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# Queering Health Education: Health Education Initiatives within Sexual and Gender Minority Communities in the Kathmandu Valley

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*SIT Study Abroad*

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Queering Health Education: Health Education Initiatives  
within Sexual and Gender Minority Communities in the  
Kathmandu Valley

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## **Abstract**

This independent study project seeks to investigate healthcare and health education initiatives in Nepal's sexual and gender minority communities. While many human rights activist groups are working for LGBTQI equality, strong social stigmas and controversy within the queer community make access to adequate reproductive healthcare information and services very difficult. Through interviews and fieldwork, this research investigates the main actors in LGBTQI healthcare initiatives, healthcare debates within the queer community, and how reproductive healthcare initiatives from the LGBTQI community fit into the larger picture of sexual health education in Nepal. Research for this project was conducted through structured and semi-structured interviews with employees and volunteers of LGBTQI activist organizations and reproductive health educators. This study concludes that, while progress has been made in the field of health education for Nepal's queer communities, this progress has significant geographic and demographic constraints. Furthermore, the global focus on HIV/AIDS has rendered those queer populations not at-risk for the virus invisible to donor organizations.

Keywords: LGBTQI, sexual health, health education

## **Dedication**

To the friends I made in *Gairidhara* - for your commitment to educating your community and for sharing your stories, I am forever grateful.

## Acknowledgements

First and foremost, I would like to thank the members of Kathmandu's LGBTQI community who showed me their work, shared their stories and welcomed me into their lives. Thank you to Daniel Putnam for pushing me into the deep end of field research, to Kristen Zipperer for your patience as I struggled to stay afloat and to our wonderful Nepali language teachers, without whom I surely would have drowned. To the SIT program staff, for your warm smiles and delicious food. To my fellow *aalu bidyaarthiharu* for keeping me sane throughout the semester. And finally, thank you to my host family in Kathmandu for showing me more love than I could have ever asked for - and even more *daalbhaat*.

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## Introduction

From a distance, the scene unfolding by the petrol station in Gairidhara on the morning of April 14th may have looked like any other Nepali *pujaa*. A closer look reveals a unique fusion of cultural traditions, identity expressions and rejected practices. In the alleyway next to the unassuming cement building that houses the offices of Cruise AIDS Nepal, a group of eight is huddled together facing the road. Among them are three men dressed in Western street clothes, two impeccably made-up transgender women in traditional saris, a transgender man with the remnants of a *Tikaa* on his forehead and another transgender woman in a colorful lungi and red t-shirt, with bangles up to her elbows, heavy beaded necklaces, a thick nose ring and a gold plated headdress. They are holding baskets of flowers, fruit and silk scarves, a small dish of red rice and a large rainbow flag - an international symbol of queer pride. The group smiles for pictures, and a few minutes later a small fleet of taxis pulls up the curb. A group as equally diverse in expression of gender and sexuality emerges from the cars; they are representatives of a Pakistani queer activist group. Following a traditional *pujaa* ceremony and posing for even more photos, the two groups file into the building and up the stairs. For the next two hours, they speak through a translator about their experiences working in sexual health education for sexual and gender minority communities in their respective countries.

While major strides are being made in the name of Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (LGBTQI) awareness and acceptance, Boyce and Coyle (2013) suggest that gender and sexual minorities remain highly stigmatized and hidden from Nepal's general population. Members of the

LGBTQI community are often ostracized from their families and face harsh discrimination in their places of employment and in government policy (Wilson et al. 2011). As in many South Asian countries, the LGBTQI population in Nepal has been identified as a particularly high risk group for a number of sexually transmitted infections (STIs) including HIV/AIDS (Blue Diamond Society 2014). The denial, stigma and discrimination associated with STIs makes access to prevention and treatment very difficult (Amatya 2005). Furthermore, underserved groups such as the LGBTQI community must overcome social inequalities including lower economic status and public discrimination that bar access to healthcare (Wilson et, al. 2011). Over the last decade, Kathmandu-based human-rights groups have been advocating for LGBTQI rights and have made vast improvements to health services, prevention programs and government policy (Blue Diamond Society 2014, Mitini 2014). Despite these efforts, there is still tension and competition between Nepal's queer activist groups, making access to funding and reliable information increasingly difficult (Republica 2014).

### **Literature Review**

There is a general consensus that the social stigmas and discrimination that plague sexual and gender minorities in Nepal act as barriers to appropriate prevention and treatment for reproductive health concerns. Boyce and Coyle (2013) argue that, while Nepal has made significant advances in legislation regarding LGBTQI rights, the social realities for such individuals are much more complex; marginalization and discrimination are far more common than the law would suggest. Much of this discrimination can be attributed to the conservative gender roles imbedded in Hindu ideology (Wilson et. al 2011). As they are unable

to fulfill traditional familial expectations, sexual and gender minorities often face rejection from their own families and communities. Furthermore, Wilson et. al. (2011) argue that widespread discrimination limits employment opportunities and forces many LGBTQI individuals into the sex industry as a source of livelihood where they have little autonomy regarding use of protection. Amatya (2005) supports this argument, especially in the case of women who have little negotiating power in Nepal's patriarchal society.

