Unmasking Resilience
Kothi Community Narratives and Life Challenges during COVID-19

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Abstract

This paper delves into the nuanced experiences of resilience and adversity within the Kothi transgender community during the COVID-19 pandemic. Amidst global health crises, marginalised communities like the *Kothis* face compounded challenges due to their gender identity and socio-economic vulnerabilities. Utilising a qualitative approach, this study draws upon semi-structured interviews with 15 *Kothi* individuals selected from Bilaspur, Chhattisgarh, sourced through snowball sampling facilitated by the *Samaj Kalyan Vibhag,* Government of Chhattisgarh. Through thematic analysis, the study uncovers the multifaceted impacts of the pandemic on livelihoods, healthcare access, and social support networks within the Kothi community. The results indicate that resilience mechanisms and systemic barriers interact in a complicated way, underscoring the pressing need for inclusive policies and focused interventions to reduce inequalities. By amplifying *Kothi* voices, this research contributes to broader discourse on health equity and social justice, advocating for more comprehensive support frameworks for marginalised gender minorities at times of crisis.

*Keywords***:** Transgender, *Kothis*, COVID-19, Pandemic and support.

1.0   Introduction

Pre-existing social disparities have been made worse by the COVID-19[1] pandemic, which has disproportionately affected marginalised groups around the globe. Among these, the *Kothi* transgender[2] community in India, already marginalised due to their gender identity and sexual orientation, faced unique and multifaceted challenges during the pandemic. Their predicament results from the fact that they are not recognised as distinct gender human beings outside of the male-female gender dichotomy (Khan et al. 2009). The term "Kothi" is used to describe individuals assigned male at birth who identify later as feminine and engage in same-sex relations, often occupying a distinct cultural and social space within the broader LGBTQIA+[3] spectrum (Reddy 2005). In the queer community, however, the term has taken on a unique cultural significance.

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Kothis often experience dual identities- navigating societal expectations while expressing their authentic selves within specific subcultures or safe spaces. However, their existence is marked by systemic marginalisation, making them highly vulnerable to various forms of social, economic, and institutional discrimination (Reddy 2005 and Boyce & Coyle 2013). Kothi community frequently encounter hostility rooted in traditional gender norms, resulting in a precarious social status. They are subjected to ridicule, ostracisation, and violence, and healthcare access (Chakrapni et al. 2002). This exclusion foster a dual stigma; first, as gender non-conforming individuals, and second, as members of a socio-economically marginalised community. Additionally, they often lack familial acceptance, which further diminishes their social safety nets. Their individual identity is also undermined by the absence of legal recognition, leading to barrier in accessing essential documentation, property rights, and institutional support.

Despite the increasing global discourse on inclusivity, the Kothi community remains largely invisible in national development agendas across South Asia. Their needs and challenges are not explicitly addressed in social policies or programmes, leading to their systemic exclusion from social welfare, education, and employment opportunities. This exclusion perpetuates cycles of poverty and vulnerability, leaving Kothis disproportionately affected by broader socio-economic inequalities (UNDP 2010). Moreover, in contexts like India, even well-intentioned LGBTQIA+ policies and activism often fail to account for the unique cultural identities and specific challenges of Kothis, treating the LGBTQIA+ community as monolith (Humsafar Trust 2020)[4].

Crises–whether economic, health, or natural disaster–amplify the vulnerability of the Kothi Community. The COVID-19 pandemic has highlighted and intensified the problems of the *Kothi* community, encompassing many social, financial and ailment issues. In response to this crisis, India, like the majority of nations, imposed economic shutdowns, residential quarantines, and social distancing measures (see Perl et al. 2021). Lockdowns and social distancing measures, while necessary to control the spread of the virus, had severe repercussions on the livelihoods of many *Kothis*, who often rely on informal employment sectors, including sex work and performance arts, for their income (Hernandez 2020). The sudden loss of income left many without the means to afford basic necessities, pushing them further into poverty and social isolation.

Moreover, access to healthcare became even more challenging during the pandemic. The study by Deb (2020) has pointed out the distresses faced by transgender individuals in India during the Pandemic of COVID-19. The pre-existing stigma and discrimination faced by *Kothis* in medical settings were exacerbated by the pandemic's strain on healthcare systems, leading to neglect and inadequate treatment (Chakrapani et al. 2020). The mental health toll of these compounded stressors has been significant, with increased reports of anxiety, depression, and other psychological issues within the community.

Social support networks, which are crucial for the well-being of marginalised communities, were also disrupted by the pandemic. The closure of community spaces and the restriction of gatherings curtailed the ability of *Kothis* to seek support and solidarity from their peers, further contributing to their sense of isolation. Additionally, the pandemic saw a rise in domestic violence and abuse, with many *Kothis* trapped in hostile home environments without the usual escape routes.

This research paper aims to document and analyse the narratives of *Kothi* individuals during the COVID-19 pandemic, shedding light on their lived experiences and the specific challenges they faced. This study aims to argue for more inclusive and responsive policy measures in future public heath crises and to contribute to a more nuanced understanding of the pandemic's impact on marginalised populations by amplifying their perspectives.

