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CONTINUUM *Complete*

International

ENCYCLOPEDIA OF SEXUALITY

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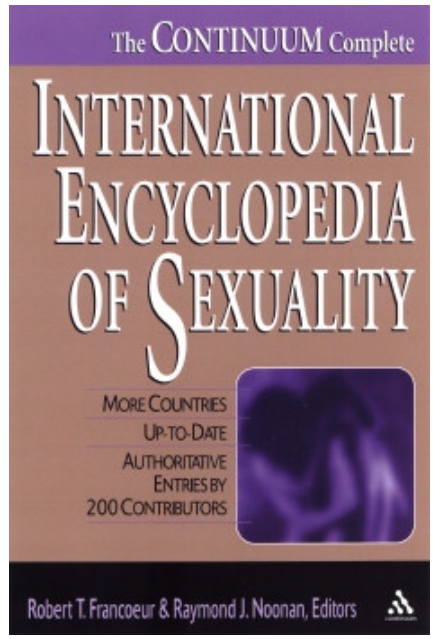

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(CIA 2002)

Nepal

Elizabeth Schroeder, M.S.W.*

Contents

Demographics and a Brief Historical Perspective

ROBERT T. FRANCOEUR

A. Demographics

The Kingdom of Nepal is the world's only official Hindu nation. The landlocked kingdom is bordered on the north by the Tibet autonomous region of China, and on the west, south, and east by India, countries with the world's highest population rates. Nepal measures approximately 54,360 square miles (140,800 km^2). As a comparison, Nepal is about the size of the state of Arkansas in the United States. However, the state of Arkansas has a population of only 2.7 million people to Nepal's 25 million. Of the world's 10 highest mountains, eight stand between Nepal and Tibet, including Mount Everest. The country has three different regions with three different geological terrains: the mountains, the hills, and the *terai* or "plains." The climate varies from cool summers and severe winters on the mountain slopes of the north to subtropical summers and mild winters in the southern plains.

In July 2002, Nepal had an estimated population of 25.3 million. (All data are from *The World Factbook 2002* (CIA 2002) unless otherwise stated.)

Age Distribution and Sex Ratios: *0-14 years*: 40% with 1.07 male(s) per female (sex ratio); *15-64 years*: 56.4% with 1.05 male(s) per female; *65 years and over*: 3.6% with 0.97 male(s) per female; *Total population sex ratio*: 1.05 male(s) to 1 female. Nearly 30% of the country's population are adolescents or teenagers. Much of the available data about sexuality and relationships are, therefore, from adolescents.

Life Expectancy at Birth: *Total Population*: 58.22 years; *male*: 59.01 years; *female*: 58.2 years

Urban/Rural Distribution: 11% to 89%. Nepal's most densely populated areas, with nearly half of the country's entire population, are Kathmandu, the capitol, Chitwan, and Sunsari.

Ethnic Distribution: Burman: 68%; Shan: 9%; Karen: 7%; Rakhine: 4%. There are over 70 ethnic groups throughout the country speaking nearly 50 different languages. These different groups are classified loosely into two main categories: Indo-Aryan and Tibeto-Burman. The Tibeto-Burman groups are predominantly Buddhists, although many are still Hindu. Among these groups are Brahman, Chetri, Newar, Gurung, Magar, Tamang, Rai, Limbu, Sherpa, Tharu, and more. Caste and ethnicity are terms that are often used interchangeably to describe the population. The refugee issue of some 100,000 Bhutanese in Nepal remains unresolved; 90% of these displaced persons are housed in seven United Nations Offices of the High Commissioner for Refugees (UNHCR) camps.

Religious Distribution: Hinduism: 86.2%; Buddhism: 7.8%; Islam: 3.8%; other: 2.2%. As of 1995, Nepal was the only official Hindu state in the world.

Birth Rate: 32.94 births per 1,000 population

Death Rate: 10.22 per 1,000 population

Infant Mortality Rate: 72.36 deaths per 1,000 live births

Net Migration Rate: 0 migrant(s) per 1,000 population

Total Fertility Rate: 4.48 children born per woman

Population Growth Rate: 2.29%

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HIV/AIDS (1999 est.): *Adult prevalence*: 0.29%; *Persons living with HIV/AIDS*: 34,000; *Deaths*: 2,500. (For additional details from www.UNAIDS.org, see end of Section 10B.)

Literacy Rate (*defined as those age 15 and over who can read and write*): 27.5% (*male*: 40.9%, *female*: 14%) (1995 est.); school education is free and compulsory from age 6 to 11

Per Capita Gross Domestic Product (*purchasing power parity*): US$1,400 (2001 est.); *Inflation*: 2.1%; *Unemployment*: 47%; *Living below the poverty line*: 42% (2001 est.) Nepal is among the world's poorest countries, with the majority of sources estimating an annual per capita GDP between US$200 and US$250. However, the *World* and *Time Almanacs* and *World Factbook* estimate the per capita GDP between $1,200 to $1,300.

B. A Brief Historical Perspective

The earliest recorded history of Nepal goes back to somewhere around the 7th or 8th century B.C.E. in the fertile Kathmandu Valley. The people of the time were known as the Kiratis, but there is little other information about them, beyond knowing that they were sheep farmers. Prince Siddhartha Gautama was born in this region around 563 B.C.E. After Gautama achieved enlightenment as Buddha, he and his disciple, Ananda, established the Buddhist religion. In the 12th century C.E., the Nepali rulers ended their long patronage of Buddhism in favor of Hinduism, reflecting the growing influence of India. Buddhism all but disappeared as the Licchavis invaded from northern India, overthrew the Kiratis, and introduced Hinduism. Hinduism included a social caste system, which continues today.

Four successive dynasties prepared the way for Nepal to assume its present boundaries and be united under King Prithvi Narayan Shah in 1768. Treaties in 1792 and 1816 brought contact with Britain, which recognized the absolute independence of Nepal in 1923. After 100 years, during which hereditary prime ministers of the Rana family maintained political power, the king assumed all power in 1951 and proclaimed a constitutional monarchy.

When the British withdrew from India in 1948, the Ranas lost their major source of support and power. The people took advantage of the weakened state of the Ranas, and rebels rose up in opposition. In 1951, King Tribhuvan was crowned, and the government became a combination of Ranas and the newly established Nepali Congress Party. In 1959, the first democratic elections for a national assembly were held. However, King Mahendra declared parliamentary democracy a failure 18 months later, and instead established a "partyless" or "*panchayaat*" system. The monarch retained absolute power, with the King having sole authority over all governmental institutions, including the Cabinet and Parliament.

