

Transwomen Leading Covid-19 Pandemic Response: Experiences of an Indonesian *Waria* Community

Duma Manurung^{1*}, Pradytia Pertiwi²

¹Master of Disaster Management Programme, Universitas Gadjah Mada

²Faculty of Psychology, Universitas Gadjah Mada

Abstract. There is a lack of research on how Covid-19 pandemic affects transwomen populations in Indonesia, which creates a gap in understanding their vulnerabilities and resilience. Kebaya Foundation is an Indonesian *Waria* community that took part in responding to the Covid-19 outbreak in Yogyakarta in 2020. The initiative from Kebaya Foundation is timely following global agenda of leaving no one behind in DRR and humanitarian crisis underpinned by leadership of those most at-risk. Yet, there is limited scholarly evince that document the role and practice of the transwomen community in disaster response. This research aims investigate role and practices of Kebaya foundation in responding to Covid-19. A single case study method was adopted involving document reviews and semi-structured interviews with Kebaya Foundation staffs. The inquiry and analysis were guided by Pierre Bourdieu Social Practice theory The data were analyzed using thematic analysis and then we generate four themes related to role and experiences of Kebaya Foundation leading the Covid-19 response. This research shows that the Covid-19 pandemic increased the vulnerability of gender minority communities, while also providing opportunities for them to participate in emergency response efforts.

1 Introduction

Disaster is a social phenomenon (Perry, 2018), highlighting the interlink between disasters, norms of societies, and social structure. The coronavirus disease (COVID) 19 pandemic has provided an excellent example of this view, wherein people's existing social inequalities are associated with differential exposure to the virus, greater susceptibility to infection, more frequent comorbidities associated with severe outcomes, and disparate access to care [1,2].

Studies demonstrate the consequences of inequality in preparedness and response to COVID-19 have been reported among at-risk community groups, such as people with disabilities [3], people from low socioeconomic backgrounds [4], and people with sexual minorities[5,6]. Despite rare, there is an emerging discourse highlighting that while minority groups developed specific vulnerabilities related to their marginal position in society, they also possess diverse capacities and strengths to promote resilience [7].

Sexual and gender minorities groups, such as Lesbian, Gay, Bisexual, Trans, and Queer (LGBTQ) are among those impacted by Covid-19 however research seeking to understand their experience to cope with pandemic remains lacking. Several studies have attempted to inquire on this issue, but major focus is put on their specific vulnerability as individuals, for example [4,5,8–11]. Yet there are relatively few studies

about the LGBTQ community's developed resilience during the Covid-19 pandemic [12–14].

In Indonesia, the Covid-19 pandemic highlighted the inequality faced by the LGBT community. As reported by Crisis Response Mechanism (CRM) and Kurawal Foundation [15] that the Covid-19 pandemic has led to increasing acts of violence against the LGBT community in Indonesia, It has also understood that certain members of the LGBTQ community have shown a remarkable level of strength and resilience, partly due to the assistance and encouragement given by various LGBTQ organizations[15].

One action from LGBTQ community was Covid-19 response project led by Kebaya foundation, an organization by and from *Waria* (Indonesian transwomen's) based in Yogyakarta, Indonesia. Kebaya foundation mandate is promoting the prevention of HIV/AIDS among *Waria* by providing shelter services for People living with HIV/AIDS (PLWHA), social security management, and empowerment of *Waria* community.

During early outbreak of Covid-19 in Indonesia in 2020, Kebaya Foundation received funding from ViiV Healthcare and Bread for the World for Covid-19 emergency response activities, especially for transwomen. Emergency response activities include the establishment of public kitchens, dry rations, mask and cleaning packages as well as additional funds in fulfilling opportunistic infection drugs for PLHIV/AIDS [16].

