Integrated Biological and Behavioral Surveillance Survey among Wives of Migrants in Four Districts of Far-Western Nepal

Round II -2010

ASHA Project
FHI/Nepal
Baluwatar
P.O. Box 8803
Kathmandu, Nepal

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~ New ERA Study Team ~

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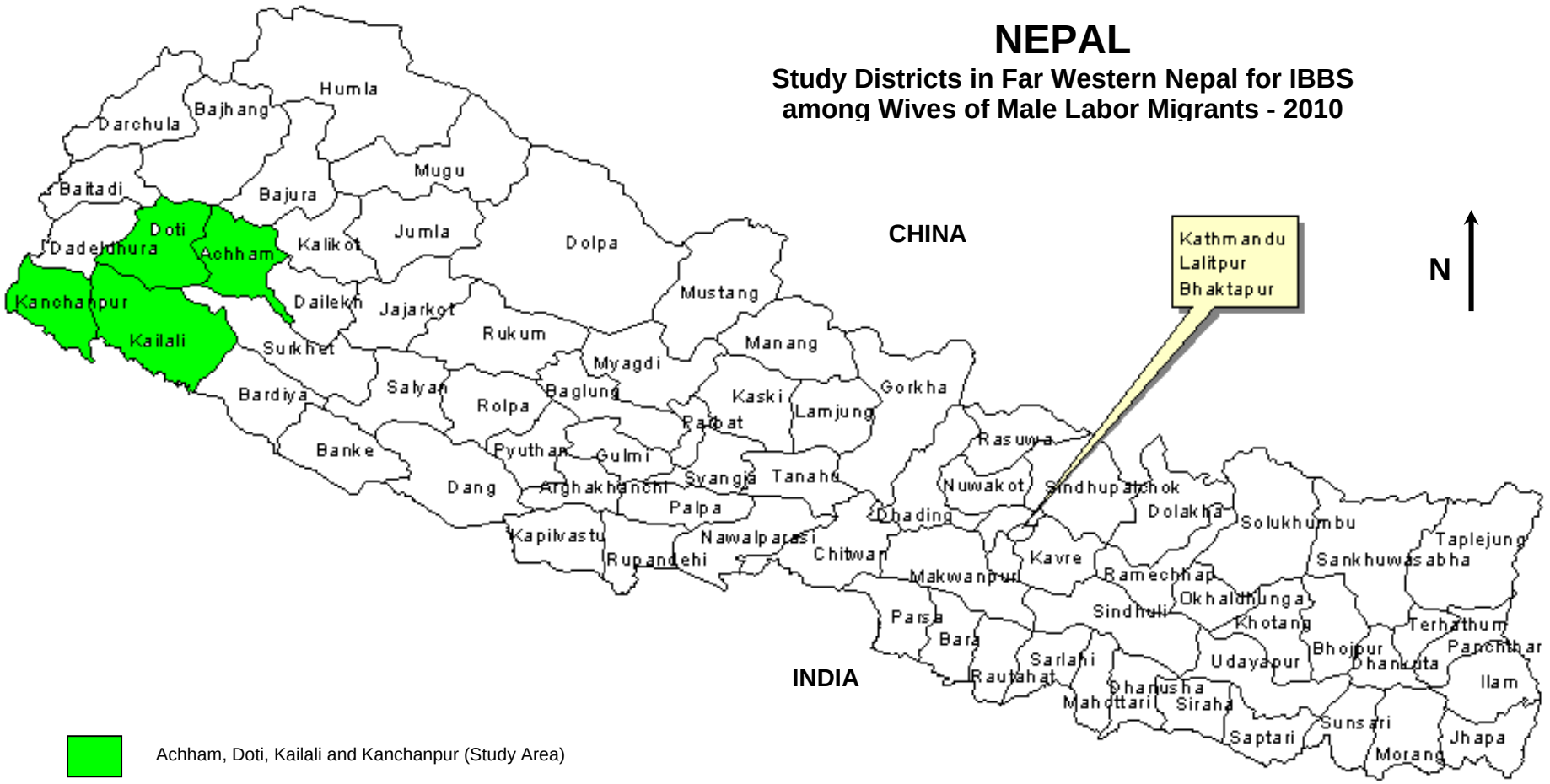
ABBREVIATIONS

AIDS	Acquired Immune-Deficiency Syndrome
CBS	Central Bureau of Statistics
CHBC	Community Home Based Care
DIC	Drop-in Center
EQA	External Quality Assurance
FCHV	Female Community Health Volunteer
FSW	Female Sex Worker
HA	Health Assistant
HIV	Human Immuno Virus
IBBS	Integrated Biological and Behavioral Surveillance Survey
ID	Identification Number
IDU	Injecting Drug User
MARP	Most At Risk Population
MSM	Males who have Sex with Males
NCASC	National Centre for AIDS and STD Control
NGOs	Non-Government Organizations
NHRC	Nepal Health Research Council
NNSWA	Nepal national Social Welfare Association
NRCS	Nepal Red Cross Society
OE	Outreach Educator
PE	Peer Educator
PHSC	Protection of Human Subjects Committee
PPS	Probability Proportional to Size
SOVAA	Social Volunteer against AIDS
STI	Sexually Transmitted Infection
UNAIDS	United Nations Program on HIV/AIDS
UNGASS	United Nations General Assembly Special Session
VDC	Village Development Committee
WAC	The Women Awareness and Creation Center
WoMs	Wives of Labor Migrants

NEPAL

Study Districts in Far Western Nepal for IBBS among Wives of Male Labor Migrants - 2010



EXECUTIVE SUMMARY

This report presents the findings from the second round of the Integrated Biological and Behavioral Surveillance Survey (IBBS) among the wives of migrant laborers in Achham, Doti, Kanchanpur, and Kailali districts of Far-West Nepal. This survey collected data from 600 spouses of those migrant laborers who temporarily migrate or have migrated to India to work. The survey measured the prevalence of HIV among the study population. It also looked at multiple factors associated with risks for HIV infection; including condom use; sexual behavior; knowledge of HIV/AIDS and sexually transmitted infections (STIs); STI treatment history; exposure to HIV/AIDS awareness messages and programs; and alcohol/drug use habits.

The survey was conducted with financial and technical support from the United States Agency for International Development (USAID) Nepal and FHI Nepal. While New ERA carried out the research and the clinical portions of the study, Intrepid Nepal collected the blood samples and carried out HIV testing. National Public Health Laboratory (NPHL) performed external quality assurance (EQA) test for HIV.

Study Methodology

Two stage cluster sampling was followed to draw the sample of 600 wives of migrant laborers. The first stage was the development of the sampling frame and the selection of the cluster. The second stage was the selection of 600 wives of migrant laborers from the selected cluster. A preliminary site visit was conducted by the study team to prepare an enumeration list of the study population. The list of the population size, the data prepared by the Central Bureau of Statistics Nepal (2001), and the population estimation prepared during the 2008 field study (IBBS among wives of migrant laborers, first round) were also reviewed and re-adjusted to reach a new estimated population size. All the VDCs in the study districts were listed with the new estimated size of the wives of migrant laborers as the sampling frame. A VDC with at least 30 wives of migrant laborers was defined as a cluster. Overall, 190 clusters were listed in the four study districts, each with more than 30 wives of migrant laborers. Out of these 190 clusters, 30 were selected using the probability proportional to size (pps) method. In the second stage, exact list of wives of migrant laborers living in the selected clusters was prepared visiting each and every household in the clusters and the study participants were selected randomly from the list.

Six teams were mobilized to carry out the survey. Each team set up a laboratory/clinic in the selected cluster. After obtaining informed consent from the selected respondents, a questionnaire on participants' socio-demographic and HIV risk behavior was administered by trained interviewers. The laboratory technician collected blood samples from each participant in 5 capillary tubes and a staff nurse performed a physical examination, as well as provided free treatment for any current STIs. All the study participants were given pre-test HIV counseling. The blood samples were tested for HIV infection and on-the-spot results were provided at the respective study sites by a trained counselor with post-test counseling.

Key Findings

The median age of the respondents was 28 years. One-fourth (25%) were between 20-24 years old; with 8.2 percent of the wives of migrant laborers being 16-19 years of age. Over

fifty percent of the respondents (54.3%) were illiterate. Very few respondents (1.8%) had completed SLC or a higher level of education.

Of the 600 wives of migrants, four (0.7%) were widows. Marriage at a fairly young age is prevalent in the Far-Western region: the respondents had been married at a median age of 16 years. Additionally, the majority of the respondents (87.6%) had been married by the age of 19 years or younger.

The wives of migrant laborers in the four districts of Far-Western Nepal have an HIV prevalence of 0.8 percent. District-wise, the respondents in Doti had a slightly higher prevalence of HIV (2.6%) than those in Achham (0.7%) and Kailali (0.4%). None of the sampled wives of migrants in Kanchanpur district tested HIV positive. The HIV prevalence among the wives of migrants in this second round (0.8%) is much lower than the first round of the IBBS conducted in 2008 (3.3 %).

HIV infections were found to be significantly higher among those respondents who were widowed (22.5%) than those who were currently married (0.6%). However, other background characteristics such as age, educational level, and condom use did not show a significant association with HIV prevalence.

Overall, 21.5 percent of wives of migrants reported having had at least one symptom of an STI in the past year, while 12.2 percent had at least one symptom at the time of survey.

One-fourth of the respondents (24.7%) who had currently experienced STI symptoms had sought treatment. Among them, only 16.7 percent had sought treatment within a week, while others had waited more than a week before going for treatment.

The respondents' spouses had spent a range of years in India, with the median duration being 54 months. Around one-fourth (25.9%) of the respondents' husbands had stayed in India for more than nine years. Over two-fifths (45.2%) of the spouses of the respondents were engaged as security guards, while about one-third (32.1%) were laborers in various factories. One-third of them earned NRs. 5000 or less per month.

The respondents were also asked if their spouses had any symptoms of STIs when they visited them. While the majority (91%) said their spouses did not have any such symptoms, 3.4 percent stated that their spouse did have symptoms during their last home visit and 5.7 percent reported having no knowledge on their spouse's symptom status.

The wives of migrant laborers had their first experience of sexual intercourse at a median age of 16 years. There were some respondents (13.4%) who were just 10-14 years old when they had their first sexual contact.

Overall, 1.3 percent of the wives of migrants had sexual relations with other male partners besides their husbands, while 0.3 percent of them had sexual relations with a paying partner.

While the majority of respondents (97.5%) knew about condoms, 2.5 percent of them had never heard of them. However, a relatively high proportion of them (60.9%) had never used condoms.

Condoms were readily available for 20.3 percent of those respondents who had used condoms. At the same time, a considerable proportion (61.2%) of those respondents who had used condoms before obtained free condoms all the time.

Although the majority of the respondents (96.3%) had heard about HIV/AIDS, there were some respondents (3.7%) who had never heard of it.

The majority of the respondents stated that '**A' —** abstinence from sexual contact (86.3%); '**B' —** monogamy (86%); and '**C' —** consistent use of condoms (79.8%) are the ways of preventing HIV. Around 73 percent of respondents also believed in '**D',** i.e., that a healthy-looking person may have HIV. About 55 percent of the respondents knew about '**F' —** that HIV cannot be transmitted while sharing a meal with a HIV-positive person. However, a relatively low proportion of the respondents were aware of '**E**', i.e., that a person cannot get the HIV virus from a mosquito bite (21.1%). Overall, although 65 percent of respondents were aware of all three preventive indicators '**ABC**'; only 12.5 percent knew about all five major indicators, i.e., '**BCDEF**'.

Most of the respondents (97.4%) had sexual contact with their husbands during their last home visit. Among them, 10.5 percent had used condoms consistently. Additionally, 17.2 percent of them had used a condom during the last act of sexual intercourse with their husbands.

Furthermore, 90 percent of the respondents' spouses had paid at least two home visits after migrating to India. The majority of the respondents (85%) also had sexual relations with their husbands when they visited home before the last time. However, 9.5 percent of them had used a condom consistently during sexual contact with their spouse.

Over three-fourths of the respondents were ready to take care of an HIV positive female relative (76.6%) or a male relative (75.6%) in their home if necessary. However, over one-third of the respondents (36.5%) said that they would not want to talk about the HIV positive status of a family member with others.

A little over one-third of the respondents (34.4%) knew of a confidential HIV testing facility in their community. Additionally, 46.8 percent knew where they could go for an HIV test. However, only 15.6 percent had ever taken an HIV test. While 56.6 percent had taken the test within the last year, the others (42.3%) had been tested longer that a year ago.

A little over one-fourth of the respondents (26.6%) had met a PE/OE in the past year; 9.3 percent had visited an STI clinic; 7.2 percent of them had visited a VCT center; 5.3 percent had participated in at least one HIV/AIDS awareness-raising program or a similar community event; and three percent had been visited by a CHBC staff member in the past year. However, none of the respondents had visited a DIC until the date of the survey.

CHAPTER - I: INTRODUCTION

This report presents the results of the second round of the Integrated Behavioral and Biological Surveillance Survey (IBBS), 2010, conducted among the wives of migrant (WoM) laborers in Achham, Doti, Kanchanpur, and Kailali districts of Far-West Nepal. The report presents the results of the survey and a comparative analysis of the key findings from the first and the second rounds of studies. These findings include socio-demographic characteristics of the study population, HIV prevalence, their HIV/AIDS risk behaviors, awareness levels regarding HIV/AIDS/STIs, and exposure to HIV/AIDS-related programs. Certain recommendations based on the findings from the survey have also been presented in the report.

The report is intended to provide the necessary information to guide policy makers and program planners in developing appropriate strategies for comprehensive HIV/AIDS awareness and prevention programs.

Overview of Integrated Biological and Behavioral Surveillance Survey

Behavioral surveillance is the systematic and ongoing collection of data about diseases or risk behaviors related to health conditions, with the purpose of correlating trends in behavior with changes in disease over time. In biological surveillance, biological samples are collected and tested for HIV and other related illnesses (S Navadeh, www.hiv.ir). IBBS is a repeated cross-sectional survey conducted to measure HIV/STI prevalence and to assess behavioral information taken from the target groups. In Nepal, National Centre for AIDS and STD Control (NCASC) has started to track trends in HIV prevalence and STI-related awareness, and risk behaviors among the most at risk populations (MARPs), including: injecting drug users, migrant workers, female sex workers, men who have sex with men, and wives of migrant laborers. A standardized format of the questionnaire is used for each group which is repeated in the following rounds to explore behavioral changes over time.

In Nepal under the national surveillance plan, the NCASC has been conducting the IBBS on a regular basis since 1999 among these most at-risk populations in selected areas of the country. This is the second round of the IBBS among the wives of migrant laborers; the first round was conducted two years earlier in 2008.

Background

The first case of AIDS was reported in Nepal in 1988. Since then, the numbers have risen and the HIV and AIDS epidemic in Nepal has evolved from the 'low' to 'concentrated' stage. The NCASC (NCASC, 2008) has estimated an overall HIV prevalence of 0.49 percent in the adult population in Nepal, which corresponds to about 70,000 people living with HIV. These estimates for 2009 are 0.39 percent HIV prevalence among adult population with about 64,500 HIV infections in Nepal (NCASC, 2010). At the same time, a cumulative total of 16,138 cases of HIV infection had been reported to the NCASC as of July 2010(NCASC facts and figures July 2010). The results of the IBBS conducted so far clearly indicate that HIV in Nepal is in a concentrated stage and is driven by injecting drug use and commercial sex work. Male migrant workers abroad, particularly to India, have been the major bridging population to transfer the infection from other countries directly to rural women in Nepal.

Among other most at-risk populations (MARPs), laborers that migrate to India account for a large proportion of the country's HIV infected population. The estimation of HIV infections report also states that 42 percent of all HIV infections in the country were among Nepali labor migrants who worked in India (NCASC, 2008). The first round of the IBBS among migrant workers in 11 districts in the West to Far-Western Terai region found that 1.1 percent of the migrant workers in the Western region and 2.8 percent in the Far Western region were HIV positive (New ERA, SACTS and FHI, 2006). Likewise, the second round showed a 1.4 percent HIV prevalence among labor migrants in the Western region, and 0.8 percent in the Far-Western region (New ERA, SACTS and FHI, 2008).

Labor Migration in Nepal

Nepal does not have a legal definition of migration. In 2001, the census defined a migrant as "a person absent from the household and living in another country for more than six months". Poverty, lack of employment opportunities, landlessness, a stagnant subsistence economy and numerous other factors force many Nepalis to migrate to India. The 1065 km-long open border between the two countries has resulted in strong ties between Nepal and India, especially within those 21 districts bordering India. India has long been a major destination for Nepali external migrant laborers. The 2001 census data shows 762,000 Nepali citizens as residing abroad, with 77 percent in India.

An estimated 60,000 - 1.3 million Nepali migrate to India alone for seasonal and long-term work (UNGASS, Nepal report 2005). Most of those who migrate to India are engaged in manual labor in industry, construction work, agriculture, or are involved in the service sector. The presence of large numbers of temporary migrants of sexually active age has created conditions that may be conducive to sex with female sex workers in India and hence an increase in risk of transmission of HIV and STIs. Infected migrants may return home with the virus and infect their wives. The first round of IBBS conducted among the wives of migrant laborers in the four districts of Achham, Doti, Kanchanpur, and Kailali showed an HIV prevalence of 3.3 percent. Additionally, 20.5 percent of the wives of migrant laborers have had at least one symptom of an STI in the year preceding the survey.

Objectives

The survey has been undertaken specifically to measure the prevalence of HIV among the wives of migrant laborers in the study districts. Additionally, the survey has also been conducted to:

- provide key behavioral indicators among the wives of migrants, including their sexual behavior
- assess and track trends in the study population's level of awareness on HIV/AIDS/STIs and their perception on HIV/AIDS and STIs
- review the exposure of the wives of migrants to HIV/AIDS-related programs and assess their level of participation in these activities.

CHAPTER – II: DESIGN AND METHODOLOGY

2.1 Study Sites and Population

Being a surveillance survey, the same four first round study districts of Kanchanpur, Kailali, Doti, and Achham in the Far-Western region of Nepal were selected for this second round survey. Based on a statistical formula as given in Anne x 3, 600 wives of migrant laborers took part in the survey. This included 160 respondents from Achham, 160 from Doti, 180 from Kailali, and 100 from the district of Kanchanpur.

A participant in the study was defined as, "a woman, aged 16 years and above, who is a current wife or widow of a male who had migrated to India for work for at least three months in the last three years and has retuned home at least once within the last three years."

2.2 Sampling Procedure

Two-stage cluster sampling was followed to draw the sample of 600 wives of migrant laborers. The first stage was the development of a sampling frame and the selection of the clusters. The second stage was recruiting the respondents from the selected cluster

The survey team members visited the study sites to prepare a list of the wives of migrants living there. Information was collected regarding the estimated population size of the wives of migrants living in each VDC from all the concerned stakeholders at the district and VDC level, including representatives of local government organizations (GOs) as well as non-government organizations (NGOs) and local people. The VDC population size from 2001 census of Nepal (CBS, 2001) and the population estimation prepared during the first round of IBBS among WoMs in 2008 were reviewed and re-adjusted to reach a new estimated population size. All the VDCs in the study districts were listed with the new estimated size of the wives of migrant laborers as the sampling frame. A VDC with at least 30 wives of migrant laborers was defined as a cluster. Thus, in the first stage, thirty clusters were selected using the probability proportional to size (PPS) method.

The study team then visited each 30 wives within the cluster. Remaining strictly within the location(s) defined by the specific cluster in which they were working, the study team members visited each of the households in the cluster to list the wives of migrants and/or their widows living there. Wives of migrants living in each household of the selected cluster meeting the study criterion were listed. A total of 23,929 wives of migrant laborers were listed in the four study districts (see Annex 3). The systematic random sampling method was followed to select WoMs for the survey in each cluster. In doing so, the total number of wives of migrant laborers listed in the cluster was divided by the number of respondents required (20 in each cluster), and the number obtained was regarded as the interval. First, a starting number was randomly selected using a lottery system, which was regarded as the first selected respondent. The sampling interval was added to this number to select the next respondent. This process helped to ensure that sampling was both random and representational.

2.3 Study Process

2.3.1 Study Implementing Partners

The study was conducted under the leadership of the NCASC, with financial and technical support from FHI/USAID Nepal by New ERA and Intrepid Nepal. NCASC formed an advisory committee to monitor the study. The Strategic Information Technical Working Group (SI-TWG) formed by NCASC was also consulted during key stages of the study design and implementation. New ERA was responsible for: designing the sampling and research methodology in close coordination with FHI; preparing and administering the questionnaire; carrying out clinical examination of the respondents and providing treatment for STIs; distributing HIV results along with post-test counseling to the study participants; and managing the study overall. Intrepid Nepal set up the mobile lab at the field sites, provided training to lab technicians, collected blood samples, and conducted HIV testing. Intrepid also was responsible for storing and handing over 10% samples for external quality assurance (EQA) test to the National Public Health Laboratory (NPHL) at Kathmandu.

2.3.2 Research Instruments

As in the previous round, a quantitative survey method was applied to the study. The questionnaire used in the first round was revised slightly (Annex 4) and discussed in the training session. The questionnaire was revised/re-phrased on the basis of feedback received.

Every questionnaire included a unique study identification number (ID). The respondents were asked questions related to STI symptoms by a female staff nurse (Annex 5). Participants were given a speculum examination with their consent and treated for any STI symptoms. A lab technician collected blood samples for HIV testing. Strict confidentiality was given the utmost priority and maintained throughout the entire survey process.