In 1990, King Birendra, a widely popular and adored king, dissolved the *panchayaat* system, lifted the ban on political parties, and released all political prisoners. The new government, with a prime minister, was comprised of members of the Nepali Congress Party, the communist parties of Nepal, royal appointees, and independents. A new constitution was established later that year, focusing on protecting fundamental human rights and establishing Nepal as a parliamentary democracy with a constitutional monarch. The King technically rules over the Parliament, but is not involved generally with day-to-day activities. The King has the power to grant pardons or to suspend, commute, or remit any sentence handed down by any court.

In June 2001, the crown prince assassinated the beloved king and queen and a good portion of the royal family before killing himself. Soon after, the Maoist insurgency that had been growing since 1996 took advantage of the turmoil created by the assassinations and increased its efforts to overthrow the Nepalese government. Since then, the country has lived in political and social instability, with high-level party resignations, strife throughout Parliament, and violence. The King, with the approval of Parliament, declared a state of emergency, and the government called out the army to help fight the Maoists. The violence has resulted in more than 7,000 deaths on both the Nepali army side and the Maoist side, with some civilian deaths occurring as well, and with the numbers continuing to grow. Attempted peace talks have been unsuccessful to date. Ceasefires continue to be broken, and Maoist bombings and violence between the two sides continue.

1. Basic Sexological Premises

A. Character of Gender Roles

Gender roles are very well defined in Nepal. Expectations of girls and boys and women and men are clearly outlined, from social interactions to family communication to examples in school textbooks. Generally speaking, boys are valued higher than girls. Stories remain of families seeking to abort female fetuses, although these tend to be related by word of mouth. Men are usually the patriarchs of their families—although women have power within a social context. In many areas, men are expected to work outside of the home, and women are expected to tend to the home and the children. These values differ, however, based on the location of an individual community. In some of the hill communities, women may travel, while men remain in the community to tend to the home or family. In these communities, tasks are not gendered in any evaluative way. Folk beliefs about witchcraft remain in some areas, especially in the Terai (the southern plains). These generally target women, particularly elderly and/or widowed women, who are sometimes beaten publicly as part of an exorcism ceremony.

Some people report that seclusion rituals for girls and women during menstruation still exist in the rural areas. The most common ritual reported is having a girl or woman gather a week's worth of food and water and enter a hut where she stays for the duration of her menses. Other people maintain that these rituals are no longer practiced. However, menstruation is still seen as dirty. A menstruating woman is not supposed to cook or come into contact with anyone's food or water except her own.

B. Sociolegal Status of Males and Females

As children and adolescents, boys have much more access to just about everything than girls do, from recreational activities to education to job opportunities. The literacy rate is significantly lower for girls than for boys. As adults, women face systematic, society-wide discrimination in many facets of life. This is particularly true in rural areas, where religious and cultural tradition, lack of education, and ignorance of their legal rights keep women from accessing such basic rights as voting or holding property in their own names. Access to jobs is much more limited for women than for men, and salaries for women are significantly lower—even though the Constitution specifically requires equal pay for equal work.

Part of the impediment to equal pay and treatment is that the Government has not taken enough action to implement its own provisions, even in government industries. Of the 265 members of Parliament, 21 are women. These women are only members of Parliament because a quota was established guaranteeing this many female representatives. More and more nongovernmental organizations (NGOs) are press-

ing for increased women's rights. Aside from the teaching profession, women seem much less likely than men to progress in their jobs. An increase in female volunteers in the health sector has increased awareness among women, and has encouraged more women to seek out health services. At the same time, however, they are unpaid and untrained in medical or health service provision.

According to legal experts, there are over 20 laws that discriminate against women. For example, the law on property rights also favors men in its provisions for inheritance, land tenancy, and the division of family property. The Citizenship Law discriminates against foreign spouses of female citizens, and denies citizenship to any children they may have together, even if those children are born in Nepal. Many other discriminatory laws still remain.

This is an area in which NGOs in Kathmandu are currently working to change. Over the last decade, efforts at increasing women's rights and equality have redoubled. In 2001, the Nepalese government created a National Women's Commission, designed to promote women's "active participation in the development of the nation" and promote women's rights. In addition, a law passed in September 2002 allows women for the first time to inherit property from their parents.

C. General Concepts and Constructs of Sexuality, Love, Marriage, and Family

Virtually all sexuality in Nepal is seen within a heterosexual context; therefore, all examples in this chapter will be about heterosexual relationships unless otherwise indicated.

The concept of love and sexuality are quite romanticized, fed in part by the images presented in the Indian media that is prominent in Nepal. Young people tend to meet at social functions, become interested in each other, and decide to meet in secret. Part of the appeal is the secretiveness, and their behaviors might involve kissing, intimate touching, or sometimes, sexual intercourse and other sexual behaviors. Clearly, this behavior is normalized for boys much more than for girls; while many boys in a focus group said they had or knew someone who had had sex with a girl already, none of the girls would acknowledge that they had. If they knew of a girl who had engaged in premarital sex, it was through gossip.

Girls are more likely to romanticize love and marriage than boys. It is expected that young people will not have sexual intercourse outside of marriage, resulting in one of three outcomes: either young people will sneak off and get married at young ages, they will get married with their parents' support or intervention at a young age, or they will go ahead and have sexual relationships outside of marriage. While incidences of boys and girls running off together is more common in the rural areas of the country, it also does occur in the city. Often, the discovery that a boy and girl are having a romantic relationship will cause the parents of both young people to arrange for the adolescents' marriage. In fact, among the reasons for early arranged marriage is to protect a girl's reputation, which can become tarnished by public association with a boy.

In sexual and romantic relationships, men are expected to be the initiators. Women are expected to remain faithful to their husbands. Husbands, however, may have extramarital sexual relationships. In particular, men who travel for their work may seek out sex workers during their travels. Infrequently using condoms, these men often contract sexually transmitted infections, return home, and continue to have unprotected intercourse with their wives. A wife usually does not have the social power, clout, or right to insist that her husband use condoms—particularly if they have never used them before in their relationship. To do so could raise questions about her own fidelity, rather than reflect the reality of her husband's sexual activity.

