

Health and Sex Trafficking in Nepal

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Introduction

Known as “modern day slavery,” human trafficking affects approximately 21 million people every year. To put into perspective the immensity of the problem, in 2013, there were 21 million children between the ages of 12 and 17 living in the United States. Human trafficking is a problem so significant, it disturbs approximately as many people worldwide as there are adolescents living in the United States.ⁱ

Though trafficking occurs across the globe, about half of its victims come from the Asian and Pacific regions, and the industry is particularly rampant in Nepal. Many types of human trafficking exist in Nepal, (including labor trafficking, domestic servitude, begging, factory work, child soldiering, and adult entertainment), but sex trafficking is the most common form. According to the International Labor Organization, between 12,000 and 15,000 women are trafficked from Nepal into prostitution every year.ⁱⁱ

A trafficked Nepali woman is coerced from her home, taken across the border to India, and forced to become a modern-day slave.ⁱⁱⁱ Traffickers travel to rural areas, where education is poor and poverty is rampant. It is there that they find their victims—women who are lured away from their homes by false promises of fair and lucrative work, or sold by their families for enticingly large sums of money. Once traffickers have collected their victims, crossing the border from Nepal to India is unproblematic, as no passport or visa is

required. When the men and women are successfully in India, they are not given their formerly promised fair work and money. Instead, they live in dirty and unsafe places. They are not properly fed, clothed, or paid. They work all day and all night. They cannot leave the sights of their owners. If they disobey, protest, or try to run away from their abusive conditions, they are beaten.

Consequently, trafficked people may be trapped in unhealthy conditions for multiple years.^{iv}

Research Findings on Health Effects

Though there are no studies looking at the health effects of specific anti-trafficking policies in Nepal, much research has been conducted about the general physical and emotional consequences of human trafficking in the country. Studies collectively demonstrate that trafficking has negative effects on physical, sexual, and mental health. One study of sex workers from Nepal, India, and Bangladesh shows that women from Nepal have comparatively higher rates of human immunodeficiency virus (HIV). Specifically, 43% of Nepali women in the study were HIV positive, as compared to 9% of Indian women or 7% of Bangladeshi women.^v It is hypothesized that the high prevalence of HIV among Nepali women is due to the fact that they enter the sex industry at younger ages (average age of 17) than women from the other two countries (average age of 19), possibly making them more biologically vulnerable to contracting HIV. A second study supports that hypothesis by demonstrating that 38% of 287 Nepali sex workers are HIV positive and that there is increased risk of HIV when a participant in the study is younger than 15 years of age.^{vi} The most concerning

part of the conclusion that Nepali women have a high prevalence of HIV is that an HIV positive woman is more likely to contract additional sexually transmitted diseases (STD's), like syphilis and Hepatitis B.^{vii} Moreover, sex workers from Nepal who are HIV positive have weakened immune systems, putting them at higher risk of contracting tuberculosis. One study found that 90% of sex workers diagnosed with tuberculosis also had co-infection with HIV.^{viii}

However, physical health consequences are not the only negative health implications for a Nepali sex worker. The mental health of trafficking victims often suffers. One study showed that Nepali sex workers are more likely to have anxiety symptoms, depression, and post-traumatic stress disorder than Nepali women who are not sex workers.^{ix}

It is no surprise that Nepali women trafficked into prostitution are consistently found to suffer from both physical and mental consequences of their professions. While in brothels, the trafficked women are forced to have sex with up to 40 men a day. They are not permitted to use condoms, increasing the rates of HIV and STD transmission. Their living conditions are crowded, unsafe, and dirty, causing the spread of communicable diseases, like tuberculosis. Prostitution is also associated with violence from male clients, leading to physical injuries. It is suspected that if the women become pregnant, they are forced to have unsafe abortions, though no studies have yet confirmed this suspicion. Given the inhumanity of their conditions, it is no surprise that female victims of human trafficking also suffer from mental health issues like

depression, anxiety, and post-traumatic stress disorder.^x

Existing Policy

The first legislation to combat human trafficking in Nepal, the Human Trafficking Control Act, was passed in 1986. The law criminalized the act of human trafficking, implementing a punishment of 10-15 years in prison and the equivalent of a 2,000 United States Dollar fine. Not only was the act of trafficking criminalized, but failure to report a trafficking scheme became a crime as well. By criminalizing the act of knowing about a trafficking scheme and not reporting it, the Nepali government hoped to increase the number of cases annually reported to authorities. Rehabilitation centers and halfway houses were established and funded by the federal government. A victim of trafficking became legally able to receive half of the fines paid by the offender upon conviction. If the trafficking victim was deceased at the time of prosecution, immediate family members received the financial support.^{xi}