* Corresponding author: dumahardianamanurung@mail.ugm.ac.id

Kebaya Foundation Covid-19 response project is unique because to the authors knowledge, there has not been similar Covid-19 response in Indonesia led by transwomen community themselves. This case is also timely following global agenda of leaving no one behind in Disaster Risk Reduction (DRR) (United Nations, 2015) and humanitarian crisis underpinned by leadership of community group (Agenda for Humanity, 2016). Kebaya Foundation project is an excellent exemplar to understand why and how socially marginalised groups such as transwomen community lead disaster response programme. As such, the study aims to provide explore the role, experiences and opportunities of Kebaya Foundation during the Covid-19 emergency response.

2 Theoretical framework

2.1 Disaster and transwomen community

Both Hyogo framework (2005-2015) and Sendai framework (2015-2030) acknowledge the importance of risk management, inclusiveness and gender-mainstreaming in disaster risk reduction. Despite that, both of this framework did not recognized the gender and sexual diversity, it is because the influenced of western approach on gender binary in DRR [17]. A number of researchers have reported that disaster risk reduction policies insufficiently address the vulnerability, needs, experiences and the capacities of sexual and gender minorities[7,11,17].

In term of *Waria* community, a study conducted in 2012 by Balgos, Gaillard, & Sanz [18] explored the involvement of *Waria* community in the Merapi eruption disaster case. The study highlighted their contribution, which involved offering free haircuts and makeup to gain acknowledgement from the community and as a form of their solidarity for the disaster survivor.

Despite this, individuals often only involved in disaster response, *waria* activities when invited by their partners, like *Perkumpulan Keluarga Berencana Indonesia* (PKBI), due to limited opportunities.

2.2 Waria Vulnerability and Resilience during Covid-19 Pandemic

Research has shown that people with sexual and gender minority have unequal level of vulnerability, which caused by difference psycho-social conditions, legal access and discrimination, sexual health, stigmatization [8], structural barriers [19], and mental and economic health conditions[6]. Additionally, a United Nations Programme on HIV/AIDS (UNAIDS) study found that sexual minority groups, including LGBTQ individuals, are part of the poorer population and often lack access to higher education. Many of them work in informal sectors that have been significantly impacted by Covid-19. These circumstances can lead to minority stress [8], which can contribute to increased discrimination, social inequality, and stereotyping of this group.

As reported by CRM, in Indonesia, LGBTQ community especially transgender community members are at risk of physical and non-physical violence, including terror, domestic abuse, robbery and even stabbing[15]. Moreover, the study also revealed that 74% of participant lost their job while 22% faced anxiety about their inability to meet their daily needs and secure a new job. These findings are aligned with global trend indicating similar levels of risk and vulnerability. This study also revealed that the LGBTQ community in Indonesia shown strength and resilience.

Many disaster scholars agree that social vulnerability and resilience are linked [20]. Uekusa also argue that exclusion from society can lead to improved resilience and strength in handling disaster situations [20]. As highlighted by Uekusa, the resilience paradigm focuses on resource ownership and social agency, with a practice/actor orientation [20]. This means that resilience can be developed by gaining sources of capital and improving social agency through social practices. Coherent with that, resilience during Covid-19 pandemic can be formed from through past experiences, radical acceptance, and providing support and building communities [12,13,21], mutual aid, internal resources such as leadership and alliances [22].

2.3 Social Practices Theory

Pierre Bourdieu develops social practices theory to comprehend that social reality is based on dialectical correlation between agency and structures as the process of internalization of externality and externalization of internality [23]. According to Bourdieu, the behaviour of agents are influenced by societal structures and rules in society. However, the agent's decision to act is not driven by rules or culture, nor does agents cannot ignore it. This dialectic relationship led the agent to develop strategies and methods (practices).

