

Program Implications

- **Wives of migrant laborers are at greater risk of HIV infection compared with general women mainly because of the sexual behavior of their spouses while they are abroad.** Very few women reported having sexual contacts with sex partners other than their spouses. This finding has very strong program implications. WoMs is a group to be monitored closely but such programs should be strongly linked with programs targeted to high risk male migrants. Treatment seeking behavior for STI symptoms is not encouraging among WoMs. As the presence of any STI carries a higher risk for HIV transmission, programs should be strengthened for prevention and management of STIs among WoMs and male migrants.
- **Comprehensive knowledge of the mode of HIV infection is a key factor for motivating behavior change.** Among WoMs comprehensive knowledge of HIV is low and has seemingly gone down in 2010. This needs to be carefully analyzed by program decision makers. A deeper scrutiny of the kind of knowledge that is deficient and tailoring the program to pinpoint specific areas that need strengthening can be more useful. Similarly, general knowledge on symptoms of STIs and where to go for services when symptoms are experienced is expected to have great impact on the behavior change.
- **Since condom use with husbands is considerably low, programs should explore the reasons for this low use.** Low use could be due to empowerment issues or due to the perception of the use of condoms in a married relationship only. The findings do strongly indicate the need for mass awareness on the dual benefits of condom use (family planning and HIV and STI infection prevention). Consistent condom use must be encouraged.

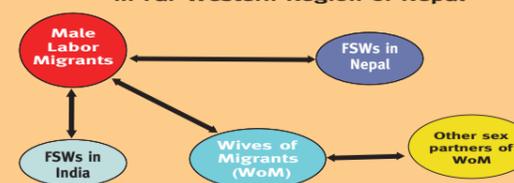
Recommendations

- **Programs especially targeting wives of migrants with group specific strategies should be designed.**
Household visits, one-on-one educational sessions and group discussions need to be scaled up to reach more WoMs to raise their awareness of the risks of HIV.
- **Programs focusing on gender issues and gender-based rights should be developed.**
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 on condom use to avoid STIs and HIV.
- **STI treatment as well as HIV testing facilities should be expanded.**
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.
- **Integration of HIV services with ANC services.**
In the study districts, use of ANC services is improving. An effective integration of HIV testing and counseling services with the existing ANC services from sub-health post and health post levels would help to protect new born children from HIV transmission from their mothers

Brief Description of the Study

This second round of the Integrated Biological and Behavioral Surveillance (IBBS) survey of wives of migrant laborers (WoMs) covered a sample of 600 respondents in four districts – Achham, Doti, Kanchanpur, and Kailali – of Far-Western Nepal. The first round of the IBBS survey was conducted in the same districts and among the same sub-population in 2008.

Dynamics of HIV Infection among Wives of Migrants, in Far Western Region of Nepal



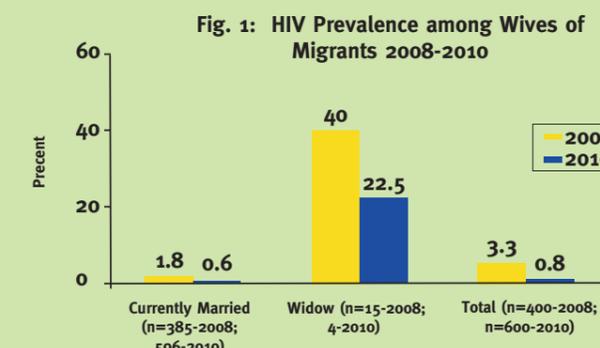
The survey was conducted in accordance with human rights standards and ethical approvals were obtained from Nepal Health Research Council (NHRC) and the Protection of Human Subjects Committee (PHSC), FHI's ethical review board. The survey measured the prevalence of HIV among the WoMs and assessed their HIV risk behaviors, knowledge of HIV and AIDS and sexually transmitted infections (STIs) and their exposure to HIV and AIDS awareness programs. It was conducted according to the National HIV Surveillance Plan with the National Center for AIDS and STD Control (NCASC) for generating the strategic information needed for guiding and monitoring the National HIV and AIDS Program.

