

Working Condition, Problems and Its Impact on the Health of Sexual and Gender Minorities

Bishnu Kumar Adhikari, Lecturer
Kathmandu Shiksha Campus

Abstract

The third gender in contemporary societies is viewed from different angle. They have been facing different problems because of their sexuality. The objective of the paper is to explore the working condition, problems and its impact on the health of sexual & gender minorities in community. The descriptive research design was adopted in this study. It was based on field study in Kathmandu valley. Interview schedule has been applied as tool of data collection. The study was delimited to the LGBTI registered under BDS only. Altogether 100 respondents were selected out of total (111) purposively. Most of the LGBT (53.67%) were involved in private sector and 34.56% were working as sex worker. The respondents (38.47%) reported that they were dismissed from the job and 12.5% suffered from sexual exploitation and rape. Similarly 32.78% suffered from mental tension and 20% suffered from depression, Social support, information education and awareness programs targeting the LGBT and studies covering a diverse population are recommended.

Keywords: Working condition, exploitation, heterosexual, bisexual, and Sexual and Gender minorities.

Background

Any sex that violates these rule is 'bad' 'abnormal' or unnatural. Bad sex may be homosexual, unmarried, promiscuous, non procreative or commercial. This system of sexual judgement religious, psychological, feminist or socialist attempt to determine of which side of the line a particular act falls (Albelove et.al,1993).

According to Brewer(1999), some centre in the Brain are responsible for sexual contains androgen receptors is in the anterior hypothalamic area of the Brain, the female centre is in an area called the ventro-medical nuclear region of the Brain these centers are thought to develop according to the levels of circulating sex hormones.

It is only since the early 1980's that Homosexuality had become a visible, identity issue in India. Never before has the issue of same sex love been debated or discuss with as much passion as in the last decade an identity is being claimed; even it is being neglected (Humjinsi, 2002). Homosexuals have been struggling about the gay marriage rights in Poland , Latin America ,and South Africa where the constitution

has banned the same sex marriage .(Luitel,2004) It is found that male homosexual are recognized by three different names as 'Meta' , 'Ta' ,and 'Dohori'(Vishodeep weekly,2004).

The third gender in contemporary societies is viewed from different angle. In the 1970s, the anthropologists have described gender categories in some cultures which they could not adequately explain using a two-gender framework. At the same time, feminists began to draw a distinction between biological sex and socio/psychological gender. Contemporary gender theorists usually argue that a two-gender system is neither inborn nor universal. A sex/gender system which only recognizes the following two social norms have been labeled as "heteronormativity". History has no profound ground to prove as to when the third sex came into existence in society. Some writers suggest that a third gender emerged around 1700 AD in England. Karl Heinrich Ulrichs's book proves that people described themselves as members of a third sex in Europe around 1860s. Many cited precedents from classical Greek and Sanskrit literature (Manandhar, et.al.2009).

If we go by LGBTI's history of receiving recognition of third sex officially, we can find a 21-year-old lesbian, Bishnu Adhikari, who became the first 'third gender' in Nepal under the Maoist-led government, this movement is indeed a landmark for sexual minorities in a country where a strong feudal society still persists and has strong footholds on all social aspects. She became the first person to get an official identity card that describes her sex as 'third gender.' She was issued an official ID that gave her gender as 'Third'. Despite the tough effort, she realized her dream by acquiring the identity that truly represented who she was. The credit goes to gay lawmaker Sunil Babu Pant who inspired Bishnu Adhikari to apply for a third gender identity (Shrestha, 2010).

Transgender students face particular challenges regarding uniform policies and lack of toilet facilities as other students express discomfort at sharing toilet facilities with them. Transgender students may be barred from a classroom or entering an exam hall if the gender of their uniform does not match their gender identity, Some transgender youths have reported being unable to take the national exam necessary for entering higher education because of this. Others report being accused of fraud. In order to avoid this, some drop out of regular school system (UNDP, USAID 2014).

Objectives of the study

The objectives of the study were to find out the working condition of the sexual & gender minorities (LGBTI), to identify the problems in different place of the respondents and to find out the impact on health of sexual and gender minorities etc.

