

The Impact of COVID-19 on the Psychosocial Wellbeing of the LGBTIQ+ Community in Bangladesh



TABLE OF CONTENTS

Introduction	2
Methods and Methodology	2
Participants and Terminology	2
Informed Consent and Ethics	4
Background	4
Findings	8
Effects of COVID-19 on economic realities and opportunities	8
Effects of COVID-19 on physical well-being, safety and socio-cultural identity and expressions	9
Navigating family relations and the private sphere during lockdown	9
Community organizing and friendships - Before, after, in-person and the digital	12
Conclusion	16
Policy Recommendation	17
Institutions	17
Psychosocial support	17
Safety and security during the pandemic	17
Ways forward	17
References	18

INTRODUCTION

The aim of the following research is to look at the impact of COVID-19 on the lesbian, gay, bisexual, transgender, intersex, and queer (LGBTIQ+) individuals and activist organizing scene in Bangladesh. The pandemic has exacerbated social inequities and has posed unique challenges for communities and individuals that already experience marginalization, exclusion and various forms of violence and discrimination from mainstream societies. Individuals whose identities fall beyond the gender binary of male and female, and whose sexual orientation is non-heterosexual, have also experienced the effects of the pandemic in the socio-cultural, economic, health and political realms. This report pays particular attention to the ways the COVID-19 pandemic has affected psychosocial well-being (determined by one's socio-cultural, economic, health and political realities) and hindered organizing and community building of diverse gender and sexual communities in Bangladesh.

METHODS AND METHODOLOGY

Semi-structured interviews were conducted with eighteen individuals from diverse gender and sexual backgrounds. Due to the parameters set by the pandemic, the interviews were conducted over phone. Seventeen interviews were conducted over the phone between July - September 2020. One interview was conducted through email exchange due to unavailability over phone. Majority of the interviews were conducted in Bengali. All the interviews were transcribed verbatim and translated to English. Given the short timeline of the research, participants were selected using purpose sampling through professional and personal networks of the researchers. Using inductive analysis, transcripts were coded to understand themes around how psychosocial well-being and activism has been impacted by COVID-19.

PARTICIPANTS AND TERMINOLOGY

Participant (Age)	Sexual/ gender identity	Location (City and Division)	Professional/ Education background	Community involvement
Participant 1 (19)	Gay man	Dhaka, Dhaka	HSC graduate; private tutor	Organization "X" ¹
Participant 2 (30)	Bisexual genderqueer	Outside Bangladesh	Graduate student	Organized community counseling circle called group RC ²
Participant 3 (31)	Genderqueer	Dhaka, Dhaka	Journalist and dance performer	Organization "Y" ³
Participant 4 (24)	Genderqueer	Dhaka, Dhaka	Undergraduate student	Organization "S" ⁴
Participant 5 (22+)	Gay man	Jhenaidah, Khulna	Undergraduate student and dance performer	Facilitates a messenger chat group for LGBT members ⁵

¹A relatively new group that started in 2018 that works with LGBTIQ+ communities in Rangpur, Bogra, Dhaka, Narsingdi, Gazipur, Jamalpur, Barisal.

²Re-evaluation co-counseling is a process where participants share coping mechanisms with one another regarding difficult situations. Participants discuss effectiveness, pros and cons of coping mechanisms shared. The sharing process allows participants to employ from a range of situation specific coping mechanism.

³An interdisciplinary art initiative that engages with different kinds of art form such as classical dance, fine arts and film. The initiative does not have any core 'team' per se as it is overseen by participant 3. It has a studio space which organizes different kinds of events.

⁴A Bangladeshi non-profit, queer archivist-run, awareness-raising volunteer-based organization that collects, stores, and gives a platform to published and unpublished creations of queer people.

⁵A support group for transgender men. They work in Chittagong, Potuakhali, Magura, Dhaka, Narshingdi, Rajshahi.

Participant 6 (45)	Transgender man	Dhaka, Dhaka	IT specialist	Organization "H" ⁶
Participant 7 (31)	Lesbian woman	Dhaka, Dhaka	Creative agency	Organization "F" ⁶
Participant 8 (23)	Koti	Gazipur, Dhaka	Undergraduate student	Organization "E" ⁷
Participant 9 (24)	Bisexual woman	Dhaka, Dhaka	Undergraduate student	Runs an online group for LGBTIQ+ members
Participant 10 (38)	Gay man	Dhaka, Dhaka	Private bank	Organization "Q"
Participant 11 (28)	Transgender woman	Rangpur, Rangpur	Diploma engineer and private tutor	Organization "X"
Participant 12 (23)	Transgender man	Dhaka, Dhaka	Undergraduate student	Part of a WhatsApp support group for transgender men
Participant 13 (26)	Genderqueer lesbian	Dhaka, Dhaka	Works at an NGO	Organization "K" ⁸
Participant 14 (27)	Gay man	Narsingdi, Dhaka	In legal profession	Organization "X"
Participant 15 (21)	Gay man	Dhaka, Dhaka	Undergraduate student and private tutor	Organization "X"
Participant 16 (40)	Queer	Dhaka, Dhaka	Independent consultant and former tele-counselor	Organization "F"
Participant 17 (20)	Gay man	Barisal, Barisal	Getting a diploma in engineering	Informal group of gay men
Participant 18 (20+)	Intersex lesbian	Gopalganj, Barisal	Undergraduate student	Online forum for intersex

Participants identify as homosexual (lesbian and gay), bisexual, queer, cis-gendered⁹ woman and man, transgender woman and man, genderqueer¹⁰, and intersex¹¹. Their income backgrounds are lower-middle, middle, and upper-middle. Participants included full-time students (diploma, undergraduate and graduate level), white-collar professionals, and students who also worked (private tuition). Participants lived in urban cities and semi-urban towns in 4 major divisions in the country: Dhaka, Khulna, Rangpur, and Barisal. Due to work or study, some of them lived in a different city/town than their hometowns but migrated and moved back with their parents during the pandemic. All the participants are involved with community organizing and activism at different capacities through unregistered and informal networks/ groups/collectives, online social media groups and registered institution. The data is not representative of the entire LGBTIQ+ population in

Bangladesh. Nonetheless, the rapid research highlights some of the specific ways COVID-19 has impacted communities and individuals. Further sampling and data collection can hopefully draw a better picture of the community at large.

Throughout the report, the term 'LGBTIQ+' has been used to refer to the participants and the communities. It is relatively a new usage, as most activists and spaces use 'LGBT' or 'LGBTQ'. In some places, 'diverse gender and sexual groups' and 'gender and sexual minorities' have also been used interchangeably. It is important to clarify that the report does not shed light on the lives of hijras under the rubric of transgender. Even though several hijra individuals in NGO spaces or international settings use 'transgender woman' for self-identification or refer to 'transgender' as an umbrella term to talk about hijras, transgender women and men identities are however distinct from hijra

⁶An unregistered organization for LGBTIQ+ individuals that organizes support groups, leadership trainings, and does advocacy work locally and internationally.

⁷A Community Based Organization (CBO) that works with hijras in providing them with health-related information and taking them to STD/STI testing centers. The CBO also provides in-person counseling regarding family issues, inheritance, financial crisis, mental health and relationships to hijras.

⁸Works in the areas of health services, human rights and legal advice for gender and sexual diverse groups.

⁹A person whose gender identity aligns with the one they were assigned at birth (Nazariya 2017).

¹⁰A "queer" gender may fall outside of, fall in between, or fluctuate among the binary gender categories of man and woman. People who are genderqueer often experience their gender as fluid, meaning it can shift and change at any given time. Genderqueer can also describe a position of questioning one's gender identity during a particular period of time or in an ongoing way. (Clements 2018).

¹¹Intersex is an umbrella term for differences in sex traits or reproductive anatomy. People are born with these differences or develop them in childhood. There are many possible differences in genitalia, hormones, internal anatomy, or chromosomes (interACT 2020).

individuals who live in their own communities structured by a well-defined guru-chela¹² structure. Transgender women and men in this research are not part of any guru-chela structure and hence are not part of the hijra community or the profession of hijragiri, and hence do not identify as hijras. 1 participant identified as 'Koti'¹³ a localized expression for gender variant identity which does not find a place within the universal English acronym LGBTIQ+, which shows that the acronym does not always fully represent the various identities situated in specific geographies. We chose to keep terms/labels that the participants used to describe their identities without imposing other interpretation or any kind of judgement.

