



Sexual Behaviours of Sexual Minorities in Surkhet of Nepal: Risk and Safety

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Abstract

The article analyzes sexual behaviours at risk and safety against the risk among the sexual minorities in Surkhet district of Nepal. It is a cross-sectional descriptive study based on quantitative data. One hundred thirteen sexual minorities selected through snowball sampling were interviewed. The data were analyzed using simple statistical tools such as number, percent and mean - nearly two-thirds of sexual minorities were involved in sexual activity before their maturation at the age below 20. Most (84.1%) of them had multiple sexual partners, and all had an active sex life preferring anal and oral sex the most. Many have put their sexual behaviours at risk through their sexual involvement with drug users and commercial motives in sex. However, they have adopted a few measures of safety to prevent them from sexually transmitted infections and other worsening health conditions. Above three-quarters of them used condoms while indulging in anal sex and vaginal sex with their sex partners. One-fifth of them visited health institutions for general health check up, and nearly half of them tested for HIV and STDs. Despite their efforts to adopt health safety by many of them, a large proportion of the sexual minorities have been exposed to risky sexual behaviours, making them more vulnerable to diseases and poor health. So, a joint effort from governmental, non-governmental, and public sectors is urgently required to minimize the risks from their sexual behaviours and accelerate the safety against the risks.

Keywords: Sexual behaviours at risk, safety against the risk, sexual initiation, multiple sexual partners, condom use

Introduction

Sexual minorities are a group whose sexual identity, orientation or practices differ from majority of the surrounding society. The term “sexual minorities” refers



to individuals whose sexual orientation is outside the heterosexual mainstream (Crehan & McCleary-Sills, 2015). Usually, sexual minorities comprise of lesbian, gay, bisexual and transsexual/transgender (LGBT) individuals. LGBT is the standard term the United Nations uses to refer to people with non-traditional sexual orientations and gender identities (UNDP/USAID, 2014).

Sexual behaviours undergo at risk when there is sex with multiple partners, sex without using condom and sex later regretted due to alcohol use (Agius et al., 2013). Risky sexual behaviour is defined as any behaviour that increases the negative consequences or risks of sexually transmitted infections and unintended pregnancies which include early sexual activity, having multiple sex partners, having sex while using alcohol or drugs, and unprotected sexual behaviours (Cooper, 2002; Eaton et al., 2010). Many studies have pinpointed that sexual behaviours of sexual minorities are at a greater risk in comparison to other heterosexual people (Nappa et al., 2022).

LGBT people all over the world continue to face challenges. There are 83 countries and territories in the world that criminalize LGBT activities and relationships and seven countries institute the death penalty for same-sex relationships (Itaborahy & Zhu, 2014). Nepal is a largely patriarchal society and does not easily accept people of diverse sexual orientations (Greene et al., 2012). So, in Nepal, many people seek to hide same sexual desire and relationships or gender-variant practices (Coyle & Boyce, 2015). Sexual minorities face myriad obstacles like discrimination and mistreatment by security forces, sexual assault, harassment, physical violence, physical and psychological threats to emotional trauma, such as exclusion from their families and society (National Human Rights Commission of Nepal, 2013). They are sexually harassed and discriminated while in the process of recruitment and employment (UNDP/ USAID, 2014). They are not even safe within their families too. These minority people have become the victims of human rights violations and thus represent as a vulnerable group (National Human Rights Commission of Nepal, 2013) in Nepal.

The Yogyakarta Principles on human rights concerning sexual orientation and gender identity (Amnesty International, 2014) enshrine the idea that gender recognition should be based on self-identification of the people instead of the decisions by courts or medical professionals (Young, 2016). But the self-identification with homosexuality is very difficult due to pressures from the family members and traditional norms of the society, which can lead to forced marriages with the partner of the opposite sex (Khadka, 2017), and thus hide their gender identity and sexual orientation (National Human Rights Commission of Nepal, 2013). In such a situation, identifying the sexual minorities in a community is a challenge.

