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Researching Sex and Sexism in Kathmandu: An Exploratory Study to Inform Interventions

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Researching Sex and Sexism in Kathmandu: An Exploratory Study to Inform Interventions

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RESEARCHING SEX AND SEXISM IN KATHMANDU: AN EXPLORATORY STUDY TO INFORM INTERVENTIONS

This study, conducted in 2006 as part of the formative work prior to developing a women's sexual health intervention, was designed to measure beliefs and attitudes toward sex trafficking, sex work, HIV/AIDS, and more generally, to explore the endorsement of sexist beliefs in a Nepali sample. The goals of the current study were to assess HIV knowledge/attitudes; to assess attitudes toward women who engage in sex work or have been trafficked into prostitution; to measure hostile and benevolent sexism in this population; and to explore the relationship between general sexist attitudes and attitudes toward sex workers and trafficking victims. Because so little research has been done on these questions within Nepal, this was largely an exploratory study.

To begin, we recruited Nepali women and men living in Kathmandu to complete an anonymous survey about HIV/AIDS knowledge, sexist attitudes, and attitudes towards survivors of sex trafficking and those working in the sex industry. Using a snowball sampling method, we first recruited friends and colleagues, who then told their friends and colleagues about the study and passed along information as to how to contact the researchers. All participants were literate, and the survey was self-administered in either Nepali or English, depending on the participants' preference (Nepali versions of the instrument were translated and back translated). All participants received a small box of chocolate to thank them for their participation.

The survey instrument was comprised of demographics, questions about HIV/AIDS knowledge, attitudes towards girls who are trafficked or perform sex work, and the Ambivalent Sexism Inventory (Glick & Fiske, 1996; 1997; 2001), a psychological measure used to measure two forms of sexism. Additionally, participants were asked demographic questions such as their age, gender, caste, religion, and marital status.

Questions about HIV/AIDS knowledge were designed to assess basic knowledge and cultural myths about how HIV is transmitted, with items such as, "Is AIDS spread by kissing?" "Does washing after sex help protect from getting AIDS?" "Is AIDS caused by spirits or supernatural forces?" "Are people who have sex with many partners the only people who get AIDS?" Participants responded "yes", "no", or "do not know" to these items.

Participants also were asked about their attitudes towards

girls and women in sex work or who have been trafficked into sex work by expressing their agreement or disagreement with statements such as "Girls and women who go into sex work are bad girls," "Organizations that help girls who have been trafficked are bringing AIDS into my country," and "Girls and women who go into sex work are just greedy for money and nice things."

To measure sexism, we used the Ambivalent Sexism Inventory (Glick & Fiske, 1996; 1997; 2001), which measures mixed sexist feelings towards women, including hostile sexism, which consists of overt dominative beliefs and sexual hostility, and benevolent sexism, which is subjectively positive to the prejudiced individual in that it is protective and paternalistic. A hostile sexist would be likely to endorse statements such as, "Women seek to gain power by getting control over men," while a benevolent sexist would endorse statements such as, "Women should be cherished and protected by men." Items in the measure were reworded as needed to fit the cultural context, and participants expressed their degree of agreement or disagreement with each statement.

A total of 243 participants completed the survey (47.3% women and 52.3% men). The average age of participants was 29.24 years (range of 18 to 73 years). A majority (52%) belonged to an upper caste (e.g., Brahmin, Chettri), while 26% belonged to an indigenous ethnic group (e.g., Newari, Magar, Gurung). In terms of religion, 92.2% of participants identified as Hindu and 4.5% were Buddhist. Education levels ranged from 5 years to a masters degree. For women, 28 (26.4%) completed less than intermediate (high school), 45 (42.5%) completed intermediate, 22 (20.8%) completed a bachelors degree, and 11 (10.4%) completed a master's degree. For men, 16 (13.2%) completed less than intermediate, 32 (26.4%) completed intermediate, 55 (45.5%) completed a bachelors, and 18 (14.9%) reported having a master's degree.

We predicted four outcomes related to our participants' beliefs and attitudes. First, we expected that they would have some basic knowledge of HIV but stigma and misinformation would be evident in their responses. Second, due to pervasive gender bias and discrimination in Nepal, we expected that participants would have relatively high scores on the sexism measure. Third, we expected that many participants would demonstrate negative attitudes and beliefs about women who

are trafficked or who engage in sex work. Finally, we believed that sexism scores would be related to hostility toward sex workers and trafficked women.

Our preliminary analyses of the survey show that knowledge about HIV is fairly high among the sampled population, however, myths about who can contract HIV (such as prostitutes or people who have many sex partners) still exist. We also found that levels of sexism are high among both men and women, including both benevolent and hostile forms of sexism. Our prediction that there would be a high level of hostility toward women who have been trafficked or who work in the sex industry was also confirmed. After conducting further analyses, we expect to publish the complete results.

There is very little empirical research on sexism, HIV/AIDS knowledge, or attitudes and beliefs regarding trafficking and sex work in Nepal. In order to design effective educational programming or behavioral health interventions for at-risk populations to tackle these issues, it is important to conduct this type of formative work in order to better understand where the greatest needs are for intervention development. Currently, many interventions are taking place in the absence of knowledge about beliefs and myths about HIV/AIDS, sex work, or trafficking. To address issues such as sexual risk behavior or sex trafficking with this population, one also has to address the underlying sexism and negative attitudes towards women that could be contributing factors. We also need to further explore sexual risk behavior in general, particularly of those who work in or utilize the sex industry where there is the highest incidence of HIV. The prevalence of sexist beliefs and behaviors must also be explored in more depth, as these beliefs could be an underlying cause for the multitude of ways in which Nepali women are discriminated against and victimized. It is likely that the prevalence of sexist beliefs within Nepali society is related to women's under-representation in politics, law, academics, and the media, however, there is no empirical evidence yet to support this. This study aimed to document empirically some of the negative attitudes towards women in general and women in sex work or who were trafficked. This study will also serve as the formative work to develop a sexual health intervention for women living in Kathmandu. Without the formative phase of intervention development, it is difficult to know whether interventions are indeed addressing the most pressing and relevant issues related to sexism and sexual health.

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