

**RESEARCH  
REPORT**

**AN APPRAISAL ON  
HIV/AIDS IN THE  
EASTERN REGION  
OF NEPAL**

**ActionAid Nepal ERO**

**Biratnagar  
December 2000**



**RESEARCH REPORT**

---

**AN APPRAISAL ON HIV/AIDS  
IN THE EASTERN REGION OF NEPAL**

Prepared by  
Indra Rai, AAN ERO, Biratnagar, Morang  
Tek B Thapaliya, MACDO, Kerabari, Morang

**ActionAid Nepal ERO**

**December 2000  
Biratnagar**

December 2000

ActionAid Nepal

GPO Box 6257, Kathmandu, Nepal

Tel: 410929, 419115; Fax: 977 (1) 419718

E-mail: [mail@actionaidnepal.org](mailto:mail@actionaidnepal.org)

Copyright 2000 ActionAid Nepal

ActionAid Nepal reserves all rights of ownership of the original material in this report, but readers are free to make use of it for non-commercial purposes in the course of development work. ActionAid Nepal asks, however, that proper acknowledgement be given whenever the report is used, and that a copy of any document prepared with the assistance of original material quoted from this report be sent to ActionAid Nepal for inclusion in the ActionAid Nepal resource centre.

# CONTENTS

<b>Foreword</b>	<b>XX</b>
<b>Acknowledgements</b>	<b>XX</b>
<b>Acronyms</b>	<b>XX</b>
<b>Executive Summary</b>	<b>XX</b>
<b>I. INTRODUCTION</b>	<b>XX</b>
I.1 Background	XX
I.2 Rational of the Study	XX
I.3 Objectives of the Study	XX
I.4 Methodology	XX
I.5 Limitations	XX
I.6 Problems and Learning	XX
<b>II. FINDINGS OF THE STUDY</b>	<b>XX</b>
II.1 Awareness Level of the People	XX
II.2 Awareness level of the People on STD	XX
II.3 Condoms and Its Practices	XX
II.4 Institutions Working on HIV/AIDS and STD Prevention	XX
II.5 Commercial Sex Business Centres	XX
II.6 Drug Abuse Centres	XX
II.7 HIV/AIDS Infected People and Places	XX
II.8 Migration	XX
II.9 Vulnerable Area for HIV/AIDS	XX
<b>III CONCLUSIONS AND RECOMMENDATIONS</b>	<b>XX</b>
III.1 Conclusions	XX
III.2 Recommendations	XX

# APPENDICES/TABLES

## APPENDICES

Annex 1:	Level of Awareness Indicators on HIV/AIDS
Annex 2:	Level of Awareness Indicators on STD
Annex 3:	Level of Awareness Tables
Annex 4:	Level of Awareness as a Whole
Annex 5:	Level of Awareness by Category
Annex 6:	Level of Awareness by Class, Individual, and Institution
Annex 7:	Level of awareness by Age Group
Annex 8 (A):	Institutions Working on HIV/AIDS
Annex 8 (B):	Indicators of Categorization
Annex 9:	Commercial Sex Business Centres
Annex 10:	Drug Abuse and the Areas
Annex 11:	HIV/AIDS Infected People and the Areas
Annex 12:	Mobility of Sex Workers from Katahari to Other Places
Annex 13:	Major Places of Night Halt of Transport/Vehicles
Annex 14 (A):	Table of Informants
Annex 14 (B):	Information Sources
Annex 15:	Information Collection Check List

## LIST OF TABLES

Table 1:	Level of Awareness by Category
Table 2:	Level of Awareness by Age Group (12 yrs to 16)
Table 3:	Level of Awareness by Age Group (16 yrs to 50)
Table 4:	Level of Awareness by Age Group (50 yrs and above)
Table 5:	Respondents Who Were Not Categorised According to Age Group
Table 6:	Awareness Level by Sector, Individual, and Institution
Table 7:	Awareness Level by Sector, Individual, and Institution
Table 8:	Awareness Level by Sector, Individual, and Institution
Table 9:	Group Discussions with Different Community People
Table 10:	Group with no Age Specification
Table 11:	Local Leaders and Representatives
Table 12:	Health Related Institutions and Personnel
Table 13:	Public School Students
Table 14:	Boarding School Students
Table 15:	College Students
Table 16:	Teachers and Civil Servants
Table 17:	Medium-level Hotel/Lodge Owners
Table 18:	Small Hotel Owner (Liquor Shops, Etc.)
Table 19:	Hotel Workers
Table 20:	Transport Workers (Taxi, Tempo, Bus, and Truck Drivers)

# ACRONYMS

AAN	ActionAid Nepal
AAN, ERO	ActionAid Nepal, Eastern Regional Office
AIDS	Acquired Immune Deficiency Syndrome
CEDPA	Centre for Development and Population Activities
DDC	District Development Committee
DESC	Development Service Centre
FSW	Female Sex Worker
HELP-Group	Help Group for Creative Community Development
HIV	Human Immune Deficiency Virus
INGO	International Non-Government Organization
IPPF	International Planned Parenthood Federation
MACDO	Machindra Community Development Organization
NGO	Non-Government Organization
RWSO (GMJS)	Gramin Mahila Jagaran Samuha
STD	Sexually Transmitted Disease
UPCA	Under Privileged Children Association
VCC	Volunteer Coordination Centre
VDC	Village Development Committee

# FOREWORD

This study was carried out with the objective of collecting information on the present situation of HIV/AIDS and STD in Eastern Region of Nepal. Also, it is hoped that the study will help to introduce better programmes on HIV/AIDS in the region.

The study is the first of its kind carried out by ActionAid Nepal, Eastern Regional Office, and provides a strong foundation for individuals, institutions, and organizations to learn about human behaviour in HIV/AIDS. Although more research and investigation will be conducted on issues related to HIV/AIDS and STD in the future, it is hoped that the study will provide some sort of reference to institutions and agencies, at some point of time, during their research.

During the study, a lot of issues were not addressed and explored because of the sensitive nature they presented, however, the study team received a lot of opportunity to learn skills by interacting with different individuals, communities, and organizations. We hope that the skills gained from this study will help to carry out similar studies and programmes on HIV/AIDS in the future.

We have not been able to present all our findings in the study report because of time and space constraints and the implications that such findings may present. However, we would like to mention that the use of such information helped us to deal better with people who were most at risk and vulnerable with HIV/AIDS.

Lastly, we would like to add that the study report is not final and that studies conducted in the future will be better organized. Any comments and suggestions regarding the study report will be highly appreciated.

ActionAid Nepal  
Eastern Regional Office  
Biratnagar

December 1, 2000

# ACKNOWLEDGEMENTS

This study report presents the general situation of HIV/AIDS in Eastern Region of Nepal. Particularly, the report provides information on the knowledge, attitude, and behavioural patterns of people from different professional backgrounds.

The report is the result of the sincere effort and contribution of different individuals and institutions in Eastern Nepal, and it is hoped that it will be useful for individuals and institutions that plan to introduce effective programmes on the prevention and control of HIV/AIDS and STD in the region.

We would like to thank our main researchers Mr. Indra Rai, Senior Programme Officer, AAN ERO; Mr. Tek Bahadur Thapaliya; and study team members, Mr. Hari Basnet; Mr. Kedar Bhandari; Ms. Prithvi Basnet; Ms. Ganga Baral; and Mr. Sona Lal Chaudhary for their hard work.

We would also like to acknowledge team member Mr. Krishna Acharya for organizing the field visits and providing us with logistic support and Mr. Shyam Sundar Jnavaly, Senior Programme Officer, AAN ERO, for his continued support and suggestions on the report.

We would also like to thank Ms. Nirjala Pradhan for her computer work and Mr. Arpan Gurung for his continued efforts to add, up date, and document information in the study report.

During the study many institutions, political leaders, army and police personnel, businessmen, and individuals provided us with valuable information and suggestions - we would also like to express our thanks to them.

Lastly, we wish to thank Spiny Babbler for providing us with designing and publication consultancy.

G.B. Adhikari  
Regional Programme Manager  
ActionAid Nepal  
Eastern Regional Office

December 1, 2000



## Executive Summary

Through field visits, meetings, and discussions with individuals, institutions, and political leaders AAN ERO conducted a study on HIV/AIDS and STD in eight districts in Eastern Region of Nepal. The main objective of the study was to explore the existing situation of HIV/AIDS in the region and develop recommendations that would help improve programmes on the prevention and control of HIV/AIDS and STD. The report begins with an introduction and background to HIV/AIDS and also includes the rationale, objectives, methodology, limitation, problems, learning, and findings of the study. Conclusions and recommendations and a list of Annexes have been included at the end of the report.

### Level of Awareness of Respondents on HIV/AIDS

During the study, 769 individuals were interviewed on issues related to HIV/AIDS. The information collected during this study is listed below:

- 3% of respondents were able to explain HIV/AIDS and its transmission modes and preventive measures.
- 28% were able to explain two-transmission modes of HIV/AIDS and their preventive measures. Only few individuals were able to explain three-transmission modes of HIV/AIDS.
- 47% said that HIV/AIDS was incurable and were only aware of one-transmission mode of HIV/AIDS and its preventive measure.
- 14% had heard about AIDS. Among them, some of them said that AIDS was transmitted through sexual intercourse, but they were still confused whether it was treatable or not.
- 8% had not heard about HIV/AIDS. Although some of them had heard about the disease, they had not fully understood it and said that HIV/AIDS was the English term for *Bhiringi* (syphilis).
- 31% respondents (31% men and 30% women) said that HIV/AIDS was incurable and explained two-transmission modes of HIV/AIDS and their preventive measures.
- 78% respondents (77% men and 79% women) said that HIV/AIDS was transmitted through unsafe sex.
- 22% were not aware of HIV/AIDS.
- Rural communities, illiterate groups, and slum dwellers had very little knowledge on HIV/AIDS.
- Individuals who were aware of HIV/AIDS were embarrassed to discuss the disease with their family members and relatives and feared social disgrace and ridicule.
- Most individuals especially women were hesitant to buy condoms from medical stores and market places.
- In places where HIV/AIDS prevention programmes were launched, most people were aware of the disease except for a few individuals.
- During the study, it was found that Female Sex Workers (FSWs) were taking safety measures during sexual intercourse.
- Women from well off families were involved in the sex business for entertainment purposes and were usually separated from their family.
- Although many respondents had learned about HIV/AIDS through the TV, radio, and education programmes, they were still confused about the disease.