LGBT populations have not been considered as priority research populations in Nepal (Regmi & Teijlingen, 2015). The data on Lesbian, Gay, Bisexual and Transsexual individuals in Nepal is low (Khadka, 2017). It shows the inadequacy of research in the field of sexual minorities which is more apparent in the remote areas and outside the Kathmandu valley because most of these studies are focused within Kathmandu valley (Boyce & Pant, 2001; Greene, 2015; Sharma, 2016). The studies are mainly focused on the LGBT rights and movement in Nepal (Blue Diamond Society/Heartland Alliance, 2013; Knight, 2015; Khadka, 2017; Young, 2016), knowledge on sexual and reproductive health including HIV/AIDS (UNDP/Williams Institute, 2014; Sharma, 2016), and the social and economic issues (Boyce & Coyle, 2013; Coyle & Boyce, 2015; Blue Diamond Society, 2018) of the sexual minorities; but a little work is done in the behavioural aspect of the sexual minorities. There is lack of adequate research on LGBT lives and history in Surkhet and more specifically the risk and safety towards sexual behaviours of the sexual minorities. So, this study focuses to analyze the sexual behaviours at risk and the safety against the risk among the sexual minorities in Surkhet district of Nepal.

Methods and Procedures

This is a cross-sectional descriptive study based on quantitative data. The snowball sampling was used to identify all 113 possible sexual minorities who were living in Surkhet district for the last six months. First nine cases were identified with the help of an organization working in the area of LGBT. And then, they were interviewed face to face using an interview schedule during the months of March and April in the year of 2022. Before collecting the data, they were assured of their privacy and confidentiality. The data were analyzed manually to extract the sampled respondents' numbers, percentages, and means for their personal and socio-economic characteristics, risks on the sexual behaviours, and safety measures adopted against the risky sexual behaviours.

Results

Personal and Socio-economic Characteristics of Sexual Minorities

The personal and socio-economic characteristics of the sexual minorities consist of sexual identity, age, biological sex, religion, caste/ethnicity, education, occupation, and income (Table 1). The multiple responses of the 113 sexual minorities revealed that the majority (59.3%) claimed to be the transgender as their sexual identity, the following higher proportion (43.4%) as bisexual, and each 15.9% of them as lesbian and gay. Their sexual identity was decided on their claim and self-identification. The age composition showed that nearly three-fourths of them (73.4%) were between the ages of 20 to 40 years, 14.2% of them from 40 to 60 years, and 12.4% were at the age below 20 years.

Of the total 113 sexual minorities, most of them (80.5%) were biologically male and the remaining 19.5% of them were female. There was no intersex cases found at all. Nearly two-thirds of them (62.8%) were Brahmin/Chhetri, one-fifth (20.4%) of them were Janajati, and 16.8% of them were Dalits. Half of the respondents (50.4%) had secondary level education, 33.6% of them had higher education, and only 15.9% had elementary level education. The religious status of the sexual minorities demonstrated that three-quarter (76.1%) of them were Hindu, 17.7% of them were Christian, and only 6.2% of them were Buddhists.

Table 1

Personal and Socio-economic Characteristics of the Sexual Minorities

Personal and socio-economic variables	Number of sexual minorities (N=37)	%
Sexual identity*		
Lesbian	18	15.9
Gay	18	15.9
Bisexual	49	43.4
Transgender	67	59.3
Age group		
Below 20 yr	14	12.4
20-40 yr	83	73.4
40-60 yr	16	14.2
Biological sex		
Male	91	80.5
Female	22	19.5
Caste/ethnicity		
Brahmin-Chhetri	71	62.8
Janajati	23	20.4
Dalit	19	16.8
Educational level		
Elementary	18	15.9
Secondary	57	50.4
Higher	38	33.6
Religion		
Hindu	86	76.1

Buddhist	7	6.2
Christian	20	17.7
Individual income (per month)		
Below Rs 10,000	50	44.2
Rs 10,000 and more	63	55.8

Note. *Multiple responses

The data on the monthly income of the sexual minorities was collected on the individual basis which extracted that majority (55.8%) of them had the monthly income of Rs 10,000 and more, and the remaining 44.2% of them had their individual income below Rs 10,000 per month.

