreased acceptance associated with greater perceived barriers and lack of trust in providers [20,21]. Medical mistrust is engendered by systems that substantiate and reinforce racism, homophobia, and stigma and has been associated with decreased engagement in routine healthcare among SGM [22,23]. Trust in medical and scientific experts has been identified as a predictor of COVID-19 vaccine acceptance [24]. Perpetuating healthcare-related stigma in COVID-19 vaccine delivery strategies may lead to decreased vaccine acceptance and uptake among SGM, exacerbate health inequities, and threaten population level prevention of the COVID-19 vaccine. There is a lack of research, however, examining medical mistrust and stigma associated with COVID-19 acceptance among SGM. In a recent national survey representative of the United States population, only 53.6% of people planned to get the COVID-19 vaccine [25]. Understanding attitudes about COVID-19 vaccine acceptance is an urgent area of investigation to end the COVID-19 pandemic. The current study examined the prevalence of COVID testing and diagnosis and assessed COVID-19 vaccine acceptance among a large sample of SGM. We examined the

associations between COVID-19 vaccine acceptance and medical mistrust, healthcare experiences, and attitudes towards COVID-19 vaccine. We hypothesized that increased levels of medical mistrust, negative healthcare experiences, and social concerns would be associated with decreased COVID-19 vaccine acceptance while altruism would be associated with increased acceptance among SGM in the United States.

Gender-based systemic and institutionalized discrimination interlocks with a set of social categories (e.g., racialization, migrant status, poverty, disenfranchisement, HIV seropositive status) to configure a particularly vulnerable situation for trans women¹ in Peru (Salazar et al., 2016). Amidst this context, the mandatory social distancing and mobility restrictions implemented by the Peruvian government in response to the COVID-19 pandemic endangered trans women's capacity to sustain their lives, as most of them rely on sex-work and/or other manners of informal employment as their main source of income (Silva Santisteban et al., 2012). Additionally, there is an absence of institutional support for trans people from government officials (Alvarez et al., 2020), who even implemented a temporary gender-based mobility restriction that stipulated different days for "men" and "women" to circulate in public spaces (Supreme Decree 057, 2020). This measure directly affected the trans population as there is no legal recognition of their gender identities (Alvarez et al., 2020). , exposing them to potential violence from law enforcement officials, who were in charge of implementing this regulation and have had a historical

role as agents of institutionalized transphobia (Oporto, 2018). Previous literature has reported on the importance of community-level strategies and social connections for mitigating the negative impact of social vulnerabilities among trans women in Peru (Clark et al., 2020; Maiorana et al., 2016; Perez-Brumer et al., 2017). These strategies can be understood through the concept of social capital, which refers to the resources nested in a community's networks and relations of trusting and cooperation with each other (bonding social capital), their connections with members of different groups who strive for compatible ends (bridging social capital) and with broader institutions across power differentials (linking social capital) (Szreter & Woolcock, 2004). During the pandemic, social capital was leveraged by the trans women community and LGBT+ organizations through a social media campaign called #DonativoTrans. This initiative aimed to support the basic needs of 150 trans women living in nine casonas² —referred as trans-houses (casas trans) during the campaign— in Lima Centro by collecting donations such as food, money, or essentials that could be delivered to them, as well as coordinating with the lideresas (trans women who were leaders of each house) to offer support and advice on their proposed measures. To achieve this aim, the campaign capitalized not only on an existing network of trans women and community leaders, but also on collaborative relationships with other organizations (e.g., LGBT+ owned businesses, public entities, and media outlets) that were established to ensure its sustainability. Nevertheless, consistent efforts were made to position the

trans women's experiences, needs, and decisions as priorities, thus the role of these organizations was to help provide the conditions for them to resist adversity under their own terms. This study uses social capital as a theoretical framework to understand the community-based strategies these women employed to support each other and resist the negative impact the pandemic has had on their wellbeing. Using a qualitative methodology, it aimed to examine how forms of social support, community leadership, and inter-group relationships can be mobilized as a means of resistance to social vulnerabilities and failing infrastructural conditions.

1.1 Statement of the Problem

Transgender is the most vulnerable segment of the developing society not only in developing countries but in developed countries they are facing unjust treatment from society. In the usual life of any transgender, it is very difficult to pave the way towards education, health, and other necessities of life but it becomes more crucial in COVID 19 pandemic where people lost their livelihood due to lockdown in the countryside, in this course transgenders lost their income sources then which kind of strategies they adopt to deter this pandemic current research will reveal.

1.2 Research question

How do transgenders manage the unusual situation in Islamabad due to covid 19?

What strategies were transgenders adopted by transgenders to counter the socio-economic issues in covid 19?

1.3 Objectives

1. To explore the strategies adopted by transgenders during Covid 19
2. To explain the impact of covid 19 on the economic status of transgender's
3. To figure out the health issues faced by transgenders in Covid 19

CHAPTER NO 2

LITERATURE REVIEW

2.1 ECONOMIC VULNERABILITIES

Back to the coronavirus pandemic, approximately 600,100 transgender people in the United States lived in poverty. In 2020, a single person living alone earning 200 percent of the poverty level would earn \$20,520 per year. Transgender people's yearly unemployment rate averaged 12.9 percent throughout the TransPop survey period (2016-2018), whereas the national unemployment rate ranged between 3.9 and 4.9 percent. We estimate that 149,700 transgender people were unemployed during the coronavirus pandemic. Official orders imposing social distancing practises have resulted in recent job losses, and the number of job losses is expected to rise, widening the current employment disparity.

Hijras are a visible subculture of transfeminine people who have a complex hierarchical social structure, including Gurus (masters), who are senior hijras, and Chelas (disciples). Hijras largely earn a living through doli-badhai (providing blessings or singing, dancing, and drumming in ceremonies), mangti (begging from shopkeepers/public) or sex work^{3,5}—all of which entail face-to-face interactions. In January 2021, many Indian states continued to apply lockdowns of varying degrees. Amid the pandemic, hijras receive meager donations from shopkeepers and the general public (preCOVID ~INR 500 to 1000 [\$7 to 13] per day to < INR 150 [\$2] per day); they are also seen as potential vectors of disease, with public posters in Hyderabad indicating, "If

you talk to transgenders, you will get Corona.” Public attitudes toward transgender people have worsened in some regions (Rosario, 2021).

Formal employment is rare among transgender women, most of whom are forced to leave their families at a young age without education; many have now lost their jobs that largely requiring physical contact (masseuses, hairstylists, dancers) and are at heightened risk for psychological distress due to financial stressors. Most hijras in sex work meet clients in public spaces and cannot readily switch to virtual spaces due to low literacy and lack of access to smartphones (Herald, 2020).

Trans community leaders report that some transgender women in sex work tried using “gay” dating apps, such as Grindr and Blued, with profiles indicating “she-male” or “bottom”, but they are unable to find clients who prefer transgender women. Many profiles of potential clients state “meet only after lockdown” with some warning “money seekers” to “stay away”. Furthermore, those transgender women who engage in sex work often do so without personal protection (face masks), and sometimes without condoms, increasing their vulnerability to both HIV and coronavirus infection (Adnal,2020).

Owing to the loss of income coupled with price increases of essential items, many hijras are unable to afford food, rent, and utilities. Despite government orders that landlords not demand rent during lockdown, transgender women have been asked to pay rent in a timely manner and told to vacate, adding to

their distress. Some transgender people have resorted to exhausting meager savings (including those for gender-affirmative surgeries), sold their jewelry, or borrowed money at usurious interest rates, in addition to past unpaid loans (Trivedi,2021).