Literature on sexual health in Nepal is for the most part limited to the HIV/AIDS epidemic. According to Amatya (2005), the HIV/AIDS virus follows poverty, conflict, and inequality, making Nepal's stigmatized groups who suffer such ills especially vulnerable to the virus. As underserved, such as the queer community, groups generally have little to no education and limited resources, access to appropriate prevention and treatment can be near impossible. Using a historical framework, Pigg and Pike (2004) argue that the issues of morality and sexual deviance imbedded in Nepal's HIV/AIDS discourse make education initiatives difficult. Early Western prevention programs mistakenly operated under the assumption that homosexuality was a universally understood practice. This was not the case in Nepal and, as a result, HIV was misunderstood as a foreign disease associated with strange sexual practices. Such misperceptions are still prevalent today, thus prevention initiatives inherently bring up questions of immorality and personal dignity (Pigg and Pike 2004).

Studies on reproductive health education in Nepal and South Asia generally conclude that, due to cultural stigmas surrounding sexuality, many young people are not getting the information they need to maintain their

reproductive health. Pokharel et. al. (2006) find that sexuality is often entirely left out of discussions of health because educators feel uncomfortable discussing this highly stigmatized topic. Regmi et. al. (2010) argue that sexual health services are generally significantly underused because people feel too embarrassed to seek out prevention information or treatment for existing conditions.

### **Research Objectives**

Whereas current literature is highly focused on the HIV/AIDS virus, my ISP addresses the broader picture of sexual and reproductive health as a whole. I seek to investigate the sexual health awareness initiatives happening with the Kathmandu Valley's LGBTQI community. What are the debates within the LGBTQI community about what healthcare initiatives are needed? Who is controlling and making decisions with regard to health education initiatives? Who is the target audience for awareness initiatives and why? How do education initiatives from the LGBTQI community fit into the larger picture of sexual health education in Nepal?

### **Methodology**

Research for this project was conducted over three and a half weeks spent in the Kathmandu Valley. While Nepal's sexual and gender minorities do not live exclusively within the city limits of Kathmandu, this is where some of the largest queer communities can be found. Kathmandu is also home to a number of influential queer activist groups and community based organizations (CBOs) as well as the larger international organizations that fund such efforts. Two of Nepal's largest LGBTQI CBOs, the Federation for Sexual and Gender Minorities and the Blue Diamond Society (BDS), are both based in Kathmandu and were

able to provide helpful contacts to smaller organizations throughout the city.

Research was also conducted in the Lalitput district to visit the Nepali government's Ministry of Health and Population as well as a small CBO working in more rural villages.

In Kathmandu, my fieldwork consisted primarily of semi-structured interviews and participant-observation. I was able to interview representatives of USAID and the National Center for AIDS and STI Control, local community and CBO leaders, healthcare providers and counselors, LGBTQI community members, and a number of outreach field educators from different organizations. During my fieldwork, I attended a welcoming ceremony and conference held by Cruise AIDS Nepal in Gairidhara for a Pakistani HIV-awareness group and a portion of the UNDP sponsored *Nepal National LGBTI Community Dialogue*, "Being LGBT in Asia" at the Radisson Hotel in Lazimpat.

I spent the first week of my research meeting with the leaders of Kathmandu's more prominent and established LGBTQI advocacy groups. This included interviews with two representatives of Mitini Nepal, a lesbian women's organization in the Bhatbhateni neighborhood, and the president of Cruise AIDS Nepal, an affiliate of the Blue Diamond Society. These conversations helped orient me to the inner-workings of Kathmandu's queer activist groups and the processes of planing and funding community initiatives, including those focussed on health education. Most importantly, these initial interviews facilitated connections for further research; informants were eager to become involved in my project and introduce me to their community.

During this time I also met with representatives of two organizations involved in health education; Care Development Organization in the district of Godawari, about 10 kilometers southeast of Kathmandu, and the Resource Center for Primary Health Care in Bagbazar. After the interviews I learned that, while both organizations have programs focussed on HIV/AIDS and STI awareness, neither was in any way involved with the LGBTQI community. Initially this felt like an obstacle to research, but eventually the information gathered from these organizations helped to complete the larger picture of sexual health education programs in the Kathmandu Valley.

My interview with Bhagawan Shrestha of international USAID partner-organization fhi360 was another key element to understanding the process of funding and project implementation in the health sector. While this interview was less fruitful in terms of making community-level connections, Mr. Shrestha was able to shed light on the general trends that connect international donors, HIV/AIDS intervention initiatives and Nepal's many CBOs.

In the final week and a half of fieldwork, my research methods became much more ethnographic with far fewer structured interviews. After having become well acquainted with a number of different LGBTQI activist groups around my own neighborhood, I got to spend a great deal of time with the many outreach educators who work for these organizations. I was able to sit in on meetings debriefing the previous day's work in the field and chat with individuals as they packed their bags with education materials (generally handfuls of condoms, lubricant and cards for the nearest STI testing center) for an afternoon at their designated site. The most rewarding and informative parts of this research

were the hours spent sitting in empty offices after the meetings were over, talking with whomever stuck around. Unlike the English-speaking leaders of these organizations, the fieldworkers are hardly - if ever - interviewed for research or media purposes. All members of the LGBTQI community themselves, they were eager to share their stories and spoke passionately about their work.

I found the primary limitation to my research to be the insular nature of Kathmandu's LGBTQI community. Apart from community members themselves and those working directly with the community, there is relatively little awareness on the part of the general population. As an outsider, active LGBTQI organizations were hard to reach and initial fieldwork was slow. Of the few queer activist organizations that exist in Kathmandu, the majority operate under or are associated with the Blue Diamond Society; this close-knit network made it difficult to include a wide diversity of voices in my research. Finally, my research only examines organizations operating within the Kathmandu Valley. There are many CBOs working in LGBTQI health education in urban centers throughout Nepal, but they were not included in my research objectives.

