

Health Problems of Third Gender in Naulo Bihani, Pokhara

Krishna Prasad Tripathi

Lecturer, HPPE, TU

Email: krishnatripathi59@gmail.com

Article History

Received 13 March 2020

Revised 29 July 2020

Accepted 12 November 2020

Abstract

The third gender is in many cultures made up of an individual, considered male at the time of birth, but change on feminine gender role or sexual role when they grow up and vice versa third genders and homosexual are the group of people who are not allowed to talk about their sexual and emotional preferences in public. The study health problems faced by the third gender of Naulo Bihani, Pokhara raises the genuine questions regarding the demographic and health condition of that third gender. All 60 residing there were the sample of data collection through census method by using interview schedule with open and close questions. Observation and KII were done with the management committee of Naulo Bihani, Pokhara, and sister organization of Blue Dimond Society Kathmandu. It attempts to raise consciousness of human rights on the sexual and gender minorities, witness violence, abuse and rape. All the respondents suffered from viral and bacterial diseases; 78.33 percent suffered from protozoa infection. Only fifteen percent respondents were suffered from Syphilis. But no one was suffered from HIV AIDS. They felt social discrimination and tell them Hijara and so on. It is justification to advocate their right in the society so the researcher tried to make a research on the topic.

Keywords: Feminine, health, heterosexuals, homosexuals, third gender

Introduction

Third gender is commonly called as Teshro Lingi in Nepali. It is necessary to know about sex and gender separately as sometime people are found to be using these two dictions synonymously. It is not same and differs in many contexts. They are separate entities and need

to be understood distinctly. In general language and understanding, it sounds same but are different in meanings. Sex is biological aspect and gender is social, cultural and psychological aspect. It is necessary to understand and get the meanings of sex and gender in different ways. The concept of sex and gender were developed for the first time when the famous psychologist Robert Stoller came with his master piece work *Sex and Gender* (Stoller, 1968). Sex refers to physical or physiological differences between males and females, including both primary sex characteristics (the reproductive system) and secondary characteristics such as height and muscularity. Gender is a term that refers to social or cultural distinctions associated with being male or female. Gender identity is the extent to which one identifies as being either masculine or feminine (Diamond, 2002).

The concept of third gender is no newer now. Now a days, the issues and agendas of third gender have been started to be heard and recognized. For the general people, they may still question what third gender is. They might ignore the issues of third gender calling it unnatural, disgusting and shameful. The concept of third gender and third sex claims that individuals are categorized by their will or by social consent as neither man nor woman and recognize three or more genders. The term 'third' is usually understood to mean 'other' (Stoller, 1968). The term third gender has been described a category present in societies which three or more genders, which is neither male nor female. The category may contain individuals who are intersex or genderless in one society, while other societies may categories transgender people.

Actually, the third gender is in many cultures made up of with individual considered female at the time of birth, but take on muscular gender role or sexual role as they grow up and vice versa. Anthropologists have described gender categories in some cultures which they could not adequately explain using a two-gender framework (Martin & Voorhies, 1975).

The term 'gender' designates the cultural categories, symbols, meanings, practices, and institutionalized arrangements bearing at least five sets of phenomena: (1) females and femininity (2) males and masculinity (3) Androgynes, who are partly male and partly female in appearance or gender, Likewise, hermaphrodites, who has both male and female sexual organs or characteristics (4) the transgendered gendered, who engage in practices that transgress or transcend normative boundaries and (5) neutered or unsexed/ungendered individuals such as eunuchs (Peletz, 2007).

By birth people are distinguished as male and female, but sometimes biologically some people are born in disguised form. Similarly, someone changes in shaping their behavior while grows up, their family environment and nurture adversely. Fundamental changes are

seen as a mental, social, physical and emotional in same way, during adolescence period. Most of the cases are seen during adolescence period. People are attached towards opposite sexes, but it could be case that due to imbalance in secretion of hormones through gland some unusual characteristics are often seen. For example, boy behaving as girl and vice versa. Such characteristics eventually lead to form next category of defining sexuality called Third Gender Group (Knight, 2012).

