SURVIVAL STRATGEIES OF TRANSGENDERS IN COVID 19 PENDAMIC IN ISLAMABAD

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March 17th 2022

Faiza Arshad

Dedication

This thesis is dedicated to my parents: my father, who gave me the confidence to pursue a field of my interest and provided me favorable circumstances, and my mother, whose love, prayers, and unwavering faith in my abilities encouraged me and gave me unconditional support.

ACKNOWLEDGEMENT

ABSTRACT

The current study explored the impact of Covid-19 on transgender in Islamabad Pakistan in which different objectives are discussed that how trans community managed their social and financial matters during pandemic however researcher also aimed to explore the health issues faced by transgender, moreover, researcher employed qualitative research methodology where to gather data different tools and techniques are employed: interview guide was used to collect data from 40 respondents from transgender community of Bhara Khao Islamabad. The results of the study revealed that transgender are still facing discrimination in society as the prior literature also revealed that the most vulnerable segment of the society particularly in under developing countries are being violated in every field of life (jhon,2010). However, The majority of respondents expressed that they faced a lot of challenges during lockdown due to Covid-19 pandemic they faced health issues and access to food and during Covid 19 transgender adopted skillful activities to counter the unusual attitude of ordinary people in society, as respondents stressed that during the Covid-19 they adopt skill full activities like teaching and making handmade crafts and they sold them to local markets and money which helps them to survival in Covid-19 pandemic.

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CHAPTER 1

INTRODUCTION

Transgender people are a marginalized community in Pakistan. Most of them experience family rejection and homelessness in adolescence. They live under the fear of economic insecurity, and the pandemic has worsened the situation, mainly due to the reduced working opportunities.

Transgender is 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 faces the socio-economic challenges will explore in the current research.

Transgender people are suffering severely from the pandemic because of the intersection between their status as a vulnerable social group, a large number of medical risk factors, and their need for ongoing medical care. The COVID-19 pandemic could exacerbate these vulnerabilities, create new barriers for transgender people and lead to dire outcomes such as serious physical or mental health problems, self-harm and suicide.

Transgender people remain marginalized. They are often denied health care because of their gender identity. Fear of stigma and ridicule from health professionals discourages them from accessing available health services, putting them at increased risk of not being tested or treated for COVID-19 during the pandemic.

COVID-19 exposes this marginalized population to physical and psychological risks. Not only is the lack of health facilities worrying, but also the lack of dialogue about the need for and inclusion of transgender people in the health care system.

The Covid-19 pandemic has had a significant economic, social, and political impact around the world, particularly in low-income countries such as Pakistan. As the Covid-19 crisis continues, there is no clear picture of its impact and additional challenges for the transgender community. However, specific challenges that the community already faces have been amplified as a result of the Covid-19 crisis. These difficulties are related to

employment, systematic discrimination, violence, and access to political rights and health-care systems.

The COVID-19 pandemic has limited TGNB individuals' access to the emotional and instrumental social support network that is essential to their well-being. TGNB individuals are not always supported by their families of origin and are therefore highly dependent on peer networks and social support organizations that affirm TNMB (eg LGBT-related universities, LGBTQ community centers, congregational groups). Peer and community support is critical to the well-being of individuals and is critical for TGNB staff as they work to manage evolving identities, stigma and discrimination. With schools and universities closed, TGNB youth can stay at home with family members who have difficulty accepting and understanding their identity, or who do not accept their identity. TGNB adults also have limited access to a supportive community due to the limited number of online and virtual resources available to TGNB individuals.

Concerning the rise of transgender discrimination, there was an unusual increase in domestic and gender-based violence cases during the Covid-19 crisis. Lockdowns, job losses, working from home, and the deteriorating economy all contributed to an increase in domestic violence cases. Domestic violence cases are expected to increase by 25%, despite the fact that the majority of domestic violence is not reported (ANI, 2021). Furthermore, transgender members are two to three times more likely to be victims of domestic violence (IFES, 2020), raising serious concerns about the rise in transgender discrimination.

The novel Covid-19 virus, which causes Covid-19 disease, has exposed the global politics and social inequities that contribute to the disproportionate distribution of illness and mortality among socially marginalized communities (Wilson,2020). While rapid structural responses such as curfews, physical distancing protocols, and travel restrictions have significantly slowed the spread of Covid-19 and saved lives, we are also seeing the alarming emergence of policies that enact and perpetuate violence against transgender communities. Panama, Peru, and Colombia (though only in Bogota) have enacted policies that enforce physical separation by limiting citizens' mobility based on binary understandings of gender and associated norms. That seems to be, women are allowed to

access essential services on alternate days, while men are not. What about people and communities who exist outside of hegemonic conceptions of binary gender presentation and identities? These policies, as it has become clear, are not only logistically difficult for transgender communities to negotiate. The enforcement and enforcement of these binary, gender-based laws has also resulted in direct violence against transgender communities (James, 2019).

The Pakistani government has established a Command and Control Center to ensure effective coordination between the federal and provincial governments. The center will serve as a centralized mechanism for sharing information and updates on the disease, as well as directing measures related to the provision of health and relief supplies and screening coordination. Even with these and other steps taken by the government, Covid-19 is expected to have a disastrous impact. Covid-19 will further depress an already ailing economy and strain an under-resourced health-care system already afflicted by a lack of tertiary-care facilities and staff. Covid-19 exacerbates existing challenges related to systemic discrimination, less access to political rights, weaker socio-economic standing, and higher rates of vulnerable or informal employment, disproportionately affecting women especially women with disabilities and young women and transgender people. I discovered that the Covid-19 pandemic has irreversibly ruined everyone's life. Its effects have been far more severe for members of double marginalized and vulnerable communities, such as transgender people, who were already dealing with many social and health issues prior to the crisis. While the rest of the world joins in sympathy, Pakistan's transgender population is fighting Covid-19 alone. Under the combined jolt of sickness and social isolation, this structurally judgmental group has become even more marginalized. Ms. Nayyab Ali is a researcher, well-known activist, and master trainer who has worked on issues such as gender equality, livelihoods, and economic development in the past. She has experience in human and institutional capacity building, as well as social research skills. She has received over a hundred national and international awards, including the APCOM HERO Awards 2020 and the Franco-German Prize for Human Rights and Rule of Law 2020. She is also known in Pakistan as the Face of the Transgender Movement. She is a certified trainer in the areas of gender and minority inclusion, and she has served as a resource for law enforcement authorities across Pakistan in terms of capacity building and

sensitization. She has worked with numerous UN agencies (UNDP, UNFPA, UN Women) as an independent consultant to campaign for Trans rights.

A closer examination of the Peruvian situation, which is unusual in that their gender-based legislation was rescinded only over a week after it was implemented, demonstrates how laws, as well as the abuse and misery they fuel, can exacerbate HIV vulnerabilities in transgender populations. Furthermore, the explosion of transgender advocacy against these social initiatives, as well as mass organizing activities, highlights the importance of civil society in fostering unity and social justice during the Covid-19 pandemic to combat Covid-19, the Peruvian government adopted a regulation limiting resident mobility depending on gender. Only men can go out on Mondays, Wednesdays, and Fridays, according to Peruvian President Martin Vizcarra, and only women can go out on Tuesdays, Thursdays, and Saturdays. No Peruvian civilians will be permitted to leave their homes on Sunday. These prohibitions were extensively publicized by government-sponsored signage, which included infographics that were widely shared on social media sites, online websites, and television news channels, as well as written pamphlets placed in public spaces that were regularly patrolled to ensure physical separation. In reaction to the desperate need to implement physical distancing to prevent the novel Covid-19 from spreading faster than the Peruvian health system would react, this legislation represented an escalation and the country's most strict regulatory action to date. According to the Peruvian authorities, there were over 25,000 confirmed cases of the Covid-19 as of mid-April 2020, and at least 700 people died as a result of Covid-19 complications. Under the ongoing national emergency, gender limitations were imposed, including country-wide curfews restricting all travel after 6 p.m., enacted by the Peruvian armed forces and police. As evidenced by videos, images, and messages circulated on social media, enforcement of these laws has been especially harsh within Peru's transgender population. In one video, three transgender women were openly mocked by officers, who ordered them to sit and bounce while declaring, "I want to be a male, I want to be a man." Sexual harassment, identity policing, and other transphobic acts have also been documented as examples of physical and symbolic abuse directed at transgender people. https://youtu.be/mj_52-8hWbs

According to the Pakistan bureau (2021) The Pakistan government imposed a lockout on the 23rd of March 2020, which was extended until the 3rd of May 2020. As a result, public spaces have been closed, police have imposed travel restrictions, and hand and cough grooming procedures have been prescribed to avoid further spread. Pakistan had 42,836 confirmed cases of Covid-19 as of May 4, 2020, with 1,389 of them dying, resulting in a fatality rate of more than 3%. While successful in combating the disease, it has harmed many people, especially transwomen. Since the beginning of the Covid-19 pandemic, several studies have been conducted to better understand the impact of the pandemic on infected people, other affected and vulnerable people, healthcare workers, and others (Armitage & Nellums, 2020). The current research assesses the transgender/hijra population's understanding of COVID19, food shortages, access to healthcare facilities, and psychological reactions during Covid-19 in Islamabad.

With the Covid-19 pandemic spreading exponentially around the world, limited medical services have been devoted to treating Covid-19 sick people, and so-called non-essential medical treatment has been put on hold. Though there is agreement that Covid-19 treatment should be prioritized, an increasing number of health care professionals and patient advocates are concerned about the (long-term) ramifications of deferring other medical care (Wang & Zhang, 2020). This pandemic would have a particularly negative effect on those who rely on adequate medical and mental health services as the global epidemic begins to spread, instilling uncertainty and anxiety without providing a consistent outlook. The (mental) health status of the groups who remain out of scope throughout the Covid-19 crisis, including those in disadvantaged positions and with previous health issues, is largely unknown. We voice our concerns in this Guest Editorial about the deferral of most gender-affirming (medical) therapies, as well as the direct and indirect impact this could have on the public (mental) health of transgender and gender nonconforming (TGNC) persons, as well as the health system that supports them We discuss this group's heightened insecurity, the accumulated stress (physical, emotional, and socioeconomic) for many TGNC people, and why gender-affirming medical and mental health services should be prioritized as nonessential medical care is reintroduced (see also Bowleg, 2020; Wang et al., 2020).

