

Problems Faced by People Living with HIV/AIDS in Makawanpur, Nepal

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ABSTRACT

HIV/AIDS, in a sociological perspective, is a social problem that affects human beings and push towards immature death. It was reported in Nepal in 1988 for the first time, however, it is not so old disease, but at present, it has spread throughout the country as a wild fire. At present, it is estimated that about 75,000 people are infected with this infection (NCASC, 2012). People who infected with this infection are not discriminated or stigmatized until they exposed. If someone exposed that s/he is a victim of HIV/AIDS, people start to discriminate, stigmatize, and even exile from home and community blaming characterless or prostitute. Hence, this study was concentrated with the aim to find out the current problems faced by PLHAs i.e., female sex workers, homemakers, IDUs, transport workers, and MSWs in Makawapur district which is known as one of the twenty-six prone districts for the girls trafficking in Nepal. Required information was collected through in-depth interview, observation and group discussion based on their individual background, profession and problems. Disproportionate sampling design to draw 102 sample sizes with equal weight for male and female respondents was chosen. Snowball sampling to find the respondents was applied. Qualitative research was emphasized based on semi-structure and open-ended questions, however, quantitative research design also prioritized to analyze the data to make the study sounder.

KEYWORDS

Makwanpur District, Nepal, Problems of HIV infected, Stigma and discrimination faced by infected

INTRODUCTION

A problem is always the difference between what actually is and what is expected, and may define as a hindrance for the achievement of a particular goal. Social problem denotes an undesirable condition, an unresolved situation or issue that is judged by an influential number of persons within a community to be intolerable and require group action toward constructive reform (Scott, 1997). Regarding social problem Jamrojik and Nocella (2003:17) explained; "Social problem is a condition created by a society that is, potentially at least, feasibly alleviated or solved by society. In general, social problems are problems that affect people in a society and tend to be linked to economic problems.

Therefore, it is not is a personal problem that others do not experience. However, Crone (2007), pointed out, a personal problem can also be a social problem if a number of people experience the same. For

example, many families experience poverty personally, but all of them are a part of a larger social pattern of unemployment, a social factor not caused by these families. Consequently, a key element in deciding whether something is a social problem is to discover how people's personal problems are related to the social conditions of a society (Crone, 2007:7, 2nd ed.).

Regarding to social problems Ember and Ember (2002:518), suggest that inaccessibility of health care, lack of health awareness, different kinds of illnesses and sicknesses related to health known as health problems create depression among people and push them down towards the aimless direction. Similarly, civil wars, conflict among the political parties, public insecurity, and unstable politics are the examples of political problems that help to create instability, insecurity and compel people to displace. Beside these, there are a number of problems such as natural disasters, flood, drought, landslides, environmental pollution and economic crisis like starvation and so on. All these problems are created by human beings that spread over the world and those poor populations, which have been badly affected by these sorts of inflictions. It is probably called 'social problems' in totality.

On the other hand, HIV/AIDS, a series of diseases because of poor immunity is another great problem for poor countries like Nepal. However, HIV by itself is not an illness and does not instantly lead to AIDS; it transmitted in body fluids like blood and sexual secretions through infected blood transfusion and unsafe sexual intercourse (Rushing, 1995). The main ways to avoid it is abstinence and safe sex requires changes in social behavior. HIV is the initial stage whilst AIDS is the last stage of infection where the body's immune system gradually destroyed. People with AIDS are vulnerable to many infections called opportunistic infection that take advantage of weakened state of immune system to attack the body. Therefore, meaning of AIDS is situation of weakened immune system when the body loses its natural ability to fight against diseases. Generally, AIDS takes 8-10 years to develop after infection with HIV but can live symptom-free lives for years. In this duration, he or she can pass infection in general people (HIV/AIDS, 2006:1). Therefore, in this study, HIV/AIDS is verified not only a health problem but also a social problem.

Hence, in this study, problems created by human beings like being of victim of HIV/AIDS, compulsion of displacement because of stigma, misbehavior and discrimination of family members and relatives faced by infected was explored as first problem and issues of subsistence, which related to their profession of day-to-day life were explored as second problem, suggestions from key persons and infected to reduce discrimination, stigma as well as misbehavior of family, relatives and neighbors were obtained as third problems and finally, expectation of infected from their family members, relatives and the state was explored that what they wanted from them.

Challenge and Problems

Our nation, one of the poorest countries in the world is badly grabbed by varieties of immense problems. Poverty, illiteracy, unemployment, political instability, different kinds of domestic violence, social insecurity, food crisis, unequal distribution of resources, exploitation, internal or external migration and displacement, drug abuse, girl trafficking, kidnapping, rape, illegal sex work, prostitution, exclusion and discrimination are some of the major social problems currently faced by Nepal, which are the root causes of HIV/AIDS.

About 191 countries of the world have committed to fight against social problems to meet the objectives of the Millennium Development Goals (MDG). International organizations are working for a long time to fight the global social problems, but the problems are rapidly increasing instead of being controlled.

Thousands of people are homeless, thousands of people are dying of hunger and diseases, and thousands of girls are trafficked every day (Ember and Ember, 2002:519).