For many transgender persons, homelessness has been a concern, placing them at danger in the midst of the COVID-19 pandemic. 96,400 transgender people indicated they had been homeless in the previous year before the coronavirus outbreak. Homeless people may be hesitant to keep a safe distance from others and wash their hands, which are both advised precautions against coronavirus infection. Furthermore, homeless persons seek shelter and services in communal settings, increasing the virus's spread risk (Wallen, 2021).

2.3 Social Vulnerabilities

According to the transgender suery in us 2015 294,800 transgender people live alone in the United States (USTS). Living alone will increase your loneliness and expose you to a variety of dangers. Elderly people and others with health problems who are at risk should maintain social distanacing as much as possible. Many people who live alone and are isolated from their families and other social networks may require greater help with health care and daily tasks. It's important to remember that many people, particularly transgender people, may feel uncomfortable in their own homes. As a result of their gender identification, many transgender people face conflict or isolation from their

families. For example, 811,100 transgender people think their relationship with their parents is stressful or challenging. We estimate that 711,900 transgender people had suffered intimate relationship violence at some point in their life, based on data from the 2016 information department.

Official coronavirus preventive measures, like as "stay-at-home" may compel transgender people to live with family members who do not share their gender identification. Physical Health Consequences: Risk of Serious COVID There were 19 infections, and there was just a limited amount of follow-up., obesity, Male sex and accompanying physical health concerns including stress are early evidence-based indications of those who are at risk of more serious COVID-19 infections and worse repercussions (Pozzilli , 2020).

Because so little is known about the COVID-19 infections in all people, it's especially difficult to say how research on sex differences, rather than gender differences, relates to TGNC people. Who is in danger? Many guys who identify as male (and utilise hormone therapy), as well as those who were born with a masculine physique but do not identify as such? According to some specialists, there is no substantial evidence that testosterone plays a role in the development of COVID-19 infections (Lenzi, 2020).

Due to a lack of body awareness and obstacles to sports exercise, TGNC people are also more likely to be overweight (VanKim , 2014), placing them at risk for severe COVID-19 infections. Future cardio diseases, as well as stress, may

impair immune system activity, putting TGNC patients at a higher risk. Gender-affirming medical therapy, on the other hand, have been demonstrated to promote physical health and stress reduction (White,2015).

As a result, TGNC patients may be protected from dangerous COVID-19 infections. Apart from the immediate health effects of more acute COVID19 disorders, TGNC people may be at risk for a number of physical health issues or complications as a result of a lack of gender-affirming medical services. Gender-affirming hormone levels that are below optimum for long periods of time have been related to an increased risk of osteoporosis and cardiovascular disease (Defreyne, 2019). With less access to postoperative follow-up treatment, patients may experience voiding difficulties (e.g., urinary tract infection) or a higher risk of subsequent operations. This is especially important for transgender people who are scared to seek medical help because of shame and misunderstanding (Kosenko, 2013).

Transgender people experience their gender as incongruent with the sex assigned at birth. They might identify as a binary gender (female, male) or outside of the gender binary. People who are non-binary might experience their gender as moving between male and female (e.g., genderfluid) or as situated beyond the gender binary (e.g., genderqueer). Some reject the concept of sex and gender at all, either on a personal, or a general level (e.g., agender). Transgender health care primarily focusses on medical measures to support the person's transition to live their gender both physically and socially. This may

include hormone therapy, gender-affirming surgery, and a variety of additional interventions (e.g., voice and communication therapy, hair removal (Safer & Tangpricha,2019)). For treatment-seeking transgender people these interventions positively affect mental health and quality of life and are thus considered state-of-the-art treatments (Coleman et al.,2020; Dhejne et al.,2016; Hembree et al., 2017; Reisner et al.,2018). However, not all transgender people want to undergo any of these medical interventions (Nieder et al.,2020), or might have access to it (Koehler et al.,2018; Motmans et al.,2020).

Transgender communities all around the world are highly diverse, depending on cultural background, socioeconomic factors, legal circumstances, and many more influences. Therefore, there is no universal narrative that could be assumed to represent transgender communities globally. However, transgender people have been considered to be a vulnerable social group in much of the world, many of whom have experienced discrimination and marginalization by society, and health care systems in particular (Koch et al.,2020; Reisner et al.,2016). Access to transgender health care is often restricted due to legal requirements, financial barriers, and ‘gatekeeping’ health care providers in countries all over the world (Fontanari et al.,2019; Safer et al.,2016). These elements can lead to a negative impact on transgender individuals health and quality of life (Reisner et al.,2020).

During to the COVID-19 pandemic access to medical care was, and in some areas globally still is, restricted for nearly all non-acute medical conditions.

State health care, as well as private practice, were mainly focusing on COVID-19. Since transgender individuals often need access to medical treatments such as hormone therapy (Safer & Tangpricha,2019), these restrictions are likely to have increased psychological distress. Due to both their status as a vulnerable social group and their need for transition-related treatments (Koch et al.,2020; Reisner et al.,2016), this impact may be particularly severe for transgender people (Wang, Pan, Liu et al.,2020).

Even though some authors have already addressed the impact of the COVID-19 pandemic on transgender people, there remains a dearth of evidence. Perez-Brumer and Silva-Santisteban (2020) discussed the disparities transgender people face in Peru due to binary-based policies as a response to the COVID-19 pandemic (only women or men are allowed to leave their homes on certain weekdays) and how this increasing discrimination impacts physical and mental health. Van der Miesen and colleagues (2020) summarized the intersections between health care, human rights, and socioeconomic stress for transgender individuals during the COVID-19 pandemic. They state the need for a joint strategy of policy makers, transgender advocates, health care providers, and governments. Wang and colleagues (2020) refer to the barriers of care for transgender people in times of COVID-19 in light of evidence from their clinic in Beijing, China. The restricted access to hormone treatment was associated with high levels of depression and anxiety due to the challenge of continuing presenting and socially living as their sex assigned at birth. All the authors state

the need for collaborative strategies between relevant stakeholders (e.g., governments, health care providers, advocacy groups) to actively consider the difficulties faced by the transgender population during the COVID-19 pandemic and the need for high-quality evidence to base strategies upon (Perez-Brumer & Silva-Santisteban,2020; van der Miesen et al.,2020; Wang, Pan, Liu et al.,2020s).

The current study investigates the impact of the COVID-19 pandemic on the health and health care of transgender individuals, acknowledging the diversity of transgender communities in different geographical regions and countries and the variety of societal, legal, and medical circumstances. As an ad hoc collaboration between researchers, community members and clinicians from several countries, the study aims to generate an impression of the situation of transgender health care during the COVID-19 pandemic in as many countries as possible. The study aimed to contribute empirical evidence on the situation of transgender individuals in times of COVID-19 and, therefore, help to develop and implement measures addressing the obstacles that affect transgender individuals during the pandemic

2.3 Mental Health Effects due to COVID 19 Pandemic

In addition to risks, transgender people are more prone to experience psychological problems, even if the COVID-19 crisis is not present (Dhejne, 2016). Social alienation, fear for one's own and others' well-being, and a loss of

regularity impacted many people's mental health during the COVID-19 pandemic (Fiorillo , 2020). Pre-existing mental health concerns and diminished tolerance as a result of longer-term stress exacerbate these symptoms for many TGNC people. For TGNC people experiencing extreme body discomfort or societal stigma as a result of physical problems, gender-affirming mental treatment is crucial to reducing symptoms of (social) fear, despair, hopelessness, and suicide ideation. (White,2020).