- According to some officials, entertainment centres that provided sex services should be legalized since more and more people were visiting them. They felt that the legalization of entertainment centres would help to address the problems and issues related to HIV/AIDS. However, the general public and people at the administrative level felt that entertainment centres should not be legalized since they encouraged social evils.

### **Institutions Working on HIV/AIDS and STD Prevention**

In the region, 53 organizations have been working on HIV/AIDS and STD prevention programmes. Among them:

- Seven organizations have included HIV/AIDS and STD prevention programmes as a major part of their programme.
- 12 organizations have included HIV/AIDS and STD prevention programmes as part of their programme.
- Six organizations have been working indirectly (by conducting various activities) on HIV/AIDS and STD prevention programmes.
- 28 organizations have been working on HIV/AIDS and STD prevention programmes only when they have received funds.

### **Commercial Sex Business Centres**

Major sex business centres were found in Sunsari, Morang, and Jhapa Districts and are listed below:

- Dharan and Itahari municipalities, Sunsari District
- Biratnagar sub-metropolitan city, Morang District
- Damak, Birtamod and Kakaribhitta, Jhapa District

According to the study, small sex business centres were increasing in the region, particularly along high way routes, market places, and bus stations. Sexual activities were mainly carried out in areas bordering India, particularly in Mechi and Jogbani. FSWs were mobile and conducted their businesses from one place to another. Usually poor women were involved as sex workers, however, women from well-to-do families were also involved in the business to earn money and for entertainment purposes. Customers represented different parts of the region and those who could afford Rs. 1,000 came even from places like Kathmandu and Pokhara.

### **Drug Abuse**

- Drug abuse was mainly practised in Sunsari, Morang, and Jhapa Districts.
- The use of syringes was common among drug users.
- Drug abuse and sexual activities were mainly carried out in markets located near border areas.

### **Case Studies on HIV/AIDS and STD**

- People who were mostly infected by HIV/AIDS in rural areas were migrant workers working in Kathmandu and India. In urban areas, drug addicts were usually victims of HIV/AIDS.
- Only few individuals were aware of the relation between HIV and STDs.

## Recommendations

1. At present, awareness programmes on HIV/AIDS should be organized in the region especially in rural areas where the lack of knowledge on HIV/AIDS has resulted in the spread of the disease. According to the study, seasonal migration of young people to city areas was high and that the people who usually visited entertainment centres were bus drivers, rickshaw pullers, etc.
2. Rehabilitation programmes should be organized in areas where people are most at risk and infected with HIV/AIDS.
3. Awareness programmes on HIV/AIDS should be introduced in border areas, along highways, market areas, and bus stations.
4. According to the study, FSWs that worked with organizations in urban areas adopted safe sexual practices. Therefore, awareness programmes on HIV/AIDS should be introduced in rural areas to encourage FSWs to adopt safe sexual practices.
5. Before leaving Nepal, migrant workers should be informed about HIV/AIDS.
6. Sex education should be prioritised for young people.
7. Education programmes on HIV/AIDS should be designed according to the culture, language, and status of different ethnic groups.
8. According to a study conducted by Help Group for Creative Community Development (HELP), most drug addicts in the region were infected with HIV/AIDS. Therefore, workshops on the prevention and control of HIV/AIDS and STDs should be introduced in the region with help from organizations already working with HIV/AIDS.

## Working Approach

- AAN ERO implements its programmes through partner NGOs in the region. Therefore, ERO should implement HIV/AIDS prevention programmes through existing partners and select new partners to work with.
- Awareness programmes on HIV/AIDS should be launched through partner organizations.
- AAN ERO should network, form alliances, and introduce programmes with organizations that were implementing HIV/AIDS prevention programmes in the region.
- Awareness programmes on HIV/AIDS should be introduced and implemented in communities through educational campaigns, workshops, interaction programmes, schools, and local institutions with the involvement of school teachers, students, local leaders, and people at the grassroots' level.
- Awareness programmes should focus on knowledge, skills, and attitude problems.
- AAN ERO should establish strong links with local governments to implement HIV/AIDS programmes in the region.
- Programmes introduced in the region should be carefully monitored to develop better awareness programmes on HIV/AIDS in the future.
- On-field experiences should be shared with other organizations, individuals, and groups.

# 1. INTRODUCTION

## 1.1 Background

The rapid spread of HIV/AIDS in many parts of the world is a severe problem today. Countries especially in Africa have been severely affected with the disease and the virus is also spreading fast to countries in South Asia. According to WHO and UNAIDS, 47 million people are infected with HIV/AIDS today. Every minute, 11 people are infected with the virus and 13.2 million children have already lost their mothers or both parents due to AIDS while still under the age of 15. Since the AIDS epidemic began, 14 million people have already died from the virus.

Although many organizations, national and international bodies have made efforts to control the AIDS epidemic, the disease is still spreading to countries in different parts of the world. Today, 30,000 people are suffering from HIV/AIDS in Nepal. According to the National AIDS and STD Prevention Centre, the total number of people infected with AIDS until January 2000 was 1,438 while the total number of deaths from HIV/AIDS in Nepal was 139.

According to AAN ERO, development organizations, government and non-government bodies should work together to address problems and issues on HIV/AIDS. Accordingly, AAN ERO also hopes to work with NGOs, INGOs, and government bodies to introduce effective programmes on the prevention and control of HIV/AIDS and STD in the region.

## 1.2 Rational of the Study

The spread of HIV/AIDS also effects social and economic environments. According to the study, more money is spent on health care services when the total number of people infected with HIV/AIDS increases. Also, when the total number of deaths from HIV/AIDS increases, less manpower is available in the country. In Nepal, the HIV virus is spreading fast especially in remote areas in the eastern region.

Although many organizations are making efforts to prevent the spread of HIV/AIDS, large and remote areas are still vulnerable to the spread of the virus. Therefore, AAN ERO has identified poverty eradication as an important component to control the spread of HIV/AIDS in the region. Accordingly, AAN carried out a situation analysis study to start intervention programmes that would deal directly with poverty issues at the grassroots' level. It is hoped that the study will support ERO's development initiatives and be useful to institutions that plan to introduce effective HIV/AIDS prevention and control programmes in the future.

## 1.3 Objectives of the Study

1. To identify the level of public awareness on HIV/AIDS in terms of knowledge, attitude and practice in the region.
2. To identify working institutions on HIV/AIDS.
3. To identify areas affected by HIV/AIDS and STD.

4. To identify areas vulnerable to HIV/AIDS and STD.
5. To recommend future plans.

#### **I.4 Methodology**

A discussion was held to identify areas and information to be collected during the study on HIV/AIDS. Accordingly, a list of places, questionnaires, and working methodologies were prepared for study team members and special emphasis was laid on clarity and consensus. During the orientation programme, study team members were encouraged to practice among themselves and participate in group discussions. Later on, guidelines to carry out the survey were prepared and provided to each survey team and a field test was conducted at Katahari, Udayapur District.

The study team was made up of six members and was represented by a participant each from AAN ERO, HELP-Group, Volunteer Coordination Centre (VCC), and Gramin Mahila Jagaran Samuha (GMJS). Machindra Community Development Organization (MACDO) represented the remaining participants. Later on, team members were divided into three groups consisting of two members in each group. Mr. Indra Rai, Senior Program Officer, AAN ERO conducted and facilitated the orientation programme while Mr. Tek B. Thapaliya of MACDO, a local NGO of Morang, coordinated the activities of team members.

The study report is based on first hand information collected through field visits and discussions with different individuals, institutions, NGOs, INGOs, business centres, local leaders, and government administrative bodies. In addition, secondary data was obtained from documents and publications from different areas. Although the study covered nine districts in Eastern Region of Nepal, primary data was only collected from eight districts.

During the survey, information was collected through non-structural methods and in accordance with the existing situation and the nature of respondents. Sometimes information was obtained directly from respondents where as in other cases through informal discussions. The survey area was divided into two geographical regions that were represented by districts in the terai and the hills. The terai included Siraha, Saptari, Sunsari, Morang, and Jhapa Districts while the hills included Udayapur, Terhathum, and Ilam Districts. Special emphasis was laid on urban, rural, and small bazaar areas. After the survey, Mr. Indra Rai processed the data and contacted study team members to verify information.

#### **I.5 Limitations**

- The study did not include technical aspects like blood and physical (VDRL/Elisa) tests, etc.
- The survey only represented the terai and mid-hilly regions of Eastern Region of Nepal.
- The findings in the report were delayed because of lack of expertise and time constraints. Therefore, some of the information presented in the study report may need to be revised.
- In some case studies, information regarding age, occupation, education, economical status of respondents was not included.
- The report was prepared through oral testimony and observation.

## **I.6 Problems and Learning**

### **6.1 Problems Faced During the Study**

- In the beginning, FSWs, entertainment centres, and drug abusers were unwilling to share information on their activities. However, with continued effort and patience study team members were able to collect information on the existing situation of HIV/AIDS in the region. Informants from other places helped to identify red light areas.
- Many informants hesitated to take part in discussions on HIV/AIDS, STD, and sex workers. Mostly women were not willing to take part in the discussions.
- It was difficult to locate sex workers.
- Initially, sex workers were not willing to share information with study team members because of fear that their activities would be disclosed to the police.

### **6.2 Learning from the Study**

- According to the nature of respondents, formal and non-formal environments were created for sex workers, entertainment centres, individuals, and local bodies to share information on HIV/AIDS in the region.
- Discussions with sex workers started with development and public health issues as it was felt that such issues helped them to share information on their activities with study team members.
- The information that police personnel provided on FSWs, mediators, business centres, and drug abusers was helpful.
- Due to lack of experience and time constraints, team members were unable to conduct proper research and produce the report in time.
- Research persons should be experienced, mature, and able to facilitate and explore more information from respondents.
- Researchers should devote full hours to the study.

During the study, team members were exposed to different kinds of experiences, individuals, and organizational bodies. It is hoped that the study report will help develop human resource for future research work.

