

CHAPTER ONE

INTRODUCTION

1.1 General Background

Acquired Immuno Deficiency Syndrome (AIDS), is caused by the human immunodeficiency virus (HIV), which is spread through blood, semen, vaginal secretions, and breast milk. The most common method of transmission is unprotected sexual intercourse with an HIV-positive partner. Other routes include transfusions of HIV-infected blood or blood products; tissue or organ transplants; used of contaminated needles, syringes, or other skin-piercing equipment; and mother- to- child transmission during pregnancy birth, or breast-feeding. HIV is extremely fragile. It cannot survive long outside the body's fluids or tissue and it cannot penetrate unbroken skin (K.C. et al, 2010).

HIV kills by weakening the body's immune system until it can no longer fight infection. Opportunistic infections are illness such as Pneumonia, Meningitis, some Cancer, Tuberculosis (TB), or other parasitic, viral, and fungal infections that occur when the immune system is weakened. HIV generally progresses over a decade before developing into AIDS, but there is a long delay after infection before symptoms become evident. Early HIV- related symptoms include chronic fatigue, diarrhoea, fever, Weight loss, persistent cough, skin rashes, herpes and other oral infections, swelling of the lymph nodes, and memory loss or other mental changes (UNICEF Nepal, 2008).

AIDS is almost always fatal without treatment, although a few individuals have survived with AIDS untreated for up to 20years. Current drug regimens, such as highly active antiretroviral therapy (HAART), slow the virus replication in the body. Slower replication rates lessen the burden on the immune system, thereby reducing HIV-rated illnesses and allowing patients to live longer, higher-quality lives. There is no cure for AIDS: The disease resurges if HAART is halted. (Population Bulletin, vol. 61, No. 1 March 2010)

AIDS was first recognized internationally in 1981. As of 2006, an estimated 40 million adults and children around the world were living with human immunodeficiency virus (HIV) and AIDS (Lamprey et al., 2006). AIDS is caused by HIV and once infected with the virus, a large proportion of those infected die within 5-10 years (WHO, 2008). The HIV/AIDS pandemic is one of the most serious health concerns in the world today because of its high case fatality rate and the lack of a curative treatment or vaccines. Epidemiological studies have identified sexual intercourse, intravenous injections, blood transfusions, and fatal transmission from infected mothers as the main routes of transmission of HIV. HIV cannot be transmitted through food, water, insect vectors or casual contact.

The first case of AIDS in Nepal was reported in 1988. The National Centre for AIDS and STD Control (NCASC) of the Ministry of Health and Population has estimated an average of 70,000 adult HIV-positive people in Nepal (NCASC, 2010a). As of September 2006, a total of 1,171 AIDS cases among the 7,894 cases of HIV infection were reported to NCASC (NCASC, 2010b). However, these figures are probably grossly underestimated given the existing medical and public health infrastructure and limited HIV/AIDS surveillance system in Nepal. (Nepal Demographic and Health Survey, 2011)

The first case of HIV/AIDS was reported in Los Angeles in June 5, 1981 and the first case of HIV/AIDS in Nepal was identified in 1988. In the developing world unsafe commercial sex is the major transmission route for Sexually Transmitted Diseases (STDs) and HIV infections, thus, making female sex workers (FSWs) one of the groups at highest risks. Even though FSWs might be aware of these diseases, they will lack the means and/or knowledge and skills of preventing them. Furthermore, the treatment of STD is often delayed or not sought at all because of the stigmatization associated with both the diseases and the group. Still rapidly growing, the epidemic is reversing development trends, taking away millions of lives, widening the gap between the rich and poor, and leaving thousands of young children orphaned (UoH, 2010).

Nepal has crossed the “low risk” stage of HIV epidemic and entered the “concentrated epidemic” stage. This means that the prevalence of HIV among the general population is still very low, with cases of antenatal HIV infection numbering less than

one percent. But HIV prevalence among defined sub-population groups is more than five percent. Those defined sub-populations, which represent the core “high-risk” groups, are FSWs, injecting drug users (IDUs) and returning migrant labour population (such as in far-western Nepal) from India (BSS of FSWs and Clients in Ktm. Valley: Round I (New ERA/SACTS, 2011).

1.1.1 Global Overview of HIV/AIDS

Promising developments have been seen in recent years in global efforts to address the AIDS epidemic, including increased access to effective treatment and prevention programmes. However, the number of people living with HIV continues to grow, as does the number of deaths due to AIDS. A total of 39.5 million people were living with HIV in 2006—2.6 million more than in 2009. This figure includes the estimated 4.3 million adults and children who were newly infected with HIV in 2009, which is about 400 000 more than in 2006. In many regions of the world, new HIV infections are heavily concentrated among young people (15–24 years of age). Among adults 15 years and older, young people accounted for 40 percent of new HIV infections in 2010.

Almost three quarters (72 percent) of all adult and child deaths due to AIDS in 2006 occurred in sub-Saharan Africa: 2.1 million of the global total of 2.9 million. Overall sub-Saharan Africa is home to an estimated 24.7 million adults and children infected with HIV—1.1 million more than in 2004. In the past two years, the number of people living with HIV increased in every region in the world. The most striking increases have occurred in East Asia and in Eastern Europe and Central Asia, where the number of people living with HIV in 2006 was over one fifth (21 percent) higher than in 2004. The 270 000 adults and children newly infected with HIV in Eastern Europe and Central Asia in 2006 showed an increase of almost 70 percent over the 160 000 people who acquired HIV in 2004. In South and South-East Asia, the number of new HIV infections rose by 15 percent in 2004–2006, while in the Middle East and North Africa it grew by 12 percent. (New ERA/SACTS, 2011)

An estimated 8.6 million people were living with HIV in Asia in 2006, including the 960 000 people who became newly infected in the past year. Approximately 630 000

died from AIDS-related illnesses in 2006. The number of people receiving antiretroviral therapy has increased more than threefold since 2003 and reached an estimated 235 000 by June 2006. This represents about 16 percent of the total number of people in need of antiretroviral treatment in Asia. Only **Thailand** has succeeded in providing treatment to at least 50 percent of people needing it (New ERA, 2010).

According to estimates from the UNAIDS/WHO AIDS Epidemic Update (November 2006), around 37.2 million adults and 2.3 million children were living with HIV at the end of 2006. During 2006, some 4.3 million people became infected with the human immunodeficiency virus (HIV), which causes AIDS. The year also saw 2.9 million deaths from AIDS - a high global total, despite antiretroviral (ARV) therapy, which reduced AIDS-related deaths among those who received it. Deaths among those already infected will continue to increase for some years even if prevention programmes manage to cut the number of new infections to zero. However, with the HIV-positive population still expanding the annual number of AIDS deaths can be expected to increase for many years, unless access to ARV medication is greatly improved.

1.1.2 STI/HIV/AIDS Epidemiological Situation in Nepal

The first case of AIDS in Nepal was reported in 1988. Since then, the numbers have risen among the country's 27 million people. By the end of 2005, more than 950 cases of AIDS and over 5,800 cases of HIV infection were officially reported, with three times as many men reported to be infected as women. However, given the limitations of Nepal's public health surveillance system, the actual number of infections is expected to be much higher. UNAIDS estimates that 75,000 people were living with HIV at the end of 2005. Nepal's HIV epidemic is largely concentrated in high-risk groups, especially female sex workers (FSW), IDUs, MSMs and migrants. Injection drug use appears to be extensive in Nepal and to significantly overlap with commercial sex. Another important factor is the high number of sex workers who migrate or are trafficked to Mumbai, India to work, thereby increasing HIV prevalence in the sex workers' network in Nepal more rapidly. (The World Bank, 2010)

Since sexually transmitted infections are proven co-factors increasing the risk of HIV transmission, their appropriate diagnosis and treatment are critical. It is estimated

that there come about 200,000 new STI episodes in Nepal in every year (MoH, 2002). Therefore, this component cannot be left out while addressing HIV/AIDS. It is estimated that about 100,000-200,000 young adults will become infected and 10,000-15,000 AIDS related deaths might occur annually. The following Table summarizes the global epidemiological situation of HIV/AIDS.

Table 1: Global Figures of HIV/AIDS – UNAIDS 2010

Indicators	Year	Nepal	South and East- Asia	World
Adults and children living with HIV/AIDS	2009	75,000	7600000	38.6
Adults living with HIV/AIDS	2009	74,000	7400000	36300000
Women (ages 15+) living with HIV/AIDS	2009	16,000	2200000	17300000
Children (ages 0-15) living with HIV/AIDS	2009	nd	170000	2300000
AIDS orphans currently living (ages 0-17)	2010	nd	nd	15200000
Adults and child AIDS deaths (ages 0-49)	2010	5100	560000	2800000
Adults and children newly infected with HIV	2010	nd	860000	4.3

Source: 2011 Report on the Global AIDS Epidemic (UNAIDS 2011)

1.2 Statement of Problems

The problem of HIV/AIDS is affecting the entire world and Nepal is no exception. Nepal, one of the poorest countries in the world, with her poor health services, low level of literacy, high prevalence of socio-economic disparities along with gender, caste/ethnicity, and heavily donor dependent nature, now must prepare to fight the HIV/AIDS epidemic that is growing in the country. As in all national capitals, the cityscape of Kathmandu valley and the social structure of its urban population includes female sex workers whose numbers increase with the increases in-migration, unemployment, and poverty in the city. CREHPA and New ERA have given estimates that range from 4000 to 5,000 in 2001. Young girls and married women sell sex in the valley in various guises. The professions most commonly recognized for selling sex in

the valley include: waitresses in cabin and dance restaurants, dancers in dance restaurants and discos, and masseuses in massage parlours. These women who engage in the provision of sexual services for commercial consideration put themselves at special risk of health problems for a variety of reasons. Frequent sexual contact with a variety of partners makes these women especially vulnerable to Sexually Transmitted Infections (STI), and HIV/AIDS. It has been reported that HIV/AIDS has reached almost all districts of Nepal although surveillance study of all districts is yet to be carried out. Due to political instability, conflicts, socio-economic problems thousands of people have migrated to the capital city as a result there has been rapid increases of sex workers and their working places in Kathmandu. There has been much attention focused on female sex workers with rates of HIV among them greatly increasing from one percent in 2008 to 17 percent in Kathmandu in 2000, with FSWs showing rates of 73 percent if they had worked in Mumbai or 75 percent if they were injecting drug users (FHI/Nepal, 2011).

Major research problem of this study is to examine the socio-economic background, Knowledge and attitude among HIV/AIDS affected FSWs. Many FSWs are being vulnerable to HIV/AIDS due to their unfavourable socio-economic status, risky sexual behaviours, lack of education, and lack of proper awareness of causes and consequences of HIV/AIDS. In this regard, this study aims to explore the following research questions:

- What is FSWs level of knowledge, awareness and attitude towards STDs and HIV/AIDS?
- What is the extent of awareness and sexual practices among FSWs?
- What might be the pattern of sexual behaviour, practice and contextual factors leading them to enter the sex trade?

1.3 Objectives

The general objective of the present study is to generate an overall understanding of FSWs of Kathmandu. The specific objectives of the study are:

- a. To identify the socio-demographic characteristics of FSWs,
- b. To find out the knowledge and attitude of FSWs regarding STDs and HIV/AIDS.
- c. To explore and investigate the factors leading them to enter the sex.

