

# **Situation of sexualized drug use and associated violence among men who have sex with men and transgender population in Nepal**




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## Background:


Sexualized drug use (SDU) has gained increasing attention globally due to its strong association with high-risk sexual behaviors, particularly among gay, bisexual and other men who have sex with men (MSM) and transgender women (TG) population. Studies suggest that individuals who engage in SDU tend to exhibit lower negotiation power during sex causing a higher risk of violence. This scoping study aimed to assess the situation of SDU and associated violence among these key populations in Nepal.





## Objective:

The primary objective of this assessment is to conduct a nationwide situational analysis of sexualized drug use among HIV key populations in Nepal, specifically MSM and TG population. The study sought to achieve the following relevant specific objectives:

- Assess risk behaviors related to SDU among MSM and TG population.
  - Evaluate the use of drugs within the context of sexual activities among MSM and TG population.
  - Examine the prevalence of violence in SDU settings.
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## Methodology:

A nation-wide cross-sectional mixed method study was done using standard tools among MSM and TG population using a two-stage cluster random sampling technique. A sample size of 400 was determined for the quantitative survey, allowing for a 5% margin of error. Districts included in this study are: Morang, Sunsari, and Jhapa from Koshi; Parsa and Dhanusha from Madhesh; Kathmandu, Lalitpur, Bhaktapur, and Makwanpur from Bagmati; Kaski from Gandaki; Banke and Rupandehi from Lumbini; Surkhet from Karnali; and Kailali from Sudurpaschim. Data collection of the study was done during June 30 to October 30, 2024.

Qualitative survey was done using KIs and FGDs.

## Results: (Prevalence of SDU)

Out of 393 respondents, 36.12% (n=142) reported engaging in SDU, while 7.21% (n=28) were chemsex users. Poly-drug use was prevalent, with individuals reporting use of up to six different drugs.

Cannabinoids were the most used drug (n=71), while use of cocaine (n=21), heroin (n=20) and amphetamine derivatives (n=13) were also concerning.


Among those reporting SDU, the vast majority (91.55%, n=130) first used drugs for sexual purposes at or before the age of 25 and MSM were the larger subgroup of users (65.49%, n=93).

Results: (Violence among MSM/TG engaged in SDU)

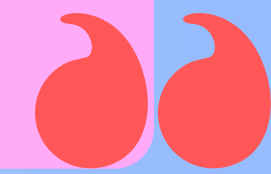
Un-consensual sexual activities was alarming among individuals reporting SDU as 40.14% (n=57) reported forceful sexual engagement without condom while under the influence of drugs.

While 36.62% (n=52) were drugged by their partner(s) without consent.

**KII\_1(P3):** *"When sober, I am aware I should use a condom, but after using drugs, I wasn't even sure whether I was using a condom or not."*




**KII\_1(P3):** *"He was reluctant to use a condom, citing his muscular, seemingly HIV-free healthy body."*



A particularly vivid account from a Key Informant Interview described an experience at a drug-fueled party where condoms were largely ignored:

**KII\_1(P3)** *"I went to a party where there were all kinds of drugs, and it was like a scene from a movie—no one was using a condom. I couldn't take the risk and left."*





Results: (Violence among MSM/TG engaged in SDU) contd.


Regarding violence associated to SDU, 45.07% (n=64) reported experience of violence; verbal (78.00%, n=47), physical (71.88%, n=46) and sexual (17.19%, n=11).

While 26.76% (n=38) reported perpetrating violence in the setting of SDU.

**FGD\_3\_Birgunj:** *"Once I had taken drug in excess, there were four persons I had sex with "*


**KII\_1(P1):** *"Violence can occur during sexualized drug use when one partner wants to have sex for a prolonged period, but the other has lost sexual desire"*





## Conclusion:

The study findings suggest SDU in Nepal is a public health concern among MSM and TG population. There is a need for comprehensive harm reduction program on SDU including information/education, commodities and services linking to safer sex practices including condom negotiation and protection from facing/perpetrating violence.





## Recommendations:

1. Development of targeted educational materials
  2. Offer mental health support
  3. Train healthcare providers
  4. Reduce stigma and discrimination
  5. Empower community organizations
  6. Advocate for supportive policies and funding avenues
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Thank you!