On the other side, a lack of opportunities to this care throws a significant mental health burden on this population. The ongoing COVID-19 problem not only delays genderaffirming medical appointments for people who already had clinical intakes or operations scheduled, but it also means that all transgender people may face severe delays in receiving care. As a result, many transgender people spend a lot of time in the grey area between their assigned sex and their actual gender identity. Though health care providers are often unaware of the consequences of postponing early therapy (because people are on waiting lists), TGNC advocacy groups have expressed their concerns, including an increase in suicide ideation among their members (e.g., The Trevor Project, 2020). Furthermore, for those who do not participate in outpatient mental health treatment, the duration and efficacy of mental health therapy may be reduced due to a lack of high-quality telehealth, and fewer resources for social and peer support are likely to affect (mental) wellbeing (de Vries,2015).

Owing to the absence of peer support available to TGNC youngsters, school closures may be traumatic. Relational alienation and social distancing can exacerbate these mental health issues because TGNC people are already more alone and less likely to be in a partnership (Kuyper, 2017).

According to (Brennan, Card, Collict, Jollimore, & Lachowsky, 2020) Health, Human Rights, and Socioeconomic Stress as a Result of Socioeconomic Factors In general, social circumstances have a significant impact on (mental) well-being. In addition to the physical and mental health issues that TGNC people face, socioeconomic strain overlaps with their general well-being (White , 2015).

By recognizing this link, the COVID-19 epidemic, as well as the denial of gender-affirming medical and mental health assistance, is anticipated to have a disproportionately negative impact on TGNC people. If job and pay are lost, financial access to gender-affirming services may be threatened. Furthermore, access to TGNC-safe places is incomprehensible from time to time due to the limitations of social distance, which may be required even more when living in abusive or transphobic stigma. At large, advocacy and stakeholder organizations may face additional organizational issues. TGNC advocacy groups and stakeholder organizations will be less likely to promote general health education in the classroom and in the media.

The TGNC law was still in jeopardy in some countries, but the current COVID-19 epidemic could be taken far below the political radar. Some governments

already use the state of emergency. Perez 2020 In its current state, TGNC will further impede the ability of individuals to obtain appropriate gender verification and gender identity, although the publication of Transgender Studies has continued in recent decades (Wanta, 2017).

the rising epidemic could have long-term ramifications for this field, which still has many unstudied subjects and people . Since questionnaires on mental health, for example, would be highly influenced by the current world circumstances, data gathered after the COVID-19 pandemic could be prone to misinterpretation in ongoing surveys. There are currently no systematic tests to examine the (mental health) consequences on life during an epidemic. While some institutions may have more lenient practices when it comes to granting submissions, some academics may not. As a result, prospective proposals may be delayed. Furthermore, although some scientific organizations switch to online-only science conferences, others are canceled. This can stifle the establishment of networks, the spread of science, and employment opportunities. Finally, travel limitations and conference cancellations may jeopardize stakeholder participation in science. TGNC stakeholders are becoming more involved in science (Booman, 2018).

The COVID-19 epidemic may pose a threat to these developments since human interaction encourages listening, learning, and exchanging ideas.

Transgender women faced barriers in accessing HIV/STI testing, gender-affirmative care, and HIV/STI treatment in public hospitals before COVID-19.12-14 COVID-19 lockdown has exacerbated this situation. HIV preventive interventions supported by India's National AIDS Control Organization (NACO) largely implemented by nongovernmental (NGOs) and community-based organizations (CBOs) are almost exclusively based on face-to-face outreach. Lockdown measures have also led to closures or disruptions of NGO/CBO clinics offering HIV testing, and clinical and counselling services for HIV and sexual health. Although community agencies and independent transgender-friendly healthcare providers are increasingly offering mental health counselling online, these services reach only a limited number. Hijras and many other transfeminine subgroups are disproportionately illiterate, not techsavvy, and have limited Internet access. Media reports further indicate that voluntary or accidental disclosures of gender identity of young trans people during lockdown has resulted in violence and harassment from family members, with limited access to safer living spaces, legal intervention, or peer support.^{15,16} NACO has previously implemented multimonth dispensation of medications in government antiretroviral treatment (ART) centers and created 'link ART centers' in selected NGOs and CBOs, including networks of people living with HIV.¹⁷ Despite these measures to mitigate HIV treatment disruptions, transgender people still face challenges in access. In particular, those from rural areas and individuals stranded in other cities amid lockdowns

encounter barriers such as lack of transportation and locally valid ART identification cards, and involuntary disclosure of HIV status to law enforcement authorities during travel.^{18 7} Before the pandemic, transgender women, many of whom have not disclosed their gender identity to their families, received support in face-to-face interactions with peers and community agency staff. Lockdowns and mobility restrictions have constrained access to these support systems despite compounding of psychological distress due to loss of income and employment, and increases in gender identity stigma. Many transgender women now report anxiety and depression when thinking about their future (Choudhary, 2021).

Numerous studies have highlighted specific health problems that affect the transgender population and barriers that limit their access to healthcare services. For example, the prevalence of human immunodeficiency virus (HIV) in transgender women and hijra persons is the second highest (3.14%) across all most-at-risk population groups (i.e., people injecting drugs, female sex workers, and men who have sex with men) and remain higher among all adults in India (0.22%) (National AIDS Control Organization, 2017. National AIDS Control Organization & ICMR-National Institute of Medical Statistics, 2020). Additionally, the incidence of physical violence, substance use, and various adverse mental health outcomes have been reported in this special group in India (Chakrapani et al., 2019; Hebbar & Singh, 2017; Humsafar Trust, 2012; Jayadeva, 2017; Thompson et al., 2019).

Transgender-friendly healthcare services in India are nearly non-existent. Healthcare workers continue to treat gender incongruence with the sex assigned at birth as a psychological deviation or consider it a mental illness (Chakrapani et al., 2016). Barriers to access healthcare services have been well-documented. Saraswathi and Praveen (2015) estimated that 20% of the transgender individuals in India have unmet transgender-specific healthcare needs.

Many State governments, including Gujarat, have constituted a Transgender Welfare Boards (TWB) following the Supreme Court of India in 2014 recognized transgender persons as a third gender and held that the rights of transgender persons should be safeguarded and that they should be able to access schemes and entitlements. However, TWBs have not yet yielded concrete actions in addressing the social protection needs of transgender people, including health care, housing, education, and employment in the State. Moreover, TWB's work in the time of pandemic remains unknown. Transgender individuals continue to struggle with: stigma and discrimination at healthcare facilities; a lack of gender-sensitive treatment protocols; low health literacy among transgender women and hijra persons; low literacy; gender-based violence; poor healthcare-seeking behaviors; socioeconomic barriers; lack of health insurance; and exclusion from social protection schemes (Pandya & Redcay, 2021).