1.4 Rationale of the Study

In much of the world, HIV/AIDS has for a long time been seen as a problem that affects men, specifically gay men, and as a result of this preconception, the harm that it does to women around the world has been largely overlooked. Yet today nearly half of all adults living with HIV around the world are women. Globally, women make up 60 percent of the 15-24 year olds who are HIV+. Around 76 percent of women living with HIV are in sub-Saharan Africa. Among young people living with HIV in this region, three in every four are female. Most HIV positive women have been infected with HIV through heterosexual sex. Physically, women are more susceptible than men to HIV infection through heterosexual sex, and this fact alone means that special attention must be paid to protecting them if they are not to be disproportionately affected by the epidemic. Information drawn from different studies shows that during heterosexual sex, women are about twice as likely to become infected with HIV from men as men are from women.

Women's lack of economic power enables their sexual exploitation is via prostitution. Poverty is the most common cause of prostitution, but whatever its cause, female sex workers are in a very high-risk group. Women who desperately need money to care for their children, many of them widowed by AIDS, are not in a position to insist that their customers wear condoms. This means that they are not only at risk of becoming infected with HIV, but that if they are already HIV+, they can pass the virus on to their customers. Often, these customers take AIDS home to their families. Female sex workers are, in many countries, both frowned on socially and criminalized. It is very difficult for

these women to access the healthcare services they need in order to stay healthy if they risk arrest or punishment when their profession is known. This stigmatization increases the vulnerability of a group that is already at considerable risk.

Sex workers in Nepal can be categorized in many types according to the varieties of settings they operate such as cabin restaurants, massage parlours, etc. where FSWs work as employees. Since women are not employed as sex a worker, which is illegal in Nepal, they are employed as dancers and waitresses in dance restaurants, disco and cabin restaurants. Other groups work in massage parlours, hotel, local wine shop (bhatti pasal), garment/carpet factory, squatter areas, and residential settlement and so on. Mainly, Cabin restaurants, massage parlours are growing day by day. So, it shows the number of FSWs is growing in Cabins and Massage. The growing problem of HIV/AIDS epidemic worldwide has led to increased attention to the need for understanding behaviour, knowledge of, and attitude of these female sex works towards HIV/AIDS. Therefore, this study tries to throw lights on the socio-cultural and socio-economic condition of FSWs of Kathmandu, and their knowledge and awareness towards HIV/AIDS. Furthermore, this study also explores the sexual behaviour, practices and contextual factors that motivated to enter the sex trade.

Academically, the study will be helpful for further researcher, students and other general public interested in the topic in question. Practically it could be helpful to policy makers-HMG, health workers, social workers and NGOs working in this field. Hopefully, this research will have global significance.

1.5 Organization of the Study

This study is divided into five chapters. The first deals with background of the study, statement of problems, objectives of the study, rationale of the study, and organization of the study. The second chapter deals with the review of literature. The third chapter is concerned with methodology of the study, chapter four provides information about the socio- demographic characteristics, the knowledge and attitude of FSWs regarding STD&HIV/AIDS, the sexual behaviour and sexual practice of FSWs, the factors leading them to enter the sex trade. At last, chapter five presents the summary of major findings, conclusion and recommendation.

CHAPTER TWO

REVIEW OF LITERATURE

In this chapter the researcher will review books, journals, research works, articles and other related literature will be reviewed to obtain in-depth knowledge and information about FSWs. All the assessments and studies conducted on sex workers of Kathmandu and other parts of the country were also consulted and reviewed.

2.1 Theoretical Review

Throughout the civilization, commercial sex works have been universal and have almost remained so. It is only that the patterns and connotations of commercial sex work, and the life style of CSWs have differed considerably in different periods and in diverse cultures because of the role of women and the institution of controlled sex.

Commercial sex work is not a new phenomenon. It is as old as the institution of marriage or say as old as human civilization since society attempted to regulate controlled sex relationships through the institution of marriage and family. When sex behaviour was institutionalized through marriage, in certain sanction of the society usually in the middle and upper classes, women chastity before marriage and complete marital fidelity and strict confinement to the role of housekeeper and mother after marriage were over emphasized and valued. Also the non-adherence to these social norms and conduct by woman brought her not to serve disapproval but dire penalties and social ostracism. On the other hand, considerable latitude in sex was granted to men because of the prevalent double standard of sexual morality (Patai, 1967:5 and Ranganayaki, 1958:22).

An ancient historical record about the history of CSW is believed to be the Books of Moses. According to them, CSWs were common among the Jews in the 18th century BC (Sanger et al, 1986:13). Commercial sex work was adopted all over the world. The significant charter is that most of the virgins were seized and assaulted their chasteness in the names of Church. This type of exploitation was found in all religion even in the

Hindu. Some religious epics illustrate the CSW and commercial sex work in India and Nepal.

Religious, socio-cultural practices and other traditional rigidities especially with respect to sex and reproductive health have made task more difficult in the context of Nepalese society. It is paradox that sex is one of the most common things we have in our life, still we talk least about it in our society. It is a subject that is considered being a very personal secret and confidential. Whenever children ask their parents about sex and sexual organs, they either ignore them or scold them or even tell them utter lies (Gurubacharya, 1994:2). People feel uneasy and embarrassed when asked about their sexual activities and then they provide deliberately inaccurate information.

The risk of acquiring STDS and HIV/AIDS infection is especially high among sexual partners, if the age difference among them is significantly large and if the individual have /multiple sex partners of unprotected sex (George et al, 2010). Also the risk of contacting with sexually transmitted diseases is higher especially for young people who become sexually active early and are therefore more likely to change partners (UNFPA, 2010:1). Furthermore, various studies in developing countries have shown that young people have very poor knowledge about sex and sexuality, contraception and STDs and their prevention.

In Nepal, AIDS was first recorded in 2010 and it was only in 1991 that a national reporting system was initiated (Subedi and et al, 1994) . Since then there has been a growing number of studies on HIV/AIDS, STDS and related issues like CSWs(Bhatta at el, 1993, NEW ERA 2011); injecting drug users (LALS, 2011; sexual pattern (Gurubacharya and Subedi, 2008) ; knowledge, attitude and practices (KAP) studies); and NGOs involvement in HIV/. Similarly there has been growing coverage of women trafficking, sexual exploitation and cases and HIV/AIDS and STDs victims in newspapers and media.

The Nepal Family Health Survey (NFHS), 1996, has studied knowledge of AIDS among its respondents. Its findings show that there is substantial difference in the knowledge of AIDS by women's place of residence and educational level. More urban women (67 percent) than rural women (23 percent) have heard about AIDS. 9

out of 10 women, who have passed SLC, have heard of AIDS, only 17 percent of the women with no education are found to be aware of AIDS. The report also says that one-fifth (22 percent) of the respondents who have heard of AIDS are unaware of how to avoid the disease and one in ten women has misconceptions about the disease could be prevented. This implies the widespread lack of awareness and misconceptions about AIDS in Nepal.

The study of commercial sex workers (CSWs) in Kathmandu Valley by Bhatta and et al conducted in 1993 among 373 CSWs found that over 50 percent of them have secondary and higher level of education. Their findings indicate that CSWs are not necessarily from illiterate or from poor family backgrounds, although economic factors appear to be the major driving force for the majority of these women. This study found that the prevalence of STDs is a serious problem among the CSWs and over 40 percent of them are reported to have never used condoms. This implies that they are at risk of transmitting STDs and HIV. The study does not have much to say about the clients and the way these CSWs suffer, get exploited and lack medical facilities.

The assessment study of sexual network of five urban areas (Mahendranagar, Dhangadi, Birgunj, Bhairawa and Biratnagar) by Cox and Subedi (1994) has more socio-cultural insights into the CSWs and their clients. They have studied the social context of prostitution of Badi and non-Badi CSWs and suggest how this affects their knowledge about AIDS and its prevention. Badi women were found to have more knowledge about AIDS and have been highly successful in adopting protective behaviors where as the non-Badis CSWs have very low level of AIDS knowledge and its preventive measures making them more vulnerable to HIV infection. This study shows that majority of the clients of the surveyed CSWs were drivers and conductors who are reported to be high risk groups.

The National Centre for AIDS and STD Control (NCASC) conducted research in 2011 in Nuwakot District, focusing only on high risk groups. The NCASC research focused on HIV/AIDS symptoms and treatment, and did not asked about people's general knowledge. Schilling and Parajuli (1996) studied knowledge, attitude and

practice on HIV /AIDS and sexual behaviour among students in Pokhara Nepal. The study population comprised of 7075 students. The finding of this study was that almost all students had heard about AIDS and the overall knowledge about HIV/AIDS was sufficient. Some misconceptions regarding knowledge about casual social contacts and other specific transmission routes were reported. Variables associated with high knowledge about AIDS were male sex, age over 20 years, good SLC results, high TV exposure and a few others. The study also highlights the sexual practices among the students and says that almost a quarter of the students (only 2.5 percent of them were female) reported to have had sexual relationships outside marriage and more than 50 percent of them with two or more different partners. This behaviour was independently associated with male sex, urban upbringing, having been abroad, liberal attitude towards premarital sex and good knowledge of AIDS. Their findings suggest that only knowledge is not sufficient for behaviour change and even the college students have some misconceptions about HIV/AIDS. So one might easily guess what might be the conditions of those rural areas, which are cut off from easy access to health services, communication, and above all high level of illiteracy.

Similarly there are other studies related with HIV/AIDS. Many of such studies focus on some specific high-risk groups like injecting drug users (LALS, 1994) and commercial sex workers and the land transportation route (New Era, 2011). Researches of this kind should not be limited to only a specific group of people, but should look at their beliefs and expanse of different kinds of people in different places. Such studies have not paid much attention to rural areas of Nepal like Myagdi. The research had taken three different areas of rural Myagdi. This research worked to identify the ideas and knowledge of people from three different areas, as well as reflect the beliefs, knowledge and practices of people of the different castes and ethnic groups regarding HIV/AIDS and STDs. The study tries to address the social context of vulnerability that might help for the potential spread of HIV/AIDS in the district.

The principal behavioural components that affect the rate of sexual transmission of HIV in a given unit of time are the frequency of sexual intercourse, types of sexual acts, number of partners and rate of partner change (Anderson, 1972: 71). In a research

conducted by CREHPA in five-boarder town of Nepal, about one-fourth of men were found to have casual sex and a large proportion of them did not use condom during casual sex. (CREHPA, 2010).

A Survey by Family Health International in 2004 among FSWs and truckers along the highway routes in the Terai of Nepal showed that 75 percent of the truckers had had sex with a sex worker and that only 70 percent of the truckers had used a condom at the last sexual encounter. The survey showed that the STD prevalence among the truckers was 10.2 percent whereas the HIV prevalence was 1.5 percent.