2.3.3 Coordination with Local Organizations

Before the fieldwork, each study team visited different local organizations to inform them about the study, its objectives, and its methodology. Meetings were also held with the staff of government agencies at health centers/health posts and hospitals. These meetings allowed research members and local staff to get to know each other. They also allowed research members to find out what services were available in order to ascertain how much participants knew about them. Motivators and runners were recruited to facilitate the listing and recruitment process in consultation with local organizations.

2.3.4 Data Collection

A team of professionally trained interviewers administered the questionnaires to the study participants. Screening questions were used to confirm the identity of the respondents. Once the respondent had completed and passed the screening question process, she was briefed about the purpose, objectives, and methodology of the study. If she agreed to continue, informed consent was obtained. The informed consent form was administered by the interviewer in a private room with the participant and another staff member present as a witness. This procedure was set up to ensure that the study participants understood the nature of the questions, the tests that would be performed, and the services that would be provided to

them; and that knowing this, they were participating in the study of their own free will. Both the interviewer and the witness were required to sign and date the informed consent form. Once the form was complete, one-on-one interviews were conducted in a private setting. Each interview lasted approximately an hour.

To protect the anonymity of the respondents, neither their names nor their addresses were recorded anywhere. Instead, each participant was given a unique identification number on an ID card. This same number was used to mark the questionnaire, medical records, and blood samples of each participant.

All the participants were provided pre-test counseling on HIV/AIDS and STIs and were asked if they were currently suffering from any STI symptoms. They were examined physically for any evidence of STI symptoms. If they had symptoms, they were counseled accordingly and free medicine for symptomatic treatment was distributed in accordance with the National STI Case Management Guidelines (2006). A lab technician also drew a blood sample for HIV testing.

The data were collected from mid- May through mid-July 2010.

2.4 Refusals

Participation in this study was voluntary, and individuals' stated reasons for refusal were documented. Refusals were recorded at two stages: 1) when individuals were approached after they were randomly selected; and 2) after their arrival at the study site. Altogether, 52 randomly selected wives of migrants refused to take part in the survey when they were approached by the study team members, while none refused to take part in the survey after their arrival at the study site. Among the refusals, 28 refused to participate in the study as they were not interested in it; seven were too busy; five said they were not keen on taking the HIV/STI test, three of the respondents were under post-natal care, some were not well and some were too scared of giving a blood sample. Additionally one had gone to India straight after listing took place while two were pregnant and could not travel. The refusals were replaced by WoMs listed in the following or preceding row to that of the selected sample.

2.5 Team Composition

The core study team consisted of a Team Leader, a Research Associate, Two Senior Research Assistants, and six field teams.

Each of the field teams had one Research Assistant, three supervisors/interviewers, one staff nurse, one lab technician, one local counselor, one general assistant/runner, and two local motivators.

2.6 Recruitment and Training of Research Team

When selecting field researchers, priority was given to those who had been involved in similar studies of HIV prevalence in the past. This included any sero prevalence study and/or behavioral survey work of any high-risk sub-populations. Their commitment to respect respondents' privacy was also considered important.

Once the field workers were chosen, a one-week intensive training program was organized. Training included basic information on the epidemiology of HIV in Nepal, HIV and STI infections, most at risk population sub-groups identified in Nepal and over all study design in the context of National HIV Surveillance Plan of NCASC. Classroom lectures were used to provide an introduction to the study as well as the administration of the questionnaire, which included the characteristics of the target groups, methods of approaching possible respondents, rapport building techniques, and the sharing of previous experiences (problems and solutions). In addition, the training also involved mock interviews, role-plays and class lectures. Role-play that attempted to be as true to the actual field situation as possible was carried out; this allowed for the discussion of potential problems that could be faced while approaching the wives of migrants and possible methods for overcoming them. The training also focused on providing the team with a clear understanding of informed consent, pre-test counseling, and basic knowledge of HIV/AIDS and STIs.

2.7 Field Operation Procedures

Study Center

The study centers were established in areas chosen for their convenience in recruiting the study population and bringing them to the clinic. While in most of the clusters one centrally-located site was established, in some of the clusters with geographically scattered areas study centers were instituted in two places. After completing the interviews in one place, the same set was moved to another place close to the remaining respondents from the selected cluster. To avoid possibility of duplication, two clinics were not run parallel to each other in the same cluster. At each established site there were four or five rooms, allowing for a separate room for each activity (intake, questionnaire administration, physical exam, etc.). Each clinic was also outfitted with a lab facility in which blood could be drawn and tested.

Clinical Procedures

One of the incentives given to respondents for participating in the study was a free physical exam. This clinical examination included a simple health check which measured blood pressure, body temperature, weight, and pulse, and an STI examination where participants were asked whether they were experiencing symptoms such as genital discharge, ulcers, or lower abdominal pain. A genital exam, including the use of a speculum, was administered. Participants with symptoms were treated following the national guidelines. In total 28 percent of those participating in the study were provided with syndromatic treatment for STIs. Over-the-counter medicines such as paracetamol, alkalysing agents, and vitamins were given as needed.

After the structured questionnaire and pre-test counseling the respondents were directed to the mobile laboratory room where they were thoroughly briefed on the test procedure by the attending laboratory technician. Oral consent from the respondents was obtained prior to drawing blood. A 5 ml whole blood specimen was collected through vein-puncture procedure and stored in EDTA-vials. Each specimen was subsequently labeled with the respondent's unique identification number.

HIV antibody tests were performed using three different types of immuno-chromatography or Rapid Kits that were recommended by the National HIV testing protocol and followed by

UNAIDS and WHO HIV Test Surveillance/Diagnosis Algorithm Strategy II. Determine HIV 1/2 kits (Abbott, Japan Co. Ltd) were used as the first line of screening test. Uni-Gold HIV 1/ 2 Kits (Trinity Biotech, Dublin, Ireland) were used as confirmatory test and SD Bioline HIV 1/2 test kits (Standard Diagnostics, Inc., Kyonggii-do South Korea) were used as tie--breaker for unresolved results from first line of screening and confirmatory tests.

Specificity & Sensitivity of Test Kits Used

Test Kits	Company	Initial	Confirm	Tie Break	Assay Type	Antigen Type	Speci.	Sensi.	WHO approved
Determine HIV 1-2	Abbott, Japan Co. ltd	X			Lateral Flow	Recom HIV-1 and HIV-2	99.40%	100%	Yes
Uni-Gold HIV 1-2	Trinity Biotech, Dublin, Ireland		X		Lateral Flow	HIV-1 and HIV-2	100%	100%	Yes
SD Bioline HIV 1-2	Standard Diagnostics, Inc, Kyonggii-do South Korea			X	Lateral Flow	HIV-1 (gp41;p24)-2 (gp36)	99.30%	100%	Yes

Results Interpretation

Determine HIV 1 / 2	Uni-Gold HIV 1 / 2	SD Bioline HIV 1 / 2	HIV Status
Non-reactive	XX	XX	Negative
Reactive	Reactive	XX	Positive
Reactive	Non-reactive	Non-reactive	Negative
Reactive	Non-reactive	Reactive	Positive

The study was designed to provide instant HIV test results to the participating respondents. The results were provided to the participating respondents through the counselor during the post-test counseling session.

Quality Assurance

Quality control of the laboratory testing was maintained at all levels. The laboratory technicians were comprehensively trained and evaluated prior to their field deployment. Laboratory record keeping was performed daily to maintain the highest degree of data accuracy. All tests utilized for the study have built-in internal controls to eliminate false-positive and false-negative results.

External quality assessment and assurance of the laboratory procedures and tests was verified by randomly choosing 10 percent of the negative samples and all of the positive samples from the study and sending them to the National Public Health Laboratories (NPHL), Teku, for retesting. Samples were preserved in Whatman 903 dried blood spot (DBS) protein saver cards.

Monitoring of the data collection field work was periodically carried out by supervisors and personnel from Intrepid Nepal, New ERA, FHI /Nepal, USAID and NCASC. Weekly tele-monitoring of all the six mobile laboratory teams that were deployed was undertaken by Intrepid Nepal's laboratory team in Kathmandu.

External Quality Assessment (EQA)

External quality assessment (EQA) is an evaluation of the performance of a testing laboratory by an external agency. An External Quality Assessment Scheme (EQAS) is essential in these kinds of surveys to determine the quality of rapid HIV testing. As mentioned above, all HIV positive and 10 percent of all HIV negative samples were retested at NPHL as an External Quality Assessment Scheme. Dried Blood Spots (DBS) of the selected specimens were prepared in the field and sent to Intrepid-Nepal's laboratory in Kathmandu within one month of specimen collection. Dried blood spot specimens were stored at Intrepid-Nepal's laboratory at 2-8°C. Once testing activities in the field were completed, Intrepid-Nepal handed over the DBS specimens to NPHL for retesting assigning new codes. The test kits as those used in the field were also provided to the NPHL.

Altogether 61 DBS specimens were retested at NPHL. Among them six were HIV positive in the field. NPHL tested the dried blood specimens following the same HIV testing algorithm that was followed in the field. NPHL provided results of re-testing to FHI/ASHA Project Country Office. FHI/ Nepal ASHA Project compared the results from the field and results from NPHL after decoding the EQA samples.

		NPHL Results		Total
		Negative	Positive	
Field results	Negative	55	0	55
	Positive	0	6	6
Total		55	6	61

The above table shows 100% agreement in rapid HIV test results between field and NPHL. The "Kappa" value is "1" which means perfect agreement between field and NPHL results.

2.8 Ethical Considerations

Ethical approval for the study was obtained from the Nepal Health Research Council (NHRC), the Nepal Government's ethical clearance body for health research, who reviewed and approved the protocol, consent forms and draft questionnaires. Ethical approval was also obtained from the Protection of Human Subjects Committee (PHSC) of FHI.

All the participants involved in the surveys were fully informed about the nature of the study. They also knew that their participation was voluntary and that they were free to refuse to answer any question or to withdraw from the interview at any time. Furthermore, they were briefed that such withdrawal or refusal would not affect the services they would normally receive from the study. A consent form describing the objectives of the study, the nature of the participants' involvement, and the benefits and confidentiality issues was clearly read out to them (Annex 6).

The study team maintained the confidentiality of the data collected throughout the survey. To ensure confidentiality, the names and addresses of the participants were not used in any records; instead ID cards with unique numbers were provided to each participant which allowed the study team to maintain respondents' anonymity throughout the data analyzing

process. Additionally, the study ID number in cards was used for participants receiving test results in order to maintain strict confidentiality.

The interviewer regularly submitted the completed questionnaires to the field supervisor on the day of each interview. The supervisor kept those questionnaires in separate locked cabinets and no one else had access to the information collected. The supervisor then frequently transported the questionnaires to the New ERA office. At the New ERA office, the questionnaires were kept in a locked coding room, which no one except the authorized data coding and data entry staff could access.

2.9 HIV/STI Pre- and Post-Test Counseling and Follow-up

Pre-and post-test counseling was provided to all participants. All study participants were informed at the time their blood was drawn that they could obtain their test results at the same site within a few hours of sample collection along with post-test counseling. Additionally, they were informed of the importance of obtaining their results. The test results were provided by a trained counselor after checking the respondents' ID card. Those respondents willing to take written test results were given them. Individual counseling accompanied each result and participants were referred to other counseling centers for follow-up services as appropriate.

Of the 600 wives of migrants tested for HIV, 98.8 percent received their results with full pre and post test counseling from a trained counselor. (Annex 7).

2.10 Data Management and Analysis

All completed questionnaires were checked for consistency by field supervisors before being taken to New ERA's Kathmandu office where the instruments were re-checked, coded, and the data was entered and analyzed. Any discrepancies in data entry were resolved by the data analysts who also cleaned the data by examining frequencies and cross-tabs for inconsistencies. A double data entry system was used to minimize errors. Basic statistical measures such as mean, median, frequencies, and percentiles were used to analyze the data. The data entry program was designed using CSPro 4.0 software. Data were converted into SPSS data files and SPSS version13 was used to analyze the data and significant test were conducted using EPI-info version 6.04d.

Although self-weighted two cluster sampling design was used to draw the sample, the data analysis was done using the weights based on the probability of selection into the study. Preliminary check revealed that the estimated size of clusters used in the selection of first stage clusters and actual size enumerated in the selected clusters were differing significantly. Therefore a standardized weight was applied using the number of sub-populations chosen in each cluster and the total sub-population in the cluster (Formula in Annex 2). Frequency analysis was performed to check the validity and logic of all variables in the datasets. Only authorized staff were allowed access to the final data sets.

CHAPTER – III: SOCIO-DEMOGRAPHIC CHARACTERISTICS

This chapter highlights the findings on the socio-demographic characteristics of the wives of migrant workers who participated in the study from the four districts: Achham, Doti, Kailali, and Kanchanpur in the Far-Western region of Nepal. It deals with their age, caste, educational backgrounds, marital status, age at first marriage, and living status.

3.1 Demographic Characteristics

The number of respondents surveyed in each district has been shown in Table 3.1, below. As seen in the table, most of respondents in Achham (90.8%) and Doti (84.3%) were born in the districts in which they were currently living. On the other hand, only 58.8 percent of the respondents in Kailali and 46.4 percent of them in Kanchanpur were born in those districts.

Table 3.1: Distribution of Wives of Migrants by Birth District

Study Districts	No. of Wives of Migrants Interviewed	Born in the Interviewed District	
		n	%
Achham	156	142	90.8
Kailali	213	125	58.8
Doti	103	87	84.3
Kanchanpur	128	59	46.4
Total	600	413	68.9

Note: Data weighted according to probability of selection.

The socio-demographic characteristics of the wives of migrant workers are presented in Table 3.2. The median age of the wives of migrants was 28 years. One fourth of them (25%) were between 20-24 years. Overall, over one half of the respondents (55.2%) were less than 30 years. At the same time, there were 8.2 percent of the wives of migrants who were between 16-19 years of age.

Over fifty percent of the respondents (54.3%) were illiterate. Additionally, 21.4 percent were literate but had not received formal schooling. About 12 percent of the wives of migrants had completed primary level, while 10.6 percent of the wives of migrant laborers had been educated up to secondary level. There were very few respondents (1.8%) who had completed SLC or a higher level of education.

According to the ethnic/caste group-wise analysis, 39 percent of the wives of migrants belonged to the Chhetri/Thakuri community; 26.7 percent represented the occupational caste groups such as Damai, Sarki, and Kami; followed by 21.8 percent of respondents from the Tharu community.

Of the 600 wives of migrants, four (0.7%) were widows. Marriage at a fairly young age is a prevalent practice in the Far-Western region: the respondents had got married at a median age of 16 years. Additionally many of the respondents (87.6%) had been married at the age of 19 years or younger. This includes 16.6 percent of those respondents who had been married at the age of 14 years or younger.

Table 3.2: Socio-Demographic Characteristics of Wives of Migrants

Characteristics	%
Age: (n=600)	
16 – 19	8.2
20 – 24	25
25 – 29	22
30 – 34	16.8
35 and more	28
Range	**16-60**
Mean/median age	**29.7/28**
Education: (n=600)	
Illiterate	54.3
Literate, no schooling	21.4
Grade 1 – 5	11.9
Grade 6 – 9	10.6
SLC and above	1.8
Ethnic/Caste group: (n=600)	
Chhetri/Thakuri	39
Occupational caste	26.7
Tharu	21.8
Brahmin	9.7
Others	2.9
Marital status:(n=600)	
Married	99.3
Widow	0.7
Age at first marriage:(n=600)	
Up to 14	16.6
15-19	71
20 and more	12.4
Range	**8-26**
Mean/median	**16.5/16.0**

Note: Data weighted according to probability of selection.

Additionally, 5.7 percent of respondents' husbands had married a second wife.

Forty-six percent of the wives of migrant laborers were living with their in-laws at the time of the survey, while 32 percent were living with their children and 20.4 percent with their husbands. A few respondents had been living with their parents (1.1%) (Table 3.2).

All of the respondents had at least one dependent to look after. Fifty-eight percent of them had four or more dependents to take care of, while 36.3 percent had to support 2-3 people.

All four of the widows had lost their husbands more than one year before the survey. Among them, three (73.9%) knew how their husbands had died, with one (30.4%) of them explaining further that their husbands had tested positive for HIV and had died of AIDS (Annex 8).

Table 3.2 further shows the age of the respondents' spouses. The median age of the spouse of the respondents was 31 years. About one-fourth of them (24.7%) were 40 and above, while approximately 20 percent were either 25-29 (20.8%) or 30-34 (21.7%). Those respondents whose spouses were not alive were asked to provide their age at the time of the death.

Table 3.2a: Socio-Demographic Characteristics of Wives of Migrants

Characteristics	%
Husband married second wife:(n=600)	
Yes	5.7
No	94.3
Currently living with:(n=600)	
In-laws	46.1
Children	32
Husband	20.4
Parents	1.1
Others	0.3
No. of dependents (children and adult):(n=600)	
1	5.7
2 – 3	36.3
4 and more	58
Range	**0-27**
Current age of spouse (n=600)	
15 – 19	1.7
20 – 24	17.5
25 – 29	20.8
30 – 34	21.7
34 – 39	13.5
40 and above	24.7
Age not known	0.2
Range	**16-72**
Mean/median	**33.28/31.00**
Education level of spouse:(n=600)	
Illiterate	16
Literate, no schooling	12
Grade 1 – 5	25.2
Grade 6 – 9	37.7
SLC and above	9

Note: Data weighted according to probability of selection.

At the same time, 16 percent of the respondents' spouses were illiterate while 12 percent could read and write but did not have formal schooling. While over one-third of them (37.7%) had passed secondary level of grade 6-9, one-fourth of the respondents' spouses (25.2%) had completed grade 1-5. Only nine percent of respondents' spouses had completed school or higher levels of education.

3.2 Migration Pattern among Respondents' Spouses

The respondents were also asked questions relating to their spouses' migration to India. In this regard, they were asked their spouses' age at first migration, the name of the state where they migrated to, the duration of stay in India, the frequency of migration, and the nature of the job carried out as migrant worker.

Male youths are likely to migrate to work at quite a young age. Almost one third (30.4%) of the respondents mentioned that their spouses had first migrated for work when they were 19 or younger, while 22.2 percent had migrated at the age of 20-24 (Table 3.3).

Table 3.3: Migration Pattern among Spouses

Migration Pattern	%
Age at first migration : (n=600)	
Up to 19	30.4
20-24	22.2
25-29	13
30-34	6.7
35-39	2.6
40 and Above	3.4
Age not known	21.8
Age range	**7-56**
Mean/median	**23/21**
Migration destinations:* (n=600)	
Maharashtra	42.2
Delhi	15.7
Uttaranchal Pradesh	11.4
Gujarat	11.2
Punjab	9.4
Himachal Pradesh	8.9
Tamilnadu	5.2
Rajasthan	5.1
Karnataka	4.9
Haryana	4.4
Uttar Pradesh	3.9
Madhya Pradesh	2.3
Andra Pradesh	2.1
Jammu & Kashmir	1.1
Goa	0.8
Kerala	0.5
Bihar	0.3
Other states	1.3
Name of migrated state not known	11
Other countries	0.7
Duration of stay in India as migrant worker: (n=600)	
Up to 12 months	17.6
13 – 60 months	36.2
61 – 108 months	20.3
More than 108 months	25.9
Mean/median	**74/54**
Migrated year: (n=600)	
Up to 1990	11.4
1991-1995	8.4
1996-2000	13.5
2001-2005	23.2
2006-2010	22.4
Year not known	21.1
Range year	**1967-2010**

* The percentages add up to more than 100 because of multiple responses

Furthermore, the respondents were also asked how old they were at the time when their husbands left home to work in India for the first time. One-third (35.8%) of respondents said their spouse had migrated for the first time prior to their marriage, while 31.8 percent of respondents said that they were less than 20 years old at the time their spouses migrated to India for the first time (Annex 9).

The state of Maharashtra is the most common destination for migrant workers from the four study districts. Over two-fifths of the respondents' spouses (42.2%) had migrated to the state of Maharashtra in India, while 15.7 percent of them had been to Delhi. Around 11 percent of the respondents' spouses had been to the nearby state of Uttaranchal Pradesh, with similar numbers migrating to Gujarat. A smaller proportion of the respondents' spouses had migrated to other states, as listed in Table 3.3.

The respondents' spouses had spent a wide range of time in India, with the median duration being 4.5 years. Around one-fourth (25.9%) of the respondents' husbands had stayed in India over a period of more than nine years. Thirty-six percent of them had stayed there for 1-5 years, while 17.6 percent spent one year or less in India.

The respondents were also asked to cite the calendar year when their husbands had migrated to India for the first time. Around 20 percent of the respondents had migrated between 2001-2005 (23.2%) or in 2006-2010 (22.4%). A relatively lower proportion of respondents' spouses (8.4%) migrated between 1991-1995.

After returning home, migrant workers are likely to leave their homes again. Except for a small proportion of the spouses of the respondents (5.4%) all others had migrated more than once for work (Annex 10).

The spouses of the respondents were engaged as security guards (45.2%), factory laborers (32.1%) and hotel laborers (15%). Others had jobs such as household workers, agricultural workers, transport workers, and machine operators as listed in Table 3.4, below.

