

# INCONSISTENT USE OF CONDOM: RISKY SEXUAL BEHAVIOUR AMONG THE STREET BASED SEX WORKERS IN KATHMANDU VALLEY

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The nature of profession of sex trade is multi partnered which leads the sex partners to unprotected sex. This study aims to explore the knowledge and experiences of STIs, practice and use of condom, reasons of not using it regularly and addiction situations among the street based female sex workers (SFSWs) in Kathmandu Valley. This study is a non-experimental research based on cross-sectional design. Mixed method was used to collect information with 110 SFSWs selected by using snow ball sampling techniques and presented descriptively after arranging in different themes. Among the SFSWs, 64.5 percent experienced STIs and 69 percent of them were unable to use condoms regularly. Most of the sex workers agree to unprotected sex when they are offered extra money and forced for sex by clients without condom, and another reason was lack of skill on SFSWs in using it properly. Knowingly or unknowingly SFSWs, clients and their lifepartners are being victimized from practicing of risky sexual behaviour. The study suggests that touchy and broad awareness programs and compulsory rule to use male condom from clients' side within safer indoor work space could be effective in helping to assure satisfying and safe sex.

**Keywords:** Snowball sampling, condom, clients, addiction and STIs.

## INTRODUCTION

Good sexual health is important to individuals (DH and Cross Government, 2014). It requires having pleasurable and safe sexual experiences, free of coercion, discrimination and violence (ASHA, 2017). But factors associated with sex work (e.g., multiple sexual partners, violence, etc.) pose a risk to the health of female sex workers (McGrath-Lone, Marsh, Hughes, & Ward, 2014). They are often stigmatized, marginalized and criminalized by the societies in which they live which contributes to their vulnerability to HIV (AVERTing and HIV and AIDS, 2017) and they are 10 times riskier than general population (UNAIDS, 2016) due to general male dominance in sexual encounters. They are compelled to accept the wishes of client that refuse to use of condom (CREHPA, 2001). A study of IBBS 2011 present the situation that almost half of the SFSWs in Kathmandu are currently married and street based sex workers are greater risk of STIs and HIV infection. Although knowledge on HIV and STI is high, the health seeking behaviour of SFSWs is comparatively low. Consistent use of condom is reasonably high (more than 70%) among SFSWs but condom carrying behaviour is still low (30%) in SFSWs. The trend of HIV prevalence among SFSWs has increased from 3.5 percent 2008 to 4.2 percent 2011 (USAID, NCASC, & ASHA,

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2011). A quarter (25%) of STIs sufferers reported that they had never visited for any health facilities because particularly male doctors are providing health services in Nepal, while FSWs preferred female doctors (Ghimire, Smith, & Teijlingen, 2011). National Centre for AIDS and STD Control (NCASC, 2017) presents the information that nearly two third (65.4%) of SFSWs had knowledge of HIV testing. Almost all of them (97.1%) had tested HIV and received their test result and 28.6 percent did not feel the necessity of using condom consistently/regularly in sexual intercourse with the clients during the past year.

Condoms are highly effective in preventing a person from transmitting HIV infection if it is used in the right way every time during sex (CDC, 2016) but unfortunately, because of the competitive market and the fear of losing clients, most sex workers agree to unprotected sex when they are coerced or offered extra money. Furthermore SFSWs are more likely to be vulnerable in risk sexual behaviour in comparison to others (Mondal, Hossain, Islam, & Mian, 2008). A research of Swaziland notes that more than half (61%) of all SFSWs out of 324 reported that it was somewhat or very difficult to insist on condom use if client offered more money not to use one (USAID, 2013).

Drinking in the context of a sexual encounter is more closely associated with unprotected sex (Li, Li, & Stanton, 2010). Alcohol use has long been recognized as an inseparable component of commercial sex (Chen, Li, Zhang, Hong, Zhou, & Liu, 2013) which suggested to interfere with condom use and to increase risk sexual behaviours (Wang, Li, Stanton, Zhang, & Fang, 2010) when one or both partners have taken it (CREHPA, 2001). Alcohol consumption and alcohol addiction is common among SFSWs due to the nature of work they are involved in. Alcohol addiction among SFSWs increases vulnerability to HIV infection while intoxicated SFSWs will have little control over condom use. She may lose her capacity to negotiate for condom use with the client. They are unable to ascertain the fact due to inebriated condition, increase incidence of violence among alcohol addicted SFSWs by clients and other (MoHP, 2010). Limited research are found to assess the risk sexual behaviour among the SFSWs in Nepal and the available research concentrated to the description of using condom and prevalence of STIs and HIV/AIDS. This study presents the knowledge of STIs, practice and use of condom and addiction condition including causes behind not using condom regularly. This study provides the information about causes of unsafe sex practices among the street based sex workers which will help to fill the gap in the literature and to design appropriate and effective action to overcome risk sexual behaviour and ensure satisfying and safe sex life.