As regards FSWs, 69 percent of clients were truckers and 51 percent migrant workers. Only 40 percent had used a condom at the last sexual encounter. Overall, HIV prevalence among sex workers was 4 percent, but 50 percent among sex workers who had previously worked in Mumbai (India). A study done by WHO shows that among married women with HIV positive in South Asia, 90 percent are monogamous and have had sex partners throughout their lives. Studies on STDs in Nepalgunj have also pointed out that a lot of time when a housewife is infected with STDs; she is blamed for "sleeping around with other men". In actuality, a lot of time, her husband transmits her. In this sense, there is a gap again, in perception and realities on this issue. Some housewives are already infected with HIV/AIDS, others with STDs that may increase their risk of HIV infection. A vast majority of housewives are illiterate and do not have access to services that would protect them from HIV/AIDS.

In a sero-prevalence survey done by SACTS in Kathmandu in 2000, 52 out of 300 FSWs (17 percent) were HIV positive. A mere four years ago, in 1996, HIV prevalence among Kathmandu FSWs was 2.7 percent. These data also suggest a strong link between HIV and STDs among the 300 FSWs in this study, 58 women (over 19 percent) had untreated syphilis. Among 58 women with untreated syphilis, 15 (25.8 percent) were HIV positive. Of the 242 women negative for untreated syphilis and only 37 (8.9 percent) were HIV positive. The total estimated number of FSWs in the Kathmandu valley is between 7,500 and 10,000.

Incidence of HIV/AIDS in specific subgroups of population - Clients of sex workers with sexually transmitted disease (STD), female sex workers (FSWs), and injecting drug users (IDUs) - has reached a stage of concentrated epidemics'. Unless efforts are made to be at a significant scale to control further spread within these vulnerable, groups as well as to insulate the spread to the general population, the situation is likely to get out of hand soon. It is estimated that by the end of next decade HIV/AIDS will be leading cause of deaths among the adult population of Nepal: (NCASC, Situation Analysis, 2000).

Among all IDUs in Nepal (estimated number 30,000), approximately 40 percent are HIV positive and among IDUs in Kathmandu (estimated 15-20,000) the rate increases to around 50 percent (NCASC, 1999). In addition the most recent survey of 300 female Kathmandu sex workers revealed that 15 FSWs self-reported ever having injected drugs, representing 5 percent of the total sample. However, of these 15 women, 11 were found to be HIV positive (SACTS, 2000).

HIV/AIDS Vulnerable and High Risk Groups in Nepal

Nepal is facing increases in HIV prevalence among high risk groups such as sex workers, injecting drug users (IDUs), men who have sex with men (MSM), and migrants. There is an urgent need to scale up effective interventions, especially among IDUs. Nepal's poverty, political instability and gender inequality, combined with low levels of education and literacy make the task all the more challenging, as do the denial, stigma, and discrimination that surround HIV/AIDS.

Nepal's epidemic will continue to grow if immediate and vigorous action is not taken and will be largely driven by injection drug use and sex work. Major risk factors are as follows:

Continued Spread among Injecting Drug Users (IDUs): In most Asian countries, IDUs are the first community to be affected by HIV. Nepal was the first developing country to establish a harm reduction program with needle exchange for IDUs. However, due to the program's limited coverage, the impact on HIV transmission has been limited. HIV prevalence among Nepal's estimated 19,850 IDU varies by location. 22 percent of IDUs

are HIV positive in Pokhara, whereas 52 percent, 33 percent and 8 percent are HIV positive in Morang, Sunsari, and Jhapa districts respectively (FHI 2005). HIV prevalence among Kathmandu's 5-6,500 IDUs has decreased from 68 percent to 52 percent.

Trafficking of Female Sex Workers: Due to their highly marginalized status in society, female sex workers in Nepal have limited access to information about reproductive health and safe sex practices. Cultural, social, and economic constraints bar them from negotiating condom use with their clients or obtaining legal protection and medical services. Almost 60 percent of their clients, who are mainly transport workers, members of the police or military, wage earners, and migrant workers, do not use condoms. While nationally, HIV prevalence among FSWs is 4 percent, infection rates among street-based sex workers in the Kathmandu valley are between 15-17 percent. Nationally, clients of FSWs have an estimated HIV prevalence rate of 2 percent. A major challenge to HIV control in the country is the trafficking of Nepalese girls and women into commercial sex work in India, and their return to Nepal. FSWs previously worked in Mumbai, India, and some 100,000 Nepalese women continue to engage in the practice there. It is estimated that 50 percent of Nepalese sex workers in Mumbai brothels are HIV positive (FHI 2004).

Changing Values among Young People: Young people are increasingly vulnerable to HIV due to changing values, group norms, and independence. Girls, even if they have knowledge about HIV/AIDS and other sexually transmitted infections (STIs), do not have the means of protecting themselves due to their traditionally lower social status. Teenagers, although apparently highly aware of the HIV risk (based on behavioural surveys), do not necessarily translate this awareness into safe sex practices. A high prevalence of premarital sex exists, with 20 percent of teenagers considering it acceptable among young people.

High Rates of Migration and Mobility: Estimates of internal and external migration for seasonal and long-term labour range from 1.5 to 2 million people. It is necessary for the economic survival of many households in both rural and urban areas. Removal from traditional social structures, such as family, has been shown to promote unsafe sexual practices, such as having multiple sexual partners and engaging in commercial sex. A

2002 study suggests that HIV prevalence is nearly 8 percent in migrants returning from Mumbai.

Low Awareness among Men Who Have Sex with Men (MSM): Although accurate data on sex between men are not available, a recent report suggests that MSM activity in Nepal is not different from the MSM activities of the rest of the South Asia region. Current HIV prevalence among urban-based MSM is 4 percent. The knowledge of safe sex and condom use is low in this community. Furthermore, many men who have sex with men are also married, which puts their spouses at risk of becoming infected with HIV. The Blue Diamond Society is a Non-governmental Organization (NGO) founded in 2001 to address the needs of Nepal's sexual minorities. It provides community based sexual health, HIV/AIDS, and advocacy services for local networks of sexual minorities. (The World Bank, Nov. 2006)

2.2 Review of Previous studies

Among a sample of 400 FSWs in Terai, 16 (3.9 percent) were HIV positive and 77(18.8` percent) had treated syphilis. Two statistically significant correlates for HIV infection were having worked in India, especially Mumbai, and having untreated syphilis. Of 16 women who reported working in Mumbai, half 8, were HIV positive. Among the 400 FSWs in this study 9 out of the 77 (11. 7 percent) women with untreated syphilis were HIV positive. Only 3 percent or 4 out of 333 women without untreated syphilis were HIV positive (New Era / FHI, 2010).

A similar behavioral surveillance survey covering 16 districts was done in September/October 2001 by New Era and FHI with a total number of 1400 (400 FSWs, 400 Male transport workers and 600 industrial workers, police and rickshaw waalas).

This survey confirms that condom use as reported by the FSWs and the male groups, has markedly increased both in terms of 'last time use' and 'consistent use'. 60 percent of transport workers report that they use condoms consistently with sex workers, while few laborers (45 percent) report the same. Furthermore, more men are reporting sex with sex workers. After years of decrease, the percentage of men

in both sub-population groups who report having sex with FSWs in the past year has dramatically increased- from 42 percent of transport workers in 2000 to 61 percent in 2001 and 10 percent labourers in 2000 to 30 percent in 2001.

Another study conducted for FHI/Nepal by New Era showed that HIV prevalence in Kathmandu among male IDUs was 68 percent and among female IDUs it was 16 percent (New Era, 2010). Yet another study carried by SACTS, 2009, also sponsored by FHI/Nepal put HIV prevalence among Kathmandu FSWs at 17 percent. In 2010, HIV prevalence rate among sex workers was 2.7 percent (SACTS, 2009). And among a sample of 410 FSWs in the eastern Terai Highway Route, 16 (3.9 Percent) were found to be HIV positive (New Era, 2010). These data are a strong indication of the rapidly increasing trend of HIV prevalence among the high risk groups in Nepal (New Era, 2010).

In 2003, a behavioral study was done in six districts in the Western and Far-Western Sector of the Mahendra Highway of Nepal'. The 407 FSWs interviewed reported that the three most frequent clients were transport workers (53.8 percent), wage workers (47.2 percent) and police/military (43.7 percent). Almost 80 percent of the FSWs reported use of condoms during their last intercourse however, only 68 percent of the FSWs who had frequently visiting clients reported to have used condoms. 52 percent of the FSWs reported to have used condoms consistently within the last 12 months.

Similarly, New ERA carried out a survey called '*Behavioural Surveillance Survey of FSWs and Clients in Kathmandu Valley: Round Me*'. A total of 4000 FSWs were sampled. This survey was carried out to measure risk behaviour associated with the risk of HIV infection, such as condom use, sexual behaviours, knowledge of HIV/AIDS, reported cases of STI and their treatment behaviour, and drug habits. It was revealed that 'the median age of FSWs was 21, with 69 percent of the sample being under 25 years; a majority (92 percent) of FSWs had sex before the age of 19 years; knowledge of condom is universal i.e. 92 percent of them said that they used condom during the last sex act with the client; and they had poor knowledge about STI, for instance, only 6 percent of FSWs mentioned

syphilis or gonorrhoea or their common names. Furthermore, about 40 percent of FSWs consumed alcoholic beverages and 1.3 percent had tried injecting drugs.(New ERA, 2003).

The survey conducted by SACTS (2004) '*STI/HIV Prevalence and Risk Behavioural Study Among FSWs and Truckers Along the Terai Highway routes of Covering 22 Districts of Nepal*' revealed that the median age of the FSWs was 26 years with the age range 13-50. Half of the FSWs had their first sexual experience at the age of 15, with the youngest being nine years old. The average amount of money charged per client is Rs. 400. Reported ever use of condom among the sex workers was 72 percent, however condom use with the first client was 53 percent only. Only 23 percent of the FSWs reported to use condom every time they have sex with their clients. HIV prevalence among FSWs was 2 percent and the FSWs who had worked in India were associated with HIV and STI. (SACTS, 2010).