In the context of Nepal, not only social and economic problems are responsible to ruin the state but unstable political movement and fighting among different parties, environment of violence and distrusted is responsible. Such activities may push up young generation towards aimless direction and may trap into bad habits like drug addiction, trafficking or professional prostitution or seasonal sex workers. In another hand, natural disasters like thousands of people dying of floods, earthquake and flu, extreme cold and unknown diseases, and traditional as well as cultural aspects like customs of early marriages, system of marrying off young girl with elder husband also been responsible. Culturally, involvement of Badi and Deuki girls and adult women in open prostitution as their permanent job and a traditional occupation (Dhungana, 1994:35) is very sensitive problem. These activities spread wrong message in society and illegal sex work may emerge as permanent profession. In fact, such types of activities considered as serious problems that affecting not only individuals and families but also the society and the country as a whole.

Prostitution in Nepal is illegal, but it has been happening from the cottage of rural market and hotels to five star hotels in big cities like Kathmandu. Almost star hotels, restaurants and dance bars in big cities, hotel and lodges of urban markets, and even in cottages nearby the highway are found to be an undeclared brothel for the longest. Government of Nepal is forcibly trying to control such illegal business and has launched various effective programs to alert them by awakening that business of sex work is illegal, and it must be stopped. Not only this, the government has developed a mechanism of raiding the sex workers with red hand through police force and sentenced them, but it has not lessened but day-to-day going to increase. Instead of getting success, the government failed to control such illegal sex activities and is growing and developing as a national problem. Indeed, this is the big challenge for Nepal government.

Here, a question can be raised that why the government failed to control illegal sex work. The answer is ready made; that government could not address their demand and necessity, which was inversely interrelated with the problems of foods, clothes and shelter, and these factors are deeply interrelated with poverty, illiteracy and unemployment. It means those sex workers who involving in sex work for a long time were demanding to fulfill their basic needs, which means they wanted to free of poverty, unemployment and prostitution. However, the government has never paid attention regarding to their sensitive demands and always tried to raid and punish them. It was the cause of failing of government control over such activities.

In the context of Nepal, National HIV/AIDS (2006:1) states that those people, especially women who are single, widowed, economically poor or infected with HIV/AIDS, were found to be badly discriminated and stigmatized and even exiled from home or society instead of protection, saying 'bad or characterless woman.' In such a situation, women who were single or widowed and even currently married infected with HIV/AIDS are never wanted to expose due to fear of discrimination or stigma. This situation indicates that poor women who are infected and do not have means of income or caretakers will certainly discriminate and compelled to displace try to find alternative ways of subsistence. Consequently, they may come to the road to sell their body. This is not their interest but the result of social problems.

In another hand, because of stigma attached to HIV/AIDS and discriminatory behavior of service providers, people living with HIV often do not come towards to access the services (MoH, 2006:30). Women living with HIV/AIDS epidemic are particularly stigmatized and vulnerable, and this is compounded if they became widowed. In many cases, positive widowed women are also thrown out of the houses with or without their children, deprived of their land ownerships and normal livelihood, thus left homeless and resource less. Finding new sources of income and social support becomes critical. In fact, ignorance and misconceptions

related to HIV/AIDS are major causes for the prevailing stigma and discrimination, which often leads violation of basic human rights of the infected, affected and vulnerable groups (Gov/MoH, 2006:38- 40p).

Study Area and People

Makawanpur, the almost hilly area is one of the five districts of Narayani zone situated in south of Kathmandu are the research area of this study. Hetauda is a Head quarter of Makawanpur district and headquarter of regional administration. Similarly, this is headquartering of regional Nepal Police, Armed Police Force and Nepal Army. East-west highway from Mechi to Mahakali zone and north-south road linked with capital of Nepal, Kathmandu to Bihar state of India is crossed via Hetauda town of Makawanpur. This district is bordered with nine districts namely Kathmandu, Lalitpur and Dhading to the north, Sindhuli and Sarlahi to the east, Rautahat, Bara and Parsa to the south and Chitwan to the west. This is known for its natural resources like Simbhanjyang and Daman where from can view the Mt. Everest and other Himalayas, and rich in biodiversity (Flora & Fauna) with various cultural settings, which makes Makawanpur more attractive and full of enjoy.

Geographically, this district covers 2426 sq. km., is flourished by historical background of the Sen Dynasty, abundant in its flora and fauna, decorated with multi-religious pilgrimage sites and emerging prominently in industrial arena, Enriched biodiversity, colorful rhododendron and lovely orchid, this district is one of the unique districts of Nepal with geographical wonders and ethnological conundrum. Stretched between the mountainous Mahabharat range to the north and plain Terai in the south, it is the home of four hundred thousand people comprising almost 80 castes/ethnic groups (CBS, 2001), of various cultures and religions and languages in which 46% are Tamang. Makawanpur is a centrally located district between 27°10'N to 27°40'N latitude and 84°41'E to 85°31'E longitude ranging from 166 m inner Terai lowland i.e. Raigaun to 2584 m Mahabharat Peaks i.e. Simbhanjyang (District Profile, 2065 BS).

