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The Feudal Nepalese society was restructured in the last 238 years on the basis of caste, occupation and geographical regions and devalued certain segments of society. Likewise, the role of women was also structured along cultural and religious values that supported patriarchy and feudalism. The cases studied here prove that the predominant power relation supported by economic relations and the societal structure is mainly responsible for violence against women and their oppression and their vulnerability to the pandemic of HIV. .... ( From the Book)

# Violence against Women and HIV Cause and Consequence



## Case studies on Intersection of Twin pandemics

# Violence against Women and HIV

Cause and Consequence



Case studies on Intersection  
of Twin pandemics

*Violence against Women and HIV- Cause and Consequence  
Case studies on Intersection of the Twin pandemics*

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## Foreword

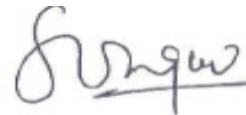
Violence against Women and Girls (VAW/G) can be understood as a system or a process driven by gender inequality that perpetuates and validates male authority to control women and justifies violence as a natural means to exert that control. Every year the number of cases of violence against women and girls reported worldwide is overwhelming. This is more alarming given the fact that the number is said to be largely underreported, especially in South Asian countries like Nepal.

Similarly the pandemic of HIV is claiming the lives of more women worldwide (they compose half of the infected population). In Nepal; of the total reported cases of HIV amongst women 52% are housewives. Trends and actual research indicate that Forced sexual initiation such as through Child marriage, Domestic violence, Rape, Trafficking and Conflict exacerbates the vulnerability of women to HIV exponentially.

The three years International Campaign (2007-2010) on Violence against Women and Girls and HIV launched this year by a Global Coalition of Women's organization aims to sensitize actors and stakeholders to the fact that Violence against Women and Girls is a cause and consequence of HIV and AIDS. AAN is committed to be a part of this global campaign. We supported this study as part of our contribution to initiate the discourse on Intersection and to create awareness among stakeholders on the need for this campaign in Nepal. I hope such a campaign led by Women's rights actors will increase political will, resources, dialogue at all levels and lead to more effective, gender sensitive programming, treatment, care and support focussed on infected and vulnerable women.

This study is a compilation of the real life incidents of women who have experienced the intersections of Violence and HIV. It is complemented by another research study that reviews gaps and ambiguities in policies on HIV and Violence against Women. We hope that following this study government and donor's feel accountable to address this pandemic on an urgent basis. The recommendations suggest that women's right organizations should pay a central role in owning this initiative to bring women and the violence they face at the centre of HIV programming; while NGOs working on HIV should provide space to positive women's group and their leadership. Only a combined effort would be able to address this twin pandemic in a strategic manner.

I would like to thank our partner Conscious Media Forum for completing this important research, Pankaja Bhattarai, Senior Theme Leader Women's Rights of AAN for initiating and guiding the study, Tripti Rai, Knowledge Initiative Facilitator of AAN for her contributions to the report during finalisation, and Neeta Thapa, Consultant for her inputs and editing the report.



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## Acronyms

AAN - Actionaid Nepal
AIDS - Acquired Immune deficiency syndrome
ANC - Ante Natal Care
ARV- Antiretroviral medicine
CBO - Community based organization
CMF- Conscious Media Forum
CSG- Community support group
DAC - District Aids Coordination Committee
DDC- District Development Committee
PLWHA - People Living with HIV and AID
PMTCT – Prevention to Mother to Child Transmission
NCASC - National AIDS and STD control center
NGO - Non-Governmental organization
VAW – Violence against Women
VAW - Violence against women
VCT - Voluntary testing and counseling
VDC- Village Development Committee
WLWA- Women living with AIDS

## Chapter I

### 1. INTRODUCTION

An estimated 38.6 million people worldwide were living with HIV at the end of 2005, out of which Asia's share comprised some 8.3 million people (2.4 million among adult women).<sup>1</sup> The first case in Nepal was reported in July 1988, and since then the number of people living with AIDS has been increasing each year. Available data indicate that around 0.5 percent of adult population of Nepal is HIV positive. Till February 2006, 6,128 people were living with HIV infection in Nepal, of which 981 had developed full blown AIDS. Among those infected with HIV, 1,680 were women. Notably 879, more than 52% of infected women were housewives<sup>2</sup>.

HIV is transmitted from a HIV positive person through infected body fluids, such as semen, pre ejaculation fluid, blood and blood products, vaginal secretions and breast milk during pregnancy. It is transmitted through sexual contact, infected injecting or cutting equipment, infected blood and organ transplant and infected mother to a newborn child. Prevention methods of HIV generally focus on the clinical cause of transmission and give less emphasis to critical vulnerability factors such as poverty, ignorance and gender based violence. The spread of the epidemic is rampant in the underdeveloped regions of the world such as Sub-Sahara Africa and South Asia where violence against women (VAW) is prevalent in the society. In Zimbabwe, South Africa and Zambia, 75 percent of the infected people in the 15-24 age group is of women; while in South Asia they comprise 62 percent of HIV infected in the same age group. This suggests a strong linkage between VAW and the spread of the HIV & AIDS epidemic.

VAW represents a social, economic, cultural and political structure

<sup>1</sup> Report on the Global AIDS Epidemic, A UNAIDS 10<sup>th</sup> Anniversary Special Edition, 2006

<sup>2</sup> National Centre for AIDS and STD

resulting from patriarchy. VAW should therefore be understood as a system or a process driven by gender inequality that perpetuates and validates male authority to control women and violence as a natural means to exert that control. To further illustrate how patriarchal norms and values lead to violence against women some real life incidents have been analysed in this study. This study hopes to highlight to stakeholders the burning need to address systemic violence through structural reforms and focussed and grounded programming.

### **1.2 Response to HIV and AIDS Epidemic in Nepal**

Recognizing the threat of high growth of HIV & AIDS in Nepal, Government of Nepal has responded to this epidemic by taking it up as a cross cutting development issue. A national level Sexually Transmitted Diseases Control Committee was formed in 1986. Some of the major activities under this Committee were training, diagnosis and care of HIV infected people and creating awareness. The committee was later upgraded to a semi-autonomous organization, the National Center for STDs and AIDS Control (NCASC)<sup>3</sup>. Similarly, in 1988 National AIDS Prevention and Control Program was launched to accelerate appropriate measures. A strategic break through took place in 1995 with an adoption of National policy for HIV prevention., followed by the National Policy on Blood Safety.

Despite these efforts, HIV & AIDS was primarily perceived as more of a "health" issue. The stigma and discrimination against PLWHA still prevailed. On October 2002, a new National HIV & AIDS Strategy (2002-2006) was developed by the National AIDS Council based on situation and response analysis to assess the rapidly changing scenario of HIV epidemic and various international commitments made by Nepal. The strategy, which also adopted the human rights based approach to prevent HIV, has become the guiding document for stakeholders working in the field of HIV & AIDS.

HIV & AIDS related human rights include the right to life; right to

<sup>3</sup> <http://www.fpan.org/demo/intro.html>

liberty and security of a person; the right to the highest attainable standard of mental and physical health; the right to non-discrimination and the right to be free from violence, discrimination and torture. The promotion and protection of human rights, reduces vulnerability to HIV infection by addressing its root causes and lessens the adverse impact on those infected by HIV and empowers individual and communities to respond to the pandemic. Human right is therefore a fundamental essence to prevent the spread of HIV and to mitigate its social and economic impact.