Prior to conducting all interviews, each informant gave their consent to participate in my study. I used a digital tape recorder for five of the interviews, and in each case specific consent was given from the participant before I began recording. I have respected the requests of all participants who wished to remain anonymous or not to be directly quoted in my paper.

## **Research Findings**

### **Funding Processes and Government Involvement**

A quick perusal of the websites of some of the world's top development agencies and one is sure to find a multitude of red ribbons and banners for HIV/AIDS awareness. Since the beginning of the epidemic in the 1980s, HIV/AIDS has become the focal point of many global health initiatives (Mann and Tarantola). Many international organizations with offices in Nepal, such as USAID or UNICEF, have entire floors or buildings devoted to HIV intervention programming. While the LGBTQI population is certainly not the only high-risk group for the virus, and not all groups within the LGBTQI community are vulnerable to exposure, it is the conversations within the walls of these offices that eventually determine which of Nepal's many queer activist groups will get funding for healthcare initiatives.

Working with the goal of national HIV/AIDS prevention and awareness, organizations such as USAID-partner fhi360 and the National Center for AIDS and STI Control (NCASC) operate under a 'targeted-intervention' model. Target populations at high risk for contracting the HIV virus are identified for intervention programs. Most often, these groups are migrant workers and their spouses, female sex workers and their clients, drug users, people currently living with HIV/AIDS, and the MSM (men who have sex with men) and transgender communities. For each target group, the funding organization will identify CBOs that work directly with the population in question. The Blue Diamond Society, as Nepal's strongest and most established LGBTQI organization, receives the majority of funding for MSM and transgender HIV/AIDS intervention programs. In turn, BDS contracts to local CBOs throughout Nepal who set up counseling and testing centers for HIV/AIDS and other STIs in various urban centers.

The NCASC, which operates under the Nepali Ministry of Health and Population, is the first government funded intervention in LGBTQI healthcare. Funding comes from a ‘pooled fund’, with contributions from the United Kingdom’s Department for International Development, the Australian Agency for International Development, German government agency KFW and the World Bank. The Ministry of Health and Population used a bidding process to determine which organization would receive funding; Blue Diamond Society won the bid. After winning the bid, BDS allocated the funding to ten affiliated CBOs in ten districts throughout the country. The program, overseen but not directly implemented by the NSCAC, is carried out by queer community members at each of the organizations. Initiatives are focussed on urban areas, and aim to increase awareness for HIV/AIDS as well as provide prevention and treatment services. NCASC’s program is specifically targeted to MSM, male sex worker, and transgender populations. There are three main components to the program: ‘behavioral change communications’, which uses peer outreach education to promote safer sex practices (i.e. fewer sexual partners and the use of protection); HIV and STI testing and counseling services at CBO sites; and condom and lube distribution by peer educators. CBOs involved with the program also arrange social events for local queer communities and stigma reduction trainings to promote LGBTQI acceptance.

This project, the first of its kind, was designed to last 36 months and funding will end in July 2014. Since the initiative began, employees of NCASC have been monitoring the program through field visits, reports from the implementing organizations and regular meetings with Blue Diamond Society.

Though the project is not yet over and not all of the data are in, success in many areas is already evident. Rina Khaniya and Lok Nath Kandel, two NCASC employees involved with the LGBTQTI targeted intervention programs, both report increased sensitivity on the part of the government towards the needs of Nepal's sexual and gender minorities. This is especially true at the district level where, not long ago, the queer community was entirely invisible. Progress is still slow, according to Khaniya and Kandel, but local governments and district development committees have begun contributing funding to the healthcare initiatives of the participating CBOs. They also report that LGBTQI individuals are slowly gaining more access to local government health facilities. Khaniya cites the success and effectiveness of queer community members as outreach educators, and the slow movement towards LGBTQI acceptance through community trainings and media campaigns. Representatives of fhi360 reported similar successes from the LGBTQI health programs that they've funded, including increased awareness among queer community members about availability and access to health services.

As Khaniya, Khandel and the rest of NCASC continue to lobby for the project's funding to be extended, they also recognize the difficulties and shortcomings of the program. Thus far, one of the major challenges has been coordination of logistics between the overseeing government agencies and participating CBOs. These organizations, from the field educators to the staff and project coordinators, are entirely run by members of the LGBTQI community. While this strategy has been very successful in the field, Khaniya and Khandel both remarked that the managing staff of the CBOs often has problems with

timely reporting and meeting the logistical and financial requirements of the project's contract. Khaniya speculated that, because this is the first time these organizations have worked with the government, they may not be accustomed to the system. Both agreed that this indicates the need for more capacity building and job skills trainings in Nepal's LGBTQI community. Another major challenge in this initiative has been the lack of HIV testing services in five of the participating districts. In these areas, patients are referred to government hospitals for testing where they often face harassment and discrimination from the public. Further challenges include frequent harassment towards field educators from police forces and the prevailing stigmas in rural areas that bar education initiatives and general LGBTQI acceptance.

### **Outreach Education: A Community Endeavor**

On the wall in Pink Triangle Nepal's meeting room, between a rainbow pride flag and HIV awareness posters in a variety of languages, is a hand-drawn map of the Kathmandu Valley. Neighborhoods are marked with different colored markers and numbered in a legend on the side. Next to the map hangs another hand-drawn poster; this one lists the names of all the Pink Triangle field workers, below each name is a list of two to three Kathmandu neighborhoods. Arrangements similar to this one can be seen at other outreach education CBOs. Each neighborhood, or *cruising site*, indicates a place where members of the LGBTQI community are known to hang out - for socializing, or for sex. The fieldworkers are able to pinpoint these locations because they too are members of this community, and each fieldworker is responsible for specific neighborhoods.