TGNC people affect a large segment of society, including teenagers, youth, and adults

(Goodman et al., 2020; Zucker, 2017). In a significant portion of this population, the misalignment of gender identity and physical traits causes dysphoria and serious mental health issues (e.g., Dhejne, van Vlerken, Helens, & Arcelus, 2016; van der Miesen, Nabbijohn, Santarossa, & VanderLaan, 2018). Gender-affirming therapies have been found to improve the physical and mental health of TGNC adults on several occasions (van de Grift, Elaut, Cerwenka, 2016), as well as when they were young (van, 2020). Gender-affirming treatments for TGNC people can include mental health care, such as psychiatric therapy and/or medical treatments. Both facets of treatment are critical in delivering appropriate gender-affirming care due to the complex needs of care-seekers. Yet, due to waiting lists, rigid medical requirements, or logistical obstacles such as travel distance or a lack of benefits, getting this critical care has become difficult (Puckett, Cleary, Rossman, Newcomb, & Mustanski, 2018). In many countries around the world, basic access to gender-affirming medical services is still a severe issue; a recent study in the Netherlands, for example, showed that 67 percent of adult TGNC care-seekers waited more than 18 months for an initial intake and hormone injection, and another 6 months for surgical intake (Ministry of Health, Welfare, and Sports, 2019). In certain areas, transgender people do not have access to gender-affirming services (Puckett et al., 2018). In the short term, a lack of sufficient treatment can lead to an uptick in self-medication of gender-affirming hormones, which could lead to physical hazards if not monitored properly. Deprivation of adequate treatment can increase the allosteric load (i.e., stress), depression, non-suicidal selfinjury, and suicidal ideation and behavior, in the long run, resulting in a shorter lifespan (White Hughto, Reisner, & Pachankis, 2015) Not just the commencement of therapy, but even the continuity of continued care and assistance are critical in this regard (Wiepjes et al., 2020).

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 discrimination in society. Transgender being marginalized segment of the society, faces various types of discriminations in society. The miseries and agonies of transgender were multiplied during lockdown. further Usually, life of any transgender is very difficult to pave the way

towards education, health, and other necessities of life(young, 2000) however pin (2020) stressed that it is becoming more crucial in COVID 19 pandemic where transgender lost their livelihood due to lockdown in the countryside, during covid-19 pandemic transgender lost their income sources like beggary, money from sex and etc. due to lockdown system imposed by the government to reduce the risks of Covid-19 during this course transgender faced serious consequences like excess to the health and income issues, therefore, the current research aimed to explain which kind of strategies transgender adopted to conquer the Covid-19 consequences.

1.2 Research question

How do transgender manage the unusual situation in Islamabad due to Covid-19?

What strategies are transgender adopted by transgender to counter the socio-economic issues in Covid-19?

1.3 Objectives

The main objective of the research is to

explore the strategies adopted by transgender during the Covid-19 lockdown. explain the

impact of Covid-19 on the economic status of trans genders.

Figure out the health issues faced by transgender during Covid-19.

1.5 Significance Of The Study

Covid-19 has introduced in a new way of life for society. The impact of Covid-19 on the transgender community is unknown, but current literature suggests that some issues may arise. The stay-at-home mandate may cause them to feel more isolated than they are accustomed to, and they may experience more anxiety and depression. According to prior research (Haas 2014, Jaffe et al 2014), one would expect that due to a disruption in their gender-affirming daily routine or decreased access to public/social affirmations, they would experience distress (Pflum 2015), they may struggle to keep up with basic routines

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such as maintaining their outward body image or slacking off on their hygiene regimen. Individuals who work out on a regular basis, for example, may have to adapt their usual workout regimen to a home version, reducing the amount of work they can do to maintain their body image. An initial assumption is that this will result in increased dysphoria, anxiety, and depression. Similarly, cancelling or postponing a gender affirming surgery may result in (increased) depression and dysphoria. Other less direct effects could include an increase in negative body image combined with elevated mental stress, which could lead to an increase in substance abuse, suicidal ideation, or other self-harming behaviors, all of which are already prevalent in this population. On the other hand, there are reasons to believe that things will turn out better. This is a pre-existing and empowered population (Bockting 2010, Frese et al, 2017) that has worked within society for decades, establishing a sense of family and community and creating their own safe spaces.

CHAPTER 2
LITERATURE REVIEW

The literature review is done before on start the study. And this review of related literature makes a vision clear and provides the conceptual framework of the study. In review of literature articles and books have been reviewed.

2.1 Transgender

Denoting or relating to a person whose sense of personal identity and gender does not correspond with their birth sex (dictionary).

Transgender is a term for people whose gender identity, gender expression, or behavior differs from that typically associated with the sex to which they were born. Gender identity refers to an individual's internal sense of being male, female, or something else, whereas gender expression refers to how an individual communicates gender identity to others through behavior, clothing, hairstyles, voice, or body characteristics. The term "trans" is sometimes used as abbreviation for "transgender." While transgender is a good term to use in general, not everyone who has a gender-nonconforming appearance or behavior will identify as a transgender person (Herry 2007).

2.2 Survival

The state or fact of continuing to live or exist, typically despite an accident, ordeal, or difficult circumstances (oxford dictionary).

An object or practice that has continued to exist from an earlier time (webster 1989).

The act or fact of living or continuing longer than another person or thing (google).

2.3 Covid 19

Covid-19 is a coronavirus disease caused by a new strain. The letters 'CO' stand for corona, 'VI' for virus, and 'D' for disease. This disease was previously known as '2019

novel coronavirus' or '2019-now.' Coronavirus disease 2019 (Covid-19) is a disease caused by a novel coronavirus now known as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2; formerly known as 2019-Nov), which was discovered during an outbreak of respiratory illness cases in Wuhan City, Hubei Province, China. It was first reported to WHO on December 31, 2019. The WHO declared the Covid-19 outbreak a global health emergency on January 30, 2020. The WHO declared Covid-19 a global pandemic on March 11, 2020, the first such designation since declaring H1N1 influenza a pandemic in 2009.

2.4 Operationalization

Operationalization is a process of driving broader terms in current research by defining the current social phenomenon is known as operationalization.

2.4.1 Transgender

Transgender are 3rd class citizens in Pakistan where they do not preserve their basic rights like education health shelter and food, they are adopting inhuman professions to earn and survive, In Islamabad Pakistan they are living in different slums where they set their living standards and have their social integration with another transgender.

2.4.2Survival

It is a method of sustaining life at any cost by affording all necessities and resources needed. during Covid 19 transgender adopt different ways to sustain their life so that they can live, however the lockdown at countryside unable them to meet all the basic need like health facilities. In the Covid 19 pandemic, they face crucial health issues due to the unfair treatment of the society with transgender.

2.5 Economic Vulnerabilities

Prior to the pandemic, approximately 667,100 transgender adults in the United States lived below 200 percent of the poverty line. In 2020, 200 percent of the poverty line equated to a yearly income of $25,520 for a single person living alone. During the Trans Pop survey period (2016-2018), the annual unemployment rate for transgender adults averaged 12.8 percent, while the national unemployment rate ranged from 3.9 to 4.9 percent. 12 At the start of the Covid-19 pandemic, we estimate that 139,700 transgender adults were unemployed. 13 Recent job losses as a result of official orders enforcing social practices are likely to exacerbate existing employment disparities. Homelessness has become a problem for many transgender people, placing them at risk amid the Covid-19 pandemic. Before the Covid-19 outbreak, 96,400 transgender people said they had been homeless in the previous year. People who are homeless may be reluctant to practice social distancing and hand washing, all of which are recommended methods for preventing Covid-19 infection. 14 Furthermore, people who are homeless also seek refuge and facilities in congregate environments, which pose unusual risks for the virus's dissemination.

2.6 Social Vulnerabilities

We report that 294,800 transgender people live alone, based on results from the National Center for Transgender Equality's 2015 U.S. Transgender Survey (USTS). 16 Living alone will increase loneliness and expose you to some dangers. It is advised that elderly people and those with health problems that place them at risk stay at home as much as possible. 17 Many that live alone and are cut off from family and other networks may need extra help with health care and day-today activities. It's important to remember that many people, especially transgender people, may not feel comfortable at home. Because of their gender identity, many transgender people face tension or alienation from their families. For example, 801,100 transgender people claim they have a tense or conflicted relationship with their parents. 18 Besides, we report that 755,900 transgender people have witnessed intimate relationship abuse in their lifetimes, based on evidence from the 2015 USTS. 19 Official directives to prevent the spread of Covid-19, such as "stay-at-

home" orders, can force transgender people to live with family members who do not recognize their gender identity and may place transgender people at added risk for intimate partner violence.

Effects on Physical Health: Risk of Severe COVID19 Infections and Limited Follow-Up Male sex, obesity, and coexisting physical health conditions, such as hypertension, are among the early evidence-based characteristics of individuals at risk of contracting more serious Covid-19 infections and less favorable outcomes (Hu et al., 2020; Pozzilli & Lenzi, 2020; Zhou et al., 2020). Since there is little information on the path of Covid-19 infections in all people, it is particularly unclear how studies on sex differences, rather than gender differences, apply to TGNC people. Who is in jeopardy? Many who identify as male (and are on hormone treatment) and/or those who were born with a male body but have a non-male gender identity? Though some speculate that testosterone can play a role in the progression of Covid-19 infections (Pozzilli & Lenzi, 2020), definitive evidence is missing. Besides, TGNC people are more likely to be overweight due to a lack of body consciousness and obstacles to athletic participation (VanKim et al., 2014), putting them at risk for serious Covid-19 infections. Furthermore, future cardiovascular conditions, as well as persistent stress, could affect immune system activity, placing TGNC people at much greater risk. Gender-affirming medical therapies, on the other hand, have been shown to improve physical wellbeing and reduce stress (White Hughto et al., 2015), and therefore can shield TGNC people from more serious Covid-19 infections. Aside from the immediate health consequences of more acute COVID19 diseases, TGNC individuals may be at risk for a variety of physical health problems or complications due to a lack of access to gender-affirming medical services. Long-term suboptimal levels of gender-affirming hormones have been linked to an increased risk of osteoporosis and cardiovascular disease (Defreyne, Van de Bruaene, Rietzschel, Van Schuylenbergh, & T'Sjoen, 2019). Less access to postoperative follow-up treatment may lead to voiding problems (e.g., urinary tract hesitancy) or an elevated risk of needing reoperations in the future. This is especially important for TGNC people, as it has been documented that they are already afraid to seek medical help because of shame and confusion (Kosenko, Rintamaki, Raney, & Maness, 2013).

2.7 Kinship, Social-Economic Organization, and Belief System

A close family system exists in transgender just like it exists in a normal family except it is not based on blood relations. A guru is like a father or a mother to the family/group of transgender. This group/family may consist of 4 to 5 people, called chelas, who call their guru as abbu or Ammi" (father or mother). These chelas are like brothers and sisters to each other. Chelas of particular guru's chela is like grandchildren for that guru. They respect the guru as their actual grandfather or grandmother and the guru loves and cares for them as if they are his actual grandparents. Transgender can't give birth to any child so they do not have normal blood relationships. But they are knitted in a close family system. When a transgender binds him into a kinship with another transgender, he/she invites him to his birthday party, Eid, or another special occasion to announce their relationship to the broader transgender community.

2.8 Kinship among Transgender

2.8.1 Guru

Hijras are usually the most oppressed and discriminated section of society. Discrimination begins from their own homes where they are banished to enter the house as they are considered to be the cause of shame for their family. These homeless individuals are forced to live in the Guru-Chela system. In this system, gurus are considered as the heads of the family. Providing shelter and food to the family is their responsibility. The Guru earns a set percentage of the earning of his chelas as a commission in return for providing them with accommodation and association to their community.