## **II. FINDINGS OF THE STUDY**

During the survey, information was collected on the basis of caste, gender, age, and status of respondents and involved NGOs, INGOs, government bodies, non-government bodies, FSWs, and entertainment centres. Institutions, leaders, and administrators were asked to provide their views on the existing status of HIV/AIDS in the region while students and communities were used as real informants.

### **II.1 Awareness Level of the People**

Information on the knowledge and behavioural pattern of people with regard to HIV/AIDS was collected in the region. For this, discussions were held with different individuals, groups, families, and institutions on

the basis of their ethnicity, economic status, and occupation. A total number of 769 respondents were interviewed among which 489 were men and 280 were women. Based on the level of awareness, informants were divided into six categories.

## II.2 Awareness Level of the People on STD

A total number of 712 respondents (4,450 males and 262 females) were included in the study group. Information was collected on their knowledge on STDs and HIV/AIDS and based on their level of awareness respondents were divided into four categories.

**Table 26**  
**Level of Awareness by Category**

### Category A

Respondents who had knowledge on STD, its transmission modes, symptoms, prevention measures, and the relation between STD and HIV/AIDS fell under this category. Of the total number of 712 respondents, 14% had knowledge on STD. Respondents in this category were health trainers and trainees. Details of category "A" are presented in the Annexes.

### Category B

Respondents who had knowledge on STDs, their transmission modes and prevention measures but who had no knowledge on STD symptoms and the relation between STDs and HIV/AIDS fell under this category. Of the total number of respondents 37% represented this category out of which 38% were males and 35% were females.

### Category C

Respondents who had little knowledge on STDs (syphilis), their transmission modes and prevention measures but who did not have knowledge on the relation between HIV/AIDS and STDs fell under this category. Of the total number of respondents 26% represented this category out of which 24% were males and 31% were females.

### Category D

Respondents who had heard of STDs (syphilis) but who were confused about their transmission modes fell under this category. According to respondents, STDs were transmitted through clothes and unhygienic practices and that pimples were one of the symptoms of STDs. Of the total number of respondents 23% represented this category out of which 20% were males and 27% were females.

## III.3 Condoms and Its Practices

A total number of 405 respondents were involved in the study group.

**Table 27**

## **The Use of Condoms**

Out of 405 respondents, 15 females and 83 males were using condoms and that most of them were using it for family planning purposes. Although respondents were informed about condoms through the radio, TV, posters, and health workers, many of them were not using it due to the following factors:

- Respondents (mostly females) found it embarrassing to buy condoms from shops.
- Condoms were not easily available.
- Respondents did not know how to use condoms.

## **II.4 Institutions Working on HIV/AIDS and STD Prevention**

In the region, 53 NGOs and INGOs were working on HIV/AIDS and STD prevention. Among them, some of the organizations had been working on the prevention of HIV/AIDS in the region for two to four years.

Seven organizations had included HIV/AIDS and STD prevention programmes as a major part of their programme while 12 organizations had included HIV/AIDS and STD as part of their programme. Six organizations were working indirectly (by conducting various activities) on HIV/AIDS and STD. 28 organizations were working on HIV/AIDS and STD prevention programmes only when they received funds. Details of the existing situation of institutions working on HIV/AIDS and STD in the region are presented in Annex 8.

The organizations conducted awareness programmes on HIV/AIDS through street theatre, documentary films, training, posters, pamphlets, demonstrations, and educational material, etc. Some of the organizations were also distributing protective measures like condoms in the region and had targeted urban areas, factory workers, drug abusers, and sex workers.

Although many people in the eastern region had been able to attend awareness programmes on HIV/AIDS, there were still many places in the area where programmes on HIV/AIDS could be conducted. The study revealed that there was no organization working on HIV/AIDS in hilly areas.

Organizations usually conducted HIV/AIDS prevention programmes in areas where the spread of HIV/AIDS was acute. No organizations conducted formal baseline surveys prior to launching programmes on HIV/AIDS. Currently, a few organizations have started to conduct baseline surveys in specific areas prior to extending programmes.

Lack of monitoring on HIV/AIDS programmes has made it difficult to conduct a study on the impact of programmes on target groups. Therefore, careful monitoring is required to design better programmes for street theatres, educational campaigns, and film shows. For example, many people (from illiterate, backward communities) who watched street theatres, documentary films, and TV still felt that HIV/AIDS was curable. According to the survey, most respondents watched TV and listened to radio programmes for entertainment purposes. The study also revealed that language barriers presented problems for respondents who were interested in HIV/AIDS programmes that were aired on the radio or TV.

Based on the findings of the study and from suggestions from different individuals and institutions, a thorough study on the existing situation of HIV/AIDS in the region should be conducted prior to launching further awareness programmes on HIV/AIDS. Monitoring should be conducted during implementation of programmes and feedback should be provided for remedial actions. Programme activities should be based on the status, occupation, and ethnicity of different communities.

## **II.5 Commercial Sex Business Centres**

The number of sex business centres was increasing in urban and small market areas and slums. Most business centres were located in market areas, along high ways, and near bus stations where transportation workers and travellers stayed for the night. Major sex business centres were found in Dharan and Itahari municipalities, Sunsari District; Biratnagar, Morang District; and Damak, Birtamod, and Kakaribhitta, Jhapa District. Businesses were conducted in hotels, lodges, and restaurants and sex workers came from slum areas and villages located near cities. FSWs also migrated from one city to another. Most sex workers in Kakaribhitta and Biratnagar were from India while FSWs in Biratnagar were from Jhapa.

**Figure no. 2 (insert here)**

**Major Centres for Sex Business and Mobility of Sex Workers**

**Figure no. 3 (insert here)**

**Mobility Map of FSWs**

Sex workers were available according to customer needs. According to respondents, sex businesses were conducted in small and big hotels and that many restaurants were introducing *gajal* bars and providing entertainment in the form of songs and dance.

According to different sources, entertainment centres that provided sex services should be legalized since more people were visiting the centres to satisfy sexual needs. Therefore, the legalization of entertainment centres would help to address the problems and issues related to HIV/AIDS. However, the general public and people at the administrative level felt that entertainment centres should not be legalized since they encouraged social evils.

**Table 28**

**FSWs in Different Centres**

## **II.6 Drug Abuse Centres**

The major drug abuse centres were in Sunsari, Morang, and Jhapa Districts. The following information provides an outline of the total number of drug users in different parts of the region.

**Table 29**

**Drug Abuse Centres**

## II.7 People and Places Infected with HIV/AIDS

During the survey, efforts were made to identify HIV/AIDS victims but most institutions and individuals were not willing to provide information on the existing situation of HIV/AIDS victims in the region. However, the survey team was able to collect some information, which is presented below.

**Table 30**  
**HIV/AIDS Infected People and Places**

The information presented in Table 30 is based on different sources (for e.g., word of mouth) and may not be reliable. According to respondents, HIV/AIDS victims did not inform others that they were infected with the virus and, therefore team members found it difficult to locate individuals with HIV/AIDS in the region.

According to the World Health Organization, over one thousand people were estimated to be infected with HIV/AIDS in Morang District. So far 115 individuals were found to be HIV/AIDS positive according to District AIDS Coordination, Morang. According to a blood test conducted by National HIV/AIDS and STD Control Centre, a total number of 28 people were found to be HIV positive. In January 2000, HELP organized a blood test of 70 drug users and 27 individuals were found to be carrying the HIV virus. Most drug users were infected with HIV/AIDS because they had shared syringes with other HIV/AIDS victims. The Biratnagar Blood Supply Centre identified remaining victims of HIV/AIDS.

The increasing number of drug users in the area, practice of unsafe sex, migration of workers, and open borders with India were some of the main reasons for the spread of HIV/AIDS in the region.

According to the situational analysis and KAP study report (December 1999) of the National Centre for AIDS and STD Control, the following data was collected from secondary sources.

- In Sunsari District, among 100 syringe users 39 (30.4%) individuals showed HIV positive, 61 showed HIV C positive, two tested HIV B positive, and 11 showed VDRL positive.
- In Morang District, among 92 syringe users 28 individuals showed HIV positive. Among individuals who had donated blood to Biratnagar Blood Bank, 31 were HIV positive.
- In Jhapa District, among 88 drug users 14 individuals showed HIV positive, 26 (30%) showed Hepatitis C positive, two showed Hepatitis B positive, and 17% tested VDRL positive.

## II.8 Migration

Seasonal and permanent migration from hilly areas to the terai was increasingly high in the Eastern Region of Nepal. Most individuals migrated from the hills to settle down in the terai to look for better opportunities to sustain themselves and their families. According to respondents, in Panchthar District in three and four years women in the village would find it difficult to find spouses for themselves and that there would be no men in the village to carry out funeral rites since most of them were leaving for India and the Middle East for better employment opportunities. Seasonal migration in particular was a big impact on the transfer of HIV/AIDS in rural areas.

The study revealed that most individuals who returned to their village from Kathmandu and India brought with them the virus and transmitted it to their spouse. According to hospital sources, many individuals had died of HIV/AIDS during treatment and that there were still many cases of HIV/AIDS that were unknown. There were also individuals who showed symptoms of HIV/AIDS and were suspected of carrying the virus. In some places two or three people infected with HIV/AIDS had died within a short period of each other. For example, a brother and sister who had returned from a carpet factory in Kathmandu had died of HIV/AIDS within five days of each other. Most victims of HIV/AIDS were unemployed high school dropouts.

**Figure 4**  
**Major Places of Migration of People in the Region**

**Figure 4**  
**Major Places of Migration of People in the Region**

## **II.9 Areas Vulnerable to HIV/AIDS**

Rural and urban areas that had a high unemployment rate and an increasing number of migrant workers leaving for Kathmandu and India were vulnerable to HIV/AIDS since most individuals (especially young people) in these areas were engaged in sex business and drug abuse. The literacy rate in these areas was also low.

Women from poor economic backgrounds were involved in sexual activities and most of them were ignorant of the fact that they should adopt protective measures during sexual intercourse. Even FSWs who were aware that HIV/AIDS was spread through sexual activity were often forced to perform sexual intercourse without the use of condoms because of clientele pressure. Women from well off families who were involved in sexual activities also did not adopt protective measures during intercourse.

