

**Baseline Family Planning Survey
Including Rapid Assessment of HIV, Sexually
Transmitted Infections and FP Situation among
Migrant Couples in Bara, Kapilbastu, Nawalparasi and
Palpa Districts**

**Volume II
Report on Quantitative Survey among
Male Labor Migrants**

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~ New ERA Study Team~

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Abbreviations

CBS	Central Bureau of Statistics
CEB	Children Ever Born
CHBC	Community Home-based Care
CM	Community Mobilizers
CREHPA	Center for Research on Environment, Health and Population Activities
DACC	District AIDS Coordination Committee
DHO	District Health Office
DoHS	Department of Health Services
DPHO	District Public Health Officer
FGD	Focus Group Discussion
FHD	Family Health Division
FP	Family Planning
FSW	Female Sex Workers
GDP	Gross Domestic Production
GO	Government Organization
HIV	Human Immuno-deficiency Virus
HMIS	Health Management Information System
HTC	HIV and AIDS Testing and Counseling
IBBS	Integrated Biological and Behavioral Surveillance Survey
ILO	International Labor Organization
IOM	International Organization for Migration
KII	Key Informant Interview
LDO	Local Development Officer
MLMs	Male Labor Migrants
MOHP	Ministry of Health and Population
MTC	Male Sex Workers, Transgender and their Clients
NCASC	National Centre for AIDS and STD Control
NDHS	Nepal Demographic Health Survey
NFHP	National Family Health Proportionate Program
NGO	Non-government Organization
NHRC	Nepal Health Research Council
OE	Outreach Educators
PE	Peer Educators
PHCC	Primary Health Care Centers
PHSC	Protection of Human Subject Committee
PPS	Probability Proportionate to Size
RHCC	Regional Health Coordination Committee
SSP	Saath- Saath Project
STI	Sexual Transmitted Infection
UNAIDS	Joint United Nations Program on HIV and AIDS
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
USAID	US Agency for International Development
WB	World Bank
WHO	World Health Organization
WoMLMs	Wives of Male Labor Migrants

Executive Summary

Under the financial support of the US Agency for International Development (USAID) funded, Saath-Saath Project (SSP), this baseline survey was carried out by New ERA from 22 August 2012 to 16 October 2012. 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.

The study assess the Human Immuno-deficiency Virus (HIV), Sexually Transmitted Infections (STIs) and Family Planning (FP) situation and measure the current FP use among male labor migrants (MLMs) and wives of male labor migrants (WoMLMs) in four migrant districts SSP is working. The study also aimed to assess their key behavioral and knowledge indicators on HIV, STIs and FP situation and to examine the needs on related services for this community and to identify gaps and priority areas for intervention. The survey was undertaken in three phases: 1) Literature review, 2) Operational mapping and size estimation of MLMs and WoMLMs and 3) Interviews and implementation of research activities in the study districts.

Two representative surveys were conducted, one each among MLMs and WoMLMs in the four study districts: Bara, Kapilbastu, Nawalparasi and Palpa using structured questionnaires. The rapid ethnographic assessment included 16 Focus Group Discussion (FGD) sessions (eight among MLMs and another eight among the WoMLMs) in the four study districts. In addition to these, seven to eight Key Informant Interviews (KIIs) were carried out with both health and non-health professionals in each district. For the household survey, a two stage cluster sampling method was followed to select 1,034 WoMLMs and 690 MLMs from 47 and 30 clusters respectively selected on the basis of probability proportionate to size (PPS) method. The findings from the survey have been presented in three volumes based on findings from quantitative survey among MLMs, WoMLMs and rapid ethnographic assessment respectively. This report is the second volume of the assessment and presents findings from survey conducted among MLMs.

Key Findings

Background Characteristics

A large number of MLMs (83%) were the residents of three Terai districts: Bara, Nawalparasi, and Kapilbastu, while the remaining 17 percent were from Palpa district which is a hill area. Because Janajati ethnic groups came from almost all the four study districts, their representation in the overall sample was relatively high (31%) as compared to the other ethnic groups of Terai origins (26%), Dalits (12%), Muslim (12%), Brahmins (11%) and Chhetris (9%). Nearly 59 percent of the MLMs were from the age group 26-40 years with the mean and median ages being 30 and 28 years respectively. Eighty-five percent of them were literate and among them, 89 percent had some formal education or had been to school. A large majority of them (86%) were married, of whom the mean age at first marriage was 20 years. Results also showed that 28 percent of them got married before reaching 18 years and 20 percent of them had first child before reaching 20 years.