INFORMED CONSENT AND ETHICS

Participants were fully explained the purpose and output (this report) of the research before the interviews. Researchers have used their discretion and refrained from using original names of participants to ensure their safety. Names of organizations that the participants are part of have also been designated letters (as opposed to stating their full names) to ensure that various groups, especially the unregistered organizations and online collectives do not experience any kind of backlash and that participants have better control over the circulation of information about the organizations.

BACKGROUND

'Bangladesh's gender and sexual minorities (LGBT) often feel insecure about their gender identity and sexual orientation for a number of reasons, including the persistent stigmatization due to religion and cultural norms, a societal and institutional denial about the existence and validity of such diversity and the criminalization of same-sex relations' (GHRD 2015). Thus, sexual orientations other than heterosexuality are silenced, criminalized, and face institutionalized violence in Bangladesh. Due to the immense lack of discourse on homosexuality and a staunch heteronormative culture with regards to marriage and sexuality, diverse sexual identities do not hold any legitimate status in the constitutional and cultural framework of Bangladesh. Bangladesh also remains one of the 70 countries which has a sodomy law

criminalizing same-sex activities under the Bangladesh Penal Code (BPC 377), which carries a maximum sentence of 10 years in prison.

The last decade observed several initiatives by LGBTQ activist groups, and organizations working in sexual and reproductive health and rights (SRHR) and law to further the rights of individuals with diverse sexualities, genders, and sex characteristics. Particularly between the years 2014-2016, several visible activist works such as printing of a magazine, rainbow rally, a lesbian comic flashcard and queer theatre production made it into the public domain. Such visible forms of activism however came to a sudden halt in 2016, after the brutal killings of queer activists Xulhaz Mannan and Mahbub Rabbi Tonoy by Ansar Al-Islam militants. Having had experienced instability, disconnections, relative hiatus, and a real sense of threat for one's life, LGBTIQ+ activists have started to resume organizing in safe and discreet manner once again. The process is ongoing and shaky, with a constant sense of insecurity, affecting psychosocial health of activists and community members at large.

'Physiological as well as psychological changes, lack of correct information, gender norms, sexuality related myths and misconceptions, lack of youth friendly services, sexual violence and trauma etc. impact on young peoples' health and mental wellbeing. In Bangladesh, there is hardly any psychosocial support offered for young people (be it educational institutes or workplaces), and to design and deliver such services, we must have substantial research on these issues' (Karim 2014). 'According to WHO, about 63 lakh people in Bangladesh suffer from depression, where women suffer from depression twice more than men. Women are most vulnerable in all social conditions' (Adhikary 2017). A needs assessment survey about LGB people (2015) by Boys of Bangladesh and Roopbaan in Bangladesh showed that out of the 571 respondents, 44% experienced mental stress due to their sexuality, living with a constant fear that people will find out about their sexuality. A follow-up needs assessment survey to understand the current situation of LGB(TIQ+) people in Bangladesh has not taken place.

COVID-19 poses unique challenges for LGBTIQ+ individuals in terms of physical and mental health and wellbeing, livelihood, lockdown and family dynamics, passage of regressive laws, digital (in)security, and

¹²Guru-chela, or mentor-mentee is a well-defined social structure of which Hijras are a part. The Guru or senior person in the relationship is alternately conceived of as a father, a mother, or a husband, while the chela is regarded as a dependent. The guru, like an elder in a family, is expected to take care of the chela's material needs and the chela is expected to show respect and obedience to the guru and give the guru her earnings.

¹³Koti/Kothi is a self-identifying term often used by effeminate men of lower socioeconomic background who have sex with other men. The sexual relationship of person who identifies himself as a Kothi occurs in a heterosexual context, where the parties can adopt the dynamics of a heterosexual relationship. As such, gay men do not consider themselves as Kothis (GHRD 2015). Hijras who are juniors are also sometimes referred to as Koti by other Hijra elders as a term of endearment that also clearly marks the hierarchy.

organizing and community mobilizing in many parts of the world.

In most countries in the world, LGBTIQ+ individuals still experience inequalities and structural barriers in terms of legal, cultural, health and socio-economic rights - a reality that has only exacerbated because of the pandemic. 'It has been documented previously that sexual and gender minority people receive less care during disasters as the standard operating programs of heterosexist societies usually leave them out of planning and preparations' (Hafi & Uvais 2020). LGBTIQ+ groups, particularly gay and bisexual men, men who have sex with men (MSM) and transgender people are understood to be at risk for and living with HIV/AIDS, and as a result are more likely to be immunocompromised, potentially increasing risks associated with COVID-19 (HRC Foundation 2020; Sanchez et al 2020). The pandemic has also led to the shutting down or minimal functioning of sexual health clinics and has affected the supply chains and shortage of antiretrovirals, impacting the HIV/AIDS response in many countries (UNHR 2020; OHCHR 2020). Other than HIV/AIDS, rate of smoking and diabetes (particularly older LGBTIQ+ members) is also high among LGBTIQ+ individuals and are thus health concerns in the current moment. The pandemic has made it even more difficult for transgender women and men to receive hormonal therapy or gender affirming care as most hospitals cancelled or postponed elective

procedures to save resources (Wang et al. 2020). This of course is the case of countries where such procedures take place, and not low-income and middle-income countries where such procedures are less likely to take place.

In South Asian countries, hijras constitute one of the most socio-economically marginalized groups. In Bangladesh, daily income for hijras is in a crisis given most hijras rely on collecting money from the public, or at special occasions where they perform (childbirth or weddings), or/and sex work, which at the moment is stalled due to the pandemic (BRAC JGSPH 2020; Bandhu Social Welfare Society 2020; Innovation 2020). This has led to hijras not being able to send money to their families, and increased possibilities for hijras to starve and become homeless. Due to the stigma of their identity, hijras are also left out of traditional relief support provided by local authorities. \$1.2 million was allocated to the Social Welfare Ministry to provide aid for disadvantaged groups during the pandemic. The deputy inspector general of police distributed food to 100 hijra individuals in

Dhaka in collaboration with Uttoran Foundation, a local charity. 'But aid has been relatively ad hoc and it's unclear who will receive government-promised aid and how' (Knight 2020). Bandhu Social Welfare Society stands out as a prominent organization that has distributed relief to 281 hijra and transgender individuals and plans to distribute to further 2275 throughout the country through their network with local administration, including DC office, Civil Surgeon's office, LEA in different districts (GFAN AP 2020).

In the US, LGBTIQ+ youth also constitute a disproportionate number of homeless populations for whom social distancing and washing hands might not always be possible (Kuhr 2020). With shutdowns of public schools, child welfare agencies, youth programs and community centers, homeless LGBTIQ+ youth are now completely cut off from resources such as food, community and counseling services regarding mental health and safe sex practices (ibid). This can have adverse effect especially among groups who are involved with sex work, exhibit high-risk behaviors and have tendencies of substance abuse (Hafi 2020).

The Centers for Disease Control and Prevention has indicated that older people are at a greater risk for severe illness due to COVID-19. There are currently 3 million lesbian, gay, bisexual, transgender, and queer Americans 50 years of age and older, with over 1.1 million who are 65 years and older, and are more likely to experience greater health disparities, social isolation, and lack of support (HRC Foundation 2020).

LGBTIQ+ Americans work in jobs that are also more likely to be impacted by COVID-19 such as in restaurants and food services, hospitals, K-12 and higher education, and retail industries. Due to job insecurity or inaccessibility and societal prejudice of employers, it is also difficult for LGBTIQ+ people to get work and be promoted at work, and common to experience discrimination and harassment. This will lead to LGBTIQ+ Americans to more likely than the general population to live in poverty¹⁴ and lack access to adequate medical care, paid medical leave and necessities during the pandemic.