.Violence against women, besides infringing the fundamental rights of women, significantly increases their vulnerability to HIV infection. Though the State's National Strategy has adopted the human rights based approach to combat HIV, the clinical approach is dominant. Addressing root causes, such as VAW, still takes a back seat for the government and donors alike and so do women consequently; and women centred programming approaches.

### **1.3 Objective of the Study**

The primary objective of this study is to investigate the experiences of women survivors of violence and women living with HIV & AIDS. In particular, their understanding of what made/make them vulnerable to HIV and whether their seropositive status increase their vulnerability to violence.

### **1.4. Methodology**

This research primarily uses qualitative interview and group discussion among selected women to study how women are falling prey to violence because of socio-economic structures. For this purpose, the following methods were applied

#### **a) Review of Relevant documents**

Relevant information/documents were collected from district based supporting organisations and government agencies that lend support to further the investigations to accomplish the objectives.

### **b) Focus Group Discussions (FGDs)**

Focus group discussions were conducted in the district of five development regions to identify VAW and vulnerability to HIV and AIDS. Local CBOs, rights activists, PLWHAs and vulnerable women were included in the focus group discussion. As per the local condition, participation of only women or both men and women was ensured.

### **c) Case Studies**

Case studies from each focus districts reflecting the struggle HIV infected and victims of violence. A total number of 35 case studies were selected for documentation and out of which 10 cases are presented in this report.

### **d) Interaction/interview**

The researchers interviewed seventy such women, suffering violence and/or HIV infection, from the area covered by the study. Interviews were conducted at the respondents' homes or suitable places in the presence of local facilitator or alone in accordance with their convenience.

### **e) Orientation to field researchers**

In order to maintain consistency and ensure adequate collection of data, an orientation for the researchers was conducted in the Kathmandu before proceeding to local level research.

## **1.5 Selection of Field Researchers**

Care was taken that all field researchers were women due to the sensitive and complex nature of the research (Annex 1). To the extent possible HIV infected women or women

suffering from violence were also involved in compiling the case studies or facilitating the group discussions.

## **1.6 Selection of district**

The districts were selected on the basis of their geographic, economic and social characteristics. While doing this, caste,

region and livelihood condition were also considered. Particular districts were selected to ensure that they were fairly representative of the region. (Annex 2). Given the time limitation, accessibility to and availability of infected women and NGOs working in this issue in the districts was another prime consideration.

## **1.7 Organization of the Report**

The first chapter of the report includes background and methodology; the second chapter highlights structural causes of different types of violence and its intersection with vulnerability to HIV. Third chapter includes conclusion and recommendation and the fourth and final chapter presents some selected case studies of women to illustrate the intersection.

## **1.8 Limitations of the Study**

This study is based on experiences, direct observations, interviews and group discussions with victim of violence and HIV. Facts are analysed on the basis of the testimonies of the survivors keeping in context Nepal's social structure. This study does not represent entire Nepal geographically. As the study does not cover districts located in the Himalayan region, this study does not depict culture and violence prevalent in this region. Hence this study can be treated as an attempt to consolidating and analysing the intersection between violence against women and HIV and can form a basis for additional in-depth action research.

## Chapter II

### 2. Learning within the context

#### 2.1 Violence against Women and HIV & AIDS

In Nepal, where culture and religion dominate the rights of women, women are more vulnerable to HIV & AIDS mainly due to a lack of control over how, when and where the sex takes place. Women and girls often have less information and access to services, especially in rural areas. On account of early marriage or sexual abuse, there are many instances when girls are subjected to premature and forced sex with partners much older than themselves. The results are increased vulnerability to sexually transmitted infections, including HIV & AIDS. Physical and sexual violence within and outside marriage are also common. Women have little space to negotiate the use of condoms or to refuse sex to an unfaithful partner making them more susceptible to HIV infection

Increasingly, women are dealing not only with violence but also with its by-product, HIV & AIDS. The pandemic has taken a grip on the lives of more and more women, and violence is fuelling their susceptibility to it, while HIV infections amongst women in turn makes them more vulnerable to violence and stigma from their partners, families and communities.

HIV prevention program are failing to reach those at greater risk. Violence against women constitutes an urgent health problem. The link between VAW and HIV & AIDS are major cause for concern as violence can directly or indirectly expose women to HIV.

#### Some examples of intersection of VAW and HIV & AIDS<sup>4</sup>.

- # Rape can result in vaginal laceration and trauma, which in turn, increase risk of acquiring HIV infection-
- # Violence and fear of violence makes it difficult for women to negotiate safe sex include condom use in their relationship.-
- # Women who are exposed in childhood sexual abuse are more likely to be engage in HIV related risk behaviour( such as early sex, multiple partners, use of drugs and alcohol) -
- # Fear of violence prevents women from accessing HIV & AIDS information, being tested, disclosing their HIV status, accessing service for the prevention of HIV transmission to infants and receiving treatment and care.

The impact of HIV & AIDS on women is particularly acute. Traditional belief in Nepali society about sex provides a basis for further stigmatization of women within the context of HIV & AIDS. HIV positive women are treated very differently from men. Men are likely to be 'excused' for their behaviour that resulted in their infection, whereas women are not. Often women keep their HIV status a secret, which keep them from accessing service, even during pregnancy, thereby increasing the chances of MTCT. While there appears a clear intersection between the two pandemics, organisations that work on HIV and those that work on VAW often work in isolation from each other and are less likely to address this intersection.

In Nepal, women's right organizations and donors invest in programs that advocate against Violence against Women. Even, larger amount of resources are being spent to counter HIV and AIDS. However, nominal initiative has been taken for a coordinated effort towards a joint program to analyse the correlation between these two epidemics. This study, conducted by Conscious Media

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<sup>4</sup> VAW & HIV & AIDS information sheet, <http://www.who.int/gender/en/infosheetvawandhiv.pdf>

Forum, with support from ActionAid, aims to explore the interdependence or intersection of these two epidemics and to make public the suffering of women who have experienced their adverse effects. Of the 70 cases that were compiled, life sketches of 35 women from ten different districts are retained in the original Nepali version. Only ten atypical cases have been translated into English. These cases highlight women's vulnerability to HIV because of different life situations and incidence of violence. They also highlight cases of women who suffer violence after being diagnosed as HIV infected.

## 2.2 Sociological Analysis of case study

Subordinate position of women within the family and society due to patriarchy breeds violence which in turn increases their vulnerability to sexually transmitted diseases including HIV. This is also supported by the case studies across the countryside which reveal that gender based violence considerably increases the vulnerability of women to HIV. Even after being affected by HIV most women come to know about this at its fatal stage and most of them tend to live in dilemma/obscurity without actually confirming their HIV status.

While analysing the experiences of women during the study it was observed that gender inequality and many socio-cultural factors protecting such norms were mainly responsible for women being infected with HIV. Many women were infected simply because they did not possess any alternative recourse, independence of thought and de facto control over their body. Even if laws against gender based violence exist, insufficient resources, discriminatory practice by society and culture and lack of institutional support fail to adequately protect women from violence. Once infected women faced differential treatment in comparison to men and were stigmatized. This study therefore proves that not addressing the VAW adequately not only makes women more vulnerable to HIV but also perpetuates a vicious circle of violence even after infection.

The Feudal Nepalese society was restructured in the last 238 years

on the basis of caste, occupation and geographical regions and devalued certain segments of society. Likewise, the role of women was also structured along cultural and religious values that supported patriarchy and feudalism. The cases studied here prove that the predominant power relation supported by economic relations and the societal structure is mainly responsible for violence against women and their oppression and their vulnerability to the pandemic of HIV.