This research paper aims to delve into the vulnerabilities faced by Kothi community, with particular focus on their experiences during crises. The study is guided by two key objectives:

- To examine the social and economic vulnerabilities faced by the Kothi community during crises and their impact on their overall well-being.
- To investigate the individual challenges experienced by the Kothi community during crises, including issues related to identity, stigma, and access to resources.

To provide a comprehensive understanding, the paper incorporates case studies and personal narratives from members of the Kothi community. These qualitative insights not only illuminate the lived realities of the community but also enhance the study's ability to identify gaps in existing policies and propose target interventions. By contextualising their vulnerabilities in broader social framework, the paper aims to contribute meaningfully to the discourse on inclusive development and crisis management for marginalised groups.

2.0   Review of Literature

The impact of the COVID-19 pandemic on the transgender community, particularly the Kothi sub-group, has been examined through multiple lenses, including social exclusion, healthcare disparities, economic vulnerabilities, and resilience mechanisms in detail below in each section theme wise.

2.1   *Social Marginalisation and Exclusion*

Reddy (2005) provides an in-depth ethnographic analysis of the Kothi community, detailing how rigid socio-cultural norms in India enforce systemic discrimination against gender-nonconforming individuals. The research highlights how transgender people experience societal rejection due to their gender expression, which results in exclusion from educational, employment, and healthcare systems. Reddy also discusses the historical positioning of transgender people in Indian society, noting their complex relationship with cultural traditions and contemporary LGBTQ+ movements.

Boyce and Coyle (2013) emphasise the dual stigma that transgender people face—first, due to their gender identity, and second, due to socio-economic disadvantages. Their work outlines the mechanisms through which social exclusion translates into limited access to healthcare, education, and economic opportunities. The authors argue that despite recent advancements in LGBTQ+ rights, transgender people remain highly vulnerable due to entrenched social biases.

Narrain (2012) critically examines the role of legal frameworks in reinforcing the marginalisation of transgender individuals. The study traces how colonial-era laws, such as Section 377 of the Indian Penal Code, have criminalised non-heteronormative identities, leading to systematic legal discrimination against transgender people. Narrain argues that

even after legal reforms, such as the reading down of Section 377, transgender individuals continue to face institutional and social challenges.

Chakrapani et al. (2017) investigate how caste, gender, and sexuality intersect to shape the lived experiences of transgender people. The research finds that many transgender people from lower-caste backgrounds face intensified discrimination, compounding their exclusion from social welfare programs. The authors advocate for policy interventions that consider the intersectional nature of Kothi identities.

2.2   Economic Vulnerabilities and Livelihood Challenges

Nanda (2016) explores the economic hardships faced by transgender people due to discrimination in formal employment. The study highlights how transgender people are often forced into informal labour sectors, including sex work and street performances, due to the lack of inclusive hiring policies. The research suggests that greater legal protections and affirmative action programmes are needed to integrate transgender people into mainstream employment. The focus is on sex binary construct, migration, and its impact of transgender in a cross-cultural context.

Pande (2021) reports that nearly 60% of transgender individuals in India rely on informal employment, underscoring the economic vulnerabilities within the community. The study discusses the barriers transgender people face in accessing credit and starting their own businesses, emphasising the need for inclusive financial policies.

Hernandez (2020) examines the disproportionate economic impact of the COVID-19 pandemic on LGBTQ+ communities, revealing that the loss of informal income sources left many transgender people in dire financial straits. The study underscores the absence of government relief efforts tailored to the specific needs of transgender individuals.

Misra (2019) analyses how bureaucratic obstacles, such as the lack of gender-affirming legal documents, prevent transgender people from accessing welfare benefits. The research identifies policy gaps and proposes solutions, including the streamlining of gender identity recognition processes in government programmes.

2.3   Healthcare Disparities and Access to Medical Services

Chakrapani et al. (2020) document the barriers transgender community face in accessing healthcare, including widespread discrimination by medical professionals. The study reveals that many healthcare providers lack training on transgender health issues, leading to misdiagnoses and inadequate care. The authors recommend policy changes, such as sensitivity training for medical personnel and the establishment of transgender-friendly healthcare facilities.

Das et al. (2021) focus on the COVID-19 pandemic's impact on transgender healthcare access. The research highlights how overwhelmed healthcare infrastructures deprioritized transgender patients, exacerbating pre-existing health disparities. The study also discusses the lack of targeted public health interventions for Transgender people.

Winter et al. (2016) investigate HIV prevalence among transgender community, identifying high infection rates due to barriers in accessing preventive healthcare services.

The study underscores the need for community-led health initiatives to improve access to testing and treatment.

Misra and Patel (2022) propose integrating gender-sensitive training into medical education to improve healthcare outcomes for transgender individuals. Their research emphasises the importance of addressing systemic biases within healthcare institutions.

