

**IMPACT OF COVID-19 PANDEMIC
ON
LGBTIQ COMMUNITY IN NEPAL**



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Acronyms

BDS	Blue Diamond Society
CBO	Community Based Organization
COVID-19	Coronavirus Disease 2019
FSGMN	Federation of sexual and gender minorities Nepal
GoN	Government of Nepal
LGBTIQ	Lesbian, Gay, Bisexual, Transgender, Intersex and Queer
MoH	Ministry of Home
MoWCS	Ministry of Women Children and Senior Citizen
MSM	Men having Sex with Men
NGO	Non-Governmental Organizations
PWID	People Who Inject Drugs

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Executive Summary

This study was supported by Christian Aid Nepal and Women Fund Asia, and was conducted by Blue Diamond Society in the aftermath of the outbreak of COVID-19 pandemic to understand the impact of COVID-19 on LGBTIQ community members in Nepal. An electronic survey was conducted among LGBTIQ from the wide network of Blue Diamond Society through its community based organization across the country.

The results of the survey reveal that LGBTIQ community members in Nepal are not deprived from education as 55.8 per cent of the respondents have secondary level education. Similarly, in this digital age, when it comes to gathering information most rely on social media. Regarding health check-up, 51.2 per cent of the respondents have conducted their physical health check-up in the past few months. But, 87.2 per cent of the survey participants have not conducted their mental health check-up. The survey results show that both physical and mental health check-up have been affected by the lockdown caused by COVID-19 pandemic. Likewise, as for the COVID-19 test, 75 per cent of the LGBTIQ members have not conducted the test although most of them (75 per cent) know where to go for the testing. Further, 57 per cent respondents answered that they know about the public health safety measures during the pandemic and they have been following the public health safety measures as advised by the government. However, 6.4 per cent of the participants answered that they did not know about such measures and few respondents answered that they do not follow any public health safety measures advised by the government during the ongoing pandemic. Notably, 83.9 per cent of the LGBTIQ community members are in need of required materials such as dignity kits, hormones and/or other medicines. The lockdown and other restrictions imposed by the government have led the LGBTIQ members to violence, primarily from their partner as well as from their family members, and notably attempt to suicide. Attempt to suicide is also linked with the loss of livelihood and jobs as well as increase in psychological distress such as tension and depression among the participants in the past few months.

Based on the study results, it is realized that expansion of network particularly in the Karnali Province is required. Similarly, the stakeholders should work towards increasing access to health facilities as well as provide necessary materials such as dignity kits, hormones and/or other required materials to the LGBTIQ community across the country. This can be done in collaboration with the governmental and non-governmental organizations as well as individual helping hands working for the benefit of LGBTIQ community. Similarly, dissemination of information regarding the ongoing pandemic is necessary for the safety and wellbeing of the LGBTIQ community in Nepal.

INTRODUCTION

Novel Corona Virus was first identified in Wuhan, China in 31 December 2019¹. It quickly spread to almost every country of the world and the World Health Organization declared it as a global pandemic on 11 March 2020². In Nepal, the first case of Coronavirus infection was detected on 24 January³, and during the writing of this report the total infection is slightly over 65,000 cases, with over 400 deaths⁴. Corona virus infection can be mild to severe; many cases recover from home care; and many are required to be taken to the hospital. Older people and those with underlying health conditions such as cancer, blood pressure, diabetes, etc. are at higher risk and need special care. Large majority of infected persons from around the world have successfully recovered.

Being able to afford and access medical care is essential to testing for COVID-19, as well as treating the symptoms of the disease. However, LGBTIQ people are more likely than their non-LGBTIQ peers to lack health coverage or the monetary resources to visit a doctor, even when medically necessary⁵. United Nations Office of the High Commissioner for Human Rights regarding COVID-19 and the Human Rights state that people regularly experience stigma and discrimination while seeking health services, leading to disparities in access, quality and availability of healthcare⁶.

Although there is no evidence that LGBTIQ people are more likely to contract or transmit COVID-19, a number of factors suggest that they might be at higher risk from its biomedical and socio-economic consequences⁷. The study conducted in the UK asserts, 'like most vulnerable groups affected by the lockdown, members of the LGBTIQ community, too, say that they are forced to compromise with their physical and mental health—with many suffering from withdrawal symptoms after a shortage of hormone medications and many others subjected to increased stigmatization while being locked in with disapproving parents who condemn their sexual identities'⁸.

As a marginalized and underprivileged community, LGBTIQ people have been experiencing extreme hardships at this difficult phase of a global pandemic and are now deprived more than before because of the outbreak of the COVID-19, but the state of Nepal has shown no concern to these issues of the already marginalized community⁹. For members for the LGBTIQ community, who are already more vulnerable to various medical, physical and mental issues, the lockdown has exacerbated existing problems and given rise to new ones¹⁰.

In Nepal, National HIV Strategic Plan 2016-2021 on the impact of health epidemics such as the HIV show that the concentrated epidemic in the subpopulation is characterized by groups of people

1 <https://www.who.int/news-room/detail/27-04-2020-who-timeline---covid-19>

2 <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>

3 http://www.xinhuanet.com/english/2020-01/25/c_138732435.htm

4 <https://covid19.mohp.gov.np/#/>

5 Whittington Charlie, Katalina Hadfield, and Carina Calderón (2020). *The Lives and Livelihood of many in The LGBTQ Community are at risk amidst Covid-19 Crisis*. Human Rights Campaign Foundation.

6 OHCHR (2020). *COVID-19 and Human Rights of LGBTI People*. OHCHR.

7 <https://www.worldbank.org/en/news/feature/2020/05/15/estigma-cuarentena-covid-lgbti>

8 LGBT Foundation (2020). *Hidden Figures: The Impact of the Covid-19 Pandemic on LGBT Communities in the UK-3rd edition*. LGBT Foundation.

9 https://www.google.com/search?q=Mitini+Nepal+COVID-19&rlz=1C1RLNS_enNP831NP831&oq=Mitini+Nepal+COVID-19&aqs=chrome..69i57.5742j0j7&sourceid=chrome&ie=UTF-8

10 <https://kathmandupost.com/national/2020/05/10/for-an-already-vulnerable-queer-community-the-lockdown-could-make-things-worse>

with high-risk behaviors who have active networks¹¹. These groups of people are categorized as key populations and they consist of: i) people who inject drugs (PWID), ii) sex workers and their clients (male and female), iii) men who have sex with men (MSM) and transgender people, iv) male labor migrants and their wives, and v) prison inmates.

Recognizing that LGBTIQ community are at risk of infection during this ongoing COVID-19 pandemic, Blue Diamond Society, Nepal (BDS) has conducted this study to understand the impact of COVID-19 in the lives of LGBTIQ community members across Nepal. This study was supported by Christian Aid Nepal and Women Fund Asia.

Methodology

After COVID-19 pandemic hit the world, governments across the globe have been taking preventive measures to stop the transmission of the disease. Following the public health safety measures, the Government of Nepal (GoN) also restricted long distance travel and have been ensuring lockdown and shutdown across the country. Adhering to the restrictions and precautions advised by the GoN, this study was carried out electronically.

This study embraces quantitative method using an electronic survey to collect the data from the LGBTIQ community within the wider network of BDS. A survey questionnaire was developed in consultation with BDS that focused on collecting the information regarding health, social and economic issues faced by the community members in the aftermath of the COVID-19 pandemic. Using an online platform called 'surveyMonkey.com' a link of the survey was sent to the Community Based Organizations (CBOs) associated with BDS. The CBOs then distributed the e-survey link among people within their network via Facebook, Messenger, Viber, WhatsApp etc. Data collection was carried out from 20 August 2020 to 27 August 2020 and the survey reached to a total of 211 people. However, after filtering the incomplete responses and disqualified respondents, the data-set consisting a sample of 172 respondents have been used in this report to analyze and present the data.

Limitation

This e-survey was conducted online via Facebook Messenger, Viber, WhatsApp and web-browser this was mainly because of the surveyor not being present physically during the survey. Also, as this survey was conducted with the LGBTIQ community members within the network of Blue Diamond Society, most participants were working in or associated with the CBOs and NGOs. Another limitation of this study was that it specifically tried to get information on post COVID-19 and its subsequent lockdown imposed by the government of Nepal and how it affected the LGBTIQ community members. Therefore, it does not dig deeper into other social and economic aspects of livelihood of the participants. Finally, as this study was conducted among the community members who are within the wider network of BDS, the findings and results of this study cannot be generalized among all the LGBTIQ people across Nepal.

11 National HIV Strategic Plan 2016-2021 | Nepal HIVision 2020: Fast-Track ending the AIDS epidemic as a public health threat, by 2030(2nd Edition, June 2017). <https://reliefweb.int/report/nepal/national-hiv-strategic-plan-2016-2021-nepal-hivision-2020-fast-track-ending-aids>

RESULTS

This section presents the descriptive results of the survey. The results are presented in figures and tables where appropriate.

Demography

This survey was intended to reach people from all across Nepal, and it has successfully reached to LGBTIQ community members from all the provinces. Figure below shows the province of the participants in respect with their current residence. Participation from Karnali Province is seen very low compared to participants from other provinces. Further, a majority of the survey participants (41.3 percent) currently reside in Bagmati Province.

Figure 1 Province

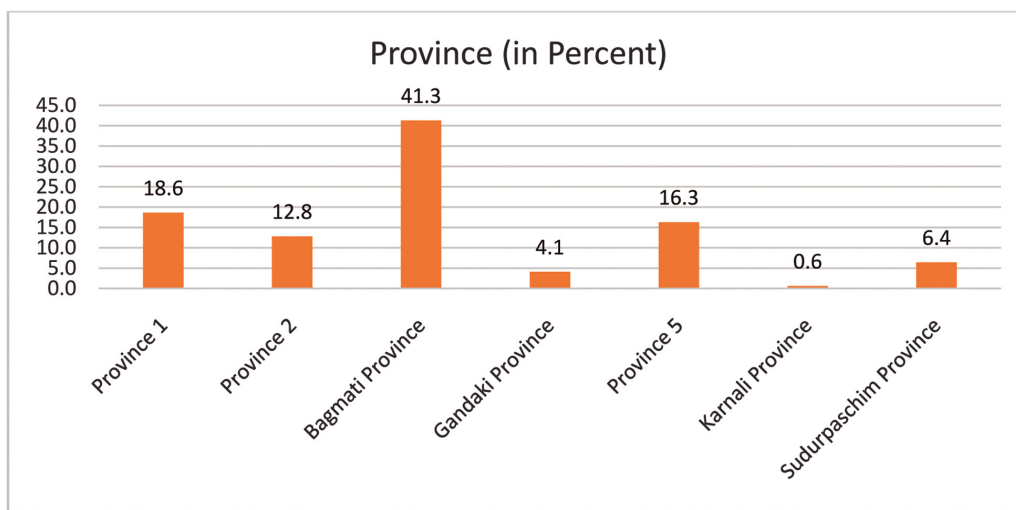


Figure below shows sexuality/gender of the survey participants. A majority (43 per cent) of the respondents identified themselves as Male Homosexual followed by people identifying themselves as Trans Female (29.7 percent). Similarly, 5.8 per cent (10 individuals) of the survey respondents identified themselves as others. Out of those 10 individuals, seven (7) individuals identified themselves as male.