Mental health is also a pertinent concern for LGBTIQ+ people. According to the study conducted by Brenna et al. (2020) to understand potential impacts of social distancing during the pandemic among gay, bisexual, queer, transgender and two-spirit men in Canada, a staggering 57% of the 6198 respondents, wanted help with a mental health problem, with 19% wanting help dealing with suicidal thoughts. The Trevor project

¹⁴The poverty rates of transgender adults (29%) and cisgender bisexual women (29%) in the U.S. tower over those of other groups. Furthermore, Black (40%) and Latinx (45%) transgender adults are more likely to live in poverty than transgender people of any other race. 11% to 28% of LGBQ people reported they lost a promotion because of their sexual orientation, and 27% of transgender workers reported having been fired, not hired or denied a promotion due to their transgender identity (Human Rights Campaign Foundation 2020)

report (2020) highlights the crucial aspects of belongingness and connections that play out for suicide prevention for LGBTIQ+ individuals. 'Loneliness is especially relevant to youth populations, as the need for social acceptance and belongingness is prominent during adolescence and young adulthood [...] social connection has become a crucial component of suicide prevention. Among LGBTQ individuals in particular, connection to the LGBTQ community has been found to buffer the impact of stigma on depression and suicidality (Kaniuka et al., 2019 cited in Greene, Price-Feeney & Dorison 2020). Lockdown and social distancing due to the pandemic has left several LGBTIQ+ people stuck in their home with parents and relatives who are not always supportive and at times openly hostile and violent towards gender and sexual variant expressions and identities (DeMulder, Kraus-Perrotta & Zaidi 2020). Living in environments that are not safe and supportive, and not having the possibility to go out and meet other LGBTIQ+ friends and community members has resulted in deterioration of mental health wellbeing of LGBTIQ+ individuals. Queer individuals often manage to negate violence and hostile family dynamics by financially supporting parents which gives them the leverage in maintaining self-expression and help gain relative acceptance. Kumar (2018) writes about kothis in India who gain a sense of legitimacy within the domestic sphere by financially supporting their families. 'Poor family members can in some way accept them if the unidirectional flow of money continues from them [kothis]' (Kumar 2018: 238). However, the pandemic has deeply impacted all modes of income sources. Loss of jobs also means not being able to financially contribute to the family, which in turn means loss of the relative support/ acceptance from family members towards LGBTIQ+ individuals (Aihua 2020). These experiences of exclusions, marginalization, violence, and discrimination of course vary and get compounded according to intersectional differences of gender, class, caste, race, ethnicity, disability, age, urban/rural divide, language, religion, and citizenship status.

During the period of the pandemic, governments also deployed authoritarian measures to curb criticisms and dissenting voice of the public, passed regressive laws that further harmed LGBTIQ+ communities and cracked down on LGBTIQ+ groups blaming them for spreading the virus. South Korea has been lauded for its approach to contain the pandemic. However, when the country's tracking and tracing linked back to individuals who visited a gay nightclub in Seoul, an anti-gay backlash emerged in a context that was already homophobic. The South Korean newspaper 'Kukmin Ilbo' ran articles that stereotypically portrayed gay men as promiscuous and prone to risky sexual behavior (Borowiec 2020). Lancet HIV editorial (2020) documents other forms of state sanctioned violence on LGBTIQ+ people during the pandemic in few

countries: In Uganda, 19 LGBTI individuals staying at a shelter were arrested, beaten, and questioned on their sexual behavior and were charged with disobeying COVID-19 regulations on social distancing. Some of the detained have HIV and had no access to medication during their 50 days of detention. Puerto Rico saw a spike in murders of transgender individuals since the lockdown. Hungary passed a transphobic law that removed the right of people to change their gender and name that matches with their gender identity, while Poland increased penalties for HIV exposure, non-disclosure, and transmission.

The digital space has been a critical space for LGBTIQ+ individuals to explore erotica and relationships, negate social stigma and find community and friendships, and has also turned out as a preferred medium for self-expression and activism in the present moment of the pandemic. With the emergence of the internet in early 1990s in South Asia countries like Bangladesh and India, the digital space has been used by LGBTIQ+ communities to start building community, organizing and advocacy (Dasgupta & Dasgupta 2018; Karim 2014). The digital space is however also being increasingly surveilled at the present moment through law enforcement in countries like Bangladesh, India and Cambodia, especially during the pandemic enabling governments to jail journalists, cartoonists, academics, opposition activists, doctors and students for criticizing the government on social media about COVID-19 measures (Dasgupta & Dasgupta 2018; Amon & Wurth 2020; Riaz 2020). The Digital Security Act passed in Bangladesh in 2018 can be disastrous for LGBTIQ+ community as well. In the name of blasphemy, hurting religious and nationalist sentiments, sections of the act can be used to criminalize not only the LGBTIQ+ themed writings and social media posts, but also those who produce, share and comments on these social media posts (Onnokotha 2020). Physical spaces for meetups, planning, creative outlets, and partying are all part of building LGBTIQ+ communities (Maliha 2020). However, given the pandemic has disrupted LGBTIQ+ organizing, activity and community mobilizing through in-person meeting, capacity building activities and advocacy events, activists and community members are opting for the digital space to continue community work. Thus, it is urgent that LGBTIQ+ individuals make conscious choices, critically think about digital footprints, assess safe and secured options from online communication tools such as Signal, Wire, Whatsapp, Viber, Telegram, Zoom, Jitsi, Microsoft team meeting (ILGA-Europe 2020) to continue organizing and building communities.

The pandemic has also led to important conversations among donors who fund LGBTIQ+ organisations and activities in different parts of the world. Global Philanthropy Project conducted a rapid survey with 26

of the leading foundations and NGO intermediary funders¹⁵ supporting global LGBTI issues and produced a report (2020) which states that 'this moment demands philanthropic action to galvanize the necessary resources for the particular and significant challenges that LGBTI communities across the world will face in the coming months and years' (2). When asked if funders took action to shift or enhance their grantmaking policies and practices in order to respond to the challenges posed by COVID-19, 88% said that they changed reporting requirements, including deadlines for grantees, 85% said that they extended grant timeframes and 69% said that they instituted flexible funding by changing project or program funding to general operating support for grantees. Funders indicated that they had provided additional funding to ensure that grantee partners can respond to the challenges of COVID-19 within their institutions and communities, including support for humanitarian assistance and planning for longer-term impacts. These are important shifts and steps taken by funders which will shape LGBTIQ+ funded projects in global south contexts in the upcoming months (if not years).

COVID-19 has thus brought on new and reinforced old challenges for the marginalized LGBTIQ+ community in Bangladesh and worldwide. LGBTIQ+ people continue to experience stigma and shame for who they are, and do not have supportive environments for self-determination. They are also more likely to

experience violence at home, leave home due to unsupportive and openly hostile parents and relatives, be homeless and/or find communities to live with outside biological families. As a result, they either lead lives in denial, or discretely, opting for friendships and intimate relations in secret as they know such relations will not be validated and may only attract backlash in private and public spheres. Living in unsafe private sphere of the family, and not having options to access support of the community during the pandemic can cause distress for LGBTIQ+ individuals during the pandemic. LGBTIQ+ are also more vulnerable in terms of economic, health, legal and policy issues, which have caused situations of precarity and marginalization for the community during the pandemic. Not having the option to do in-person activism and community building or getting one's space (limited as it already is) get further infringed can leave many disenfranchised, depressed and demotivated during the pandemic. Opting for digital spaces can be meaningful but comes with uncertainties and security issues given digital avenues are not always safe and are monitored by the state, law enforcement and right-wing groups. All these factors of uncertainty, insecurity and vulnerability have undoubtedly affected psychosocial health of LGBTIQ+ individuals in Bangladesh. Currently, there is not enough primary or secondary data about the impact of COVID-19 on LGBTIQ+ individuals in South Asian countries. Hence, this research in Bangladesh, makes an important intervention in addressing this gap and initiating an urgent conversation.

¹⁵American Jewish World Service, Arcus Foundation, Astraea Lesbian Foundation for Justice, Baring Foundation, Dreilinden, Ford Foundation, Foundation for a Just Society, Fund for Global Human Rights, Global Fund for Women, Hivos, Horizons Foundation, International Trans Fund, Mama Cash, Oak Foundation, Open Society Foundations, Other Foundation, Sigrid Rausing Trust, UHAI EASHRI (East African Sexual Health and Rights Initiative), Urgent Action Fund, and Wellspring Philanthropic Fund, AmplifyChange, COC Netherlands, Comic Relief, Elton John AIDS Foundation (UK), Gilead Sciences, National Lottery Community Fund, and Tides Foundation.

FINDINGS

Effects of COVID-19 on economic realities and opportunities:

Like majority of the population, economic means and spheres of LGBTIQ+ individuals have been severely affected by the pandemic in Bangladesh. For many LGBTIQ+ individuals, work opportunities and access to income sources are also shaped around their marginalized status of gender and sexual expressions, especially when several professions and professional opportunities are simply denied because of prejudiced beliefs and attitude. As a result, the pandemic has made it even more difficult to maintain a livelihood in an economy that is already precarious for individuals who belong to gender and sexual minority groups.

