

Exploration of HIV/AIDS Risk Factors among FSWs in Hotspot Areas of Nepal

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Abstract

Risk reduction of high risk group like FSWs (female sex workers) as bride population of HIV transmission from high risk group to low risk population still has been seen problematic in Nepal. This research paper explores the key socio-economic and cultural issues of HIV/AIDS risk factors among FSWs in hotspot areas of Nepal. A qualitative data were collected from the districts (hotspot areas) of Chitawan, Nawalparasi and Rupendehi. Altogether seven FSWs were recruited to interview and successfully completed the interviews. Narratives emerged from the FSWs to their HIV/AIDS issues in different contexts. Despite the decreasing trend of HIV/AIDS among FSWs in hotspot areas, the high risk behaviors of HIV/AIDS, poor negotiation or financial influence on sexual behaviour, alcohol drinking and unwanted sexual acts that put FSWs most at risk. The major reasons behind high risk behaviors are political, economic, legal, access to services and socio-cultural dimensions. The study indicates that it is necessary to develop and implement the HIV/AIDS initiatives among FSWs to address the risk factors HIV prevention from the cultural perspectives.

Keywords: Risk factors, hotspot, sexual behaviour, Cultural, HIV transmission

Introduction

Much of the social science research activities emerged in response to AIDS, during the mid to late 1980s, to the present time. These types of studies focus on surveys of the knowledge, attitude, behavior and practice about HIV/AIDS that might be associated with the risk of HIV infection greatly focused on female sex workers' issues (Parkerr & Aggleton, 1999). Most of these studies have aimed to collect quantifiable data on numbers of sexual partners, the frequency of different sexual practices, previous experience with other sexually transmitted diseases, and any number of other similar issues that were understood to contribute to the spread of HIV. On the basis of such data, the primary goal was to point the way for prevention policies and intervention programs designed to reduce behaviors associated with increased risk for HIV infection.

By focusing on the links between empirical data on sexual behavior and largely psychological theories of individual behavior change (such as the Health Belief Model, the Theory of Reasoned Action, or the Stages of Change Model and proximate determinant models) which is assumed that more broad-based prevention programs could be developed in order to persuade individuals to change their behaviors in ways that would ultimately reduce the risk of HIV infection (Turner, Miller, & Moses, 1989). This idea of research could be generalized in a larger spectrum which is applicable to almost all societies and different context. However, as behavioral research and behavioral interventions

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began to be developed in a growing range of diverse social and cultural settings, the relative effectiveness of both the research instruments and intervention strategies came to be questioned, notably by anthropologists (Herdt & Boxer, 1991). The difficulties of translating or adapting research protocols for cross-cultural application quickly became apparent in the face of understandings of sexual expression and practices in different societies and cultures and even in different subcultures within the same society (Bolton & Singer, 1992). The limitations of behavioral interventions based on information and reasoned persuasion as a stimulus for risk reduction also quickly became evident.

In frequent studies, the finding that information in and of itself is insufficient to produce risk-reducing behavioral change was repeated, and the relative limitations of individual psychology as the basis for intervention and prevention programs became superficial (Herdt & Boxer 1991). By the late 1980s, therefore, on the basis of both research findings and practical experience around the world, it had become clear that a far more complex set of social, structural, gender and cultural factors mediate the structure of risk in every population group, and that the dynamics of individual psychology cannot be expected to fully explain, let alone produce, changes in sexual conduct without taking these broader issues into account (Bolton & Singer, 1992). The idea of cultural construction came into existence of HIV/AIDS research.

Much of socio-cultural literature on HIV/AIDS is built around ethnographic research and small-scale surveys (Parkerr & Aggleton, 1999; Sadgrove, 2007). These studies do an excellent job at identifying micro level processes and local community factors influencing the HIV prevention issues in particular settings. But there are lack of comparative benchmarks enabling the creation of more general conclusions which is the limitations of the cross cultural studies of HIV/AIDS. This is not a criticism of any particular study or perspectives, but is a commentary on the existence of a gap in the literature as a whole. In this situation, the generalization of knowledge is quite important from the perspective of modified KAP model of HIV/AIDS study in Nepal. However the diverse culture of Nepal should be required to understand HIV/AIDS prevention issues from the generalized form with substantial complement of the cultural construction of HIV/AIDS knowledge among the key affected population (KAP).

