Covid-19: Quick Survey for Community Response for TG and Hijra

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May 18, 2020
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Acronyms /Abbreviation

Covid-19  Coronavirus
ICDDRB  International Centre for Diarrhoeal Disease Research, Bangladesh
IDI     In Depth Interview
IGA     Income Generating Activities
NGO     Non-Government Organization
TG      Transgender
Executive Summary & Key Findings

This study aimed to understand the physical, mental and financial vulnerabilities of TG and Hijras, the beneficiary community of Bandhu’s response to the ongoing situation due to Covid-19. Transgender and Hijra community have always faced extreme social stigma, discrimination, isolation and separation. People always have a ‘bad perception’ towards the transgender and Hijra community. This quick survey has been taken in order to understand their needs, current crisis and how to reform their situation for the betterment of the community. The overall objective of the study is to determine the impact of COVID-19 to TG and Hijras, the beneficiary community of Bandhu. This study also tried to find out the possible solutions and outcomes of the current situation. The study was quantitative in nature but to understand the insight of the community in depth interviews were carried out with five TG and Hijra community representatives. Considering the situation and resource limitation, the survey was conducted among 80 community members covering all 8 divisions of Bangladesh (8X10=80). Over Phone survey with semi structured questionnaire and online data collection (using social media, i.e. Facebook groups/pages of TG and Hijras) methods were deployed to conduct the study.

Findings show that, on average, the age of the respondents was 29 years. During the survey respondents from various occupations were approached. Major occupation was “Badhai (collection & dancing)” (44%). This is followed by the private sector (26%) and students (13%). The findings indicate that 100% of the community heard about coronavirus, TV appears to be the main source of information, mentioned by 85% of the target respondents. Respondents from the IDI also added that NGOs and other organizations like, Bandhu, ICDDRB, Social welfare department and others are trying to tell them about coronavirus and its effects through leaflet and email.

More than one-third (36%) of the respondents mentioned that coronavirus can be infected with disease irrespective of ages, gender, ethnicity, etc. Besides, survey results show that two groups of people are at a higher risk of getting severe COVID-19 disease, i.e. those who are going out of the house and those who do not follow the rules of hand washing with soap. Around 17% mentioned that those who have diabetics & cold and poor hygiene are also most likely to be infected with coronavirus. Most of the respondents (80%) knew that washing hands with soap can protect anyone against coronavirus. They are also trying to keep themselves safe as much as they can. From in-depth interviews, findings show that the first thing community did to protect themselves from the COVID-19 infection is putting restrictions on going outside even making a gathering among the community. They have restricted the sex workers to go in touch of any other people. They are trying to protect themselves by maintaining social distancing. They even avoid the public transports where they will have to get in touch with other people.

COVID-19 did worst for the community in terms of daily income. Nearly 70% had to borrow money to survive in this situation. The fact is with a minimal income level they can not support themselves and their need for other things for living is also not deniable and they do not have money to afford them and that is why they had to borrow from others.

During the COVID-19 pandemic crisis, most of the respondents faced mental anxiety about money (94%) and food (68%). Around 16% of the respondents have experienced mental abuse, however, very few of them faced physical torture and violence. But respondents from IDI told in a grieving tone in a voice that they have to go for relief, go to ask for relief and they do not know who bears what. Nearly two-fourth (74%) of the respondents claimed that they received
aid after the lockdown (after March 25th). Around 78% of the respondents received a package of rice, pulses, oil, etc. Nearly half of the respondents received ‘Rice’ and ‘Potato’. In contrast, with the in-depth interview, they mentioned that they are not getting sufficient assistance from the public. In this current situation, respondents mostly need food (61%) and money (59%). Respondents from IDI mentioned that this discrimination had put them in a situation that, now they think the Government should send them money, not any goods direct to them through their Bkash account.

**Salient Findings:**

- 100% of the community heard about Corona Virus
- 95% Decrease in daily income
- 71% Had Borrowed Money for livelihood
- 81% Had Decreased diet
- 93% Have anxiety of having less food in coming days
- 26% had not receive any aid
- 14% Faced gender discrimination in receiving aid.
- 36% Verbally abused receiving aid
- 10% faced gender discrimination at family
1. Background and Context

Bandhu Social Welfare Society started its journey in 1996 with a mission to address the health care needs and human rights issues of sexual minority populations for achieving a vision of a Bangladesh where every person, irrespective of their gender and sexuality, is able to lead a quality life with dignity, human rights and social justice. They are always concerned about the needs of the targeted community and design timely programs to support the community as well as the staff. Considering the sudden outbreak of COVID-19, Bandhu has taken the following initiatives during this period to serve the community.