2.4 Mental Health and Psychological Well-being

Perl et al. (2021) explore the mental health implications of prolonged social exclusion for transgender people. The study finds high rates of depression, anxiety, and suicidal ideation among transgender individuals, linking these mental health challenges to economic hardship and societal discrimination.

Singh and Bose (2020) conducted a comparative analysis of mental health outcomes among transgender and cisgender individuals. Their study confirms that transgender individuals report significantly higher levels of psychological distress due to stigma and lack of social support networks.

Chowdhury (2020) examines the mental health consequences of the COVID-19 lockdown on transgender individuals. The research finds that increased social isolation and financial instability led to a rise in self-harm and substance abuse among transgender people.

Bhattacharya and Dutta (2021) advocate for community-based mental health interventions. Their study highlights the effectiveness of peer counselling and virtual support groups in mitigating mental health challenges among transgender people.

2.5 Community Resilience and Support Systems

Patel (2021) emphasises the role of LGBTQIA+ support networks in providing emergency relief during crises. The study discusses how transgender-led organisations filled the gaps left by inadequate government responses to the pandemic.

Misra (2022) examines the use of digital platforms for community resilience. The research highlights how online spaces facilitated financial aid distribution, healthcare access, and mental health support for transgender people.

Dubey and Sharma (2020) document the role of NGOs in supporting the transgender community. Their work illustrates the importance of grassroots organisations in advocating for policy changes and providing essential services.

2.6 Legal and Policy Frameworks

Narrain (2020) critically evaluates the Transgender Persons (Protection of Rights) Act, 2019, arguing that its implementation has been ineffective in addressing the real challenges faced by transgender people. The study calls for stronger anti-discrimination laws and better enforcement mechanisms.

Malik (2024) critically examines the positive and negative aspects of Transgender Persons (Protection of Rights) Act, 2019 and finds that the Act does not adequately address the issue of adoption rights. In a similar line of argument Bhattacharya et al. (2022) by

examining the Transgender Persons (Protection of Rights) Act of India, 2019 find that amendments deal with transgender persons' constitutional rights, their identity, and non-discrimination practices in family, workplace, education, and healthcare and other institutional spaces. But the Act has limitations as transgender communities perceive. The authors have tried to critically analyse the perspective with 15 transgender persons' lived experiences. They have discussed the challenges faced by them in institutional spaces despite the Act and suggested some measures. In same vein, Kumar (2021) argues that the laws and amendments concerning transgender persons are vague and arbitrary. Transgender persons still suffer from exclusion, prejudice, and social stereotypes. The authors argue that transgender persons do not have adequate protection of their human rights.

Kapoor (2023) proposes legal reforms that go beyond gender recognition, including economic rights, affirmative action, and access to healthcare. The study suggests comprehensive policy changes to ensure long-term social inclusion of transgender community.

Rahman and Sen (2022) highlight the need for an intersectional policy approach that incorporates caste, class, and gender considerations into transgender rights legislation. The authors argue that without such measures, transgender individuals, particularly Kothis, will continue to face systemic marginalisation.

3.0   Methods & Methodology

This research employs a qualitative approach to explore the narratives and life challenges of the Kothi transgender community during the COVID-19 pandemic. Snowball sampling was utilised to gather a purposive sample from the transgender community, leveraging initial contacts provided by the *Samaj Kalyan Vibhag*[5] of city Bilaspur, Chhattisgarh, Government of Chhattisgarh. Fifteen individuals from the list who also self-identified as Kothi were selected based on their willingness to participate. Semi-structured interviews were conducted as the primary data collection method, allowing for flexibility in exploring diverse experiences and perspectives within the community. The interview schedule was unstructured to enable participants to articulate their unique challenges, coping mechanisms, and support needs amidst the pandemic. Data collection prioritised the voices and experiences of Kothi individuals, aiming to provide a rich and nuanced understanding of their lived realities during this unprecedented global health crisis.

The primary aim was to capture Kothi community's lived experiences, challenges, and coping mechanisms during times of crisis. However, to maintain the clarity and coherence of the paper, repetitive or similar narratives were excluded from the final text of the paper. Only the most relevant and distinctive narratives, aligned with the main themes of the study, were included to provide a comprehensive yet focused representation of the finding. This approach allowed the research to highlight unique perspective while avoiding redundancy, thereby ensuring the outcomes remain impactful and informative.

4.0   Decoding the narratives of Kothi Community

The COVID-19 pandemic has laid bare the intersecting vulnerabilities faced by the *Kothi* transgender community, shedding light on their resilience amidst profound adversity. As a marginalised group within the broader LGBTQIA+ spectrum, Kothis in India contend not only with societal stigma but also with systemic neglect and discrimination in accessing

healthcare and livelihood opportunities (Chakrapani et al. 2020). The pandemic exacerbated these challenges, disrupting already precarious lives and livelihoods.

Through in-depth interviews and narrative analysis, this study explores how Kothis navigated the pandemic's impacts on their daily lives, health, and community networks. Their narratives reveal profound stories of survival and adaptation, showcasing innovative coping strategies and community solidarity amidst isolation and economic strain. The pandemic underscored the resilience embedded in Kothi identities, challenging prevailing narratives of victimhood to highlight their agency and strength in adversity.