Most of the HIV/AIDS studies have failed to reach a consensus regarding the influence of cultural factors such as language, ethnicity and religion on HIV/AIDS knowledge, attitudes and behavior (Sadgrove, 2007). The debate is one of many recent battles over the origins of sexuality, gender, and group identity hole in the ground of individualism and collectivism. As debating individualism and social collectivism, understanding of culture and its meaning is important to understand the factors of behavioral aspects of HIV/AIDS on the specific population groups. Culture can be defined as the combination of material items, behaviors, and attitudes defining a specific way of life (Wilson & Miller, 2003). Ethnicity, native language and religion are the most important aspects of culture under consideration in HIV research (Ross, James, & Isabel, 2006). Ethnic culture is seen as especially important in Africa and Asia, where

many indigenous groups attach less value to virginity and marital faithfulness than in Europe and the United States (Caldwell, Caldwell, & Quiggin, 1989). As a result of these findings, researchers argue for the skills of culturally sensitive messages to improve HIV awareness in the global South including Nepal. A series of studies have been conducted by government of Nepal to respond HIV/AIDS among key affected population (KAP) from the beginning of second generation surveillance (NCASC, 2014). The findings of the applied studies such as IBBS among FSWs, IDUs, and other high risk groups, increased awareness to fight against HIV/AIDS and got result. It is encouraging that several recent studies among high risk group of population have reported success in the awareness building among populations (NCASC, 2016 & 2021).

However, increased awareness doesn't always mean change attitudes and behaviours. These studies unable to identify the broader social-cultural and political economic factors that hinder the socially constructed meanings of HIV/AIDS knowledge, positive attitude (reduction of stigma and discrimination) and safe sexual and utilization of HIV/AIDS services. The government response to HIV/AIDS is key domain for key affected population (KAP) in particular in Nepal. Despite the decreasing of HIV/AIDS among key affected population such as FSWs, the sexual behavior is still risky for HIV transmission (IBBS, 2012, 2016). The policy planners were informed by this fact. However, Western applied anthropological perspective argued that awareness building was the major HIV prevention strategic approach and intervention in the initial phase of national response (Beine, 2003).

From the beginning of HIV positive case identification to date, lack of awareness is reasoned to be the primary factor contributing to the spread of HIV infections and education viewed as the primary weapon to fight spread of infections. The prevention programs developed from this theoretical paradigm tend to give awareness building. Numerous efforts have been made to responses the risk reduction among FSWs in Nepal (NCASC, 2016). However, the safe behavioural practices are still questionable. A range of socially constructed ideas of HIV/AIDS have been affecting the behavioural issues female sex workers (FSWs) in Nepal (NCASC, 2001). This study attempts to answer the questions like to what extent social, cultural, economic and policy factors influence the safe sexual behaviour of FSWs in the hot spot areas of Nepal for HIV prevention. The key socially constructed issues and challenges to respond the HIV prevention initiatives are explored.

Data and Methods

As per the nature of the study, the question is answered from the primary qualitative data. The data were collected from the seven FSWs from the Narayangarh of Chitawan, Bhendbari and Daunne from Nawalpur and Butwal from Rupendehi. Field study was conducted in three phases. The first phase was site selection, approach to organization working with FSWs issues and listing out the work places of FSWs in the selected sites. Second phase was related with the data collection. In the second phase, field research assistant was trained and mobilized in the field work. Finally, the completion of field work, the follow up study was conducted to verification of the information.

The first phase of fieldwork was conducted between January and February of 2015. This visit was to follow up contacts established by preceding research settings and also to establish new contacts with those organizations working in HIV/AIDS issues in Nepal especially in Chitawan, Nawalparasi and Rupendehi. The identification of field sites for contacts was made at this stage. Building partnerships through discussions with others working on HIV/AIDS issues was an important step for the development of this study. The process of ethical approval was initiated in January, 2015 and was approved in April 2015. In-depth interviews (including director of NCASC, Program Manager of Global Fund working for NCASC) facilitated the implementation of this study.

