Survival Strategies of HIV-Positive Transgender Women During the Covid-19 Lockdown in a South African Rural Community

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Abstract

South Africa, as a country where there is a gross gap between the rich and poor, has seen the worsening of inequality during the Covid-19 lockdown. The lockdown impacted different groups in various ways including transgender women living with HIV. This interpretative phenomenological analysis study presents the experiences and survival strategies of HIV positive transgender women during the Covid-19 lockdown in a South African rural community. Data were collected through in-depth individual telephone interviews from ten transgender women selected through the snowballing technique. Data were analysed guided by Interpretative Phenomenological Analysis framework. The findings revealed that transgender women living with HIV faced homelessness and starvation during the Covid-19 lockdown. In order to avert starvation and homelessness, some of the transgender women engaged in risky behavior such as providing commercial sex without condoms to obtain more money, caring for people who tested positive for Covid-19, staying in abusive relationships, and illegally using their shacks as brothels and bottle stores. Consequently, these behaviors have increased their risk of being infected with HIV and contracting other sexually transmittable infections and predisposed them to arrest. All these occurred due to a lack of support. Recommendations are made to improve advocacy and support for transgender individuals from the foundation up to tertiary educational institutions to reduce stigma and discrimination. These include adapting infrastructure such as toilets and classroom settings to be gender neutral to accommodate transgender individuals. Parents, government structures, and communities need to be educated about transgender individuals in order for them to accept and support the gender non-conforming individuals instead of humiliating them. Transgender individuals need targeted support regarding employment. The transgender community needs targeted relief, especially those living with HIV.

Keywords: Covid-19, HIV-positive, Interpretative phenomenological analysis, Sex work, South African rural community, Transgender women

Introduction

Severe Acute Respiratory Syndrome Coronavirus Disease 2019 (SARS- Covid-19) pandemic has caused many deaths and exposed the inadequacies of many countries' national healthcare systems. The Covid-19 pandemic exacerbated economic, social, and political inequities.

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In South Africa, this has meant that the structural challenges of inequality, unemployment, poverty, and ecological degradation require even more urgent attention. There is a global consensus that progress towards the achievement of the Sustainable Development Goals (SDGs) of the United Nations has already been impeded (Department of Science and Innovation, 2020).

The Covid-19 global pandemic has generated an abundance of research. Within only a few months, more than a thousand studies on this topic have already appeared in the scientific literature, ranging from clinical subjects to issues related to the biosafety of laboratories, mental health, and domestic safety. The assessment identified that South Africa has produced 44 publications in comparison to 5,410 publications globally (Department of Science and Innovation, 2020). However, none of those publications focus on the experiences of transgender women living with Human Immunodeficiency Virus (HIV).

The paper is structured in the following manner: The first section provides the background indicating how South African responded to Covid-19. The background also provides information regarding minority sexual and gender identity groups, which include transgender individuals. The article further presents a methodology section where the author explains the setting, sampling of participants, data collection, and data analysis. Furthermore, ethical principles and measures to ensure trustworthiness are highlighted. The author also presents the results and discusses the findings. Finally, the author provides recommendations to ensure that transgender women get the necessary support.

Literature Review

Covid-19 is a global pandemic that has contributed to the death of many people worldwide (Department of Science and Innovation, 2020; Parliament, 2020). Currently, there are Covid-19 vaccines that are being distributed to most parts of the countries. However, in most African states, including South Africa, there are no adequate doses as the countries are dependent on the global vaccine sharing scheme (World Health Organisation [WHO], 2021). This makes it necessary to adhere to measures aimed at preventing the spread of Covid-19 or contracting it. This led many countries to implement lockdowns where people were not allowed to leave their homes. South Africa was also placed under lockdown following the announcement by President Cyril Ramaphosa when he announced a 21-day lockdown from 26 March 2020 to 16 April 2020 to prevent the spread of Covid-19 (Parliament, 2020).

Unfortunately, in South Africa, the lockdown has continued for more than 16 months as Covid-19 infections gradually increase and spread across the rest of the country. The continued lockdown was necessary to curb the spread of Covid-19 infections, to enable the health care facilities to have the capacity to care for critically ill patients, and also to reduce Covid-19 related mortality rates especially for people with existing medical conditions such as diabetes mellitus, cancers, and HIV infections which lower immunity. HIV is one of the major comorbidities of Covid-19 as it compromises a person's immunity. Unfortunately, South Africa is considered an epicenter of HIV infection. In 2019, South Africa had 7.7 million people living with HIV, and a general prevalence of 20.4% (Avert, 2020).

