

HIV/AIDS in Nepal

A report from Karen Rutter, Education Officer, Sexual Health Program, who spent seven weeks in Nepal in September and October, 1994.

For seven weeks in September and October I worked with a non-government organisation (NGO) called Women Acting Together for Change (WATCH). This is an organisation set up in 1992 by some Nepalese women and men as a response to the economic and social position of women in their society. A commitment to the empowerment of women in all aspects of their lives through participatory community development is the philosophical base upon which the work is built.

As well as gaining valuable work experience I represented the Quaker Service Australia in a monitoring role as they have granted WATCH A\$30,000 over the next three years specifically for HIV/AIDS education. Part of this grant comes from the Australian International Development Assistance Bureau (AIDAB).

HIV Infection and AIDS in Nepal: The Current Situation

Official figures to 1994 are of 229 diagnoses of HIV infection through testing with the first official HIV diagnosis occurring in 1988. The actual infection rate is considered to be in the thousands. The main mode of transmission is heterosexual with official figures placing males and females about equal. The female rate is predicted to overtake the male in the near future.

HIV infection is occurring amongst some particular groups but anecdotal evidence points to infections throughout the Nepalese community. Infection is high amongst girls who have been trafficked into brothels in India. Trafficking is the term used for selling young girls (usually 12-16 yrs) into brothels (usually in India and mainly Bombay) where they are held against their will and forced to sexually service clients. Infections are also occurring amongst the many male migrant labourers working in India and accessing brothels. Estimates of the infection rate among sex workers in Indian brothels are frighteningly high. In Bombay the figure being quoted amongst

workers in Nepal was 40%. Sixty per cent of sex workers in Bombay are Nepalese girls who are trafficked and migrant workers who come from poor rural communities but HIV infection has spread into other sections of the community, as well. One counselling and testing centre which sees mostly male clients from a range of socio-economic backgrounds had 32 positive results out of 100 male clients in the past year. All these men had female partners of which 11 tested positive. Stories were also related to me about people in professionally prominent positions who were positive.

Injecting drug users, businessmen and other professionals who have accessed commercial sex workers in other parts of Asia and the sexual partners of these people are becoming infected. Medically acquired infections are also occurring.

Education and Prevention

Much of the grass roots education and prevention work is being done by non-government organisations like WATCH. These groups generally work with poor rural and urban communities or with specific target groups or areas. Involvement with HIV/AIDS has often occurred within already established community development projects once the realisation about the likelihood of an epidemic became apparent.

Early WATCH projects with rural women in community development, primary health care and forestry income generation led to an awareness of the extent of trafficking and its implications for HIV infection. Trafficked girls and migrant labourers come from within the poor, rural and largely illiterate population. Most NGOs, both local and international, including those who are not involved in health care, are increasingly being confronted with the problems of poverty, illiteracy, trafficking, migrant labour and HIV infection.

WATCH builds HIV education into

most of its rural community development programmes. This education occurs in village meetings, through street drama and includes education for prevention, treatment and care as well as testing. In other areas WATCH is becoming increasingly interested in school based education training teachers and developing education materials. WATCH committee members attend intergovernmental and NGO meetings in an attempt to influence government policy and gain support for their work. Networking throughout Asia with other NGOs is an important part of the WATCH programme. This builds information and strategy networks as well as moral support in an area which is often politically and socially difficult.

Other NGOs work with specific client groups in outreach such as sex workers and injecting drug users in Kathmandu, female workers in the carpet industry (an unofficial link in the trafficking chain), traditional sex workers in particular regions of Nepal and with school students.

The government has produced policy guidelines for health workers and attempts to conduct surveillance. Brochures and pamphlets are also produced by the education branch of the Health Ministry. Intergovernmental committees meet regularly for updates and policy discussions. According to NGOs working at the grass roots level, however, many of the government's claims about services, condom availability and access to rural health services are inflated. NGO workers also claim that there is a high level of mistrust for government and government workers around HIV issues mainly because of fears about breaches of confidentiality and the potential for discrimination.

Relationship Between NGOs and Government

There are now many non-government organisations in Nepal which work in HIV/AIDS. Their relationship with government is problematic. The government has

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limited resources and therefore cannot provide financial assistance to the NGOs. Consequently NGOs in Nepal rely primarily on funding from international organisations based in the industrialised world.