Four participants shared that they earned money through private tuition, however since March 2020, they have not been able to earn. All educational institutions shut down, and parents had also asked the tutors not to visit their homes to maintain social distance. This has stopped income flow for the participants, who relied on tuition money to sustain themselves, pay rent, buy food, and support family members.

I am a private tutor. But I do not have any students since March because of the lockdown. Private tuition is also the main source of income for my boyfriend. So, it is not possible for him to support me. He also supports his family with his income. So, he is going through the same situation as me (Participant 1, 19-year-old, gay man).

I taught my students till March 26 but did not get any salary yet and I have not had taught since then, and so no salary for me from April onwards. Because of the lockdown I could not go to my student's house and they did not call me as well to say anything about my pending salary. Only one student's mother paid my salary (Participant 5, 22-year-old, gay man).

Sometimes you cannot find a job easily, or we are not given any work. So, a lot of us manage tuition to survive. I used to do tuition as well, but now, everything is closed since March. I cannot work wherever I want. I get bullied by people for my effeminate attitude and I cannot work in a place where people are always bullying me. I went to interviews at two local NGOs. I did not seem physically strong to them, for which they started to comment on how I looked weak, and that I will not be able to take pressure at work, or do field work in rural areas (Participant 11, 28-year-old, transgender woman).

Participant 11, who is not out about her transgender identity in public spheres, and is seen as an effeminate man, is not able to work wherever she wants because of the derogatory way employers may treat her, as she experienced firsthand when she went in for a job interview at an NGO. The interviewers thought she was (a) 'weak' (man) and potentially incapable of doing fieldwork in rural areas for her effeminate posture and demeanor. Private tuition is a convenient, easy, and informal source of income for youths. For young LGBTIQ+ individuals like participant 11, it also a safe option where probability of experiencing harassment is relatively lower compared to other professional spaces that impose strict gender codes and rigid moral expectations that hinder self-expression and mobility. However, due to the pandemic earning through private tuition for participants 1, 5 and 11 have been disrupted, leaving them economically vulnerable. Transgender women and men also experience added economic vulnerability and uncertainty during the pandemic:

I know a transgender man (who is not out, and hence seen as female) whose family members were putting pressure on him to get married with a man. So, he had to leave his house. We all were trying to help him get a job. Finally, we were able to arrange a job as computer operator in a hospital. But later they were asking him to also work as a cleaner. The owner of the hospital also tried to abuse him physically (Participant 6, 45-year-old, transgender man).

A couple (Transman-Transwoman) who live together in Gazipur, used to work in shops, but due to lockdown they lost their job. Without job they were facing financial problems. So, my friend and I provided them one month of house rent and after that I connected them with another organization who were able to provide monetary support (Participant 7, 31-year-old, lesbian woman).

Experiencing rejection and violence at home is prevalent for transgender individuals in Bangladesh (Human Rights Watch 2018). This leads transgender individuals to leave home, finding themselves in precarious situations with few or no satisfactory/safe job options. Vulnerabilities like these are exacerbated during the pandemic. As participant 6 explained, he helped his transgender friend find a job after he left home for facing tremendous pressure to get married, yet another source of mental health distress for LGBTIQ+ individuals in Bangladeshi households. The nature of available jobs however is often unstable and not lucrative during the pandemic and may invite sexual violence for gender and sexual minority groups, as explained by participant 6. Economic vulnerability, in cases of transgender individuals is also further exacerbated due to the pandemic according to participant 7.

Effects of COVID-19 on physical well-being, safety and socio-cultural identity and expressions:

Participants who worked in professions like the IT sector, private bank and law mentioned not only about the vulnerability of losing their income, but also about not having option to work from home at all and being exposed to the virus as they had to commute. Few also shared concerns of health services that can be disrupted during the pandemic causing much concern for LGBTIQ+ people.

Participant 14, a 27-year-old gay man works at the lower court in Narsingdi¹⁶ dealing with civil cases. He participates in small hearings, but since the lockdown, the court has been closed, leaving him without an income. He worked under a senior lawyer and earned BDT 300 per day, which has stopped during the pandemic. Participant 6, a 45-year-old transgender man works in an IT company. He has been earning an income without going to office and staying at home, but he does not know how much longer this support will continue from his office. Participant 6 is worried that he will get the virus once he starts going to the office. Participant 10, a 38-year-old gay man works in a private bank in Dhaka, which did not close during the pandemic. He fears of getting virus (and exposing his family members to it as well) and is worried that employees at his bank might be furloughed or laid off. His office provided him with transportation when public transportation temporarily shut down in March in Dhaka. Currently, he takes a CNG with a colleague to go to work, and other times uses public buses as well. He wears a face mask and uses hand sanitizer but is worried that once public buses start to accommodate passengers at full capacity again, it will be difficult for him to maintain social distance and commute. He however feels assured that his workplace has taken enough preventative measures to maintain social distance from his other colleagues.

Several participants mentioned about the effects of the lockdown on sexual and reproductive health matters for gender and sexuality minority groups.

A transgender individual who is transitioning and relies on bringing hormones from outside Bangladesh, may not be able to do so now. In the same way, a gay man who needs STI/STD services, may not have those services available anymore. An individual living with HIV will need to take medicine on a regular basis to maintain immune system, but may experience extra barriers to access during the pandemic because the medicine might run out of stock (Participant 16, 40-year-old, queer)

I am not facing any problem as I brought medicine for 2 years at a time. So, my existing medicine will continue until December. After that I have to buy it again. Not everyone can buy their medicine from abroad. Many buy medicines from Bangladesh. So, after December, if I cannot find anyone to bring my medicine from Thailand, I will have to buy Bangladeshi medicine. But these medicines are not available everywhere now. So, if we do not get it in the regular shop, we will have to look in other places. When someone finds a shop where the medicine is available, then they share the information with others to go and buy the medicine. This is how we improvise and adjust (Participant 6, 45-year-old, transgender man)

Participant 16 shared a general bleak scenario of the different kinds of sexual and reproductive health related services, including access to STD/STI tests and HIV/AIDs medications, and gender affirming medications for transgender individuals, that will be impacted during the pandemic. The sense of uncertainty and insecurity in accessing hormones and continuing with one's gender transition is also evident in Participant 6's narrative who has stocked up on his hormones till the end of this year. The ease at which he can get hormone from neighboring countries (such as India and Thailand) however might not be the case in upcoming months because of the pandemic, after which he will have to rely on an unreliable local market to access hormones.

Navigating family relations and the private sphere during lockdown:

The lockdown during the pandemic has led many gender and sexuality minority individuals to experiencing a loss of freedom, mobility, and connection from the larger LGBTIQ+ community, otherwise a source of respite for many to feel connected to access support and care and validated about their own identities, expressions and emotions in a social context that vehemently discourages them to be their true selves. Several of the participants shared the ways they are dealing with and relieving traumas, having no temporary escape due to the lockdown from family members who are not understanding or do not even know of their personal lives and orientation. Several participants also shared about the domestic violence they have experienced and continue to experience within the private sphere of the home, as they continue to live with family members during the pandemic, showing that experiences of lockdown for LGBTIQ+ individuals within their own homes are anything but easy, smooth, and safe.

¹⁶ Narsingdi is a semi-urban city located 50 km north-east of the capital city Dhaka.

Previously, I could take a break from them (family members) by going out, and now I cannot. I cannot dance freely, dress up and do make up, bring anybody over to the house, or go out to be with friends. The lockdown has disrupted all the little strategies that I have crafted to manage the mental pressure and traumas of my family (Participant 2, 30-year-old, bisexual, genderqueer)

In the past I could go out and spend most the time in my university and with friends. But because of the lockdown, I am stuck with my parents who try to bring me in the 'right way' (like praying) all the time. So, these pressures have increased a lot for me (Participant 4, 24-year-old, genderqueer).

My family does not accept my effeminate behavior. They force me to act manly. As I am staying with my family because of the lockdown, I have to act manly. I have never been that religious, but my family on the other hand is very conservative and they always push me to be religious too. So, I am experiencing mental pressure because of these restrictions in my family. I have to act religious against my will (Participant 8, 23-year-old, Koti).

Because of the lockdown my cousins and uncles are always home now as their offices are closed. They now constantly and openly discuss my identity and expressions. I have long hair and they do not like it. I have told them about my identity. My uncles say that I will be fine if I marry a girl. According to them I am just doing 'bhondami' (being a fraud) (Participant 11, 28-year-old Transgender woman).