Childbearing is also valued highly in Nepal, although strains on natural resources, threats to women's health, and a desire for a higher quality of life have caused individuals, the government, and NGO professionals to focus on family planning methods. In one study, the vast majority of adults believed that a couple should wait at least two years before trying to conceive a child, with others favoring a wait of at least three or even four years. The reason behind this is to enable the couple to raise enough money to ensure that they can provide for the infant. At the same time, however, they do not believe that a married couple should use contraception immediately after marriage. The reason for this is a mistrust in family planning methods, and a concern that using, in particular, hormonal methods, will affect a woman's fertility once she is ready to have children. Therefore, pregnancies do occur shortly after marriage. Adults who push for pregnancy as soon after marriage as possible do so because having a child creates a family. Adults living in the urban setting tend to support fewer children, one or two per couple. Rural parents tend to favor larger families of at least four or five children.

There are different views from adolescents on friendships between the genders. Girls are not to do things alone, nor is it a good idea for a girl to have male friends. Once a girl is noticed or seen with a boy, questions are raised immediately about the nature of their relationship. Some report having friends of different genders outside of the context of romantic connections, while others do not believe that boys and girls can be friends.

Finding the language for talking about sexuality and reproductive health in Nepal remains an enormous challenge for Nepalese professionals, as well as professionals from other countries working on programs in-country. One U.S.-based professional working in Nepal reflected on the language of sexuality. She found:

> Nepalis discuss sexuality in terms of kinds of relationships and ways of being sexual. Terms for specific sexual acts and body parts are a subset of this vocabulary, but not its core. Instead, the Nepali vocabulary for sex includes terms for sanctioned and unsanctioned relationships (marriage, elopement, lovers) and roles (husband/wife; patron/mistress; boyriend/girlfriend; seducer; virgin; "loose" woman, etc.) It also consists of terms for feelings of love, sexual desire, arousal and attraction and an array of verbs for seducing, wooing, flirting, and the like. All these words are powerful, value-laden terms that immediately bring to mind elements of the social context, such as power relations between men and women, that are relevant to AIDS prevention efforts. These words, in and of themselves also draw attention to the fact that to be involved in a socially sanctioned sexual relationship has very different implications from being involved in a hidden or illicit relationship. Words relating to love, flirtation, seduction, and sexual coercion make evident the various ways people might come to be drawn into sexual relationships. (Pigg, n.d.)

Other professionals have found that talking about sexuality in Nepali to be impolite, and substitute English words as necessary.

2. Religious, Ethnic, and Gender Factors Affecting Sexuality

A. Source and Character of Religious Values

Religion is important in Nepal. The Kathmandu Valley has more than 2,700 religious shrines, which appear to exist together with mutual respect and without conflict. While

Nepal is referred to as a Hindu nation, Hinduism is not the "state" religion. A recent breakdown of religious representation put the Hindu population at 89.5%, Buddhists at 5.3%, Muslims at 2.6%, and others, including Christians, at 2.6% of the population. Buddhist and Hindu shrines and festivals are respected and celebrated by most people, regardless of their religious affiliations or beliefs.

Hinduism's role in the social status of women in Nepal depends on how liberally or conservatively one observes Hindu tradition. Women's sexual roles, as being either "maiden, married woman, or widow" are defined within the context of their relationship to men. Some sects do not consider women to be human, responding to the birth of a female child by stating, "nothing was born." Others vehemently assert equality between men and women, and support the role of women in maintaining Hindu tradition.

Hinduism's greatest social effect on Nepal is that it is the source of the caste system. The caste system continues to have a strong influence in society, even though it is prohibited by the Constitution. At Hindu temples, for example, members of the lowest castes have not historically been permitted to enter. There has been a growing desire, however, to change this. In 2001, the Prime Minister spoke out emphatically against caste-based discrimination, including barring access to temples. Since then, members of the lower castes have successfully entered many temples, including Pashupatinath, the most sacred national site to Hindus.

Buddhism has a fundamentally egalitarian view of men and women. As a result, Buddhism has offered social liberation to some women, if they have felt free to adopt the religion. As mentioned earlier, the beliefs and celebrations of Buddhism and Hinduism are equally celebrated and respected in Nepal.

Both Hinduism and Buddhism have teachings on sexuality, and there is extensive writing on both—including Tantric sex, practiced by some Buddhist and Hindu individuals. However, there is not as much literature specific to the effects of these teachings on the sexuality values in Nepal. It seems clear that some Nepalese individuals will base their values around sexuality on Hindu and Buddhist teachings, and others will not. Resources for further reading on Hindu and Buddhist teachings on sexuality are included at the end of this chapter.

B. Cultural Values and Sexuality

In Nepal, parents are seen as a vital source of cultural values, including those around reproductive health and sexual behavior. As in other countries, research in Nepal has shown that parents who are actively involved in their children's upbringing, and communicate their values clearly and openly, end up with children whose values are congruent with theirs. When it comes to sexuality, this translates into young people who postpone sexual involvement until they are older or married, and who are able to avoid pregnancy and sexually transmitted infections if they do not remain abstinent.

Modern Nepal is a society, like others, that is faced with conflicting messages and values around sexuality. There is a generation gap in comfort and knowledge levels around sexuality, with adolescents speaking more openly about sexuality issues if not often knowing more themselves. There is also an increase of sexual images in the media, because in great part of television programming from India, which includes Western programming and MTV India. As cable television grows, individuals in Nepal who can afford television will be "treated" to such "American" television shows as *Baywatch* and *Beverly Hills 90210*. The irony is palpable in Nepal as it is in other cultures: As a society, individuals can barely discuss sexuality issues, yet the culture ends up bombarded by explicitly sexual media images and messages that can throw a culture into social chaos around sexual values.

Another example of the cultural values relating to discussing sexuality came when I was conducting a meeting with adult women living in Kathmandu. My plan was to conduct a brief activity about the menstrual cycle. The professionals with whom I worked recommended that when I was done, I was to apologize to the group for discussing such a personal subject with them. When I apologized after my talk, the group of women forgave me, and then apologized themselves for not knowing some of the details I had discussed.

B. Source and Character of Ethnic Values

The terms "ethnicity" and "caste" are often used interchangeably. There may be larger populations of members of certain castes in particular parts of the country, and the available sexuality research data have revealed differences in sexuality values based on geographic location. Therefore, it is a reasonable assumption to make that different castes and ethnic groups will often have different values and beliefs around sexuality. At the same time, it is difficult to gather accurate information about people of different castes and ethnic groups for a number of reasons. First, geographic location often makes it challenging to obtain data from certain groups of people. Second, it is often challenging to obtain data from members of the highest caste, because they do not feel they need to participate in community-based programs. These programs are, they believe, for people of lower castes.

