

## Experience of Violence and Health Issues among Female Sex Workers in Kathmandu<sup>1</sup>

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### Abstract

Any sex work involving the exchange of money or goods/gifts (i.e. commercial sexual activity) and prostitution in all forms and names are illegal in Nepal. Many issues and violence have been documented as a result of sexual labor in such areas, mainly against female sexual workers (FSWs). This study aimed to explore the lived experiences of violence and the related health issues among FSWs in Kathmandu. A descriptive phenomenological research design was followed where the participants provided their informational experience about violence. The nature of the information was qualitative and subjective, and based on the interpretivism paradigm. The study reveals that verbal aggressions, physical violence, sexual harassment, assault, and other forms of violence are the primary experiences faced by FSWs, along with health issues like STIs, Hepatitis, vaginal infections, backaches, stress, depression, and chronic fatigue. Lived experiences illustrate the opportunities and skills for earning a living via work that could be planned and executed at the federal, provincial, and local levels of government. Similarly, if someone wants to alter their employment or sex trade, rehabilitation is required. It is critical to put in place certain focused measures and policies to safeguard the safety, self-esteem, and financial stability of FSWs.

**Keywords:** Commercial sex work, FSW, problems of sex workers, prostitution, violence

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## Introduction

Sex workers are considered those who are involved in the sex trade, either occasionally or regularly for occupation (Moore et al, 2014). This occupation is adopted to earn money from the client or expect income (Burnes, 2017). Burnes (2017) argues that the sex trade is neither sexual exploitation nor the forcing of a person to commit or involve sexual acts. Thus, it is considered as the commercial exchange of sex instead of money or goods/gifts. It is interchangeably used for commercial sex work (CSW), paid sex service, and prostitution.

There are around 42 million sex workers globally, majority seem to be women, including approximately 8 million assumed to be men (Bancroft-Hinchey, 2014; Minichiello, & Scott, 2017). The legality of prostitution varies by nation. Among the 160 countries of the world, it is prohibited in 75 countries, illegal/legal according to the state in two countries, limitedly legal in 61 countries, whereas legal in 22 countries, and estimated that 42 million people engage in prostitution worldwide (World Population Review, 2024).

Any form of sex trade, commercial sexual work, or prostitution is prohibited in Nepal (Sawicki, et al., 2019, World Population Review, 2024). However, even though it is illegal and has a socially unacceptable moral value, such activity cannot appear to be prohibited in actuality and practice. It is stated that individuals engaged in the sex trade in Nepal are mostly female sex workers (FSWs) and their participation is quite high due to many reasons and one of the notable is the political upheaval after 2000 in particular (Ghimire, et al., 2011) as well as urban unemployment and poverty (Niroula, 2017).

CSW saw significant growth in the 1990s, particularly when Nepal enacted liberal economic policies (NHRC 2010). Importantly, the number of FSWs is reported to be 25,000 to 35,000 in Nepal, however, that might be higher if extensive exploration is carried out (National Centre for AIDS and STD Control [NCASC]/New Era, 2010); a similar figure was reported by World Bank, for example, 25,000 to 34,000 (World Bank, 2010). On the other hand, large numbers reside and serve in Kathmandu, for example, it is estimated that Kathmandu Valley, has 5,000 to 7,000 FSWs which is generally estimated to be 20% of the total FSWs in Nepal (NCASC/New Era, 2010).

The adult entertainment industry in Nepal, which includes hotels, massage parlors, spas, dance bars, clubs, guest homes, singing bars (also known as “Doharis”), and street-based venues, is mostly linked with CSW (Ghimire, et al., 2021). In the

context of Nepal, people have negative perceptions and attitudes towards sex work and workers. They face many unpleasant experiences such as social insults, bitter criticism from the religious community, violence related to sexual work, arrest by the police force, etc. (Basnyat, 2017). On the contrary, activists and organizations working for the rights of sex workers have been advocating to consider sex work as the right of the individual involved in this occupation. Considering the above facts, negative perception, legal prohibition, and unaccepted social-religious values, sex workers leave them in a high risk of different violence (Karki, 2017).

Some authors and researchers have operationalized sexual violence from different perspectives. For example, Dills et al. (2016) have defined sexual violence in a study report for the Center for Disease Control and Prevention, US, “Sexual violence includes a continuum of behaviors such as attempted or completed rape, sexual coercion, unwanted contact, and non-contact unwanted experiences like harassment”. WHO (2011) has also operationalized sexual violence indicating a more precise manner. It is defined as “Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work”. Similarly, women’s sexual violence includes harming or exploiting FSWs in any form of physical, psychological, and sexual violence by their client, partner, police, etc. (Decker et al., 2013). Van Berlo and Ploem (2019) identify female sexual violence to a large extent as a range of non-consensual sexual acts to unwanted sexual behavior.