Migration Pattern

Over half of the MLMs (56%) reported that they had first migrated to different countries for work at the aged 18 to 26 years. Gulf countries such as Qatar, Saudi Arabia, Dubai, Kuwait and Oman were the major destinations last visited by the MLMs (46%) followed by India (35%) and Malaysia (18%). Little more than one quarter of them (26%) stayed there for work for a period of 25 to 36 months. On an average each of them had visited abroad for work nearly three times. The type of works they performed abroad included mainly daily wage or industrial labor (86%), cook/assistant cook (42%), tailoring (14%), and unskilled workers in construction companies (13%). Most of them stayed with friends (89%) in abroad. Over two-thirds of them (67%) reported that they had returned home from abroad in last 12 months, while remaining one-third (33%) of MLMs had returned home in last two to three years' period.

Knowledge and Use of Family Planning (FP) Methods

All MLMs had knowledge of at least one FP method (including traditional method) and any modern method. The method-specific awareness showed that male condom was the best known method (100%), followed by male sterilization (97%), female sterilization (91%) and inectables (91%). The main source of knowledge on FP was Radio (79%), followed by Television (46%) and poster/billboards (9%). About 43 percent reported that they did not have any idea about the fertile period of women. Additionally, 59 percent MLMs named Radio as the most preferred source of information, followed by Television (21%) as the second most preferred source of information on FP. Seventy-one percent of the respondents had ever used any FP method, while 68 percent had ever used a modern FP method, with male condom being the most commonly used FP method (54%).

Current Use of FP methods

Current FP use among married MLMs was 51 percent, while for all MLMs, the current FP use was 44 percent. The current FP use among those who were currently living with someone (e.g. wives, girlfriends or other female friends) at the time of survey was 68 percent. The method-specific use rate showed that male condom was on the top in all four program districts. Though the overall current FP use differed from district to district, Nawalparasi was on the top among the both married MLMs (66%) and all sampled MLMs (60%). The FP use was generally higher for Brahmin and Chhetri ethnic groups (69% each) and literate (52%). The main sources of FP including sterilization methods were the government hospitals, pharmacy and health-posts/sub-health-posts. About 49 percent of MLMs obtained FP methods free of costs, 29 percent had to buy and 22 percent reported that sometimes they had to buy and sometimes they were getting FP free of cost. For about 91 percent, the nearest sources of FP were within half an hour's distance from their usual residences.

Sexual Behavior and Condom Use

Among the married MLMs, 99 percent reported that they had sexual contacts with their wives in the past month, of which only four percent used condom consistently. Among the total respondents, 15 MLMs reported that they had sexual contacts with FSWs in Nepal in last 12 months, of which nearly three-fourths (73%) reported to have used condom consistently. Thirteen percent of the MLMs reported that they had sexual contact with sex workers in abroad; and condom use during the events was consistent. About one percent (7 out of 690) of MLMs reported that they had sexual relation with their girlfriends while they were abroad;

and only half of them reported to use condom during the event. Among the total MLMs, only four percent reported that they usually carried condom with them.

(Sexually Transmitted Infection) (STIs) Symptoms and Treatment

About four percent of the MLMs reported that they experienced STI symptoms in the past 12 months, such as white discharge, burning during urination, ulcer or sore around genital part and painful urination. Among them, 52 percent sought medical treatment. The reported experience of STI was not high, as 12 of 690 labor migrants (1.7%) had been experiencing at least one of the STI symptoms during the survey period. The practice of seeking treatment is not common as only five (41.7%) of them who had been experiencing STI had sought treatment from private clinic, health center/health post or a pharmacy.

