

## We Find Strength in Each Other: The Psychosocial Effect of COVID-19 Pandemic on Malay Trans Women in Malaysia

\*Fathima Begum Syed Mohideen<sup>1</sup>, Nizam Baharom<sup>2</sup>, Mohamed Fakhri Abu Baharin<sup>2</sup>,  
Khadijah Hasanah Abang Abdullah<sup>3</sup>, Rafidah Hanim Mokhtar<sup>4</sup>, and Zainora Daud<sup>5</sup>

<sup>1</sup>Family Medicine Unit, Department of Primary Health Care, Faculty of Medicine and Health Sciences, Universiti Sains Islam Malaysia, 71800 Nilai, Negeri Sembilan, Malaysia

<sup>2</sup>Public Health Unit, Department of Primary Health Care, Faculty of Medicine and Health Sciences, Universiti Sains Islam Malaysia, 71800 Nilai, Negeri Sembilan, Malaysia

<sup>3</sup>Psychiatry Unit, Department of Medicine, Faculty of Medicine and Health Sciences, Universiti Sains Islam Malaysia, 71800 Nilai, Negeri Sembilan, Malaysia

<sup>4</sup>Physiology Unit, Department of Medical Science I, Faculty of Medicine and Health Sciences, Universiti Sains Islam Malaysia, 71800 Nilai, Negeri Sembilan, Malaysia

<sup>5</sup>Faculty of Quranic and Sunnah Studies, Universiti Sains Islam Malaysia, 71800 Nilai, Negeri Sembilan, Malaysia

\* Corresponding author: fathima@usim.edu.my

Manuscript Received Date: 05/05/23

Manuscript Acceptance Date: 05/06/23

Manuscript Published Date: 29/07/23

©The Author(s) (2023). Published by USIM Press on behalf of the Universiti Sains Islam Malaysia. This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is properly cited. For commercial re-use, please contact [usimpress@usim.edu.my](mailto:usimpress@usim.edu.my)

doi: 10.33102/uij.vol35no02.541



## ABSTRACT

The lockdowns or ‘movement control order’ especially during the first wave of the COVID-19 pandemic had impacted all walks of life in Malaysia, including the transgender community. This study aimed to explore the psychosocial impact of lockdown regulation during the first wave of COVID-19 pandemic on Malay trans women or *Mak Nyah* in a southern state in Malaysia. This is a qualitative study with semi-structured, in-depth interviews and thematic analysis. 11 local Malay trans women aged 33 to 50, participated using purposive snowball sampling, starting with a local outreach worker. Six salient, interrelated themes were identified, namely: (1) Fear of the pandemic; (2) The psychological impact of lockdown; (3) The social impact of lockdown; (4) Family as a main concern during lockdown; (5) Transgender community as a source of support; and (6) Concerns about own health. Although the lockdown had considerable psychosocial impact, the close relationship among the local trans women community has alleviated some of the hardship. The COVID-19 pandemic and lockdown imposed psychosocial challenges impacting Malay trans women in a southern state in Malaysia. Being in a local transgender network provided invaluable moral support, relieved loneliness and offered some solutions for financial burden during the lockdown.

**Keywords:** *COVID-19, trans women, LGBTQ, Malaysia, emotion, psychology, transgender.*

## INTRODUCTION

In Malaysia, trans women (TW) are colloquially known as ‘*Mak Nyah*’ where ‘*mak*’ literally means mother or a revered way of addressing older women or aunts, while ‘*nyah*’ comes from the word ‘*nyonya*’, a term for women of mixed heritage (Goh & Kananatu, 2019). This term differentiates them from gay men and transvestite and give them a sense of dignity. The national estimate of TW in Malaysia was around 15,000 (Ministry of Health Malaysia, 2018). Many TW face barriers to employment, with narrow sector of jobs in beauty, entertainment and sales, which leads a subset of them to engage in informal jobs within the sex industry, placing some at higher risk for acquiring HIV (Gibson et al., 2016a). The most recent survey by the Ministry of Health Malaysia (2019) reported that 25.4% of TW were sex workers. In comparison, more than 60% had either regular employment or were doing odd jobs (Ministry of Health Malaysia, 2019).