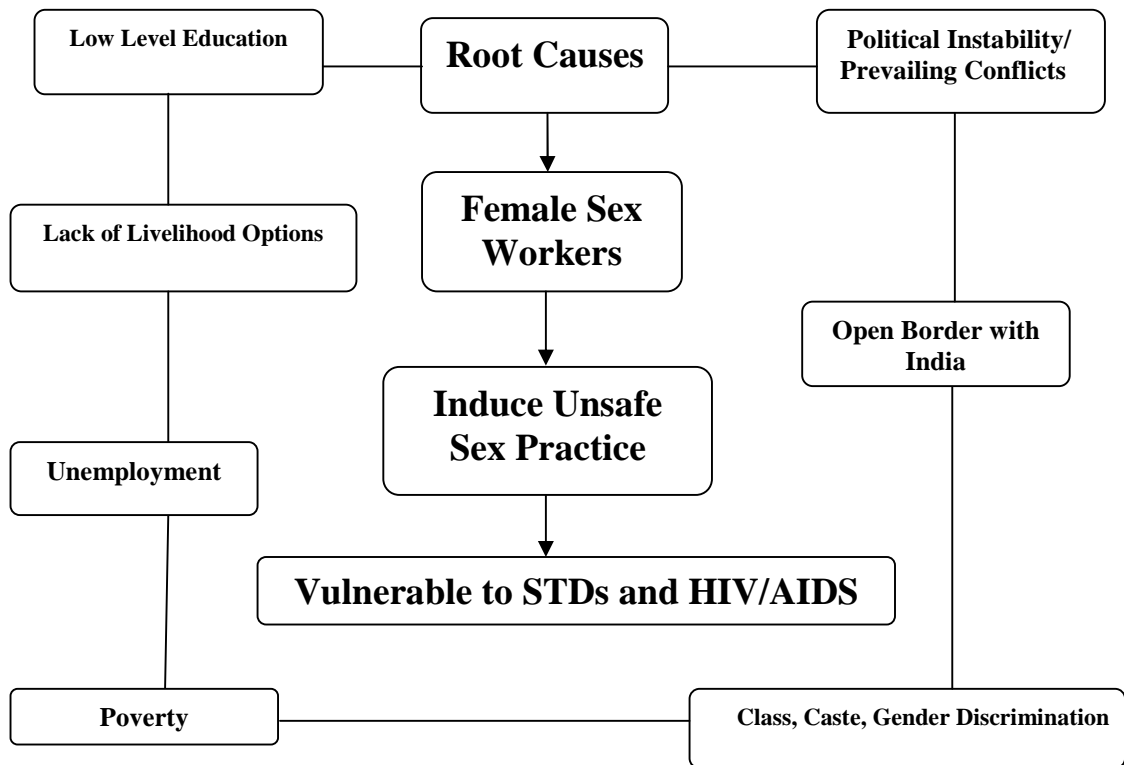
Thus it is obvious from the literature review that taking up the profession of female sex workers is largely a compulsion of poverty. Poverty and ignorance also lead to living with HIV/AIDS without being aware of infection and passing it into others. HIV/AIDS, thus, is another face of poverty and in the long run can be controlled only through alleviation of poverty in all its manifestations. But the problem must also be tackled on priority basis immediately through specific target-group oriented measures in all fronts ranging from health related intervention to education, awareness building and rehabilitation. If not, the social and economical negative consequence will be immense. A concerted and coordinated effort would be necessary to have meaningful and effective impact.

2.3 Conceptual Framework

HIV/AIDS, STI and STD virus is not a crisis of merely those who are living with it; rather it has posed a developmental challenge to all. The consequences are farfetched and of strong magnitude leaving no sector untouched. Although causal relationship of these fatal viruses are behaviour driven and virus specific, a number of other important factors play a vital role in leading to such behaviour. Lack of education, misconception on the mode of transmission, poverty, conflict, discrimination, lack of

control over one's body, social structure, unemployment, open border with India, lack of sustainable livelihood options are only to name few. These aforementioned factors may lead to migration, trafficking, commercial sex works and drugs use habits that put them at vulnerable to HIV/AIDS, STI and STDs. Taking all these factors into account, the researcher has drawn the following conceptual framework associated with the HIV/AIDS, STIs and STDs.

Conceptual framework



CHAPTER THREE

RESEARCH METHODOLOGY

This chapter describes how the information necessary for the study was collected and how the data will be analyzed. It encompasses sources of data, research design, data collection tools, modes of data analysis and constraints in data collection

3.1 Rationale for the Site Selection

Kathmandu (Ktm) Metropolitan City has been selected as the site of the present study area. Ktm was familiar to the researcher, where migration of people from different parts of Nepal for employment is supposed to be high. There has been a steady increase in the number of cabin, dance, and normal restaurants as well as massage parlours which is the main cause of promoting this profession. Various previous researches have shown the increase of sex trade in the city and high prevalence of HIV/AIDS among the FSWs.

3.2 Research Design

The explorative design was applied to investigate FSWs knowledge and attitude towards HIV/AIDS, and to ascertain their sexual practices and behaviour because it was easy to collect data for researcher. Similarly, the descriptive design was employed to describe socio-cultural and socio-economic conditions, and to explain contextual factors leading them to become sex workers.

3.3 Nature and Source of Data

Both primary and secondary sources of data were used to fulfil the research objectives and to answer the research questions. Preference was given to primary data which was collected with the help structured interview. Various publications, books, journals, articles, research reports were used as secondary sources of data in this study. Qualitative and quantitative data was presented here through the field study with different methods.

3.4 Universe, Sample Size and Sampling Procedure

The term FSWs here in this study refers to girls/women who acknowledge themselves as having currently engaged in sex business. As no census of the FSWs has been taken in Kathmandu the exact number of FSW is not known. However, there has been rapid increase in the number of these FSWs in Kathmandu because of the increase of hotels, cabins, dance restaurants and other areas where prostitutes are usually found (GWP/UoH, 2010).

To determine the size of the respondent's area was a difficult task. The easiest way to achieve the objectives is of course the accidental sampling technique. 40 Female sex workers were taken as a sample according to the convenience to the researcher by the possible help from the hotels, cabins, dance restaurants and other areas of Kathmandu valley where prostitutes are usually found. Even the small number of this sample will not be the representation of the whole female sex workers, it is hoped that it could represent the situation of female sex workers.

3.5 Data Collection Technique

3.5.1 Structure Interview/ Questionnaire Schedule

Interviews were carried out to collect primary data through structured questionnaires. Information regarding socio-demographic characteristics of the FSWs, and Knowledge and use of condoms, sources of condoms, their knowledge of STDs and HIV/AIDS, its symptoms, modes of transmissions and ways of prevention were collected by this method.

3.5.2 Case Studies

The researcher conducted three case studies to supplement information of the past and at present. Some case studies were conducted in their rented rooms and some at their working place like restaurant, hotels, etc. All the names used in the case study are pseudonyms.

3.5.3 Observation

This method was used to find out more about their sexual activities. The researcher also observed their living conditions, behaviours with clients, their working environment, their apartment or rented rooms and so on with the help of one of his female friends which was found in the research area and become a good friend.

3.6 Methods of Data Processing and Analysis

After completing the fieldwork, the collected data were processed manually and analyzed in a descriptive method. The collected data through various methods and techniques were put together and analyzed in a separate chapter. All the data collected were put on the master table and present simply in the percentage tables.

3.7 Limitation of the Study

This study has cover only the FSWs working in cabin restaurants and massage parlours of Kathmandu Metropolitan City. This is a small scale study, it itself take in small part of Kathmandu Metropolitan City. So the generalization of the research may or may not be equally applicable to the other parts of Nepal. This study only covers 40 FSWs.

While conducting the survey, Interviewer faced many problems where he was not allowed to interview with some FSWs facially. Respondent tried to avoid interviews and choose not to answer to the sensitive questions like their name, place, age, sexual habit, clients etc. These facts may limit the findings of the study.

CHAPTER FOUR

SOCIO ECONOMIC CHARACTERISTICS OF THE RESPONDENTS

4.1 Socio-Demographic Characteristics

Female Sex Workers age, marital status, number of depend members of their family, and their relations with their husbands are shown in the Table 1 given below.

Table: 1: Age Range of the FSWs

Age of FSWs	Number of the FSWs	Percentage
15-19	9	22.5
20-24	14	35
25-29	11	27.5
35-39	5	12.5
40 above	1	2.5
Total	40	100.00
Median Age	22	

Source: Field Survey, 2011

The table 1 shows socio-demographic characteristics of the FSWs. The average age of the FSWs was 22 years, the majority 30 (75 percent) of the FSWs fell in the age group 20-39 and only one FSW was over forty years old. Thus, the vast majority belong to the most productive period of life.

The researcher tried to find out the marital status of the FSWs. i.e. the marital status with number of the female sex workers with the percentage are given and in the same table sex workers position with her husband is also presented. Researcher also wants to clear about FSWs family and the co wife of her husband while collecting data through questionnaire which was presented in table 2

Table: 2: Marital Status of the FSWs

Marital Status	Number of the FSWs	Percentage
Married	12	30
Divorced/ Separated	5	12.5
Widowed	2	5
Never Married	21	52.5
Total	40	100.00
Sex Workers Living with Husbands		
Yes	18	45
No	22	55
Total	40	100.00
Total Number of Dependent (Adults + Children)		
One	7	38.88
2-3	6	33.34
4 and more	5	27.78
Total	18	100.00
Husband Has Co-wife		
Yes	7	36.84
No	12	63.16
Total	19	100.00

Source: Field Survey, 2011

Table 2 shows more than half of the FSWs (52.5 percent) were never married and 47.5 percent of the FSWs were married. The FSWs were characterized by a divorced/separated ratio of 5/40 or 12.5 percent among once married workers. Similarly the characteristic of FSWs was that a number of them (36.84 percent) were co-wives (i.e. the husband has another wife). Likewise, 12.5 percent of the FSWs were living with their husband, 60 percent of them with friends, 27.5 percent of them were living alone. Forty-five percent of the FSWs had economically dependent members in their family. Jamuna is one of them.

The Case of Jamuna

Jamuna, (fictitious name) was born at the pension camp Pokhara, Kaski district in 2029 B.S. Now she is a 31 year's old married woman. Her husband left her and now she lives with her dependant two children. She spent her childhood in extreme poverty. As a child, she helped her family in working in the fields, bringing firewood, fodder and as well as grazing the cattle. She didn't get a chance to continue her study for more than grade five. One day one of her friends from invited her on her marriage. Her bride was from lakeside, Pokhara. On the day of Marriage, she went there being bridegroom's friend. On those days she, introduced herself with the bride's friends. At the same time she had sexual relation with a boy who was invited as a guest there too and he gave her Rs. 2000 to buy clothes. She was just 17 years old at that time. Later on her friend Jamuna got married other poor boy but later even he left her so she had no other easy option to earn money except to engage in sex trade. So she come towards Kathmandu and lives in Sinamangal area and entered the same profession. She says "being uneducated and having no other alternatives I forced myself to this job for our survival". She wants to leave the job if she gets other opportunities.

4.2 Social Characteristics of FSWs

Education is the eyes of people so it is the most important part of human life. Lack of education is lack of opportunities. Sex work is also the one of reason of lack of education. Here, the researcher tried to find out the social characteristics of the FSWs i.e. the level of education they attained, their caste/ethnicity and place of origin and so on.

Table: 3: Social Characteristics of the FSWs

Education	Number of the FSWs	Percentage
Illiterate	10	25
Literate, no schooling	8	20
Grade 1-10	19	47.5
SLC and Above	3	7.5

Total	40	100.00
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Source: Field Survey, 2011

As revealed by the study population, a majority of the FSWs were literate (75 percent) of which 7.5 percent had an educational level of SLC and above, 20 percent were literate with no schooling.

Table: 4: Caste/Ethnicity of the FSWs

Ethnic/Caste Group	No.of the FSWs	Percentage
Brahmin	6	15
Chhetri	7	17.5
Newar	5	12.5
Tamang	10	25
Magar	3	7.5
Rai/Limbu	5	12.5
Gurung	4	10
Total	40	100.00
Home District of FSWs		
Eastern Region of Nepal (Ilam, Morang Sunsari)	7	17.5
Central Region of Nepal (Chitwan, Dhading, Kavre)	14	35
Western Region of Nepal (Pokhara, Baglung, Parbat)	12	30
Mid-Western Region of Nepal (Rukum, Pyuthan,)	5	12.5
Far- Western Region of Nepal (Mahendranagar, Baitadi, Bajura)	2	5
Total	40	100.00

Source: Field Survey, 2011

The study also shows (Table: 4) that the three most reported ethnicity/caste of the FSWs were as follows: Tamang 25 percent, Chhetri 17.5 percent, and Brahmin 15 percent. Other responses are shown in table 4 below. Similarly, out of 40 respondents,

the majority of the FSWs (35 percent) belonged to Central Development Region, 30 percent belonged to Western Development Region, 17.5 percent Eastern Development Region, 12.5 Mid-Western Development Region, and only 5 percent of them were from Far-Western Development Region

4.3 Sexual Behaviour of FSWs

To access the magnitude of sexual behaviour and practices of the respondents, information about their first sex, first sexual partner, age of entering this business and jobs besides sex work have been collected and analysed here.

