Situation Analysis of

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)

in the Context of LGBTIQ Community in Nepal

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FOREWORD

Sexual and Gender minorities experience various forms of violence mainly because of their sexual orientation and Gender identity. Violence against LGBT persons is particularly in the form of societal stigmatization, homophobic violence and discrimination which impacts access to sexual and reproductive health right (SRHR) services.

The Constitution of Nepal has ensured the provision of basic health rights to every citizen. Everyone has the right to information and education regarding sexual and reproductive health rights. Although the constitution provides for the right to reproductive health under women's rights, it does not explicitly address the issues of diversity within women, especially the sexual rights of lesbian, bisexual and transgender person.

The limited access of LGBT persons to SRHR as well as HIV and AIDS services obstructs the realisation of their human rights. The key rights affected are the right to a standard of living adequate for health and wellbeing; the right to health and reproductive health; the right to equal treatment and non-discrimination; the right to a family; the right to life and to dignity and personal integrity; the right to privacy and the right to freedom of expression, association, participation and assembly. The LGBT community is also 'left out' of policies, contrary to the principle underlying the Sustainable Development Goals, of 'leaving no one behind'.

In addition, due to lack of information on the part of healthcare providers themselves, the community is deprived of access to healthcare and facilities in many cases. They are discriminated or mistreated by the health care providers when they get health treatment.

When talking about sexual and reproductive health rights, only safe motherhood, pregnancy and menstruation are discussed. The law does not address the need of sexual and reproductive health issues of sexual and

gender minorities. There is a lack of information about sexual and reproductive health and rights in the community and the general public as well as among various stakeholders.

Therefore, this situation analysis of SRHR in the context of LGBTI in Nepal is intended to briefly inform the sexual and reproductive health issues of people belonging to sexual and gender minorities and make the state responsible and accountable for creating an environment in which these rights can be exercised.

Mitini Nepal would like to thank all those who have contributed to the production and publication of this information booklet.

Thank You!

Laxmi Ghalan
Chairperson
Mitini Nepal

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LIST OF ACRONYM

SRHR	.....	Sexual and Reproductive Health and Rights
LGBTIQ	.....	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Questioning
HIV	.....	Human immunodeficiency virus
AIDS	.....	Acquired immunodeficiency syndrome
ART	.....	Anti retroviral treatment
HRT	.....	Hormone Replacement Therapy
GAHT	.....	Gender-Affirming Hormone Therapy
STI	.....	Sexually transmitted infections
WHO	.....	World Health Organization
IVF	.....	In vitro Fertilization
MoHP	.....	Ministry of Health and Population

Background

Sexual and Reproductive Health and Rights (SRHR) is the right to have control over and decide freely and responsibly on matters related to sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. Sexual and reproductive health and rights encompass efforts to eliminate preventable maternal and neonatal mortality and morbidity, to ensure quality sexual and reproductive health services, including contraceptive services, and to address sexually transmitted infections (STI) and cervical cancer, violence against women and girls, and sexual and reproductive health needs of adolescents. Universal access to sexual and reproductive health is essential not only to achieve sustainable development but also to ensure that this new framework speaks to the needs and aspirations of people around the world and leads to realization of their health and human rights.

Sexual and reproductive health and rights or SRHR is the concept of human rights applied to sexuality and reproduction. It is a combination of four fields; sexual health, sexual rights, reproductive health and reproductive rights. In the concept of SRHR, these four fields are treated as separate but inherently entangled.

According to the current working definition, sexual health is:

> *A state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.*
>
> **WHO, 2006a**

The working definition of sexual rights given below is a contribution to the continuing dialogue on human rights related to sexual health. The application of existing human rights to sexuality and sexual[1] health constitute sexual rights. Sexual rights protect all people's rights to fulfill and express their sexuality and enjoy sexual health, with due regard for the rights of others and within a framework of protection against discrimination."[2] (**WHO**, 2006a, updated 2010)

Within the framework of the World Health Organization's (WHO) definition of health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, reproductive health, or sexual health/hygiene, addresses the reproductive processes, functions and system at all stages of life. Reproductive health[3], therefore, implies that people are able to have a responsible, satisfying and safer sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. One interpretation of this implies that men and women ought to be informed of and to have access to safe, effective, affordable and acceptable methods of birth control; also access to appropriate health care services of sexual, reproductive medicine and implementation of health education programs to stress the importance of women to go safely through pregnancy and childbirth could provide couples with the best chance of having a healthy infant. On the other hand, individuals do face inequalities in reproductive health services. Inequalities vary based on socioeconomic status, education

1. Available at https://www.who.int/health-topics/sexual-health#tab=tab_1
2. Available at https://www.who.int/teams/sexual-and-reproductive-health-and-research/key-areas-of-work/sexual-health/defining-sexual-health
3. Avaiulable at https://www.who.int/westernpacific/health-topics/reproductive-health

level, age, ethnicity, religion, and resources available in their environment. It is possible for example, that low income individuals lack the resources for appropriate health services and the knowledge to know what is appropriate for maintaining reproductive health.

Reproductive rights are legal rights and freedoms relating to reproduction and reproductive health.[4] The World Health Organization defines reproductive rights as follows:

> *Reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. They also include the right of all to make decisions concerning reproduction free of discrimination, coercion and violence.*[5]
>
> **WHO**

The area of sexual and reproductive rights is influenced by contextual cultural and social norms, socioeconomic factors and existing laws and regulations. The social-structural climate may affect both the access to and quality of sexual and reproductive health care and interventions.

Gender and sexual minority community include LGBTIQs, which includes a number of groups: lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, allies, two spirits, and pansexual. Rights affecting LGBTIQ people vary greatly by country or jurisdiction—encompassing everything

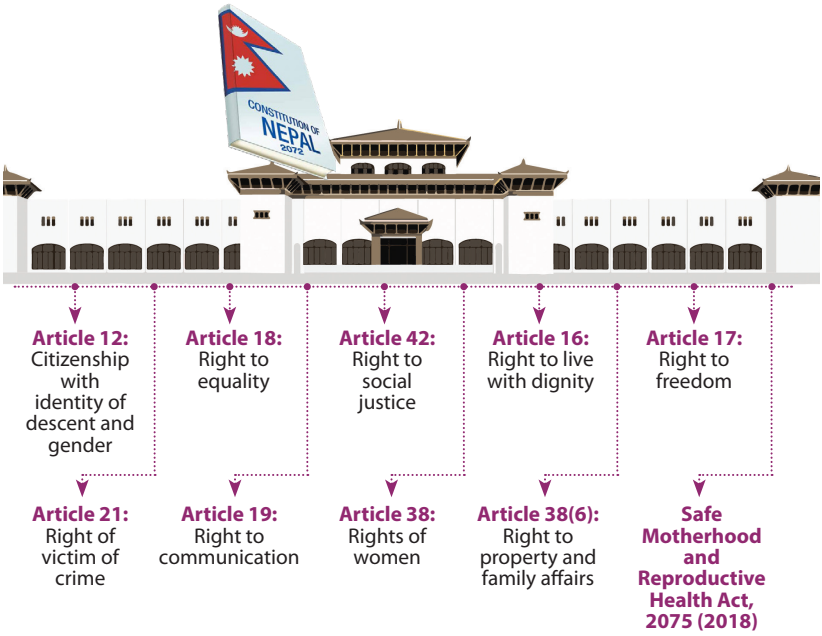
4. Available at https://en.wikipedia.org/wiki/Reproductive_rights
5. "Gender and reproductive rights". WHO.int. Archived from the original on 26 July 2009. Retrieved 2 February 2022

from the legal recognition of same-sex marriage to the death penalty for homosexuality. In 2011, the United Nations Human Rights Council passed its first resolution recognizing LGBTIQ rights, following which the Office of the United Nations High Commissioner for Human Rights issued a report documenting violations of the rights of LGBTIQ people, including hate crimes, criminalization of homosexual activity, and discrimination. Following the issuance of the report, the United Nations urged all countries which had not yet done so to enact laws protecting basic LGBT rights.[6] The table mentioned below clearly reflects the situation of gender and sexual minorities' right in Nepal.[7]

Right	Situation
Same-sex sexual activity legal	√ (Since 2007)
Equal age of consent	√ (Since 2007)
Anti-discrimination laws in employment	√ (Since 2015)
Anti-discrimination laws in the provision of goods and services	√ (Since 2015)
Anti-discrimination laws in all others areas (incl. indirect discrimination, hate speech)	√ (Since 2015)
Same-sex marriages	X
Recognition of same-sex couples	X
Stepchild adoption by same-sex couples	X
Joint adoption by same-sex couples	X
LGBT people allowed to serve openly in the military	√
Right to change legal gender	√/X (Only to a third gender marker "O"; no changes between male "M" and female "F" permitted)
Third gender option	√ (Since 2011)
Access to IVF for lesbian couples	X
Commercial surrogacy for gay male couples	X (Banned regardless of sexual orientation)
MSMs allowed to donate blood	X