Reaction towards TW in Malaysia has been met with criticism, particularly as contributed by societal norms, laws and religious beliefs (Goh & Kananatu, 2019). Malaysia is a multiracial, Muslim-majority country where transgender people are stigmatized due to their nonconforming, nonbinary range of gender identities. Stigma and discrimination resulted in TW often experiencing employment difficulties, poor healthcare and mental health issues (Gibson et al., 2016b; Teh, 2008). In the recent decade, there is an increased interest to understand and address psychosocial issues faced by this crucial population in relation to health risk behaviour, psychosocial well-being, as well as religious interest.

The COVID-19 pandemic affects all aspects of life, be it physical health, financial and not the very least, mental health. In Malaysia, the first nationwide lockdown or Movement Control Order (MCO) began on 18<sup>th</sup> March 2020, during the first wave of the pandemic. Only essential services were allowed to operate while others needed to suspend their usual businesses or work from home. People were asked to stay at home and initially, only one adult per household was allowed to go out for essential errands. Government banned public gathering, interstate and foreign travel. Just like the rest of the world, lockdowns and other physical distancing rules have led to various financial difficulties and psychological distress (Md Shah et al., 2020). As the MCO got stricter, the job loss rate increased, which affected mainly those in lower socioeconomic status, such as TW (Muzafar Shah Habibullah et al., 2021). The MCO lasted for six weeks before it was eased into conditional MCO where some economic and job sectors were allowed reopen but with strict adherence to the standard operating procedures (SOPs).

Several studies have documented TW experience during the COVID-19 pandemic. In India, the chaos of pandemic control and economic instability have led to reduced income, physical insecurity and mental anguish (Sugyanta Priyadarshini & Sukanta Chandra Swain, 2020). Other challenges include difficulty in maintaining social distancing (Drabble & Eliason, 2021), access to healthcare during the pandemic and various mental health issues (Kidd et al., 2021). In the US, the isolation resulted in increased psychological distress for the younger sexual and gender minorities, while the older group experience more social isolation, as they were more likely to live alone (Salerno et al., 2020). This qualitative study aimed to explore the experience and psychosocial impact of the lockdown regulation during the first wave of COVID-19 pandemic, on Malay trans women, or *Mak Nyah*, in a southern state in Malaysia.

## **METHODS**

### **Study design**

In this qualitative study, the phenomenological approach using in-depth interview technique was employed, as it allowed researchers to explore participants' memories, opinions and ideas in their own words (Braun & Clarke, 2013). We adopted this method due to the design flexibility that allows a detailed examination of the respondent's attitudes, experiences, and intentions. Moreover, this method generates a wide range of ideas and opinions that an individual represents on the issues and reveals differences in viewpoints between groups (Cristancho et al., 2018). Therefore, in-depth, exploratory, iterative interviews, to understand the lived experiences of this unique group, has been a superlative choice, which fits with the aim of the study.

Semi-structured, in-depth, face-to-face interviews were conducted among TW from a southern state in Malaysia. This study was confined to one state only as interstate travel was still not permissible at the time of study.

The interview protocol was constructed based on literature review and findings from social media on TW experience during the pandemic. It aimed to obtain a collective understanding of the central phenomenon using open-ended and probe questions and adapted as new themes

emerged. The preliminary themes included experience during the lockdown, psychological impact, social impact, coping mechanism, family relations and health concerns during the lockdown. This process was iterative till saturation of themes were achieved (Padgett, 2017). This study was approved by the Universiti Sains Islam Malaysia (USIM) Ethics Research Committee, P1-17-13020-UNI-CVD-FPSK.

### **Participants**

Participants were identified via purposive, snowball sampling. The first TW participant is an outreach worker at a local LGBT HIV screening and prevention health service. She is previously known to the authors from a past study. Several more TW who met the inclusion criteria were invited to join the study through her connections. The requirements were Malaysian nationality and aged 18 and above. Exclusion criteria included severe, ongoing physical or mental illness and illicit drug addiction. In total, eleven local TW participated in the study. Before commencing interview, participants were explained about the purpose and conduct of the study and written informed consent were obtained from each participant. A short questionnaire regarding sociodemographic background was also issued prior to the interview. After the 11<sup>th</sup> interview, the authors felt that saturation point was reached.