Madhu and Mohan, the former a transgender woman and the latter a gay man, are both fieldworkers for Cruise AIDS Nepal. Armed with condoms and small packets of lubricant for distribution, they leave for their respective cruising sites around two o'clock in the afternoon. The education process is slow, especially for those new to the community. New people can be scared, Madhu explains, so “we do *namaste*, introduce, give name, *bistaari bistaari* [slowly, slowly].” Once they feel comfortable, the field educators will begin to talk about HIV, STIs, and the importance of safe sex practices. Eventually, Madhu says that she will invite new community members to come to the Cruise AIDS office for HIV/STI testing and counseling. Educators at Pink Triangle use a similar approach, also encouraging community members to come to their office for group health trainings. In the group sessions, one educator explains, members of the gay community can meet people like themselves and learn to feel more comfortable. At the Pink Triangle office, it’s “like they find their home”, he says.

While education initiatives certainly could not be implemented without the funds from international aid organizations, it is the fieldworkers like Madhu and Mohan who are truly at the center of LGBTQI health education. Nepali CBOs involved in health education for sexual and gender minorities use a peer-to-peer outreach approach. The teams of outreach educators that go out into the field to promote sexual health awareness are all queer community members themselves. According to Rina Khaniya at NCASC, this community-based approach is essential for the success of the programs. The general population couldn’t possibly do this job the way the LGBTQI educators can, she explains, *their own community listens to them.*

Prior to becoming involved with outreach education programs, Madhu, Mohan, and the staff of Pink Triangle all admit that they didn't know anything about sexual health. The media only talks about HIV for male and females, Mohan explains, "*naraamro desh* [not a good country]." After completing his training to become a peer educator, Mohan says he is very happy to be helping and teaching his friends. Madhu agreed with this, adding that she loves her job because she gets to help her friends and the community. Similar sentiments were expressed by all the peer educators included in this research; they preached about the importance of educating the community - often substituting the words *friends* and *community*. One educator at Pink Triangle insisted that all LGBTQI people need to become educated about health, and then it is their responsibility to spread awareness to others in the community.

### **Challenges to fieldwork**

Each community within Kathmandu's LGBTQI population expressed unique challenges to conducting health education based on the nuances of their identities and social stigmas. In addition to these individual struggles, there are a number of challenges shared by the queer community as a whole.

#### *Police Harassment*

Despite efforts from the Nepali Police Headquarters to reduce incidents of human rights abuses against the LGBTQI community, harassment and discrimination are still a reality for queer individuals. In many cases, it is not unlikely that harassment is coming from police forces themselves. After eleven years as an outreach educator in the field, Madhu can attest to numerous experiences with police harassment. She explains that police in Nepal don't like

transgender and gay outreach educators; they harass educators in the field and try to prevent condom distribution in public places - especially near temples. Mohan recounts similar experiences and adds that, while some policemen are good, most think that outreach education is a “*naraamro kaam* [not a good job]” and the educators themselves are “*phohaar, badmaas maanchhe* [dirty, naughty people].” Health educators are often believed to be sex workers and treated as such; this leads to even more harassment from policemen and the public.

Rina Khaniya at NCASC, who monitors and does field visits to CBOs involved in outreach education, can also attest to the harassment that educators face on the job. The program has attempted to implement stigma reduction trainings, but she says that policemen still harass queer outreach educators and often treat them as sex workers. Sometimes, she elaborates, they are harassed just for carrying condoms. Policemen and the public alike accuse queer field educators of ‘polluting the minds of the children’ and prevent them from using basic public amenities such as public transportation to get from one site to another.

#### *Government Tension*

The Nepali government has been involved with queer health education through the NCASC for a number of years, and has helped to implement programs throughout the country. In spite of these recent initiatives, relations between the LGBTQI community and the political sector remain tense. For reasons unknown, representatives of the CBOs involved in this study did not cite the Nepali government or NCASC in their list of donors. Contempt towards the government is especially evident in conversations with the outreach educators

working to improve healthcare conditions for their communities. Mohan insists that the government does not help LGBTQI people and that they don't care about the Nepali LGBTQI community at all. He acknowledged that CBOs such as Cruise AIDS need the government's support but that this is unlikely to happen because the government does not like LGBTQI people. Mani Khadkha, the counselor at Cruise AIDS, has similar feelings towards the government. He believes that the government should be providing free health education for sexual and gender minorities in Nepal. Due to continuing harassment and stigmas from the political sector that frame queer individuals as "worthless", "the devil's spawn" and "unnatural", Mani does not think free health education is in the near future for the LGBTQI community.

#### *Private and Public Hospitals*

For sexual and gender minorities, seeking treatment in Nepal's public and private hospitals is matter of how well one can hide their true identity. In the case of gays, lesbians and bixsexuals, treatment is accessible so long as they do not reveal their sexual identity. Gays and lesbians do not necessarily look any different, Radha Thapaliya of the lesbian rights organization Miniti Nepal explains, so going to the doctor is less of a problem. Outside of the few healthcare practitioners who work part-time for Kathmandu's LGBTQI offices there are no 'community doctors' available; hiding one's sexual identity is often the only way to get treatment. For transgender people, Madhu explains, accessing care is much more difficult. She says that normal doctors do not want to help transgender people. Confusion and misunderstanding towards transgender individuals makes it difficult to even get an appointment; healthcare practitioners

do not know whether transgendered people should see a male doctor or female doctor. Often, either situation winds up being uncomfortable. This problem is very common for the transgender community, and was reiterated by all those working in the LGBTQI healthcare field.