Further contacts were established during fieldwork in January, 2015 including *Sath Sath* project field office in Bharatpur, Chitawan, DPHO, Nawalparasi, and program officer of local organization working in the field. A post-field work visit to Nawalparasi was in December, 2015 which was used to update reports and collect latest available documents for study. In terms of primary data collection, ethical approval has been granted by the NHRC as per the nature of the study. The research and ethical review committees at NHRC has to approve in 19th April 2015 for this research proposal formally. After the ethical approval, the field work was carry out at different levels of research participants in May-July, 2015. A step by step the in-depth interviews were analyzed.

A summary sheet was prepared of FSWs key issues and challenges of HIV prevention in word document. The transcribed text and all responses to open ended questions were analyzed by classifying the data into themes and sub-themes in order to understand the range of meanings attached to different socio-cultural and related issues. Key quotations were selected to illustrate themes related to research questions. Limited amounts of non-participant observation in the field site were done in understanding and interpreting issues. Responses to open-ended questions were coded for narrative analysis. Based on the findings of the study, this research paper was prepared.

Findings

Social-Cultural and Political Issues of FSWs

There are many vulnerability and risk factors for FSWs in the hotspot area. FSWs can create situations which make them more susceptible to engaging in HIV risk behaviors and unable to protect themselves from exploitation that can lead to HIV infection. For instance, they might not be in a position to negotiate safer sex. There are political, cultural and legislative factors that also influence vulnerability and risk. These include religious and cultural norms that can shape people's attitudes and behaviors towards high risk groups; the level to which social welfare systems target and provide adequate support to those in greatest need; and policies and laws that create barriers to service provision and access. At the community level, there are a wide range of socioeconomic and environmental factors that determine vulnerabilities and risks of FSWs.

As being a member of a high risk group with limited access to prevention and support services may leave FSWs without access to the information and intervention they require. The pressures resulting from poverty and gender inequalities push them into the workforce at an early age. To find work they are forced to travel away from their family homes where they are more vulnerable to peer pressure and exploitation. Conflict and crisis within families is a common reason for FSWs leaving home early and engaging in activities that may lead to high risk behaviours. These as well as other factors strongly influence on individual's behavior, personal risk awareness, confidence and level of knowledge and skill when it comes to reducing risk and preventing HIV. To understand socio-cultural-legal and political related behaviors of FSWs, there are issues as behaviors that facilitate HIV and/or STI transmission.

Social Relationships

The positive relations with spouse/partners, other family members and peers in the society can protect FSWs from risk behaviors, as well as from exploitative situations such as forced sex and exchange of sex for greetings. To gain an understanding of the study FSWs social relationships, respondents were asked to explain their relationship with their spouse, sexual partners and family members. In response to this question most of the FSWs (6 out of 7) held the common view that they will be rejected by their families and even society if their current status or behavior is known. Contrary to this, the husband of a seven month pregnant FSW aged 23, who lives in Butwal, knows what his wife does and turns a blind eye. Furthermore, the respondent stated that her husband sometime says "I pay much more money for having sex with other sexual partners than you earn in day day." Another example of how relationships are regarded was noted in Shivaghat of Chitawan with an FSW aged 19 years. The owner of the restaurant where she work, claimed that she was his wife but during the in-depth interview the respondent later rejected the owner's claim. She said "I am not his wife and I am working only for money". The ground reality is that exploitation is a major factor in the lives of the most at risk.

Most of the research participants do not disclose their sexual activities to their family members or other local people because their behaviors create a negative attitude in the community and they are perceived as socially immoral and transforming a bad influence on other people. To hide their current sexual activities from families and friends, FSWs usually choose to live far from their birth place. Most of the respondents reported that they will be rejected by their families and society if their behavior or their profession is disclosed. FSWs' social relations with their family and society are unstable in terms of social status.

Perceptions about Detrimental Social Norms for HIV Prevention

All social systems have well developed and often complex sets of values, beliefs, and boundaries within which to understand and regulate sexual behavior. Consequently, systems differ between societies and even within societies. No society is in itself sexually

homogeneous and often creates divergent subsets. Patterns of sexual behavior, as well as the attitudes toward them, are also contextualized through political, social, legal and class realities. Personal experiences and opportunity structures further differentiate sexual expression even among similar individuals. Social and cultural norms may or may not facilitate the utilization of HIV related services.