Figure 2 Sexuality/Gender

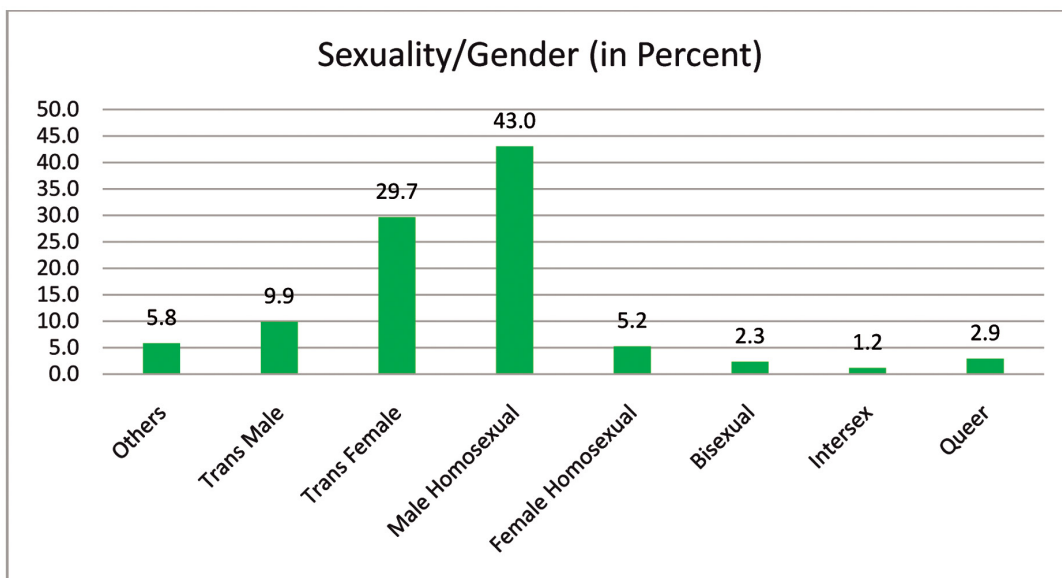
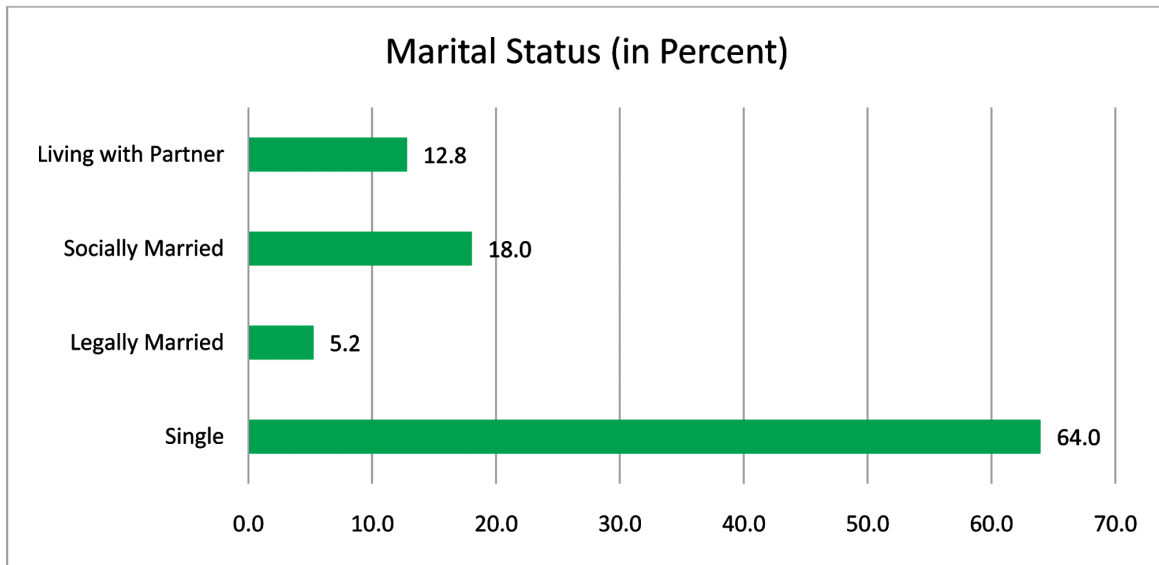


Table 1 Other Sexuality/Gender

S.N.	Other (Specify)	Total
1	Heterosexual attracted to transman	1
2	Male	7
3	MSM	1
4	Transgender	1
5	Total	10

As per the marital status of the total survey respondents, 64 per cent have said that they are single. Similarly, 18 per cent of the respondents socially married. Within the LGBTIQ community in Nepal, the term social marriage is referred to as being married without necessarily being married with their partner of choice. However, legally (5.2 per cent of the survey respondents) also does not necessarily mean that the respondents are married with the partner of their own choice. A recent news about the draft of policy on recognition of legal and social status of the marriage in Nepal between sexual and gender minorities has given a positive direction for the LGBTIQ people to expand their families and end discrimination against sexual and gender minorities¹². However, the draft policy needs to be passed by the Council of Ministers in order to be effective. Moreover, if this policy is passed as it is, same-sex couples will have the legal right to have children¹³.

Figure 3 Marital Status

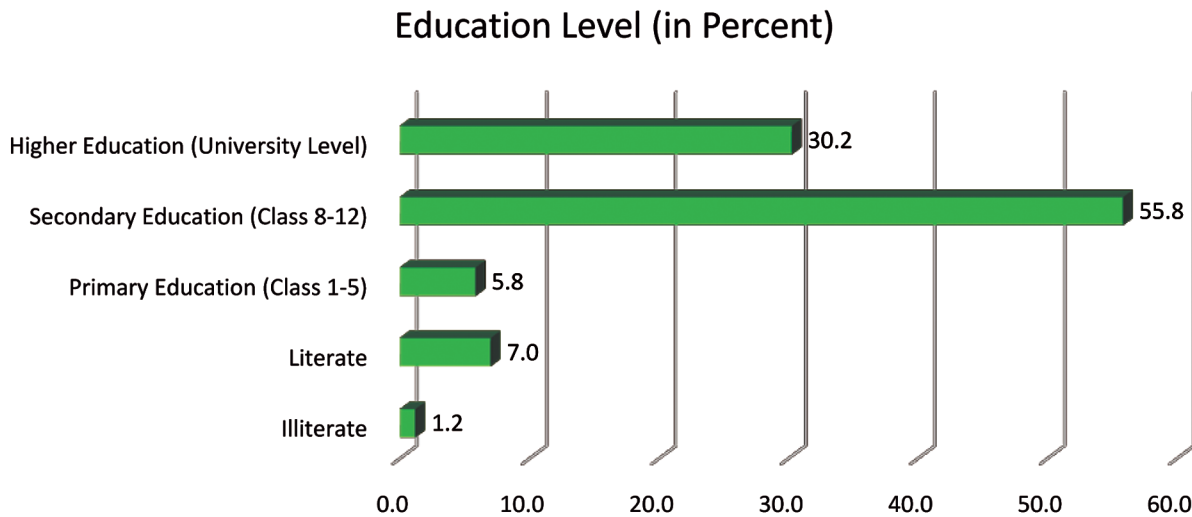


As for the education level of the respondents, majority of the respondents are literate. Very few respondents (1.2 per cent) were illiterate and 55.8 per cent of the respondents have their education of secondary level.

12 [https://www.bbc.com/nepali/news-53861921?at_custom2=facebook_page&at_campaign=64&at_custom4=95F67346-E4F7-11EA-8E7A-630AFDA12A29&at_medium=custom7&at_custom3=BBC%20Nepali&at_custom1=\[post%20type\]&fbclid=IwAR0Y3ASdBduOC1JrFVTyCUN5fXOtsfNXx0yvCpTZHjncYPyda-Wr21fUxow](https://www.bbc.com/nepali/news-53861921?at_custom2=facebook_page&at_campaign=64&at_custom4=95F67346-E4F7-11EA-8E7A-630AFDA12A29&at_medium=custom7&at_custom3=BBC%20Nepali&at_custom1=[post%20type]&fbclid=IwAR0Y3ASdBduOC1JrFVTyCUN5fXOtsfNXx0yvCpTZHjncYPyda-Wr21fUxow)

13 *Ibid.*

Figure 4 Education Level



A majority of respondents (53.5 per cent) were currently employed by NGO. Further, 16.9 per cent of the respondents (29 individuals) said that they are unemployed. The survey had asked if they were unemployed because of the lockdown caused by corona virus, and 19 individuals responded confirmed as yes and the other 10 individuals responded as no (see Table 2 below).

Figure 5 Occupation

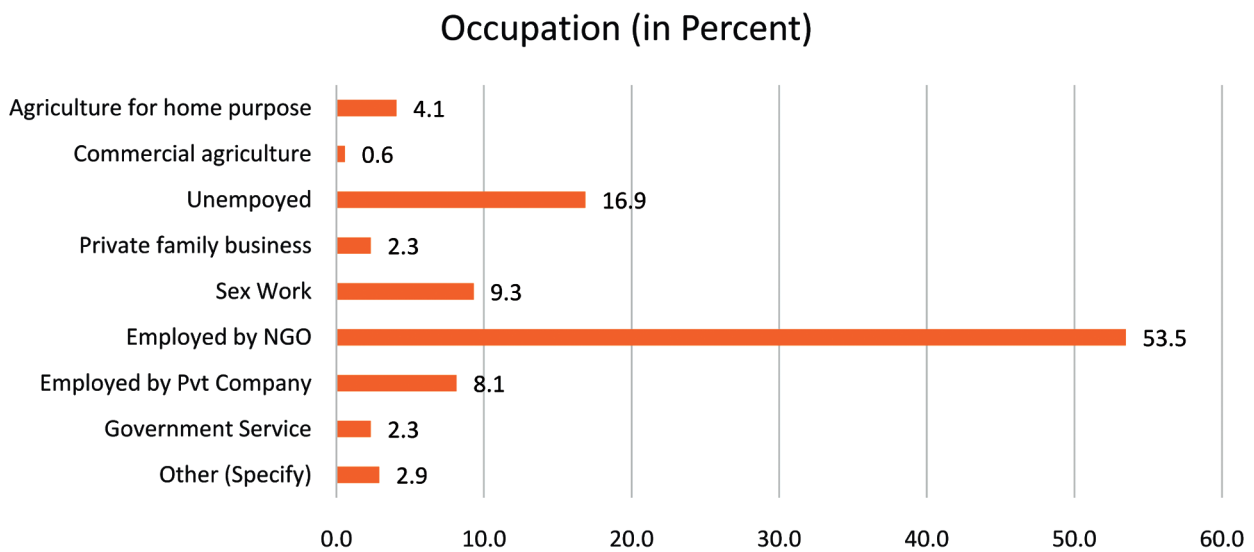


Table 2 Unemployed because of Lockdown caused by Corona Virus

S.N.	Unemployed because of lockdown caused by corona virus	Frequency	Valid Percent
1	Yes	19	65.5
2	No	10	34.5
3	Total	29	100.0

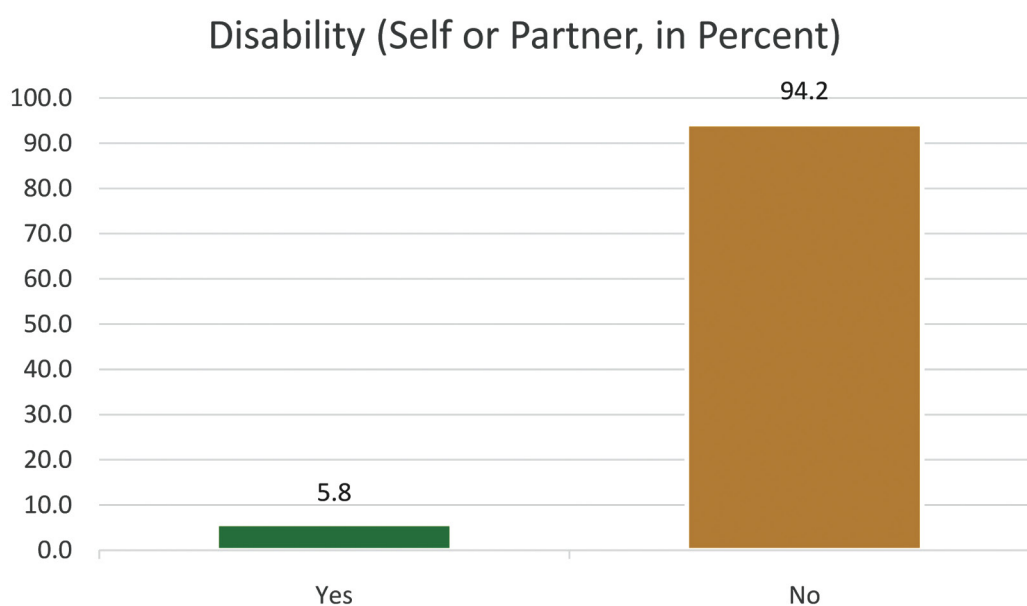
Similarly, 2.9 per cent respondents (5 individuals) said that they have other occupation than the ones that were listed. As for their occupation, 1 individual responded as cook, 1 as daily laborer, 1 as providing rent, and 2 individuals responded that they are dancers.

Table 3 Other Occupation

S.N.	Other (specify)	Frequency
1	Cook	1
2	Daily wage labor	1
3	Dancing	2
4	Provide Rent	1
5	Total	5

The survey also asked the participants if they themselves or their partner have any disability, to which 94.2 per cent respondents said that they themselves or their partner are not disabled.