Awareness of HIV and AIDS

About 98 percent of the MLMs had ever heard about HIV and AIDS. The main source of knowledge was the Radio/Television (44%) and colleagues/friends (37%). The proportion of MLMs reporting to be aware of **A** (abstinence from sex), **B** (being faithful to one partner or avoiding multiple sex partners), and **C** (consistent and correct condom use or use of a condom during every sex act) as HIV preventive measures were 67 percent, 79 percent, and 83 percent, respectively. Additionally, 87 percent knew that a healthy-looking person can be infected with HIV (**D**), 28 percent of them identified that a person cannot get HIV from a mosquito bite (**E**), and 55 percent knew that one could not get HIV by sharing a meal with an HIV-infected person (**F**). The MLMs lack comprehensive knowledge of HIV and AIDS. Overall, 58 percent respondents correctly identified all three **A**, **B**, and **C** as HIV-preventive measures while only 17 percent of the respondents were aware of all the five major indicators i.e. **BCDEF**. Low awareness of **E**, i.e. mosquitoes do not carry HIV virus, has mostly contributed to this low awareness level of **BCDEF**. A relatively smaller proportion of MLMs were also aware of **E**.

Availability of HIV Testing Facilities

Overall, 48 percent of the MLMs knew about the existence of an HIV testing facility in their community while 85 percent of them knew about a HIV testing center existing somewhere else. However, 63 percent had ever taken such test. District wise result indicates that the proportion of MLMs taking the test was extremely high in Nawalparasi (87%), followed by Bara (78%), Kapilbastu (54%) and Palpa (16%). The test was required while processing their application for job abroad, particularly for other countries than India. Almost all of them got their test results.

Exposure to HIV and AIDS Awareness Programs

A very few MLMs were exposed to different HIV program components in the past year. For example, four percent of MLMs had visited HTC (HIV and AIDS Testing and Counseling) center, three percent had interacted with peer/outreach educators/community mobilizers (PE/OE/CM), two percent had participated in HIV and AIDS related programs, and one percent each had visited drop-in center (DIC) and STI clinics in the past 12 months. Sixty one percent of the MLMs had no knowledge about community home based care (CHBC) service.

Knowledge and Use of Dual Protection

Nearly 67 percent of the MLMs reported that they are aware of how to prevent themselves from both unwanted pregnancy and HIV transmission. Most MLMs (94%) who were aware

of dual protection also held positive attitude towards it. However when asked to mention the type of dual protection, only 25 percent mentioned that it was non-barrier contraceptives in long-term monogamous relations. Most of the respondents (83%) mentioned that condom was the dual protection method.

Program Implications and Recommendations:

- Until recent past, India was the major destination; however, Gulf countries were popular destination followed by India and Malaysia among MLMs. This calls for multi-country focused strategy including immediate need to incorporate FP and HIV related session in their pre departure orientation for outgoing migrants. Migrants going to India travel through different routes hence, these populations should be covered through community level awareness raising programs within their community before they migrate to India for work. Similarly, majority of the MLMs in this study returned home without considering any special occasion. Hence, program should closely monitor the information about migrants' returning time with their wives and plan to meet migrants during that period.
- Current FP use is low among younger age group and illiterate MLMs. Education and awareness programs targeting the MLMs to use FP services should be strengthened and more focused in these groups. Moreover, MLMs lack detail information on FP use, duration of FP methods and their availability. Comprehensive information on all FP methods and services is needed.
- Consistent condom use with wives is very low (4%). This may increase vulnerability for unwanted pregnancies and HIV/STI transmission. Program should focus on the consistent condom use with wives, girlfriends and female partners.
- Comprehensive knowledge of modes of HIV transmission and prevention remains low among MLMs. There is a need for the quality of HIV awareness and education/training to be upgraded and expanded targeting specially labor migrants and their families to impart comprehensive knowledge on modes of HIV transmission and protection from unwanted pregnancy.
- Health post and other public health services centers were frequently reported as most convenient places for obtaining free condoms. Free condom distribution through these sites should be continued and promoted while expanding other services.
- Radio and TV seemed to be the most popular current sources of information for FP and HIV and AIDS. Use of Radio for mass media and community based activities that increase local interaction among the community members can be an effective community strategy for FP and HIV and AIDS.
- Ongoing HIV and AIDS related activities have not been able to effectively cover MLMs. It is necessary to design specific strategies to cover this group who are at greater risk of HIV and STI transmission. Targeted intervention among MLMs with the provision of PE/OE/CM, HTC/STI clinic including care and support is needed.