Most potential respondents from study settings said that society has a negative perception and attitude towards HIV issues even now. Stigma and discrimination are major problems for the FSWs as they feel that no one wants to talk openly about HIV and they hesitate to seek services from anywhere because of the closed social system. They say that they want to hide their sex related problems thinking that if any one finds out about their background, they will have to face further social discrimination. The societal norms have created fear among FSWs and affected their treatment seeking behaviors. An FSW aged 17, from Bhendabari, Nawalparasi, who has suffered from STIs, felt that unfavorable social values are the prime factors for not seeking STI treatment. She stated that,

the current work I have is very shameful. It is very difficult to go to public places where I can get HIV and/or STIs services. We need HIV and STI related services. However, my status will go down if any one finds out I am suffering from STIs because of the profession I am in.

An FSW age 26, from Daunne, Nawalparasi, does not want to go to a private or government owned hospital for health check-ups as she thinks she may be identified as a prostitute. She has regular contact with other NGOs and CBOs that provide HIV services and discusses how to minimize the health risks associated with regular sexual relations with many clients. FSW interviewees from hot spot area had common perceptions about existing social attitudes and practices that increase FSWs vulnerability to HIV and/or STI transmission. The research participants from Nawalparasi felt a greater threat from society than the respondent from Narayangarh and Butwal.

A FSWs from Nawalparasi, viewed that, there are still a negative social perception towards venereal disease like HIV and AIDS. The society don't discriminate against people with STIs, in fact, for their own sake they should let them be open to discuss about STIs. So that people become more aware about such diseases and how to prevent them. People who are suffering from STIs should not hesitate or feel scared to go for their health check-up.

An FSW aged 17, from Nawalparasi has modest view.

In Nawalparsi the society does not understand at all. All they are concerned about is how to pull the others' legs, how to dominate someone else. I do not argue with them. But they think I am a bad girl...just because I have a lot of friends come over. If they know that they come here to sex services, then they'll point their fingers even more.

Every individual is a member of society, with its values and norms. No matter they are, they don't want to lose their social status and want to maintain good relations with the family and society. FSWs from Narayangarh feel that they are discriminated. However, due to gender discrimination, FSWs also hide their HIV problems. Special measures should be adopted to change the stigma attached to STI and HIV related issues in the society.

Influence of Economic Condition

Socioeconomic status is associated with the sex trade and sexual behavior. In order to examine this statement one question was asked to all potential respondents "state the economic condition of your household/family". Of the 7 FSWs who were interviewed, 5 stated that they are from poor families. The economic development and rapid urbanization in Nepal exacerbated by a growing integration into the global consumer culture is altering the subsistent nature of large parts of the rural economy. The younger generation is seeking work outside their home towns or villages but due to lack of a good education they are less likely to get professional jobs. The in-depth interviews support the view that, as a result, many FSWs are looking for a quick and easy way to earn money and are choosing prostitution.

Most of the research participants (6 out of 7) said that poverty, unemployment, and the lure of quick money have pushed FSWs into sex work. Direct observation suggests that some FSWs are influenced by the attractive life style of others but do not have the money to follow. As a result they barter sex for money. Some of them are not utilizing existing services due to the lack of information about available services. And some are not utilizing services because of negligence i.e. they don't seek the services even though they know about the services and have the money. An FSW aged 21, from Nawalparasi, who was born in a poor family, expressed the following view:

In a situation where there is a difficulty to even eat two times meals a day at home they exchange sex at an early age. My father and mother can't feed six family members.

An FSW aged 22, from Butwal, reported that

The low economic condition affects the utilization of HIV and STI services because of lack of money. She further argues that "private services are very expensive whereas in some NGOs, some services such as HIV/AIDS and STIs are available, they can't fulfill overall the needs of patients.

In study areas, low economic status is highly related to sex work and poor parental supervision and emotional instability has a greater influence over sexual behavior. Partial or total parental absence has contributed to the higher level of deviant behavior among FSWs that is linked to entering into sex trade and then having unprotected sex with multiple sex partners that facilitate HIV and/or STIs transmission.

Opportunities for Employment

Employment is another socioeconomic factor that affects the HIV/AIDS and STI status of FSWs in the hotspot area. This group has less work opportunities and is less likely to get a professional job because of less education and work experience. During the in-depth interviews, respondents were asked if they had a job, their job experience or reasons for not having a job. During the course of interview, only 1 potential respondent had a professional job, 2 were students and the rest were neither students nor working professional. One interview with an FSW +2 passed, aged 27, from Butwal, suggests why this is so.