6. "LGBT rights by country or territory", Available at https://en.wikipedia.org/wiki/LGBT_rights_by_country_or_territory Retrieved 12 February 2022
7. Available at https://en.m.wikipedia.org/wiki/LGBT_rights_in_Nepal?fbclid=IwAR19t7g-fGN5NRBIkQ6m4Z5MxhyOUisJu6Zow45zuXO1x0L3bMS61DMc5AsA#:~:text=The%20Nepalese%20Constitution%20recognizes%20LGBT,the%20basis%20of%20sexual%20orientation

Despite the constitution of Nepal 2015 [8] has ensured the fundamental rights to the gender and sexual minorities such as Citizenship with identity of descent and gender (article 12), Right to equality (article 18), Right to social justice (article 42), Right to live with dignity (article 16), Right to freedom (article 17), Right of victim of crime (article 21), Right to communication (article 19), Rights of women (Article 38), Right to property and family affairs (article 38(6) including the right to Safe Motherhood and Reproductive Health Act, 2075 (2018), they are forced to spend their lives in stigma, discrimination and inequalities and are deprived of even basic fundamental rights.



The LGBT community is diverse. What binds them together as social and gender minorities are common experiences of stigma and discrimination, with respect to health care, a long history of discrimination and lack of awareness of health needs by service providers. Currently, in Nepal, there is a lack of understanding of health and well-being, social exclusion, stigma, and

8. The Constitution of Nepal, 2015. Available at https://www.mohp.gov.np/downloads/Constitution%20of%20Nepal%202072_full_english.pdf

discrimination as experienced by these populations.[9] Therefore, this study mainly focuses on the situation analysis of SRHR issues of Sexual and Gender minorities' population. Qualitative research tradition has been employed in this study. The present study is based on the case studies related with HIV/AIDS, Sexually transmitted Infections (STI), safer sex technologies, hormone replacement therapy, reproductive health screening, counseling on fertility options and partner violence and sexual violence. Therefore the findings are delimited to the case studies involved in the study and focuses on the overall SRHR issues of gender and sexual minority of Nepal.

HIV/AIDS

Sexual and gender minority population in Nepal face extraordinary stigma, discrimination and violence which contributes to health disparities, including HIV. While LGBTIQs in Nepal are constitutionally recognized as a gender and sexual minorities, they face extreme discrimination, human rights violations and are socially isolated, all of which may increase their risk for HIV. Stigma is an important factor in the marginalization of Sexual and gender minority population that may explain their elevated risk for HIV. They also face family rejection for not fulfilling their obligation for procreation as many do not want to get married.[10] They also face violence that may result in mental distress and risk behavior to cope. Much like other Sexual and gender minority population around the globe, LGBTIQs in Nepal also face employment discrimination.

LGBTIQs in Nepal are constitutionally recognized as a gender and sexual minorities, they face extreme discrimination, human rights violations and are socially isolated, all of which may increase their risk for HIV

9. Giri, P. D., Adhikari, A., Pradhan, M., Yogi, I., & Khanal, S. (2019). Barriers in Access to Health Care Services among Lesbian, Gay, Bisexual, Transgender (lgtb). International Journal of New Technology and Research, 5(3), 15-20.
10. Wilson, E. C., Dhakal, M., Sharma, S., Rai, A., Lama, R., Chettri, S., ... & Banik, S. (2021). Population-based HIV prevalence, stigma and HIV risk among transwomen in Nepal. BMC Infectious Diseases, 21(1), 1-9.

The combined effects of external forms of stigma have known effects on social determinants of health and wellbeing for and sexual and gender minority population. For example, employment discrimination results in impoverishment among sexual and gender minority people and prevents them from fulfilling their obligations for income and remittances to family. Lack of employment opportunities often compels them to work as commercial sex workers for income which then increases their risk of exposure to HIV from having many sexual partners and less power to negotiate condom use due to fear of violence and need for income. The stigma has also created high vulnerability to physical and sexual assault by clients and the law enforcement officials. Internalized anti-trans stigma affects their self-esteem and has been associated with depression and trauma, as well as increased suicidal tendency. Internalized stigma and discrimination is also associated with mental health issues that result in poor coping strategies, including high risk sex and substance use.

People from LGBTI community continue to be denied the constitutionally guaranteed right to health care facilities because they are often perceived to be sex workers and/or HIV-positive. Furthermore, fear of discrimination by health professionals and other service providers also prevents LGBTI individuals from seeking medical treatment. Therefore there is a need to educate the LGBTIQ population about sexual and reproductive health rights and issues and also to create LGBTIQ-friendly environment in hospitals and health institutions.

Case-1

Kanxi Gurung was a 40 year old, illiterate transgender woman. Because of her sexuality, she was staying with her life partner, away from her family, in Kathmandu. She used to work as commercial sex worker in Kathmandu. She was suffering from HIV/AIDS for a long time, but she did not have any treatment. Her partner also left her in her bad time. Because of all this, she was depressed. She used to stay alone, stopped eating in time and started consuming alcohol frequently. Slowly her health deteriorated and she became weak. Her friends brought ART medicines for her but she did not take them. During the COVID-19 pandemic, she faced a lot of problem. She had not informed her family members about her sexuality and health condition. At last during

treatment, she died on 10th Ashadh, 2078. At the funeral ceremony, when her family members saw her, they were surprised saying, 'What happened to our son?' The lesson learnt is that if the family members of the gender and sexual minority population accept them as they are, they could stay in their family and society happily.

Case-2

Shyam Bhul was born as a girl child in a poor family, in a rural village of Baitadi, in 2053 BS. With growing age, she started realizing herself as a boy. She felt as if she is a boy. Now, he likes to introduce himself as a transgender man, Shyam Bhul. As he was born in a poor family, from his early age, he needed to work as a laborer on daily wage to fulfill the basic needs of his family. During those days, the villagers in his village used to go to the Indian cities to earn their living. Because of the poverty, he was also compelled to go to India. He worked there for two years. He shared the difficulties, he faced in the city. He used to stay there with other Nepalese boys. One day the boys had fight on monetary issue and one of the boy stabbed knife to the boy. The boy used the same knife to attack on Shyam too. He still has scar of that wound. Anyway he survived and returned back to Nepal. After returning back to Nepal, he started suffering from many health issues. After this, he went to Baitadi and had HIV test. The result was positive. In his early age, he became HIV positive. He was infected with HIV because of the knife which was used in the fight, 11 years ago, in India. The guy who was stabbed by the same knife was HIV positive. Since last 8 years, he is having ART medicines. Although the ART medicine is free, he needs to travel to Dhangadhi to get them. He is so poor that, he feels difficulty to afford the travel cost. Belonging to LGBTI community and being infected with HIV has aggravated the situation. Because of all this she has to face multiple layer of discrimination in the society.

Case-3

Sarishma Kusum is a 37 years old transgender woman who was born in Deukhuri, Dang, as the youngest fourth male child of her parents. The economic status of her family was poor. When she was small she used to play games like 'bhandakuti' with girls and used to play the role of mother. From her early age she loved girl's clothes and dancing. She realized her sexuality at the age of 14. She started being attracted towards boys. When she grew up, her sisters got married and she along with her parents were left at home. As she was the son, she needed to earn to support his parents. One day she went out in search of job but returned home in despair. She tried hard and got opportunity as a cleaner at Hotel Madhuwan at Rs. 2000 per month. Till that time, she had turned 20 years old. When she was working at hotel, she shared her problem with a person and that person helped her to get a part-time job in a office. She started working there and later she knew that the office worked for the welfare of the gender and sexual minority population. She was happy there and made many friends. One day, with her friends, she went to Samrat road, which was located in the highway to Nepalgunj. There, her friends used to work as the commercial sex workers (CSW). Because of her poor economic status, she also started to work as a CSW and her earning increased. Everything was good but after one year her weight started decreasing and she started feeling weak. She shared her problem with her friends. Her friends suggested her that she is feeling such problem because of lack of proper sleep. Six months passed, but her problems remained same. Therefore she was worried about her health condition. She decided to go to the hospital. She went there in female's getup. She was feeling hesitations about how to explain her problems to the doctor. Fortunately, she met the doctor, who was familiar to her. The doctor advised her to have blood test. After the investigation, she knew that, she was HIV positive. The doctor explained her everything and encouraged her saying that we have medicine for this disease and if she takes medicine in time, she can recover. Further she stated that, HIV infected people have to face a lot of discrimination in our society, so she hide her health issues with everyone. Still after knowing that she is HIV positive, she used to work as a CSW. Later she shared her illness with few people at office. Now, she is taking medicine regularly. Now, she educates people about HIV/AIDS, sharing her own experience and urges to the use of contraceptives at the time of having physical relationship with anyone.