Even before the COVID-19 pandemic, researchers indicated an intolerance toward those who do not conform to heteronormative identities, transphobia,

and negative attitudes toward transgender women and hijra persons stigmatize and marginalize these identities (Thomson et al., 2019). Therefore, it is expected that the COVID-19 pandemic may exacerbate more negative attitudes toward transgender individuals, and these internalized negative attitudes may prevent transgender individuals from accessing public healthcare services. However, their current situation during the COVID-19 pandemic has not yet been reported. Since the beginning of the pandemic, various studies (Armitage & Nellums, 2020; Banerjee et al., 2020; Hall et al., 2020; Roy et al., 2020; Spoorthy et al., 2020) have been conducted to understand the impact of the pandemic on people who are infected, affected people, and other vulnerable people, especially healthcare workers. However, studies on the effect of the COVID-19 pandemic on transgender women and hijra persons are scarce. Therefore, it is essential to understand how transphobia and normative social standards may have played a role in accessing healthcare by transgender individuals in India during the COVID-19 pandemic. The present research studied participants' knowledge about COVID-19, risk perception, socioeconomic and health conditions, and their experiences of access to healthcare services during the lockdown phase (1.0 and 2.0) of the COVID-19 pandemic Gujarat.

2.4 COVID 19 and physical health issues

Males are more likely to develop cardiovascular disease, and patients with SARS-CoV-2 who have cardiovascular disease have a worse prognosis. As previously stated, patients with COVID-19 have a poor prognosis due to factors such as male sex, ageing, and underlying illnesses, particularly dysmetabolic and CVDs (AlGhatrif , 2020). In Italy, for example, just approximately 4% of COVID-19 patients died without any comorbidities, despite the fact that more than 60% had three or more. Cardiovascular comorbidities were the most common, with arterial hypertension accounting for nearly 70% of all deaths, followed by ischemic heart disease (30%) and atrial fibrillation (10%). (20 percent), (Ezan, 2020).

2.5 Pakistan economy during covid 19 pandemic

The majority of the patients who died were obese and above the age of 65. (Obesity was found in 12% of the deceased patients in an Italian study). Both humans and cattle have an uneven ACE/ACE2 ratio, which separates them (Colucci , 2007). An aberrant ACE/ACE2 ratio is connected to a high prevalence of significant ARDS, cardiovascular problems, and COVID-19's high mortality. Estrogens increase ACE2 expression in human atrial tissue, which explains why ACE2 expression is higher in women's hearts. The patients who died were all obese and above the age of 65 (Bukowska , 2017) (In an Italian investigation, obesity was discovered in 12% of the deceased patients.)

An abnormal ACE/ACE2 ratio is present in all of these disorders in humans and animals (Colucci 2015).

A high risk of acute ARDS, cardiovascular issues, and COVID-19's high lethality is linked to an abnormal ACE/ACE2 ratio. Estrogens boost ACE2 expression in human atrial tissue (Bukowska et al., 2017), which helps to explain why ACE2 levels are higher in women's hearts (Guzik , 2020).

As a result, the female heart's lower ACE/ACE2 ratio may aid in the prevention of coagulopathy and COVID-19-induced CVD aggravation (Gemmati et al., 2020). As a result, restoring a healthy ACE/ACE2 ratio could improve COVID-19 outcomes. COVID-19 also inhibits and depletes ACE2 (Moccia et al., 2020). As a result, in this circumstance, anti-inflammatory medicines that induce ACE2 could be used as a treatment option (Figure 1). Estrogens lower ACE levels while increasing the expression of ACE2 and MAS receptors, changing the RAS/ACE/AT1 receptor axis to the RAS/ACE2/MAS axis (Bukowska et al., 2017).

Exogenic therapy has thus been advised for both male and female COVID-19 patients (Cutolo, Smith, & Paolino, 2020; Suba, 2020), and a few clinical trials examining the effect of sex hormones in COVID-19 patients are currently underway (Cutolo, 2020). (Cutolo, 20019). NCT04359329 and NCT04365127 are two clinical trials now underway. There have been no animal studies on drugs that can lessen the consequences of SARS. CoV-2's This virus can infect

ferrets, hamsters, and cats and cause mild symptoms in them, (Jiang et al., 2020).

Pakistan's economy already had volatile growth pattern over the years, with regular boom and bust cycles facing challenges in achieving long-term and inclusive growth. Unsustainable economic growth was caused by unaddressed long-standing structural issues for example, loss-making State-Owned Enterprises (SOEs), weak external position due to insufficient export capacity and low FDI, under-reformed energy sector, low savings and investment. In the backdrop of these challenges, the present government focused on an economic vision of getting sustainable economic growth through improving efficiency, reducing cost of doing business, improving regulatory environment, enhancing productivity and increasing investment. Even before the COVID-19 pandemic hit Pakistan's economy, the government started implementing decisive and far-reaching reforms in every sector of the economy. The reforms started to address the economic imbalances and laid the foundation for improved economic performance in terms of strengthened fiscal and external accounts, exchange rate stability and improved investor's confidence. Moreover, inflation started to stabilize and market confidence gradually recovered. These reforms paved the way for long-term growth and to end the unsustainable growth pattern that has plagued the economy in the past. The FY2021 began in the midst of the most severe global health crisis experienced in modern history. Pakistan's economy, like rest of the world, has struggled to combat the economic consequences of

COVID-19 shock through prompt measures for supporting the economy and saving the lives and livelihoods. Besides, virus containment measures, the government has implemented a comprehensive set of measures including the largest ever economic stimulus package of Rs 1,240 billion, a construction package, an expansion of the social safety net to protect the vulnerable segments of the society and supportive monetary policy stance along with targeted financial initiatives. These measures helped the economy in lessening the negative impact of the pandemic. In contrast to other world economies, Pakistan started witnessing recovery during the first half of FY2021 on the back of continued domestic economic activity due to the above stated measures along with a smart lockdown policy. As Pakistan successfully subsided the first wave of COVID-19 during the summer of 2020 through effective containment measures, the country was hit by the second wave in the fall of 2020. However, smart lockdowns and improved containment strategies aided in managing the reported cases and the resumption of economic activities. However, Pakistan is currently experiencing the third and most virulent wave of pandemic. Smart lockdowns and drastic measures on pandemic response front allowed the continuity of economic activities and supported the ongoing recovery. Amid the second and third waves of COVID-19, continuing accommodative fiscal and monetary policies helped the economy to move on faster recovery. The impact of the government's timely and appropriate measures is visible in the form of a V-shaped economic recovery on the back of broad-based growth

across all sectors. The provisional GDP growth rate for FY2021 is estimated at 3.94 percent, higher than the targeted growth of 2.1 percent, for the outgoing fiscal year. The government is monitoring the country's situation actively and is taking necessary measures to facilitate agriculture and industry sectors to avoid the downside risk and to further accelerate the economic recovery. The GDP growth is based on 2.77, 3.57 and 4.43 percent growth in agriculture, industrial and services sector, respectively. In order to uplift the agriculture sector, the National Agriculture Emergency Programme with a cost of Rs 277 billion is already underway. Under this programme, 13 mega projects are under execution. During FY2021, the government also announced the “Rabi Package” of Rs 5.4 billion to reduce the input cost for the farmers with the special intent to increase the production of wheat in the country. In addition, the Minimum Support Price of wheat has been further enhanced from Rs 1,400 to Rs 1,800 per 40 kg to encourage wheat cultivation. Similarly, the agriculture credit disbursement target for the current fiscal year has been set at Rs 1,500 billion. These measures have borne the fruit in terms of significant growth in major and minor crops. On the industrial front, there was a significant rebound in economic activity, as LargeScale Manufacturing (LSM) gained traction. The industrial sector has witnessed a remarkable turnaround largely because of accommodative policies by the government in the form of industrial support packages; relief to export-oriented industries, duty exemption under China-Pak Free Trade Agreement-II, electricity and gas subsidy for the export-oriented