Sexual Behaviours at Risk

The activities and behaviours of sexual minorities such as first experience of sex, number of sex partners, types of sex, place for sex, money for sex, drug users as sex partners and use of alcohol during sex were used to measure their sexual behaviours at risk (Table 2).

Table 2

Sexual Behaviors at Risk among the Sexual Minorities

Variables related to sexual behaviors	No of sexual minorities (N=113)	%
Age at first sexual experience		
Below 10 yr	6	5.3
10 to19 yr	65	57.5
20 yr and above	42	37.2
Number of sex partners		
Single	18	15.9
2 to 3	20	17.7
4 to 5	17	15.1
6 and above	58	51.3
Type of sex*		
Anal Sex	95	84.1
Oral Sex	98	86.7
Vaginal sex	19	16.8
Other way	18	15.9
Preference to sex		
Anal Sex	64	56.6
Oral Sex	49	43.4

Common place for sex

Own Home	8	7.1
Rent House	86	76.1
Hotel	11	9.7
Others	8	7.1

Money for sex

Yes	21	18.6
No	92	81.4

Drug users as sex partners

Yes	12	10.6
No	74	65.5
Unknown	27	23.9

Condition of alcohol use while sex

Regularly	10	8.9
Occasionally	44	38.9
Never	59	52.2

Note. *Multiple responses

Age at first sexual experience indicated that majority (57.5%) of the sexual minorities had first sex at the age of 10 to 19, 37.2% of them had the experience at the age of 20 and above, and 5.3% of them had the experience at the age below 10. The data on the number of sex partners (mean = 7.1) demonstrated that the majority (51.3%) of them had six or more sex partners, and only 15.9% had a single sex partner. Similarly, 17.7 and 15.1 percentages of them had 2 to 3 and 4 to 5 number of sexual partners respectively. The multiple responses of the data on the types of sex revealed that most of the sexual minorities indulged in oral (86.7%) and anal (84.1%) sexes with their sex partners, and 16.8% of them had vaginal sex too. But the least proportion (15.9%) of them responded to indulge in other way in which a number of sexual activities such as rubbing vulva, masturbation, and kissing involved. At the same time, the data on their first preference to sex with their sex partners revealed that majority (56.6%) of the sexual minorities preferred anal sex most and the remaining next (43.4%) preferred type was oral sex.

The most common place for sex was rent house for the most of the respondents (76.1%), and 7.1 and 9.7 percentages of them selected their own homes and hotels respectively as common places for sex. But the next 7.1% of them used other places like jungle, playground, etc. for sex with their sex partners. Meanwhile, most of them (81.4%) had never taken money for sex with their sex partners, but the remaining 18.6% responded that they received money for having sex with their sex partners.

The data on the drug users as sex partners revealed that about two-thirds of them (65.5%) had no partner who used drugs and 23.9% of them were unknown about the habit of using drugs of their partners. But 10.6% of them reported that they had the sex partners who used drugs. The study also indicated that majority of the sexual minorities (52.2%) had never used alcohol while having sex but the remaining others were found using alcohol with 38.9% as occasional users and 8.9% as regular users while indulging in sex with their partners.

Safety against the Risk

The safety measures adopted by the sexual minorities to prevent and control their health from possible consequences due to their sexual behaviors are analyzed based on their involvement in three major activities – use of condom while indulging in sex, general health examination, and specific test for HIV and AIDS (Table 3).

