Nexus Between HIV and AIDS and Trafficking
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What is HIV and AIDS?

Human Immunodeficiency Virus (HIV) is the virus that causes Acquired Immunodeficiency Syndrome (AIDS). This virus belongs to the family of retroviruses.

Most people living with HIV remain asymptomatic (without signs and symptoms of disease) for long periods of time and may not know they are infected. All infected people, regardless of whether they have symptoms or not can transmit the virus to others. While people may be more infectious at some stages than at others, prevention strategies should be consistent throughout the infected person’s life.

How HIV is transmitted?

The usual routes of HIV transmission are through unprotected sex, blood to blood contact (including needle stick injuries, needle sharing and contaminated blood products) and vertical transmission (from mother to child before, during and after birth). Less common routes include tattooing, organ and tissue transplantation, artificial insemination and semi-invasive medical procedures. The most common mode of HIV transmission is sexual transmission at the genital mucosa accounting for up to 85 percent of cases worldwide.

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<th>Transmission of HIV</th>
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<td>• Unprotected sexual intercourse</td>
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<td>• Exposure to infected blood, blood products or transplanted organs</td>
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<td>• Injecting drug use</td>
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<td>• Mother to child HIV transmission</td>
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Unprotected Sexual Intercourse: Unprotected (without condoms), vaginal and anal intercourse presents the highest risk for HIV transmission throughout the world. The primary route of transmission is heterosexual - male to female sexual intercourse, but male to male (homosexual) contact is also significant. Sexual intercourse refers to vaginal and anal penetration.
Exposure to infected blood, blood products or transplanted organs: Exposure to contaminated blood may occur as a result of: the transfusion of blood not screened for HIV antibodies; the reuse of contaminated syringes and needles; or contaminated medical utensils. Exposure to infected blood or blood products can occur in health care settings, traditional healing rituals e.g. scarification. Exposure to HIV infected organs and tissues can occur in health care settings.

Injecting Drug Use (IDU): IDUs are at a high risk of acquiring HIV and blood borne infections because they often resort to unsafe practices such as a needle and syringe sharing. In additional to the risks associated with the needle and syringe sharing, infecting drug users can pose a risk to others through sexual transmission.

Mother-to-child HIV Transmission: The majority of HIV infections in children occur from the HIV-infected mother to her infant before or during birth, or from breastfeeding. The risk of transmission without any intervention is variable from one country to another and is generally estimated between 25-40 percent in developing countries.

How HIV is not transmitted?

It is important to note that HIV is NOT transmitted by casual person-to-person contact such as shaking hands, hugging, touching or kissing or doing nursing to HIV or AIDS patients. There is NO evidence that HIV can be transmitted through toilets, swimming pools, sharing eating or drinking utensils, or insects (such as mosquitoes).

During the year 2005 around 3.1 million people died as a result of AIDS and an estimated 4.9 million people acquired HIV. Nearly 40.3 million people are now living with HIV/AIDS. Of these, 38 million are adults (17.5 million are women) and 2.3 million are children under 15 years of age.

The global HIV/AIDS Situation

As the world enters the third decade of the AIDS epidemic, the evidence of its impact is undeniable. In too many parts of the world the impact of AIDS is undoing development gains of the last three decades and contributing to social upheaval. The impact of AIDS will continue to increase if the response to date is taken as an indicator. During the year 2005 around 3.1 million people died as a result of AIDS and an estimated 4.9 million people acquired HIV. Nearly 40.3 million people are now living with HIV/AIDS. Of these, 38 million are adults (17.5 million are women) and 2.3 million are children under 15 years of age. (Global summary of the AIDS epidemic, December 2005, http://www.ncasc.gov.np/world % 20data/Epi 05_02_en.pdf)
HIV Situation in Nepal

The first cases of HIV/AIDS were reported in Nepal in 1988. Surveillance data is scarce in Nepal. However, limited data indicate that HIV prevalence is currently around 0.7 percent in the general population (Country Report Nepal 2006). As of June 2006, the Ministry of Health (MoH) has reported 1085 cases of AIDS and 6990 HIV infections. Given the existing medical and public health infrastructure in Nepal and the lack of continuity in national HIV/AIDS surveillance systems, it is very likely that the actual number of cases is many times higher. UNAIDS/WHO estimate for 2005 around 68600 people living with HIV/AIDS and estimated number of adults and child mortality due to HIV is 3800. Currently low prevalence among the general population masks an increasing prevalence in several groups: Sex Workers in Katmandu 2% in Kathmandu, (SACT 2005), IDUs 51.6% national wide and 58% in Kathmandu valley (NCASC/USAIDS/FHI/New Era, 2005), and Labour migrants returning from Mumbai, India 7.7% (NCASC/USAIDS/FHI/New Era, 2005) now, Nepal has entered a “concentrated epidemic”, i.e. the HIV/AIDS prevalence consistently exceeds 5% in one or more sub- groups.