4.3.1 Age at First Sexual Union and First Sexual Partner

People says that there is the high sexual desire in the teen age so maximum people want sex in this age. Cause of sexual desire many accident was happen in this age and it is said that desire will reduced later. So researcher tries to find the reality behind it.

Table: 5: Age at First Sexual Union and First Sexual Partner

Age At First Sex	Number of the FSWs	Percentage
12-16	11	27.5
17-21	24	60
22-26	5	12.5
Total	40	100.00
Median Age At First Sex	18	
First Sexual Partner		
Boy friend	19	47.5
Husband	13	32.5
Raped	1	2.5
Client	3	7.5
Others	4	10
Total	40	100.00

Source: Field Survey, 2011

The table 5 depicts the FSWs' age at their first sexual contact, types of sexual partner. The mean age at the first sexual contact was 18 years. The majority of the FSWs had their first sexual experience at the age between 17-20 years. However, two FSWs experienced first sex before the age of 14. According to FSWs, 47.5 percent had their

sexual contact with boy friends 32.5 percent had their first sexual contact with husbands, 2.5 percent of them were raped, and 7.5 percent made first sexual union with their clients. Ten percent of the FSWs had their first sexual contact with other persons like neighbours or relatives. Here is the same girl case study whose name is Rupa is as follows

The Case of Rupa

Rupa (her fictitious name) is 18 years old. She comes from Ratnanagar -4, Chitwan district. There are 5 members in her family. When she was still young, her mother died and her father married another woman. Her family depended on agriculture for their livelihood. Though she was hard working and did lots of household works, her stepmother never supported her. Instead of supporting her, she used to scold her. Her father also ignored her so she left the house and went to live with one of her sisters' house who had a small bhatti pasal. It was in Balaju New Buspark in Kathmandu. She started to work in the same hotel. After few weeks of works in the restaurant, one of the costumers of the restaurants, a Lahure from India, raped her and compelled her to keep on the relationship. She accepted it helplessly. He bought her a pair of beautiful clothes and he gave her Rs. 10000. She had not seen that much money during her lifetime. After that she got confidence that she could earn more money from sex trade, she gave continuity to the profession, which she continues until now.

Table: 6: Age at Entering the Sex Business

Age at Entering the Sex Business	Number of the FSWs	Percentage
<14	2	5
15-19	23	57.5
20-24	15	37.5
Total	40	100.00
Duration of Sex Work		
< 1 year	8	20
1-2 year	16	40
2-3 years	11	27.5
>3 years	5	12.5

Total	40	100.00
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Source: Field Survey, 2011

Table 6 shows the age of entry into commercial sex works. The majority of the FSWs (57.5 percent) entered the sex trade in 15-19 years. Fifteen (37.5 percent) of the FSWs had been in the sex work in the age of 20-24 years. However, two FSWs had entered this profession as early as below 14 years because they think that they can earn more money in that age. The majority of the FSWs (40 percent) had been in the sex trade for less than two years; and 12.5 percent of them were in this profession for more than three years

4.3.2 Types of Jobs Besides Sex Work

The FSWs were asked about their other jobs besides sex work. More than Eighty-two percent of the FSWs do other types of work as well. Most of them worked in restaurants as waitress or dancers and others worked as masseuses in massage parlours. The main reason for working in restaurants/cabins was to have contact point to solicit clients.

Table: 7: Types of Jobs besides Sex Work

Other Jobs Besides Sex Work	Number of the FSWs	Percentage
Have other jobs besides sex work?		
Yes	33	82.5
No	7	17.5
Types of Jobs Besides Sex Work		
Waitress in Hotels/Cabins/Dance	19	57.6
Dancer in Dance Restaurant	5	15.2
Masseuse in Massage Parlour	9	27.2
Total	33	100.00

Source: Field Survey, 2011

Table 7 shows that 82.5 percent have another job besides the sex work. Because other job can maintain their prestige in the society and 17.5 have no job.

Where 19 female work in hotel/cabin, 5 were in Dance restaurant as a dancer and the 9 were in massage parlour.

4.3.3 FSWs and their Partners

The average number of clients a FSW serves varies widely. It depends upon the categories of sex workers and other characteristics. They reported that they serve 1.3 per day. It was also reported having up to 4 clients during the past week, and the number ranged from 3 to 17. Unlike in brothel situation, the FSWs in the study didn't work everyday. Nearly half of the FSWs interviewed (47.5 percent) had sex with one client whereas 35 had sex with two clients and 17.5 percent of them had more than 3 or clients on the day of sexual encounter. The majority of FSWs (42.5 percent) had 3-4 clients last week of interview and only 7.5 percent of them had 1-2 clients that week.

Table: 8: Number of Clients on a Day of Sexual Encounter and In the Past Week

Number of Clients per Day (on the day of sexual encounter)	Number of the FSWs	Percentage
1	19	47.5
2	14	35
3	7	17.5
Total	40	100.00
Mean Number of Client		
Number of Clients in the Past Week		
1-2 client(s)	3	7.5
3-4 clients	17	42.5
4-6 clients	11	27.5
6-8 clients	7	17.5
>8 clients	2	5
Total	40	100.00

Source: Field Survey, 2011

The types of clients as reported by the FSWs were mostly businessmen, police/army personnel, students, transport workers, people in government offices/private

offices, people from rich class, Indian tourists, hotel owners, etc. Two separate questions were asked to find out the types of clients. In the first question, the FSWs were asked about the type of clients who the most frequent visitors. And in the second question, they were asked about the occupation of the last clients. In response to both the question, the most reported types of clients were similar (Table 6). The average amount of money charged by the FSWs per client ranged from NRs. 150 to more than NRs. 500 depending upon the types of clients and time they spend with the clients for sexual works. It was reported that they charged more if they stay a night out with the clients.

Table: 9: Sex Partners of the FSWs

Types of Regular Clients	Number of the FSWs	Percentage
Transport Workers	9	22.5
Students	5	12.5
Businessmen	10	25
Policemen/Soldiers	8	20
Others	8	20
Total	40	100.00
Amount Charged from Clients		
100-150	7	17.5
150-500	22	55
>500	11	27.5
Total	40	100.00

Source: Field Survey, 2011

Table 9 shows that there were 10 female have businessman as a regular client but 9 have Transport worker, 5 have student, 8 have policeman or soldier and 8 have others regular client, where 7 charged Rs100-150, 22 charged Rs 150-500 and 11 charged more then Rs 500. Cause of age factor and the nature of sexual desire they rate their money in different values. Here is one case study of Shanti which was a supportive of above data.

The Case of Shanti

When Shanti Devi Tamang (fictitious name) was a 21 years old married women from Dhading, her family migrated to Kirtipur, Kathmandu. They did so because of poverty in their home in Dhading district, Deurali VDC. There are six members in her family. They are her father, mother, elder sister, she and her one small child. All of them were labours. She became unable to continue her study after grade five because of extreme poverty. After that, at the age of 16 she fell in love with a man from Chhetri community and six month later she got married with him. He was a policeman. "My husband's was from higher/superior caste. They used to scold and threaten me because of My low caste status," she told the researcher.. After a year, she left her husband. She was pregnant at that time. She started to live with her father and mother after the departure from her husband. She gave birth to a son after few months. In the meantime, she came into contact with a guy. The boy asked her to go to his hotel in Kathmandu. She kept sexual relation with him. This happened three years ago. "That guy gave me Rs 2000 for the sex work," she adds. The amount given by him was equal to her ten days' earnings as a labourer. She has changed her profession now because she can get more money by this new profession. She has been in the profession for the last three years.

4.3.4 Types of Sex Practiced By the FSWs

Many studies on sex works have reported that commercial sex workers are susceptible to violence or face undesirable situations. Some of the situation they faced put them at risk of contracting STI. Such situations could be rape, anal sex, etc. In this study the FSWs were queried if they had ever faced situations such as forceful demand for sex or demand for types of sex acts that were repugnant to them.

Table: 10: Sex Partners of the FSWs

Types of Sex	Number of the FSWs	Percentage
Forced sex act demand by the client in the past year		
Yes	17	42.5
No	23	57.5
Type of sex act demand forcibly by the clients		
Rape	2	5
Anal sex	6	15
Oral sex	9	22.5
No such incidents	23	57.5
Total	40	100.00
Types of sex act in the past		
Oral sex + hand sex	21	52.5
Anal sex + hand sex	8	20
Only vaginal	11	27.5
Total	40	100.00

Source: Field Survey, 2011

Table 10 above shows that 42.5 percent of the FSWs have faced forced sex in the past year. Two cases (5 percent) reported that they had been raped, 15 percent said that clients demanded anal sex and 22.5 percent said that they had forcibly performed oral sex. In response to the other questions about the type of sex acts they engaged in, majority of the FSWs (52.5 percent) had performed oral plus manual sex, 20 percent admitted having anal plus hand sex, and 27.5 percent of them had performed vaginal sex only.

4.4 Knowledge, Attitude and Sexual Behaviour of FSWs

4.4.1 Knowledge and Use of Condoms among FSWs

Condom use practice of the FSWs have been analysed in terms of ever use of condoms, consistent use of condoms, who suggested using it and places to get condoms, etc.

Table: 11: Knowledge and Use of Condoms Among FSWs

Use of Condoms and its Consistent Use	No. of FSWs	Percentage
Use of Condoms with Last Client		
Yes	33	84.6
No	6	15.4
Consistent Use of Condom with Client	40	100.00
Every time	13	32.5
Most of the times	10	25.0
Sometimes	10	25.0
Rarely	6	15.0
Never	1	2.5
Who Suggested Using a Condom?	40	100.00
Myself	15	38.4
My partner	4	10.3
Joint Decision	20	51.3
Total	39	100.00

Source: Field Survey, 2011

Table 11 above and figure 10 below show that the knowledge of condom is high among the female sex workers. More than 39 (97.5 percent) percent FSWs are reported to have used the condom and only 1 (2.5 percent) FSW reported that she never used the condom. She was a labour in a road construction project and came from Tamang community. It shows that, most of the FSWs were well-known with the use of the condom. These can be called the most aware group of the FSWs. They knew how to use it, and about the source of availability. However, the middle rank FSWs did not care so much about the condom. They knew about the condom but they did not know how to use it properly and the sources of availability. If the clients used it, they would accept it

without hesitation. Besides, a small number of tire FSWs were quite unfamiliar with the use of the condom. They generally served the need of the low level clients.

In addition, 13 (32.5 percent) of the FSWs used condoms regularly during their sexual activity. Ten (25 percent) FSWs reported that they used the condom most of the time; 13 (32.5 percent) FSWs said that they rarely used the condoms and 1 (2.5 percent) said that she never used condoms at the time of sexual intercourse.