Case-4

Sneha (name changed) is the permanent resident of Attariya, Kailali. He is a 24 years old student and he also used to teach in a nearby school. He likes to introduce himself as a transgender man. His friends laugh at him and use derogatory terms like 'chhakka', 'hijada' etc. He was once raped by a transgender man. Everybody in his locality used to laugh at him saying, 'a man has been raped by a man'. Because of all these things, he was depressed. He used to see frightening nightmares and started getting thinner. Whenever he suffered from fever, it used to take long time for him to recover. The doctor suggested him to have HIV test and the report was positive. Being a teacher, although he was aware about the safer sex technology and STIs, he became HIV positive. HIV transmitted to him because he was raped by a HIV infected transgender man.

After being HIV infected, he suffered a lot. He had heard from others that HIV can be cured, if one follow all precautions and take the medicine daily, but he understood that it is not as easy as others say. He faced a lot of discrimination because of belonging to LGBTI community and being HIV positive. Due to these situations, he was depressed and started staying alone. Because of this, he had to resign from his job at school. Knowing about his disease, his friends and neighbor started ignoring him. He felt more isolated and ignored. He tried to commit suicide but his mother stopped him from committing suicide. He explained his situation to his parents and they supported him. Later he came in contact with the Sudur-Paschim Samaj, the organization which works for the welfare of the LGBTI community the HIV infected people. The NGO supported him in his difficult time. He met with many similar friends there and is happily living with them now.

Sexually Transmitted Infections (STIs)

Sexually transmitted infections[11] (STIs) are spread predominantly by unprotected sexual contact and also through infected blood or blood products. STIs have a profound impact on health. If untreated, they can lead to serious consequences including increased risk of Human Immunodeficiency Virus (HIV). They are also associated with stigma, domestic violence, and affects quality of life. The majority of STIs have no symptoms. However, the common symptoms of STIs are vaginal or urethral discharge, genital ulcer and lower abdominal pain.

LGBTI community members experience stigma, discrimination and victimization across the course of their lives. Gender and sexual minorities in Nepal face several social and structural challenges that significantly influence their health and standing in society. From their early childhood they start facing discrimination and pressure to behave either as a boy or a girl. In schools they face discrimination and they drop out of school due to bullying, harassment and the lack of an LGBTIQ friendly environment in educational settings. As they are not educationally empowered, they lag behind and pushed to live in poverty because of lack of economic opportunity. They are commonly targeted, harassed, and punished for their sexual orientation and

Due to the stigma and discrimination, LGBTI community members often have difficulties finding employment and thus resort to sex work as a means of income. They are enforced to engage in unsafe sexual activities as the clients, sometimes do not prefer to use safer sex technologies. Being engaged in unsafe sex work and multiple partners, results in additional stigma and increased STI vulnerability.

11. Storm, M., Deuba, K., Damas, J., Shrestha, U., Rawal, B., Bhattarai, R., & Marrone, G. (2020). Prevalence of HIV, syphilis, and assessment of the social and structural determinants of sexual risk behaviour and health service utilisation among MSM and transgender women in Terai highway districts of Nepal: findings based on an integrated biological and behavioural surveillance survey using respondent driven sampling. BMC infectious diseases, 20(1), 1-14.

gender identity. Because of discrimination, stigma, poverty, lack of awareness, lack of adequate legal protection, reduced social capital, and mental health issues, lead to barriers to access to health care, increased sexual risk behaviour, and ultimately poor health outcomes.

Due to the stigma and discrimination, they often have difficulties finding employment and thus resort to sex work as a means of income. They are enforced to engage in unsafe sexual activities as the clients, sometimes do not prefer to use safer sex technologies. Being engaged in unsafe sex work and multiple partners, results in additional stigma and increased STI vulnerability. After being infected with STI, LGBTIQ individuals with possible symptoms hesitate to go to hospitals for testing or treatment due to the fear that they will be judged and mistreated with prejudice. It is a common experience of the LGBTI community to face discrimination, harassment, unnecessary interrogation and mockery at the hands of health care providers.

Case -5

Bashanti Kusumya was born as the youngest male child in a tharu community in Banganga municipality-1, Kapilvastu in 2054. There were five members in his family. Because of the poor economic status and unfavourable environment at home, he couldn't have proper education. When he was small he liked to play 'bhadakuti' with girls and liked colorful clothes of his sisters. He used to wish that he also could have such clothes and toys. When he turned 9 years old, he liked to dance and began being attracted toward boys and had desires to love those boys. He was confused about his gender by birth and his behavior. His parents were also much worried about his activities and behavior. His mother used to support him saying he was still young and everything would be ok, when he would grow up.

When he became 14 years old, he completely felt as if he was a woman and at present he likes to introduce himself as a trans-gender woman. She began attracted toward men. Because of these feelings, she realized that he was not a man. She started making physical relationship with boys. Villagers knew about all these things, which created unfavorable situation for him to stay in that village. She was frustrated and went to jungle to commit suicide. There, a forest officer stopped her to commit suicide and encouraged him. After that, she shifted to Birgunj with one of her friends. Her friend helped her to get job in a dancing group but

later after few days, she was compelled to work as a commercial sex worker. Inspite of all these adversities, she worked there, as she needed to support his family financially.

After six months, different types of wound and rashes appeared in her body and genital area. She thought that it is a normal type of rashes, but it was not. The rashes around her genitals increased. Till then, she had not stopped working as a commercial sex worker. When the problem became worse, she thought that she need to consult with the doctor. But her gender by birth and her getup discouraged her to consult the doctor. She started having discharge from her genitals and was worried. In spite of that situation, she continued working as a commercial sex worker, because of her poverty. She also shared that, sex partners refused to use contraceptives during sex and if they were forced to use the contraceptives, they reduce the charge. Once she knew that this is a communicable disease she became worried. When her friends knew about her health condition, they stopped talking with her. She knows that, this disease is curable, if she gets proper medical attention, but because of her poverty, she is not getting proper medication. She is not receiving any support from anywhere and is in helpless condition.

Case-6

Sanju Bhujel is a resident of Dhangadhi sub-metropolitan city-3. She was born as a girl child but now she likes to introduce herself as a transgender man, Sanju. He knew about his sexuality at the age of 10. He was the only child of his parents. Being a girl child, he used to behave like a boy. Due to poverty, discrimination and the derogatory terms used to him, he stopped his studies after SLC. He loved to introduce himself as the elder son of his parents but his family has not accepted it. He hates Tihar most, as he needs to offer tika to his brothers. He thinks himself as a boy, but physically he is a girl. Although he remains happy throughout the months, He hates 5 days of his menstrual period. He used to use pads made by the old clothes because of the lack of money during the initial days. He had a bitter experience of buying sanitary pad from a local shop, as the shopkeeper once questioned him 'Bhai, for whom you bought this pad?'. He hesitantly replied 'It's for my sister. After that incident, he hesitated to go to buy sanitary pads. Therefore he

continued to use those homemade pads. Because of those unsterilized pads, he had infection in his genitals and had problem of having white discharge. He did not share his problem with anyone, instead he bought medicine from a pharmacy and had them. But he did not get relive from the problem. He was mentally depressed because of all this. At last, He went to the office of Ekta Nepal and shared his situation with one of his friend. His friend asked him, if his partner had similar type of problem. But his partner had no similar complaint. Then, his friend advised him to go to the office of Sudur-paschim Samaj. He went there and had HIV and STI tests. The test results were negative. After check-ups the doctor prescribed him some medicine and an ointment. He took those medicines as per doctor's suggestion and he recovered.