Through the process of deciphering these narratives, this research advances our knowledge of the intersectional effects of COVID-19 on gender minorities and advances the cause of inclusive policies and support networks that elevate the voices of marginalised people during times of crisis.

4.1 Understanding the COVID-19 Pandemic

The sudden nationwide shutdown during the COVID-19 pandemic exacerbated existing disparities in health, social and economic statuses for marginalised group inclusion Kothi community. For the Kothi community, the abrupt halt to daily life resulted in heighted anxiety, social isolation, and mental health challenges. Already facing systemic discrimination and exclusion, the pandemic intensified their struggle as many were cut from their support networks, unable to access healthcare, or faced financial instability due to the loss of informal employment opportunities. Understanding the perspectives of Kothi respondents regarding the pandemic and its psychological impact is crucial before addressing the broader challenges they faced during this crisis.

> Anupum, a 23- year old respondent, shared his initial reaction to hearing about COVID-19. *'I thought it was like a viral fever that would go away on its own. It didn't seem like something to be overly concerned about, and life continued as usual. I never imagined that it would turn into a global crisis that would disrupt every aspect of our daily lives.*
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> *However, everything changed when the lockdown was imposed the sudden restrictions caught me off guard. Shops closed, public places were deserted, and the once-bustling streets became eerily silent. That was the moment I realised the situation was far more serious then I has assumed. The continuous news updates about the virus spreading rapidly and overwhelming healthcare systems made it clear that this was unlike anything we had experienced before.*
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> *As the days passed, the weight of the situation started to sink in. Simple routines like meeting friends, going out freely, or even stepping outside without fear became impossible. The uncertainty was unsettling. And the isolation that came with the lockdown made it even more difficult. Watching the rising number of cases and the struggle of healthcare worker was eye-opening.*
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> *Looking back, I understand how much I underestimated the seriousness of the pandemic. The lockdown was a turning point for me, making me realise how fragile normal life can be. It taught me the importance of staying informed, being prepared, and adapting to unexpected situations. COVID-19 changed the world in ways we never imagined, and it also changed my perspective on how quickly life can be disrupted'.*

Anupum's initial perception of COVID-19 as a minor health issue, akin to a viral fever, reflects a common initial underestimates of the pandemic's severity among many individuals. This perception was likely influenced by limited information and the novelty of the virus. The abrupt shift in understanding, triggered by the imposition of lockdown

measures, underscores the rapid escalation of the pandemic and the resulting disruption to daily life. This narrative highlights the gap between awareness and the gravity of the situation, a gap that was bridged by the visible impact of government interventions and media coverage. As a researcher, this emphasises the importance of timely and accurate public health communication in shaping perceptions and responses to emerging health crisis.

Furthermore, Anupum's experience illustrates the broader psychological and social impacts of the pandemic. The sudden realisation of the seriousness of COVID-19 brought about by the lockdown reflects the collective shock experienced by many as normalcy was disrupted. This critical moment of realisation often marked the beginning of widespread anxiety and uncertainty.

Additionally, the restrictions left many vulnerable individuals without support, especially those in urgent need of medical assistance. Elderly people, individual with chronic illnesses, and those requiring immediate healthcare found themselves stranded, as movement was restricted and hospitals were overwhelmed. Many struggled to access essential medicines or get help in emergencies, highlighting the harsh reality of isolation and the gap in healthcare accessibility during the crisis.

> *'I was terrified of getting COVID-19. The thought of catching the virus and dying haunted me so much that I locked myself in my room'*, Harshal, a 23-year old Kothi, shared. *'I avoided stepping out as much as possible, but then my blood pressure medication ran out. That's when panic really set in. I didn't know what to do or who to turn to'*.

> Desperation led Harshal to reach out to people he thought he could rely on. *'I started calling my partners[6], hoping someone would help. But some didn't pick my calls, and other directly refused to assist me. It felt like I was completely on my own'*. He recounted.

> With no other option, Harshal decided to call an NGO for help. *'They were my last hope. Thankfully, they managed to get my medicine to me, but it took two days. Those two days were filled with fear and helplessness. I realised how alone I was during this crisis'*.

Harshal's narrative highlights the deep-seated vulnerabilities faced by the Kothi community during crises, exacerbating their social isolation, lack of healthcare access, and economic instability. His fear of contracting COVID-19 and subsequent self-isolation underscore the mental health challenges faced by marginalised groups, while his failed attempts to seek help from his partners reveal the fragility of informal support networks, possibly due to stigma, economic insecurities, or fear of contagious.

While some Kothis struggled to access help during COVID-19, others were grappling with a dual crisis, facing both the uncertainty of the pandemic and the turmoil of their own identity struggles. For many, the lockdown became a time of forced introspection, where isolation intensified their gender dysphoria and self-doubt. Without access to safe spaces, peer support, or counselling, they were left to navigate their fear alone. The pandemic did not bring a new virus into their lives, it also magnified their internal battles, making their fight for acceptance and survival even more challenging.