### **Setting**

The interviews were conducted in discussion or meeting rooms at the USIM Specialist Health Clinic. This clinic is located at the Nilai town in Negeri Sembilan, a state in southern Malaysia. This location was chosen at the request of the TW as it was easily accessible for most participants. They needed a quiet and comfortable place that also allowed for some privacy. Participants were advised on strict practice of standards for compliance with COVID-19 prevention such as body temperature screening, face mask use, social distancing and hand washing.

In each interview, there was a pair of researchers for each participant which includes one clinical specialist. One researcher communicated with the interviewee, while the other assisted in documentation, recording and general observation. Each interview lasted about 60 to 90 minutes. Interviews were conducted mainly in Malay language with a mixture of English and colloquial language. TW felt free to express their thoughts, opinions and emotions at their own comfort level. All interviews were recorded using digital audio recorders and all participants agreed to this. Field notes were also taken focusing on trans women interactions which included verbal and non-verbal communication. At the end of the session, the participants were reimbursed their time and transport costs in cash. They received a sum of money for the interview, which they agreed upon before attending the interviews.

### **Data Analysis**

The recorded audio files were downloaded into computer and the researchers transcribed the interviews verbatim. Coding and thematic analysis were then conducted accordingly (Braun & Clarke, 2006). Thematic analysis was used to identify and describe emerging patterns across

data by searching for implicit and explicit themes related to our study objectives. Coding for each interview was done by the two researchers involved in the interview. Interview notes were also considered for coding. The issues that arose in the text were codified by researchers using a think-aloud protocol. Coded data were reread and reviewed several times. The researchers discussed further to reduce overlapping and redundant codes.

All six researchers discussed the emerging subthemes together. This was done in a series of discussions to review and refine the codes and subthemes. Similar subthemes were identified and combined to form major themes. Redundant codes were removed. Themes were built based on the reading and categorizing of the codes through interpretative filters of the researchers. In a final review, the researchers concluded the identified themes.

## RESULTS

11 TW were interviewed in total, whose age ranged between 33 to 50 years old (Table 1). All of them were of Malay ethnicity with nearly half holding diploma certificates as the highest education level. The majority of them (8 out of 11) had monthly income of less than MYR 2,000 (USD 496), which is categorized as low income by the Department of Statistics Malaysia (DOSM). While two participants claimed to have no income at all. Nearly a third were current cigarette smokers and more than half have comorbidity with hypertension, being the most common illness. Two participants declared that they are retroviral positive. We found six salient and inter-related themes from the thematic analysis of codes and subthemes. Each theme is summarized below and the subthemes are displayed in Table 2.

### **Theme 1: *Fear of the pandemic***

There were genuine expressions of fear about COVID-19 from all participants, including the fear of contracting the virus and being ill. The participants would find information about the pandemic from multiple sources such as the television, newspapers, and online portals. Some TW recalled the news that they had learned about the pandemic in China and feared that it would happen in Malaysia. News and information from social media created more worries.

“I’m scared to invite anyone home in case he brought it (COVID-19) with him. I’m worried about going to other people’s place too.”

Many participants expressed how they would strictly adhere to wearing face masks, practice social distancing and hand washing/sanitizing whenever they went out in public. There were 13 codes pertaining to adherence to COVID-19 preventive measures. Two participants commented on how they would shower as soon as they came home from public outing.

“As soon as I got back from the market, I dropped everything and took a shower first!”

One of them repeatedly expressed the fear of being found dead in the house as a result of the infection. The fear of illness and death from the pandemic made most of them adhere to the strict regulations during lockdown.

**Theme 2: *The psychological impact of lockdown***

There were six subthemes under this main theme. All participants expressed some form of anxiety or stress during the lockdown, mostly related to financial and family matters. Eight participants mentioned the devastating impact of the lockdown regulation on their income. The word 'stress' was repeatedly used by most participants when they talked about financial issues during the lockdown. Two respondents were made jobless during the pandemic. Food had to be rationed and they were forced to use their hard-earned savings.