## 2.3 Violence and HIV

"Violence against Women", indicates different kinds of physical as well as psychological abuse that women suffer primarily because of gender discriminations prevalent in society. The term "violence against women" means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. Violence against women shall be understood to encompass, but not be limited to, the following:

- (a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;
- (b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;
- (c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.<sup>5</sup>

Interviews and group discussions with the respondents revealed a close connection between lack of access of women to resources and violence. Essentially their weaker role and status in the society

<sup>5</sup> Declaration on the Elimination of Violence against Women, General Assembly resolution 48/104 of 20 December 1993



was the major factor behind their HIV infection. However, the pattern of VAW is different from one region of the country to another. A significant correlation is observed between communities, caste and economic condition with regard to vulnerability to HIV infection.

### 2.3.1 Violence within Marriage

Women have minimal control over their age of marriage, sexual and reproductive life prior to and after marriage. Due to patriarchal social structure, husbands acquire unconditional rights over their wives including sexual relations. This is further fuelled by illiteracy and child marriage, which puts women in a disadvantaged position within marriage and on the issues of sex and reproduction. This makes women more susceptible to violence and HIV within their marital relationship. Some women only come to know about their HIV status when their husbands die leaving them vulnerable to further abuse at the hands of family and society.

*"I was weak and suffering great pain.....!!!!. Yet, I had to get ready for sex whenever my husband demanded though I was in no condition to give in to his desire. Often, when he could not be satisfied, he used to beat me up. He repeatedly kicked me and even threw me from the stairs sometimes. Once, he tried to strangle me to death just because he was not sexually satisfied."*

*–a women from Makwanpur*

In one of the cases, a Muslim woman, was forcibly impregnated a sixth time by her husband, a HIV positive. Unwillingly, she gave birth to an infected child. Similarly, another lady belonging to a relatively less conservative ethnic community was deceptively persuaded to have her child aborted. Thus, consent of women is insignificant in either bearing or aborting a child and she is just treated as a 'sexual-object'.

The study also highlighted the fact that infected husbands forced sexual acts upon their wives regardless of their consent. This revealed the fact that marital rape and women subordination during sex is a serious factor in increasing women's vulnerability to HIV.

*"I was afraid of sleeping with him since I knew he was HIV infected. But if I did not comply with his wishes, I would be beaten up. I did not have guts to refuse so I used to do anything he wanted. There was not a single day when my body did not suffer torture. Many times, he would beat me up before sex. I felt so humiliated. Though I felt like cutting him into pieces, I just had to bear everything helplessly." –An infected wife*

### 2.3. Poverty and caste

A few so-called upper caste and privileged people have access to and control over productive resources while Dalits, ethnic and minority communities are rendered resourceless and impoverished. According to the study, the social status and structure generated by poverty and caste superiority is related to VAW and its by product, HIV infection.

*"I requested the local leaders of my village to help me get citizenship certificate. Leaders of all the political parties said yes, but nobody helped!! Instead, they sexually exploited me with false promises. One Amin(land surveyor) asked me to stay with him for days saying he would help me to obtain the legal documents of my land. As a consequence, after being exploited regularly, I was left with no option but to become a sex worker."*

*– A Dalit woman From Eastern Terai*

This respondent was forced to provide sexual favour for the transfer of two *Katthas* of land in her name after her husband's death, as she did not have citizenship certificate. Following this encounter, she entered into street sex work, which makes her vulnerable to HIV.

Rampant poverty and conflict has forced people from remote areas to migrate to cities and the plains for better life. Among them, most are those deemed untouchable by society. These people, many of whom do not have legal identity (because of systemic exclusion due to their class or geographical remoteness) are landless and lack livelihood options. The prevalence of HIV is significant in these communities whose male members have to seek work in foreign

land almost all their lives. They are also most likely to transmit the same to their families. Further, they are easy prey to pneumonia, tuberculosis and other opportunist infections because of lack of access to care, support and treatment after HIV infection.

Dalit women who face the dual burden of being at the bottom of the caste hierarchy and being a woman are most affected by the combination of HIV and violence. In Doti, Dalit community cannot access property and serve as bonded labour for the so-called upper castes. Due to the adverse impact on their traditional occupation brought about by the free market forces, these groups are forced to migrate for jobs. Almost 100% of those found infected in Doti district belonged to the Dalit community who have been to India. The percentage of those HIV positive men who acquired full blown AIDS and died were an overwhelming 90%. Likewise, 99% of their wives were infected. In every household, 2-5 children were found to be positive 6 (Report of VCTC).

This clearly indicates that the poor and the oppressed population of the district who migrate to India for livelihood are at extreme high risk of being infected and consequently their spouse and children are also at high risk of infection. Even after infection, women, who earn a measly daily wage of Rs. 25, rarely opt for a blood test as it costs Rs. 50 for transportation to the nearest Hospital in Siligarhi.

"They hate us for being Dalits. They ask us not to come near them. . We are not allowed to fetch water from the public tap. We cannot go to temples or near a Brahmin's house. Even a little Brahmin kid dominates us. They scornfully taunt us as being poor, a Dalit and a miserable ill person. How would you know our problems and sufferings coming from far away cities? You would know what suffering is only if you have suffered. You make jokes about our sufferings. My husband and his brother had to migrate to India for our livelihood. Both of them got infected with HIV and died of AIDS. My sister-in-law and I are also infected. But who will help sick Dalits like us?" – **An infected woman in Doti**

Doti is representative of the caste led value system in the far-west which makes Dalit women vulnerable to violence and HIV. Badi women in Kailali and other districts of western region are culturally compelled to take on sex work.

*"The reverse side of our profession is that these so-called "pure" upper caste who denounce Dalits as impure are more than happy to accept the body of an untouchable (Dalit) woman". – a Badi woman*

In Western Nepal, the Badi tradition in which women are forced into sex work just because they are Dalit, puts these women under the vicious cycle of violence and HIV. The Dalits are referred to be untouchables for all other purposes but in case of sex the rule does not apply. This norm of the society has forced Badi women into sex work.

"Women of other castes create a scene even if they are looked at by someone while walking on the road. For them, their honour is supreme. But for us even selling our body is not easy. When these so called upper class men abuse us, they forget everything. We have to surrender our body like a meek prey. We will not be able to do anything if they thrash us or even cut us into pieces. Hooligans threaten to beat us when we refuse free service. Sometimes, we have to surrender our body just to save our skin. What can we do when we are treated so low by virtue of our caste?" – **a Badi woman**

Since they have no social security because they are Dalits while social norms also do not treat them as human beings, there are many cases where Badi women have suffered in the hands of security forces or the Maoists. On one hand they are treated by the local community as an object to be used as one wishes, on the other moral diktat of the Maoists about sex work have also created trouble for them.

*"How should we eat without indulging in this profession? Either you make alternative arrangement for our livelihood or let us continue the way we are? We told the Maoists. They said, in the current circumstances, they are not in position to do so. They assured us that when their regime governs the country, there will*

*be some arrangements for us. When we asked, what are we to do till then? They had no answer. If the Maoists cannot give us anything, then how can they ask us to abandon this profession? Do they know our conditions?" – A Badi women*

Actual cases published in newspapers and interaction with community people indicate that in most victims of mass rape in Eastern Terai are Dalit women and it is considered their destiny. In Siraha, Saptari and other districts of Central Terai landless Dalit women are forced into sex work for sheer survival needs after rape incidents. Such incidents take place while in vulnerable working situation at landlord's farms. Recently there has been a surge in abuse of these women by relatives and other men while their husbands migrate for work to India and the Middle East.

