

**Joint Intersex NGO Oral Statement CEDAW 71<sup>st</sup> PSWG Nepal, 12.03.2018**  
**Esan Regmi, Parsu Ram Rai (Blue Diamond Society, Nepal) and StopIGM.org**  
Presented by Daniela Truffer (StopIGM.org)

[**Note to translators:** parts in square brackets won't be read.]

Thank you. This is a **Joint statement representing the two intersex reports** and presented by me because the Nepali intersex community couldn't afford travelling to Geneva.

**Intersex people belong to the most marginalised communities in Nepal.** [They're marginalised also within the LGBTI community.] In the public and in government bodies, the **near total lack of awareness** of intersex as a natural variation persists, leading to **severe stigma and discrimination**. Intersex people are generally **misrepresented as transgender** [chhakka, hijara]. The societal ignorance and stereotypes are compounded by **religious prejudice** framing intersex as a result of karmic debt caused by sins in a previous life, and as a **bad omen**.

[Art. 2:] Intersex adolescents are often **unable to obtain or change official documents** according to their gender identity [based on sexual orientation].

[Art. 5 and General recommendation No. 31:] **Intersex genital mutilation** remains a **growing practice** in Nepal, with all common forms including partial clitoris amputation [and imposition of hormones] practiced at public and private hospitals, [for example at Kanti Government Children's Hospital (Kathmandu), Bir Hospital (Kathmandu, National Academy of Medical Sciences), Om hospital (Kathmandu), Dhulikhel hospital (Dhulikhel, Kathmandu University teaching hospital), BP Smriti Hospital (Basundhara) and BP Korala Institute of Health Sciences (Dharan)]. Children are also **sent to India** for IGM. **Infanticide** and **child abandonment** are frequent [though mostly undocumented]. There are reports of **expulsion of adolescents from their families**, of **forced marriage** to avoid conspicuousness [often in combination with previously being submitted to IGM], of **massive bullying** preventing intersex children from attending school, and generally of severe **ostracism, stigmatisation, discrimination and abuse**.

[Art. 12:] For intersex children from less affluent families, **lack of access to needed health care** can be a serious problem.

In 2016, Nepal has been **recommended by CRC** to remedy above serious human rights violations of intersex children [CRC/C/NPL/CO/3-5, paras 38, 41-42]. However, to this day the **government fails to act**. We therefore would like to urge the Committee to **raise above violations in the LOI**. Thank you for listening.

## [**Suggested Questions for LOI**

### **Stereotypes and harmful practices: Intersex children**

What measures, including legislative and policy, has the State party undertaken to (a) implement the CRC Concluding Observations on Intersex (CRC/C/NPL/CO/3-5, paras 38, 41-42); (b) to address cases of infanticide and abandonment of intersex children, and of forced marriage and expulsion from families of intersex adolescents; and (c) lack of access to needed health care?

Please provide information on the incidence of above violations and data on reported cases, prosecutions and convictions of perpetrators.]