HIV and AIDS Data Hub for Asia-Pacific

EVIDENCE TO ACTION

NEPAL

SEX WORK & HIV/AIDS

Sex Work and HIV/AIDS in NEPAL

SEX WORK IN NEPAL

Nepal has a total population of 30,138,172 (mid 2009).[1] Prostitution is illegal in the country, though, according to the government's data, there are around 60,000 commercial sex workers in the country. It is estimated that 24,000 to 34,000 of these are female sex workers (FSWs), 20% are commercially sexually exploited children (around 10,000-12,000) and the rest are male sex workers (MSWs) (around 12,000-14,000).[2]

Table 1. Sex Work and HIV/AIDS in Nepal

Population, (2009)	30,1[a]
Total sex workers, 2009	**60,000**
Female Sex Worker,	34,000
Commercially sexually exploited children, 2009	**12,000**
Male Sex Workers , 2008	14,000
HIV prevalence of sex workers (%)	**1.4[g]**
Percentage of condom use by sex workers[1]	77.2[h]
Prevention program coverage of sex workers (%)	**38.6**
Percentage of HIV prevention spending on sex work programs	32

Sources:
[a] Population Reference Bureau, 2009
[b] http://www.fwld.org/pdf_files/prostitution.pdf
[c] HIV and AIDS Data Hub, Asia-Pacific
[d] Caraël et al, Clients of sex workers: hard to count, STI, 2006
[i] UNGASS country reports, 2007; NASA surveys 2006-08

Geographical Locations of Sex Workers: Where Do They Work?

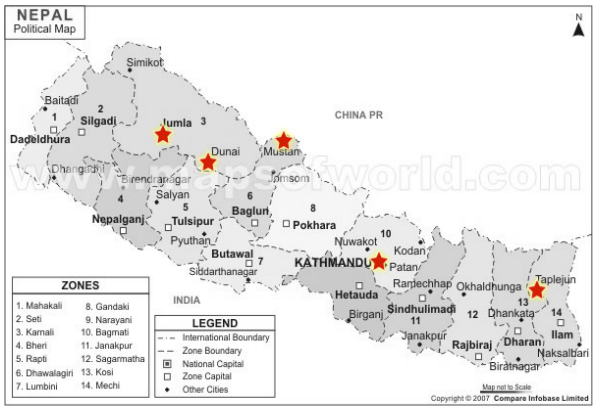
In general, sex workers are found in commercial areas where sex takes place, in hotels or apartments and homes, or from bars, bathhouses or saunas.

Commercially sexually exploited children are usually found in tea and raxi paisals, factories, cabin restaurants, discos, hotels, and cinemas.

In Kathmandu – the capital city – and surrounding valley, it is estimated that there are up to 25,000 sex workers.[3] Sex workers also operate in the mid and far western regions of Nepal (including some sections of Jumla and Dunai) as well as in areas of Mustang and Taplejun (Figure 1). Sex work is also seen in Highway districts.

However, Nepalese sex workers are not contained within the borders of Nepal. Many Nepalese women are trafficked into the brothels of India, specifically in Mumbai and Kolkata.[4]

Figure 1: Map of Nepal, showing where sex workers primarily work



Categories of Sex Workers

It is estimated that more than half of the total number of sex workers in Nepal are women. There are mainly two types of FSWs:[5]

- Street-based sex workers – those who solicit clients from the street; and
- Establishment-based sex workers – those who solicit clients from hotels, cabin restaurants, dance restaurants, and massage parlors.

Among 281 FSWs documented by the Association of Medical Doctors of Asia in 2001, 70% were married and 60% were literate[6].