Figure 6 Disability



However, 5.8 per cent (15 individuals) have confirmed that they themselves or their partners are disabled. The survey further asked these individuals if it is a physical or a psychological disability that they or their partner have, and 3.4 per cent of the total respondents (6 individuals) confirmed that it is a physical disability and 4.6 per cent of the total respondents (8 individuals) answered that it is a mental disability. Similarly, 0.6 per cent of the total respondents (1 individual) answered that it is an economic disability that they have.

Table 4 Type of Disability

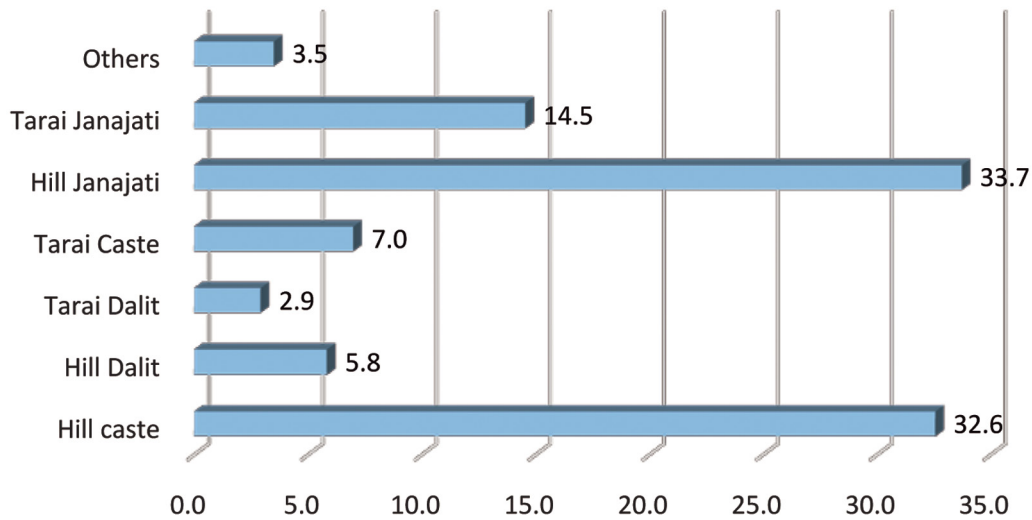
S.N.	Disability	Frequency
1	Physical Disability	6
2	Mental Disability	8
3	Other (Economic)	1
4	Total	15

Caste/Ethnicity of Nepal categorized by Pitambar Sharma¹⁴ has been used to ask the survey question (see Annex for detailed categorization). The survey response show that 33.7 per cent of the respondents are Hill Janajati and 32.6 per cent of the respondents are from Hill caste. Also, 14.5 per cent of the respondents are Tarai Janajati people. Only 2.9 per cent of the total respondents are Tarai Dalit.

¹⁴ Pitambar Sharma, *Some Aspects of Nepal's Social Demography: Census 2011 Update*, Social Science Baha and Himal Books, Kathmandu, 2014.

Figure 7 Caste/Ethnicity

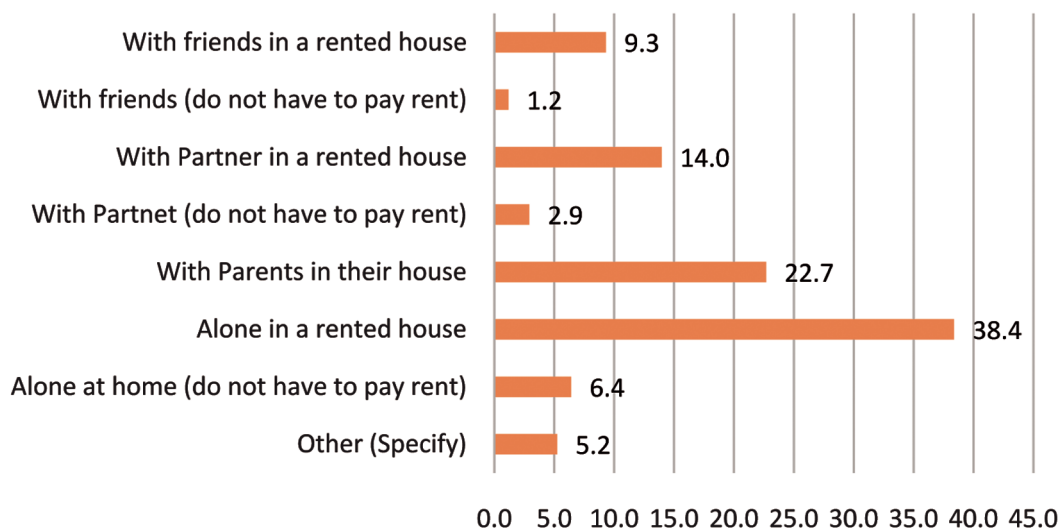
Caste/Ethnicity (in Percent)



This survey asked the respondents about their current living arrangement and the figure 8 below shows the response of the participants. Most participants (38.4 per cent) live alone in a rented house, 14 per cent answered that they live with their partner in a rented house and 9.3 per cent respondents said that they live with friends in a rented house. The findings on social impact of COVID-19 in this study shows that 22.7 per cent respondents who said that they live alone in a rented house have faced violence in the last 4-5 months. In contrary, 87.1 per cent respondents who live with their parents have not faced violence.

Figure 8 Place Where you live

Where Do You Live (in Percent)



There were 9 individuals (5.9 per cent) who indicated other current arrangement of living. Out of them 0.6 per cent of the total respondents (1 individual) was currently living abroad and 2.3 per cent of the total respondents (4 individuals) were living with their family on rent (see table below). This shows that majority of the survey participants live in a rented house.

Table 5 Other Living Place

S.N.	Other (Specify)	Frequency
1	Hostel	1
2	Live at workplace	1
3	Own house	2
4	With Family on Rent	4
5	Living Abroad	1
6	Total	9

The survey specifically wanted to know the major source of information of the participants and majority of the respondents (40.1 per cent) answered social media as their primary source of information.

Table 6 Primary Source of Information

S.N.	Primary Source of Information	Frequency	Percent	Percent of Cases
1	Media (TV, Radio, Newspapers etc.)	113	32.6	65.7
2	Social Media	139	40.1	80.8
3	Community members / Friends	95	27.4	55.2
4	Total	347	100.0	201.7

The survey asked the participants if they had any health related problems in the last 4-5 months and the data shows that most of the participants believe that they or their partner have had experienced some kind of mental problem, specifically increase in tension (27.1 per cent), quickly getting angry or being irritated (21.6 per cent), and increase in depression (13.4 per cent). This clearly reflects that lockdown caused by corona virus has caused the increase in mental problem to the majority of the participants. However, 10.7 per cent participants reported that they did not have any health problem in the last 4-5 months.

Table 7 Problems in the Last 4-5 Months

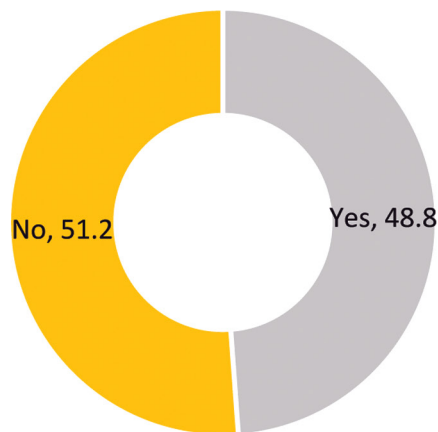
S.N.	Health problems In the last 4-5 months	Frequency	Percent	Percent of cases
1	Self or Partner had to go through an surgery	4	1.4	2.3
2	Detection of or infection of fatal disease to self or partner	3	1.0	1.7
3	Partner had died/was killed/committed suicide	7	2.4	4.1
4	Recurrence of previous health problem to self or partner	29	10.0	16.9
5	Emergency Health Problem to Self or Partner	14	4.8	8.1
6	Increase in depression to self or partner	39	13.4	22.7
7	Increase in tension to self or partner	79	27.1	45.9
8	Self or partner had problems such as quickly getting angry/being irritated	63	21.6	36.6
9	Was not able to access health services due to economic or other reasons	22	7.6	12.8
10	Did not have any problem to self or partner	31	10.7	18.0
11	Total	291	100.0	169.2

Health Check-up

This survey asked the participants if they have conducted a physical health check-up in the last 4-5 months and the results show that 51.2 per cent of the respondents said that they have conducted their physical health check-up and 48.8 percent of the respondents said that they have not conducted their physical health check-up.

Figure 9 Physical Health Check-up

Physical Health Check-up in the Last 4-5 Months (in Percent)



The survey further asked where they went to check their physical health to the participants who answered that they have conducted physical health check-up in the last 4-5 months. The table below shows places where the participants went for their physical check-up. Majority of the participants (34.5 per cent) answered that they went to a private hospital or clinic for their physical health check-up.

Table 8 Physical Health Check-up done at

S.N.	Where did you go to check	Frequency	Percent
1	Government Hospital	20	23.8
2	Non-Government Agency	24	28.6
3	Private Hospital or Clinic	29	34.5
4	Community Health Service Center	11	13.1
5	Total	84	100.0

Similarly, the survey also asked why the participants did not conduct physical health check-up and 36 per cent participants answered that did not require any health check-up, 38.6 per cent answered that they were unable to go for the physical check-up due to the COVID-19 pandemic. Likewise, 15.9 per cent of those who did not go for health check-up had economic reasons for not undertaking the check-up, and 4.5 per cent answered that they do not have any access to health services.

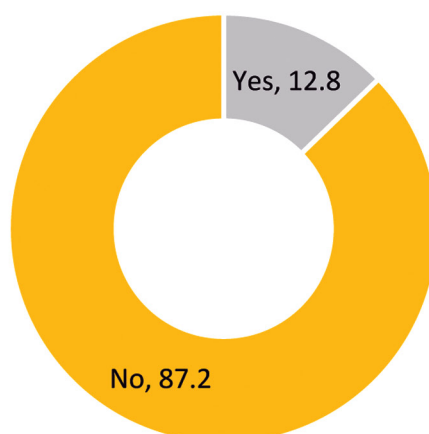
Table 9 Reason for not doing any Physical Health Check-up

S.N.	Why didn't you check up	Frequency	Percent
1	Economic Reason	14	15.9
2	Due to COVID-19 pandemic	34	38.6
3	No access to health services	4	4.5
4	Not required	36	40.9
5	Total	88	100.0

The survey specifically asked if the participants have conducted their mental health check-up in the last 4-5 months and the survey results show that 87.2 have not conducted their mental health check-up. However, 12.8 per cent of the participants confirmed that they have conducted their mental health check-up in the last 4-5 months.

Figure 10 Mental Health Check-up

Mental Health Check-up in the Last 4-5 Months (in Percent)



Of those 12.8 per cent participants (22 individuals), majority (11 individuals) answered that they went to a private hospital or clinic for mental health check-up. This shows that LGBTIQ people rely on private health sector rather than public health sector. Further, this might be because the public health sector is not LGBTIQ friendly in Nepal, which is why LGBTIQ people have to rely on private health sector.

Table 10 Mental Health Check-up done at

S.N.	Where did you check up	Frequency	Percent
1	Government Hospital	4	18.2
2	Non-Government Agency	6	27.3
3	Private Hospital or Clinic	11	50.0
4	Community Health Service Center	1	4.5
5	Total	22	100.0

Similarly, the reasons for not conducting mental health check-up was asked to 87.2 per cent respondents who answered that they have not conducted any mental health check-up in the last 4-5 months. Out of them, majority (52 per cent) answered that they did not require any. Likewise, 26 per cent answered that they did not conduct their mental health check-up due to COVID-19 pandemic and 17.3 per cent respondents answered that they did not conduct their mental health check-up due to economic reasons.