> On this note, Kumar, a 27 year old Kothi narrated, 'I have always struggled with my identity as a transgender individual, but the lockdown made it even harder. Before COVID-19, I had finally gathered the courage to seek help, and I had started meeting a counsellor who was guiding me through my identity crisis. Those sessions were only source of comfort, helping me understand and accept myself. But when the pandemic struck and restrictions were imposed, everything changed'.

He added, 'the lockdown cut me off from the support I had. I could no longer meet my counsellor, and the weight of my emotion became unbearable. Being struck at home, surrounded by people who didn't understand me, made me feel more alone than ever. Everyday felt like a battle, and with no one to talk, my thoughts grew darker. I started believing there was no way forward, that my existence didn't matter. The loneliness and hopelessness pushed me to the edge, and I decided to end my life'.

With a relief he continued, 'but in my lowest moment, something unexpected happened. A common WhatApp group that I had joined for LGBTQIA+ support became my lifeline. One evening I posted a message, not directly saying what I was going through, but hinting at my pain. Within minutes, people started responding. Strangers- who had never met me in person- began sharing their own stories, their struggles, and how they had found ways to keep going. They reminded me that I wasn't alone, that my pain as valid, and that there was hope beyond this darkness'.

From the above narrative, one can see the intersection of the COVID-19 pandemic and identity struggles among marginalised communities, particularly Kothis, highlights the compounded vulnerabilities they faced. The fear of contracting the virus led many to self-isolate, exacerbating pre-existing mental health challenges. For individuals who relied on informal support networks- partners, chosen families, or community groups-COVOD-19 exposed the fragility of these connections. Moreover, the pandemic did not affect all marginalised individual in the same way. While some struggled with immediate survival and the lack of support, others found themselves confronting deeper identity crises in isolation.

4.2 Livelihood challenges amidst the life threatening Pandemic

The livelihood sources of the Kothi transgender community in India are diverse but often precarious, influenced by societal stigma and economic marginalisation. Many Kothi individuals engage in informal sectors such as sex work, entertainment, and begging due to limited opportunities in formal employment sectors (Nanda 2016). These livelihood means are not only vital for economic survival but also serve as spaces where Kothi individuals can express their gender identity freely amidst societal discrimination.

'I never thought I would end up in sex work', Rajju, a 22-year-old Kothi, shared, his voice carrying both resilience and longing. *'Growing up, I has dreams like anyone else. I loved dancing-it was my escape, my joy. But society had different plans for me. No one was willing to give me job because of my gender identity. Every time I applied somewhere, I was met with rejection or ridicule. Slowly, doors started closing, and I was left with no options'.*

With limited opportunities and the pressure of survival weighing on his, Rajju made the difficult choice to enter sex work. *'It wasn't my first choice, but at that time, it felt like my only way to earn a living. Over time, I've grown accustomed to it. It provides me with financial stability, and in a way, I have learned to navigate this world. But deep down, it's not who I am'.*

Despite his circumstances, Rajju's passion for dance never faded. *'Before the pandemic, I used to perform at small community events, private functions and bars. Those moments on stage made me feel alive, like I was truly seen for who I am-not just as a Kothi, not just as a bar dancer or sex worker, but as an artist. I still dream, of making career in dance, but I know the road ahead won't be easy'.*

His story is a reflection of the broader struggles faced by Kothis, where systemic exclusion forces them into survival-driven professions, often at the cost of their dreams. Yet,

within this struggle Rajju holds onto hope that one day, he will be recognized for his passion, not just his circumstances.

During an interview, Kamal, a 21 years old part time bar dancer, recounted the profound impact the COVID-19 pandemic had on his life. *'I lost every hope'.* He began. His voice tinged with despair.

> *'...everything was closed, and there were restrictions on moving in public place. The bar was also closed, and I was left without a job. The restrictions made it impossible to go out and look for other work. I was trapped in my small rented room, watching my savings disappear. At first, I tried to stay hopeful, thinking things would return to normal soon. But day turned into weeks, and weeks turned into months. My landlord kept asking for rent, and I had nothing to give him. I skipped meals to make whatever little money I had last longer. Beyond the financial struggles, there was the loneliness. I had no family to turn to, and the isolation crushed me. The few friends I had were also struggling, barely managing their own survival. I felt invisible-like I didn't exist anymore'.*

> *He added with sadness in her eyes, '.... Desperation forced me to make choices I never imagined. Some of the clients from the bar reached out, and conversations took a different turn. They started offering money for video calls-explicit ones. At first, I hesitated. It wasn't something I had done before, but what choice did I have? My rent was due, and I had no other options. So, I started. It was awkward at first, but soon, I realised it was a transaction-just like dancing at the bar had been. Except now, I was in control of my space. I could decide when, how and with whom. The money wasn't great, but it was something. It kept me from starving'.*