The Ministry of Health (MoH) has reported 1085 cases of AIDS and 6990 HIV infections whereas UNAIDS/WHO estimate for 2005 around 68600 people living with HIV/AIDS and estimated number of adults and child mortality due to HIV is 3800.

HIV Prevalence is increasing in several groups; sex workers, Injecting drug users, labour migrant etc. The transmission of HIV/AIDS among house wifes is also increasing.

The HIV situation in Nepal is characterized by the high prevalence among groups involved in high-risk behaviour. Among Intravenous Drug Users (IDUs), it rose from about 50 per cent in 1997 to 51.6 per cent in 2005. However, among street sex workers in Kathmandu, it come down from about 17 percent in 1998 to about 2 per cent in 2005. The prevalence in general population in Nepal is still low, but is rising rapidly comprising to 0.5% of 2002 to 0.7% of 2005. There are indications that the transmission among housewives is increasing. Nepal’s inherent socio-economic situations make the country quite vulnerable to the epidemic though reportedly the prevalence rate is still low. Commercial sex work is rampant and trafficking of women for sex work in the brothels in Indian cities is a perennial problem. Migration, increasing injecting drug use and acute marginalization of people make Nepal an easy target for HIV.

The Definition of Trafficking

“Trafficking in persons shall mean the recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position
of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude or the removal of organs.”

**Trafficking as a Human Rights and Legal Issue**

Trafficking in human beings, especially women and children, for commercial and sexual exploitation is a long-standing tragedy in Nepal. Poverty, illiteracy and unemployment render large numbers of women and girls vulnerable to trafficking and sexual exploitation. According to estimates, 5,000 to 7,000 women and girls are trafficked every year, ending up as sex workers or domestic servants, primarily in India and the Middle East. Estimates by different organizations say that approximately 200,000 Nepalese women and girls, reportedly sold for 25,000 to 50,000 rupees, are employed as sex workers in these countries.

In many cases, the victims of trafficking return home with HIV/AIDS and other diseases. Even if they are not infected with HIV/AIDS or other sexually transmitted diseases (“STDs”), others presume they are infected; their families and the rest of society neglect them. Ignored by family and society, without recourse to effective rehabilitation programs, the women eventually return to sex work in order to earn a living. Trafficking is a multi-dimensional issue. It is an economic problem because the vast majority of women, seeking to escape poverty, are lured into trafficking by false promises of economic gain. Trafficking is a health problem because women and children who are trafficked are at risk for HIV infection. It is a gender problem because unequal power relations reinforce women’s secondary status in society. It is a legal problem because law enforcement is generally ineffective. Victims lack access to the justice system and are denied redress for the crimes committed against them. Finally, a series of human rights violations take place during trafficking. These violations highlight Nepal’s lack of compliance with international convention that protect women and children from exploitation.

In Nepal, poverty, illiteracy and unemployment, render large number of women and girls vulnerable to trafficking and sexual exploitation. Victims lack access to the justice and are denied redress for the crimes committed against them. These violations highlight Nepal’s lack of compliance with international convention that protect women and children from exploitation.
Why Link HIV/AIDS, Trafficking and Gender

Gender, age and transmission via sex are key elements in the recent dramatic increase of the HIV epidemic in South Asia. Increasingly, a majority of the HIV infected people are women in their prime reproductive age with many below 18 years of age, and the key route of transmission of the infection is predominately through unprotected unsafe sexual intercourse. In South Asia, women are now reported to constitute up to 35 percent of new HIV infections (UNAIDS 2000). A complex web of socio-cultural and macro-economic factors affect women’s vulnerability to HIV, including poverty, migration, urbanization, gender inequalities compounded by women’s lack of autonomy, abuse within and outside families, insufficient access to health care services, violence and ethnicity (UNIFEM 1998). Significantly, these also influence women’s vulnerability to trafficking.