Table 11 Reason for not doing any Mental Health Check-up

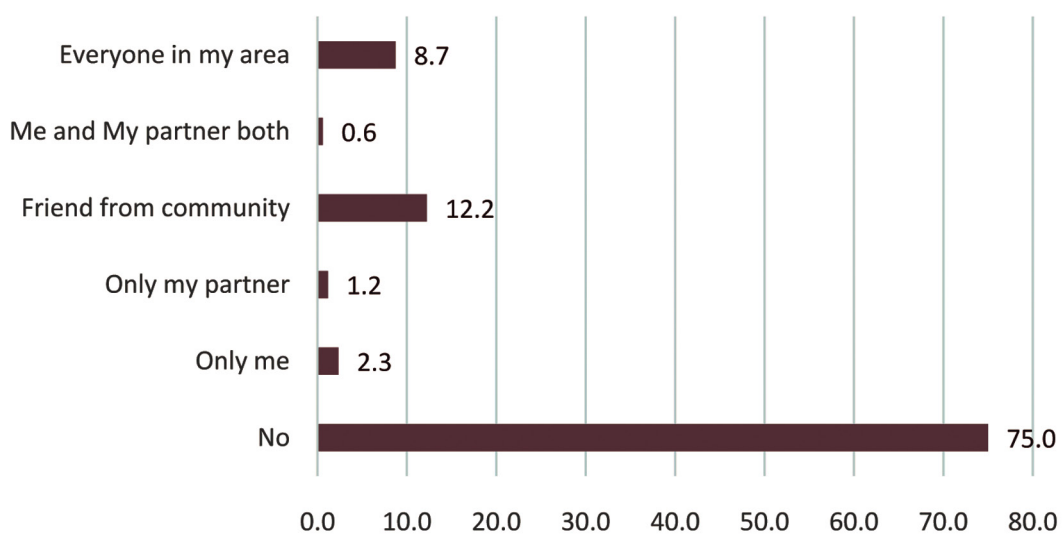
S.N.	Why didn't you check up	Frequency	Percent
1	Economic Reason	26	17.3
2	Due to COVID-19 pandemic	39	26.0
3	No access to health services	7	4.7
4	Not required	78	52.0
5	Total	150	100.0

COVID-19

A majority of the respondents (75 per cent) have not conducted COVID-19 test and the remaining 25 per cent answered that they had conducted the test in the last 4-5 months. However, 12.2 per cent respondents answered that their friend from the community had tested for COVID-19 after the outbreak of the virus. Similarly, 8.7 per cent of the respondents answered that everyone in their area had tested for corona virus. Of those 8.7 per cent respondents, four (4) individuals were from Province 1, three (3) individuals were from Province 2, six (6) individuals were from Bagmati Province and two (2) individuals were from Province 5. This might be because of the community testing done by the government of Nepal in the aftermath of the COVID-19 outbreak in the country.

Figure 11 Covid-19 Check-up

Covid-19 Test in the Last 4-5 Months (in Percent)



The survey asked the participants where they had tested for COVID-19 to those who answered that they had conducted the test, and most of them (25 individuals) answered that they conducted the test at a government hospital. One (1) individual answered that the test was conducted while the person was in quarantine (see table below).

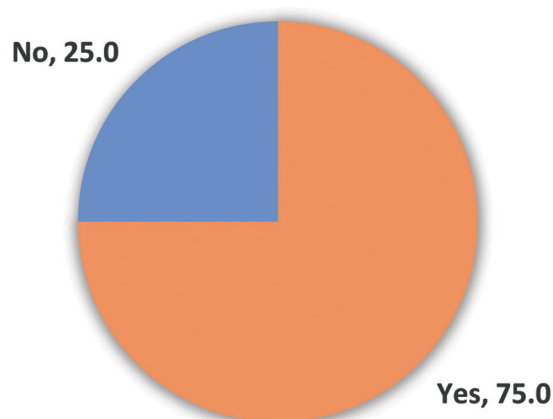
Table 12 COVID-19 Test done at

S.N.	Testing done at	Frequency	Percent
1	Other (Quarantine)	1	2.3
2	Non-governmental organization	1	2.3
3	Government hospital	25	58.1
4	Private hospital or Clinic	6	14.0
5	Community health service center	7	16.3
6	Do not know	3	7.0
7	Total	43	100.0

Regarding the knowledge about COVID-19 testing center, a majority of the respondents (75 per cent) answered that they know where the COVID-19 test is conducted and 25 per cent respondents answered that they do not know about the COVID-19 testing center.

Figure 12 Knowledge about COVID-19 Testing Center

Knowledge about Covid-19 Testing Center (in Percent)



Out of 75 percent respondents who had the information, 71.1 per cent of the participants answered that the government hospitals conduct the COVID-19 tests. Only 3 individuals responded that one should go to a designated hospitals where COVID-19 testing is carried out. One of the reasons for this is there is no clear information provided by the government about COVID-19 designated hospitals across the country.

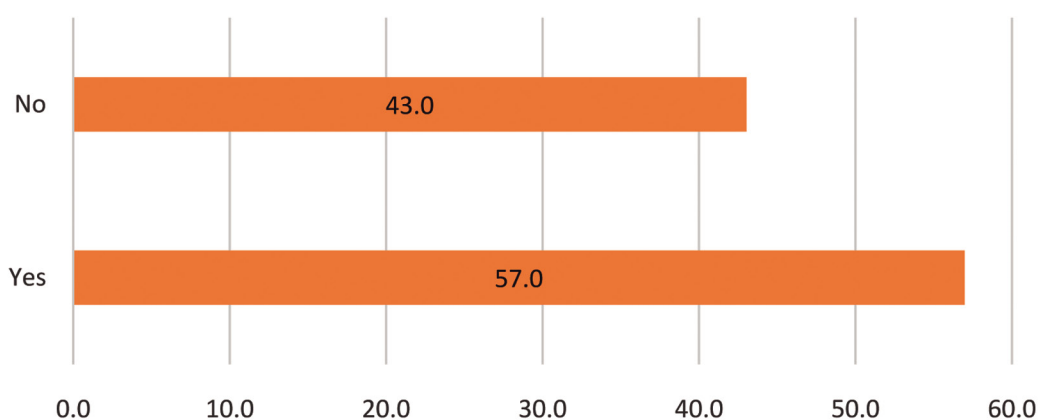
Table 13 Where to go for COVID-19 Testing

S.N.	Knowledge about COVID-19 testing center	Frequency	Percent	Percent of Cases
1	Have to go to Government Hospitals	123	71.1	71.5
2	Have to go to NGOs	16	9.2	9.3
3	Have to go to Private Hospitals or Clinics	30	17.3	17.4
4	Others (designated hospital-3, Social Ministry-1)	4	2.3	2.3
5	Total	173	100.0	100.6

Figure below shows the percentage of people who know about public health safety measures and emergency hotline numbers during this COVID-19 pandemic. The answers of the participants show that 43 per cent of the respondents do not know about public health safety measures and emergency hotline numbers. Although majority of the respondents (57 per cent) answered that they are aware about the public health safety measures and emergency hotline numbers, the fact that 43 per cent of the respondents do not know about it reinforces that there is a need to spread awareness regarding the COVID-19 pandemic and that knowledge about the ongoing pandemic is very limited in the LGBTIQ community in Nepal.

Figure 13 Knowledge about Public Health Safety Measures and Emergency Hotline Numbers

Knowledge about Public Health Safety Measures and Emergency Hotline Numbers during Pandemic (in Percent)



The table below shows the source of information from where the participants gathered information regarding public health safety measures and emergency hotline numbers. Most of the respondents answered that social media (37.9 per cent) and Media such as TV, radio, newspapers etc. (36.6 per cent) are the sources of information regarding public health safety measures and emergency hotline numbers for them.

Table 14 Information about Public Health Safety Measures and Hotline Numbers during Pandemic

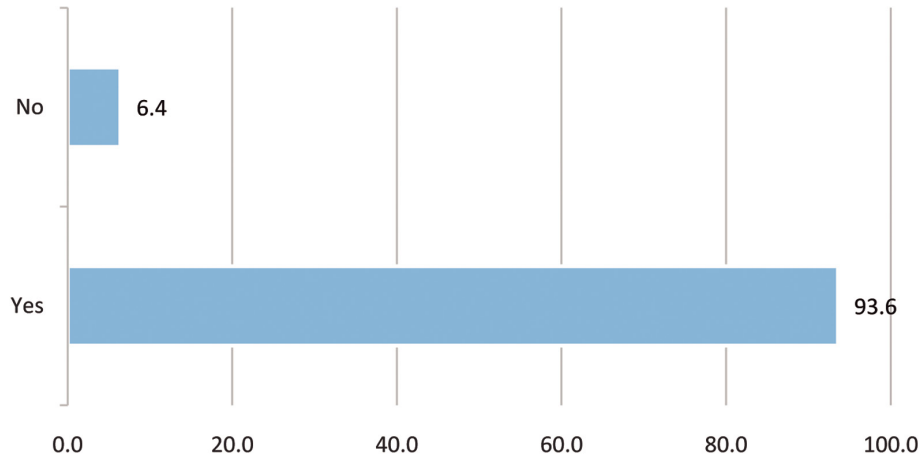
S.N.	Information about Public Health Safety Measures and Hotline Numbers during Pandemic	Frequency	Percent	Percent of Cases
1	Media (TV, Radio, Newspapers etc.)	83	36.6	48.3
2	Social Media	86	37.9	50.0
3	community members/ friends	57	25.1	33.1
4	Others (BDS/Save the Children)	1	0.4	0.6
5	Total	227	100.0	132.0

This survey asked the participants if they follow the public health safety measures during the ongoing pandemic, and 93.6 per cent of the respondents answered that they follow measures such as physical distancing, wearing masks, wash hands regularly etc. (see table below). However, 6.4 per cent of the people answered that they do not follow such safety measures. Even though the percentage is

small it is still an alarming sign as they might be the ones who are assisting in transmission of the virus. This finding shows that spreading awareness about the COVID-19 pandemic and its safety measures is very much required among the LGBTIQ community members.

Figure 14 Public Health Safety Measures

Follow Public Health Safety Measures (in Percent)



The table below shows the safety measures that the survey respondents have been following during the pandemic. The response shows satisfactory result regarding following public health safety measures.

Public Health Safety Measures Types

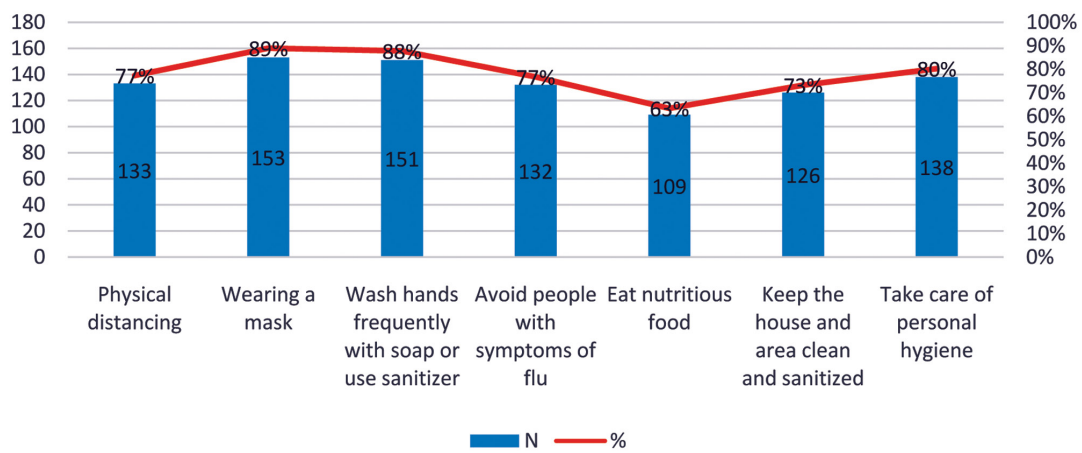
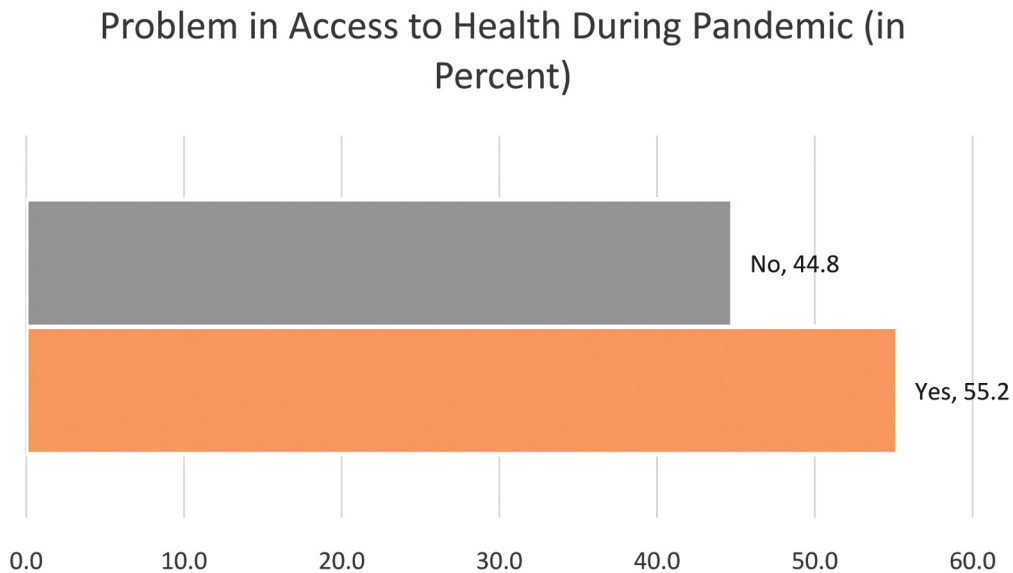


Table 15 Follow Public Health Safety Measures

S.N.	Public Health Safety Measures	Frequency	Percent	Percent of Cases
1	Physical distancing	133	14.1	77.3
2	Wearing a mask	153	16.2	89.0
3	Wash hands frequently with soap or use sanitizer	151	16.0	87.8
4	Avoid people with symptoms of flu	132	14.0	76.7
5	Eat nutritious food	109	11.5	63.4
6	Keep the house and area clean and sanitized	126	13.3	73.3
7	Take care of personal hygiene	138	14.6	80.2
8	Others (do not go outside unnecessarily-1, Drink Turmeric water regularly-1, do not go to crowded place-1)	3	0.3	1.7
9	Total	945	100.0	549.4

To understand if there was any problem in access to health during the ongoing pandemic, the survey asked if the participants have been facing any problems and a little more than half of the participants (55.2 per cent) answered that they have had some problems accessing health during this pandemic and 44.8 per cent survey participants answered that they do not have any problem in accessing health at this time.