People living with HIV are also at an increased risk as some have suffered or are currently suffering from pulmonary tuberculosis, which is a major opportunistic infection and a killer among people living with HIV. According to Joint United Nations Programme on HIV/AIDS (UNAIDS, 2019), approximately 60% of people living with HIV are also co-infected with tuberculosis (TB).

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Besides the Covid-19 risk due to HIV and TB, the country has high levels of poverty and malnutrition, which may contribute to high Covid-19-related deaths (Parliament, 2020).

Some of the measures mentioned by the President of South Africa to curb the spread of Covid-19 during lockdown were the restrictions from any form of physical contact including shaking hands, hugging, or sitting and standing close to each other. To ensure that people did not feel the huge economic impact of lockdown, the President further put measures in place to support formal and informal businesses and self-employed individuals and workers who may have lost income due to the lockdown. However, the relief did not reach all people who needed help. Some of the people who did not receive the help were the marginalized communities such as people living in rural areas. Other marginalized groups included the lesbian, gay, bisexual, transgender/transsexual, intersex, and queer/questioning (LGBTIQ) community. With all the discussions and the proposal for people at risk who needed support, nothing was mentioned specifically about the LGBTIQ groups or organisations supporting the needy LGBTIQ individuals. However, for this paper, the author focuses mostly on transgender individuals as this population is mostly understudied, and they are usually mistaken as gay or lesbian individuals.

Transgender people are those persons whose gender identity, and sometimes gender expression, differs from the sex assigned to them at birth. However, the main focus will be on transgender women (male-to-female trans persons), that is, those individuals whose assigned sex at birth is male but have a feminine gender presentation (Scheibe, van der Merwe, Cloete & Grasso, 2018). Transgender women face the highest form of inequality, violence, stigma and discrimination as compared to other members of the LGBTIQ community (Poteat, Reisner & Radix, 2014). The combination of low educational status and stigma and discrimination lessen the opportunities for transgender people to be formally employed. This makes some of the transgender community, especially transgender women, seek informal employment, and many of them resort to sex work. Commercial sex work is the most common service work that ensures a consistent flow of income for transgender women who are not formally employed (Herbst, Jacobs, Finlayson, McKleroy, Neumann & Crepaz, 2008). However, the Covid-19 lockdown has impacted the sex work industry. This, the researcher poses the following question: How are the HIV-positive transgender women surviving during the Covid-19 lockdown in a South African rural community? To find an answer to this question, the researcher embarked on a study aimed at exploring the experiences and survival strategies of HIV-positive transgender women during the COVID-19 lockdown in a South African rural community.

Methods
Design

The researcher used interpretative phenomenological analysis design (IPA). The IPA was considered the most relevant design because there is a scarcity of documented studies about the South African rural transgender individuals experience since the Covid-19 lockdown which started in South Africa in March 2020. The IPA study focuses not only on phenomenology but has an interpretative, double hermeneutic, and idiographic nature (Smith, Flowers & Larkin, 2009). The phenomenological aspect of IPA is that it focuses on how individuals narrate their experiences and perceive them (Polit & Beck, 2012). The interpretative focus of IPA is based on its ability to enable the researcher to understand and make sense of the participants' world through interpretative activities (Griffiths, 2009). The double hermeneutic nature of IPA provides for both the researcher and participants to try and make sense of and understand the phenomenon studied (Smith et al.,

2009). The idiographic nature of IPA refers to how the experience of each participant is considered as a unique case and not as compared to all other participants' experiences (Smith et al., 2009). The aim is to arrive at rich descriptions of individual cases. Therefore, IPA has enabled the researcher to have an in-depth understanding of individual HIV-positive transgender women's experiences and survival strategies during the Covid-19 lockdown.

Study Setting

The study was conducted in a South African rural township in the Eastern Cape. This is one of the provinces in South Africa which is mostly rural and continues to have low social and economic development (Eastern Cape Socio-Economic Consultative Council, 2018). About 17.6% of the household in Eastern Cape reported running out of money for food or missing a meal over the 12-month period (Statistics South Africa, 2016). The majority (86.77%) of the population is African (Buffalo City Metropolitan Municipality, 2020). The township chosen has a high number of transgender women, estimated at 305 (Cloete, Wabiri, Savva, van der Merwe, & Simbayi, 2019). Studies have shown that transgender women with low socio-economic status are prone to risky HIV behaviors including sex work and drug and alcohol abuse (Bockting, MacCrate, Israel, Mantell & Remien, 2020; Mavhandu-Mudzusi, 2017).

