

HUMAN IMMUNO-DEFICIENCY VIRUS (HIV) INFECTION AND NEPAL

The number of officially reported cases of HIV infection and of Acquired Immuno-Deficiency Syndrome (AIDS) in Nepal remains low in comparison with numbers in many other countries. The current estimated HIV infection rate of the adult population in the age group of 15–49 years is 0.5%. The reported number of HIV cases is above 3,500 but the estimated number of adults and children living with HIV/AIDS in about 62,000. Results of studies among intra-venous drug users and sex workers are alarming. Nepal's open border with India (where HIV infection rates are rapidly rising) and the high level of physical mobility within Nepal and abroad, associated with widespread labor migration, triggered by armed conflict means that there is a real danger of a rapid spread of HIV. Hundreds of thousands of Nepalese men seek work in India as migrant laborers, while up to 100,000 Nepalese women work in India as prostitutes. Engaging in unprotected sexual intercourse where the prevalence of HIV infection among the general population is comparatively high naturally puts one at risk of contracting HIV.¹ In Nepal, the topography, environmental degradation, poverty and economic migration are all linked, and they combine with other factors to increase vulnerability to HIV.²

The major means of infection is through heterosexual encounters involving male clients and female sex workers, but other sections of the population are also at risk from infection. Media attention has focused on female sex workers, particularly those who have worked in India, but the issue is far broader than this. Social and economic factors forcing or encouraging young men and women to seek employment away from home underlie the widespread growth of the sex industry and the trafficking of girls and young women. The state's capacity to respond effectively is limited, in part through lack of resources.³ Management capacity is another questionable issue as is evident regarding the utilization of support from Global Fund.

Human rights norms and standards can be applied to health issues as an analytical tool and as a framework to identify and

shape interventions to reduce the impact of ill-health and improve the lives of individuals and populations. Migration, health status, gender-based discrimination and access to education have an impact on HIV vulnerability among rural women from migrant communities in Nepal.⁴

There is high HIV and syphilis prevalence among the male migrant-returnees and non-migrants in far western Nepal where migration to Mumbai is common. The prevalent behaviors, particularly among the migrant-returnees, imply urgent needs of the behavioral modification programme in this area to prevent the spread of HIV infection to general population.⁵ Gradually, there has been glowing concern in the society for the need of care and support. The government has started anti-retroviral therapy in some centers but the actual need in the country is very high than the proposed program. The policy makers and planners have to be well oriented and alert regarding this problem which is not only a health issue but also an economic issue.

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