Table 3.4: Type of Job done by Spouses in India

Type of Job (n=600)	%
Security guard	45.2
Laborer/factory labor	32.1
Hotel labor	15
Household caretaker/servant	9.4
Transport worker	7.9
Agricultural worker	7.4
Labor in the shop	5.7
Technician/machine operator	3.3
Government/ Pvt. office employee	1.4
Vendor/petty shop owner (business)	0.7
Supervisor and contractor	0.7
Others	1.3
Type of job not known	10.6

* The percentages add up to more than 100 because of multiple responses.
Note: Data weighted according to probability of selection.

3.2.1 Last Migration to India

The wives of migrant laborers were asked questions relating to their spouses' last stay in India, including the people they stayed with, their last monthly income, and time when they last returned home. Forty percent of respondents mentioned that their spouses stayed with their friends during their last stay in India, while 28.6 percent each of them said that they stayed with their relatives and 27.8 percent reported living alone. A few respondents (1.6%) had accompanied their spouse to India.

One-third of the migrant laborers (33.3%) earned NRs. 5000 or less in a month, while almost one half of them (49.3%) made NRs 5001-NRs 10,000 each month during their last migration to India. A few others earned a higher income (Table 3.5).

Table 3.5: Spouses' Last Migration to India

Last Stay in India	%
Jointly lived with: (n=600)	
Friends	40
Relatives	28.6
Alone	27.8
With respondent	1.6
Children	0.3
Others	0.5
Living status not known	1.2
Last monthly income (NRs): (n=600)	
Upto 5,000	33.3
5,001-10,000	49.3
10,001-15,000	6.1
More than 15,000	3
Monthly income not known	8.3
Range	640-30,000
Returned home last: (n=600)	
Less than 3 months	28.8
3 – 6 months	25.9
7 – 12 months	17.9
13 – 18 months	13.2
More than 18 months	14.0
Don't know	0.1

***** The percentages add up to more than 100 because of multiple responses.
Note: Data weighted according to probability of selection.

Approximately 27 percent of the respondents' spouses had last returned home more than one year ago; others had last visited their families earlier. While over one half (54.7%) had returned home within the last six months, 17.9 percent of respondents' spouses had visited their homes 7-12 months prior the date of survey (Table 3.5).

CHAPTER - IV: PREVALENCE OF HIV

4.1 HIV Prevalence

As mentioned in the previous chapter, HIV antibody tests were performed using rapid test kits. The test results showed an HIV prevalence of 0.8 percent among wives of migrants.
The wives of migrants in Doti had a slightly higher prevalence of HIV (2.6%) than respondents in Achham (0.7%) and Kailali (0.4%). None of the wives of migrants in Kanchanpur district tested HIV positive.

Table 4.1: HIV Prevalence by Sample Sites

Sample Sites	Total Sample	HIV Positive n (%)
Achham	156	1 (0.7)
Kailali	213	1 (0.4)
Kanchanpur	128	0 (0.0)
Doti	103	3 (2.6)
Total	600	5 (0.8)

Note: Data weighted according to probability of selection.

4.2 Relationship between Selected Characteristics and HIV Infection

The relation between HIV prevalence and some of the selected characteristics of the respondents have been presented in this section.

The marital status of the respondents is statistically significant in relation to HIV infections. An HIV prevalence of 22.5 percent is seen among respondents who have lost their husbands as opposed to 0.6 percent prevalence among those whose husbands are currently surviving. On the other hand, age and the literacy level of the respondents do not show a positive relationship with HIV infection. Although HIV prevalence is higher among respondents of 25 years and above (1.2%) than their younger counterparts (0.0%), and between those respondents who were illiterate (1.0%) and those with formal education (0.0%); the differences do not represent a statistically significant association (Table 4.2).

Table 4.2: Relationship between Wives of Migrants' Characteristics and HIV Infection

Characteristics	n=600	HIV Positive n (%)	p value
Age:			
Below 25 years	199	0(0.0)	0.113
25 years and above	401	5(1.2)	
Marital status:			
Currently	596	4(0.6)	0.001
Widow	4	1(22.5)	
Literacy:			
Illiterate/no schooling	455	5(1.0)	0.203
Formal school	146	0(0.0)	

Note: Data weighted according to probability of selection.

It is assumed that migration to Mumbai poses a greater risk of HIV contraction as the city has India's largest brothel-based sex industry, with over 100,000 sex workers (Human rights report, India 2001). In this context, the survey assessed the relationship between HIV prevalence among those respondents whose spouse had been to the state of Maharashtra

(where Mumbai is located) and those whose spouses had visited other states. One percent of the respondents whose spouses had visited Maharashtra were found to be HIV positive compared to a 0.7 percent prevalence among those had migrated to other states. However, the difference is not statistically significant.

Likewise, the frequency of migration (number of times migrated to India) also does not reflect a positive association with HIV infection. Those respondents whose spouse had visited India more than five times had a higher HIV prevalence (1.4%) than those whose spouses had been there five or less times. However, this difference is also not statistically significant. (Table 4.3).

Table 4.3: Relationship between Spouses' Migration and HIV Infection

Spouses' Duration of Stay in India	n=600	HIV Positive n (%)	p value
Spouses migrated states:*			
Maharashtra	253	3(1.0)	0.752
Other states *	347	2(0.7)	
Frequency of migration			
Up to 5 times	341	1(0.8)	0.094
More than 5 times	259	4(1.4)	
Duration of stay in India:			
Up to 1 year	106	0(0.0)	0.283
>1 year	494	5(1.0)	

Note: Data weighted according to probability of selection. * Spouses had visited more than one state

Similarly, none of those respondents whose spouses had spent less than a year as migrant workers in India tested HIV positive, while a one percent HIV prevalence has been seen among those respondents who had spent more than one year in India (Table 4.3).

The frequency of condom use during sexual intercourse with respondents' husbands also does not show a significant association with HIV prevalence. None of the respondents who had used a condom consistently during sexual contact with their spouses at the time of their second last home stay were found to be HIV positive compared to one percent prevalence among those who had occasionally or never used condoms: the difference, however, is not statistically significant. On the contrary, HIV prevalence is high (1.1%) among those respondents who had used condoms consistently during sexual contact with their husbands at the time of their last home visit compared to those who had inconsistently or never used them (0.5%) (Table 4.4). Interpretation of such findings needs additional understanding on when they had started to use condoms. Mostly people change behavior too late after infection has already occurred, and this dilutes the relationship between condom use and infection.

Table 4.4: Relationship between Condom Use and HIV Infection

Condom use during sexual contact with husband		HIV Positive n (%)	p value
Used condom during spouse's last home visit : (n=584)			
Every time	62	1(1.1)	0.347
Not all the time/never	523	3(0.5)	
Used condom during spouse's second last home visit : (n=510)			
Every time	49	0(0.0)	0.464
Not all the time/never	462	5(1.0)	

Note: Data weighted according to probability of selection.

CHAPTER - V: SEXUAL BEHAVIOR AND CONDOM USE

The migrant workers who stay away from their homes for a considerable period of time are likely to have extra-marital sexual relationships. It is the sexual behavior of their spouses during migration that is correlated with HIV transmission to the wives of migrant workers who stay at home. In some cases, it is also likely that the wives of these migrant workers also engage in sexual relationship with other male partners. The survey included certain questions relating to the sexual behavior of the wives of migrant workers. This chapter describes the information collected that relates to their sexual behavior and their sexual partners. It focuses particularly on sexual partners, sexual history, their use of condoms, as well as their knowledge about condom outlets.

5.1 First Sexual Contact

The wives of migrant laborers first had sexual intercourse at the median age of 16 years. While 74.7 percent of them had their first sexual relations at the age range of 15-19; 11.9 percent were 20-26 years of age at the time of their first sexual contact. At the same time, there were some respondents (13.4%) who were only 10-14 years old when they had their first sexual contact (Table 5.1).

5.2 Sex Partners

Eight of the 600 respondents (1.3%) had sex outside their marriage in their life time. Two respondents (0.3%) ever had sex with a paying partner (Table 5.1). Among those respondents who had sex with someone else, three (38.7%) had such sexual relations when their spouses were abroad, while 61.3 percent had pre-marital sexual relations. At the same time, those respondents who reported having sex with paying partner/s have been doing so for the past three or more years (Annex 11).

Table 5.1: Sexual Behavior of Wives of Migrants

Sexual Behavior	
Age at first sex (n=600)	**%**
10 – 14	13.4
15 – 19	74.7
20 – 26	11.9
Range	**10-26**
Mean/median	**16.68/16**
Ever had sex with someone other than husband: (n=600)	
Yes	1.3
No	98.7
Ever had sex with paying partner: (n=600)	
Yes	0.3
No	99.7

Note: Data weighted according to probability of selection.

Over one-third of the respondents (37.7%) had ever been to India. The majority of them (89.4%) had sexual contact in India, and while all of them had sex with their husbands there 0.9 percent of them also had sex with other males.

5.3 Knowledge and Condom Accessibility

While the majority of respondents (97.5%) knew about condoms, 2.5 percent of them had never heard of them. About 62 percent of the respondents mentioned that radio was their source of information; and well over one half of respondents (59.4%) had also heard about condoms from female community health volunteers (FCHVs). Friends were cited as the information source by 34.9 percent of respondents, while 26 percent had heard about condoms from health workers. Other information sources as mentioned by the respondents have been listed in Table 5.2.

Knowledge about condoms is, however, not indicative of condom using behavior, as reflected in Figure 1. While the majority of the respondents (97.5%) had heard of condoms, only 39.1 percent had ever used them.

Among those wives of migrants who had used condoms at least once (39.1%), around one-fourth (24.6%) kept condoms at home.

Figure 1: Respondents with Knowledge of Condom and those who ever used it

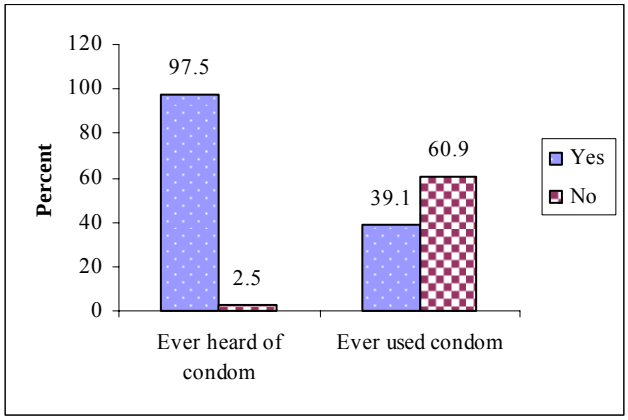


Table 5.2: Knowledge and Accessibility of Condom

Knowledge of Condom and its Accessibility	
Ever heard of condom: (n=600)	**%**
Yes	97.5
No	2.5
Sources of information on condom: * (n=585)	**(%)**
Radio	61.6
FCHV	59.4
Friends	34.9
Health worker	26
Husband	18.3
Television	15
People of NGOs	13.9
PE/OE/CM	10.1
Hospital	1.6
Neighbor	6.6
Family members/relatives	0.9
Others	4
Ever used condom: (n=585)	
Yes	39.1
No	60.9
Keep condom at home: (n=228)	
Yes	24.6
No	75.4

* The percentages add up to more than 100 because of multiple responses.
Note: Data weighted according to probability of selection.

Most of the respondents who had used condoms before knew a place where they could obtain condoms. In this regard, FCHVs were the most common source, as reported by 82.3 percent of the respondents. Other known sources of condoms were health centers/health posts (65.1%); pharmacies (56.2%); and hospitals (31.5%). Other sources of condoms that the respondents were aware of are listed in Table 5.2.

Condoms were available at a relatively comfortable and accessible point for 20 percent of those respondents who had ever used condoms, as they could get condoms within a five minute's walk. While 31.8 percent of them could have them within 6-10 minutes, it took 11-15 minutes to get a condom from the nearest source for 10.7 percent of the respondents. For others (36 %) it took more than 15 minutes to get a condom from the nearest source.

Table 5.2a: Knowledge and Accessibility of Condom

Known sources from where condoms can be obtained: * (n=228)	**%**
FCHV	82.3
Health center/ Health post	65.1
Pharmacy	56.2
Hospital	31.5
General grocery store	21.5
Private clinic	12
Health worker/volunteer	6
People of NGOs	4.5
OE/PE	1.9
Others	2.2
Sources not known	0.8
Time needed to obtain condoms from nearest source : (n=228)	
Up to 5 minutes	20.3
6 – 10 minutes	31.8
11 – 15 minutes	10.7
16 – 20 minutes	8.3
21-30 minutes	15..1
31 and more minutes	12.6
Required time not known	1.2
Range	**0-240**
Usual mode of obtaining condom: (n=228)	
Always free of cost	61.2
Husband/sexual partner brings	22.1
Always purchase	11.7
Purchase as well as free of cost	5.1
Usually get free condom from:* (n=164)	
FCHV	82.9
Health center/post	38.3
Hospital	8.2
Health workers/volunteers	2.6
OE/PE	2.2
NGOs	1.2
Others	3.8
Most convenient place to have free condom: * (n=164)	
FCHV	85.8
Health center/post	41.7
Hospital	8.3
Health worker/volunteer	6.3
OE/PE	1.1
NGOs	1.3
Friends	1
Purchase condom usually from:* (n=62)	
Pharmacy	81.3
General grocery store	22.7
Private clinic	15.2
Most convenient place to purchase condom:* (n=62)	
Pharmacy	80.4
Private clinic	12.1
General grocery store	22

* The percentages add up to more than 100 because of multiple responses.
Note: Data weighted according to probability of selection.

A considerable proportion (61.2%) of those respondents who had used condoms before always obtained free condoms; while 11.7 percent always purchased them. Around 22 percent of respondents mentioned that it was their husbands/sexual partners who usually brought condoms. When asked about how their husband/sexual partners obtained these condoms, 40.5 percent of the respondents mentioned that they bought them all the time, while 18.6 percent of the respondents' spouses/partners always got them for free (Annex 12). FCHVs were the most common sources of free condoms as cited by 82.9 percent of those respondents who had access to free condoms, while 38.3 percent said they got them from health centers/posts (Table 5.2).

The majority of respondents felt comfortable getting free condoms from FCHVs (85.8%); followed by those who thought it convenient to get condoms from health centers/posts (41.7%). A relatively smaller proportion of the respondents felt that they could conveniently get condoms from hospitals (8.3%); health workers/volunteers (6.3%); NGOs (1.3%); and outreach/peer educators (1.1%).

In the same way, those respondents who purchased condoms either all the time or some of the time usually bought them from a pharmacy (81.3%), followed by the general grocery shop (22.7%) and private clinics (15.2%). At the same time, most of these respondents (80.4%) also preferred buying condoms from a pharmacy (Table 5.2).

Figure 2: Time Needed to Obtain Condom from Nearest Sources (by District)

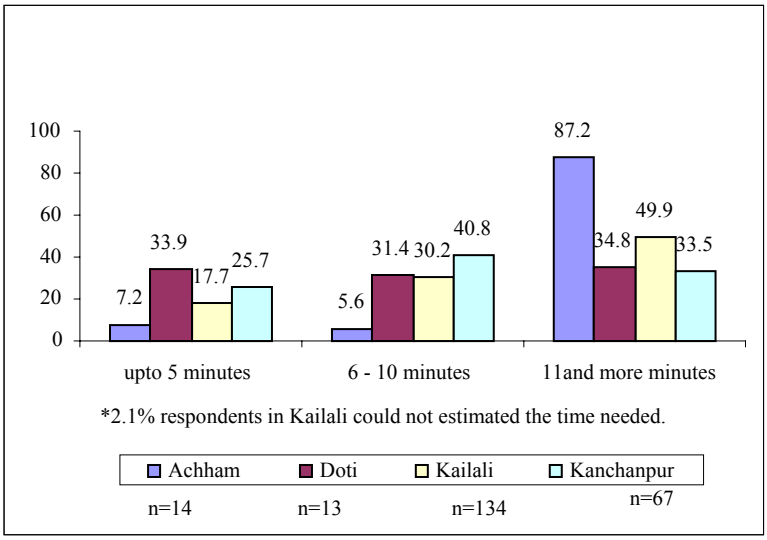


Figure 2 explains condom accessibility by required time to obtain them from the nearest place. The sampling design of the survey does not allow district-wise comparison. However, the collected data reveals that a larger proportion of respondents in the Terai districts of Kailali and Kanchanpur than in the hilly districts of Doti and Achham had ever used condoms. Among them, few respondents in the hilly district of Achham had easy access to the nearest outlet, as 7.2 percent of them only mentioned that they could get condoms within five minutes from the nearest source, opposed to 33.9 percent reporting so in Doti, 25.7 percent in Kanchanpur, and 17.7 percent in Kailali.

5.4 Sexual Relations and Condom Use with Husbands during Last Home Visit

This section deals with the sexual contacts of the respondents with their spouses when they visited home last time. It focuses on the duration of their home stay, frequency of sexual contact with the respondents, and use of condoms.

Most of the respondents (97.4%) had sexual contact with their husbands during their last home visit. While 52.4 percent of the respondents mentioned that their spouses had been at home since their last home visit, others had gone back to India. Almost 20 percent of respondents' spouses had stayed home for 2-6 months, 14.5 percent of them had their husbands with them for duration of one month or less; while 13.4 percent of the respondents' spouses had stayed home for more than seven months during their last home visit. These respondents had regular sexual contact with their husbands during their home stay (Table 5.3).

Among those respondents who did not have sex with their husbands during the latter's last home visit, 20.4 percent said they were pregnant and 13.8 percent said their husbands were unwell at the time (data not shown in Table). A relatively lower proportion of respondents (10.5%) had consistently used a condom when they had sexual intercourse with their husbands during their last home visit; 89.5 percent of them had either used condoms sometimes or had never used them. Many of them included those who had never used a condom, while 15.6 percent stated they had been using other contraceptives (Annex 13).

Table 5.3: Sexual Relation and Condom Use with Spouse during his Last Home Visit

Sexual Relation with Spouse during his Last Home Visit	
Had sex with spouse: (n=600)	**%**
Yes	97.4
No	2.6
Duration of spouse's stay at home: (n=584)	
Up to 1 month	14.5
2 – 6 month	19.6
7 – 12 months	8.8
> 12 months	4.6
Now at home	52.4
Don't know	0.1
Range	0-35
Mean	2.42
Frequency of sex: (n=584)	
1 – 30 times	58.6
31 – 60 times	16.8
>60 times	24.1
Don't know	0.6
Range	**1-600**
Mean/Median	**53.47/24**
Frequency of condom use during spouse's last home stay: (n=584)	
Every time	10.5
Not all the time/never	89.5
Used condom during last sex: (n=584)	
Yes	17.2
No	82.8
Person to suggest the use of condom during last sex: (n=100)	
Self	31.4
Husband	51.2
Both	17.3

Note: Data weighted according to probability of selection.

Additionally, 17.2 percent of the respondents had used a condom during the last act of sexual intercourse with their husbands on their last home stay. While 31.4 percent of these respondents had themselves suggested using a condom, 51.2 percent said that their husbands had made such a suggestion (Table 5.3). On the other hand, among those who had not used a condom during their last sexual contact with their husband, 8.2 percent had not considered it necessary (Annex 13).

5.5 Sexual Relations and Condom Use with Husbands during Second Last Home Visit

The respondents were also asked about sexual relations with their husband at the time of their second to last home visit. Ninety percent of the respondents' spouses had made at least two home visits after migrating to India. The majority of the respondents (85%) also had sexual relations with their husbands when they visited home before the last time. About 18 percent of respondents' spouses had stayed at home for one month or less, while 39.7 percent of the respondents said that their spouses stayed home for 2-6 months during their second last home visit. Others stated that their spouses had spent more than seven months at home during the time. Furthermore, most of those respondents reporting having had sex with their husbands during their second last home had quite frequent sexual contact with them (Table 5.4)

Table 5.4: Sexual Relation and Condom Use with Spouse during his Second Last Home Visit

Sexual Behavior and Condom Use during Spouse's Second Last Home Visit	
Had sex with spouses: (n=600)	%
Yes	85
No	5.4
Husband returned home only once	9.6
Duration of spouse's stay at home: (n=510)	
Up to 1 month	18.4
2 – 6 months	39.7
7 – 12 months	20.8
>12 months	20.3
Don't know	0.8
Range	**0-307**
Mean/Median	**12.57/5**
Returned home before the last time(n=600)	
Less than 7 months	2.7
7 – 12 months	10.1
13 – 18 months	15.7
19 – 24 months	14.3
More than 24 months	43.2
Came back only once	9.6
Frequency of sex: (n=510)	4.5
1 – 30 times	47.2
31 – 60 times	17.4
> 60 times	34
Frequency of sex not known	1.4
Range	**1-1635**
Mean/Median	**87.26/34.86**
Frequency of condom use during second last home stay of spouses: (n=510)	
Every time	9.5
Not all the time/never	90.5

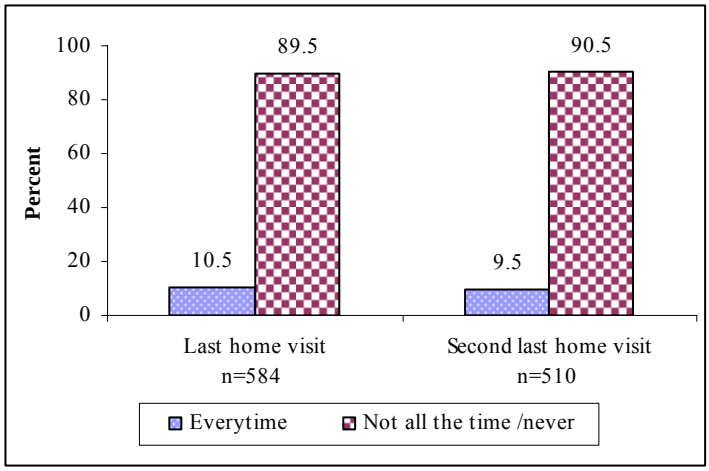
Note: Data weighted according to probability of selection.