A survey in 5 VDCs of Saptari, found that 95% of the Dalits in the areas are landless. (Source: Saraswati Samudayik Kendra). Their female literacy is a mere 9% while. 75% of the Dalit children never go to school. Most Dalit youths of this region migrate to India six months a year leaving their womenfolk in highly vulnerable situation and with shaky livelihood option. Local sources mention that mafia groups are active in making Musahar women enter the sex trade and exploiting their extreme poverty. (Source: *Thapaliya, Arjun; "Taraima Dalit Andolan"*). Further women in Eastern Terai region of Nepal are bound by traditional Purdah system(veil) and rarely discuss sexual and reproductive health issue in the open. Anecdotal evidence suggest that hidden forms of violence like incest and sexual abuse are common in this region.

### **2.3.3 Sexual and Reproductive Rights**

The incidents reflected here clearly indicate that due to women's subordination, exploitation and deprivation of their rights to reproductive and sexual health, they do not have access to adequate legal recourse and medical care even after incidence of rape and sexual abuse. Many times even gang rapes have been projected as group sex with her consent. Society also looks down upon a rape victim making them feel ashamed of being victimised.

Moreover, barring a few, the local administration does not take any action against perpetrators in most of the cases. This underlines the fact that women's sexual and reproductive rights are violated leaving them vulnerable to HIV.

*"The villagers blamed me even after seeing my condition. They even said that I was not raped and that I called the perpetrators for money. The case was made public and reported to the police. However, no action has been taken against anyone though I was raped in my house only 100 meters away from the Area Police Office." –Muslim woman victim of gang rape*

This is not a solitary case. It is just one of the many examples that represent victimised women who do not have access to justice. Many of them are ultimately thrown away from their homes and finally forced into commercial sex. Forced sex like rape and early initiation into sex through child marriage increases their vulnerability to HIV. Availability of immediate care and administration of medicines to prevent HIV infection (like prophylaxis) is far fetched even when they are aware about it. Analysing the dozen odd cases in the Terai, it was observed that the first sexual contact of these women was at an average age of twelve.

### **2.3.4 Poverty and Trafficking**

Violence affects all women including those who work as commercial sex workers who are subject to abuse and forced acts by customers and security force personnel. Similarly trafficked women are another vulnerable group and Maiti Nepal Transit home data reveals that 70% of those who return are HIV infected. In Makwanpur most trafficked girls from Makwanpur According to the 2001 census; 5084 children live away from their parents for employment which may have exponentially increased in the last six years due to the conflict. This group, comprised mostly of girls, is at high risk of Trafficking and HIV.

Cases point to the fact that family violence affects a girl child more than a boy child and the former therefore are more tempted to seek outside support, which may further increase their

vulnerability. A girl from Churiyamai who belongs to a disjointed family; was sold into a circus group in India at age 7, while her two brothers stayed comfortably at home. Such young girls after being trafficked or even if they pursue voluntary sex work at a later stage do not have any negotiation power and remain entrapped in a cycle of violence.

*"I was perplexed and scared. If I did not fulfil his demand at home, he may pass the infection to other women. Who would listen to a HIV infected trafficked women like me? Therefore, I could do nothing but quietly sleep with him and fulfil his demands. I was committing a crime but the man who was making me do this did not care. Though I tried my best, I could not prevent myself from getting pregnant." - A trafficking survivor.*

Child marriage is also a form of violence and forces immature girls into a relationship they are not prepared for in the face of excessive power imbalance. The case study presented below revealed a pattern that such girls suffer abusive relationships, bigamy and total dependence on their husband. These are grounds that make them vulnerable to marital rape, trafficking, forced sex work for survival and create situations of vulnerability to HIV.

*"I got married at an early age of 13. My husband was a man with many vices. He never loved me. There were few days that I fed myself properly. One day he brought home his second wife. They both started to beat me and threw me out of our home. Where was I supposed to go? My parents were very poor. Instead of being a burden to them, I simply wanted to commit suicide. A pimp roaming around the village for many days got hold of me. As I was in deep trouble, I easily believed his soothing words. When he told me that I had suffered a lot and would help me by arranging a job for me at Marsyangdi, I went along truly believing that he was my saviour. I realised what had happened only when I was sold." –A Trafficked girl*

Ten years of conflict combined with lack of police protection mechanisms in remote VDCs and inner Terai belt has also escalated cases of family and societal violence like rape and

organized violence like trafficking. As most male either migrated, were forcefully displaced or recruited into insurgent forces, women were left behind in vulnerable situations. In such circumstances, the resultant increase in HIV infection rate is not a surprising.

*"I always dreamt of attaining higher study. When my family was unable to pay for my eighth grade district level exams annual fees of Rs. 90, I went to a neighbor to ask for help. He agreed to provide me money but only on the condition that I have sex with him. I sold my body to pay my school fees. I was 14 at that time and I hated him for exploiting my helplessness. This was how I began to sell my body. Now I am 17 and I realize my vulnerability of being infected. I want to give up this profession even at the cost of my studies. This year I could not join college because I could not collect Rs. 3,000 to enroll. I will join college if I get the job."*

–A sex worker from Central Terai

### **2.3.5 Cultural aspects**

Culture plays an important role in strengthening and shaping patriarchy. Besides establishing feudalistic economic relationship in the society, long-established occupation and caste hierarchy has been instrumental in establishing some norms, values and tradition. Traditional culture has also been the primary basis for determining the division of labour and power relation within the society. The case studies validate the fact that the social roles determined for women and men is the most important factor for pushing women towards violence and HIV.

*Some defining cultural values, which push women into the cycle of violence and HIV, are: Child Marriage; Polygamy; Widow's status; Caste hierarchy; Badi custom; Purdah system; Dowry system, customs related to Menstruation such as Chaupadi and the structure of Patriarchy which endorses them.*

Due to traditional culture and values, society accords low status to single woman and she is most likely to be subjected to a cycle of violence if she is not associated with a man. Marriage itself is

treated as a societal sanction to own women, which is endorsed by religious scripts. Labour classification confines women to the household sphere and a subordinate status.

*"He did not allow me to talk to and open the door for anyone. He even threatened that if I ever crossed the door, he would sell me. Sometimes when I told him that I would not stay with him and move back to my maternal home, he would say, 'You can go. Who will take you in? You have got HIV and everyone knows it.' I could not go out to dry cloths, buy vegetables and could not speak to anyone while fetching water. I had to do everything at night. If he ever saw me out at the daytime, he would beat me and drag me by my hair. I was forced to relieve myself only at night." – An infected wife*

This case validates extreme patriarchal values and norms prevalent in society, which imposes severe restrictions on married women and exposes them to HIV infection. It also highlights societal values that turn a blind eye to multiple relationships of husbands while restricting women to relationship with their abusive counterparts.

In border areas of Parsa during high profile weddings dance troupes of Kolhati community from India are called to perform. Local youths dance with these women and then have sex with them in turn. The local community does not oppose it because it is a 'custom'. This has become one of the major factors of HIV infection in the 'Masti' family.

Besides these, culturally accepted practices such as child marriage, dowry system, perpetuate violence and make women vulnerable to HIV infection.