In 2007, Nepal's 1986 Human Trafficking Control Act was amended and renamed to be the Trafficking in Persons and Transportation Control Act. In addition to keeping the aforementioned aspects of the 1986 legislation, the 2007 law shifts the burden of proof from the prosecution to the defendant in an effort to increase the number of convictions. It also provides lawyers and translators for those reporting cases, should those services be of use. Moreover, financial support is available to victims regardless of whether or not their alleged perpetrators are successfully convicted under the law.^{xiii}

Policy Flaws

Though Nepal has successfully passed anti-trafficking legislation, the current law (the Trafficking in Persons and Transportation Control Act of 2007) is not properly implemented, and consequently not effective.^{xiii} Though the legislation states that human trafficking is a crime, only approximately 180 of the thousands of trafficking incidents in Nepal every year are taken to trial. Low case reporting is due to the fact that the policy does not include adequate funding for witness protection, allowing offenders to threaten victims and prevent them from testifying. If the victims are not physically threatened, they are often paid large sums of money in exchange for silence. Unfortunately, Nepal lacks the economic resources for greater enforcement and prevention of the aforementioned illegal actions.^{xiv}

Moreover, the law does not successfully address either the causes or the effects of human trafficking. Primarily, the legislation fails to alleviate the root causes of trafficking in Nepal, such as poverty, illiteracy, lack of education, and corruption.

However, it also fails to properly address the effects of trafficking. Though financial compensation exists, it is minimal, usually amounting to no more than the equivalent of \$1,000 per victim. No sum of money could cure the suffering associated with human trafficking, but the financial support allocated to families is so small, it does not begin to alleviate repercussions. In addition to minimal funds being allocated to the victims, the law does not establish sufficient opportunities for physical, sexual, and mental health medical care. As demonstrated by the research discussed above, victims of trafficking are at risk of acquiring

harmful health conditions that can cause morbidity, and even mortality. However, under the current trafficking legislation, medical care remains infrequent and inaccessible to many Nepali women.^{xv}

Policy Recommendations

Because the current anti-trafficking policy in Nepal is ineffective, one recommendation is that the law be amended to better address both the causes and effects of sex trafficking in Nepal. To address the causes of trafficking, the government should expand its educational opportunities for girls, whose risks of being trafficked are greatly reduced with increased literacy and enrollment in school systems where safety can be monitored. Currently in Nepal, families lack financial means to pay for the books and uniforms needed to send their children to school. Moreover, a male child's education is prioritized over a female child's education because it is traditionally believed that girls do not need to be educated and that a woman's place in society is in the home. Thus, the government must address both the social and economic barriers that prevent girls from attending school in order to expand the educational opportunities of women. More public elementary schools, scholarships, and community surveillance programs in which teachers are taught to watch for the safety of their students should be implemented to ensure the safety of young women.^{xvi} Campaigns to emphasize the importance of female education must also be created and funded.^{xvii}

Furthermore, a large part of the reason that Nepali women are coerced into trafficking is the fact that there are few economic opportunities in the rural parts of the country, making migration

and promises of lucrative international jobs increasingly appealing.^{xviii} The government should better economies in rural areas by enacting policies that create agricultural subsidies or more opportunities for tourism.^{xix}

Not only should existing policy be amended to better address the causes of trafficking, but also the negative mental and physical health consequences of human trafficking should be more thoroughly addressed. The government should increase the number of existing psychosocial therapy and rehabilitation centers exist. Though both of these services exist in Nepal, they are infrequent, and policy should increase their funding.^{xx} There should also be more opportunities for HIV and STD testing and care. Currently in Nepal, a country where a woman is expected to be a virgin until marriage, there are strong stigmas associated with HIV and STD's. Because of the societal stigmas, many health centers refuse to offer HIV and STD testing. However, untreated HIV and unaddressed STDs can be fatal, demonstrating the dire need for the government to enact a policy in which centers are monetarily incentivized to provide testing for sexual health.^{xxi}

Conclusion

With its 1986 Human Trafficking Control Act and 2007 Trafficking in Persons and Transportation Control Act, Nepal has taken the first steps towards protecting its people from being trafficked. However, lack of enforcement prevents the law from successfully punishing perpetrators of the trafficking industry. In addition, the policy does not thoroughly address the causes of trafficking, nor the victim's medical health and recovery efforts after being trafficked. Nepal's human

trafficking law should therefore be amended to include prevention efforts, such as increased educational opportunities for women, better health care for victims, such as increased opportunities for HIV and STD testing, and greater enforcement of the legal consequences for the perpetrators.