Figure 15 Problem in Access to Health



Further, the survey asked both the participants who said that they have had a problem and those who do not have any problem in accessing health during pandemic as what were the problems and why they did not have any problem in access to health and the tables below show the response.

More than half of the respondents who said that they have problem in access to health during pandemic (71.6 per cent) said that it was due to strict lockdown that they were not able to go to health services providers to access health. Also, 27.1 per cent respondents said that it was due to economic reasons that they were unable to access health.

Table 16 Problems in Access to Health

S.N.	Problems in access to health services	Frequency	Percent	Percent of Cases
1	Could not go to health service providers due to lockdown	33	21.3	19.2
2	Not able to go outside due to strict lockdown	78	50.3	45.3
3	Not able to access health services due to economic reasons	42	27.1	24.4
4	Other (Specify) (went to the hospital but could not meet the doctor-1, did not have transportation-1)	2	1.3	1.2
5	Total	155	100.0	90.1

As many respondents were getting support from government, NGOs and individual helping hands during the ongoing pandemic, they were able to access health which is why they did not have any problem is access to health during these times. The table below shows the reasons why there was no problem for the participants who had access to health during this pandemic.

Table 17 No Problem in Access to Health during Pandemic

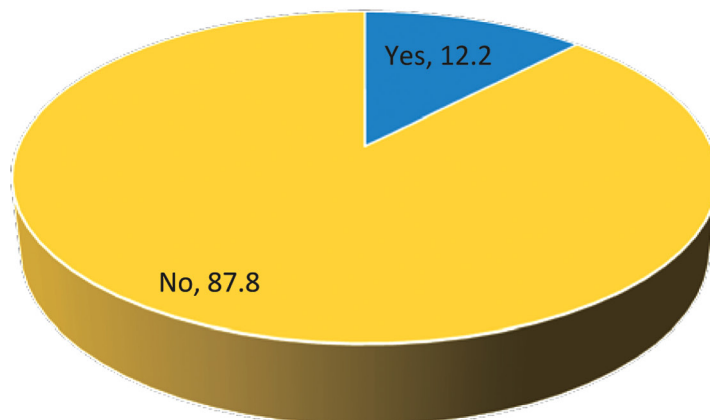
S.N.	No problem in access to health services	Frequency	Percent	Percent of Cases
1	Received Government Health Services as a Relief Package	20	21.3	11.6
2	Received help and support from NGOs	23	24.5	13.4
3	Received Help/Support from People	32	34.0	18.6
4	Not required	18	19.1	10.5
5	Other (received free PCR testing)	1	1.1	0.6
6	Total	94	100.0	54.7

Suicide

This survey wanted to grasp if the participants have attempted suicide in the last 4-5 months in the aftermath of the COVID-19 outbreak. The survey results show that although majority of the respondents (87.8 per cent) have not attempted suicide, 12.2 per cent respondents answered that they have attempted suicide in the last 4-5 months. Although this is a small number, the social consequence of people leading to suicide is important to discuss. Even though this study did not specifically focus on why people have attempted suicide, it shows that there is a need to prevent suicide because there might be multiple and intersectional factors that lead people to attempt suicide.

Figure 16 Attempt to Suicide

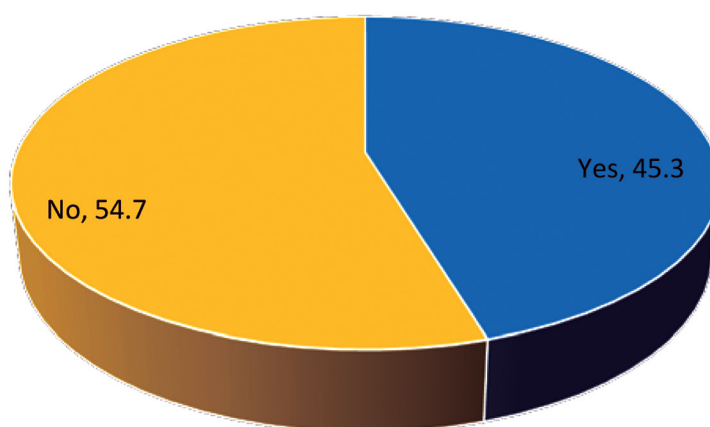
Attempt to Suicide in the Last 4-5 Months (in Percent)



The survey also asked the participants if they have heard about suicide in the last 4-5 months and slightly more than half of the respondents (54.7 per cent) have answered that they have heard about suicide and 45.3 per cent respondents said that they did not hear about it. This data indicate that suicide is prevalent in LGBTIQ community and there might be multiple factors such as social, psychological, economic and other reasons for it. Moreover, the data from this research show that lockdown caused by COVID-19 also has something to do with the suicide because of loss of livelihood and jobs as well as increase in psychological distress such as tension and depression among the participants.

Figure 17 News about Suicide

Heard about Suicide in the Last 4-5 Months (in Percent)



The primary source of information about the news of suicide was seen as social media among the participants as 50 per cent respondents answered that they have heard about suicide from social media. Other sources include close friend (31.7 per cent) and media (17.3 per cent).

Table 18 Information about the Suicide

S.N.	Heard about the suicide from	Frequency	Percent	Percent of Cases
1	Close friend	33	31.7	19.2
2	Social Media	52	50.0	30.2
3	Media (Newspapers, TV, Radio etc.)	18	17.3	10.5
4	Other (from my partner)	1	1.0	0.6
5	Total	104	100.0	60.5

Violence

The survey result declare that 70.3 per cent of the respondents have not experienced violence in the last 4-5 months. However, 29.7 per cent said that they have experienced violence in the last couple of months following the outbreak of COVID-19. This is understandable as the respondents have indicated the increase in psychological stress such as tension and depression following the COVID-19 outbreak. Further, the survey asked the participants who answered that they had experienced violence, and the answers show that 75 per cent of the respondents have themselves faced violence and the other 25 per cent said that it was their partner that experienced the violence (see table 20 below). When asked what type of violence they experienced, 36.4 per cent indicated that they experienced psychological violence and 32.2 per cent indicated that they experienced social discrimination. This might be because the survey was conducted only with LGBTIQ community and there are ample of studies conducted that show that the LGBTIQ people face social as well as psychological distress in their lives.

Figure 18 Experience of Violence

Experience of Violence in the Last 4-5 Months (in Percent)

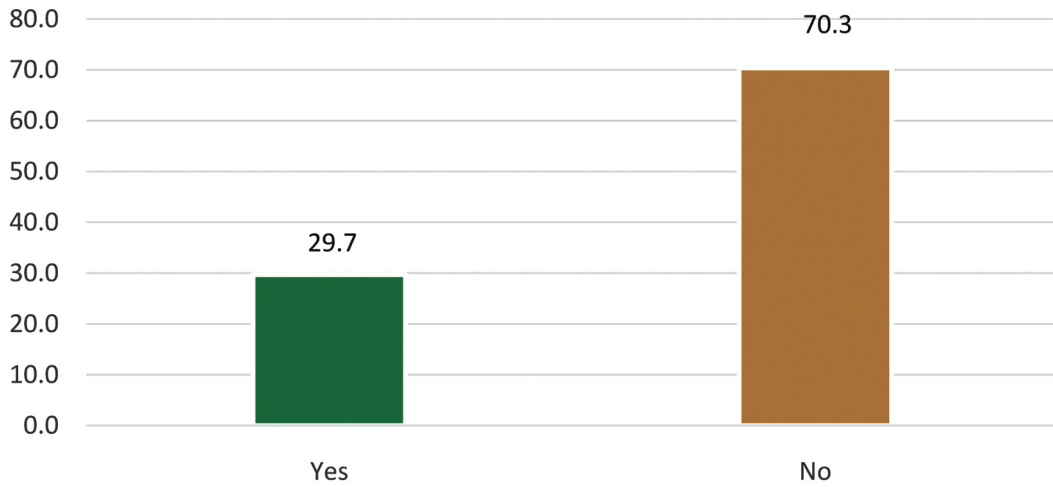


Table 19 Who Experienced the Violence

S.N.	Who experienced the violence	Frequency	Percent	Percent of Cases
1	Self	48	75.0	27.9
2	Partner	16	25.0	9.3
3	Total	64	100.0	37.2

Table 20 Type of Violence Experienced

S.N.	Type of Violence	Frequency	Percent	Percent of Cases
1	Physical Violence	7	5.8	4.1
2	Mental Violence	44	36.4	25.6
3	Social Discrimination	39	32.2	22.7
4	Economic Violence	14	11.6	8.1
5	Labour Exploitation	9	7.4	5.2
6	Sexual Violence	8	6.6	4.7
7	Total	121	100.0	70.3

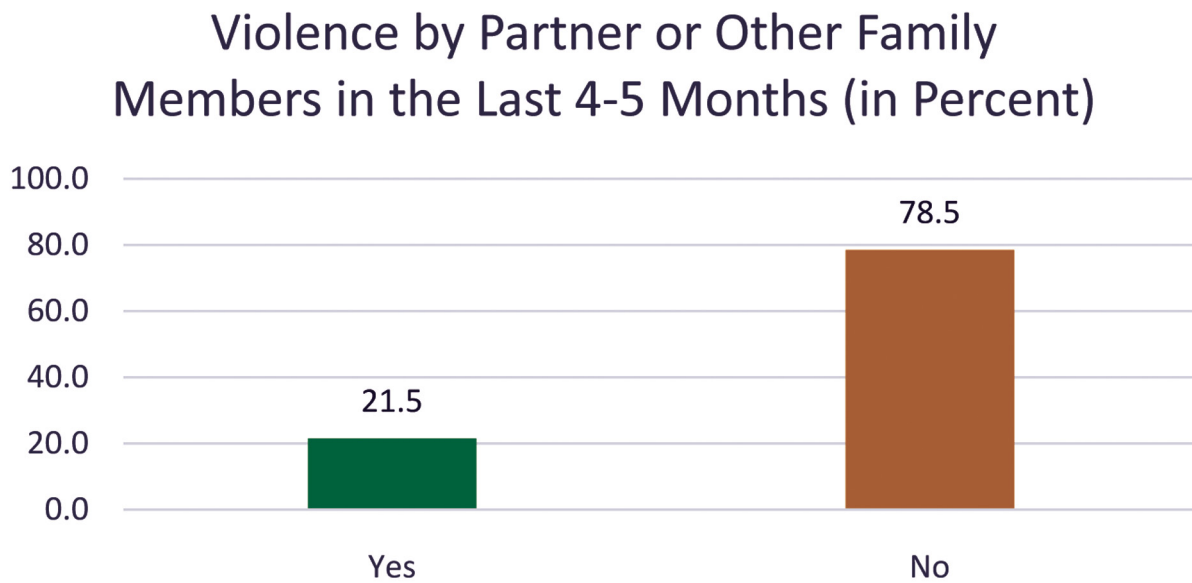
The survey asked the participants if they made a complaint about the violence to those who indicated that they have experienced some kind of violence and the result shows that only one (1) individual have complained about it.

