

WOREC

SERVING THE RURAL COMMUNITY

ANNUAL REPORT 1991/1992



WOMEN'S REHABILITATION CENTRE

Kathmandu, Nepal

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Kathmandu, Nepal

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Prepared by: Dr. B. P. Rajbhandari

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Dr. Aruna Upreti

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Ph: 223359

EXECUTIVE COMMITTEE

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| Mrs. Jyotsna Shrestha | - Member |

CO-ORDINATORS & SUPPORTING STAFFS OF FIELD BASED PROJECTS

- Bamboo Based Enterprise Sikharbeshi, Nuwakot**

| | |
|---------------------------------|-----------------------------------|
| Project Co-ordinator | - Dr. B.P. Rajbhandari |
| Site Supervisor | - Mrs Kalyani Mishra |
| Trainer/Designer | - Mr. Gokul Rai |
| Management & Security Assistant | - Mr. Prem B. Tamang |
| Entrepreneurs (employed) | : Ms. Sapana Tamang |
| | : Ms Kanchhimaya Sherpa |
| | : Ms Muimenda Tamang |
| | : Ms Manmaya Tamang |
| | : MsPrema Loh Tamang |
| | : Ms Durga Sitaula |
| Literacy class teacher | : Ms Prema Loh |
| Cooperator | : Mr. Nabindra Pradhan (Trishuli) |
- Sikki Based Enterprise, Rajabas, Udayapur**

| | |
|---------------------------------|-------------------------------|
| Project Coordinators | - Dr. R. Rajbhandari |
| Site Supervisor | - Mrs Rekha Upadhyaya |
| Trainer/ designer | - Mrs. Bhawani Devi Chaudhary |
| Management & Security Assistant | - Ms. Sharada Danuwar |
| Entrepreneurs (employed) | - Ms Sanu Maya Danuwar |
| | - Ms. Rita Danuwar |
| | - Ms. Maiya Danuwar |
| | - Ms. Maya Chaudhary |
| | - Ms. Sukhamaya Chaudhary |
| | - Mrs. Nirmala Danuwar |
| Literacy class Teachers | |
| Village level literacy: | - Ms. Roma Dhungana |
| | - Mrs. Kunta Raut |
| | - Ms. Rita Danuwar |
| | - Mrs. Pampha Danuwar |
| | - Mrs. Tara Karki |

3. **Community Based Family Planning Programme, Rajabas, Udayapur**

| | |
|------------------------|------------------------------|
| Project Coordinator | - Dr. R. Rajbhandari |
| Staff Nurse | - Ms. Nirmala Rokaya Chhetri |
| Project Manager | - Ms. Sharada Dauwar |
| Accountant (Part Time) | - Mr. Ali Mohammad |
| Field Supervisors | - Mrs. Puspalata Rai |
| | - Ms. Rita Danuwar |
| Filed Workers | - Mrs. Sirjana Danuwar |
| | - Mrs. Tara Karki |
| | - Mrs. Tara Danuwar |
| | - Ms. Bhola Kumari Chaudhary |
| | - Mrs. Meena Adhikari |
| | - Mrs. Kunta Raut |
| | - Mrs. Jayanti Khadka |
| | - Ms. Roma Dhungana |
| Peon | - Ms. Hundemaya Danuwar |

4. **Literacy programme for women engaged in carpet industries, Bouddha, Kathmandu:**

| | |
|-------------|-------------------------|
| Coordinator | - Mrs. Nirmala Shrestha |
| Teacher | - Ms. Bindu Gurung |
| Helper | - Mrs. Parbati Khadka |

5. **Free health clinic, Mahankal, Kathmandu**

| | |
|-------------|-----------------------|
| Coordinator | - Dr. Aruna Upreti |
| Helper | - Mrs. Parbati Khadka |

CORE WORKING GROUP AT WOREC OFFICE

| | |
|---------------------------------------|-------------------------|
| Exec. Director | - Dr. Renu Rajbhandari |
| Account/Management | - Mrs. Kamala Adhikari |
| Office Secretary | - Mrs. Sanubaba Ghimire |
| Advocacy | - Mrs. Shashi Raut |
| Project Development & publication | - Dr. B. P. Rajbhandari |
| Official Relations and communication: | - Dr. Renu Rajbhandari |
| | - Dr. Aruna Upreti |
| Peon | - Mrs. Parbati Khadka |

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EXECUTIVE SUMMARY

Women's Rehabilitation Centre is a service oriented non-governmental organisation. The major goal of this centre has been to help the socially rejected, discriminated and humiliated layer of rural women through educational, socio-cultural and income generation based developmental activities, and rehabilitate them in their communities. The targeted layer of women includes widows, Debakies, women relieved from prostitution, HIV (+) women, squatter women and rural women without family or forced into prostitution in India. This layer of women is mostly deprived of developmental efforts, exploited and discriminated in the society because of the gender, family status and lower economic condition. This illiterate, socially unconscious and unemployed layer of rural women urgently need such rehabilitation programme by which they will be converted into an advantage to create the infrastructure (literate, conscious and skilled manpower) needed in the society.

From the very beginning the WOREC has been conducting various activities towards meeting its goal. This report summarizes the activities of the centre accomplished during the last year. It is hoped that this publication would be useful to those who have been working in the fields of community welfare, women's development, resettlement of squatter community, STD/AIDS prevention and control, and resolving forced migration of girls from hills into prostitution in India.

The experience gained by the centre in the field of integration of non-formal education (literacy health/AIDS education and skill-training) with income generation based development activities may be shared by other NGOs, INGOs and donor organizations.

On behalf of WOREC I would like to express sincere thanks to the UNDP, Nepal; CARITAS Nepal; APHD, Hongkong; KAP, the Netherlands Embassy, Nepal and The Asia Foundation, Nepal for providing financial support to the centre.

Bankali, Kathmandu
October 15, 1992

Dr. Renu Rajbhandari
Executive Director

WOMEN'S REHABILITATION CENTRE: AN INTRODUCTION

Background:

Nepal belongs to those developing countries where majority of the people are struggling for livelihood in the circumstances of illiteracy, malnutrition, poverty, unhealth, unemployment and social injustice. These situations are more pronounced in the rural areas, particularly in the hills. And, therefore migration of active manpower from hilly areas to towns and other countries like India, Korea, Japan and Saudi Arabia in search of employment has now been quite common. Amidst this wave there has been forced migration of girls from hills into flesh trade in cities, particularly in Bombay, from where not only common sexually transmitted diseases but also AIDS is being 'introduced' into Nepal. This has created new problems, challenges and circumstances asking for prompt but wise action.

The widows, "*Debakies*", and HIV + women have been humiliated and rejected in our society. The girls of the lower economic strata households in the hills are forced by their parents and elder brothers to migrate for prostitution in Bombay recognizing it as a rewarding profession.

In this context the Women's Rehabilitation Centre has been established to lead the socially rejected and discriminated layer of unemployed women deprived of development efforts towards lawful, productive and conscious life-style.

The centre is a service oriented non-governmental organization, and is governed by the executive committee.

Objectives:

The centre has following specific objectives:

- i. To arouse and motivate the women to exercise their rights;
- ii. To launch community based rehabilitation programmes for socially rejected women such as widows, *Debakies*, AIDS patients and those relived from prostitution and motivate them to participate in income generation projects of the centre.
- iii. To develop and implement special projects in close co-operation with national and international organisations to safeguard and strengthen women's right;
- iv. To identify and launch income generation based enterprises specific to locality and based on utilization of local resources, appropriate technology and skill for

* *Debakies* are girls offered to God and not allowed to marry throughout the life but permitted have multipartner hetero-sexual relations. This tradition prevalent in far Western Nepal is a prominent example of exploitation and humiliation of women based on religious superstition and gender.

- socio-economic upliftment of rural women;
- v. To conduct AIDS/health education programme for rural communities integratedly with income generation based projects;
 - vi. To conduct intergrated AIDS/STD prevention and control programme based on relevant survey/study.

Philosophy:

The philosophy of WOREC help the targeted population groups is to launch specific to group and locality cultural, educationial (literacy, health and AIDS) and development activities (entrepreneurship development based on relevant skill training) integratedly and consequently rehabilitate the targeted women in their communities simultaeously converting them into an advantage to create the infrastructure needed in the society.

Activities:

The Women's Rehabilitation Centre has so far been conducting activities in five major directions:

- i. Creating awareness about AIDS, particularly among the community groups endangered to forced migration into flesh trade in India;
- ii. Conducting skill-training and income generation based projects for benefitting the rural women endangered to forced migration into prostitution in India, and those who have been humiliated and discriminated in the society;
- iii. Conducting literacy and health education programme for the rural girls/women participating in the projects of the centre and those migrated from hills to work in carpet industries at Kathmandu;
- iv. Conducting community based family planning and health camps to benefit rural population deprived of health facilities in their villages;
- v. Conducting research/survey as a feedback for developing efficient community based programmes in STD/HIV prevention & control, skill-training and income generation for rural women.

AIDS RELATED ACTIVITES OF THE CENTRE

Background:

AIDS pandemic has been a serious threat to human civilization. In the south-east and south Asia this syndrome has been reported to be spread very rapidly. The situation is much more alarming in big cities of Thailand, India and Myanmar. In Nepal also the HIV / AIDS cases have been reported increasing, though in slow pace. So far the reported cases in this Himalayan country comprise to be 72 as shown in table 1:

Table 1. AIDS/HIV + Cases in Nepal, October, 1992

| Groups | Male | Female | Total |
|---------------------------|------|--------|-------|
| Sex workers | - | 28 | 28 |
| STD Patients | 32 | 6 | 38 |
| Infected blood recipients | - | 1 | 1 |
| I/V Drug users | 4 | 1 | 5 |
| Total | 36 | 36 | 72 |

Source: National AIDS Prevention & Control Programme, Kathmandu, Nepal

It is obvious from the figures presented that in Nepal HIV infection is most prevalent among the sex workers and STD patients. It should be noted that the STD patients are those who have been visiting the brothels in country and abroad. This



Participants of Seminar against AIDS and girls trafficking, Sikharbeshi, Nuwakot

fact indicates that one strategy towards effective prevention of AIDS would be to stop sexual transmission of HIV. This strategy relies primarily on dissemination of health information, education and communication aimed at changing the sexual behaviour of the population groups in-risk to HIV infection.

Forced migration of active age group girls/women from hills to towns and Indian cities has been quite common. This migration is caused by poverty, illiteracy, unemployment and social unconsciousness prevalent in the hills. Various sources have estimated that about 100,000 Nepalese women have been engaged in Flesh Trade in Bombay. WHO has estimated that about 30% of prostitutes in Bombay have HIV infection. It means that about 30,000 Nepalese prostitutes in Bombay might have HIV infection. Some of these women visit their native villages each year endangering the community with HIV/STD transmission.

Opinion:

The centre has strong opinion that occasional seminars on AIDS only in the towns and capital will not prevent AIDS nor telefilms/message from TV would be effective in this Himalayan kingdom. The only effective means of preventing HIV transmission is community based AIDS education, information and communication programme integrated with income generation based development projects. Moreover, local educators in local language should extend AIDS education in each corner of hills and mountains from where forced migration of youth to India and other countries has been considerable and in those ethnical groups/communities where unsafe multipartner heterosexual behaviour is most prevalent.

Activities:

In these situations the Women's Rehabilitation Centre has been conducting various activities towards creating awareness about and prevention of AIDS among the population group in-risk to HIV infection. Summary of such activities has been presented in table -2:

ONLY OUR UNITED EFFORTS CAN STOP AIDS !

हाम्रो संयुक्त प्रयासले एड्सलाई फैलनबाट रोक्न सकिन्छ !



The seminar on AIDS at Ichok, Sindhupalchok being inaugurated by a local women participant.



*Let us protect
ourselves from AIDS
Let us protect
others from AIDS*



*एड्सबाट आफू बचौ !
एड्सबाट अरुलाई बचाऔं ॥*



The WOREC organised a mass awareness campaign against AIDS and girls trafficking at Sikharbeshi village of Nuwakot.

Table 2. WOREC's activities towards creating awareness about and prevention of AIDS (1991/1992)

| <i>Activity</i> | <i>Date</i> | <i>Place</i> | <i>Papers Presented by</i> | <i>Supported by</i> |
|--|---------------------|-------------------------|--|-------------------------|
| 1. Socio-economic dimensions of HIV/AIDS in Nepal (Workshop/seminar) | 28-29 Aug, 1991 | Kathmandu | Dr. Ava Shrestha Dr. S. Dixit (UNDP) | UNDP |
| 2. Multi-dimensional aspects of AIDS in Nepal (Workshop/Seminar) | 11-12 Nov., 1991 | Ichok, Sindhupalchok | Dr. AN Ghimire Mr. G. Pradhan | CARITAS |
| 3. Girls trafficking: a challenge (Workshop/Seminar) | 3-31 Dec., 1991 | Sikharbeshi, Nuwakot | Dr. B. Pradhan Dr. A. Shrestha Ms. C. Gurung | WOREC |
| 4. AIDS: A Worldwide challenge (Workshop/Seminar) | 2-3 Jul., 1992 | Rajabas, Udayapur | Dr. Renu Rajbhandari Dr. Aruna Upreti Ms. Shashi Raut | WOREC |
| 5. AIDS education for Girls working in WOREC'S Projects: a. Bamboo Based Innovative Enterprise Sikharbeshi b. Sikki Based Enterprise, Rajabas, Udayapur c. Literacy Programme for Carpet Girls Bouddha, Kathmandu | | | Dr. R. Rajbhandari Dr. R. Rajbhandari Dr. R. Rajbhandari Dr. Aruna Upreti | WOREC WOREC WOREC |
| 6. Special AIDS classes to school girls & boys and cement factory workers | frequently | Udayapur | Dr. R. Rajbhandari | WOREC |
| 7. Special AIDS classes to school girl/boys | frequently | Bouddha, Kathmandu | Dr. R. Rajbhandari Dr. A. Upreti | WOREC |
| 8. AIDS education to workers of carpet industries. | frequently | Kathmandu Bouddha | Dr. R. Rajbhandari Dr. A. Upreti | WOREC |

Special papers on: HIV infection and AIDS: challenges and opportunities, AIDS and girl, trafficking/flesh trade, AIDS and legal concept regarding flesh trade presented in the workshops on AIDS have been presented in this report as appendices 1,2, and 3.

A. BAMBOO BASED ENTERPRISE AT SIKHARBESHI, NUWAKOT

Introduction

In Nepalese hills active labour force is un-or under-employed during dry season and, therefore, do migrate to towns and India in search of employment. At the same time, the girls of age group 12-20 have also been forced for migration either to work in carpet industries at Kathmandu or into prostitution in Indian cities. The centre's survey at Sikharbeshi, Ghyangphedi area of Nuwakot district revealed that about 90% of the girls of this area do migrate to Bombay for flesh trade. They return back to their villages only after 8-15 years. Some of these women get married and others do return back to Bomaby into same occupation. Most of these women are found to have sexually transmitted diseases, particularly gonorrhoea. Above 69% of women of the area have this disease (see. research report). Recently, there have been evidences that some of these women even have HIV infection.

This situation has two fold impact on Nepalese society:

- i. It has endangered the society with the spread of AIDS/HIV and sexually transmitted diseases, and
- ii. The active manpower has not been used in the development activities.

The effort of government to resolve this situation has not been felt by the community as some of the key persons of the locality informed us. The Women's Rehabilitation Centre striving to resolve this situation has initiated potential for the area income generation based programme, the Bamboo Based Innovative Enterprise at Sikharbeshi.

This programme is supported by the UNDP.

Objectives:

There are two specific objectives of this project:

- i. To conduct skill training on bamboo craft for the disadvantaged lower economic strata girls/women endangered to forced migration into prostitution in Bombay, and
- ii. To initiate bamboo based enterprise at Sikharbeshi to convert the handicap of under employed active labour force into an advantage to create the infrastructure needed for the community development.

