



Lesbian, Gay, Bisexual, Transgender, Intersex People Residing on Blue Diamond Society of Dhumbarahi, Kathmandu, Nepal: A Social Life Perspective

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Authors' contributions

This work was carried out in collaboration among all authors. Author SS designed the study, author MD performed the statistical analysis, wrote the protocol and wrote the first draft of the manuscript.

Author KB designed the study and managed the analyses of the study. Author BB managed the literature searches, author SR managed data collection, literature search and assisted in protocol writing. All authors read and approved the final manuscript.

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ABSTRACT

Background: Sex refers to biological and physical characteristics that are linked with labeled male or female. Transgender refers to a person whose sense of personal identity and gender does not correspond with their birth sex.

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Objectives: The objective of the study was to determine the social life of LGBTI living at blue diamond society.

Methodology: A descriptive cross-sectional study design was adopted among 188 respondents living at Blue diamond society Dhumbarahi, Kathmandu. Non-probability, purposive sampling technique and structured interview were used for data collection. Data was analyzed by using SPSS version 16 and percentage was calculated and presented in tables.

Results: Among 188 respondents, 28.2% were transgender male, 28.7% were transgender female, 22.9% were gay and 20.2% were lesbian, all (100%) of the respondents have difficulty walking outside the society, all(100%) of the respondent have difficult to adjust beside their own society and all(100%) of the respondents do not have job opportunity in the society.

Conclusion: The above results concluded that further studies on various topics related to LGBTI are needed to conduct for improvement of social life of LGBTI.

Keywords: LGBTI; social life; transgender; Blue Diamond Society; Nepal.

1. INTRODUCTION

When discussing the term “Transgender”, it is useful to begin by examining the concept of gender. We begin by separating sex from gender. Infrequently, the term transgender is defined very broadly to include cross-dressers, regardless of their gender identity [1].

In 2015, the national center for Transgender Equality conducted a National Transgender Discrimination Survey. Of the 27,715 transgender and non-binary people who took the survey, 21% said the term “queer” best described their sexual orientation, 18% said “gay”, “lesbian” or “same-gender-loving” 15% said “straight”, 14% said “bisexual”, and 10% said “asexual”. This includes transsexual, cross-dressers and people who feel like their biological sex fails to reflect their true gender. In Nepal, the Nepalese constitution recognizes LGBTI rights as fundamental rights. Nepal’s current LGBTI laws are some of the most open in the world and expand upon a magnitude of rights for LGBT Nepalese. It is legal since 2007. LGBTI people in Nepal politically based and provide assistance with sexual health in the community [2,3].

Nepal’s Interim Constitution 2007 prohibits all type of discrimination to every citizen regarding gender, ethnicity, caste and religion. It was a landmark decision of Nepal’s Supreme Court decided on 21st December, 2007 regarding sexual minorities in Nepal. It protects almost all the primary Human Rights of third gender. This principle clearly asserted the need for law to protect all the universal human rights such as the right to equality and non discrimination, right to life, right to education/health/right to privacy, right to freedom and so on. The court has ordered the government to provide citizenship according to gender identity. On one hand, the state has given

these rights to every citizen, but on the other hand, Nepalese citizens must still battle for some of these fundamental human rights – especially freedom from discrimination based on gender identity. Third gender people, those who have according to opposite gender roles than that which was identified at birth have been going through such hard situations. Their true identity as third gender person is ignored by family, society and state [4,5].

Transgender persons suffer significant health disparities in multiple areas. Real or perceived stigma and discrimination within biomedicine and the health care provision in general may impact transgender people’s desire and ability to access appropriate care. Transgender women (male to female) are internationally recognized as a population group that carries a disproportionate burden of HIV infection, with a worldwide HIV prevalence of 20% [6,7].

Few studies have examined the issues faced by lesbian, gay, bisexual and Transgender (LGBT)-prevented families in relation to their access to and satisfaction with health care services for their Children. It is thought that LGBTI individuals have experienced negative interactions with the health care environment. Four studies that met the inclusion criteria were identified. Studies show that while the experience of LGBTI parents seeking health care was largely positive, strategies need to be implemented to improve the quality of health care services for LGBT families and ensure that their needs are met [8]. Thus, our study tries to access the social life of LGBTI.