Many FSWs tried to protect themselves from different types of STDs and HIV/AIDS. 33 (84.6 percent) FSWs said that they used the condom with their last client. But small number of the FSWs reported that they did not use condom with the last clients. The main reason for not using condom during the last sexual intercourse was “condom not available” and “Don’t think it was necessary”. Other common responses were: “No pleasure with condom”, “Partner didn’t like condom” and “Using other sources of contraception”.

Those who had used condom during the most recent sexual encounter with their sex partners were asked who made the decision to use it. Nearly 52 percent of the FSWs said they made the joint decision, 38.4 percent said that they made the decision themselves, and 10.3 percent said that it was the clients’ decision.

4.4.2 Places to Get Condoms

Many FSWs said that they used the condom with their last client. They took condom during sex work because it is the better source to prevent themselves from transmitted diseases and unexpected pregnancy.

Table: 12: Places to Get Condoms

Places/Sources of Condoms	No. of FSWs	Percentage
Pharmacy	38	95.0
Hospitals	36	90.0
Private Clinics	32	80.0
General Ratail Store (Kirana Pasal)	20	50.0

Health Posts	18	45.0
NGO/Health Workers/Volunteers	10	25.0
Health Centres	16	40.0
Family Planning Centres	7	17.5

Source: Field Survey, 2011

Table 12 reveals the knowledge of FSWs about the location sources where were available of condoms. According to the majority of FSWs 38 (95 percent), they could get a condoms from a pharmacy and 36 (90 percent) said they could get condoms from hospitals. Other places to get condoms were 32 (80 percent) private clinics, 20 (50 percent) retail stores, 10 (25 percent) NGOs/ health worker/ volunteers, 7 (17.5 percent) family planning centre, 16 (40 percent) health centres , and 18 (45 percent) health posts

4.5 Knowledge of STDs

4.5.1 Information Sources of STDs

The knowledge of STDs among FSWs was high. Most of the FSWs reported that radio and TV were the major sources of their knowledge of STDs. The other important sources of information were friends/relatives, cinema hall, newspaper, health workers etc.

Table: 13: Information Sources of STDs

Heard of STDs?*	No. of FSWs	Percentage
Yes	38	95.0
No	2	5.0
Total	40	100.0
Information Sources of STDs		
Radio	38	100.0
TV	28	73.6
Friends/Relatives	26	68.4
Billboard/ Signboard	28	73.6
Hospital/PHC/HP/SHP	16	42.0

NGOs/Health Workers/Volunteers	8	21.0
Cinema Halls	3	7.8
Newspapers Book	13	34.2
Street Drama	3	7.8
Work Place	8	21.0

Source: Field Survey, 2011

Most of the FSWs 38(95 percent) had heard of STDs and 2 (5 percent) had never heard of it. Maximum percent of FSWs look or listen TV or Radio so they know about STDs from there here 28 FSWs look TV and 38 were listen radio. They got information from different sources such as NGO (28 Percent), Hospital (42 Percent), Cinema Hall (7.8 Percent), Street Drama (7.8 Percent), Work Place (21.0 Percent) etc.

4.5.2 Knowledge of Ways of Transmission of STDs

The FSWs who had heard of STDs were asked about its mode of transmission, signs/symptoms and, its prevention. They know the little bit knowledge about STDs. Although they know about it they have to keep unsafe sexual relation with their client because many clients do not want to use condom during sex.

Table: 14: Ways of STD Transmission (Multiple Responses)

Knowledge of Ways of Transmission of STDs	No. of FSWs	Percentages
Unsafe sex	36	94.4
Multiple partners	33	86.8
Infected mother to a baby	14	36.8
Infected blood transfusion	26	68.4
Kissing	2	5.2

Source: Field Survey, 2011

The FSWs who had heard of STDs were asked about its mode of transmission, signs/symptoms and, its prevention. The majority of the FSWs 36 (94.4 percent) reported that STDs is transmitted by having sex without using a condom/unsafe sex, 33 (86.8 percent) said having multiple partners, infected blood transfusion 26(68.4 percent), and

14 (36.8 percent) said from infected mother to a baby. Only about 5 percent of the FSWs reported that STD is transmitted by kissing.

Cause of their poverty and the lack of education they don't know about unsafe sex and the upcoming results. They think that Sex means sexual contacts with their partners and they only think that STDs are only transmitted from the vaginal sex with the STDs partners.

4.5.3 Knowledge of Signs and Symptoms of STDs

Majority of FSWs had some knowledge about signs and symptoms of the STDs. Although they have knowledge about it there are many problems to cure themselves.

Table: 15: Knowledge of Signs and Symptoms of STDs

Signs and Symptoms of STDs	No. of FSWs	Percentages
Difficult to cure any disease	2	5.2
White/pus like vaginal discharge	34	89.4
Burning sensation during urine discharge	26	68.4
Low abdominal pain	23	60.5
Sores around genital parts	20	52.6
Pain during intercourse	11	28.9
Vaginal Itching	35	92.1

Multiple Response (N=40), where N= Number of FSWs.

Source: Field Survey, 2011

The table 15 shows that the vast majority of FSWs had some knowledge about signs and symptoms of the STDs. About 35 (92.1 percent) of the FSWs said that vaginal itching is the signs/symptoms of STD, 34 (89.4 percent) reported that STD causes white/pus vaginal discharge, 26(68.4 percent) said it produces a burning sensation during urine discharge. Similarly, 23(60.5 percent) said that STD causes lower abdominal pain.

4.5.4 Knowledge of Prevention of STDs

Majority of the FSWs had the knowledge about the modes of STDs. Many FSWs reported that STD could be prevented by using condoms but there are many problems to use it. For example client does not want to use it during sexual period. They also know that doing sexual work is the dangerous for their own life but the poverty and the necessity needs them to do such a work.

Table: 16: Prevention of STDs

Prevention of STDs	No. of FSWs	Percentages
Avoiding unsafe sex/ Always using condoms	36	94.4
Avoid multiple partners	33	86.8
Avoid infected blood transfusion	26	68.4
Abstain from Sex	29	76.3

Source: Field Survey, 2011

Table 16 shows that the Majority of the FSWs had the knowledge about STDs. More than 94 percent reported that STD could be prevented by using condoms, 33 said that it could be prevented by avoiding multiple partners, 29 said by abstaining from sex, and 26 reported that by avoiding infected blood transfusion STDs can be prevented.

4.5.5 Possession of Condoms by the FSWs

All the FSWs were asked whether they usually carried condoms with them. The field interviewers requested the sex workers to show the condoms they were carrying at the moment. More than sixty percent of those who said that they carry condoms were able to show three or more condoms.

Table: 17: Possession of Condoms by the FSWs

Use of Condoms	No. of FSWs	Percentages
Do you usually carry condoms?		
Yes	14	35
No	26	65

Total	40	100.00
No. of condoms you are carrying right now?		
1	3	21.42
2	4	28.58
3-5	2	14.28
Not carrying right now	5	35.72
Total	14	100.00

Source: Field Survey, 2011

Table 17 shows that only 14 FSWs kept condom during sex but maximum number don't carry it. 28.58 percent FSWs carry 2 condoms, 21.42 percent carry 1 condom 14.28 percent carry more then three condom and 35.72 percent do not carry it right now.

4.5.6 Consequences of Untreated STDS

High number of FSWs knows about STDs and it consequences. Although STDs can be prevented it can bring much impact like Uterus cancer, Birth of disable child, sores around genitals, Infertility and it can also brings HIV AIDS through transmission.

Table: 18: Consequences of Untreated STDS

Consequences of Untreated STDs	No. of FSWs	Percentages
High risk of HIV/AIDS transmission	9	22.5
Uterus Cancer	7	17.5
Birth of a disable child	11	27.5
Sores around genitals	10	25
Infertility	3	7.5
Total	40	100.00

Source: Field Survey, 2011

When asked about the consequence of untreated STDs, the FSWs reported that there will be a high risk of HIV/AIDS transmission (22.5 percent), uterus cancer (17.5 percent), birth of a disable child (27.5 percent), infertility (7.5 percent), sores around genitals 25 percent, and so on.

4.6 Knowledge and Attitude towards HIV AIDS

4.6.1 Knowledge of HIV/AIDS

AIDS is caused by human Immune Deficiency Virus (HIV) and the predominant mode of its transmission is sexual contact. Other routes of transmission include blood transfusion, use of syringe and needle, and so on. The researched asked the informants where they heard about HIV/AIDS, its symptoms, modes of transmissions and what they are doing to prevent it. The responses are analysed below.

Table: 19: Sources of Knowledge of HIV/AIDS among the FSWs

Heard of HIV/AIDS?*	No. of FSWs	Percentage
Yes	40	100.00
No	0	0.00
Total	40	100.0
Information Sources of STDs		
Radio	40	100.0
TV	40	100.00
Friends/Relatives	27	67.5
Billboard/ Signboard	28	70
Hospital/PHC/HP/SHP	17	42.5
NGOs/Health Workers/Volunteers	8	20
Cinema Halls	3	7.5
Newspapers Book	13	32.5
Street Drama	3	7.5

Work Place	8	20
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Source: Field Survey, 2011

The study revealed that all of the FSWs had heard of HIV/AIDS. Most of the FSWs reported that radio and television were the major sources their knowledge of HIV/AIDS. The other important sources of information were friends/relatives, billboards, cinema halls, newspapers, health workers, street drama, work places, pamphlets and posters. Other responses are given in the table above and shown in the figure below.

4.6.2 Knowledge of Transmission of HIV/AIDS

All the FSWs were asked questions regarding its transmission, prevention and its cure i.e. whether there is a vaccine against HIV/AIDS. More than eighty two percent (82.5 percent) of them said HIV/AIDS is transmitted by having a sex without a condom, 60 percent said having multiple sex partners, 45 percent said HIV/AIDS is transmitted through blood transfusion, and 30 percent said by syringe/needle. Only about 10 percent of the FSWs reported that HIV/AIDS is transmitted from an infected mother to her baby and 32.4 percent said it is transmitted by having sex with the patients of HIV/AIDS.

Table: 20: Knowledge of Ways of HIV/AIDS Transmission

Ways of Transmission of STDs	No. of FSWs	Percentages
Unsafe sex/Sex without condoms	33	82.5
Multiple partners	24	60
Infected mother to a baby	4	10
Infected blood transfusion	18	45
Syringe and Needle	12	30
Sex with HIV/AIDS patients	13	32.5
Is there a vaccine that can protect person from HIV/AIDS?		
Yes	2	5
No	22	55
Don't Know	18	45
Is there any cure for HIV/AIDS?		

Yes	3	7.5
No	32	80
Don't Know	5	12.5
Total	40	100.00

Source: Field Survey, 2011

The FSWs were also asked whether there is a vaccine against HIV/AIDS. Some 5 percent thought that there is vaccine against HIV/AIDS. About 55 percent the FSWs said that there was no vaccine against HIV/AIDS, 45 percent reported that they had no knowledge about it. On the other hand, in the FSWs were also asked whether there was a cure for HIV/AIDS, about 7.5 percent reported that HIV/AIDS could be cured, about 82 percent of them said that there is no cure for HIV/AIDS, 12.5 percent of the FSWs reported that they didn't have any knowledge about its cure.