3. Knowledge and Education about Sexuality

A. Government Policies and Programs

Changing times and changing values are causing Nepali professionals and parents alike to face the task of talking about sexual and reproductive health issues with their children and other young people in the community. Most Nepalese teens say they would like to receive additional information about these issues. While some say they would like to be able to talk with their parents about these topics, others say they would be too embarrassed to speak with their parents and would prefer to learn from television, radio, and social clubs. Community-based programs and studies have found that young people have more information than one might think—but at the same time, the information has been filtered through unreliable sources (such as peers) to create misinformation.

General education is a highly valued aspect of Nepalese society. However, it is not compulsory. Young people are expected to go to school, and parents will often sacrifice their needs in order to ensure that as much money is allocated to the children's education as possible.

When it comes to sexuality, there is a curriculum titled, *Health, Population and Environmental Education*, that is used in the 9th and 10th grades. This curriculum includes reproductive health, family life education, and "safe motherhood." Teachers are widely undertrained in sexuality issues, and often extremely uncomfortable about discussing the topic with young people in class. While some schools require teaching about reproductive health, teachers have been known to assign the chapters without allowing time for in-class discussion or questions. Teachers who do address the topic tend to stick to easier topics, including biology, without discussing emotions or more challenging topics. They are also more likely to lecture on this topic rather than taking a more interactive, participatory approach. Some teachers believe that sexuality information should only be accessible by adults—and still others believe it should only be available to married adults. Local and inter-

national NGOs have been increasing efforts to provide teacher training on sexuality and reproductive health topics.

Most parents say they support some kind of sexuality education for their children, although some opposition remains. Supporters believe that this kind of education will keep young people pregnancy- and disease-free; opponents believe that providing information about sexuality will encourage young people to have sexual relationships.

B. Informal Sources of Sexual Knowledge

As mentioned earlier, Nepali parents support information for their children about sexuality issues. However, one survey found that only one in ten parents had actually discussed these issues with their children themselves. Discussions that did take place differed, based on the gender of the child. In the urban areas, parents were more likely to talk with both their sons and daughters. In the rural areas, parents were more likely to talk with their daughters than sons.

Many parents, particularly those living in the rural areas, are unaware of where they can access this information. According to one group of parents living in the urban areas, sources of sexuality and reproductive health information are government hospital (85%), private doctor/clinic (49%), and pharmacies (28%). Parents in the rural areas named health post (76%), health workers (17.9%), and pharmacies (13%) as sources for this type of information and support.

Local organizations, like the BP Memorial Health Foundation, have been working to establish language that can be used with individuals in the community that are both medically accurate and culturally respectful. In addition, international organizations, such as Family Health International and EngenderHealth, have been working in collaboration with local organizations to provide accurate, respectful sexuality information. Research conducted by EngenderHealth and the International Center for Research on Women revealed that young people want to receive information about sexuality and reproductive health, particularly from their mothers, older sisters and brothers, and sisters-in-law. However, they say they do not feel comfortable approaching these individuals with their questions, nor do they feel confident that these identified family members would be comfortable or well equipped to answer. Young people, in particular, have questions and concerns about the menstrual cycle, nocturnal emissions, and dealing with feelings of sexual arousal that are heightened during puberty. As a result, young people and adults alike are likely to ask questions of the local pharmacist—although concerns about confidentiality remain high.

Another effort came from the Family Planning Association of Nepal, when they introduced a confidential telephone hotline in Kathmandu to answer questions about sexuality and reproductive health. In the first two months, they received over 200 phone calls on this line, which was staffed by a trained counselor. FPAN has also published materials, including *Your Queries: Our Answers*.

4. Autoerotic Behaviors and Patterns

Masturbation is, like many other sexuality topics, generally not discussed. This is changing among younger people. In one focus group of teenagers throughout the country, professionals found that masturbation was discussed, but only by boys. These young men saw masturbation as a sign of a boy's maturity and approaching adulthood. If masturbation is discussed among girls or between girls and their mothers or older sisters, they do not share this publicly.

5. Interpersonal Heterosexual Behaviors

Having the word "heterosexual" before the word "behaviors" when discussing sexuality and Nepal is assumed. Homosexuality is rarely discussed, and the assumption is that people are or should be heterosexual. When referring to relationships and/or sexual behaviors, heterosexuality is implied by default. This will be discussed more in Section 6, Homoerotic, Homosexual, and Bisexual Behaviors, below.

Sexual exploration by children is not discussed, if it exists. Conversations and concerns tend to arise when a young person reaches puberty. This is because of perceptible physical changes, and the understanding that pregnancy can happen.

According to one study, 40% of unmarried men who are 19 or older are sexually active. Most of these men report having their first sexual relationship during adolescence. A study in Kathmandu found the average age of first intercourse for males to be 21 and for females to be 20. (UNICEF Nepal & UNAIDS 2001). Adolescents and teens with less education and from more-marginalized ethnic groups are more likely to engage in early and premarital sex than those who are educated and have a high potential for achieving their life goals.

Not surprisingly, young men are much more likely than young women to report having multiple sex partners, of those acknowledging that they were sexually active. Of those males who report being sexually active before marriage, more than 50% report having multiple sex partners. Of adolescents reporting to be virgins, more than a third say they engage in some kind of non-intercourse behavior, such as mutual masturbation or oral sex.

Most teenagers say they know that parents frown upon premarital sexual relationships. However, nearly 20% of teens in a survey conducted by UNICEF Nepal and UNAIDS (2001) believed there to be nothing wrong with a premarital sexual relationship. There is a significantly higher acceptance of premarital sex among teen boys than among teen girls, and a higher rate of sexual behaviors among boys than among girls. This suggests any of three things: that teen boys are being sexual with older women, that teen boys are being sexual with commercial sex workers, and/or that teen girls are not truthful in reporting their sexual experiences because of social mores that frown much more upon girls' sexual activity than boys' engaging in sexual activities.