Hetauda, being an industrial district, is a center point for the recruiters and the job seekers people from different places come down with the aim of getting work, business purpose, tours and so many other views and settle down. Thousands of people worked in different workshops and factory are residentially living here. Almost driver of the day and night buses headed from east to west and west to east including Kathmandu changes their drivers in Hetauda as their working shift. Factories, industries, hotel and restaurants are found to be almost opened for twenty four hour which increases flow of people creates insecurity, high mobility and steadiness that unknowingly pushed up the people towards the vulnerability of trafficking, prostitutes, drugs abuse and drugs transaction. However, this area is known as transit point of drugs supply and one of the 26 prone districts for girls' trafficking.

Similarly, many Nepalese girls and women are working in Indian brothels since a long time. Maiti Nepal, a national NGO is working in the field of rescue and rehabilitation for Nepalese girls and women, who are in high risk of trafficking and returnees of India for the long time, reports more than 250,000 Nepalese girls are currently engaged in sex work in different brothels of India alone. Maiti Nepal (2007), reports that girls who become older aged and infected with HIV/AIDS returned to Nepal from India do not want to go to their original place due to fear of stigma and discrimination. They ultimately decide to reside in a busy city market or places where they can conduct their business easily to survive and people do not recognize them. In addition, Hetauda is one of the very suitable areas for such types of returnees because nobody asks and nobody takes care regarding to such activities. Hence, illegal sex business is flourishing day-to-day and people of this area are in a high risk of HIV epidemic. At the same time, local sex workers' involvement and the mobile sex workers from another places come to this area to conduct their business

found an additional problem. Similarly, poor young girls from villages and hills area come to find the job but chances of getting jobs are very little. When they do not find the job, they start to work in the hotels, restaurants, private factories, or open teashops where their future is unsecured. Consequently, they come into the trap of vulnerability to either trafficking or prostitutes or involve in sex work and finally come at the risk of HIV.

Objective

This study is concentrated to explore the problems currently faced by people living with HIV/AIDS with hidden experiences of trafficking and brothel along with discrimination, stigma, hate and misbehavior of family members and relatives. It was also thruster to explore their expectation from family members, relatives and the state with means of discrimination reduction.

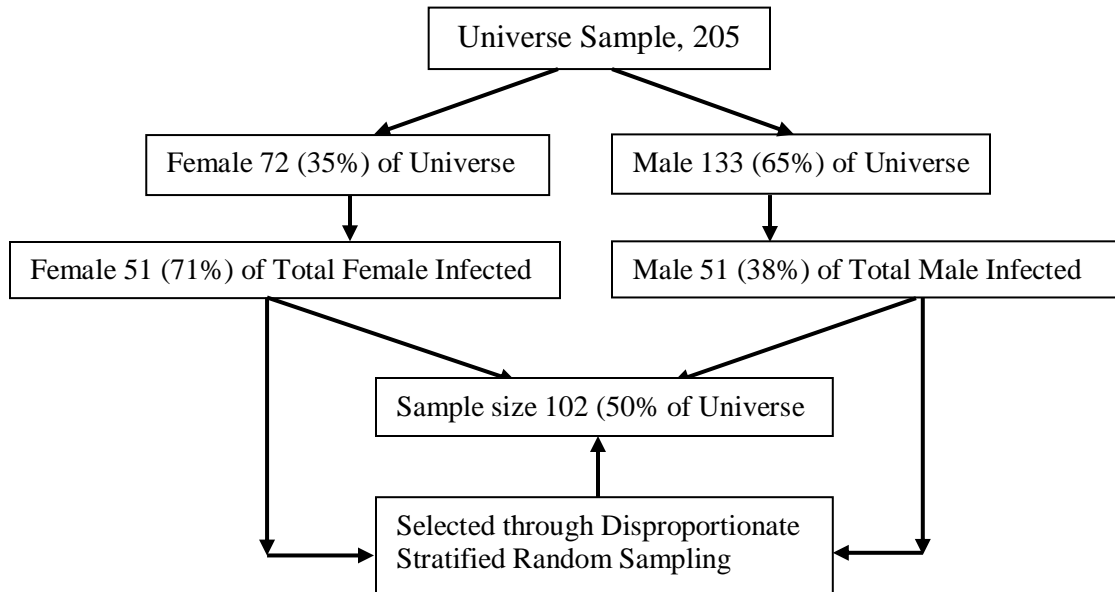
METHODOLOGY

According to District AIDS Coordination Committee Makawanpur 2010, the number of infected was 205 (133 male 72 female). Out of total population, housewives were 40 (20%), female sex workers were 32 (14%), intravenous drugs users 70 (35%), transport workers 52 (26%) and male sex workers were 11 (5%). This study, objectively, concentrated to problems that were currently facing by PLHAs. Therefore, it was attempted to explore their social and economic condition as their family background along with their individual characteristics such as physical condition, occupation, business, hobbies, life styles and living standard; thinking and perspective, attitudes and behavior. In this study, researcher wanted to include all the population infected with HIV.