Internalization is determined by how individuals, groups/communities accumulate habitus (set of collection behaviours, attitudes, knowledge that related to agent position in social structure) and capitals (collection of sources e.g., social, cultural, economic) through their experiences in the social field's structure. Bourdieu (1984) described this process as an equation:

$$(\text{Habitus} \times \text{Capital}) + \text{Field} = \text{Practice}.$$

According to Bourdieu's perspective on practice, Kebaya Foundation's involvement in the Covid-19 pandemic disaster response is due to the dialectical relationship between internal and external factors. This group is structurally vulnerable, but the experiences, knowledge, values they believe in and the efforts they make to seek resources during disasters produce a social practice, namely Covid-19 pandemic disaster response.

3 Research method

A single case study [24] method was applied to explore and understand the experience and the shifting

role of Kebaya Foundation during Covid-19 emergency response. The following research questions:

- How was the experience of Kebaya Foundation in disaster response, specifically the Covid-19 pandemic in 2020?
- How social practices were employed by Kebaya Foundation through their emergency response program for Covid-19 in 2020?

Data were collected during May-July 2023 through two methods: 1) review of literature & project documents related to Covid-19 response project 2) in-depth interviews with the Kebaya Foundation member as key informants. First, we reviewed literature and documents relevant to the project to get better account of how the project aims to achieved. Next, we interview two person of Kebaya Foundation members, as shown on the Table 1. The initial discussion with the director identified 4 staffs involved in the project, but only 2 are currently available for interview.

Table 1. Key informants

Initial	Gender	Age	Role of informant
RM	Waria	Mid 60s	Project Manager
A	Waria	Mid 30s	Field staff

Interview questions were developed based on the review documents and literature and following concept of Social Practices Theory by Pierre Bourdieu [23].

The data were analysed using thematic analysis method to identify and explore the patterns, themes and insight with the data [25]. First, we transcribed all interviews and read line by line. We extracted relevant information inductively and resulted in 25 emerging initial codes. Second, we look for patterns, similarities, and differences across codes and generate four themes related to role and experiences of Kebaya Foundation leading Covid-19 response.

4 Finding

4.1 Confidence gained from previous disaster response experiences

Covid-19 provides an opportunity for the transgender community to actively contribute to disaster response. In fact, this is not the first time that Kebaya Foundation involved in disaster response. Kebaya foundation has been actively involved in disaster response during the earthquake in Yogyakarta in 2006 and the Merapi eruption in 2010.

One of our informant (RM), a Kebaya Foundation leader shared the stories of her experience in both disaster responses:

“I had the opportunity to help out with earthquake and tsunami relief efforts alongside my Transpuan friends. We worked together to run three public kitchens in Aceh, Calang, and Meulaboh. When the earthquake hit in 2006 and the Merapi volcano erupted in 2010, we also came together to collect food and clothing for the people in Magelang. That was so heroic!”

These experiences with previous experiences provided the motivation and confidence to be involved in Covid-19 programme. This was also compounded by discrimination experienced by Waria communities that were receiving little from any Covid-19 assistances. As such, in 2020 Kebaya Foundation applied for funding assistance from ViiV healthcare and Bread for the World (BfdW) for the Covid-19 emergency responses for trans people, PLHIV/HIV, commercial sex workers, and the elderly.

Kebaya Foundation initiated and managed the response program when other transgender organizations were only involved as beneficiaries or assisted by certain humanitarian agencies. They also coordinated the COVID-19 emergency response between Al Fatah Islamic boarding school and Ikatan Waria Yogyakarta (IWAYO).

Kebaya Foundation conducted emergency response during Covid-19 pandemic focusing on economic and social issues. The activities include:

Table 2. Kebaya Foundation emergency activities

The activities	
producing sanitizers and masks;	This activity aims to increase the income of the business group by producing masks and supporting the community in producing hand sanitizer independently.
Giving stimulus funds to businesses	This activity is funded by BfdW to support 16 Waria entrepreneurs in recovering their income losses and building business resilience and independence.
Developed home farming	This program is supported by YAKKUM and Asia Foundation and is aimed at providing nutrition, food security, and relief from stress caused by local lockdowns for 40 warias.
Provided dry rations (<i>sembako</i>);	This activity is funded by BfdW and ViiV Healthcare by providing 377 packages of dry rations to the elderly, sex workers, the Waria community, and PLHIV/HIV over a six-month period.