In Nepal, there is an expectation from childhood that a person will be married at some point. Marriage is seen as the greatest rite of passage in a person's life, the true sign that a person has gone from being a child to an adult. Marriage is highly valued, as is childbearing. One study of parental attitudes around marriage found a majority of parents favoring early marriage for girls and later marriage for boys (Moktan 2001). Attitudes toward this tend to differ in urban and rural areas. Most parents say they would prefer their children to be at least 18 before getting married, although younger marriages do take place. In the rural areas, marriage is common between young girls (ages 14 to 16) and much older men. Women who are unable to become pregnant are often ostracized or thought to be "improper." The assumption is widely held that if a woman cannot get pregnant, there is something wrong with her. Rarely does one explore the possibility that a man could be infertile. In some situations, men will take second wives in order to partner with a woman who can bear them children. A man may take on several wives, even if a pregnancy does not occur, rather than consider his own potential infertility. It is not known how widely this type of polygamy exists.

Arranged marriages are common in Nepal. The average age at marriage for girls is 16, with over half of these girls becoming pregnant by the time they are 20. The majority of parents surveyed say they favor arranged marriages, although 25% of parents living in the urban center expressed support for love marriages as well.

Divorce is possible, however, it is not socially sanctioned. While there are still reports of men having more than one wife—particularly in situations where one or more wives are unable to bear the man a son—the practice of polygamy seems to be less and less frequent. There are also reports of women having more than one husband, although if this were to occur, it tends to be in the more remote areas of the country.

6. Homoerotic, Homosexual, and Bisexual Behaviors

Information about same-sex behaviors and relationships is rare. According to both professionals and other individuals living in Kathmandu, homosexuality "does not exist" in Nepal. I was, therefore, not to include discussions on sexual orientation in any of my meetings or training manuals. To have done so would have been culturally irrelevant. The International Lesbian and Gay Association states that same-sex sexual behavior between two men is against the law in Nepal. As in many other countries, sexual activity between two women is not mentioned. People visiting the country who are caught engaging in same-sex behaviors can face expulsion.

The true prevalence, real or perceived, of same-sex relationships and sexual behaviors in Nepal depends on the person with whom you speak. Some will acknowledge that "these types of relationships exist," but that there is no community for it. Others will say that there is an underground community in Kathmandu. Still others will insist that there are no lesbian, gay, or bisexual people in Nepal. Health professionals, however, are beginning to acknowledge same-sex behaviors, at least between men. This is happening primarily within the context of screening for HIV. Physical intimacy, however, appears to be common between people of the same sex. Adult men and women may walk arm-in-arm or hand-in-hand. A teen girl might sit with her head on a female friend's shoulder; two male adolescents might sit with fingers interlaced, lovingly stroking one another's fingers. However, there was no perceptible identity attached to these behaviors as being homoerotic or implying anything about a person's sexual orientation. The extent to which intimacy translates into same-sex sexual behavior is unknown.

The first Nepalese gay rights group, the Nepal Queer Society, was created in 1993. However, there is no readily available information on whether the group is still in existence, or what their activities are or have been. The Internet has also begun to provide a source of information and support for lesbian, gay, and bisexual Nepalese individuals. Gay Cyber Nepal and Queer Nepal are two sites created for gay or bisexual men. Other websites have been created by South and Southeast Asian individuals not living in Nepal or India, which seem to provide more of a community for people living abroad than there would be in that region.

7. Gender Diversity and Transgender Issues

In my fieldwork in Nepal, I had no conversations with Nepali professionals about transgender individuals, and there is very little written information specifically for transgender people in Nepal. There are, however, a growing number of transgender websites and organizations covering South and Southeast Asia, which may serve as sources of support for transgender individuals throughout the region, including Nepal.

8. Significant Unconventional Sexual Behaviors

It is virtually impossible to document this aspect of Nepali society beyond the presence of commercial sex work. Discussions of non-coercive fetishes or sexual behaviors are infrequent, so that admitting to, let alone discussing, any type of unconventional behavior would be virtually unheard of. Perhaps the most unconventional behavior would be a man who avails himself of a commercial sex worker—and even if the sex worker fulfills a non-traditional sexual fantasy, this type of work has not been reported on in the literature about Nepal.

It is estimated that there are 25,000 women engaged in commercial sex work in Nepal. UNICEF estimates that over 40% of the commercial sex workers in the Kathmandu Valley are between the ages of 15 and 19. Other studies indicate that nearly two thirds of commercial sex workers in Nepal are infected with some kind of sexually transmitted infection.

A. Rape, Sexual Abuse, and Human Trafficking

According to the United States State Department, Nepali laws against rape carry prison sentences of 6 to 10 years for the rape of a woman under 14 years of age and 3 to 5 years for the rape of a woman over 14. The law prescribes imprisonment for one year or a fine for the rape of a prostitute. The law does not forbid spousal rape. A 2001 survey found that 39% of rape victims who reported the crime to police were under the age of 19. Of the reported rapes, 25% resulted in convictions and jail sentences.

Statistics relating to domestic violence are as sketchy as the many other statistics relating to Nepal. However, in 2001, the *Kathmandu Post* reported that Nepalese nongovernmental organizations believe 75% of the female population have been subjected to some kind of domestic violence. Included in these figures are physical assault, harassment, and incest. When an adolescent girl is married off to an older man, this age difference is often seen as a cause or contributing factor to the domestic violence. In addition, citizens, law enforcement officials, health professionals, and government authorities tend to minimize the severity of violence against women. Forty-two percent of respondents in one survey said that they experienced medical practitioners to be uncooperative or negligent in cases of violence against women and girls.

Sexual abuse and incest are not discussed as much. In fact, before September 2002, there were no laws against sexual abuse of a child. The new law carries penalties of up to 16 years in prison for pedophilic acts. Teenagers surveyed in Kathmandu overwhelmingly expressed disagreement with domestic violence. Some, however, both male and female, did say that they thought that a man had the right to beat his wife under certain circumstances. These include a woman who does not look after her children well, or who is disrespectful to her in-laws.

When working with teenagers in Kathmandu, there was much discussion of "teasing," which translates in Western terms to "sexual harassment." The term "sexual harassment" was not used, because it does not translate, both in terms of language and in terms of its significance. It is used in Western cultures as a legal concept—a term that describes behaviors and situations that can result in legal actions and remedies. Nepal, as other cultures, may use the phrase "sexual intimidation" or "teasing." According to Nepali professionals, this is not to minimize the experience—it is culturally more accurate. Discussions have begun, however, in the media about sexual harassment of women in the workplace. These discussions, as the discussions of teen-to-teen harassment, tend to focus more on what the people being harassed should do to avoid giving mixed signals, and less on teaching men more appropriate, respectful behaviors.