However, there were some constraints of feasibility such as time, cost, resources and chances of availability of all respondents. Therefore, it was unable to include all infected and came to this point if 50% respondents of total population were included, certainly this study can represent the situation of universe. That is why, 50% of total population i.e. 102 (51 female, 51 male) infected through disproportionate stratified random sampling design were selected. Besides, another 45 non-infected from different groups as key respondents such as family members of infected, relatives, well-reputed local people, social workers and service providers, personnel from government and non-government offices working in the field of HIV/AIDS were included. In this way, the number of respondents for the study reached 147 (102 infected and 45 non-infected) as a sample unit whereas 205 infected people were the universe of this study. Both probability and non-probability sampling design was adopted as its nature of objective. Disproportionate stratified random sampling to give an equal weight to each stratum by which equal number of respondents could be drawn from both stratum (Krishnaswami, 2003:154), was applied.

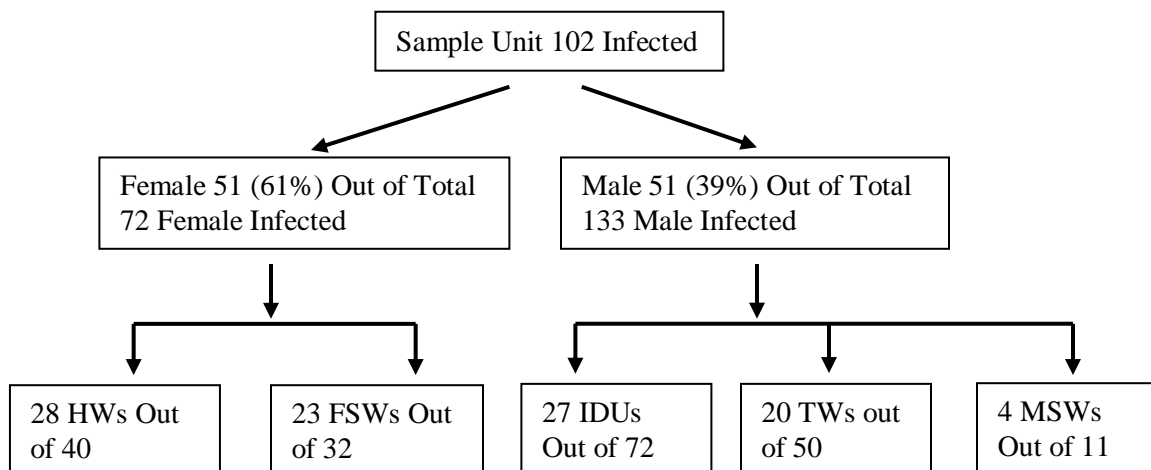
Selected 102 populations were mixed of heterogeneous and it should have to divide in different homogenous sub-groups to draw the proportionate sample from each stratum. For this work, stratified random sampling was necessary. Thus, according to this theory, sampled population i.e. 102 respondents were initially divided into two homogenous strata according to their sex such as male and female population separately. According to this design 51 male and 51 female respondents in total was drawn through disproportionate stratified sampling is shown in diagram given below.

Diagram1: Disproportionate Sampling Method



Population of male and female was again divided into different sub-strata according to their identity. According to this method, female population was divided into two sub-groups like housewives and commercial sex workers, and male population was divided into three sub-groups like transport workers, injecting drug users and male sex workers. Hence, reason of selection of stratified sampling was to make clear the homogenous strata and divide it according to its nature of identity in different sub-groups that could draw the numbers of respondents proportionately from each stratum, which is shown in Diagram 2.

Diagram 2: Chart of Proportionate Stratified Sampling



Source; Field Survey, 2010

To draw the 102 respondents from each stratum the formula of proportionate stratified sampling had been applied. The formula was applied as below;

$$\text{Formula: } n_1 = n \times \frac{N_1}{N}$$

According to the formula mentioned above the respondents were drawn as mentioned below.

$$1. \text{ HWs } n_1 = \frac{51 \times 40}{72} = 28$$

$$2. \text{ FSWs } n_1 = \frac{51 \times 32}{72} = 23$$

$$3. \text{ IDUs } n_1 = \frac{51 \times 70}{133} = 27$$

$$4. \text{ TWs } n_1 = \frac{51 \times 52}{133} = 20$$

$$5. \text{ MSWs, } n_1 = \frac{51 \times 11}{133} = 4$$

Total Number of Infected = 102

Note: n_1 = Required numbers, n = Total sample size, N = Total population, N_1 = Number that Mentioned in strata.

Snowball sampling design was applied to obtain information. The reason for choosing snowball sampling was to obtain the information of people infected with HIV by finding their location of staying and that when they can be contacted. It was the matter of privacy of them and nobody wanted to expose and made public. Another main reason was many of them were not exposed yet in society, in community and even in family members. Many family members were unknown about their business and the health condition. Due to their privacy and prestige, no one wanted to expose themselves as an HIV infected. Therefore, to obtain information respondents were consulted through snowball sampling methods. Another problem, a majority of them usually found to be in high mobility by living out of home due to their own profession and very few percent were found to be staying in home. Those respondents who found to be staying at home were not ready to face interview due to fear of discrimination by exposing in front of family members and society.