Developed and promoted health protocols for sex workers,	This activity was carried out in three phases: a workshop with health workers, field officers, and sex workers.
Opening communal kitchens	Kebaya Foundation has provided support for eight communal kitchens within a period of six months.
Crowd funding	Through social media and networking, IDR 146,141,600 was collected in donations.

4.2 The dynamics of the Covid-19 emergency response

The Kebaya Foundation directly led its initial disaster project with the Covid-19 emergency response. While its members have previously participated in such initiatives, but this was quite a while, and they have new members ever since who have not been engaged in disaster response activities and proposed funding from external donors.

Based on the information provided, it seems that the organization may not have the required skills to handle and respond to disasters properly. On this note, they reach out to their networks for help and assist them to get funding and implementing their programs, as RM noted:

“We receive helpful information, suggestions, and chances from our partners and their related networks, which include donor agencies. Some of these partners are individual consultants from the donor agency. They help us developed our grant proposal and supporting the implementation and evaluating the activities. Our current partners, including PKBI, CD Bethesda, and Yayasan Victory, are also assisting us.”

In this collaborative action, Kebaya Foundation took on a multifaceted role in this emergency response initiative. They were involved in the entire project lifecycle, including needs assessment, proposal development, implementation, monitoring, and evaluation.

Nevertheless, challenges arise during program implementation from internal and external factors, such as insufficient human resources, conflicts among staffs, that hampered their effective implementation of programme that they then need to reach out to other organisation for assistance and administrative complications related to financial reporting. RM revealed these issues in interviews:

“We had a bunch of problems to deal with because of the community's situation and the fact that we didn't have enough skilled people on our team. So, we had to join forces with some other groups, like Bethesda and assisted by Kak P from Victory Plus, to make kebaya's finances stronger.”

Prevailing stigma from communities regarding transwomen also became barriers.

“Plus, we had some trouble getting all the community leaders on the same page since they all had different ideas and opinions. But, we eventually got everyone working together, even though we still need more people to help out”

The situation is very different in the transgender community or organizations in India [22]. Transgender individuals come from diverse backgrounds and many have higher education, leading to social differences that directly impact to their community financial funding during Covid-19 pandemic.

4.3 Kebaya Foundation: Vulnerable yet resilience.

4.3.1 Social vulnerability formed collective action

Waria communities in Yogyakarta often encounter various forms of discrimination, even though they may have different interests within these communities. The Covid-19 crisis presents same challenges including limited aid support and increased stigma. This situation encourages them to survive and show solidarity together. as RM added:

“During disaster, our interactions change a bit. We shared similar challenges. Things get worse due to national political dynamics and conservative religious groups' views. Government left us, so we feel excluded from society. In response, we built a strong mindset – “we are just who we are” – and stood in solidarity. So, I took the lead to organize and bring in representatives from our community for the emergency response. It strengthens our resilience.”

Aligned with that, study also found that people with disabilities (PwD) have also demonstrated their ability to take collective action during disasters, It is also argued that by taking collective action, individuals can collaborate with others in their community [26,27].

4.3.2 Converting capitals, build resilience

Capitals are sources or assets that can create equality (e.g., cultural capital, economic capital, cultural capital, social capital). Bourdieu's concept suggests all type of capitals positions are equal and can be exchanged in social practices [28]. Researchers have commonly agreed that social capital plays a significant role in shaping resilience during disasters [29–33].

In general, social capital consists of elements such as trust, solidarity, loyalty, and connections that ensure acceptance of a specific agent's existence within social space. Social capital is greatly shaped by social networks and is not inherent; this implies that social capital must be intentionally developed and acquired.

