## Prevalence of STIs in intimate partner relationship among FSWs in Nepal

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## Background

An insight into the linkages between intimate partner relationship and STI/HIV vulnerability suggests that intimate relationships provide a space for feelings of inclusion and social safety putting the safe sexual behaviour in these relationships at stake. A cross-over between work and intimate relationship occur among FSW and therefore, service providers need to look beyond the sex worker's working lives, and understand the relationships between their profession and disease free life, as well as the ways in which intimate relationships can influence women's lives and health. In Nepal unprotected heterosexual behavior is one of the major drivers of epidemic and commercial sex work remains the primary context for STIs and heterosexual HIV/AIDS transmission. It is against this backdrop, this paper attempts to analyze the prevalence of STI among the intimate partner relationship among FSWs in Nepal.

## Methods

The data used in this paper is collected through a behavioural survey conducted among selected FSWs interviewed as a part of the mapping and size estimation of MARPs exercise carried out in Nepal adopting a comprehensive protocols developed after various rounds of national consultation. A total of 2904 FSWs were interviewed following a modified time location sampling approach but findings of this paper are based on information collected from 1401 FSWs having intimate partner sexual relations within the last 12 months prior to the survey.

## Results and Discussion

Over half the FSWs having intimate partner relationship in the last 30 days prior to the survey reported to have 15 or more coital frequency in the last 30 days. Those who are illiterate, working in this profession despite being married, operating from this usual place of residence and entered in this profession before 16 years of age are more likely to have higher coital frequency than their counterparts.

Over half of the FSWs reported not using condom in last sex with their intimate sexual partners, which may be detrimental to their protection against STI/HIV due to extent of their multi partner relationship. Proportion of such FSWs is significantly higher among illiterates, those age 30 years and above, currently married, and having relatively lesser coital frequency with the intimate partner.

Over one third of FSWs reported to suffer from STI in last 12 months. Age, education and marital status seem to have significant affect on the STI prevalence among this group. The proportion of STI cases is almost twice among FSW who are above age 30 as compared to those age less than 20. Further the level of education shows a very profound effect on the STI as the prevalence among illiterate is four times as compared to those who have more than 10 years of education. This can be a result of lower condom use in these groups.

Marital status and coital frequency seems to have a significant effect on the condom use behaviour of the FSWs. It is seen that those who are unmarried are 0.4 times ( $\mathrm{p}<0.01$ ) less likely to use condom as
compared to their counterparts. At the same time those who hav e 7 to 15 coital frequencies and those who have more than 15 coituses in a week are 0.7 ( $\mathrm{p}<0.05$ ) and 0.6 ( $\mathrm{p}<0.01$ ) respectively. Literacy and migratory status are significantly affecting the prevalence of STI.

*<0.05; **<0.01

## Conclusions and recommendations

The FSW of Nepal who primarily belong to conservative patriarchal society have been witnessing some changing norms in terms of relative empowerment and being informed but there is an unequal advancement seen within different age cohorts. Most of the younger FSWs did not report being married or having a intimate partner and also reported lower coital frequency along with higher condom use and safe sexual behavior but situation remains worse for the FSW with progressing age. Most of these women reported having intimate partner which may be primarily for support required at later ages. Nevertheless, literacy is showing profound positive impact on safe sexual behavior of these women including the condom use and STI prevalence however; the effect gets nullified after adjusting for other
predictors included in the model. Considering the above laid arguments, a sound strategy to tackle the vulnerabilities of these women can be education. Education is being reciprocated in form of the safe sexual behavior by empowering these women and also probably making them more informed and improving their negotiating skills. The women of higher ages need special attention to reduce their risk taking. Counseling of these women and BCC with them is a proven programme strategy. As most of these women are cohabitating with husband it may be possible that their work status is hidden. In such case in get the optimum utilization of services, programmes or services should be carefully designed focusing at confidentiality involved with home based sex workers. As home-based sex work usually works in form of hidden network, identifying these networks and planning \& placing the services for them become a challenge for programme planners and implementers. Therefore, peer based model can be useful in enhancing behaviour change and ensuring safe sexual practices. Along with services, working knowledge should be given to FSW especially about the sexual and reproductive health, safe sexual practices, Condom use, etc. Self help or community based support group for women should be created to generate additional economic opportunities.

The entire condom campaign and BCC is clouded by intimacy with the partner. In conservative societies where women are subjugated and husband hold an upper hand and has the decision making authority of procreation and recreation, condom merely takes a place of a mean of contraception and not a protection against STIs. Similar is the situation in this society where majority of the FSW having husband are not using condom. This is further resulting in high prevalence of STI in this community with the higher prevalence in the older and married FSWs. The higher use of condom among younger FSW is protecting them against STI and is saving their health as against the older FSWs. The higher STIs among married FSW highlight the need to work on intimate partner relationship and empower women to improve their condom negotiating power which will enable them to bargain condom use with their husband or regular partner. It also highlights the need to innovatively campaign condom and addresses any stigma that may be attached to using condom in intimate relations. Also, there is a need to project condom as a mean of sexual stimuli and not just mean of family planning.

These findings suggest strategies to address sexual rights of FSWs within intimate partner relationship in addition to over-emphasized occupational empowerment of FSWs in order to combat prevalence of STIs and improving their quality of life.