Table 21 Complaint

S.N.	Did you or your partner complain about it	Frequency	Valid Percent	Complained to
1	Yes	1	2.0	Police, NGO, CBO, Friend, Family
2	No	50	98.0	
3	Total	51	100.0	

Similarly, this survey asked who the perpetrator was to those participants who indicated that they have faced violence, and majority of the respondents (78.5 per cent) indicate that they did not face violence from their partner or family members. However, 21.5 per cent respondents answered that they have faced violence from their partner or family members.

Figure 19 Violence by Partner or Family Members



This survey specifically asked the respondents if the perpetrator was their partner or family member, to which 12.8 percent of the total respondents (22 individuals) said that it was their partner that caused violence to them. Similarly, 11.6 per cent respondents (20 individuals) have also indicated that their family members were the perpetrator of violence.

Table 22 who was the Perpetrator

S.N.	Perpetrator	Frequency	Percent	Percent of Cases
1	Partner	22	52.4	12.8
2	Family member	20	47.6	11.6
3	Total	42	100.0	24.4

Regarding the type of violence, majority (37.1 percent) said that it was mental violence that they have suffered. This shows the increase in psychological distress to people in the last 4-5 months which is largely caused by lockdown and caused by the outbreak of COVID-19 pandemic.

Table 23 Type of Violence

S.N.	Type of Violence	Frequency	Percent	Percent of Cases
1	Physical Violence	10	11.2	5.8
2	Mental Violence	33	37.1	19.2
3	Social Discrimination	22	24.7	12.8
4	Economic Violence	15	16.9	8.7
5	Labour Exploitation	3	3.4	1.7
6	Sexual Violence	6	6.7	3.5
7	Total	89	100.0	51.7

Likewise, only one (1) individual complained about the violence faced. This data shows that there are factors that lead LGBTIQ people to not complain about the violence that they face. This might be due to social discrimination that most of the respondents have indicated. Although there are some studies that indicate this, further research is necessary to understand why LGBTIQ are hesitant to complain about the violence that they face.

Table 24 Complaint

S.N.	Did you complain about it?	Frequency	Percent	Complained to
1	Yes	1	0.6	Police, NGO, CBO, Friend, Family
2	No	36	20.9	
3	Total	37	21.5	

Livelihood

As for the impact on livelihood due to the outbreak of COVID-19 and its subsequent lockdown, this survey wanted to gather data if it has caused any loss of livelihood. More than half of the participants (58.1 per cent) answered that they were fortunate enough to have not experienced the loss of livelihood. However, 41.9 per cent of the respondents answered that their livelihood was lost, and of those 41.9 per cent respondents who said that they have lost their livelihood, majority of the respondents (79.5 per cent) answered that it was due to COVID-19 pandemic and the subsequent lockdown caused by it (see table 28 below).

Figure 20 Loss of Livelihood in the Last 4-5 Months

Loss of Livelihood in the last 4-5 months (in Percent)

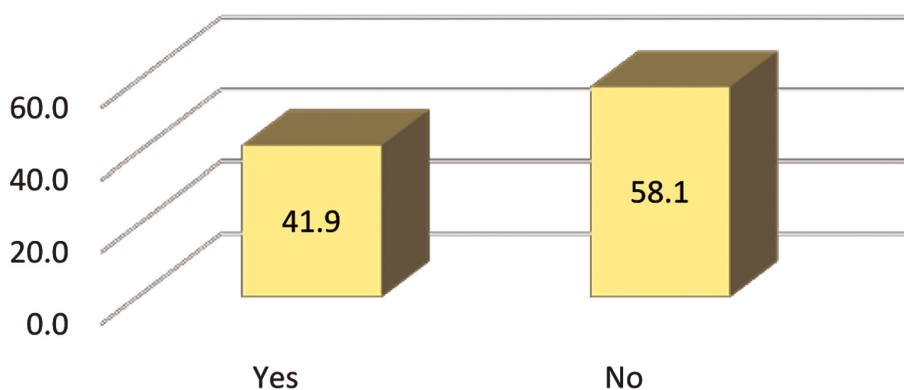


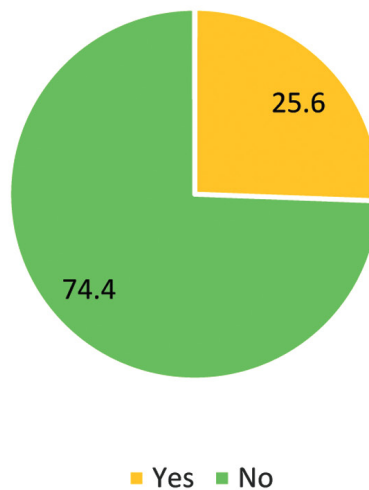
Table 25 Reasons for the Loss of Livelihood

S.N.	Reasons	Frequency	Percent	Percent of Cases
1	Physical Health Problem	7	5.3	4.1
2	COVID-19 Pandemic	61	46.2	35.5
3	Family Reasons	9	6.8	5.2
4	Not being able to pay debt	11	8.3	6.4
5	Lockdown caused by Corona Virus	44	33.3	25.6
6	Total	132	100.0	72.7

Similarly, outbreak of COVID-19 pandemic and the subsequent lockdown caused by it has made an impact on the working population as well. As many offices have been closed and travel restricted, many people who are working have also lost their salary and/or other benefits from work in a partial or whole basis. For example, the data from the survey shows that 25.6 per cent of the people who are working have been deprived from their salary and/or other benefits that they were receiving from their work.

Figure 21 Deprivation of Salary or Other Benefits from Work

Deprivation of Salary or Other Benefits from Work in the Last 4-5 Months (in Percent)



Out of those 25.6 per cent (44 individuals) who answered that they have been deprived from salary or other benefits from work in the last 4-5 months, 17 individuals said that they have lost their employment, 12 individuals answered that they were not called for work after the lockdown was imposed, and 11 individuals said that they have received only half of their salary.

Table 26 Deprivation of Salary or Other Benefits from Work

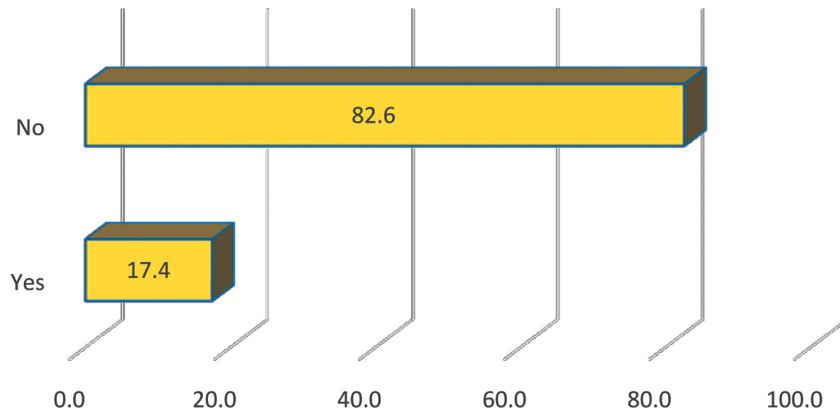
S.N.	Did any of these happen	Frequency	Percent
1	Received only half salary	11	25.0
2	Called for work but did not get salary	4	9.1
3	Did not call for work after lockdown	12	27.3
4	Loss of employment	17	38.6
5	Total	44	100.0

Access to required materials

The survey asked the participants if they had access to required materials such as dignity kits, hormones, and/or other medicines in the last 4-5 months, and majority of the respondents (82.6 per cent) answered that they did not have access to such materials.

Figure 22 Availability of Required Materials in the Last 4-5 Months

Availability of Required Materials in the Last 4-5 Months (in Percent)



However, the remaining respondents (17.4 per cent) answered that they had access to such required materials in the last 4-5 months and most of them (45.5 per cent) said that they had it with themselves. Other answers are shown in the table below.

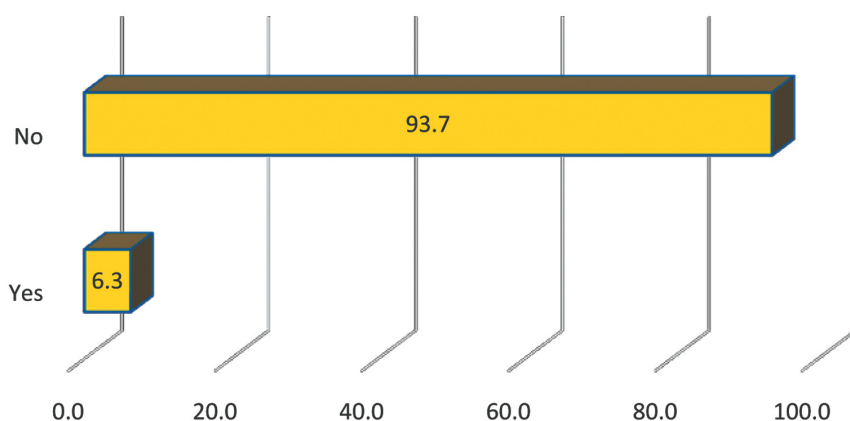
Table 27 Availability of Required Materials

S.N.	Required materials such as Dignity Kit, Hormones, or other medicines were available because	Frequency	Percent	Percent of Cases
1	Had it with myself	20	45.5	11.6
2	Received as a government relief	3	6.8	1.7
3	Received from NGOs	9	20.5	5.2
4	Received from other community members	4	9.1	2.3
5	Received from friends	8	18.2	4.7
6	Total	44	100.0	25.6

Similarly, the survey asked the respondents if they had access to required materials such as dignity kits, hormones and/or other medicines during the lockdown and a very few respondents (6.3 per cent) answered that they had the access to such required materials during the lockdown period.

Figure 23 Availability of Required Materials during Lockdown

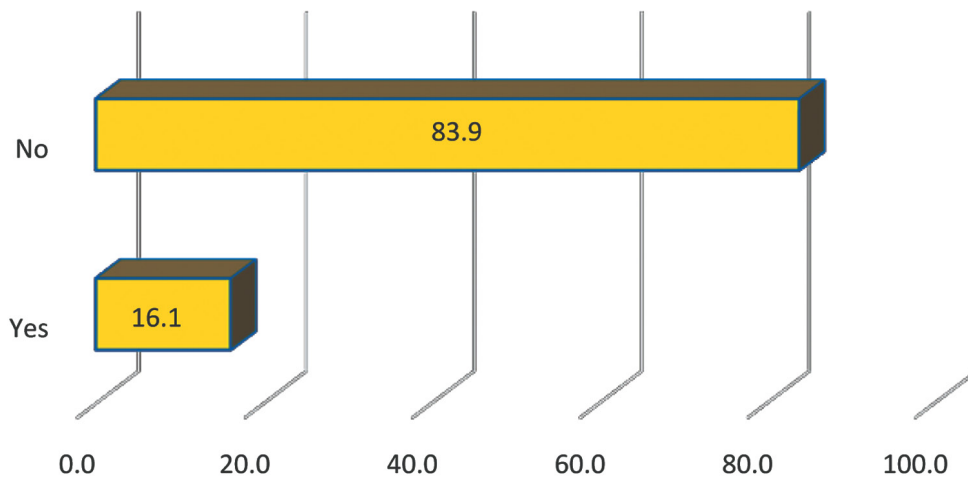
Availability of Required Materials during Lockdown (in Percent)



Likewise, the survey also inquired with the participants if they currently have access to dignity kits, hormones and/or other medicines, and the response show that 83.9 per cent do not have access to such required materials during the time when this survey was conducted (see figure below). This data shows the need to increase the availability and access to materials such as dignity kits, hormones and other medicines to LGBTIQ people.