*I was 15 when my parents got me married. My husband habitually visited sex workers and abandoned me for 3-4 years. His family abused me, calling me a prostitute with immoral character. They also held me responsible for their son's migration to India. When he returned from India with a second wife, his parents endorsed the move " What kind of dowry did you bring? As he has brought dowry with his second wife, now you can go and prostitute", they*

*insulted me sarcastically. I went to my parents place to seek support but my father spurned me saying "Once married, this house is out of bound for a daughter; whether he kills you or looks after you; you have to go back to him".*

**–31-year-old positive woman**

"I was going through my second menstruation; but he did not care and continued his sexual abuse. My periods stopped consequently and I felt that my stomach was expanding. After three to four months one day he enquired, "Are you having a period". When I responded in the negative, he gave me medicines to abort"

**–13 yr old from Western Nepal**

### **2.3.6 Dual Responsibility in the Family**

The case studies supports the fact that HIV infected women suffer additional violence and responsibilities. They take care of infected husbands, arrange medicine and clean his discharges. Besides all these responsibilities, there are also regular family responsibilities which a woman has to take care such as cooking, taking care of children, laundry, cleaning and so on. Many cases substantiated the fact that women were treated badly by their family members. Guided by the mentality that "our son is not going to survive then why should we spend on this woman', they were denied treatment or even a blood test.

*"Besides working like a servant tending to the needs of a large family of 18-19 people, I used to look after my infected husband and also clean up his releases. When the symptoms of infection began to appear in me, I asked my husband to be taken for a blood test. He vehemently refused and denied me medicines. No one supported me. I was further abused by the entire family."*

**–An affected woman**

It was observed during the research that instead of providing an infected woman with physical and mental support, the family treated them badly. Incidences of blaming the wife for her husband's infection and accusing her for not being able to satisfy

her husband to prevent him from going astray were very common.

*"They threw me out of the house accusing me of being characterless and that my son and husband died because of me."*

**-An infected woman**

Moreover, when a husband gets infected, all responsibilities to take care of him fall on the wife. But when the wife also gets infected, there is no one to take care of her. During the course of research, it was seen that because of physical weakness and social violence following HIV infection, some women even reached the state of committing suicide.

*"My husband's family did not take care of their son after my husband got infected. They threw us out from the home saying, "We do not care. He has already expended his share of the property due to the illness." –A woman from Nepalgunj*

*"He went to work in Bombay as a migrant labourer and came back infected with HIV. I maintained sexual contact with him without being aware of his status. He infected me but still I am the one who has to take responsibility for his treatment. I am burdened with care and support of my sick husband while there is no one to take care of me when I am sick! He threatens to throw me away from time to time in his drunken stupor and abuses me regularly."*

**-A woman from Mid Western Nepal**

### **2.3.7 Treatment:**

HIV infected women need more care and treatment than infected male. Since they have to bear multiple responsibilities of the family and lack nutritious meal, their immunity diminishes rapidly. This makes them more vulnerable to opportunist infections.

Apart from suffering psychological violence, HIV infected women, who are made to fulfil dual responsibilities of tending to the household chores and taking care of their husbands, are denied treatment by their husband's family. It is made even worse by the rejection of their parental family who do not bear their burden after marriage.

Majority of the infected women cannot go to hospitals due to medicinal costs, discrimination and stigmatisation. The cases starkly pointed to the fact that majority of women do not go for testing or access regular treatment.

Governmental and other medical institutions in turn have no special provisions for infected women. The few who do manage to go to hospitals for treatment are also treated badly by the medics. They are ostracised and labelled as immoral women. The situation of discrimination is similar even in well-known hospitals of Kathmandu.

"The medics at the Medical College treated me with hatred and behaved very badly after knowing my HIV status. Despite knowing that I was pregnant, they wanted to get rid of me immediately." An infected woman

### **2.3.8 HIV: A Curse?**

HIV is perceived more as a curse and bad fate rather than a disease. The following remarks directed towards infected women support this stigma.

- *"You are a spoilt whore. Do not tell us these things." A remark made to an infected woman who tried to share her woes.*
- *"Don't take her money. You will get infected." An infected woman not allowed buying grocery from the market. -*
- *"These infected women, who get regular training from organisations that feed and pamper them, think they know everything. Don't try to teach us. We will not help you. Why should we? We have not received any training or money till now. Your problem is not our problem."*
- *"My brother-in-law beat me up four days after my husband passed away asking me to leave home."*

Unlike their male counterparts, almost all infected women face problems of physical violence and social boycott. HIV positive women and their children are subjected to extreme discrimination

in public places and schools. They are socially boycotted, scorned and abused by relatives and friends, sexually abused and harassed, displaced from their homes and denied their rights to property. Without any support from their family and friends and excluded from medical treatment, they have to bear severe hardship.

*"The neighbours asked me to build a higher wall in between to obstruct the wind blowing through our home. The children were also made to sit on the floor at school by teachers and students. Nobody would have food that my children touched and their copy was not checked. Children asked me crying, "Mother why we are treated like this. They tell us not to come to school. Some of them even throw stone at us." One day, I went to the school and said, "If a teacher like you does this, what will others do?" Though they did not expel my children from the school, misbehaviour towards them did not stop. HIV infection for a Dalit is just like rubbing salt on the wound".*

**-An infected Dalit woman**

### **2.3.9 Livelihood: Problem to survive**

Due to lack of social and economic security and societal categorisation as bad women, majority of the HIV infected women face livelihood problems. In addition they face discrimination and torture at their work place also. Infected people in Doti revealed that they were not allowed to work as stonebreakers because of their HIV status. Most of them were dalit women.

*"I have been living with HIV infection since the last four years. Out of my seven children, two have already died. My husband died two years ago because of the disease. One of my surviving sons is also infected. We had to face such a big problem because of one man's mistakes. I have three daughters, who work at the landlord's house. We stayed and worked in Bombay for 15-16 years and have no land here. My husband sold whatever little we had and we are now left with a small house. How will I raise my children? I cannot give them education. I have to go to hospital every 15 days, and my son also needs the same treatment. Hence,*

*my daughters have no option but work at the landlord's. If anything happens to them, we will all die".*

**-An infected woman**

The study has shows that many infected women are compelled to enter sex work because of their vulnerable situation and lack of other options for sheer survival.

*It is not a joke to put your body for sale. Infection and sickness is common in our profession. I came to know about HIV and AIDS two-three years ago in a training. Now, I don't sleep with any customer without using condoms. However, again I become helpless in front of those who use force. I have not tested my blood so far and am afraid to do so. They say that people from our profession get easily infected. If there are alternative livelihood means, who would not want to quit a profession such as ours?*

**-An infected sex worker**

### **2.3.10 Exclusion from state and organisations**

Many local researches have shown that infected people are unable to realise medical facilities due to the absence of the State's administration and health care system. At the district level, the presence of State is negligible. Many HIV infected people have reported that the District AIDS Coordination Board formed under National AIDS Control Centre has not provided any support and services to the HIV infected people.

Likewise, the programs run by the centre focus more on the preventive measures, which are heavily weighed against women. The government has neither laid emphasis nor invested in infrastructure like rehabilitation homes and livelihood support for women.

Most women suffer physical and mental abuse post HIV, are pushed into sex work for lack of alternatives and are rendered homeless. Not enough emphasis has been laid by organisations working on HIV on this aspect of violence nor are positive women's group who are enjoy the closest link with these women supported

adequately. With the result cases suggest that women are forced to keep on enduring abusive relationships, which make them vulnerable to HIV. One such woman in a relation with infected husband was told, "At least your husband will bury you when you die".



