

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

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.

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,

26 INTRODUCTION

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

30 In 2015, the national center for Transgender Equality conducted a National Transgender
31 Discrimination Survey. Of the 27,715 transgender and non-binary people who took the survey,
32 21% said the term “queer” best described their sexual orientation, 18% said “gay”, “lesbian” or
33 “same-gender-loving” 15% said “straight”, 14% said “bisexual”, and 10% said “asexual”. This
34 includes transsexual, cross-dressers and people who feel like their biological sex fails to reflect
35 their true gender. In Nepal, the Nepalese constitution recognizes LGBTI rights as fundamental
36 rights. Nepal’s current LGBTI laws are some of the most open in the world and expand upon a
37 magnitude of rights for LGBT Nepalese. It is legal since 2007. LGBTI people in Nepal
38 politically based and provide assistance with sexual health in the community.^[2, 3]

39 Nepal’s Interim Constitution 2007 prohibits all type of discrimination to every citizen regarding
40 gender, ethnicity, caste and religion. It was a landmark decision of Nepal’s Supreme Court
41 decided on 21st December, 2007 regarding sexual minorities in Nepal. It protects almost all the
42 primary Human Rights of third gender. This principle clearly asserted the need for law to protect
43 all the universal human rights such as the right to equality and non discrimination, right to life,
44 right to education/health/right to privacy, right to freedom and so on. The court has ordered the
45 government to provide citizenship according to gender identity. On one hand, the state has given
46 these rights to every citizen, but on the other hand, Nepalese citizens must still battle for some of
47 these fundamental human rights – especially freedom from discrimination based on gender
48 identity. Third gender people, those who have according to opposite gender roles than that which
49 was identified at birth have been going through such hard situations. Their true identity as third
50 gender person is ignored by family, society and state.^[4, 5]

51 Transgender persons suffer significant health disparities in multiple areas. Real or perceived
52 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.

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.

Results

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
<i>If literate</i>		
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

78

79 Table 1 Illustrates that, most (39.9%) of the respondents were between 20-25 years. Majority

80 (79.9%) were literate and majority (87.2%) were hindu. Likewise (28.2%) were transgender

81 male, (28.7%) were transgender female, (22.9%) were gay and (20.2%) were lesbian. One-

82 third(36.7%) of the respondents were chhetri and more than fifty percent (67.6%) of the

83 respondent's income status were **sufficient** for 1 month.

84 **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

85

86 Table 2 Illustrates that, one third (30.3%) of the respondent were concerned about their health

87 because of fear of getting HIV, one third (27.2%) of the respondents were worried for not getting

88 access to health care and (4.8%)used alcohol to cope with issues regarding gender, all(100%) of

89 the respondents visited hospitals if they had health problem, all (100%) of the respondent faced

90 that they do not have health facility in the hospital, all (100%) of the respondents did not feel

91 differences in the health facility between LGBTI and other people.

92 **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

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 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

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.

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, 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]

5.2 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.

Conflict of Interest: None declared

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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