Five percent of the respondents did not have sex with their husbands during their second last home visit. When asked why, the majority of them (89.6%) said they were not married to their husbands at the time of their second last home visit while 6.6 percent of them mentioned that they were not at home at that time (data not shown in the Table).

While 9.5 percent of the respondents had used a condom consistently, 90.5 percent had not used condoms all the time during sexual contact with their husbands during their second to last home visit (Table 5.4). The majority of them included those who had never used a condom; 15.6 percent, however, said that they had been using other contraceptives, and hence did not use a condom (Annex 13).

Figure 3 compares the use of condoms among the respondents during sexual contact with their husbands when they had visited home the last time and the second to last time. Condom use during their husbands' last and second to last home visits presents more or less a similar pattern. Around 10 percent of respondents used condoms consistently during their husbands' last as well as second last home visits. In both cases, those reporting infrequent or no uses of condom were in the majority (Figure 3).

Figure 3: Frequency of Condom Use with Spouse



5.6 Sexual Relations and Condom Use with Partners other than Husband

In an attempt to further analyze the sexual behavior of the respondents, they were asked if they ever had sexual contact with someone other than their husbands. Eight of the 600 respondents (1.3%) answered affirmatively. At the same time, two respondents (0.3%) also had at least one sexual encounter with a paying partner (Table 5.1). These respondents had been engaged in extra marital sexual relations mostly when they were unmarried or when their husbands were away from their homes. Those who had sex with a paying partner had been engaged in such sexual encounters for the past three years, or before this. A few of the respondents had sex with other male partners and with paying partners (0.3% each) even in the past year. Condom use was not consistent with these partners (Annex 11).

CHAPTER - VI: KNOWLEDGE OF STI AND HIV/AIDS

An important component of HIV/AIDS prevention strategy is spreading awareness about HIV/AIDS in order to prevent high-risk behavior. In an attempt to assess the knowledge and attitude of the wives of migrants toward STIs and HIV/AIDS, the respondents were asked certain questions relating to its mode of transmission, messages they had heard, and their perceptions of HIV/AIDS. Additionally, they were also asked certain questions relating to STIs and symptoms of STIs. This section highlights the survey findings on these issues.

6.1 Level of Knowledge on HIV/AIDS

Although the majority of the respondents (96.3%) had heard about HIV/AIDS, there were some respondents (3.7%) who had never heard of the disease. Sixty-one percent of the respondents who had heard about HIV/AIDS had found out about it from the radio, followed by FCHVs (53.4%). Forty-one percent of the wives of migrants had heard about HIV/AIDS from friends, while 23.5 percent had heard about it from health workers. Other sources of information cited by the respondents were NGOs (19.8%); television (17.4%); relatives/neighbors (13.7%); and their spouses (13.4%) and PE/OEs (11.1%) (Table 6.1).

Table 6.1: Sources of Knowledge of HIV/AIDS among Wives of Migrants

Sources of Knowledge	%
Ever heard about AIDS (n=600)	
Yes	96.3
No	3.7
Sources of information of HIV/AIDS *(n=578)	
Radio	61
FCHV	53.4
Friends	41.7
Health workers	23.5
NGOs	19.8
Television	17.4
Relatives/neighbor	13.7
Husband	13.4
PE / OE	11.1
Others	7.5

* The percentages add up to more than 100 because of multiple responses.
Note: Data weighted according to probability of selection.

When asked about the contents of the message that they had heard, over two thirds of respondents (68.9%) mentioned that they had heard that HIV/AIDS is transmitted through blood, and that sex with multiple partners should be avoided (64.8%). Additionally, 52.6 percent of respondents had been informed that condoms should be used consistently and that HIV may be transmitted through the use of knives and blades (34.8%) and needles/syringes previously used by others (30.3%). Eighteen percent of wives of migrants had also heard that sexual contact with commercial sex workers should be avoided (Table 6.2).

Table 6.2: HIV/AIDS Related Messages Heard by Wives of Migrants

Messages	%
Messages heard (n= 600)	
HIV/AIDS is transmitted through blood	68.9
Avoid sex with multiple partners	64.8
Avoid unsafe sex and use condom	52.6
HIV/AIDS is transmitted through use of knife and blade	34.8
Avoid using needle/syringe used by others	30.3
Sex with FSWs should be avoided.	18
Others	6.6
Never heard of HIV/AIDS	3.7

*The percentages add up to more than 100 because of multiple responses.
Note: Data weighted according to probability of selection.

6.2 Knowledge about Preventing HIV/AIDS

HIV/AIDS prevention activities primarily focus on raising awareness on three important behavioral aspects: '**A**' **—** abstinence from/delaying sexual contact; '**B**' **—** monogamy; and '**C**' **—** consistent use of condoms. Overall, the comprehensive knowledge on HIV/AIDS is defined as knowledge of **B and C** as well as being aware that a healthy-looking person may have HIV **– D**; a person cannot get the HIV virus from a mosquito bite **– E**; and that HIV cannot be transmitted while sharing a meal with a HI-positive person-**F**.

The wives of migrants' understanding about ways in which HIV is transmitted and the prevalence of common misconception about the transmission modes was further analyzed in this survey. Specific questions were asked about whether it is possible to reduce the chance of getting HIV/AIDS by abstaining from sexual contact, limiting sexual contact to a single faithful partner, and using condoms consistently. The majority of the respondents stated that '**A**' **—** abstinence from sexual contact (86.3%); '**B**' **—** monogamy (86%); and '**C**' **—** consistent use of condoms (79.8%) are the ways of preventing HIV. Around 73 percent of respondents also believed in '**D**', i.e., that a healthy-looking person may have HIV. A comparatively smaller proportion of wives of migrants rejected two major local misconceptions relating HIV/AIDS transmission. About 55 percent of the respondents knew about '**F**' **—** that HIV can not be transmitted while sharing a meal with a HIV-positive person. However, a relatively very low proportion of the respondents were aware of '**E**', i.e., a that person cannot get the HIV virus from a mosquito bite (21.1%) (Table 6.3).

Table 6.3: Wives of Migrants with Knowledge about Preventing HIV/AIDs

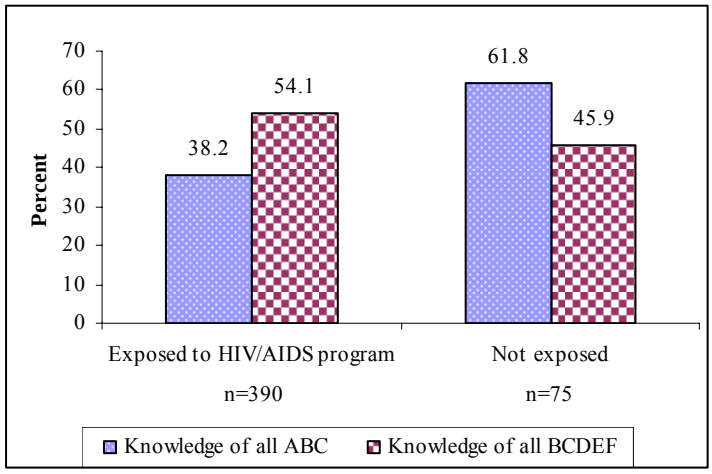
Knowledge of Six Major Indicators on HIV/AIDS (n=578)	%
A. Abstinence from sexual contact can prevent from HIV/AIDS	86.3
B. Monogamous sexual relations can prevent from HIV/AIDS	86
C. Consistent condom use during each sex can prevent from HIV/AIDS	79.8
D. A healthy-looking person can be infected with HIV	72.5
F. HIV is not transmitted while sharing a meal with an HIV infected person	54.6
E. A person cannot get the HIV virus from mosquito bite	21.1
Knowledge of all three indicators – ABC	65
Knowledge of all five indicators – BCDEF	13.5

* The percentages add up to more than 100 because of multiple responses.
Note: Data weighted according to probability of selection.

Overall, 65 percent of respondents were aware of all of the three '**ABC'.** However, comprehensive knowledge on HIV/AIDS was comparatively low among the wives of migrants as a relatively low proportion of them (12.5%) them knew all '**BCDEF**'.

Figure 4 compares the awareness of '**ABC**' and '**BCDEF**' among the respondents by their exposure to HIV/AIDS-related programs/activities in the past year. As seen in the figure, even those respondents who have not been exposed to any HIV/AIDS-related activities are likely to know about '**ABC**'. Among 390 respondents who were aware '**ABC**' in its entirety, 61.8 percent had neither met a peer /outreach educator (PE/ORE) nor had participated in any of the HIV/AIDS related activities/programs. However, comprehensive knowledge i.e., the knowledge of all behavioral aspects '**BCDEF**' was higher (54.1%) among respondents who had been exposed to at least one of the components of the ongoing HIV/AIDS-related activities than those who had not been part of such activities in the past year (45.9%).

Figure 4: Awareness of ABC and BCDEF by Exposure to HIV/AIDS Program



Around 44 percent of wives of migrant laborers knew someone living with HIV/AIDS or who had died of an AIDS-related illness. When asked about the type of relationship they shared with such individuals, 31.5 percent of them said they were close relatives, while 9.1 percent of the wives of migrant laborers said they were close friends. Fifty-nine percent of the respondents, on the other hand, had heard about or seen such people but did not have any relationship with them (Table 6.4).

The respondents' perceptions of HIV/AIDS and its different modes of transmission were further tested with the help of certain questions. About 98 percent each of the respondents knew that using the same needle and having a blood transfusion from an HIV-positive person would transmit the virus; while 89.2 percent of respondents were aware of the risk of pregnant women with HIV/AIDS transmitting the virus to their children in the womb. Around 75 percent of them also knew that holding an HIV infected person's hand does not transmit HIV; while 78.7 percent were aware of the risk of HIV transmission from an infected mother to her newborn child through breastfeeding (Table 6.4).

Nevertheless, 59.2 percent of those respondents who were aware of mother-to-child transmission of HIV believed that the risk of transmission could be reduced with the help of medicines. About 38 percent of the wives of migrants were not aware of how such transmission risk could be reduced (Table 6.4).

Table 6.4: Knowledge on Ways of HIV/AIDS Transmission among Wives of Migrants

Knowledge on Ways of HIV/AIDS Transmission	%
Know anyone infected with HIV or has died of AIDS (n=578)	
Yes	43.8
No	56.2
Relation shared with the person who is infected with HIV or has died of AIDS (n=253)	
Close relative	31.5
Close friend	9.1
Both (relative+friend)	0.5
No relation	58.9
Awareness on HIV/AIDS (n=578)	
Blood transfusions from an infected person to the other transmit HIV.	98.4
Using a previously used needle/syringe may transmit HIV.	97.7
HIV may be transmitted from a pregnant woman infected with HIV/AIDS to her unborn child.	89.2
A woman with HIV/AIDS can transmit the virus to her new-born child through breast feeding.	78.7
Holding an HIV infected person's hand does not transmit HIV.	75
A pregnant infected woman can reduce the risk of transmission of HIV to her unborn child by :* (n=515)	
Taking medicine	59.2
No treatment/medicines	1.9
Others	1.1
Mode of reducing the risk not known	37.8

*Respondents who knew that HIV may be transmitted from a pregnant woman infected with HIV/AIDS to her unborn child
Note: Data weighted according to probability of selection.

Attitude towards HIV/AIDS

The awareness level of an individual impacts on his or her attitude towards people living with HIV/AIDS. The respondents' attitude towards HIV-positive persons and their perceptions of the stigma associated with it was also examined with the help of a series of questions, as shown in Table 6.5. Over three-fourths of the respondents were ready to take care of an HIV-positive female relative (76.6%) or a male relative (75.6%) in their home if necessary. However, over one-third of the respondents (36.5%) said that they would not want to talk about the HIV positive status of a family member with others (Table 6.5).

Table 6.5: Attitude of the Wives of Migrants' towards HIV/AIDS

Stigma and Discrimination	%
Willing to take care of HIV positive male relative at home: (n=600)	
Yes	75.6
No	23.3
Don't know	1.1
Willing to take care of HIV positive female relative at home: (n=600)	
Yes	76.6
No	22.3
Don't know	1.1
Would prefer to keep HIV status of a family member a secret : (n=600)	
Yes	36.5
No	61.9
Don't know	1.6

Note: Data weighted according to probability of selection

6.3 Knowledge of STIs

The survey also assessed the respondents' knowledge about STIs. Respondents' were asked to cite some symptoms of STIs. Forty-nine percent of them cited vaginal discharge as one of the symptoms of STIs followed by 25.5 percent of those respondents who regarded an ulcer or sore around genital area as a symptom of STI. There were others who regarded HIV/AIDS (27.4%), burning sensation while urinating (21.2%) and syphilis/gonorrhea (16.1%) as STI symptoms. The other symptoms cited by the respondents were; pain during urination (18.2%); lower abdominal pain (11.5%); and vaginal itching (6.3%) (Table 6.6).

Table 6.6: Reported STI Symptoms and Treatment (Past Year)

Reported STI Symptoms and Treatment	%
Understanding of STI symptoms:* (n=600)	
White discharge/discharge of pus/dhatu flow	49.0
HIV/AIDS	27.4
Ulcer or sore around genital area	25.5
Burning sensation while urination	21.2
Pain during urination	18.2
Syphilis (Bhiringi)/gonorrhea	16.1
Lower abdomen pain	11.5
Vaginal itching	6.3
Others	24.2
Types of STI symptoms experienced in the past year :* (n=600)	
White/pus discharge	16.5
Burning sensation while urination	10.5
Pain during urination	8.2
Ulcer or sore around genital area	2.2
Others	5.6
Experienced any of the above symptoms	21.5
Experienced none of the above symptoms	78.5
Received treatment for any of the above symptom: (n=129)	
Yes	48.1
No	51.9
Places of treatment of STI symptoms in the past year: *(n=62)	
Health post/health center	31.2
Hospital	27.8
NGOs	22.1
Private clinic	21
Pharmacy	20.4
Others	4

* The percentages add up to more than 100 because of multiple responses.
Note: Data weighted according to probability of selection.

After assessing their awareness of STI symptoms, the wives of migrant laborers were asked if they had experienced symptoms such as vaginal discharge, pain, or a burning sensation while urinating, or genital ulcers/sores in the past year. Overall, 21.5 percent of the wives of migrant laborers have had at least one symptom of STI in the past year. Among them, 16.5 percent of the wives of migrant laborers said that they have had vaginal discharge. Symptoms such as a burning sensation, and pain during urination were reported by 10.5 percent and 8.2 percent of the respondents respectively. Besides this, 2.2 percent of them also had genital ulcers/sores in the past year (Table 6.6).

Among those respondents who had experienced at least one of the symptoms of STIs in the past year, 48.1 percent had received treatment. While 31.2 percent of them had visited a

health post/center for treatment, 27.8 percent had been to the hospital. Others had received treatment from NGOs (22.1%) private clinic (21%) and pharmacy (20.4%) (Table 6.6).

The wives of migrants were also asked if they were currently experiencing any STI symptoms. While 87.8 percent of them did not have any such symptoms, 12.2 percent had been experiencing at least one such symptom. The reported symptoms were vaginal discharge (8.8%); burning sensation while urinating (5.1%); and pain while urinating (4.3%). A few also had genital ulcers/sores (0.7%) at the time of the survey (Table 6.7).

Table 6.7: Reported STI Symptoms and Treatment (At the Time of Survey)

Reported STI Symptoms and Treatment	%
STI symptoms currently experienced:* (n=600)	
White/pus discharge	8.8
Burning sensation while urination	5.1
Pain during urination	4.3
Ulcer or sore around genital area	0.7
Others	2.2
Experienced any of the above symptoms	12.2
Experienced none of the above symptoms	87.8
Received treatment for above symptoms: (n=73)	
Yes	24.7
No	75.3
Place visited for treatment (n=18)	
Hospital	35.7
Health Post/ Health Center	34.7
Private clinic	28.4
Pharmacy	27.4
N-SARC Clinic	6.5
Others	4,8
Duration after which treatment was sought: (n=18)	
Up to 1 week	16.7
2 - 4 weeks	44.4
More than 4 weeks	38.9

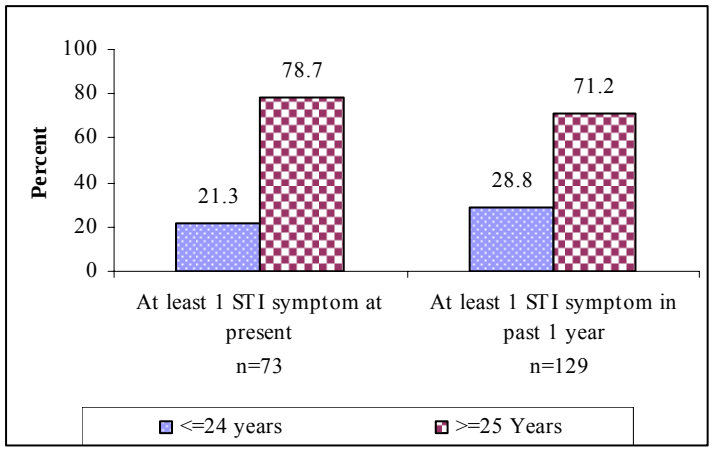
* The percentages add up to more than 100 because of multiple responses.
Note: Data weighted according to probability of selection.

One-fourth of the respondents (24.7%) who had currently experienced symptoms of STIs had sought treatment. Among these, 16.7 percent had sought treatment under a week, while others had waited more than a week to go for the treatment (Table 6.7). Over one-third of the respondents had been to hospitals (35.7%), and health posts/centers (34.7%) to seek treatment for STI symptoms. Some others had also visited private clinics (28.4%) and pharmacies (27.4%) for treatment.

Most of the respondents (81.9%) who had sought treatment had received prescriptions for medicine. All of them had obtained all the medicine prescribed and had also taken all the prescribed medicine. Additionally, 34.7 percent of them had been able to receive free medicines. Others had paid for the medicine, costing around NRs. 50-2,200. Around 38 percent of those who had received treatment had been counseled how to prevent STIs, especially on the need to use condoms consistently (84.3%) (Annex 14).

Figure 5 further compares STI symptoms reportedly experienced by the respondents with their age group. As can be seen, over 70 percent of the respondents who reported experiencing at least one STI symptom in the past year as well at the time of the survey belonged to the over-24 years age group. A relatively smaller proportion of younger respondents had at least one STI symptom in the past year (28.8%) or at the time of the survey (21.3%).

Figure 5: Relation Between Reported STI Symptoms & Age Group



The respondents were also asked if their spouses had any symptom of STIs when they visited them. While the majority of them (91%) said their spouses did not have any such symptoms, 3.4 percent of them stated that their spouse had STI symptoms during their last home visit. Additionally, 5.7 percent of the wives of migrants were unaware of their spouses having or not having any such symptoms. However, most of the respondents' spouses (76.9%) had not sought any treatment for the STI symptom experienced by them (Table 6.8).

Table 6.8: STI Status among Spouses' and Treatment Sought

Reported STI Symptoms and Treatment Sought	%
Spouses had STI symptom during last home visit: (n=600)	
Yes	3.4
No	91
STI status not known	5.7
Spouse received treatment : (n=20)	
Received treatment from Pharmacy	15
Received treatment from Private Clinic	10
Self treatment	5
Did not receive treatment	75
Treatment status not known	5
STI symptoms seen among spouses during second last home visit : (n=542)	
Yes	2.4
No	87
STI status not known	10.6
Spouse received treatment for those symptoms: (n=13)	
Yes	23.1
No	76.9

* Respondents whose spouses visited home at least twice after migration
Note: Data weighted according to probability of selection.

Overall, 90.4 percent respondents' spouses had visited home at least twice after migrating to India. Among them, 2.4 percent of respondents mentioned that their spouses had STI symptoms at the time of their second last home visit. However, over three-fourths of them (76.9%) had not been anywhere to receive treatment.

6.4 Awareness of HIV Testing Facilities

Many organizations run confidential HIV testing facilities where the result is made known only to the client. These facilities also provide pre and post test counseling along with the test results. The awareness about the existence of such facilities could prompt people to undertake HIV tests without the fear of being exposed. Wives of migrant laborers were also asked if they were aware of any such facilities and if they had ever taken an HIV test. The following section describes the findings.

A little over one-third of the respondents (34.4%) knew about a confidential HIV testing facility in their community. Additionally, 46.8 percent of them knew where they could go for an HIV test. However, only 15.6 percent of the respondents had ever taken an HIV test. While the majority of them (97.5%) had obtained the test results, two of the respondents (2.5%) were unaware of the results. Eighty-five percent of these wives of migrants had voluntarily taken the test, while 14.9 percent had done so because they were required or asked to do so. While 56.6 percent of these respondents had taken the test within last year, the others (43.4%) had been tested before one year (Table 6.9).