Sampling and Recruitment

As the experiences of transgender people vary according to their biological sex, the focus was only on transgender women staying in a rural township in South Africa to obtain a homogenous sample. The participants were aged 18 years and older for them to be eligible to sign their consent form. The main focus was on transgender women living with HIV who were not formally employed due to the Covid-19 lockdown. Snowball sampling was used to recruit the participants as not many transgender individuals are known to the researcher.

To start the recruitment of participants, the researcher requested that one of the students working at the NGO that provides treatment to LGBTIQ individuals refer her to the trans women she knows. The researcher contacted the transgender women by telephone to explain the purpose of the research, the inclusion criteria, and all the relevant ethical aspects. Due to the Covid-19 lockdown, the researcher explained that all the interviews would be conducted by telephone. The participants agreed to participate and provided the contact details of other transgender women. The process was done until the researcher reached participant ten and realised that the participants were mentioning only the names of the participants already interviewed. That left the researcher with ten participants, which is an acceptable sample size for an IPA study (Clarke, 2010; Coyle, 2014; Pietkiewicz & Smith, 2012; Smith et al. 2009).

Data Collection

The interviews were conducted from 1st to 30th August 2020 by telephone due to Covid-19 lockdown restrictions which prohibits movement to other areas. All participants gave consent for the interviews to be recorded. Before data collection, each participant was briefed about the study, ethical issues, and the need for recording the interview. When the participants had indicated their consent to participate, the formal interviews commenced. The first part of the interview focused on demographic data that assisted the researcher in understanding the participants. The second section was initiated from the following question: "What is your experience as a trans woman living with HIV during the Covid-19 lockdown?" Following the response to the aforementioned question, follow-up questions in the form of probes ensued: "How are you surviving?; What are

your greatest challenges?; What type of assistance did you receive?; What should have been done differently?; How do you feel about that?"

Each interview was audio-recorded and lasted between 50 minutes to an hour. Each participant was immediately debriefed after the interview as the experience was highly emotive. Debriefing helped the participants describe how they were feeling about the interview and their experience. Those who needed further information regarding where they could obtain assistance, such as Covid-19 relief, counseling, and place of shelter, were assisted.

Data Analysis

Immediately after each interview, the researcher transcribed the interview verbatim. Immediate transcription assisted the researcher in not having to strain her listening and/or having to relisten to the audio recording as the interview was still vivid in her mind. Each transcript was manually analysed as guided by Smith's (2005) IPA framework for data analysis, which consisted of the following steps:

- Reading the transcripts repeatedly, making notes and developing themes.
- Identifying a connection between developed themes.
- Clustering related themes together into superordinate themes.
- Formulating a master list composed of super-ordinate themes, themes, sub-themes, and quotations associated with the theme.
- The same process was conducted for each interview transcript as data collection and analysis were done iteratively until data saturation was reached.
- A colleague, who is an expert in IPA, assisted in independently coding the transcript and formulated his own list.
- The lists for all the participants were analysed independently and, thereafter, were compared for similarities and differences.
- Where differences existed, discussions were made until consensus was reached.
- The process was followed by the development of a single master table composed of three themes and relevant sub-themes.

Rigour is a measure of the overall quality of research, reflected through openness, relevance, and epistemological and methodological congruence in the data collection and analysis processes (Brink, Van der Walt, & Van Rensburg, 2018). Rigour, in this study, was guided by Guba and Lincoln's (1994) framework of trustworthiness, which focuses on credibility, dependability, confirmability, transferability, and authenticity. To ensure credibility, audio-recorded interviews were transcribed verbatim. The independent coder coded all the transcripts, which were compared with the researcher's coding to ensure dependability and confirmability. The researcher used probes and paraphrasing techniques in order to avoid misinterpreting the participants' information. Transcripts were read to the individual participants for validity checks to ensure dependability and credibility of the findings. The entire methodology process, which includes the biography of participants, the recruitment of participants, data collection, and data analysis, are described to ensure transferability.