2.8.2 Chela

Chela is the student of that particular guru. After taking the shelter into the guru chelas system the guru has to train the new member because the new transgender person has no idea about life in the guru chelas system. Guru trains the new member according to their

tradition and custom. Chela has to be learned all the things that the guru does when the guru realized that chela learned almost all the thing the guru allow her to do work in society.

2.8.3 Girya

Girya is the same as the lover of someone. In the transgender community, every Trans have at least one lover they called him girya. Girya spent the most time with his Trans at her home. On every occasion of happiness, he gives them a gift and buys her new clothes. Transgender love him like a lover or husband they do sex with him or share everything with him.

2.9 Socio-Economic Organization

2.9.1 Social organization

After leaving the parent's house they join their community. The community takes them as children. During the research, the researchers observe their social organization. There are five or six transgender who lived in one house. The old one is called Guru. Guru means can be a teacher, caretaker, and well-wisher. Guru treated other members of a home as a father or mother and other transgender call him Abu (father) and Ammi (mother). After leaving the home of the guru for any kind of work or just walking on the street Guru should be informed. The role and duty of Guru remain the same just for showing the parenthood among transgender after leaving their parents' house transgender person was facing stressed and stigma guru tried to console her with affection and love. Guru takes dancing programs from her recourses and sends her students or children on those programs Guru also deals with the problems outside the house like hospitals and sometimes police stations. After a month ago there were birthday parties of transgender the police rate on them and arrest all transgender and other people. The respectable and rich people of the city were also arrested with them. After one day and one night, all the transgender and other people were outside of jail. Transgender people also considered socially strong communities in Guru has many contacts with the respectable person and

also with the police personnel when the need guru contact with them and save themselves from the problems.

2.9.2 Dress Pattern among Transgender

Every transgender considered him/her as a woman. Although a transgender person can be a man, he shows herself as a girl and acts like a girl. According to my respondent ―, we (hijra) maybe men in looking but our soul is female" and that's why we do each and everything like another woman did. In dress patterns, they use to wear female dresses at parties and functions but at home, they wear almost women-style clothes but often they wear male dresses.

2.10 Economic Organization and Sources of Income

2.10.1 Economic Organization

Transgender lived in groups in the group leader called guru. They earn from dancing and sex work. They dance at marriages and birthday parties. In group life, they have to pay some bills. After the dancing program, they sit and distribute the money equally from each other. If they have the routine work of dance in marriages session every day after the program, they distributed the money and then sleep. They lived in rented houses the house rent was equally distributed to the members of the house. Other bills like gas electricity and water are also distributed. For food, their person for cooking and the hired person goes to market and purchased fresh vegetables for them. The pay of that person is also divided among the members. Alter these expenditures, they sent money to their home and keep the money in their pocket. They spent their money on dresses shoes and makeup items. The money earns from sex work is invisible to the guru. The money that comes from sex is not distributed. They do not include money in their monthly income. Almost all of my respondents are not from Islamabad, they are from south Punjab and they have families, who were very noy supportive. They lived in Islamabad to change their for good earning. After paying the dues of home rent and other bills, they send money to them selves.

There are some popular and practical ways to earn a livelihood in the transgender community. Some of them are elaborated on in the following paragraphs.

2.10.2 Begging

The researcher encounters a TG; named Fozia, during this research, who is a guru as well. her own words, the ones who are haijras by birth beg only from households. There exists artificial transgenderism too, and these people beg from every place, shop, and household. Although nobody likes to beg for his basic needs, even if he is a hijra, there are so many barriers and obstacles for us to get a decent job that force some of us to beg for money. According to her the life of Transgender is full of miseries, all the grief and sorrow of the world belongs to our community.

2.10.3 Dancing

Dancing is a very common profession in the transgender community. There is a demand for transgender dancers in marriage ceremonies, birthday parties, and other special occasions. The transgender dance groups demand a hefty sum of money from the party organizers which is usually paid as demanded. Throwing currency notes on the bride, groom, chief guest, or a good performing dancer during these functions is a common practice too. These currency notes are Collected by the TG dance group. According to my respondent, they earn a handsome amount during the wedding season from these dance parties. They distribute this income among them and the guru has his share too.

2.10.3 Laag

On special occasions in the family like marriage, the birth of a first child, or the first male child, transgender go home to demand "Laag". The concept behind the long is that the family should share their happiness with the underprivileged section of society by giving them some money or commodities. Usually, people consider it a right of the transgender community and give them whatever they can, with their own will. Guru, along with some

senior chelas, goes for the collection of Laag. They perform some stunts like dancing to cheer up the family and bid them good luck on their special occasion.

2.10.4 Sex Work

Transgender people also take sex work as a profession. They allow people to have sex with them in return for money. In Islamabad I Locale, the situation is different. According to one of my respondents, they do offer sex in return for money but they offer it to very few people with a gift from someone with whom they made love. They have sexual relations with their boyfriends (Girya) and also have sex with a person who looks beautiful and handsome. They do not divide the money among other members of the house because this is considered a personal thing instead of the professional income as in the case of dancing

2.10.5 Belief System among Transgender

The transgender community is generally religious with their interpretation of Islam. They offer Namaz five times a day, observe the Fast, perform Hajj and Umrah, and routinely recite Quran and love Prophet Muhammad (PBUH) and Punjtanpak. My respondents have, more or less, the same opinion about religion. One of my respondents said that "for me, Islam is about serving humanity and observing five pillars of Islam. Islam tells us how to live in social life, how to behave with kids and how to give respect to our elders, how to run the life cycle, how to run business and economic affairs, how to behave with parents, how to treat women and other genders. Islam takes serious action to protect the rights of slaves and animals. Islam is a peaceful religion that only fights for injustice. But now so-called Maulanas misuse the name of Islam for their interest, they misuse the principle of Islam. They target the young generation and make them terrorists through brainwashing and then get benefits from innocent people who sacrifice their lives in the name of Islam. There are live basic rituals for any Muslim in the religion of Islam that are considered as five pillars of Islam.

2.10.7 Roza:

Fasting in the month of Ramadan is compulsory for every adult Muslim. In Arabic, the Soam word is used for fasting which translates as ‗to refrain‘. In Islamic literature, the term is used to refrain from drinking, eating and sexual activity from dawn to sunset. Allah says in Quran; ‗O you who believe, Soam is prescribed for you as it was prescribed to other before you so that you may become self-restrained. According to my respondents, they do not fast in Ramzan, because they have to earn money in different ways so they avoid keeping fasting in Ramzan.

2.10.8 Zakat :

Zakat is giving away a proportion of one‗s wealth to charity. It is a type of worship and self-purification. This pillar of Islam applies to people who have wealth more than what they need. Transgender community needy community in society they do not have much money to give Zakat, but some of my respondents are wealthy they earn much and they give Zakat to poor people once a year.

2.10.9 Hajj:

Hajj refers to a Muslim‗s journey to Mecca. It is one of the five pillars of Islam. It is obligate for everyone to perform hajj once in a lifetime. This journey is known as Hajj in Arabic. It is performed in the month of Zill Hajj. Unfortunately, transgender people cannot go to Mecca. The government of Saudi Arabia banned them. According to my respondents if they have a male ID card then we can go to Mecca for Hajj.

2.11 Rituals among Transgender

2.11.1 Eid ul Fitr and Eid ul Azha

The transgender community celebrates their kids within their community as they do not live with their families. Some transgender celebrates with their families too. Some of my respondents said that our families do not give as much importance to us as other family

members enjoy. Their families think that they brought shame to the family. One of my respondents told me that he met with family after seven years on the death of my mother and on that sad occasion his siblings asked him to never come back again because people taunt us because of you. He told me the story of her Eid in-home _I went to my neighbor's home to meet and celebrate the Eid after meeting Eid they gave me sweetly. While leaving their home aunty gave me 50 rupees as Eid but I refused to take it and said I just came here to meet you and celebrate my happiness with you, not for money. After this incident I never went to someone's home she said _we are human beings and we live away from our families and home. We also want to spend time with our relatives and want to enjoy the company of family, but we deprived of these blessings by our society'. One of my respondents said that they celebrate Ramadan with their families. Some visit their families on Eid because the other siblings are married. My respondents also said that we buy clothes and gifts for our families and celebrate Eid with family.

Respondents also told me that on the day of Bakra Eid, people do not give meet to the Hijra community because they don't consider them a part of the community. Not all Haijras sacrifice the animal as most of them can't afford it. _We also have the right of share the meat of our sacrifices on Bakra Eid but people do not even accept the meet from us as if they think of us as nonmuslims and as if we have no right to sacrifice for God' one of my respondents iterated in front of me. They told me that after the Eid celebration is over and everyone has come back to the community from their families, the guru arranges the Eid party for all those who couldn't go to their families.

2.11.2 Eid Milad-Un-Nabi (PBUH)

Eid Milad-Un-Nabi is celebrated as the birthday of the Holy Prophet Muhammad (PBUH). It is considered Eid day in the Muslim community. Transgender believe that Prophet (PBUH) is the source of "Bakhshish" for every Muslim, We can't consider ourselves a Muslim and a successful person; both in this world and the world to come; without his blessings. They celebrate Eid Milad-Un-Nabi with feelings of happiness and respect for the Prophet (PBUH). They organize possessions and ceremonies of Milad-Un-Nabi in their homes. They invite, not only, Haijras but their families and the general public too on this occasion for the sake of the Prophet (PBUH). They also told me that

the first Milad ceremony is arranged at the guru's home after that his chelas (students) start arranging Milad at their own homes. They also arrange Nazir (holy food) in Milad. They buy new clothes on this occasion just like the other two Eids. They get it for this special occasion. They also recite Tilawat e Quran Pak and arrange mehfil-e-Nat (praise of prophet) on the day of Milad. Some Haijras cook food for people who participate in Milad gatherings, every member of that home does some work on this occasion for their good fortune. They think that after the Milad-e-mehfil in their houses, the house became pure (Pak) and free from all evils and other supernatural beings. They believe that the Holy Prophet (PBUH) himself visits their homes at the time of Milad-e-mehfil and it is a great honor for any Muslim to be the host of the Holy Prophet (PBUH)

2.11.3 Birth and Death Rituals among transgender

One guru named Safdar told me that a few decades ago when a child of the third gender was born in somebody's home, the guru of that area used to go to that home and get a child from the family.

The guru used to look after that child till he becomes independent.‖ He also told me how it's very difficult to identify a hijra because the birth of an actual hijra by birth, who is called ―Namard‖ in the local language, is very rare.

2.11.4 Birthday Ritual

Birthday celebrations are very common among the transgender community. They celebrate their birthday as a ritual. The transgender celebrates this ritual with huge preparation and every TG wants her birthday celebrated as a model celebration for other transgender. Close friends of birthday. Hijra decorates the venue for this event or party. Usually, Girya(male friend of TG) does all arrangements for the sake of friendship. Special dresses are prepared for the events and birthday Moorat (TG whose birthday is being celebrated) tries to look unique and beautiful. She wears a magnificent dress which

is designed by her friends or guru. One of my respondents told me that she celebrates her birthday with close friends and a special dance party is arranged by her close friends. she shows some best dance performances especially dedicated to her closest friends. She told me to wait for the whole of year for her Birthday because she feels special on this occasion and her friend and guru try to fulfill her all wishes. she enjoys her birthday celebration more than every single day of the whole year.