In general, men who work in the commercial sex industry usually do so independently and are more likely to work through escort services.[3]

Trafficked women make up another category of sex workers. Trafficking of women and girls to India is a long-standing problem in Nepal[7]. Nepal is a source country for girls and women trafficked to India for purposes including sexual exploitation and forced marriage[8]. It is estimated that 10,000 to 15,000 Nepali women and girls are trafficked to India each year, while 7,500 children are trafficked domestically for commercial sexual exploitation[9]. Moreover, there are an estimated 200 000 women and girls missing in Nepal – believed to have been trafficked to India after being sold by their teachers, neighbours, or families or lured by the false promise of good, legitimate jobs[10]. This clandestine migration is facilitated by the 2800-kilometer open border between Nepal and India[11]. Traffickers from Nepal are mostly men who transport the women and girls via complex routes – both within and outside the country – making retracing their tracks virtually impossible[12].

In addition, there exists a community called *badi community* which has been practicing sex work for many generations.[3] Badis traditionally made a living by dancing and entertaining people at festivals and marriages[13]. However, modern media and technology have eliminated the demand for their entertainment[14]. This, along with caste exclusion, has denied them education or access to other forms of employment[15]. As a result, Badi has become a practice whereby young women are trained to become sex workers as a means of generating a permanent source of income[16]. Many Badi women are sold by their families and trafficked – either within Nepal or to India – for optimal income[17]. In fact, it is estimated that there are about 11,000 Badi women in Nepal who are currently regularly involved in sex work[18].

Drivers of Sex Work

The economic condition of Nepal drives many girls (some as young as nine years old) to be commercially sexually exploited. Poverty, in general, is the most commonly identified "push factor" instigating trafficking[19]. In the direct sense, the lack of economic alternatives faced by women makes young girls particularly vulnerable to trafficking[20]. Girls in Nepal are more susceptible to poverty and have limited access to education[21]. The result is that women often lack economic alternatives and/or a proper understanding of the risks involved in trafficking. Furthermore, it is poverty that leads women to be enticed into ostensibly well-paid jobs India[22].

In some cases, women head households due to the fact that their husbands are migrant workers. These women are not 'self-identified' sex workers, yet occasionally engage in sex work as a means of earning money. These women and their circumstances are largely undocumented. As such, it should be noted that they constitute an important data gap with regards to sex work in Nepal

In many cases, young women are lured from their villages in remote hill villages and poor border communities of Nepal by local recruiters, relatives or neighbors promising jobs or marriage. In turn, they are sold for amounts as small as Nepali Rs200 ($4.00) to brokers who deliver them to brothel owners in India for anywhere from Rs15,000 to Rs40,000 ($500-$1,333). This purchase price, plus interest (reported to be 10% of the total), becomes the "debt" that the women must work to pay off – a process that can stretch on indefinitely.[6] Thus, they are trapped into the vicious cycle of prostitution, debt and slavery. Only the brothel owner knows the terms of the debt, and most women have no idea how much they owe or the terms for repayment. Brothels are tightly controlled, and the girls are under constant surveillance. Escape is virtually impossible. Owners use threats and severe beatings to keep inmates in line. In addition, women fear capture by other brothel agents and arrest by the police if they are found on the streets. Some of these police are the brothel owner's best clients.

Clients

The regular clients of FSWs are transport workers, military men, policemen, and migrant workers. Men from the cities are also primary clients. The average number of clients per day is 1.3.

Fees/Income

The weekly mean income of young women sex workers amounts to Rs3,781 (USD 50) and ranges between Rs200 to Rs26, 000 USD 3 – 340).

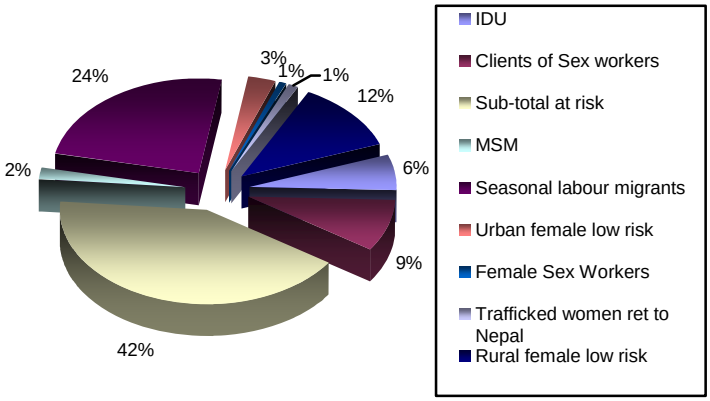
SEX WORK and HIV/AIDS

HIV Prevalence – Sex Workers and Their Clients

The HIV prevalence among FSWs appears to have stabilized at around 2% in 2007. HIV prevalence is 1.4% among FSWs and 2.9% among male sex workers. Clients of female sex workers have a 1% HIV prevalence rate.