Methods

A two-stage cluster sampling was used to draw a sample of 600 respondents from across the study districts. The clusters were mapped out prior to the actual field survey to estimate the number of WoMs by village development committee (VDC). A VDC with at least thirty WoMs was defined as a cluster. Thirty clusters were selected using probability proportional to size (PPS) and the WoMs were then randomly selected for interview from these selected clusters. Laboratories/clinics were set up in each cluster to collect blood samples for HIV testing and to conduct physical examinations for sexually transmitted infections (STIs). After obtaining an informed and witnessed consent from study participants, a structured questionnaire was administered by trained interviewers. After the interview, blood samples (each of about 5ml) were collected using the veni-puncture procedure and HIV antibody tests were performed using rapid test kits. A staff nurse carried out an examination, and provided syndromic treatment for any current STI(s). During the same visit, all study participants were given their HIV test result along with pre and post-test HIV counseling by a qualified counselor.

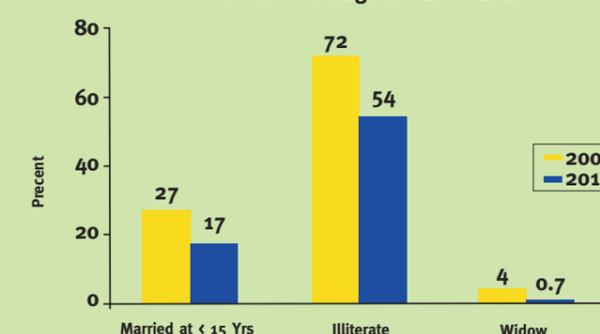
Key Findings

The HIV prevalence among the wives of migrant laborers is 0.8% and the prevalence is significantly high among widow respondents. The HIV prevalence among WoMs in four districts of Nepal's Far -Western region is estimated at 0.8% in 2010. HIV prevalence is significantly co-related with the marital status of the respondents as the survey found 22.5% HIV prevalence among widows compared with 0.6% among currently married respondents. Overall, HIV prevalence was found to be lower in this round than in the first round of the survey (3.3%) which is a significant difference (p= 0.01). (Fig. 1)



Early marriage is the common trend in the Far Western Region and a considerable proportion of wives of migrant laborers are illiterate. About 17% of the respondents were married before the age of 15 years and the median age of first marriage is 16 years. A majority of the respondents (88%) were married at the age of 19 years or younger. More than half of the WoMs in the study districts (54.3%) are illiterate. About 21% could read and write but did not have formal schooling. However, the percentage of women marrying before the age of 15 years, those who are illiterate and widows is less in 2010 compared with the 2008 percentages (Fig. 2).

Fig. 2: Background Characteristics of Wives of Migrants 2008-2010



The IBBS Surveys are part of the National HIV Surveillance Plan, led by National Center for AIDS and STD Control (NCASC) and conducted by New ERA and Intrepid Nepal with technical assistance from FHI Nepal and financial support from United States Agency for International Development (USAID), Cooperative Agreement 367-A-00-06-00067-00

For more information and the full report, please contact

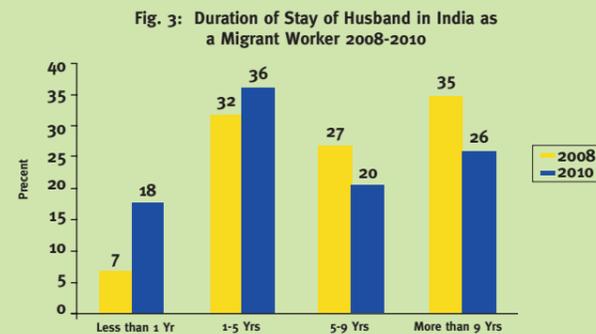
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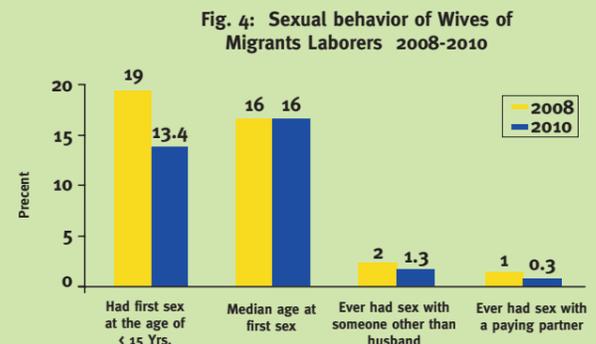


Key Findings

A large proportion of men in Far-Western Nepal who migrate for work in India go to Maharashtra. As reported by spouses, almost one third (30%) of the men had first migrated for work when they were 19 years or younger. The state of Maharashtra, Uttaranchal Pradesh, and New Delhi, the capital city of India, are some common destinations for these migrants. Over two-fifths of them (42%) had been to Maharashtra. The respondents' spouses had spent a range of years in India with the median duration being 4.5 years. Over one-fourth (26%) of the respondents' husbands had stayed in India for a period of more than nine years. In 2010, 17.6% of the respondents' spouses had spent less than a year in India while 6.8% of them reported so in 2008. (Fig. 3)

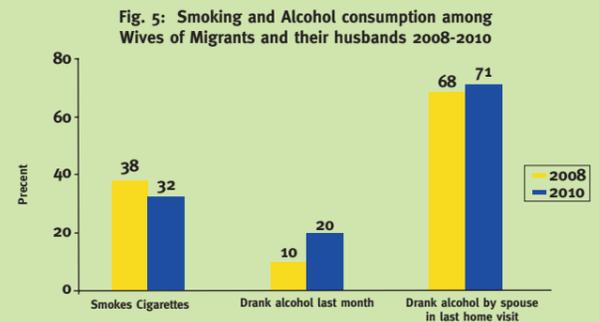


Wives of migrant laborers are less likely to have extra marital sexual relationships. Overall, 1.3% of the WoMs reported ever having sex outside their marriage; 0.3% had ever had sex with a paying partner. About 13% of respondents reported having their first sexual contact before the age of 15 years and the median age at first sex is 16 years. The median age at first sex was similar in the 2008 survey, however a slightly higher proportion of WoMs had their first sex at <15 years of age in 2008 (19%) than those in the 2010 study (13.4%). (Fig. 4)



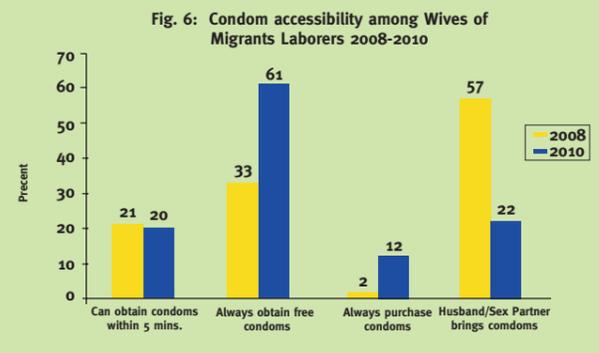
Key Findings

Use of alcohol among wives of migrant laborers is uncommon compared with their husbands. More than one third (32%) of WoMs reported smoking cigarettes. Alcohol consumption was found to be less than cigarette smoking among WoMs as 80% reported never drinking alcohol. However, almost 70% of the WoMs reported that their husbands drank alcohol during their last home visit. There is no noticeable change in these behaviors between 2008 and 2010. (Fig. 5)



Knowledge of condoms is not indicative of condom using behavior. While the majority of respondents (98%) had ever heard of condoms, 39% had ever used them. At the same time, around 10% of the respondents had consistently used condoms when they had sexual intercourse with their spouses during their last (11%) and second last (10%) home visits.

Two in ten respondents reported easy access to condoms. Condoms are available at a relatively comfortable and accessible point for 20% of those respondents who had ever used condoms. They could access condoms within 5 minutes. While 25% of those respondents reported keeping condoms at home, 61% always obtained free condoms and 12% always purchased them. (Fig. 6)

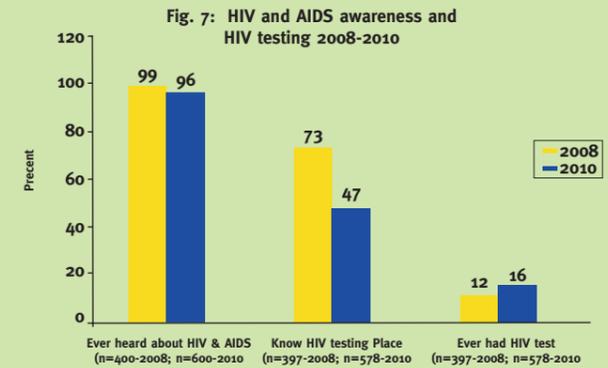


Key Findings

Female community health volunteers (FCHVs) were the most common source of free condoms as cited by 83% of those respondents who had access to free condoms. The reported access to free condoms increased to 61% in 2010 from 33% in 2008.

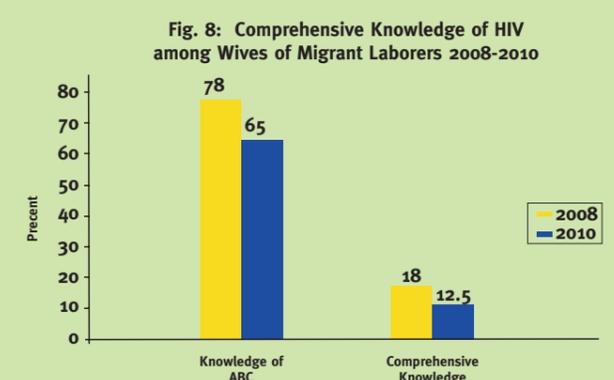
25% of the wives of migrant laborers with current STI symptoms sought treatment. Overall, 22% of WoMs reported to have had at least one listed symptom of STI in the past year while 12% had symptoms at the time of survey. Among them, 48% of those who had symptoms in the past year sought treatment, while only 25% of those currently experiencing symptoms had done so.

Wives of migrant laborers are less likely to be tested for HIV. About 47% of WoMs who had heard of HIV knew where they could go for an HIV test, however, only 16% of the respondents had ever taken an HIV test. The percentage of WoMs knowing the places to go for HIV testing dropped in 2010. Among those who were tested for HIV in 2010, the majority of them (98%) had obtained their test results, and 57% of these respondents had taken the test within the last year, which is a remarkable increase from the previous rounds of studies. (Fig. 7)



Comprehensive knowledge about HIV and AIDS is considerably low. About 86% of the respondents are aware that having one faithful sexual partner and 80% are aware that consistent condom use can prevent HIV infection. A considerably high proportion of respondents also know that even a healthy looking person could be infected with HIV (73%). However, only 65% of respondents were aware of all three 'ABC' ('A' - abstinence; 'B' - monogamy; and 'C' - consistent use of condoms), and a very low proportion of them (13%) had comprehensive knowledge (i.e. knowledge on B and C and proper knowledge on three major misconceptions about HIV transmission – food/jutho, mosquito bites and a healthy looking person). Comprehensive knowledge went down in 2010 compared with 2008. This could be attributed to a very low correct response (21%) to the question 'A person cannot get the HIV from a mosquito bite'. (Fig. 8)

Key Findings



HIV and AIDS related services are not reaching a large proportion of wives of migrant laborers. Of the different program components, a highest of 27% of the respondents had met/interacted with peer educators and outreach educators. However, a negligible proportion of respondents had paid a visit to an STI clinic (9%), a voluntary counseling and testing (VCT) center (7%) or had participated in an HIV and AIDS related program (5%) in the past year. Likewise, only 3% of the respondents had been visited by community and home based care workers. The coverage of such programs has not changed significantly between 2008 and 2010.

Key Indicators	2008 (N=400) %	2010 (N=600) %
HIV prevalence	3.3	0.8
Age <25	33	33
Illiteracy	72	54
First sex before 20	95	88
Sex with partner other than husband	2	1
Consistent use of condoms during last home visit of spouse	6 (n=395)	11 (n=584)
Knowledge of all ABC	78	65
Knowledge of all BCDEF	18	13
Had any STI symptoms in the past year	21	22
Had any STI symptoms at the time of survey	18	12
Spouse had any STI symptoms during last home visit	5	3
Ever had HIV test	12 (n=397)	16 (n=578)
Met Outreach/Peer Educator in the past year	28	27
Visited STI clinic in the past year	6	9
Visited a VCT center in the past year	7	7
Participated in an HIV/AIDS awareness program in the past year	14	5.3
Was visited by a Community Home Based Care staff in the past year	2	3

Note: Figures with parenthesis indicate data calculated from different denominators