**(Case study**

**A FSW who came to know that she was infected with HIV/AIDS said that she had sex with several members of parliament and the district chairman of her village and may have transferred the virus to them. This incident took place three years ago.)**

Customers who visited FSWs were generally businessmen and young boys from well-to-do families. According to the survey, most army and police personnel, transportation workers, and political leaders also did not adopt protective measures during sexual intercourse and that individuals who were aware of HIV/AIDS often practiced unsafe sex under the influence of alcohol. Private health clinics and government health centres were at risk with HIV/AIDS because of negligence of health workers.

## **III CONCLUSIONS AND RECOMMENDATIONS**

### **III.1 Conclusions**

The practice of drug abuse, unsafe sex, and seasonal migration (within and outside the country), and open borders with India are key factors that are responsible for the spread of HIV/AIDS in the region. Although many organizations have introduced HIV/AIDS awareness programmes in different parts of Nepal, there are still many rural communities that remain ignorant of HIV/AIDS. Therefore, NGOs, INGOs, governmental, and non-governmental organizations should work together to introduce effective programmes on HIV/AIDS. In the future, ActionAid Nepal also hopes to create awareness programmes and conduct training workshops on HIV/AIDS in different parts of Eastern Region of Nepal.

### **III.2 Recommendations**

There is no cure for HIV/AIDS and at present the only way to control the spread of HIV/AIDS is through awareness programmes. Those who are already infected with HIV/AIDS require rehabilitation programmes to deal with the disease and such programmes should be organized in areas where the number of HIV/AIDS victims is fast increasing and where rural communities are most vulnerable to HIV/AIDS. The following recommendations were put forward to control the spread of HIV/AIDS in the region:

1. Awareness programmes on HIV/AIDS should be organized among rural communities in remote areas in Eastern Nepal.
2. Awareness programmes on HIV/AIDS should be organized in border areas, small markets, slum areas, and along highway routes.
3. FSWs should be informed on the importance of adopting safety measures during sexual intercourse.
4. HIV/AIDS awareness programmes should focus on transportation workers and illiterate people.
5. Migrant workers should be informed on HIV/AIDS before leaving the country.
6. Awareness programmes on HIV/AIDS should be organized in the region for teenagers and high school dropouts.
7. Educational programmes on HIV/AIDS should be organized according to the language, culture, and status of different ethnic groups.
8. According to a study conducted by HELP, many HIV/AIDS victims were involved in drug abuse. Therefore, it was important for development and governmental organizations to control the use of drugs in the region and organize workshops on drug abuse for young people. Study team members also felt that it was important to work with experienced organizations to introduce better programmes on control and prevention of drug abuse.

### **Working Approach**

- Since AAN's working approach is through partnership, ERO has been implementing programmes through partner NGOs in the region. Therefore, ERO should implement preventive programmes on HIV/AIDS through existing partners as well as new partners who have been working with HIV/AIDS in selected areas of the region.
- AAN ERO should launch programmes and establish alliances with experienced organizations to produce effective programmes on HIV/AIDS.
- Awareness programmes should be launched with the help of school teachers, students, local institutions and leaders through workshops and interactive programmes.

- Awareness programmes should focus on knowledge, skill, and attitude.
- Joint efforts should be established with local governments to implement preventive programmes on HIV/AIDS. According to study team members it was important to mobilize government resources for effective implementation of HIV/AIDS awareness programmes in the region.
- Follow-up programmes should be implemented to evaluate existing programmes on HIV/AIDS.
- Experiences of different organizations should be shared during workshops.

## List of Tables

**Table 1**

### **Level of Awareness by Category**

#### **Category "A"**

Category "A" included informants that had full knowledge on HIV/AIDS and STD. They explained the transmission modes, symptoms, and prevention measures of HIV/AIDS. However, no one represented this category in the study area. The details are presented in Annex 1.

#### **Category "B"**

Informants who had knowledge on HIV/AIDS, its transmission modes, prevention measures, and symptoms fell under this category. Among 769 informants, 2.73% had knowledge on HIV/AIDS. 489 (4.09%) respondents represented men and 280 (0.36%) represented women. Informants were mostly health trainers and trainees associated with health services.

#### **Category "C"**

Respondents in this category knew about HIV/AIDS, its prevention measures, and two major transmission modes. Out of 489 men and 280 women, 27.83% men and 29.64% women fell under this category.

#### **Category "D"**

Respondents in this category were aware of one transmission mode and prevention measure of HIV/AIDS. Also, respondents said that HIV/AIDS was incurable and that the disease was transmitted through unsafe sexual practices. Among the total number of respondents (47.07%), 46.01% men and 48.93% women fell under this category.

#### **Category "E"**

Respondents who were not aware of different HIV/AIDS transmission modes and who were confused whether HIV/AIDS was curable or not fell under this category. According to them, AIDS was transmitted through physical and sexual contact, mosquito bites, and by sharing the same food, clothes, and toilet facilities used by HIV victims. Of the total number of respondents (14.93% men and 12.50% women), 14.04% fell under this category.

#### **Category "F"**

Respondents who had not heard about HIV/AIDS were grouped under this category. Most respondents in this category said that HIV/AIDS was the English term for *Bhiringi* (syphilis) and represented people who

were poor, illiterate, and aged above 50. Among 769 respondents (8.18% men and 8.57% women), 8.32% fell under this category.

### **Table 2**

#### **Level of Awareness by Age Group (12 yrs to 16)**

Respondents in this category were divided into three age groups: 12 yrs to 16, 16 yrs to 50, and 50 yrs above. They represented different ethnic groups, occupations, and backgrounds. Of the total number of respondents, only 543 were categorized according to their age group.

224 (129 males and 95 females) respondents were included in this age group. 26.79% of the total number of respondents fell under category "C" while no one fell under categories "A" and "B". Respondents represented school children from class eight and nine. Of the total number of 129 males and 95 females, 25.58% and 28.42% respectively fell under category "C".

Under category "D", 83 males (64.34%) and 62 females (65.26%) represented the total number of 224 school children. Category "E" represented six males (4.65%) and two females (2.10%) who were school children, farmers, shopkeepers, and hotel workers. Of the total number of respondents 4.91% fell under category "F" and represented illiterates, farmers, and hotel workers.

School children from class eight and above were aware of HIV/AIDS, as it was included in their school syllabus, while children who had not attended school were unaware of the spread of HIV/AIDS.

### **Table 3**

#### **Level of Awareness by Age Group (16 yrs to 50)**

A total number of 316 (183 males and 133 females) respondents represented this age group. Among them, 3.16% respondents fell under category "B" where 5.46% were males. Of the total number of respondents 32.60% fell under category "B" of which 31.69% were males and 33.83% were females. 39.10% respondents represented category "D" of which 37.71% were males and 39.10% were females. Under category "E" of the total number of 15.82% respondents, 14.21% were males and 18.05% were females. 10.93% males and 9.02% females represented category "F".

### **Table 4**

#### **Level of Awareness by Age Group (50 yrs and above)**

19 males represented the study group. Of the total number of respondents, 10.53% fell in category "C", 36.84% in category "D", 31.58% in category "E", and 21.05% in category "F". Respondents who were poor, illiterate, and from farming backgrounds lacked awareness on HIV/AIDS.

**Table 5**  
**Respondents Who Were not Categorised According to Age Group**

During the survey, out of the total number of 769 respondents, the age of 210 respondents was not recorded.

Of the total number of 210 respondents 5.24% fell under category "B" and were represented by 6.33% males and 1.92% females. 23.33% respondents (24.05% males and 21.15% females) fell under category "C" while 42.38% (41.77% males and 44.23% females) fell under category "D". 20.95% (22.15% males and 17.31% females) and 8.10% (5.70% males and 15.39% females) fell under categories "E" and "F" respectively.

**Table 6**  
**(12 yrs to 16)**

Of the total number of 59 respondents, 32 were males and 27 were females. No one fell under categories "A" and "B". 35.59% fell under category "C" of which 25% were males and 48.15% were females. Under category "D" 29.63% females and 34.38% males represented 32% of the total number of respondents. 13.56% respondents fell under category "E" of which 18.76% were males and 7.41% were females. Category "F" was represented by 18.45% respondents of which 21.76% were males and 14.81% were females.

**Table 7**  
**(16 yrs to 50)**

No one fell under categories "A" and "B". Of the total number of respondents 33.33% fell under category "C" and was represented by 31.58% males and 36.36% females. 20% fell under category "E" of which 26.32% were males and 9.09% were females. 26.67% respondents of which 21.05% males and 36.36% females represented category "E". Of the total number of respondents 20% fell under category "F" of which 26.23% were males and 9.09% were females.

**Table 8**  
**(50 yrs and above)**

No one fell under categories "A" and "B". 10.52%, 36.84%, 31.58%, and 21.05% males represented categories "C", "D", "E", and "F" respectively.

**Table 9**  
**(16 yrs to 50)**

No one fell under category "A". 13.89% respondents of which 25% were males represented category "B". There was no female representation under category "B". 25% respondents fell under category "C" of which 35% were males and 12.50% females. 12.50% and 37.50% female respondents represented categories "D" and "E" respectively. There was no male representation under categories "D" and "E". Under category "F" 40% males and 37.50% females represented 38.89% respondents.

**Table 10**  
**Group With no Age Specification**

No one fell under categories "A" and "B". Out of 17.74% respondents in category "C" 3.23% were males and 32.26% were females. Out of 59.68% respondents in category "D" 80.65% were males and 38.71% were females. Of the total number of 11.29% respondents in category "E" 12.90% were males and 9.68% were females. Of the total number of 11.29% respondents in category "F" 3.23% were males and 19.35% were females. Only one male respondent represented the study group and he fell under category "F".

**Table 12**  
**Health Related Institutions and Personnel**

Of the total number of 30 health related personnel only two female respondents were present. 13 and 17 respondents fell under categories "B" and "C" respectively. According to the survey, local health posts were receiving support from district offices to provide health services to villagers. However, local health posts were not providing health services on HIV/AIDS. Also, the documentation of health records especially on case studies related to HIV/AIDS was poor. Individuals affected with STDs were usually categorized as patients suffering from syphilis. One of the main reasons for the poor documentation of health records in government health centres was the frequent turnover and transfer of health personnel.