## Chapter III

### ***Conclusion: Joint Programs that touch VAW and HIV***

The study confirms that structural power relations in the Nepali society breeds violence against women, which is one of the major factors that make them highly vulnerable to HIV infection. As scarce attention is being given to VAW in HIV prevention programs, these facts point towards the need for a comprehensive unified program that embraces the issue of addressing VAW as an integral component for the prevention of HIV infection in women.

It also points to the need for state and donors alike to review whether the ABC (Abstinence Behaviour and Condom) approach covers this targeted segment of Women and is cognizant of how this approach is male centric. ABC ignores the basic fact of South Asian society that women do not enjoy control over their own self.

Apart from highlighting the inadequacy of the State's medical care system for infected women, the study corroborates the fact that women suffer extreme discrimination due to their HIV status and have negligible access to medical care. In the scenario of lack of state sponsored care and support; the women are forced to endure the vicious cycle of Violence, HIV and further Violence.

The State, Donors and NGOs working on Women's Right and HIV therefore need to pay immediate attention to addressing manifestations like Violence by provisioning for support; while also enforcing the state to address structural causes of such violence including enforcing the Right to ancestral property and right to land ownership of women.



**Recommendation : Refining Programming approaches**

1. At the national level, public discussions should be initiated to advocate and pressurize policy makers and donors to address the VAW and HIV intersection through enabling policy environment and funding allocation. Donor monitoring could be one such continuous process.
2. A basket fund of donors could be used to implement a full-fledged balanced program to address the intersection of VAW and HIV.
3. This agenda should cut across all segments Women wing of Political parties, Dalit and Indigenous groups, Trade Unions and Student unions and should aim to hit at and put pressure on State to address the structural causes of Violence against women and the cycle of HIV and further Violence that they face. The above issues should be addressed in the Transformative agenda of Nepal state.
4. Women must be adequately represented in policy and decision making level for a comprehensive AIDS response. Women's organizations working on VAW issue should be consulted while formulating HIV & AIDS program
5. Women Rights Organizations should be critically engaged in raising VAW and HIV issues at the national level to create conducive policy environment for women; and this should be in the form of continuous campaign
6. A national network of HIV positive and vulnerable women should be mentored to advocate for programs and policy formulations, which are women centric, have a rural focus and address immediate needs of positive women and those at high risk of infection.
7. Most organisations working on HIV issues with rights based approach tend to ignore the structural nature of Violence against Women, therefore Gender experts should be involved in reviewing and developing focussed programs to address this gap.

8. In the local context, joint programs should be developed through coordination among District Development Committee, Women Development Divisions, District Health Office and other district level NGOs working on Women's Right and HIV.

**Recommendation : Focussed Programs**

9. *Conceptual clarity sessions on the VAW and HIV intersection should be provided to a broad spectrum of stakeholders including media and targeted right holders (specially housewives). Wider outreach should be initiated through Community radios and IEC materials in local language.*
10. *Programmers should pay attention to strategically address the intersections of VAW and HIV. These may include developing cost effective Community support system and groups and Safe Houses for Violence survivors and HIV infected women.*
11. *HIV prevention service and education must target vulnerable groups, including adolescent girls, housewives and violence victims. Programs on HIV prevention, care, treatment and livelihood focussed on women should be started at the earliest possible in eastern Terai, mid and the far western region. Where extreme and atypical violence exists and HIV infection is increasing exponentially.*
12. *District AIDS Coordination Committee should be revived and provided adequate budget (presently it has a measly allocation of Rs. 10,000) for care and support of HIV positive women. In coordination local Hospital authorities should disseminate information to women and ensure easy access to preventive medicines such as Prophylaxis to avoid infection.*
13. *Concern groups on VAW and HIV in schools and community groups should be mobilized at the local level, likewise such forums should be created in existing women's group.*

## Chapter IV

### Women's Voices

This chapter includes a collection of selected cases from Nepal depicting the cycle of violence that undergo and their vulnerability to HIV due to violence. It also gives a glimpse into their lives-livelihood problems along with lack of support and health care for them. This is an attempt to highlight the extreme discrimination and exclusion that HIV infected women experience to sensitize State and Donors to urgently address the twin pandemics of VAW and HIV which is continuing to put women at high risk of HIV infection. This may prove to become the greatest challenge to the present AIDS response in Nepal as also in most of the world, which only touches the surface of the epidemic.

The selected cases have been picked up from around 70 cases collected during the research of which most are in the Nepali version of the report.

**All names are fictitious and references to specific areas have been changed to protect identities.**

### Case 1-

#### Ravina Limbu

*Far Eastern District of Nepal*

As the eldest daughter of my family, I enjoyed a sheltered and relatively luxurious life in my maternal home in Jhapa district. I met my husband, an Engineer by profession, right after I completed my higher secondary examinations in my home district. We fell in love and married despite family resistance since we belonged to different castes.

In the very first week of our married life while discussing the use of contraceptives to avoid pregnancy, he suddenly became serious and visibly nervous. After persistent enquiry, he uneasily blurted out, "I am (HIV) positive. Many times, I wanted to share this with you but did not have the courage. Now, you can leave me, if you want to." I was shocked by his revelation and my dreams of a bright future lay shattered. I did not leave immediately for lack of options and we moved to his joint family home in Kathmandu. Before the move, he was cooperative and had confided that he would publicly come out with his positive status and work for the public good.

His parents never accepted me and wanted me to opt out of our marriage. As they controlled my husband's income, I did not have enough to meet my daily needs. Influenced by his family environment, my husband too turned against me. "I cannot bear your burden. I don't need a wife. I need my parents," he said one day. When I protested, he hit me and this became a daily ritual. Since I had maintained sexual intimacy with him, I suspected that I was also infected. Therefore despite the pressure for terminating our marital status, I resisted the pressures. His family members, taking advantage of the situation, exploited my labour and even abused be physically. In the meantime, my husband's condition started deteriorating and he became completely bed ridden. His family avoided spending money on medical treatment and resorted to

religious (dhami jhankris) rituals.

When I too started showing allergic symptoms indicative of HIV, and asked to be tested; I was further abused. My brother in law lashed out at me saying, "You married my brother knowing his status. Why you do you want a blood test now?".

One day, when they became extremely violent towards me, I ran away to save my life. I accessed medical treatment through a Positive group. Having decided never to return to my husband and file any case against his family, I opted to stay at Shakti Milan Kendra with the help of one of positive organisation. When I tested "HIV negative", it was the happiest moment of my life. Despite this, I am still very apprehensive as I am in the window period. If this could happen to me, I wonder what fate befalls illiterate women in rural areas!"

## Case 2

### Rekha

*Far Western District of Nepal*

"Both my parents died within a two year interval leaving us orphans. Like my mother before me and others in our community I used to dance and sing to survive and men were attracted towards me and my dance.

I entered into professional sex work, traditionally accepted occupation for Badi community, at the age of 12. I got married at the age of 17 with one of my clients, a Ranger of the Forest Office. I quit my profession during the seven years of my married life. I came to know that he used to sleep with other women even after our marriage.

One fine day he abandoned me after being forced to take up the responsibility of a child born out of his illegitimate relationship. I decided to resume my "profession". But the period of insurgency

and conflict made life most difficult and torturous for women like us. While the security personnel came and tortured us on the charges of giving shelter to the insurgents, the Maoists compelled us to quit our profession without providing us alternative options.