“Throughout the lockdown, I had low mood. (There was) no happy mood.”

None of these mostly middle-aged TW did sex work during the lockdown, although one did contemplate the idea. The fear of contracting the COVID-19 virus was very apparent. Three participants expressed extreme sadness with some clinical features of depression during the lockdown. However, they had no suicidal ideation.

“Of course, sadness... really sad and worried.... like I am lost, you know doctor? Sad and stress, felt like crying...”

There were mentions about fears of the unknown, such as how long the lockdown would last and what may happen if the pandemic worsens. Nonetheless, at least four participants explained how they would try to stay positive during these hard times. Some turned to religious practice to help them destress. Others chose to concentrate on any hobbies they could do at home.

“But I *redha* (resign to fate), be strong because (of) my family, because I think there were so much I need to do (for them)...”

There were also a couple of negative coping mechanisms mentioned such as smoking and use of illicit drugs, as mentioned by two participants. However, none of them considered seeking professional psychological help.

**Theme 3: *The social impact of lockdown***

Four subthemes were merged to describe the social impact of the lockdown on these participants. Most participants expressed the dislike of being cooped up in the house all day long for three months. Three of them compared it to being in prison. One TW lived in a rented room with a small high window, so it was literally like being in a prison cell.

“My movements were within inside the house only. I was even too scared to go out to cut the grass!”

Their movements were limited and restricted to buying groceries locally or going for medical follow-ups. Some did go out to work but even that was reduced to only a few days per week. Many spoke about missing the enjoyment of their usual social activities such as going out with friends, social events and visiting family members. One participant revealed how she really

missed the dance outings. While another participant explained that the social events e.g. beauty pageants, talent and fashion shows, were also a source of income, as she was the event planner.

“Before lockdown, I used to see friends especially at weekends. Now, nothing... only on WhatsApp. That's it.”

Yet, two participants commented on how the lockdown was somewhat agreeable with them because they preferred to be left alone and live in isolation. There was no mention of more than usual stigma and discrimination among the TW when they were in public during the lockdown.

#### **Theme 4: Family was a main concern during lockdown**

All participants mentioned the importance of family bond during the lockdown period especially with their parent(s). Almost all but one, have positive relationships or have had reconciliations (after falling out as the result of being TW) with their parent(s). Seven participants could not physically see their family due to travel restrictions (travelling beyond 10km without appropriate permission from the police was prohibited).

“Aaa..couldn't go back. I just video called everyone. I cried, my mum cried. I called them a lot.”

Nonetheless, they would keep in touch through phone calls and social media platforms. One participant commented on how she would always ensure she had a lot of credit on her prepaid mobile phone. The notion of staying in touch with the family was evidently very important for almost all participants. The issue was also made worse as they could not go back to their parents' homes during *Ramadhan* (fasting month) and the *Eid* festival.

“I always keep in touch even though I couldn't go home during raya (Eid festival). I would call my parents.”

Four participants expressed concerns about the responsibilities and hardship of looking after their parent(s), especially as some of them were unwell, during the lockdown period. One participant shared her painful experience of being unable to care for her father who was admitted to a ward in a hospital and later died without any family members around.

#### **Theme 5: Transgender community as a source of support**

This was a common theme from all 11 interviews. The TW in this state have a robust local network among themselves and they tried to look after each other during the pandemic and lockdown period. They called this network 'our community'. The community also includes some local female sex workers and gay men. They kept in touch with each other through phone calls and social media applications, and sometimes visited those who lived nearby. The community checked up on each other within this circle and highlighted those who required assistance. An appointed leader for this network (a local outreach worker) would lead fundraising initiatives by contacting the local politician's office, the *Baitulmal* (a Muslim charity system), and other sources. Financial aids and food baskets were distributed to those in need including for female

sex workers who are in this circle. Keeping in touch with the 'community' was also vital for boosting morale during the lockdown.

“Their (transgender community) moral support is more important than financial support. We can always earn money somehow.”

“I hate asking for help from the authorities, I often get rejected. I would go to her (a transgender community rep) and she knows how to get help.”