Many young men and women in the region were unable to test themselves for HIV/AIDS because of lack of proper health equipment in private clinics and local health centres. Blood donated to Red Cross centres was tested for HIV. Therefore, most Red Cross centres were aware of the existing situation of HIV/AIDS and STD in the region and were running HIV/AIDS prevention programmes.

During the survey, information on the existing situation of HIV/AIDS in the region was collected from the Red Cross Society, DPHO, medical shops, and different health related institutions and centres. Emphasis was laid on programmes, case studies, knowledge, attitude, and practices related to HIV/AIDS and STD.

**Table 13**  
**Public School Students**

A total of 154 students (85 males and 69 females) were included in the study group. No one fell under categories "A", "B", and "F". Under category "C" 5.84% of respondents were represented by 3.53% males and 8.70% females. Under category "D" out of the total number of 89.61% respondents 90.59% were males and 88.40% were females.

Of the total number of 4.55% respondents under category "E" 5.88% were males and 2.90% were females.

Students from classes eight, nine, and ten were generally aware of HIV/AIDS since reproductive health was part of their educational curriculum. However, students felt that teachers did not hold enough discus-

sions on HIV/AIDS and that they were often asked to study lessons on reproductive health on their own. Also, students who had knowledge on HIV/AIDS did not discuss the disease with their friends. However, some students felt that they would share their knowledge on HIV/AIDS with individuals who were unaware of HIV/AIDS.

During the survey, group and individual discussions were held with teachers and students from classes eight, nine, and 10. Students below class eight were not aware of the problems related to HIV/AIDS.

#### **Table 14** **Boarding School Students**

No one fell under categories "A", "B", "E", and "F". Out of the total number of 37 respondents 86.49% and 13.51% males represented categories "C" and "D" respectively. 100% females represented category "C".

Information was collected through class discussions. Two private boarding schools were included in the study and represented students from classes eight and nine. Information was also collected from students from other classes.

Students attending private schools were well informed on issues related to HIV/AIDS than students attending public schools. In private schools, classes and discussions on HIV/AIDS were conducted regularly. According to the survey, students attending private schools were from well off families and had access to radio, television, magazines, and newspapers. Although some students discussed issues on HIV/AIDS with their friends, they did not discuss the disease with their families.

#### **Table 15** **College Students**

No one fell under categories "A", "E", and "F". Under category "B" 4.23% males represented 2.33% respondents. 53.52% males and 37.93% females represented category "C" and "D".

Information was collected through class discussions. A total number of 129 students studying PL and 10+2 were included in the study group.

According to the survey, students attending boarding schools knew more about HIV/AIDS than college students. One of the main reasons for this was that HIV/AIDS had not been included in the previous educational curriculum in schools. Besides, college students in the study group had previously attended public schools. Out of the total number of 129 students, three fell under category "B" and had received training on HIV/AIDS. The study revealed that students only shared their knowledge on HIV/AIDS with friends since discussing issues on HIV/AIDS and STD with family and community members was not part of their culture. However, after the study the students felt that it was important to share issues on HIV/AIDS with their family and community members who were unaware of the disease.

**Table 16**  
**Teachers and Civil Servants**

No one fell under categories "A", "B", "E", and "F". Under category "C" 54.55% males represented 54.55% of the total number of respondents while 45.45% males represented 45.45% of the total number of respondents under category "D". Discussions were mostly held with public school teachers and according to them teachers who usually taught reproductive health informed students on HIV/AIDS. Issues on sexuality were included in Health, Population and Environment books for classes eight and nine.

The study also revealed that teachers discussed issues on HIV/AIDS among themselves and with other individuals. One headmaster was planning to organize a training programme for teachers on HIV/AIDS with help from the National AIDS Prevention Coordination Office. According to teachers and students, organizations working with HIV/AIDS should organize orientation programmes in schools and educational institutions. Likewise educational campaigns should be launched in remote villages and educational methodologies should take into account the need, ethnicity, language, and culture of different communities in the region.

Individual and group discussions that focused on the existing situation of HIV/AIDS in the region were held with teachers

**Table 17**  
**Medium Level Hotel/Lodge Owners**

No one fell under categories "A", "B", and "F". Of the total number of 19 respondents one male represented category "C". Of the total number of 14 males and five females eight males and five females represented category "D" while five males represented category "E".

With the exception of a few, most hotel/lodge/restaurant owners were aware of HIV/AIDS. According to the survey, hotel/lodge owners were engaged in the sex business for money and that most customers brought with them sex partners under the pretext of a relative or family member. However, some owners admitted that FSWs visited them and were in contact with them through mediators.

Of the total number of nine hotel/lodge owners included in the survey, only two of them said that FSWs were taking protective measures against HIV/AIDS. The rest of the hotel/lodge owners did not know whether their customers were taking precautionary measures against HIV/AIDS and also had not advised them to protect themselves against the disease.

During the survey, efforts were made to include teashop, hotel/lodge, restaurant, and local pub owners in discussions on HIV/AIDS.

**Table 18**  
**Small Hotel Owners (Liquor Shops/Small Pubs)**

No one fell under categories “A”, “B”, “C”, and “D”. Out of the total number of nine respondents one male and six females fell under category “E” while two females fell under category “F”. According to the survey, hotel owners were unaware of HIV/AIDS. Although some of them had attended HIV awareness campaigns organized by NGOs, they were still confused whether the disease was curable or not. FSWs were most vulnerable to HIV/AIDS and STDs.

During the study, information was collected from small hotels, tea and liquor shops, and food stalls located near small markets, industrial and slum areas, police/army camps, urban settlements, and highways.

**Table 19**  
**Hotel Workers**

No one fell under categories “A”, “B”, and “C”. Out of the total number of 10 respondents four males and one female fell under category “D” while four males fell under category “E”. Only one male fell under category “F”.

During the study, 10 workers (cooks, utensil cleaners, and room attendants) from different hotels were included in the discussions. They provided information on HIV/AIDS and sexual activities that took place inside the hotel and at other lodges.

**Table 20**  
**Transport Workers (Taxi/Tempo/Bus/Truck Drivers and Conductors)**

No one fell under categories “A” and “B”. Of the total number of 16 respondents, 31.25% males fell under categories “C” and “D” while 18.75% males fell under categories “E” and “F”. During the study, individual discussions were held with 16 male respondents.

Transport workers who had received education (some of them had studied upto SLC and above), read magazines, newspapers, watched television, and listened to radio programmes were aware of HIV/AIDS. However, bus conductors, truck and tempo drivers were not fully aware of HIV/AIDS and were involved in sexual activities because they were usually in groups of two and three and were able to pick up sex partners during bus routes. Sexual activities took place in jungle areas, hotels and lodges, inside vehicles, and along high ways.

According to them, sex partners usually came from small market places, rural areas, and poor families. Girls who had not received proper parental guidance were also involved in sexual activities and usually represented middle class families in Nepal. Most truck drivers did not use protective measures during sexual intercourse.

**Table 21**

### **Rickshaw Pullers**

No one fell under categories "A" and "B". Out of a total number of 24 respondents, 12.50% males fell under category "C". 16.67%, 37.50%, and 33.33% males fell under categories "D", "E", and "F" respectively.

The use of rickshaws is common in urban and market areas of the terai. Most people use them because they are easily available and are cheap modes of transportation in the terai especially for short distances. Therefore, rickshaw pullers have contact with different kinds of people and knowledge about specific areas in the terai. Keeping this in mind, a total number of 24 rickshaw pullers were included in the survey.

Most rickshaw pullers were not involved in sexual activities and usually transported customers (both males and females) to and from hotels. They also identified hotels that were engaged in the sex business and FSWs they were in contact with.

### **Table 22 Businessmen**

No one fell under categories "A" and "B". Out of the total no of 29 respondents 34.78%, 13.04%, and 8.70% male respondents fell under categories "C", "E", and "F" respectively. Except for hotel owners businessmen from different kinds of backgrounds were included in the study group.

### **Table 23 Police**

No one fell under categories "A", "B", and "F". Out of the total number of 20 respondents 30%, 45%, and 25% male respondents fell under categories "C", "D", and "E" respectively. Most senior police officers were aware of HIV/AIDS. Although more than 25% police personnel at the lower ranks were aware of HIV/AIDS, they did not know that the disease was curable. Most traffic police were aware of HIV/AIDS and had completed their SLC (School Leaving Certificate) and intermediate studies. The study group included police officers aged 16 yrs to 50.

(Case study: Statement of police personnel. "Police personnel who are separated from their families for long periods are involved in sexual activities for entertainment purposes. Even if they are aware of HIV/AIDS, they only use safety measures if they have access to condoms, etc.")

According to the study, police personnel were oriented on HIV/AIDS at the district and regional level with support from different organizations. However, lower ranking police officers had not received training on HIV/AIDS. Although the police had full knowledge on sex business centres, FSWs, mediators, and drug abusers, they had not been able to control the spread of HIV/AIDS in the area because many politicians and senior police officers were also involved in the sex trade. Usually, mediators who were arrested for sex crimes were easily discharged because of their connection with powerful political parties and the police.

## Army

The survey included discussions with army officers on the existing situation of HIV/AIDS in the region. Most senior army officers had received orientation programmes on HIV/AIDS and they were organizing orientation programmes for low ranking officers. Training programmes on HIV/AIDS were usually conducted at Kathmandu and Nuwakot and officers who were serving in the peacekeeping force in the UN were also informed on HIV/AIDS before leaving the country. Besides orientation programmes, army personnel were informed on HIV/AIDS through educational programmes, posters, pamphlets, and documentary films. A box of condom was placed in each camp and according to the survey was reported to be properly used.

According to different sources, sexual activities took place more often in settlements located near army camps and that army camps were usually located near areas that ran sex business centres. A few cases of forced sex by army personnel were also reported.

### Case study

Two years ago, a dalit woman was preparing dinner for her husband and herself. For a short while, her husband went to visit his neighbour's house, which was a few minutes' away. When he returned back from his friend's house he discovered that his wife was missing. He waited until 8 pm but she still did not appear. He then sought help from other villagers and formed a search party to look for his wife. Although, they looked for her everywhere in market and jungle areas, they were unable to find her. Later on, they found her lying unconscious on a riverbank and brought her back to her home. After receiving treatment, she regained consciousness and it was found out that more than 11 army personnel had raped her.

