

Sexual Diversity in Bhutan

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ABSTRACT

This article attempts to describe sexual diversity among people in Bhutan. We investigate ways in which Bhutan addresses sexual diversity in sex education and the law. We also review existing data to assess health issues affecting sexually diverse populations in Bhutan. Although limited, the available evidence indicates a higher likelihood of committing suicide, abusing substances, and facing barriers to accessing health care services and programs. The review finds the need for more representative researches for understanding sexually diverse people in Bhutan. The paper highlights the need for research with these populations with equal focus in ensuring active participation by the lesbian, gay, bisexual, transgender, inter sex & questioning (LGBTI&Q) community. The judiciary, education, and health system are crucial agencies that can facilitate and create accepting environments for the sexually diverse population in Bhutan.

Key words: Men having sex with men; Sexuality; Sexual Diversity.

INTRODUCTION

Bhutanese society, although traditional, has been tolerant, accommodating, and open to many things. Bhutanese society tends to be more open to discussing sexual health when compared to neighboring countries¹⁻³. Love marriages, as opposed to arranged ones, have always been a custom rather than an exception⁴. There are traditional and cultural factors, such as the ubiquitous presence of the phallus and Atsaras (similar to clowns) with phalluses in local festivals⁵. These enabling factors have facilitated public health interventions to prevent and treat sexually transmitted infections (STIs), and promote condoms and safe sex practices.

Despite openness to sexual health, little is known about homosexuality or sexual diversity in Bhutan. Sex or sexuality in Bhutan is limited to the assumption that everyone is heterosexual. In general, it appears that Bhutanese populations have low knowledge and therefore poor understanding of sexual variations^{3,6,7}. The subject of homosexuality is not discussed and there are no written or other forms of information about it at home or school. Knowledge of sexual behavior in Bhutan is limited to sex between male and female. This paper highlights the need for better understanding about sexually diverse populations in Bhutan.

Sexual Diversity and Health

Sexuality is diverse and can be experienced and expressed in many ways, from sexual expression to orientation, biology, gender and identity, and other aspects of sexual practice^{8,9}.

According to the World Health Organization “a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed¹⁰.” However, the general practice of defining sexuality based on biological aspects that is being assigned to be either a male or female is the norm around the world, and those who do not identify themselves in the above category find themselves belonging to a minority group that is marginalized and excluded from the society¹¹. LGBTI&Q is one of the common and accepted acronyms often used to refer to the spectrum of sexual minorities. In Bhutan, many of these terms are new. Until recently, there were no words for sexual minorities in Dzongkha, the national language. It was only in 2015 that the Dzongkha Development Commission coined the corresponding term for LGBTI&Q in Dzongkha upon request from the National AIDS Control Program (NACP), Ministry of Health¹².

There is a dearth of information and good research on understanding sexuality and gender identity in Bhutan. The limited information available is mostly from health research, but these studies have sample size that are too small to be generalized. International literature demonstrates that sexual orientation can be a key determinant of health. Sexually diverse populations around the world are subjected to stigma and discrimination in the form of violence, isolation, stereotyping, and homophobia and emotional/physical/sexual abuse. Many experience internalized stigma and feelings of isolation perhaps due to lack of role models and information available on sexuality and sexual health for sexually diverse populations^{13,14}.

Studies have reported that sexually diverse populations have poorer general health status, and low use of health care facilities¹⁶⁻¹⁸. Globally, men having sex with men (MSM) are at heightened risk of HIV¹⁹ and are socially marginalized in ways

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that contribute to their vulnerability to infection^{20,21}. MSM are 19 times more likely to be living with HIV than the general population¹⁹. In a study from England, sexually diverse or LGBTI&Q individuals were two to three times more likely to report having a longstanding mental health problem than their heterosexual counterparts²². Studies cited above have also shown higher rates of self-harm, suicidal thoughts, and alcohol and drug dependence among homosexuals. The recent symposium on mental health organized by the Bhutan NACP, Ministry of Health echoed similar messages²³.

Sex Education in Schools

Sex education in schools, information, education, and communication (IEC) materials and awareness campaigns on STIs and HIV by the Ministry of Health have hardly addressed issues of sexual health for sexual minority group members. Sex education in school is limited to studying reproduction. This is affirmed by studies that note inadequacy of sex education in schools in Bhutan^{24,25}. This is also reflected in a blog written by a Bhutanese woman on sex education, “We have never received sex education in its whole package and it is true that our teachers made us aware of the sexual anatomy but never about the changes and the challenges that was bound to occur²⁶.” The first seminar conducted to discuss sexual education identified the lack of skills and capacity of teachers as one of the key barriers for delivering comprehensive sexual education²⁷. The current guide book for teachers on adolescent health hardly touches on the subject of sexual diversity. The guidebook describes the gender to be same as a sex of person acquired during birth²⁸. A gap needs to be addressed to provide sexual health information inclusive of sexual minority groups in sex education at schools. Schools are often the places where many young LGBTI&Q individuals are bullied, mocked, and harassed by students and teachers. As a result, LGBTI&Q young people are more likely to start using drugs, self-harm or attempt suicide, and more likely to have poorer academic outcomes^{22,23}.