Bandhu Social Welfare Society (Bandhu) wanted to know the current situation and need assessment to respond to the ongoing situation due to Covid-19 and thus wanted to make an action plan of the post Covid-19 Situation of the beneficiary community. This quick survey tried to give a snapshot directly from the community and helped Bandhu to respond to their needs and act accordingly.

Respondents Profile

<table>
<thead>
<tr>
<th>Target Group:</th>
<th>Community Member – TG and Hijras</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Study Locations:</strong></td>
<td>National</td>
</tr>
<tr>
<td><strong>Study Approach:</strong></td>
<td>Over Phone survey with semi structural questionnaire and Online data collection using Social media, i.e. Facebook group/page of TG and Hijras</td>
</tr>
</tbody>
</table>

2. Methodology and Implementation of the Study

The study was quantitative in nature. However, five (5) in-depth interviews (IDI) were conducted to find out the depth and diversity of the crisis for this special vulnerable group. Considering the ongoing lockdown and limited access to the internet and digital literacy of the community, the study was conducted over phone with following process:
Along with the phone survey, self-administered survey was conducted using social media platforms using google doc.

2.1. Sample Size

Considering the situation and resource limitation, the survey was conducted among 80 community members covering all 8 division of Bangladesh (8X10=80). In Addition, 5 In Depth Interviews were conducted to understand the detailed situation.

Fieldwork: May 2020

2.2. Development and Finalization of Study Tools

The research team had shared the tools in Bangla. In order to check the flow of questions, consistency check, skip patterns, adding/dropping some questions or response options, Pre testing of the questionnaire was done by core team of research professionals. The survey tool had refined and finalized based on the results of the pre-testing.

2.3. Recruitment, Training and Field Work Plan

The Team Leader looked after the recruitment of interviewers for the quantitative survey. The recruitment was made from the existing panel of male and female interviewers. The candidates having field experience in similar studies were recruited as interviewers.

The training for the fieldwork was conducted for 1 day over Skype including the trial and debriefing. The field staff members who had been involved in data collection were trained online.

A thorough training of the field staff was ensured. Mock calls were also conducted in the classroom training room before taking them to the field for trial calls. Trial calls were also made by supervisors and interviewers in order to maintain a clear understanding of each question in the interview schedule.

2.4. Quality control of field data and monitoring

Team Leader was responsible for instructing and guiding the teams. Based on call recording back check feedback was given further to improve the data quality. Continuous supervision during the data collection period provided consistent and quality data. Supervision was carried out at all stages of survey, i.e. during data collection, scrutiny, and data entry. Spot checks and back checks were carried out by supervisors and the coordinator.

✔ Back Check: Minimum 10% of the total interview were checked by TBC

Major checkpoints are:

- Whether right person is selected
- Profile of respondent
- Whether key questions are asked
- Data checking through review interview audio record
✓ Call Recording: Minimum 10% calls were recorded and checked by the research and program team.

Major checkpoints are:

- Profile of respondent
- Whether key questions are asked
- Data checking through review interview audio record

✓ Filled in questionnaire Check: 30% of the filled in questionnaire were checked by the team online
3. Findings of the Study

3.1. Demographic Information (Socio-Economic Information)

In the quick survey for community response for TG and Hijra, information regarding respondents’ socio-economy, such as, age and occupation were explored. Findings from these variables are narrated in this section.

Figure 3.1 describes that on average, the age of the respondents was 29 years. Nearly 25% of the interviewed respondents were aged between 26-30 years, 24% were aged between 21-25 years and 19% of the respondents were aged between 16-20 years, 16% of respondents were aged between 31-35 years and 4% belonged to 36-40 years of age and the other respondent groups’ age lies in 40 years.

During the survey respondents from various occupations were approached. Major occupation was “Badhai (collection & dancing)” (44%). This is followed by the private sector (26%) and students (13%). Their professional categorization is depicted in diagram 3.1 below:

3.2. Awareness of Corona Virus

3.2.1. Knowledge and Sources of Information

The findings indicate that 100% of the community heard about coronavirus. TV appears to be the main source of information, mentioned by 85% of the target respondents. Neighbor (65%) was the second most common source of awareness.