2. METHODS

The research design selected for the study was descriptive, cross-sectional survey design to

assess the social life of LGBTI. Population comprised of 188 purposively selected LGBTI at Blue Diamond Society, Dhumbarahi, Kathmandu, Nepal. The tool used for data collection was structured questionnaire to assess social life of LGBTI. Section 1 contained Socio-demographic questions and Section 2 contained Questions related to social life of LGBTI.

The data collection was done among all the population residing in that place during the period of data collection, after stating the purpose of the study and formal administrative approval obtained from the concerned authority as well as written consent from the respondent. The participants were ensured confidentiality of information and the questionnaire was filled by face to face interview technique. The collected data was entered on SPSS version 20. Frequency tables and percentage was calculated for further descriptive analysis.

3. RESULTS

Table 1 illustrates that, most (39.9%) of the respondents were between 20-25 years. Majorities (79.9%) were literate and majorities (87.2%) were hindu. Likewise (28.2%) were transgender male, (28.7%) were transgender female, (22.9%) were gay and (20.2%) were lesbian. One-third (36.7%) of the respondents were chhetri and more than fifty percent (67.6%) of the respondent's income status were sufficient for 1 month.

Table 2 illustrates that, one third (30.3%) of the respondent were concerned about their health because of fear of getting HIV, one third (27.2%) of the respondents were worried for not getting access to health care and (4.8%) used alcohol to cope with issues regarding gender, all (100%) of the respondents visited hospitals if they had health problem, all (100%) of the respondent faced that they do not have health facility in the hospital, all (100%) of the respondents did not feel differences in the health facility between LGBTI and other people.

Table 3 illustrates that, all (100%) of the respondents had difficulty walking outside the society, almost all (98.4%) could make friends easily in the society and (100%) of the respondent have difficult to adjust beside their own society, all (100%) of the respondents are happy with how people appreciate them as they

are and 26.6% of the respondents feel difficult to cope with the family members.

Table 1. Socio-demographic information of the respondents,

| n = 188 | | |
|-------------------------------|---------------|----------------|
| Socio-demographic information | Frequency (n) | Percentage (%) |
| Age(years) | | |
| 15-20 | 51 | 27.1 |
| 20-25 | 75 | 39.9 |
| 25-30 | 41 | 21.8 |
| Above 30 | 21 | 11.25 |
| Types of transgender | | |
| Transgender male | 53 | 28.2 |
| Transgender female | 54 | 28.7 |
| Gay | 43 | 22.9 |
| Lesbian | 38 | 20.2 |
| Educational status | | |
| Literate | 150 | 79.8 |
| Illiterate | 38 | 20.2 |
| If literate | | |
| Primary | 74 | 39.4 |
| Secondary | 42 | 22.3 |
| Higher secondary | 28 | 14.9 |
| Bachelor | 6 | 3.2 |
| Caste | | |
| Bhramin | 30 | 16.0 |
| Chhetri | 69 | 36.7 |
| Newar | 22 | 11.7 |
| Kirat | 10 | 5.3 |
| Other | 29 | 15.4 |
| Tamang | 22 | 11.7 |
| Magar | 6 | 3.2 |
| Economic status | | |
| Sufficient for 1 month | 127 | 67.6 |
| Insufficient for 1 month | 61 | 32.4 |

Table 4 illustrates that, about (60.6%) of the respondents accept that Blue diamond society helps them to change their image. Similarly, more than fifty percent (51.6%) of the respondent can afford to use expenses on their own and around fifty percentage, all (100%) of the respondents do not have job opportunity in the society, one third of the respondents (38.8%) are not happy with the implemented laws.

Table 2. Health and health facilities provided to LGBTI

| n=188 | | |
|--|----------------------|-----------------------|
| Questions regarding health facilities | Frequency (n) | Percentage (%) |
| Concerned about health | | |
| Yes | 57 | 30.3 |
| No | 131 | 69.7 |
| If yes, | | |
| Fear of getting HIV | 57 | 30.3 |
| Worried that you might not get access to health care | | |
| Yes | 52 | 27.2 |
| No | 136 | 72.3 |
| Use drugs to cope with any societal issues regarding gender | | |
| Yes | 9 | 4.8 |
| No | 179 | 95.3 |
| If yes, | | |
| Alcohol | 9 | 4.8 |
| Visiting hospitals while having health problems | | |
| Yes | 188 | 100 |
| Health facility in the hospital | | |
| No | 188 | 100 |
| Get free health services in the hospital | | |
| No | 188 | 100 |
| Differences in the health facility between LGBTI and other people | | |
| No | 188 | 100 |