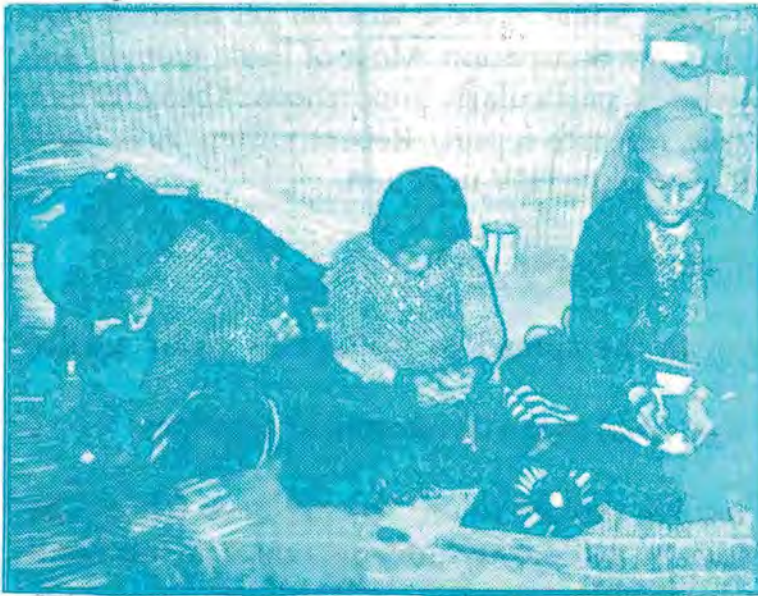


Participants of skill-training sharing experience

Accomplishment:

Under this project the following activities have been completed to date:

- i. Two skill trainings to selected girls at Sikharbeshi were conducted. Thirty four girls were benefitted by this training (appendix 4).
- ii. Construction of workshop/office house at Sikharbeshi.
- iii. Selection of entrepreneurs from among the trained girls. The best girls have been employed in the project as entrepreneurs and instructor. (appendix 5). These girls are involved in the production of various goods from bamboo. Various innovative goods include wall / table clocks, fans, letter bag, souveneer "coin collectors", trays, file racks, souveneer boats, cassette rack, etc. (some photographs are presented);



Tamang girls exploring their talents in bambo craft, Sikharbeshi

- iv. Ms. Sapana Tamang has undergone special training of instructor at Kathmandu. She has been promoted to instructor for conducting relevant training in future.
- v. Completion of first phase literacy programme for the girls enrolled in skill training.

Assessment of Accomplishments:

The project accomplishments to date have been as per plan and quite encouraging for entrepreneurs who have been employed in the project. It is

hoped that announcement made by project to enroll the girls with better performance into upgrading training course at WOREC, Kathmandu has created a kind of internal competition between the girls to explore their hidden talents.

The project accomplishments have also been found to influence the community, particularly the "Tamang" community, the predominant but backward ethnical community of that locality. This community governed by their socio-economic backwardness, historical background of being deprived to be involved in develop



Varieties of goods produced by women in income generation based projects of WOREC displayed in an exhibition at Kathmandu.

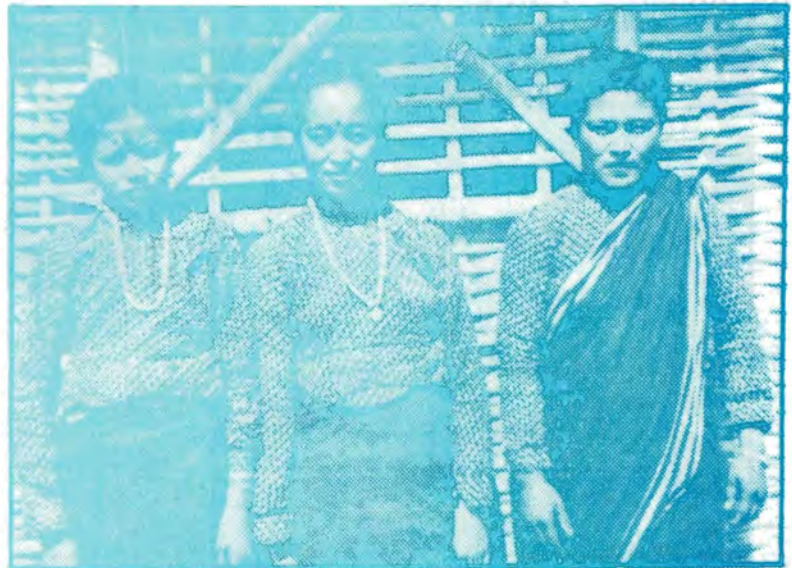


*Some of the innovative goods made of bamboo
L-R: Bamboo pot to serve 'momo" Salt & paper
holder napkin holder*

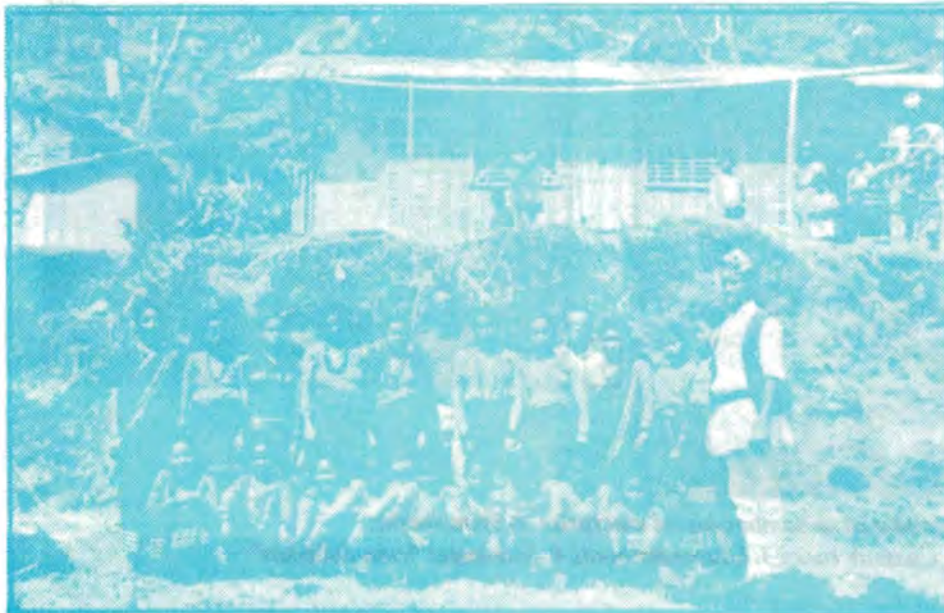
In this light the centre is convinced that the impact of this project in the community would be a sharp reduction in the number of girls forced to migrate into prostitution in Bombay. However, AIDS education requires to be integrated with this project for efficient AIDS/STD prevention and control. The centre has been trying to obtain funding source for this programme.

ment activities, illiteracy and unaware of the situation, was not very perceptive to the initiation of this project. They were, therefore, reluctant to send their daughters to participate in the skill-training. Now each family wants to send their daughter/sister participate in the training/entrepreneurship development activities of the project.

Women returning back from Bombay have also been influenced by the activities of this project. Two of such women have already undergone skill training.



Girls with best performances in Skill-training are employed in the project. L-R: Muimendo Tamang, Sapana Tamang and Kanchhimaya Sherpa are such entrepreneurs



Back row L-R Project Coordinator Dr B.P Rajbhandari and Trainer Mr G. Rai with the first batch of trainees, Sikharbeshi.

Acknowledgement:

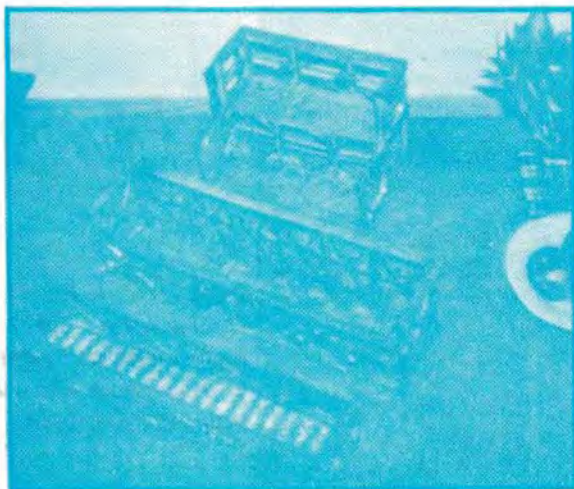
The Women's Rehabilitation Centre would like to express sincere thanks to Mr. Kumar Pandit, Sikharbeshi, Nuwakot for donating the land to the project for the construction of workshop/ office house at Sikharbeshi. The centre would also like to express thanks to local leaders, social workers and individuals for their cooperation and participation in the process of workshop construction, selection of participants to skill training and initiation of the project.



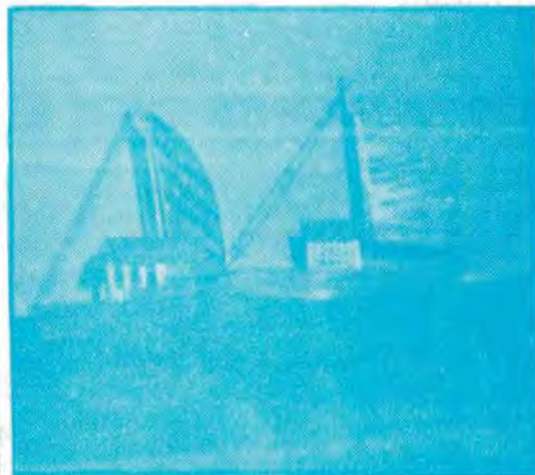
1



2



3



4

*Some of the innovative goods produced in bamboo based enterprise at Sikharbeshi:
1. Wall Clock & office bag, 2. Cassette racks 3. Souvenerer boats 4. Souvenerer "coin collector"*

B. "SIKKI" BASED ENTERPRISE FOR SOCIO-ECONOMIC UPLIFTMENT OF SQUATTER COMMUNITY AT UDAYAPUR

Introduction:

In Nepal population migration from hills to Terai and from villages to towns in search of livelihood or better employment opportunities has been increasing for last three decades. As a result squatter communities have arisen and settled in public lands or forests nearby the towns/bazars and highways. In Nepal, squatters have been so far neglected in terms of converting the handicap of under-or un-employed active labour force into an advantage to create the infrastructure needed in the rural/urban community. On the other hand, the squatters have been involved in deforestation for new settlements as well as collecting fuel woods as a means of their livelihood. The squatter communities in most parts of the country urgently need appropriate settlements, literacy and employment generation based development programmes. No doubt, there have been, in the past, some settlement programmes for squatters but in most cases it was ineffective and the disadvantaged true squatter community was not benefitted. Moreover, settlement, literacy and appropriate development efforts were never implemented as an integrated programme. Probably, therefore, the squatters remain to be neglected in and disadvantaged of development efforts and have to face social discrimination, humiliation and rejection. The squatter women are much more exploited both in the family and in the society. They are exploited and humiliated because they are female and poor, and they are poor because they are unemployed. Obviously, they are exploited and humiliated because of unemployment. It has created many abnormalities in terms of social / individual behaviour of squatter women. Keeping these views in mind, this project is especially designed to help poor squatter women of Gaighat area of Udayapur district to uplift their household economy through skill training and entrepreneurship development based on economic utilization of "Sikki".

"Sikki" is a locally available weed plant in most of terai regions of the kingdom. This plant has been traditionally utilized to make many household goods such as "Dhakki", manual fan, fruit / flower trays, etc. These traditional goods do not have better price and market. This project has envisaged to utilize *sikki* and other useful wild plants in producing innovative goods with better price and market.

The project has been initiated with relevant skill training to selected girls / women from poor *Danuwar* and *Tharu* families and trainees with better performance and devotion to the profession have been employed in the project as entrepreneurs.

This project has been supported by the KAP of the Royal Netherlands Government.

Objectives:

There are two specific objectives of the project:

- i. To provide skill training to the selected groups of disadvantaged poor girls / women from squatter community; and
- ii. To initiate "sikki" based enterprise.

Type and Nature of the Activity

The project has two basic components:

- i. Skill training and
- ii. Mobilizing the lower economic strata squatter women towards income generation based activity, the "sikki" based enterprise. In parallel to this the centre



Fifteen Tharu and Danuwar women participated in skill training at Rajbas, Udayapur

development among rural women of squatter community.

Accomplishments:

Under this project the following major activities have been completed to date:

- Construction of workshop / office house at Rajabas, Udayapur;
- Skill training to selected girls from poor squatter community (appendix 6);
- Initiation of "sikki" based enterprise, i.e. production of goods from "sikki" and "thakal". Five trainees have been employed in the project office at Rajbas as entrepreneurs (appendix 7);



Participants of skill training are learning to make wall clocks

has also been conducting literacy and health / AIDS education programme on behalf of the WOREC.

This is an income generation based project for poor squatter women and is based on skill training and literacy programme. This project aims at entrepreneurship



Five participants of skill training are now employed in the project

- Initiation of literacy program for rural girls / women from the targeted community;
- AIDS / health education to trainees.

Assessment of Accomplished Activities:

So far fifteen women have been trained and five of them have been employed in the project as entrepreneurs. Other trained women have agreed to cooperate in the project activity by taking order and preparing goods accordingly. Project will buy goods from them. Thus they will be able to generate extra income for the household.

In parallel to the enterprise the centre has been conducting literacy programme in the project's workshop itself. Twenty women from the targeted community have been participating in this programme.

Dr. Renu Rajbhandari has been frequently conducting AIDS / health education to the entrepreneurs of the project, women of the locality, school girls / boys and labours of the Udayapur cement factory. Dr. Rajbhandari has been coordinating this project.

The local leaders, administrators and population have been regarding the programmes of the centre to be very beneficial in terms of providing skill training, literacy and employment / income generation opportunities for the rural poor women of the locality.

Based on accomplishments of the project and centre's overall activity in this area it has been anticipated that this programme integrated with literacy, AIDS / health education and family planning (supported by The Asia Foundation) would arouse moral and social consciousness and would make the women aware of their rights, duties and responsibilities. However, the project would need to be extended to other localities integratedly with literacy, health and family planning programmes.

A. LITERACY PROGRAMME FOR THE WOMEN WORKERS ENGAGED IN CARPET INDUSTRIES AT KATHMANDU

Introduction:

Nepal is one of the least developed countries of the world, where more than 70% of the population are illiterate and unaware of their needs, resources and hidden talents to overcome the problems and environmental hazards they have to face in each new day. The rural areas, where more than 80% of the population of the country reside, lack the basic physical facilities like health care, education, communication and transportation. And in these areas the most deprived of development efforts are the women. The rural women are treated as a machine to keep the house alive.

The primary occupation in the rural areas is farming. The agriculture in this Himalayan kingdom is solely dependant on natural rainfall as more than 80% of the cultivated land has no irrigation facilities. There is no extra employment opportunities for active age group manpower in the villages. This has created partial or full unemployment to rural population. This situation has forced the active manpower of the hills/mountains to migrate to towns in Nepal and other countries like India, Thailand, Korea, Japan and in Arab. Some of the hill districts have been converted into the source of recharge to brothels in India. So far no efforts have been taken by the government to provide employment to the ever growing labour force in rural areas rather it has simplified the process of issuance of passports to migrants. In the past few years the unemployed lower economic strata illiterate women have been increasingly migrated to Kathmandu looking for job opportunities. It has been estimated that more than 250,000 migrant workers are now involved in different carpet industries at Kathmandu valley.

Such type of migration of active labour force including the women from rural areas to urban areas seems to give rise to new problems in launching community development programmes in the rural areas. Focussing on this new trend in the labour market in Nepal this project has been especially designed seeking to extend efforts for motivating the migrant labour (women) to participate in the local development efforts, even carpet industry in their own native villages. It is hypothesised that such motivation and awareness creating efforts would be efficient if based on simultaneous literacy (including non-formal education) and income generation based programmes. Governed by this hypothesis the WOREC has initiated literacy programme for the female workers engaged in carpet industries at Kathmandu.

This programme is supported by APHD, Hongkong.

Objective:

The overall objective of this project is to convert the handicap of unemployed migrant labour force, particularly the women, into an advantage for initiating community development programmes in the rural areas.

The specific objective of this project is:

- i. To provide non-formal education to illiterate women engaged in carpet industries at Kathmandu.

Accomplishment::

Under this project the following major activities have been completed to date:

- i. Collection of books recommended by UNICEF for such programme and development of the intervention plan;
- ii. Selection of women from different carpet industries to participate in the 1st phase programme and conduct of classes;
- iii. Monitoring of the program by the Exec. Director of WOREC and the Director of CARITAS;
- iv. Completion of book-1, internal evaluation;
- v. Selection of second batch of women to participate in 1st phase programme (book-1), and upgrading of women completing book-1 into second grade (book -2);
- vi. Conduct of classes for 1st and 2nd phase classes.