Talking about Nepal, there are noticeable numbers of the third gender group. Some of them have come up with identities and recognition while some are still living a hidden life in fear of being discriminated and unfair treatment by so called civilized human society. They confused if they can raise their voices and establish their third gender rights and opportunities as they are in minority group. Blue Diamond Society (BDS), Lazimpat, Kathmandu, is the first organization in Nepal that looks after the issues and problems of the third gender group which was established in 2068. This organization is commonly known as Nil Hira Samaj in Nepali. It was organized by Sunil Babu Panta who advocates for the rights, equality and fair treatment for third gender group. This organization plays responsible role for inspiring the third gender group to come ahead for open living, provides technical and vocational training for sustaining life, informs about HIV/AIDS and STDs for ensuring the healthy life of third gender group. He is the first constituent assembly member representing from third gender group. The voices of third gender, rights of third gender group, citizenship, marriage and many more have been questioned by him in the constituent assembly hall. The BDS had five sister organizations in five cities of Nepal. Among them, Naulo Bihani is playing guardian role to the third gender group and encouraged the third gender group of Pokhara to be organized, united and integrated for their rights, recognition and identity (Blue Diamond Society, 2014).

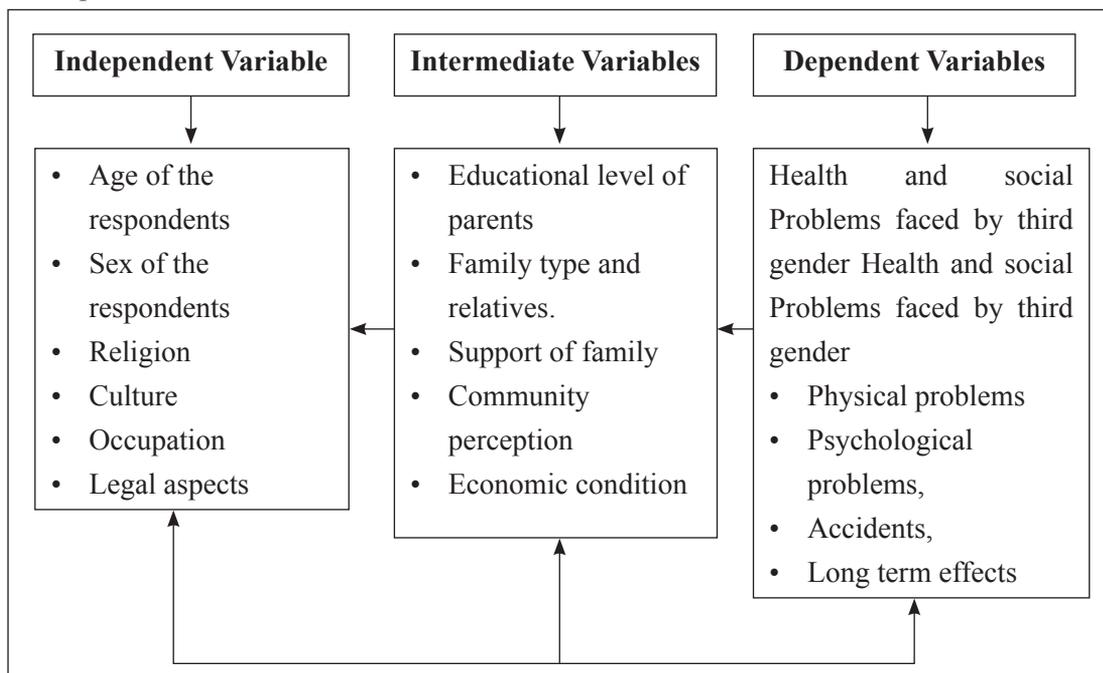
The Nepali society has not grown to that level in which they could accept third gender easily. That mean to say the modernization process of Nepal hasn't achieved maturity leading to rising of consciousness level. Nepali society accepts third gender but exceptionally and unusually. Still, Nepali society doesn't accept and adopt third gender naturally. That is why third gender groups of Nepal don't want to be exposed themselves and come up in the society for their recognition of identity. Even their families have tried to hide the identity due to cultural norms and values so that the genuine number and reality of third gender has not come out (Ranabhat, 2018). Now a days, developing consciousness level of the Nepalese people is increasing due to political changes and international linkage. It is estimated that 2 to 5 percent of the U.S. population is transgendered' (Transgender Law and Policy Institute, 2007). Nepal

is going to provide option to choose male, female and the third gender in coming central Bureau of Statistics 2068 B.S.