RESULTS

In this article, some of the major findings are presented with its narration only. According to District AIDS Coordination Committee (DACC), the number of HIV/AIDS infected in the research area was 205. Out of them 40 (20%) housewives, 32 (16%) female sex workers, 70 (34%) IDUs, 52 (25%) transport workers and 11 (5%) were male sex workers respectively. In average 35% female and 65% male were infected, (DACC, 2010).

First, researcher would like to present the real situation of infected in caste wise basis. Respondents with HIV/AIDS from different caste/ethnic groups residing in research area included are shown in the Table

1. This table helps to understand that which ethnic group was more infected and why. However, this study was based only on sampled respondents.

Table 1: Composition of Caste/Ethnicity of Infected Respondents

S N	Castes / Ethnicity		FSWs		HWS		TWs		IDUs		MSWs	
			No	%	No	%	No	%	No	%	No	%
1	Upper Caste	Brahmin	---	---	8	30	2	10	6	23	1	25
		Chhetri	2	9	5	18	6	30	2	7	--	--
2	Indigenous People (Middle n' touchable Castes)	Tamang	11	45	6	20	4	20	5	19	1	25
		Magar	2	9	2	7	1	5	3	10	1	25
		Newar	2	9	2	7	2	10	6	23	--	--
		Rai/Limbu	2	9	--	--	1	5	--	--	--	--
3	Lower Caste (Untouchable Dalits)	Kami	2	9	3	10	2	10	3	10	1	25
		Damai	1	5	1	4	1	5	1	4	--	--
		Sarki	1	5	1	4	1	5	1	4	--	--
Total			23	100	28	100	20	100	27	100	4	100

Source: Field Survey, 2010

Educational attainment is a strong factor of human beings. Regarding educational attainment of respondents, about 43% female sex workers, 37% housewives, 20% transport workers, 27% IDUs and 25% MSWs were unable to read and write. Table presented below has shown the educational attainment of infected in table 2 in detail.

Table 2: Distribution of Respondents by Educational Attainment

Description	FSWs		HWS		TWs		IDUs		MSWs	
	No	%	No	%	No	%	No	%	No.	%
Unable to Read and Write	10	43	10	37	4	20	7	27	1	25
Primary Level	108	35	15	53	8	40	6	22	22	50
Lower Secondary	5	22	3	10	6	30	5	18	1	25
Secondary 0	--	--	--	--	2	10	5	18	-	--
SLC and above	--	--	--	--	--	--	4	15	--	--
Total	23	100	28	100	20	100	27	100	4	100

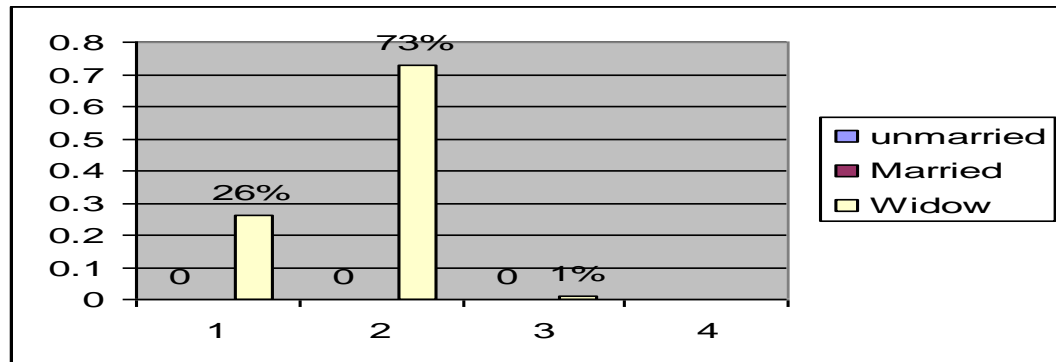
Source: Field Survey, 2010

The reason to be found FSWs and HWs higher was the cause of low education. The researcher wants to discuss that FSWs, HWs, and MSWs were not found to be educated above than secondary level. All were from under lowering secondary and unable to read and write. It indicates that respondents were almost uneducated and unable to find good jobs whatever they wished, and were far from knowledge of transmission. However, it does not mean that all the infected were uneducated and were compelled to be victim of infection due to far of knowledge.

Late marriage may indicate illegal sex with someone whereas early marriage is the sign of worsening livelihood of women by giving birth at an early age. However, marriage is an important factor of human beings. Marital status of infected obtained from the study is shown in figure 1, in which married people were

found to be highly involved in sexual intercourse, i. e. 73% followed by 27% unmarried people, both male and female.

Figure 1: Marital Status of Sex Workers



Source: FPAN, Makwanpur, 2010

Regarding to transmission of infection, globally, a greater threat of HIV is blood transfusion. However, in Nepal, mode of transmission is almost unsafe sex with multiple partners and sharing of contaminated syringes and needles. It has been explored that 70% FSWs were infected through the sex work in brothels whereas 30% did not worked in brothels but have had multi sex partners as sex worker. Similarly, 93% housewives were infected through her spouse and 7% were from multi sex partners. Table 3 has shown in detail.