Methodology

The descriptive research design was adopted in this study. It was based on field study in Kathmandu valley. Interview schedule has been applied as tool of data collection. The study was delimited to the LGBT registered under BDS only. The total LGBT (111) of Kathmandu Valley who were registered in BDS they were the population of this study. The selected LGBT (Lesbian, Gay, Bisexual, and Transgender) were the primary sources of data. The coordinators of different branches of BDS who are working for sexual & gender minorities were also the primary source of data.

Total, 100 respondents were selected as sample size of this study using purposive sampling method, which is 90.09% of the study population. Some names of LGBTI coordinators of different branches were selected from the help of staffs of the BDS centre office Lazimpat. The interview schedule was pre-tested on 10% of total sample in Thamel area. The validity of the tool was assured by consulting research advisor, related teachers, Coordinators and staffs of BDS of different branches and necessary modifications was made in the tool as per the feedback provided by the pretest result and experts. The permission was taken to collect necessary data for the purpose of the study. After that the respondents were greeted & explained the purpose and nature of study. Then the suitable atmosphere was created to encourage the respondents for providing necessary information.

Results and discussion

The current study focuses with the exploration of the working condition, problems in different places and its impact on the health of sexual & gender minorities in community.

In this study, the age group 15-44 years were involved among them, 4% were lesbian, 27 % Gay, 10% Bisexual and 59% Transgender including male and female. Whereas 93.22% male TG and 6.78% female. Similarly, 92% respondents were literate and remaining 8% were still illiterate and 37% were married. Out of total 32.43% were not livings together in the family, the highest age group of the respondents (30%) were 25-29 years which is productive age.

Among the total, 53.67% respondents were involved in private sector as a main job and 34.56% were involved in commercial sex work. Similarly they had problems of teasing and saying hijra and chhakka (33.33%) and underestimated in talking or speech (32.25%) in public vehicle and ignored to treat being third sex (35.63%). Out of total respondents, 53.67% have been involved in the private office followed by sex worker (34.56%), unemployed (6.62%), waiter in dohorisaj (3.68%) and agriculture

(1.47%). Out of total, 33.33% respondents suffered in public vehicle by saying hijra and chhakka. In this study, 32.78% suffered from mental tension and 20%, from depression.

Working condition of sexual and gender minorities

Working condition means the working places/sector and their situation where they are involved to maintain and promote their life or to survive. The working places and condition are important for the people to adjust their group and community. The main working places of sexual and gender minorities in Kathmandu valley are private sectors dance restaurant, bar and dohorisaj as a sex worker. The working status of them is shown in table 1.

Table 1: Working condition of the respondents

	Working condition	No of respondents	Percentage
Main job sector	Private office	73	53.67
	Sex worker	47	34.56
	Unemployed	9	6.62
	Waiter in dohori saj	5	3.68
	Agriculture	2	1.47
	Total	136	100
Condition of job	Working at least wages	18	18
	Working for appropriate wages	36	36
	Working just for survive	24	24
	Not involved in working	22	22
	Total	100	100

Table 1 has given the information on the working places of LGBT and their condition of working wages status. Out of total respondents, the majority of the respondents (53.67%) have been involved in the private office followed by sex worker (34.56%), unemployed (6.62%), waiter in dohorisaj (3.68%) and agriculture (1.47%). Regarding the condition of their job, majority of the respondents (78%) have been involved in working and remaining (22%) have not been involved in working. Out of them, the majority of the respondents (46.15%) were getting the appropriate wages because of the patronage of the BDS. and (30.77%) of the respondents have been working as just for survive and (23.08%) of the respondents have been working for least wages. From the analysis of above table, they are compelled to involve in private job and working for least wages so they have lower economic status.

Problems faced by minorities in different places and community

Family, community and government as well as medical support and access to sexual and gender minorities cannot easily be taken to be a normal phenomenon. It is linked with poverty and social status and also with the availability of such facilities. Even in the Nepal, they are not respected in public road, vehicle and in different types of institutions by other people of the community. They are also deprived of basic fundamental human right which is shown in table 2.