Ethical Considerations

As this is a high-risk study due to its focus on a vulnerable population (transgender and HIV-positive individuals), ethics approval was obtained from a University Research Ethics

committee registered with National Health Research Ethics Council (REC 012714-039). Ethics clearance number: HSHDC/960/2020. Relevant information about the study, issues of confidentiality, and voluntary participation were thoroughly explained to the participants to ensure voluntary participation. Verbal consent was obtained from each participant as it was difficult to obtain written consent due to the risk of Covid-19 infection. All interviews were conducted via telephone at a time suitable for the participants to ensure confidentiality. Pseudonyms were used during the interview to ensure anonymity. The transcripts and audio recordings are stored securely to ensure the safety of data.

Findings

The results are presented in two sections. The first section presents the biographical data of the participants to assist readers in understanding the data sources. This is followed by the second section, which discusses the themes that emerged from the data analysis.

Demographic Data

The study participants were composed of ten transgender women living with HIV and on antiretroviral therapy. All of them had left school before passing grade 12. Reasons for leaving schools before passing grade 12 included being stigmatized and discriminated at school, disowned by parents, and lack of parental support. Regarding their employment, eight of them were sex workers, one a housewife, while the tenth participant acted as a domestic worker on a full-time basis. Among the eight who were sex workers, some also worked as domestic freelancers, though some apart from sex work, they also assisted as domestic freelancers. Table 1 displays the participants' demographic data. The names used for the participants are pseudonyms to protect the identity of the participants.

Table 1: Demographic Data

Name	Age	Highest School Grade	Reason for leaving the school	Employment	Substance use
Maina	28	Grade 11	Stigma and discrimination at school	Sex worker	Alcohol
Meme	25	Grade 10	Disowned by parents	Domestic freelancer	Alcohol
Sessie	33	Grade 11	Rejected by parents, stigma, and discrimination at school	Domestic freelancer; Sex worker	Alcohol
Jojo	23	Grade 9	Chased away from home by parents	Domestic freelancer; Sex worker	Alcohol
Jowly	29	Grade 8	Bullied at school and stigmatized by parents	Sex worker	Drugs and alcohol
Funitjie	27	Grade 7	Bullied at school and disowned by parents	Housewife	Alcohol
Thandeka	29	Grade 8	Disowned by parents	Sex worker Domestic freelancer	Alcohol
Babe	35	Grade 8	Chased away from school due to substance abuse and not progressing	Sex worker	Drug and alcohol
Martine	26	Grade 11	Lack of parental support	Sex worker	Alcohol
Mabel	23	Grade 11	Lack of parental support	Sex worker	Drug and Alcohol

Themes that Emerged from the Data Analysis

Following the data analysis, three themes emerged: deterioration of socio-economic status, health-risky lifestyle, and support available for transgender women. Each theme has several sub-themes, as indicated in Table 2.

Table 2: Summary of Results

Themes	Subthemes
Deterioration of socio-economic status	*Lack of food*
	Homelessness
Health-risky lifestyle	*Shopping for some people*
	Caring for people who tested COVID-19 positive
	Increased risk for transmitting or contracting HIV
	Discontinuation of Antiretroviral treatment
	Living in an abusive intimate relationship
	Opening their rooms as a mini brothel and tavern
Support for transgender women	*Unsupportive family members*
	Untargeted government support

Deterioration of Socio-economic Status

This superordinate theme addresses the socio-economic conditions that transgender women find themselves in due to the Covid-19 lockdown. As biographic data indicated, the majority of the participants were not formally or permanently employed, or they depended on a part-time job. The Covid-19 lockdown resulted in several transgender participants not having any economic or social support. One consequence of low socio-economic status included a lack of food, as indicated by the following statement from Maina:

> It was very difficult to survive as I am dependent on customers buying sex from me. But now, everybody is in his own place. There is no one who is buying sex. You cannot be in the street as a police officer will arrest you. This makes me starve as I did not have money to buy food. And people are not even going to restaurants or tavern where one can just be there so that customers could buy me food and drink in exchange for sex. (Maina)

Besides a lack of food, some of the participants became homeless due to not paying rental fees as they did not have any source of income. This was well explained by Meme's quotation:

> I do not have any money. I cannot pay the rent. I used to get money through working in a hair salon on a part-time basis. But now the salon is closed. I do not have any source of income. The landlord has chased me out, and I have nowhere to stay. There is a shelter provided by the government for the homeless, but it is not safe for transgender people as there is a side for males and females. As I know that I am a female, but my ID is not yet changed, I knew that people who are registering people to shelter will allocate me to males' centre, and I knew that I will not be safe. So, I ended up going nowhere, just hiding behind the bridges. (Meme)

The situation of homelessness and hunger led transgender women to risk their lives, which is the second theme that emerged from the data analysis.