4.6.3 Precaution Taken Against HIV/AIDS

HIV/AIDS is a transmission disease so it can be prevented but both have to take it seriously in the period of doing sex. Using condom is a only one source to prevent AIDs during sexual work. Besides that transfusion of blood, using used syringe is also the source of HIV AIDS.

Table: 21: Precautions Taken against HIV/AIDS

Types of Precautions taken	No. of FSWs	Percentages
Ever taken precautions against HIV/AIDS?		
Yes	33	82.5
No	7	17.5
Total	40	100.00
Use condom	21	63.6
Regular Health Check up	19	57.5
Clean genitals after sex	10	30.3
Bath after sex	4	12.1
Do not have sex with Multiple partners	5	15.1

Avoid Blood Transfusion	4	12.1
Avoid using infected needle	6	15

Multiple Response (N=40), where N= Number of FSWs.

Source: Field Survey, 2011

The table 21 shows that 82.5 percent of the FSWs had take precautions against HIV/AIDS. But 17.5 percent had not taken any precautions. The majority 63.6 percent had used condoms as a protective measure, 57.5 percent regularly had their health checked, 30.3 percent cleaned their genitals after sex. Other forms of the precautions taken are given in the table 18 below.

4.7 Main Reasons for involving in Commercial Sex

It is believed that the number of commercial sex workers is rising day by day. The FSWs were asked about their main reason for entering this profession.

Table: 22: Reasons for Involving in the Commercial Sex Work

Reasons for Being FSWs	No. of FSWs	Percentages
Unemployment	23	57.5
Poverty	27	67.5
Husband had co-wife, husband left	2	5
Need to look after dependent members of the family	18	45
Wanted to enjoy life/ friends told sex is money	14	35
Easy to earn money	19	47.5

Multiple Response (N=40), where N= Number of FSWs

Source: Field Survey, 2011

Table 19 shows the multiple responses given by the FSWs. The most important reason was related to poverty and unemployment. The table shows that 67.5 percent of the FSWs were involved in this profession due to poverty, and 57.5 percent of them were involved in sex due to unemployment. Other responses are given in the table below.

4.8 Attitude of the FSWs towards this Profession

The researcher asked all the FSWs if they were satisfied or dissatisfied with their sex business. The majority of the FSWs were satisfied from their work but some were dissatisfied with their business.

Table: 23: Attitude of the FSWs towards Commercial Sex Work

Attitude towards Their Works	No. of FSWs	Percentages
Satisfied	19	47.5
Dissatisfied	11	27.5
Indifferent	10	25
Total	40	100.00

Source: Field Survey, 2011

Table 23 show that the majority of the FSWs (47.5 percent) were satisfied with their work whereas 27.5 percent were dissatisfied with their business. However, 25 percent of them were indifferent about their work.

4.9 The FSWs Exposure to FHI Media Message

Since Family Health International (FHI/Nepal) started intervention programmes to bring awareness about HIV/AIDS among high-risk groups, message regarding the use of condoms for the prevention of AIDS were broadcasted and put up. A couple of years ago, FHI started to use new message, especially in Kathmandu area. Among the new messages are *JhilkeDai Chha Chhaina Condom*, and *Condom Bata Suraksha Youn Swasthya ko Raksha*. These messages were shows on TV and broadcasted over radio and posters depicting the message along with visual character were posted at different places.

Table: 24: Heard/Seen/ Read FHI Message in the past by the FSWs

Messages Seen/Heard/Read in the Past	No. of FSWs	Percentages
Condom Lagaun AIDS Bhagaun	39	
Jhilke Dai Chha Chhaina Condom	40	100
Condom Bata Suraksha Youn Swasthya ko Raksha	27	67.5
Use Condoms for Protection of HIV/AIDS and STI	25	62.5
Dhaale Dai	31	77.7
Guriji & Antare	40	100
Other Messages from Radio	21	52.5

Source: Field Survey, 2011

The study revealed that the older version of the message – *Condom Lagaun AIDS Bhagaun* and *Dhaale Dai* are still popular among clients. Newer message *JhilkeDai Chha Chhaina Condom* (93 percent), and *Condom Bata Suraksha Youn Swasthya ko Raksha*(86 percent,) are catching one Very fast.

CHAPTER FIVE

SUUMMARY AND CONCLUSION

This survey which forms the basis of this study covers 40 FSWs working in different massage centres and cabin restaurants based on Kathmandu metropolitan city. The field research was conducted in different places of Kathmandu municipality in which the samples were selected using Purposive Sampling Design. In this micro level study every effort was made to gather as much information as possible to better understand the FSWs, their knowledge and behaviour towards HIV/AIDS and STDs. Both qualitative and quantitative methods were used to collect data. Structured interview (quantitative) was the main tool used in gaining an in-depth knowledge of the issue.

This study attempts to explore the present socio-demographic characteristics of the FSWs, their knowledge of and attitude of the FSWs towards HIV/AIDS and STDs. Furthermore, it also tries to investigate the FSWs sexual practices and behaviours, and main reasons that lead them to enter this profession.

5.1 Summary

The major findings of the Study are as follows:

The median age of the FSWs was 26 years with the age range 12–40 and above. More than half of the FSWs (52.5 percent) were never married and 47.5 percent

of the FSWs were married. Among the once married of the FSWs, 12.5 percent of them were divorced/separated, and a number of them (36.84 percent) were co-wives. Likewise, 12.5 percent of the FSWs were living with their husband, 60 percent of them with friends, 27.5 percent of them were living alone. Forty-five percent of the FSWs had economically dependent members in their family.

The majority of the FSWs belonged to Tamang family (25 percent), followed by Chhetri (17.5 percent), and Brahmin (15 percent) respectively. Similarly, out of 40 respondents, the majority of the FSWs (35 percent) belonged to Central Development Region. Literacy among the FSWs, 75 percent of which 7.5 percent had an educational level of SLC and above, 20 percent were literate with no schooling.

The majority of the FSWs had their first sexual experience at the age between 17-20 years. However, two FSWs had experienced first sex before the age of 14. Furthermore, 47.5 percent had their sexual contact with their boy friends, 32.5 percent with their husbands, 2.5 percent of them were raped, and 7.5 percent made first sexual union with their clients.

The majority of the FSWs (57.5 percent) entered the sex trade in 15-19 years. Fifteen (37.5 percent) of the FSWs had been in the sex work in the age of 20-24 years. The majority of the FSWs (40 percent) had been in the sex trade for less than two years; and 12.5 percent of them were in this profession for more than three years.

It was also reported having up to 4 clients during the past week, and the number ranged from 3 to 17. Nearly half of the FSWs interviewed (47.5 percent) had sex with one client whereas 35 had sex with two clients and 17.5 percent of them had more than 3 or clients on the day of sexual encounter. The majority of FSWs (42.5 percent) had 3-4 clients the previous week of interview and only 7.5 percent of them had 1-2 clients that week.

The types of clients as reported by the FSWs were mostly businessmen, police/army personnel, students, transport workers, people in government offices/private offices. The average amount of money charged by the FSWs per client ranged from Rs. 150 to more than Rs 500 depending upon the types of clients and time they spend with

the clients for sexual works. The average amount of money charged per client by FSWs was Rs. 325.

It was reported that the FSWs had faced situations such as forceful demand for sex or demand for types of sex acts that were repugnant to them. It was found that 42.5 percent of the FSWs have faced forced sex in the past year. Two cases (5 percent) reported that they had been raped, 15 percent said that clients demanded anal sex and 22.5 percent said that they had forcibly performed oral sex. The majority of the FSWs (52.5 percent) confessed that they had performed oral plus manual sex, 20 percent admitted having anal plus manual sex, and 27.5 percent of them had performed vaginal sex

More than 39 (97.5 percent) percent FSWs are reported to have used the condom and only 1 (2.5 percent) FSW reported that she never used the condom. She was a labour in a road construction project and came from Tamang community.

Ever use of condom among the FSWs was 97.5 percent; however condom use with the last client was 84.6 percent only. Only 32.5 percent of the FSWs reported to use condom every time they have sex with clients, 25 percent reported using condoms most of the time and 2.5 percent never used condoms. The main reason for not using condom during the last sexual intercourse was “condom not available” and “Don’t think it was necessary”. Other common responses were: “No pleasure with condom”, “Partner didn’t like condom” and “Using other sources of contraception”.

The majority of FSWs 38 (95 percent), they could get a condoms from a pharmacy and 36 (90 percent) said they could get condoms from hospitals.

The knowledge of STDs among FSWs was high. Most of the FSWs 38(95 percent) had heard of STDs and 2 (5 percent) had never heard of it. Most of the FSWs reported that radio and Television were the major sources of their knowledge of STDs.

The majority of the FSWs 36 (94.4 percent) reported that STDs is transmitted by having sex without using a condom/unsafe sex, 33 (86.8 percent) said having multiple

partners, infected blood transfusion 26(68.4 percent), and 14 (36.8 percent) said from infected mother to a baby.

Ninety-two percent of the FSWs said that vaginal itching is the signs/symptoms of STD, 89.4 percent reported that STD causes white/pus vaginal discharge, 68.4 percent said it produces a burning sensation during urine discharge. Similarly, 60.5 percent said that STD causes lower abdominal pain.

Majority of the FSWs had the knowledge about the modes of STDs. More than 94 of FSWs reported that STD could be prevented by using condoms, 86.8 percent said by avoiding multiple partners, 76.3 percent said by abstaining from sex, and 68.4 percent reported that by avoiding infected blood transfusion STDs can be prevented. When asked about the consequence of untreated STDs, the FSWs reported that there will be a high risk of HIV/AIDS transmission (22.5 percent), uterus cancer (17.5 percent), birth of a disable child (27.5 percent), infertility (7.5 percent), sores around genitals 25 percent, and so on.

The study revealed that all of the FSWs had heard of HIV/AIDS. Most of the FSWs reported that radio and television were the major sources their knowledge of HIV/AIDS. The other important sources of information were friends/relatives, billboards, cinema halls, newspapers, health workers, street drama, work places, pamphlets and posters. More than eighty two percent (82.5 percent) of them said HIV/AIDS is transmitted by having a sex without a condom, 60 percent said having multiple sex partners, 45 percent said HIV/AIDS is transmitted through blood transfusion, and 30 percent said by syringe/needle. Only about 10 percent of the FSWs reported that HIV/AIDS is transmitted from an infected mother to her baby and 32.4 percent said it is transmitted by having sex with the patients of HIV/AIDS.

The study revealed that 82.5 percent of the FSWs had take precautions against HIV/AIDS. Some 5 percent thought that there is vaccine against HIV/AIDS. About 55 percent the FSWs said that there was no vaccine against HIV/AIDS, 45 percent reported that they had no knowledge about it. It was found that most of the FSWs were involved in this profession due to poverty 67.5 percent and unemployment 57.5 percent. Similarly, the majority of the FSWs (47.5 percent) were satisfied with their work whereas 27.5

percent were dissatisfied with their business. However, 25 percent of them were indifferent about their work.

It was also found that most of the FSWs had heard of FHI message about condom, HIV/AIDS and STDs.