### Case study

A woman who runs a liquor shop has four daughters and a son. Her husband is an army man who lives in another area with his second wife. Besides providing liquor, the woman and her daughters also provide sex services to army men. Among the daughters, two of them have married army officers and have children who live with their mother. Although some of them had heard about HIV/AIDS, they had thought that the disease was curable if it was treated in time. According to informants, the shopkeeper is contacting other FSWs and conducting sex business in the area.

## Table 24

### Factory Workers

No one fell under categories "A" and "B". Under category "C" out of the total number of 5.26% respondents 8.33% were males. Under category "D" out of the total number of 53.95% respondents 43.75% were males and 71.43% were females. Under category "E" out of the total number of 36.84% respondents 45.83% were males and 21.43% were females. 2.08% males and 7.14% females fell under category "F" out of a total number of 3.95% respondents.

**Table 25**  
**FSWs and Mediators**

Awareness on HIV/AIDS among FSWs was little. Out of the total number of 19 respondents 28.57% females and one male mediator fell under category "D". 57.14% females and 80% males fell under "E" while 14.28% females fell under category "F". All respondents fell under categories "E" and "F" while only six women out of 14 were adopting safety measures during sexual intercourse.

A total of 19 (14 females and 5 males) respondents representing commercial sex workers and mediators were included in the study group. Discussions took place at hotels and restaurants. All of them were regular service providers at hotels, lodges, and restaurants while some of them were also running their own hotel and liquor businesses. Men usually mediated between FSWs and customers and sometimes provided sex services as well.

Most sex workers were involved in the sex trade to earn their livelihood and were running their own sex business centres in the region. Although the sex business was fostering in urban and border areas near India, the number of places providing sex services along the high way was also increasing. With the exception of two all 14 FSWs were married and had children. Three of them had been married twice while most of them were living without their husbands. Most of their husbands were living with their second wives while some of them were working outside the country. Most of the FSWs were not supported by their husbands and relatives and were unable to find employment in the area. Sometimes they worked as labourers but were only paid Rs. 40 per day, which was not enough to feed their children. However, they were able to earn a minimum of Rs. 200 per day from the sex trade.

**Case study**

Anju (not her real name), a mother of two, was forced to work as a FSW because her husband left her some years ago. Today with her children, she lives in a makeshift hut in a slum area. Earlier, Anju tried working as a labourer and received Rs. 40 per day but this was barely enough to feed her children and herself. Therefore, she started to work as a FSW and received Rs. 500 to Rs. 2,000 per day. Sometimes, the customers also provided her with food. However, Anju was not happy with her work. People in the village did not respect her and she was often arrested by the police and had to pay fines.

Today, Anju is old and works as a mediator for FSWs and receives Rs. 150 to Rs. 300 per day. However, sometimes she has to return home empty-handed and is worried about the future. She realizes that she is becoming old and soon will not be able to feed her children and herself.

**Case study**

Anju Magar, a 38-year old woman, has been involved in the sex business for the past four years. She has two children. Her first child is a 15-year-old daughter from her first husband and her second child is a four-year-old son from her second husband. Although Anju is the second wife of her present husband, he is living with his first wife.

Today, Anju realizes that she is to be blamed for her present status. She started to work as a FSW for entertainment purposes and when her first husband found out about her work he told her to discontinue it. However, Anju did not listen and during her work she met her second husband and became involved with him. Later on when she had his child she found out that he was already married.

### **Case study**

Four years ago, Urmila Giri (not her real name), a 26-year-old woman from Makaibari, Darjeeling, had married a Nepali boy from Kakaribhitta. After her marriage, her husband left for Delhi to earn money. After two years, he returned home and asked her to leave with him for Delhi. While they were travelling by train, he asked her to hand over her jewellery since he needed cash to pay old debts. He then asked her to return home and said that he would return as soon as he paid his debts.

Therefore, Urmila handed over her jewellery (three *tolas*) to her husband and returned home. However, her husband never returned home and later on Urmila found out that he had married another woman in Delhi. After her husband left her, Urmila had to leave her in-laws' place because they refused to support her. With no financial security, Urmila began to work as a FSW.

At present, Urmila is living with her parents in Makaibari, Darjeeling, and visits Kakaribhitta from time to time to work as a FSW. At Kakaribhitta, she stays with her relatives and earns Rs. 400 to Rs. 1,200 a day. Urmila does not use protective measures during sexual intercourse and has no knowledge on HIV/AIDS and STDs. In the future, she hopes to work as a TBA in Darjeeling and is still hoping that her husband will return back to her.)

Most FSWs were not happy with their work because villagers did not respect them in the area. If the opportunity arose they felt that they would make their livelihood through other means. Women (usually from middle class families) who worked as sex workers for entertainment purposes regretted their decisions since it had resulted in the separation between them and their husbands. In the region, most females who were involved in the sex business were from poor families and separated from their husbands/families. However, there were also FSWs who were still living with their husbands while some of them were widows. According to different sources, customers represented business people, transport workers, police and army personnel, unemployed teenagers, and politicians. They came from remote places and even crossed borders to find sex partners.

## **MOBILITY MAP OF SEX WORKERS**

### **II.2 Awareness Level of the People on STD**

A total number of 712 respondents (4,450 males and 262 females) were included in the study group. Information was collected on their knowledge on STDs and HIV/AIDS and based on their level of awareness respondents were divided into four categories.

#### **Table 26**

#### **Level of Awareness by Category**

**Category “A”**

Respondents who had knowledge on STD, its transmission modes, symptoms, prevention measures, and the relation between STD and HIV/AIDS fell under this category. Of the total number of 712 respondents, 14% had knowledge on STD. Respondents in this category were health trainers and trainees. Details of category “A” are presented in the Annexes.

**Category “B”**

Respondents who had knowledge on STDs, their transmission modes and prevention measures but who had no knowledge on STD symptoms and the relation between STDs and HIV/AIDS fell under this category. Of the total number of respondents 37% represented this category out of which 38% were males and 35% were females.

**Category “C”**

Respondents who had little knowledge on STDs (syphilis), their transmission modes and prevention measures but who did not have knowledge on the relation between HIV/AIDS and STDs fell under this category. Of the total number of respondents 26% represented this category out of which 24% were males and 31% were females.

**Category “D”**

Respondents who had heard of STDs (syphilis) but who were confused about their transmission modes fell under this category. According to respondents, STDs were transmitted through clothes and unhygienic practices and that pimples were one of the symptoms of STDs. Of the total number of respondents 23% represented this category out of which 20% were males and 27% were females.

**III.3 Condoms and Its Practices**

A total number of 405 respondents were involved in the study group.

Out of 405 respondents, 15 females and 83 males were using condoms and that most of them were using it for family planning purposes. Although respondents were informed about condoms through the radio, TV, posters, and health workers, many of them were not using it due to the following factors:

- Respondents (mostly females) found it embarrassing to buy condoms from shops.
- Condoms were not easily available.
- Respondents did not know how to use condoms.

**II.4 Institutions Working on HIV/AIDS and STD Prevention**

In the region, 53 NGOs and INGOs were working on HIV/AIDS and STD prevention. Among them, some of the organizations had been working on the prevention of HIV/AIDS in the region for two to four years.

Seven organizations had included HIV/AIDS and STD prevention programmes as a major part of their

programme while 12 organizations had included HIV/AIDS and STD as part of their programme. Six organizations were working indirectly (by conducting various activities) on HIV/AIDS and STD. 28 organizations were working on HIV/AIDS and STD prevention programmes only when they received funds. Details of the existing situation of institutions working on HIV/AIDS and STD in the region are presented in Annex 8.

The organizations conducted awareness programmes on HIV/AIDS through street theatre, documentary films, training, posters, pamphlets, demonstrations, and educational material, etc. Some of the organizations were also distributing protective measures like condoms in the region and had targeted urban areas, factory workers, drug abusers, and sex workers.

Although many people in the eastern region had been able to attend awareness programmes on HIV/AIDS, there were still many places in the area where programmes on HIV/AIDS could be conducted. The study revealed that there was no organization working on HIV/AIDS in hilly areas.

Organizations usually conducted HIV/AIDS prevention programmes in areas where the spread of HIV/AIDS was acute. No organizations conducted formal baseline surveys prior to launching programmes on HIV/AIDS. Currently, a few organizations have started to conduct baseline surveys in specific areas prior to extending programmes.

Lack of monitoring on HIV/AIDS programmes has made it difficult to conduct a study on the impact of programmes on target groups. Therefore, careful monitoring is required to design better programmes for street theatres, educational campaigns, and film shows. For example, many people (from illiterate, backward communities) who watched street theatres, documentary films, and TV still felt that HIV/AIDS was curable. According to the survey, most respondents watched TV and listened to radio programmes for entertainment purposes. The study also revealed that language barriers presented problems for respondents who were interested in HIV/AIDS programmes that were aired on the radio or TV.

Based on the findings of the study and from suggestions from different individuals and institutions, a thorough study on the existing situation of HIV/AIDS in the region should be conducted prior to launching further awareness programmes on HIV/AIDS. Monitoring should be conducted during implementation of programmes and feedback should be provided for remedial actions. Programme activities should be based on the status, occupation, and ethnicity of different communities.

Out of 405 respondents, 15 females and 83 males were using condoms and that most of them were using it for family planning purposes. Although respondents were informed about condoms through the radio, TV, posters, and health workers, many of them were not using it due to the following factors:

- Respondents (mostly females) found it embarrassing to buy condoms from shops.
- Condoms were not easily available.
- Respondents did not know how to use condoms.

## **II.4 Institutions Working on HIV/AIDS and STD Prevention**

In the region, 53 NGOs and INGOs were working on HIV/AIDS and STD prevention. Among them, some of the organizations had been working on the prevention of HIV/AIDS in the region for two to four years.

Seven organizations had included HIV/AIDS and STD prevention programmes as a major part of their programme while 12 organizations had included HIV/AIDS and STD as part of their programme. Six organizations were working indirectly (by conducting various activities) on HIV/AIDS and STD. 28 organizations were working on HIV/AIDS and STD prevention programmes only when they received funds. Details of the existing situation of institutions working on HIV/AIDS and STD in the region are presented in Annex 8.

The organizations conducted awareness programmes on HIV/AIDS through street theatre, documentary films, training, posters, pamphlets, demonstrations, and educational material, etc. Some of the organizations were also distributing protective measures like condoms in the region and had targeted urban areas, factory workers, drug abusers, and sex workers.