2.11.5 Death Rituals

There are many myths around the death of the transgender community. When I inquire a respondent about rituals involving death, she told me that if someone dies in the transgender community, parents are informed first. If the parents and siblings are refuse to take her dead body, we as caretakers perform the usual rituals before and after funereal. we inform the members of the transgender community and they gather for Islamic rituals involving death like bathing for a dead body, covering in cloth, and offering her funeral. Neighbors and friends of the deceased person come for a funeral, after that they bury the body in the same graveyard speakers of the mosque and the people take the dead body to the graveyard. We cannot go to the graveyard for funeral prayer because the funeral prayer is offered by males and we are considered somewhat less of a man. We stay at home like other women when someone dies in our community. Recitation of the Holy Quran and Dua is performed by men at the graveyard. After the burial, we perform all death rituals like, Third day ritual of a dead body is called (Teejha). The Tenth-day ritual and 40th-day ceremony is called Chehalem (chalets) which is considered the last ritual for dead transgender performed by her community. If a transgender belonging to another religion dies her funeral rituals are performed according to the religion of the majority in the group.

2.12 Mental Health Effects: COVID Stress, Increase in Dysphoria, and Suicidality

In addition to physical vulnerabilities, TGNC people are more likely to have mental wellbeing issues, independently of the Covid-19 crisis (Dhejne et al., 2016). During the

Covid-19 pandemic, social alienation, anxiety for one's own and others' welfare, and the lack of routine harmed many people's mental health (Fiorillo & Gorwood, 2020). However, for many TGNC people, these symptoms are compounded by pre-existing mental health issues and reduced tolerance as a result of longer-term stress. Gender-affirming psychiatric treatment is critical for TGNC people suffering extreme body pain or societal stigma as a result of physical incongruence to reduce symptoms of (social) fear, sadness, hopelessness, and resulting suicidal thoughts (White Hughto & Reisner, 2016; Wiepjes et al., 2020). Insufficient access to this care, on the other hand, places a substantial mental health burden on this community. The ongoing Covid-19 situation not only delays gender-affirming medical appointments for people who already had clinical intakes or procedures planned, but it also means that access to care for all TGNC people will possibly be significantly delayed. As a result, many TGNC people spend a long time in the difficult twilight zone between assigned sex and experienced gender identity. Though the ramifications of delaying initial treatment are generally beyond the reach of health care providers (because people are on waiting lists), TGNC advocacy groups have also voiced their fears, indicating a rise in suicidal ideation among their participants (e.g., The Trevor Project, 2020). Furthermore, because of the shortage of high-quality telehealth, the duration and efficacy of mental health therapy could be reduced for those people who are not participating in outpatient mental health care, fewer resources for social and peer help are expected to affect (mental) wellbeing (de Vries et al., 2015). Owing to the lack of peer resources available to TGNC children, school closures may be distressing. Since TGNC people are already more alone and less likely to be in a partnership (Kuyper, 2017), relational alienation and social distancing can exacerbate these mental health intersections (Brennan, Card, Collict, Jollimore, & Lachowsky, 2020). Intersections of Health, Human Rights, and Socioeconomic Stress due to Socioeconomic Factors In general, social conditions have a major effect on (mental) wellbeing. Socioeconomic tension (e.g., lower job status and income) intersects with TGNC individuals' general well-being, in addition to the physical and mental health problems they encounter (White Hughto et al., 2015). Recognizing this connection, the Covid-19 pandemic, as well as the deferral of gender-affirming medical and mental health services, are likely to impact TGNC people disproportionately. Financial access to

gender-affirming services can be jeopardized if employment and wages are lost. Especially unsecureFurthermore, due to social distancing constraints, visiting TGNC-safe spaces is temporarily impractical, which could be more necessary when living in homes surrounded by abuse or transphobic stigma. Advocacy and stakeholder organizations on a larger scale can face additional challenges in organizing. Advocacy and stakeholder organizations representing TGNCs will certainly have fewer opportunities to provide general public health education in classrooms and by mass media. With the existing global limitations on holding gatherings and marches, it would be more difficult to address the need for TGNC people to have decent human rights. In certain countries, the TGNC law was still in jeopardy, but the new Covid-19 pandemic may drive the issue much further down the political agenda. Some governments have already used the state of emergency to file legislation that restricts TGNC rights (for example, legal gender recognition in Hungary; see Walker, 2020), and heightened discrimination has also been confirmed (Perez-Brumer & SilvaSantisteban, 2020), while several pro-TGNC bills have been placed on hold as a result of the Covid-19 measures. As the result, this would further hinder or jeopardize TGNC individuals' ability to receive adequate gender-affirming treatment and gender identification, placing them at risk of unfavorable health outcomes on immediate hold. Though there has been a steady growth in publications relating to transgender studies in recent decades (Wanta & Unger, 2017), the emerging pandemic may have long-term implications for this area, which still has many understudied topics and communities (e.g., transgender elderly, non-binary individuals, new surgical techniques). Data obtained after the Covid-19 pandemic could be vulnerable to distortion in ongoing surveys, since questionnaires on mental health, for example, would be heavily influenced by the present global situation. Since no systematic tests to evaluate the (mental health) effects on life during a pandemic have yet been established, This pandemic will also raise a concern about financial capital to do studies for researchers. 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 limit the formation of networks, the diffusion of science, and potential career options. Finally, travel restrictions and

cancellations of conferences could pose a danger to stakeholder participation in science involvement of TGNC stakeholders are growing (Bouman, 2018) and youth research (Strang et al., 2019). Since human contact facilitates listening, learning, and the exchange of views, the Covid-19 pandemic might challenge these developments.

2.13 Social Discrimination on Transgender People

Existing literature supports the fact that transgender people face significant discrimination in Pakistan, as Ahmed et al. (2021) investigated the comparative impact of discrimination in society and became victims of injustice and harassment. It has also been discovered that their low social status exposes them to physical, emotional, and voluptuous assault. Some transgender people are afflicted with various diseases, which force them to face attacks from the community. Even in their attempt to break the stereotype, they face violence and obstacles. In transgender people, Falak et al. (2020) discovered a significant positive relationship between perceived discrimination, social support, and psychological distress, as well as a significant negative relationship between perceived discrimination and social support.

Trans people in Pakistan face difficulties revealing their gender expressions that do not "match" the gender designations on their birth certificates, health cards, passports, drivers' licences, school, and medical documents in schools, shelters, hospitals, potential employers, or even police stations or medical centres. Transgender students want to continue their education, but school administration, teachers, and family members are not always supportive. Transgender people are also treated differently when they enter a shelter because they are not comfortable sharing homes with either men or women. They are also refused medical treatment due to doctors' rejection (Balsam, Beadnell, & Molona, 2013; Basow & Thompson, 2012), and the majority of trans-individuals choose alternative medicine for treating ailments (Khan et al., 2009) because they cannot decide whether to keep them in the men's ward or the women's ward (Mughal et al., 2019). Overall, the subcontinent's transgender population faces high rates of unemployment and underemployment. The trans-community is subjected to inequitable treatment, such as verbal abuse, physical and voluptuous violence; false arrests; denial of share in ancestral

property, services, and admission to educational institutions; and victimisation in a variety of settings, including family, educational institutions, workplace, health care settings, and public spaces (Yasin & Jauhar, 2018).

According to Mohydin (2018), family members of transgender people rarely admit that their loved ones are transgender. There is an internalised shame in coming out as transgender and committing to the risks that come with that label. While Sterzing et al. (2019) discovered that several trans-adults are victimised, (Atteberry-Ash et al. 2020) revealed that trans-highschoolers are subjected to the greatest number of forced rapes. According to Shah et al. (2018), the transgender community is socially excluded by Pakistani society, where they face physical abuse and discrimination on a daily basis. Evidence suggests that such attitudes predispose them to risky behaviour, forcing them to become commercial prostitutes, beggars, drug users, and even suicide attempters.

According to Rehan et al. (2009), the guru is in charge of managing his house's funds and meeting their needs. As a result, they are expected to turn over their earnings to the guru even if it means engaging in commercial prostitution. Unfortunately, such abusive violence can have long-term consequences for transgender people. According to Transgender Advocacy Organizations, these individuals do not seek supportive services (Burnes, Dexter, Richmond, Singh, & Cherrington, 2016) for two reasons: first, they are afraid of being "outed" in their community, and second, they have had a negative experience with medical and social service providers in the past.

CHAPTER 3

RESEARCH METHODOLOGY

Social research is a systematic and deliberate method of exploring new facts or verifying old ones. Research methodology means the philosophy of the research process this includes the assumption and value that serve as a rationale for research and the standards or criteria the research uses for interpreting data and reaching a conclusion. Thus research methodology determines different factors such as research writing hypotheses and making decisions, the specific objectives of this chapter are to shed light on various research tools, techniques, procedures being used in the current study (Bryman, 2016).

Research methodology is a systematic and scientific process used to collect data. The methodology includes different ways of researching interviews, surveys, case studies, and other techniques of research. It involves observation, analysis, and interpretation of data. Through research methodology the researcher designs. The topic of research is descriptive so the methodology is purely based on it. The research methodology includes methodology, methods, a tool for data collection, population, sample size, sample technique, unit of analysis, and locale.

3.1 Research Design

It is a detailed outline of how an investigation takes place. A research design typically includes the way data is to be collected, the instruments used for collecting the data, and the intended means for analyzing data collection (Marshall, 1998).

Several research designs are used in social science research both qualitative and quantitative. Quantitative research refers to the data in a match-logical form that is in numerical format. This type of data can be used to gather raw data and further represented in the form of tables and graphs. On the other hand in a qualitative approach, the data is gathered in textual form. It is typical in

descriptive form. After the selection of a topic appropriate methodology is employed which is finalized for collecting the data and then data is analyzed and finally interpreted.

At the end of the research findings are shared and future suggestions are given about the phenomenon. The research design used by the researcher in this study was qualitative.

This research is more descriptive and exploratory. As an anthropologist, the researcher believes in the assumption that reality is out there and should be studied holistically through direct observation. So the fieldwork is an essential and distinguished part of anthropological research. Based on an assumption about the ontology of research, the researcher has chosen a qualitative approach to conduct the research and that helped to take a holistic in-depth view of the issue under study. The researcher has tried to minimize the issue of qualitative research by adopting a wide range of techniques that are in-depth interviews, participant observation. The model of the current research methodology is designed below.

3.2 Data Collection Techniques

Data collection techniques is the process of gathering and measuring information on the variable of interest there is a collection of techniques that are used by the researcher to gather primary data it includes different techniques like participant observation, in-depth interviews, case study, key informant, etc.

3.3 Rapport Building

In Anthropological research, rapport building is an important component. It refers to trust and mutual respect-based relationships established with the community or the group where the research was conducted. Research can build a rapport through giving respect to local beliefs, traditions, and practices and being engaged with the local people (Denes, 2011).