It is not easy to study about the third gender group because most of them want to hide identity. Those who have come front, they have established themselves as they are taken exceptionally by other general people. It is very difficult to study about them since they don't want to expose themselves. In Nepal, they are trying to be institutionalized under Blue Diamond Society. Unless their problems aren't solved, a country cannot progress. It is necessary to address their problems. Government of Nepal should include policies and program to respect their feelings and activities as the general people to carry them in main stream. Very few studies have been done on the topic, so very limited literatures were found and it is very important to study on them. The main objective of the study is to find out demography status, health and social problems faced by third gender. The researcher made the following conceptual framework to study on the topic of health and social problems faced by the third gender.

Figure 1

Conceptual Framework



Health and social problems faced by third gender is influenced by the social value, thought, norms, and accidents, physical and psychological problems. Similarly, intermediate variables are influenced by independent variables like Age, education, politics, employment,

household decision, health access, peer pressure interest and economic, cultural and religious factors. These variables are interrelated each other's and one influences others and vice versa.

Data and Methods

Third gender and Naulo Bihani organization were selected purposively. Explanatory sequential mixed method was followed. Quantitative data were taken and analyzed and follow with the qualitative information to interpret the situation. The population of this research were the total number of third gender 60 people associated with that organization, the sister organization of the Blue Dimond Society. All the people living there were the sample as census sampling method. The researcher only focused on demographic condition and health problems faced by the third gender group. Interview schedule, FGD, and observation were the tools of data collection. Tools were pre tested on three third genders who came from the Blue Diamond Society, Kathmandu when they were in Pokhara. Tools were finalized after the feedback received from the pretest as well as the suggestions of experts and friends. Interview schedule was used for the residential was done with the managing committee on the problems faced by the third gender. Observation and Focus Group Discussion (FGD) were done to check their answers on their interview schedule and the problem felt by other persons. The recommend letter was registered to the chairperson of Naulo Bihani organization and respondents were assured and made trustworthiness that the data were only used for the research and promised not to flash out the data elsewhere. Informed consent was taken with the help of the chairman and the friend of the researcher who was the third gender and lived there. The collected data were tabulated and analyzed by using simple statistical tools like frequency, and percentage on table.

Result and Discussion

Collected data and information were analyzed and interpreted as the following heading and sub headings.

Demographic Characteristics of Respondents

Demography is the study of people and their aspects like age, sex, caste, religion, qualification, occupation and so on. Here the researcher tried to study them as caste, education and occupation. Cast is rather traditional in Nepalese society which represents any of the hereditary Hindu social classes. The caste system is gradually vanishing and it is not acceptable (Jha & Shah, 2005). It is said that education is the light of life and it is the process of passing knowledge, attitude,

skills, customs and values from one generation to another. It is the most important factor for the development of individuals' and nations' capacity. Occupation is one's profession chosen for the livelihood and it is the person's usual or principal work or business. It is especially as a means of earning of living, source of income, social prestige, and an indicator of living standard.

Table 1

Distribution of Respondents by Demographic Characteristics

Caste / Ethnicity	Frequency	Percent
Brahmin	20	33.3
Chhetri	18	30.0
Indigenous	8	13.3
Dalits	14	23.3
Total	60	100.0
Educational Qualification		
SLC or equivalent	9	15.0
PCL or equivalent	45	75.0
Bachelor's Degree or equivalent	6	10.0
Total	60	100.00
Occupation		
Government job	2	3.3
Private job	10	16.6
Self-employed	25	41.6
Unemployed	23	38.3
Total	60	100.0