## **METHODS AND MATERIALS**

This is a non-experimental study based on cross sectional designed. Both qualitative and quantitative data collection techniques were used to collect the information with 110 SFSWs who solicit as streets or public places such as bus stops, transport areas, parks, places of worship, or any such places of public utility by using snowball sampling techniques in Kathmandu Valley in 2013. The data were gathered through structured and semi structured interviews quantitatively and case studies, in-depth interviews and observation qualitatively. Seven distinct cases are presented by using descriptive approach and thematic arrangement. Verbal informant consent was taken before starting the interview and voluntary participation and confidentiality was maintained.

## RESULTS

### Knowledge and behaviour of STIs and HIV/AIDS and check up condition

Table 1 shows about almost all of them (97.3%) had heard about STIs and HIV/AIDS. It was found that they were more familiar with AIDS and *Viringi* than other STIs. About two third (64.5%) of them were experienced in any types of STIs. One participant presented her situation:

...I unknowingly involved in this profession with the help of my husband. He was also involving in sex with my friends. We both are frequently suffering from SITs. Feeling irritating in daily life...(ID: 11, Illiterate, 38 years).

The study shows 30.0 percent of them never checked up and about one fourth (22.7%) were unknown about it after entering in the sex trade. It clearly reveals that only 12.7 percent respondents were safe from STIs which indicates there was more risk in sexual behaviour in this profession.

Table 1: Knowledge and experience of STIs and HIV/AIDS and check up condition

Knowledge about STIs/HIV AIDS	n	%
Yes	107	97.3
No	3	2.7
Experience of STIs		
Yes	71	64.5
No	14	12.7
Don't know	25	22.7
Ever check up condition after entering sex trade		
Yes	77	70.0
No	33	30.0
Total	110	100.0
Reasons of not going for STIs to check up in health care centre		
Economic problem	22	66.7
Hesitation	17	51.5
Lack of information	8	24.2
Frightening (use hand into vagina)	3	9.1
Not necessary	2	6.1
Lack of time	1	3.0
Total (Respondents who never checked up after entering sex trade)	33	100.0

Note: Percentage total may exceed 100 due to multiple responses.

Source: Field Survey, 2013.

There were multiple reasons behind not to go for checking STIs and among the never checked up SFSWs, (N=30) about two third of them did not go for checking due to the economic problem, about half of SFSWs (51.5%) hesitated to check up themselves and about one fourth (24.2%) were unable to go for checking up because of lack of information. Some were frightening to go for check up; some SFSWs thought that it is not necessary to check up (Table 1). One SFSW shared:

...I don't want to go check up in my life time even if I get death. Friends suggest me not to go there because male doctor used hand into vagina and I am also afraid of disclosing my profession. It is ok better not to go the doctor (ID: 32, illiterate, 45 years).

This situation shows that the SFSWs who have not made their check up were not aware enough about their sexual health.

### Practice of use of condom and reasons of not using regularly

Condom has dual role for prevention of unwanted pregnancy and STIs and HIV, if it is used consistently. As shown in Table 2, majority of the respondents (76 out of 110) were not using condom regularly and two of them never used condom in their lifetime. Study found that there were different causes of not using condoms regularly. The disagreement of clients (57.9%) and irritating in using it (48.7%) seemed to be the major problems. Similarly, lack of skill in using, belief to the clients STIs and HIV/AIDS free, no compulsion for them, unviable of it during the needed time, pregnant-free situation, over drinking and unconscious, afraid of condom going into vagina were some other reasons of not using the condom regularly. Regarding these reasons, one SFSW mentioned:

I had forcedly torn that pack of condom with my teeth. But client did not agree to use it. I politely requested him “you are young; you have longer life than I have, so you should use it”. But he told me “I don’t need your suggestions, you are paid and I should get chance to use you according to my interest”. Then I compelled to accept his interest because I need to earn money (ID: 1, illiterate, 54 years).