Table 3

Safety Measures Adopted against the Risks from Sexual Behaviors

Safety measures against the risk	No of sexual minorities (N=113)	%
Use of Condom (N=95)		
Always	75	78.9
Sometimes	20	21.1
Health Examination		
After getting sick	70	61.9
Regularly	5	4.4
Sometimes	21	18.6
Never	17	15.1
Test for HIV and STDs		
Yes	54	47.8
No	59	52.2

Of the total 95 sexual minorities (excluding lesbians), most (78.9%) reported that they always used condom during sexual contact with their sex partners, but 21.1% of them reported using it sometimes only. Out of 113 sexual minorities, nearly one-quarter (23.0%) of them reported that they examined their health for general health checkup although they were not sick among which 4.4% did it regularly in every six months and 18.6% sometimes whereas nearly two-thirds (61.9%) of them responded that they checked up their health only when they were sick. But 15.1% replied that they never checked up their health with any medical person. The study further revealed that nearly half (47.8%) had ever tested for HIV and STDs, whereas the majority (52.2%) had never tested for it.

Discussion

The findings from personal and socio-economic situation, sexual behaviours at risk, and safety against the risk among the sexual minorities are discussed here.

Personal and Socio-economic Characteristics of Sexual Minorities

The multiple responses of the sexual minorities reveal that their sexual identities are diverse and overlapped to each other though the transgender population has the dominant volume (59.3%) over others which is supported by the studies of Cresswell (2007) and Jagose (1996) that all sexual categories are open, fluid, and non-fixed. They are mostly from 20 to 40 years age-group (73.4%) and are biologically male (80.5%). Brahmin and Chhetri are the dominant castes which together comprise of 62.8% of the total sexual minorities. Above three-quarter of them are Hindus. All of them are literate and about one-thirds (33.6%) possess higher education which shows the better educational status of the respondents in comparison to a study of 1200 sexual and gender minorities in Nepal that revealed only 18 % of them with higher education and 80 % of them could just read and write (UNDP/ Williams Institute, 2014). But they do not have better income as many do not even meet the national per capita income of Rs 835.1\$ (World Bank, 2018).

Sexual Behaviours at Risk among the Sexual Minorities

The sexual minorities are most likely to have the first sexual experience before their maturity as 62.8% of them have the experience at the age below 20. This sort of sexual initiation in earlier ages before maturation is associated with risky sexual behaviors and other health and social problems (Cunha, 2022; Franca & Frio, 2018). The data on the sexual relationship of the respondents with their sexual partners reveals that most of them (84.1%) have multiple sexual partners, and the majority (51.3%) has six or more sexual partners. A report by ICF International indicated that 4.1% of adolescent men in Nepal had multiple sexual partners (Kothari et al., 2012) and a school-based survey in U. S. revealed that 42% of adolescents had multiple sexual partners (Scott et al., 2011). It shows that the number of sexual partners among the sexual minorities in the present study is incomparably higher than the general adolescent people in Nepal and U. S. The first sexual contact before their maturation and having many sexual partners brings their sexual behaviors at greater risk that may result a number of sexual and reproductive health problems as a previous study showed that violence against transgender people was widespread and 35% of 5 to 18 years olds experienced physical violence and 12% were victims of sexual violence (Winter et al., 2016). Despite a greater risk of sexual violence to these sexual minorities, all of them have involvement in sex with their sexual partners showing their active sexual life. They indulge most in oral sex (86.7%)

and anal sex (84.1%) than vaginal and other types of sexes which is very consistent with a study that demonstrated 84.9% performing oral sex in the top first position among the sexual practices of both heterosexual and bisexual men aged 18-57 years (Morell-Mengual et al., 2022). Their multiple sexual practices show their multiple, overlapped and complex roles which reveal the multiple identities and complexities in sexual orientation and behaviours of the sexual minorities (Galupo et al., 2015). Such complexities in sexual roles and sex activities expose them more towards sexual and reproductive health problems (Nappa et al., 2022). A study further supports that transgender people are 49 times more likely to live with HIV than the general population (UNAIDS, 2016).

The anal sex is the most preferred type of sexes (56.6%) and the next is oral sex (43.4%) among all the sexual minorities that are very consistent with a study among heterosexual women and men in U.S. (Habel et al., 2018). The interesting fact here is that, practically, their involvement in oral sex is slightly higher than anal sex while indulging in sex with their sex partners. It shows a slight difference in the choice of sex and its practice. Their perception towards oral sex to be safer than anal sex and their casual experience of painful anal intercourse may be the possible reasons of making this difference.