Kebaya Foundation has a strong social capital, while its economic capital is weaker. This can be seen from the efforts they made to produce economic capital during the Covid-19 pandemic (e.g. crowd funding,

grant proposals). The assistance received by the Kebaya Foundation from partners, whether individually or collectively, nurtures mutual trust, facilitates support and assistance [32].

Furthermore, The COVID-19 emergency response program has effectively generated economic capital for Kebaya Foundation. Through the program, they established mutual trust with donors resulting in new partnerships, including funding projects to enhance *Waria* resilience and advocating for policy changes.

4.4 New acknowledgement and partnership

The Covid-19 pandemic also increased solidarity among *Waria* communities in Yogyakarta, defining their roles and promoting collaboration, It also in line with the research that conducted in Panama [14]. Other study also revealed that a strong solidarity has been linked to better pandemic outcomes [29].

Further, a new partnership was also formed following completion of Covid-19 response. BfdW, a globally active development and relief agency of the Protestant Churches in Germany that focused on key issues food security, the promotion of health and education, access to water, strengthening of democracy, respecting human rights, keeping peace and the integrity of creation has committed to funding them through two phases program.

Kebaya Foundation has also established new partnerships with other community-based organizations and government and it also strengthens their cooperation and bonding with existing partners. As Kebaya Foundation 's staff (A) add:

"During the pandemic, donors used disaster response as a test run. It worked out, so they decided to extend funding for another 3 years. This phase focuses on supporting small businesses and advocacy work"

5 Limitation

One of the limitation of this study is the small number of informants, and there maybe be a potential lack of diversity in findings. Future research with a diverse participants would contribute to a more comprehensive finding and understanding of the topic.

6 Conclusion

This research shows that the Covid-19 pandemic increased the vulnerability of gender minority communities, while also providing opportunities for them to participate in emergency response efforts. The resilience of Kebaya Foundation can be attributed to several factors, including its experience with marginalization, strong networks and partnerships, and a strong sense of solidarity among communities.

However, there are also challenges in implementing these emergency response activities, such as low quality of human resources, internal conflicts between community members, and administrative and financial problems. On the other hand, this emergency response

activity presents opportunities such as new program funding for the Kebaya Foundation, establishing relationships with new partners, and developing mutual trust. Furthermore, Kebaya Foundation demonstrated that the *Waria* community can contribute to the Covid-19 response by taking collective action and utilizing their social capital. The experience gained from implementing this program can serve as a learning process for the community. It serves as both a resource and a tool for advocates involved in disaster-related matters.

Acknowledgemnets

We want to express our sincere gratitude to Universitas Gadjah Mada for providing the *Final Project Recognition Grant* Universitas Gadjah Mada Number 5075/UN1.P.II/Dit-Lit/PT.01.01/2023 that enabled us to conduct this study.

Ethical statement

This study has received ethical clearance from Universitas Gadjah Mada, in compliance with ethical guidelines. The University's Institutional Review Board has reviewed and approved the research protocol and data collection procedures to safeguard the rights and confidentiality of participants during the research process. Ethical clearance No: KE/UGM/024/EC/2023.

References

1. C. Quantin and P. Tubert-Bitter, *Lancet Public Health* **7**, e204 (2022)
2. F. M. Stok, M. Bal, M. A. Yerkes, and J. B. F. de Wit, *Int. J. Environ. Res. Public. Health* **18**, 6339 (2021)
3. T. Shakespeare, F. Ndagire, and Q. E. Seketi, *The Lancet* **397**, 1331 (2021)
4. J. A. Patel, F. B. H. Nielsen, A. A. Badiani, S. Assi, V. A. Unadkat, B. Patel, R. Ravindrane, and H. Wardle, *Public Health* **183**, 110 (2020)
5. J. K. Gibb, L. Z. DuBois, S. Williams, L. McKerracher, R. Juster, and J. Fields, *Am. J. Hum. Biol.* **32**, (2020)
6. L. A. Drabble and M. J. Eliason, *J. Homosex.* **68**, 545 (2021)
7. J. C. Gaillard, K. Sanz, B. C. Balgos, S. N. M. Dalisay, Gorman-Murray, F. Smith, and V. Toelupe, *Disasters* **41**, 429 (2017)
8. D. Banerjee and V. S. Nair, *J. Psychosexual Health* **2**, 113 (2020)
9. C. Konnoth, *SSRN Electron. J.* (2020)
10. A. Yamashita, C. Gomez, and K. Dombroski, *Gend. Place Cult.* **24**, 64 (2017)
11. G. Reid and S. Ritholtz, *Polit. Gend.* **16**, 1101 (2020)