I was working as a receptionist and after the third day the employer sacked me because he said my voice did not seem very polite. Now, I am living at home without any work. The next job I applied for was in a consultancy firm but I scored very low. When the employer looked at my transcript he insulted me saying "You have secured only 33 out of 100. How can a person like you work? It is difficult to get a professional job because we don't have a higher education with good marks and skills. It's easy to get a non-professional job but I don't want that. More importantly, a bribe system for jobs is very common in Nepal. One of my friends, who only just passed her SLC, got a good job because her father is a police officer (SP). At the same time, another friend of mine, who got very high scores in the SLC examination, applied for the same job and didn't get it. I have passed 10+2 but I have no job. Under these conditions what can I do? As a result I can choose this work.

An FSW aged 17, from Nawalparasi felt that;

With the help of a Sir, I applied for the post of Peon in a boarding school but I didn't get it. My uncle and his family helped me to find a job but it was difficult to get. Everybody looks mostly our body structure rather than our potentiality to work. We girls mostly have been seen as commodity than the human beings. If we get good work we never be in this hell.

An FSW aged 23, from Rupendehi, expressed the following:

I was seeking another job in a factory because I want to give up this present job, but it is very difficult to find another job. Someone asked me to give him a bribe and someone else asked me to have a sexual relationship with him then I would get that job. Some time I was in sexual relationship with him, but could not find job then I return to this work.

Poorer women are caught in a vicious cycle imposed by the patriarchal society. Their lower status hinders their education, and the lack of education hinders their status and position in getting respectful jobs in the society without getting exploited. In this situation young girls get into the sex work profession out of necessity to earn money, when no other means of employment is available. In conclusion, employment opportunities for the FSWs are very low because of poor education, social discrimination, sexual abuse

of girls, and a lack of self-interest and a lack of employers' trust. However, each of the FSWs interviewed want to have a good job, especially in the HIV & AIDS related field and other similar sectors.

Perception about Political and Social Norms and Policies

Political parties and politicians play a vital role in influencing government policies and programs that are most important to their constituencies. They can be engaged to address the issues of HIV/AIDS and STI services and the HIV risk group like FSWs needs to know what to expect of their political parties and their leaders on such issues. In hotspot area, most of the 5 respondents have little idea about the existing political parties in Nepal. Those who have some knowledge have negative attitudes towards them. Despite this, they have expectations that political parties and their leaders can address the problems of HIV-infection, including STIs services. The following responses help to understand their perceptions of the present political parties and their views on politicians. Some interviews are excerpted below.

A 21 year old FSW from Narayangarh does not have any idea about the current political situation or even know the name of the current prime minister. However, she thinks political parties can do a lot for HIV related services. If political parties and their leaders thought about high risk population like us, no girls would have been forced to work in a restaurant like this, they don't think about us.

One FSW aged 17, from Rupendehi, who has never been approached by any program before, had this to say.

Politics is a dirty game in my eyes because the politicians in Nepal always pull others legs out from under them. Apart from this they do nothing.

Most strikingly, most of the FSWs do not know about the political parties, the Prime Minister and the inclusive democratic system nor do they understand the politician's commitments to health issues and HIV/AIDS services.

Legal Protection from Violence, Coercion and Child Marriage

Most of FSWs face violence and describe being bitten and being forced to have sexual intercourse other than vaginal against their will. Practices of forceful child marriage are still pervasive in Nepal's patriarchal society. The role of poverty and gender in increasing vulnerability to HIV is illustrated by the FSWs who resorted to bartering sex for survival, not only as commercial sex work, but also in other forms of "negotiate" behavior among FSWs that are not seen as sex work. In this context, the knowledge of legal rights enables FSWs to protect themselves from violence, and unsafe and coercive sex, including child marriage. Most of those narratives suggested that FSWs's ability to protect herself from unsafe, coercive sex depends on her socioeconomic status and the balance of power in the relationship with her partner. An FSW from Chitawan, described her experience of forced sex including being forced to offer oral sex by clients.

From the beginning I was forced into the sex trade against my will. The first 6-7 months were terrible for me, adjusting to such an environment. If I ignored what I was told repeatedly, I was beaten many times. At the end of day I compromised with the situation in order to feed myself and get money for household expenses.