Unfortunately, completely solving the root causes of human trafficking in Nepal are beyond the scope of anti-trafficking legislation. An uneducated population will continuously be vulnerable to coercion by traffickers. A poor economy will breed citizens that are enticed by promises of lucrative, international jobs. A corrupt government will be unable to enforce laws that are passed. Unless the country becomes more prosperous and stable, it will be difficult to put a stop to human trafficking in Nepal.

Links to Other Resources of Interest

<http://eprints.soton.ac.uk/34733/>
<http://www.freeforlifeintl.org/nepal/human-trafficking-in-nepal/>

<http://www.globaltimes.cn/content/836559.shtml#.Uxz7BNzhu3k>

<http://www.internationalpeaceandconflict.org/profiles/blogs/human-trafficking-in-nepal-1#.Uxz7tNzhu3k>

http://www.childtrafficking.com/Docs/taf_pop_council_2000_anti_.pdf

ⁱ "America's Children: Key National Indicators of Well-Being, 2013." *Forum on Child and Family Statistics*. N.p., n.d. Web. 08 Mar. 2014. <<http://childstats.gov/americaschildren/tables.asp>>.

ⁱⁱ Wong, Sue-Lin. "From Nepal, a Push to End Human Trafficking." *The New York Times*. 18 June 2013. Web. 09 Mar. 2014.

<http://rendezvous.blogs.nytimes.com/2013/06/18/from-nepal-a-push-to-end-human-trafficking/?_php=true&_type=blogs&_php=true&_type=blogs&_r=1>.

ⁱⁱⁱ "Projects: Stop Girl Trafficking." *Stop Girl Trafficking: Stop Girl Trafficking*. American Himalayan Foundation, n.d. Web. 07 Mar. 2014. <<http://www.himalayan-foundation.org/projects/girl-trafficking/112919>>.

^{iv} "Sex-Trafficking in Nepal." *Tiny Hands International*. N.p., n.d. Web. 09 Mar. 2014. <<http://www.tinyhandsinternational.org/human-trafficking/sex-trafficking-nepal>>.

^v Sarkar, Kamalesh, Baishali Bal, Rita Mukherjee, Sekhar Chakraborty, Suman Saha, Arundhuti Ghosh, and Scott Parsons. "Sex-trafficking, Violence, Negotiating Skill, and HIV Infection in Brothel-based Sex Workers of Eastern India, Adjoining Nepal, Bhutan, and Bangladesh." *National Center for Biotechnology Information*. U.S. National Library of Medicine, 27 Nov. 0005. Web. 07 Mar. 2014. <<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2740670/>>.

^{vi} Silverman, Jay G., PhD, Michele R. Decker, MPH, Jhumka Gupta, ScD, Ayonija Maheshwari, MD, MPH, Brian M. Willis, JD, MPH, and Anita Raj, PhD. "HIV Prevalence and Predictors of Infection in Sex-Trafficked Nepalese Girls and Women." *The Journal of the American Medical Association*. N.p., 1 Aug. 2007. Web. 09 Mar. 2014. <<http://jama.jamanetwork.com/article.aspx?articleid=208242>>.

^{vii} Silverman, Jay G., Michele R. Decker, Jhumka Gupta, Ashwin Dharmadhikari, George R. Seage, III, and Anita Raj. "Syphilis and Hepatitis B Co-infection among HIV-infected, Sex-Trafficked Women and Girls, Nepal." *National Center for Biotechnology Information*. U.S. National Library of Medicine, June 2008. Web. 09 Mar. 2014. <<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2600282/>>.

^{viii} Dharmadhikari, Ashwin S., Jhumka Gupta, Michele R. Decker, Anita Raj, and Jay G. Silverman. "Tuberculosis and HIV: A Global Menace Exacerbated via Sex Trafficking." *International Journal of Infectious Diseases*, 30 Sept. 2008. Web. 9 Mar. 2014. <<http://www.sciencedirect.com/science/article/pii/S1201971208017487>>.

^{ix} Tsutsumi, Atsuro, Takashi Izutsu, Amod K. Poudyal, Seika Kato, and Eiji Marui. "Mental

Health of Female Survivors of Human Trafficking in Nepal." *Science Direct*. N.p., Apr. 2008. Web. 09 Mar. 2014.