Although many people in the eastern region had been able to attend awareness programmes on HIV/AIDS, there were still many places in the area where programmes on HIV/AIDS could be conducted. The study revealed that there was no organization working on HIV/AIDS in hilly areas.

Organizations usually conducted HIV/AIDS prevention programmes in areas where the spread of HIV/AIDS was acute. No organizations conducted formal baseline surveys prior to launching programmes on HIV/AIDS. Currently, a few organizations have started to conduct baseline surveys in specific areas prior to extending programmes.

Lack of monitoring on HIV/AIDS programmes has made it difficult to conduct a study on the impact of programmes on target groups. Therefore, careful monitoring is required to design better programmes for street theatres, educational campaigns, and film shows. For example, many people (from illiterate, backward communities) who watched street theatres, documentary films, and TV still felt that HIV/AIDS was curable. According to the survey, most respondents watched TV and listened to radio programmes for entertainment purposes. The study also revealed that language barriers presented problems for respondents who were interested in HIV/AIDS programmes that were aired on the radio or TV.

Based on the findings of the study and from suggestions from different individuals and institutions, a thorough study on the existing situation of HIV/AIDS in the region should be conducted prior to launching further awareness programmes on HIV/AIDS. Monitoring should be conducted during implementation of programmes and feedback should be provided for remedial actions. Programme activities should be based on the status, occupation, and ethnicity of different communities.

## **II.5 Commercial Sex Business Centres**

The number of sex business centres was increasing in urban and small market areas and slums. Most business centres were located in market areas, along high ways, and near bus stations where transportation workers and travellers stayed for the night. Major sex business centres were found in Dharan and Itahari municipalities, Sunsari District; Biratnagar, Morang District; and Damak, Birtamod, and Kakaribhitta, Jhapa District. Businesses were conducted in hotels, lodges, and restaurants and sex workers came from slum areas and villages located near cities. FSWs also migrated from one city to another. Most sex workers in Kakaribhitta and Biratnagar were from India while FSWs in Biratnagar were from Jhapa.

### **Figure no. 2**

#### **Major Centres for Sex Business and Mobility of Sex Workers**

### **Figure no. 3 Mobility Map of FSWs**

Sex workers were available according to customer needs. According to respondents, sex businesses were conducted in small and big hotels and that many restaurants were introducing *gajal* bars and providing entertainment in the form of songs and dance.

According to different sources, entertainment centres that provided sex services should be legalized since more people were visiting the centres to satisfy sexual needs. Therefore, the legalization of entertainment centres would help to address the problems and issues related to HIV/AIDS. However, the general public and people at the administrative level felt that entertainment centres should not be legalized since they encouraged social evils.

### **Table 28**

## **II.6 Drug Abuse Centres**

The major drug abuse centres were in Sunsari, Morang, and Jhapa Districts. The following information provides an outline of the total number of drug users in different parts of the region.

### **Table 29**

#### **Drug Abuse Centres**

## **II.7 People and Places Infected with HIV/AIDS**

During the survey, efforts were made to identify HIV/AIDS victims but most institutions and individuals were not willing to provide information on the existing situation of HIV/AIDS victims in the region. However, the survey team was able to collect some information, which is presented below.

### **Table 30**

The information presented in Table 30 is based on different sources (for e.g., word of mouth) and may not be reliable. According to respondents, HIV/AIDS victims did not inform others that they were infected with the virus and, therefore team members found it difficult to locate individuals with HIV/AIDS in the region.

According to the World Health Organization, over one thousand people were estimated to be infected with HIV/AIDS in Morang District. So far 115 individuals were found to be HIV/AIDS positive according to District AIDS Coordination, Morang. According to a blood test conducted by National HIV/AIDS and STD Control Centre, a total number of 28 people were found to be HIV positive. In January 2000, HELP organized a blood test of 70 drug users and 27 individuals were found to be carrying the HIV virus. Most drug users were infected with HIV/AIDS because they had shared syringes with other HIV/AIDS victims. The Biratnagar Blood Supply Centre identified remaining victims of HIV/AIDS.

The increasing number of drug users in the area, practice of unsafe sex, migration of workers, and open borders with India were some of the main reasons for the spread of HIV/AIDS in the region.

According to the situational analysis and KAP study report (December 1999) of the National Centre for AIDS and STD Control, the following data was collected from secondary sources.

- In Sunsari District, among 100 syringe users 39 (30.4%) individuals showed HIV positive, 61 showed HIV C positive, two tested HIV B positive, and 11 showed VDRL positive.
- In Morang District, among 92 syringe users 28 individuals showed HIV positive. Among individuals who had donated blood to Biratnagar Blood Bank, 31 were HIV positive.

In Jhapa District, among 88 drug users 14 individuals showed HIV positive, 26 (30%) showed Hepatitis C positive, two showed Hepatitis B positive, and 17% tested VDRL positive.

## II.8 Migration

Seasonal and permanent migration from hilly areas to the terai was increasingly high in the Eastern Region of Nepal. Most individuals migrated from the hills to settle down in the terai to look for better opportunities to sustain themselves and their families. According to respondents, in Panchthar District in three and four years women in the village would find it difficult to find spouses for themselves and that there would be no men in the village to carry out funeral rites since most of them were leaving for India and the Middle East for better employment opportunities. Seasonal migration in particular was a big impact on the transfer of HIV/AIDS in rural areas.

The study revealed that most individuals who returned to their village from Kathmandu and India brought with them the virus and transmitted it to their spouse. According to hospital sources, many individuals had died of HIV/AIDS during treatment and that there were still many cases of HIV/AIDS that were unknown. There were also individuals who showed symptoms of HIV/AIDS and were suspected of carrying the virus. In some places two or three people infected with HIV/AIDS had died within a short period of each other. For example, a brother and sister who had returned from a carpet factory in Kathmandu had died of HIV/AIDS

within five days of each other. Most victims of HIV/AIDS were unemployed high school dropouts.

#### **Figure 4**

#### **Major Places of Migration of People in the Region**

### **II.9 Areas Vulnerable to HIV/AIDS**

Rural and urban areas that had a high unemployment rate and an increasing number of migrant workers leaving for Kathmandu and India were vulnerable to HIV/AIDS since most individuals (especially young people) in these areas were engaged in sex business and drug abuse. The literacy rate in these areas was also low.

Women from poor economic backgrounds were involved in sexual activities and most of them were ignorant of the fact that they should adopt protective measures during sexual intercourse. Even FSWs who were aware that HIV/AIDS was spread through sexual activity were often forced to perform sexual intercourse without the use of condoms because of clientele pressure. Women from well off families who were involved in sexual activities also did not adopt protective measures during intercourse.

**(Case study: A FSW who came to know that she was infected with HIV/AIDS said that she had sex with several members of parliament and the district chairman of her village and may have transferred the virus to them. This incident took place three years ago.)**

Customers who visited FSWs were generally businessmen and young boys from well-to-do families. According to the survey, most army and police personnel, transportation workers, and political leaders also did not adopt protective measures during sexual intercourse and that individuals who were aware of HIV/AIDS often practiced unsafe sex under the influence of alcohol. Private health clinics and government health centres were at risk with HIV/AIDS because of negligence of health workers.

## **III CONCLUSIONS AND RECOMMENDATIONS**

### **III.1 Conclusions**

The practice of drug abuse, unsafe sex, and seasonal migration (within and outside the country), and open borders with India are key factors that are responsible for the spread of HIV/AIDS in the region. Although many organizations have introduced HIV/AIDS awareness programmes in different parts of Nepal, there are still many rural communities that remain ignorant of HIV/AIDS. Therefore, NGOs, INGOs, governmental, and non-governmental organizations should work together to introduce effective programmes on HIV/AIDS. In the future, ActionAid Nepal also hopes to create awareness programmes and conduct training workshops on HIV/AIDS in different parts of Eastern Region of Nepal.

### **III.2 Recommendations**

There is no cure for HIV/AIDS and at present the only way to control the spread of HIV/AIDS is through awareness programmes. Those who are already infected with HIV/AIDS require rehabilitation programmes to deal with the disease and such programmes should be organized in areas where the number of HIV/AIDS victims is fast increasing and where rural communities are most vulnerable to HIV/AIDS. The following recommendations were put forward to control the spread of HIV/AIDS in the region:

1. Awareness programmes on HIV/AIDS should be organized among rural communities in remote areas in Eastern Nepal.
2. Awareness programmes on HIV/AIDS should be organized in border areas, small markets, slum areas, and along highway routes.
3. FSWs should be informed on the importance of adopting safety measures during sexual intercourse.
4. HIV/AIDS awareness programmes should focus on transportation workers and illiterate people.
5. Migrant workers should be informed on HIV/AIDS before leaving the country.
6. Awareness programmes on HIV/AIDS should be organized in the region for teenagers and high school dropouts.
7. Educational programmes on HIV/AIDS should be organized according to the language, culture, and status of different ethnic groups.

According to a study conducted by HELP, many HIV/AIDS victims were involved in drug abuse. Therefore, it was important for development and governmental organizations to control the use of drugs in the region and organize workshops on drug abuse for young people. Study team members also felt that it was important to work with experienced organizations to introduce better programmes on control and prevention of drug abuse.

### **Working Approach**

- Since AAN's working approach is through partnership, ERO has been implementing programmes through partner NGOs in the region. Therefore, ERO should implement preventive programmes on HIV/AIDS through existing partners as well as new partners who have been working with HIV/AIDS in selected areas of the region.
- AAN ERO should launch programmes and establish alliances with experienced organizations to produce effective programmes on HIV/AIDS.
- Awareness programmes should be launched with the help of school teachers, students, local institutions and leaders through workshops and interactive programmes.
- Awareness programmes should focus on knowledge, skill, and attitude.
- Joint efforts should be established with local governments to implement preventive programmes on HIV/AIDS. According to study team members it was important to mobilize government resources for effective implementation of HIV/AIDS awareness programmes in the region.
- Follow-up programmes should be implemented to evaluate existing programmes on HIV/AIDS.
- Experiences of different organizations should be shared during workshops.