Table 1 shows the distribution of the respondents on the basis of caste/ethnicity. One third of the respondents, 33.3 percent belonged to Brahmin, 30 percent to Chhetri. Likewise, 13.3 percent of the respondents were Indigenous and other Dalit were 23.3 percent. Brahmin were higher than Chhetri and others Similarly, only 15 percent of the respondents were SLC or equivalent. Likewise, 75 percent respondents passed certificate level or plus 2. Only ten percent respondents passed their diploma level and no one was seen of studying Master degree. They told that they didn't like to study more because they didn't get good opportunity of employment in government and private sectors too if they were identified by the owner. They know education enables them to know their rights if they are educated. It is the most important infrastructure of the development. They recommended that education should be life

based and need to provide practical in nature from the basic level like scientific agriculture, farming, tailoring, painting, and so on as their interest which will be the backbone for their future earning too. Working out and earnings for the livelihood through different occupation is seen in the society. Nearly half of the respondents 41.6 were self-employed like shopkeeper, marketing, painting and drawing. Similarly, more than one third 38.3 percent were unemployed. Just 3.3 percent of the respondents were involved in the government job while 16.6 percent respondents were working in private sectors like factory, industry, and supermarket-salesman. Occupation refers to trade or profession that the people do to live and serve. It denotes the nature of the economic development of the country. No job leads to bad habits due to leisure time to.

Prevalence of Viral Infectious Diseases

A viral disease or viral infection occurs when an organism's body is invaded by pathogenic viruses, and infectious virus particles attach to and enter susceptible cells. Viruses cause familiar infectious disease such as the Common cold, Flu, Warts and severe illness such as HIV/AIDS, Ebola and Corona virus or COBID 19. Viruses are like hijackers and antibiotic do not work for viral infections. Few antiviral medicines are available and vaccines can help to prevent from viral diseases. Scientists from many countries tried to discover the vaccine of Corona virus and tested in third phase till to finalize this paper and hope it will be soon.

Table 2

Prevalence of Viral Infectious Diseases

Diseases	Frequency	Percent
Chicken pox	15	25.0
Measles	7	11.6
Mump	8	13.3
Common cold	20	33.3
Viral Hepatitis	6	10.0
Encephalitis	2	3.3
Rabies	1	1.6
Total	60	100.0

People tend to suffer from different diseases. The respondents of this research also came across with different diseases. Table two revels that 25 percent of the respondents suffered from chicken pox, 11.6 percent from measles, 33.3 percent from the common cold, 10 percent from viral hepatitis, and 3.3 percent from encephalitis and only 1.6 percent suffered from

rabies. All the respondents suffered from viral diseases in their life. There are a few antiviral medicines and vaccines to prevent from many viral diseases.

Bacterial Infection

Bacteria are living things that have only one cell. Under a microscope, they look like balls, rods, or spirals. They are so small that a line of 1000 could fit across a pencil eraser. Bacteria have both positive and negative role in human life. It helps to digest food, destroy disease-causing cells, gives the body needed vitamins, helps to produce foods like yogurt and cheese. On the other hand, infectious bacteria can make the people ill. They reproduce quickly in human body, produces toxins, which can damage tissue and make people sick. Scientists discovered antibiotics for its usual treatment.

Table 3

Respondents Suffered from Bacterial Infection

Diseases	Frequency	Percent
Bacillary dysentery	17	28.3
Diarrhea	16	26.6
Cholera	7	11.6
ARI (Acute respiratory infections)	9	15
Tuberculosis	2	3.3
Meningitis	2	3.3
Tetanus	6	10
Leprosy	1	1.6
Total	60	100.0

Table 3 deals with bacterial infectious diseases. More than one fourth 28.3 percent respondents responded that they had suffered from bacillary dysentery, 26.6 percent from diarrhea, 11.6 percent from cholera, 15 percent form Acute Respiratory Infection. Only 3.3 percent of the respondents suffered from tuberculosis and meningitis. Similarly, 10 percent suffered from tetanus and 1.6 percent suffered from leprosy. It is concluded that they had suffered from bacterial diseases once or twice in their lives.