In the experience of Pink Triangle's field educators, many healthcare professionals are ignorant to Nepal's LGBTQI communities. If a patient does come out as gay, it is not uncommon that the doctor will not understand or that they will ask offensive questions. On the other hand, the doctor may be aware of sexual and gender minorities and openly discriminate against queer patients. Lok Nath Kandel recounts similar experiences with the hospitals involved in NCASC-funded programming. He explains that there is a general lack of awareness and understanding among healthcare staff - especially outside of the Kathmandu Valley. Queer individuals may face harassment from other doctors and patients, and do not receive the same respect and priority status that they would at clinics specifically designated for the LGBTQI community. Kandel emphasizes the need for sensitivity and awareness trainings in hospitals to increase access for sexual and gender minorities.

### **The 'T' in LGBTQI**

Walk into any LGBTQI activist office or health clinic and it is quite likely that the very first person you will meet will be a transgender woman, that is to say someone who was born male and has transitioned to female. There may be a few gay men working in the office as well, though most of the gay activist community is based at Pink Triangle Nepal - a small office without a sign in the Chandol neighborhood. If you're able to find Mitini Nepal's modest office on the

second floor of a building in an alleyway behind *Bhatbhateni Mandir*, there's a chance you may meet some of the women who make up Kathmandu's lesbian community. But it is the transgender community, first and foremost, who seem to be the face of LGBTQI health and advocacy in Kathmandu.

Years of fighting for 'third gender' rights has been fruitful for Kathmandu's transgender community. A 'third gender' option is about to be added to Nepal's citizenship cards and the term has been adopted and frequently used by local media; the city's transgender community appears as strong as ever. For some members of the sexual and gender minority community, the term is a source of controversy. It is easy for the government to put all LGBTQI people under the third gender category, Radha of Miniti Nepal explains. "I am gay, but my gender is still male," a gay man at the Federation says. Health educators at Pink Triangle also express qualms with the term.

In conversation with LGBTQI individuals, it become clear that 'third gender' is used more often by outsiders than by community members themselves. Transgender men and women even avoid the term, often introducing themselves as a 'trans woman' or a 'trans man' instead. Regardless, the transgender community in Kathmandu is thriving and heavily involved with queer advocacy. Transgender women make up a large portion of the managing and field education staff at both Blue Diamond Society and Cruise AIDS Nepal. For those who work higher up the ladder at donor agencies, the transgender community - a high-risk group for HIV/AIDS and STIs - is one of the biggest targets for health education.

Despite this metaphorical target painted on the heads of Kathmandu's transgender community members, there are major health concerns that are not

being addressed. The majority of hormones taken by Kathmandu's transgender women, as a part of the process of becoming female, are taken without a prescription. This usually begins with unprescribed birth control pills to boost levels of estrogen and eventually may escalate to hormonal drugs with a much higher dosage. The drugs generally come from Thailand, China or India and are obtained illegally in Nepal. Ingestion of these hormonal drugs leads to severe health problems: liver failure, high blood pressure, diabetes, asthma, loss of muscle, weight gain and damage to reproductive organs. Health problems suffered as a result of unregulated hormonal drugs need to be attended to by a doctor, but this brings on another set of challenges. Healthcare practitioners are ill-informed about transgender people, according to Basu, and often treat transgender patients as if they were "from another planet." Madhu, a transgender woman herself, adds that the doctors do not understand why transgender people take the hormones and often attribute taking the drugs to mental problems. Madhu and other fieldworkers try to teach transgender community members about the dangers of unregulated hormone consumption, explaining that the drugs are not safe and should be avoided. This is especially difficult to teach, she explains, because transgender people want to be pretty and will take the hormones anyway. According to Basu, hormone consumption is one of the biggest problems among Kathmandu's transgender women. While outreach educators try to address the issue, this is not enough. He insists that programs specifically focussed on unprescribed hormone consumption are needed to properly educate the community and to prevent serious health ailments among transgender women.

## **Invisible Populations: LBT Women**

Recent progress in Nepal's HIV/AIDS initiatives has brought awareness to both a deadly virus and highly stigmatized queer populations, and at the same time has managed to render certain communities entirely invisible. Organizations such as Blue Diamond Society and the Federation for Sexual and Gender Minorities, known simply as 'the Federation' among community members, work in the name of human rights for the Nepali LGBTQI population. Yet heavily HIV-focussed health programs only target those most vulnerable to contracting the virus: MSM, MSW, and transgender populations. Lesbian women, meanwhile, are rarely included in the target population for queer health education programs.

While lesbian women are generally less at risk for HIV infection, Radha of Miniti Nepal, is quick to note that this is not the only health concern for LGBTQI communities. Lesbians, just like everyone else, are vulnerable to STIs from unprotected sexual activity and need to be informed about the risks and proper preventative measures. Cervical and breast cancer are also prevalent concerns which lesbian and heterosexual women alike must be educated about. One of the most pressing health concerns for lesbian women, according to Radha and her coworker Rajendra, is the risk of depression. Radha explains that many lesbian women are never able to come out to their families or speak openly about their sexual orientation for fear of discrimination and rejection. Their correspondingly high rate of depression is a major concern, demanding an increase in the level of mental health awareness.