## APPENDICES

### Annex 1

#### Level of Awareness on HIV/AIDS

#### Category "A"

##### KNOWLEDGE ON HIV/AIDS

A viral disease that attacks and breaks down the body's immune system, leading to serious and usually fatal infections and death.

##### TRANSMISSION MODES

- Unsafe sexual intercourse
- Transmission of contaminated blood
- During operations
- Injections
- A woman infected with HIV/AIDS will also pass on the virus to her newborn child
- Breastfeeding

##### SYMPTOMS

- Cough
- Rashes
- Swelling
- Growth of *girkhas* on different parts of the body
- Weight loss
- Fever
- Indigestion
- Diarrhoea
- Loss of appetite
- Death due to minor infection or disease

##### PREVENTIVE MEASURES

- Conduct sex with one partner
- Adopt safety measures during sexual intercourse
- Test blood before transmission
- Use sterilized injections
- Use proper blades while shaving
- Parents with HIV/AIDS should not give birth to children

#### Category "B"

### **KNOWLEDGE ON HIV/AIDS**

AIDS is a killer disease and has no cure.

### **TRANSMISSION MODES:**

- Unsafe sexual intercourse
- Transmission of contaminated blood
- A woman infected with HIV/AIDS will also pass on the virus to her newborn child

### **SYMPTOMS:**

- Weight loss
- Fever
- Cough
- Rashes
- Swelling

### **PREVENTIVE MEASURES:**

- Conduct sex with one partner
- Adopt safety measures during sexual intercourse (for e.g., condoms)
- Test blood before transmission
- Use sterilized injections
- Parents with HIV/AIDS should not give birth to children

### **Category "C"**

### **KNOWLEDGE ON HIV/AIDS:**

AIDS is a killer disease and has no cure.

### **TRANSMISSION MODES:**

- Unsafe sexual intercourse
- Transmission of contaminated blood

### **SYMPTOMS:**

Respondents in this group had no knowledge on the symptoms of HIV/AIDS.

### **PREVENTIVE MEASURES:**

- Conduct sex with one partner
- Adopt safety measures during sexual intercourse
- Test blood before transmission
- Use sterilized injections

### **Category "D"**

AIDS is a killer disease and has no cure.

**TRANSMISSION MODES:**

- Unsafe sexual intercourse

**PREVENTIVE MEASURES:**

- Conduct sex with one partner
- Adopt safety measures during sexual intercourse

**Category “E”**

**KNOWLEDGE ON HIV/AIDS:**

Respondents in this group had recently heard about HIV/AIDS but did not know that the disease was curable. However, some respondents felt that the disease was curable if it was treated in time while others felt that HIV/AIDS was the English term for syphilis.

**TRANSMISSION MODES:**

- Sexual intercourse
- Air
- Food
- Clothes

**Category “F”**

**KNOWLEDGE ON HIV/AIDS**

Respondents in this group had never heard of HIV/AIDS.

**Annex 2**

Level of Awareness on STDs

**Category “A”**

Respondents in this group were aware of syphilis, gonorrhoea, and jenindria and said that the diseases were curable if they were treated in time.

**SYMPTOMS:**

- Sores
- Discharge of blood and puss from sores
- Rashes
- Irritation on sores
- Pain on lower abdomen of women

- Regular white discharge from vagina

Relation between HIV/AIDS and STDs:

A person infected with STD is vulnerable to HIV/AIDS.

**Respondents in this group were:**

- able to explain STDs.
- able to explain the transmission modes of STDs.
- able to explain the cure and preventive measures of STDs.
- able to explain the symptoms of STDs.

**Category "B"**

According to respondents, syphilis and gonorrhoea were STDs that were sexually transmitted. If treated in time, the diseases were curable.

**SYMPTOMS:**

- Discharge of blood and puss from sores
- Rashes
- Irritation on sores
- Pain on lower abdomen of women

Respondents in this group were

- able to explain STDs.
- able to explain the transmission modes of STDs.
- able to explain the cure and preventive measures of STDs.
- able to explain the symptoms of STDs.

**Category "C"**

Respondents in this group said that syphilis was transmitted through sexual intercourse and that the disease could be prevented through practice of safe sex. However, they had no knowledge on the relation between HIV/AIDS and STDs. According to them, syphilis was curable if the disease was treated in time.

Respondents in this group were

- only aware of syphilis.
- able to explain one transmission mode and preventive measure of syphilis.

**Category "D"**

Respondents in this group were aware of syphilis but were not aware of the symptoms and transmission

modes of the disease. The disease could be cured if it was treated in time.

Respondents in this group said

- that the disease was spread due to poor hygiene.
- that they had heard of syphilis but did not know what kind of disease it was.

**SYMPTOMS:**

- Irritation on skin
- Pimples
- Itching

**Annex 3**

**Annex 8 (B)**

Categorization and Indicators of NGOs and INGOs working on HIV/AIDS prevention:

**NGOs and INGOs in Category “A”**

- implemented HIV/AIDS prevention programmes on a regular basis.
- had trained human resource to work on HIV/AIDS.
- adopted HIV/AIDS as a major part of their programme.
- were well recognized and trusted by other organizations.
- produced effective and regular work on HIV/AIDS.

**NGOs and INGOs in Category “B”**

- implemented activities on HIV/AIDS prevention as part of their programme.
- had few trained personnel on HIV/AIDS.
- worked with other organizations on HIV/AIDS.

**NGOs and INGOs in Category “C”**

- worked indirectly on HIV/AIDS through other activities particularly on girls' trafficking and violence against women.

**NGOs and INGOs in Category “D”**

- worked on HIV/AIDS preventive programmes only when they received funds.
- were interested to work on programmes related to HIV/AIDS and STDs but lacked financial support to organize regular programmes.
- took part in HIV/AIDS programmes conducted by other organizations.

**Annex 9**

**Annex 15**

During the survey, information on HIV/AIDS was collected from respondents and is presented below:

According to respondents, sources of HIV/AIDS were:

- Radio
- Television
- Newspapers/magazines
- Friends
- School teachers
- Training programmes
- Drama/street theatre

**Reasons for the spread of HIV/AIDS were:**

- Illiteracy
- Poverty
- Imitation
- Entertainment
- Unemployment
- Environment
- Casual sex
- Tourism
- Influx of Bhutanese refugees
- Open borders with India

Respondents also felt that the promotion of family planning measures also increased the spread of HIV/AIDS in the region and that HIV/AIDS was fast spreading in city areas.

Although many young people had information on HIV/AIDS, only few of them shared information on HIV/AIDS with family members and relatives. The reasons were:

- Embarrassment
- Fear of being called names
- Fear of being scolded by senior members of the family
- Most young people did not share information with their parents

People infected with HIV/AIDS and STDs felt

- that they should not tell anyone that they were infected with HIV/AIDS.
- that others should also become infected with HIV/AIDS.

According to respondents, the preventive measures for HIV/AIDS and STDs were:

- To provide education to villagers and rural communities on HIV/AIDS.
- To examine the health of foreigners and Nepalese who came from abroad for HIV/AIDS.
- To increase job opportunities.
- To provide education to children on HIV/AIDS.

- To educate parents to inform their children on safe sex.
- To create awareness against prostitution.
- To inform couples to test themselves for HIV/AIDS before marriage.
- To educate health workers on HIV/AIDS.
- To inform hairdressers on HIV/AIDS.

**The following activities were listed to launch prevention programmes on HIV/AIDS and STDs:**

- Training programmes should be provided to teachers to educate students on HIV/AIDS.
- Awareness campaigns on HIV/AIDS should be organized in the community through schools, colleges, and other educational institutions.
- Local institutions should be provided with knowledge and skills regarding HIV/AIDS prevention programmes.
- Awareness programmes on HIV/AIDS should be organized through local representatives and institutions.
- Awareness programmes on HIV/AIDS should be carefully monitored.
- NGOs, INGOs, and other organizations working on HIV/AIDS should network and coordinate with each other.
- Awareness programmes on HIV/AIDS should focus on army and police personnel and transport and hotel workers.
- Educational programmes on HIV/AIDS should be designed according to the culture and language of different ethnic groups.

Rehabilitation centres should be established in areas infected with HIV/AIDS

Annex 16

Information Collection Check List:

**The objectives of the survey conducted in Mechi, Koshi, and Sagarmatha Zones were:**

- To identify the level of public awareness on HIV/AIDS.
- To study the practice of sexual activity in the region.
- To identify institutions working on HIV/AIDS.
- To identify areas affected with HIV/AIDS and STDs.
- To identify areas vulnerable to HIV/AIDS and STDs.
- To recommend future plans for the prevention of HIV/AIDS.

The survey on HIV/AIDS was divided into three processes as given below:

- Primary information collection (field work)
- Secondary information collection (study of documentation/literature)
- Information compilation, analysis, and production of report

**A. During the survey, the following information was collected from respondents:**

- Knowledge on HIV/AIDS and STD
- Transmission modes of HIV/AIDS

- Preventive measures of HIV/AIDS
- Medium of knowledge/information of HIV/AIDS
- Sharing of knowledge with other people
- People infected with HIV/AIDS
- Institutions working on HIV/AIDS

Respondents were also asked for their personal views and suggestions on the prevention of HIV/AIDS in the region.

**B.1 During the survey, information was collected from:**

- Sex business centres
- Sex workers
- Businessmen (their total number, status, and ethnicity)

**B.2 During the survey, information was collected on the following topics:**

- Use of protective means during sexual intercourse
- Use of drugs in urban and rural areas
- Data on people infected with HIV/AIDS and the total number of deaths due to HIV/AIDS
- Views of respondents on sex business
- Reasons why women worked as FSWs
- The nature of customers
- Income of FSWs
- Process of sex business
- Seasonal sex business

**C. During the survey, NGOs and INGOs working on HIV/AIDS provided information on**

- when, how and why they started working on HIV/AIDS programmes.
- their HIV/AIDS programmes.
- their procedure of work
- their human resource.
- medium of resources.
- problems and learning.
- future programmes.

**References:**

1. *AIDS Newsletter*. National Centre for HIV/AIDS and STD Control
2. Leaflet (brochures). National Centre for HIV/AIDS and STD Control
3. Local newspapers
4. *Report on Base Line Survey*. Kanchanpur: NNSWA
5. *Situational Analysis and KAP Study Report*. National Centre for AIDS and STD Control