Many of the NGO workers I spoke with believe that the government in Nepal is selective in its political support of NGOs to the extent that it promotes those NGOs which it deems non-threatening in a political sense. NGOs working at the grass roots level promoting community development and empowerment of the poor and illiterate are viewed by conservative political forces as radical and to varying degrees as a political challenge. Ironically the Nepalese government relies on these grass roots NGOs to undertake the education, support and even clinical services which they are for various reasons unable to carry out through government agencies. In one meeting I witnessed the head of the AIDS Control and Prevention Programme (Health Ministry) referring a girl to WATCH who had returned from a brothel in India and was HIV positive. At the same time this particular government agency seems reluctant to distribute condoms or literature to WATCH and other NGOs. (Apparently USAid has supplied condoms to the Nepalese government for distribution.)

The kind of community development run by WATCH, although strictly within the law, could be viewed as a political challenge. WATCH workers are trained to help villagers, particularly village women to organise themselves into lobby groups which petition government for access to health, education and other services to which they have a right. It is too early to show comprehensive results from this work but by its very nature it is socially and politically revolutionary. According to WATCH workers there is uncertainty about whether a hierarchical society like Nepal can adapt to such participatory processes. Poverty, low literacy and limited infrastructures have ensured that the majority of Nepalese live in a continual struggle for survival. Cultural traditions of family based structures and until recently absolute monarchy inhibit community development for improved living conditions.

Rural field workers from WATCH said that their working relationship with local government officials varied from

area to area. In some regions the relationship was co-operative and in others not. WATCH is keen to foster good working relationships with government workers and other NGOs including international NGOs to ensure that the projects they facilitate are sustainable. Sometimes education causes change in official attitudes. In one example a women's union, formulated from ten women's groups (facilitated by WATCH) in the south of Nepal went to the local police station to report a trafficker who was operating in the area. The local police arrested the nine women representatives not the trafficker. After negotiation between the women, WATCH field workers and the police the situation was resolved and the police became more supportive of the women's aims.

WATCH

Rural community development projects run by WATCH are based on a philosophy of popular participation. WATCH workers believe that only through real participation by the people for whom the projects are designed for can community development be sustainable. This means that villagers in rural projects are equal partners in the process from the first consultation. In WATCH's view many projects fall down because the project workers go into a community and consult with leading figures such as school teachers, local government workers or other leading community figures in a needs assessment of the community. The ideas of community leaders may be at wide variance from the ordinary villagers who are rarely consulted. For example the primary goal of WATCH is to facilitate the empowerment of women. In many development programmes women may be a priority target group but are often not included in discussions about their needs.

WATCH was set up in 1992 by Ms Meena Poudel, a public health nurse and Dr Kaji Shresthra who has been involved in forestry development projects for many years. The connection between forestry and HIV/AIDS seemed surprising until the links between a rural based society with insufficient income from agriculture and forest products, rural poverty, trafficking and migrant labour became apparent. As well as incorporating HIV/AIDS education into community development projects, WATCH supports sex workers who have been returned

from India because of their HIV positive status. This support includes limited financial assistance, regular visits to the village to check the girls' health and provide moral support, education for family members and community to prevent discrimination and rejection and providing retraining in Kathmandu.

Because WATCH's resources are limited education of family and community to facilitate the re-acceptance of HIV positive sex workers is very important. This is not always easy. Although the girls are usually deceived or sold against their will into Indian brothels and the traffickers (often family members) profit financially, sexual taboos and fears about HIV lead to ostracism and discrimination. It was interesting to note the similarity between the community response in Nepal to HIV positive sex workers and that in Tasmania to HIV positive gay men. The link between sexual behaviour and fear of infection resulting in discriminatory behaviour by communities is apparent in both societies.

A Learning Experience

My experience in Nepal was both challenging and confronting. No amount of reading or exposure to audio visual media can prepare one for the reality of life in the third world. The poverty, the daily struggle for survival, the living conditions and the often unsurmountable barriers to achieving the most basic tasks were sometimes overwhelming. Add HIV to this equation and it becomes frightening. I have nothing but admiration for the people in WATCH and other NGOs who are trying to prevent an HIV epidemic and at the same time trying to promote real and sustainable community development and empowerment of the poor majority.

I learned much about the meaning of real community development. I also learned or re-learned about priorities relating to education and prevention in HIV/AIDS and a new appreciation about the importance of the relationship between government and non-government agencies. Finally, living in Australia now seems like a privilege, something I will never again take for granted.

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