Another SFSW was afraid of using condom and mentioned the reason in this way:

I felt uneasy in my lower part of stomach. I thought I suffered from STIs and I was making a plan to go to hospital for checking up. When I was in toilet something came out from my vagina, I became surprised that was a condom. The same case repeated 4 times in my life. I shared this event to my friends, they also had similar kinds of events repeated two or three times. Nowadays, I become afraid of using condom.”

Table 2: Practice of using condom and reasons of not using regularly

Using condom	n	%
Most often	55	50.0
Regularly	34	30.9
Sometimes	19	17.3
Never	2	1.8
Total	110	100.0
Reasons of irregular use of condom		
Clients don't agree	44	57.9
Irritation	37	48.7
No skill	30	39.5
Confidence	27	35.5
No compulsion	13	17.1
Others*	25	32.9
Total (respondents who were only most often, sometimes and never use of condom)	76	100.0
Place of getting condom		
Medical stores	54	50.0
NGOs	49	45.4
Clients	14	13.0
Guest house	11	10.2
Hotel/restaurant	5	4.6
Sex worker friends	4	3.7
Total (respondents who were only most often, regularly and sometimes use of condom)	108	100.0

Note: Percentage total may exceed 100 due to multiple responses.

Source: Field Survey, 2013.

\*Lacking during the period of need, not problem of pregnant, over drinking and unconscious, afraid of condom going into vagina).

It is private matter and right to carry and use of condom. However, carrying condoms in their bags sometimes becomes unfortunate and fearful condition from police and family. It is one of the great challenging tasks for safe sex. One participant shared:

.... I always got frightening when I put the condom in my bag because it is difficult to save secretly from police, my children and other members of family. One day I kept them secretly in my bra. I was busy in searching my clients in Ratnapark when police in civil dress encountered with me. He scolded me with vulgar words and ordered me to take out the condoms which I had. I tried to defend by saying that it was for my husband but without listening my words I was kept in the police van and taken to HanumandhokaPolice Office (ID: 30, illiterate, 45 years).

One of the striking points that was found in the study was some SFSWs (33 out of 110) were victimized by clients using slow poison and 78.8 percent were suffered from forced sex after poisoning without condom. One respondent shared:

...A regular client (taxi driver) with other two men, proposed me to visit Chitwan. I went along with my two friends. We five took fruit juice on the way. We became unconscious when we were given juice to drink. I felt dizzy. I was in the taxi but two girls were taken out from taxi. Suddenly 5-6 young boys came and raped my friends one after another. Two boys came inside the taxi and raped me as well. I was trembling with fear as I thought they would kill us and throw into Trishuli river that night (ID: 35, illiterate, 47 years).

This situation makes clear that both the clients and FSWs were not conscious to maintain their sexual health. There is the great challenging to control STIs and HIV/AIDS. Respondents reported that medical clinics and NGOs are major sources of getting condom. They had to buy it from medical clinic whereas; some NGOs distributed it to them freely. There were some clients (13.0%) who were conscious their sexual health because they brought and used condom during the sexual period.

### **Addiction situation of sex workers**

Addiction has negative consequences in sexual health whether they take it willingly or unwillingly. The study found that there were multiple addiction habits among the sex workers. Table 3 presents half of the respondents (50.0%) were using alcohol and nearly half of them (47.7%) using cigarette to be friendly with other SFSWs and their clients and it was also found out that 1.8 percent of respondents were drug users in the study. There were different causes behind starting the addiction. More than three fourth (77.1%) of sex workers were using it because they wanted to be friendly with their friends and clients as well as to avoid tension (56.3%) and sexual pain (33.3%). Among the SFSWs, 66.7 percent did not have the habit of addiction before they had entered the profession. Only one third of SFSWs responded that they had the habit addiction before involving in this profession. It shows that some of the SFSWs were taking alcohol and cigarette willingly but most of them were taking these things unwillingly.