industries and tax exemptions for electric vehicles manufacturers. The government's incentives for the construction sector provided the impetus for its allied manufacturing segments. The cement industry has been given special attention by reduction of Federal Excise Duty to Rs 1.5/kg from Rs 2/kg. A National SME Policy Action Plan 2020 has been approved to provide much-needed support to SMEs. These measures enabled the resumption of business activities. The strong growth in the construction and LSM sector is likely to further broaden the recovery through the spillover effect. On the external front, the current account balance remained in surplus during the first ten months of FY2021 due to strong growth in remittances and an ongoing pickup in exports. Remittances witnessed a remarkable growth as more formal channels were opted due to restrictions imposed on informal means in the wake of COVID-19. Most importantly, measures undertaken as part of anti-money laundering regulations in accordance with FATF recommendations have also facilitated a shift from informal to formal channels of sending remittances. Similarly, efforts under the Pakistan Remittances Initiative (PRI) and the gradual re-opening of businesses in major host countries such as the Middle East, UK and the USA also played their part in giving a boost to the remittances. Added with this, timely resumption of economic activities helped the export sector performed relatively better than other emerging economies; both of which led to an improvement in the external sector. It is worth mentioning here that under the IMF programme there are better prospects for the external sector which ensures

that the external financing needs will be comfortably met. On fiscal side, a substantial increase in tax collection and effective management of expenditures helped in containing the fiscal deficit as a percentage of GDP, while the primary balance continues to remain in surplus. The fiscal performance during (July-March) FY2021 shows that the fiscal consolidation policy helped in achieving fiscal discipline, increasing revenues and controlling expenditures. Especially, FBR tax collection has witnessed a double-digit growth during (July-April) FY2021 reflecting growth in economic activities despite the challenge of the third wave of COVID-19. During FY2021, SBP maintained the policy rate at 7.0 percent. The existing stance of monetary policy remained appropriate to support the economic recovery with inflation expectations well-anchored and maintaining financial stability. It is pertinent to mention that inflation all over the world remained volatile mainly due to supply-side disruptions in commodities due to the COVID-19 pandemic. Rising international prices are putting pressure on domestic prices. Global food prices are at their highest in a decade (FAO). The government is closely monitoring the supply and demand for essential food commodities to mitigate the impact of international inflationary pressures and ensure a smooth supply of commodities. Similarly, the government is making all possible efforts to combat profiteering and hoarding, as well as providing essential commodities at affordable prices through establishing Sasta Bazaars and providing subsidies on essential food items at the Utility Stores. Pakistan is blessed with natural as well as human

resources. Investing in human capital through skill development programme will ensure long term inclusive growth and decrease the unemployment rate. Cognizant of this fact, the government is focused to facilitate and produce opportunities for employment and financial inclusion of young people so they can play a constructive role in enhancing Pakistan's position in the global markets. In order to bridge the gap between educated and active labour market participation, the government has introduced Prime Minister's "Kamyab Jawan Youth Entrepreneurship Scheme" and "Prime Minister's Hunarmand Programme-Skills for All" programmes. Similarly, many other short and long-term initiatives, are underway such as National Agriculture Emergency Programme, Naya Pakistan Housing Programme and Ten Billion Tree Tsunami Programme to accommodate the youth bulge. These Programmes will not only boost economic activities in the country but will also be helpful for the socio-economic betterment of youth and deprived segments of society. Pakistan has launched the largest-ever social protection and poverty eradication programme i.e., Ehsaas. This programme is unique in terms of coverage, policy formulation, multi-sectoral nature, monitoring framework and increased funding to deliver the programme across the country. It consists of over 140 sub programmes, policies and initiatives centered on a holistic approach to poverty alleviation. Over the course of two years, Ehsaas has received widespread global acclaim at numerous international events hosted by the UN, ADB, World Bank, UNDP and others. The Ehsaas programme has recently reached a new milestone when

the World Bank included the Ehsaas Emergency Cash Programme in a list of the top four global social protection interventions in terms of number of people covered. In addition to the above, Pakistan has entered the international capital market after a gap of over three years by successfully raising \$ 2.5 billion through a multi-tranche transaction of 5, 10 and 30 year Eurobonds under its first-ever Global Medium Term Note Programme. The IMF and Pakistan have announced the resumption of a stalled \$ 6 billion loan programme as the IMF Board's decision allowed for an immediate disbursement of SDR 350 million (about \$ 500 million). IMF has acknowledged that while the COVID-19 pandemic continues to pose challenges, the government policies have been critical in supporting the economy and saving lives and livelihoods. Today, the economy is steadily progressing towards more sustainable and inclusive growth path. The performance in agriculture, LSM, construction and exports sectors are amongst the key success stories. The current account balance is in surplus, fiscal deficit is manageable with the primary balance in surplus, the rupee is stable and foreign exchange reserves (SBP and commercial) have reached \$ 23.2 billion (as of 3rd June 2021). Most importantly, the government has effectively managed the pandemic through swift policy measures. With current year performance, it is expected that the economy will grow by 5 percent in FY2022 and will accelerate further over the medium term. The performance clearly shows that the economy is improving in the post-COVID-19 era. The start of vaccination has raised hopes of a turnaround in the pandemic later this

year, however, the third wave with new variants of the virus has posed concerns for the outlook. Nevertheless, the government is vigilant and responding efficiently to restrain the surge of the COVID-19 virus. Social protection systems are also evolving especially to cover all vulnerable segments. The government's prompt response eased the miseries of the most vulnerable segments of society. The business confidence has returned and economic activity is slowly getting back to normal. It is expected that macroeconomic stabilization measures and structural reforms supported by international development partners will help the economy to move on a higher and sustainable growth trajectory.

2.5 Significance of the study

COVID-19 has shown humanity a another way of life. Despite the fact that the impact of COVID-19 on the transgender population is unknown, data suggests that it may cause issues. The requirement to stay at home may cause them to feel more alone than they are used to, leading to increased anxiety and sadness. According to previous research (Haas , 2014), they may struggle to maintain basic habits such as maintaining their outer body image or slacking off on their cleaning regimen as a result of the disruption in their gender-affirming daily routine or limited access to public/social affirmations (Pflum , 2015).

Individuals who exercise frequently, for example, may need to transition to a home version of their regular training routine, lowering the amount of effort

required to maintain their body image. Dysphoria, anxiety, and despair could conceivably rise as a result of this. On the other hand, having a gender-affirming procedure cancelled or postponed might lead to feelings of despair and dysphoria. Other less obvious consequences could include an increase in negative body image mixed with increased mental stress, which could lead to an increase in drug misuse, suicide thoughts, or other self-harming behaviours, which are already prevalent in this population (Bockting 2010, Frese et al., 2017).

CHAPTER NO 3

THEORITICAL FRAMEWORK

3.1 Theory

A range of sociological theories can be used to analyse this particular discourse on body image and mental health. The most applicable approach is symbolic interactionism. We need social cues and others, according to symbolic interactionism, to build a sense of who we are in the world. We establish our identities and communities as social beings through our encounters with others (Goffman , 1987).

Goffman's work on stigma and impaired identities, for example, emphasizes the effort we put in to present ourselves to the world in the manner we wish to be perceived. (Goffman , 1963).