Sexual violence against FSWs includes harassment, rape, gender-based violence, domestic violence, intimate partner violence, female genital mutation, human trafficking, abortion, corrective rape, and conflict-related violence, often exploited by pimps, brothel owners, and law enforcement, diminishing their ability to negotiate safe practices and increasing rape cases. Notably, there might be a high probability of mental health problems caused by violence and rape (Beattie et al., 2010). Due to legal restrictions, there are no fixed areas or locations for the service and practice, thus they might take to isolated spots such as dark alleys or random hotels, and sex workers are at an increased risk of suffering violence. FSWs in Nepal also face a similar situation for practice as presented above and equally are vulnerable to different types of violence related to sex work.

Results indicated that sex workers in nations that have legalized and decriminalized their profession had better health outcomes, including a higher knowledge of risk factors and medical problems (McCann et al., 2021). A meta-analysis of bibliographic databases between 1 January 1990 and 9 May 2018 for qualitative and quantitative research involving sex workers of all genders and terms relating to legislation, police, and health found that the legislative approaches obstruct sex workers' access to due process of law and deprioritize their rights, health, and safety (Platt et al., 2018).

A scoping review of policies on sex work shows that there is still an unmet need for studies addressing the lived experiences of sex workers in the World (Karlsson, 2022), and the concern that such incidence of sexual violence is not well studied in Kathmandu where a majority of the sex workers are the casualty of such practice, this study seems significant. Particularly, it was estimated that there were around 60,000 CSWs in Nepal where it was approximately 25,000 sex workers in Kathmandu Valley (Shrestha, 2000 in Subedi, 2015). This number is large and draws attention to analysis from different perspectives and dimensions related to sexual violence. However, they might have experienced different types of violence associated with commercial sexual services.

This study provides valuable insights into violence against female sexual workers, advising researchers, organizations, governments, and policymakers on critical steps to prevent and maintain law and order. This study considered the research problem or gap aiming to explore the factors influencing CSW, violence experienced by commercial FSWs since their involvement in the CSW, health issues related to sex work, and the support systems they received.

## Methods

We followed interpretivism as a research paradigm in this study because we believe that reality is multi-layered and complex, socially constructed, content-specific, and value-laden (Denzin & Lincoln, 2018). We aimed to explore the multi-reality and subjective perspectives of FSWs through in-depth interviews, focusing on their lived experiences and perceived health effects, while respecting and incorporating all perspectives, ensuring relevance and inclusion. The research utilized a descriptive phenomenological design, focusing on the subjective realities of FSWs and their experiences with violence. Participants provided their informational experiences, forming

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a composite description of shared experiences and meanings within the group (Creswell & Poth, 2018). As Wiggins (2017) explained, this study effectively utilized a phenomenological approach, focusing on participants' actual experiences to understand the phenomenon, excluding the researcher's perspective and judgment.

The sample was selected among the four FSWs of Kathmandu until data saturation. The sample of this study was selected following the snowball sampling method where the researcher first identified one FSW through the help of the Family Planning Association of Nepal (FPAN), Valley Branch, Kathmandu, and later she helped to connect their network and identified other FSWs. After revisions and expert review, a semi-structured interview guideline was finalized, and conducted in an informal setting, with participants' consent obtained. All the participants were prior made aware of voluntary participation, informed consent, and risk-reduction strategies in the study process. The privacy of the participants was mostly considered during all stages of the study. Transcriptions of the interview recordings were made, themes and sub-themes (table 1) were generated and the thematic analysis was done while presenting the information and experience obtained from participants.

**Table 1.**

*The main theme and subthemes of sexual violence among FSWs*

<b>Main Theme</b>	<b>Sub-themes</b>
Factors leading to sex work	) Reasons to involve in sex work
Experience of sexual violence	) Deep roots of violence
	) Types of violence
	) Perpetrators of sexual violence
	) Challenges
	) Prevention
Health problems	) Associated health problems of the sexual violence
	) Preventive measures
Support system	) Support received from others
	) Adequacy of support
	) Policy need

## Results

The participants appeared with diverse backgrounds and faced different problems, difficulties, and sorrows. Age-wise, one participant in this study was above 30 years old and others were between 25 to 30 years old. Education-wise, two participants completed secondary level while the other two only finished grade 8. Religion-wise, all were Hindu. Permanent residence-wise, two participants were from Lumbini Province (Dang district), the next one was from Bagmati Province (Rasuwa district), and the other one was from Madhesh Province (Sarlahi district). The participants appeared to be from a low socio-economic status.