Rapport building is the first step of fieldwork. Entering into the field the researcher has to make rapport otherwise it's difficult to get the information from people.

3.4 Participant Observation

Participant observation, for many years, has been a hallmark of anthropological studies. Particular participant observation has been used in a variety of disciplines as a tool for collecting data about people, processes, and cultures in qualitative research. Demunck and Sobo (1998) describe participant observation as the primary method used by anthropologists donning fieldwork. Fieldwork involves active looking, improving memory, informal interviewing, writing detailed field notes.

(Dewalt & dwelt 2002) note that male and female researchers have access to different people, setting, and bodies of knowledge. Participant observation is conducted by a biased human who serves as the instrument for data collection the researcher must understand how his/her gender sexually, ethically, the class may affect observation, analysis, and interpretation. Participant observation is a major technique for anthropological fieldwork is participation observation. in this technique, the researcher was lived with the people understudy for a certain time directly observing their general behavior and culture.

rituals, interactions, and events of a group of people as one of the means of learning the explicit and tacit aspects of their life routine and their culture. (Kawulich, 2005).

3.5 key informants

Key informants are another major source of information. According to Bernard, good informants are people who talk easily, understand the information you need, and who are glad to give you or get it for you. (Bernard 1994)

The selection of key informants is important. Therefore, they should be chosen carefully and the researcher must have to explain the objectives of his study to the key informants so that they can help him in obtaining valid and reliable data. This is an important research tool employed to study a community. It is essential and useful to achieve good results in any study. So, the researcher employed this technique and selected key

informants, firstly, to get the information about the community and to obtain the knowledge about different ethnic groups and secondly, to study the main research topic. The researcher selected the transgender community which was double marginalized in covid-19

3.6 Interview Guide

While researcher conducts an interview, they need an interview guide. The interview guide helps to direct the discussion toward the issues and the topic that researcher wants to know about. There are different forms of the interview guide, it would be open-ended and contain some themes on which there are some relevant questions. The interview guide was just for the guidance for researcher about what to do next (Kennedy, 2006).

According to Michael, Lewis-Beck, Bryman, and Liao (2004), an interview guide contains a list of themes about topics be covered which is called a semi-structured interview. Normally it is created before conducting interviews. So the researcher constructs for their feasibility.

Interviews were taken from forty transgender in Islamabad who were experienced and faced the current covid 19 pandemic. And also The interview takes one hour at least, it would be exceeded according to the situation and discussion. The interview guide is developed in English.

3.7 CASE STUDY

It is another method, which helps in collecting in-depth and details data about certain individuals. According to Lobovitz and Hageden, "Major advantage of case study lies in the richness of its descriptive examples that result from intense study of one or a few units" (Lobovitz and Hageden 1981)

Therefore, To gain more insight into the subject matter, five case studies are also included in this study. These case studies were collected from the transgender community which was impacted or double marginalized by covid-19

3.8 Probing

Probing is another research technique used by interviewers during interviews. It's used when the researcher feels the discussion was going out of the way so, to get the interview into the topic this method was used. Or in another way, respondents feel hesitation in answer giving probing was used. probing means repeating a question so the interviewee gets back to the track and was frequently used. The interviewer suggests helping the interviewee.

3.9 In-Depth Interviews

In-depth interviewing is a qualitative research technique that involves conducting intensive individual interviews with a small number of respondents to explore their perspectives on a particular idea or situation. An in-depth interview is another important technique that the researcher has used in the fieldwork to collect detailed information. After taking the sample of the community researcher has conducted in-depth interviews with the people taken in the sample. The researcher has Done to know what the particular person thinks about the under the research. The researcher has used this technique and interviewed different age groups transgender so the gathered data should be reliable.

During the interview, the researcher listened and picked up the relevant data. The researcher developed an unstructured interview guide to collect the required data and look the in-depth interview in a friendly environment To enrich the research through helping to gain profound exploration and understanding of the topic allows us to acquire deep information from each individual so the researcher used the in-depth interviews to collect data from respondents.

3.10 Unstructured Questionnaire

Unstructured questionnaire questions are used in qualitative research and most predominantly, in face-to-face interviews, a conversation can flow more naturally between the researcher and the respondent In this regard researcher developed an unstructured questionnaire for the people for the purpose collection of qualitative data.

3.11 Field Notes

Field notes are intended to be ready by the researcher as evidence to produce meaning and an understanding of the culture, social situation, or phenomenon being studied. The field notes may constitute the whole data collected for a research study and it is used to enlist all the events and write down the data detail (Emerson, 2011).

This method helped the researcher to arrange, manage and code all data every day. The researcher has used to take to used notes of that so that researcher becomes able to save the data of daily activities of the people. The researcher took field notes throughout the field work to note down any event, action, or discussion that is relevant to the research topic. During data analysis, a daily diary becomes an important professional document, whereas field notes serve to store the information, so we can say that daily diary and field notes are the core tools of research and are useful for researchers.

3.12 Recordings

The recording is another sophisticated tool. Sometimes it is difficult to remember or note down all the things in the notebook so that for the searcher's convenience, the researcher used to record the interviews of the respondents of only those who granted me the consent.

3.13 Mapping

By using this technique researcher was able to identify the geographical and historical, architecture, and educational landmarks with the locale area, and this technique also further helped the researcher in identifying the location of the importance of the locale that could help achieve the goals and objectives of my research.

3.14 Sample technique

Sampling is done to get more information and data about the topic in limited time and with little resources because it's difficult for the researcher to conduct interviews of the whole community at the time. Sampling is the method to secure the time and money of the researcher. And it can be more intensive to analyze things from many points of view. There are various types of sampling but I had used purposive sampling for my field purpose.

3.15 Sample size

My sample size was 40 respondents. In my research, I had used a purposive sample size because I just took those whom I could easily access. In my research, I also took the sample of transgenders who are impacted socially, psychologically, economically from Covid 19.

3.16 Ethical Consideration

Informed consent is the cornerstone of ethical research (Denzin & Lincoln, 2011). The term consists of two important elements, 'informed' and 'consent,' each of which requires careful consideration. Participants must be fully informed about what is expected of them, how the data will be used, and what (if any) consequences may result. Participants must provide explicit, active, signed consent to participate in the study, which includes understanding their rights to access their information and the right to withdraw at any time. The process of informed consent can be viewed as a contract between the researcher and the participants. Clear explanations should be included as part of the 'informed' aspects.

The ethical standard requires that the researcher not put the participant in a situation where they might be endangered or harmed as a result of their participation. Physical and psychological harms can result from participation. The purpose of the research was explained to the participant. The researcher did not display the respondents' private

experiences. The purpose of the researcher was clearly explained to the target population by the researcher. Anthropologists must ensure that research participants have freely consented to participate in the study..

- Who the researcher is,

- What the intent of the research is,

- What data will be collected from participants,

- How the data will be collected from participants,

CHAPTER 4

AREA PROFILE

Islamabad is the capital city of Pakistan, which I have selected as a locale of my research. This is known as an (ICT) Islamabad Capital territory because it's not located in any province of Pakistan. Yet it's in between two provinces Punjab and KPK. This city was constructed in the 1960s and officially on 14 August 1967 it became the Capital city of Pakistan. Exactly after 20 years of the country's independence, the first Capital city of the country was Karachi. Islamabad Capital Territory is divided into eight zones: Administrative zone, Commercial District, Educational Sector, Industrial Sector, Diplomatic Enclave, Residential Areas, Rural Areas, and Green Areas these eight divisions are made by the Administration of (ICT). The total territory of Islamabad is (1,165.50 km2) and (450.00 sq mi), whereas the Urban areas are (906 km2) and (349.81 sq. mi). According to the census of 2017, the total population of Islamabad was 2,006,572 and in Urban 1,014,834. This city is naturally beautiful and has also been considered in the top 10 beautiful Capitals in the world. Islamabad and Rawalpindi are the twin cities of Pakistan Whereas Rawalpindi is the Headquarters of the Pakistan Armed forces (GHQ). Islamabad is the Capital city known as elite class people, but within the city, there are rural areas as well. This combination of Urban and rural coerced me to do my research on survival strategies of Transgender in covid-19 of this city.

4.2 Locale

My research locale is Islamabad Capital city itself; I have divided it into different parts for my research. I have targeted and selected some important and reachable places so that I can easily conduct my fieldwork. The targeted areas which I have selected for my research are mostly known as parks, business centers, Hotels, shrine graveyards, and traffic signals. I conducted my research and did my fieldwork in Bari Imam Shrine, Melody Market, Quaid-i-Azam University Huts, Kachi Abadi, and (Lake View Park).

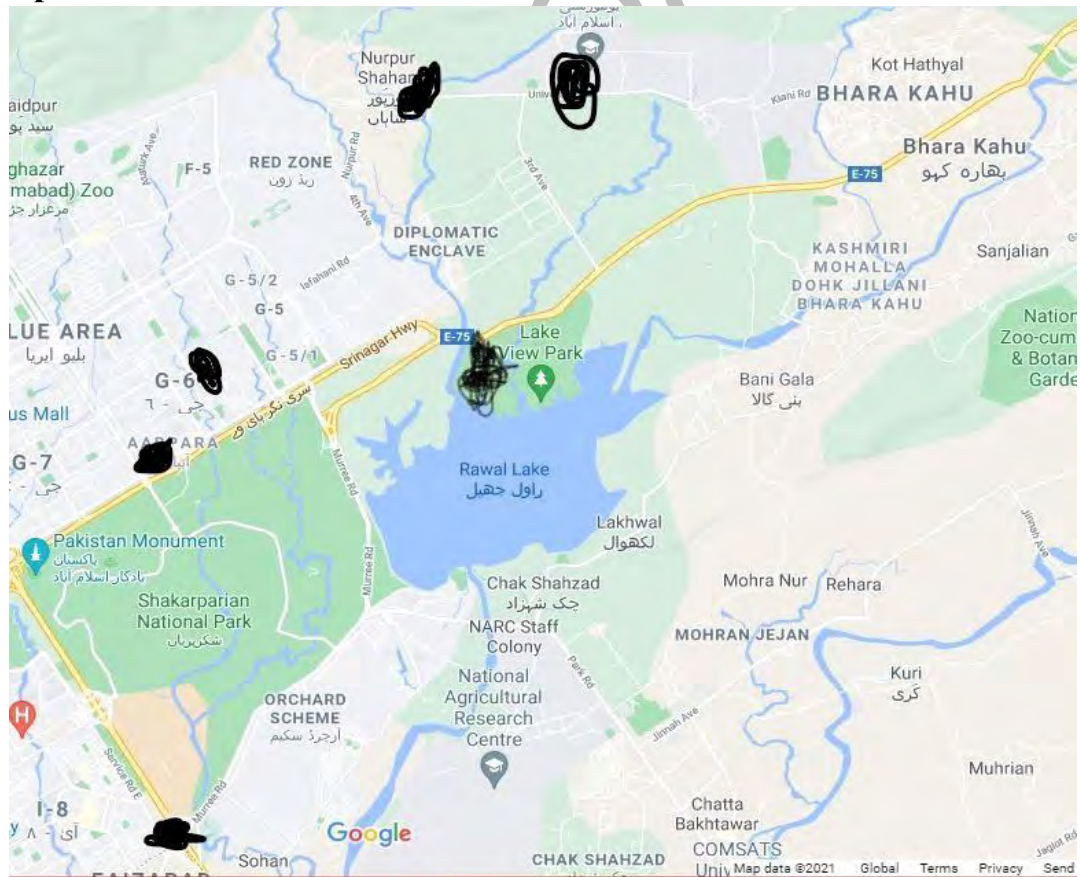## 4.3 Map of Islamabad and Select Areas of Field Work

Figure Map of Islamabad and selected areas of research locale the black marked spots are the fieldwork areas

4.4 Significance of the Locale

Islamabad is known as an upper-class people's place to live, but there is a large number of Transgender existing in the city. The purpose of my research can be achieved here because here the number of transgender is high. Many poor families migrated from village areas and came here to beg and serve their lives.