Table 2: Problems faced by minorities in different places & community

	Status	No of respondents	Percentage
In public road	Teased by saying chhakka	68	60.71
	Beaten in the road	20	17.86
	Snatched the money	17	15.18
	Snatched the mobile	1	0.89
	Back biting	6	5.36
	Total	112	100
In public vehicle	Teased by saying hijra & chhakka	31	33.33
	Under estimated in talking/ speech	30	32.25
	Charging unfairly during travelling	4	4.30
	Force to leave the seat	11	11.83
	Steering and giggling	7	7.53
	Showing desired sexual behavior	5	5.38
From health workers	Reluctant to stop the vehicles at intended place	5	5.38
	Total	93	100
	They made me treatment late	50	57.49
	They ignored me to treat being third sex	31	35.63
	Asked unnecessary questions	4	4.59
	Getting involved in sexual exploitation and rape	2	2.29
From the whole community & Institution	Total	87	100
	Dismissed from the job	30	38.47
	Discarded from the family	25	32.05
	Restricted from the school	16	20.51
	No other effect	6	7.69
	Beaten by the police	1	1.28
	Total	78	100

Note: - Multiple responses were accepted.

Table 2 showed that out of total respondents 53% have been facing different problems from other people of community in different places. Majority of the respondents (60.71%) suffered teasing by saying chhakka and followed by beaten in the road, (17.86%), snatched the money (15.18%), backbiting (5.36%) and snatched the mobile (0.89%) In the public vehicle , 33.33% faced teased by saying hijra and chhakka and followed by under estimated in talking or speech (32.25%),forced to leave the seat(11.83%), Regarding the problems from the whole community and institutions, 38.47% were dismissed from the job and discarded from the family (32.05%), restricted from the school (20.51%) and beaten by the police (1.28%).

Impact on health of sexual and gender minorities

In this segment, health problems faced by minorities are discussed. They are at risk in sexual violence from their clients, and other physical, mental and social healths are the serious problems in their profession.

Table 3 Impact on health of the respondents

Diseases/impact on health	No of Respondents	Percentage
Tension	59	32.78
Depression	36	20
Lack of sexual desire with own spouse	34	18.89
Pain during intercourse	24	13.33
Genital itching	15	8.33
Rashes on skin	8	4.45
Rape	2	1.11
Sexual Transmitted Infection (STI)	2	1.11
Total	180	100

Multiple response were accepted

Table 3 showed that most of the respondents (32.78%) were suffered from tension and 20%, from depression , 18.89% from lack of sexual desire with own spouse, 13.33% pain during intercourse, 8.33% genital itching , 4.45% rashes on skin, 1.11% rape and 1.11% were suffered from STI respectively.

Conclusion

Most of the respondents had the problems of discrimination and discarded by family member and society along with unnecessary mental and physical torture by police and other people. They are teased by saying hijra, chhakka and impotence etc using abusive words by the people while walking in the road, public places and in public vehicle also. Similarly the impact of these problem have been seen on their health as tension, depression, lack of sexual desire with own spouse, pain during intercourse, genital itching, rashes on skin, rape and STI etc.

Based on the study outcomes, it can be suggested that a country like Nepal should prepare a policy framework and programs to make people aware as well as follow the policy. The emphasis should be on the equal behavior and change, the public awareness by various programs, equal legal provision and implementation, inclusion of third sex issues in the school curriculum etc.

References

- Abelove, H. et.al. (1993). *The lesbian and gay studies reader*. New York: Rotledge Publications Inc.
- Brewer, S. (1999). *The complete book of men's health*. London: Harper Collins Publications
- Humjinsi, S. (2002). *A resource book on lesbian gay and bisexual right in India*. India: combatlaw Publications Pvt.Ltd.
- Luitel, D. P. (2004). *Sexual behavior of men who have sex with men and risk factor of STI and HIV/AIDS*. Unpublished M.A.Thesis, Tribhuvan University, Kathmandu.
- Manandhar, M. et.al. (2009). *HIV victims senior citizens internally displaced*. (T. H. Times, Ed.)
- Shrestha, S. (2010). *Third gender raises voice in Nepal*. (T. H. Times, Ed.)
- UNDP, USAID (2014). *Being LGBT in Asia: Nepal country report*. Bangkok: Author.
- Bandi Publication (2004). *Samalingiko aaphani ansar*. Vishowdeep Weekly. Kathmandu: Author.