The phenomena of trafficking has become complex, and the clandestine nature of the crime makes it difficult to figure out the numbers of people being trafficked. Globalization, traffickers’ access to new technology, sex tourism, feminization of poverty and the changing nature of prostitution have worked towards increased demand and supply of women and girls. These women are especially vulnerable to HIV/AIDS as a sizeable number find themselves in brothels and other situations of physical and other abuse. Trafficking has been indicated as major causes of HIV/AIDS, as most of women and children are trafficked for the purpose of prostitution. However, not all women are trafficked for prostitution; many are trafficked into domestic work, agricultural and factory work but are still vulnerable to exploitation and abuse. Recently, the ratio of trafficking of young girls has been increasingly raised. Young girls are assumed to be virgin and HIV free. They are more vulnerable with no choice to negotiate and bargain with their client. Moreover, they lack access to information regarding safe sex, use of contraceptives, HIV/AIDS and also health care facilities. Girls in brothels are stripped out of their right to negotiate safe sex. Also, coercion, alien environment and fear of deportation keep them away from seeking help. These conditions increasing make them vulnerable to HIV and AIDS.

Factors such as women’s labor, sexuality and sexual behavior and social disadvantage, which determine the context of sexual violence and trafficking of women and girls are also the factors, which are associated with the increased vulnerability of women and girls to HIV and AIDS. Specifically, these relate to gender-related social and economic disempowerment, and unequal access to all the indicators of development including health and education. Caught in the web of trafficking and sexual abuse those affected face an increased risks of HIV and AIDS on account of lack of control over their working and living conditions, including sexual relations. People living with HIV/AIDS are stigmatized...
in the society and moreover, women and girls who are vulnerable to HIV/AIDS due to trafficking are often subjected to high level of stigma and discrimination making them double victimized.

Recommendations

1. **Stop Stigma and Discrimination**

   Stigma and Discrimination fuels HIV spread and trafficking. A positive persons is less likely to talk about his/her status in fear of stigma and discrimination. Also, such persons are less likely to seek support and medical help and go to hospitals to avoid discriminations by service providers. Therefore, to provide an environment for HIV positive to seek help and support, stigma and discrimination needs to be addressed. Also, it is discrimination is not acceptable, a person who discriminates should be punished, not a HIV positive person or a person who needs treatment, care and support. Traffickers are criminals they should be stigmatized and discriminated not trafficking survivors, they should be provided access to justice and care.

2. **Enact Legislation to ensure the rights of the HIV positive and the Trafficking survivors**

   In absence of a legal basis to ensure rights of HIV positive, various rights are violated such as their right to services, right to care and support and right against discrimination. A draft law on HIV has been prepared and this needs to be enforced to protect the rights of HIV positive and AIDS.

   A draft law on trafficking is prepared, addressing the problems in the existing trafficking law. The draft law has been prepared especially from victim’s perspective, especially ensuring provisions for compensation, camera haring, victim protection mechanisms etc.

What should we do?

- Stop Stigma and Discrimination
- Enact Legislation to ensure the rights of the HIV positive and the Trafficking survivors
- Address the nexus of HIV and Trafficking
- Strengthen the role of Law Enforcers
- Demystify information on HIV and Trafficking
3. **Address the nexus of HIV and Trafficking**

The root causes, and the consequences of trafficking and HIV are similar and hence strategies to address these issues could be common. The causes of trafficking is poverty, gender inequality and illiteracy and HIV also thrives due to similar causes. Therefore, when working for trafficking, strategies to address HIV can be linked likewise, similar interventions can be made while working on HIV to link trafficking.

4. **Strengthen the role of Law Enforcers**

The role of law enforcers needs to be strengthened to ensure rights of the positive persons as well as the trafficking survivors. To increase reporting of the crimes or discriminations relating to HIV and trafficking, police should provide a victim friendly mechanism in police stations, to ensure effective prosecution, government attorney should effectively coordinate and liaise with police, and effectively plead on victim’s behalf. To provide comfortable environment for survivors in court, the judges should ensure camera hearing, and provide sensitivity to the issue as well as the survivors.

5. **Demystify information on HIV and Trafficking**

Vague messages on HIV and trafficking, or technical information on the issues would not be useful for disseminating information, therefore, demystifying legal documents, conventions, messages etc is important to make it community friendly.