Human trafficking is an issue that has gained wider attention over recent years, particularly in South and Southeast Asia. Nepali law prohibits human trafficking, with penalties of up to 20 years' imprisonment for breaking this law. However, trafficking in women and girls remains a serious problem in several of the country's poorest areas. Girls are sold into sexual slavery by their parents, or leave for India thinking that they are going to get married or have a decent paying job. NGOs working on this topic in Nepal believe that parents do not understand the true consequences of trafficking until it is too late—and that if they did, there would be less done. Organizations like Maiti Nepal are working to provide alternatives to trafficking, such as viable job options, and to help bring trafficked girls and women home from India, to where the vast majority are sold. There are very little, if any, data on the prevalence of young boys who are sold into sexual slavery in Nepal.

A common statistic puts the number of girls and women currently trafficked from Nepal into India at 200,000, with approximately 3,000 girls being trafficked out of the country each year. A children's human rights group states that 20% of prostitutes in the country are younger than 16 years old. Many of the girls who are sold into the commercial sex trade in India return to Nepal, which creates a number of problems. Cultural attitudes toward returned victims of trafficking are often negative and the Government response often reflects that bias. In addition, girls who return to Nepal often have sexually transmitted infections (STDs). In fact, of the 218 girls rescued in February 1998, somewhere between 60 and 70% were HIV-positive. Testing for STDs, including HIV, is a rare occurrence, particularly for young, unmarried girls. The stigma associated with visiting a healthcare provider of any kind, let alone one relating to reproductive or sexual health, far outweigh a young person's concern about diseases. As a result, trafficking not only does extensive physical, psychological, and emotional damage to the young women being trafficked—it also puts a great segment of the population at risk for STDs.

While the vast majority of trafficking is for sexual exploitation, women and girls are also sold for domestic service, manual or semi-skilled bonded labor, or other purposes. In some cases, parents or relatives sell women and young girls, especially if they are destitute and do not see their daughters as marriageable. Unverified estimates say that approximately 50% of trafficking victims are lured to India with the promise of good jobs and marriage, 40% are sold by a family member, and 10% are kidnapped. If prevention programs are established in a particular district, traffickers simply move to other areas and continue their work.

The Human Trafficking Control Act of 1986 prohibits selling persons in the country or abroad, and provides for penalties of up to 20 years' imprisonment for traffickers. However, there are many social and legal obstacles to successful prosecution, and convictions are rare. Since border guards commonly accept bribes to allow contraband and trafficked girls in or out of the country, many professionals are pessimistic about significantly reducing the trade without true government and legal support.

There are more than 40 NGOs in Nepal combating trafficking, several of which have rehabilitation and skills-training programs for trafficking victims. These groups commonly use leaflets, comic books, films, speaker programs, and skits—short plays with a few actors—to convey anti-trafficking messages and education. Some organizations involved in the rehabilitation of trafficking survivors state that they have been threatened and their offices have been vandalized because of their activities.

9. Contraception, Abortion, and Population Planning

A. Contraception

The government of Nepal has a Ministry of Health, which oversees its national health policies. The most recent, 1997-2017 long-term National Health Policy, includes mention of access to reproductive health, as well as the benefits to having "small families" by accessing family planning information and services. The government also developed guidelines for national maternal health (the National Maternity Care Guidelines and the National Safe Motherhood Plan of Action). These guidelines provide a blueprint for how women should receive care during their pregnancies and postpartum, and how babies should receive care once they are born. The programs, as other health programs in Nepal, have been focusing much more on increasing training for healthcare professionals. There are still a low number of women who seek antenatal care and services, and home deliveries for infants, without a trained professional present, remain the norm.

The National Reproductive Health Strategy of Nepal (adopted in 1997) was designed to make integrated reproductive health services available to all people in Nepal by focusing on the following:

- Family planning;
- Safe motherhood, including newborn care;
- Child health;
- Prevention and management of complications of abortion;
- RTI (reproductive tract infections)/STD/HIV/AIDS;
- Prevention and management of infertility;
- Adolescent reproductive health; and
- Problems of elderly women, particularly cancer treatment at the tertiary level/private sector.

Contraception is available in Nepal, gaining in use and access dramatically since the 1970s, when approximately 3% of couples were estimated to use contraception. More current figures put this at approximately 33%. At the same time, however, access to contraception depends greatly on where a woman or couple lives.

According to the Center for Reproductive Law and Policy, the country's family planning policies tend to favor the use of the IUD and injectible hormonal methods.

Any reproductive health service that can be accessed in Nepal is most likely to happen in the urban areas, and the rural areas closest to the cities. As one moves farther and farther away, up through the hills and into the mountains, the quality and access to healthcare diminishes dramatically. Problems exist with staffing reproductive or any other health facility in remote areas, as well as with non-appearances of the staff who have been hired. As a result, inhabitants of the more-remote areas receive even less care than those in the urban areas.

Because of insufficient prenatal care, it is estimated that nearly one in ten pregnancies are terminated spontaneously. This translates to roughly 90,000 miscarriages in Nepal per year. Nepal also has one of the highest maternal mortality rates in the world. Most of this can be attributed to unsafe abortion practices, as well as to pregnancy-induced hypertension and/or other illness occurring during pregnancy. In addition, only half of pregnant women obtain any kind of prenatal care, only 14% have some kind of trained medical professional present during the birth, and only 9% of babies are born in some kind of healthcare setting.

B. Abortion

Nepal's abortion laws were historically among the most restrictive and punitive in the world. Providers are neither trained nor skilled in performing abortions because of these laws. The result has been up to 12 women dying every day—or nearly 4,500 every year—because of unsafe abortions.

Nearly 5,000 women appear at Maternity Hospital in Kathmandu each year with an incomplete abortion, necessitating the completion of the procedure. Statistics on abortion-related deaths, as most statistics about Nepal, range depending on the source. According to JHPIEGO, 15% to 30% of all pregnancy-related deaths were attributed to abortions that were unsafe, incomplete, or spontaneous. Other sources of data do not mention spontaneous abortions specifically, but state that nearly half of all pregnancy-related deaths were caused by unsafe abortions. Even in situations where a woman obtains an illegal abortion, she runs the risk of being jailed afterward—possibly reported by the very family member or friend who brought her to the provider in the first place. In fact, the Center for Reproductive Law and Policy estimates that one out of five women in Nepal who are in jail are there for obtaining an abortion. Girls and women living near the border to India have historically crossed the border in order to obtain a legal abortion there.