Sexual Diversity and the Law

Many people continue to face stigma and discrimination because their sexual orientation or gender identity doesn’t conform to the norm of the larger section of the society. There are many reports on instances in many countries around the world where people have been afflicted with violence, prosecution and even execution based on their sexual orientation or gender identity. In total, there are 75 countries that still criminalize homosexuality. In the SAARC region except for Nepal, all the countries have laws that consider homosexuality a crime²⁹. In Bhutan, article 213 of the Penal Code 2004 (page number 29) criminalizes “sodomy or any other sexual conduct that is against the order of nature.” The offence of unnatural sex is a petty misdemeanor and the offender can be imprisoned anywhere from one month to a year. To date, no one has been charged with violating this law

and many Bhutanese are not aware of its existence. However, in a study conducted by Ministry of Health, Bhutan, MSM identified the law as a deterrent for disclosing their sexuality and expressed fear of persecution. A 31 year-old MSM in the study said that “When it is there in black and white, it is hard to ignore and turn a blind eye towards. I don’t believe that there will be a proactive head hunt for MSM, but if some underlying issues arise then it may be used very conveniently¹⁶.”

Fortunately, signs of changes in attitude may be apparent in Bhutan. LGBTI&Q communities in recent years have become increasingly visible with Facebook pages with several hundred members. Live discussions on TV with LGBTI&Q individuals were held by the National television channel BBS (Bhutan Broadcasting Service). In general there has been no public outcry or hatred expressed but rather a show of compassion and acceptance from many sections of the society. The judiciary has also been forthcoming and has participated and endorsed the development of the “Bhutan advocacy frame work for HIV, human rights and sexual orientation and gender identity³⁰.”

HIV Interventions among MSM & transgender persons in Bhutan

The NACP is the first agency to work with MSM and the transgender community in Bhutan to reduce the risk of HIV. The biggest challenge for NACP has been identifying these populations because they remain hidden and hard to reach.

The NACP in partnership with non-governmental organizations has had some success sampling MSM and transgender people in research. These studies though limited by with only a handful LGBTI&Q who participated; do give us a glimpse of the situation of sexual minorities in Bhutan. These key studies include the behavioral survey among the general population in Bhutan in 2006, the baseline assessment of drugs and controlled substance use in Bhutan in 2009, the rapid assessment on sexual behaviors and networks in Bhutan in 2009, and the formative assessment on stigma and discrimination among MSM and transgender people in health facilities in 2013. The survey of the general population in 2006 revealed that 2.3% of married and 0.1% of unmarried men reported same-sex sexual behavior in the past 12 months prior to the interview³¹. In a study among drug users in 2009, out of a total of 917 male respondents, 29 (3%) reported same-sex behavior³². In the same year, a rapid assessment on sexual behaviors and networks in Bhutan reported that about 2% of the male respondents reported anal sex with another male in past year and about 5% of respondents in Thimphu and 19% in Phuentsholing reported that they know at least one MSM³³. In 2013, a formative assessment on stigma and discrimination among MSM and transgender people stressed the difficulty of recruiting MSM for their study and the non-existence of specific locations where MSM and transgender people gather. The findings also highlighted a significant level of stigma towards MSM and transgender people in health facilities and internalized sexual stigma, particularly among MSM when

compared to transgender people. The health care providers also expressed discomfort in discussing sexual orientation and therefore never asked questions about sexual health. MSM and transgender people often do not disclose their sexual orientation or gender identity, which may negatively impact their ability to access appropriate health services¹⁶.

The NACP has embarked on a small scale project focused on networking of LGBTI&Q communities in Bhutan, linking to counseling and testing services for HIV, and capacity building of health care providers and LGBTI&Q community members. One area of focus is conducting awareness programs for various stakeholders and advocating for legal reforms. The initiatives by NACP and its partners are making inroads towards the establishment of an informal network of LGBTI&Q communities.

Awareness programs and other programs on main stream media have also put issues of LGBTI&Q in the public forum. A health worker of the Ministry of Health made history by becoming the first gay man to come out when the NACP organized a half an hour interview on the national television BBS. This was one of the most important events for the MSM/transgender program in Bhutan, paving the way for other LGBTI&Q members to follow as well as bringing the topic for discussion in wider society.

CONCLUSIONS

The ignorance of much of Bhutanese society about sexual diversity may be a barrier for the LGBTI&Q communities and our society to progressively move forward. The education system has a crucial role to play in removing the veil of ignorance. Comprehensive sex education that addresses issues of sexual diversity in school will be a good place to start. Similarly, public health care services have to be inclusive to ensure that the needs of sexually diverse populations are addressed. Efforts must be made to document barriers to care and services, and research should be conducted on needs in order to provide evidence for advocacy and planning interventions. The law criminalizing homosexuals needs to be repealed and further steps to ensure that the rights of the LGBTI&Q are protected. Health care workers need to be equipped with appropriate skills and education to be able to deliver health care services. The Khesar Gyalpo University of Medical Science of Bhutan can incorporate topics on sexuality and gender identity in their academic program for health workers. In conclusion, Bhutan has a more favorable environment towards sexually diverse people as compared to many countries in the world. LGBTI&Q communities of Bhutan therefore have an opportunity to reach out and play a key role along with other partners in ensuring Bhutan is a GNH (Gross National Happiness) country for all its inhabitants.

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