Integrated Biological and Behavioral Surveillance Survey among Wives of Migrant Laborers in Four Districts of Far Western Region of Nepal – Round I
June – September 2008

Family Health International/Nepal
USAID Cooperative Agreement #367-A-00-06-00067-00
Strategic Objective No. 9 & 11
In July 2011, FHI became FHI 360.

FHI 360 is a nonprofit human development organization dedicated to improving lives in lasting ways by advancing integrated, locally driven solutions. Our staff includes experts in health, education, nutrition, environment, economic development, civil society, gender, youth, research and technology – creating a unique mix of capabilities to address today’s interrelated development challenges. FHI 360 serves more than 60 countries, all 50 U.S. states and all U.S. territories.

Visit us at www.fhi360.org.
WHAT IS THIS STUDY AND WHY WAS IT DONE

This summary presents the findings of the first round of the Integrated Biological and Behavioral Surveillance Survey (IBBS) of 400 wives of migrant laborers in the four districts of Achham, Doti, Kanchanpur, and Kailali in Far-Western Nepal. The survey measured the prevalence of HIV among the study population and looked at HIV risk behaviors, knowledge of HIV/AIDS/STIs among the wives of migrant laborers and also assessed their exposure to HIV/AIDS awareness programs. This study was conducted as per the Second Generation Surveillance Plan of the National Center for AIDS and STD Control (NCASC) for generating strategic information needed for monitoring the national HIV/AIDS program in Nepal.

METHODS

Two-stage cluster sampling was followed to draw the sample of 400 wives of migrant laborers (200 from Achham, 66 from Doti, 40 from Kailali, and 94 from Kanchanpur districts). The clusters were mapped out prior to the actual field survey. A VDC with at least 30 wives of migrant laborers was defined as a cluster. Thirty clusters were selected from the four study districts and the wives of migrant laborers were then randomly selected for interview from these selected clusters. Laboratories/clinics were set up in each selected cluster for collection of blood samples to test for HIV as well as for physical examination for STI symptoms. After obtaining an informed consent form, a structured questionnaire regarding participants’ socio-demographic and HIV risk behavior information was administered by trained interviewers. After the interview, blood samples were collected in 3-5 capillary tubes by finger-prick, a staff nurse performed an examination, and treatment was given for any current STI. Additionally, all study participants were provided with pre-test HIV counseling. The blood samples were analyzed for HIV and a trained counselor provided on the spot test results with post test counseling.

KEY FINDINGS

HIV prevalence among the wives of migrant laborers is estimated to be 3.3 percent and the prevalence is significantly high among widow respondents: The HIV prevalence among respondents in four districts of far western Nepal is 3.3 percent and varies across four districts with 4.5 percent in Achham, 3 percent in Doti, 2.5 percent in Kailali, and 1.1 percent in Kanchanpur district. HIV prevalence is significantly co-related with the marital status of the respondents. Six of the 15 widow respondents (40%) were HIV positive compared to seven HIV-positive cases among 385 currently married respondents (1.8%).

Early marriage is the common trend in the Far Western region: Ninety five percent of respondents had been married at the age of less than 19 years. This consisted of 27.2 percent of respondents who had been married when they were mere children of 5-14 years. The wives of migrant laborers in the region are also less likely to be educated, 71.5 percent of respondents were illiterate.

Men in Far-Western Nepal migrate for jobs at a young age: Overall, 63.8 percent of the respondents’ spouses had first migrated at less than 25 years of age. Over one half of the respondents (52.8%) reported that their spouse had migrated to Maharashtra, and most of them had gone to the metropolitan city of Mumbai. The respondents’ spouses had spent a range of years in India with the median duration being 81 months.

Sex outside marriage is a less common phenomenon among the wives of migrant laborers: A majority of the respondents (98.5%) denied having extra/pre marital sexual relations. Six of the 400 respondents (1.5%) ever had sex outside their marriage; four of them had such sexual relation when their spouses were abroad while two had sexual relation with other people before getting married. Moreover, two of the 400 respondents (0.5%) had also sold sex.