"It is not a joke to put up your body for sale. We have to comply with unjust demands and violent behavior. Forceful behavior is common in our profession. Some brutes beat us when we refuse free service. Even burglars and robbers come and propose to "sleep" with us. Despite these hazards, earlier we used to get more clients and better deals for our service.

These days, due to the fear of the Maoists, the flow of clients have significantly reduced and we do not get more than 40-50 rupees." Infection and sickness is common in our profession. I came to know about HIV and AIDS two-three years ago through a training.

Now, I don't sleep with any customer without using condoms. However, I become helpless in front of those who use force. I have not tested my blood so far and am afraid to do so. They say that people from our profession get easily infected. If there are alternative livelihood means, who would not want to quit a profession such as ours."

## Case 3

### Malini

*Central Nepal plain region*

I grew up in a poor family and always dreamt of attaining higher study. When my family was unable to pay for my eighth grade district level exams annual fees of Rs. 90, I went to a neighbor to ask for help. He agreed to provide me money but only on the condition that I have sex with him. Being a naïve girl of tender age, I thought that attaining higher studies was the most important thing in life despite the loss of prestige and self dignity. I then sold my body for 100

rupees to pay my fees. I passed the examination but this was a recurrent problem as I needed more money for further study. The only option available to me was to carry on this "profession" to continue my school. Now I am 17 and realize I am vulnerable to HIV infection. In this profession customers rarely use condoms during sex. I should have explored the alternative of being a servant at someone's house; a laborer or a worker in a factory. I want to be self-dependent and marriage is not my aim. I want to give up this profession badly. This year I could not join college because I could not collect Rs. 3,000 to enroll. I will join college if I get some job. One day, I hope to work with organizations that mobilize people living with HIV and AIDS and sex workers.

#### **Case 4**

##### **Radhika**

*Central Nepal Hilly region*

My parents quarreled regularly and consequently my mother eloped leaving us with our stepfather and stepbrothers. My stepfather sold me to a circus when I was seven years. I am sure that he wouldn't have sold me had I been a boy. Being born a girl is a crime in this society. I was brought back from the circus after 10 years and reunited with the same stepfather who sold me! Where else could I go? My movements outside the house are restricted and my stepfather calls me "prostitute". I endured intolerable torture in the circus; it is no different now. During my days in the circus, the owners and even colleagues (boys) frequently misbehaved with us.

We were also forced to perform physically challenging tasks. While many of my friends, who fell sick due to improper housing and food, were sent back, I continued to cope fearing my step father would sell me to a brothel once I return. As I had been sold in exchange of

10 years advance salary, I did not receive any money at the end of my contract despite my hard labour. Since I did not have any other skill for a livelihood means I approached a local Women's NGO which is supporting me with driving lessons. "Some day I will be a tempo (three wheelers) driver. "

#### **Case 5**

##### **Sapana**

*Western Nepal*

I was the youngest among five daughters and two sons in a middle class family. As my father was employed at district office, he often remained outside the house. We daughters were taught to follow the traditional conservative norms and values of the society and experienced differential treatment in comparison to our brothers. Nevertheless, I managed to pass my grade ten exams from the local school. None of my four sisters could do so. I was not allowed to pursue nursing education and got admitted into liberal arts in college while my eldest brother got admitted to an Engineering college. Marriage proposals started coming in when I was in grade nine. By the time I was in grade twelve, I had to give in. The groom was from Far Eastern Nepal but ran a small grocery shop in our city. After marriage, I realized that he was promiscuous and maintained relations with many women at the cost of the shop. His parents had got him married hoping he would mend his ways.

In the meanwhile I had a child and decided to take care of the grocery business post pregnancy in order to run the house but was not allowed to do so. He said "a dutiful woman is not supposed to cross the four walls of the house". The business collapsed due to his neglect and we were forced to run away from the city to avoid debt. We went from city to city but his business ventures failed while he continued with his bad habits.

My husband became very sick during that time and we were penniless. I took him to Kathmandu for treatment after selling my jewelry. The doctors did not tell me about the nature of his disease. They simply asked me to avoid letting our child go near him. He slowly recovered with my care.

Due to the constant threat of debtors who caught up with him, he ran away abandoning us. A mother of two with no livelihood means, I was mentally tortured by the entire episode. In the meanwhile my younger daughter also became sick. After locating him in Kathmandu, I borrowed Nrs. 50,000 from my parents and went to him to start anew.

Despite my pleas, he regularly visited sex workers. Eventually I came to know that both he and my younger daughter were HIV positive. My daughter died one day after continuous bouts of diahorrea. I did not have money to take her to a hospital and could not even cover her small shriveled up body. He just came back to perform her death ritual. I now started selling watch on the streets for daily survival and faced indecent proposals and verbal abuses.

Later on, I rented a small hut and started weaving tourist hats and saved up to Rs. 100 per day. This allowed him more liberty to go around with girls while I earned. Once I even caught him with a 14 year old sex worker in my own room. I asked her if she used condom, but she said no. However I didn't tell her that my husband was HIV positive. His health kept worsening and he was hospitalized. I had not shared his condition with his brothers and relatives because he warned me that he would kill himself. In the hospital, I told them the situation. Doctors tested me and I was also diagnosed as positive.

My brother-in-law asked me to stay with them after his death. But I was accused of being the cause of my husband's death and denounced as characterless. It became unbearable to stay there and I returned to my maternal home. While my brothers and mother were sympathetic, my sister-in-laws were very rude and did not allow

me to go near their children. I was given food in a separate plate. Influenced by them, my brothers also turned against me and asked me to leave. My mother took a stance in my support and asked them to live separately instead.

Since I had publicly disclosed myself as positive; I started volunteering in organisations working on HIV. Despite being accused of bringing bad name to my family, I did not lose heart and started working as a Social Mobilizer of the District Forest Office besides teaching in adult literacy classes in the evening. Media and organizations have highlighted me as a social worker. My in laws have denied me my rightful share of the property. Legal process will require a year or more and I doubt whether I will get property by the end of it. It is not worth it now! The important thing is I am still alive and doing something worthwhile.

## Case 6

### Alka Magar

#### *Mid Western region*

Marriage into a large and financially weak family brought complications to my life. After the birth of my first child, my husband lost interest in me while my mother-in-law humiliated me on a daily basis. One day, my husband left home for Bombay to work as a migrant laborer and came back infected with HIV. Unaware, I maintained sexual contact. Though he infected me, I am the one who has to take up the responsibility for his treatment.

I have the burden of caring and supporting my sick husband while there is no one to take care of me when I am sick! Even then, he threatens to throw me out from time to time in his drunken stupor and abuses me regularly. I have been on ARV for the past 14 years and work as a volunteer for an organization working with HIV positive people.

No one in my maternal home, except my daughter, know about my HIV status. My son is 18 now, while my daughter is 14. Their father shirks his responsibility towards them. I, with the support from my maternal home, bear the entire expenses for our daily living. My daughter lives with one of our relatives while my son ran away from home because of his abusive father.

### Case 7

#### Dipti

##### *Eastern region*

As a teenager, I became aware of my mother's lonesome life as the wife of a selfish alcoholic husband who cared for no one but himself. He was a construction contractor who fell sick regularly. Wanting to ease her life and support her economically, I started working in a car show room. My mother also got a job for herself in the local factory. This is how the two of us support my younger siblings. In addition, we have to also pay off the debts of my father.