> *He added, 'the experience changed me. I no longer saw my body the same way. Some days, I felt empowered, taking charge of my survival. Other days, I felt hollow, disconnected from myself. The stigma weighed on me- I knew what society would say if they found out. But society wasn't going to pay my rent. Society wasn't going to feed me'.*

His words painted a vivid picture of the uncertainty and hardship faced by many in his community during the tumultuous time. The above narrative illustrates the harsh realities faced by marginalised workers during the COVID-19 pandemic, where economic desperation forced individuals into unconventional; survival strategies. The narrative shed light on the intersection of financial instability, social isolation, and emotional distress, emphasising how the pandemic exacerbated existing vulnerabilities. Kamal's transition from bar dancing to virtual sex work underscores the limited choices available to those in precarious employment, revealing both the agency and the emotional toll involved in such decisions. While the experience gave Kamal a means of survival, it also exposed the deep-rooted societal stigmas and psychological struggles attached to alternative forms of labour. This narrative critically reflects on resilience, adaptation, and the often-overlooked consequences of crisis on those living on the fringes of society.

During the COVID-19 pandemic, the Kothi transgender community faced heightened vulnerability due to scarce livelihood opportunities. The lockdowns disrupted their informal work, exacerbating their socio-economic precarity.

5.0   Healthcare at the Cross roads: COVID-19 impact on the Kothi community

Kothi individuals face unique health challenges that are often exacerbated by systematic barriers to care, discriminate, and social stigma. These difficulties are a major cause of inequalities, which include increased prevalence of chronic illness, substance misuse, and mental health problems. A study by Chowdhury (2020), has explained that beyond the confines of their families and social lives, they are often mistreated, coerced, and exploited.

According to the National Center for Transgender Equality (2016), 40% of transgender adults report having attempted suicide, a rate significantly higher than the general population.

> During an interview, Appu, a 27- years old Kothi respondent, who is engaged in the sex work expressed, ' ...*COVID-19 lockdown pushed me into an unimaginable crisis-one that made me question my very existence. Before the lockdown, I was able to sustain myself, earning just enough to afford my basic needs and medical treatment. Living with HIV, I required regular medication and check-ups, which I used to manage by visiting a private hospital. However, when the lockdown was imposed, my entire world turned upside down. Suddenly, my customers stopped coming, leaving me with no source of income. Without money, I could not afford food. Let alone my essential medications. The government hospitals were far, and the fear of stigma and discrimination kept me from seeking help there. The private hospital where I was receiving treatment was unreachable due to travel restrictions; I had no means to buy my medicines. The days felt endless, trapped within four walls with no support, no visitors, and no hope. Loneliness consumed me. I felt abandoned by society, forgotten in the midst of crisis that did not seem to care about people like me. My health deteriorated rapidly without my HIV medication. Weakness, fever, and stress took over my body. I started feeling as if I was slipping away, both physically and mentally. There were moments when I contemplated ending my life because the suffering felt unbearable. I had no one to turn to, no financial assistance, and no way to survive*'.
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> '... *after weeks of despair, I reached out to a local community-based organisation that supports people like me. They connected me to a group that helped arrange my medicines and provided me with some financial relief. It was a small step, but it gave me hope. Slowly, I started to regain my strength. Though the struggle is far from over, I now realise the importance of support system. No one should have to go through what I did.*"

Appu's narrative provides a poignant insight into the compounded vulnerabilities experienced by marginalised individuals during the COVID-19 lockdown, especially on the individuals engaged in sex work and those living with Chronic illnesses like HIV. The narrative reveals how systemic neglect, social stigma, and economic vulnerability intersected to create a life-threatening situation for Appu. The lockdown not only cut off his financial stability but also restricted access to critical healthcare services. His suffering was exacerbated by a lack of institutional support, forcing him into extreme isolation and mental distress.

> Similarly, Shakti, one of the respondents of the study, who is 30 years old, shared his experience, '*every time I go to the hospital for my regular check-ups and HIV medication, the health providers treat me badly. It's a humiliating experience. During the COVID-19 Pandemic, it became even worse. They wouldn't even entertain my presence for my regular check-ups, making me feel completely neglected and isolated...*'

The above narrative underscores the pervasive discrimination and systemic barriers the Kothi individuals often encounter within healthcare systems. His experience reflects a broader pattern of stigmatisation and marginalisation faced by the Kothi people, particularly those living with HIV. The disrespect and humiliation she endures from healthcare providers highlight a critical lack of cultural competence and sensitivity within medical institutions.

Shakti's narrative also illustrates the intersectionality of health, gender identity, and social stigma. The systematic discrimination she experiences is not just a reflection of individual prejudices but also of structural inequalities embedded within healthcare systems. This critical analysis reveals the urgent need for comprehensive reforms in medical education and policy, aimed at fostering an inclusive and affirming healthcare environment for Kothi individuals.

5.1 *Community Solidarity during the Pandemic*

The Kothi people live in a very close knit community where all other community members help each other when needed. During the COVID-19, community solidarity among the Kothi members played a pivotal role in providing support and resources to their members. Faced with heighted vulnerabilities, transgender-led organisations and networks (including other transgender sub-categories like hijra, transwomen, etc) mobilised to fill gaps left by government and ensure the well-being of their communities.