10 INTRODUCTION

1.1 Background and Context

The National Center for AIDS and STD Control (NCASC) reports that the *Human Immunodeficiency Virus* (HIV) among male migrants and their female counterparts has emerged as one of the major health concerns in Nepal. Seasonal labor migration is a common trend especially in the Western parts of Nepal (Poudel et. al., 2004; Vaidya and Wu 2011). It is estimated that almost half of the population in the Far-Western and Mid-Western Nepal migrate seasonally every year in search of work (Furber et. al., 2002; Poudel et. al., 2004). It is often argued that existing poverty, limited employment opportunities, deteriorating agriculture productivity and armed conflict are some reasons behind international labor migration in Nepal (Thieme and Wyss, 2005). There is a general argument that individual moving between countries can gain opportunities for greater equality, freedom and career achievement that would have been available at home. One can argue that health is improved if people from poor countries migrate to rich countries but there is also an issue of increased vulnerability to communicable disease, particularly HIV. Previous studies (e.g. George et. al., 1997; Gupta and Singh 2002; Lagarde et. al., 2003) conducted in different geographical settings also reported higher HIV prevalence among migrants compared with non-migrants.

Multiple factors remain responsible for increasing infection rate among the migrant population and their female counterparts. The International Organization for Migration (IOM) report on studies of migrants globally, suggests loneliness as one of the major underlying factors for migrant males to involve in high risk sexual activities. It further reports that freedom from established social norms, separation from family ties and sense of anonymity during migration among male members are responsible agents for getting involved in high risk behaviors. According to the IOM report, transmission is even more widespread in the transit areas along the borders, where large numbers of people move between the countries, pay-checks are easily cashed, drinks purchased and female sex workers (FSW) are readily available and affordable (IOM, 2011). It is also widely accepted that migrants, due to poverty and unemployment, are vulnerable to such high-risk behavior and are more likely to become infected.

According to the Integrated Biological and Behavioral Surveillance Survey (IBBS) carried out in 2008 in 11 districts in Western and Mid to Far Western regions among male labor migrants who go to India as labor migrants, HIV prevalence among male migrants was 1.4 percent (NCASC and ASHA, 2008a). Similarly, another IBBS study conducted with the wives of male labor migrants from Achham, Doti, Kailali and Kanchanpur districts, HIV prevalence among the wives of male migrants was 0.8 percent (NCASC and ASHA, 2010a). IBBS study conducted among male labor migrant workers from Kailali, Kanchanpur, Doti, Achham, Surkhet and Banke districts in 2010 indicates minimal consistent use of condoms and other sources of protection (18%) between husband and wives during sexual intercourse, while consistent use of condom during sexual encounter with female partner and FSW were 10.5% (NCASC and ASHA, 2010b). The United Nations Program on HIV and AIDS (UNAIDS) reports indicate that increasing mobility of the people could result in spread of HIV infection both to those who migrate and the members of community that receive the migrant (UNAIDS, 2003). These findings suggest that wives of male labor migrant workers and babies born to them are in risk of HIV transmission.

SSP has identified all these conditions as some of the major factors responsible for deteriorating the public health and contributing to the high rate of HIV infection among certain population. The mere supply of clinical drugs and hardware support is not enough to improve the quality of preventive efforts. In order to establish the necessary steps there was a need to understand local context behind the exogamous sexual behaviors among male migrants and their female counterparts. In order to prevent the transmission of the disease and to improve the quality of health services, SSP, through financial and technical support from USAID has been managing HIV prevention, care, and support and treatment projects in Nepal since October 2011. For the continuation of these efforts and to expand the programs, particularly to provide integrated package of services on Family Planning (FP) and HIV services targeted to migrants and their spouses, the present survey was conducted in four study districts: Kapilbastu, Nawalparasi, Bara and Palpa. In the absence of authentic data, it was difficult to ascertain as to what extent the HIV, STIs and FP situation exists among this high-risk group. Therefore the main objective of the proposed survey is to provide necessary baseline information on the knowledge, attitude and behavior of the target population on FP and HIV, help identify gaps for better targeting of the services. Progress of the intervention in reaching out to the target population will be monitored, assessed and evaluated against the backdrop of current status as the SSP moves towards its completion of the envisaged activities.