In this programme only illiterate women engaged in carpet industries have been admitted. In the course of internal evaluation after the completion of book-1 it has been found that all women are found able to read and write Nepali and also to solve some basic mathematical problems. Out of 38 women admitted to the 1st phase program only 20 women have completed the book-1. Out of the 20 women only 12 women have now been participating in second phase (book-2) programme. The list of participants with their educational and family background is presented in table 1.

In the second batch first phase (book-1) programme 27 women from different carpet industries were admitted. Out of these women only 19 women have now been participating in this programme. The list of participants has been presented in table 2.

Assessment of Accomplishments:

The women undergoing second grade (book-2) are found very enthusiastic to continue the study. This course consists of four books. These women are now able to read and write. They are surprised with their achievements that they can read and

write letters to their relatives and friends and can solve arithmetic problems. These women are also benefitted by health / AIDS education conducted by the WOREC periodically.

The girls/ women admitted to this programme have migrated from hill districts like Okhaldhunga, Solukhumbu, Dhading , Sindhupalchok, Ramechhap and Dolakha. The participants informed that they have migrated in search of employment. Above 67% of the total participants belong to age group 18-40 years and 29% to age group 12-17 years. It shows that the migrant labour force basically include active age group population of the hills. These participants informed that they could not be able to join school in their native villages because:

- i. They had to look after their brothers/sisters at home;
- ii. They had to look after goats/cattle;
- iii. They had to share hands with their mother in kitchen and farm;
- iv. There is no school in the village;
- v. The economic condition of the family is not satisfactory;
- vi. People in the village do not send daughters to school.

Conclusion:

Based on the achievements of the programme the centre had drawn conclusion that such literacy programme should be initiated in other localities also integratedly with the income generation based projects of the centre.

In the course of literacy classes the participants should also be made aware of the situation and environment they have been operating in so that they may be able to recognise their rights/duties and responsibilities in nation building.

Table 1. LIST OF PARTICIPANTS IN SECOND PHASE PROGRAMME:
First Batch (Book-2)

| S. No. | Name | Age | Address (district) | Marital Status | Children son/daughter | Would like to work in native village ? |
|--------|-------------------------|-----|--------------------|----------------|-----------------------|--|
| 1. | Yangji Sherpa | 30 | Dolkha | married | 3/0 | yes |
| 2. | Bimala Lama | 21 | Tusal, KTM | unmarried | - | yes |
| 3. | Sange Sherpa | 20 | Sindhupalchok | " | - | yes |
| 4. | Shanta Dhamala | 20 | Okhaldhunga | " | - | yes |
| 5. | Dava Sherpa | 36 | Ramechhap | married | - | yes |
| 6. | Maya Sherpa | 14 | Sindhupalchok | unmarried | - | yes |
| 7. | Goma K.C. | 46 | Okhaldhunga | married | 2/3 | yes |
| 8. | Kaushalya Shrestha | 19 | Kathmandu | unmarried | - | settled at KTM |
| 9. | Kumari K.C. | 15 | Okhaladunga | " | - | yes |
| 10. | Urmila K.C. | 21 | " | " | - | yes |
| 11. | Lakshmi Gurung | 28 | Kathmandu | married | 1/0 | settled at KTM |
| 12. | Chitra Kumari Pudasaini | 12 | Kathmandu | unmarried | - | " |

Present address of the participants: Mahankal, Bouddha, Kathmandu.

Table 2. LIST OF PARTICIPANTS IN FIRST PHASE PROGRAMME:
Second Batch (Book-1)

| S. No. | Name | Age | Address (district) | Marital status | Children son/daughter | Would like to work in native village ? |
|--------|-------------------|-----|--------------------|----------------|-----------------------|--|
| 1. | Durga Katuwal | 12 | Okhaldhunga | um. | - | - |
| 2. | Kamala Majhi | 16 | Ramechhap | um. | - | yes |
| 3. | Sonam Pudasaini | 12 | Ramechhap | um. | - | - |
| 4. | Sarmila Pudasaini | 18 | Ramechhap | um. | - | yes |
| 5. | Sharada Neupane | 17 | Ramechhap | um. | - | yes |
| 6. | Tara Gurung | 27 | Sindhupalchok | m. | 2/0 | settled at KTM |
| 7. | Gayatri K.C. | 37 | Okhaldhunga | m. | 1/0 | yes |
| 8. | Dhan K. Gurung | 49 | Okhaldhunga | m. | 1/0 | yes |
| 9. | Gayatri Dhakal | 22 | Okhaldhunga | m. | - | settled at KTM |
| 10. | Phulmaya Tamang | 35 | Sindhupalchok | m. | - | settled at KTM |
| 11. | Tara Gurung | 27 | Kathmandu | m. | 3/0 | settled at KTM |
| 12. | Sarmila Lama | 16 | Dolakha | um. | - | - |
| 13. | Kamala Gurung | 20 | Okhaldhunga | m. | 0/1 | yes |
| 14. | Panmaya Tamang | 18 | Sindhupalchok | um. | - | yes |
| 15. | Maya Tamang | 16 | Sindhupalchok | um. | - | yes |
| 16. | Maya Gautam | 16 | Ramechhap | m. | 1/2 | settled at KTM |
| 17. | Dil K. Khadka | 35 | Sindhupalchok | m. | 2/0 | yes |
| 18. | Mitthu Nepal | 25 | Sindhupalchok | m. | 1/2 | yes |
| 19. | Laxmi Dhakal | 33 | Sindhupalchok | m. | 2/3 | yes |

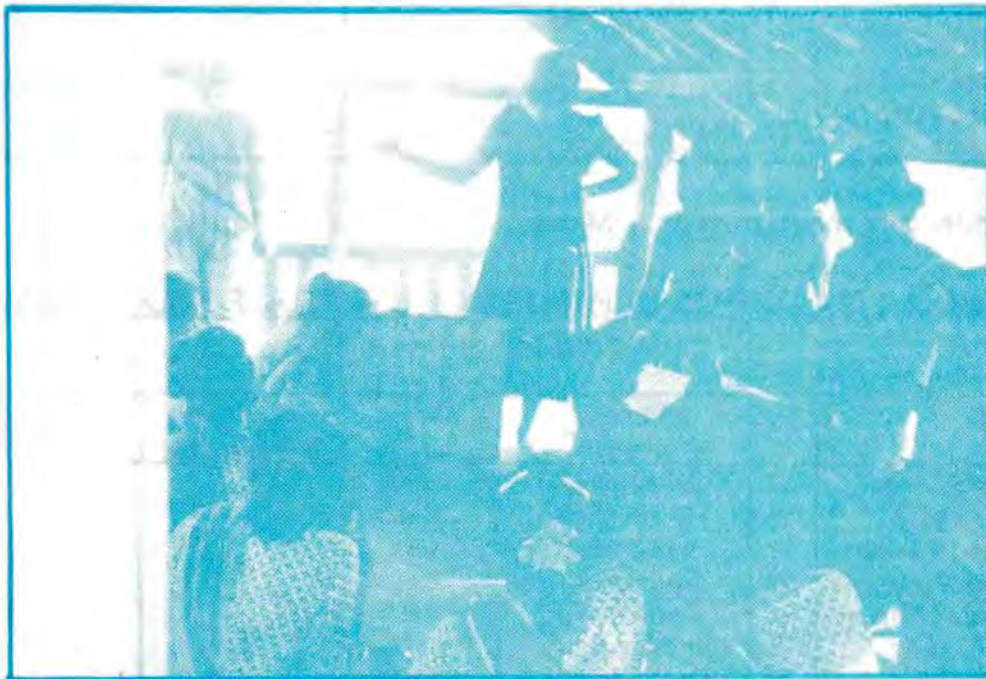
* m: married um: unmarried

* settled at KTM means temporary settlement at Kathmandu for temporary employment/ business.

B. LITERACY PROGRAMME IN INCOME GENERATION BASED PROJECTS

The WOREC has been conducting literacy programmes in the income generation based projects, i.e. in bamboo based enterprise at Sikharbeshi and *Sikki* based enterprise at Rajabas.

Due to limited funds this programme has so far been conducted only for the participants of skill training. Such programme would be beneficial for the rural girls/women of project areas who have never been in the school due to poverty and gender based discrimination prevalent in rural areas of the kingdom.



Literacy class for the participants of skill training at Rajabas, Udayapur

A. COMMUNITY BASED FAMILY PLANNING PROGRAMME

Introduction:

In spite of various family planning efforts the population of Nepal has been increasing at the rate of 2.5% per annum. On the other hand food production has not been increasing to keep pace with the population growth. In the remote rural areas both in the hills and plains where more than 80% of the population reside the population growth has been considerable. This situation indicates that the family planning efforts have not been reaching to this sector of population. Various seminars, posters and booklets have not been and would not be efficient to achieve the goal unless and otherwise extended to the real needy community. Various means of family planning and health care should be promptly and locally available to the rural population. The health service network in the country requires to be efficiently extended to rural level through non-governmental organizations (NGO), if not possible by the government.

Keeping these situations and points in mind the Women's Rehabilitation Centre has initiated community based family planning programme stationed at Rajbas of Udayapur district.

This programme is supported by The Asia Foundation, Nepal.

Objectives:

The objective of this project is to bring about an improvement in the quality of life of rural population through the prudent management of the population growth rate.



Field workers of the community Based Family Planning Programme (CBFPP), Rajbas

Activities:

The project has been providing population welfare, contraceptives, and health education to residents living in the project areas. Education has been reinforced by regular bi-monthly visits, at which time contraceptive service delivery has been made to married couples of reproductive age as per request. Moreover, door to door AIDS education has also been extended



Project coordinator Dr. R. Rajbhandari (R-L: fourth in back row) with field workers of CBFPP and entrepreneurs of Sikki based enterprise, Rajbas.

B. HEALTH SERVICES TO RURAL POPULATION:

The WOREC has been organising health camps to provide free health services to the rural population of project areas. In such camps medicines are also made available free of cost.

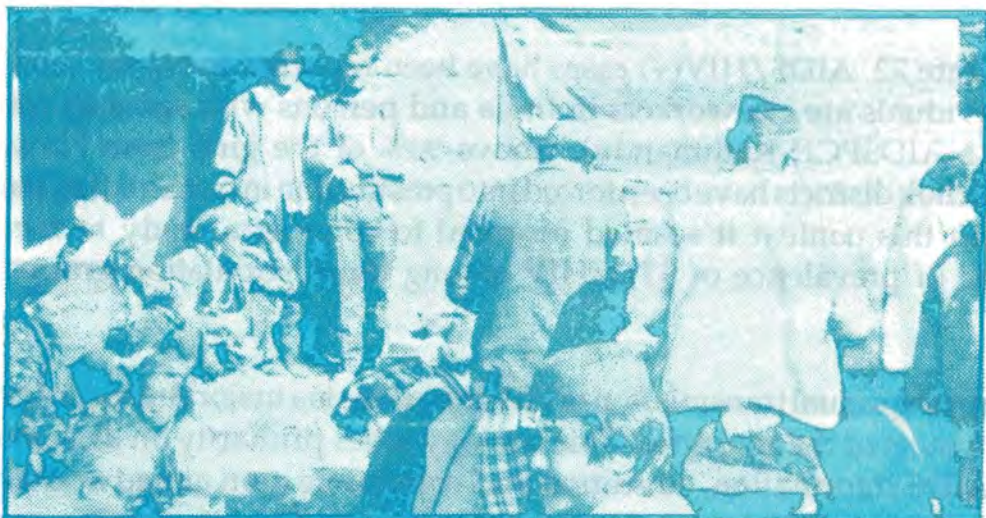
Last year the Centre had conducted health camps in following places:

1. Sikharbeshi, Nuwakot
2. Ghyaugphedi, Nuwakot
3. Gyalthum, Sinddhupalchok (in collaboration with Action Aid)
4. Bhote Chaur, Sinddhupalchok "
5. Melamchi, Sinndhupalckok "
6. Ichok, Sinddhupalchok
7. Mahankal, Baudha, Kathmandu
8. Rajabas, Udayapur

In each camp 500-700 patients were benefitted.



L-R Dr. B. Pradhan & Dr. R. Rajbhandari in a health camp at Sikharbeshi, Nuwakot



Patients are awaiting in que.

Acknowledgement:

The WOREC would like to extend sincere thanks to following doctors/nurses who voluntarilly cooperated in the health camps organised by the Centre.

Dr. Bharat Pradhan
Dr. Abinarayan Ghimire
Dr. Anand Shrestha
Paramedical Personnel:
Mr. P. L. Mani
Mr. Bhakta B. Singh
Mrs. Nanu Sharma

Dr. Dharma Baskota
Dr.K.B. Karmacharya
Dr. K.K. Adhikari
Ms. Indu Thapa
Ms. Meena Poudel

RESEARCH REPORT

PREVALENCE OF STD AND HIV INFECTION AMONG RURAL WOMEN IN NUWAKOT AND SINDHUPALCHOK DISTRICTS OF NEPAL

Renu Rajbhandari, Aruna Upreti

ABSTRACT

This study was carried out in Nuwakot and Sindhupalchok districts among the rural female population groups in-risk to STD/HIV infection. These districts were selected for this study because forced migration of girls from the hilly areas has been quite considerable. In Nuwakot targeted population groups were sampled at Sikherbeshi and Ghyangphedi while in Sindhupalchok from Melamchi, Gyalthum and Bhote Chaur villages. The study was conducted during late 1991 to early 1992.

The study revealed that the sexually transmitted disease, particularly gonorrhoea, is more prevalent in the targeted area of Nuwakot (69.23%) as compared to those in Sindhupalchok (41.82%). Moreover, one HIV (+) case was also identified among the targeted population group in Sindhupalchok. Above 80% of the targeted population groups were found unaware of pandemic AIDS.

The results of this study has indicated that the targeted rural community is the core group in-risk to STD/HIV transmission, and therefore, it is urgently needed to initiate integrated STD/HIV prevention and control programme based in these communities.

Introduction:

To date 72 AIDS/HIV(+) cases have been reported in Nepal. And 91.6% of these individuals are sex workers in India and persons with sexually transmitted diseases (NAIDSPCP, Kathmandu). Above 90% of the girls from Nuwakot and Sindhupalchok districts have been forced into prostitution in Indian cities, particularly Bombay. In this context it seemed essential to conduct a study to measure the magnitude of prevalence of STD/HIV among these population groups in these districts.

Stopping sexual transmission of HIV infections is a major strategy of prevention of AIDS in most of the countries. This strategy relies primarily on dissemination of health / AIDS information, education and communication aimed at changing the sexual behaviour of the targeted population groups. The information provided in AIDS education messages stresses factors that place people at-risk of HIV infection, such as multiple sex partners, sex with prostitutes and sexually transmitted diseases. The targeted population groups have been reported to have such behaviours. Strategies for preventing sexually transmitted diseases in the community are essentially similar except for an added emphasis on early diagnosis and appropriate treatment of prevalent sexually transmitted disease (s). At present, many HIV prevention programmes include strong component to prevent sexually transmitted diseases; many programmes have integrated sexually transmitted disease and HIV activities, or are in the process of doing so (Nkowane & Lwanga, 1990). In this

situation, it seemed quite necessary to conduct a preliminary study: to measure the magnitude of prevalence of sexually transmitted disease(s) and HIV infection among the women in-risk to forced migration into prostitution in India and those who have returned back from India; to have knowledge about the awareness of the targeted population about AIDS, and work-out appropriate intervention strategy for prevention of STD/HIV in the targeted areas.

Objectives:

The specific objective of this study was to find out the magnitude of prevalence of STD/HIV among active age group women in Nuwakot and Sindhupalchok districts, and work-out appropriate intervention strategy.

Methodology:

This study was conducted in the course of health camps organised by WOREC at Sikharbeshi and Ghyangphedi of Nuwakot district and at Melamchi, Gyalthum and Bhote Chaur of Sindhupalchok district in collaboration with Action Aid.

At Nuwakot a total sample of 52 active age group women and at Sindhupalchok a total sample of 110 women were taken for relevant analysis. The attendants were also interviewed for their knowledge about AIDS by asking a simple question in the course of dialogue whether they are familiar with the disease called AIDS.

For analyzing prevalence of STD (*Neisseria gonorrhoeae*) urethral smear was taken and tested at Kathmandu by gramstaining. Blood samples were also taken from the sampled community group and analyzed at National AIDS Prevention and Control Programme, Kathmandu.