Around 20 percent respondents reportedly had at least one STI symptom in the past year: While 17.5 percent wives of migrant laborers reportedly had been experiencing at least one STI symptom at the time of the survey, 20.5 percent of them have had at least one symptom of STI in the past year. At the same time, 4.8 percent (i.e. 19/400) of respondents said that their husbands had STI symptoms during their last home visit, while 2.7 percent (i.e. 10/373) of them mentioned that their spouse had STI symptoms during second last home visit.

Around five percent respondents had consistently used condoms during their spouses’ home visits: Overall 93.3 percent respondents’ spouses had paid at least two home visits after migrating to India. Condom
Twenty one percent respondents had easy access to condoms: Among those respondents who had ever used condoms (105), 21 percent could access condoms within 5 minutes from nearest place. However, it took more than 20 minutes for 38.1 percent of the respondents to obtain condoms from the nearest place. One third of these respondents (33.3%) obtained condoms free of cost all the time while 1.9 percent purchased them always. Most of the respondents (57.1%) said their spouses brought condoms. Additionally, 81.4 percent of those who had access to free condoms usually obtained them from FCHVs.

The majority of the respondents (99.3%) had heard about HIV/AIDS: Although most of the respondents (99.3%) had heard about HIV/AIDS, there were three (0.8%) who had never heard about it. Additionally, 72.5 percent of the respondents who had heard about HIV/AIDS knew about a place where they could go for HIV test. However only 12.1 percent had ever taken an HIV test.

Seventy eight percent of the respondents knew about all ABC: The respondents had a moderate knowledge about HIV/AIDS transmission; while 78 percent of them knew all about the ‘ABC’ (A- abstinence from sexual contact; B- monogamy; C- consistent use of condoms), only 18 percent of them were aware of all of ‘BCDEF’ (D- a healthy-looking person may have HIV, E- a person cannot get the HIV virus from a mosquito bite and F- HIV can not be transmitted while sharing a meal with a HIV-positive person).

Around 28 percent respondents had had met a peer/outreach educator in the past year: Not many of the study participants were exposed to ongoing HIV/AIDS-related programs/activities. Overall, 27.5 percent of them had met a peer/outreach educator, 6.3 percent had visited an STI clinic, 14.3 percent had participated in HIV/AIDS awareness raising programs and 2.3 percent had been visited by a CHBC (community home based care) staff in the past year.

PROGRAM IMPLICATIONS

**HIV Prevention activities among wives of migrant laborers need to be scaled up**
It is necessary to scale up HIV prevention education, especially among migrant workers and their spouses. Effective measures need to be initiated toward detection, management, and prevention of STI and HIV among the migrant workers and their wives.

**New and viable strategy needs to be explored to reach wider groups of wives of migrant laborers,**
Informal community education via networks of community health volunteers, FCHVs or women’s groups targeting the housewives especially in rural areas is 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.

**Ongoing prevention programs should emphasize more on universal condom use**
The continuing barriers to inconsistent condom use need to be more fully explored and addressed to. Household campaigns and village targeted programs should motivate women in rural areas to speak up regarding condom use and preventive methods to avoid STI and HIV infection. Migrant male workers should also be part of awareness campaigns regarding condom use to avoid STIs and HIV.

**Rapid diagnostic and treatment centers for STIs should be made accessible for migrant workers and their spouses**
Intervention efforts are therefore needed to promote HIV prevention behaviors and health-seeking behavior. Client-friendly and confidential STI treatment centers should be operated at easily accessible points. At the same time outreach strategies need to be expanded further to include referrals to presumptive treatment initiative.

"This study was conducted by New ERA and SACTS in collaboration with NCASC, with technical assistance from FHI/Nepal and financial support from USAID, Cooperative Agreement # 367-A-00-06-00067-00."

For more information, please contact:
National Center for AIDS and STD Control, Kathmandu, Nepal