4.5 Climate

The climate of Islamabad is the same as the climate of Punjab, as June, July and August are the hottest months in Islamabad. The temperature in these months rises to 47 and sometimes it also touches 50 degrees. People in these months wear thin clothes and drink Lassi to counter the hottest weather. Whereas November, December and January are the coldest months in Islamabad the temperature falls to 4 degrees or sometimes it goes to 0 degrees.

Some well-defined seasons of Islamabad are as under.

- **Spring:** it starts from mid-February to mid-April.
- **Summer:** from mid-April to mid-July.
- **Monsoon:** it starts from mid-July till the end of September in this session city experiences heavy rainfall.
- **Autumn:** from October to November.

4.6 Culture

Islamabad being the Capital city has a diversity of cultures; however, the majority of the people belong to Punjabi culture. Islamabad is a hub for tourists and visitors national and

international. City also has many VIP hotels, restaurants, clubs, museums, parks, and zoos where can stay in hotels and enjoy their lives in the parks and Zoo. The embassies of other countries are also present here because it's the Capital city of Pakistan. That's why we see mostly international people here; they are living in hotels and rented houses. Due to the above-mentioned data, we can call Islamabad a multi-cultural city.

4.7 Language

The language spoken in my locale is a variation of different regional languages. People in Islamabad speak different languages and their different variations. The most spoken languages are Punjabi and Urdu. On the other hand, there are many migrated people in Islamabad. They speak Pashto, Kashmiri, Pahari, (Handke). But most of the inhabitants can speak Urdu very well.

People, who migrated from KPK speaking Pashto and those who migrated from different parts of Punjab, speak different variations of Punjabi.

4.8 Dress's Pattern

The dress pattern of people in Islamabad is typically the shalwar kameez for women and men sometimes wear kameez with dhoti in villages of Islamabad like Kachi Abadi. But due to the high rate of globalization people adopted the western pattern of dressing. Most of the Transgender were shalwar kameez. The dresses of the Transgender were very fancy type.

4.9 Religion

The majority of the people in Islamabad are Muslims. There are many mosques in the city; the most famous masque is Fasil masque which has the capacity of ten thousand prayers at a time to pray. The other minority religions are Christian, Hindu, Sikh, and Qadianis.

4.10 Food Pattern

People of my locale eat three times a day, breakfast, lunch, and dinner. Their breakfast consists of tea, Paratha, and curry. In lunch, they eat curry along with chapatti, wheat bread. And in dinner they take a heavy diet rich families serve their food at the dining table but the middle and lower class eat food while sitting on the mat (carpet). Due to lifestyle changes, people use spoons and folks for eating, during my research I saw many people eat by hand. People eat healthy and Halal foods. People mostly prefer rice and meat over vegetables. Youngers do not like vegetables while older people do prefer them. Most children prefer junk foods, such as Pizza, Burgers, and other fast foods. Due to globalization the economic system, as well as the life strand of Islamabad people, changed.

4.11 Population of Transgender in Islamabad

According to Pakistan Beru of statistics report 2017 there are more than 133 transgenders are living in Islamabad and around Islamabad. however, there are 10000 total population of transgenders in Pakistan and 17 transgender are reported in Quaid e Azam University.

4.12 Transgender at Social hut in Quaid e Azam university

social hut is the most engaged hut in Quaid e Azam university which not only facilitate Quaidain also students of PIDE university there for transgenders prefer to frequently visit social hut so that they can bag more money from the students and owner of the hut also claimed that he is offering free of cost breakfast to transgenders.

CHAPTER. 5

TRANSGENDER AND CULTURE

As previously disclosed knowledge transgender people face discrimination at work, which leads to unemployment, economic hardship, and homelessness (Reback, 2012). Another significant study found that homelessness was linked to increased drug use among transgender people (Bauer, 2017). Such stigma, discrimination, and social exclusion have a negative impact on a transgender person's value and self-worth not only in wider society, but also among family members (Boza, 2014). From a financial standpoint, transgender people require access to good housing, employment opportunities, support, and protection that upholds their human rights through legislation and policies (Jones, 2015). Transgender people face many of the same challenges as other people because they have basic psycho-social needs that must be recognised, accepted, and cherished (Horvath, 2014). They feel isolated and lonely because they lack meaningful friendship, support, and social networks (Pantell, M. et al 2013; Stewart, L., O'Halloran, P., & Oates, J, 2018). Transgender people who received medical care had better mental health and were less likely to suffer from anxiety and depression (Rotondi, N. K., Bauer, G. R., Travers, R., Travers, A., Scanlon, K., & Kaay, M, 2012).

Trans-individuals have few opportunities for training and even fewer opportunities for employment, resulting in unnecessarily high levels of vagrancy and destitution (Movement headway venture). Transpeople understudies face hatred, partiality, and hostile conditions in schools, resulting in high dropout rates and few trans-individuals advancing to advanced education (Berkins, 2007). Aside from the aforementioned reasons, another reason for them not pursuing education is that they do not have a valid birth certificate to show at the time of admission. Parents of transgender children do not receive a birth certificate for their children. For those whose birth certificates are made, once the family realises the true gender of their child, they try to conceal it as much as possible, and thus these trans-children are denied access to this certificate (Tabassum, S & Jamil, S, 2014) Legal frameworks contribute to this exclusion by perpetuating

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imbalance and savagery against trans-individuals. All individuals are entitled to their fundamental human rights, and countries are committed to implementing these under international law, including certifications of non-segregation and the right to well-being. These encounters with serious disgrace, minimization, and savagery by families, networks, and state entertainers pose enormous health risks for trans-individuals, including an increased risk of HIV, emotional well-being inconsistencies, and substance abuse (Stroumsa, 2014). In Pakistan, the transgender community as a marginalized community of the society faces legal, social as well as economic difficulties. In the current study, different transgender narrate that they faced critical economic issues due to Covid-19.

5.1 SOCIALIZATION

In Pakistan, transgender people are regarded as abominations and are shunned by society. Unfortunately, no one is willing to help them, including the government. Although some care exists for them, there is a widespread lack of empathy toward them. Why isn't the government more concerned with providing rights to this underserved group? For many people, the gender identity issue has been a setback, damaging not only their personal life but also shattering their confidence owing to society's harsh attitude and unwillingness to accept them.

Individuals whose gender identity is ambiguous are referred to the as transgender or third gender. Although transgender people are neither males nor females, academics may use abbreviations like Male to Female (MTF) or Female to Male (FTM) to refer to them. Many barriers are formed as a result of society's pessimistic mentality, which is entrapped within the pessimistic mindset. Institutional hurdles obstruct the transgender community's ability to contribute fairly to their country.

There is a shortage of transgender accommodations, restricted educational opportunities, and, most crucially, healthcare is compromised due to the disdain given by healthcare staff. Furthermore, due to the persistent threats and harassment by society, there is an earlier start of mental health illnesses, increased rates of suicide, and mental distresses, which are prevalent and increasing exponentially.

5.2 Education and Transgender

However, in Covid-19 pandemic stigma association become more crucial as people conceived that if they meet transgender there will be easily transmission of covid-19 as they were stigmatized that they have homosexual attitude and they can have a tendency to transmit covid 19 in society there for they faced serious consequences of covid-19.

Because of the lack of a secure environment in institutions, Trans is less interested in education, even though they are attempting to find a safe location to assemble and learn. As a result of this, they are more inclined to Guru Dera than to educational institutions. During an interview with transgender people, two of them claimed that on their way to school, they met with other third gender people and were capturing away (zaif, 2014). According to the survey, 45 percent of Trans live individually, 35 percent with their Gurus, and 19 percent with their families, with a lack of support potentially increasing educational issues.

In Islamabad, researchers observed in the field that two programs for third genders were launched, and they expressed an interest in acquiring skills such as sewing, music composition, and choreography, but Tran's are largely ignored by concerned departments and organizations in vocational training. Transgender people are mainly illiterate, and there is no reliable information on their education. Some have completed matriculation and intermediate school, while only a few have obtained their bachelor's degrees. Transgender people are currently enrolling in institutions, indicating that they are interested in learning, and that, as a result of sexual and physical harassment, they are demanding alternate forms of education, such as academy-based rather than traditional classrooms. According to a United Nations Aids report, 42 percent of transgender people are uneducated, especially in the sphere of prostitution. In Khyber Pakhtunkhwa and Punjab, 30% of transgenders have completed primary school and 23% have completed secondary school, while 7% have completed college and then left. In addition, 40% of transgenders have no access to education, while joining Guru's company results in the termination of formal education (UNAIDs, 2014). Moreover, in Covid-19 pandemic transgender faced double marginalization due to covid 19 lockdown people did not accept

them at workplace even at education institutions and they were scared that if they meet transfers they will be a victim of covid 19.

