

Transition of HIV epidemic in Nepal

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Abstract

Nepal is experiencing transition of HIV epidemic from a high-risk behavior groups to low risk behavior population like housewives. The ratio of housewives infected with HIV among all HIV infected women has almost equaled. The estimation also shows that housewives have acquired HIV three times more than the female sex workers in absolute numbers. It is a matter of concern for all those working in HIV/AIDS and also a serious challenge to achieve the millennium development goals.

Nepal is experiencing transition of HIV epidemic. Various predisposing factors are prevalent for the rapid spread of HIV in Nepal.¹ Sexual behaviour pattern in Nepal is not very much different as elsewhere.² Poverty, ignorance, and conflict are the root causes in undertaking high-risk behavior.³ The spread of HIV is further fuelled by poor accessibility to services, illiteracy, stigma and discrimination. All these factors have pushed Nepal into more vulnerability. Various population sub-groups are identified as "high risk behavior groups" and interventions targeted to address them.⁴

Objectives

The objective of the study is to examine the pattern of HIV infection among "low risk" population of Nepal, especially among the "housewives" of Nepal

Methods and materials

The article is based on various published secondary sources of information, basically the monthly/annual reports produced by the National Center for AIDS and STD Control (NCASC).

Limitation

As the study uses secondary sources of information, it inherently carries the limitation associated with the sources of information.

Findings and discussion

Nepal reported its first cases of AIDS in July 1988. Following this, a trend of gradual increase in the reported number of HIV infection is observed. Occasional attempt to estimate the prevalence of HIV put the figures at a "low" or "moderate" scenario, showing some complacency towards its spread, whereas there are numerous "factors" enlisted for the rapid spread of HIV.

Data from NCASC show the following reported number of HIV by year.

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Table 1: Reported number of HIV by year

Year	Number of HIV infected	Number of F infected	% Of Women among infected
1988	4	1	25
1989	2	2	100
1990	5	3	67
1991	26	14	54
1992	77	38	49
1993	81	40	49
1994	40	22	55
1995	110	39	36
1996	135	92	68
1997	489	88	18
1998	220	54	25
1999	222	48	22
2000	396	95	24
2001	324	60	19
2002	467	107	23
2003	714	209	29
2004	1281	338	26
2005 (till June)	476	123	26
Total	5069	1373	27

It is seen from the table above that among the reported HIV infections, the ratio of women is above one fourth (27%), however there is no distinctive pattern by years of reporting.

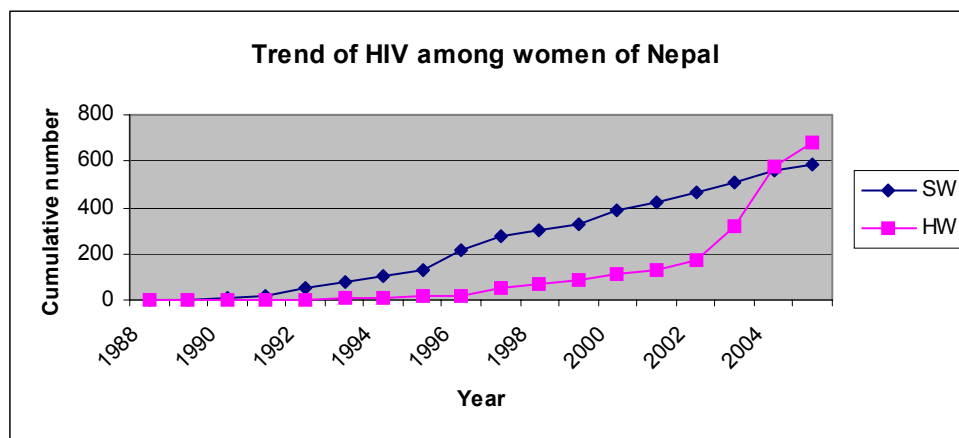
While analyzing the trend of HIV infection among the category of "housewives" reported by NCASC, the following trend is seen.

Table 2: Number of "housewives" infected by year

Year	Number of F infected	Number of HW infected	% Of HW among F
1988	1	0	0
1989	2	0	0
1990	3	0	0
1991	14	0	0
1992	38	2	5.3
1993	40	4	10
1994	22	2	9.1
1995	39	5	12.8
1996	92	7	7.6
1997	88	31	35.2
1998	54	22	40.7
1999	48	12	25
2000	95	25	26.3
2001	60	20	33.3
2002	107	40	37.4
2003	209	144	68.9
2004	338	266	78.7
2005 (till June)	123	96	78.1
Total	1373	676	49.2

From the table 2 it is clear that the ratio of housewives infected with HIV has established to around half of the "reported" total women infected. However looking at the trend, it is seen that the ratio of housewives is gradually increasing and about ¾ of the total infected women are housewives.

The graph below shows the "transition" of HIV from "high risk behavior" groups (such as female sex workers) to "low risk behavior groups" such as housewives.



This graph clearly indicates the transition of the HIV epidemic in Nepal from "high risk behavior groups" to "low risk behavior population". It also signals the necessity to address aggressively the issue.

Discussion

NCASC provides reports of HIV and AIDS every month. The source of these information are various Voluntary Counseling and Testing (VCT) centers located in different part of the country. As only a few persons turn for VCT services, the numbers are viewed as "tip of an iceberg". And to quote WHO/UNAIDS, "as with all AIDS statistics, these numbers represent only the tip of iceberg."^{7,8}

Nepal is reported to have "concentrated epidemic", that means only few "high risk behavior groups" have HIV prevalence more than 5%.⁴ In Nepal the high-risk behavior groups are identified as Female Sex Workers (with prevalence in Kathmandu at about 17.3%), Injecting Drug Users (with prevalence in Kathmandu at 68%) and migrant population (prevalence estimated between 4-10%).

It is estimated that 0.15% of total women in Nepal are FSW, bringing this number to around 18750 (range: 15861-20746).⁵ The prevalence of HIV among FSW is highest in Kathmandu and reported to be around 17%.⁵ This means that at most 3188 FSW are infected with HIV.

According to the census of 2001, the number of women in Nepal is 11587502 (50.051% of total population). The women in reproductive age group constitute 52% of total female population, bringing this number to 6025501. About 90% of the women are estimated to be married, meaning about 5422951 are housewives. The HIV prevalence among the pregnant women is estimated at 0.2%. That means at least 10846 housewives are infected at any point of time, which should be seen as a very low scenario.

From these estimation, it is clear that the number of infected housewives is about three times higher that the number of sex workers. These are the estimations. Now the data from NCASC have also indicated the transition of HIV from "high risk behavior group" to "low risk behavior group".

World Health Organization (WHO) and UNAIDS acknowledge women being increasingly affected to about half of 37.2 million adults infections and has labeled this scenario as "growing challenge".^{7,8}

It is a serious challenge for all those who take the issue of development. Complacency and/or "culture of silence" will not give any exit to this challenge.

Nepal has committed to the United Nations' Millennium Development Goals (MDG). By this Nepal will have to halt and reverse the HIV infection by 2015. However, looking into the present trend, it

seems that the infection has already grabbed a "silent" population. In such scenario, it is really difficult to control the endemic. Besides, the issues like reduction of stigma and discrimination, provision of services, social "rehabilitation" will not wait for any inaction and so, are not going to spare us.

Conclusion

The trend shows that more and more women are reported being infected with HIV. The transition of HIV from high-risk behavior group such as female sex workers to low risk behavior group has been evident now. It is imperative that all the development workers now take the issue seriously to combat the impact of the pandemic at the household level, not merely on "high-risk behavior groups".

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