<<http://www.sciencedirect.com/science/article/pii/S0277953607006843>>.

^x "Sex-Trafficking in Nepal." *Tiny Hands International*. N.p., n.d. Web. 09 Mar. 2014. <<http://www.tinyhandsinternational.org/human-trafficking/sex-trafficking-nepal>>.

^{xi} Wong, Sue-Lin. "From Nepal, a Push to End Human Trafficking." *The New York Times*. 18 June 2013. Web. 09 Mar. 2014.

<http://rendezvous.blogs.nytimes.com/2013/06/18/from-nepal-a-push-to-end-human-trafficking/?_php=true&_type=blogs&_php=true&_type=blogs&_r=1>.

^{xii} Thomas, Sarasu E., Dr. "Responses to Human Trafficking in Bangladesh, India, Nepal, and Sri Lanka." *United Nations Office on Drugs and Crime*. N.p., 2011. Web. 9 Mar. 2014. <http://www.unodc.org/documents/human-trafficking/2011/Responses_to_Human_Trafficking_in_Bangladesh_India_Nepal_and_Sri_Lanka.pdf>.

^{xiii} "Nepal: NGOs Blame Lax Government for Rise in Human Trafficking." *IRINnews*. Humanitarian News and Analysis, 06 July 2010. Web. 09 Mar. 2014.

<<http://www.irinnews.org/report/89750/nepal-ngos-blame-lax-government-for-rise-in-human-trafficking>>.

^{xiv} Wong, Sue-Lin. "From Nepal, a Push to End Human Trafficking." *The New York Times*. 18 June 2013. Web. 09 Mar. 2014.

<http://rendezvous.blogs.nytimes.com/2013/06/18/from-nepal-a-push-to-end-human-trafficking/?_php=true&_type=blogs&_php=true&_type=blogs&_r=1>.

^{xv} Wong, Sue-Lin. "From Nepal, a Push to End Human Trafficking." *The New York Times*. 18 June 2013. Web. 09 Mar. 2014.

<http://rendezvous.blogs.nytimes.com/2013/06/18/from-nepal-a-push-to-end-human-trafficking/?_php=true&_type=blogs&_php=true&_type=blogs&_r=1>.

^{xvi} Silverman, Jay G., PhD, Michele R. Decker, MPH, Jhumka Gupta, ScD, Ayonija Maheshwari, MD, MPH, Brian M. Willis, JD, MPH, and Anita Raj, PhD. "HIV Prevalence and Predictors of Infection in Sex-Trafficked Nepalese Girls and Women." *The Journal of the American Medical Association*. N.p., 1 Aug. 2007. Web. 09 Mar. 2014.

<<http://jama.jamanetwork.com/article.aspx?articleid=208242>>.

^{xvii} Sanghera, Jyoti, Dr., and Ratna Kapur. "Trafficking in Nepal: Policy Analysis." *Asia Foundation*. N.p., Dec. 2000. Web. 9 Mar. 2014. <<http://asiafoundation.org/resources/pdfs/nepaltraffickingassessment.pdf>>.

^{xviii} "Trafficking and Human Rights in Nepal: Community Perceptions and Policy and Program Responses." *The Asia Foundation*. N.p., Aug. 2001. Web. 9 Mar. 2014. <<http://www.popcouncil.org/pdfs/horizons/traffickingsum1.pdf>>.

^{xix} "Trafficking and Human Rights in Nepal: Community Perceptions and Policy and Program Responses." *The Asia Foundation*. N.p., Aug. 2001. Web. 9 Mar. 2014. <<http://www.popcouncil.org/pdfs/horizons/traffickingsum1.pdf>>.

^{xx} Tsutsumi, Atsuro, Takashi Izutsu, Amod K. Poudyal, Seika Kato, and Eiji Marui. "Mental Health of Female Survivors of Human Trafficking in Nepal." *Science Direct*. N.p., Apr. 2008. Web. 09 Mar. 2014. <<http://www.sciencedirect.com/science/article/pii/S0277953607006843>>.

^{xxi} Silverman, Jay G., Michele R. Decker, Jhumka Gupta, Ashwin Dharmadhikari, George R. Seage, III, and Anita Raj. "Syphilis and Hepatitis B Co-infection among HIV-infected, Sex-Trafficked Women and Girls, Nepal." *National Center for Biotechnology Information*. U.S. National Library of Medicine, June 2008. Web. 09 Mar. 2014. <<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2600282/>>.