Protozoal Infectious Diseases

Protozoal infectious are parasitic diseases which caused by microscopic, one-celled organisms formerly classified in the kingdom Protozoan. These organisms are free-living or parasitic in nature. They are able to multiply in humans, which contribute to their survival and also permit serious infections.

Table 4*Respondents Suffered from Protozoal Infectious Diseases*

Diseases	Frequency	Percent
Malaria	20	33.3
Amoebic dysentery	24	40.0
Kalazar	3	5.0
None of the above diseases	13	21.6
Total	60	100.0

Table 4 represents the data who suffered from protozoal infectious diseases. One third of the respondents suffered from malaria which was unbelievable in Pokhara and 40 percent suffered from amoebic dysentery. Similarly, 21.6 percent respondents didn't suffer from protozoa infectious diseases even though they claim on proper sanitation, fresh food and water is needed to prevent from the diseases.

Non-Communicable Diseases

The disease which is not transmitted from one person to another through any media is called non communicable disease. The non-communicable disease is a medical condition or disease that is not caused by infectious agents and such diseases are called chronic diseases which last for long time and progress slowly. Sometimes, non-communicable diseases result in rapid deaths too. Those non communicable diseases are as heart diseases, stroke, cancer, diabetes, the chronic kidney disease, asthma and food deficiency diseases like anemia, pellagra, scurvy, night blindness, goitre, marasmus etc.

Table 5*Prevalence of Non-Communicable Diseases*

Diseases	Frequency	Percent
Heart diseases	4	6.6
Diabetes mellitus	8	13.3
Gastritis	30	50
Asthma	5	8.3
Arthritis	3	5
None of the above diseases	15	25
Total	60	100.0

Non communicable diseases don't communicate to others, but the respondents even suffered from non-communicable diseases. The table five represents that 6.6- percent

respondents suffered from heart diseases, 13.3 percent from diabetes mellitus, and 8.3 became the victim of asthma. Half of the respondents suffered from gastritis and 25 percent of the respondents suffered from none of the above-mentioned diseases.

Sexual Experience

Sex or sexual intercourse is principally the insertion and thrusting of the penis, usually when erect, into the vagina for sexual pleasure, reproduction, or both. The term sex, often shorthand for sexual intercourse, can mean any form of sexual activities. People can be at risk of contracting sexually transmitted infections during these activities if unsafe sex practices were done.

Table 6

Distribution of Respondents Having Sexual Experience

Knowledge on STDs	Frequency	Percent
No experience of sex till now	32	53.3
Experience of sex with both the male and female	4	6.6
Experience of sex with the male only	10	16.6
Experience of sex with the female only	14	23.3
Total	60	100.0

Table 6 reveals that more than half of the respondents 53.3 - percent didn't have experience of sex. Whereas 6.6 - percent respondents had experience of sex with both male and female which is amazing. Likewise, 16.6 percent had kept sex with the male only and 23.3 percent had sex with the female only. It was found that all the respondents had the knowledge of sexual transmitted diseases (STDs) and HIV/AIDS but sexually transmitted diseases have become the major health problem for third gender. They were likely to be suffered from such diseases. It was found that no one has suffered from HIV/AIDS but 15 percent respondents suffered from other Sexual Transmitted Infections (STIs) (Ranabhat, 2018).

Findings from Focus Group Discussion (FGD)

After collecting data from the third gender, the researcher requested the chairman of that organization to arrange the meeting of management committee for group discussion on five or six points. After making introduction and built trustworthiness to the participants and make assured them the information was only used for the research. The main focus was what sort of opportunities and problems they faced. After getting permission from the respondents, discussion was started.

They were asked what they had achieved the rights and facilities from the government. They explained that Supreme Court of Nepal decided that sexual and gender minorities had the right in the political spotlight in 2007AD. Central Bureau of Statistics (CBS) officially recognized a third gender in addition to male and female. It provides citizenship, passport, Ncell SIM card registration, etc. and added that third gender issue has slowly started taking its grip in Nepal. The country is a pioneer in rights for gender and sexual minorities, but still it has to do a lot to institutionalize the rights and privileges of the third gender. Globally, the movement regarding third gender has drawn attention and Nepal has also shown a green signal for it. Nepal became one of the world's few countries to officially recognize the third gender in citizenship documents, following a 2007 Supreme Court decision.