Case-7

Sapana Chaudhary was born as a male child in Ghorahi, Deukhuri in 2055 BS, in a poor family. Though she was born as a male child, as she grew up she behaved like a girls. She played with girls and love to be bride in the game of 'bride and bride -groom'. She started going to school and in school her friends used derogatory terms like 'soltina', 'mehara' etc. When she was in class 9, she was in one-sided love with a boy. The boy was not aware of her feelings. She wrote a love letter and she requested one of her friend to deliver that letter to the boy. Slowly, observing her behavior, her family members pressurized her to behave like a boy. From her early age, she liked to wear gunyu-choli and keep long hair like girls. Because of this, her elder brother used to scold her and beat her. One day her brother asked her to cut her hair short like boys but she refused and her brother beat her and kicked her out of the house. After that, she left for Nepalgunj. On the way to Nepalgunj, at around 9pm, she met a lot of people like her. They talked with her and she explained her situation. They took her with them to their place. She was so afraid whether to rely on them or not but she had no way out. They gave food and clothes to her and later she started going out with them. They were the commercial sex workers. She also followed the same work. She felt difficulty in the beginning but to earn money she was compelled to work as a commercial sex worker. Later she was infected with fungal infection. In the beginning, she was feeling hesitation to share the problems with others. Her friends

knew about her infection and they decided to take her to hospital. But she was feeling uncomfortable to go to the hospital because she was physically a boy and her getup was like girls. Day by day, the infection was increasing. At last they went to the government hospital. There they registered name but the attitude of the health personnel was not so favorable. Therefore, she returned back buying some medicines without consulting with the doctors. But her infection was increasing. She again went to hospital, this time she had checkup with the doctor. She was infected with STI. She further says that awareness about the LGBTI community needs to be raised in all sectors including hospitals. There need to be an option about the LGBTI in the registration form and there should be separate rooms and doctors for the gender and sexual minority population.

Safer Sex Technologies

The stigma attached to the sexual and gender minorities community, and sex in general makes it more difficult to spread awareness about safe sex practices. However, given the risk of diseases like STIs, HIV/AIDS, staying informed about safe sex practices is very important. Communication before, during and after sex isn't just about consent. For sexual and gender minorities community, this has a lot to do about finding out their sexual identity and attractions. Creating a safe space between partners is very important. Discussing sexual history, STI status, likes and dislikes, and general health is vital. Safe sex barriers like external condoms (also known as male condoms) and internal condoms (also known as female condoms) aren't the only type of protection that should be

The stigma attached to the sexual and gender minorities community, and sex in general makes it more difficult to spread awareness about safe sex practices. However, given the risk of diseases like STIs, HIV/AIDS, staying informed about safe sex practices is very important.

used, although those are always a must. Dental dams for oral sex, sterile gloves and lubricants are equally important for safe sex. They can consult doctor letting him/her know about their sexuality and relationship status so that they can be advised on the most effective protection. Those who use sex toys should ensure that all sex toys like vibrators, dildos and beads are properly sanitized before and after use and avoid sharing them if possible. If there are any accidental injuries, consult a doctor as soon as possible instead of ignoring it or trying to deal with it themselves and making it worse. Annual check-up and getting tested for STIs should be done regularly, especially if one is active sexually. But, due to poverty, power dynamics between the sex partners, stigma, lack of awareness and hesitation, these safe practices are rarely practiced by the sexual and gender minority population in Nepal. The fear of discrimination also prevents them from seeking medical advises on safer sex technology and treatment. Because of hostile or insensitive attitudes towards sexual minorities from untrained health care providers, "the fear of judgment and punishment can deter those engaging in consensual same-sex conduct from seeking out and gaining access to health services."This effectively interferes with their right to health ensured by the constitution of Nepal.

Case-8

Surbi Chaudhary was born as a male child in Itahari in 2036 BS. He has studied up to class ten. Even though, he was born as a male child, his behavior, dress up and activities were like girls. He used to play with girls and make girls friend at school. He enjoyed doing household works at home, those works which are supposed to be done by the women in our society. He realized his sexuality at the age of 13. He felt himself as a girl though he was physically a boy. She started being attracted toward boys. Her behaviors and activities were more like a girl. Slowly, she started applying makeup. Being aware of all these things, her family started pressurizing her to behave like a boy. After SLC, she started working for an organization. Later, she met many friends having different sexual orientation. Slowly, she started wearing women's clothes and applying makeup. But she never dared to share her reality with her family members. Those who knew her, used to use various derogatory terms to address him. The office where she worked used to pay her very low salary, which was not enough to earn her

living. She faced various types of discrimination because of her poverty and belonging to LGBTI community. Because of all this, she left the job and decided to go for foreign employment. But to go to foreign country, one needs to spend a lot of money. She was very worried because of all these problems. At the meantime, she got opportunity in Blue Diamond Society, Itahari. She started working there. She is staying in Itahari in a rented apartment with her partner. After some time, with the end of project, she lost her job in Blue Diamond Society. During covid pandemic, she faced tough financial problem. Her partner is still employed. Nowadays, she is involved in household works and knits scarfs whenever she gets order. Though the relationship with her partner is good, her partner does not like to use contraceptives during having physical relation. This increases the risk of HIV and STI transmission. Her partners does not like to use lubricants, which creates excessive pain for her. After the physical relationship, Surbi sometimes experiences the symptoms of STI. Even when she has serious health issues, she hesitates to go to the hospital. Belonging to the gender and sexual minority group, she has to face multiple layers of discrimination. She says that the hospitals are not LGBTI friendly and the doctors are not sensitized about LGBTI community, which creates various problem for the people belonging to gender and sexual minority group.

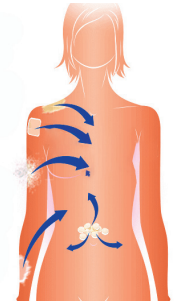
Case- 9

Nisam Thapa was born as the youngest son in a middle class family in Pyuthan. When he was five years old, he was admitted in school. In school, he liked to play skipping, bhadakuti etc with girls. He liked to play the role of bride in bride and bride-groom game. When he became 14 years old, he started feeling attracted toward boys. When he shared his feelings and emotions with his friends and family, they thought someone has witch-crafted on him. His family consulted witch-doctors but nothing happened. When he turned 15 years old, he started his get-up and make up like girls, and started introducing as a girl. People started back-biting about him and his family started pressurizing him to behave like boys. Because of all these pressures and discrimination by the family and society, she decided to leave him. She left home and

reached Ghorahi. She was strolling around the market in Ghorahi, she saw other people similar to her. After meeting them, she felt happy and shared her problems and experiences with them. They encouraged her and promised her to help her to get job to earn her living. That day, she stayed with them. The next day, her friends suggested her to work as a CSW. She agreed and started working as a CSW. She started liking the work because she used to earn money as well as, she had fun. While working as a sex worker, she earned money but her friends did not orient her about the safer sex technologies. Because of the lack of awareness of safer sex technologies, she had oral and anal sex without using condoms. After few months, she felt small wounds and infections around her genitals. She also shared many other violence faced by him like, not getting money as per agreement, life threat by the costumers etc. In spite of all these health issues and violence, she was compelled to work as a CSW.

Hormone Replacement Therapy (HRT)

Hormone replacement therapy (HRT), also called Transgender hormone therapy or gender-affirming hormone therapy (GAHT), is a form of hormone therapy in which sex hormones and other hormonal medications are administered to transgender or gender nonconforming individuals for the purpose of more closely aligning their secondary sexual characteristics with their gender identity.[12] This form of hormone therapy is given as one of two types, based on whether the goal of treatment is feminization or masculinization.



Lack of information about risks and benefits, unique challenges of counseling, and lack of resources to conduct counseling on HRT are the perceived barriers faced by gender and sexual minority people.

12. Available at https://en.wikipedia.org/wiki/Transgender_hormone_therapy#:~:text=Transgender%20hormone%20therapy%2C%20also%20called,of%20more%20closely%20aligning%20their

The internationally approved medical procedure for the transition of transgender individuals is to have their psychiatric evaluation by a psychological counselor, after which they undergo hormone therapy. Then, with further consultation with medical professionals, they undergo top and bottom surgery to avoid possible side effects.

But these numbers and types of interventions applied may differ from person to person as explained by the World Professional Association for Transgender Health in their clinical guideline 'Standards of Care'. According to the protocol, many health professionals have recognized that many individuals need psychotherapy, hormone therapy and surgery, while others may only need one of these treatment options—the treatment has become individualized.

Transgender individuals in Nepal have been facing the lack of hormone replacement, as many transgender men and women rely on hormonal medication, they have been undergoing problems due to the unavailability. Lack of information about risks and benefits, unique challenges of counseling, and lack of resources to conduct counseling on HRT are the perceived barriers faced by gender and sexual minority people. This has invited a set of problems in the sexual and reproductive health of the transgender people as their hormones and bodily functions are dependent on the medication. The cases included in this study clearly reflect that hormones are consumed by the majority of sexual and gender minority people without the doctor's consultation. The reason behind is the fear of harassment, humiliation and mockery in heath care centers and inappropriate questioning and interrogation regarding their reproductive organs and gender identity by the health care professionals. This kind of self-medication of hormones in gender and sexual minorities bring with it a range of risks to the physical and mental health. Some risks include Breast tenderness and swelling in the body, headaches or migraines, back pain, mood swings, depression, acne, abdominal pain, vaginal bleeding, breast cancer (small but increased risk), deep vein thrombosis (small but increased risk), gallbladder (small but increased risk, heart attack (small but increased risk), stroke (small but increased risk), uterine lining growth, which can increase the risk of uterine cancer.[13]

13. Mahavni V, Sood AK. Hormone replacement therapy and cancer risk. Curr Opin Oncol. 2001 Sep;13(5):384-9. doi: 10.1097/00001622-200109000-00012. PMID: 11555717

Additionally, gender reassignment surgery internationally requires medical professionals to follow certain clinical protocols. But in Nepal, the only medical Act that deals with the alteration of body organs through surgery is 'The Human Body Organ Transplantation Act 1998'[14] and it is silent on the issues regarding gender reassignment surgery. And while some hospitals and clinics have started providing top surgery, there is still no provision for bottom surgery at any medical facility in Nepal. There is no clear law in Nepal about these procedures. As a result the people belonging to sexual and gender minorities community are compelled to go to Indian cities and spend a lot of money for expensive, risky and complicated surgeries. There are many cases in which the individual who have such surgeries had faced many physical, mental, psychological and legal problems and some of them have even lost their life.