### **Factors leading to sex work**

The low-income and middle-income countries are found with women involved in sex work relatively higher than in high-income or developed countries (Baral et al., 2012). The context of this study was also the same as the ones in low-income and middle-income. In this context, motivating factors were identified based on the respondent's qualitative statements.

### ***Reasons to involve in sex work***

When we examined the literature on the motivations to involve and engage in sex work, a worldwide scenario with many motives emerged. The participants gave several reasons, some of which may apply to other sex workers than the current participants. Some reasons mentioned by the participants are presented as follows:

Participant # A said, "*I have been involved in this work due to my interest as well as considering an easy way to make money, and it appears a handsome money even in a single service though I have a good family (3 daughters and husband)*".

Participants cited family issues, economic disparities, and financial interests as reasons for engaging in sex work, while others cited economic reasons and the desire to earn money. (Participant # B and C). Participant # D explained her reason for involving in sex work as physical violence (beating by her husband).

### **Experience of sexual violence**

#### ***Deep roots of violence***

This study investigates the various forms of violence faced by FSWs, including high-risk sexual behavior, sexually transmitted infections, drug use, family breaking, and societal criticism, and explores how participants express their experiences.

Participant # A stated, *“I have experienced other forms of violence apart from violence related to sex work. These are domestic violence and gender violence. I consider the other reasons for violence related to sex work may be the deprivation of women from economic and social rights and the ignoring of their empowerment. Also, I like to highlight the dominance of family and society over women.”* Participant # C considered the other roots of violence as polygamy and the dowry system including domestic violence and sexual violence. All of them believed that women are always vulnerable and continue to accept sexual violence until they are empowered.

### ***Types of violence***

Since sex work is prohibited by law and against social and cultural values in Nepal, many forms of violence might be unreported or hidden. However, most of the participants in this study reported that they had bitter experiences of violence due to the reason of involving in the sex trade.

Participant # A expressed the forms of violence she experienced, *“The mental violence is more painful and excessive rather than physical violence I have come to conclude. Thus, I felt mental violence mounted over me. And, due to this, I developed depression and used to taking specific medicines against this mental illness. This also resulted in me near to commit suicide.”*

Participant # B experienced physical and mental violence, fearing societal exclusion. Participant # C lost a friend at a young age, leading to sex work. Participant # D had a fetus growing in her belly for seven months, enduring deep distress, sorrow, and pain. They all expressed unobligated tolerance of violence.

### ***Perpetrators of sexual violence***

Sex workers face violence, vulnerability to STIs, and a high risk of physical and mental abuse. Participants openly express painful suffering from various individuals and family members.

Participant # A experienced violence from family members, society, and clients, making it difficult to tolerate and sometimes leading to suicidal attempts. Participant # B also faced violence from family and social members, while Participant# D was influenced by her husband's violence and clients' violence. The government also

contributed to creating violence by ignoring service and leaving participants vulnerable to high risks of sexual violence. It is crucial to address these issues to ensure the safety and well-being of women in sex work.

### **Challenges**

Nepalese society values women's purity, while the sex trade is considered shameful. Legal barriers and lack of socio-cultural acceptance pose challenges for sex workers, who share their experiences in diverse ways.

Participant # C shared a personal experience of a client who escaped without payment, causing her to pay hotel charges and restaurant bills. Participant # B shared a similar story of an angry client who insulted her in the hotel lobby, leading to her leaving and feeling embarrassed. These experiences highlight the challenges faced in their work.

Participants identified challenges in their profession, including paying hotel charges, dealing with clients' insults, lack of workspace, and legal prohibition of sex work, as significant psychological stress.

### **Prevention**

The study explores the protective measures taken by FSWs in Nepal, including collectivization, rights-based programming, sex worker-led activities, leadership development, peer-led strategies, and educational resources. Core principles are identified as critical enablers for successful intervention. Participants' voices are presented accordingly.