Around 15% to 19% of the respondents heard about this virus from Facebook and NGO workers. The other notable sources were Newspapers/magazines (10%), FM Radio and Miking (4%), Market (3%) and Hospital (1.3%). A few also mentioned Hijra leaders (1.3%).
Respondents from the IDI also added that NGOs and other organizations like, Bandhu, ICDDR,B, Social welfare department and others are trying to tell Hijras about coronavirus and its effects through leaflet and email. They are trying to keep themselves safe as much as they can. One of them mentioned:

"This virus is dangerous. People die if they infected with it."

3.2.2. Most at risk from Coronavirus

More than one-third (36%) of the respondents mentioned that coronavirus can infect people of all ages, gender, ethnicity, etc. Besides, survey results show that two groups of people are at a higher risk of getting severe COVID-19 disease, i.e. those who are going out of the house and those who do not follow the rules of hand washing with soap. Around 17% mentioned that those who have diabetics and cold and poor hygiene are also most likely to be infected with coronavirus.

<table>
<thead>
<tr>
<th>Response</th>
<th>Total (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>It can happen to all of us</td>
<td>36.3</td>
</tr>
<tr>
<td>Those who are going out of the house</td>
<td>21.3</td>
</tr>
<tr>
<td>Those who do not follow the rules of hand washing with soap</td>
<td>21.3</td>
</tr>
<tr>
<td>Those who have diabetics and cold</td>
<td>17.5</td>
</tr>
<tr>
<td>Those who do not follow the rules and remain unclean</td>
<td>16.3</td>
</tr>
<tr>
<td>People who have been exposed to the corona virus</td>
<td>11.3</td>
</tr>
<tr>
<td>Old and aged people</td>
<td>8.8</td>
</tr>
<tr>
<td>Those who are unsafe</td>
<td>8.8</td>
</tr>
<tr>
<td>Those who have come from abroad</td>
<td>7.5</td>
</tr>
</tbody>
</table>
### 3.2.3. Prevention and Control for Coronavirus

Most of the respondents (80%) knew that washing hands with soap can protect anyone against coronavirus. Less than two-third (60%) mentioned that they will survive if they stay away from everyone. Nearly half of the respondents (48%) believed that using a mask can prevent anyone from infection.

![Figure 3.2: Knowledge of Prevention and control for Coronavirus (%)](image)

From in-depth interviews, findings show that the first thing the Hijra community did to protect themselves from the COVID-19 infection is putting restrictions on going outside even making a gathering among the community. They have restricted the sex workers to go in touch of any other people.

But, currently, they are not getting into their main business in which they collect money from the shops, from households when a baby is born. But during this situation they have restricted themselves from getting into touch with other people. They are trying to protect themselves by maintaining social distancing. They even avoid the public transports where they will have to get in touch with other people. They think Coronavirus is bad and in fact dangerous. One Guruma among the community told that:

"We have restricted the outside business for our people. We are not allowing them to go outside. Corona Virus is not good. It is bad."
Majority knew that if someone is infected with the coronavirus, they need treatment and must be alone at home. Even if any of them got sick they just communicated with them over mobile phone.

**Figure 3.3: Knowledge of treatment for Coronavirus (%)**

- Get treatment: 71.3
- Must be alone at home: 41.3
- Have to call the GoB phone number: 26.3
- Have go for 14days quarantine: 12.5
- Police will take away: 3.8
- Need to gargle and drink hot water: 3.8
- Have to eat nutritious food: 1.3
- Should help him/her: 1.3
- Don’t know / I can’t say: 1.3

### 3.3. Financial Situation

At the time of the survey, respondents reported that their per day income (average) was BDT 296 before the lockdown (before March 25th). In contrast, currently their daily income (average) was BDT 14, which is roughly 95% drop in income. Nearly 70% had to borrow money to survive in this situation.

**Figure 3.4: Earnings difference (per day) (BDT)**

- Average per day earning before March 25th: 296
- Average per day earning (Current): 14

**Figure 3.5: Incidence of borrowing money (%)**

- Yes, have borrow: 28.8
- No, did not borrow: 71.3

Though their income has decreased, but daily expenditure is still same. They have to feed their family as well. They have to pay the house rent and all the other expenses. Economically they are in a vulnerable situation. In an answer to the question that how they are taking precaution against coronavirus, one of the community members told:

"When you are starving any precaution is meaningless to you"
3.4. Food Consumption

More than 80% of the respondents took less food in the last 7 days due to food crisis problem.