Table 3. Problems faced by LGBTI

| n=188 | | |
|--|----------------------|-----------------------|
| Problems faced by LGBTI | Frequency (n) | Percentage (%) |
| Difficulty walking outside the society | | |
| Yes | 188 | 100 |
| If yes, | | |
| Due to gender identity | 188 | 100 |
| Making friends easily in the society | | |
| Yes | 185 | 98.4 |
| No | 3 | 1.6 |
| Difficult to adjust beside your society | | |
| Yes | 188 | 100 |
| If yes, | | |
| Due to gender identity | 188 | 100 |
| Happy with how people appreciate you as you are | | |
| Yes | 188 | 100 |
| Difficult to cope with the family members | | |
| Yes | 50 | 26.6 |
| No | 138 | 73.4 |
| If yes, | | |
| Due to gender identity | 50 | 26.6 |

4. DISCUSSION

The objectives of this study was to determine the social life of lesbian, gay, bisexual, transgender and intersex of the selected organization of the Kathmandu valley.

In this study, 28.2% were Transgender male, 28.7% were Transgender female, 22.9% were gay and 20.2% were lesbian. Whereas, in the study conducted by the national center for Transgender Equality (Healthcare article 2015) 18% were gay, lesbian or same-gender-loving,

Table 4. Laws and opportunity provided to LGBTI to upgrade their self image

| n=188 | | |
|--|----------------------|-----------------------|
| Laws and opportunity provided to LGBTI | Frequency (n) | Percentage (%) |
| Working in the Blue Diamond society has helped you to change your image | | |
| Yes | 114 | 60.6 |
| No | 74 | 39.4 |
| If yes, | | |
| Helps to understand self as what we are | 114 | 60.6 |
| Afford to use expenses on your own | | |
| Yes | 91 | 48.4 |
| No | 97 | 51.6 |
| If yes, | | |
| Working in the Blue Diamond society | 91 | 48.4 |
| Job opportunity in the society | | |
| No | 188 | 100 |
| If no, | | |
| Due to gender identity | 188 | 100 |
| Happy with the gender identity implemented laws in Nepal | | |
| Yes | 155 | 61.2 |
| No | 73 | 38.8 |
| If no, | | |
| Not implemented yet | 73 | 38.8 |

15% were straight, 14% were bisexual and 10% were asexual [9].

In this study, one third (27.2%) of the respondents were worried for not getting access to healthcare, Whereas in the study conducted by Colpitts on 2016 shows different ways in which transgender maintain their own health and wellness across the life course [10].

In this study all (100%) of the respondents do not feel differences in the health facility between LGBTI and other people. Whereas, the result is contrast to the study conducted by Walker RV on 2017 where study was done on Transgender and Gender Non-Conforming (TGNC) persons who have routinely experienced high rates of violence and discrimination while seeking healthcare [11]. Also, a large LGBT health care survey revealed that 56% of gay patients and 70% of Transgender suffered some type of discrimination while seeking healthcare [12].

In this study, it is found that 73.4% of the respondents have difficulty coping with the family members. This result is also consistent with the study conducted by Ramakrishna J on 2016 which shows gender-based Victimization, discrimination, bullying, violence, being rejected by the family friends and community [13].

In this study 4.8% of the respondents use alcohol to cope with any societal issues regarding gender similarly a US sample of 1093 transgender persons also use alcohol or drug to cope with mistreatment, and 41% report having attempted suicide [14].

5. CONCLUSIONS

The above results concluded that interventional studies on this topic are needed to conduct for improvement of social life of LGBTI. Awareness programme should be conducted in the society and through the media as well. It is important that future health research taken an intersectional, strengths-based perspective in an effort to highlight the factors that promote LGBTI health and wellness across the life course while taking into account the social determinants of health.

CONSENT

Written consent was obtained from the respondent for this study.

ETHICAL APPROVAL

The study was approved by the Department of Research and Development, Asian College for Advance Studies, Purbanchal University, Nepal.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

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