Table 3: Distribution of Respondents by Routes of Infection (Causes)

Routes of Infection	FSWs		HWs		TWs		IDUs		MSWs	
	No.	%	No.	%	No.	%	No.	%	No.	%
Worked as sex worker	16	70	26	93	--	--	--	--	--	--
Through spouse	--	--	2	7	--	--	--	--	--	--
Sex with multi clients / Partners	7	30	--	--	14	70	8	30	4	100
Contaminated blood transfusion	--	--	--	--	2	10	--	--	--	--
Use of contaminated syringe	--	--	--	--	4	20	19	70	--	--
Total	23	100	28	100	20	100	27	100	4	100

Source: Field Survey, 2010

Age of any beings is most important to shape their life status. This study has explored the highest percentage of FSWs infected in the age group of 30-34, i.e. 48%, followed by 35% of 25-29 years age group and 17% of 35-39 years age group. FSWs of 30-34 years age groups were found to be highly infected. The reason of high percentage in this age group was those sex workers who involved in sex work were of age 20-29 years. It means this age group was more active that they become infected with HIV virus, which takes 5-10 years to develop (UNAIDS. 2011), and show the symptoms. Similarly, housewives were found highly infected in the age group of 35-39 years, i.e. 35%, that indicates they were infected in the age group of 25-29 years, shown in Table 4.

Table 4: Infected Age Group of Respondents

Age Group	FSWs		HWS		TWs		IDUs		MSWs	
	No.	%	No.	%	No.	%	No.	%	No.	%
20-24	--	--	--	--	--	--	1	4	--	--
25-29	8	35	6	20	2	10	6	19	1	25
30-34	11	48	8	30	4	20	9	35	2	50
35-39	4	17	10	35	8	40	7	27	1	25
40 and above	--	--	4	15	6	30	4	15	--	--
Total	23	100	28	100	20	100	27	100	4	100

Source: Field Survey, 2010

The table presented below shows that 85% FSWs were still in their profession and 15% were given up this profession due to their health condition. About 25% HWs were still involving occasionally involved in sex work whereas 75% were not in contact. Similarly, among the 100% TWs, about 20% TWs were found to be left the sexual contact due to old age, infection or weaknesses, 40% was still in contact, whereas 40% were occasionally involved in sexual contacts.

Table 5: Distribution of Current Situation of Sexual Contact

Contact Situation	FSWs		HWs		TWs		IDUs		MSWs	
	No	%	No	%	No	%	No	%	No	%
Still in contact	20	85	--	--	8	40	8	30	2	50
Gave up	3	15#	--	--	4	20	4	15	1	25
Occasionally	--	--	7	25*	8	40	4	15	1	25
Not in Contact	--	--	21	75	--	--	11	40	--	--
Total	23	100	28	100	20	100	27	100	4	100

Source: Field Survey, 2010, # forgave due to sickness and old aged

* Occasionally comes on sexual contact for sexual pleasure.

Those respondents who were still in contact with sexual intercourse are presented with an analysis. Respondents were asked the reasons of continuity of sexual contact with three options such as (i) To get sexual satisfaction only, (ii) To find extra money to maintain life standard as professional sex worker, and (iii) To find money for subsistence only. For more clearance, their answer is presented below.

Table 6: Causes of Continuity of Sexual Intercourse

Cause of Continuity	FSWs		HWs		TWs		IDUs		MSWs	
	No	%	No	%	No	%	No	%	No	%
To get sexual satisfaction only	--	--	4	15	16	80	12	45	2	50
To find extra money to maintain life standard as a professional sex worker	5	20	3	10	--	--	--	--	--	--
To find money for subsistence only	15	65	--	--	--	--	--	--	1	25
Total	20	85	7	25	16	80	12	45	3	75

Source: Field Survey, 2010

Above-mentioned table describes that 65% FSWs were working as sex worker to fulfill their daily needs. It indicates sex workers are from the poor socioeconomic background, whereas 15% HWs were involved for only sexual pleasure.

About 70% FSWs, 35% HWs, 30% TWs, and 80% IDUs were facing various problems. Among the infected, about 54% in average were facing problems which presented below.

Table 7: Facing Discrimination and Stigma by Respondents

Situations	FSWs		HWs		TWs		IDUs		MSWs	
	No	%	No	%	No	%	No	%	No	%
Facing the Problems	16	70	10	35	6	30	22	80	--	--
Not Facing the Problems	7	30*	18	65**	14	70***	5	20**	4	100**
Total	23	100	28	100	20	100	27	100	4	100

Source: Field Survey, 2010

* Not still exposed, ** Exposed but do not care *** Exposed but did not live at home

Discrimination, itself is a social crime. According to respondents, family members and relatives were the main discriminator that they always hurt them. The table has presented the percentage of discriminator in detail as table given below.