Recent estimates show that about 41% of all HIV cases in Nepal come from seasonal labor migrants, and 16% are among clients of sex workers[23]. Meanwhile, FSWs make up 1% of the total number of people who are HIV infected (Figure 2). [24]

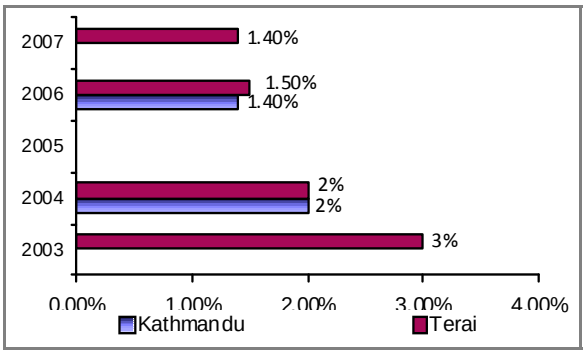
Figure 2: HIV Infections among population groups (2007)



Source: NCASC, UNAIDS, WHO, USAID/FHI, 2007

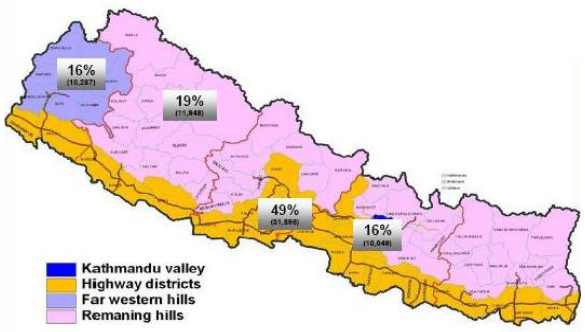
Behaviour Surveillance Survey (BBS) data show that the HIV prevalence rates for FSWs have decreased significantly in the eastern Terai highway districts. Exchanging sex for money along the trucking routes is a characteristic feature of HIV infection in the plain regions bordering India. In 2006, HIV prevalence among FSWs in Kathmandu declined from 2% in 2004 to 1.4% in 2007. A similar decrease in HIV prevalence was observed among FSWs in the Terai highway districts from 3% in 2003 to 2% in 2004 and to 1.5% in 2006 (Figure 3).[25] Figure 4 shows the HIV epidemic regions in Nepal. Highway districts have the highest HIV prevalence rate.

Figure 3: HIV Prevalence among female sex workers, Kathmandu and Terai region, 2003-2007



Source: BSS 2003, 2005, 2007

Figure 4: Epidemic Regions (Nepal)

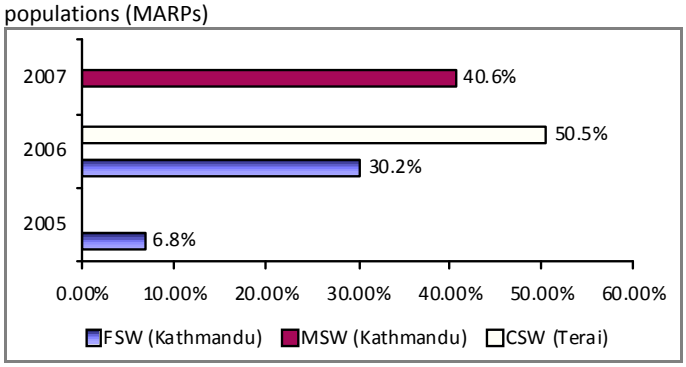


Source. Source :EFS Country Profile, 2008, Nepal

Knowledge of HIV

Although general awareness of HIV and AIDS is typically high, comprehensive knowledge on HIV and AIDS – as defined by the UNGASS indicator to mean the percentage of people who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions – remains comparatively low among population groups, especially those most-at-risk.

