

Extent of stigma, discrimination and violence faced by metis (male-to-female transgender people) in Nepal: implications for HIV prevention and care

Mashreeb Aryal¹, Miriam Samuel¹, Bhakti Shah², Murali Shunmugam³, Venkatesan Chakrapani³

¹Madras Christian College (MCC), Department of Social Work, Chennai, India; ²Blue Diamond Society, Kathmandu, Nepal; ³Centre for Sexuality and Health Research and Policy (C-SHaRP), Chennai, India

BACKGROUND

- Issues faced by metis, 'third gender' or male-to-female (MtF) transgender people, in Nepal are relatively understudied.
- Although a few qualitative studies have documented the stigma and discrimination faced by metis, limited published evidence is available on the extent of the stigma, discrimination and violence experienced by metis. This study aimed to address this gap.

METHODS

- We conducted a cross-sectional survey among a convenient sample of 120 meti-identified transgender people in urban locations (Kathmandu and Pokhara) in Nepal, recruited through a community-based organisation, Blue Diamond Society.
- We measured the nature and extent of stigma, discrimination, and violence from various perpetrators; and access to HIV services; and presence and degree of depression.
- Bivariate and multivariate analyses (multiple linear regression) were conducted.

RESULTS

- Participants' mean age was 27.2 years. About two-fifths (42%) of the participants reported to be in part- or full-time sex work.
- High prevalence of different forms of discrimination was observed. The percentage of participants who reported experiencing physical abuse, verbal abuse, blackmailing and threat at least once a month were 21%, 16%, 27% and 24%, respectively.
- More than half (58%) reported having been discriminated against by health care providers. Almost all of the participants (98%) who were tested for HIV the last time had tested themselves in the clinic of a community-based agency, and not in public hospitals.
- Seven percent self-reported as HIV positive.
- Moderate or severe depression was reported by 28.3%.
- Bivariate analysis revealed statistically significant association physical abuse and depression.
- In multiple linear regression analysis with depression as the outcome variable, stigma emerged as a significant predictor (See Table 1), indicating high chances of association between experience of stigma and depression.

CONCLUSIONS

- In spite of the progressive legal recognition of 'third gender' identity for metis in Nepal, high prevalence of various forms of discrimination from diverse perpetrators were found. Systematic efforts are needed to sensitise and train health care providers in public health settings and police personnel to accept metis and to equip them to provide non-discriminatory and optimal care.
- Mental health issues need to be addressed, and support needs to be extended for victims of physical and sexual violence.
- Long-term solution may exist in changing the negative attitudes among the general public by promoting better understanding of sexual minorities.

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Table 1. Multi-linear regression analysis for predicting depression score with stigma score and experience of forced sex (n=120)

Variables	В	SE	ß	P value
Focal Variables				
Stigma score	.21	.09	.21	.02
Forced sex (No = 0; Yes = 1)	1.06	.87	.11	.22
Control Variables				
Sex work (No = 0; Yes = 1)	.61	.86	.06	.48
Age (18 to 30 = 0; 31 to 45 = 1)	.40	1.01	.03	.69