An FSW from Butwal explained how economic inequality forced her to engage in sex work. My mother never ever loved me. Before leaving home and coming to Butwal I stole two thousand rupees from my mother. I was a new comer to Butwal and fortunately I found a job washing dishes in a hotel at Traffic Chowk, Butwal. Lodging and meals were available in the hotel but the owner used to force me to have sexual relations with drivers and contractors who used to come there for dinner and to drink alcohol. Sometimes I had to have sexual relations with seven clients in one night. It was such a difficult time in my life. Besides my monthly salary, I did not get a single penny for sex, which I was forced to do. I told Sahuni that if she did not give me money I would inform the police that she is a broker for prostitution, I left the hotel one month later, after I got the money. At that time I was neither dead nor alive as I was suffering from STIs. I had so much pain in my uterus, with discharge, itching and small wounds. I met a staff member from NGO working in HIV/AIDS. I shared my entire problem with that staff and she took me to the Butwal Hospital for a check-up and treatment. After that I became well.”

A similar response was made by another FSW from Nawalparasi who has not been reached by a program as yet. Some clients have forced me to perform unnatural and violent sex for example, oral and anal sex. In hotspot area, most of the interviewees do not understand a range of first-generation rights (equality, dignity, privacy, security of the person) can be used as part of a broader call for reproductive or sexual rights or the right to be freedom from violence, sexual slavery and sexual abuse.

An FSW from Rupendehi says:

The legal age of marriage is 20 years. A friend of mine was forced to marry a person who was selected by her parents. Because of this, she had to drop out of school. To bear child at an early age is difficult. It can cause the death of mother but I don't know the impact of sexual intercourse at an early age.

Apart from a few instances, most of the research participants said they do not have knowledge about the legal age of marriage. Most held the common view that young nowadays decide to get married early not because they were forced by their parents but because of their own will to get married for various reasons. In study areas, lack of knowledge about legal provisions increase the likelihood of being exploited or discriminated against. Because of cultural, legal and other barriers, young people involved in HIV risk behaviors are marginalized and often not reached by mainstream HIV prevention and treatment efforts. They may experience stigmatization, discrimination and social exclusion. They require programs tailored to their specific needs. The most important point is that the most-at-risk young people are illegal (selling sex), making

it more difficult for them to access services. They are hindered by police intervention and because they have little knowledge about the legal protection they access and their sexual and HIV and STI services.

HIV and STI-Related Risk Behaviors

Unprotected sexual intercourse is one of the main risk factors related to transmitting HIV infection. Understanding the factors that influence FSW's decision to have early sexual intercourse has important implications for policy and practice as the current AIDS epidemic, along with other diseases that can be transmitted through sexual contact, make early sexual intercourse a potentially serious health risk.

Risk Behaviors that put the FSWs at Risk and Behaviors that multiply the Risks

Behaviors that put people at greater risk of HIV infection include multiple unprotected sexual partners, unprotected anal sex with multiple partners. Among homosexually active men, unprotected anal intercourse is most strongly associated with HIV sero conversion. Among heterosexual partners, unprotected vaginal and anal intercourse each confers risk for HIV transmission if one partner is infected. The role of oral sex in the epidemiology of HIV infection is still unclear. Although there have been reports of HIV transmission during both male homosexual and heterosexual oral sex, this appears to be a less efficient mode of HIV infection transmission than either vaginal or anal intercourse. From the examination of the following interviews there are two factors direct and indirect that cause FSWs to engage in high risk behaviors. The direct factors are often the result of indirect factors, which is the interaction of social environment with economic inequality that facilitates high risk of HIV and/or STIs infection.

Another major risk behavior among the most youths are to fall in love. When the relationship breaks up with their boyfriends/girlfriends they don't take it normally and this has encouraged girls to engage in the sex work." One FSW aged 23 from Rupendehi sees economic inequality as a major obstacle that forced her to get into the profession.

Some friends have adopted sex work because their husbands left them and some because their boyfriends left them even after conceiving. As far as I am concerned my family's low economic status was the major factor. We did not have any source of income to buy fertilizer. When someone dies in the family we need at least one lakh to perform the funeral activities. In this financial crisis friends of mine encouraged me to adopt such work.