They commonly use rent house (76.1%) for sexual activity. It may be the reason that their homosexual relations and extramarital affairs are not accepted by their family and society (Khadka, 2017; National Human Rights Commission of Nepal, 2013). So, they are satisfying their sexual desire secretly hiding their identity and reality from the public.

Although most (81.4%) of the sexual minorities do not have commercial motive in sex but nearly one-fifth of them indulge in sex for money that establish them as professional sex workers in life dragging them towards risk of sexually transmitted infections as a study in U. S. revealed that involving in sexual activity for money had significant association with HIV infection (Centers for Disease Control and Prevention, 2019). Furthermore, one-thirds (34.5%) of them have whether drug users as their sex partners or are unknown about the drugs' life of their sex partners that makes them vulnerable to sexually transmitted infections including HIV/AIDs and other health and social problems as studies showed that drug users have higher chances of undergoing risky sexual behavior and suffering from HIV/AIDs and STDs (Bonar, 2014; Franca & Frio, 2018). Many studies revealed that use of alcohol before having sex is associated with negative health and social consequences including increased risky sexual behaviors (Bryan, 2007; Cooper, 2002; Eaton et al., 2015; Franca & Frio, 2018) and sexually transmitted infections (Kalichman, 2003). But

nearly half (47.8%) of the sexual minorities drink alcohol regularly or occasionally while indulging in sex that exposes them to health and social problems.

Safety against the Risk from the Sexual Behaviours

The sexual minorities adopt different safety measures to prevent or minimize the risk of their sexual behaviors. Above three-quarter of them use condom while having anal and vaginal intercourses with their sex partners; the use of condom is higher than a study that showed 64.9% of the men using condom during vaginal intercourse and 63.6% during anal intercourse (Morell-Mengual et al., 2022). But still over one-fifth (21.1%) of the sexual minorities in the study area are at the risk of sexually transmitted diseases and infections. Nearly half of the sexual minorities test for HIV and STDs that does not only help them to diagnose their health condition but also to take precaution in their future sex life. This practice of testing for HIV and STDs is slightly better than the similar practices among the young adult population in Mexico that showed 61.7% of them not screening for STDs (Ibarrola-Peña et al., 2022); and the practice is heavily lower than the test of male sex workers in three major cities of Australia that demonstrated 88.6% of them tested for HIV (Minichiello, 2002). Nearly one-quarter (23.0%) of the sexual minorities visits health institutions for general health checkup that shows their consciousness towards their health safety. Despite a higher risk of sexually transmitted infections, a large proportion of them do not have the practice of visiting health institutions for regular health checkup which is far behind from the practices of men who have sex with men of U. S. among which 86% visited a health care provider in the last 12 months of the interview (Centers for Disease Control and Prevention, 2019).

Conclusion

Sexual minorities are a group whose sexual identity, orientation or practices differ from majority of the surrounding society, including lesbian, gay, bisexual and transsexual/transgender individuals. Sexual behaviors of the people are at greater risk when such behaviors increase the risk of contracting sexually transmitted infections and experiencing other health problems. Sexual minorities are from different socio-economic backgrounds and identities. They are primarily from the age-group of 20 to 40 and are Hindus. Transgender people have the dominant figure over gays and lesbians. All of them are literate but are not sound economically.

Majority of the sexual minorities involve in sexual activity before their maturation at the age below 20. They have multiple sexual partners and have active sex life preferring anal and oral sex the most, so their sexual behaviors are at risk. They have put their sexual behaviors at greater risk by their sexual involvement with drug users and commercial motive in sex, making them more vulnerable to diseases

and poor health. Despite a greater risk towards their health and life due to their diverse and unsafe sexual behaviors, they have tried to adopt a few safety measures to prevent them from adverse health consequences such as using condom, examining general health and testing for HIV and AIDs. But these efforts are not adequate as majority of them do not still adopt these measures. This scenario in the risk and safety on the sexual behaviors of the sexual minorities calls for a joint effort to bring a positive change towards safer and healthy sexual behaviors and activities. There are multiple sexual orientations and identities among them, so complexities in understanding their sexual behaviours which demands both extensive and in-depth study in this issue.