1.2 Objectives of the Survey

The overall objective of the baseline survey in the four districts is to assess the HIV, STIs and FP situation and measure the Current FP use among MLMs and WoMLMs that will serve as baseline indicators for measuring the impact of the proposed interventions. The specific objectives are to:

- assess the HIV, STIs, and FP situation among migrant couples in four migrant program districts;
- assess the needs on HIV, STIs and FP services for this community;
- identify gaps and priority areas for intervention to help guide the development of program intervention modality; and
- estimate the key behavioral and knowledge indicators related to HIV, STIs and FP among MLMs and WoMLMs.

The focuses knowledge, behavior and practices on FP and HIV/STI of this study has been to reveal the current FP use and measure the rates of selected HIV/STI indicators among male migrants and wives of the male migrant couples of different categories (age, marital status, ethnicity, migration-duration, destination, etc.) and its relationship to sexual behavior at migration source.

1.3 Literature Review

Literature review started from the beginning stages of the study and was ongoing throughout the field work period. Desk based review of available documents and reports on HIV, STIs and FP situation of migrant couples were searched through navigation of online relevant scientific databases and journals. Furthermore, relevant documents from national and international I/NGOs, Government and ministry publications, district and region level documents, various national surveys and census report were gathered and extensively reviewed. The review was conducted mainly based on the following key themes:

Labor Migration

The total number of international migrants has increased exponentially over the last 10 years from an estimated 150 million in 2000 to 215.8 million in 2010, with international migrants accounting for a total of 3.2 percent of the global population in 2010 (World Bank, 2012). It shows that international migrant workers make up a significant portion of the global workforce and are becoming permanent fixtures on the global labor market today.

South-East Asia is emerging as one of the leading migration hub in the global labor market with workers migrating within and outside the region seeking economic opportunity and prosperity. The IOM recently reported that an estimated \$325 billion in remittances were sent by migrants to developing countries in 2010 (IOM, 2011). Officially recorded remittance flows to developing countries are estimated to have reached \$372 billion in 2011, and are expected to grow at seven to eight percent rate annually to reach \$467 billion by (World Bank, 2012). Remittances makeup more than 10 percent of Gross Domestic Production (GDP) in nearly 40 countries and remittances sent by overseas workers have been credited with directly reducing levels of poverty and keeping the economy afloat in countries like Nepal, Bangladesh, and Philippines which has a high influx of out-migrants and in keeping the economy afloat. The World Bank (WB) book on Migration and Remittance reports that Nepal received remittance of 1.2 billion in 2005, 3 billion in 2009, and 3.5 billion in 2010 (World Bank, 2012). In many developing nations with low economic growth, labor migration has been credited with channeling surplus labor to be productive, thus mitigating the problem of unemployment and reducing potential for social inequality and instability in the home country.

Migration in Nepal

According to the recent Central Bureau of Statistics (CBS) census report, 7.3 percent of the total populations are absentee population in Nepal. There are almost two million (19, 21,494) absentee populations in Nepal which comprises 87.7 percent male and 12.3 percent female (CBS, 2012). Whereas, previous census carried out in 2001 showed absentee population of 732,189 of which 89 percent were male and 11 percent female (CBS, 2001). With an emigration rate of four percent the Ministry of labor and transportation estimates around two million people having migrated for work abroad (UNAIDS, 2012).

A substantial proportion of the adolescent and adult male population in Nepal seeks seasonal, and sometimes permanent work in several states in neighboring India with which it shares an open-porous border and socio-cultural ties that dates back to centuries. Census data of Nepal also show that out of total migrated aboard, most people had regularly immigrated to India: 79 percent in 1952/54, 93 percent in 1981, 89 percent in 1991; 77 percent in 2001 (Sharma, 2011). The most recent Nepal Demographic Health Survey (NDHS) also reported that the most popular out-of-country destination for Nepalese migrants is India, to which 20 percent of all male migrants and eight percent of all female migrants move to India (MOHP and New ERA, 2011). However, these figures may be underreported. Previously, Thieme and colleagues (2005) argued that an estimated one to three million Nepalese in India, two to five times higher than official statistics show (Thieme et. al., 2005).