Several participants commented on how they felt uncomfortable in seeking help directly from official channels and would rather interact with the community for help. This is due to the stigma and discrimination experienced in the past. The community was a great source of moral support during these testing times. One participant valued the moral support she got from the community more than financial aid.

#### **Theme 6: *Concerns about own health***

In this group of primarily middle-aged TW, they expressed concerns regarding their own health during the lockdown. More than half of them have some form of chronic illnesses. They were aware that having chronic illnesses may predispose them to COVID-19 infection.

“I have chronic illness (heart disease), so I stayed at home, as not to provoke it (arrythmias)”

“I was able to get my medications. The consultation time was very short, though.”

Keeping up with medical follow-ups during the lockdown and having enough medications was important. They were able to do this during the lockdown but with minimal consultation time and longer follow-up appointments. A couple of respondents mentioned about keeping the stress level down as not to aggravate their health.

## **DISCUSSION**

The COVID-19 pandemic, particularly the lockdown during the first wave impacted all walks of life in Malaysia. Many, especially those in the private sector, experienced reduced or loss of income and/or jobs. The severely restricted lifestyle and new norms were challenging to adapt to. To minimise the economic impact, the Malaysian government had injected MYR250 billion worth of financial stimulus and aid packages to lessen the burden of those affected by the pandemic (Md Shah et al., 2020). The prevalence of stress, anxiety and depression among general adults in Malaysia during the lockdown was high (Perveen et al., 2020). The TW were undoubtedly also affected by the pandemic. The lockdown and stay-at-home regulation resulted in changes in their lifestyles and day-to-day activities. This study highlights the psychosocial difficulties of the TW group during the lockdown; hence, stakeholders can facilitate support in various forms, to this understudied group who are mostly at the lower income level.



### **Psycho-social impact of COVID-19 Pandemic and Lockdown**

The TW expressed a high level of stress, with some signs of depression, during the lockdown period. However, none of them expressed suicidal ideation. There were multiple reasons for these negative emotions; particularly fear of the pandemic, financial and food insecurities, isolation and reduced physical interaction with family and friends. Similarly, in India, transgender communities struggled to cope financially, mentally, or physically with the pandemic (Pandya & Redcay, 2022), and were even marginalised further than before (Banerjee & Rao, 2021). In Australia, unemployment among trans people during the pandemic were at all time high (22.4%) and nearly half of the surveyed respondents reported thoughts of self-harm or suicide (Zwickl et al., 2021). The participants in our study did not indicate a such high level of depression due to some positive coping mechanisms such as positive viewing of the adversity through a religious perspective e.g. *redha* which is a form of acceptance. Notably, the TW community serve as a holistic source of support, where the TW individuals receive emotional, physical, financial and religious support. Studies from the US show higher psychological distress with a perceived reduction in LGBTQ community support and being connected to the community lowers the impact of stigmatisation, depression and suicidality [14].

A meta-analysis reveals a significant deterioration of mental health in the general population during the COVID-19 pandemic (Schäfer et al., 2020). Fear, stress, and anxiety due to the pandemic or its impact on life, may eventually lead to clinical depression (Rodríguez-Hidalgo et al., 2020). It is essential to reach out to the transgender community as they are less likely to seek care especially psychological help, due to stigma and discrimination. Severe stress may lead to negative coping mechanisms such as the use of illicit drugs and other risky behaviours. This was not apparent from the TW in the current study. They displayed positive coping mechanism and valued the moral support that they received from their community.

### **Finding strength in each other during the pandemic**

The restricted movement and stay-at-home ruling resulted in social isolation for the TW. This group of mostly middle-aged TW missed physical gatherings with family and friends. With the reduction of income or loss of jobs, the TW were highly stressed during the lockdown. Having a local TW community to lean on, really alleviated many of the challenges. Keeping in touch through phone calls and social media boosted their morale and reduced loneliness. Social support can be classified as emotional support, instrumental support and informational support (Cyranowski et al., 2013). Members of this circle had a sense of belonging and source of helpline. Affected members could channel their concerns to the proactive community leader who would then communicate with relevant authorities. Government and non-governmental organizations should explore engaging the local TW representatives more if they want to reach out to this vulnerable community.