References

- Agius, P., Taft, A., Hemphill, S., Toumbourou, J., & McMorris, B. (2013). Excessive alcohol use and its association with risky sexual behaviour: A cross-sectional analysis of data from Victorian secondary school students. *Australian and New Zealand Journal of Public Health*, 37, 76 - 82. <https://doi.org/10.1111/1753-6405.12014>
- Amnesty International. (2014). *LGBT rights: The Yogyakarta principles*. <https://www.amnestyusa.org/pdfs/YogyakartaPrinciples.pdf>
- Blue Diamond Society. (2018). *Discrimination and violence against lesbian and bisexual women and transgender persons in Nepal*. https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/NPL/INT_CEDAW_NGO_NPL_30008_E.pdf
- Blue Diamond Society/Heartland Alliance. (2013). *The violations of the rights of lesbian, gay, bisexual, transgender, and intersex persons in Nepal*. https://tbinternet.ohchr.org/Treaties/CCPR/Shared%20Documents/NPL/INT_CCPR_NGO_NPL_14738_E.pdf
- Bonar, E. E., Cunningham, R. M., Chermack, S. T., Blow, F. C., Barry, K. L., Booth, B. M., & Walton, M. A. (2014). Prescription drug misuse and sexual risk behaviors among adolescents and emerging adults. *Journal of Studies on Alcohol and Drugs*, 75(2), 259-268. <https://doi.org/10.15288/jsad.2014.75.259>
- Boyce, P., & Coyle, D. (2013). *Development, discourse and law: Transgender and same-sex sexualities in Nepal*. <http://www.ids.ac.uk/publication/>
- Boyce, P., & Pant, S. (2001). *Rapid ethnography of male to male sexuality and sexual health*. Family Health International. <https://www.hivpolicy.org/Library/HPP000564.pdf>

- Bryan, A., Ray, L. A., & Cooper, M. L. (2007). Alcohol use and protective sexual behaviors among high-risk adolescents. *Journal of Studies on Alcohol and Drugs*, 68(3), 327-335. <https://doi.org/10.15288/jasad.2007.68.327>
- Centers for Disease Control and Prevention. (2019). *HIV Infection Risk, Prevention, and Testing Behaviors Among Men Who Have Sex With Men: National HIV Behavioral Surveillance, 23 U.S. Cities, 2017* (HIV Surveillance Special Report 22). <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-special-report-number-22.pdf>
- Cooper, M. L. (2002). Alcohol use and risky sexual behavior among college students and youth: Evaluating the evidence. *Journal of Studies on Alcohol, Supplement*, (14), 101-117. <https://doi.org/10.15288/jsas.2002.s14.101>
- Coyle, D., & Boyce, P. (2015). *Same-sex sexualities, gender variance, economy and livelihood in Nepal: Exclusions, subjectivity and development* (IDS Evidence Report 109). Institute of Development Studies. <https://opendocs.ids.ac.uk/opendocs/handle/20.500.12413/5773>
- Crehan, P., & McCleary-Sills, J. (2015). Brief on violence against sexual and gender minority women. *Violence against women and girls: A resource guide*. http://www.vawgresourceguide.org/sites/default/files/briefs/vawg_resource_guide_sexual_and_gender_minority_women_final.pdf
- Cresswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches* (2nd ed.). Sage Publications.
- Cunha, K. S., Okada, L. M., Rinaldi, A. E. M., Marques, E. S., da Silva Paro, H. B. M., & Azeredo, C. M. (2022). Sexual initiation before age 14 and co-occurrence of health risk behaviors among Brazilian adolescents: Data from the National School Health Survey 2015. *Sexuality Research and Social Policy*, 1-14. <https://doi.org/10.1007/s13178-022-00715-w>
- Eaton, D. K., Kann, L., Kinchen, S., Shanklin, S., Ross, J., Hawkins, J., Harris, W. A., Lowry, R., McManus, T., Chyen, D., Lim, C., Whittle, L., Brener, N. D., & Wechsler, H. (2010). Youth risk behavior surveillance-United States, 2009. *Morbidity and Mortality Weekly Report*, 59 (SS-5), 1-142. <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5905a1.htm>
- Eaton, N. R., Thompson Jr, R. G., Hu, M. C., Goldstein, R. B., Saha, T. D., & Hasin, D. S. (2015). Regularly drinking alcohol before sexual activity in a nationally representative sample: Prevalence, sociodemographics, and associations with psychiatric and substance use disorders. *American Journal of Public Health*, 105(7), 1387-1393. <https://doi.org/10.2105%2FAJPH.2015.302556>