It also emphasizes the importance of our social interactions and communities in determining our happiness. While Goffman does not explore mental health consequences from a professional or psychiatric perspective, he does discuss social isolation and ostracism, suicide, and drug addiction (Goffman , 196). Face work is particularly important because it studies how transgender people must show themselves in the world on a more micro level. Transgender people have a better sense of self and are less likely to have negative thoughts about their appearance when they are able to function in society(Goffman , 1967).

The social notions of society shape this meaning. “When an individual is in the incorrect face or out of face, expressive events are added to the interaction, and

they are difficult to weave into the expressive fabric of the moment. He is likely to feel embarrassed and inadequate if he realises he is in the wrong face or out of face... He may also be unhappy because he expected the meeting to help him save a picture of himself that he is emotionally attached to and that he now believes is in danger. Lack of decisive support in a meeting can make him amused, confuse him, and temporarily disqualify him as a participant (Goffman 1967).

Goffman also explores the gender marketing notion. The significance of socialisation as a distinctive aspect of identity, as well as the ramifications of successful displays “It is here that individuals can engage in social portraiture using their faces and bodies, as well as small materials at hand; it is here that they can arrange themselves micro ecologically to depict what is taken as their place in the larger social frame, allowing them, in turn, to celebrate what has been depicted (Goffman 1967).

The concept of "performing gender" is dissected by West and Zimmerman (1987), who believe that gender roles are constructed by social cues and acquired behaviours. According to the study, “participants in contact organise their numerous and different acts to reflect or express gender, and they are disposed to see the conduct of others in a similar light,” and “gender is socially formed rather than biologically generated”. Since its publication in 1987, scholars have elaborated on the work, criticising it for being written from a binary perspective and claiming that the binary should be "undone" in order to

remove gender injustice (Connell 2010). This is significant for the transgender community because, according to gender theories, our social interactions teach and reinforce how we "do" gender (West and Zimmerman 1987).

The understanding of "doing gender" is dissected by West and Zimmerman (1987). Gender roles are developed from social cues and taught behaviours, according to them. Participants in interactions plan their numerous and diversified activities to reflect or display their gender, and they are likely to interpret the behaviour of others in the same way (Zimmerman, 1987). Since its publication in 1987, scholars have elaborated on the work, criticising it for being written from a binary perspective and arguing that it should be "undone" to eradicate gender imbalance (Zimmerman, 1987). Rather than "undoing" gender, West and Zimmerman propose that it be redone (Connell, 2010). However, the social construction of gender, gender as taught through socialisation, and gender's mainstream social identification as binary remain central to all of this work. This is essential for the transgender community because, if present cultural constructions were "redone" and the binary was demolished, transgender people would no longer be forced to "do" gender, and non-binary people would no longer be forced to identify as non-binary.

3.2 Application of the theory

Finally, using Meyer's minority stress theory we can expect to see a link between high stress levels and a lack of suitable coping mechanisms, such as

maintaining a positive body image and COVID-19 boundaries. When the minority stress theory is applied to transmasculine people, it takes into account the increased levels of stress caused by concealing their identity, as well as the difficulties they have in passing for a male in society. This, combined with the stigma they face simply for being transgender, has resulted in even more mental health concerns for this group. “External and internal stressors for minorities include feelings of rejection and the fear of being stereotyped or discriminated against, as well as disguising minority status and identity for fear of harm (Bockting et al, 2000.) Transgender people, as a disadvantaged and minority group, are more likely to experience stress and mental health concerns if they are unable to maintain their body image and gender presentation. When the minority stress hypothesis is applied to transmasculine people, the stress of concealing their identity or the problems they have in passing for a man in society results in higher levels of stress. “External and internal stressors for minorities include feelings of rejection and the fear of being stereotyped or discriminated against (felt stigma), as well as disguising minority status and identity for fear of harm (Bockting et.al. e1).

As a poor and minority community, transgender people are more prone to encounter stress and mental health concerns if they are unable to maintain their body image and gender presentation. This research implies that keeping a gendered body image is important or necessary, and that there is cause to suspect that transgender people's stay-at-home obligations during COVID-19

will harm their jobs and maybe their mental health. Because of their isolative nature, the stay-at-home restrictions are isolating. I expect to see higher levels of despair and distress among my respondents, as well as instances where they are unable to maintain the same level of social interaction as before the requirements took effect. With home-stay restrictions, COVID-19 has stripped society of its fascinating feature. In this way, eunuchs are denied social acceptance, which requires them to maintain a positive physical image and mental health. There is a greater sense of loneliness than the absence of the physical social component of inclusion, which can lead to unpleasant feelings that preceded the transgender person. Although the rules of living at home affect everyone, there is reason to expect that people who have strong feelings about a particular gender or gender offering may face considerable challenges.

Transmasculine people have been deprived of a place to socialise with others and exercise in order to maintain a healthy body image that lowers distress. Owing to stay-at-home rules or self-quarantining due to COVID-19 exposure, they have fewer safe places and less community participation. Transmasculine people are more likely to experience feelings of despair, anxiety, and dysphoria. Their typical grooming practise, which supports their gender, as well as their daily body image maintenance, may be disrupted by stay-at-home obligations. Because they are not going about their day in the same regimented way they were before the requirement, they may opt not to wear their breast binder or forget to take their testosterone. -19, This is part of their routines for "doing

gender" and "doing face"COVID-affected transgender women may be less stressed since they can work from home rather than in an office, lowering the stress of attempting to locate gender affirming and job-appropriate clothing to present as female at work." Individuals may, on the other hand, feel less gendered as a result of their new work environment, which can help to reduce anxiety. Because of the lack of unwanted connections, the stay-at-home mandate's isolative nature may be advantageous to them. Simply put, because they don't have to "do gender" as often, they may be less dysphoric.

CHAPTER NO 4
CONCEPTUALIZATION AND OPERATIONALIZATION

4.1 Conceptualization

This chapter includes the definitions of all variables include in the current research and their practical meaning in current scenario. Conceptualization is defined as the concise term having universal meaning is called conceptualization and these concepts when applied in current research is operationalization of those concepts.

4.1.1 Transgender

Trans is an umbrella term that includes people who are non-binary or genderqueer, as well as people whose gender identity is the opposite of their assigned sex (trans men and trans women). (Google).

is a catch-all term for gender identity differences in which one's biological sex does not match their subjective identity. This umbrella term refers to those who do not see themselves as fitting within a binary sex system in which they are either male or female. This group may believe they are the wrong gender, while this conviction may or may not be linked to a desire for surgical or hormonal reassignment (Meier & Labuski, 2013).

4.1.2 Survival

The act or fact of living or continuing longer than another person or thing (Cambridge dictionary)

The continuation of life or existence (Google).

Something from an earlier period that still exists or is done.

4.1.3 Strategies

A plan of action designed to achieve a long-term or overall aim (oxford dictionary).

The art of planning and directing overall military operations and movements in a war or battle (google)

A plan, method, or series of maneuvers or stratagems for obtaining a specific goal or result (google definition).

4.1.4 COVID-19

Coronavirus disease (COVID-19) is a newly found corona virus-related infection. The majority of patients infected with the COVID-19 virus will have mild to moderate respiratory symptoms and will recover without needing any specific therapy. Serious illnesses are more likely to strike the elderly and those with underlying medical conditions such as cardiovascular disease, diabetes, chronic respiratory disease, and cancer (WHO).

4.2 Operationalization

This chapter includes the wider explanations of each concepts researcher includes in current research and those explanations can give a touch to a current scenario of the research

4.2.1 Transgenders

Transgender people are the most vulnerable members of society, as they are homeless and lack access to essential services like as health care and education. They are treated unfairly in society, especially in impoverished nations like Pakistan. During the Covid 19 pandemic, transgender people lost their source

of income owing to a country-wide lockdown. In this terrible scenario, they employ various survival techniques.