Participant # A said, *“Any person, even known or unknown, who calls or wishes to meet frequently and tries to make unusual touches must be ignored and be away. This may be a warning sign for us to be victimized or endure sexual violence or rape. In addition, when such occurs as danger signs, I must inform to police force.”*

Participants # B and C also believed that they must be away from such a person who expresses an intention to show misbehavior or harassment. Participant # D expressed her experience applying the measures to prevent and be safe, *“The important task to be considered is to take caution. We must not go with any random man; just go after learning his behavior and intention. We must be aware and attentive at optimum as our best.”*



**Health problems**

The research explores health risks and problems faced by sex workers, revealing initial reluctance to discuss concerns. Findings focus on health hazards and preventative actions.

***Associated health problems of sexual violence***

The study aimed to identify major health problems experienced by women engaging in sex work and facing sexual violence, with participants expressing general health issues during interviews.

Participants# A and B experienced vaginal discharges, itching of genital organs, red spots, and abnormal menstruation. Participants# B and C experienced pain in their stomach, urination, and unawareness of urinary incontinence. They suspected uterus prolapse. Participant # C experienced sexually transmitted disease, excessive bleeding during periods, and an ovary infection, leading to a miscarriage. These symptoms highlight the severity of their condition.

Participant # D also said, *“I am unaware of urinary incontinence, fainting (being subconscious), the feeling of mild uterus prolapse, itching on genital organs, and red spots are major health problems I am suffering from. Stress, tiredness, tension, irritation, etc. are other problems I have experienced when I started engaging in sex work.”*

Sex work-related violence leads to immediate, short-term, and long-term health issues, including physical, mental, psychological, emotional, and behavioral issues, often ignored or ignored due to carelessness.

***Preventive measures***

Sex work poses health risks to FSWs if not properly prevented. Currently, participants are using safety measures against pregnancy and sexually transmitted diseases, as stated by participant # A, to ensure their safety. She said, *“I only always become ready for the service until the client uses a condom. Similarly, I immediately visit the health service center for a check-up if any signs and symptoms of infections occur.”* Similarly, other participants namely participants# C and D also expressed similar measures they prefer their client use condoms. Participant # B said, *“To be safe from any possible health risks and problems, generally I make the client use a condom. When the client does not use condoms then I use emergency contraceptive pills (e-CON).”*

## **Supports system**

### ***Support received from others***

Sex work is risky and problematic in countries where it is legally prohibited or culturally unaccepted. Support for FSWs may need a higher degree in these countries and developing countries. A study was conducted to gather information on support received from individuals, and governmental, and non-governmental organizations, with three participants responding and one unwilling to answer.

Participant # A received medicines and pills from organizations like FPAN and Safe Abortion Network (SBN), which made her feel sympathy. However, she valued these supports as nominal rather than noticeable. FPAN provided condoms, pills, Iron tablets, and e-CONs, which also helped her with a safe abortion. Participant # B also expressed their gratitude for these free medicines and pills.

### ***Adequacy of support***

Support and help are crucial for FSWs to prevent STIs, health problems, and violence, especially in restricted situations. Universal support is needed, and this study considers the support received from individuals or organizations, considering the universal nature of these needs. Participant # A emphasized the importance of health promotion and prevention for her group, who are at risk of STIs, diseases, and health complications. She believes that various organizations should provide this support to protect their health. Participants # B, C, and D also considered the support provided to protect their health was not enough.

### ***Policy need***

The state or government has a responsibility to address the health problems, risks, and sexual violence faced by FSWs, which are often casually related to economic or financial reasons. This study aimed to understand the policies considered by participants to address their health problems and risks, highlighting the government's responsibility to its citizens.

Participant # A emphasized the need for the state to provide free condoms and pills, view sexual and reproductive health rights in a broader sense, manage resource scarcity for health promotional services, create safe areas for sex workers and clients, and ensure all citizens have access to sexual and reproductive rights. These actions aim to prevent health problems, risks, and violence in sex work. Participants # B and C expressed their views on raising awareness about STIs and HIV, requesting immediate

availability of essential medicines, free pills, condoms, e-CON, health examination services, and respect for women's lives. They hoped for sex work to be regulated like other hospitality services.

### Discussion

The results of this study indicated that the participants expressed their situation and obligation or sorrow involved in sex work. They considered themselves many reasons to be involved in the sex trade. These have been reported across the studies carried out in Nepal as well as in other countries. For example, a study carried out by Subedi (2015) indicated that women from low socio-economic classes, impoverished women, and disadvantaged racial and ethnic minorities are at high risk of becoming CSWs even when there is a high risk of violence, treated as an illegal act, as well as bear the social and cultural implications. Studies show that economic difficulties, marital breakdowns, and immigration contribute to women entering the sex work industry (Silverman, 2011; Thompson et al., 2014).