Case-10

Manoj Chaudhary was born as a male child at Kailali brural municipality-8 in 2046. He was born as a fourth child of his parents. Everyone was very happy. As he was growing older, he didn't liked to wear boys clothes rather he used to love wearing girls clothes. He loved to play with girls. He was quite confused about correlation between his gender by birth and his activities. He realized about his sexuality at the age of 12. He reached to the office of Sudur-paschin Samaj, Dhangadhi, with the help of one of his friend in 2064 BS. There, he met with similar friends. Later, the people from his village knew that he has gone to the office where transgender work. The villagers raised question on his sexuality. Because of all these pressures, his parents pressurized him to get married but he refused. Consequently, his parents stopped showering their love and affection on him. Villagers also used to use derogatory terms like 'mehara' for him and he faced various forms of discrimination. Because of the unfavorable situation, he left his home and moved to Dhangadhi in 2064 BS. Later he changed his name as Ashika Chaudhary. At that time, there was a vacancy in Sudur-paschin Samaj, she applied for that post and got the opportunity to work there.

14. The Human Body Organ Transplantation Act 1998, Available at https://www.lawcommission.gov.np/en/wp-content/uploads/2018/10/human-body-organ-transplantation-regulation-and-prohibition-act-2055-1998.pdf

That organization used to work in the area of HIV/AIDS. She worked there as a friend facilitator. There she learned about sexuality and Sexual and Gender minorities people and started advocacy for their rights. Slowly, people's perception on her changed.

She is a transgender woman and to change her like a woman, she consumed the hormones without consulting the doctor. As a result, she suffered from the problems like nausea, forgetfulness, irritation, short-tempered etc. She faced discrimination during COVID pandemic too. The doctor's behaviour toward her was disheartening. The reason behind this was, she looks like a beautiful woman but her voice is like a man. Recently, she had surgery for breast implant in Delhi. Before any operation, the patient is thoroughly examined but in her case, she was requested to submit the operation charge and was taken to operation theatre directly. After the operation she returned back to Nepal and faced various health issues like weakness, body pain etc. At present she is the president of Sudur-paschin Samaj, Dhangadhi. She is working as a human rights defender in raising awareness about all these things, so that others do not have to face the same problem.

Case-11

Chandra Karki was born as a girl child of her parents in Mahendranagar in 2056 BS. There were four members in her family. From her early age, she used to feel as if she was a boy and was behaving accordingly. He used to study in the nearby school named Shree Yuwa Barsha Secondary School. He studied there up to class ten and his school life was exciting. Because of the poor economic status of his family, he discontinued his education after that. His menstruation started at the age of 13. Neither he had any knowledge about menstruation nor did he share with anyone. For three months, during menstrual flow, he used to think that he was not well. The reason behind this might be his thinking of himself as a boy. One day he was sitting in the class and one of his friend noticed blood on his bench. They took him home and informed her parents about his menstruation. Knowing that, his family followed all the rituals that a Hindu family follows during the first menstruation of their daughter. He felt uncomfortable to follow all those rituals. Since then he never informed anyone about his period,

because his family used to behave him like untouchables up to 4 days. He used to prepare sanitary pads using his mother's old clothes, use the same pad for 5 days and take bath after 5 days. Because of the lack of personal hygiene, there were rahes and wound around his genital. He used to hate menstruation and to stop it, he wished to change his body. But because of lack of money, he could not take necessary initiatives. Now, he is staying in Kathmandu with his partner and has begun using sanitary pads. He did not inform his partner about his menstruation cycle but later his partner knew about it, which helped to create favorable environment between them. Since then he started changing pads at regular intervals and started taking bath daily. Currently, he is working in Mitini Nepal as a social mobilizer and became aware about sexuality and different sexual orientation in detail.

Case-12

Alina Bhandari was born as the youngest daughter of her parents in Kathmandu in 2050 BS. Everyone in her family used to love her as she was the youngest child. Her parents used to buy colorful beautiful girls' dresses. Although she was born as a girl child, she was not interested playing with girls. Rather she loved to play with boys and had interests in games like fighting, running, playing with guns etc. As she grew up, she was admitted in school. She used to play with her friends there and did not hesitate to wear girl's uniform. When she was 12 years old, she realized that she was attracted towards girls and felt little uncomfortable. She did not share her feeling with anyone. When she was 14 years old, her menstruation cycle started. She was not happy because her feeling was of a boy but her body structure was of girls. She was confused about all these things. She used to feel bad especially during her menstruation period. She used to stand in front of the mirror, stare at herself and was committed that one day she will definitely change her body. She was not comfortable even in her school uniform; skirt. Being aware about all her activities, her family started creating pressure on her to behave like girls. All of her girlfriends in school had boyfriends but she was in love with a girl. All these created mental pressure on her and she discontinued her

studies. She used to feel restless. Later she started working for an organization. There she met a girl and started sharing their feelings with each other. Their relationship sustained for 6 years. She had never thought that they would ever separate from each other. But the girl's family did not accept their relationship and they had to breakup. Alina was depressed because of all this. Later she shared about her sexuality with her brother and requested him to behave with her like a younger brother. As her brother was educated, he supported her. She contacted one of her friends through Facebook, who took her to Blue Diamond Society's office. She learned about her sexuality and many more and started working there. She realized that she is a transgender man. She also learned about the hormone therapy and consulted with her friends in abroad about the hormone therapy and surgery. She decided to have surgery to change herself but because of financial constraints, she switched to hormone therapy. Instead of having tablets, she used to have injections twice a week. Before starting the therapy, she consulted the doctors and had complete health check-up. After 3 months, changes like; change in voice, stoppage of menstruation and changes in face were seen. During the therapy, she used to drink a lot of water and do physical exercise. Because of the hormonal changes, she used to feel irritated. Later she decided to have surgery in the government hospital but the procedure was not so easy. She needed recommendation from Ministry of Health for the procedure. She tried a lot but all in vain. At last she had surgery for her breast and uterus in a private hospital. After surgery, she faced a lot of problems. She needed support and one of her friends supported her for one and half years. Even after the surgery, the problem related with fertility still exists. Her family has not accepted her as a man but she feels proud being a man.

Case-13

Joyal Dhimal was born as a second daughter in Morang in 2057 Bs. Even though, she was born as a girl, her activity, behavior and hobbies were more like boys. Her parents were worried seeing her activities but they used to think everything will be ok, when she will grow up. When she was studying in class seven, she realized her sexuality. She realized that she is a boy but she is trapped in a girl's body. She used to feel

attracted towards girls. She was confused because of all these things. Her parents also used to pressurize her to behave like a girl. Later her parents started punishing her for not behaving like a girl. She felt discriminated at school, as some of her friends used to call her using derogatory terms like chhakka, hijada. Because of all these pressures from the friends, relatives and family, she tried a lot to change herself as per her physical body, but she did not succeed. She started exploring whether there are other people like her or not. In the meantime, one of her friend informed her that two girls have got married and they are staying together in their village. Joyal wanted to meet that pair and later she met them and knew that there are many other pairs like her. After some days, she moved to Damak. She started working as a waiter in a hotel. There she came in contact with Lead Nepal, which worked for the welfare of LGBTI community. She informed her family about her reality and sensitized them about LGBTI community. Sometimes she used to invite her friends at home for dinner and also on special occasions. Her family gradually started understanding and supporting her.

Joyal is physically a woman, so her voice, physical structure etc is of a woman and her getup is of boy. Because of all these reason, people humiliated her. Therefore, Joyal is willing to use hormone therapy after some years. She wants to look like masculine handsome man. But there are not well-facilitated hospitals in Nepal for proper counselling and treatment. During menstruation, she suffers from excessive stomach pain but she doesn't like going to hospital. Instead she takes medicine like paracetamol, ibuprofen etc. She does so because of the fear of being humiliated at hospital. Further, she says that the hospitals are not LGBTI friendly and the doctors are not sensitized about LGBTI community, which creates various problem for the people belonging to gender and sexual minority group.