Unemployment was the main problem so the third gender people should be given life skill training like driving, cooking, painting, plumbing, repairing electronic. It was difficult to get job due to the perception of them. The problems of third gender can be categorized in different aspects such as social, educational, economic and health problems. The mainstream society has failed to understand that the culture, gender, and sexuality of transgender community and their deprivation and harassment have never received attention by policy makers which is also major problem to be addressed. The policy maker should consider social-cultural and humanistic aspects of the discrimination against the third gender community and help the minority.

The management committee blamed for the government not to take any serious policies and programs to lunch and encourage third gender minority. They suggested that the government of three layers should plan and implement the programs to provide them the jobs, security and social acceptance. They wanted to stay in the same organization rather than their homes and societies where they born because they were happy in the organization rather than their homes. Now a days, they are making aware on the third gender group and organizes them to utilize their rights, In overall, they concluded that situations of the third gender was not satisfactory. They have been facing health and social problems along with the questions of their position in the society. The nature of inclusiveness should be reflected in each and every aspects and government offices to uplifting third gender.

Conclusion

All the respondents were suffered from the viral, bacterial and protozoal infection. All the respondents said that they had the knowledge on sexual transmitted diseases but some were

suffered from syphilis. Unemployment was the main problem of third genders so they should be given life skill training like driving, cooking, painting, plumbing, repairing electronic. Now, they are organizing and try to set up their position and recognition in the society. It is recommended that the new researcher has better to study on social problems faced by the third gender because they were still faced difficulties and problems from the society and its perspectives on them. They claimed that there are noticeable numbers of third gender group in Nepalese societies and some of them have come up for identities and recognition while others are still living a hidden life in fear of being discriminated by so called civilized human society.

Acknowledgements

I am thankful to the respondents, Mina Ranabhat who helped me to collect data and the management committee of Naulo Bihani Organization, Pokhara which provided the opportunity to learn about the third gender and their problems. I hearty acknowledge the support of Dr. Vikash K.C, Professor of Statistics as well as my inspirer who helped me to prepare this article.

References

- Bhattarai, S. (2004). *Gender studies*. Kathmandu: National Book Centre.
- Blue Diamond Society [BDS]. (2014). *Human rights of LGBTI people in Nepal: Annual Bulletin*.
- Diamond, M. (2002). Sex and gender are different: sexual identity and gender identity are different. *Clinical Child Psychology & Psychiatry*, 7(3), 320–334.
- IANS. (nd). *Supreme court's third gender status to transgender is a landmark*. Retrieved April 15, 2014 from http://en.wikipedia.org/wiki/Third_gender.
- Jha, A. K., & Shah, R. K. (2005). *Our environment health and population*. Kathmandu: Ekta Books.
- Knight, K. (2012). *Dividing by three: Nepal recognizes a third gender admits blog*. Michigan: Association for Asian studies. Retrieved May 23, 2019 from: <http://worldpolicy.org/blog>.
- Martin, M. K., & Voorhies, B. (1975). *Supernumerary sexes*. Columbia University Press.
- Peletz, M. G. (2007). *Gender sexuality and body politics in modern Asia*. Association for Asian Studies.
- Ranabhat, M. (2018). *Health and social health problems faced by the third gender*. [Unpublished

- Master's thesis submitted to HPPE Department of Prithvi Narayan Campus, Pokhara].
- Russo, J. B, Fox. S., Poats, B., & Graig, L. (1989). *Gender issues in agriculture and natural resources management*. USAID.
- Stoller, R. (1968). *Sex and gender on the development of masculinity and femininity*. City Science House.
- Shrestha, A. (2018). Socio-economic impact on trafficking of girls/women for sexual exploitation in Sindhupalchowk. *NUTA Journal*, 12, 23-27.
- Subedi, A. (2012). *LGBTIs recognized as others*. Blue Diamond Society, Issue 2.