Table 6.9: Knowledge about HIV Testing Facilities among Wives of Migrants and History of HIV Test

Knowledge of HIV Test	%
Confidential HIV test facility available in the community: (n=578)	
Yes	34.4
No	41.3
Availability status not known	24.3
Know where to go for HIV test: (n=578)	
Yes	46.8
No	53.2
Ever had HIV test: (n=578)	
Yes	15.6
No	84.4
Obtained the test result: (n=90)	
Yes	97.5
No	2.5
Voluntarily underwent the test or because it was required: (n=90)	
Voluntarily	85.1
Required	14.9
Most recent HIV test: (n=90)	
Within last 1 year	56.6
Between 1-2 years	23.1
Between 2-4 years	14.9
More than 4 years	5.4

Note: Data weighted according to probability of selection.

6.5 Smoking and Use of Alcohol and Drugs

Overall, 32.2 percent of respondents smoked cigarettes, while 19.5 percent of them had consumed alcohol at least once in the past month. As for their spouses, 28.7 percent of respondents' spouses never drank alcohol, while 21.8 percent of them said that their spouses consumed alcohol every day when they last visited home. Others consumed alcohol less frequently (Table 6.10).

The respondents were also asked if they had tried any type of drugs. While 0.1 percent of them had done oral drugs, none of them, however, had ever tried any injectables (data not shown).

Table 6.10: Use of Alcohol and Cigarette Smoking among Wives of Migrants and their Spouses

Consumption of Alcohol and Cigarette Smoking	%
Smoke cigarette: (n = 600)	
Yes	32.2
No	67.8
Consumed alcohol in the last month: (n = 600)	
Never	80.5
Less than once a week	14.7
Once a week	2.6
2-3 times a week	2
On a daily basis	0.2
Consumption of alcohol by spouses in the last home return: (n = 600)	
Never	28.7
2-3 times a week	23.1
On a daily basis	21.8
Less than once a week	14.8
Once a week	11.6

Note: Data weighted according to probability of selection.

CHAPTER - VII: EXPOSURE TO HIV/AIDS AWARENESS PROGRAMS

There are number of GOs, NGOs, and INGOs, in Nepal that conduct HIV/AIDS prevention and awareness activities, care and support programs, and have HIV testing facilities. Some of these programs specifically target migrant workers and their spouses. This survey also tried to asses the exposure of the wives of migrant laborers to HIV/AIDS prevention and awareness activities. The respondents' exposures to such programs and their participation in them have been assessed in this chapter.

7.1 Peer/Outreach Education

Peer /outreach education (PE/OE) is an integral part of many HIV/AIDS related programs. As a part of this initiative, some programs mobilize peer and outreach educators to conduct one-to-one interaction/counseling sessions with the target groups. Some programs select members of the target community as PE/OEs for effective intervention. They meet different groups and hold discussions regarding HIV/AIDS and risky behaviors, safe sex, available services, and other related topics. The PE/OEs also distribute IEC materials, condoms, and refer their target groups to STI treatment services.

A little over one-fourth of the respondents (26.6%) had met a PE/OE in the past year. Of these, 32.7 percent had met PE/OEs from the Nepal Red Cross Society (NRCS) and 48.8 percent had met health professionals from government facilities such as hospitals, health centers/posts while others had interacted with PE/OEs from organizations as listed in Table 7.1.

Table 7.1: Meeting/Interaction with Peer Educator/Outreach Educators

Peer Educator/Outreach Educator	%
Met / interacted with peer educators (PE) or outreach educators (OE) in the last 12 months: (n= 600)	
Yes	26.6
No	73.4
Organizations represented by OE/PEs: *(n=159)	
Government	48.8
NRCS	32.7
C.D.F	9.1
NNSWA	7.4
FCHV	5.2
Gangotri	4.1
NSARC	3.3
WAC Nepal	2.8
Samaj Sewa Doti	1.3
Others	1.9
Organization's name not Known	0.4

*The percentages add up to more than 100 because of multiple responses.
Note: Data weighted according to probability of selection.

7.2 Drop-in Centers

Drop-in centers (DICs) are another important component of HIV prevention programs. The DICs not only provide a space for the target communities to socialize, but are also the site for educational and counseling activities. The centers also provide IEC materials and condoms to their target groups. The respondents were also asked if any of them had ever been to a DIC. However, none of the respondents had visited a DIC until the date of the survey. It should be noted that very few such DICs have targeted the wives of migrants in the rural part of the study districts surveyed.

7.3 STI Clinics

There are several STI treatment and testing facilities in different parts of the country run by government as well as non-government organizations. HIV/AIDS related programs also focus on raising awareness about STIs and the need for timely detection. Of the total 600 respondents, only 9.3 percent had visited an STI clinic in the last 12 months. While 28.1 percent had visited a hospital, 16.9 percent had been to a health post/center. Some of the respondents had visited a private clinic (13.2%), clinics run by NNSWA (12.9%), NRCS (11.8%), and WAC Nepal (10%) (Table 7.2).

Table 7.2: STI Clinic Visiting Practices

STI clinic Visiting Practices	**%**
Visited any STI clinic in the last 12 months: (n= 600)	
Yes	9.3
No	90.7
Name of organizations that run the visited STI clinic: *(n=56)	
Hospital	28.1
Heath post/health center	16.9
Private clinic	13.2
NNSWA	12.9
NRCS	11.8
WAC Nepal	10
Medical shop	6.6
Others	9.3

*The percentages add up to more than 100 because of multiple responses.
Note: Data weighted according to probability of selection.

7.4 VCT Centers

VCT centers form another integral part of the HIV/AIDS prevention program. These centers provide HIV/AIDS/STI testing services along with pre- and post-test counseling. Information related to safe injecting practices, HIV/AIDS/STI transmission, and treatment facilities are also disseminated from these centers.

The wives of migrant laborers were not likely to visit VCT centers as only 7.2 percent of the total respondents had visited a VCT center in the past year. While 31.7 percent of them had visited VCT centers run by NRCS, 25.4 percent had been to NNSWA and 23.4 percent to VCT centers run by WAC Nepal (Table 7.3).

Table 7.3: VCT Center Visiting Practices

VCT Center Visiting Practices	%
Visited VCT center in the last 12 months: (n= 600)	
Yes	7.2
No	92.8
Name of the organization that runs the visited VCT center :* (n=43)	
NRCS	31.7
NNSWA	25.4
WAC Nepal	23.4
NSARC	10.8
C.D.F	9.6
Hospital	5.9
Others	6.2
Organization's name not Known	0.9

* The percentages add up to more than 100 because of multiple responses.
Note: Data weighted according to probability of selection

7.5 Participation in HIV/AIDS Awareness Programs

As a part of HIV/AIDS awareness programs, activities such as workshops, group discussions, training sessions, radio programs, interaction sessions, and street theatre are conducted by both government as well as non-government organizations. Some of these programs specifically target MARPs, while some include the general population (Table 7.4).

Table 7.4: Participation in HIV/AIDS Awareness Programs

Participation in HIV/AIDS Awareness Program	%
Participated in HIV/AIDS awareness raising program or community events in the last 12 months: (n= 600)	
Yes	5.3
No	94.7
Kind of participated activities: * (n=32)	
Group discussions	81.8
HIV/AIDS related training	10.1
Street drama	9.4
HIV/AIDS related workshops	5.5
AIDS day	3.9
Condom use demonstrations	1.2
Name of the organizations that organized such activities *(n=32)	
NRCS	62.4
C.D.F	12.9
WAC-Nepal	8
Others	13.2
Organization's name not Known	10.4
Was visited by CHBC staff in the past one year: (n= 600)	
Yes	3
No	97
Name of the organizations represented by such staff : *(n=18)	
NRCS	81.8
NNSWA	17.2
Others	11.2

* The percentages add up to more than 100 because of multiple responses.
Note: Data weighted according to probability of selection

The wives of migrant laborers were not likely to participate in HIV/AIDS-related activities. Overall, 5.3 percent of respondents had participated in at least one HIV/AIDS awareness-raising program or a similar community event in the year preceding the survey. Among these, 81.8 percent had participated in group discussions. Others had participated in an HIV/AIDS-related training session (10.1%); street dramas (9.4%); workshops (5.5%); and AIDS Day

celebrations (3.9%). A considerable proportion of the respondents (62.4%) reported taking part in events organized by NRCS. Others had participated in activities conducted by CDF (12.9%) and WAC (8%).

At the same time, three percent of the respondents had also been visited by a CHBC staff member in the past year. Most of these CHBC staff members represented NRCS (81.8%) (Table 7.4).

Figure 6 compares the exposure of the respondents to different activities related to ongoing HIV/AIDS awareness programs. Of all the components of such programs, interaction with PE/OEs was reported by 26.6 percent of the respondents. A comparatively negligible proportion of respondents had paid a visit to a STI clinic (9.3%); a VCT center (7.2%); or had participated in an HIV/AIDS related program (5.3%) in the past year. Likewise, only 3 percent of respondents had been visited by a CHBC in the year preceding the survey.

Figure 6: Exposure to HIV/AIDS Related Programs/Activities in the Past 1 Year

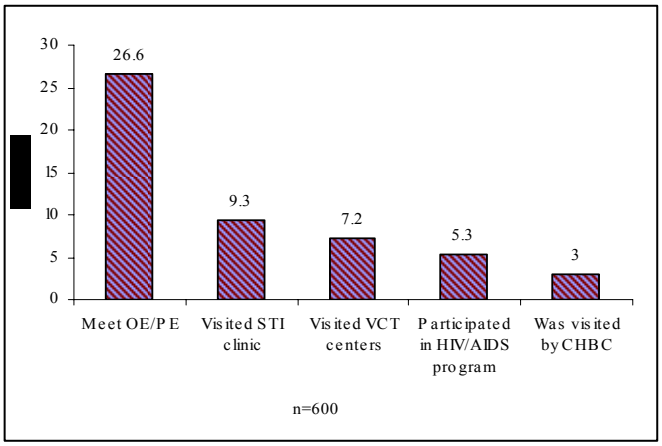


Figure 7: Exposure to HIV/AIDS Related Programs by Currently Living District

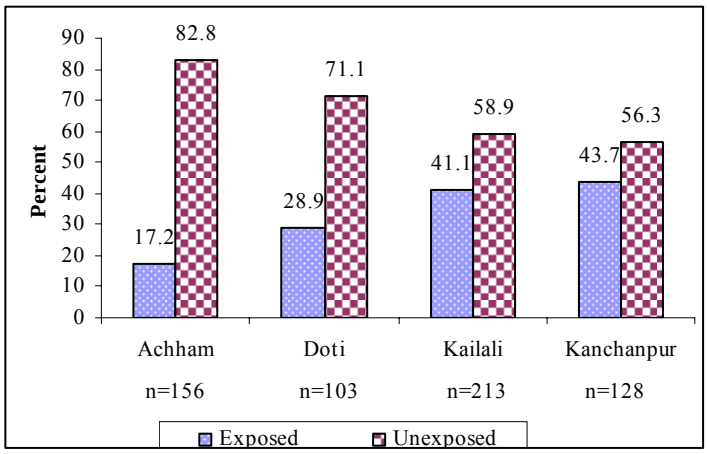


Figure 7 categorizes respondents by study district to indicate their exposure to ongoing activities/programs related to HIV/AIDS. Although the results are not comparable due to the study's sampling methodology, it can be seen that the respondents in Kanchanpur (43.7%) and Kailali (41.1%) were slightly more exposed to HIV/AIDS-related programs/activities in the past year, followed by the district of Doti (28.9%). The respondents reporting such exposure was 17.2 percent in Achham (Figure 7).

CHAPTER – VIII: A COMPARATIVE ANALYSIS OF SELECTED CHARACTERISTICS

This chapter compares data on selected indicators to analyze changes between the first and the second rounds of the IBBS among wives of migrant laborers in the four districts of Far-Western Nepal. It specifically deals with trends in HIV and STI prevalence over the years. At the same time, the indicators relating to the socio-demographic characteristics of the respondents; their sexual behavior, knowledge and attitude towards HIV/AIDS; condom use practices; and their exposure to different programs have also been analyzed. It should be mentioned here that the first round represents unweighted data while in the second round the data has been weighted based on the study population's probability of selection into the study.

Socio-Demographic Characteristics

The demographic characteristics of the wives of migrant laborers indicate a more or less similar pattern in both the rounds of the survey. Over two-fifths of the respondents in both the rounds (48.3% in 2008, 47% in 2010) were 20-29 years of age. At the same time, the median age of the respondents in the first as well as the second rounds was 28 years

Table 8.1: Socio-Demographic Characteristics of Wives of Migrants

Characteristics	2008		2010	
Age	**n=400**	**%**	**n=600**	**%**
16 – 19	31	7.8	49	8.2
20 – 24	99	24.8	150	25.0
25 – 29	94	23.5	132	22.0
30 – 34	74	18.5	101	16.8
35 and more	102	25.5	168	28.0
Range	16 – 55		16-60	
Mean/median age	29.2/28.0		29.7/28.0	
Education				
Illiterate	286	71.5	326	54.3
Literate, no schooling	42	10.5	129	21.4
Grade 1 – 5	48	12.0	71	11.9
Grade 6 – 9	21	5.3	63	10.6
SLC and above	3	0.8	11	1.8
Marital status				
Married	385	96.3	596	99.3
Widow	15	3.8	4	0.7
Currently living with				
Children	151	37.8	192	32.0
In-laws	137	34.3	277	46.1
Husband	108	27.0	123	20.4
Parents	2	0.5	6	1.1
Others	2	0.5	2	0.3

Education wise, the second round of the survey participants appeared slightly better off than the first round study respondents. While in the first round 71.5 percent of the respondents were illiterate, only 54.3 percent of them reported being so in the second round. Around 12 percent of the respondents had passed the primary level of education in both the rounds. However, a slightly higher proportion of wives of migrant laborers had completed secondary

level schooling in the second round compared to the first (10.6% in 2010, 5.3% in 2008). (Table 8.1).

At the same time, while the respondents in the first round of the survey included 15 widows (3.8%), the second round had four widows (0.7%) as study participants.

No major differences were seen in the living status of the wives of migrant laborers between the first and the second round of the survey. Many were living either with their children or their in-laws at the time of the survey.

Migration Status of the Respondents' Spouses

While in the first round of the survey, 19.3 percent of the respondents' spouses had last returned home less than three months back, 28.8 percent of them reported doing so in the second round. At the same time, 30.3 percent of wives of migrants in the first round and 25.9 percent of them in the second round mentioned that they last had their husbands back home 3-6 months ago.

Table 8.2: Migration Pattern

Returned home last	**2008**		**2010**	
	n=400	**%**	**n=600**	**%**
Less than 3 months	77	19.3	173	28.8
3 – 6 months	121	30.3	156	25.9
7 – 12 months	74	18.5	107	17.9
13 – 18 months	61	15.3	79	13.2
More than 18 months	67	16.8	84	14.0
Duration of stay in India as migrant worker				
Up to 12 months	27	6.8	106	17.6
13 – 60 months	127	31.8	217	36.2
61 – 108 months	107	26.8	122	20.3
More than 108 months	139	34.8	155	25.9
Mean/median	94.3/81.0		74/54.00	

Both the rounds of survey results show that the majority of the respondents' spouses had spent more than one year away from home as migrant workers. While in the first round, 6.8 percent of the respondents' spouses had spent one year or less time in India; the proportion of respondents reporting so was 17.6 percent in the second round (Table 8.2).

Sexual Behavior

The median age of the respondents at the time of first sexual contact was 16 years in both the first and the second round of the survey. Around three-fourths of the respondents in both the rounds have had their first sexual relations at the age of 15-19 years. At the same time, 19.3 percent of the respondents in the first round and 13.4 percent of them in the second round were merely 10-14 years of age when they first had sexual intercourse.

Extra-marital sexual relations were reported by a few respondents in the first (1.5%) as well as the second round (1.3%) of the survey. Likewise, very few had sexual contact with a paying partner in both the rounds (0.5% and 0.3% in first and second rounds respectively) (Table 8.3).

Table 8.3: Sexual Behavior

	2008		2010	
Age at first sex	**n=400**	**%**	n=**600**	**%**
10 – 14	77	19.3	80	13.4
15 – 19	303	75.7	448	74.7
20 – 26	20	5.0	71	11.9
Range	10-24		10-26	
Mean/median	16.2/16.0		16.68/16.0	
Ever had sex with someone other than husband				
Yes	6	1.5	8	1.3
No	394	98.5	592	98.7
Ever had sex with paying partner				
Yes	2	0.5	2	0.3
No	398	99.5	598	99.7

Awareness and Use of Condoms

Most of the respondents in both the rounds (96.5% in the first round and 97.5% in the second round) had heard of condoms. While 27.2 of those who had heard about them had ever used condoms in the first round, a slightly higher proportion of them (39.1%) reported ever having used condoms in the second round.

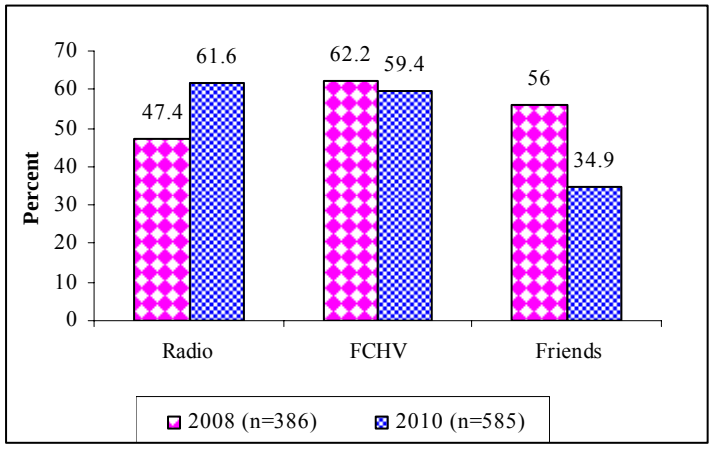
Table 8.4: Knowledge, Awareness & Use of Condom

	2008		2010	
Ever heard of condom	**n=400**	**%**	**n=600**	**%**
Yes	386	96.5	585	97.5
No	14	3.5	15	2.5
Ever used condom	**n=386**	**%**	**n=585**	**%**
Yes	105	27.2	228	39.1
No	281	72.8	357	60.9
Usual mode of obtaining condom	**n=105**	**%**	**n=228**	**%**
Always free of cost	35	33.3	140	61.2
Always purchase	2	1.9	27	11.7
Purchase as well as free of cost	8	7.6	12	5.1
Husband/sexual partner brings	60	57.1	50	22.1
Frequency of condom use during spouse's last home stay	**n=395**	**%**	**n=584**	**%**
Every time	23	5.8	61	10.5
Not all the time/never	372	94.2	523	89.5
Frequency of condom use during second last home stay of spouses	**n=369**	**%**	**n=510**	**%**
Every time	17	4.6	49	9.5
Not all the time/never	352	95.4	461	90.5
Frequency of condom use during last sex:	**n=395**	**%**	**n=584**	**%**
Yes	43	10.9	100	17.2
No	352	89.1	484	82.8
Sources of information on condom: *	**n=386**	**%**	**n=585**	**%**
Radio	183	47.4	360	61.6
FCHV	240	62.2	347	59.4
Friends	216	56.0	204	34.9
Health worker	108	28.0	152	26
Husband	76	19.7	107	18.3
Television	59	15.3	88	15
People of NGOs	63	16.3	81	13.9
PE/OE/CM	51	13.2	59	10.1
Hospital			9	1.6
Neighbor	20	5.2	38	6.6
Family members/relatives			5	0.9
Others	6	1.6	23	4

Additionally, a higher proportion of respondents in the second round had access to free condoms than those in the first round. While in the first round, 33.3 percent of the respondents mentioned that they obtained free condoms all the times, a relatively higher proportion of respondents (61.2%) reported so in the second round. At the same time, there has been an increase in the proportion of those respondents who always purchased condoms (1.9% in first round and 11.7% in the second round).

Consistent use of condoms during sexual contact with husbands is still low among wives of migrants although there has been a slight improvement in condom use patterns since the first round. Consistent use of condoms has increased since the first round during spouses' last home stay (5.8% in the first round and 10.5% in the second round) as well as during their second last home stay (4.6% in the first round and 9.5% in the second round). Likewise, 10.9 percent of the respondents had used a condom consistently in the last sexual encounter with their spouses in the first round, while 17.2 percent of them reported doing so in the second round. The change is significant. (Table 8.4).

Figure 8: Three most Common Sources of Information on Condoms



Radio has been an effective source of information regarding condoms among the wives of migrants. While in the first round 47.4 percent of respondents had heard about condoms from radio; 61.6 percent of them reported so coming to the second round. Besides, FCHVs and friends are still important sources of information (Figure 8).

Knowledge of HIV/AIDS

Sources of information on HIV/AIDS information sources have changed only slightly over the years. Radios, FCHVs, and friends still remain the most common sources of information for the study population. While FCHVs were the most common information sources in the first round, radio became the most common source in the second round Figure 9.