Health-risky Lifestyle

Some of the participants availed themselves to do the shopping for some people, which exposed them to Covid-19. This was well-depicted in the following excerpt:

> What I tried to do to get the money during lockdown was to send the WhatsApp and Facebook messages informing that whoever needs someone to do the shopping for them, I am available. So, most people who know me call me to go and do their shopping. At least it was a bit of financial relief, while I know that I was risking myself to Covid-19 infection or even spreading it as I will be sent by different people to do their shopping. But I did not care because, if I do nothing, I will starve to death. (Sessiemike)

Besides risking being infected with Covid-19 by shopping, some transgender women were required to be directly involved in the care of people who tested Covid-19 positive and placed into quarantine. Jojo presented the incident as follows:

> I was called by a person whom I usually assisted for house chores. The lady requested me to care for her husband, who was sick. She did not tell me that he tested Covid-19 positive. I would wake up every day and bathe him, give him whatever he wanted, and feed him. I was also requested to share the room with him, which I was so happy thinking that I have found good employment with free food and accommodation. I was only told that he had Covid-19 after he came back from retesting when he was telling the wife that God has saved him as Covid-19 nearly killed him. (Jojo)

The health-related risks did not only pertain to Covid-19 but also entailed an increased risk for transmitting or contracting HIV infections and other sexually transmitted infections as indicated by Jowly:

> Poverty can make us seems not to care about our health. When you are hungry, you can do anything. For me to survive on the street, I was trying all means which can make me have money. When I realized the police cars have finished their patrol, I will come out of the bridge and target the cars coming to sell sex. Most of the nights, nobody stops to pick me up, but later, customers started to come. Most of them did not want to use condoms and promising that they would give me more money, so I took the money and gave them what they want. The money I got at least make me end up having a place to rent and buy myself food and makeup. (Jowly)

While other participants adhered to their treatment, some participants discontinued their antiretroviral treatment:

> Since the lockdown, I have never gone to the clinic to collect treatment. This is because my husband does not know that I am HIV positive. Because of Covid-19, he is always at home. I cannot even sneak out and go and collect treatment because if he finds out, he may kill me. I will only resume my treatment when he goes back to work or when the lockdown is over. (Funitjie)

Though some of the participants were without shelter, other participants were forced to stay with their sexual partners under abusive circumstances during the Covid-19 lockdown:

> I am staying with my husband who is a taxi driver. Since the lockdown, he is behaving like a monster. Because the taxis are also not working. He will spend the whole day at home. I am also spending the whole day at home as I cannot do my piece jobs due to lockdown. He will tease me throughout the days. Even calling me with derogatory names such as you are a "slut"; "*straatmeisie* (literally meaning 'a street girl')." He will sometimes even force me to do what I do not want. When I refuse, he sometimes beats me and tells me that he is feeding me. If it was not due to him, I would have been in the street as my parents disowned me. Unfortunately, I cannot do anything because if I say anything to oppose him, he will chase me out of his house. If I go to the police station to report him, I know the police will not do anything but mock me. Police officers are not supportive of us transgender women. They treat us as non-women. (Thandeka)

Though some transgender women were staying in places where there is gender-based violence, some women resorted to opening their rooms as a mini brothel and tavern for the neighbours, which increased the risk of imprisonment:

> I have realized that if I do not make a plan, I will not survive. So, before the lockdown, one of my friends told me that the government is locking everything down. So, I had some money saved from my "night duty." As I knew what most of the customers' needs, I bought some of the alcoholic drinks and keep. During the lockdown, I wrote messages to some of the regular sexual customers that I have alcohol, so when they arrive, I will sell alcohol, tripling the amount, and sell sex with the same tripled amount. As most of the customers were sexually starving and missed alcohol, they would pay. Though I knew that what I was doing was illegal and can contribute to the spread of Covid-19 infection, there was nothing I could do. Otherwise, I would have starved to death while I am waiting for coronavirus to pass. (Babe)

The transgender women were engaged in risky behaviour due to limited availability of support structures.