![Figure 3.6: Decrease in food intake in the last 7 days](image)

More than 75% of the respondents mentioned that they were running out of food and cut their numbers of meal in the last 7 days due to coronavirus.

![Figure 3.7: Decrease in meal time in the last 7 days](image)

Moreover, more than 90% respondents felt that they won’t get enough foods in the next 7 days.

Coronavirus is a shock among the community. One of the older members told:

"In my 50 years of life I have faced a lot of epidemics like cholera, chicken pox, also disasters like flood in ’88 but back then people were not starving. They were getting food to live on. But now food scarcity is a great problem especially for my community as they cannot go outside and ask for food or money because of this lockdown situation."

"From my experience and as much as I heard from other communities the situation is terrible, first Coronavirus and next food scarcity"

This is also a situation for them to get depressed about their living. They are usually used to eat good quality food but now they will be happy with just anything to eat.
When they have been asked about their protections against coronavirus they said they are using the normal process like using a mask but it is not enough for them. They have to go for relief, go to ask for relief and they do not know who bears what. So it is still risky for them and they are afraid.

3.5. Physical and Mental Health

During the COVID-19 pandemic crisis, most of the respondents faced mental anxiety about money (94%) and food (68%). Around 16% of the respondents have experienced mental abuse, however, very few of them faced any physical torture and violence.

As other human being community are also afraid of coronavirus infection. They are doing their best to avoid it but, society always share a negative image about them and that makes their life more miserable even in this miserable situation.

"We cannot go outside, we cannot go for collection, no one is allowing us to go in their house and work for them, and we just cannot tell anyone that how much misery we are in.." Told by one of the members of the community.
3.6. Receiving of Aid

Nearly two-fourth (74%) of the respondents claimed that they received aid after the lockdown (after March 25\textsuperscript{th}).

Around 78% of the respondents received a package of rice, pulses, oil, etc. Nearly half of the respondents received ‘Rice’ and ‘Potato’.

In contrast, during in-depth interviews, they mentioned that they are not getting sufficient assistance from anyone.

"When I stood in the line people were laughing at me" - Told by one of the members of the community.

<table>
<thead>
<tr>
<th>Response</th>
<th>Total (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Package of rice, pulses, oil, etc.</td>
<td>78.0</td>
</tr>
<tr>
<td>Rice</td>
<td>49.2</td>
</tr>
<tr>
<td>Potato</td>
<td>47.5</td>
</tr>
<tr>
<td>Pulses</td>
<td>28.8</td>
</tr>
<tr>
<td>Hand washing agent</td>
<td>28.8</td>
</tr>
<tr>
<td>Oil</td>
<td>15.3</td>
</tr>
<tr>
<td>Money</td>
<td>6.8</td>
</tr>
<tr>
<td>ORS</td>
<td>1.7</td>
</tr>
<tr>
<td>Flour</td>
<td>1.7</td>
</tr>
</tbody>
</table>

3.6.1. Discrimination for Gender identity in Receiving of Aid and in Family

Respondents have shared that, they faced discrimination while receiving aid and also in their family after the lockdown. Respondents from in depth interviews stated that they went to Paurasava or Union Parishad to seek for help but they are getting rough behavior from public also. People still does not consider them as one of the parts of the society.

One community member shared her experience from a Paurasava office where she first stood in a line that was for the male then they told her to go and stand in the female line. When she stood in the line with women, they also told them to stay away from them and make another line for Hizra. Even the office attendant also was giving other people space to meet the mayor.
The table below shows that how the respondents faced discrimination in family and outside of the house.

**Table 3.3: Discrimination faced in outside and home**

<table>
<thead>
<tr>
<th>Response</th>
<th>Total (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Faced discrimination in receiving aid</strong></td>
<td></td>
</tr>
<tr>
<td>Talk nonsense</td>
<td>36.4</td>
</tr>
<tr>
<td>Said we are extortionists</td>
<td>18.2</td>
</tr>
<tr>
<td>People who have good relation with the leader, they get several times</td>
<td>18.2</td>
</tr>
<tr>
<td>My name is not in the list</td>
<td>9.1</td>
</tr>
<tr>
<td>This aid not for us</td>
<td>9.1</td>
</tr>
<tr>
<td>Unwilling to give</td>
<td>9.1</td>
</tr>
<tr>
<td><strong>Faced discrimination in family</strong></td>
<td></td>
</tr>
<tr>
<td>Misbehave with me</td>
<td>50.0</td>
</tr>
<tr>
<td>Swears, because I can't pay now</td>
<td>25.0</td>
</tr>
<tr>
<td>Neglected by family</td>
<td>25.0</td>
</tr>
</tbody>
</table>

