Importance of Health and Social Care Research into Gender and Sexual Minority Populations in Nepal

Pramod R. Regmi and Edwin van Teijlingen

Abstract

Despite progressive legislative developments and increased visibility of sexual and gender minority populations in the general population, mass media often report that this population face a wide range of discrimination and inequalities. LGBT (lesbian, gay, and bisexual, and transgender) populations have not been considered as priority research populations in Nepal. Research in other geographical settings has shown an increased risk of poor mental health, violence, and suicide and higher rates of smoking, as well as alcohol and drugs use among LGBT populations. They are also risk for lifestyle-related illness such as cancer, diabetes, and heart diseases. Currently, in Nepal, there is a lack of understanding of health and well-being, social exclusion, stigma, and discrimination as experienced by these populations. Good-quality public health research can help design and implement targeted interventions to the sexual and gender minority populations of Nepal.

Keywords: gender and sexual minority, stigma, LGBT, culture, South Asia

The new 2015 Constitution of Nepal has enshrined the rights of all people (Articles 12, 18, and 42) irrespective of their gender and sexual identity. Article 18 ensures the right of people who are part of a sexual minority as equal to other disadvantaged groups such as people with disability, indigenous communities and, interestingly, pregnant women among many other socially and culturally disadvantaged groups.[1] This is not a new development, the Supreme Court of Nepal in 2007 defined specific rights including antidiscrimination, of those in a same-sex marriage from the lesbian, gay, bisexual, and transgender (LGBTs) background.[2] Nepal officially recognizes the concept of "third gender" and issues national documents such as citizenship cards and passports under 3 gender categories "male," "female," and "other."

Having a different sexual identity in Nepal and other South Asian societies is often associated with "shame," views largely driven by family expectations of heterosexual marriage and childbearing.[3] Nepal is a largely patriarchal society[4] and diverse sexual orientations are still not accepted by many ordinary peoples, even though there are literature references to the presence of individuals of diverse genders and sexualities in Nepal that go back centuries.[2] Unlike countries where nonheterosexual relationships are prohibited and

punishable,[5] discrimination from religious groups in Nepal where more than 90% of the population is either Hindu or Buddhist[6] is minimal.

Despite progressive legislative developments and generally increased visibility and awareness of the existence of LGBT populations in Nepal, the mass media often report the harassments, discriminations, and inequalities faced by these populations in their daily lives. LGBT populations have not been considered as priority for research. Consequently, there is a lack of evidence to help design targeted interventions. A few existing studies particularly focused on behavior and disease prevalence[7,8] of men who have sex with men (MSM) due to their high-risk sexual behavior and high prevalence of HIV.[9] The current HIV research agenda of Nepal prioritizes research mainly on MSM and transgender persons.[10] There is a need for further research on this and other sexual and gender minority groups.

Previous research with LGBT (largely with non-heterosexual men and women) population in other parts of the world have shown an increased risk of poor mental health,[11,12] violence,[13] and suicide[12,14] among these populations. In a recent study among MSM (n = 339) in Nepal, Deuba et al[15] reported a high prevalence of violence (70%), depression (61%), and suicidal thoughts (47%). International studies have also found higher mortality rates among men and women in same sex relationships[16] and a higher prevalence of disability among LGBT,[17] suggesting that these populations may need special attention.

Research in other settings has reported higher rates of tobacco, alcohol, and drugs use among LGBT populations.[12,18,19] More research is needed on the reasons for these lifestyle behaviors. Perhaps, these populations consider these habits as a "coping strategy" for their stress, anxiety, harassment, and discrimination, which come from family member, peers, and society. These lifestyle behaviors are not only likely to increase the risk of preventable ill health such as cancer, coronary heart disease, and diabetes,[11,19] but they also pose a higher risk of sexually transmitted infections,[19,20] including HIV.[21,22]

Nepal's LGBTs' experience and barriers for it while seeking and attending health care centers, schools, and other sociocultural activities and what the barriers and obstacles are to such institutions and activities are still unknown. However, a study involving a national sample of MSM attending UK genitourinary medicine (GUM) clinics found that South Asian MSM were more likely to report a reluctance in visiting sexual health clinics as they were worried about being found out by family and peers that they had engaged in same-sex relationships.[23] There is a need for further research to determine if this is the case in Nepal.

Against this backdrop, it is very important to fill the current gap in our knowledge regarding LGBTs' sexual behavior, health-seeking behavior, mental health, well-being, and social care. Understanding health and well-being, social exclusion, stigma, and discrimination within Nepal's LGBT population would help design culturally appropriate targeted interventions to these socially disadvantaged population groups.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

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