The home is not necessarily a safe space for many LGBTQ+ individuals, as these quotes show. In fact, because of their visible non-normative gender expressions (and sexual identities that parents or relatives do not know about), many of the participants feel that during the lockdown their effeminate behavior has come under stronger surveillance imposed by family members. Being pressurized to turn towards the 'right path' (that is pressurized to start being religious) by family members was a recurrent concern among many participants. Being stuck with family members who also cannot leave home and not having the ability to go and meet friends at university also meant that participants could not enact 'little strategies' for one's mental health within the household, as participant 2 mentioned.

Many of my friends lived in urban cities by themselves for their study and job. They are all back in their hometown now and living with parents for the pandemic. So, it is difficult for them to communicate freely from their home. They cannot say whatever they want, and it is difficult to share feelings and anxieties with friends while staying with family. My family members will most likely ask me with whom I was talking to for so long after we are done with the interview. I need to face questions whenever I talk to someone over the phone (Participant 11, 28-year-old, transgender woman).

I do not have any personal room. I share a room with my mother and grandmother. As I work with an organization which works for the sexually marginalized community, I need to use many sensitive words which are taboo in Bangladesh. My family will not take this normally, so I use many code language/short terms during the meetings so that my family members do not understand what I am talking about. They always try to eavesdrop. Like right now, I am having to move from one room to another while talking to you and my mother is following me as well to know what I am talking about and with whom (Participant 13, 26-year-old, genderqueer, lesbian).

At first, it was very difficult. My parents were trying to know everything about my activity. As I am queer, I cannot share anything with them, so I felt there was no privacy in my life with constant attempts from parents wanting to know everything about my life. So now, I have fully isolated myself. I stay up to do queer related activities when my parents go to sleep, and then I go to sleep when my parents wake up in the morning. I have my lunch and dinner when they sleep at night (Participant 4, 24-year-old, genderqueer).

Participants 4, 11 and 13 shared about not having privacy to freely talk over the phone and work on gender and sexuality issues and about the fear of backlash from family members. According to participant 11, several of her friends have moved back with their families in smaller towns, which have curtailed their freedom and abilities to talk to other queer friends and queer issues. Participant 4 and 13 both are community organizers and are now working from home to continue activist work. This means that they both have to navigate the family space very carefully ensuring that they do not attract unwanted attention from family members about their work. Because of their engagement and commitment, they cannot take a break from work, and since organizing is a big part of their day-to-day activities, they both have come up with different strategies to ensure continuation of organizing. Participant 13 uses code language to ensure that she is able to continue communicating without raising any red flags among family members, while participant 4 has developed a different sleep schedule altogether to avoid interruptions, interferences and communication with parents. This however has led to participant 4 developing other kinds of physical symptoms such as headaches, fatigue and gastric problems as pointed out at another point in the interview.

Lack of privacy and expectations around the household during the pandemic also play out in a gendered manner.

During the lockdown, when I would close the room door for sometimes, my family members would push me to keep the door open and constantly inquire what I am doing inside the room. I also have to now work from the dinning space most of the time because of poor internet signal in my bedroom. So, I need to be always conscious that no one is around my screen. If I join in any queer related meeting or conversation I try not to talk, and only listen (Participant 9, 24-year-old, bisexual woman).

I have to do household work and office work together now. My brother also stays at home. He however is not asked to do any household work, but me. My family members always remind me that I am a woman, so I must do household work along with my office work (Participant 13, 26-year-old, genderqueer, lesbian).

While participant 9 informed us about a lack of privacy in her own household, Participant 13 informed us about the added labor her family members expected from her during the lockdown. Participant 9's inability to talk about sexuality issues within the household also refers to the silenced space of the respectable Bengali middleclass household where woman's desire does not gain any utterance and expression. In such a setting, women's queer desire is even more difficult to pronounce, also making the space of the home not ideal for any kind of queer activism that participant 9 thought she could attempt to do during the lockdown as she does not have the option of going out. Along with women's sexuality, women's labor is also invisibilised within the private sphere of the Bengali household. Participant 13's example of her brother exemplifies the gendered division of labor in the Bengali household that has only perpetuated during the pandemic. The solidified gendered division of labor, and lack of privacy makes it more difficult for queer women like participants 9 and 13 to continue activist work from the heteronormative space of the home.

Participants also shared the violence they had experienced in their homes because of intolerant, and at times violent family members. While a few were able to leave home and live more independently, several others had to stay back within harmful environments for not having other financial or social support.

I know a transgender woman who went back to her family during the last Eid. During that time, her family forced her to act as a man. When she refused, her family beat her up brutally. Her mother asked her to leave the house and she came back to Mymensingh. So, it is not possible to go back to her family again. Currently she is studying and bearing her cost though some part time work (Participant 7, 31-year-old, lesbian woman).

I was not in touch with my parents for 2 years. I spoke with my mother sometimes, but she never asked me to go back home. But during the pandemic she called me, crying. She wants me to visit them for a few days, but I fear that my father will not accept me. He might kill me this time. When I told her this, she said I could go and stay in one of my uncles' home and she will come and see me. As Dhaka has the higher number of COVID patients, so she thinks I will be safe in Chittagong. To be honest I think I should go there. I think my father will not kill me as I am their child after all (Participant 1, 19-year-old, gay man).

There was a story telling competition by Organization K. My story was selected, and I was invited to read my story at their online event where the US ambassador was also invited. My father, younger brother and uncle suddenly entered my room, in the middle of my story reading on zoom. I did not stop reading. After the reading, when I shut down the laptop, my brother came and started to hit me on my nose, followed by my father who kicked on my chest. I was beaten by my uncle as well. On that night I tried to commit suicide by taking sleeping pills. They attacked me this way because according to them I shared family matters at a public setting (Participant 18, 20-year-old, intersex woman).

It is evident from these quotes that the lockdown has exacerbated the violence that gender and sexuality minority individuals had been experienced in their homes. The nature of the violence is verbal, physical, and emotional, and ranges from disciplining one's outward expression, coercing to perform according to the sex assigned at birth and physical attacks and assault. For participant 1, it is not an easy decision to go back to his family members during the lockdown as they have been violent towards him in the past. However, if he goes back, he will have familial support during the unsafe time of pandemic and will not be alone. Participant 18 later mentioned that escaping from her family, or leaving the country is not a solution, and she would like to work for her community. However, the psychosocial and physical price that she is having to pay for that will be damaging in the long run. Participant 18's narratives is yet another example that shows that young individuals usually do not have privacy in their households, and this can be potentially dangerous for LGBTIQ+ individuals who are trying to make the best of the lockdown situation. Experiences of violence seem more common and prevalent for gay men who are effeminate, have feminine traits (such as long hair) and transgender women and challenge the heteronormative ideals and expressions of masculinity and femininity in the country. Feminine gender expression of these groups come under strict surveillance of the patriarchal household of Bengali society as grounds to reinforce respectable and non-transgressive codes of masculinity.

¹⁷Along with the British Penal Code Section 377 as the major legal obstacle for LGBTIQ+ people in Bangladesh, there is a plethora of other laws (such as about public indecency, soliciting sex etc.) that are far more actively and are likely to be deployed to arrest and jail gender and sexually marginalized people particularly from lower socioeconomic backgrounds.

Community organizing and friendships - Before, after, in-person and the digital:

The pandemic has impacted a vulnerable community that was already struggling to survive, self-express and sustain. In the context of the lockdown and social distancing, participants emphasized on the importance of friendships and relationships within the community, and actively creating online spaces and sustaining them as a way to provide outlet to express oneself and support LGBTIQ+ individuals. The changes in the in-person meetups, and the emergence of subsequent digital avenues because of the pandemic have also affected activist organizing process.

My friends and I walked by the riverbed; we sat in the park. Most of the time we went to Nattoshala where I teach dance. Then we went to the library. We hung out and talked every day. Actually, you need to have chats (kotha). It is a tune that energizes one's mind. By sharing about each other's boyfriend and love affair, one can feel light. Other than talking, we also danced with each other between our hangouts. We felt a connection when we meet anyone from the community and it helped grow our friendship fast (Participant 8, 23-year-old, Koti).

Personally, when I need any emotional support, I reach out to my community friends to share my problems and feelings. We have not met anyone during the pandemic. Before, we used to meet on Fridays. Meeting each other helped with my mental health; sometimes we arranged picnics. I know these people for 4-5 years. We share about our pain and happiness, talk about our families with each other (Participant 15, 21-year-old, gay man).