Figure 24 Availability of Required Materials Now

Availability of Required Materials Now (in Percent)

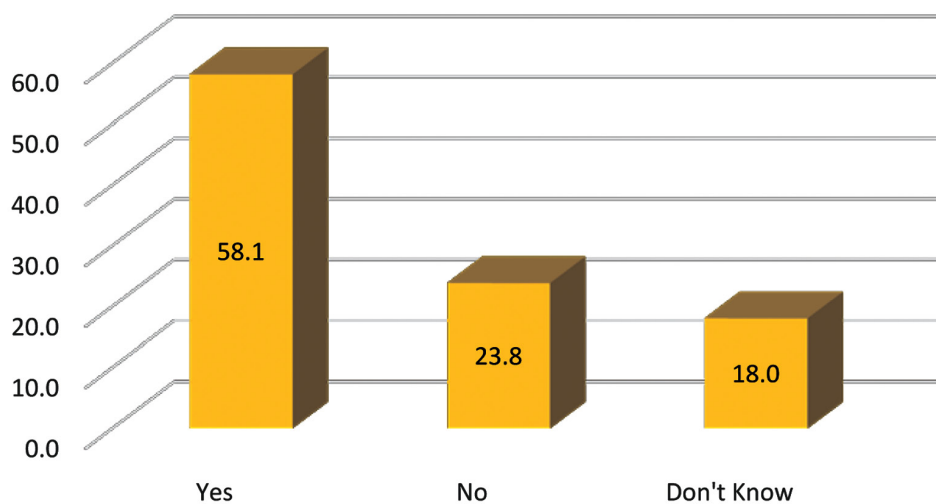


Support

If the already marginalized LGBTIQ community in Nepal were struggling further to cope with the ongoing pandemic was the main query behind this study. Thus, the survey asked if there was any kind of support that the participants were getting in the last 4-5 months following the outbreak of the corona virus. In response, 58.1 per cent participants answered that they were getting some support.

Figure 25 Received any Support

Support in the Last 4-5 Months (in Percent)



When asked further, who has been supporting them, 43.6 per cent participants answered that they have been getting support from individual helping hands. Similarly, 39.3 per cent answered that NGOs have been helping them, and 17.2 per cent respondents have been getting support from the Government.

Table 28 Support from

S.N.	Who is supporting you	Frequency	Percent	Percent of Cases
1	Government	28	17.2	16.3
2	Non-Governmental Agencies	64	39.3	37.2
3	Individual Helping Hands	71	43.6	41.3
4	Total	163	100.0	94.8

Likewise, the survey asked what type to support have they been receiving, to which 42.5 per cent respondents answered that they have received goods such as food, medicines and clothes. Also, 31 per cent respondents answered that it was economic support that they have received, and 16 per cent answered that they have been getting social support in the last 4-5 months.

Table 29 Type of Support received

S.N.	What kind of support	Frequency	Percent	Percent of Cases
1	Food, medicines and clothes	77	42.5	44.8
2	Free health check-up	18	9.9	10.5
3	Social support	29	16.0	16.9
4	Economic support	57	31.5	33.1
5	Total	181	100.0	105.3

FINDINGS

This section presents the findings of the survey. The following findings are derived from crosstabs between different variables to see the social impact, impact on health and impact on livelihood of the participants.

Social Impact

To see the social impact of COVID-19 related lockdown on the LGBTIQ community in the last 4-5 months, crosstab between various variables such as violence faced, received support, attempt to suicide and current living arrangement etc. were conducted. However, note that this study did not ask questions to measure the impact, rather various questions were asked to understand if lockdown caused by corona virus has had any impact on the social lives of the people. Below are the results of crosstabs between various variables.

Those participants who answered that they have faced violence were mostly people below 45 years of age. The data also shows that 25.9 per cent respondents from age group 25 to 44 have answered that they have faced violence. In contrast, 92.7 per cent respondents from age group 18-24 have answered that they have not faced violence. Therefore, this study has shown that LGBTIQ members who are from age group 25-44 are more prone to facing violence. This age group is also more active and productive in terms of earning a living and violence impacts their livelihood which also ultimately affects their family and quality of lives.

Table 30 Violence faced according to Age

S.N.	Age	Faced violence		Total
		Yes	No	
1	18-24	4	51	55
2	25-34	15	56	71
3	35-44	13	24	37
4	45-54	4	3	7
5	55-64	1	0	1
6	65 and above	0	1	1
	Total	37	135	172

Although respondents from all the sexuality/gender have faced violence, as many as fifteen (15) trans female and twelve (12) male homosexual have answered that they have faced violence. However, this might be the case because respondents who identify as Trans female and male homosexuals are more in number than other respondents who identify themselves differently. Interestingly, nine (9) individuals who identify themselves as female homosexuals have answered that they did not face any violence in the last 4-5 months.

Table 31 Violence faced according to Sexuality/Gender

S.N.	Sexuality/Gender	Faced Violence		Total
		Yes	No	
1	Other	1	9	10
2	Trans Male	4	13	17
3	Trans Female	15	36	51
4	Male Homosexual	12	62	74
5	Female Homosexual	0	9	9

6	Bisexual	1	3	4
7	Intersex	1	1	2
8	Queer	3	2	5
9	Total	37	135	172

Those respondents who have answered that they have attempted suicide in the last 4-5 months were from the age below 55 years of age and most of them (9 individuals) are from the age group 25-34 years. Although, there were 21 individuals (out of the total 172 respondents) who answered that they have attempted to suicide in the last 4-5 months, much work is needed in terms of suicide prevention and preservation of lives. Therefore, proper strategy and work plan is necessary in this regard to prevent suicide.

Table 32 Attempt to Suicide according to Age

S.N.	Age	Attempt to suicide		Total
		Yes	No	
1	18-24	4	51	55
2	25-34	9	62	71
3	35-44	6	31	37
4	45-54	2	5	7
5	55-64	0	1	1
6	65 and above	0	1	1
7	Total	21	151	172

Similarly, nine (9) respondents who identified themselves as male homosexuals and six (6) individuals who identify themselves as Trans female have attempted suicide compared to other respondents identifying as various sexuality/gender.

Table 33 Attempt to Suicide according to Sexuality/Gender

S.N.	Sexuality/Gender	Attempt to suicide		Total
		Yes	No	
1	Other	0	10	10
2	Trans Male	1	16	17
3	Trans Female	6	45	51
4	Male Homosexual	9	65	74
5	Female Homosexual	3	6	9
6	Bisexual	1	3	4
7	Intersex	1	1	2
8	Queer	0	5	5
9	Total	21	151	172

Crosstab between current province and support received show that respondents who currently reside in province 1, 2, 5 and Bagmati province have received support in the last 4-5 months. Half of the respondents from Province 1 said that they have received support, 72.7 per cent of the respondents from Province 2 said that they have received support. Likewise, 64.7 per cent of the respondents from Bagmati province said that they have received support and 18.3 per cent respondents from Bagmati province said that they have not received any support in the last 4-5 months. As participation from Karnali province is very low in the survey (1 individual), it is seen that expansion of network and support in Karnali Province is seen necessary.

Table 34 Support according to Province

S.N.	Province	Received support			Total
		Yes	No	Don't Know	
1	Province 1	16	8	8	32
2	Province 2	16	5	1	22
3	Bagmati Province	46	13	12	71
4	Gandaki Province	4	1	2	7
5	Province 5	13	9	6	28
6	Karnali Province	0	1	0	1
7	Sudurpaschim Province	5	4	2	11
8	Total	100	41	31	172

Out of the total respondents who identify themselves as Trans female, 64.7 per cent respondents (33 individuals) answered that they have received support and 21.5 per cent said they have not received any support. Similarly, out of those who identified themselves as male homosexual, 59.4 per cent (44 individuals) answered that they have received support, and 21.6 per cent said that they have not received any support in the last 4-5 months. This survey data shows in the aftermath of the COVID-19 outbreak, trans female and male homosexuals have been receiving support and people with different sexuality/gender need to be reached out in terms of supporting them.

Table 35 Support according to Sexuality/Gender

S.N.	Sexuality/Gender	Received Support			Total
		Yes	No	Don't Know	
1	Other	4	3	3	10
2	Trans Male	8	6	3	17
4	Trans Female	33	11	7	51
5	Male Homosexual	44	16	14	74
6	Female Homosexual	3	3	3	9
7	Bisexual	2	2	0	4
8	Intersex	1	0	1	2
9	Queer	5	0	0	5
10	Total	100	41	31	172

When looked into those who answered that they have faced violence in the last 4-5 months and the current living arrangement, it is seen that 22.7 per cent respondents (15 individuals) who said that they live alone in a rented house have faced violence in the last 4-5 months. Likewise 87.1 per cent respondents who live with their parents have not faced violence. This data shows that LGBTIQ people living alone in rented house have been facing violence in the aftermath of the COVID-19 outbreak and subsequent lockdown caused by it.

Table 36 Violence faced according to Living Arrangement

S.N.	Where do you currently live	Faced Violence		Total
		Yes	No	
1	Other	0	9	9
2	Alone at home (do not have to pay rent)	3	8	11
3	Alone in a rented house	15	51	66
4	With parents in their house (do not have to pay rent)	5	34	39
5	With partner at own home	2	3	5

6	With partner in a rented house	7	17	24
7	With friends (do not have to pay rent)	1	1	2
8	With friends in a rented house	4	12	16
9	Total	37	135	172

Impact on Health

Most of the respondents (82.2 per cent) and below the age of 45 years have answered that they did not have required materials such as dignity kits, hormones and/or other medicines in the last 4-5 months. Similarly, 76 per cent of respondents aged 18-24 answered that such required materials were not available to them in the last 4-5 months. Equally, 87 per cent of respondents aged 25-34 answered that they did not have such materials with them in the last 4-5 months, and 81 per cent of the respondents aged 35-44 answered that they did not have dignity kits, hormones and/or other required medicines with them in the last 4-5 months.

Table 37 Availability of Required Materials according to Age

S.N.	Age	Availability of required materials in the last 4-5 months		Total
		Yes	No	
1	18-24	13	42	55
2	25-34	9	62	71
3	35-44	7	30	37
4	45-54	0	7	7
5	55-64	0	1	1
6	65 and above	1	0	1
7	Total	30	142	172

Most people who are employed by NGO (57.6 per cent) said that they have had problem in access to health. Similarly, about 62 per cent unemployed respondents answered that they have had a problem in access to health during this time. Interestingly, however, 62.5 per cent of the respondents who said their primary occupation as sex work, answered that they did not have any problem in access to health care during pandemic (see table below).

Table 38 Problem in Access to Health according to Occupation

S.N.	Occupation	Problem in access to health care during pandemic		Total
		Yes	No	
1	Other	4	1	5
2	Government service	2	2	4
3	Employed by Private Company	5	9	14
4	Employed by NGO	53	39	92
5	Sex Work	6	10	16
6	Private/Family Business	3	1	4
7	Unemployed	18	11	29
8	Agriculture (commercial)	0	1	1
9	Agriculture (for home)	4	3	7
10	Total	95	77	172

Notably, 21.7 per cent of the respondents who said that they are employed by NGO answered that they have access to required materials such as dignity kits, hormones and/or other medicines in the last 4-5 months. Similarly, 87.5 per cent respondents who said that their primary occupation as sex work answered that they did not have such required materials with them in the last 4-5 months. Likewise, out of those who said that they are unemployed, 96.5 per cent answered that they did not have dignity kits, hormones and/or other medicines available to them in the last 4-5 months. Further, of those who said that they are employed by a private company, 85.7 per cent respondents said that they did not have such required materials with them in the last 4-5 months. Therefore, this data show that regardless of the occupation LGBTIQ community members did not have access to materials such as dignity kits, hormones and other medicines after the outbreak of COVID-19 pandemic in Nepal.

Table 39 Availability of Required Materials according to Occupation

S.N.	Occupation	Availability of required materials in the last 4-5 months		Total
		Yes	No	
1	Other	1	4	5
2	Government service	1	3	4
3	Employed by Private Company	2	12	14
4	Employed by NGO	20	72	92
5	Sex Work	2	14	16
6	Private/family Business	0	4	4
7	Unemployed	1	28	29
8	Agriculture (Commercial)	0	1	1
9	Agriculture (for home)	3	4	7
10	Total	30	142	172

In terms of availability of required materials across various identities, the survey response of the LGBTIQ community members show that the materials such as dignity kits, hormones and/or other medicines were not available to them in the aftermath of the COVID-19 outbreak and subsequent lockdown. The Table below shows the number of respondents according to sexuality/gender who answered the question of availability of required materials in the last 4-5 months. The data shows that 84.3 per cent of those how identified themselves as trans female said that they did not have dignity kits, hormones, and/or other medicines with them in the last 4-5 months. Similarly, 82.4 per cent of those who identified themselves as male homosexual also said that they did not have such materials with them after the COVID-19 outbreak.

Table 40 Availability of Required Materials according to Sexuality/Gender

S.N.	Sexuality/Gender	Availability of required materials in the last 4-5 months		Total
		Yes	No	
1	Other	3	7	10
2	Trans Male	2	15	17
3	Trans Female	8	43	51
4	Male Homosexual	13	61	74
5	Female Homosexual	2	7	9

6	Bisexual	0	4	4
7	Intersex	1	1	2
8	Queer	1	4	5
9	Total	30	142	172

In terms of problem in access to health during the pandemic, 58.8 per cent of those who identified themselves as Trans female answered that they had faced problem. Similarly, 55.4 per cent of those who identified themselves as male homosexual also said that they had problem in access to health during pandemic.

