

Challenging Concerns of Transgender Community Amidst COVID-19

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Abstract

A 30-year-old transgender woman was admitted to the dedicated COVID hospital. She presented with mild symptoms and had various psychosocial insecurities, which remained unattended on reaching our health-care facility. From being left alone by her peers, lack of proper deliverance of information, and the stigma attached to the gender issues made her anxious and fearful. Although there are studies showing the prevalence of psychosocial burden in transgender people, a comprehensive approach led by a palliative care physician is yet to be initiated.

Keywords: Anxiety, concerns, Covid 19, pandemic, psychosocial, stigma, transgender

INTRODUCTION

In late December of 2019, the WHO in China recorded firsthand reports of a previously unknown virus causing numerous cases of pneumonia in Wuhan, a city in Eastern China.^[1] While the majority presented with mild symptoms, most of the elderly and those with comorbidities required ventilatory support. Subsequently, the confinement of disease became the prime focus and the infected were isolated in the quarantine centers. In this article, we will discuss the multitude of concerns affecting the transgender community in the context of a pandemic.

CASE REPORT

A 30-year-old transgender woman, from Delhi, working as a domestic helper, presented with cough and running nose for 4 days. After one of her family members tested positive for Covid-19, her entire family underwent screening for the same. When her initial sampling came out to be inconclusive, she started practicing social distancing, and after 2 weeks, she went ahead with a second test. This time she turned out to be positive and consequently, transferred to a dedicated Covid-19 hospital. She hails from Coimbatore, a small town in Tamil Nadu, from a family of three people, including her mother and disabled elder brother. Owing to her lower socioeconomic status, she had to quit her schooling when

she attained 10 years. At the age of 12 years, she “came out” to her family regarding her gender identity. By the age of 13 years, she underwent gender transitioning surgery, was started on hormone injections, and had her breast implants by 20 years.

Symptomatic management was initiated, and she showed improvement. In the following days, two consecutive samples were taken 24 h apart and one of them came out positive. As the provision of home isolation was available to her, she was discharged and asked to follow strict home quarantine for 14 days. At the time of discharge, she was advised for teleconsultation in the wake of any emergencies, along with all the necessary medications. During our conversations, we noticed that her psychological and social concerns were left unaddressed, which affected her.

Covid stigma and social concerns

When she was transferred from her home in an ambulance to the quarantine center, she felt like a criminal taken away

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to be punished. The idea of getting discriminated again, now under the label of “Covid patients, Covid cases” was very upsetting and this prevented her from seeking health-care immediately, resorting to homemade remedies and delaying the testing for the disease. During the days of quarantine in the COVID hospital, she found it difficult to disclose disease status to her family. She hid the fact that she has been tested positive and was undergoing treatment in a health-care facility. For this reason, she reduced her communication with family members and felt she might be judged for contracting the disease. She feared she might not be welcome at her home anymore. The search for a stable job and a safe environment made her drift away from her hometown and landed her 3000 km away from home which meant less visits. When the surge of Covid-19 started to pick up she planned to return to her hometown in South India; however, lockdown restrictions were imposed and she stayed back. Therefore, the uncertainty in reuniting with her loved ones caused her more stress. When she was discharged as per the latest discharge guidelines in spite of being positive, she was concerned about infecting her caregivers and the members she lived with.

Health-care barrier

They are facing a shortage of essential medications, including antiretroviral therapy medicines, tuberculosis care and treatment, hormone therapy, and other gender-affirming procedures. Due to the current pandemic situation, her friend, who has been saving up for gender transitioning surgery is now been told that the date of surgery will be prolonged as they are no longer a priority.

Communication barrier

She felt that people are finding it difficult to converse with her let alone convey information. According to her, no formal information was passed on to her which left her anxious. As she does not speak Hindi, she finds it hard to get routine things done, for example, she had to explain the use of kettle for 3 days to get one. The language barrier only made the quarantine tough and strenuous.

Mental health and spiritual concerns

She meets her peer group almost every other day to share their experiences. This personal communication within their group has been their backbone, helping them overcome difficult times. When meetups became seldom, she was not able to express and strengthen other younger people who looked up to her. Thus, during this period they were not able to support themselves, their friends, and were left alone in an extremely emotionally fragile state. Being a follower of Hinduism, her morning rituals and visiting temples were disrupted during lockdown which affected her way of coping to the stressful day-to-day experiences.

Financial concerns

In the course of the disease, she lost her livelihood, had to live with a meager amount of food that was provided and had to live off her savings. The idea of getting evacuated from her present lodgings is making her stressed, to find out a safe place for her in a short span of time, in the midst of such a crisis is nearly impossible for her. The loss of job and being stranded away from their homes means they are open to exploitation.

DISCUSSION

Through the period of pandemic, it was the marginalized and discriminated like the transgender community who encountered additional burden and vulnerability. Depression is the most prevalent mental health issues among the transgender community.^[2] Facing intensified stigma and transphobia under the pandemic, appropriate and urgent measures need to be taken to mitigate their livelihoods, food, security, and healthcare issues. To reduce the stigmatization of COVID to transgender the WHO has advised to alter the usage of terms “Covid suspect” “Covid case” to “people who may have COVID-19” or “people who are presumptive for COVID-19”.^[3] Therefore, the socially ostracised transgender community facing emotional, psychological, and social challenges deserves to be one among the priority managed in an integrated approach.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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