When we meet friends from the community we talk about personal as well as social issues. We help each other to cope with our challenges. So, having a social life actually helps us tackle challenges (Participant 7, 31-year-old, lesbian woman).

Most participants spoke of physical meetups, community gatherings, events and parties with much reverence and fondness that took place before the lockdown was imposed. Meeting in-person was regarded not only as good for forging new friendships and growing networks, but also necessary for one's mental health. Meeting friends from the community enabled participants to do adda (hang out), share, vent, gossip and have fun. These moments of spending time with another proved to be an important part of participants' weekly schedule in a socio-political context that alienates and makes it very difficult for LGBTIQ+ individuals to feel validated about their identities and feelings. Moreover, friends from the LGBTIQ+ community were marked as the best point of reference who could understand the pain and suffering of another fellow LGBTIQ+ individual. However, because of the lockdown, LGBTIQ+ individuals cannot meet other community members and hence felt an

important source of emotional support went missing from their lives.

Since physical meeting is not possible during the pandemic, participants shared that they have utilized the digital space to do online meetups and continue to do activist work and community building. Participants shared out the limitations and possibilities of having friendships, developing support systems network and doing meet-ups in digital spaces.

Recently we opened a group in messenger and started to share everything there without any restrictions. We started sharing about our daily activities with one another. We call each other apa over there. This space is for venting for us all. We use this space to laugh. We inquire about each other (Participant 8, 23-year-old, Koti).

Online platform gives us opportunity to know community members from different backgrounds. Also, I can hide my identity in online platforms before I know/meet someone. So, this is another facility of online platform to ensure safety security (Participant 7, 31-year-old, lesbian woman).

Sometimes it is difficult for many of us to buy internet data and talk time. So, we cannot communicate with everyone whenever we want as they do not have data and talk time for all the time (Participant 1, 19-year-old, gay man).

Online events have time limitations and it is not possible to connect with people from every layer of society. It requires one to have access to compatible device and internet, which are not possible for everyone to afford (Participant 10, 38-year-old, gay man).

For LGBTIQ+ people, online platforms are not always safe to let people know about our work. We could be monitored by law enforcement agencies or extremists if they find us on online platforms (Participant 14, 27-year-old, gay man).

In Bangladesh it is very normal to share personal computer someone else. So, it is also very possible for someone to forget logging out from their account, risking someone else to have access to that account afterwards (Participant 16, 40-year-old, queer).

Participants 7 and 3 point to the spontaneous and creative use of online platforms to continue e-meeting with friends from the community, making new friends and about the overall benefits of such networking for gender and sexuality minority individuals. Participant 7 says that he and his friends use the messenger group space to laugh, inquire about one another, share news and feelings. Participant 7's use of feminine terms such as 'apa' (sister) and 'khala' (aunt) to refer to his queer male friends speaks to forms of queer friendships and relationalities that at times escape patriarchal logic

and language. Having an online space to be themselves hence emerges as a supportive platform since participant 7 and his friends cannot share feelings openly in other physical and digital avenues. Participant 3 explains two benefits of an online space. She gets to meet community people from diverse backgrounds (such as location and class), which often times does not happen due to limitations that a physical space may impose. Online space allows community individuals from different places, inside and outside Bangladesh to meet. Participant 3 also highlights the aspect of anonymity that online spaces allow, which can be particularly important for queer women (and other individuals) who are more strategic and cautious about being visible and open about their identities. "While it is evident that the gay community (as well as the transgender community), is able to increasingly carve out spaces (however limited they might be) as a result of gender advantages, which also allows many to "come out," this is not the case with women. The social life of lesbian and bisexual women, even in Dhaka, remains strictly closeted" (Karim 65, 2014).

Participants 1, 10, 14 and 16 on the other hand present the pitfalls and limitations of technology in relation to LGBTIQ+ community organizing and networking. Participants 1 and 10 highlight the logistical limitations given many LGBTIQ+ individuals will not have the economic ability to afford costs of internet and compatible devices. This will exclude many individuals from being part of online spaces. Participants 14 and 16 emphasize on issues around safety and surveillance. Given the active deployment of the Digital Security Act and several other legal acts¹⁷ that have the provision to put citizens in jail, it is only natural that LGBTIQ+ individuals suspect that their online activities will be deemed inappropriate and monitored by authoritative forces such as law enforcement agencies or right-wing groups, and hence feel more threatened and vulnerable. Participant 16 highlights the lack of knowledge and self-awareness when it comes to digital literacy and security measures among community members, which can easily lead to leaking of personal information, even endangering other community members at large. The pandemic has presented an opportunity to engage with and think about the digital space more critically for LGBTIQ+ individuals. While on one hand creative use of the digital space has enabled continuation of conversations, networking, and community building activities for a section of the LGBTIQ+ community, it has also on the other hand raised more concerns around digital safety, especially in the current political context of Bangladesh that is observing increasing surveillance of digital spaces by the state and law agencies.

When we did activism, we did one to one interaction and that is how we learned. For example, there was a magazine, we came together, we did proofreading, we built connections, volunteered during workshops. At the end of the day, physically interaction is very important. If new activists do not work hard, if they do not do any demo or practice, they will not be able to develop strength (Participant 4, 24-year-old, genderqueer).

We organized a party before the lockdown and the turnout was really successful. There were almost 120 guests. The objective was to ensure a space where community people could be themselves. Like if someone wanted to drag, then did drag; same sex couples cannot go out as couple with family and friends. Here they came as couples, they danced together without worrying anyone judging them (Participant 7, 31-year-old, lesbian woman).

The physicality of a space where LGBTIQ+ individuals can come, hang out, party together and strategize is at the heart of the organizing scene and community building in Bangladesh. As participant 4 explained, for an individual to learn organizing and grow as an activist, it is important that that person engages in 'physical interaction', as opposed to only engaging in digital platforms. Moreover, an important part of the in-person meetups is the verification/vetting process where a new member is invited to in-person gatherings before being allowed to become part of any LGBTIQ+ group. The physical meetup allows other members to get the chance to know the new member and ensure that they are not a security threat with a fake identity. This verification process at the moment is however interrupted.

We maintain different layer of assessment for the new member just to ensure the safety and security of the network and the in person meet up is one the prime assessments criteria for us. During this pandemic as we are not being able to meet new members in person, but we are still adding them in our network (online and offline) on a temporary basis. So, we are compromising with our safety security standard which might be risky. But we do not have any other option (Participant 6, 45-year-old, transgender man).

Participant 6 talks about transgender men, who according to him, are further marginalized within the LGBTIQ+ community. Being assigned female at birth, their lives are usually more regulated by family members, often making it harder for them to step out of homes and forge a community. For this reason, participant 6 is relatively lenient about the verification process during the pandemic because of the higher need for emotional support among transgender men for community. However, as participant 6 argues, it is a compromise of security measures, but he does not have the option of simply abandoning other transgender men either.

Activism faces uncertainty because of the pandemic. Several participants think that it is likely for organizing to slow down if community individuals cannot ensure basic livelihood. Few participants also spoke about the disruption of important services and support systems that were in place before the pandemic.

I ran a series of co-counseling sessions for the community and we invited people from any of these groups to join. Because of the pandemic we had to shut down. I suppose all the in person organizing has shut down now and this is a big blow to community organizing. For us on the margins of society, seeing each other, being with each other physically is a source of support, attention, and care. We now do not have that (Participant 2, 30-year-old, genderqueer, queer/bisexual).

Currently there is a rise in partner violence. It is difficult to address that over the phone. We had to stop face to face counseling during the pandemic due to safety. However, it has become very tough to address these serious issues over the phone. Some of these individuals are regular members of our platform, and they have availed regular face to face counseling either individually, or as a couple; but we cannot provide that at the moment. This is quite demoralizing; their life is hampered, and we are also not able to support them (Participant 13, 26-year-old, genderqueer lesbian).