The report from Economic Times (2020), states that the Indian State Government has started providing food support like wheat, rice pulses and sugar through their public distribution system. However, Elavati (2016) has explained in his study that most transgender people do not possess government document such as an Aadhar card and a Below Poverty Line Card, which makes it difficult to avail the facilities. Respondent also explained that they have also not availed the benefit of the PDS system in the COVID-19 time, as their identity is still written as male and they have not changed it in their official IDs. Kothi individuals often face systemic exclusion from formal support systems, making them reliant on community networks for survival. During Pandemic, these networks became lifelines, providing not only material assistance but also emotional and social support.

> Kiran, a 23 year old Kothi, explained that he, *'during the pandemic's early days, we were unaware of the public distribution system's details. Many in our community struggled with basic necessities. So, we formed a WhatsApp group to share information. However, the PDS system wasn't reliable. Together, we reached out to the NGOs for help. They stepped in, providing essential supplies that kept us going through those tough times. It was our solidarity that ensured no one was left behind'.*

6.0 Discussion

The research on the Kothi community's lived experiences during the COVID-19 pandemic presents a compelling account of resilience, systemic barriers, and social exclusion. The study highlighted the compounded vulnerabilities faced by Kothis, a marginalised sub-group within the broader transgender spectrum, who navigate a precarious existence shaped by socio-economic and institutional discrimination. By analysing their narratives, this discussion critically evaluates the intersection of identity, economic hardship, healthcare access, and community resilience, while considering the gaps in policy responses and support structures.

One of the key themes in the narratives is the dual marginalisation of Kothis: first, as gender-nonconforming individuals in a rigidly binary society, and second, as member of a socio-economically disadvantaged group. The highlighted discussion around Anupum's and Kumar's struggle with gender identity during the lockdown underscores the lack of institutionalised mental health support tailored to gender minorities. The study indicates that the diverse sub-groups within the community, failing to address the unique socio-cultural and economic realities of Kothis. This invisibility in policy and social welfare mechanism exacerbates their exclusion from critical resources.

The narratives of Rajju and Kamal bring forth the stark economic precarity that Kothis face. The study underscores that many Kothis rely on informal economies, including sex work and entertainment, due to widespread employment discrimination. The economic shutdown during the pandemic eliminates these already fragile sources of income, pushing many into extreme poverty. Kamal's transition from bar dancing to virtual sex work

highlights the complex interplay between survival, agency, and social stigma. This discussion brings attention to the systemic barriers that prevent Kothis from accessing sustainable livelihood training, and economic support programs to mitigate these vulnerabilities.

Healthcare access emerges as another critical issue, with Appu and Shakti's narrative revealing systemic neglect and discrimination within medical institutions. The discussion notes that pre-existing biases in healthcare settings were exacerbated during the pandemic, leading to delay or denied treatments for Kothis, especially those living with chronic illnesses like HIV. Shakti's experience with humiliation and neglect at hospital reflect a broader structural failure that discourages gender minorities from seeking essential medical care. The pandemic has exposed the urgent need for trans-inclusive healthcare policies, gender-sensitivity training for medical professionals, community-based health interventions to ensure equitable access to medical services.

Despite institutional failures, the narratives highlight the Kothi community's resilience, particularly through mutual aid and grassroots support networks. Kiran's story illustrates how community-led initiatives, such as digital support groups and NGO interventions, played a crucial role in crisis management. However, the discussion critiques the over-reliance on NGOs and informal networks in the absence of robust governmental support. While these networks provided immediate relief, they are not a sustainable solution. The study suggests that systemic change-through policy integration, legal protections, and social welfare inclusion-is necessary to reduce dependency on ad-hoc relief efforts.

7.0 Interventions Needed for the Transgender Community During COVID-19 and Post-COVID-19 Pandemic:

The COVID-19 pandemic has disproportionately affected marginalised communities globally, including the transgender population, intensifying existing vulnerabilities and socio-economic disparities. As Social Science Researchers, it is imperative to outline targeted interventions to mitigate these impacts and foster resilience within the Kothi community, particularly focusing on post-pandemic recovery efforts.

7.1 Healthcare Access and Awareness

Enhancing access to basic healthcare services remains a critical intervention. This includes ensuring availability of mental health support, HIV medicines, and access to COVID-19 testing and vaccines tailored to transgender individuals. Public health campaigns should be designed to address misinformation and promote health-seeking behaviours among Kothi populations.

7.2 Economic Empowerment

Economic disruptions during the pandemic have disproportionately affected Kothi individuals, who often face high rates of unemployment, discrimination in employment, and economic instability. Interventions should prioritise creating inclusive employment opportunities, providing vocational training, and offering financial assistance programmes to support livelihood recovery and economic resilience.