Result and Discussion:

The result of the study has been summarized in table 1.

Table 1. Prevalence of STD & HIV infection among active age group women at Sindhupalchok and Nuwakot.

| | Sindhupalchok | | Nuwakot | |
|-----------------------|---------------|-------|---------|-------|
| | No. | % | No. | % |
| Total sampled women | 100 | 100 | 52 | 100 |
| <i>N. gonorrhoeae</i> | 46 | 41.82 | 36 | 69.23 |
| HIV(+) | 1 | 0.910 | 0 | 0 |
| Knowledge about AIDS: | | | | |
| Yes: | 20 | 18.18 | 10 | 19.23 |
| No: | 90 | 81.82 | 42 | 80.77 |

It is obvious from the figures presented in table 1 that the STD, particularly gonorrhoea, is more prevalent in the sampled area of Nuwakot district (69.23%) as compared to those in Sindhupalchok (41.82%). It should be noted that the number of women who had returned back from Indian brothels was greater in Nuwakot, particularly in Ghyangphedi, than in Sindhupalchok, and also the sample size was smaller in Nuwakot. However, the magnitude of prevalence of sexually transmitted disease in both districts (41.82-69.23%) indicates that an urgent measure needs to be taken for prevention and control of this disease in the targeted areas.

Moreover, one HIV(+) case was also indentified at Sindhupalchok. This provides basis to suspect that there might be other women in the sampled groups who may have HIV infection but could not be identified due to 'window period'. Above 80% of the targeted community groups in both districts were found to be unaware of AIDS. Only 18-19% of the sampled population groups told that they have heard about AIDS as a fatal disease. Most of the women in this group were those who had returned back from India, and they had heard about AIDS in India.

It is not quite clear whether non-ulcerative sexually transmitted disease (including *N. gonorrhoeae*) risk factors are markers for exposures to HIV (Laga, 1990). In a prospective study Laga et. al (1990) observed that HIV seroconversion in prostitute women with a relatively low incidence of genital ulcer disease was significantly associated with non-ulcerative, incident, sexually transmitted disease infections during a 'window period' preceding HIV seroconversion. Although HIV exposure could not be directly compared between cases and matched controls, this study provides evidence of a temporal sequence of events, and suggests a causal association.

Greater numbers of sexual partners, other sexually transmitted diseases and prostitution linked sexuality are risk factors for HIV (Cameron & Padian, 1990). Among the targeted ethnical community (*Tamang*) multiple heterosexuality and prostitution, particularly in Indian brothels as a means of income generation, have been socially accepted. And sexually transmitted disease is remarkably prevalent among this ethnical group. These facts indicate that the community, particularly active age group, is in-risk to HIV infection. It has been reported that there are two possible biological interactions between HIV and other sexually transmitted diseases, which have epidemiological importance, especially in 'core groups' characterized by high rates of sexual activity and concomitant high rates of sexually transmitted disease (Rothenburg, 1983; Heathcote & Yorke, 1984; Potterat et. al. 1985). The first consideration is that sexually transmitted diseases facilitate HIV transmission. This observation is supported by epidemiological evidence (Cameron et. al. 1989; Plummer et. al. 1991) that epithelia disruption and inflammatory infiltration of genital lesions produce portals of exit and entry for HIV infection (Ibid; Kreiss, et-al., 1989; Plummer et. al. 1990). The second interaction is an increased virulence of certain STD pathogens due to HIV associated immune deficiency disease, and thus a great incidence or prevalence of these diseases, especially genital ulcer disease among HIV (+)

individuals (Simonsen et.al, 1988; Simonsen Plummer *et. al*, 1990). These interactions may increase the prevalence of HIV in core groups (the *Tamang* community in this study group) of people at risk of sexually transmitted diseases, such as networks of sexual contacts of prostitutes and their clientele. These core groups may thus become reservoirs of efficient, high frequency HIV transmitters.

Conclusion:

An integrated STD/HIV prevention and control programme urgently needs to be initiated in Nuwakot and Sindhupalchok, particularly in the areas from where migration/immigration of women into/from brothels in India has been quite remarkable and frequent.

The programme would be effective if stationed at the community and integrated with income generation based projects.

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HIV infection and AIDS: | Challenges and Opportunities

Dr. Ava Shrestha

Introduction

The AIDS pandemic poses an unprecedented challenge to world health. It raises economic, social, humanitarian, health, and legal issues in addition to the purely biomedical and threatens to undermine the fabric of understanding upon which societies must function.

The term AIDS (Acquired Immune Deficiency Syndrome), strictly speaking, is not a disease but a collection of 70 or more conditions which result from the damage done to the immune system and other parts of the body as a result of HIV (Human Immuno-deficiency virus) infection. Without exhausting all the relevant features of HIV/AIDS, some facts which are particularly important for good public policy are:

1. At present there is no cure for AIDS. Treatment consists mainly of fighting the "opportunistic" infection;
2. As yet there is no antiviral drug which permanently rid the body of HIV. There are two reasons for this:
 - (a) HIV hides in the body cell it infects. To kill it, a drug will also probably kill these cells damaging the patients immune system even more; and
 - (b) Virus can infect brain cells, where most antiviral drugs cannot follow, because they are "filtered out" by the blood brain barrier. It is extremely difficult to desire a drug that will enter the brain and kill the HIV without damaging the brain itself;
3. There are limitations in the tests developed to determine whether a person who has been exposed to HIV has indeed been infected. The tests produce a proportion of false negative and false positive results;
4. Most of the tests detect anti-bodies which develop after infection with the virus. There is therefore 'window period' between the time of infection and the time of positive test result which make present HIV antibody tests an incomplete assurance that a person whose result is negative is free of infection with HIV;

5. Persons infected with HIV do not become sick for years during which time they may be able to continue to lead full lives, but may knowingly/unknowingly infect others;
6. In Nepal the main risk groups are the large numbers of girls who are either being forced into prostitution or voluntarily working as sex workers in Bombay and other major Indian cities. The prostitution transaction is a potential route of sexual transmission of HIV from clients to prostitutes and vice versa;
7. The consequences of HIV infection is life threatening;
8. Behavior modification in sexual activity and drug use cannot be achieved solely through the use of law;

Present Situation

In Nepal, of the 20,000 tests conducted 18 HIV positive and 5 AIDS cases were found. ▽ There are reasons, however, to doubt that official figures underestimate the real position because;

1. Sentinel surveillance began only in March 1991;
2. Perhaps many of AIDS cases are not reported to the health authorities;
3. Limited access of large segments of the population to health care facilities where diagnosis of AIDS can be established. The diagnostic facilities were established in 1987/88 and exist at present in Kathmandu and two other places outside Kathmandu.
4. Doctors may diagnose pneumonia, cancer or another opportunistic infection rather than AIDS to avoid stigmatizing either the patient or the patients' family.

While the effect of the HIV pandemic is undeniably on infected individuals, its impact clearly spreads throughout all sectors of a country's development. The fact that HIV infection and AIDS know no national boundaries or social class makes it significantly more important to curb the pandemic in countries with limited resources.

Nepal is already hardpressed by numerous problems, including poverty, illiteracy, unemployment and stagnant economy. If a demand for the treatment of the opportunistic diseases that are characteristic of AIDS grows then it will compete with other diseases for limited health care and preventive health resources HIV infection magnifies other existing disease such as TB by suppressing the immune system/HIV can enable TB bacteria to become active, leading to damage of lungs and other tissues that can eventually be fatal. Moreover the patient becomes contagious thereby increasing the incidence of TB in a previously healthy community. This HIV-TB link

▽ Cf. AIDS related activities of the centre, table 1 for updated figures (P.5)

is especially troublesome in our part of the world where poverty, illiteracy, overcrowding and lack of health care make tuberculosis more lethal.

In the past 25 years the infant and under 5 mortality rates have been halved to their current rates of 113 per 1000 and 165 per 1000 respectively through immunization and ORT. HIV if left unchecked will undermine these gains as more maternal-child transmission occurs, making it difficult to reach our goal of reducing infant and child mortality to 45 to 75 per 1000 live births respectively by the year 2000 A.D.

Many children face another grim reality children with an infected parent is likely close that parent and in time both parents. On the basis of global forecast for HIV infection it is estimated that 10 million children will be infected with HIV by the end of the decade and more than 10 million children will be orphaned during the 1990s as their mothers or both parents die of AIDS.

Challenges for Policy Implications

The AIDS pandemic has the potential to stale a major economic blow to our growing travel industry causing immediate effects throughout the hotel, transportation and related industries. HIV infection if unchecked will discourage travelers from visiting the country, although as the president of the Canadian aid agency CIDA rightly remarked, AIDS "does not jump out of trees at visiting troutrists or businessmen".

AIDS raises serious problems for disadvantaged sections of our community. Women are particularly vulnerable to the risk of HIV infection beacuse of their disadvantaged position in the family and society. Women are concentrated at the bottom of the ladder in terms of opporunities and access to health care, education and employment. In addition, their tradionally prescribed role in marriage and personal relations hinders their ability either to protect themselves or realize their full potential. Because of socio-culturally prescribed roles, the majority of women excluding perhaps a few Tibeto-Burman speaking peoples, are deprived of equal participation in decision making including those decisions concerning choice of partner/spouse and reproductive health. The stigma attached to AIDS can subject women to discrimination, social rejection and other violations of their rights.

That AIDS can take hold in communities made doubly vulnerable by their socio-economic disadvantage, cultural traditions, and by their lack of information and access to resources is a sobering one. Wherever such communities exist, the threat of an explosion of HIV also exists. Anecdotal evidence suggests that there are communities in Nepal where prostitution is not viewed as being dishonorable, rather it is perceived as a respectable occupation, a means to a better material existence. Most of these girls apparently start their prostitution career as early as 13 in the brothels of Bombay and return home in about 10-15 years time. Unfortunately the majority of these young women have come back with STDs. The presence of STDs

especially those that produce genital sores such as syphilis, herpes and chancroid facilitates transmission of HIV. Consequently, STDs are becoming increasingly important cofactors in the spread of HIV.

Controlling the spread of HIV infection will first require an accurate description of the virus's current distribution nationally and among various population sub-groups. This knowledge will reveal trends that can help assess the pandemic's course and its potential impact on development.

An adequate understanding of the economic factors which motivate entry into prostitution and which prevent sex workers from changing to other occupations is needed. Behavioral research is required which focuses on an in-depth understanding of the knowledge, attitudes, beliefs and practices associated with prostitution. Such analysis will enable health planners and policy makers to target resources and direct where and which type of intervention and control measures.

The AIDS pandemic in this region is still in its infancy. The number of deaths so far is still small compared to other causes of mortality. However the true death toll will only be known in the years to come as those already infected by HIV succumb to AIDS. The world is rightly alarmed at the destructive potential of the spreading HIV infection and AIDS pandemic.

A major challenge in coping with HIV pandemic is increasing the level of awareness and understanding among all segments of society. This means a variety of audiences: policy makers, health care professionals, general public and affected population groups. All of these segmented target audience need to be provided with accurate and up to-date information on the virus and its modes of transmission. Since mass media has not reached all the regions of our country, more targeted avenues of communication are needed to raise awareness among specific populations in high risk and promoting sustained behavioral change.

Communicating effectively about HIV and AIDS prevention to raise public awareness is a complex and difficult task. The risk behaviors to be altered are deeply rooted, cultural and highly personal. One way this is approached is through prevention counseling through which AIDS related knowledge, feelings and prevention skills are discussed and persons practicing high risk behavior are supported in their efforts to change their behavior. Information about the spread of HIV and AIDS must be provided in a way that can be understood. In the area of behavior change community level approach is more likely to effect long term behavior change necessary for HIV infection prevention. NGOs like WOREC who are committed to rehabilitate socially disadvantaged group have incorporated skill development activities in addition to raising awareness about HIV and AIDS prevention.

Activities focused on understanding and effecting behavior changes are needed. Perhaps a workshop on an anthropological perspective on HIV infection

and AIDS geared toward exploring ways of learning how people react to disease, to intervention and how to use information to bring about positive changes in human behavior is desirable.

It is extremely important that persons suspected or known to be HIV infected remain integrated with society as far as possible and be helped to assume responsibility for preventing HIV transmission to others. Social and economic discrimination is unwarranted and seriously jeopardises educational outreach programs and aggravate the difficulty of preventing HIV infection. The epidemic confronts society as one whole, not just some of the parts which have been affected first. Hence discrimination of people with AIDS or HIV is unjustified in public health term. Stigmatization may also endanger public health. Fear of discrimination is a major constraint to the wide acceptance of many public health measures. It must be borne in mind that the battle is with the AIDS virus and not with the people.

Opportunities

Despite the destructive potential of AIDS, it also presents opportunities to effect change, particularly for women, since it forces society to face issues such as the relationship between poverty and prostitution, and the structural causes of their disadvantage in terms of changing social system. It emphasizes the need for men and women to take equal responsibility for sexual behavior and concern for their children as well.

AIDS can be used as a challenge to protect human rights and to combat discrimination against those with HIV infection and AIDS. It will mean developing creative ways of supporting people with AIDS/HIV on the principles of self-support and participation and in particular enable women to take more control of their lives. Job development and placement assistance to HIV infected persons should be encouraged in the National AIDS Preventions and Control Programs.

AIDS is a preventable disease. Therefore, the struggle against AIDS must be consistent with other health care priorities and development goals. It should not divert attention or resources needed for overall health priorities. Rather the additional resources made available by international donors to prevent the spread of HIV/AIDS must be used to strengthen existing health care system.

Maternal and child health and family planning workers are in excellent position to advise individuals and couples about the risks of HIV, its mode of transmission and appropriate means that can be taken to reduce those risks. Information education and communication (IEC) on these issues should form an integral part of training programs for all health workers.

The use of condoms and spermicides are an important defense against HIV as well as microorganism that cause several other STDs that are cofactors in HIV infection. Educational materials that emphasize both family planning benefits and

protection from HIV and STD will have a beneficial effect on family health and family welfare as well.

The contribution of women to family welfare and the development of society needs to be more fully recognized with a change in the traditional roles of men and women. Effective measures will need to be taken to modify social and cultural patterns in order to eliminate such practices as traffic in women and exploitation of prostitution. It is therefore critical that AIDS prevention programs pertaining to women be strengthened, taking into consideration that women's perceptions of their own risk of becoming infected with HIV and their abilities to protect themselves against the disease reflect their socio-cultural, economic and ethnic backgrounds.

HIV infection and AIDS can only be combatted with a concerted and continuing effort by individuals, private groups and governments.