Table 3: Addiction situation of sex workers

Addiction behaviour	n	%
Alcohol	55	50.0
Cigarette	52	47.3
Nothing	38	34.5
Drugs	2	1.8
Total	110	100.0
Addicted before entering in sex trade		
Yes	24	33.3
No	48	66.7
Total (respondents who had any types of addition)	72	100.0
Causes starting addition		
To be friendly with FSW/clients	37	77.08
Avoid tension	27	56.3
Avoid sexual pain	16	33.3
Influencing to others	5	10.4
Habitual problem	3	6.3
Total (respondents who had not any addition habit before entering in sex trade)	48	100.0

*Note: Total percentage may exceed 100 due to multiple responses.*

*Source: Field Survey, 2013.*

They are compelled to take it to continue the profession which was their obligations. The over using alcohol making them unconscious leads them to unsafe sex as well as other harmful diseases. One respondent shared her experience:

... I became habitual drunkard to avoid sexual pain and to be friendly with clients and friends. I sometimes used condom during the sexual intercourse. But now I could not care in using condoms... how many days for me to be alive,...no certain of my life (being hopeless) (ID: 79, literate, 36 years).

Regarding the use of alcohol and cigarette another participant shared:

Drinking is compulsory.... I used to have more drinks with some my clients. I became unconscious at that time. I was unable to defend to use condom because when I became conscious I found myself in the bed of guest house. He used me as his interest (ID: 28, literate, 40 years).

Experiences relating to the habit addiction another respondent noted:

...now I cannot live without alcohol and cigarettes. I need more money to use it. More clients are needed to maintain it. I am very happy if get clients who make me satisfied in smoking and drinking. It does not matter using condom for me (ID: 54, literate, 31 years).

Using alcohol and smoking are common among SFSWs. The addiction is closely associated with interfering in using condom which leads to unprotected sex.

## DISCUSSION AND CONCLUSION

This study assessed the risky sexual behaviours related to knowledge of STIs, practice and use of condom, reasons of not using it regularly and rightly and addiction situation among the street

based sex workers in Kathmandu Valley. Results show that the risky sexual behaviour is common among the SFSWs. Clients' domination in sex trade, addiction practices, using slow poison and unsafe sex behaviour are great threatening for safe sex. Reasons of not using condom were basically related to the lack of awareness of both clients and FSWs, if they were aware enough in the benefits of using condom, they would regularly and rightly use it.

Like the findings in AVERTing and HIV/AIDS (2017) and ASHA (2017) regarding the FSWs, it also presents experiences of unsafe sex due to the multiple sex partners and their coercion not using condom at the time of sex. Harassing and abusing by police to the sex workers who carry condoms contribute to their vulnerability to STIs. Similar to the study Ghimire, Smith, & Tejjlingen, 2011, 30 percent of the sex workers never checked up their STIs. Furthermore, they provide multiple reasons such as economic problem, hesitation, lack of information, frightening from police, afraid of using hand into vagina, feeling not necessary to use and lack of time to check up for not going to check up the STIs. Similar to the study of CREHPA (2001) and USAID (2013), the study showed the sex workers were compelled to accept the desires of clients that refuse to use of condom (57.9%). Use of condom regularly and properly with each client is great challenging issue for safe sex in the sex trade. Results also demonstrated that the reasons behind not using condom found in this study were irritation, unskilled to use properly, unawareness, frightening and over drinking and making unconscious. Alike to the study carried out by MoHP (2010) and Li, Li, & Stanton (2010), the findings presented more number of SFSWs using alcohol (50%) and cigarette (47.3%) to be friendly with other SFSWs and their clients (77.8%) and interestingly it was found that 66.7 percent SFSWs did not have any addition habit before entering the sex trade. The cases of the study clearly reveal that addiction of alcohol make them unconscious and practicing unsafe sex. The study uniquely found the risk sexual behaviour where some (30%) of them were victimized by clients by using slow poison and 78.8 percent were suffered from forced as well as group sex after poisoning without condom.

Thus, it is hidden but growing of high risk sexual behaviour in the street based sex market. Clients dominante sex trade and there is lacking of awareness and legal provision of obligatioryrule to use male condom. Enabling the use of condom within safer indoor work spaces are urgently required to ensure safe sex life.

### **Limitations**

Because of the nature of the study, it was difficult to select participants randomly because there were problems in identifying a sampling frame of SFSWs scattering in Kathmandu Valley. It was limited to only the information related to risky sexual behaviour focusing inconsistency in using condom. While analyzing the information, statistical test were not used and the information taken from the respondents was not compared with the other type of sex workers.

### **Acknowledgments**

The author thanks the respondents who gave their time for providing valuable information for this study. She would also like to thank the research assistant for helping at the time of data collection and the reviewers for their helpful comments to finalize the paper.

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