7.3 Social Support and Community Engagement

The pandemic has heighted social isolation among Kothi individuals, intensifying mental health challenges and reducing access to support networks. Interventions should focus on creating safe spaces, both physical and virtual, fostering peer support networks, and providing mental health counselling and crisis intervention services tailored to the needs of the Kothi community.

7.4 Legal and Policy Advocacy

Strengthening legal protections and advocating for policies that address systemic discrimination and promote inclusion are essential interventions. This includes advocating for gender-affirming legal reforms, ensuring access to legal aid services for free or at low cost, and challenging discriminatory practices in healthcare, employment, and public services.

7.5 Research and Data Collection

Robust data collection and research are vital to. Understanding the nuanced impacts of the pandemic on Kothi individuals and informing evidence-based interventions. Researchers should prioritise collecting disaggregated data on transgender population and access to services, to guide targeted interventions and policy recommendations.

Addressing the diverse needs of the Kothi community during and beyond the COVID-19 pandemic requires multifaceted interventions that prioritise healthcare access, economic empowerment, social support, legal advocacy, and evidence- based research. By implementing these interventions, researchers and policymakers can contribute to building a more resilient and inclusive post-pandemic society for Kothi individuals.

8.0 Conclusion

This research illuminates the profound social and economic vulnerabilities faced by the Kothi transgender community in Bilaspur city, Chhattisgarh, exacerbated by the COVID-19 pandemic. The findings reveal that the pandemic did not merely disrupt the lives of the Kothis, but significantly intensified pre-existing hardships, particularly around issues of identity, stigma, and access to vital resources. The community's already precarious socio-economic position was further destabilized by job losses, income reductions, and exclusion from government relief measures, pushing many Kothis into deeper economic uncertainty. These disruptions underscore the urgent need for inclusive economic policies that recognise the intersectional challenges faced by gender minorities, particularly in times of crisis.

Simultaneously, the pandemic exposed significant barriers to healthcare access, highlighting systemic discrimination and a lack of culturally competent services. The Kothi community's struggles to access essential healthcare, including HIV/AIDS treatment and mental health support, further deepened their vulnerability to health risks. The research emphasises the need for health systems to become more inclusive, ensuring that transgender individuals receive respectful, comprehensive, and culturally sensitive care during both ordinary and crisis periods.

Importantly, the study also sheds light on the resilience of the Kothi community, particularly through social support networks and mutual aid initiatives. However, the pandemic strained these vital support structures, as physical distancing measures disrupted

traditional means of community solidarity. Despite these challenges, Kothis continued to demonstrate remarkable resourcefulness, leveraging digital platforms to maintain connections and foster collective well-being.

The study successfully fulfils its objectives by examining the social and economic vulnerabilities faced by Kothi community during crises and their profound impact on overall well-being. The narratives reveal that social exclusion, economic instability, and healthcare inaccessibility significantly hinge Kothis' ability to navigate crises effectively.

Ultimately, this research underscores that the impact of the pandemic on the Kothi community is inseparable from the broader structural inequalities that perpetuate their marginalization. The crisis exposed the deep-rooted societal and systemic barriers that hinder effective responses to transgender community needs, further exacerbating existing disparities. The study calls for immediate and sustained policy interventions to address these structural issues, including enhancing economic opportunities, ensuring equitable healthcare access, and promoting inclusive social support mechanisms tailored to the specific needs of Kothi and other transgender communities. Only through such comprehensive, intersectional approaches can we hope to mitigate the compounded vulnerabilities faced by Kothis during future crises and move toward a more equitable society for all.

Notes

1. It stands for Coronavirus Disease 2019, which causes severe acute respiratory problem. The pandemic that has been going on since it was initially discovered in Wuhan, China in December 2019.

2. It is an umbrella term for those individuals whose gender identity is not the same as the sex they were assigned at birth. Within the larger context of gender diversity this word includes a wide range of identities and experiences. Though the word has an Indian origin, specifically used in Hindi, Urdu and Bengali and it does not align neatly with Western notions of transgender or gay identities, as it is deeply rooted in regional socio-cultural norms.

3. It stands for Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and other identities. It encompasses a diverse range of sexual orientations, gender identities, and expressions beyond heterosexual and cisgender norms.

4. The oldest and the first community based organisation working on queer health and wellbeing in India since 1994. It is at the fore front of LBTQ+ rights and health. Initially based in Mumbai and Delhi, it operates now in many major urban centres of India.

5. It translates to "Department of Social Welfare" in English. It typically refers to government department or ministries responsible for social welfare and development initiatives, aimed at promoting the well-being of marginalised and vulnerable groups within society.

6. His partner's specifically refer to Harshal's sexual partners or customers.

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Ethical Consideration
In concluding research on the experiences of Kothi Transgender individuals during the COVID-19 Pandemic, utmost sensitivity and respect for participants' well-being were maintained. Respondents were asked twice for their willingness to participate and to have their statements recorded, ensuring informed consent. Real identities were not revealed to protect their privacy. Throughout the interviews, care was taken to avoid any emotional harm, and a supportive environment was fostered to respect the dignity and comfort of all participants.