Figure 9: Three most Important Sources of Information about HIV/AIDS

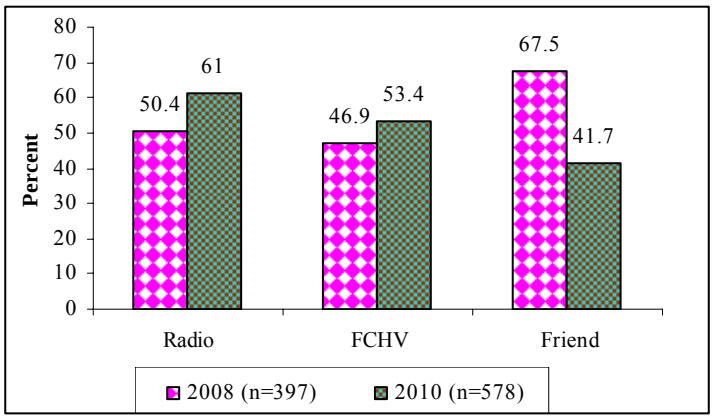


Table 8.5: Knowledge on HIV/AIDS

Knowledge of six major indicators on HIV/AIDS	2008		2010	
	n=397	%	n=578	%
A. Abstinence from sexual contact can prevent from HIV/AIDS.	366	92.2	499	86.3
B. Monogamous sexual relations can prevent from HIV/AIDS	358	90.2	497	86.0
C. Consistent condom use during each sex can prevent from HIV/AIDS	338	85.1	461	79.8
D. A healthy-looking person can be infected with HIV	299	75.3	419	72.5
E. A person cannot get the HIV virus from mosquito bite	107	27.0	122	21.1
F. HIV is not transmitted while sharing a meal with an HIV infected person	252	63.5	315	54.6
Knowledge of all three indicators – ABC	312	78.6	390	65.0
Knowledge of all five indicators – BCDEF	72	18.1	75	12.5
Stigma and discrimination				
Willing to take care of HIV positive male relative at home	**n=400**	**%**	**n=600**	**%**
Yes	373	93.3	454	75.6
No	22	5.5	140	23.3
Don't know	5	1.3	6	1.1
Willing to take care of HIV positive female relative at home				
Yes	374	93.5	459	76.6
No	21	5.3	134	22.3
Don't know	5	1.3	6	1.1
Would prefer to keep HIV status of a family member a secret				
Yes	120	30.0	219	36.5
No	276	69.0	371	61.9
Don't know	4	1.0	10	1.6

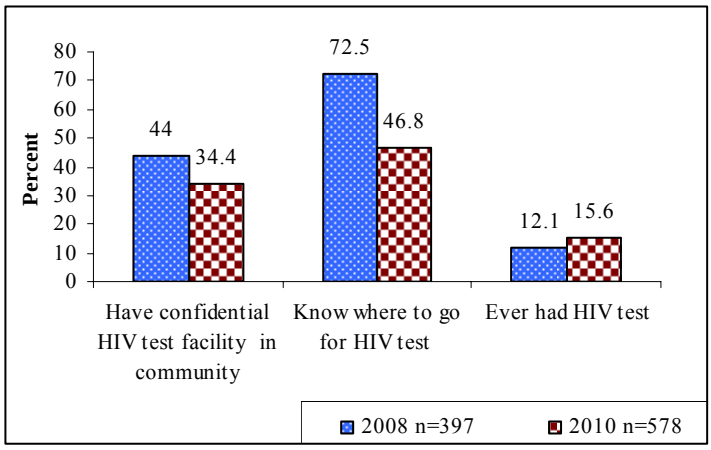
Among the five indicators 'BCDEF' concerning comprehensive knowledge of HIV/AIDS, a relatively smaller proportion of respondents in both the rounds of the survey (27% in 2008 and 21.1% in 2010) were aware of 'E' i.e., that a person cannot get the HIV virus from a mosquito bite. Likewise, a comparatively smaller proportion of wives of migrants were aware that HIV is not transmitted while sharing a meal with an HIV-positive person (63.5% in the first and 54.6% in the second round). Overall, a smaller proportion of respondents in the second round (12.5%) than in the first round (18.1%) had comprehensive knowledge of HIV/AIDS transmission. Similarly, the knowledge of 'ABC' was also found among a slightly lower proportion of respondents in the second round (65%) than in the first round (78.6%).

A lack of awareness and limited knowledge about the modes of HIV transmission may lead to negative attitude towards people living with HIV/AIDS. As indicated by the awareness data in the previous paragraph, a lower proportion of respondents in the second round than in the first round were ready to take care of an HIV positive male relative (93.3% in the first round and 75.6% in the second round), and a female relative (93.5% in the first round and 76.6% in the second round) at their homes. In the same way, 36.5 percent of the respondents in the second round as compared to 30 percent in the first round did not want to talk about a family member being HIV positive.

HIV Test

About one-third of the respondents (34.4%) knew of a confidential HIV testing facility existing in their community; over two-fifths of them (44%) had reported the same in the first round. At the same time, a smaller proportion of wives of migrants in the second round (46.8%) than in the first round (72.5%) knew about a place where they could go for HIV testing. Knowledge about an HIV testing facility is not indicative of test taking behavior. Although the proportion of those taking an HIV test has slightly increased since the first round, the proportion of wives of migrants reporting so is still not very high (12.1% in 2008 and 15.6% in 2010) Figure 10.

Figure 10: Knowledge about HIV Testing Facilities & HIV Test Taken



Program Exposure

There has not been much change in the level of program exposure of the wives of migrants since the first round of the survey. Approximately one-fourth of them had met or interacted with PE/OE in the past 12 months and around seven percent of them had visited a VCT center. A slightly higher proportion of respondents visited STI clinics in the past year than in the first round (6.3% in the first round and 9.3% in the second round). However, participation in HIV/AIDS-related programs declined from 14.3 percent in 2008 to just 5.3 percent in 2010. CHBC staff visits were reported by three percent of the respondents in the second round, while 2.3 percent of them had reported the same in the first round (Table 8.6).

Table 8.6: Program Exposure

Peer Educator/Outreach Educator	2008		2010	
Met / interacted with peer educators (PE) or outreach educators (OE) in the last 12 months	**N=400**	**%**	**n= 600**	%
Yes	110	27.5	159	26.6
No	290	72.5	441	73.4
Visited any STI clinic in the last 12 months				
Yes	25	6.3	56	9.3
No	375	93.8	544	90.7
Visited VCT center in the last 12 month:				
Yes	29	7.3	43	7.2
No	371	92.8	557	92.8
Participated in HIV/AIDS awareness raising program or community events in the last 12 months:				
Yes	57	14.3	32	5.3
No	343	85.8	568	94.7
Was visited by CHBC staff in the past one year				
Yes	9	2.3	18	3
No	391	97.8	582	97

HIV Prevalence

HIV prevalence among the wives of migrants has lowered since the first round. As seen in Figure 11, the first round of IBBS showed a prevalence rate of 3.3 percent in 2008 which has come down to 0.8 percent in 2010 (Figure 11).

Figure 11: HIV Prevalence among Wives of Migrants

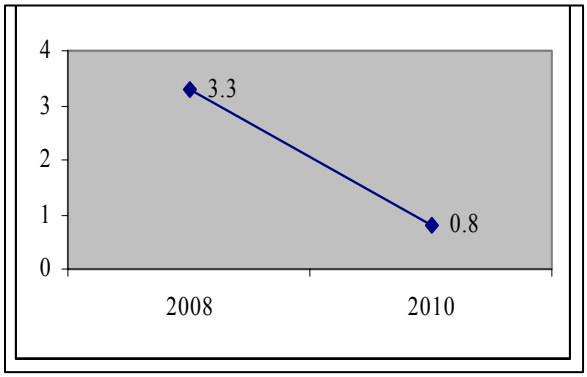
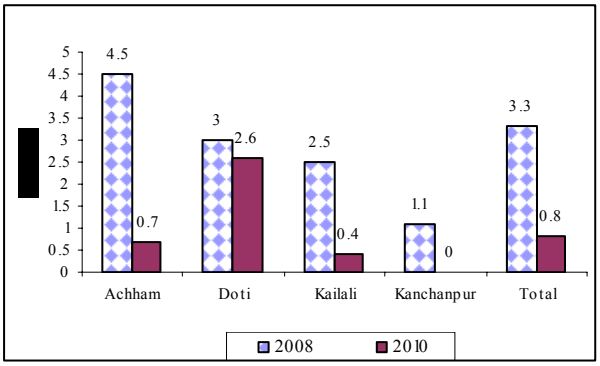


Figure 12: HIV Prevalence by Study Districts: 2008-2010



Among the four different study sites in Far-Western Nepal, Doti had the highest HIV prevalence in the second round (2.6%) while it was Achham that had the highest HIV prevalence in the first round (4.5%). At the same time, the districts of Kailali and Kanchanpur had 2.5 percent and 1.1 percent HIV prevalence in the first round. This round of IBBS however has showed 0.4 percent HIV positives in Kailali while none of the respondents from Kanchanpur have tested HIV positive (Figure 12).

Relationship between Socio-demographic Characteristics and HIV Prevalence

In both the rounds of the survey the older (more than 25 years) and illiterate respondents had a higher prevalence of HIV than their younger, and more literate counterparts. However these differences are statistically insignificant. On the other hand, a significant relationship has been observed between HIV prevalence and the marital status of the respondents. A significantly higher proportion of respondents who were widows (40% in 2008 and 22.5% in 2010) were HIV positive compared to those who were married at the time of the survey in both the first and the second rounds of the IBBS (Table 8.7).

Table 8.7: Relationship between Socio-demographic Characteristics and HIV Prevalence

Characteristics	2008			2010		p value
	n=400	HIV positive n (%)	p value	n=600	HIV positive n (%)	
Age						
Below 25 years	130	1 (0.8)	.05	199	0(0.0)	0.05
25 years and above	270	12 (4.4)		401	5(1.2)	
Marital status						
Currently	385	7 (1.8)	.01	596	4(0.6)	0.001
Widow	15	6 (40.0)		4	1(22.5)	
Literacy						
Illiterate/no schooling	328	12 (3.7)	.05	455	5(1.0)	0.05
Formal school	72	1 (1.4)		146	0(0.0)	

CHAPTER - IX: CONCLUSIONS

The median age of the wives of migrants is 28. Early marriage is a prevalent trend and a large proportion of the wives of migrant laborers are illiterate. HIV prevalence among the wives of migrant laborers in Far-Western Nepal is 0.8 percent. The prevalence rate is comparatively higher among the wives of migrants in Doti (2.6%) than those in Achham (0.7%), Kailali (0.4%,) and Kanchanpur (no prevalence). Overall the prevalence among the participants in this round of IBBS is much lower compared to those in the first round (3.3 %).

The marital status of the respondents shows a significant association with HIV prevalence; 0.6 percent of currently married wives of migrants are HIV positive compared to 22.5 percent of widow respondents.

Overall, 21.5 of the wives of migrants have had at least one symptom of STI in the past year while 12.2 of them had such symptoms at the time of survey. Treatment-seeking practice is not very common as only 48.1 percent of those who had such symptoms in the past year and 24.7 percent of those having such symptoms at the time of the survey had gone for treatment.

Knowledge regarding HIV/AIDS and condoms is quite high. Over nine out of ten respondents had heard about condoms and HIV/AIDS. Six in ten respondents (61.2%) usually receive free condoms, most of them from FCHVs (82.9%).

Likewise, a considerable proportion of the wives of migrants were aware that consistent use of condoms (79.8%) and having one faithful sexual partner (86%) could prevent HIV infection. A considerable proportion of them also knew that even a healthy looking person could be infected with HIV (72.5%). Interestingly, however, few respondents (21.1%) agreed that a person cannot get HIV from a mosquito bite and that sharing food with an HIV-infected person does not transmit HIV (54.6%).

Condoms are perceived to be more of a contraceptive device than STI preventer regarding sexual contact with husbands. Women trust their partners and are likely to have unprotected sex with them when they are using other family planning devices. Despite considerable awareness about condom use as well as modes of HIV transmission, 10.5 percent of wives of migrants had used condoms consistently when they had sexual contact with their husbands during their last home visit. The proportion of those who had used condoms consistently during their spouses' second last home visit was even smaller (9.5%).

Although 34.4 percent of the wives of migrants knew that a confidential HIV testing facility existed in their community itself and 46.8 percent of them knew about a place where they could go for HIV testing; only 15.6 percent had ever taken the test. Among them 56.6 percent had taken the test within the last year.

A relatively lower proportion of wives of migrants were exposed to ongoing HIV/AIDS related prevention/awareness activities. While 26.6 percent of them had met a PE/OE in the past year, 9.3 percent had visited an STI clinic, 7.2 percent of them had visited a VCT center, 5.3 percent had participated in at least one HIV/AIDS awareness-raising program or a similar community event, and three percent of them had been visited by a CHBC staff member in the past year.

CHAPTER - X: RECOMMENDATIONS

This round of the IBBS has found a 0.8 percent HIV prevalence among wives of migrants in the four study districts of Far-Western Nepal. The prevalence rate and its treatment implications must be considered when designing and implementing HIV prevention, care, and treatment programs for the study population.

Ongoing HIV/AIDS-related activities have not been able to effectively cover the target population. While 26.6 percent of respondents had met a PE/OE, 5.3 percent had participated in at least one HIV/AIDS awareness-raising program or a similar event in the past year. It is necessary to design group-specific strategies to cover this group who are at greater risk of HIV transmission. Household visits, one-to-one education programs, as well as group discussions to raise awareness and educate the target groups need to be increased. The survey has identified the radio and FCHVs as important channels that could be mobilized further to disseminate the necessary information to target groups.

The wives of migrant laborers in the region were also less likely to be educated; 54.3 percent were illiterate, and 21.4 percent could read and write but did not have formal schooling. IEC materials specifically covering the population who have limited exposure to formal education should be developed. Informal community education via networks of community health volunteers, FCHVs, or women's groups targeting such housewives is also necessary. Radio programs, street drama with comprehensive information on the nature and transmission of HIV and AIDS, as well as HIV prevalence and its impact could be an effective strategy for reaching this group.

Programs targeting gender issues and gender rights should be developed. Around 31 percent of those who had used a condom during the last instance of sexual contact with their spouses had suggested using a condom themselves. Household campaigns and village-targeted programs should motivate women in rural areas to speak up regarding condom use and preventive methods to avoid STIs and HIV infection. Migrant male workers should also be part of awareness campaigns regarding condom use to avoid STIs and HIV.

Around 48 percent of those who had at least one STI symptom in the past year and 24.7 percent of those who had been experiencing such symptoms at the time of the survey had sought treatment. Likewise, while 46.8 percent of the wives of migrants knew where they could go for an HIV test, only 15.6 percent of the respondents had ever taken one. It is therefore necessary to expand STI treatment as well as HIV testing facilities. Client-friendly and confidential STI treatment centers and HIV testing facilities should be operated at easily accessible points and information about the services should reach the target groups.

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ANNEXES

ANNEX – 1

Indicators for Monitoring and Evaluation Framework for HIV

Prevention 1: HIV-related risk and transmission among Wives of Labor Migrants	Result (n=600)
Impact/Outcome Targets	
Percentage of migrant wives that are HIV infected	0.8
Percentage of migrants wives who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	12.5
Output/Coverage Targets	
Percentage of Migrants wives reached with targeted HIV prevention (e.g. BCC with OE/PE or DIC or STI Clinics or VCT or community events / trainings or drug treatment or rehabilitation)	33.7
Percentage of Migrants wives reached with HIV prevention program (Knows where to receive HIV test result and received condom)	4.0
Percentage of Migrants wives that have received an HIV test in the last 12 months and who know their results	7.4

ANNEX –2

Formula for weight calculation

Pi = (m*Mi/M)*(ni/Ni)
wi = weight (1/Pi)
standardized weight = (wi*ni)/ ∑ (wi*ni)

Pi =probability that a target group member in cluster I was chosen for the survey
m = number of sample clusters chosen
Mi =expected measure of size for cluster
M = total measure of size for the survey universe (M = total measure of size for cluster
ni = number of sub-population members chosen in cluster
Ni = total number of sub-population members in the cluster
wi = weight (1/Pi)
SW (w prime i) = wi*ni /(sum of wi*ni) Standardized Weight

ANNEX – 3

District Wise Number of Wives of Labor Migrants and Sample Selected-2010

District	No. of selected clusters in the sample	No. of migrants' wives at the time of visit	Sample selected (unweighted)
Achham	8	3099	160
Doti	8	2805	160
Kanchanpur	5	7763	100
Kailali	9	10262	180
Total	30	23929	600

ANNEX – 4

National Centre for AIDS and STD Control (NCASC)
Ministry of Health and Population (MOPH)
Government of Nepal

CONFIDENTIAL

Integrated Biological and Behavioral Surveillance Survey (IBBS)
Among Wives of Migrants in Four Districts in Far-Western Region of Nepal
Round II: 2010

Namaste! My name is ……., I am here to collect data for a research study. This study is being conducted for the National Centre for AIDS and STD Control (NCASC), Ministry of Health and Population, Government of Nepal. You are explained about the study during consent taking process. I will ask you some questions that will be about your sexual behavior, knowledge and use of condom with various sex partners, STI/HIV/AIDS, drugs and about migration status of your husband. I believe that you will provide correct information only. We will also draw blood sample for HIV testing. If you have any STI symptoms, we will provide treatment free of charge. The information given by you will be strictly treated as confidential. Nobody will know about the information you provide to us because your name will not be mentioned in this form and blood sample. It will take about 60 minutes to complete the interview and blood sample collection.

You are free to quit the survey any time you want to. You do not have to answer questions that you do not want to answer. But I strongly believe that you will fully participate in this survey and make it success by providing correct answers of all the questions asked. However it is up to you to decide whether to participate in the study or to decide not to answer some questions if you feel so.

Would you be willing to participate?

1. Yes 2. No

Signature of Interviewer:_____ Date: 2067/____/_____

Definition of Respondent
"Women aged 16 years and above who are current wives or widows of male, who had migrated to India for work for at least three months in the last three years and have returned home at least once within the last three years".

Name of interviewer: _____ Code No. of Interviewer: ☐☐☐☐☐

Date of Interview: 2067/_____/_____

Checked by the supervisor: Signature: _____ Date: 2067/_____/_____
Has someone from has interviewed you with a questionnaire in last few weeks?

1. Yes 2. No (Continue Interview)

↓

When?
_____ Days ago **(STOP INTERVIEW)**

100. GENERAL INFORMATION

S.N.	Questions and Filters	Coding Categories	Skip To
101	Respondent ID No.	☐☐☐☐☐☐	
102	Interview Starting Time Interview Completion Time	Hour ☐☐ Minute ☐☐ Hour ☐☐ Minute ☐☐	
103	Where were you born?	District_____ VDC/Municipality_____ Ward No.....☐☐ Village/Tole_____	
104	Where do you live now? **(Name of Current Place of Residence)**	Districts: _____ VDC/Municipality: _____ Ward No.....☐☐ Village/Tole _____	

200. PERSONAL INFORMATION

S.N.	Questions and Filters	Coding Categories	Skip To
201	How old are you?	Age .....☐☐ ***(Write the completed years)***	
202	What is your caste? ***(Write code no. as per Ethnicity/Caste Manual)***	Ethnicity/Caste_____ (Specify) Code No.....☐☐	
203	What is your educational status? ***(Circle '00' if illiterate, '19' for the literate without attending the school, and write exact number of the completed grade)***	Illiterate.....00 Literate.....19 Grade.....☐☐ ***(Write the completed grade)***	
204	What is your present marital status?	Married.....1 Divorced/permanently separated .....2 Widow.....3	
205	How old were you when you were first married?	Age .....☐☐ ***(write the completed years)***	
206	With whom are you staying currently?	With Husband .....1 With in laws.....2 Alone.....3 With parents.....4 With children .....5 With male friends .....6 Others _____96 (Specify)	

S.N.	Questions and Filters	Coding Categories	Skip To
207	How many dependents (whom you have to support) are in your family? ***(Count those above 18 as adults)***	Number of children ..... ☐☐ Number of adults……. ☐☐ Total No. …….. ☐☐	

300. ABOUT YOUR HUSBAND

NOTE:

1. Before asking questions about her husband make sure that he had migrated to India for at least three months for work and had returned home at least once within last three years.

2. If the respondent is a widow/divorcee, she should answer the questions relating to her husband's last home visit before death or before separation.

[THIS BEING A SENTIMENTAL ISSUE, SHOULD BE HANDLED WITH UTMOST CARE AND HONOR TO THE CONCERNS OF THE RESPONDENT]

S.N.	Questions and Filters	Coding Categories	Skip To
301	How old was your husband when he had gone abroad for work for the first time?	Age ..... ☐☐ ***(Write the completed years)*** Don't know 98	
301 a	How old is your husband now?	Age ..... ☐☐ ***(Write the completed years)*** Don't know 98	
301 b	What is your husband's educational status? ***(Circle '00' if illiterate, '19' for the literate without attending the school, and write exact number of the completed grade)***	Illiterate ..... 00 Literate ..... 19 Grade**.....** ☐☐ ***(Write the completed grade)***	
302	How much did your husband earn per month from his last job when abroad?	Rupees ..... ☐☐☐☐☐ ***(If it is IC convert it into NC)*** Don't know 98	

S.N.	Questions and Filters	Coding Categories	Skip To
303	When your husband was abroad where did he work and for how long? **(Mention first place of work at first. Write detail description of each location and duration in this table)**		

Visited Country	Visited Cities			Date of Visit		Months Spent Abroad	Date of Returning Back to Nepal		Months Spent in Nepal	Type of Work Abroad
	State	City	Nearby City	Year	Month		Year	Month		

Note: If the respondent does not know answer write '98' in the appropriate cell.