Unlike other LGBTQI individuals, such as transgender men and women, Radha explains lesbian women do not look any different from heterosexual

women. As such, they are able to access Nepal's public and private healthcare facilities just as any other woman would - so long as they do not disclose their sexuality. Consequently, lesbian women may feel uncomfortable in traditional healthcare settings where practitioners and patients are not necessarily accepting of sexual and gender minorities. This is especially problematic for women seeking counseling or mental healthcare for depression caused by rampant discrimination and repression of one's identity.

Mitini Nepal has conducted two health education programs in the past. Both were very well attended by community members. Topics included information on STI prevention, breast cancer and mental health. The programs were considered to be a success but, due to lack of funding, Mitini has not been able to continue with such initiatives. According to Radha, donors are much more involved with HIV awareness campaigns and are not interested in funding projects that address lesbian women's health. Furthermore, there are no formal studies investigating the health needs of lesbian women in Nepal. Without this evidence, Radha says, it is difficult to apply for funding and provide care. Women's health programs are also somewhat of a dead end for lesbian women. According to Radha, women's sexual health in Nepal is all about safe motherhood which does not apply to many lesbians. While Mitni stands with other women's groups from a humanitarian point of view, lesbian women are not included in the agenda for women's health and such groups provide little support for the needs of lesbian women.

### **Misunderstandings in the MSM Community**

Western stereotypes are quick to associate HIV/AIDS with the gay community, as gay men were among the first in the United States to be diagnosed with the disease. Quite the opposite is true in Nepal, where the virus has historically been associated with female sex workers. According to peer health educators at Pink Triangle Nepal, initial HIV awareness campaigns in Nepal were heavily geared towards female sex workers and their clients. The LGBTQI population, invisible until just over a decade ago, has only recently become a target for HIV intervention programs. For educators at Pink Triangle, who promote HIV and STI awareness within Kathmandu's MSM community, this outdated stereotype has acted as a barrier to effective education.

Sitting on the floor around a table in their office, Pink Triangle's outreach education team explains that the men targeted for intervention (generally new members of the gay community) are often resistant to education. Many of the men they've met through their fieldwork have heard about HIV through media campaigns and from friends; they tell the educators that they already know about HIV and don't need to learn anymore. Often, these men are surprised to learn that they are at risk for HIV/AIDS. One educator explains that many men new to the gay community think that HIV can only be contracted from heterosexual activity and, so long as they only engage with other men, they are immune. Other educators agree with this statement and many have stories from the field to back it up; one member of the team confesses that, before coming to BDS, he was also unaware about the risks of HIV and STIs.

The educators are not the only ones who have struggled with this misunderstanding of the HIV/AIDS epidemic. Mani Khadkha, the counselor for

Cruise AIDS Nepal, has had similar experiences with his patients. The MSM population is often under the impression that they are not vulnerable to HIV, Mani explains, because they have heard that HIV is only for male-female activity. Consequently, many think that anal-sex is risk-free. Pointing to the strips of condoms that serve as decoration on the wall of his office, Mani takes a minute to emphasize the importance of educating about condoms and lubricant to prevent transmission of HIV and other STIs. Basu, an educator for a new UNICEF program that targets queer youth, agrees with these sentiments; very few members of the MSM community know about HIV and education initiatives for this population are extremely important.

Following their explanation of how HIV is misunderstood in the MSM community, Pink Triangle's educators comment on the ways in which social stigmas and public discrimination make their job difficult. Nepal's conservative culture, one man explains, makes it difficult for gay men to be open about their sexual identity. Identifying new community members for education outreach is often difficult and, even though the educators are community members themselves, it can be difficult to approach those who are not yet open and comfortable with their sexuality. While this is getting better day by day, the educators agree that this acts as a significant barrier to their mission of health education.

In addition to promoting awareness and safe sex practices, one of the men at Pink Triangle explained, the educators want to help fellow community members to be open and comfortable with their sexual identity.

### **LGBTQI Youth Education**

A law was recently passed for Kathmandu's government schools that adds a short unit on LGBTQI awareness to health education programs for classes six and seven. This new unit adds to information about personal health, personal hygiene and reproductive health - including some information on HIV/AIDS and STIs - that is already part of the health program. For most youth, this is the only education about sexual and gender minorities that they will ever get. In the case of LGBTQI youth, they may never be exposed to this information; many drop out of school as a result of bullying from their peers or because their parents do not want to be judged by the community for having a 'nontraditional' child.

Local outreach educators feel very strongly about the need for more comprehensive health and LGBTQI awareness education in Kathmandu's schools. Madhu explains that young people are often the victims of HIV and STIs because they are unaware of the risks and how to avoid them. She insists on the importance of health education for youth, adding that schools need to incorporate more information on HIV prevention as well as provide condoms for young people. It is also difficult for teachers to educate LGBTQI students because, according to Madhu, they don't understand sexual and gender minorities. Educators at Pink Triangle had similar comments on health education in Nepali schools; students learn about some health, they explained, but the teachers make it uncomfortable and it is better to learn from outreach educators. They also agreed that the current program in schools is not sufficient.

In past years, the Blue Diamond Society has created guidelines to help teachers educate about the LGBTQI community and reproductive health. Because the guidelines are not mandatory, Rajendra of Miniti Nepal explains, the teachers

have not followed them. He adds that reproductive health is a very challenging topic to teach in Nepali society and that many consider it to be shameful. At the *Nepal National LGBTI Community Dialogue* conference, activists in the LGBTIQI community tried to find a way to fix this problem. They have proposed that the government create a set of guidelines for a comprehensive program on reproductive health, LGBTIQI issues and LGBTIQI health. If the guidelines are made mandatory by the government, Rajendra explains, teachers will be more likely to follow them in the classroom. Furthermore, this topic should be covered beyond just classes six and seven.