In the recent two decades, the self-empowerment of the transgender community in Malaysia is growing by forming legal and non-legal alliances (Barmania & Aljunid, 2017). There are several transgender or LGBTQ organizations that fight for the rights of TW in this country. Although most of these organizations thrives in the capital city Kuala Lumpur, several smaller pockets of

informal TW communities exist in other states and cities, such as in this study. These networks are proven to be valuable for the local TW during these trying times. In Thailand and India, a few transgender groups have gone a step further and organized transgender led, community-based interventions. They provided assistance to TW affected by the pandemic, as well as to other local public members (UNAIDS, 2021).

### **Stigma and Discrimination during COVID-19**

The TW in our study did not report facing any more-than-usual stigma and discrimination during the lockdown period. It is possible that there were less people out and about during lockdown and the TW were very familiar with their local scene. They also spent very little time outside home during the pandemic. Former bad experiences had discouraged some TW from seeking help from official channels. They relied on and preferred help from within the TW community and their families. In Bangladesh, there is evidence of heightened stigma and discrimination on TW or *hijras*, during the pandemic (Sifat, 2020). In Peru, before the government revoked the gender-segregated outing days, the transgender community faced increased intimidation and violence as they were forced to go out in public during men-only days (Perez-Brumer & Silva-Santisteban, 2020).

### **Impact of COVID-19 Pandemic and Lockdown on Healthcare**

Trans women may be reluctant to visit health clinics due to stigma and discrimination by some healthcare workers (Chatterjee et al., 2020; The Human Rights Commission of Malaysia, 2019). In our study, those with chronic diseases including HIV, could continue their medical appointments and medications during the lockdown. Appointments were made less frequent for everyone in order to reduce visits to clinics or hospitals, but health authorities ensured that the medication supply was adequate. Malaysia provides universal healthcare for all its citizens by subsidising healthcare through its public facilities. Therefore, the TW were not financially affected for their primary healthcare needs during the pandemic. The local healthcare facilities in this state also provide drive-through pharmacies which facilitate faster and non-contact collection of medicine. Also, having an active TW representative at the local HIV screening and prevention clinic, improves access of the TW community to healthcare services.

### **Study Limitations**

There are several limitations to this study. It focuses only on Malay trans women in one particular state in Malaysia. Most of the participants were middle-aged and may not represent younger TW's experience during the lockdown. The snowballing sampling inclined to gather TW from the same circle of friends and may be representative of all TW in that state. The in-depth interview required the participants to recollect their experience during pandemic's first wave, which may lead to recall bias. As the pandemic continues, the challenges and struggles may differ and in need of further investigation. Nonetheless, this study provides valuable information of this special group's psychosocial impact at a difficult time during the initial COVID-19 lockdown in Malaysia. The findings of this study indicate the key points to facilitate assistance for this understudied group.

## CONCLUSION

The COVID-19 pandemic and lockdown imposed psychosocial challenges impacting Malay trans women in a southern state in Malaysia. Although the impact of the lockdown can be viewed as similar to the general public, the TW in this state had a unique coping mechanism in facing these trials. Being in a local transgender circle provided moral support, relieved loneliness, and offered some solutions for financial stress. This unique network could be studied and utilised further to improve the delivery of healthcare and other aspects of TW's lives. More efforts are needed to ensure that this vulnerable group is not marginalised, especially during times of crises.

---

## Acknowledgement

This study was funded by 'COVID-19 Grant' from Universiti Sains Islam Malaysia (USIM) and approved by USIM Ethics Research Committee. The authors would like to thank the university, the participants who participated in this study, and to Miss Nur Iman Atiqah Basree and Dr Syahida Zulkiple for their assistance. The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