- França, M. T. A., & Frio, G. S. (2018). Factors associated with family, school and behavioral characteristics on sexual initiation: A gender analysis for Brazilian adolescents. *PloS One*, 13(12), e0208542. <https://doi.org/10.1371/journal.pone.0208542>
- Galupo, M. P., Mitchell, R. C., & Davis, K. S. (2015). Sexual minority self-identification: Multiple identities and complexity. *Psychology of Sexual Orientation and Gender Diversity*, 2(4), 355-364. <http://psycnet.apa.org/record/2015-38665-001>
- Greene, M., Robles, O., & Pawlak, P. (2012). *Masculinities, social change, and development*. World Bank. <https://openknowledge.worldbank.org/handle/10986/9167>
- Greene, S. (2015). *Gender and sexuality in Nepal: The experiences of sexual and gender minorities in a rapidly changing social climate*. https://digitalcollections.sit.edu/isp_collection/2093
- Grov, C., Hirshfield, S., Remien, R. H., Humberstone, M., & Chiasson, M. A. (2013). Exploring the venue's role in risky sexual behavior among gay and bisexual men: An event-level analysis from a national online survey in the US. *Archives of Sexual Behavior*, 42(2), 291-302. <https://doi.org/10.1007/s10508-011-9854-x>
- Habel, M. A., Leichliter, J. S., Dittus, P. J., Spicknall, I. H., & Aral, S. O. (2018). Heterosexual anal and oral sex in adolescents and adults in the United States, 2011–2015. *Sexually Transmitted Diseases*, 45(12), 775. <https://doi.org/10.1097%2FOLQ.0000000000000889>
- Ibarrola-Peña, J. C., Miranda-Ackerman, R. C., Almanza-Mena, Y. L., Barbosa-Camacho, F. J., López-Zendejas, M., López-Reynoso, M. P., Bonaparte-Pimentel, M. A., Warren-Cano, F. J., Zaragoza-Organista, R., Cortés-Flores, A. O., Fuentes-Orozco, C., & González-Ojeda, A. (2022). Sexual Behavior: Challenges for Prevention and Control Among Medical Students in Mexico. *Sexuality Research and Social Policy*, 19(2), 751-759. <https://doi.org/10.1007/s13178-021-00591-w>
- Itaborahy, L. P., & Zhu, J. (2014). *State-sponsored homophobia: A world survey of laws: Criminalization, protection and recognition of same-sex love*. International Lesbian, Gay, Bisexual, Trans and Intersex Association. <https://www.academia.edu/12136119>
- Jagose, A. (1996). *Queer theory: An introduction*. New York University Press.
- Kalichman, S. C., Cain, D., Zweben, A., & Swain, G. (2003). Sensation seeking, alcohol use and sexual risk behaviors among men receiving services at a clinic