In September 2002, King Gyanendra approved a law legalizing abortion up to 12 weeks on demand, and up to 18 weeks if the pregnancy is a result of rape or incest. Abortions will be allowed at any time if the woman's life or health is in danger, or if the woman learns that she is going to give birth to a disabled child. (The types of disabilities were not specified. This may raise a whole other range of concerns relating to people with disabilities in Nepal.)

Although this law is a significant victory for women's rights, two challenges remain. First, women already in jail for having obtained an abortion remain there, and the government has not mentioned anything about whether they plan to release them. Second, access to abortion services remains a challenge. In addition, the so-called global "gag rule" of the current Bush administration (USA) restricts any international organization receiving United States funds from discussing abortion. This, therefore, forces Nepalese reproductive health professionals to choose between direly needed U.S. funds and providing information and services to women seeking abortion.

According to the 1996 Nepal Health Survey, approximately half of all girls begin having babies by the time they are 19. While most teenage boys and girls report that they know what condoms are and where to get them, only about two thirds of teenage boys in one survey reported using condoms during premarital sexual relationships (UNICEF Nepal & UNAIDS 2001). When a pregnancy does occur out of wedlock, the father of the child is not usually seen as partially responsible, although this varies depending on where the couple lives. In some areas, the male is forced to marry his female sex partner, or, if he refuses, must either pay a fine or spend time in jail. As with the likelihood of sexual initiation, the likelihood of condom use was higher with boys living in Kathmandu and who were educated.

10. Sexually Transmitted Diseases and HIV/AIDS

A. Sexually Transmitted Diseases

A major challenge in tracking STD incidence is obtaining local data. The World Health Organization estimated that in 1999, there were 340 million new cases of curable STDs throughout the world—specifically syphilis, gonorrhea, chlamydia, and trichomoniasis. Of these, nearly half, or 151 million, were said to have happened in South and Southeast Asia alone. Specifically, this breaks down to 43 million new cases of chlamydia in this region, 27 million with gonorrhea, 4 million with syphilis, and 76.5 million with trichomoniasis. Statistics specific to Nepal about STDs other than HIV are difficult to come by accurately.

There is much stigma surrounding STDs. People who think they might have an infection are unlikely to seek out medical treatment, often exacerbating an easily treatable or curable infection. In one survey, adolescent and teen boys who ended up with an STD say that they are more likely to go to a pharmacy and purchase medicine in an effort to treat themselves, than they are to go to a family planning clinic to be diagnosed and treated appropriately by a health professional.

The majority of information and data available around infections relates to HIV and AIDS, described in the next section. Of the limited information about infections, there is information about syphilis within one population. In 1997, 1,800 women who went in for prenatal screening tested positive for this infection.

Culturally, myths and misinformation about STDs abound. One is the concept that a man who urinates on the grounds of or against a temple will be stricken with an STD as punishment. There is also a strong sense of invulnerability among males if they do not engage in sexual behaviors with a commercial sex worker. Unprotected sexual behaviors with a girl or woman who is not a commercial sex worker is, therefore, not seen by men and boys as risky. Unprotected sexual behaviors may be seen by young girls and women to be risky; however, they usually do not have the option of insisting that their partners wear condoms.

B. HIV/AIDS

As with other health issues, there are little updated, reliable data about the incidence and prevalence of HIV and AIDS in Nepal. However, professionals can say with certainty that the HIV epidemic is increasing, and has been since the first HIV/AIDS case was recorded in 1988.

As in many parts of the world, the AIDS epidemic has forced previously silent countries to start addressing sexuality issues more directly and explicitly—although nowhere nearly as explicit as is done in many Western countries. As in other parts of Southeast Asia, it is estimated that HIV and AIDS cases are much more prevalent and are spreading much more rapidly than the limited statistics currently report. According to one source, the government will confirm that there were only about 500 HIV or AIDS cases over an eight-year period, something that most professionals in Nepal will say is a gross underestimate. Family Health International (FHI) estimates that between 30,000 and 50,000 individuals are currently infected with HIV; the World Health Organization puts the number at around 33,500. The CIA *World Factbook* estimated in 1999 that there were approximately 34,000 people living with HIV or AIDS and 2,500 AIDS-related deaths, numbers that many professionals believe to be a gross underestimate. According to UNAIDS, 10,000 of these cases are among women ages 15 to 49, and 930 are among children ages 0 to 15. UNAIDS also estimated that there were 2,500 AIDS-related deaths in Nepal in 1999, with approximately 2,200 children living as orphans as a result of losing one or both parents to an AIDS-related death. Without appropriate interventions, FHI estimates that the number of people living with HIV could reach between 100,000 and 200,000 by the year 2010.

The source of many HIV cases in Nepal are from sexual encounters with sex workers, both in Nepal and in other

countries, such as India and Thailand, when men are traveling for business. Among the main locations for such encounters is the north-south highway that runs from Nepal to India. Rest stops, teahouses, restaurants, and other types of lodges along the highway and in border cities provide significant venues for prostitution, leading to significant transmission of HIV. At the same time, however, it is important to note that sex workers would be more likely to access health services. Other individuals at high risk for HIV and other STDs do not avail themselves of testing and other health and/or preventative services. There is a concern, therefore, that commercial sex workers will be held exclusively responsible for spreading HIV and other STDs, when they are not the exclusive conduits for the rise in HIV in Nepal. In fact, according to UNAIDS, the incidence of HIV among intravenous drug users in Kathmandu alone increased from nearly 0 in 1993-1994 to 50% in 1997.

According to a survey conducted by UNICEF of 1,400 Nepalese teens, the majority surveyed reported that they know what HIV is, but only about three quarters said they knew to use a condom during sex. A higher reported rate of sexual activity for boys rather than girls suggests that boys who are sexually active are doing so with commercial sex workers, putting them at higher risk for HIV and other STDs if they do not have knowledge of or insist upon using condoms.

Injection drug use is seen as being among the greatest causes for the increase in HIV in Nepal. According to UNICEF Nepal (2001), the incidence of HIV increased in intravenous drug users by 48% within a short four-year period. Since the majority of these drug users are in the 16- to 25-year age range, the implications for sexuality education and prevention services for adolescents and teens are significant.