One FSW from Rupendehi says that family environment pushed her into prostitution.

My mother died when I was one and half years of age. Then 10 months after my mother's death my father married my step mother who had three children. My father and my step mother don't love me. My step mother used to quarrel with me and scold and beat me. She sent her children to school but she did not send us to school and sent us out to work. My sister-in-law who used to do sex work advised me to do the same.

Socio-economic inequality is a strong influential factor. In terms of multiple risks to health, sex workers report particularly severe problems with violent clients, including beating. Most of the FSWs understand that oral sex, sex without condoms and multiple sex partners are more risky behaviors. But, they still provide oral sex or have sex without condoms with their clients because they often get paid more for doing so.

Unprotected Sex, Multiple Sexual Partners, Coercive sex and Sex under the Influence of Alcohol

Unprotected sex with commercial sex workers, multiple sexual partners and sex under the influence of alcohol puts FSWs at high risk of HIV & AIDS transmission. In this context, FSWs were asked about how many clients they have in a day? Among the FSWs who had multiple sex partners, 5 said they had two or more in a day. One FSW from Rupendehi reported that if she had more than one client in a day she would suffer from the pain in the lower abdomen. Another 17 year old FSW from Nawalparasi who was seven months pregnant reported that she still exchanges sex regularly with three clients a day, for the money.

According to an FSW from Butwal, multiple sex partners have a negative effect on health. She said she felt dizzy and had stomach pain while walking. Negligence is a common human behavior that puts FSWs at high risk of HIV and/or STI transmission. An FSWs from Rupendehi, has never used a condom while having sex with clients. She knows that HIV & AIDS is an incurable disease that is transmitted by sharing needles and by having unprotected sex with an HIV infected person. Once she had an STI but despite her knowledge about these risk behaviors she doesn't use condoms because she doesn't want to lose her clients who prefer sex without condom use.

An FSW from Butwal, Rupendehi, also knows about the risks associated with unprotected sex.

If you don't use condoms while having sex, a person's infection can transmit to you. Having multiple partners make you weaker. Just having sex with ones husband makes one weak, then having sex with multiple partners will make one even weaker.

The concerns related to unprotected sex with commercial sex workers, multiple sex partners, and unprotected are perhaps best illustrated by the interviews that reveal the misconception that HIV and/or STIs only occur in the areas where these practices are common. Special attention to peer-mediated prevention programs should be given to promote and sustain consistent condom use. Despite their knowledge, FSWs are still suffering from the STIs because of negligence and then they hide their problems because they want to be seen as normal human beings.

Discussion

HIV/AIDS is the biomedical reality and socio-cultural construction. The understanding of biomedical reality in form of knowledge, attitudes, behaviour and practices (KABP) is the product of health belief model (HBM) of reasoned action by Ajzen and Fishbein

(1977), scientific understanding planned behaviour by Ajzen and social cognitive model or social learning theory of Bandura (1977) which were explained the preventive ideas of HIV/AIDS. The original world health organization (WHO) model during early 1990s introduced culture free biomedical knowledge communicated through health education would influence attitudes and contributed to safe sexual behaviours (WHO, 1994). Since 1998 UNAIDS has been advocating KAP research towards more holistic approach.

The holistic approach of KAP study is being easy to translate to relevant situation including socio-cultural context. In the context of Nepal, biological understanding of HIV/AIDS is often based on socio-cultural beliefs. Incorrect knowledge and social misconceptions due to physiological and biological complexity of HIV/AIDS are responsible for stigmatization of PLWHA (Beine, 2003). Socio-cultural ties are very strong in Nepali society, social misconceptions and misgivings about HIV/AIDS have far-reaching implications on key affected population. It is also understood that if the HIV prevention is absent or ineffective then the cultural model only acts. Risk reduction initiatives is only effective when culturally constructed ideas of HIV/AIDS are included in the responses (Beinne, 2002).

The narratives emerged from the in-depth interview indicate that Nepalese society still believe on the relationships. The disclosures of the FSWs identity in the household and community level, the FSWs were excluded from social and family relationships. This has negatively affected the normal i.e. as usual life and put them at high risk behaviours. Similar types of findings also identified from the past studies (NCASC, 2001 and Deuba, Anderson, Ekstrom, Pandey, Shrestha, Karki, Marrone, 2016). The social desirability bias is also the issues of FSWs in the latest African study which has been addressed the issues of relationship between the FSWs and community in particular and social in general (Abdella, 2022). Status disclosure is the key issues of the FSWs as a culturally constructed idea to put them most at risk.