एड्स र चेलीवेटी देह व्यापार :

समस्या समाधानको दिशामा ग्रामीण सचेतकहरूको भूमिका

गौरी प्रधान

क) एड्स: सामाजिक विकास विरुद्ध एक चुनौती (AIDS : a challenge against social development)

मानव समाज कालान्तरमा कुनै न कुनै रोगव्याधीको शिकार बन्दै आइरहेको छ । सामाजिक विकासको इतिहासलाई पछ्याउँदै जाने हो भने हाम्रो गाउँघर कहिले विफर, मलेरिया, टाइफाइड, टी.बी., भाडावान्ता जस्ता संक्रामक रोगहरूको शिकार बनेको छ भने कहिले बाढी, पैहो तथा भूकम्प जस्ता प्राकृतिक प्रकोपहरूले सताईएको छ । भोकमरी, अभाव तथा सामाजिक अन्यायहरू त हाम्रो गाउँघरको जन्मजन्मान्तरकै वैरी भएका छन् । यसबाहेक पनि समय समयमा विविध खाले रोगको शिकार हाम्रै गाउँघर हुन पुगेका छन् । यही सन्दर्भमा आज सारा संसारलाई नै थकाउँदै अगाडि बढिरहेको रोग एड्सको बारेमा यहाँ चर्चा गरिदछ ।

एड्स प्राकृतिक रोग प्रतिरोधात्मक क्षमतालाई विनाश गर्ने रोग हो । नेपाली भाषामा यस रोगको कुनै लोकप्रिय नाम स्थापित नभैसकेको हुँदा यसलाई अन्यत्र भै एड्स नै भनी सम्बोधन गरिने गरिन्छ । यो रोगको वास्तविक जन्म कहाँ भएको थियो भन्ने सवालमा विवाद भएता पनि कैयनले यो मध्ये अमेरिकाको हाइटीबाट शुरु भएको भन्दछन् भने कैयनले अमेरिका नै यसको जन्मदाता भएको हुनु पर्दछ भनी विश्वास गर्दछन् । यो रोगको जन्म हाइटीमा भएको होस् या अमेरिका तर यसको विनाशकारी स्वरूप भने संसारको प्रत्येक कुनामा देखा पर्न थालिसकेको छ । एकातिर यो रोगको सनसनी दिन पर दिन यत्रतत्र बढिरहेको छ भने अर्कोतिर यसको निराकरणको निमित्त कुनै पनि प्रकारको औषधि या सुई पत्ता नलाग्नु अर्को भयभित सवाल बनेको छ । यो रोगको सवाललाई लिएर नुवाकोट जिल्लाको यस गाउँमा छलफलको लागि किन यसरी भेला भइरहेका छौं ? तपाईंहरूमध्ये कतिपय ग्रामीण सचेतक भएको हुँदा यसको औचित्यको बारेमा ज्ञान भएकै हुनुपर्दछ । तर एड्स मात्र एउटा अवरोध पनि हुन पुगेको हुँदा यस सन्दर्भमा विविध पक्षहरूलाई तपाईंहरूको जानकारी र छलफलको निमित्त अगाडि सार्न चाहन्छु ।

ख) एड्स र चेलीवेटी देह व्यापार (AIDS and girls trafficking/flesh trade)

एड्स एक डरलाग्दो र बहुचर्चित रोग हुनुको पछाडि विविध कारणहरू छन् । यसमध्येको एउटा प्रमुख कारक तत्व वेश्यावृत्ति या वेश्यागमन मानिन्छ । संसारमा आज जतिपनि मनिसहरू यस रोगको शिकार बनेका छन् उनीहरूमध्ये बहुसंख्यक मानिसहरू वेश्यावृत्ति, वेश्यागमन अर्थात् यौन विकृतिको कारणले भएको प्रमाणित भएको छ । नेपालका अर्थात् भारतका शहर-बजारहरूमा नेपाली वेश्याहरूको संख्या दिनानुदिन बढ्दै गईरहेको छ भने अर्कोतिर त्यतातिरबाट नेपाल फर्केकाहरू यो रोगको शिकार भएको कुरा प्रमाणित भईरहेको छ । नेपाली चेलीवेटीको भारत पलायन अर्थात् भारतमा बेचिएका चेलीवेटीहरूको तथ्यलाई अध्ययन गर्दा नुवाकोट जिल्लाको यस भेग प्रथम पंक्तिमा समाविष्ट छ ।

गीता दनुवार यस सन्दर्भमा एउटा ज्वलन्त उदाहरण बनिसकेकी छिन् । यसबाहेक भारतको बम्बई, कलकत्ता, दिल्ली, लखनउ, सिलगुडी जस्ता ठाउँहरूबाट फर्केका कैयन दाजुभाई तथा दिदीबहिनीहरू पनि यस रोगका शिकार हुन सक्ने बलियो सम्भावना छ । वास्तवमा यही सम्भावनालाई ध्यानमा राखेर हाम्रो गाउँघर यो डरलाग्दो रोगबाट आक्रान्त हुनु अगाडि नै यसको विरुद्ध प्रतिरोधात्मक कदमहरू चाल्न सकेमा समयमै बचाउन सक्ने हुन सक्दछ । अन्यथा को

लोगनेमान्छे, को स्वास्नीमान्छे, को बूढाबूढी, को केटाकेटी सबै नै यसको शिकार बन्न सक्दछन् । आज संसारको विविध कुनामा साधारणभन्दा साधारण व्यक्तिहरूदेखि लिएर बहुचर्चितसम्मलाई पनि यस रोगले कठघरामा उभ्याइदिएको छ ।

ग) **एड्स, लागू पदार्थ तथा अवैध धन्धाहरू**
(AIDS, drugs and illegal activities)

नेपाल आजभोलि लागू पदार्थ, सुन तथा चेलीवेटीहरूको तस्करीको संसारमा चर्चित हुँदै आएको छ । विगत केही वर्ष यतादेखि नेपालका तस्करहरू संसारका कुख्यात तस्करहरूको नामावलीमा समाविष्ट भईसकेका छन् । यी तस्करहरूले गर्ने व्यापार तथा लागू पदार्थको ओसार-पसारले आज शहर बजारमात्र हैन गाउँहरू पनि प्रभावित भएका छन् भने तिनीहरूनै यो डरलाग्दो रोगको सम्भावित शिकार पनि हुन सक्दछन् ।

घ) **एड्स आतंक : समस्या र चुनौतीहरू**
(Epidemic AIDS : problems & challenges)

आज संसारमा ५० लाखभन्दा बढी एड्स रोगका विरामीहरू पत्ता लागिसकेका छन् । तिनमा धेरैजसो अफ्रिकी देशहरू र अमेरिकामा देखा परेको छ भने हाम्रो नेपाल पनि यसको आक्रमणबाट मुक्त छैन । हुनत नेपालमा यस रोगका रोगीहरू प्रशस्त भेटिएका छैनन तर पनि यसको प्रकरण जसरी र जुन दिशामा अग्रसर छ त्यो भने नेपाल र नेपालीको निम्ति चुनौतीपूर्ण हुन गईरहेको छ ।

हालसम्म यस रोगको शिकार जम्मा ३४ जना भएका छन्, यसमध्ये विदेशी नागरिकहरू बेश्यावृत्तिबाट फर्किएकाहरू र यही स्वदेशमै यस रोगबाट प्रभावित भएका मानिसहरू छन् । हुन त यो तथ्यले यस रोग सम्बन्धी नेपालको वास्तविकतालाई छर्लंग्याउदैन तर पनि यो तथ्याङ्कले नेपालमा निकट भविष्यमै एड्स आतंक फैलन सक्ने प्रबल सम्भावना छ । एकातिर भारतीय शहरहरूमा नेपाली चेलीवेटीहरूको देह व्यापारको प्रवृत्ति निरन्तर रुपमा बढिरहेको तथ्याङ्क एउटा डरलाग्दो विषयवस्तु बनेको छ । अर्कोतिर बेश्यावजार भित्रको अमानवीय र डरलाग्दो परिस्थितिले त्यहाँ पुगेका चेलीहरू यस रोगको प्रत्यक्ष शिकार हुन सक्ने सम्भावना छ । नेपालका गाउँघरमा हुर्केका चेलीवेटीहरू भारतीय शहरका बेश्यावजारहरूमा आफ्नो शरीर बेचेर जीवन पालिरहेका छन् । सुनिन्छ, एच.आई.भी. पोजिटिभ को शिकार भएका नेपाली चेलीवेटीहरूलाई बम्बई, कलकत्ताको प्रशासनले बलजपती तिनीहरूको गाउँघर फर्काउँदै छ । यदि यो समाचार तथ्य / सत्य साबित भएमा नेपालमा एड्स आतंक यति भयानक हुनेछ कि भोलि हाम्रो देशलाई एड्सको भूमि भन्नु पर्ने परिस्थिति नयाउला भन्न सकिन्न । हाम्रो देशमा यो रोगको शिकार मूलतः ग्रामीण निरक्षर र अज्ञानी चेलीवेटीहरू भएका छन् जसलाई विभिन्न लोभ र लालसाले बेश्यावृत्तिमा लाग्न बाध्य बनाएका छन् ।

ङ) **एड्स विरोधी अभियान कसरी संचालन गर्ने ?**
(How to launch campaign against AIDS ?)

एड्स जतिसुकै खतरनाक र डरलाग्दो रोग होस् यसको बारेमा नेपाली जनताहरू त्यति सचेत र सजक र हेको देखिन्न । साथै सरोकारवाला संघसंस्था र सरकारद्वारा पनि यस सम्बन्धमा विशेष उल्लेखनीय क्रियाकलापहरू संचालन गरिएको पाइएको छैन । वास्तवमा एड्सको प्रभाव र समस्या हाम्रो देशमा पनि दिन प्रति दिन बढी नै र हेको छ । यो रोगको प्रभाव शहर बजारहरूमा मात्र सीमित नभएर ग्रामीण इलाकाहरूमा पनि प्रशस्त छ । यस सन्दर्भमा सिन्धुपाल्चोक, नुवाकोट, मोरंग लगायत केही जिल्लाहरू नौलो उदाहरण बनेका छन् ।

सिफारिसहरू अगाडि सार्दछन् तर जहाँसम्म एड्स रोगको सवाल छ यसमा पुनर्स्थापनाका प्रक्रियाहरूलाई पनि साथमै संचालन गर्नु पर्ने हुन्छ। एड्स रोगको रोकथाम तथा नियन्त्रणको सवालमा जति विशेषज्ञ तथा बुद्धिजीवीहरूको भूमिका छ, त्यतिकै राजनीतिक कार्यकर्ता, सामाजिक कार्यकर्ता तथा ग्रामीण सचेतकहरूको भूमिका छ। यहाँ आयोजना गरिएको यो दुई दिने गोष्ठीमा खास गरी ग्रामीण क्षेत्रमा कार्यरत शिक्षकहरू, समाजसेवी, महिला तथा राजनैतिक कार्यकर्ताहरूको सहभागिता नै प्रमुख भएको हुँदा यहाँ ग्रामीण सचेतक साथीहरूको के कस्तो भूमिका हुन सक्छ त भन्ने बारेमा म आफ्नो विचार राख्न चाहन्छु।

१) एड्स रोगलाई कसरी बुझ्ने ? (How to understand AIDS)

मानव इतिहासमा एड्स एक सबभन्दा खतरनाक रोगको रूपमा देखापरेको छ। यो एउटा सरुवा रोग मात्र नभएर मानवीय अमर्यादा र असामाजिक गतिविधिसँग सम्बन्धित रोग भएको हुँदा यसको रोकथामको निम्ति सामाजिक चेतना अतिआवश्यक छ। त्यस अर्थमा यो सामाजिक रोग पनि हो। कुनै पनि व्यक्ति यो रोगको शिकार भएमा बाँच्न सक्दैन। यो रोगलाई निराकरण गर्न आजसम्म कुनै औषधि पत्ता लागेको छैन।

२) एड्सको विरुद्ध जनचेतना अभिवृद्धि कसरी गर्ने ? (How to promote people's consciousness against AIDS ?)

तथ्याङ्कमा यस रोगको स्थिति जतिसुकै सानो भएता पनि यसको वास्तविकता लुकिरहेको छ। यसको संख्या जतिसुकै सानो भएता पनि यसको असर भयंकर हुन सक्ने कुरामा दुईमत छैन। तसर्थ, यो रोग के हो ? कसरी एकबाट अर्कोमा सर्दछ ? कसरी फैलिन्छ र कसरी उसले व्यक्ति, परिवार, समुदाय, समाज र राष्ट्रलाई नै सखाप पार्दछ भन्ने सवालमा सरल र सहज तरिकाले जनचेतना अभिवृद्धि गर्न प्रचार तथा शैक्षिक सामग्रीहरू तयार पारी वितरण गर्ने, छलफल र वहस गर्ने साथै रोगका शिकार बनि सकेकाहरूलाई कसरी सहयोग गर्ने भन्ने बारेमा योजना तथा कार्यक्रमहरू बनाइ राख्नु पर्दछ।

३) चेलीबेटी देह व्यापार र वेश्यावृत्तिलाई कसरी नियन्त्रण गर्ने ? (How to control girl trafficking/flesh trade ?)

हाम्रो गाउँघरहरू खास गरी सिन्धुपाल्चोक जिल्लाको यस भेग चेलीबेटी देह व्यापारको सवालमा प्रख्यात छ। एड्स रोगको प्रमुख कारणहरूमध्ये देह व्यापार पनि एक प्रमुख भएको र यस रोगको शिकारहरू हाम्रो गाउँघरमा पनि देखा पर्नु यस सम्बन्धमा एउटा गम्भीर विषयबस्तु बनेको छ।

हाम्रो गाउँघरमा व्याप्त गरीबी, अशिक्षा र अज्ञानताकै स्थिति यो समस्याको जरो बनेको छ। यसर्थ, यहाँका चेलीबेटीहरू विदेश लगेर बेच्ने अर्थात् तिनीहरूलाई वेश्यावृत्तिमा संलग्न गराउने, अपहरण गर्ने तथा सानै उमेरमा विवाह गरिदिने जस्ता जुन कुरीतिहरू यहाँ विद्यमान छन् यसका विरुद्ध ग्रामीण सचेतकहरू क्रियाशिल रहनु अति आवश्यक छ। यस विषयलाई लिएर हाम्रो देशमा राष्ट्रिय कार्यक्रमहरूको अभाव भइरहेको बेला स्थानीय सामाजिक कार्यकर्ताहरूले यस विषयमा एउटा सन्देश वाहकको भूमिका निर्वाह गर्नु पर्दछ। साथै यस गतिविधिसँग संलग्न कुनै पनि तहका अपराधिहरूलाई कडा से कडा कारवाही गराउन पछाडि पर्नु हुँदैन।

४) एड्सका रोगीहरूसँग कसरी व्यवहार गर्ने ? (How to behave with AIDS patients ?)

हाम्रो देशमा पनि यस रोगबाट पीडित मानिसहरू फाटफुट देखिन थालेका छन्। एड्सबाट पीडित 34

मानिसहरूमध्ये कति त वम्बईबाट फर्केकाहरू पनि छन् । नुवाकोट जिल्ला त यो सवालमा एउटा उदाहरण नै बनिसकेको छ । यतिन्जेल हामीमध्ये धेरैलाई थाहा भैसक्यो कि एड्स एक संक्रामक सरुवा रोग हो । यदि समयमै रोकथामका उपायहरू अंगाल्न सकेन भने यसले व्यापक स्वरूप लिन सक्दछ र गाउँका गाउँ नै सखाप पार्न पनि सक्दछ । हाम्रो गाउँघरहरूमा मानिसहरू अज्ञानतावश एकातिर रोग र रोगीलाई काखी च्यापेर राख्दछन् जब यसबारे उहाँहरूलाई केही थाहा हुन्छ तब उक्त रोगीलाई घरबाट निकाल्ने र गाउँबाट हटाउने प्रयत्न गर्नुहुन्छ । रोगीलाई लघाउँमा रोग गाउँबाट हट्दैन । मुख्य कुरा त यस रोग सर्न नदिने अर्थात् रोगबाट बच्ने तरिकाहरूलाई ध्यानपूर्वक अनुकरण गर्नु पर्दछ । यस रोगका शिकार बनेकाहरूलाई दुर्व्यवहार गर्नु, उनीहरूलाई असहयोग र हतोत्साह गर्नु गैर जिम्मेवार तथा गलत कुराहरू हुन् । तसर्थ ती रोगीहरूलाई यस रोगको बारेमा सचेत गराउने, अरुसँग लसपस नगर्न सल्लाह दिने तथा अन्य खालका रोगहरूबाट बच्न सल्लाह र सुझाव दिनु पर्दछ । हुन त नेपालमा उनीहरूलाई पुनर्स्थापित गर्ने ठाउँहरू स्थापना भइसकेका छैनन् । त्यस खाले केन्द्रहरू निर्माण भएको अवस्थामा ती रोगीहरूलाई त्यस्तो ठाउँमा पनि राख्नु पर्दछ, जहाँ उनीहरूले बाँकी जीवन तनावग्रस्त र दुःखपूर्ण अवस्थामा विताउन नपरोस् ।

देह व्यापार सम्बन्धी कानूनी अवधारणा*

(LEGAL CONCEPT ABOUT FLESH TRADE)

छत्रा गुरुङ

१. भूमिका (Introduction):

देह व्यापार सम्बन्धी अवधारणा नयाँ नभई युगौदेखि चल्दै आईरहेको अमानवीय र अनैतिक पेशा हो भन्दा अत्युक्ति हुँदैन । किनकि यसमा माया, ममता, स्नेह र समझदारी रहँदैन । देह व्यापारमा स्त्री पुरुषको बीच भावनात्मक सम्बन्ध नभई शारीरिक सम्बन्ध मात्र कायम रहन्छ र नारीलाई बेचिने वस्तुको रूपमा हेरिन्छ । न्याय, स्वतन्त्रता र समानतालाई यस पेशामा धन, दौलत र धाकको आधारमा मूल्यांकन गरिन्छ । तसर्थ वास्तवमा देह व्यापार मानव अधिकार विरोधी एक कुसंस्कार हो ।