5.3 Social Factors (Homelessness, Financial, Unemployment, and Social Support)

Homelessness is a problem for many transgender people. According to the CDC, (Centers for Disease Control and Prevention), there were 96,400 transgender adults who stated their gender identity. Having been homeless before the Pandemic caused by the Covid-19. A media a cross-sectional study carried out in 2018, the United States discovered that lesbian, Gay, Bisexual, and Transgender (LGBT) youth Queer (or Bisexual, Transgender, and Queer) is a term used to describe people who are bisexual, transgender Occasionally inquisitive) community People were evicted from their homes or the rate of home insecurity was twice as high. Three times the rate of suicide ideation suicide attempts vs. transgender people folks who do not have a problem with their housing. There have been tales of disastrous outcomes in this group of people For instance, a 38-year-old woman a transgender, HIV-positive, elderly person committed suicide by hanging in India herself, ostensibly as a result of the loss of medicines are inaccessible due to a lack of funds and a lack of availability. Due to lockdown, Another example is a 33-year-old transgender person who was a beggar in India and died by suicide because of his inability to earn, he committed suicide. Despite the COVID-19 restraints, financial issues are also identified by the CDC. As risk factors, anxiety, and unemployment for a high rate of suicide. According to them, The Trans Pop poll (from 2016 to 2018)21 the rate of unemployment among transgendered people. The number of adults was larger (12.8 percent) than the number of children. The unemployment rate in the United States as a whole (3.9 percent–4.9 percent) of the population COVID-19 resulted in a significant increase in unemployment, as a result leading to more economic inequities for transgender people, as well as progressive breakdown assessing their psychological well-being. Lack of parental involvement or acceptance trance has a negative impact on health in both cis- and transgender people. Children who are

transgender Minorities in sexuality Overall, ties have a lower level of satisfaction adoration from parents. Transgender youth are also subjected to a higher amount of child abuse than their cisgender colleagues. In a study conducted in Thailand, it was discovered that land, rejection by the family was a predictor of depression intensity, suicidal destination, and risky sexual practices among teenagers. Adolescents who are both cisgender and transgender. With the current pandemic, it's more important than ever to be prepared. "practice social distance," according to the instructing" and "staying at home" can help you save money. Frustration, sadness, and self-doubt are all risks.-these individuals' self-destructive thoughts, As a result, there has been a negative impact. Since many people's homes aren't safe. They may face additional scrutiny as a result of this. Animosity. Using data from the year 2015. The US Transgender Survey (USTS)8 is a survey of transgender people in the United States. It is estimated that 755,900 transgender adults were mated. In which they have been victims of domestic abuse in everyday life. Many of them face physical violence, money extortion, defamation, and have been raped in India. By officers of the law. According to a 2007 study that transgender persons make up 46% of the population while 44 percent and 56 percent, respectively, have been raped physical and verbal abuse, respectively, were documented. abuse.13 This unpleasant treatment amplifies the problem. Sadness, as well as thoughts of self-harm and death.

CHAPTER 6

HEATH ISSUES FACED BY TRANSGENDER IN COVID 19

Legal frameworks contribute to this exclusion by perpetuating imbalance and savagery against trans-individuals. All individuals are entitled to their fundamental human rights, and countries are committed to implementing these under international law, including certifications of no segregation and the right to well-being. These encounters with serious disgrace, minimization, and savagery by families, networks, and state entertainers pose enormous health risks for trans individuals, including an increased risk of HIV, emotional well-being inconsistencies, and substance abuse (Stroumsa, 2014). This [social isolation caused by Covid19] is nothing new to us... Everyone should now feel the same way we have over the years... [For the people of Pakistan], this is a simple war to fight because all they have to do is live in isolation." The real challenge for her is surviving in isolation if one has to live an isolated life, with a stigmatized identity, without family, friends, education, or a job. The transgender community is far more "concerned" about their livelihood; thus, "the transgender community's problems are far more than Covid-19" (TCM, n.p.). This brief heartfelt interview not only exemplifies a piercing portrayal of transgender life in Pakistan, but also hints at how the Covid-19 crisis, more than health issues, will have a devastating impact on the trans community's earnings due to market closures and wedding ceremony cancellations during the countrywide lockdown. This link between social isolation and a lack of employment highlights the difficulties that transgender people face in Pakistan.

In other words, Khan is concerned about the legal recognition of trans lives and rights in Pakistan, which is one of the significant ways to improve economic prospects for the trans community in Pakistan, more than the current pandemic crisis in terms of health and safety. Transgender people will continue to face socioeconomic and political alienation if these rights are not recognized, and they may end up working as beggars, entertainers, or sex workers. On the 7th of March, 2018, Pakistan's The "Transgender Persons (Protection of Rights) Act" was passed by Parliament, and it not only allowed transgender citizens to register with government offices, but it also prohibited organizations, private business

owners, and companies from discriminating against transgender citizens in the workplace. Because equal access to employment is a fundamental aspect of human rights as well as a means of gaining dignity and self-worth, this historic decision by Parliament on transgender-inclusive non-discrimination policies will undoubtedly transform the lives of one of the country's most marginalized people in a variety of ways.

Transgender persons continue to experience discrimination from service providers and staff across the social protection and health care settings and social security safety nets – this leaves them poorer and more vulnerable in the face of the Covid-19 pandemic.

Existing socioeconomic marginalization and health conditions mean that more transgender people are living in a state of multidimensional vulnerability and compromised health. Transgender and non-binary people living with hostile families under the current lockdown face stress and trauma, particularly those who have recently come out as trans, undergone sex reassignment surgery, or are taking hormones. The majority of transgender people are either living in temporary residences with other transgender people in cramped-unsafe conditions, or they are living alone in locations other than their places of origin. Because the majority of trans community members are semi- or poorly educated, there are obvious and serious gaps in understanding written information and precautionary guidelines regarding Covid-19. To educate people about Covid-19 prevention and response, a community-based awareness mechanism should be implemented. This should be combined with basic training on how to make low-cost masks, how to dispose of masks and gloves, how to maintain physical distance, and how to stay safe in their personal spaces. A group from this community has reported that their long-term medication needs have gone unmet as a result of the closure of OPDs in government hospitals. This necessitates an urgent re-prioritization of health-care services for those in need of long-term medical care. The majority of transgender people reported having no or very limited funds to purchase necessities of life. Given the uncertainty surrounding the end of the Covid-19 pandemic, there is an urgent need to explore alternative livelihood options for trans people in order for them to earn a living.

The preliminary findings highlighted the barriers that transgender people face, such as stigma and prejudice, that prevent them from disclosing their health and socioeconomic

status and seeking treatment. 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, as a result of the Covid-19 epidemic, leaving them poorer and more vulnerable. More trans people are vulnerable and in poor health as a result of social marginalization and health issues.

6.1 Health Vulnerability of Transgender in COVID 19

The COVID-19 pandemic has put further strain on healthcare institutions and highlighted the systemic barriers to care that transgender and gender nonconforming people must overcome. Patients and physicians have seen a system that can more equitably serve patients where they live thanks to the rapid growth of telemedicine in this time of need as well as cutting-edge virtual resources. There is a chance to develop a novel, improved standard to ensure that everyone, especially transgender and gender diverse people, can benefit from increased access to high-quality and compassionate health care, including primary, mental, and specialty care, rather than going back to the status quo of patchwork systems with numerous coverage and access barriers to gender-affirming care.

Transgender people experience severe health inequalities and mental health issues, making them a medically and socially vulnerable group. Globally, numerous people are affected by the coronavirus disease 2019 (COVID-19) pandemic, which poses serious health risks and causes excruciating psychological misery. Individuals who identify as trans experience previously unheard-of challenges with their emotional, physical, and social welfare, as well as access to medical care. Many obstacles to receiving care for transgender people already existed before the pandemic, such as a lack of specialized medical staff. As a result, very few transgender people receive gender-affirming surgeries and hormone treatments, especially in low- and middle-income countries. As a marginalized minority, transgender people may be more susceptible to illness and death during the COVID-19 pandemic because of injustices in laws and other social issues that they must contend with, such as laws based on binary gender norms. Additionally, most hospitals have cancelled or delayed elective treatments to conserve resources in order to avoid the probable overload of healthcare systems caused by COVID-19 cases.

Therefore, it is even harder for transgender people to get gender-affirming medical procedures like hormone therapy and surgery.

It's critical to draw attention to transgender people's mental health difficulties in addition to their access to medical care. Previous research demonstrated a link between gender-affirming surgery and a decline in mental health issues. Because of the issues brought on by COVID-19 that were previously described, it is likely that transgender people are also dealing with severe circumstances relating to their mental health. Due to uncertainty about the availability of future treatments and struggles with maintaining unwanted gender identities during the COVID-19 pandemic, we discovered in our transgender clinic in Beijing, China, that it was difficult to access hormone interventions and that this was associated with high levels of anxiety and depression.

Transgender people face a variety of barriers to health care, ranging from a lack of provider knowledge about transgender issues to the postponement of medical care due to discrimination by the healthcare provider. In a middle-income country, the transgender population is more likely to be excluded, leaving them vulnerable to inadequate access to trans-specific care, HIV prevention and care, and mental health care. According to a study conducted in Islamabad, the majority of transgender became sex workers due to a lack of employment opportunities, particularly during the covid-19 pandemic.

The World Health Organization recognizes the health needs of the transgender community and strongly advocates for the elimination of all forms of stigma and discrimination, both within and outside the health system. At the time, little was known about the prevalent health issues affecting transgender people in Pakistan, as well as the barriers to accessing health care services. The purpose of this study was to identify gaps in existing knowledge about disease status and barriers to health care access in Islamabad's transgender community.

Because of their gender identity, the transgender community is marginalized and at high risk of physical, social, and mental health issues. The purpose of this study was to learn about the various health issues that this group faces, as well as the barriers they face when seeking help from health care providers.

Respondent

Hina is from karahi and she is living in bari imam near Quaid e Azam university with her guru, she explains that during the coronavirus she faced a lot of issues during lockdown particularly health-related facilities are not provided 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 know 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.

During Covid-19, aid was given to the most vulnerable transgender people in Islamabad and Rawalpindi. In keeping with its commitment to 'Leave No One Behind,' UNDP in Pakistan conducted a rapid preliminary socioeconomic assessment with UNFPA's assistance to assess the impact of the Covid-19 pandemic on transgender people living in the twin cities of Islamabad and Rawalpindi.

This initiative is the first result of a collaboration between the Ministry of Human Rights (MoHR) and the UNDP Human Rights Taskforce on Covid-19 to focus on efforts

through a human rights lens. The assessment was carried out with a representative sample of 75 transgender people (50 in Rawalpindi and 25 in Islamabad) via transgender focal points in Islamabad and Rawalpindi — all of whom are also members of the National Implementation Committee of the Transgender Persons (Protection of Rights) Act 2018. The Ministry of Human Rights (MoHR) was on board to ensure government ownership.

The assessment included all geographical areas of Islamabad and Rawalpindi, and the assessment itself was disaggregated along with multiple categories including, but not limited to, key informants (age, disability if any, health status, pre-COVID19 employment/income generation capacity, residence, and any experience of Gender-Based Violence (GBV)).The sample size was loosely based on finding and in consultation with the trans-community, The assessment included all geographical areas of Islamabad and Rawalpindi, while the assessment itself was disaggregated along with multiple categories including, but not limited to, key informants (age, disability if any, health status, pre-COVID19 employment/income generation capacity, residence, and any experience of Gender-Based Violence (GBV)).

6.2 Mental Health of Transgender

During the Covid-19 pandemic, transgender faced acute mental stress as they expressed that they are totally relying on friends and other public places but during the Covid-19 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 Barakhoa Islamabad and live 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 transgender respondents said they changed their physical care routines more than female transgender respondents, whereas trans feminine respondents said they changed their cleaning and grooming routines more than trans masculine 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. 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. To retain social contact, they've changed their social engagements by returning to the organizations they used to visit.

In the Covid-19 is pandemic people does not accept transgender in public places, as rumors spread over the society that transgender are most targeted for Covid-19 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 a 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 floor one of them answered you people can spread Covid-19 virus so please not come near to us rather I will beat you by hearing these words I just ask 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 Covid-19 pandemic.

from the above statement, it is proved that transgender faced a very difficult time in the Covid-19 pandemic people did not accept them the way they had been accepted before the Covid-19, all these circumstances lead to frustration in lockdown.