Table 8: Distribution of Discriminator

Description of Violators	FSWs		HWs		TWs		IDUs	
	No	%	No	%	No	%	No	%
Husband/wife	1	10	--	--	2	25	3	20
Family Members	4	60	4	65	4	50	9	55
Relatives/Community	2	30	2	35	2	25	4	25
Total	7	100	6	100	8	100	16	100

Source: Field Survey, 2010

Experiences of Respondents in Narrative Voice

They were badly discriminated, hated, misbehaved and stigmatized by relative, family members and communities with side talk when they are on the way to shopping, at the temple, mass meeting, social and cultural function, social feast, and domestic work during working in the field and gathering at home and time of eating. They do not want to touch clothes and wash the utensils used by the infected. They do not want to

enter the room of infected and do not want to walk together. People of community do not come to see them if they fell sick. In this way, they were excluded and compelled to displace from origin. Due to this, they were facing problems of safe shelter, economic crisis, and starvation, social insecurity like high risk of abduction, rape and so forth. Similarly, discriminator used to say, "Keep out of touch, do not stand in front of us. Disease can transmit if the wind blows touching your body." The children of non-affected were prohibited to play with children of affected parents saying, "These children are infected. Do not play with them. If you play with the infected, the disease can grab you." Non-infected parents to their children at home and even in school expressed these kinds of words, too. Such words made the children of infected mentally tortured and psychological depressed. Infected mother were worried towards the questions raised by their children that "Children of them asked that what is prostitutes, mum. What is the AIDS? Why did the people address you by prostitutes? What is the meaning of AIDS and prostitutes?" Such question made them mindless and heart rends.

In the connection of service providers like doctors and nurses 30% FSWs, 70% HWs, 60% TWs and 40% IDUs answered that they were well treated because they were not exposed. It means infected were getting good service from the doctors and nurses until the doctors and nurses are unknown about their health status. If doctor came to know that patient who comes for checkup and treatment is HIV infected, immediately refer to another hospital without checkup even if they were suffering from other infections like fever, colds, asthma, headache.

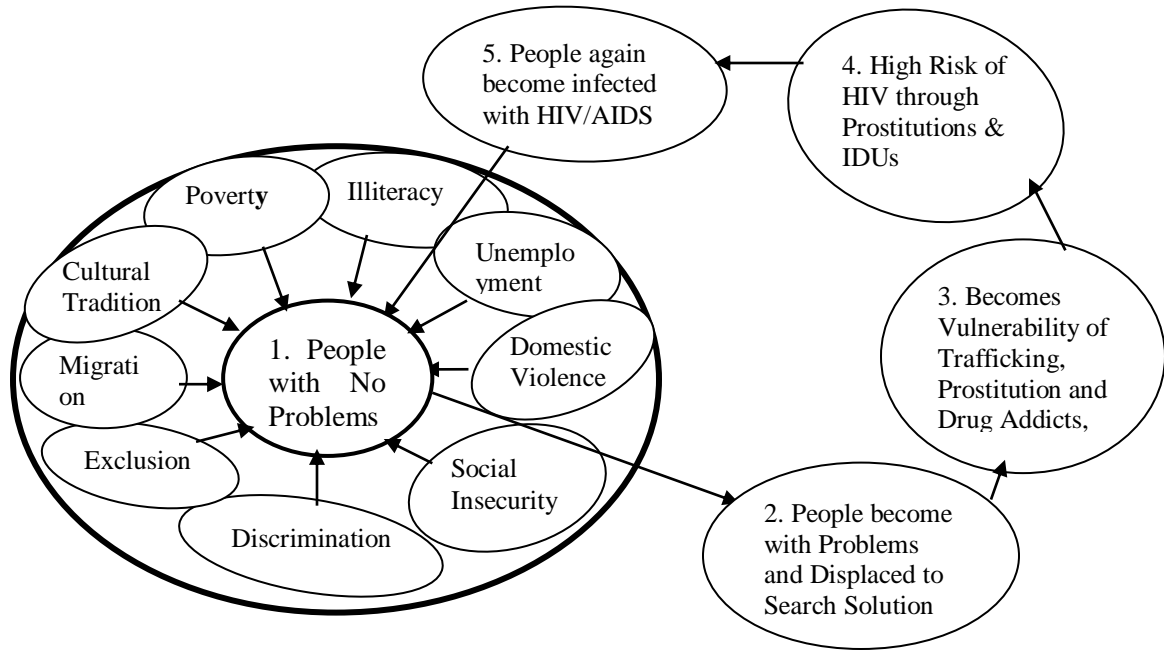
DISCUSSION

In this study, as the HIV/AIDS is social problem, it has attempted to find the answer that how did it arises. Who created it? In addition, what the means of solution of problems are? Nevertheless, the main theme of this research is not concentrated with this question. It seeks to explore the problems faced by people already infected with HIV virus, first. Second theme of this research was to analyze the situation that how these problems influence the livelihood of infected. Thirdly, the study was concentrated to collect suggestions from different key persons to reduce problems like discrimination, misbehave and stigma against infected. In another hand, those people, an especially woman who are single, widowed and economically poor and is infected with HIV/AIDS, are found to be badly discriminated and stigmatized, and even exiled from home instead of protection, saying 'bad or characterless woman (HIV/AIDS, 2006:1).' In such a situation people suffered with these sorts of problem, never want to expose due to fear of discrimination and exile of home.