Support for Transgender Women

Participants mentioned the reason why they have limited support structures. Though for most of the individuals, a family is a primary support structure, the results indicated that almost all transgender individuals interviewed were not staying with their family members, including their parents. This was supported by Mabel as follows:

> The moment my father died, my mother got married to other men who moved into our house. The men hate my guts. He used to tell me that he cannot live with a "fake person" at home who is lazy to stand up for his manhood. He would expect me to do all the hard things saying I "should" stop faking to be a woman. I ended up leaving home and rent my own place. (Mabel)

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Besides a lack of family support, the government had promised several measures to alleviate the socio-economic burden. However, the help seemed not to have reached the transgender women:

> At the beginning of lockdown, the President of the Country promised that there would be funds for Covid relief. I have registered and even some of my transgender friends did. We were promised to get R350 per month until the lockdown is over, but even today, none of us have received anything. We were also told that there will be food parcels distributed. We only saw that on television being distributed to very few people. But none of us received anything. The President must unlock us so that we can resume our normal life. We are dying of hunger while our customers are also thirsty. He must open the street and end the curfew so that our sex industry should boom again. (Martine)

Discussion

The findings of this study indicated that the Covid-19 lockdown has worsened the already low socio-economic status of transgender women. This is because most transgender women are not permanently employed but dependent on day-to-day payment based on the services they render to people. The service, which most of the participants were engaged in before lockdown, was either assisting with domestic work though not fully employed as a domestic worker, or being a sex worker without owning a brothel, meaning that most of them would have to go to the streets to get customers. The hindrance to formal employment is mainly related to lower education standards as some of the participants left school before passing Grade 12 due to the stigma and discrimination experienced and a lack of parental support (Stone et al., 2015). Leaving school before completion attests to the findings by Stone et al. (2015) citing that transgender learners left school because of substance abuse or mental health problems, which resulted from living with the daily rejection and abuses due to being "different". Transgender individuals leave school early due to a heteronormative environment where gender non-conforming learners are bullied, called derogative names, and excluded from sports and other school activities, as documented in several studies (Pattavina, Hirschel, Buzawa, Faggiani & Bentley, 2007; Mavhandu-Mudzusi & Sandy, 2017; Human Rights Watch, 2020).

All the participants were working as freelance domestic workers or sex workers, meaning that they were only called to provide services when the need arose. Same findings were documented by Lynch and Sanger (2016) mentioning that besides the lower educational status of transgender women, employment opportunities in rural areas are limited, which led to the majority of women, regardless of sexual identity, relying on seasonal work for self-sustenance. However, the possibility of losing jobs due to their transgender identity was also high (Yi, Ngin, Tuot, Chhoun, Chhim, Pal, Mun & Mburu, 2017), which may continue to the lack of formal employment among the participants.

The lockdown left most participants, such as Maina, hungry as their services were not needed. The fact that people were not allowed to gather in taverns and bottle stores, or at venues where they could generally buy alcohol and sex from transwomen, made it difficult for the transwomen to obtain any money. Food in exchange for sexual favours was also not attainable due to lockdown. A lack of food for people living with HIV is one of the factors that contribute to non-

adherence to antiretroviral therapy, as most of those treatments cannot be taken on an empty stomach.

Besides a lack of food, some of the participants became homeless due to not paying rental fees as they did not have any income source. As most of the participants were not staying with their relatives or parents, they are dependent on the money they get from their causal work to pay rent. Because all their income sources, such as payment from transactional sex, salon work, or assisting with domestic work, were not available during the lockdown, it meant there was no cash flow. The situation led some transgender women, such as Meme, to be evicted from the places where they rented accommodation as they were unable to pay rental fees. Though the government provided shelter for homeless people during the lockdown, it was a challenge for transgender women because of the shelter's hetero-centric structural arrangements, which required males and females to be separated, unless they were a family unit. For Meme, because her identity document states she is a male, it meant that she would be allocated to the male section where she does not belong. Similar findings were documented by Pattavina et al. (2007), stating that a hetero-centric environment became a barrier for transgender people to access support services.

During the lockdown, everyone stayed at home except the essential service workers. However, transgender women offered to do the shopping for other families at shops and malls, which were considered high-risk centres for contracting Covid-19 infections. The fact is they had no food and no place to stay, meaning that not doing anything would result in death due to starvation. Some participants even cared for people who were Covid-19 positive just to get food and a place to sleep. Transgender women's behaviour during Covid-19 shows that the implications of lack of social justice and inequality as failure to access help during the Covid-19 lockdown is denial of their most basic human needs. According to Maslow's Hierarchy of Human Needs, food and shelter are part of physiological needs, which need to be met first for an individual to survive (Maslow 1943 in Horne, 2019). If these needs are not met, as they are sources of survival, a person will try all the means necessary to survive, regardless of the risk. This was evidenced by the finding of this study that transgender women engaged in health-risky lifestyles to survive. Some of the participants, like Sessi, risked contracting Covid-19 to obtain food.