Case-14

Karuna Nepal is a resident of Dhangadhi sub-metropolitan city-5, Hasanpur. She is the president of Sudur-paschim samaj and also in the responsibility of province coordinator. She was born as a male child in Dhangadhi sub-metropolitan city-2, Baiyabehdi, in 2047 BS. Although

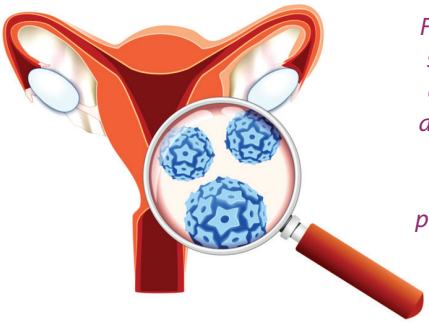
she was born as a male child, she likes to introduce herself as a trans-gender woman, Karuna Nepal. Before she realized her sexuality at the age of 15, she was confused between her physical appearance and her behavior and feelings. She used to play with dolls and toys and loved to wear girls' clothes. Because of all this her friends used to call her 'chhakka'. Since she belonged to LGBTIQ community, she had to face multiple layers of discrimination in family, school and in society. Because of those discriminations, she left her studies after SLC. Although she had to face various obstacles and discrimination from her family in the beginning, but her family eventually understood her situation and supported her.

She got involved with the Gender and sexual minority community in 2065 BS. Since then, she has been working for the welfare of the gender and sexual minority population. Although, she was born as a boy, she used to feel like a girl. To change herself into feminine, she started taking hormones since 2066 Bs. She had taken hormones without doctor's consultation for 6 years. She did not consult the doctor because she did not want to disclose her sexuality. She had never thought that she would suffer with hormones. Her only goal was to look like a woman and nothing else. She consumed the hormonal pills named 'Nilokan' and 'Sunaulo Gulaf'. After taking these medicines, she felt change in her life style and felt like a woman. Her skin started becoming softer and breasts growing bigger. She was very happy because of these physical changes. She was so excited to change herself, that she never thought that those hormones might harm her body and health. Slowly, those hormones started showing negative result to her health. She suffered from numerous health issue such as headache, nausea, sleep disturbances, hair fall, mental tiredness, forgetfulness, irritation, balkiness etc. She became addicted to those hormones that whenever she did not get those medicines, she used to feel restless.

Slowly she understood the side effects of hormones which may cause serious fatal diseases like cancer. Then she stopped taking those hormones. Now, she has understood that taking any hormones without doctor's consultation creates a lot of health issues.

Reproductive Health Screening

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. It is also known as well-woman exams, gynecological exams or wellness exams, annual exams are a yearly checkup to make sure your reproductive health is in order. Annual exams often include a pap smear, a breast cancer screening, a pelvic exam and a chance to ask the doctor or nurse any questions you may have. Addressing these health needs requires coverage of high-quality, evidence-based services related to contraception, abortion, maternal and newborn care, infertility, reproductive cancers, sexual or intimate partner violence, HIV/AIDS and other STIs, and additional health needs that cut across categories.



Fear of discrimination and safety and security in healthcare settings is one of the leading barriers to healthcare access for sexual and gender minority community . They do not reveal their gender identity to the health professionals due to the fear of gender identity-based discriminations. There these barriers are needed to be addressed through strategic interventions.

The Government of Nepal has recognized that ensuring citizen's good health is the responsibility of the state. The Ministry of Health and Population (MoHP) uses the guidelines provided in the Constitution on Nepal to make health-related policies. A 2008 Supreme Court ruling and the Public Health Act of 2008 prohibits discrimination against patients due to their sexual or gender identity. Further, the Medical Code and Ethics and the Public Health Act of 2008 states that all medical records, history, diagnosis, treatment received by the patient must be kept between the medical professionals and the patient and makes revealing patient's information a crime under Schedule-1 Section 14.[15]

15. Universal Periodic Review of Nepal. Available at file:///C:/Users/pc/Downloads/JS3_UPR37_NPL_E_Main.pdf

The current legal and policy framework guarantees right to non-discrimination for all, the repeated discriminatory behavior of healthcare providers against sexual and gender minority community and intrusive questionnaires have led to high distrust against the health professionals and fear of safety and security among these population groups. In a formal setting like hospital, safeguarding rights of sexual and gender minority individuals and creating safe-space and ensuring their privacy and confidentiality are prioritized by a very few. According to the cases included in this study, fear of discrimination and safety and security in healthcare settings is one of the leading barriers to healthcare access for sexual and gender minority community. They do not reveal their gender identity to the health professionals due to the fear of gender identity-based discriminations. There these barriers are needed to be addressed through strategic interventions.

Case-15

Narayani Devkota was born as a girl child in Baijapur, Nepalgunj. After few days of his birth, her mother died and everybody hated her saying that she is a bad-omened. Soon her father married another woman. Her grandmother reared her. When she was 4 years old, her grandmother transferred her to an organization. Although she was born as a girl, she started feeling like boys as per her growing age. She loved to play football and work like men. When she became adolescent, she started being attracted toward girls. She realized her sexuality and soon she found her partner. She is staying in a hostel and is also a sports person. She is very sensitive towards her health. She is also aware that though she thinks her as man but her body is of woman and accepts it is natural. She does not want to break the rule of nature. In spite of all these, she feels a lot of problems during her menstruation, for eg. unbearable pain, heavy flow etc. She wants to consult doctor but she does not know which doctor to consult with. She feels difficulty at the time of registration, explain her health problems etc. In spite of these thoughts and hesitations, she decided to go to hospital and consult a female doctor. There the doctor asked her about her health problem and she responded that she has problem related with stomach. She could not explain her problem clearly and the doctor sent her to another room. She came out of the doctor's room and returned back again. This time

she went inside being with courage and determined to talk with the doctor frankly. She explained her problem to the doctor. The doctor starred her from head to toe and examined her. She further says that awareness about the LGBTI community needs to be raised in all sectors including hospitals. There need to be an option about the LGBTI in the registration form and there should be separate rooms and doctors for the gender and sexual minority population.

Case-16

Sita Rana was born as a girl child in Surkhet in 2035 Bs. There are six members in her family. During her childhood, she studied at Shree Jeewan Jyoti Secondary School. Since her childhood, she was gentle and disciplined girl. She grew up, turned adolescent and met a girl named Shila. They started feeling attracted toward each other from their first meeting. As they belonged to different villages, they used to send letters to share their feelings. After 4 years of their love affairs, they started staying together. The villagers did not like their relationship and they started spreading rumors about their relationship. But they totally ignored others and started their married life. Sita used to work as a tailor and Sheela used to work in a NGO. After some years, Sita felt lump in her breast. In the beginning, she ignored the lumps, but it was increasing in size. She was worried and consulted the doctor. The doctor prescribed for operation to remove those lumps. She had the operation in Nepalgung. After the operation she hoped that those lumps had gone but it reoccurred again after few years. This time they came to Kathmandu and had operation there. After the operation, she was physically weak. The tumor in her breast reappeared. During this period, both of them were jobless. Their economic condition was not so good. This time, they went to Bharatpur. She had all the investigations and the doctor prescribed her to remove her breast. Otherwise, the tumor will spread to another part of body. She followed the doctor's advice and removed her breast. Now, she is physically very weak and not able to work anymore. She also has problem related with heart, for which she needs to take medicine throughout her life. At present, she is staying with her partner and involved in simple household works.