The present study identified many deep roots that result in sexual violence among FSWs and are hard to prevent only with superficial attempts, general awareness, and actions. Familial and societal causes (Chattopadhyay et al., 1994), suppression, lack of women empowerment, polygamy, and dowry system, domestic and sexual violence by boyfriend, partners, or husband, deprivation of women from economic and social rights, and dominance of family and society are found as the causes in this study. These are the roots of sexual violence against FSWs in the context of Nepal. Similarly, Zak-Niedbalska (2017) highlighted that some specific factors contribute to sex workers' vulnerability to violence. These factors were the internalized negative picture of anFSW, oppressive agency management style, lack of experience in the sex trade, normalization of violence, sex workers' actions in the face of the threat of violence, etc. Thus, the results of the present study are similar to the other study and considerable as the prevalent forms of motivating factors in sex work in the Nepalese context.

A scoping review of the previous ten years of research on the frequency and incidence of, variables linked to, and services-related violence in Eastern and Southern Africa found that the women who sell sex are vulnerable to violence (Macleod et al., 2024). The present study revealed diverse forms of sexual violence representing the forms of verbal aggressions to physical violence and abortion. The results of this study are similar to the other studies carried out in Nepal and other countries. For example,

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KCGC (2018) highlighted the forms of sexual violence such as sexual harassment, assault either physically or verbally or non-verbally that includes rape, attempted rape, forced abortion, and molestation while Karki (2017) threats brought significant physical and mental health hazards. In a similar vein, studies carried out in other countries also indicated similar forms of sexual violence FSWs frequently are in the situation to tolerate. For example, Church et al. (2001) identified verbal, sexual, and physical sexual violence regardless of indoor and outdoor serving sex workers in three major three British cities, UK. Similarly, the situation of Poland revealed by I zak-Niedbalska (2017) also identified similar forms such as verbal aggression, physical aggression, refusal to put on a condom and remove, unwanted sexual services, brutal sex or even rape and unusual sex positions, destroying clothes, beating, suffocating, burning their bodies with cigarettes. Thus, the present study is consistent with those studies that indicate the realistic findings of this study.

The study reveals that perpetrators of violence against FSWs are primarily from close family members, relatives, and clients, with less likelihood from social members. Those familiar with sexual work often attempt to create violence due to the profession's legal and social unacceptance. The results of this study are also similar to the findings reported by KCGC (2018) who concluded that sexual violence was also identified to be mostly by their near partners or relatives. For example, the women and girls; 58% of perpetrators are intimate partners/friends while neighbors are involved in 19%, and 15% are unknown persons which means incidences of no relation to the victim. Thus, the present study found reliable results that seem to be realistic to the context, other studies' findings, and theories as well.

Such findings are reported in the context of Iran also, for example, where sex work is prohibitory and illegal, thus much sexual violence is associated with this cause (Lebni, et al., 2021). The results of this study are comparable to the study, for example, carried out by Bhatta, et al. (1994) who reported that the problems of FSWs are violence and consecutive health and other psychological problems. Similarly, similar findings in the Pakistani context were reported by Qayyum (2013) who indicated that cultural and patriarchal circumstances such as a lack of confidence in dealing with difficulties and problems make them lack or low level of necessary knowledge and abilities to perform other professions. Researchers also argue that gender-based sexual violence, particularly

violence against women sex workers leads to poor mental health and psychological and emotional collapses (Weldegebreal, et al., 2015).

It is considered that stigmatization is another form of mental-related sexual violence that occurs mostly among women sex workers and diminishes the ability of participants to control their mental health and save their lives themselves. This might also lead the women sex workers to depression, chronic pain, and post-traumatic stress disorder (Yazdkhasti, et al., 2015). In addition, further subsequent effects such as unwanted pregnancy, abortion, gynecological complications, etc. are frequently faced (Weldegebreal, et al., 2015). Additionally, they have been facing other subsequent effects such as lack of safe sex, exposure to the risk of unintended pregnancy, social boycott, or exclusion (Karki, 2017; MoHP, 2010). A study showed that even though sex work is illegal in Nepal, Kathmandu, Pokhara, Nepalgunj, Biratnagar, Hetauda, and Itahari are the main cities where big sex trade or business and transactions were reported (Khanal, 2006).

The study found that Nepali FSWs have adopted specific precautions against sexual violence, based on their ideas and tricks. These include ignoring the same individual and their unusual touches, staying away from those who show misbehavior or harassment, and not going with random men. Additionally, they inform the police promptly if any signs of violence appear in their eyes or mind.