The high level of stigma and discrimination has been found among FSWs in the study. The cultural construction of AIDS knowledge created the stigmatized and discriminated to FSWs by society (Mahat and Eller, 2009). Stigma related to HIV and AIDS in Nepal is an issue that requires better understanding. Some prevention efforts, because of lack of cultural understanding, have paradoxically enlarged the problem they were intended to reduce. In the influential work on stigma, sociologist Goffman (1963) defined stigma as an “attribute that is deeply discrediting” and that reduces its bearer from a whole and usual person to a tainted, discounted one. It is argued that the social systems have well stated that the complex sets of values, beliefs, and boundaries within which to understand and regulate sexual behavior. Bu the narratives of interviews indicate that systems differ between societies and even within societies. The social norms, values and beliefs those contributed to the determinants of HIV prevention among FSWs.

The economic status of households of the FSWs has been found as determining factor to enter into sex trade. The economic influence also contributed to unsafe sexual behaviours of the FSWs. If FSWs get more money from the clients, they have been sexual intercourse without condom use. The economic context of the FSWs is

determinants of unsafe sexual behaviour of HIV/AIDS in Nepal (Deuba et al., 2016). Most of the FSWs wanted to escape from the sex work but skill and affiliation is major cause to get other job. The education attainment of FSWs is the main trigger to get other economic opportunities. Different studies have stressed that a greater knowledge of sexual behaviours in different socio-cultural contexts has important implications for designing and evaluating efforts to encourage self-protective behaviours (BC & Basel, 2013). The data presented here contribute to the knowledge base of sexual behaviours and attitudes of FSWs in Nepal. Nepal, growing urbanization and increasing pursuit of education in the last three decades, for both men and women, have resulted in a gradual increase in Singulate Mean Age at Marriage (SMAM) consequently extending the gap between puberty and marital sex (MoHP, 2017).

It has been hypothesized that this shift, coupled with increased exposure to different sexual norms through mass media could be contributing to rising levels of pre-marital and extra marital sex. Female Sex Workers (FSWs) were the main sources of infection which is general conceptions. Premarital sex was identified that majority of men, and a common feature was the visiting of FSWs with groups of friends or peers, also noted in other studies (IBBS, 2018). It is important to understand the sexual behaviours of FSWs but the area has been under researched for a range of reasons. Safe-sex practices from this study, such as condom use by FSWs, adds value to information related to positive prevention. Socio-cultural issues influenced attitudes associated with sexual behaviours.

Reported behaviour changes evident in parts of Africa included use of condoms, a reduced number of sexual partners, reduction in extramarital sex, a trend towards monogamy and respect for people with HIV/AIDS as a consequence of many HIV/AIDS related deaths in the community (Abdella, 2022). It is argued that behaviour change required a minimum of 10 years to start showing in East Africa. Nepal now has three-decades of HIV/AIDS experience. However it has been accelerated programs to encourage condom use and it could be a majority of people adopt safe sexual practices. The evidence generated by analysis alone may not provide a clear answer as to whether social interventions shown to be effective in one setting, place or moment in time can be replicated in another (Deuba et al., 2016; Abdella, 2022). Thus it is essential for Nepal to develop suitable prevention programs appropriate to socio-cultural and economic context.

Conclusion

The socio-economic and cultural context of the FSWs lead them in multiple risk behaviours of HIV/AIDS. The legal, social and different environment have also played significant role to culturally constructed knowledge of HIV. That culturally constructed knowledge contributed to lower correct knowledge, perceived risk of HIV/AIDS, safe sexual practices. Lack of cultural friendly initiatives are included in the risk reduction program. The ongoing program is found to be less likely effective in safe sexual behaviours. Government of Nepal prioritizes the individual behavior change of FSWs which is not still effective. The legal, social and cultural aspects of HIV prevention

is still lacking. There was significant reduction of HIV positive cases among FSWs. However, safe sexual behavior is found low. The major reasons of unsafe sexual behavior are economic and socio-cultural aspects of FSWs which is determined by the in-depth narratives.

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