### 3.7. Support requirements to survive in the future from Corona

In this current situation, respondents mostly need food (61%) and money (59%). Respondents of IDI mentioned that, even in getting small relief they are being discriminated. One of them told that, in their ward the counselor is giving relief to others but their community. They only got one relief once from city mayor of 5kg rice. This discrimination had put them in a situation that now they think the Government should send money directly to them through their BKash account.
One of the members of the community told with great grievance that how this situation has made their life miserable,

"Before somehow people helped us. If we went to them they gave us money or goods we wanted. Now because of Corona people just don't want to talk to us. They don't even allow us anywhere near them."

Even in this situation, they are stigmatized by others. They also told that when they went for any relief, people tell them, "What are you doing here? You are Hizra go away from here."
Some of the notable comment of the respondents.

"We don't have acceptance to our local authority either".

"You don't have scarcity of money, why do you need relief then. You are alone. Why do you need so much relief to feed only one people?"

"We are not allowed to wander freely even in normal situation now in this corona situation it just gets worst for us."

"Hizras have a lot of money then why we need to get the relief."

4. Situation at Rohingya Camp

Rohinga community is being part of the country since the end of 2017 after they fled to Bangladesh. This study also interviewed Rohingya Hizra to know how they are coping with the COVID-19 situation.

All the interviewed (8) Rohingya Hizra are currently unemployed and they knew about coronavirus through neighbor and NGOs. Among them, six of them can articulate that it can happen to all of us. All of them mentioned that to prevent this disease one should wash hands with soap and get treatment if get infected.

Since the COVID-19, their income has dropped to BDT 263 from BDT 25. They had to borrow money. All of them faced mental abuse and only one of them took NGO support. Half of them (4) had received only once aid/assistance after the lockdown and everyone received food package mainly. None of them haven’t face any discrimination yet. Currently they need money and hand washing agents to survive in this situation.
5. Conclusion and Recommendations

This study shades light upon transgender and Hizra communities’ vulnerability and its various aspects such as awareness level about coronavirus; knowledge about prevention and control; financial needs and reasons for lending money; types of discrimination and what support do they need from the Government. It also explored community’s food consumption and earning pattern since the COVID-19 lockdown. In addition, it also intervened how the physical and mental health situation and access to health care support needed for them.

COVID-19 has a significant implication on transgender people in Bangladesh. The study has successfully dug out transgenders and Hizra’s knowledge and perception about coronavirus and exposed areas of improvement through money, assistance, physical and mental health care support, etc.

Some of the recommendations are described here for the community in order to address needs for them.

- Ensuring an inclusive awareness plan/agenda for transgender and TG according to their gender specific need gap and demand.

- Building up capability through community leader, preparing one to one campaign/communication and involving CBO to mitigate their knowledge gap about prevention and control for this coronavirus disease.

- Due to coronavirus outbreak, their main income generating activities has disrupted. Involving and adapting with new IGA and introducing alternative employment can secure their livelihoods.

- In addition, they need institutional funding support (like banks) and Government involvement for emergency situation. Several banks make policies for women to introduce with them banking procedures, so, financial institutions can take the community into their policy as a marginal group of the society.

- Foods consumption are abruptly affected due to the lockdown, ensuring regular meals for them will also reduce their loan taking tendency specially from informal source.

- Copying with stress during COVID-19 is tough for anyone, especially for the vulnerable and marginal people like them. Maintaining regular mental and health support through hotline numbers only for them can ensure their access and usage of public services.

- Expand support by including third gender specialist or counselor for social inclusion and to understand their needs. Strengthen capacity development and training for the expert or collaborate with other countries with diverse knowledge can address capacity gaps.
• Building a supportive policy or gender focused intervention or environment for them during the aid distribution to ensure equal access, respect and distribution of funds/assistance.

• Separate budget allocation for TG and Hijra community development and gender protection in upcoming budget could not only protect their need but also boost them morally.

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Photo Credit: