

Around one in three WoMLMs perceive condom as dual protection from both unintended pregnancy and HIV:

Thirty one percent of WoMLMs have heard of dual protection that "prevented unintended/mistimed pregnancy and HIV infection/transmission". When asked to mention the type of dual protection, 79 percent of them mentioned condom. Others responded the use of non-barrier FP as well as condom (17%). Most of the WoMLMs who were aware of dual protection held positive attitude (98%) towards dual protection along with their spouses (85%).

Program implications and recommendations

- The average age at marriage is low and much lower in the Terai districts, exposing them to long duration of their reproductive life and associated risk of pregnancy, HIV and STIs. Healthy Timing and Spacing of Pregnancy (HTSP) related Strategic Behavioral Communication(SBC) activities should be designed and promoted. Similarly, disseminating messages on delaying marriage might contribute in changing social norms on early marriage and also promote FP services.
- The median age at first migration of WoMLMs' spouse is 26 years with a higher proportion migrating during the age of 18-26 years. Majority of first migrants leave home after they are married. This is an opportunity for an integrated FP and HIV programs to focus on both migrant workers and wives for messaging, targeting newly married and potential migrant workers.
- Knowledge of FP methods among WoMLMs is almost universal. However, they lack comprehensive information on different FP methods, duration of such methods and their availability.

- Condom use is also very low and needs to be promoted both for FP and dual protection. WoMLMs need more information for consistent and correct use of condom in every sexual act. Also, knowledge about male condom in Kapilbastu is lower compared to other study districts: Bara, Nawalparasi and Palpa. Barriers to access information about condoms should be explored.
- Government health facilities are the main sources of currently used FP services. They can be strengthened to better counsel WoMLMs according to their needs and address unmet need for FP. Expanding services offered by NGOs, pharmacies and the private sector can further increase access to FP.
- Unmet need of wives whose husbands are away is higher compared to those whose husbands are living together indicating that promotion of FP services among migrant couples is critically important.
- The comprehensive knowledge on HIV and AIDS is poor among WoMLMs thus comprehensive knowledge should be promoted through multiple channels. Also, knowledge on transmission of HIV from HIV positive pregnant mother is low so need to include PMTCT message in SBC activities.
- Exposure to structured HIV and AIDS and STIs program (peer education, DICs, HTC/STI clinics etc.) is found lower in the study districts. This could be due to unavailability of targeted program for migrant workers in these districts in the past. Targeted intervention among migrants workers and their spouse with the provision of peer and outreach education, HTC/STI clinic including care and support needs to be focused on and increase in SSP migrant study districts. This will also promote service seeking behavior among these populations.

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The views expressed in this publication do not necessarily reflect the views of USAID or FHI 360.

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Survey among Wives of Male Labor Migrants (WoMLMs)

Bara, Kapilbastu, Nawalparasi and Palpa Districts

Baseline Family Planning Survey Including Rapid Assessment of HIV, Sexually Transmitted Infections and Family Planning Situation among Migrant Couples 2012

Fact Sheet

Brief description of the study

This baseline Family Planning (FP) Survey including Rapid Assessment of HIV, Sexually Transmitted Infections (STIs) and FP situation among wives of male labor migrants (WoMLMs)¹ was conducted in Bara, Kapilbastu, Nawalparasi and Palpa districts. It assessed the HIV, STIs and FP situation (including unmet FP need) and measured the Contraceptive Prevalence Rate (CPR) among WoMLMs. It also explored the participant's key knowledge and behaviors on HIV, STIs and FP. Field work for data collection was conducted in late 2012.

Methods

Operational mapping was conducted prior to the actual field survey to map out study areas and to estimate the size and distribution of the study population. Forty seven clusters from the four study districts were selected using probability proportionate to size (PPS) and 22 WoMLMs were then selected using systematic random sampling technique from each selected cluster to cover a total of 1,034 WoMLMs. Only six WoMLMs refused to take part in the survey due to their personal reasons and unavailability during the field work period. The survey tools were developed in Nepali by Saath-Saath Project² (SSP) and pretested by the research partner agency New ERA. This study also included qualitative approach (focus group discussions and interviews) exploring the programmatic needs on FP, STIs and HIV but these findings have not been presented in this fact sheet. All the study participants were interviewed after obtaining informed consent. Ethical approval for this study was obtained from Nepal Health Research Council (NHRC) and the Protection of Human Subjects Committee (PHSC), FHI 360's ethical review board.

Key findings

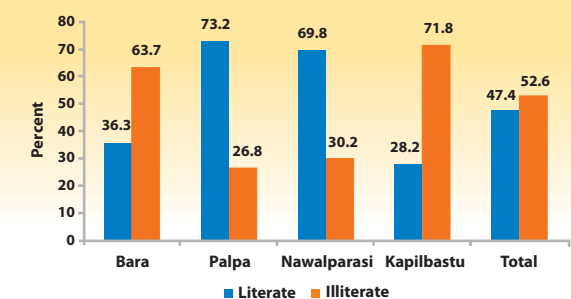
WoMLMs are young and mostly illiterate or have limited education:

A large proportion of WoMLMs were from Kapilbastu district (36%), followed by Nawalparasi (26%), Bara (23%) and Palpa district (15%). The representation of Janajati ethnic groups in the overall sample was relatively higher (28%) as compared to the other ethnic groups of Terai origins (24%), Muslim (16%), Dalit (13%), Brahmin (12%) and Chhetri (6%). The median age of WoMLMs was 28 years. Over half of them were illiterate (53%), and only 10 percent had completed SLC and/or a higher level of education.

¹the currently married women of age 15-49 years whose spouse has spent at least three months in India or any other foreign countries as migrant worker and has returned home at least once within three years prior to the date of survey.

²Project funded by United States Agency for International Development (USAID)

Figure 1: Education status of WoMLMs by districts



WoMLMs husbands migrate at younger age-going to work in Gulf countries and India:

Most of the WoMLMs' husbands migrated to different countries for work at a young age, with a median age of 26 years. The median age of WoMLMs when their spouse migrated first time was 23 years. The majority of WoMLMs reported that their husbands were currently working either in the Gulf countries (53%) or India (29%). Most frequently reported work that their husbands used to perform aboard was laborer (45%) in various sectors. Over half of WoMLMs (55%) reported their husbands had returned home in the last year, and most (67%) returned for no specific reason (such as holidays or farming). On average, husbands of the WoMLMs stayed home for 7 months when they returned home last time.

Early marriage is prevalent among WoMLMs:

Nearly 59 percent of survey respondents were married before reaching 18 years of age, and the median age at first marriage was 17 years (range 9 to 27 years). Most WoMLMs from Bara and Kapilbastu districts were married at an earlier age compared to Palpa and Nawalparasi districts. Most of the WoMLMs (91%) had given live birth to at least one child.

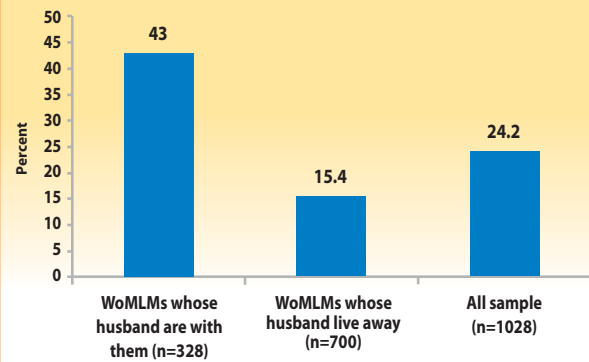
Almost all WoMLMs were aware of at least one FP method, but about 6 of 10 WoMLMs have ever used FP method:

Almost all (except two) WoMLMs were aware of at least one FP method. Female sterilization was the most popular FP method known (99%) followed by male condom (92%) and male sterilization (89%) but knowledge of emergency contraception and IUDs was low (19% and 69% respectively). Only 59 percent of WoMLMs have ever used any FP method, with injectable (23%), male condom (20%) and oral pills (18%) as the most common methods ever used. Majority (65%) of WoMLMs reported having received FP messages in the last three months and the major sources of such information were friends/relatives (70%) followed by Radio (50%) and Television (39%).

Current FP use is low, and affected by spousal separation and socio-demographic characteristics:

Around one in every four WoMLM is currently using FP (24%), but CPR varies by husbands' presence. CPR among those living together with husband was 43 percent, compared to just 15 percent when husbands were away (Figure 2). CPR was higher among older women (aged 41-49 years) (57%), Brahmin caste (68%), and literate (50%). Among all WoMLMs (1,028), CPR was highest in Bara district (36%), followed by Nawalparasi (27%), Palpa (22%) and Kapilbastu (15%). Among women whose husband were away, the CPR was highest for the women in Kapilbastu (33%), followed by Bara (30%), Nawalparasi (26%) and Palpa (11%).

Figure 2: CPR among different subgroups



Among all current FP users (249), sterilization is the most popular method (17% male/female combined) followed by injectables (4%) and oral pills (2%).

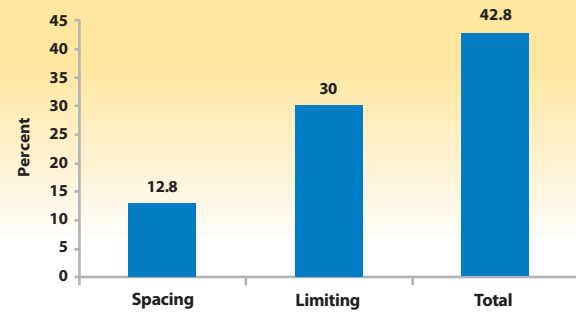
WoMLMs receive FP mainly from government health facilities:

Among the WoMLMs currently using FP (249), most received FP methods from government health facilities such as hospitals/clinics (47%) and health/sub-health post (19%) while 6 percent had accessed such services from private hospitals/clinics. About 60 percent of WoMLMs received free FP services, 13 percent received both ways (paid or free) while 21 percent of them paid for it at all times. Just sixteen percent of the WoMLMs reported having consulted with Female Community Health Volunteers (FCHVs) on the use of FP method in the last year, and only three percent received FP Methods from FCHVs.

WoMLMs have a high unmet need for FP-specially for limiting purposes:

Overall, 43 percent of the WoMLMs surveyed have an unmet need for FP, with 13 percent having an unmet need for spacing and 30 percent having an unmet need for limiting (Figure 3). Unmet need for FP was higher (52%) for WoMLMs whose husbands were away than among those currently living with their husbands (24%). Unmet need for FP also varied by district: Palpa (55%), Nawalparasi (46%), Kapilbastu (40%) and Bara (36%).

Figure 3: Unmet need for FP



Condom knowledge is widespread but use is low:

While the majority of the respondents (92%) had ever heard of male condoms, 77 percent had never used male condom. Most respondents from Bara, Palpa and Nawalparasi districts had heard of male condoms (99%, 99% and 98% respectively) while 80 percent in Kapilbastu had heard of male condoms. WoMLMs reported very low consistent condom use with husband (3%) during their husbands' last visit as well as second last home visit.

Figure 4: Condom awareness and use by districts

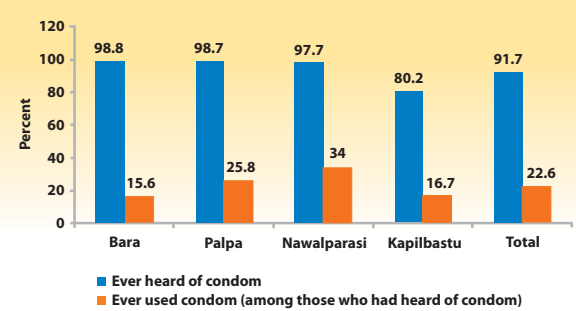
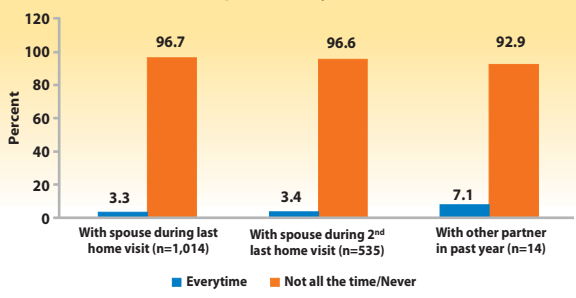


Figure 5: Condom use with husband and other partners by WoMLMs



All of the WoMLMs do not have access to free condoms:

Twenty three percent of the WoMLMs had condoms available from a relatively comfortable and accessible point as they could access condoms within five minutes' distance. Thirty percent of those respondents who had ever used condoms obtained free condoms all the time; 15 percent always bought it while 11 percent accessed it both ways (purchased or for free). Most of these respondents (77%) cited health post/health centers as the source while 27 percent had received free condoms from FCHVs.

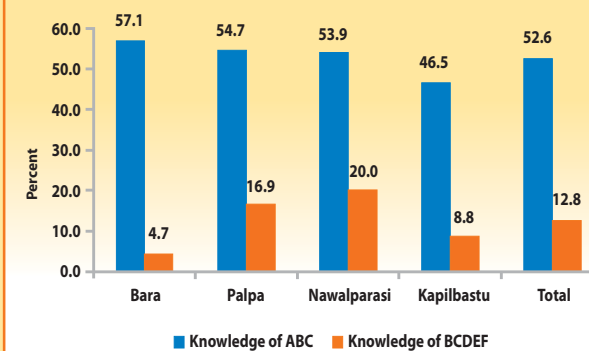
The practice of seeking treatment for STIs is low:

One of every five WoMLMs (20%) reported to have at least one symptom of STI in the past year while 15 percent of WoMLMs reported having such a symptom at the time of survey. About 54 percent of WoMLMs having such STI symptoms in the past year and 30 percent of WoMLMs who currently having STI symptoms at the time of survey reported seeking treatment.

Comprehensive knowledge about HIV and AIDS is considerably low among WoMLMs:

Three out of four WoMLMs (76%) had heard about HIV and AIDS. Relatively larger proportion of the WoMLMs residing in Palpa (97%) and Nawalparasi (88%) districts had heard of HIV and AIDS than those in Bara (71%) and Kapilbastu (61%) districts. Overall,

Figure 6: Comprehensive knowledge of HIV and AIDS by districts



53 percent of the WoMLMs correctly identified all three ABC³, while 13 percent of the respondents were aware of all the five major indicators i.e. BCDEF⁴. This could be contributed by a very low correct response to E (26%) and F (49%). Radio (49%) and peers/friends (42%) were the most popular source for HIV and AIDS information followed by Television (33%) and FCHVs (20%).

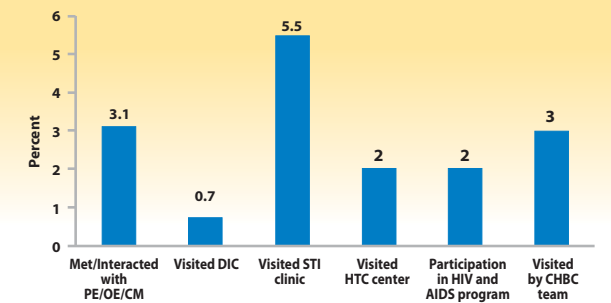
Most WoMLMs have never had a HIV test:

About 43 percent of WoMLMs knew the location of HIV testing center but only five percent of the WoMLMs had ever taken HIV test. Most of them (97%) had obtained the test results, and 31 percent of those who had taken the test (11/35) had taken it within last one year preceding the survey. Thirty four percent of WoMLMs were unaware about their husband taking HIV test, 52 percent reported that their spouses had never tested themselves for HIV while 14 percent of them said they knew their husbands had received an HIV test. Among the women whose husband reported having HIV test, considerably higher proportion were from Nawalparasi (23%) followed by Palpa (15%), Kapilbastu (11%) and Bara (5%).

³A-abstinence from sex, B-being faithful to one partner or avoiding multiple sex partners and C-Consistent and correct use of condoms
⁴D-A healthy-looking person can be infected with HIV, E-A person cannot get the HIV from mosquito bite and F- Cannot get HIV by sharing a meal with an HIV-infected person

Very few WoMLMs have been reached by HIV and AIDS prevention and awareness program:

Figure 7: Exposure to HIV and AIDS prevention and awareness program components in past year



The vast majority of WoMLMs have not been reached by ongoing HIV and AIDS-related programs. For example, only six percent of the WoMLMs had visited STI clinics, three percent had at least once interacted with any Peer/Outreach Educators and Community Mobilizers (PEs/OEs and CMs); and two percent visited an HIV and AIDS Testing and Counseling Center (HTC) and had participated in any HIV and AIDS-related programs or community events in the past year (Figure 7).

Key Indicators	Total (N=1,028) (%)
Median age (range 16-48 years)	28
Literate	47
Husband literate	84
Husband last migrated to India	32
Knowledge of any FP method	100
Ever used any FP method	59
Ever used any modern FP method	53
CPR	24
CPR among whose husbands live together	43
CPR among whose husbands are away	15
Currently pregnant	7
Ever gave birth	91
Sex with partner other than husband	1
Consistent condom use during last home visit of spouse	3
Knowledge of all ABC	53
Knowledge of all BCDEF	13
Had any STI symptoms in the past year	20
Had any STI symptoms at the time of survey	15
Husband had any STI symptoms during last visit home	1
Ever had an HIV test	5
Husband ever had an HIV test	14
Met Outreach/Peer Educator in the past year	3
Visited STI clinic in the past year	6
Visited a HTC center in the past year	2
Participated in HIV and AIDS awareness program in the past year	2
Was visited by CHBC staff in the past year	3
Aware about dual protection	31