4.2.2 Survival

During the corona virus pandemic in the world, various segments of society suffer from it, including a particularly vulnerable class of society that was reliant on charity and relied on others to continue their lives, but in this pandemic situation, this subordinate class adopts other strategies to stay alive despite numerous barriers to meeting basic needs such as health, food, and shelter.

4.2.3 Covid 19

It is a type of virus that originated in China's Wahan Province and spread throughout the world, including Pakistan. In developing countries like Pakistan, where different classes exist, such as upper-middle, lower, and even lower-lower middle class, those who belong to this class faced numerous challenges in meeting basic needs such as health, food, and shelter, particularly during the pandemic.

CHAPTER NO 5

MERTHODOLOGY

This chapter includes the logical interpretation of the social events and social phenomenon through the research process. Researchers unearth the origin of any social phenomenon and it is the logical reasoning of the public state of mind.

5.1 Research Design

A qualitative approach was transferred to obtain the experience of transgender individuals impacted by stay-at-home demographic information on ethnicity, sex, gender identity, and general questions about the individual's daily routine were included in the interviews. The questions were open-ended, allowing for more research to be done. Before and after the stay-at-home mandate, respondents' daily routines included physical fitness, mental health, body image/dysphoria, social engagement, and transgender community connectedness. All respondents gave their consent for their information to be used in accordance with Institutional Review Board guidelines, and they were asked at the end of the survey if they would be prepared to be contacted for further explanation.

5.2 Universe of the study

The research is conducted in Islamabad. The area has been chosen by the researcher to conduct qualitative research on survival strategies of transgenders during covid 19 pandemic particularly transgenders living near Quaid e Azam university Islamabad. This area chosen by researcher was a mostly populated area of transgenders in Islamabad.

5.3 Unit of analysis

In this research, those transgenders who are depend on bagging for basic needs are unit of analysis.

5.4 Sampling technique

The purposive sampling technique is used in this research. The researcher went to several living areas of transgender near Quaid e Azam university who were directly or indirectly affected during the covid 19 pandemics. The research is based on transgender who depends on public place bagging for their daily life requirements.

5.5 Sampling size

The researcher interviewed 15 respondents because the saturation point was being identified while the interview. Most of them were between the ages of 18 to above who are affected by the corona virus pandemic.

5.6 Tool for data collection

The interview guide has been used as a tool for data collection in this research. The questions were written in English, but the researcher used multiple languages during the interview as needed to make the respondent understand the questions.

5.7 Technique for data collection

In this research, the researcher took in-depth interviews with the respondents. The respondent was given time to share his experience, but the interview was centered on the research topic. The research aimed to find out the experiences of the respondents.

5.7 Tool for data analysis

There are few tools for data analysis in qualitative research. The researcher used MAXQDA, which is software to analyze qualitative research data. The researcher used this tool because he was familiar with this software.

5.8 Techniques for data analysis

The researcher did code with the help of MAXQDA software. The researcher put all the data from the interview transcript. The software automatically creates heads and codes for the highlighted codes after coding all the data and classification of all codes the researcher generated themes.

5.9 Ethical concern

Every researcher needs to be aware of all the ethical concerns of research. The researcher of this study has done all the studies according to the ethical concern of the research. To keep all the collected information confidential during the research study. In this research, the researcher has maintained all the ethical concerns of a research study.

5.10 Field Work Experience

It was a good experience in the field for the researcher. A couple of transgenders were not interested to give the researcher interview but the rest of all agreed and were very professional with the researcher while the interview. To keep all the collected information confidential during the research study. In this research, the researcher has maintained all the ethical concerns of a research study.

CHAPTER 6

DATA ANALYSIS

6.1 COVID 19 AND Financial Vulnerability of Transgenders

The preliminary findings emphasised the barriers that transgender persons encounter, such as stigma and prejudice, that hinder them from disclosing their health and socioeconomic status and obtaining treatment. As a result of the COVID-19 epidemic, transgender people continue to face hostility from service providers and workers in health care and social protection settings, as well as social security safety nets, leaving them poorer and more vulnerable. As a result of social marginalisation and health issues, more trans people are living in a condition of vulnerability and poor health.

6.2 Health Vulnerability of Transgender in COVID 19

Respondent

Hina is from karahi and she is life in bari imam near Quaid e Azam university with her guru, she explains that during the corona virus she faced a lot of issues during lockdown particularly health-related facilities are not provide by the government them that's why they faced a precarious time of corona, she expressed that when she went for hospital to test corona hospital administration don't allow her to enter the hospital and even one of security guard threaten her to not come again hospital, eventually henna said that she remained ill for 15days none of government nor NGO helped he to be treated, but she takes some medicines from the medical store on

asking a question about corona vaccination she expressed that till now any of transgender is vaccinated even they are not allowed in hospitals for vaccination as they were ignored in another course of life during corona

Observation

Under the present lockdown, transgender and non-binary people who live with hostile families, particularly those who have recently come out as trans, had sex reassignment surgery, or are on hormones, must contend with stress and trauma. Most transgender people are either living in overcrowded, dangerous housing with other transgender people or living alone in places other than their birthplaces. There are clear and substantial gaps in reading written information and COVID-19 preventive measures because the majority of trans-community people are uneducated. To teach preventive and reactive skills, a community-based awareness technique should be adopted.

6.3 Mental Health of Transgenders

During corona virus pandemic transgenders faced acute mental stress as they expressed that they are totally relying on friends and other public places but during corona virus pandemic abruptly they were kept limited to their home which limited their social life that is why they feel frustrated and bored in their homes ultimately frustration leads to depression.

Respondents

Maliha is from barkho Islamabad and live in around Quaid e Azam university Islamabad she said that during lockdown twice a time she ready to commit suicide because of frustration, she said that they were stuck with their homes friends from other genders not allow them to talk or meet with friends were frustrated in our rooms she expressed that “To tell you the truth, my mental health has been all over the map. I was already apprehensive and concerned about COVID-19 before the US took it seriously, and I anticipated the worst. I am feeling better about my anxiousness now that the lock-down has occurred. My mental state Health in general is difficult for me since, as I already stated, I live with a partner, and while I have, I have gone to their house several times and it does not seem like my space. Furthermore, it has been It is difficult to deal with certain bodily health issues when they are so near to me. This adds to my anxiety and distress about trans issues.”

Male transgenders respondents said they changed their physical care routines more than female trasgenders respondents, whereas transfeminine respondents said they changed their cleaning and grooming routines more than transmasculine respondents. While one respondent's dysphoria was exacerbated by a work-related problem, the majority of respondents reported a decrease in dysphoria. Matt expressed his displeasure at shaving

his beard to wear the N95 mask at work. "Losing my beard raises concerns about the feeling of dysphoria and the image of my body that I haven't felt in five years," he said. Changed, respondents came up with different solutions to their problems. In order to maintain a physically beautiful body image, some people have adapted their habits to fit within the rules of living at home. others have taken advantage of the opportunity to re-evaluate their support systems and potentially harmful influences in their immediate vicinity. In order to retain social contact, they've changed their social engagements by returning to the organisations they used to visit.