Case-17

Ashmita Chaudhary was born as the youngest son of her family in Tulshipur, Dang in 2049 BS. There were six members in his family. Although his parents were not well educated, as he grew up he was admitted in to the school. When he was small he used to play with toys and dolls. He loved to wear guniyo-choli and play the role of bride while playing with friends. He used to enjoy doing household chores. As he belonged to a poor family, his parents had to work hard in other's field to earn their living. His older brothers used to quarrel among each other on monetary issues. Because of all this, he could not continue his studies. When he was 15 years old, he started feeling like a girl, as if he is a girl and trapped in a boy's body. He was confused because of all these changes. Slowly he started being attracted toward boys and willing to have sex with them. Because of his activities and behaviors like girls, his brothers and father started harassing him and his mother. He was disturbed because of all these situations and he left home and reached Ghorahi. In Ghorahi he met many friends, who were like him and was so happy meeting them. In Ghorahi, he was free to introduce hisself as a girl. Her friends used to work as CSWs at highway from Nepalgunj to Dang from 10pm to 2pm. she also started working as a CSW to earn his living. On the first day, she earned Rs. 2,000. After that she started going there daily. They used to go there in group with 12-15 people. Working as a CSW was fun for her and she used to earn money also, therefore she was happily working as a CSW. After some months, she became ill. She suffered from high fever and headache. She went to a government hospital in Lamahi, where she could not even register her name. She returned back and had medicine from a pharmacy. She got well and again started working as a CSW to earn his living and to support her family. She used to stay in Ghorahi in a rented room. After knowing about his work, the landlords and the neighbors called the police and forced him to leave the locality. After that she shifted to another place and continued his work. Sometimes she used to experience excessive pain in his internal sexual organs, but he continued his work, ignoring his pain and discomfort. She found lump in the anus which was gradually increasing in size followed by bleeding occasionally. He went to district hospital of Ghorahi for the

consultation, but the doctor misbehaved her, refused to examine and suggested to go to private clinic. She went to another hospital in Lamahi, there also she was not treated well by the health professionals. After that she went to another clinic with his friend. There, the doctor examined her and said that the problem was seen because of his work as the CSW. The doctor prescribed with some medicine for five days and suggested him to go to Kathmandu for further check-up, if she does not get well. She took medicines but his problem remained same. After that he came to Kathmandu and went to a government hospital for check-up but again she was treated badly there. Then she went to Alka hospital. There the doctor examined him and prescribed surgery. She was operated there and the doctor warned her to leave working as a CSW, otherwise, she will suffer from the same problem again. Now she shares her experiences with others to raise awareness among her friends and wish that no one ever face the problem he faced.

Counseling on Fertility Options

Transgender people have the same range of reproductive desires as do non-transgender people. It is recommended that prior to transition all transgender persons be counseled on the effects of transition on their fertility as well as regarding options for fertility preservation and reproduction. The demand for assisted reproductive services among the LGBTIQ community is high. Surrogacy could be one of the options but it was halted by the Nepal Supreme Court on August 25, 2015 and the practice was formally banned by a Cabinet decision on September 18, 2015, using the Supreme Court decision date as a cut-off. The Supreme Court's final verdict was announced on December 12, 2016, and holds that surrogacy is legal for infertile Nepali married couples, but illegal for single men or women, transgender couples, and foreign nationals.[16]

Another option can be assisted reproduction which includes Timed sexual intercourse, Intrauterine insemination, Home insemination and In vitro insemination (IVF).[17] Among these assisted reproductions, IVF is applied by the

16. Available at https://np.usembassy.gov/surrogacy-services-are-banned-in nepal/#:~:-text= The%20Supreme%20Court's%20final%20verdict,are%20not%20permitted%20in%20Nepal
17. Fertility options for gender and sexually diverse people. Available at https://www.ogmagazine.org.au/20/4-20/fertility-options-for-gender-and-sexually-diverse-people/

Among the assisted reproductions, IVF is applied by the sexual and gender minorities' population in Nepal, but it also has many legal complications. Moreover, poverty and lack of awareness makes the situation worse.

sexual and gender minorities' population in Nepal, but it also has many legal complications. Moreover, poverty and lack of awareness makes the situation worse. The service is not easily available in government hospitals and it is quite expensive at private hospitals. Besides all these complications, if a couple belonging to sexual and gender minorities community use IVF for fertility option, they have to face a lots of challenges.

Same sex marriage has not yet been legalized in Nepal. It is not possible to register and validate the relation. As the biological mother and the father of the child do not have a legally registered marriage, the child's birth could not be registered as well. The lack of birth registration of the child deprives him/her of all the facilities and welfare that the country provides to its citizens and s/he will not be legally recognized as well. If legal provisions addressing similar issues are not made and executed in near future, it is most likely that the child being denied of every basic right and facility. The mentioned disparity has led to further difficulties, setbacks and complications in the lives of gender and sexual minorities' people.

Case-18

A transgender man and a lesbian woman fell in love in the workplace whilst they had been working together as co-workers. After some time, they decided to start living together as a couple. Eventually, they got married but after facing continuous backlash and outrage from their families and the society, they came to a realization that they had no other option than to elope. They were unable to live respectfully in the society like a normal, functioning couple. Following continuous intrusion from people and lack of acceptance, they ran away in order

to dodge never ending scrutiny and harassment. There were a lot of objections that poured in from people from their families, social circles as well from absolute strangers. As both of these people tied in the marital union were biological females, there was no support, only anger and opposition. Regardless of the fact that nobody was rooting for them and their conjugal life, they decided to birth a child. As they were not a typical heterosexual couple where a man begets and woman conceives a child, they had to rely on science and modern day technology. The woman was impregnated through the in-vitro fertilization method. In-vitro fertilization is a procedure where a woman's ovum (egg) is fertilized externally by a sperm in a lab. After a zygote is formed in a beaker or a test tube, it is then inserted inside the woman or a chosen surrogate. In this case, as the mother wanted to birth her child herself, the zygote was planted back inside her body and the pregnancy was successfully established.

After conceiving through the in vitro fertilization process, the couple successfully became parents to a healthy child. The happiness the baby brought, however, could not last for much longer as another problem appeared soon after. As the biological mother and the father of the child did not have a legally registered marriage, the child's birth could not be registered as well. Same sex marriage has not yet been legalized in the country and as both the parents- the biological mother and the father figure- are technically both women in their legal documents, it is not possible to register and validate their union. This has led the child to not be registered as well. This has brought a lot of complications in the family. The lack of birth registration of the child will deprive him of all the facilities and welfare that the country provides to its citizens and s/he will not be legally recognized as well. An individual will not have access to legal documents such as citizenship, passport, etc. if their birth is not registered to be begin with. S/he is considered to be an illegitimate child as long as his/her parents are not unified legally and that is not possible or even considerable in today's context. The child's future is in possible jeopardy as his existence is not verified by the government and legal bodies yet.

Intimate Partner Violence and Sexual Violence

As a community, LGBTIQ people face higher rates of poverty, stigma, and marginalization, which put them at greater risk for sexual assault. They also face higher rates of hate-motivated violence, which can often take the form of sexual assault. Moreover, the ways in which society both hyper sexualizes LGBTIQ people and stigmatizes their relationships can lead to intimate partner violence that stems from internalized homophobia and shame.

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Intimate partner violence within LGBTIQ relationships was largely unacknowledged and has been absent from governmental policy and service responses to intimate partner violence. Research in the area has also been scarce. Government, policy, research, justice and practice-based responses to intimate partner violence have overwhelmingly assumed a heterosexual framework in which women feature as victims and men as perpetrators. While LGBTIQ communities have had some effect regarding the acknowledgement of the issue within government agencies, this has not always translated into a substantive policy or practice response. There has also been a lack of acknowledgement of intimate partner violence within LGBTIQ communities themselves. Intimate partner violence is primarily defined by patterns of coercion, power and control, and recognizes that violence may be emotional, sexual, financial and physical. Intimate partner violence is understood as an effect of patriarchal social structures, gender inequality and traditional gender roles and attitudes.[18]

18. Campo, M., & Tayton, S. (2015). Intimate partner violence in lesbian, gay, bisexual, trans, intersex and queer communities. Australian Institute of Family Studies.

There are several issues that act as barriers to LGBTIQ people seeking help from and using support services and the criminal justice systems. These include an inability by support services/practitioners to view intimate partner violence outside of a heterosexual framework; an assumption that intimate partner violence is mutual in LGBTIQ relationships; insensitivity to or lack of awareness of the specific needs/issues of the LGBTIQ population; discrimination, or fear of discrimination, particularly from police and the criminal justice system; and stigma.[19] Building the capacity and knowledge of LGBTIQs themselves including health care workers, domestic violence support services and the justice system through education and training is imperative in order to improve understandings and responses and prevent further violence in LGBTIQ communities.

Case-19

Bishwal was born as a male child at Jaisidevi, Kathmandu in 2056 Bs. He was the third child of his parents after his brother and sister. When he was 2 years old, his family moved to Hetauda. When he was small he had many friends and he used to behave equally with his boys and girls friends. His behavior, dress up and hair style was like boys. He was admitted to school and started his education. When he was 14 years old, he realized his sexuality. He realized that he is a woman and being a woman he was supposed to be attracted towards boys. But he was attracted toward girls and was very confused with this. Suddenly his father died and the bad days started. After the death of his father, his mother struggled to provide him proper education and Bishwal himself struggled hard to achieve his aim.