Figure 5: Percentage of knowledge about HIV/AIDS among most-at-risk populations (MARPs)



*Source: BBS 2005, 2006, 2007 and Routine Data (*UNGASS 2005): No sex/age disaggregation*

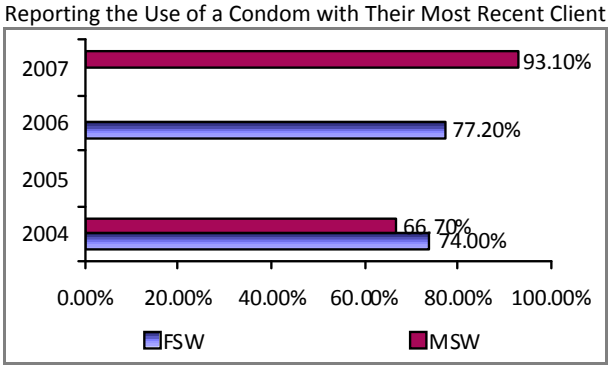
Knowledge among FSWs appear to be the lowest (6.8% in 2005 and 30.2% in 2006), while the clients of sex workers show higher levels of comprehensive knowledge of HIV (50.5% in 2007). On the other hand, 40.6% of MSWs had knowledge of HIV/AIDS and its transmission in 2007 (Figure 5).[26]

Condom Use

Increased Condom use among sex workers and their clients demonstrate a likely increase in awareness about sexually transmitted infections and also an increase in safe sex practices. In particular, as shown in Figure 6, the following trends in condom use have been noted:

- FSWs and their clients – increased from 74% in 2004 to 77.2% in 2006.[13]
- MSWs and their clients – increased from 66.7% in 2004 to 93.1% in 2007.[27]

Figure 6: Percentage of Female and Male Sex Workers Reporting the Use of a Condom with Their Most Recent Client



Source: IBBS (2001 - 2007) surveys; NCASC, New ERA, USAID/FHI and USAID

NATIONAL PROGRAMME RESPONSE TO SEX WORK AND HIV

In October 1999, the Association of Medical Doctors in Asia implemented the Behavioral Change Intervention to hinder the spread of sexually transmitted diseases among sex workers and their clients.

There have been awareness programs, advocacies, campaigns, condom distributions, and the like. There has also been involvement by non-government organizations (NGOs) in activities such as setting up STI testing centers. Furthermore, coordination from local governments and NGOs has contributed to the monitoring and implementation of these advocacy campaigns. The NGOs usually target most-at-risk populations.

HIV and AIDS has been accorded "priority 1" in the Three Year National Plan (2008-2010) in Nepal.[28] This ensures that technical working groups, such as the Strategic Information Technical Working Group (with 2 subgroups), will work towards improved HIV treatment, care and prevention.

HIV Prevention Programs – Coverage and Impact[29]

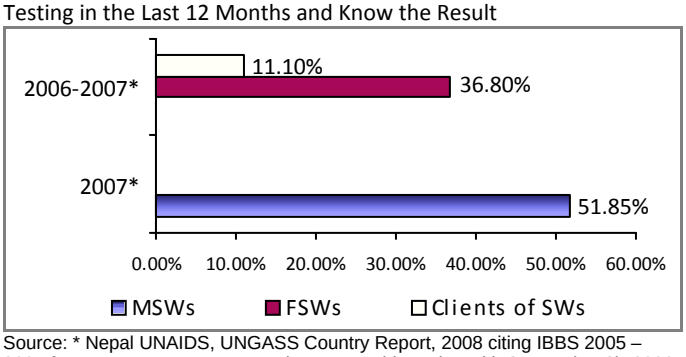
The coverage of HIV prevention programs vary. In 2007, 55.56% of MSWs in Kathmandu were reached by such programs. BSS 2006 shows that FSWs who are 25 years of age and above were reached more than the younger FSWs (47.7% versus 33.8%) (Table 2). In the BBS 2004, older clients of sex workers (>25 years old) in areas along the Terai Highway were reached more readily than younger clients (53.1% versus 38.2%).