Figure 1, a conceptual framework illustrated the cycle of problems which lead to HIV/AIDS and problems faced by PLHAs. Factors shown in this figure as social problems are poverty, illiteracy, unemployment, domestic violence, social insecurity, racial discrimination, exclusion, migration, and cultural tradition within a big circle of bold line, which itself are circled by a thin line. This figure tries to explain the relationships of those factors in detail that how those factors are interrelated to each other and affecting human beings who born free in society. It has also tried to explain that while people become suffered with varieties of problems, they displaced to search the solution and becomes in the grab of vulnerability of drug addictions, trafficking and flesh trade, which brings them to higher risk of HIV and consequently become infected, and again it starts to affect public who are free of HIV/AIDS. It means people creates the problem and become infected with infections.

Figure 1: Cycle of Problems Leading to HIV/AIDS

**"More Social Problems, More Chances of Vulnerability;
 More Chances of Vulnerability, Higher the Chances of HIV/AIDS."**



The above-mentioned cycle of problems indicates that the infected people in society become another additional burden and start to create social problems. “Studies on the socioeconomic impact of HIV/AIDS on family and community conducted in India and Africa show that the HIV epidemic can change family and community structure creating socioeconomic problems and lead to losses household income, depletion of property, falling farm production, and deepen the severity of the poverty in the affected family (NCASC, 2001:2).”

Therefore, ultimately, poor or single women who do not have means of income or caretakers will certainly try to find alternative ways of subsistence. Similarly, those infected people who are hated, misbehaved, discriminated, exiled from home and made of social exclusion will certainly try to find the way of subsistence. Consequently, they come to the road to sell their body. In the context of subsistence of livelihood, those people who were negative of HIV virus can be infected and who are already positive will pass the infection to innocent people. Sex workers know that they are passing the infection to innocent people but what to do this is the only means of subsistence, and very knowingly, they are spreading the infection. This is not their interest but the result of social injustice and misbehavior of society that becomes as social problems.

CONCLUSION

HIV/AIDS, a killer disease rapidly out breaking in Nepal, is becoming as a great national problem. In Nepal, incidence of HIV/AIDS in specific sub-groups of population like clients of sex workers, female sex workers, and injecting drug users have reached a stage of ‘concentrated epidemics’. If concentrated efforts are not made to, control further spread within these vulnerable groups, by the end of next decade HIV/AIDS will be

the leading cause of death in Nepal. Still at present, attitudes of people towards an infected found always negative. An individual, especially, woman, if diagnosed with HIV in community, will be started to discriminate, stigmatizes, misbehaves and even excludes from society saying characterless women.

The despicable words used by discriminators found to be making them mentally and psychologically afflicted and stricken. They were treated as great criminals and creatures of another planet that came to ruin this planet. After all, nobody has the rights to hurt, to distress, or make grief abusively. These sorts of hurtful misconduct made infected more depressed, discouraged and displaced from origin, which reached not only mouth of death but they spread the infection by selling their rotten flesh through prostitution for subsistence. Study has explored a wonderful mystery that many infected were not exposed in their family due to fear of discrimination even wife and husband of same family was found to be infected but both were silent due to fear of discrimination from each other. Of course, this kind of situation found in almost respondents is a very sensitive and most dangerous for nation that this epidemic can ruin the people, which are spreading as wild fire like fire of paddy husk. HIV/AIDS is working as a matches stick whilst fear of discrimination by exposing is dried leaves.

Nobody is safe from HIV/AIDS. It means everybody may infect with HIV virus. Therefore, if someone wants to be safe, or eliminate such calamity, first, everybody should have to promise to keep away from unsafe sexual intercourse, and if someone becomes infected in family, in society or in community everyone should behave well with them. Because, infected are also the civilian of this state. They can bring great change in society by contributing their knowledge, skills, capacity and talents. They have also skill, they can manage and perform any business what other do. Not only this, they can lead the nation as a leader. Therefore, we do not have to underestimate them, but make them participate in every sector of development of nation building so that they could feel proud of equality in society and in the nation as other citizens.

Findings indicate that infected were discriminated, disrespected and misbehaved by their family members and relatives. Family members should manage all kinds of needs like caring with healthy and happy environment so that they could feel happiness, which encourages them to live longer. Discrimination and mistreating are social crimes, because it creates mental depression, discouragement and loss self-confidence. Using obscene words is very sentiment and it hurts anyone's heart. Therefore, everyone should have positive attitude towards infected and circulate the message that HIV is nothing in itself and it depends on the human activities and behavior. Therefore, there is no need of fear with infected and no necessary to fear of infection. To achieve this goal a long-term national campaign of awareness against discrimination is necessary to conduct. Such campaign should be immediately started by the state in a grass level along with rehabilitation and income generation project for infected that can help to control inhumanity towards infected.

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