A new program funded by UNICEF is the first initiative in Nepal to target LGBTIQI youth. Adolescent Development and Participation (ADAP) started in September of 2013 and aims to educate queer youth about HIV/AIDS, STIs and sexual health as well as LGBTIQI social advocacy. Basu, a program officer for ADAP, explains that health education is particularly difficult for Nepal's sexual and gender minority youth. Young people don't often reach out to community activist organizations in their early years because they don't want to be associated with the LGBTIQI stigma. Many are not yet out to their families or friends, and are scared of the bullying and harassment that plagues the queer community. The ADAP program, currently running in five districts in Nepal, recruits queer youth from local cruising sites to enroll in the program. ADAP's four components, taught by peer leaders, use song, dance and games to promote health awareness and personal advocacy.

### **LGBTIQI Awareness in Rural Nepal**

Prabin Thapa, a member of Pink Triangle's field outreach team, was born into a Tharu family in Nepal's southern Terai region. As a gay man, Prabin was not able to fulfill the rigid cultural expectations of Tharu men; marry a woman, or face rejection from one's family and community. There is lots of discrimination in the villages, Prabin explains, and very little awareness for sexual and gender minorities. Prabin found a branch of the Blue Diamond Society in the Terai and worked there as a health educator for three years before making the move - as many queer individuals do - to Kathmandu. Lok Nath Kandel at NCASC explains that much of Nepal's LGBTQI population is drawn to urban centers, Kathmandu in particular, in search of employment opportunities, healthcare facilities and the hope for open minds and less discrimination.

Many informants of this study were under the impression that there are no LGBTQI people in rural areas. Basu was quick to reject this assumption; where ever there are people, he says, there will LGBTQI people. Yet stigmas and discrimination keep queer populations hidden from rural communities. Under these circumstances, health education outreach becomes extremely difficult. Field educators all agree that while their work in Kathmandu is challenging, education in rural areas is near impossible. For Kandel, this is all the more reason to expand education initiatives to Nepal's rural communities. Health programs established in districts outside of the valley may be centered in urban areas, but they need to reach into neighboring villages in order to spread awareness about LGBTQI identities. While this has yet to happen, Kandel says that it should be included in NCASC's future initiatives.

Rural communities throughout Nepal are equipped with health clinics, such as those funded by fhi330, with reproductive health outreach education programs and HIV/STI testing, treatment and counseling centers. That said, these clinics are not necessarily accessible or welcoming to sexual and gender minorities. Reported data from fhi360's 56 clinics throughout the country indicate that MSM and transgendered individuals only access urban clinics and not those in rural areas. In order to address the issue of LGBTQI health in Nepal's rural communities, Basu insists on the importance of education. He says that rural communities need LGBTQI-targeted HIV and STI awareness programs, access to condoms and lubricant, and centers for HIV/STI testing and counseling. Following the *Nepal National LGBTI Community Dialogue* conference, Rajendra proposed that all health facilities throughout the country promote awareness by providing information on LGBTQI people and issues.

The lack of awareness concerning LGBTQI issues in rural Nepal has led to a number of significant problems, according to Basu. Unfortunately, very little is known about the sexual and gender minority individuals living in rural communities. He says that this is an area in desperate need of research and attention.

## **Discussion**

Health education initiatives for Kathmandu's sexual and gender minority population are intensely community-centric, fueled by passionate teams of LGBTQI outreach educators. The funding for these grassroots efforts starts much higher up the ladder with a few very powerful international development agencies. Funding for the global fight against the HIV/AIDS virus trickles down

through a complex web of different countries, government agencies, at-risk target populations, and eventually into the hands of the local CBOs that facilitate on-the-ground work. Organizations with access to this funding have developed successful health-intervention programs for LGBTQI populations across Nepal; considerable progress has been made in a country where, hardly ten years ago, to be queer was a form of social leprosy.

The global attention given to HIV/AIDS awareness has had a number of positive outcomes for Nepal's sexual and gender minorities. Efforts for HIV/AIDS prevention, and the broader picture of STI prevention, have flourished in the LGBTQI community. Organizations such as Cruise AIDS Nepal and Pink Triangle have developed successful and well established outreach education programs throughout the Kathmandu Valley. While harassment and discrimination still interfere with education in the field, outreach workers are able to promote awareness for HIV and STIs among the city's key populations: MSM, MSW, and transgender individuals. For these communities, access to healthcare information and resources has drastically increased. A consistent flow of funding from various national and international donors keeps these programs running and provides hope for expansion.

In addition to increasing awareness and access to care, these programs provide important opportunities for employment. Lack of education and widespread discrimination has kept many queer individuals out of the formal job market. The peer-to-peer education strategies used by local CBOs create viable job opportunities for the city's MSM and transgender populations. Cruise AIDS Nepal, for example, has a team of 56 outreach educators; these positions, as well

as those at the management level, are all filled by LGBTQI individuals. Not only do these organizations provide a source of livelihood for the queer population, but they also create opportunities for capacity building. Working with LGBTQI activist organizations allows those involved to practice important skills needed in the formal job market as well as strategies for personal advocacy and negotiation. Without the jobs created by outreach education, the outlook is grim; for many, unemployment or sex work are the only options.