---

## References

- Banerjee, D., & Rao, T. S. S. (2021). "The Graying Minority": Lived Experiences and Psychosocial Challenges of Older Transgender Adults During the COVID-19 Pandemic in India, A Qualitative Exploration. *Frontiers in Psychiatry*, 11(January), 1–12. <https://doi.org/10.3389/fpsy.2020.604472>
- Barmania, S., & Aljunid, S. M. (2017). Transgender women in Malaysia, in the context of HIV and Islam: a qualitative study of stakeholders' perceptions. *BMC International Health and Human Rights*, 17(1), 30. <https://doi.org/10.1186/s12914-017-0138-y>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2013). *Successful Qualitative Research: A Practical Guide for Beginners*. SAGE Publications Ltd.
- Chatterjee, S., Biswas, P., & Guria, R. T. (2020). LGBTQ care at the time of COVID-19. *Diabetes & Metabolic Syndrome: Clinical Research & Reviews*, 14(6), 1757–1758. <https://doi.org/10.1016/j.dsx.2020.09.001>
- Cristancho, S., Goldszmidt, M., Lingard, L., & Watling, C. (2018). Qualitative research essentials for medical education. *Singapore Medical Journal*, 59(12), 622–627. <https://doi.org/10.11622/smedj.2018093>
- Cyranowski, J. M., Zill, N., Bode, R., Butt, Z., Kelly, M. A. R., Pilkonis, P. A., Salsman, J. M., & Cella, D. (2013). Assessing social support, companionship, and distress: National Institute of Health (NIH) Toolbox Adult Social Relationship Scales. *Health Psychology*, 32(3), 293–301. <https://doi.org/10.1037/a0028586>
- Drabble, L. A., & Eliason, M. J. (2021). Introduction to Special Issue: Impacts of the COVID-19 Pandemic on LGBTQ+ Health and Well-Being. *Journal of Homosexuality*, 68(4), 545–559. <https://doi.org/10.1080/00918369.2020.1868182>

- Gibson, B. A., Brown, S.-E., Rutledge, R., Wickersham, J. A., Kamarulzaman, A., & Altice, F. L. (2016a). Gender identity, healthcare access, and risk reduction among Malaysia's mak nyah community. *Global Public Health, 11*(7–8), 1010–1025. <https://doi.org/10.1080/17441692.2015.1134614>
- Gibson, B. A., Brown, S.-E., Rutledge, R., Wickersham, J. A., Kamarulzaman, A., & Altice, F. L. (2016b). Gender identity, healthcare access, and risk reduction among Malaysia's mak nyah community. *Global Public Health, 11*(7–8), 1010–1025. <https://doi.org/10.1080/17441692.2015.1134614>
- Goh, J. N., & Kananatu, T. (2019). Mak nyahs and the dismantling of dehumanisation: Framing empowerment strategies of Malaysian male-to-female transsexuals in the 2000s. *Sexualities, 22*(1–2), 114–130. <https://doi.org/10.1177/1363460717740256>
- Kidd, J. D., Jackman, K. B., Barucco, R., Dworkin, J. D., Dolezal, C., Navalta, T. V., Belloir, J., & Bockting, W. O. (2021). Understanding the Impact of the COVID-19 Pandemic on the Mental Health of Transgender and Gender Nonbinary Individuals Engaged in a Longitudinal Cohort Study. *Journal of Homosexuality, 68*(4), 592–611. <https://doi.org/10.1080/00918369.2020.1868185>
- Md Shah, A. U., Safri, S. N. A., Thevadas, R., Noordin, N. K., Rahman, A. A., Sekawi, Z., Ideris, A., & Sultan, M. T. H. (2020). COVID-19 outbreak in Malaysia: Actions taken by the Malaysian government. *International Journal of Infectious Diseases, 97*, 108–116. <https://doi.org/10.1016/j.ijid.2020.05.093>
- Ministry of Health Malaysia. (2018). *2018 Size Estimation of Key Population in Malaysia*.
- Ministry of Health Malaysia. (2019). *Integrated Biological and Behavioral Surveillance Survey 2017*.
- Muzafar Shah Habibullah, Mohd Yusof Saari, Sugiharso Safuan, Badariah Haji Din, & Anuar Shah Bali Mahomed. (2021). Loss of Employment, Lockdown Measures and Government Responses in Malaysia during the Covid-19 Pandemic: A Note. *International Journal of Business and Society, 22*(3), 1525–1549. <https://doi.org/10.33736/ijbs.4320.2021>
- Padgett, D. K. (2017). Qualitative Methods in Social Work Research. In *SAGE Sourcebooks for the Human Services* (p. 352).
- Pandya, A., & Redcay, A. (2022). Impact of COVID-19 on Transgender Women and Hijra: Insights from Gujarat, India. *Journal of Human Rights and Social Work, 7*(2), 148–157. <https://doi.org/10.1007/s41134-021-00184-y>
- Perez-Brumer, A., & Silva-Santisteban, A. (2020). COVID-19 Policies can Perpetuate Violence Against Transgender Communities: Insights from Peru. *AIDS and Behavior, 24*(9), 2477–2479. <https://doi.org/10.1007/s10461-020-02889-z>
- Perveen, A., Hamzah, H., Ramlee, F., Othman, A., Minhad, M., & Motevalli, S. (2020). Perception towards COVID-19 Pandemic and Psychological Impact among Malaysian Adults during Movement Control Order. *Journal of Critical Reviews, 7*(18), 653–660. <https://doi.org/10.31838/jcr.07.18.90>
- Rodríguez-Hidalgo, A. J., Pantaleón, Y., Dios, I., & Falla, D. (2020). Fear of COVID-19, Stress, and Anxiety in University Undergraduate Students: A Predictive Model for Depression. *Frontiers in Psychology, 11*(November). <https://doi.org/10.3389/fpsyg.2020.591797>
- Salerno, J. P., Devadas, J., Pease, M., Nketia, B., & Fish, J. N. (2020). Sexual and Gender Minority Stress Amid the COVID-19 Pandemic: Implications for LGBTQ Young Persons' Mental Health and Well-Being. *Public Health Reports, 135*(6), 721–727. <https://doi.org/10.1177/0033354920954511>
- Schäfer, S. K., Sopp, M. R., Schanz, C. G., Staginnus, M., Göritz, A. S., & Michael, T. (2020). Impact of COVID-19 on Public Mental Health and the Buffering Effect of a Sense of Coherence. *Psychotherapy and Psychosomatics, 89*(6), 386–392. <https://doi.org/10.1159/000510752>
- Sifat, R. I. (2020). COVID-19 and mental health challenges among the hijra people in Bangladesh. *International Journal of Social Psychiatry, 002076402097868*. <https://doi.org/10.1177/0020764020978684>