“देह” शब्दको अर्थ मानिस वा अन्य प्राणीको शरीर, जीउ, अंग हो र “व्यापार” को शाब्दिक अर्थ किनबेच गर्ने काम । देह व्यापार भन्नाले धन प्राप्तिको लागि अनुचित यौन सम्बन्ध कायम राख्नुलाई मात्र बुझिँदैन । धन प्राप्तिको लागि मानिसको विक्री वितरण गर्ने जुनसुकै कार्यलाई बुझिन्छ । जस्तो श्रमको लागि कमारा, कमारी र दास दासीको रूपमा बेचिनु इत्यादि । मूलुकी ऐन जीउ मास्ने महलको नं. ३ मा पनि देह व्यापारलाई व्यापक अर्थ वा परिभाषा दिइएको पाइन्छ । जस्तै कमारा कमारी बनाउन वा अरु कुनै प्रकारले बेच्नु किन्तु हुँदैन भनी श्रम बेच्नुलाई पनि देह व्यापारको रूपमा परिभाषा गरिएको छ । तर नेपाली मान्यता अनुरूप धन आर्जनको दृष्टिकोणबाट पुरुषसँग स्त्रीले यौन सम्बन्ध स्थापित गर्नुलाई बेश्यावृत्तिको रूपमा परिभाषा गरिएको छ । तसर्थ परम्परागत मान्यता अनुरूप अवैध रूपमा यौन सम्बन्ध राख्नु नै बेश्यावृत्तिको मूल तत्व हो ।

२. परिभाषा (Definition) :

नेपाल कानूनमा अहिलेसम्म देह व्यापारको परिभाषा गरिएको पाइँदैन । प्राचीन धर्मग्रन्थहरूदेखि वर्तमान कानूनहरूमा रखेल, दासी, बेश्या जस्ता शब्दहरू उल्लेख हुने गरेको पाइन्छ । मूलुकी ऐन र जीउ मास्ने बेच्ने कार्य (नियन्त्रण) ऐन २०४३ ले बेश्यावृत्ति र बेश्यावृत्तिको उद्देश्यले बेच विखन गर्ने कार्यलाई नै जीउ मास्ने बेच्ने मूल अपराध मानेको छ । जीउ मास्ने बेच्ने अपराधभित्र आर्थिक लाभ र फाइदा दुई तत्व निहित रहेका देखिन्छन् ।

“केही प्राप्तिको लागि आइमाइले व्यभिचार गर्नु वा लोग्नेमानिसलाई स्वास्नीमानिसले मूल्य लिई / दिई करणी गर्न दिनु / लगाउनुलाई “बेश्यावृत्ति” भनिन्छ । बेश्यावृत्ति “अवैध यौन सम्बन्धको रूपमा अनेक व्यक्तिसँग धन प्राप्तिको लागि गरिन्छ, जसमा प्रेम भावनाको अभाव रहन्छ ।”¹ आफ्नो शरीर बेच्नको लागि आइमाइले कोठी थाप्ने र रुपैया पैसा लिई आफूसँग संगम गर्न स्वीकृत दिने अर्थात व्यभिचार गर्ने उद्देश्यले भाडामा शरीर बेची यौन व्यापार गर्ने स्वास्नी मानिसलाई बेश्या र त्यस्तो पेशालाई “बेश्यावृत्ति” भनिन्छ ।² त्यस्तै स्काटले लेखेका छन् - “एक व्यक्ति (पुरुष वा स्त्री) जसले कुनै प्रकारको (आर्थिक वा कुनै प्रकार) आयको लागि वा अरु कुनै व्यक्तिगत संतोषको लागि पूर्ण समय वा अर्ध समय व्यवसायको रूपमा धेरै व्यक्तिका साथ, एउटै लिंग होस् वा अर्को लिंग होस्, सामान्य अथवा असामान्य यौन सम्बन्ध स्थापित गर्ने व्यक्तिलाई “बेश्या” भनिन्छ । एलेकजरले भनेका छन्- “बेश्यावृत्ति त्यस्तो यौन सम्बन्ध हो जो पैसा-द्वारा किन्न सकिन्छ ।” कर्लीनार्डले - “बेश्यावृत्ति भेदरहित र धनको लागि गरिने यौन सम्बन्ध हो ”³ भनी परिभाषित गरेका छन् । यी परिभाषाहरूबाट बेश्यावृत्तिको कार्य स्थापित हुन निम्न तत्वहरू समावेश भएको पाइन्छ ।

* Gurung C. 1991. Legal Concept about flesh trade. Paper presented at the Workshop on AIDS. Sikharbeshi, Nuwakot, 30-31 Dec.

1 Elliott and Merrill साभार डा. डि. एस बघेल
2 न्ययदूत, अंक ६ पूर्णहृक ५१,
3 डा. डि. एस. बघेल - अपराध शास्त्र, पृष्ठ ४८४ र ४८५

- (१) अवैध यौन सम्बन्ध,
- (२) भाडामा शरीर बेची यौन व्यापार गर्ने,
- (३) त्यस्तो कार्यबाट आर्थिक लाभ,
- (४) बिना भेदभाव अनेक व्यक्तिसँग यौन सम्बन्ध राख्ने र
- (५) दया र प्रेमको अभाव ।

(३) ऐतिहासिक पृष्ठभूमि (Histocial Background) :

वेश्यावृत्तिको इतिहास रोमन साम्राज्यको समयदेखि विद्यमान रहेको फेला पर्दछ ।⁴

प्रकृति (स्त्री) र पुरुष एक अर्काका अभिन्न अंग हुन् । सृष्टिको सफल संचालनको लागि यी दुईको मिलन अनिवार्य छ । यी दुईमध्ये नारीलाई उच्च मानिन्छ । यस सम्बन्धमा समाजशास्त्री लेष्टर बार्ड लेख्दछन् - "पुरुष नभए पनि स्त्रीले मात्र सृष्टिको संचालन गर्न सक्छ तर स्त्री बिना सम्भव हुन सक्दैन ।"⁵ सृष्टिको शुरुमा समाजनारी प्रधान थियो । स्वच्छ, स्वस्थ समाजको निर्माण भई शान्त र साम्य वातावरणमा समाजको संचालन भईरहेको थियो तर नारी सहनशिल दयालु, साथै दुःखको मार आफूमात्र लिन चाहने पौरखी हात र बानी भएको कारण समयको क्रमसँगै पुरुषहरूले विस्तार विस्तारै नारीहरूलाई आफ्नो अधीनमा राख्न थाले ।

विस्तारै मीठो मीठो कुरा गरेर नारीमाथि शारीरिक शोषण गर्न पनि थालियो । यति मात्र होइन राजा, महाराजा र धनी वर्गको लागि त मात्र भोग विलासको वस्तु ठानिन थालियो । त्यसैको फलस्वरूप नारी र पुरुष बीचको असमानताको दूरी लम्बिन गयो । हुनत वैदिक युगमा नारी स्वतन्त्रता थियो । आफ्नो पति आफैँ छान्दथे तर यति हुँदा हुँदै पनि त्यो समयमा वेश्यावृत्तिले पेशाको रूप ग्रहण गर्न थालिसकेको थियो । "लोगनेको मृत्युपछि स्वास्नी आफ्नो देवरको हात समाउन जान्थी किनकि आर्य नियम अनुसार १० पुत्र जन्माउनु अनिवार्य थियो ।⁶ वास्तवमा स्वर्गका अप्सराहरू वेश्याहरू नै थिए जसको प्रयोग सुख भोगको लागि गरिन्थ्यो । उनीहरूलाई यौन तृप्ती पूरा गर्नको लागि भक्तिभ्रकाउ बनाएर राखिन्थ्यो र उनीहरूको भोग देवताहरू र ऋषिहरूले नै गर्दथे । उदाहरणका लागि इन्द्रले गौतमकी पत्नी अहिल्यासँग, विश्वामित्रले मेनकासँग, साथै ऋषि पराशरले सत्यवतीसँग शारीरिक सम्बन्ध राखेका थिए । बाल्मीकि रामायणमा राजा रामचन्द्रले सीतालाई विवाह गरेर ल्याएको पहिलो रातमा आफ्नो पत्नीलाई एउटै वचन दिएका थिए त्यो हो अर्को स्वास्नी नराख्ने । यसबाट पनि यो प्रमाणित हुन्छ कि त्यस कालमा पनि बहु पत्नित्व अर्थात् वेश्यावृत्ति थियो । साथै रामको राज्याभिषेकको समयमा वशिष्ठले बहुमूल्य रूपमा सजाई राजमहलको दोश्रो कोठामा वेश्यालाई राख्नु भन्ने आदेश दिएको पाइन्छ ।

अत्रि स्मृतिमा- "स्त्री जारद्वारा कहिले दूषित हुँदैन" भन्ने जस्ता वाक्यहरू लेखी वेश्यावृत्तिलाई प्रोत्साहन दिएको पाइन्छ । प्रत्येक युग र कालमा वेश्यावृत्तिको वर्णन गरेको पाइन्छ । पद्यपुराणमा - "स्त्री जातिको गोप्य स्थान भन्ने नै हुँदैन" अर्थात् पुरुषको लागि खुल्ला छ" भनी तोकिएको छ । त्यस्तै मनुले आफ्नो स्मृतिमा भनेका छन् - "यस विशाल संसार मा मनुष्यरूपी माछालाई फसाउने काँटा नारी जाति हो ।" तसर्थ यसरी हेर्दा विभिन्न धर्मग्रन्थ र शास्त्रहरूमा वेश्यावृत्तिको व्यापक चर्चा गरिएको भए तापनि यो कार्यपत्रको उद्देश्य वेश्यावृत्तिको विस्तृत अध्ययन गर्नु होइन । केवल माथिको उल्लेखनबाट यो पेशा निश्चित वर्गका मानिसले आफ्नो स्वार्थका लागि विकास गरेको हो र यसले परापूर्वकालदेखि नै समाजमा गहिरो जरा गाडेको छ भनी प्रमाणित गर्न खोजिएको मात्र हो ।

नेपालको सन्दर्भमा हेर्दा मल्लकालमा पनि वेश्यावृत्तिको प्रचलन थियो भने राणाकालमा आएर त भन्नु व्यापक रूपमा

4 न्यायदुत अंक १, पूर्णहृक ४६, पृष्ठ ३३

5 अपराध शास्त्र, डा. वि. एस. बघेल, पृष्ठ ५०५

6 अपराध शास्त्र, पृष्ठ ४९३

अगाडि आयो । “रखेल” को नामले राणा परिवार र उनका भारदारहरूले गाउँका सुन्दरी केटीहरू शहरमा ल्याई राख्दथे । साथै राजालाई शासन संचालन तर्फ ध्यान नजाओस् भन्नको लागि पनि धेरै भित्रिनीहरू राखी दिन्थे । त्यसैको फलस्वरूप अफसम्म पनि “भित्रिनी” राख्ने प्रचलन कायम छँदैछ । यो “रखेल” र “भित्रिनी” राख्ने प्रचलन पनि एक प्रकारको देह व्यापार नै हो ।

राणाहरूले नाउँबाट “रखेल” र “भित्रिनीहरू” ल्याउने परम्पराले अविवाहित जवान केटीहरूको शहरतर्फको आकर्षण बढेको र यसले अन्ततोगत्वा तिनीहरू वेश्यावृत्तिमा संलग्न हुनमा बल पुगेको देखिन्छ ।

४. देह व्यापार (वेश्यावृत्ति) का कारण (Reasons of Flesh Trade):

यो पेशा अपनाउनुका कारणहरू देशअनुसार फरक-फरक भएको पाइन्छ । विकसित देशहरूमा आत्म सन्तुष्टि र मनोरंजनको लागि पनि यो पेशा अपनाउने गरिएको पाइन्छ भने विकासशिल देशहरूमा गरीबी र अशिक्षा यसका मूल कारण रहेका पाइन्छन् । साथै डर धाकमा पारी ललाई फर्काई पनि यो पेशामा लाग्न बाध्य गरेको पाइन्छ ।

(क) आर्थिक कारण (Economic reasons):

गरीबी नै इज्जतको लागि अभिशाप हुन सक्दछ । अशिक्षित भएर बेरोजगार भई वस्तु पर्दा आफ्नो दैनिक आवश्यकता साथै हात मुख जोड्ने समस्याले गर्दा स्वस्ती मानिसहरू यस पेशामा लाग्न बाध्य भएका छन् । यसै वर्षको आश्विन महिनामा कथित भिडियो कलाकार रजनी शर्माले ५ जना नेपाली केटीहरूलाई आर्थिक फाइदा हुने लोभ देखाई अर्थात् धेरै तलव आउने जागिरमा लगाई दिन्छु भनी दिल्ली हुँदै फरिदाबाद पुऱ्याएको र त्यहाँको अखिल भारत नेपाली एकता समाजले फिर्ता ल्याई दिएको कुरा ताजै छ । उनीहरूसँग जानाको कारण सोध्दा सम्पत्ति प्राप्तिको लागि अर्थात् आर्थिक लाभको लोभले भनी सबैले बताए । तसर्थ यसरी हेर्दा आर्थिक कारण पनि वेश्यावृत्तिको मूल कारण हो भन्न सकिन्छ ।

(ख) जातीय कारण (Ethnical reasons):

प्राचीन कालदेखि चलिआएको विभिन्न प्रथा र परम्पराअनुसार बाध्य भएर वंशानुगत रूपमा पनि वेश्यावृत्ति प्रचलनमा रहेको देखिन्छ । जस्तो सुदूर पश्चिमाञ्चल खास गरी वैतडी जिल्लामा प्रचलित देउकी प्रथा पनि एक हो । विभिन्न मन्दिरहरूमा भाकल राखी त्यसै स्वरूप आफ्नै छोरी वा अरुको छोरी किनेर चढाउँछन् र तिनीहरूले विवाह गर्न हुँदैन भन्ने धार्मिक अन्धविश्वास छ । तसर्थ मन्दिरमा बसेर मात्र खान लाउन र आफ्नो आवश्यकता पूरा गर्न नसक्ने हुनाले वेश्यावृत्तिमा संलग्न हुन्छन् ।⁷ त्यस्तै वादी समुदायका स्त्रीहरू पनि वंशानुगत रूपमा नै यो पेशा अपनाउँछन् । उनीहरूलाई कुनै अप्ठ्यारो पर्दैन ।

यो प्रथा कानूनी रूपमा (मुलुकी ऐनबाट) समाप्त भईसकेको भए तापनि धर्म र परम्परामा आस्था राख्ने भएकोले अझ पनि कायम रहेको कुरा श्रम तथा सामाजिक कल्याण मन्त्रालयको २०३९ सालको सर्वेक्षणबाट स्पष्ट हुन्छ । वादी समूहमा नारीलाई यस पेशामा लगाएर पुरुषहरू सानो-तिनो काम, तवला बनाउने, जाल बनाउने इत्यादि कार्य गरी जिविकोपार्जन गर्दछन् । देह व्यापार नै मुख्य पेशा हुने प्रत्येक घरबाट कम्तीमा एक जना गएकै हुन्छ भन्ने कुरा उक्त मन्त्रालयले वादीहरू वारे गरिएको सर्वेक्षणबाट स्पष्ट हुन्छ ।

त्यस्तै भारतमा “देवदासी” प्रथा प्रचलित छ । दिनभर मन्दिर वरपर नाचगान गर्दछन् भने राती पुजारीसँग यौन सम्बन्ध राख्दछन् । विभिन्न सन्त महन्तहरूबाट पनि प्रभावित हुन्छन् । एक सन्तानबाट एक परिवारको प्रत्येक विवाहित स्त्रीसँग धार्मिक कारणबाट यौन सम्बन्ध स्थापित गरेको र एक जना अविवाहित २० वर्षीय केटीले अस्वीकार गरेको हुनाले यसको पर्दाफास भएको कुरा प्रकाशित भएको थियो ।⁸ तसर्थ देह व्यापार रोक्नको लागि संस्कारमा परिवर्तन गर्नु आवश्यक छ ।

7 डा. डि. एस. बघेल, श्रम तथा सामाजिक कल्याण मन्त्रालय, २०३९ सालमा देउकी र वादीहरूवारे गरिएको सर्वेक्षणको प्रतिवेदन अनुसार

8 जनपथ समाचार सिलुठडी, भारत, ७ अक्टुबर, १९८९

(ग) अन्य कारणहरू (Other reasons):