Mental health support or psychosocial counseling is still not a widely available or coveted service in Bangladesh. Mental health support for diverse gender and sexual individuals is even more unavailable, and an area that has yet to develop in Bangladesh. Several participants mentioned about the telecounseling service 'Kaan pete roi' but were quick to also point out that it is not an exclusively LGBTIQ+ oriented service, although it does cater to LGBTIQ+ clients. The other organization that one participant mentioned was 'Moner bandhu' that provides face to face counseling and also caters to LGBTIQ+ individuals. This, however, is also not an LGBTIQ+ centered service provider. Participant 13 shared her experience of working at an organization which has a helpline for gender and sexual diverse communities. This organization is perhaps the only organization in Bangladesh that provides face to face counseling catered specifically towards diverse gender and sexual community. The purpose of this report is not to explore the efficacy of the counseling service. However, as participant 13 pointed out, the service has been disrupted due to the pandemic. Before, participant 13 and her supervisor would go to different parts of the country and provide counseling services to LGBTIQ+ individuals. At the moment, the in-person counseling service has been moved over the telephone, which does not allow participant 13 to address serious issues such as intimate partner violence among LGBTIQ+ couples in effective manners. Participant 2 also mentioned about co-counseling sessions that they facilitated. However, the pandemic has disrupted such gatherings where

members came, vented, and figured out solutions through dialogue with each other. Peer counseling was indeed marked as an important strategy by few other participants, who said that in a context where no proper counseling is available for LGBTIQ+ individuals, peer counseling can be a short-term solution to moments of distress and anxiety. This of course does not displace the need for having proper counseling services that LGBTIQ+ individuals want.

Despite these many challenges that the current moment presents, several participants also spoke about the various innovative ways activism is continuing during the pandemic, exemplifying resilience, creativity and commitment of community members to not be deterred by demotivation and continue to strengthen the community at large. Different groups raised fund locally and transnationally for economically underprivileged LGBTIQ+ individuals when the pandemic started. Moreover, cultural activities and leadership programs also took place in the digital space.

Organization S worked with a feminist organization to design an online cultural event. The event highlighted the spectrum of gender and sexuality issues and identities. It was a closed-door event. It was catered to ppl who could buy ticket worth BDT 600. So, we needed privileged people to contribute, especially during Covid-19. The money raised was donated to hijras, transgender, sex workers and intersex people (Participant 4, 24-year-old, genderqueer).

I can now film my performances and share very easily; there is no hassle of designing an entire program; I performed at the online cultural event organized by organization S. The performance was a letter by an effeminate boy, someone who liked wearing saree, spoke softly, kept long hair – like me. The performance was very relatable for me (Participant 3, 31-year-old, genderqueer, homosexual).

We use Jitsi to run this online event (weekly adda). Jitsi doesn't require name, email or phone number to join. So, there is no chance to disclose private information. We ask people to not join with video and to use pseudonyms so that they can maintain their privacy. Participants join to the event from different parts of Bangladesh and abroad. This is only for queer people. We have facilitators and a set of questions. Facilitators pose questions to our guest initiate a self-sustaining conversation. Basically, our guests are in charge of the dialogues. We talk about queer issues, travel, food etc. (Participant 7, 31, lesbian woman).

Participants 3 and 4 spoke about the potentials of the digital space for cultural shows and performances. Participant 4 collaborated with a feminist organization to design a show about diverse gender and sexual orientation. The show had a global audience. It was a closed-door event which meant the link to the zoom

was shared only with a selected audience, for which it did not meet with any security issue. Participant 3 performed at the event, where he felt that he was in control of his own performance when he made and edited the video on his performance. Having artistic control of how viewers can view his performance (through the shots, angles and cuts), participant 3 felt that he had more agency with his performance. Participant 7 facilitates a weekly adda on Jitsi - an encrypted app where queers from Bangladesh and outside can safely meet for few hours to chat about various topics. There is no video use and use of real names during the adda, which provides a safe space for individuals to come and share their thoughts without fearing that they will be judged, or that there will be a backlash. The Jisti link is also only shared on private social media groups.

These innovative approaches of utilizing the digital space are testimony to the ways LGBTIQ+ individuals see organizing as an important part of their lives. The digital space was seen as a critically useful medium for organizing right after the murders in 2016 as well, when conducting physical activities was not seen as a viable option. Community members however do not want the digital as a mere replacement for in-person activism and organizing, which is what has happened during the pandemic. Digital activism can be exclusionary and can also bring more harm if individuals are not careful about privacy, according to the participants. Nonetheless, digital medium is emerging as a strategic tool for organizing among LGBTIQ+ individuals during the pandemic.

CONCLUSION

The report aimed to show the impact of COVID-19 on diverse gender and sexual communities in Bangladesh. COVID-19 has affected the economic, socio cultural and political realities of LGBTIQ+ individuals. The precarious economic condition of low-income and individuals who display non-normative gender traits has been exacerbated, leading to a loss of income for many. This has led to worries about paying rent, supporting family members, and affording sustenance. Lockdown with biological family members who are intolerant and violent, and social distancing from community friends have resulted in feelings of isolation, distress, depression, and vulnerability. Services specific to STD/STI and access to hormone therapy have been and will be further disrupted, effecting health of at-risk population and transgender

groups. Informal psychosocial support groups among community members have stopped and in-person psychosocial support services by organization K moved to the medium of telecounseling, impacting its efficacy, especially when it came to addressing matters of intimate partner violence among LGBTIQ+ couples. Community organizing of an already shaky LGBTIQ+ community has also been affected, displacing in-person events, gatherings, support groups and parties that play critical role in affirming, building, and motivating the community. Community members however have been creative and have utilized the digital space to continue activist work in organizing e-hangouts, cultural events, and chat groups. This however has raised concerns about digital security and backlashes among community members.

POLICY RECOMMENDATIONS

Institutions

- International funders working with Bangladeshi institutions on gender and sexual diversity issues must make special arrangements to disburse funding for financial support for low income LGBTIQ+, Kothi and Hijra communities.
- Institutions must proactively negotiate with funders in allocating emergency funding for financial support.
- Institutions who are working with diverse gender and sexual stakeholders and for their betterment must consult with them to map out areas of need and come up with a sustainable plan and allocate funding from their projects to provide financial support to diverse gender and sexual individuals consistently during the pandemic.

Psychosocial support

- Design workshops on psychosocial peer-counseling for LGBTIQ+ members who already conduct peer-counseling without any kind of formal training. LGBTIQ+ members who provide psychosocial support informally can be pooled, who can then design a curriculum of psychosocial well-being for LGBTIQ+ community. The workshop will enhance knowledge about peer psychosocial counseling, enabling a stronger network of care and support among community members.
- The curriculum can be used to train and create a pool of psychosocial counselors on gender and sexual diversity issues who can then provide services to diverse gender and sexual communities. This will aid the process of community members not burning out in providing peer-counseling.

- Develop and increase psychosocial support services specifically catering towards diverse gender and sexual community members. This can have three mediums: in-person, telecounseling and online chat groups.
- Develop psychosocial counseling for parents and family members of LGBTIQ+ individuals to be understanding and accepting of diverse gender and sexual identities.

Safety and security during the pandemic

- Developing safe homes in different cities for diverse gender and sexual individuals who experience domestic violence at home and has nowhere to go during the pandemic.
- Provide digital literacy and security training for diverse gender and sexual community members especially due to the increased usage of and reliance on online platforms for activism and community organizing during the pandemic.

Ways forward

- Conduct extensive research on psychosocial well-being and needs of LGBTIQ+ community members all over Bangladesh, particularly assessing the impact of COVID-19.
- Develop a digital app (as suggested by participant 7) that can have a directory of psychosocial support, referrals for safe homes and informational videos. This can be further brainstormed in the psychosocial peer-counseling workshop for community members.
- Institutions must work with diverse gender and sexual groups and collectives to come up with strategic language and terminologies to do advocacy with the government for the rights, safety and well-being of gender and sexual diverse groups during the pandemic and beyond.