HIV has overcome the conservative attitudes toward discussing sexuality issues. Media campaigns starting in the mid-1990s raised public awareness and touted the importance of condom use. Radio ads, public service announcements, and even a comic book discuss the dangers of HIV and the importance of using condoms. An annual observation of World AIDS Day on December 1st has also begun in Nepal. However, these campaigns are not consistent because of a number of factors, including the expenses involved in airing the ads, and the conflict between promoting the government-supplied free condoms and the concern from merchants selling condoms that they will lose money as a result. In addition, discomfort and modesty often keeps people from purchasing condoms and merchants from selling them. Yet, interestingly enough, Nepalese parents cite TV and radio as among the most important sources of sexual health information for young people.

[*Update 2002*: UNAIDS Epidemiological Assessment: As with virtually all other countries in Asia, the first cases of AIDS or HIV infection were detected during the late 1980s and early 1990s, either in a foreign visitor or in a citizen who returned from international travel. During the early 1990s, HIV seroprevalence surveys detected HIV infections among STD patients and female sex workers throughout most regions in Nepal. As a result, there has been great public health concern that extensive spread of HIV, similar to that in the neighboring countries of Cambodia, Myanmar, Thailand, and India might occur. Injecting drug users in Nepal were initially believed to share injection equipment in relatively small and isolated networks. However, since the mid-1990s, an explosive increase in HIV infection has occurred, infecting about half of all injecting drug users throughout the country.

[Large numbers of young Nepalese girls are recruited as female sex workers to Indian cities, and large numbers of young Nepalese males working in India frequent female sex workers there and within Nepal. Thus, in addition to the increasing number of HIV infections occurring among persons with high HIV-risk behaviors in Nepal, there are also increasing numbers of Nepalese female sex workers and young male Nepalese workers who have been infected with HIV in India, and who have or will be returning to Nepal. The estimated HIV prevalence in Nepal in 2001 was 58,000 or close to 0.5% of the total 15- to 49-year-old population. Asian countries with the highest HIV prevalence (from 2% to 3% of their 15- to 49-year-old populations) in the region all have brothel-based female sex workers as a dominant factor. Because Nepal's pattern of female sex workers is primarily non-brothel based, it appears likely that its HIV prevalence may not reach such high levels. Effective public health programs capable of increasing consistent condom usage levels in female sex workers and their male clients to 80% to 90% may be capable of keeping HIV prevalence in Nepal to less than 1% (i.e., less than 100,000) of the 15- to 49-year-old population.

[Based on an estimated HIV prevalence of about 34,000 in 2000, the number of AIDS deaths that can be expected in the year 2000 is close to 3,000 and this figure is projected to more than double (about 6,000) in 2005. It is estimated that these AIDS deaths will increase total deaths in the 15- to 49-year-old age group by about 4% in 2000, and account for close to 20% of total deaths in this age group in 2005.

[The estimated number of adults and children living with HIV/AIDS on January 1, 2002, were:

Adults ages 15-49:	56,000	(rate: 0.1%)
Women ages 15-49:	14,000	
Children ages 0-15:	1,500	

[An estimated 2,400 adults and children died of AIDS during 2001.

[At the end of 2001, an estimated 13,000 Nepalese children under age 15 were living without one or both parents who had died of AIDS. (*End of update by the Editors*)]

11. Sexual Dysfunctions, Counseling, and Therapies

The scope of sexual dysfunctions is widely unknown, because of, in great part, the lack of information and education, and taboos about discussing sexuality, especially for women. If girls do not know what to expect when going into their marriage or sexual relationships, it is unlikely that they will know that something painful or pleasureless is not simply part of their duties as wives. And it is even less likely that a woman would request information about sexual behaviors or pleasure. Male sexual dysfunction is not discussed either, although men are less likely to be seen as "responsible" for their dysfunction or stigmatized for it.

12. Sex Research and Advanced Professional Education

Data are sorely lacking in Nepal. Organizations that conduct research are often able to survey only a small population at a time. As in the United States, data appear to be much more easily collected from individuals in urban settings and from individuals and families with a lower socioeconomic status.

As a result, Nepal's true diversity is often lost in research methodology. Census screening does not begin to show the true diversity of multicultural relationships and families. In Nepal, it is difficult to reach the many different ethnic groups who speak different languages and have different social norms. This means that presenting data on a typical Nepalese adult or teenager is virtually impossible. The research available about sexuality and sexual health in Nepal

is quite limited in scope. What is available is primarily collected about men and boys, with more information being found more recently on girls and women. Statistics are unreliable, but they provide a preliminary snapshot of some of the issues facing Nepal.

There are no university programs or scientific journals specifically focusing on sexuality issues. However, the following organizations either do work on sexuality-related issues in Nepal, or maintain statistics on sexual and reproductive health. Several of these groups are Nepalese, while others are based outside of the country and work collaboratively with NGOs in Nepal.

Didibahini, GPO Box 13568, Anamnagar, Kathmandu, Nepal; www.didibahini.org; info@didibahini.org, didibahini @wlink.com.np.

EngenderHealth, 440 Ninth Avenue, New York, NY 10001 USA; www.engenderhealth.org; info@engenderhealth .org.

Family Health International, P.O. Box 13950, Research Triangle Park, NC 27709 USA; www.fhi.org; services@ fhi.org.

Family Planning Association of Nepal, Pulchowk, Laitpur, P.O.Box: 486, Kathmandu, Nepal; www.fpan.org; fpan @mail.com.np, fpandg@mail.com.np.

International Planned Parenthood Federation, Regent's College Inner Circle, Regent's Park, London NW1 4NS UK; www.ippf.org; info@ippf.org.

Maiti Nepal, P.O. Box 9599, Gaushala, Kathmandu, Nepal; www.maitinepal.org; info@maitinepal.org.

Ministry of Population and Environment, Nepal; www .mope.gov.np.

The Population Council, One Dag Hammarskjold Plaza, New York, NY 10017 USA; www.popcouncil.org; pubinfo @popcouncil.org.

Care International, Boulevard du Regent, 58/10 B-1000, Brussels, Belgium; www.care-international.org; info@care-international.org.

The Centre for Development and Population Activities, 1400 16th Street NW, Suite 100, Washington, DC 20036 USA; www.cedpa.org; cmail@cedpa.org.

UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance, 20, Avenue Appia, CH-1211 Geneva, 27, Switzerland; www.unaids.org; surveillance@UNAIDS .org.

United Nations Population Fund, 220 East 42nd Street, New York, NY 10017 USA; www.unfpa.org.

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