When he was in class 10, he had friendship with a girl. They used to study together and spend most of their times together. Slowly both of them, started to love each other. Their family also knew about their relationship and they were against their relationship. So they left home and started staying at a separate apartment. After few months they had breakup, because of misunderstanding between them. After

19. Calton, J., Cattaneo, L. B., Gebhard, K. T. (2015). Barriers to help seeking for lesbian, gay, bisexual, transgender, and queer survivors of intimate partner violence. Trauma, Violence and Abuse.

that, Bishwal moved to Kathmandu and started working at Mitini Nepal's office. There, he became aware about his sexuality and started working for Sexual and Gender minorities people. Later he met with a trans-gender woman and both of them started loving each other. In the beginning, everything was ok, but after few months, there was misunderstanding between them and the situation got worse. Slowly the woman changed her behavior. As Bishwal was the staff of Mitini Nepal, he needed to go to office in time and spend time there. Because of all this, the woman started having doubt on Bishwal. She used to scold him using bad words, harass him in front of his colleague and beat him. She used to bite him, tear his clothes, burn him with cigarette and harass him publicly. In spite of all this, Bishwal tried hard to save his relationship with her, but the woman got married to someone else. Even after getting married, she was in touch with Bishwal. Whenever Bishwal could not respond her call or messages, she used to come to Bishwal's home and beat him. The relationship could not sustain because they could not understand each other. He became the victim of violence by his partner. Now, they are separated and Bishwal is trying hard to focus on his work to achieve his aim and to support his mother.

Case-20

Prisma is a resident of Ghodaghodi Municipality-3, Narayanpur. She likes to introduce herself as a transgender woman. She is 28 years old and now she is studying at masters level in Rastriya College. She face discrimination from her family, friends and relatives, only because of belonging to gender and sexual minority community. Since last 6 years, she is in relationship with a transman. Her family used to harass her and beat her because of her relationship. Once her family put fire on her bed to warn her to end her relationship. Her brothers used to harass her using derogatory terms like 'hijada', 'chakka' etc. and used to beat her. Her family, friends and friends also used to use such terminologies and used to hate her. When she was in living relationship, her partner used to doubt on her and scold her in minor mistakes. They used to have fight on financial matters. Her partner was influenced by the

patriarchal thought and he used to act as if he is a male and try to have control over Prisma. Sometimes he used to harass her physically. Because of all these, she used to feel stressed and it also hampered her work and daily life. At last, she shared her problem with her friends. They suggested her to get help from psycho-socio counselor and also to seek legal help but she could not get support as our constitution does not legalize same sex relationship.

Case-21

Shuvam Pariyar was born as the youngest girl child of her parents in Gulmi. There were five members in her family. Her father was a tailor and used to run small shop. Her brother used to help her father in the shop. Though she was born as a daughter, she used to feel as if she is a boy, since her early childhood. Her family members were worried about her behavior like a boy. When she was 14 years old, she started liking a girl. Slowly the villagers knew about their relationship. Because of all this, she started feeling discrimination by the family members and society. The situation got worse and she decided to leave home and went to Butwal. In the beginning, she used to feel lonely in the new city. Later she got connected with a girl named sapana via facebook. They started liking each other and Shuvam proposed Sapana. Sapana accepted her proposal and since last seven years, they have been living together. They used to work for a company. The relationship between them was very nice. Shuvam had trust on Sapana. He used to handover all his earnings to Sapana. Slowly, Sapana started quarrelling with Shuvam on monetary issues. She started demanding all his money. She started stopping Shuvam to socialize with other friends. Sapana tried to have control over Shuvam's life. Because of these issues, Shuvam was depressed and was feeling suffocated in the relationship.

Conclusion and Recommendation

Health is one of the fundamental rights of every human being without distinction on any basis. Yet, the gender and sexual minority population suffer from prejudice and discrimination in access and use of these services which place disparities in health status between sexual and gender minority individuals. There are various factors that prevent an individual from gaining access to health, social care and other services, such as high cost of care, lack of availability of services, lack of infrastructure, inadequate resources and health workers' motivation, financial barriers, discrimination, lack of cultural competence by providers, health systems barriers and socioeconomic barrier. While sexual and gender minorities have many of the same health concerns they exceptionally face stigma, discrimination, the provision of substandard care, outright denial of care because of an individual's sexual orientation or gender identity. Consequently all these factors hinder gender and sexual minority population's sexual right and reproductive right. Therefore, following recommendations need to be followed for improved SRHR status of sexual and gender minority population.

Recommendation

- The government of Nepal should review, amend, and repeal existing health laws and policies that adversely affect the health and well-being of LGBT people.
- Ensure an enabling legal and policy environment that prioritizes the health needs of LGBTIQs as part of health service provision, including for HIV and STIs prevention and treatment and gender-affirmative care, and includes strengthening capacities of service providers to ensure confidentiality, empathy, and respect in healthcare settings.
- Integrate rights-based service provision into health service provider curricula, and train and sensitize health care providers to ensure LGBTIQ friendly health services at health care facilities.
- Ensure adequate health budget allocations to minimize out-of-pocket health expenditures and provide subsidised health insurance to financially vulnerable populations including sexual and gender minority population.

- Institute monitoring and redress mechanisms to address and effectively remedy the various forms of discriminations faced by LGBTIQ people at formal and informal and offline and digital workplaces.
- Prioritize the inclusion of rights-based, evidence-based and scientifically accurate comprehensive sexuality education in school curricula and out of school education programs that urgently address stigma, stereotyping and discrimination on the basis of sexual orientation and gender identity and expression.
- Intervene to address unemployment issue towards sexual and gender minority population at multiple levels and to create economic opportunity. Such interventions can reduce the psychological and economic stress and serve as a protective factor for STIs and HIV risk.
- Enact comprehensive anti-discrimination legislation that would prohibit discrimination on the basis of sexual orientation or gender identity in the areas of health, employment, education, political activities, and the provision of accommodation, goods and services.
- Take all necessary measures, including legislative, to recognize family rights of same-sex couples. Nepal should provide citizenship to children born or adopted by LGBTIQs.
- Take legal, policy and administrative measures to combat prejudice, social stigma, violence and stereotyping of LGBT people.
- Reinforce and expand social protection systems to ensure that LGBTIQ people have access to a universal basic income, paid leave, food, safe shelters and care giving services.
- Provide awareness programs for public officials and local representatives on sexual orientation and identity issues to address stigma.
- Launch awareness campaign for gender and sexual minorities on sexual orientation and empower them to mitigate the challenges they face.
- The government should conduct extensive research for the evidence and data on SRHR issues of LGBTI community.

Mitini
NEPAL

INTRODUCTION

Mitini Nepal (MN) is led and driven by community based organization for the rights of people who identify themselves as lesbian, bisexual and transgender. MN was established in 2006 with a vision to build a peaceful, prosperous society where sexual and gender minorities' community can live with self-esteem and dignity while enjoying human rights without any discrimination, violence, assault, and fear.

It was established by the first lesbian couple of Nepal Laxmi Ghalan & Meera Bajracharya. MN advocates for the access of political, legal, social, economic and educational rights of LBT people by strengthening coordination, collaboration, network and by developing mutual understanding among all concerned stakeholders as well as by capacitating excluded and vulnerable LBT individuals in order to create an egalitarian environment for sexual and gender minorities.

Mitini Nepal has been working in 3 provinces of Nepal with local communities and on a national level with the mission to improve the human rights and well-being of sexual and gender minorities in Nepal.

MISSION

To advocate for the access of political, legal, social, economic and educational rights of LBT people by strengthening coordination, collaboration, network and by developing mutual understanding among all concerned stakeholders as well as by capacitating excluded and vulnerable LBT individuals in order to create an egalitarian environment for sexual and gender minorities

GOAL

A just society where LBT can live a dignified life with fruitful participation in public spheres, highly protected socially, economically, legally and politically.

OUR PROGRAMS

1. Lobby and Advocacy Program
We advocate for equal rights of LBT people through interaction with policymakers and government stakeholders, media and other members of civil society. We also organize discussion, seminars, workshops, rally, sit-ins, press meetings, etc.

2. Awareness and sensitization Program
We conduct awareness-raising programs to sensitize community on Sexual Orientation,
Gender Identity and Expression (SOGIE) and LGBTI issues through street dramas, radio program, cultural programs, posters and pamphlets publications, orientation in academic institutions including schools and colleges, awareness raising programs for community service organizations (CSOs), parliamentarians, government stakeholders, community police and media.

3. Skill development programs
We provide skill development and income generating training to LBT and women for marginalized and poor communities. Some of the income generation training are tailoring, weaving, driving, beautification training, coffee making, mushroom cultivation training, an candle making. We also sell products for fundraising.

4. Capacity development programs
We conduct capacity development programs such as leadership development, human rights, legal awareness and other training on sexual and gender rights.

5. Psychosocial and Legal counseling
We provide both psychosocial and legal counseling services to lesbians, bisexual women, and transgender.

6. Research and study
We conduct qualitative and quantitative research on LBT women's issues including challenges and also document their stories as narratives.

Mitini
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