Struggling to meet physiological needs such as food, shelter, and water places transgender people in a position of risking their lives and that of others. When doing shopping for others and caring for people who tested positive for Covid-19, they still went to other houses and different stores, which could have been a source of the spread of Covid-19. The health-related risk was not only confined to Covid-19 but included the spread of sexually transmitted infections, including HIV. Some participants, during the midst of the lockdown, were still engaged in sex work. Because of the scarcity of customers due to the lockdown, some transgender women participated in unprotected sex to obtain more money as the price of sex without a condom is higher than sex with a condom. More money would assist in ensuring that there were food, water, and enough money to secure accommodation, which are the basics needed for survival. Transactional sex is considered a common source of income for transgender individuals (Human Rights Watch, 2020).

Some participants like Funitjie did not take their treatment because they feared if they did, their partners would find out that they were HIV-positive and chase them out of the house; and hence, this was done to secure their shelter and food and avoid starvation. Since their partners were home the entire day due to the lockdown, they did not collect their antiretroviral treatment. Though participants were aware of the dangers of defaulting treatment, they still chose to rather die of HIV-related conditions than starving to death during the lockdown.

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Participants like Thandeka endured an abusive relationship to have food and shelter. The abuse included psychological, sexual, and physical abuse. The psychological abuse amounted to using derogative names and reminding the person of their poverty and previous sexual behaviour, in addition to their "nothingness". "Nothingness" is the term the researcher coined for this context meaning that 'whatever you are is because of me, and without me, you are nothing as you cannot feed yourself or house yourself,' and this highlights the abuse Thandeka suffered at the hands of her partner. Psychological abuse is the most prevalent form of abuse among partners in same-sex relationships (Irwin, 2008).

Thandeka was exposed to a different form of sexual abuse by being forced to engage in sex even when she was unwilling. Sometimes she was compelled to even engage in traumatic sexual practices, which she endured for the fulfilment of her physiological need for food and shelter. As Greenwood et al., (2002) mentioned, sexual abuse usually co-occurs with physical abuse. The same results were highlighted in this study as some of the transgender women were physically abused during the Covid-19 lockdown.

The findings also indicate more patriarchal values in relationships where the transgender women, who were in a relationship with a gay man, were expected to do the house chores such as cooking, laundry, and caring for the male partner (husband) under difficult circumstances due to financial dependence. This situation where transgender women are expected to do household chores mimics what happens in heterosexual, patriarchal families where women do most of the house chores while men barely assist. The findings revealed that one person takes on the dominant male role in same-sex relationships, as documented by Lynch and Sanger (2016). Lee, Lynch, and Clayton (2013) also documented the issue of patriarchy and violence among transgender individuals and Lugones (2010) as influenced by the patriarchal and violent contexts in which LGBTI persons live.

Most transgender women have cut ties with their families and have no place to go when they find themselves in abusive relationships. Because of the lockdown, they could not even go to their friends for help. Having nowhere to go results in transgender women suffering in silence. This situation encouraged the abusive partners to continue with their abusive acts knowing that the partner has nowhere to go. The findings concur with work by Hardesty, Oswald, Khaw, and Fonseca (2011) that finds that an abusive partner who knows that their partner is dependent on them financially takes advantage of the situation and the abuse continues.

To make matters worse, abused transgender women cannot go to the police station to report abuse due to a fear of being mocked by a police officer. This form of secondary victimisation by the heteronormative system contributes to continued violence against transgender women. The perpetrators are aware that the victim will not obtain any support from anyone else. Lynch and Sanger (2016) have reported similar situations where the report of same-sex intimate partner violence is undermined and leads to prejudice.

For other transgender women, instead of staying in relationships where intimate partner abuse took place, they claimed their independence by opening their rooms as mini brothels and taverns for the neighbours, which increased the risk of transmitting HIV and Covid-19. The act also increased the risk of imprisonment. But all the risky activities were done to survive. People will do everything they can to meet their physiological needs because if that need is not fulfilled, it leads to a human being's demise. Selling sex and alcohol were entirely restricted during most lockdown levels, but transgender women had to do that to survive.