A relatively new phenomenon in Nepal, LGBTQI health intervention programs have spread to the most accessible populations in the sexual and gender minorities community. Due to demographic and geographic constraints, there are queer populations that education initiatives have yet to reach. The discrimination that plagues all sexual and gender minorities has proved to be especially detrimental to education efforts targeting youth and rural LGBTQI populations. Bullying and stigmas make young populations hard to identify, as many queer youth are not yet out and are hesitant to associate with LGBTQI communities. The first program of its kind, UNICEF's ADAP, has found ways to overcome these challenges and successfully reach out to queer youth with specialized programming and passionate peer leaders. Rural communities present much more of a challenge; outside of Nepal's urban centers, LGBTQI identities are misunderstood, if not unheard of, and queer practices violate engrained social and cultural expectations. Although there are HIV/AIDS and STI clinics in rural areas, they are not necessarily welcoming to sexual and gender minorities. Furthermore, rural villages would hardly have the tight-knit queer communities needed to run outreach education programs. Before health education can happen,

LGBTQI awareness initiatives need to be implemented in rural areas to educate communities and promote acceptance.

While HIV/AIDS and STI education programs need to be expanded, sexual health education for queer populations also needs to go beyond just HIV awareness. As these programs continue to develop, other LGBTQI health needs get lost in the shadows. For Nepal's lesbian population, the national focus on HIV/AIDS has been particularly consequential. With a much lower risk of contracting the virus, lesbians are not included in the target group for HIV-based education initiatives. HIV/AIDS is the source for much of the attention paid to the LGBTQI community, and as a result, lesbian women have become essentially invisible. Though still at risk for other STIs, lesbians are excluded from the programs that educate about prevention. The biggest health problem affecting the lesbian community, depression, is not even on the radar for most donor organizations. Compared to HIV, the health concerns facing lesbian women seem to be of little significance to major contributors to global health. Without funding, Nepal's lesbian organizations are unable to implement education initiatives that would promote personal and sexual health within the community. In the case of Kathmandu's transgender community, the issue of unregulated hormone consumption has gone unnoticed in the face of such aggressive HIV awareness promotion.

There is a great deal that must be accomplished before education initiatives in Nepal's LGBTQI community can address the needs of all queer populations across the country. However, what is currently lacking should not undermine recognition of what has already been accomplished. Individuals in the

Nepali queer community face widespread discrimination, rejection from the education and employment sectors and endure a host of personal trials and tribulations because of their sexual and gender identities. In the face of these hardships, or perhaps because of them, a community has formed around the goal of spreading education and awareness for the health problems that plague the LGBTQI population. While this certainly could not happen without the funding from international donor organizations, it is the fieldworkers and their commitment to educating their community that are truly at the heart of the operation.

## **Conclusions**

An abundance of funding for the global fight against HIV/AIDS coupled with a dedicated community of queer outreach educators has allowed for the development of many successful LGBTQI health education initiatives in Kathmandu. The success of these programs signifies remarkable progress, but it is only the first step in creating a comprehensive health intervention program for Nepal's sexual and gender minorities. In order for initiatives to be expanded to less accessible populations and beyond the narrow scope of HIV/AIDS prevention, commitment beyond just the LGBTQI community will be needed.

Nepal's queer community is almost entirely contained to LGBTQI-identifying individuals in Kathmandu and other large urban centers. Allies to the queer community, meanwhile, are few and far between. Government officials, school teachers and healthcare workers all stand in influential positions with the power to promote queer acceptance. Yet it is often leaders from these groups that continue to fuel ignorance and discrimination towards sexual and gender

minorities. While such discourse needs to be stopped, *non-action* is not enough. Leaders in Nepali society must commit to learning about and understanding the queer community before the issue of health education can be truly addressed. That is to say, these leaders need to become allies.

Another important ally for Nepal's LGBTQI population is the academic community. Health concerns for sexual and gender minorities go beyond the risk of HIV/AIDS for urban queer communities. Yet, as expressed by many individuals involved in this study, these concerns are difficult to address without concrete evidence to demonstrate the need for intervention. In many cases, the populations have yet to even be identified and healthcare intervention is still a ways down the road. Academic endeavors have the power to shine light on the populations that have gotten lost amidst the HIV/AIDS movement or the queer individuals whose social and cultural traditions have kept them hidden from society. Following awareness and acceptance of these invisible communities, health education programs can be established to address their needs.

The LGBTQI - or 'third gender' - label puts a neat little box around what is, for many, a complicated and uncomfortable concept. It is easy to see this little box as representing a singular population with a singular need; for healthcare, this makes a singular solution easy to find. But begin to unpack the box and it becomes clear that it contains a hugely diverse set of identities, even more than the six letter acronym lets on. The intersectionality of sexual and gender identity with other identities - caste, class, ethnicity - makes for a set of individuals far too diverse to pack into such a small box. The range of healthcare needs is as diverse as the individuals themselves. Current HIV-focussed outreach programs

in urban centers demonstrate progress and successful peer-to-peer education strategies, but are by no means sufficient to address the needs of Nepal's many LGBTQI populations. Future initiatives need to look beyond HIV/AIDS awareness and the urban landscape, and towards a holistic commitment to sexual health for all queer individuals across Nepal.

## **Glossary of Terms**

ADAP – Adolescent Development and Participation (UNICEF funded initiative)

BDS – Blue Diamond Society

CBO – Community Based Organization

HIV/AIDS – Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome

LGBTQI – Lesbian, Gay, Bisexual, Transgender, Queer, Intersex

MSM – Men who have Sex with Men

NCASC – National Center for AIDS and STI Control

STI – Sexually Transmitted Infections

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Title of ISP: Queering Health Education: Health Education Initiatives within Sexual and Gender Minority Communities in the Kathmandu Valley

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