Table 41 Problem in Access to Health according to Sexuality/Gender

S.N.	Sexuality/Gender	Problem in access to health during pandemic		Total
		Yes	No	
1	Other	4	6	10
2	Trans Male	8	9	17
3	Trans Female	30	21	51
4	Male Homosexual	41	33	74
5	Female Homosexual	3	6	9
6	Bisexual	3	1	4
7	Intersex	1	1	2
8	Queer	5	0	5
9	Total	95	77	172

Impact on Livelihood

In terms of impact of COVID-19 on the livelihood of the respondents, crosstabs between various variables was done to see whether the impact can be recognized.

As most of the respondents were literate with minimum of secondary education level, their occupation is seen from the table below. Out of those who are working in NGO, 58.6 per cent have secondary education and 33.6 per cent have higher education. Those who are involved in sex work, 62.5 per cent respondents have secondary education, and 12.5 per cent respondents involved in sex work have higher education level according to the survey data. Similarly, 44.8 per cent of the unemployed respondents have secondary level education.

Table 42 Occupation according to Education

S.N.	Education	Occupation									Total
		Other	Government Service	Employed by Private Company	Em- ployed by NGO	Sex Work	Private / Family Business	Unemployed	Agriculture (Commer- cial)	Agriculture (For home)	
1	Illiterate	2	0	0	0	0	0	0	0	0	2
2	Literate	1	0	0	2	4	0	3	0	2	12
3	Primary Education (Class 1-5)	0	0	0	5	0	0	5	0	0	10
4	Secondary Education (Class 8-12)	1	2	9	54	10	3	13	0	4	96
5	Higher Education (University Level)	1	2	5	31	2	1	8	1	1	52
6	Total	5	4	14	92	16	4	29	1	7	172

The survey data shows that 20.6 per cent of the respondents working in NGO have reported that they have lost their livelihood in the last 4-5 months. Similarly, 81.2 per cent respondents who had their primary occupation as a sex worker have lost their livelihood after the outbreak of COVID-19 pandemic which is understandable in the situation of the current pandemic. Likewise, those who said that they have private/family business have also reported that they have lost their livelihood after the outbreak of COVID-19 pandemic. This shows that COVID-19 pandemic has affected various occupations of the respondents and has caused loss of livelihood for the LGBTIQ people.

Table 43 Loss of Livelihood according to Occupation

S.N.	Occupation	Loss of livelihood in the last 4-5 months		Total
		Yes	No	
1	Other	3	2	5
2	Government service	0	4	4
3	Employed by Private Company	4	10	14
4	Employed by NGO	19	73	92
5	Sex work	13	3	16
6	Private/Family Business	4	0	4
7	Unemployed	23	6	29
8	Agriculture (commercial)	1	0	1
9	Agriculture (for home)	5	2	7
10	Total	72	100	172

It is interesting to note that, 10 individuals out of 14 people (71.4 per cent) who said that they are working in a private company have reported that they have not faced any deprivation of salary or other benefits from work due to lockdown caused by COVID-19. However, about 13 percent of those who are working in NGO have reported that they have faced deprivation of salary or other benefits from work after the lockdown caused by COVID-19.

Table 44 Deprivation of Salary and/or Other Benefits according to Occupation

S.N.	Occupation	Deprivation of salary or other benefits from work due to lockdown		Total
		Yes	No	
1	Other	3	2	5
2	Government Service	0	4	4
3	Employed by Private Company	4	10	14
4	Employed by NGO	12	80	92
5	Sex work	7	9	16
6	Private/Family Business	3	1	4
7	Unemployed	12	17	29
8	Agriculture (commercial)	0	1	1
9	Agriculture (for home)	3	4	7
10	Total	44	128	172

Of those who said that their salary and other benefits from work have been deprived due to lockdown, three individuals out of four who said that they work in private company reported that they received only half the salary and one person who worked in private company reported loss of work after lockdown. Similarly, of the 12 individuals who said that they work in NGO, 5 individuals said that they have received only half of their salary, 3 persons reported that they have worked but have not received salary and one person reported loss of work after the lockdown was imposed. Likewise, 7 individuals whose primary occupation is sex work reported loss of work after lockdown which is understandable in terms of the preventive measures followed after the outbreak of the COVID-19 pandemic.

In total, 25 per cent reported that they have received only half the salary, 9 per cent reported that they were called for work but did not get the salary, 27.2 per cent reported that they did not have any work after lockdown, and 38.6 per cent reported loss of employment after the outbreak of the corona virus.

Table 45 Reasons for Deprivation of Benefits according to Occupation

S.N.	Occupation	What happened				Total
		Received only half the salary	Called for work but did not get salary	Did not have work after lockdown	Loss of employment	
1	Other	0	0	2	1	3
2	Employed by Private Company	3	0	1	0	4
3	Employed by NGO	5	3	1	3	12
4	Sex Work	0	0	4	3	7
5	Private/Family Business	1	1	0	1	3
6	Unemployed	1	0	2	9	12
7	Agriculture (for home)	1	0	2	0	3
8	Total	11	4	12	17	44

CONCLUSION AND RECOMMENDATION

Since the World Health Organization declared COVID-19 as a pandemic, many countries around the world have been taking preventive measures such as restriction of movement through lockdown and public health safety measures such as wearing masks, avoiding crowded places and physical distancing etc. to break the transmission of the corona virus. Studies regarding public health have shown that vulnerable and marginalized communities, such as LGBTIQ community, are the ones that are affected the most due to the pandemic and restrictions imposed to stop the transmission of the corona virus¹⁵. In this regard, with the support from Christian Aid, Nepal and Women Fund Asia, BDS Nepal initiated this study among its wider network of LGBTIQ community members across Nepal to understand how this ongoing pandemic has impacted the lives of LGBTIQ community members.

An e-survey was conducted among the LGBTIQ community across Nepal with the help of the community based organizations within the network of BDS. The survey results show that the LGBTIQ community members who participated in the survey were literate with most of the people having secondary education level. This result exhibits that LGBTIQ community members in Nepal have access to education. However, when it comes to gathering information they mostly rely on social media. Regarding health check-up, majority of the respondents have conducted their physical health check-up in the last few months. But, when it comes to the mental health check-up most of the survey participants were hesitant. The survey result show that the health check-up have been affected by lockdown caused by COVID-19 pandemic.

Similarly, after the outbreak of the COVID-19 pandemic, majority of the LGBTIQ members have not conducted the COVID-19 tests although most of them know where to test. Similarly, some respondents answered that they have tested COVID-19 in their area which might be because of the community testing conducted by the GoN. One participant indicated to have been stayed in quarantine because of the corona virus infection.

Likewise, most of the participants answered that they know about the public health safety measures during the pandemic. However, almost 50 per cent of the participants answered that they did not know about such measures and few respondents answered that they do not follow any public health safety measures advised by the government during the ongoing pandemic.

Regarding the availability of required materials such as dignity kits, hormones and/or other medicines, an overwhelming number of participants answered that they did not have such materials following the outbreak of the corona virus. Majority of the LGBTIQ community members are in need of such materials in the present situation.

The lockdown caused by COVID-19 have caused LGBTIQ community members to attempt suicide after the lockdown and other restrictions imposed by the government. Attempt to suicide is also linked with the loss of livelihood and jobs as well as increase in psychological distress such as tension and depression among the participants in the last few months. Similarly, the survey results show increase in violence after the outbreak of COVID-19 pandemic and many point out that they have experienced mental violence in the last few months. Likewise, many experienced such violence from their own partner and/or family members. Further, the survey results show that those who live alone in a rented house are more likely to face violence. Also, most of the LGBTIQ members were getting support from NGO and other individual helping hands with few participants indicating that they have been getting economic support as well.

15 Whittington Charlie, Katalina Hadfield, and Carina Calderón (2020). *The Lives and Livelihood of many in The LGBTQ Community are at risk amidst Covid-19 Crisis*. Human Rights Campaign Foundation.

Based on this study, following are some recommendations that can be useful for the stakeholders such as governmental as well as non-governmental organizations, CBOs, international and domestic community and advocacy groups, and other organizations working for and with the LGBTIQ community members in Nepal.

- Participation from Karnali Province is very low, which means expansion of network and support in that province is required.
- Access to health facilities (both physical and mental) needs to be strengthened for the LGBTIQ people across the country.
- Information regarding public health safety measures and emergency hotline number need to be delivered to the LGBTIQ people. Similarly, information regarding COVID-19 testing center and adherence to the public health safety measures during the ongoing pandemic should also be conveyed.
- Collaborate with other government as well as non-governmental organizations working on prevention of suicide and violence as well as disseminate emergency hotline numbers to the community members.
- Work on to provide and increase their access to the required materials such as dignity kits, hormones and/or other medicines as many LGBTIQ people have limited access to such materials.
- Work on ensuring alternative source of livelihood to the LGBTIQ people across the country and help make them self-sufficient.
- Collaborate with CBOs and other individual helping hands as well as non-LGBTIQ people to provide necessary support for the needy LGBTIQ people.
- More research is required to understand the need of LGBTIQ people in terms of health and livelihood of the LGBTIQ community members in Nepal.

Caste and Ethnic Groups of Nepal:

Grouping	SN	Caste/Ethnic Group
Mountain Janajati	1	Bhote
	2	Byasi/Sanka
	3	Dolpo
	4	Lhomi
	5	Lhopa
	6	Sherpa
	7	Thakali
	8	Topkegola
	9	Walung
Hill Janajati	10	Aathpariya
	11	Bahing
	12	Bantawa
	13	Brahmu/Baramo
	14	Chamling
	15	Chepang/Praja
	16	Chhantyal/Chhantel
	17	Dura
	18	Ghale
	19	Gharti/Bhujel
	20	Gurung
	21	Hayu
	22	H Yolmo
	23	Jirel
	24	Khaling
	25	Khawas
	26	Kulung
	27	Kusunda
	28	Lepcha
	29	Limbu
	30	Loharung
	31	Magar
	32	Mewahang Bala
	33	Nachhiring
	34	Newar
	35	Pahari
	36	Rai
	37	Samgpang
	38	Sunuwar

Grouping	SN	Caste/Ethnic Group
Hill Janajati	39	Tamang
	40	Thami
	41	Thulung
	42	Yakkha
	43	Yamphu
Hill Caste	44	Bahun
	45	Chhetri
	46	Sanyasi/Dasnamami
Hill Dalit	47	Thakuri
	48	Badi
	49	Damai/Dholi
	50	Gaine
	51	Kami
Tarai Janajati	52	Sarki
	53	Amat
	54	Bote
	55	Danuwar
	56	Darai
	57	Dhanuk
	58	Dhimial
	59	Gangai
	60	Jhangad/Dhagar
	61	Kisan
	62	Koche
	63	Kumal
	64	Majhi
	65	Meche
	66	Munda
	67	Pattharkatta/Kushwadiya
	68	Rajbanshi
	69	Raji
	70	Raute
	71	Satar/Santhal
72	Tajpuriya	
73	Tharu	

Grouping	SN	Caste/Ethnic Group
Tarai Caste	74	Badhaee
	75	Baraee
	76	Bin
	77	Brahman - Tarai
	78	Dev
	79	Dhunia
	80	Gaderi/Bhedhar
	81	Hajam/Thakur
	82	Haluwai
	83	Kahar
	84	Kalwar
	85	Kamar
	86	Kanu
	87	Kathbaniyan
	88	Kayastha
	89	Kewat
90	Koiri/Kushwaha	
91	Kori	
92	Kumhar	
93	Kurmi	
94	Lodh	
95	Lohar	
96	Mali	
97	Mallaha	
98	Marwari	
99	Nuniya	
100	Nurang	

Grouping	SN	Caste/Ethnic Group
	101	Rajbhar
	102	Rajdhob
	103	Rajput
	104	Sonar
	105	Sudhi
	106	Teli
	107	Yadav
Tarai Dalit	108	Bantar/Sardar
	109	Chamar/Harijan/Ram
	110	Chidimar
	111	Dhandi
	112	Dhankar/Kharikar
	113	Dhobi
	114	Dom
	115	Dusadh/Paswan/Pasi
	116	Halkhor
	117	Kalar
	118	Khatwe
	119	Musahar
	120	Natuwa
	121	Sarbaria
	122	Tatma/Tatwa
Others	123	Bangali
	124	Muslim
	125	Punjabi/Sikh

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