Commercial sex among unemployed transgender people ranges from 24% to 75% (Garofalo, Deleon, Osmer, Doll & Harper, 2006; Herbst et al., 2008). In their study, Wilson,

Garofalo, Harris, and Belzer (2010) found that 29.8% of transgender youth have engaged in sex in a transactional manner to obtain money to buy necessities for survival. In the process, other people (customers) who's physiological and safety needs were met did not mind risking their lives striving to meet their needs for love and belonging; this led them to buy alcohol and sex. In the process, there was an increased risk of HIV and Covid-19 spreading, especially because sex was performed under the influence of alcohol, which reduced the possibility of using protective measures such as condoms and face masks. People not using a condom when under the influence of alcohol is well-documented by Wilson et al. (2010), which coincides with the findings that there is limited condom usage by transgender female youths while under the influence of drugs and alcohol. However, with Covid-19, participants felt that sex work was the only hope of survival during the lockdown. It was a matter of a 'Do or Die' situation.

The reason for transgender women engaging in health-risky behaviours is that they had a limited support system. This is because individuals like Maina had left home because of non-acceptance by her step-father. He thought "being transgender female is a choice or pretence" to avert adopting male responsibilities. Due to patriarchy, her mother could not do anything to support her; she sided with her male partner as he is considered the family's head. The transgender women failed to access the Covid-19 relief measures such as shelter and grants like unemployment funds. Finance for small businesses could also not be accessed as the type of work they were engaged in; namely, domestic freelance work and sex work were not considered as a business by the government. Even with the government opening a business, the sex industry was not mentioned. Due to the curfew, sex workers cannot engage in their business, which is usually after nine in the evening until the early hours of the morning, usually around five in the morning. He means that the commercial sex industry can only resume when the lockdown is completely phased out. The transgender women could also not access the provided shelter because it was designated for cisgender individuals. The findings regarding the hindrance of access to support due to heterosexist environments are also documented by Pattavina et al. (2007), where LGBTI individuals fail to access supportive services through victim support services.

Conclusion and Recommendations

The findings reveal that transgender women living with HIV were faced with homelessness and starvation during the Covid-19 lockdown. Their lack of formal employment exacerbated a lack of food and shelter. Most of them were either working as sex workers or freelance domestic workers, which were not operational during the lockdown. To avert starvation and homelessness, some of the participants engaged in risky behaviour such as engaging in commercial sex without condoms to obtain more money, caring for people who tested positive for Covid-19 (which was a risk to their immunosuppressed status), staying in abusive relationships, and illegally using their shacks as brothels and bottle stores (which predisposed them to arrest and also to an increased risk for HIV transmission and contracting other sexually transmitted infections). The above was due to the transgender women having moved out or being chased from their homes due to stigma and discrimination. The government offered general support to the community, but the support provided, such as shelter, was hetero-centric and mostly favoured people who are formally employed. The fund promised to relieve the unemployed people during lockdown never reached the transgender women interviewed.

Based on the above findings, the researcher recommends the advocacy and support of transgender individuals, targeting learners from foundation phases. This would limit the stigma

and discrimination towards this population and ensure that transgender individuals complete their studies and gain decent employment. Schools should also have policies in place to address gender-based stigma and discrimination. The infrastructure, such as toilets, classroom settings, and extramural school activities should be gender-neutral to ensure that transgender individuals are not excluded. This will ensure that transgender individuals feel free to continue with their education. Parents, government structures, and communities need to be educated about being transgender so that they can accept and support the gender non-confirming individuals instead of humiliating them.

Transgender individuals need targeted support regarding employment. This can be done by listing transgender under the employment equity profile of companies. This will compel companies to employ and retain transgender individuals. As Covid-19 is not yet over, and because other countries are going back to stages one or two of the Covid-19 lockdown, the researcher suggests that the government provide different types of shelters to accommodate transgender individuals. There is also a need to provide transgender targeted relief, especially for those living with HIV because, without food during the lockdown, they may partake in risk behaviours to survive, nullifying all the gains made towards the reduction of new HIV infections and HIV-related deaths.

As the method of sampling used was snowballing, there is a possibility that people who were interviewed are friends who were exposed to similar experiences. Due to Covid-19, data was collected through telephone, which limited the researcher to observe the non-verbal cues such as physical appearances, attire, and body language. These limitations need to be taken into consideration when reading this paper. As the study was qualitative in nature, conducted in only one township, the researcher suggests a future quantitative study targeting both transgender women and men in all the provinces in South Africa, especially because of differences in the context and the effect of Covid-19 in different provinces.

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