REFERENCES

- Adhikary, Nandita (2017). "Combating depressions by creating platforms for dialogues" at: <https://medium.com/@identityinclusion/combating-depression-by-creating-platforms-for-dialogues-8df72876c096>. Accessed on 1 August 2020.
- Aihua, Man. 2020. "COVID-19 lockdown in Myanmar exposes precarious position of LGBTQI population" in UN news at: <https://news.un.org/en/story/2020/07/1067941>. Accessed on 1 August 2020.
- Amon, Joseph J., and Margaret Wurth. 2020. "A virtual roundtable on COVID-19 and human rights with human rights watch researchers". *Health and Human Rights* 22, no. 1: 399.
- Bandhu Social Welfare Society. 2020. "Covid-19: Quick survey for community response for TG and Hijra" at: <https://www.bandhu-bd.org/publications/covid-19-quick-survey-for-community-response-for-tg-and-hijra/>. Accessed on 1 August 2020.
- Borowiec, Steven. 2020. "How South Korea's nightclub outbreak in shining an unwelcome spotlight on the LGBTQ community" in Time at: <https://time.com/5836699/south-korea-coronavirus-lgbtq-itaewon/>. Accessed on 1 August 2020.
- Boys of Bangladesh and Roopbaan. 2015. "Bangladesh LGB needs assessment survey report".
- Brennan, David J., Kiffer G. Card, David Collict, Jody Jollimore, and Nathan J. Lachowsky. 2020. "How Might Social Distancing Impact Gay, Bisexual, Queer, Trans and Two-Spirit Men in Canada?." *AIDS and Behavior*: 1
- Clements, KC. 2018. "What does it meant to identify as genderqueer?" in healthline at: <https://www.healthline.com/health/transgender/genderqueer>. Accessed on 1 September 2020.
- DeMulder, Jessica, Cara Kraus-Perrotta, and Hussain Zaidi. 2020. "Sexual and gender minority adolescents must be prioritised during the global COVID-19 public health response." *Sexual and Reproductive Health Matters* 28, no. 1: 1804717.
- Dasgupta, Debanuj, and Dasgupta, Rohit K. 2018. "Introduction" In *Queering digital India: Activisms, identities, subjectivities*. Dasgupta, Rohit K., ed. Edinburgh University Press, 2018.
- Global Fund Advocates Network Asia-Pacific. 2020. "Communities & Civil Society Responds to COVID-19 in Bangladesh" at: <https://gfanasiapacific.org/2020/06/communities-civil-society-responds-to-covid-19-in-bangladesh/>. Accessed on 1 August 2020.
- Global human rights defense. 2015. "The invisible minority: the situation of the LGBT community in Bangladesh" at: https://ghrdorg.files.wordpress.com/2018/10/lgbt_report.pdf. Accessed on 1 August 2020.
- Global philanthropy project. 2020. "COVID-19 LGBTI philanthropic response survey results" at: <https://globalphilanthropyproject.org/covid19/>. Accessed on 1 August 2020.
- Green, Amy E, Price-Feeney, Myeshia, and Dorison, Samuel H. 2020. "Implications of COVID-19 for LGBTQ Youth Mental Health and Suicide Prevention." New York, New York: The Trevor Project.
- Hafi, Bishurul & Uvais, NA. 2020. "Difficulties faced by sexual and gender minorities during COVID-19 crisis." *Psychiatry and clinical neurosciences* 74: 439-446.
- HIV, The Lancet. 2020. "Lockdown fears for key populations." *The Lancet*. HIV 7, no. 6: e373.
- Hossain, Adnan. "Section 377, Same-sex Sexualities and the Struggle for Sexual Rights in Bangladesh." *Australian Journal of Asian Law* 20, no. 1 (2020).

Human Rights Campaign Foundation. 2020. "The lives and livelihoods of many in the LGBTQ community are at risk amidst COVID-19 crisis" at: <https://www.hrc.org/resources/the-lives-and-livelihoods-of-many-in-the-lgbtq-community-are-at-risk-amidst-covid-19-crisis>. Accessed on 1 August 2020.

Human Rights Campaign Foundation. 2020. "COVID-19 & LGBTQI older people" at: <https://www.sageusa.org/resource-posts/covid-19-lgbtq-older-people/>. Accessed on 1 August 2020.
Human Rights Watch. (2017). "World Report 2017: Bangladesh" at: <https://www.hrw.org/world-report/2017/country-chapters/bangladesh>. Accessed on 1 August 2020.

Human Rights Watch. 2018. "Bangladesh: Transgender Men Fear for Their Safety" at: https://www.hrw.org/news/2018/01/19/bangladesh-transgender-men-fear-their-safety?fbclid=IwAR0mxC1_IupcrA2JHIOBR0_WX83AmphtD7yR2qY3lqNBsOope13RtKWgcWg. Accessed on 1 August 2020.

ILGA-Europe. 2020. "COVID-19 and digital security: How LGBTI activists can safely work online" at: <https://www.ilga-europe.org/blog/covid-19-and-digital-security-how-lgbti-activists-can-safely-work-online>. Accessed on 1 August 2020.

interAct. 2020. "FAQ: What is intersex?" at: <https://interactadvocates.org/faq/#definition>. Accessed on 1 August 2020.

Innovision. 2020. "Economic impact of COVID-19 crisis on Third Gender community in Bangladesh" at: <http://innovision-bd.com/covid-19-impact-studies/digest-2-impact-on-third-gender-community/>. Accessed on 1 August 2020.

Karim, Shuchi. 2014. "Erotic desires and practices in cyberspace: "Virtual reality" of the non-heterosexual middle class in Bangladesh." *Gender, Technology and Development* 18, no. 1: 53-76.

Karim, Shuchi. 2014. "Share-net agenda setting report Bangladesh." Share-Net International, the knowledge platform on Sexual and reproductive health and rights at: <https://share-netinternational.org/agenda-setting-report-bangladesh/>. Accessed on 1 August 2020.

Knight, Kyle. 2020. "Bangladesh should support hijra, trans under COVID-19" in Human Rights Watch at: <https://www.hrw.org/news/2020/05/08/bangladesh-should-support-hijra-trans-under-covid-19>. Accessed on 1 August 2020.

Kuhr, Elizabeth. 2020. "Coronavirus pandemic a perfect storm for LGBTQ homeless youth" in NBC news at: <https://www.nbcnews.com/feature/nbc-out/coronavirus-pandemic-perfect-storm-lgbtq-homeless-youth-n1176206>. Accessed on 1 August 2020.

Kumar, Pushpesh. 2018. "Desire, violence and 'pink money': Life of kothis in a small city of western India." In *Re-Imagining Sociology in India*, pp. 220-241. Routledge India.

Maliha. 2020. "Struggle for queer*led spaces in Bangladesh." Shuddhashar 20 at: <https://shuddhashar.com/struggle-for-queer-led-spaces-in-bangladesh-maliha/>. Accessed on 1 August 2020.

Nazariya. 2017. "Terminology Related to Gender and Sexuality" at: <https://nazariyaqfrg.wordpress.com/tag/cisgender/>. Accessed on 1 September 2020.

Onnokotha. 2020. "Ruling the digital closet: LGBTI+ activism in the shadow of Bangladesh's digital blasphemy laws." Shuddhashar 19 at: <https://shuddhashar.com/ruling-the-digital-closet-lgbti-activism-in-the-shadow-of-bangladeshs-digital-blasphemy-laws-onnokotha/>. Accessed on 1 August 2020.

Riaz, Ali. 2020. "A pandemic of persecution in Bangladesh" in Atlantic Council at: <https://www.atlanticcouncil.org/blogs/new-atlanticist/a-pandemic-of-persecution-in-bangladesh/>. Accessed on 1 August 2020.

Jailil, Tasfiyah, Tamal, Mostafizur, Rahman, Maruf, Rashid, Sabina Faiz. 2020. "On the fringes: Impact of the COVID-19 shutdown on hijras daily persona, social and economic lives". BRAC JPGSPH at: https://covid-bracjpgsph.org/assets/files/research/brief/On%20the%20fringes%20Transgender%20Communities_April%2019_final%20brief%202020-min.pdf/. Accessed on 1 August 2020.

Sanchez, Travis H., Maria Zlotorzynska, Mona Rai, and Stefan D. Baral. 2020. "Characterizing the Impact of COVID-19 on men who have sex with men across the United States in April, 2020." *AIDS and Behavior*: 1-9.

The Office of the High Commissioner for Human Rights. 2020. "COVID-19: The suffering and resilience of LGBT persons must be visible and inform the actions of States" at: <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25884&LangID=E>. Accessed on 1 August 2020.

United Nations Human Rights. 2020. "COVID-19 and the human rights of LGBTI people" at: <https://www.ohchr.org/Documents/Issues/LGBT/LGBTIpeople.pdf>. Accessed on 1 August 2020.

Wang, Yuanyuan, Bailin Pan, Ye Liu, Amanda Wilson, Jianjun Ou, and Runsen Chen. 2020. "Health care and mental health challenges for transgender individuals during the COVID-19 pandemic." *The Lancet Diabetes & Endocrinology*.



**BRAC JAMES P GRANT SCHOOL OF PUBLIC HEALTH
BRAC UNIVERSITY**

5th Floor, icddr,b Building, 68 Shahid Tajuddin
Ahmed Sharani Mohakhali, Dhaka-1212, Bangladesh
Tel: +880-2-9827501-4, www.bracjpgsph.org