6.4 Scio-Cultural Resistance Towards Transgender's in Pandemic

In the corona virus pandemic people does not accept transgenders in public places, as rumors spread over the society that transgenders are most targeted for coronavirus due to homosexual patterns are found in them, from the fear of this reason people do not accept transgender to meet them, because of this reason they were unable to earn money this cause frustration in them one of over respondent said that.

During lockdown in Islamabad when I went outside to take some flour for lunch, I found the line of people near the general store, when I came nearer to that store buyers stare at me and they even told me not to come near, when I asked why they are not allowing me for buying flour one of them

answered you people can spread coronavirus so pls not come near to us rather I will beat you by hearing these words I just ack to home and weeping for a while and then contact over guru for food he take some food for us and we just eat not sufficient for more than 3 bites because we were large in number and only 2 packs of food he brought to us so, such a precarious situation we faced in coronavirus pandemic.

from the above statement, it is proved that transgenders faced a very difficult time in the corona virus pandemic people did not accept them the way they had been accepted before the coronavirus, all these circumstances lead to frustration in

Chapter No 7

Discussion Conclusions and Recommendation

7.1 Discussions

My investigation yielded a few intriguing results. Initially, I assumed that the transgender community would suffer more mental health consequences because of higher levels of dysphoria induced by the isolated character of the stay-at-home requirements. Their mental health, I believed, depended on their gender assertion. Instead, I saw that transgender people acquired good coping skills and adjusted to their surroundings, demonstrating resilience in the process, which lowered mental discomfort. Transfeminine people reported feeling less dysphoria as a result of factors such as housing changes that give a more gender affirming atmosphere or having less contact with others in their daily routine, resulting in fewer incidents of misgendering. Others admitted that while dressed in gender-specific clothing, they needed to spend less time in public. This study underscores the importance of community-based resistance strategies among trans women for reducing the impact of social vulnerabilities and failing infrastructural conditions generated and/or exacerbated by the COVID-19 pandemic. Understood through the construct of social capital, data highlighted the importance of social cohesion to ameliorate increasing levels of precarity (bonding social capital), community leaders as key links for connecting different networks (bridging social capital), and unified efforts of groups with common values (trans women and LGBT+ organizations) to influence formal institutions (linking social capital). Although presented separately, these forms of social capital were considerably intertwined. On the one hand, lideresas, beyond bridging social capital, emerged as a form of bonding capital, as they

articulated organizational efforts within the community, as well as challenged social cohesion and trust norms. On the other hand, bonding capital (i.e., social cohesion to resist institutionalized violence) contributed to influencing institutions across power differentials (i.e., police department policies regarding trans people and media representations of trans individuals). Overall, results paralleled existing findings from trans women communities in Peru (Clark et al., 2020; Maiorana et al., 2016; Perez-Brumer et al., 2017) and globally (e.g., Hwahng et al., 2019; Kaplan, El Khoury, Wehbe, Lize, & Mokhbat, 2020; Stanton, Ali, & Chaudhuri, 2017). Transfeminine people showed resilience by confirming their gender identification through activities such as voice training. Transmasculine people have modified their workout regimens to fit within the restrictions of the stay-at-home mandate in order to maintain their physical shape and keep their dysphoria at bay. They were less distressed than their transfeminine counterparts since they didn't have to wear gendered items like binders as much. These underserved groups are more likely to experience mental illness and have lower resiliency. HINA, one of the responders, exemplified this point by stating gender as a social and institutional construct that contributes to today's binary system. "Ironically, Use of social scientific research to capture indications of systemic repression that disproportionately considers people to be "women" so that lawyers can lobby for programs and policies to correct disproportionate content of patronage and social To the extent that gender can be made related to government engagements. Our society

has been misled by the old research done by foot white seismicians who used their body as a standard against which any other type of presentation is considered less natural. He had more dysphoria as a result, but it was only mild because he knew he would still have surgery. Because they are often not accustomed to male social interactions, what they perceive as normal interactions may be considered unusual by gender men. Some people use more skeptical bodybuilding as a way to reduce suspicions in public, because if they look more masculine, an attitude that is considered feminine in nature can be rejected.

. By “redoing” gender, it may be capable of alleviating negative sentiments, as well as anxiety and stress, that people may be carrying within themselves. Outside elements like COVID-19 would help to alleviate underlying negative feelings that could surface if the social definition of masculinity were different for transgender men who choose to keep their body image. This has the potential to entirely rethink the feminine ideal for transgender women, as well as address negative self-image issues that affect all women, not just transgender women. If the social notions that transgender people must adhere to are adjusted, this approach would be closer to Goffman's opinions. On the other hand, transfeminine people have had the opposite experience, having been raised as males in patriarchal settings and lost their social agency as a result of the transition. They lack the social graces that are expected of women in today's culture. As they acclimatise to appearing physically as feminine, they develop

a new consciousness in society as a result of their loss of social autonomy. This community sharing of experiences may help to improve individual body image and reduce self-hatred that a transgender person may experience during their transition. It may also aid in the development of community bonds and the reduction of barriers between FTM and MTF people. This is a tendency that affects gay and lesbian people as well as transgender people. Non-binary people would be affected as well, because the "box" they've been put in under the transgender umbrella will be removed. Individuals who identify as transgender are social beings who, at the end of the day, exist in society. They are presented with a government-imposed order that isolates them from their social habits and neighbourhood when an incidence like COVID-19 occurs. They survive and sustain their mental and physical health by relying on the tenacity instilled in them by their forefathers' customs. They draw on the resources and experiences of generations of LGBT individuals who have had to overcome their temporary exile by living in isolation and silence.

7.2 Conclusion

As a result of the worldwide COVID-19 epidemic, there are new and heightened hurdles to sustaining research continuity with disadvantaged populations transgender. During this crisis, it's critical that research teams not only come up with novel ways to contact, engage, and repay their participants, but also work with communities to create, identify, and distribute resources to those in need. To do so, we'll need a lot of aid from our institutions and benefactors to meet the needs of our participants, especially those from underserved areas.

Medical students, physician trainees, practising physicians, and other health-care workers at all levels of training should be evaluated for their knowledge and biases, as well as the availability of appropriate providers for the care needed and the state of a payment structure. It's crucial to determine whether medical practitioners are receiving adequate transgender medical training, and if not, where the gap is. In addition to proposing practical solutions to address the gaps (such as training for knowledge gaps and policy modifications for money gaps), studies should also suggest procedures to verify such solutions. System gaps, such as biases in clinic structure, forms, and electronic medical record systems, should be investigated in addition to provider gaps. In addition, knowledge and prejudice gaps among support employees must be recognized, and effective methods to close those gaps must be implemented. Finally, research is required to identify and eliminate barriers to care that are not connected to provider or clinic skills.

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Interview guide

- Q1. What do you know about covid 19?
- Q2. How covid 19 bring changes in your usual life?
- Q3. Do you approach you family during covid 19 lockdown?
- Q4.how your family support you?
- Q5. As you know in covid 19 pandemic public places we lock as your excess were cut off to public places than how you manage financial burden?
- Q6. Do you change your daily activities due to lockdown reasons?
- Q7. What was people reaction towards you in covid 19?
- Q8. do you meet people as you were meet them before covid 19?
- Q9. How people help you during covid 19?
- Q10. Who guide you about corona virus SOPs?
- Q11. Do you people follow corona virus SOPs during pandemic?
- Q12. What were general perception about corona virus?
- Q13. Does guru help you in lockdown?
- Q14. What instructions made by guru for corona virus?
- Q15.you community follow those instructions to be prevent from corona virus?