Table 2. Percentage of Sex workers and Clients Reached by the HIV Prevention Programs

	2004	2006	2007
FSW (Kathmandu)		33.8%<25yrs 47.7%>25yrs	
MSW (Kathmandu)			55.56%
Clients of sex workers (Terai Highway)	38.2%<25yrs 53.1%>25yrs		

Source: IBBS, 2004, 2005, 2006 and 2007 disaggregation

Figure 7: Percentage of Sex Workers and Clients that Received HIV Testing in the Last 12 Months and Know the Result



Source: * Nepal UNAIDS, UNGASS Country Report, 2008 citing IBBS 2005 – 2007 for Data on MARPs ** Nepal Demographic and Health Survey (DHS), 2006

Figure 7 shows that in 2007, 51.85% of MSWs were tested for HIV and knew their results. This figure is substantially lower among FSWs (in 2006-2007), with 36.8% having been tested. Meanwhile, merely 11.1% of clients received testing.

Partner Agencies[30]

In 2006 and 2007, a number of collaborative national review processes were carried out in an attempt to inform relevant programme areas critical to the HIV response.[2] They included a joint review of the national STI programme (November 2006), a joint review of HIV surveillance (January 2007) and joint national review of the PMTCT programme (May 2007). These reviews were led by the NCASC with strong in-country support from both international and national technical partners (e.g. WHO, UNICEF, UNAIDS, UNFPA, FHI, USAID, Institute of Medicine, and Bir Hospital) in consultation with other national experts and stakeholders. In addition, selected international experts took part in these processes to facilitate discussions and share best practices from the region.

All three reviews included a mix of central and district level participants, with a focus on district-level implementation issues and challenges. The results and recommendations of these reviews were incorporated into the National Action Plan for HIV and the gaps identified included into the Global Fund to Fight AIDS, Tuberculosis and Malaria Round 7 proposal. Some funds were rapidly allocated from existing grants to priority areas (e.g. STI drugs and training).

HIV-AIDS Expenditures

The budget for the HIV and AIDS prevention programs is contributed mostly by outside agencies and organizations (Table 3). The budget is efficiently allocated, and NGOs have made important contributions to the planning of projects that target sex workers with information about prevention[1] Thirty-two percent of HIV prevention spending is directed for sex worker programs.[31]

Table 3. Partner Agents and Percentage Share in HIV Spending[1]

Source and Agents	Spending	(%)
MoHP	680,289	8
DFID (UNDP)	2,635,265	28
USAID (FHI/ASHA)	2,160,221	23
USAID (AED)	1,326,338	15
WHO	420,397	5
UNICEF	411,221	5
GFATM (UNDP)	688,609	8
UNODC	268,542	3
DFID (FHI)	197,062	2
ILO	116,969	1
UNAIDS	144,276	2
UNFPA	40,485	0
GTZ	NR	
SDC	NR	

Common Obstacles and Challenges[32]

Various challenges need to be addressed to face the problems of HIV-AIDS, especially in the context of sex workers in Nepal:

- The multiplicity of different actors in the HIV response in Nepal constitutes both an asset and a major challenge to coordination.
- Mechanism is required to encourage more partners to ensure that core data is gathered from NGOs and private organizations funded from external sources.[2]
- Voluntary Testing and Counseling (VCT) centers still do not see many sex workers (females and males) and their infected clients come forward. Sex workers do not come forward for testing for reasons including the cost and stigma associated with the tests.[2]
- Information dissemination on HIV and its prevention should continuously be done to reach out not only sex workers but also their clients. Clients need improved access to condoms, and sex workers need to be empowered to request their use.

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