- for sexually transmitted infections. *Journal of Studies on Alcohol*, 64(4), 564-569. <https://doi.org/10.15288/jsa.2003.64.564>
- Khadka, P. (2017). *Understanding LGBT rights in Nepal*. <https://www.ucanews.com/news/understanding-lgbt-rights-in-nepal-77966>
- Knight, K. (2015). *Bridges to justice: Case study of LGBTI rights in Nepal*. <http://www.astraeafoundation.org/uploads/files/Astraea%20Nepal%20Case%20Study.pdf>
- Kothari, M. T., Wang, S., Head, S. K., & Abderrahim, N. (2012). *Trends in adolescent reproductive and sexual behaviors: A comparative analysis* (DHS Comparative Reports No. 29). ICF International. <https://www.dhsprogram.com/pubs/pdf/CR29/CR29.pdf>
- Minichiello, V., Marino, R., Browne, J., Jamieson, M., Peterson, K., Reuter, B., & Robinson, K. (2002). Male sex workers in three Australian cities: socio-demographic and sex work characteristics. *Journal of Homosexuality*, 42(1), 29-51. https://doi.org/10.1300/J082v42n01_02
- Morell-Mengual, V., Dolores Gil-Llario, M., Ruiz-Palomino, E., Castro-Calvo, J., & Ballester-Arnal, R. (2022). Factors Associated with Condom Use in Vaginal Intercourse Among Spanish Heterosexual and Bisexual Men. *Sexuality Research and Social Policy*, 1-11. <https://doi.org/10.1007/s13178-022-00728-5>
- Nappa, M. R., Bartolo, M. G., Pistella, J., Petrocchi, N., Costabile, A., & Baiocco, R. (2022). "I do not like being me": The impact of self-hate on increased risky sexual behavior in sexual minority people. *Sexuality Research and Social Policy*, 19(2), 737-750. <https://doi.org/10.1007/s13178-021-00590-x>
- National Human Rights Commission of Nepal. (2013). *Report to the regional national human rights institutions project on inclusion, the right to health and sexual orientation and gender identity*. The International Development Law Organization (IDLO). <http://www.asia-pacific.undp.org>
- Regmi, P. R., & Teijlingen, E. (2015). Importance of Health and Social Care Research into Gender and Sexual Minority Populations in Nepal. *Asia-Pacific Journal of Public Health*, 27(8), 806–808. <https://doi.org/10.1177%2F1010539515613413>
- Scott, M. E., Wildsmith, E., Welti, K., Ryan, S., Schelar, E., & Steward-Streng, N. R. (2011). Risky adolescent sexual behaviors and reproductive health in young adulthood. *Perspectives on Sexual and Reproductive Health*, 43(2), 110-118. <https://doi.org/10.1363/4311011>

- Sharma, S. (2016). Knowledge and attitude regarding HIV/AIDs among sexual minorities of Kathmandu. *Journal of Kathmandu Medical College*, 5(17). <https://doi.org/10.3126/jkmc.v5i3.18418>
- UNAIDS. (2016). *Prevention gap report*. http://www.unaids.org/sites/default/files/media_asset/2016-prevention-gap-report_en.pdf
- UNDP/USAID. (2014). *Being LGBT in Asia: Nepal country report*. <http://asia-pacific.undp.org>
- UNDP/Williams Institute. (2014). *Surveying Nepal's sexual and gender minorities: An inclusive approach*. UNDP. <https://escholarship.org/uc/item/16g909tn>
- Winter, S., Diamond, M., Green, J., Karasic, D., Reed, T., Dip, G., Whittle, S., & Wylie, K. (2016). Transgender people: Health at the margins of society. *The Lancet*, 388(10042), 390 - 400. [https://doi.org/10.1016/S0140-6736\(16\)00683-8](https://doi.org/10.1016/S0140-6736(16)00683-8)
- World Bank. (2018). GDP per capita (current US\$). *World Bank national accounts data and OECD national accounts data files*. <https://data.worldbank.org/indicator/NY.GDP.PCAP.CD>
- Young, H. (2016). Trans rights: Meet the face of Nepal's progressive third gender movement. *The Guardian*. <https://www.theguardian.com>