304	How old were you when your husband had gone abroad for work for the first time?	Age .....☐☐ ***(write the completed years)*** Before my marriage ..... 96 Don't know 98	
305	When did he come back home for the last time? ***(If less than a month, write '00')*** **Check: if answer is more than 36 months respondent will not be qualified for interview**	Months ago .....☐☐	
306	When had he come back home before the last time? **(Check: answer to Q. No. 306 must be larger than the answer to Q. No. 305)**	He came back only once ..... 95 Months ago .....☐☐	
307	The last time when your husband came, how often did he drink alcohol while at home?	Every day ..... 1 2-3 times a week ..... 2 At least once a week ..... 3 Less than once a week..... 4 Never..... 5 Don't know 98	
308	The last time your husband was abroad, with whom did he live there?	Alone..... 1 With other woman..... 2 With friends ..... 3 With relatives..... 4 Others _____ 96 (Specify) Don't Know 98	

S.N.	Questions and Filters	Coding Categories	Skip To
309	Is/Was your husband married to other woman also? **(This question will be applicable to those who are currently married and divorced. If the respondent is a widow ask whether her husband had other wives before his death)**	Yes ..... 1 No..... 2 Don't Know 98	
	Note: If response to Q no. 204 is 3 go to Q no. 310, 'Otherwise' go to Q. No. 401		
310	When did your husband die? ***(If less than a month, write '00')***	Months ago ..... ☐☐	
311	Do you know the cause of death of your husband?	Yes ..... 1 No..... 2 → 401	
312	If yes, (as in 311), what was the cause of death of your husband?	HIV/AIDS ..... 1 Others _____ 96 → 401 (Specify)	
313	If the cause of death was HIV/AIDS was his blood tested?	Yes ..... 1 → 401 No..... 2 Don't Know 98	
314	If his blood was not tested, how do you know that cause of death was HIV/AIDS?	_____ _____ _____	

400. SEXUAL BEHAVIOR

S.N.	Questions and Filters	Coding Categories	Skip To
401	How old were you at your first sexual intercourse? ***(In completed years)***	Years old ..... ☐☐ Don't know/can't recall 98	
402	Did you ever have sexual intercourse with a man other than your husband? ***(If answer is 'No' Probe)***	Yes ..... 1 No..... 2 → 405	
403	**If Yes in 402,** when did you have sex with a man other than your husband? ***(Multiple Response Possible. Don't read the responses)***	When husband was abroad..... 1 After getting divorced..... 2 ***(check Q no 204 whether she is a divorcee)*** After the death of husband..... 3 ***(check Q no 204 whether she is a widow)*** Before getting married ..... 4 Others _____ . 96 (Specify) No Response 99	
404	How frequent do you have sex with other men?	Most often ..... 1 Some times..... 2 Rarely..... 3	

S.N.	Questions and Filters	Coding Categories	Skip To
		Had such sexual contact only before getting married.....4 No response.....99	
405	Have you ever had sex with someone other than your husband who paid you in cash or in kind for sex? ***(If answer is 'No' Probe)***	Yes .....1 No.....2	→ 407
406	Since when have you been having sex with someone other than your husband who pays you in cash or in kind?	Since less than 3 months back.....1 Since past one year.....2 Since past three years.....3 Since past five years.....4 Since more than past five years .....5 Rarely.....6 No response.....99	
407	Have you ever gone abroad?	Yes .....1 No.....2	→ 501
408	Who accompanied you when you went abroad?	Alone.....1 My husband.....2 Relative/friend.....3 Unknown person .....4 Others _____.96 (Specify) No Response 99	
409	Did you have sex when you had gone abroad?	Yes .....1 No.....2	→ 501
410	When you were abroad, with whom did you have sex? ***(Multiple response. Do not read the possible answers)***	With husband .....1 With other male.....2 With someone who paid me in cash or in kind.....3 No Response 99	

500. KNOWLEDGE, ACCESSIBILITY AND USE OF CONDOM

Condom Knowledge and Accessibility

Q.N.	Questions and Filters	Coding Categories	Skip to
501	Have you ever heard about condom? ***(If answer is No, Probe)***	Yes ..... 1 No ..... 2 →	 513
502	From where did you hear about condom? ***(Multiple response. Do not read the possible answers)***	Radio/FM ..... 1 TV ..... 2 Health workers ..... 3 NGOs ..... 4 FCHV ..... 5 Peer /friends ..... 6 Husband ..... 7 Peer/outreach educators ..... 8 Volunteer/community worker…9 Others _____ 96 (Specify)	
503	Have you ever used condom? ***(If answer is No, Probe and confirm)***	Yes ..... 1 No ..... 2 →	 513
504	Do you usually keep condoms at home?	Yes ..... 1 No 2	
505	Which are the places or people that you know from where you can obtain condoms? ***(Multiple answer. Do not read the possible answers)***	Health Post / Health Center ..... 1 Pharmacy ..... 2 General retail store (*Kirana Pasal*) ..... 3 Private Clinic ..... 4 Paan shop ..... 5 Hospital ..... 6 FPAN Clinic ..... 7 Peer /Friends ..... 8 FCHV ..... 9 NGOs ..... 10 Peer/outreach educators .. 11 Health Workers ..... 12 Volunteer/community worker 13 Others _____ ... 96 (Specify) Don't know 98	
506	How long does it take for you to get condom from the nearest place from your home? ***(if it is less than one minute write 00)***	Minutes ..... ☐☐ Don't know 98	
507	How do you usually obtain condoms?	I always get it free of cost ..... 1 → I buy ..... 2 → Both (buy & get free) ..... 3 → My husband/sex partner brings it 4	508 510 508

Q.N.	Questions and Filters	Coding Categories	Skip to
507.1	How does your husband/sex partner often obtain free condoms?	Always gets free of cost ..... 1 Always buys ..... 2 → 510 Obtains both ways ..... 3 Don't know ..... 98 → 512	
508	From where do you (does your husband/sex partner) obtain free condoms mostly? ***(Multiple answer. Do not read the possible answers)***	Health Post/ Health Center ..... 1 Hospital ..... 2 FPAN Clinic ..... 3 Peer /Friends ..... 4 FCHV ..... 5 Outreach/peer educators ..... 6 NGO ..... 7 Health worker ..... 8 Volunteer/community worker…9 Others _____ .96 (Specify)	
509	Which would be the most convenient place/s for you (your husband/sex partner) to obtain free condoms? ***(Multiple answers: Do not read the possible answers)***	Health Post/ Health Center ..... 1 Hospital ..... 2 FPAN Clinic ..... 3 Peer /Friends ..... 4 FCHV ..... 5 Outreach/peer educators ..... 6 NGO ..... 7 Health worker ..... 8 Volunteer/Community worker .. 9 Others _____ .96 (Specify)	
	(Note: If response is '1' in Q 507, or '1' in Q 507.1, go to Q. 512)		
510	From where do you (your husband/sex partner) often buy condoms? ***(Multiple answers: Do not read the possible answers)***	Pharmacy ..... 1 General retail store *(Kirana Pasal)* ..... 2 Private clinic ..... 3 Paan Shop ..... 4 Others _____ .96 (Specify)	
511	Which would be the most convenient places for you (your husband/sex partner) to buy condom? ***(Multiple answers: Do not read the possible answers)***	Pharmacy ..... 1 General retail store *(Kirana Pasal)* ..... 2 Private clinic ..... 3 Paan Shop ..... 4 Others _____ .96 (Specify)	
512	In the past one year, did you get condom from anywhere? (e.g. peer educators, STI treatment centers)	Yes free ..... 1 Yes on cash ..... 2 No 3	

Condom Use with Husband when he was home last time

Q.N.	Questions and Filters	Coding Categories	Skip to
513	Did you have sex with your husband when he was back to home last time? **(If answer is 'No' Probe)**	Yes ..... 1 No..... 2	→ 521
514	How long did your husband stay when he was back to home last time? **(write '00' if less than one month)**	He is at home now..... 95 Month ..... ☐☐	
515	How many times did you have sexual intercourse with your husband when he was back to home last time?	Times ..... ☐☐☐☐ Don't know 98	
	If response '2' in Q. No. 501 or Q. No. 503 or if respondent has not heard about condom or has never used it, go to Q No. 522		
516	Did you use condom in your last sexual intercourse with your Husband? ***(Check with Q no. 501 and 503)***	Yes ..... 1 No..... 2	→ 518
517	Who suggested condom use at that time?	Myself ..... 1 My husband..... 2 Both of us..... 3 Don't know 98	519
518	Why didn't you use condom at that time?	Not available..... 1 Too expensive..... 2 Husband objected ..... 3 I didn't like to use it..... 4 Didn't think it necessary ..... 5 Didn't think of it..... 6 Didn't know/ wasn't aware of condoms..... 7 Others _____ ... 96 (Specify)	
519	When your husband was back to home last time, how often did you use condom while having sex with him?	All of the time ..... 1 Most of the time ..... 2 Sometimes ..... 3 Rarely ..... 4 Never..... 5	→ 522

Q.N.	Questions and Filters	Coding Categories	Skip to
520	Why you did not use condom always? ***(Multiple answers: Do not read the possible answers)***	We wanted children ..... 1 We were using other FP methods ..... 2 Not available ..... 3 Too expensive ..... 4 Husband objected ..... 5 I didn't like to use it ..... 6 Didn't think it necessary ..... 7 Didn't think of it ..... 8 Didn't know/ wasn't aware about condoms ..... 9 Others _____ 96 (Specify) Don't know 98	522
521	May I ask you the reason why you did not have sex with your husband when he was home last time? ***(Multiple answers: Do not read the possible answers)***	I was sick ..... 1 Husband was sick ..... 2 Husband was at home for a short time ..... 3 I was not at home when husband came back home ..... 4 Others _____ ... 96 (Specify) No Response 99	

Condom Use with Husband on His Second Last Home Visit

Q.N.	Questions and Filters	Coding Categories	Skip to
522	Did you have sex with your husband when he was back home before the last time?	Yes ..... 1 No ..... 2 Husband returned home only Once 3	→ 527 → 528
523	How long did your husband stay at home during his second last home visit? ***(If less than one month write '00')***	Month …… ☐☐☐	
524	How many times did you have sexual intercourse with your husband during his second last home visit?	Times ..... ☐☐ Don't know 98	
	If response to Q. No. 501 or Q. No. 503 is 2 (that means if respondent has not heard about condom or has never used it) go to Q No. 528		
525	When your husband was back home before last time, how often did you use condom while having sex with him? (Check Q no. 501 and Q no. 503)	All the time ..... 1 Most of the time ..... 2 Sometime ..... 3 Rarely ..... 4 Never 5	→ 528

Q.N.	Questions and Filters	Coding Categories	Skip to
526	Why didn't you use condom always? ***(Multiple answers: Do not read the possible answers)***	We wanted children ..... 1 We were using other FP methods……**2** Not available..... 3 Too expensive..... 4 Husband objected ..... 5 I didn't like to use it..... 6 Didn't think it necessary ..... 7 Didn't think of it..... 8 Didn't know/ wasn't aware about condoms ..... 9 Others _____ ... 96 (Specify) Don't know..... 98	528
527	May I ask you the reason why you did not have sex with your husband during his second last home visit? ***(Multiple answers: Do not read the possible answers)***	I was sick ..... 1 Husband was sick..... 2 Husband was at home for a short time ..... 3 I was not at home when husband came back home..... 4 Others _____ ... 96 (Specify) No Response 99	
	Note: Check Q no. 402 and if the answers is No, (that means if respondent did not have sex with a man other than her husband) go to Q no 543		
528	Where did you have sex with a man other than your husband? ***(If the answer is 2 or 3, check with Q no. 407 and 410)***	In Nepal only..... 1 Abroad only ..... 2 Both in Nepal and abroad 3	→ 531 → 538 → 531
529			
530			
	Condom Use with other males in Nepal		
	If response to Q. No. 501 or Q. No. 503 is 2, that means if respondent has not heard about condom or has never used before, go to Q No. 539		
531	Did you use condom in your last sexual intercourse with a man other than your husband in Nepal? ***(Check with Q. No. 501 and Q. No. 503)***	Yes ..... 1 No..... 2	→ 533
532	Who suggested condom use at that time?	Myself..... 1 Sex partner ..... 2 Both of us..... 3 Don't know..... 98	534

Q.N.	Questions and Filters	Coding Categories	Skip to
533	Why didn't you use condom at that time? ***(Multiple answers. Do not read the possible answers)***	Not available ..... 1 Too expensive ..... 2 Partner objected ..... 3 I didn't like to use it ..... 4 Didn't think it necessary ..... 5 Didn't think of it ..... 6 Didn't know/ wasn't aware about condoms ..... 7 Others (Specify) _____ . 96 Don't know 98	
534	When you had sex with men other than your husband in Nepal in the last 12 months, how often did you use condom? ***(Check with Q no. 501 and 503)***	All of the time ..... 1 Most of the time ..... 2 Sometime ..... 3 Rarely ..... 4 Never ..... 5 Did not have sex in the past one year 6	→ 538 → 538
535	Why didn't you use condom always when you had sex with men other than your husband in the last 12 months? ***(Multiple answers. Do not read the possible answers)***	Not available ..... 1 Too expensive ..... 2 Partner objected ..... 3 I didn't like to use it ..... 4 Didn't think it necessary ..... 5 Didn't think of it ..... 6 Didn't know/ wasn't aware about condoms ..... 7 Others (Specify) _____ . 96 Don't know 98	
536			
537			
	Condom use with men other than husband in a foreign country		
	If response to Q No. 407 is 2/ Q No. 409 is 2 / Q No.410 is 1 or 3 / Q No. 528 is 1 go to Q no. 543		
538	Did you use a condom in your last sexual intercourse that took place with men other than your husband when you were abroad? **(Check with Q.N. 501 and 503)**	Yes ..... 1 No 2	 → 540
539	Who suggested condom use at that time?	Myself ..... 1 My Partner ..... 2 Both of us ..... 3 Don't know 98	→ 541

Q.N.	Questions and Filters	Coding Categories	Skip to
540	Why didn't you use condom that time? ***(Multiple answers: Do not read the possible answers)***	Not available ..... 1 Too expensive ..... 2 Partner objected ..... 3 I didn't like to use it ..... 4 Didn't think it necessary ..... 5 Didn't think of it ..... 6 Didn't know/ wasn't aware about condoms ..... 7 Others _____ (Specify) ... 96 Don't know 98	
541	In the past 12 months, when you had sex with men other than your husband when you were abroad, how often did you use condom? ***(Check with Q no 501 and Q no. 503)***	All of the time ..... 1 → 543 Most of the time ..... 2 Sometime ..... 3 Rarely ..... 4 Never ..... 5 Didn't have sex in the past one year ..... 6 → 543	
542	Why didn't you use condom always with men other than your husband when you were abroad in the last 12 months? ***(Multiple answers. Do not read the possible answers)***	Not available ..... 1 Too expensive ..... 2 Partner objected ..... 3 I didn't like to use it ..... 4 Didn't think it necessary ..... 5 Didn't think of it ..... 6 Didn't know/ wasn't aware about condoms ..... 7 Others _____ (Specify) ... 96 Don't know 98	
	If response to Q No. 405 is 2 , go to Q No 601		
543	Where did you have sex with men who paid you in cash or in kind for sex?	In Nepal ..... 1 Abroad ..... 2 → 553 Both in Nepal and abroad 3	
544			
545			
	If response to Q. No. 501 is 2 or Q. No. 503 is 2 (that means if respondent has not heard about condom or has never used it) go to Q No. 601		
	Condom use in paid sex in Nepal		
546	Did you use condom during last sex with men who paid you in cash or in kind for sex in Nepal? **(Check with Q no. 501 and Q no.503)**	Yes ..... 1 No ..... 2 → 548	
547	Who suggested condom use at that time?	Myself ..... 1 My Partner ..... 2 Both of us ..... 3 Don't know 98	549

S.N.	Questions and Filters	Coding Categories	Skip To
548	Why didn't you use condom at that time? ***(Multiple answers. Do not read the possible answers)***	Not available ..... 1 Too expensive ..... 2 Partner objected ..... 3 I didn't like to use it ..... 4 Didn't think it necessary ..... 5 Didn't think of it ..... 6 Didn't know/ wasn't aware about condoms ..... 7 Others (Specify)_____ 96 Don't know 98	
549	In the past 12 months, when you had sex with men who paid you in cash or in kind for sex in Nepal how often did you use condom? ***(Check with Q. N. 501 and Q. N. 503)***	All of the time ..... 1 Most of the time ..... 2 Sometime ..... 3 Rarely ..... 4 Never ..... 5 Didn't have sex in the past one year 6	→ 553 → 553
550	Why didn't you use condom always with men who paid you in cash or in kind for sex in Nepal in the past 12 months? ***(Multiple answers. Do not read the possible answers)***	Not available ..... 1 Too expensive ..... 2 Partner objected ..... 3 I didn't like to use it ..... 4 Didn't think it necessary ..... 5 Didn't think of it ..... 6 Didn't know/ wasn't aware about condoms ..... 7 Others (Specify)_____ 96 Don't know 98	
551			
552			
	Condom use with men who paid in cash or in kind for sex in foreign country		
	If response to Q No. 407 is 2/ Q No. 409 is 2 / Q No. 410 is 1 or 2/ and Q No. 543 is 1 go to Q No. 601		
553	Did you use condom during last sex with men who paid you in cash or in kind for sex while you were abroad? (**Check with Q no. 501 and Q no.503)**	Yes ..... 1 No 2	 → 555
554	Who suggested condom use at that time?	Myself ..... 1 My Partner ..... 2 Both of us ..... 3 Don't know 98	556

S.N.	Questions and Filters	Coding Categories	Skip To
555	Why didn't you use condom at that time? ***(Multiple answers: Do not read the possible answers)***	Not available ..... 1 Too expensive ..... 2 Partner objected ..... 3 I didn't like to use it ..... 4 Didn't think it necessary ..... 5 Didn't think of it ..... 6 Didn't know/ wasn't aware about condoms ..... 7 Others _____ ... 96 (Specify) Don't know 98	
556	In the past 12 months, when you had sex with men who paid you in cash or in kind for sex while you were in foreign country how often did you use condom? ***(Check with Q no 501 and Q no. 503)***	All of the time ..... 1 → 601 Most of the time ..... 2 Sometime ..... 3 Rarely ..... 4 Never ..... 5 Didn't have sex in the past one year ..... 6 → 601	
557	Why didn't you use condom always with men who paid you in cash or in kind for sex while you were in foreign country in the past 12 months? ***(Multiple answers. Do not read the possible answers)***	Not available ..... 1 Too expensive ..... 2 Partner objected ..... 3 I didn't like to use it ..... 4 Didn't think it necessary ..... 5 Didn't think of it ..... 6 Didn't know/ wasn't aware about condoms ..... 7 Other _____ . 96 (Specify) Don't know 98	

600. AWARENESS OF HIV/AIDS

Q.N.	Questions and Filters	Coding Categories	Skip to
601	Have you ever heard about HIV/AIDS? ***(Probe if answer is NO to confirm)***	Yes ..... 1 No ..... 2 →	701
602	From where/whom did you hear about HIV/AIDS? ***(Multiple answers: Do not read the possible answers)***	Radio/FM ..... 1 TV ..... 2 Health workers ..... 3 NGOs ..... 4 FCHV ..... 5 Peers/Friends ..... 6 Husband ..... 7 Peer/outreach educators ..... 8 Others _____ ... 96 (Specify)	

Q.N.	Questions and Filters	Coding Categories	Skip to
603	What messages have you heard about HIV/AIDS? ***(Probe if respondent stops at one or two messages)***	HIV is transmitted through blood.....1 Sexual contact with multiple partners should be avoided.....2 Condoms should be used, unsafe sexual contacts should be avoided.....3 Syringe/ needles used by others should not be used.....4 Sharing of knives/tools may transmit HIV.....5 Sexual contact with commercial sex workers should be avoided..6 Others _____ ...96 (Specify)	
604	Have you been provided any sort of information/education by anyone on HIV or STIs in the past year?	Yes .....1 No .....2 Don't know 98	
	Knowledge, Opinion and Attitudes on HIV/AIDS		
605	Do you know anyone who is infected with HIV or who has died of AIDS?	Yes.....1 No 2	→ 607
606	Do you have a close relative or close friend who is infected with HIV or has died of AIDS?	Yes, a close relative.....1 Yes, a close fried .....2 No 3	
607	Do you know that HIV infection can be prevented by abstaining from sex?	Yes.....1 No .....2 Don't know 98	
608	Can people protect themselves from HIV by having one uninfected faithful sex partner?	Yes.....1 No .....2 Don't know 98	
609	Can people protect themselves from HIV by using condom correctly in each sexual contacts?	Yes.....1 No .....2 Don't know 98	
610	Do you think a healthy-looking person can be infected with HIV?	Yes.....1 No .....2 Don't know 98	
611	Can a person get the HIV virus from mosquito bite?	Yes.....1 No .....2 Don't know 98	
612	Can a person get HIV by sharing a meal with an HIV infected person?	Yes.....1 No .....2 Don't know 98	
613	Can a pregnant woman infected with HIV transmit the virus to her unborn child?	Yes.....1 No .....2 Don't know 98	615

Q.N.	Questions and Filters	Coding Categories	Skip to
614	What can a pregnant woman do to reduce the risk of transmission of HIV to her unborn child?	Take Medication.....1 Others _____ ...96 (Specify) Don't know 98	
615	Can a woman with HIV/AIDS transmit the virus to her newborn child through breastfeeding?	Yes.....1 No .....2 Don't know 98	
616	Can a person get HIV by shaking hands with HIV infected persons?	Yes.....1 No .....2 Don't know 98	
617	Can a person get HIV by using previously used needle/syringe?	Yes.....1 No .....2 Don't know 98	
618	Can blood transfusion from HIV infected person transmit HIV to others?	Yes.....1 No .....2 Don't know 98	
619	Is it possible in your community for someone to have a confidential HIV test?	Yes.....1 No .....2 Don't know 98	
620	If you have to go for HIV testing, do you know where can you go for it?	Yes, I know.....1 No, I don't know.....2	
621	**I do not want to know the result**, but have you ever had an HIV test?	Yes.....1 No .....2 →	701
622	Did you voluntarily undergo the HIV test or was it required?	Voluntarily.....1 Required .....2 Others _____96 (Specify) No Response 99	
623	**I do not want to know the result**, Did you receive the result of your HIV test?	Yes.....1 → No 2	625
624	Why did you not receive the test result?	I am sure that I am not infected .1 I am too scared to receive the result .....2 I felt it unnecessary.....3 I forgot about it .....4 Others _____ .96 (Specify)	

Q.N.	Questions and Filters	Coding Categories	Skip to
625	Did you have HIV test in the past one year?	Yes.....1 No.....2 →	627
626	**I do not want to know the result**. Did you receive the result of your HIV test?	Yes.....1 No.....2	
627	When did you have your most recent HIV test?	Within last 12 months.....1 Between 1-2 years .....2 Between 2-4 years .....3 More than 4 years ago 4	

700. SEXUALLY TRANSMITTED INFECTION (STI)

Q.N.	Questions and Filters	Coding Categories	Skip to
	STI and Treatment		
701	Which diseases do you understand by STI? ***(Multiple answers: Do not read the possible answers)***	White Discharge/Discharge of Pus/*Dhatu* flow .....1 Pain during urination.....2 Burning Sensation while Urinating .....3 Ulcer or sore around genital area.4 Syphilis (*Bhiringi)* .....5 HIV/AIDS.....6 Others _____...96 (Specify) Don't know 98	
702	Do you currently have any of the following symptoms?		