12. K. A. Gonzalez, R. L. Abreu, S. Arora, G. M. Lockett, and J. Sostre, *Psychol. Sex. Orientat. Gend. Divers.* **8**, 133 (2021)
13. C. Goldbach, D. Knutson, and D. C. Milton, *Psychol. Sex. Orientat. Gend. Divers.* **8**, 123 (2021)
14. C. González Cabrera, *Glob. Public Health* **17**, 2251 (2022)
15. A. Wirya, editor, *KELOMPOK KERAGAMAN SEKSUAL DAN GENDER DI TENGAH PUSARAN PANDEMI: ANTARA KERENTANAN DAN RESILIENSI Studi Dampak COVID-19 terhadap Situasi Sosial, Ekonomi, dan Hukum Kelompok Keragaman Seksual dan Gender di Indonesia* (Konsorsium Crisis Response Mechanism (CRM) dan Kurawal Foundation, Jakarta, 2021)
16. A. K. Ulung, (2021)
17. A. Rushton, L. Gray, J. Canty, and K. Blanchard, *Int. J. Environ. Res. Public. Health* **16**, 3984 (2019)
18. B. Balgos, J. C. Gaillard, and K. Sanz, *Gend. Dev.* **20**, 337 (2012)
19. P. D. Goldie and I. Chatterjee, *SN Soc. Sci.* **1**, 249 (2021)
20. S. Uekusa and S. Matthewman, *Int. J. Disaster Risk Reduct.* **22**, 355 (2017)
21. D. Zubizarreta, M.-H. Trinh, and S. L. Reisner, *Am. J. Prev. Med.* **62**, 299 (2022)
22. G. Vijayakumar, S. Panchanadeswaran, S. Chacko, S. J. Halford, and S. Subramaniam, *Glob. Public Health* **1** (2022)
23. R. Jenkins, *Pierre Bourdieu (Key Sociologists)* (Routledge, 1992)
24. R. K. Yin, *Case Study Research and Applications: Design and Methods*, Sixth edition (SAGE, Los Angeles, 2018)
25. V. Braun and V. Clarke, *Qual. Res. Psychol.* **3**, 77 (2006)
26. K. T. Ton, J. C. Gaillard, C. E. Adamson, C. Akgungor, and H. T. Ho, *Environ. Hazards* **20**, 514 (2021)
27. M. A. K. Azad, C. E. Haque, and M.-U.-I. Choudhury, *Environ. Hazards* **21**, 309 (2022)
28. P. Bourdieu, in *Handb. Theory Res. Sociol. Educ.* (1986), p. 15
29. E. D. Carter and M. L. Cordero, *Health Place* **77**, 102870 (2022)
30. J. K. Behera, *Int. J. Environ. Sci. Technol.* **20**, 3385 (2023)
31. D. W. Lee and H. Y. Kim, *Int. J. Disaster Risk Reduct.* **63**, 102445 (2021)
32. S. Panday, S. Rushton, J. Karki, J. Balen, and A. Barnes, *Int. J. Disaster Risk Reduct.* **55**, 102112 (2021)
33. A. M. A. Saja, M. Teo, A. Goonetilleke, and A. M. Ziyath, *Int. J. Disaster Risk Reduct.* **28**, 862 (2018)