- (क) सिनेमा:- हलमा मनोरञ्जन दिलाई धन प्राप्ति गर्ने होडमा उद्वृङ्खल र देह प्रदर्शन गर्ने फिल्महरू देखाउने प्रवृत्तिले गर्दा पनि वेश्यावृत्तिलाई बढावा मिलेको पाइन्छ ।
- (ख) फेशन:- आफ्नो औकातलाई भुलेर अरूको सिको गरी फेशन गर्नाले आफ्नो आवश्यकता पूरा गर्न सक्दैनन् तसर्थ फेशन गर्नलाई आर्थिक उपार्जनका लागि यो पेशातर्फ लाग्दछन् । आज-भोसि नेपालमा नग्न फिल्म र नचाहिंदो फेशनले गर्दा स्कूलदेखि विश्व विद्यालयसम्मको र गरीबदेखि अमीरसम्मका परिवारका छोरा चेलीबेटीहरू यस पेशामा लागेका छन् । यो एउटा राष्ट्रिय समस्याकै रूपमा देखा परेको छ ।
- (ग) लागू पदार्थ सेवनले पनि वेश्यावृत्तिमा लाग्न उक्साउँछ ।

५. नेपाल कानूनमा वेश्या सम्बन्धी व्यवस्था (Provision about prostitute in Nepal law):

देशको सामान्य कानून मूलुकी ऐनमा वेश्या र वेश्यावृत्ति सम्बन्धी व्यवस्था गरेको पाइन्छ । यसरी हेर्दा परम्परादेखि अर्थात् वैदिककालदेखि चल्दै आएको यो पेशालाई कतै विधायिकाले पनि मान्यता त दिएको होइन ? कि यो समाजको अभिन्न अंग हो ? एकातिर अमर्यादित पेशा भनी घृणा गर्ने अर्कोतिर कानूनबाट मान्यता प्रदान गर्न निर्माता पुरुष मात्र भएकोले स्त्रीमाथि शोषण गर्ने प्रवृत्ति कायमै राखेको त होइन ? यस सम्बन्धी कानूनी व्यवस्था निम्न प्रकारले गरेको पाइन्छ ।

(क) अपुतालिको महल:

मूलुकी ऐन अपुतालीको महल १३ र १४ नं. ले वेश्यालाई संरक्षण प्रदान गरेको छ । उक्त १३ नं. को व्यवस्था अनुसार वेश्याको घरमा गएर बसी लोग्ने उही मन्थो भने त्यसले वेश्याका घरमा पुऱ्याएको धन वेश्याकै हुन्छ । वेश्या स्वास्थ्यी जसले राखेको छ उसैले राख्दा मरी भने जुन लोग्नेसँग बस्दा मरेकी छ उसै लोग्ने र उसै लोग्नेको वीर्यले जन्मेको छोरोले पाउँछ । यो व्यवस्थाले वेश्यासँग लाग्ने लोग्नेमान्छे र त्यसबाट जन्मेको छोरोको हक संरक्षण गरेको छ । साथै जाली फटाहा वेश्यागमनमा लाग्ने मान्छेलाई अवसर समेत प्रदान गरेको छ । सम्पत्तिको लागि केही समय सँगै बस्ने र विभिन्न सास्ती दिई मृत्यु गराउने प्रवृत्ति ठूला बडा हैकमवादीहरूले नगर्ना भन्न पनि सकिन्न ।

त्यस्तै १४ नं. ले वेश्या स्वास्थ्यी मानिसको माइतीको समेत हक संरक्षण गरेको पाइन्छ । वेश्या भई माइतीमा बसेको वा माइतीमा नबसी वेग्लै घर तुल्याई बसेको भए पनि माइतीले खान लाउन दिई हेरचाह गरिराखेकी छोरा छोरी नभएको स्वास्थ्यी मानिस मरी भने उसको जो भएको सम्पत्ति माइतीले खान पाउँछन् । सो बमोजिम माइतीले नेपालको वा माइतीमा नबसेकोमा त्यस्तो स्वास्थ्यी मानिस मरेपछि उसको सम्पत्ति श्री ५ को सरकारको हुन्छ भन्ने व्यवस्था उक्त १४ नं. ले गरेको छ ।

माथि उल्लेखित कानूनी व्यवस्थातर्फ विचार गर्दा वेश्यालाई समाजको अभिन्न अंगको रूपमा मानी कानूनी मान्यता दिएको कुरा प्रष्ट हुन्छ । तर यस महलमा व्यवस्था गरेको "वेश्याको लोग्नेको" अर्थ के हो ? लोग्नेमान्छे पनि त वेश्या भन्न सक्छ तसर्थ वेश्याको स्वास्थ्यी भन्ने शब्द किन राखिएन ? कि विधायिकाले स्वास्थ्यी मान्छेले मात्र वेश्यावृत्ति गर्दछ भन्ने असमानताको सिद्धान्तलाई स्वीकार गरेको त होईन ? कि स्त्रीलाई विक्रीको वस्तु ठानेर हो ? साथै वेश्यालाई क्रूर रूपमा लिन खोजिएको हो ? प्रष्ट छैन । वेश्या को हो ? इत्यादि व्यवस्था नगरी हल्का प्रकारले वेश्या भन्ने शब्द मात्र प्रयोग गर्नाले कानून अधुरो रहेको प्रष्ट हुन्छ ।

(ख) जबरजस्ती करणीको महल:

जबरजस्ती करणीको ७ नं. मा “वेश्या स्वास्नीमानिसलाई उसको राजीखुशी बिना बेमञ्जुरीले जुनसुकै तरहसंग भए पनि जोर जुलुम गरी करणी गरेमा ५००१- रुपैयासम्म जरिवाना वा एक वर्षसम्म कैद हुनेछ” भन्ने कानूनी मान्यताले गर्दा वेश्यानै भए पनि मञ्जुरी लिनु पर्ने भन्ने स्पष्ट छ। साथै यस व्यवस्थाले सोही महलको ८ नं मा आफ्नो सतित्व बचाउन वा आफ्नो धर्म नष्ट हुन नदिनको लागि केही गर्दा पनि बचाउन नसक्ने अवस्था परेमा एक घण्टाभित्र लाठी, ढुंगा-मुढाले हान्दा मर्न गएमा बात नलाग्ने भन्ने प्रतिरक्षाको सुबिधा वेश्याले पनि पाउने देखिन्छ। वेश्या स्वास्नीमान्छेका राजीखुशी मञ्जुरीले जुनसुकै तरहसंग भए पनि करणी गरेमा उक्त ६ नं. को व्यवस्था अनुसार कानूनी समेत मानिने भयो। तसर्थ हाम्रो कानूनले वेश्यालाई मान्यता दिएको छ भन्ने कुरा स्पष्ट हुन्छ।

(ग) आशय करणीको महल:

आशय करणीको महल नं. ५ मा “आफू वा अरुसंग गैर कानूनी करणी गर्न स्वास्नीमानिसलाई फकाउने र वेश्या गमनको लागि सम्पर्क र व्यवस्था गरिदिनेलाई ६ महिनादेखि २ वर्षसम्म कैद वा ५००१- रुपैया देखि ६ हजारसम्म जरिवाना वा दुवै सजाय हुन्छ” भन्ने व्यवस्थाले वेश्यालाई रोक लगाउन खोजेको हो कि भन्ने भान हुन्छ तर माथि उल्लेखित अपुतालीको महल र जबरजस्ती करणीको महलमा भने वेश्यावृत्तिलाई मान्यता दिएको स्पष्ट हुन्छ। गैर कानूनी करणी र वेश्यागमनको अर्थ के हो? यसमा के फरक छ? वेश्यागमनको लागि अरु सम्पर्क नगरी दिएसम्मकै हदमा पनि वेश्यावृत्ति चल्न सक्छ भन्ने कुरा बुझ्न नसक्नु यसको कमजोर पक्ष हो साथै स्वास्नीमान्छेलाई सजायको व्यवस्था नगर्नु अर्को कमजोरी पक्ष नै भयो। वेश्यागमनमा लाग्नेमान्छेको जति हात हुन्छ त्यतिनै स्वास्नीमान्छेको पनि हुन्छ।

(घ) अंश बण्डाको महल:

अंश बण्डाको ७ नं. मा पनि केही हदसम्म वेश्या सम्बन्धी व्यवस्था गरेको हो कि भन्न सकिन्छ। जस्तो ७ नं. मा कुनै खास लोग्ने नतुल्याई बसेको स्वास्नीबाट जन्मेका सन्तानले बाबुको ठेगाना नलागेमा आमाको सम्पत्तिमा मात्र अंश पाउँछन्। त्यस्तै ८ नं. ले प्रकाश नगरी बाहिर राखेका स्वास्नीको सम्बन्धमा व्यवस्था गरेको छ। तर खास लोग्ने नतुल्याई बसेको र प्रकाश नपारी बाहिर राखेको स्वास्नी भन्नाले के बुझिन्छ? र के फरक छ यस सम्बन्धमा कानूनी व्यवस्था छैन। वेश्यालाई नै इंगित गर्न खोजेको हो कि?

माथि उल्लेखित कानूनहरूको अध्ययनबाट यो स्पष्ट हुन्छ कि नेपालमा वेश्यावृत्ति गर्न कानूनले नै छूट प्रदान गरेको छ, तसर्थ यो कार्यलाई अपराध मान्न मिल्दैन कि भन्ने भान हुन्छ। तर मूलुकी ऐन बाहेक अन्य ऐन कानूनमा वेश्यावृत्ति सम्बन्धी व्यवस्था छैन। यसरी एकातिर कानूनले वेश्यावृत्तिलाई संरक्षण प्रदान गर्न खोजेको आभास मिल्दछ भने अर्कोतर्फ यस्तो पेशालाई अमर्यादित पेशा मानी कानूनी कारवाही गर्न सकिने भनी कडा सजायको (२० वर्षसम्म) व्यवस्था पनि गरेको पाइन्छ।

६. जीउ मास्ने बेच्ने कानून(Law on girls trafficking or selling of man):

जीउ मास्ने बेच्ने कानून मूलुकी ऐन महल ११ मा पहिलेदेखिनै व्यवस्था गरिएको भएता पनि यसले व्यापकता प्राप्त गर्न सकेको थिएन साथै यस महलले वेश्यावृत्ति सम्बन्धमा कानूनी मान्यतानै राखेको देखिएकोले निम्न उद्देश्य^१ पूरा गर्नको लागि “जीउ मास्ने बेच्ने (नियन्त्रण) ऐन, २०४३ जनसमक्ष आयो।

- (१) सर्वसाधारण जनताको हित संरक्षण गर्न,
- (२) सदाचार कायम राख्न, र
- (३) जीउ मास्ने बेच्ने काममा रोक लगाउन ।

उक्त ऐन दफा ३ मा "कसैले जीउ मास्ने बेच्ने कार्य गर्नु हुँदैन" भनी पूर्ण रोक लगाएको छ भने ऐ. दफा ५ मा जीउ मास्ने बेच्ने कार्य निम्न कुरालाई मानेको छ :

- (क) कुनै पनि उद्देश्यले मानिसलाई बेच बिखन गर्ने,
 - (ख) बेच बिखन गर्ने उद्देश्यले कुनै मानिसलाई विदेशमा लैजाने,
 - (ग) कुनै स्वास्नीमानिसलाई ललाई फकाई वा कुनै प्रलोभन दिई वा भुक्त्याई वा डर वा दबावमा पारी वा अन्य कुनै तरीकाले बेश्यावृत्तिमा लगाउन,
 - (घ) माथि लेखिएको कुनै कार्य गर्नको लागि परिपन्च मिलाउने वा त्यस्तो कार्य गर्नमा सहयोग पुऱ्याउने वा त्यस्तो कार्यमा लाग्न कसैलाई दुरुत्साहन गर्ने वा त्यस्तो कार्य गर्ने उद्योग गर्ने ।
कसैले माथि उल्लेखित अपराध गरेमा निम्न सजायको व्यवस्था ऐनको दफा ८ ले गरेको छ :
- (१) मानिस बेच-बिखन गर्ने व्यक्तिलाई दश वर्षदेखि बीस वर्षसम्म कैद हुनेछ ।
 - (२) मानिसलाई बेच-बिखन गर्ने उद्देश्यले विदेश लैजाने व्यक्तिलाई पाँच वर्षदेखि दश वर्षसम्म कैद हुनेछ ।
 - (३) स्वास्नी मानिसलाई ललाई-फकाई वा कुनै प्रलोभन दिई वा भुक्त्याई वा डर त्रास वा दबावमा पारी वा अन्य कुनै तरीकाले बेश्यावृत्तिमा लगाउनेलाई दश वर्षदेखि पन्ध्र वर्षसम्म कैद हुनेछ ।
 - (४) जीउ मास्ने बेच्ने कार्यको लागि परिपन्च मिलाउने वा त्यस्तो कार्य गर्नमा सहयोग पुऱ्याउने वा त्यस्तो कार्यमा लाग्न कसैलाई दुरुत्साहन गर्ने वा त्यस्तो कार्य गर्ने उद्योग गर्ने व्यक्तिलाई पाँच वर्षसम्म कैद हुनेछ ।
 - (५) मानिस बेच-बिखन गरेकोमा किन्नेको थैली भूस हुनेछ र बेच्ने व्यक्तिलाई माथि नं. १ मा लेखिएको सजायमा थप सो थैलीको विगो बमोजिम जरिवाना समेत हुनेछ । यो नं. ५ (उपदफा ५) को व्यवस्था मूलुकी ऐन जीउ मास्ने बेच्ने महलको नं. ५ सँग मिल्दछ ।

त्यस्तै मूलुकी ऐन जीउ मास्ने बेच्ने महलको नं. १ मा "कसैले कुनै मानिसलाई बिक्री गर्ने उद्देश्यले ललाई फकाई नेपाल शहर बाहिर लैजान वा लगी बिक्री गर्न हुँदैन । विदेशमा बेचन लगेकोमा बेचन नपाउँदै पक्राउ भए बेचन लैजानेलाई दश वर्ष कैद र बेचिसकेको भए बीस वर्ष कैद हुन्छ । किन्ने मानिस नेपाल शहरभित्र फेला परे निजलाई समेत बेच्नेलाई सरह सजाय हुने व्यवस्था गरिएको छ ।"

उक्त महल २ नं. मा "कसैले १६ वर्ष नपुगेको नाबालकलाई वा कुनै उमेर भए पनि मगज बिप्रेको मानिसलाई कानूनी संरक्षकको मञ्जुरी बेगर उसको संरक्षकत्वबाट छुटाउन वा छुटाउनको निमित्त ललाउन फकाउन हुँदैन । यसो गरेमा गर्नेलाई ५००/- रुपैया जरिवाना वा तीन वर्षसम्म कैद वा दुवै सजाय हुन्छ" भन्ने कानूनी व्यवस्था छ । उक्त महल क.नं. ३ मा "कसैले कसैलाई कमारा कमारी बनाउन वा अरु कुनै प्रकारले बेचन किन्न हुँदैन । बनाए वा बेचे किनेमा सो बनाउने वा बेच्ने किन्नेलाई जनही (प्रत्येक व्यक्ति) पाँच वर्षदेखि सात वर्षसम्म कैद हुन्छ । माथि महल नं. १, २ र ३ मा उल्लेखित अपराध (कसुर) गर्नमा जानी जानी मद्दत गरेको भए त्यस्तो मद्दत गर्नेलाई पनि मुख्यलाई हुने सजायको आधा सजाय हुन्छ ।

उक्त जीउ मास्ने बेच्ने ऐन र जीउ मास्ने बेच्ने महलमा उल्लेखित सजायको व्यवस्थामा किन्ने व्यक्तिलाई धैली मात्र भुस गराउंदा सजायमा कम हुन्छ । यदि किन्ने व्यक्तिले जानी जानी किनेकोमा बेच्नेलाई सरह सजायको व्यवस्था गरिनु पर्दछ । किनकि किन्नेले किनी दिंदा बेच्नेलाई प्रोत्साहन हुन्छ । सबै मानव समान छन्, मानव अधिकारको हनन हुने गरी वस्तुसरह मोल तोल गरी खरीद बिक्री गर्न हुँदैन भन्ने धारणा राखी किन्ने व्यक्तिले नकिन्ने हो भने यो बेश्यावृत्ति वा जीउ मास्ने बेच्ने कार्य नै हुने थिएन । साथै जानी जानिकन बढी आर्थिक लाभ लिने उद्देश्यले वा धनोपार्जनको लागि जुनसुकै उद्देश्यले भए पनि बेचिन चाहन्छ र बेचिएको रहेछ भने बेचिने व्यक्ति पीडित (Victim) लाई समेत केही हदसम्म सजाय गर्ने व्यवस्था कानूनमा गरिनु पर्दछ । किनकि यो पेशा एकपक्षीय आधारमा मात्र सञ्चालन हुन सक्दैन तीन पक्षनै आवश्यक हुन्छ ।

जीउ मास्ने बेच्ने ऐनको प्रस्तावनामा सदाचार कायम राख्नलाई भनी उद्देश्य राख्ने तर अपर्याप्त कानूनी व्यवस्था गरी सजायमा भेदभाव गर्दैमा सदाचार कायम हुन सक्दछ र ?