Symptoms	Yes	No
1. White Discharge/Discharge of pus	1	2
2. Pain during urination	1	2
3. Burning sensation while urinating	1	2
4. Ulcer or sore around genital area	1	2
96. Others (Specify) _____	1	2

	(If answer is "No" to all in Q. No. 702 Go to Q. 714)		
703	Are you currently going through medical treatment for any of these symptoms?	Yes .....1 No.....2 →	714
704	If yes, for how long did you wait to go for treatment? **(Write "00" if less than a week)**	Week ..... ☐☐	

Q.N.	Questions and Filters	Coding Categories	Skip to
705	Where did you go for the treatment? ***(Multiple answers. Do not read the possible answers)***	Private clinic ..... 1 N-SARC Clinic ..... 2 FPAN Clinic ..... 3 Health Post/ Health Center ..... 4 Hospital ..... 5 Pharmacy ..... 6 Self Treatment ..... 7 Nepal Red Cross Society ..... 8 Hasti AIDS ..... 9 Others _____ ... 96 (Specify)	
706	**For which symptoms did you get treatment? Specify the treatment.**		
	Symptoms	Treatment	
	1. White Discharge/Discharge of Pus		
	2. Pain during urination		
	3. Burning Sensation while Urinating		
	4. Ulcer or sore around genital area		
	96. Others (Specify)_____		
707	Did you receive a prescription for medicine?	Yes ..... 1 No ..... 2 Treated at Home 3	711
708	Did you obtain all the medicine prescribed?	Yes I obtained all of it ..... 1 I obtained some but not all ..... 2 I did not obtain the medicine 3	711
709	Did you take all of the medicine prescribed?	Yes ..... 1 No 2	→711
710	If not, why did you not take all of the medicine prescribed?	Forgot to take ..... 1 Felt it was cured ..... 2 Medicine did not help much .... 3 Others _____ 96 (Specify)	
711	How much did you pay for STI medicines? ***(Note: If not paid mention the reasons)***	Rs……..…… ☐☐☐☐ Reason _____ _____ _____	
712	Did anyone from the place you visited for treatment counsel you on ways to avoid such problem?	Yes ..... 1 No 2	→714

Q.N.	Questions and Filters	Coding Categories	Skip to
713	What did she/he tell you? ***(Multiple answers: Do not read the possible answers)***	Told me to use condom ..... 1 Told me to reduce number of sexual partners ..... 2 Others _____ 96 (Specify)	
714	**Did you have any of the following symptoms during the past year?**		
	Symptoms	**Yes**	**No**
	1. White Discharge/Discharge of pus	1	2
	2. Pain during urination	1	2
	3. Burning sensation while urinating	1	2
	4. Ulcer or sore around genital area	1	2
	96. Others (Specify) _____	1	2
	(If answer is 'No' to all in Q. No. 714 Go to Q. 717)		
715	**Did you get treatment for the symptoms cited in the past year?**		
	Symptoms	**Yes**	**No**
	1. White Discharge/Discharge of pus	1	2
	2. Pain during urination	1	2
	3. Burning sensation while urinating	1	2
	4. Ulcer or sore around genital area	1	2
	96. Others (Specify) _____	1	2
	(If answer is 'No' to all in Q. No. 715 Go to Q. 717)		
716	Where did you go for the treatment? ***(Multiple answers. Do not read the possible answers)***	Private Clinic ..... 1 N-SARC ..... 2 FPAN Clinic ..... 3 Health Post/ Health Center ..... 4 Hospital ..... 5 Pharmacy ..... 6 Self treatment ..... 7 Nepal Red Cross Society ..... 8 Hasti AIDS ..... 9 CDF ..... 10 NNSWA…….. 9 Others _____ ... 96 (Specify)	
	Husband's STI and Treatment		
717	When your husband was back home last time, did he have any STI symptoms?	Yes ..... 1 No ..... 2 Don't know 98	721
718	Did he seek medical treatment for any of those symptoms?	Yes ..... 1 No ..... 2 Don't know 98	721

Q.N.	Questions and Filters	Coding Categories	Skip to
719	Where did he go for the treatment? ***(Multiple answers. Do not read the possible answers)***	Private Clinic ..... 1 N-SARC Clinic ..... 2 FPAN Clinic ..... 3 Health Post/ Health Center ..... 4 Hospital ..... 5 Pharmacy ..... 6 Self treatment ..... 7 Nepal Red Cross Society ..... 8 Hasti AIDS ..... 9 Others _____ ... 96 (Specify)	
720	How much did your husband pay for medicine he took? ***(Note: If not paid mention the reasons)***	Rs. ☐☐☐☐ Don't Know ..... 98 Reason _____ _____ _____	
	If response to Q No. 522 is 3 go to Q No. 801		
721	When your husband was back home before last time, did he have any STI symptoms at that time?	Yes ..... 1 No ..... 2 Don't know 98	} 801
722	If Yes, was he treated at that time?	Yes ..... 1 No ..... 2 Don't know 98	

800. USE OF DRUGS AND INJECTION

Q. N.	Questions and Filters	Coding Categories	Skip to
801	Do you smoke?	Yes ..... 1 No ..... 2 No response 99	
802	Do you drink alcohol? If Yes, During the last 30 days how often did you drink alcohol?	No, never ..... 1 Yes, everyday ..... 2 Yes, 2-3 times a week ..... 3 Yes, at least once a week ..... 4 Yes, less than once a week ..... 5 Don't know ..... 98 No response 99	
803	Some people take different types of oral drugs. Have you also tried any of those drugs in the past 30 days?	Yes ..... 1 No ..... 2 Don't know ..... 98 No response 99	

Q.N.	Questions and Filters	Coding Categories	Skip to
804	Some people inject drugs using a syringe. Have you ever injected drugs? **(Do not count drugs injected for medical purpose or treatment of an illness)**	Yes ..... 1 No ..... 2 Don't know ..... 98 No response 99	

900. STIGMA AND DISCRIMINATION

Q. N.	Questions and Filters	Coding Categories	Skip to
901	If a male relative of yours become ill with HIV, would you be willing to care for him in your household?	Yes ..... 1 No ..... 2 Don't know 98	
902	If a female relative of yours become ill with HIV, would you be willing to care for her in your household?	Yes ..... 1 No ..... 2 Don't know 98	
903	If a member of your family become ill with HIV, would you want it to remain secret?	Yes ..... 1 No ..... 2 Don't know 98	

1000. KNOWLEDGE OF AND PARTICIPATION IN STI and HIV/AIDS PROGRAMS

Q. N.	Questions and Filters	Coding Categories	Skip to
1001	Have you met, discussed, or interacted with peer educators (PE), or outreach educator (OE) or community mobilizer (CM) in the last 12 months?	Yes ..... 1 No ..... 2 No Response 99	} 1003
1002	Do you know which organization did they belong to? ***(Multiple answers. Do not read the possible answers)***	Government ..... 1 NSARC ..... 2 NRCS ..... 3 Samaj Sewa Doti ..... 4 Hasti ..... 5 CDF ..... 6 Indreni ..... 7 Others (Specify) _____ 96 Don't know 98	
1003	Have you visited or been to any drop in center (DIC) in the last 12 months?	Yes ..... 1 No 2	→ 1005
1004	Do you know which organizations were running those DICs? ***(Multiple answers. Do not read the possible answers)***	NSARC ..... 1 NRCS ..... 2 Others _____ ... 96 (Specify) Don't know 98	

Q.N.	Questions and Filters	Coding Categories	Skip to
1005	Have you visited any STI clinic in the last 12 months?	Yes ..... 1 No ..... 2 →	1007
1006	Do you know which organizations run those STI clinics? ***(Multiple answers. Do not read the possible answers)***	NSARC ..... 1 NRCS ..... 2 Others _____ ... 96 (Specify) Don't know 98	
1007	Have you visited any voluntary counseling and testing (VCT) centers in the last 12 months?	Yes ..... 1 No ..... 2 →	1009
1008	Do you know which organizations run those VCT centers? ***(Multiple answers. Do not read the possible answers)***	NSARC ..... 1 NRCS ..... 2 Hasti ..... 3 Others _____ ... 96 (Specify) Don't know 98	
1009	Have you ever participated in HIV/AIDS awareness raising program or community events in the last 12 months?	Yes ..... 1 No ..... 2 →	1012
1010	When you participated in such events in what activities were you involved? ***(Multiple answers. Do not read the possible answers)***	Street drama ..... 1 AIDS Day ..... 2 Condom Day ..... 3 Video Shows ..... 4 Group discussions ..... 5 Talk programs ..... 6 HIV/AIDS related training ..... 7 HIV/AIDS related Workshops .. 8 Condom use demonstrations ..... 9 Others _____ ... 96 (Specify)	
1011	Do you know which organizations organized those activities? ***(Multiple answers. Do not read the possible answers)***	NSARC ..... 1 NRCS ..... 2 Others _____ 96 (Specify) Don't know 98	
1012	Have you ever been visited by Community and Home Based Care (CHBC) health workers in the last 12 months?	Yes ..... 1 No ..... 2 →	**Stop interview**
1013	Do you know which organizations organized those activities? ***(Multiple answers. Do not read the possible answers)***	NSARC ..... 1 NRCS ..... 2 Others _____ ... 96 (Specify) Don't know 98	

Interview completed time	☐☐ hrs. ☐☐ mins.

ANNEX – 5

Clinical/Lab Checklist for Wives of Migrants Laborers

#
#
Respondent ID Number: | | | | | | |

Name of Clinician:# _____# # # Date:#2067/_____/_____#

Name of Lab Technician:#_____

(A) Clinical Information		(B) Specimen collection	
		Yes	**No**
Weight: _____ Kg.	Pre test counseled	1	2
B.P. : _____mm of Hg.	Blood collected for HIV and Syphilis	1	2
Pulse: _____	Date and place for post-test results given		
	_____		
Temperature: _____° F	Condom given	1	2
	Vitamins given	1	2
	Gift Given	1	2
	IEC materials given	1	2

1.0 Syndromic Treatment Information

101. Did you have vaginal discharge or experience burning sensation while urinating in the past one-month?

1. Yes 2. No

(**If yes, give treatment for gonorrhea and Chlamydia**)

102. Did you have sore or ulcer in and around genital areas in the past one-month?

1. Yes 2. No

(If yes, Refer)

National Centre for AIDS and STD Control (NCASC)
Ministry of Health and Population (MOPH)
Government of Nepal

ANNEX - 6

Family Health International (FHI), Nepal
Oral Informed Consent Form for Wives of Labor Migrants

Title: Integrated Biological and Behavioral Surveillance among the Wives of Migrants in four districts in Far Western Nepal

Sponsor: FHI Nepal and USAID/Nepal

Principal Investigator/s: Satish Raj Pandey, FHI Nepal
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Introduction
We are asking you to take part in a research study to collect information on knowledge of human immunodeficiency virus (HIV)/sexually transmitted infections (STIs), HIV/STI related risk behaviors, STI treatment practices and to measure the prevalence of HIV among the populations like you. We want to be sure that you understand the purpose of the research and your responsibilities before you decide if you want to participate in the study. This discussion is important. You can listen and learn about the study, ask questions, and then decide if you want to participate. If you choose to participate, one person will explain the study to you and another person will witness and make sure you understand the study. Both people will sign the form. You will not be asked to sign the form. You can ask us to explain any words or information that you may not understand.

Information about the Research and Your Role
This study selects its study participants who are wives of migrants using a random process from four districts of Far Western Region of Nepal. You are in the pool of possible candidates, but the final selection would be based on your choice. In total 600 women like you will be selected for this study. If you agree to participate in the study we will interview you using a structured questionnaire and then ask you to provide blood sample for HIV test. We will draw blood from vein. If you have any STI symptom, we will provide free treatment. You will be provided your HIV test result on the same day if you want to receive it. Test results will be provided with counseling by a qualified counselor.

You will have to spend about 60 minutes with us if you decide to participate in this research. You will have to wait another 60 minutes if you want to collect the HIV test result on the same day. We would like to inform that this is a research study and not health care provision service.

Possible Risks

The risk of participating in this study is the minor discomfort during blood drawing. Providing blood sample does not put you at any other risk. Some of the questions we ask might make you feel awkward or uncomfortable to answer them. You are free not to answer such questions and also to stop participating in the research at any time you want to do so. You might feel some mental stress after getting your test results. But you will get counseling before and after the test for HIV through a qualified counselor. He/she will provide information and address for seeking assistance for any mental stress you may have. There is a small risk of being socially discriminated if people know that you have participated in a HIV related study. But we will keep all the information confidential so that such risk would be minimal.

Possible Benefits
You will be provided with free treatment, if currently you have any STI symptoms. You will be given lab test results and made aware of how STI/HIV is transmitted and how it can be prevented and controlled. We would refer you for treatment for HIV in case you would be found to have HIV, but will not provide this treatment for you. Follow up treatment costs will not be paid by the research team. You will be provided with information on safe sex. The information we obtain from this research will help to plan strategies to control and prevent further spread of HIV/AIDS and other sexually transmitted infections.

After the blood sample collection it will be tested for HIV and you can collect your test results before the study team leaves your area. A qualified counselor with pre and post test counseling will give test result. Study ID card will be issued to you before the interview. Test results can only be obtained by presenting the study ID card with your code number on it. If you do not have the ID card, we cannot give you the results because we will not have your name written anywhere.

If You Decide Not to Be in the Research
You are free to decide whether or not to take part in this research. Your decision will not affect in any way in the health services you are seeking now and you would normally receive from the study centre.

Confidentiality
We will protect information collected about you and your taking part in this study to the best of our ability. We will not use your name in any reports. A court of law could order medical records shown to other people, but that is unlikely. We will not ask you to put your name or sign on this form, but only ask you to agree verbally (with spoken words). We will be responsible and serious about confidentiality during interview, STI examination and treatment. We assure you that all the activities will be confidential.

Payment
We will not pay you for your participation but you will be given, condom and reading materials about STI/HIV/AIDS as compensation for your participation in the research. We will provide NRs 100.00 as a local transportation for coming to study centre for interview and test result collection.

Leaving the Research
You may leave the research at any time. If you do, it will not change the healthcare you normally receive from the study clinic.

If you have a questions about the study
If you have any questions about the research, call:
Satish Raj Pandey, ASHA project- FHI Nepal, Baluwatar, Kathmandu, Phone: 01-4437173; **OR**
Laxmi Bilas Acharya, ASHA project- FHI Nepal, Baluwatar, Kathmandu, Phone: 01-4437173
We will not be able to pay for/care for injuries that occur as a result of the study.

Your Rights as a Participant

This research has been reviewed and approved by the Institutional Review Board of Family Health International and Nepal Health Research Council (NHRC). If you have any questions about how you are being treated by the study or your rights as a participant you may contact : **Ethical Review Board**, **Nepal Health Research Council**, **Ram Shah Path, P.O. Box 7626** Phone: **977-1-4254220/4227460** Email: **nhrc@healthnet.org.np**

Or you may contact **Mahesh Shrestha**, FHI Nepal: GPO Box: 8803, Gopal Bhawan, Anamika Galli Ward No: 4, Baluwatar, Kathmandu Tel: 977-1-4437173. Email: mahesh@fhi.org.np

VOLUNTEER AGREEMENT

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

_____ _____

Signature of witness Date

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

_____ _____

Signature of Person Who Obtained Consent Date

ANNEX - 7

Participation in Post Test Counseling

Region	Date	Total no of clients	Client counseled
			%
Far Western	22 May 2010 - 12 July2010	600	98.8

Note: Seven respondents did not collect their test result

ANNEX – 8

Time of Husbands' Death and Reported Reasons for Death

Time and reasons of husband death	
Time of husband's death (n=4)	**(%)**
>12 months before	100
Know how he died (n=4)	
Yes	73.9
No	26.1
Cause of husband's death (n=3)	
HIV/AIDS	30.4
Other illness	69.6
Know husband died due to AIDS because (n=1)	
Husband had HIV test	100

ANNEX – 9

Age of Respondent at Spouses' First Migration

Age of respondent at spouse's first migration (n=600)	**(%)**
10 – 14	2.8
15 – 19	29
20 – 24	15.7
25 and more	14
Before marriage	35.8
Not Known	2.2
Range	**10-55**
Mean/median	**13.21/16**

ANNEX – 10

Frequency of Migration

Frequency of migration (n=600)	**(%)**
Once	5.4
2-3 times	28.3
4 -5 times	23.2
6- 8 times	23.9
9-10 times	8.4
More than 10 times	10.9
Range	**1-22**
Mean	**5.7**

* The percentages add up to more than 100 because of multiple responses
Note: Data weighted according to probability of selection

ANNEX – 11

Sexual Contact with Partner Other Than Husband

Time of sexual contact with partner other than husband	
Time of Sex with someone other than husband (n=8)	**(%)**
When husband was abroad	38.7
Before getting married	61.3
Others	11.6
Time of sex with a paying partner (n=2)	
Since past three years	51.4
Since more than past five years	48.6
Had sex with other male partner in past year(n=600)	
Yes	0.3
No	99.7
Used condom consistently with other male partner in past year (n=2)	
Yes	48.6
No	51.4
Had sex with paying partner in past year (n=600)	
Yes	0.3
No	99.7
Used condom consistently with paying partner in past year (n=2)	
Yes	48.6
No	51.4

ANNEX – 12

Condom Accessibility by Husband/Sexual Partner

Condom accessibility by husband/ sexual partner	
Usual mode of obtaining condom by husband/ sexual partner (n=50)	**(%)**
Always free of cost	18.6
Always purchase	40.5
Purchase as well as free of cost	6.1
Don't know	34.8

ANNEX – 13

Reason for not Using Condom with Spouses

Reason for not using condom during last sex: (n=484)	**(%)**
Never used	73.8
Didn't think it was necessary	8.2
Using other mode of contraceptive	6.2
Husband objected	4.7
Not available	2.6
Willing to have baby	1.9
I didn't like to use it	1.2
Didn't think of it	0.6
Others	0.8
Reason for not using condom regularly during spouses' last home stay: (n=523)	
Never used	68.3
Using other mode of contraceptive	15.6
Didn't think it was necessary	6.4
Husband objected	6.0
Willing to have baby	5.5
Not available	4.9
I didn't like to use it	2.1
Didn't think of it	1.1
Others	1.3
Reason for not using condom regularly during spouses' second last home stay: (n=461)	
Never used	71.6
Using other mode of contraceptive	15.6
Husband objected	5.1
Didn't think it was necessary	4.4
Willing to have baby	4.2
Not available	3.1
I didn't like to use it	2.2
Didn't think of it	1.3
Didn't know/ wasn't aware about condoms	0.4
Others	0.9

* The percentages add up to more than 100 because of multiple responses.

ANNEX – 14

Treatment Sought for Current STI Symptoms

Treatment sought for current STI symptoms	
Received prescription for medicine (n=18)	**(%)**
Yes	81.9
No	18.1
Obtained all the prescribed medicine (n=15)	
Obtained All	100
Took all the prescribed medicine	
Yes	100
Amount paid for the medicine (n=18)	
0 (Free)	34.7
Up to RS.500	34.7
More than Rs. 500	22.2
Don't know	5.9
Range	0-2200
Received counseling (n=18)	
Yes	37.8
No	62.2
Counseled on (n=7)	
Regular use of condom	84.3
Others	77.4