5.2 Conclusions

In Nepal, HIV/AIDS is in increasing trend across the country. Nepal is more vulnerable and in high-risk area to HIV/AIDS. The major contributing factors include grim poverty, low awareness, low level of education, stigma and discrimination, high rate of trafficking, unsafe sexual intercourse, increasing trend of commercial sex, in and out migration and poor resources to fight against this fatal disease. Time has already come for all of us to work together for the prevention and control of HIV spread.

It is a social concern that everyone should put efforts on HIV/AIDS prevention and control. There is a need of joint efforts of every individual, civil society organizations and states to have HIV/AIDS and STDS free world by joining hands in hand. We have one world. In addition, we have one hope that is AIDS free society. At present, HIV/AIDS has become a social issue rather than only health problem. From social point of view, AIDS means awareness, impartiality, determination and self-protection to save our future generations. To fight against this fatal disease we must unite together. The use of condom during sexual intercourse is considered as a best practice to prevent from HIV/AIDS/STDs.

REFERENCES

- ABC/Nepal. 1993. *Red Light Traffic; The Trade in Nepali Girls*. ABC Nepal, Kathmandu.
- Bhatta, P. 1993. *Commercial Sex worker of Kathmandu Valley, Their Profile and Health Status, AIDS and STD Prevention Network*. Valley Research Group, Kathmandu, Nepal.
- Butter, A. 1985. *Daughters of Joy, Sister of Mercy Urbaoa III*: University of Chicago, Press.
- Cox, T. arid Suvedi B.K. 1994. *Sexual Network in Five Urban Areas in Nepal Terai*. Valley Research Group Kathrmandu.
- Cox, Thomas. 2008. *The Badi, Prostitution as a Social Norm Among an Untouchable Caste of Western Nepal*. Asian Ethnogrpfoc society press, Kathmandu.
- CRHEPA.1999. *Sexual Risk Behaviour arid Risk Perception of STDs/AIDS Transmission Among Men in Five Boarder Towns of Kathmandu, Nepal*.
- CWIN.1991. *Prostitution in Retalioin to Socio-E-cononic and Health Problems: A Case study of Badi Community*. Kathmandu.
- Grubacharya V.L, 1994. *HIV/AIDS: Everybodies Concern, Red Light Traffi*. ABC/Nepal, Kathmandu.
- GWP/UoH.2010. *Report on Community Assessrment of the Female Sex Workers of Kathmandu*.
- K.C. et al. 2010. *Assesment of Knowledge, Attitude, and Practice Concerning HIV/AIDS and STD Among Youth in Dang, Kailali, Surkhet*. UNICEF.
- National Center for AIDS and STD Control.2001. *Report; Training Guide on HIV/AIDS Orientation*.

National Centre for AIDS and STD Control. (2000a). *Situation analysis on HIV/AIDS in Nepal*. Kathmandu: NCASC.

New ERA/FHI. 2011. *Baseline Study of Commercial Sex Workers and Their Clients on the Land Transportation Routes From Naubise to Jankpur and Birgunj*.

New ERA/FHI. 2000. *Behavioral Surveillance Survey in the Highway Route of Nepal: Round:2*.

New ERA/FHI. 2000. *STD and HIV/AIDS Prevalence Study Among Female Sex Workers and -Truckers on Highway Route in the -Terai, Nepal*

New ERA and SACTS. 2003a. *Behavioural and Sero Prevalence Survey Among IDUs in Pokhara Valley*. A Report submitted to the FHI/Nepal.

New ERA and SACTS. 2003a. *Behavioural and Sero Prevalence Survey Among IDUs in Eastern Nepal*. A Report submitted to the FHI/Nepal.

New ERA. 2003c. *Behavioural Surveillance Survey in the Highway Routes of Nepal: Round No. 5*. A Report submitted to the FHI/Nepal.

New ERA. 2003d. *Behavioural Surveillance Survey of Female Sex workers and Clients in Kathmandu Valley: Round No. I*. A Report submitted to the FHI/Nepal.

New ERA and SACTS 2002a.. *Behavioural and Sero Prevalence Survey Among IDUs in Kathmandu Valley*. A Report submitted to the FHI/Nepal.

O' dea, Pauline 1993. *Gender Exploitation and Violence: The Market in Women, Girls and Sex in Nepal: An Overview of the Situation and Review of Literature*: Printing Support Pvt. Ltd, Kathmandu.

Pardhan, Gauri. 1991. *Trafficking in Girls in Nepal: Realities and Challenges*: CWIN, Kathmandu.

Patai Raphael, 1967. *The Women in New World*: The Free Press, New York.

Pathak, Bishou. 2011. *Women Trafficking and Child Prostitution in Nepal, Friends of Children*, Kathmandu.

SACTS. (2000). *Kathmandu FSW Seroprevalence Study*. Kathmandu: SACTS.

SACTS.2001. Kathmandu FSW Seroprevalence Study. A Report submitted to FHI/Nepal.

Smith, S. (1996). *A participatory action research study of health education, knowledge Attitudes and practices regarding sexual information in Nepal*. Unpublished manuscript: Leeds Metropolitan University.

General background of DCW

1. Respondents

Name.....
.....

2. Family

Name.....
.....

3. Sex.....
.....

Personal Information

1. From how long you have been in Kathmandu?
a. since.....months **b.** since.....years **c.** Born here
2. From where do you come from?
.....District.....VDC/municipalities ward no.....
3. Where do you live in Kathmandu?
.....
.....
4. What is your ethnicity?
Caste.....Titles.....
5. How old are you?
.....
6. What is your educational status?
a......passed **b.** literate **c.** illiterate
7. What is your marital status?
a. Married **b.** unmarried **c.** widow **d.** divorced **e.** separate from husband
8. Do you have children?
a. Yes **b.** no **c.** if yes then Nos. of children.....
9. How old is your youngest child?

.....years

10. With whom you are staying?

- a.** Alone **b.** with husband **c.** with boy friend or lover
d. with parents **e.** with children **f.** others

11. How many family members depend upon you?

- a.** Nos. of dependent person..... **b.** No one

12. What are your income sources?

- a.** Sex business Rs..... **b.** work in hotel Rs..... .. **c.** Work in massage centre Rs.....
d. Alchohal selling Rs..... **e.** Veg./fruit selling Rs..... **F.** Tea shop Rs.....
g. Nanglo shop Rs..... **H.** Dancing in Hotel Rs..... **i.** Knitting/sewing Rs.....
j. Service Rs..... **k.** Almond selling Rs..... **L.** Agriculture Rs.....
m. Others Rs.....

13. What is your average income from this source?

- a.** Sex business Rs..... **b.** work in hotel Rs..... **c.** Work in massage centre Rs.....
d. Alchohal selling Rs..... **e.** Veg. /fruit selling Rs..... **F.** Tea shop Rs.....
g. Nanglo shop Rs..... **H.** Dancing in Hotel Rs..... **i.** Knitting/sewing Rs.....
j. Service Rs..... **k.** Almond selling Rs..... **L.** Agriculture Rs.....
m. Others Rs.....

14. Where do you go for treatment last rime when you were ill?

- a.** **b.** No where **c.** can not remember

15. When did you take alchohal last time?

- a.** Today **b.** Yesterday **c.**days before **d.** Never take alchohal **e.** cant remember

16. Do you inject drug?
a. Yes **b.** No

17. If yes then when?

.....

Professional details

1. How old are you at your last sexual intercourse?
a......years **b.** Never **c.** can't remember
2. With whom you had sexual intercourse?
a. With only one (interview closed) **b.** with two or three
c. more then three **d.** can't remember
3. With how many per5son you had sexual intercourse during last month?
a......months **b.**.....years **c.** Don't know
4. For how long you have been exchanging sex for money?
a......months **b.**.....yea **c.** Don't know
5. Why do you enter in the sex business?
a. Through friends **b.** Because husband die **c.** Because husband left
d. Through husband **e.** forced by parents' **f.** Lured by others
g. After rape **h.** for pleasure **i.** for the rearing of family
j. others
6. W here do you meet your client in Kathmandu?
a...... **b.**.....
7. How do you find your client?
a. By self **b.** through friends **c.**
 through pimps
b. **d.** through Lodge **e.** Through phone calls or internet **f.** others
8. How much did you get from your last client?
 Rs.....
9. What was the profession of your last clients?
a. Transport worker **b.** Factory worker **c.**
 migrant worker

- d. police/army Service holder
- e. Businessman
- f.
- g. Students
- h. others

10. What type of sexual activities you do with your client?

- a. Vaginal sex
- b. oral sex
- c.
- anal sex
- d. mutual masturbation
- e. Sex during menstruation
- f.

others

- g. sex in other parts

Condom, HIV Aids and STDs

1. Is condom ever used in your sexual intercourse with clients?

- a. Yes
- b. no

2. If no, then why?

- a. Don't know about condom
- b. don't know how to use
- c. Don't know where to find
- d. shy
- e. I don't like
- f. Due to elergy
- g. client don't agree
- h. have done family planning
- i. others

3. Was condom used in the sexual intercourse with your last clients?

- a. Yes
- b. No

4. Who brought condom in that day?

- a. Myself
- b. Clients
- c. Can't remember

5. Why condom not used in all sexual intercourse?

- a. I don't know why to use
- b. Client don't agree
- c. Due to unavailability in time
- d. Not in sufficient quality
- e. Hesitant/ashamed in purchasing
- f. have no skill to use
- g. feel uncomfortable in carrying
- h. others
- i. don't know

6. Why do you use condom?

- a. To avoid Pregnancy from HIV AIDS
- b. To be safe from STDs
- c. To be safe
- d. others

7. Do you know STDs?

- a. Yes
- b. No

8. From which source have you got information about STDs?
- a.** Radio **b.** TV **c.** GWP **d.** Clients **e.** Peers education
- f.** Husband or boy friends **g.** Health workers or volunteer **h.** others
9. How one can get STDs?
- a.** from unsafe sex infected person **b.** from the blood of
- c.** from infected mother to child **d.** other
10. How STDs can prevent?
- a.** Avoid sexual contacts multiple partner **b.** avoid sex with
- c.** Immediate treatment of STDs by both the partner
- d.** use of condoms in every sexual contacts **e.** others
11. What are the symptoms of STDs?
- a.** Burning sensation while urine discharges discharge **b.** White pus like vaginal
- c.** Lower abdominal pain the groins **e.** others **d.** sore in around the genital in
12. Do you think there is medical to cure STDS?
- a.** Yes **b.** No **c.** others
13. What are the consequences of untreated STDs?
- a.** Risk of HIV AIDS transmission **b.** Infertility **c.** Birth of disable child
- d.** still birth **e.** uterus cancer **f.** Consistent pain in lower abdomen **g.** other
14. Have you ever experienced any of the following problems?

S.N.	Description	Yes	No	Don't know
1	Burning Sensation while urination			
2	White/pus like discharge from vagina			
3	Lower abdominal pain			
4	Sores in and around the genital part			
5	Itching in genital part			
6	Pain during intercourse			

e. Due to presence of other disease

f. Other

24. What are you doing to keep yourself safe from AIDS?

a. Using condom in every sexual contacts

b. immediate treating STD

c. Other

25. What do you mean by safer sex?

a......

b......

c......