ऐनको दफा ९ अनुसार यो अपराध श्री ५ को सरकारवादी भएर सञ्चालन हुने भएता पनि अरु मुद्दाको अनुसन्धान र तहकिकातसँग यो मुद्दाको मेल खाँदैन । उक्त ऐन दफा ५ (१) ले यस्तो अपराध भएको वा हुन लागेको थाहा पाउने कुनै व्यक्तिले नजिकको प्रहरी कार्यालयमा उजुर गर्ने र त्यस्तो उजुरी प्रहरीले जिल्ला अदालतमा पेश गर्नु पर्ने प्रावधान छ भने दफा ६ मा आघात पक्ष (Victim) लाई लिई बयानको लागि २४ घण्टाभित्र अदालतमा लैजानु पर्ने र अदालतले प्रमाणित गरी दिनु पर्ने कुरा दफा ७ मा उल्लेख छ ।

सरकारवादी भएर चल्ने मुद्दा जो कसैले जाहेरी दिए पनि आफू साक्षी मात्र भएर बस्नु पर्ने हुन्छ तर यो अपराध श्री ५ को सरकारवादी भएर चले पनि जाहेरवालाले तुरुन्त अदालतमा उपस्थित भई बयान गरी प्रमाणित गराउनु पर्ने वाध्यता भएकोले पनि यस्तो मुद्दा धेरैलाई थाहा भएर पनि उजुर नगरेको पाइन्छ । साथै उजुर गरेमा नै पनि प्रमाणका अभावमा धेरै जस्तो मुद्दाहरू हाफ्रा न्यायालयहरूबाट खारेज गरेको पाइन्छ । यो यस्तो गोप्य पेशा हो जसमा पर्याप्त प्रमाणको अभाव रहन्छ । तसर्थ यस ऐनको कार्यान्वयन पक्ष पनि कमजोर छ ।

७. समस्या समाधानमा कानूनी असफलता (Unsuccess of law in resolving the problem):

नेपाल अति कम विकसित देशहरूको पंक्तिमा पर्दछ । अशिक्षा, गरीबी र विभिन्न समस्याबाट ग्रस्त हाफ्रा जस्तो देशमा कुनै पनि समस्या समाधानको लागि कानून निर्माण गरेर अगाडि राखी दिँदा समाधान हुन सक्दैन । कानूनी व्यवस्थाको अतिरिक्त नेपाली संस्कार र सामाजिक धारणामा परिवर्तन गर्नु पर्ने र साथै सरकारी नीति र योजना पनि त्यसै अनुरूपको हुनु पर्दछ । कानूनमा सजाय कडा (२० वर्षसम्म कैद) राख्दा जीउ मास्ने बेच्ने कार्यलाई नियन्त्रण गर्न सकिँदैन किनकि यो पेशा समाजको गंभीर समस्याको अंग बनिसकेको छ । कडा (कठोर) सजायबाट समस्याको समाधान हुने हो भने आज विश्वबाट मृत्युदण्ड दिने प्रचलनलाई हटाउनु पर्ने थिएन होला । तसर्थ यस पेशालाई रोक्नको लागि कानून कार्यान्वयन गर्ने र गराउने दुवै पक्ष सक्रिय हुनु पर्दछ ।

त्यस्तै आजको आधुनिक प्रजातान्त्रिक युगमा दण्डात्मक प्रक्रियाद्वारा समाधान खोज्नुभन्दा सुधारात्मक पद्धतिद्वारा समाधान खोज्नु पर्ने हुन्छ । त्यसैले रोजगारको व्यवस्था, यौन शिक्षाको प्रचार प्रसार र देह प्रदर्शन हुने प्रकारको विज्ञापनमा रोक लगाएर, हल्का मनोरञ्जन दिने उताउलो (देह प्रदर्शित हुने) प्रकारको चलचित्र इत्यादि बनाउन नदिएर पनि यस पेशालाई केही हदसम्म रोक्न सकिन्छ ।

हजारौं शहिदहरूले रगत बगाएर ल्याएको प्रजातन्त्रको अर्थ बुझेर हो कि किन हो फन् प्रजातन्त्रको प्राप्तिपछि त खुलेआम जहि-तहिं छ्यापछ्यापि रूपमा उखेल्लै नसक्ने प्रकारको पेशाले जरा गाह्न थालेको छ । यसको लागि केही हदसम्म पत्र-पत्रिका पनि जिम्मेवार छन् । केही साप्ताहिक (नाम नलिउँ) जस्तो पत्रिकामा केटीको नग्न शरीर छापेर यस पेशामा लाग्न खुलेआम विज्ञापन गर्दछ । के यसलाई रोक्न सरकारले सकेको छ ? प्रजातन्त्रको अर्थ यही हो त ? केही समय पहिले (अन्तरिम सरकारको समयमा) विभिन्न २० वटा महिला संघ संस्थाहरू मिलेर पत्र-पत्रिकामा प्रकाशित हुने नग्न फोटोहरूको विरुद्धमा आवाज उठाएका थिए र प्रधानमन्त्री, सञ्चारमन्त्री र जिल्ला कार्यालयमा समेत कारवाहीको माग

गरी बिरोध पत्र दिएका थिए तर यस सम्बन्धमा सत्तासिनहरूले (सम्बन्धित पक्षले) कारवाही गर्ने त कुरै छाडौं शब्दसम्म पनि उच्चारण गरेको पाइएन । पूर्व पञ्चायती सरकारले त कारवाही गरेन तर प्रजातान्त्रिक सरकारको दायित्व पनि यही हो त ? यसरी हेर्दा यस पेशालाई जीवन्त बनाई राख्नमा सम्बन्धित निकाय (सरकार) को पनि हात छैन र ? तसर्थ कडा सजाय हुने गरी कानून बनाउँदैमा यो पेशालाई रोक्न सकिँदैन, सरकारी नीति र योजना पनि त्यसमा प्रतिबिम्बित भएको हुनु पर्दछ ।

त्यस्तै दुई पक्षलाई मात्र अर्थात् किन्ने (थैली मात्र भूस हुने) र बेच्नेलाई मात्र सजाय गर्ने व्यवस्था पनि कानूनको असफलताको कारण हुन सक्छ । बेचिने व्यक्ति जो राजी खुशी साथ वा स्वेच्छाले बेचिएको छ उसलाई पनि सजाय गर्ने व्यवस्था हुनु पर्दछ । आजकाल काठमाडौंमा पनि क्याम्पस पढ्नेदेखि लिएर प्रत्येक वर्गको केटीहरू स्वेच्छाले यो पेशा सञ्चालन गर्न ठाउँ खोजी हिंड्छन् । यस्तो अवस्थामा बेचिनेलाई पनि सजाय गर्ने व्यवस्था कानूनमा सम्बन्धित निकायद्वारा संशोधन गरी गरिनु पर्दछ । उच्च तहको खानदानी भनाउँदा महिलाहरू पनि यश, आरामको जिन्दगी बिताउन मनोरञ्जनको लागि देह व्यापारमा संलग्न छन् ।¹⁰

एक देशबाट अर्को देशमा बेचन लाँदा भन्सारमा कडाइको साथ निरीक्षण गर्ने व्यवस्था हुनु पर्दछ । खासगरी नेपालबाट भारतका विभिन्न ठाउँहरूमा बेचन लगेको पाइन्छ । तसर्थ नेपाल र भारतको बीचको खुल्ला सीमानालाई निश्चित हदसम्म नियन्त्रित गरिनु पर्दछ । सीमानामा साधारणतया सोधपुछ गरेको पाइन्छ तर मेरो स्वास्नी मेरो लोग्ने भनी डाँट छल गरेर सीमाना पार गराएको हुन्छ । यस सम्बन्धमा निश्चित नियम बनाई यसरी जानेहरूको रेकर्ड राख्ने प्रचलन कायम गरी बिस्तृत रूपमा अनुसन्धानात्मक तरीकाले हेर्ने अवधारणा बसाल्दै गएको खण्डमा जीउ मास्ने बेच्ने अपराधमा संलग्न व्यक्तिहरूलाई चिनी कार्यवाही गर्न सजिलो पर्न सक्छ । जबसम्म नेपाल भारतको सीमाना खुल्ला रहन्छ तबसम्म बेश्यावृत्ति रोक्न कानून सफल नहुन सक्छ ।

त्यस्तै देह व्यापार (बेश्यावृत्ति) सम्बन्धी अपराधमा उजुर गरेको कुरा वा बयान प्रमाणित गराउने भार उजुरवालामा नै रहेकोले¹¹ पनि यो कानून असफल हुन गएको हो । कुनै पनि मुद्दा श्री ५ को सरकारवादी भएर चलिसकेपछि बयान वा उजुर प्रमाणित गराउने भार श्री ५ को सरकारमा रहनु पर्दछ । साथै पूर्ण रूपमा बेश्यावृत्ति नियन्त्रणको लागि महिला प्रतिको समाजको नकारात्मक धारणामा परिवर्तन ल्याउनु पर्दछ र समाजले नै सच्चा दिलदेखिनै महिला पुरुष सरह समान हुनु भनी स्वीकार गर्नु पर्ने हुन्छ ।

८. बेश्यावृत्तिलाई कानूनी मान्यता दिनु हुन्छ कि हुँदैन ? (Should the prostitution be legalised ?):

नैतिकता कार्यान्वयन नै कानूनको मूल उद्देश्य हो । यसर्थ कानूनले नैतिकतालाई नै कदर गरेको पाइन्छ । ऐन कानून निर्माण गर्दा पनि विधायिकाले (विधिकाता, कानून निर्माता) रीति, रिवाज, प्रचलन र शास्त्रहरूसँग मिल्दोजुल्दो प्रकार ले बनाएको पाइन्छ । बेश्यावृत्ति मूलतः सार्वजनिक नैतिकता बिरोधी कार्य हो र यसलाई कानूनले निषेध गर्दछ र गर्नु पनि पर्दछ ।

निष्कर्ष: (Conclusion):

एड्सको मुख्य श्रोत नै बेश्यावृत्ति (यौन सम्बन्ध) भएकोले एड्स जस्तो प्राणघातक रोग नियन्त्रणको लागि र त्यस्तै अन्य रोगहरूबाट बच्न र बचाउनका लागि पनि बेश्यावृत्तिलाई कानूनी मान्यता दिनु हुँदैन र यसलाई समाजबाट हटाउन बहुआयामिक प्रयासहरू हुनु पर्दछ । वर्तमान कानूनी व्यवस्थामा आवश्यक सुधार अपेक्षित छ र यसलाई जीउ मास्ने बेच्ने कानूनको रूपमा पेश गर्नुभन्दा "अनुचित शारीरिक शोषण प्रतिबन्ध ऐन" को तर्जुमा हुनु आवश्यक छ ।

10 रंगमंच अंक २३/२४ वर्ष १ असोज १४ पृष्ठ ९

11 नेपाल ऐन संग्रह खण्ड ३ (क) दफा ६ पृष्ठ ११९

List of Participants to Skill Training at Sikherbeshi, Nuwakot

| S. No. | Name | S. No. | Name |
|--------|---------------------|--------|--------------------|
| 1. | Sapana Tamang | 18. | Sunmaya Thing |
| 2. | Kanchhimaya Sherpa | 19. | Sarswoti Lama |
| 3. | Muimendo Sandan | 20. | Marmendo Tamang |
| 4. | Sirshani Sandan | 21. | Urimila Pandit |
| 5. | Bebi Koh | 22. | Sherbuli Loh |
| 6. | Kalimaya Tamang | 23. | Prema Loh |
| 7. | Sirshani Sandan | 24. | Bimmaya Tamang |
| 8. | Sanikanchi Tamang | 25. | Gome Shai |
| 9. | Manmaya Tamang | 26. | Kanta Pandit |
| 10. | Sita Tamang | 27. | Kalpana Pandit |
| 11. | Sani TKanchi Tamang | 28. | Manju Pandit |
| 12. | Sailee Moktan | 29. | Lucy Bishwakarma |
| 13. | Rammaya Lohe | 30. | Putali Bishwakarma |
| 14. | Nirmaya Moktan | 31. | Durga Sitaula |
| 15. | Sirshani Thing | 32. | Khil Kumari Pandit |
| 16. | Sirshani Moktan | 33. | Kali Damai |
| 17. | Fulmaya Loh | 34. | Sunmaya Thing |

Appendix - 5

List of Entrepreneurs Employed in the Project: Sikharbeshi, Nuwakot

| S. No. | Name | S. No. | Name |
|--------|-------------------|--------|---------------|
| 1. | Kanchimaya Sherpa | 4. | Prema Loh |
| 2. | Muimendo Tamang | 5. | Sapana Tamang |
| 3. | Manmaya Tamang | | |

Appendix - 6

List of Participants to Skill Training: Rajbas, Udayapur

| S. No. | Name | S. No. | Name |
|--------|-------------------|--------|------------------------|
| 1. | Sanu Maya Danuwar | 8. | Bali Danuwar |
| 2. | Rita Danuwar | 9. | Sangita Danuwar |
| 3. | Maiya Danuwar | 10. | Dhobimaya Danuwar |
| 4. | Maya Chaudhary | 11. | Hansa Chaudhary |
| 5. | Sukhamaya Danuwar | 12. | Mahabati Chaudhary |
| 6. | Manmaya Danuwar | 13. | Gaya Kumari Chadudhary |
| 7. | Satyamaya Danuwar | | |

Appendix - 7

List of Entrepreneurs Employed in the Project: Rajbas, Udayapur

| S. No. | Name | S. No. | Name |
|--------|-------------------|--------|-------------------|
| 1. | Sanu Maya Danuwar | 4. | Maya Chaudhary |
| 2. | Rita Danuwar | 5. | Sukhamaya Danuwar |
| 3. | Maiya Danuwar | | |

NEPAL : CHALLENGING FACTS & FIGURES

- ★ *Eighty per cent of the total population of Nepal live in rural areas deprived of development efforts.*
- ★ *1,500,000 children in Nepal never go to school. Out of this figure 900,000 i.e. 60% are girls.*
- ★ *Only 27 per cent of the total population of girls of age group 6-10 years are admitted to school. But out of this 12 per cent of the girls are compelled to discontinue study due to various domestic problems.*
- ★ *Forty percent of girls in Nepal are married at the age of 16 years or below. Out of this 7 per cent of girls are married at the age of 10 years or below.*
- ★ *Each year 5,000 to 7,000 Nepalese girls are sold in India for flesh trade.*
- ★ *About 90 per cent of girls are forced into flesh trade in India, particularly Bombay, from such hilly areas as Gyangphedi, Ghyang Dada, Bolung, Simtang and Sikharbeshi of Nuwakot district.*
- ★ *It has been estimated that there are 175,000 Nepalese girls/women involved in flesh trade in India. In Bombay alone 100,000 Nepalese girls/women are estimated to be involved in prostitution.*
- ★ *WHO has estimated that 30% of the prostitutes in Bombay have AIDS/HIV infection. Based on this estimation 30,000 Nepalese prostitutes at Bombay might have AIDS/HIV infection.*
- ★ *To date there are 72 individuals having AIDS/HIV infection in Nepal (36 male, 36 female). Out of these cases 91.6% include sex workers (38.9%) and STD patients (52.7%).*
- ★ *Above 77 % of the Nepalese women having AIDS/HIV infection are sex workers in India.*

AND

These innocent eyes are asking you:

Should they continue:

- *dying without going to school ?*
- *selling lives for livelihood ?*
- *migrating to other countries for employment ?*

and,

- *transmitting STD/HIV in neighborhood ? ...*

*.... THEY WANT BREAK THIS CHAIN AND
ARE LOOKING FOR HELPING HANDS*