- Sugyanta Priyadarshini, & Sukanta Chandra Swain. (2020). Impact of COVID-19 on the Socioeconomic life and Psychology of Transgenders: Insights from India. *International Journal of Research in Pharmaceutical Sciences*, 11(SPL1), 126–132. <https://doi.org/10.26452/ijrps.v11iSPL1.2286>
- Teh, Y. K. (2008). HIV-related needs for safety among male-to-female transsexuals ( mak nyah ) in Malaysia. *SAHARA-J: Journal of Social Aspects of HIV/AIDS*, 5(4), 178–185. <https://doi.org/10.1080/17290376.2008.9724917>
- The Human Rights Commission of Malaysia. (2019). Study on Discrimination Against Transgender Persons Based in Kuala Lumpur and Selangor. In *The Human Rights Commission of Malaysia (SUHAKAM)* (1st Ed, Vol. 53, Issue 9). Human Rights Commission of Malaysia 11th.
- UNAIDS. (2021). *Transgender communities in Asia and the Pacific respond to COVID-19 through activism.* [https://www.unaids.org/en/resources/presscentre/featurestories/2021/march/20210330\\_transgender-communities-asia-pacific](https://www.unaids.org/en/resources/presscentre/featurestories/2021/march/20210330_transgender-communities-asia-pacific)
- Zwickl, S., Angus, L. M., Qi, A. W. F., Ginger, A., Eshin, K., Cook, T., Leemaqz, S. Y., Dowers, E., Zajac, J. D., & Cheung, A. S. (2021). The impact of the first three months of the COVID-19 pandemic on the Australian trans community. *International Journal of Transgender Health*, 0(0), 1–11. <https://doi.org/10.1080/26895269.2021.1890659>