Now I am 19 years of age and have been working in a cabin restaurant for the past couple of years earning a monthly salary of Rs. 1,800. I have to work for 12-13 hours daily. Our services include flirting with customers and enticing them to order three items instead of one. We do not get any other benefits: even sick leave or allowance. The bottom line is to make the owner happy or else we are not even sure of getting minimal salary.

I have to date customers, let them touch my body and generate sales. Many of the customers behave inhumanely with us and regard us as prostitutes. Sometimes, I feel I should shed all pretensions and work as a call girl.

I rarely go home as I detest the environment at home because of my father's abusive behavior. I hate him because he is responsible

for spoiling our lives. Whenever I feel depressed I drink and smoke. Earlier it was under customer compulsion but it is now for my own pleasure I do not want to live and cannot even die because I am worried about my family, specially my mother. Nowadays I am in search of another decent job so that I can earn at least Nrs. 2,000-3,000.

### Case 8

#### Pranita,

##### *Western Nepal*

I was seven years old when my mother died and my father remarried. I was sent to live with my aunt. When she died, I had to move on to live with my sister. At that time, I was a fifteen year old studying in grade seven and my sister was pregnant with her first child. My brother-in-law's behavior towards me became repeatedly abusive, therefore I left my sister's home to work as a domestic helper for two years. At the age of 17, she got me married off to a 30-year-old man. I was too young to understand what marriage was really about and could not get along with my husband.

I ran away after 13 days of our marriage. With nowhere to go and Rs. 100 in my pocket, I reached Pokhara, the nearest city from my village. Wondering around the bus park for the whole night, I asked for a job and food in one of the restaurants near by. Though the owner promised to give me Rs. 1500 per month, I was given only R. 800/- After a few months of work, I realized that the restaurant owner wanted me to attend to all the wishes of his customers including sexual services.

Though I resisted in the beginning, I had no choice but to obey him. One fine day he kicked me out of my job for behaving unprofessionally and developing emotional bonds with a customer. I then got a job in a small restaurant where 12 other girls worked

besides me. Whoever could make the customers happy was considered the best. The owner used to send us to one or the other hotel, where we had to entertain over a dozen men. We used to get paid at the rate of Rs. 300 (\$ 4) per night. I shifted from restaurant to restaurant and slowly became experienced in the ways of the trade. Now I knew how to satisfy the customers. One day I met a gentleman, who was working for the cause of girls like us. He warned me about diseases like HIV and AIDS and gave me a job in his organization. Though I got the job, people in the office treated me more like as restaurant girl rather than a staff. They do not believe me when I say that I have changed myself now. I have been working as a motivator for girls involved in the flesh trade. I get a monthly salary of Rs. 2,700 which is not enough to manage a living. When I asked for a raise, they all made fun of me telling me that jobs like this don't pay as well as my previous occupation.. Sometimes in my desperation, I even feel like going back to the restaurant work and earn enough to secure my future. Though I am one of their staff, the people in the office regard me as sex worker and ask my rate. Though it's so difficult to work directly in the field, the office thinks as if I am paid for doing nothing. They don't even give us the medicine that comes in our name. I do not have a citizenship and the office will kick me out if I do not submit the same. My stepmother demanded Nrs. 15,000 to endorse my citizenship, which I don't have. I am perplexed and do not know what to do.

### Case 9

#### **Ratna B.K.**

##### *Western Nepal*

Many of you might believe the saying 'Got married and lived happily ever after". My story is not one of those. After my marriage, I realized that I would never be accepted by my in-laws as my husband was already married and had an expectant wife at home. As my husband's

family resented my presence, I started living in my parents' home. My husband frequently visited me. After a year or so he went to work in India and came back to start living with his first wife. In the meanwhile, I gave birth to my second son, but he was least bothered about us. As I began to become regularly ill for the past one year, I consulted a doctor. My world came tumbling down, when I was diagnosed 'HIV positive'.

Following this tragic fate, I could not live in my parents' house. For a year now, I have been living with a positive people's organization. Thankfully, my children, aged four and three, are not positive. My husband also came to know about his positive status three months later but I do not know whether his first wife knows about it. He had come to see me in the hospital when I was very sick last year.

Thereafter he did not return. As I don't have the courage to bear the sight of my mother's sad look, I can't return to my maternal home now. Moreover the people in my village believe that this is a disease that is limited to people who have extra marital affairs or "characterless" women. When I try to explain to them, they do not believe a word of what I say. They think I make up all these reasons to clear my name. But mostly I am worried about my children's future as they have no one to support them and I am too weak to work.

### Case 10

#### **Asha Pariyar,**

##### *Far Western Region*

My parents were poor tailors and could not support my education after grade 9, they got me married to a man from Bardia district who, prior to our marriage, used to stay in India. I always felt uneasy about the relationship with my husband from the first day of our marriage. Four days after our marriage, I found him consuming

different types of medicines. "What are these medicines for?" I asked him. He tried to evade my queries just saying that he was taking the medicines, as he felt sick because of climate changes after arriving from India. I could guess these were symptoms of a drug addict. Just a week into our marriage, his aunt fell sick.

I came to know that she was HIV-infected and her husband had already died due to AIDS. My husband claimed that he too had been infected but had now recovered. Alarmed, I asked him, "Is it due to HIV that you are taking the medicines?" He denied but I was not convinced. Realizing that living with him would ruin my life, I decided to opt out of the marriage. He did not allow me to leave and instead forcibly took me to India. When we reached India, he was free to do anything to me.

He restricted my talking and locked me in a room. Now he was openly abusive saying, "You are free to go anywhere but no one would accept you because you are already HIV-infected. Everyone knows this fact." I dreaded sleeping with him, but was compelled to sleep with him as he pleased. If I refused, he used to brutally beat me.

Sometimes I wanted to kill him. But how? We returned home after a year of marriage because his aunt was on the deathbed. I took the chance to escape to my maternal home. He came to my parents' home to take me with him and even used gangsters to threaten me. After I said, "I would die rather than accept him as my husband," my parents did not force me to go with him.

After I refused to go back, he publicly said, "This prostitute has already been infected with HIV & AIDS. So no one should marry her" and left. After that, I went for a check up with a doctor. The doctors have not said anything as yet; but just asked me to take care of my health. I am a literate woman and can fend for my livelihood. But I think my future is dark. Can anyone do something for a woman like me?

## Annex 1

### Research Team

Ambika Poudel	Nirmala Humagain
Sangita Rijal	Amika Rajthala
Kalpna Thapalia	Samjhana Thapaliya
Gokarna Bhatta	Thirlal Bhusal
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### Local facilitation

Apsara, Rajni, Dilip, Nirmal, Sudha, Nirmala, Asha, Uma devi, atarniya, radhika, nareslal, preeti subba

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1. Shakti Milan Samaj, Kathmandu
2. Makwanpur Mahila Samuha, Makwanpur
3. Divya Yuva Club and Arunodaya Yuva Club, Parsa
4. Indreni Sewa Samaj, Saptari
5. Dharan Punarjivan Kendra, Dharan Positive Group and Community Health Centre, Itahari
6. Siddartha Yuva Club, Ashako Saathi, Women and Children Empowerment Society, Community Support Group, Pokhara
7. Junkiri Club, ENSARC, Nepalgunj
8. 12 groups of infected women in Doti
9. CSG, Kailali
10. Family Planning Association, Dang Plus, Dang
11. Badi sarokar Samaj



## **Annex 2**

### **Study District**

Doti

Kailai

Dang

Banke

Kaski

Makawanpur

Parsa

Sunsari

Siraha

Saptari

Kathmandu

(District cover other neighbour district also)