It is argued that CSW and consecutive sexual violence is a major public health concern (Karki, 2017). It has deleterious effects on self FSWs lives as well as their family members and society in sum (Misganaw & Worku, 2013). The results of this appear to be similar to the finding by Shannon et al. (2015) who indicated that FSWs frequently suffer some health problems such as STIs, Hepatitis, etc. It is argued that the phenomenon of sex work is the product of interactions with people, ideas, and events that inherently carry violence (Blumer, 1969). Similarly, the present results are consistent with the findings of a study by Qayyum, et al. (2013) who reported health problems and risks among FSWs including vaginal infection, backache, stress, depression, and chronic fatigue. The participants of this study might have many health problems regardless of their types. Similar to the present study, it was revealed that FSWs were reported to always be at high risk of violence and consecutive health and other psychological problems (Bhatta, et al., 1994). In India too, Dasgupta (2021) found that FSWs are physically assaulted deprived of any income, and compelled to even unsafe sex.

It was found that participants are diligently implementing preventive measures, but these measures are not sufficient compared to global recommended measures. For example, UNFPA et al. (2012) suggested that comprehensive interventions are necessary to increase access to HIV prevention and care services. Similarly, knowledge and awareness of HIV transmission among female sex workers and the HIV surveillance system are equally necessary regarding preventive measures (Baral et al., 2012). Based on results of the present study indicated that FSWs have not adopted basic and necessary preventive measures against the problems and risks that may occur due to sex work.

We studied the support and assistance provided to FSWs to address the challenges and risks associated with sex work. The government of Nepal appears to be paying less attention to the SRHR status of young people (Aryal et al., 2023), and thus the issues of FSWs never become a priority of the government. The participants highlighted the support received, such as free condoms, pills, iron tablets, and e-CON. However, this support may not address their immediate needs or protect their dignity and rights. This issue is considered critical in countries where it is prohibited and considered immoral. Thus, sex workers have been historically deprived of structural support (Pearson et al., 2022). Shareck et al. (2020) suggest that despite the existence of sex workers and sex workers, legal and cultural barriers exist, necessitating efforts by stakeholders to provide specialized interventional programs to help them escape from sex work. Politics, society, and culture all have an impact on the regulation of sex work, which is why laws governing it vary greatly both nationally and internationally (McCann et al., 2021). Decriminalization is becoming more and more supported as a strategy to enhance the health and safety of sex workers.

The study participants emphasized the urgent need for support, including comprehensive discussions to manage resource scarcity for sexual and reproductive health services, specific programs to raise STI and HIV awareness, essential medicines, and health examination services, among other needs. Sex work in Nepal is illegal and culturally unacceptable, yet sexual violence continues. However, FSWs should continue raising their voices because it is less common among them who express their concerns coherently and naturally (Sharma, 2023). Traditional health campaigns should be replaced with participatory strategies that consider participants' voices and their unique needs (Basnyat, 2014). Available help and support are insufficient for FSWs and cannot adequately address the urgent need for support in the present structure.

## Conclusions

Sex workers in Nepal face various forms of violence, including health issues, unusual sexual behavior, physical and psychological violence, and frequent threats from clients. Despite their efforts to maintain safety, they face limited government and societal support. Legal and social aspects are unfavorable to the profession, leading to a high risk of sexual violence and related issues. FSWs are deprived of essential health services and measures against communicable diseases. Despite these risks, they choose not to change their profession due to financial concerns and social status. Sex work and sexual violence are positively correlated in restricted environments due to socio-cultural factors. Women from low socio-economic classes, impoverished women, and disadvantaged racial and ethnic minorities are most likely to engage in the sex trade. Perpetrators often come from family members or relatives, and those with professional knowledge tend to attempt violence. Authorities are suggested to ensure the safety of the sex trade, reducing violence and health issues. Insurance facilities should be established to protect FSWs' health. A database of FSWs should be established by the authorities to respond to the needs of services for FSWs, vocational opportunities and skills should be implemented at all levels of government, and life-skills training should be offered to prevent sexual violence and health concerns. A specific policy address appears needed so that FSWs might feel protected and dignified.

## Declaration

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### Authors' contribution

SS and BA equally put inputs into the article. SS carried on the actual field work and prepared the report under the supervision of BA. BA prepared the tool, assisted in the literature review and analysis, and also communicated with the publication processes.

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CLR put scholarly inputs in the introduction and methods sections and edited them. The final version that will be published has the consent of all authors.

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