CHAPTER:7

SUMMARY AND CONCLUSION

7.1 Summary

The researcher's investigation yielded a few intriguing results. Initially, 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. Trans feminine 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 miss-gendering. Others admitted that while dressed in gender-specific clothing, they needed to spend less time in public. This study emphasizes the importance of community-based resistance strategies among trans women in reducing the impact of social vulnerabilities and failing infrastructure caused by the Covid-19 pandemic. Data highlighted the importance of social cohesion to alleviate increasing levels of precariat (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 (bridging social capital) (linking social capital). Despite being presented separately, these forms of social capital were heavily intertwined. On the one hand, beyond bridging social capital, lideresas emerged as a form of bonding capital, as they articulated organizational efforts within the community while also challenging social cohesion and trust norms. Bonding capital, on the other hand, contributed to influencing institutions across power differentials (i.e., social cohesion to resist institutionalized violence) (i.e., police department policies regarding trans people and media representations of trans individuals). Overall, the findings were consistent with previous research 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). Trans women demonstrated strength by confirming their gender identity through activities such

as voice training. To maintain their physical shape and keep their dysphoria at bay, trans masculine people have modified their workout regimens to fit within the constraints of the stay-at-home mandate. They were less upset than their trans feminine counterparts because they didn't have to wear gendered items like binders as frequently. Existing scholarship on the marginalization and performativity of South Asian khwaja siras demonstrates that the third gender of South Asia has continued to negotiate their subjectivities across various domains of everyday life (Pamment, 2019; Hossain, 2017;). Many researchers have discussed a variety of concepts and processes that have resulted in the lack of social mobility and subsequent social and economic inequality of the khwaja sira community in South Asia in general and Pakistan in particular, drawing primarily on ethnographic fieldwork (Khan, 2016; Ghani, 2018; Abdullah et al, 2012). Because most third gender people are expelled from their homes at a young age, they receive little formal education. As a result, they have few or no opportunities for respectable work, resulting in several debates about the dignified and undignified forms of labor available to khwaja siras. Given the breadth of this paper. I am not interested in reprising the hierarchy between dirty and dignified forms of labor (Bean, 1981; Mount, 2020; Dutta, 2012; Chigateri, 2007) as a lot has been said about the acceptability of khwaja sira's exploitative work as well as their lack of access to socially valorized employment opportunities.

These underserved populations are more prone to mental illness and have lower resiliency. One respondent, HINA, exemplified this point by describing gender as a social and institutional construct that contributes to today's binary system. "Ironically, the use of social scientific research to capture indicators of systemic repression that disproportionately considers people to be "women" so that lawyers can lobby for programmed and policies to correct the disproportionate content of patronage and social exclusion." To the extent that gender can be linked to government involvement. Our society has been misled by old research conducted by foot white seismicity, who used their body as a standard against which any other type of presentation is deemed less natural. As a result, he experienced more dysphoria, but it was only mild because he knew he would still have surgery. Because they are often unfamiliar with male social interactions, what they perceive to be normal interactions may be regarded as unusual by

gender men. Some people use more skeptical bodybuilding to reduce suspicions in public because if they appear more masculine, a feminine attitude may be rejected.

. It may be capable of alleviating negative sentiments, as well as anxiety and stress, that people may be carrying within themselves by "redoing" gender. Outside elements such as Covid-19 would aid in the alleviation of underlying negative feelings that might arise if the social definition of masculinity differed for transgender men who choose to maintain their body image. This has the potential to completely rethink the feminine ideal for transgender women while also addressing negative self-image issues that affect all women, not just transgender women. This approach would be more in line with Goffman's views if the social notions that transgender people must adhere to were modified. Trans feminine people, on the other hand, have had the opposite experience, having been raised as males in patriarchal environments and losing their social agency as a result of the transition. They lack the social graces that women are expected to have in today's society. They develop a new consciousness in society as a result of their loss of social autonomy as they acclimate to appearing physically as feminine. This sharing of experiences in the community may help to improve individual body image and reduce self-hatred that a transgender person may experience during their transition. It may also help to strengthen community bonds and break down barriers between FTM and MTF people. The study identifies factors that increase the vulnerability of transgender women and hijra during the Covid-19 period. Lack of adequate knowledge, low-risk perceptions, non-adherence to Covid-19 safety measures, and fear of declaring Covid-19 symptoms were all observed among the study's transgender women and hijra participants. These factors may have an impact on their access to healthcare services during the pandemic. Despite the small sample size, reasons for fear, low risk perception, and non-adherence to Covid-19 safety measures and fear can be attributed to religious beliefs, internalized anti-trans discrimination, rumors, and a lack of access to reliable information. Future research with a larger sample size in this area may yield more insights. Future research with a larger sample size in this area may yield more insights. This is a problem for gay and lesbian people, as well as transgender people. Non-binary people would also be affected because the "box" they've been placed in under the transgender umbrella would be removed. Individuals who identify as transgender are social beings who exist in society at

the end of the day. When an incident like Covid-19 occurs, they are presented with a government imposed order that isolates them from their social habits and neighborhood. They rely on the tenacity instilled in them by their forefathers' customs to survive and maintain their mental and physical health.

7.2 Conclusion

The current research explored that in Covid- 19 pandemic the discriminated segment of society transgender faced socio-economic barriers, moreover Covid-19 epidemic, there are new and heightened hurdles to sustaining research continuity with marginalized transgender. During this crisis, it's critical that research teams not only come up with new ways to contact, engage, and repay their participants, but also work with communities to create, identify, and distribute resources to those in need. the literature revealed that in different countries, Medical students, physician trainees, practicing physicians, and other healthcare 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.

The research was able to identify the marginalized groups of people who were 'left behind' to access the government's relief services by applying a human rights perspective to the government's Covid-19 response. The research was guided by the Office of the United Nations High Commissioner for Human Rights' recommendations on Covid-19. Based on the recommendations, a set of indicators for each thematic dimension was

developed to track Pakistan's compliance. Secondary sources were used to gather evidence from all four provinces, including situation reports, government official documents and notifications, and media reports from credible sources. The report's findings show that, while Pakistan's overall Covid-19 has been aware of the general hardships faced by people, there is still much room for improvement to ensure human rights protection at the grassroots level. The pandemic has highlighted pre-existing and current shortcomings in the system, addressing which will not only contribute to a more holistic rebuilding and rehabilitation strategy for Covid-19 prevention, response, and post pandemic recovery, but will also develop resilience among right holders and duty bearers against other disasters and shocks that may threaten lives and livelihoods. Furthermore, taking an intersectional approach aided in identifying the most vulnerable groups susceptible to bearing a disproportionate burden and brunt of complex emergencies such as the Covid-19 pandemic and its long-term consequences. For example, while online remote learning during Covid-19 lockdowns has revealed Pakistan's massive digital divide, further disadvantaging those students, teaching staff, and learning systems – who are either economically left behind or remain deprived of digital coverage – it has also revealed the groups who, among the disadvantaged, are further excluded. In terms of remote access to education, young transgender households in remote areas where internet connectivity was less affordable for the households or suffered from low/uncertain electricity supply and internet availability were discovered to be the most neglected within the households, as well as in the government's remote education strategy. Similarly, despite the safety protocols of social distance, detainees and prisoners in overcrowded detention centers, as well as displaced populations living in overcrowded spaces and shelters, remained at far higher risk of contracting the virus. In addition to provincial initiatives concerning Covid-19 and disasters, this study considers best practices from around the world in order to make actionable policy recommendations. current research also facing the double marginalized segment of the society concerning their skills and involvement in different activities during the covid-19 pandemic eventually, findings of the research revealed that transgender faced different problems during the covid-19 virus pandemic however they adopted different strategies to sustain their life in society.

7.3 Recommendations

1: To address the high incidence of depression, suicidal ideation, and suicide attempts, this population needs access to mental health services and support. Such treatments can be delivered electronically in this environment, where personal interaction is limited while keeping in mind the unique obstacles and problems experienced by transgender people. They must have access to timely and appropriate health care, as well as health insurance, to treat the COVID-19 consequences. Furthermore, they must be included in attempts to provide them with basic health care and make them feel secure in society. Understanding these concerns and improving transgender cultural competency among health workers can help to create a more welcoming environment for them in the medical setting.

2: To prevent violence against transgender people and to address the social and economic inequities they confront, strict legislation must be enforced. A plan of action is needed to safeguard the safety of transgender people so they can live happily without fear, sexism, or inequality, especially under COVID-19's social restrictions.

3: To overcome the stigma, their mental and physical difficulties during this pandemic, and discrimination against them, public awareness of the transgender population must be encouraged. Mental health experts can work with school administrators, teachers, and faculty counselors to provide anti-trans bias tools and training, as well as to create safer school settings for transgender kids. Other trans people's support can help to mitigate the harmful effects of stigma on mental health. All of this may be done via the internet to show them that they are not alone in this epidemic.

4. **the** government should emphasize the data in the public arena and highlight precise figures of trans people's hardships during the pandemic. This will push policymakers to enhance and specify policies for transgender people, as well as to satisfy their basic needs, in the context of COVID-19.

5. Transgender communities can benefit from a multi-sector approach to reducing inequities. All stakeholders in society must work together to build a cohesive plan that will help to alleviate the obstacles and sufferings that transgender persons encounter. This can only be accomplished if all departments, including teachers, health care facilitators, and parents, work together as a unified unit to shape the pandemic's course and its consequences for the unprotected population. Through media channels, culturally relevant messages should be used to implement social media campaigns, good policies about minorities' rights, and extensive discussion and awareness of inequality and inefficient health facilities.

6. Physicians must be culturally aware to meet the needs of transgender persons, and they must learn to treat them with compassion, empathy, and care. Appropriate training is essential to provide respectful and unbiased communication and care to that demographic in a caring, open, and nonjudgmental manner.

7: Parental compassion and emotional support can help transgender children avoid depression, which leads to a better quality of life. More research is needed to establish the basic needs of transgender youth, including physical and mental well-being, financial help, and work opportunities, particularly during this period.

8. Health promotion strategies and service accreditation requirements for delivering culturally appropriate services for transgender communities should be considered in all national health frameworks and initiatives, with their benefits to transgender populations taken into account.

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Glossary

Trems	Meaning
Guru	household head
Chelo	son/ discipline
Marhi	House of Transgender
Girya	Husband/boyfriend
Narban	Genital mutilation
Hijra	Transgender name in Hindi
Khuwaja sira	Transgender name in urdu
Khusra	Transgender name in punjabi
Eid melaad un Nabi	Birthday of Prophet
Kothi	Room

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 supports you?

Q5. As you know in covid 19 pandemic public places we lock as your excess was 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's reaction towards you in covid 19?

Q8. do you meet people as you were meet them before covid 19?

Q9. How did people help you during covid 19?

Q10. Who guide you about coronavirus SOPs?

Q11. Do you people follow coronavirus SOPs during a pandemic?

Q12. What were general perceptions about coronavirus?

Q13. Does guru help you in lockdown?

Q14. What instructions were made by the guru for coronavirus?

Q15.you community follow those instructions to be prevented from coronavirus?