Destinations in India and the point of origin in Nepal are not random; besides proximity and ease of transportation, network of middlemen and workers themselves pave the way for friends and others in their community to join in the migration process thereby creating a

chain. For example, a study conducted in Delhi found large majority of Nepali migrant factory workers in Delhi to be from the districts of Palpa, Syangja, Gulmi, Kapilbastu, Nawalparasi, and Gorkha (Western region) while the watchmen were mostly from Bajura, Bajhang and Achham in Far Western Nepal and some from Kanchanpur and Kailali districts as well. The trend was found such that those from Bajura work as watchmen in Delhi, while from Achham and Bajhang work in Mumbai and Bangalore respectively (Bhattarai, 2007).

Another study conducted in Kandebash, Baglung reported that 97.4 percent of the total migrants from the district had gone to India to work, of which 31 percent chose it of easy availability of work even for unskilled workers, 22 percent as easy access/open border, 25 percent cited the security and safety of network of friends and countrymen and while six percent were recruited for the British and Indian army (Gautam, 2006).

Migration in the Study Districts

According to the 2011 census report, the absentee populations in the four study districts were three percent in Bara, 31 percent in Palpa, 19 percent in Nawalparasi and nine percent in Kapilbastu (CBS, 2012). While the NDHS 2011 sub-region data on male migration show that in Bara (Central Terai) 17 percent males, 14.5 percent males in Palpa (Western hill) and 25.9 percent of males in Nawalparasi and Kapilbastu (both Western Terai) have migrated to India for work (MOHP and New ERA, 2011). A more recent 2012 study conducted by Nepal Family Health Program (NFHP-II) and Center for research on Environment Health and Population Activities (CREHPA) in Makar and Tribeni VDCs of Nawalparasi found migration to Middle Eastern countries are now high in Nawalparasi. The pattern is such that while those around the border areas mostly work in India, those from other areas go to the Gulf countries for work (NFHP II and CREHPA, 2012).

HIV and AIDS

By the end of 2010, an estimated 34 million people were living with HIV globally, while 2.7 million were found to be newly infected. An estimated 2 to 3.5 million people in Asia live with HIV making it the second highest region with HIV infected population after sub-Saharan Africa (UNAIDS, 2012).

Female sex workers (FSW), men who have sex with men (MSM), person who inject drug (IDU), male labor migrants and clients of female sex workers alone accounted for 58 percent of total HIV infection Nepal, while low risk population accounted for the remaining 42 percent infection rate in 2011. The prevalence of HIV infection was estimated to be the highest among the most productive and sexually active segment of population aged 25–49 years (NCASC, 2012). Over 80 percent of the HIV infections are transmitted through heterosexual transmission. UNAIDS earlier estimated that the highest HIV prevalence rate was found to be in central region and concentrated especially in urban areas and districts with high density of labor migration (UNAIDS, 2003).

Characteristics of HIV and AIDS among Labor Migrants in Nepal

Migration in itself is not the cause for increased risk of HIV infection however; studies do indicate that migration specifically for work purpose and HIV risk are linked. The IOM cites four primary ways in which migration among workers and the spread of HIV and AIDS are linked. It states that mobility creates conditions encouraging and enabling workers to engage

in risky behaviors especially among sexually active young men separated from wives and partners over extended durations. It creates condition where people find themselves isolated and alienated in a new and unfamiliar environment making it difficult to access health facilities. Further, conditions for sexual networking is generated, drawing migrants into urban areas and labor migrants are especially vulnerable to HIV and AIDS because as marginalized, overlooked population, they have been neglected and excluded by policies and laws (IOM, 2011).

Migrants with uncertain legal status and those working in the informal economy are particularly vulnerable to HIV. Since they have little or no legal rights or health insurance, they are unable to access health and legal services due to reluctance to draw attention from immigration officials and risk of being deported. The link between migration and HIV and AIDS can be attested by the high rate of HIV prevalence found along highway roads, border areas, and major transit points of motility. For example, the highest incidence of HIV and AIDS in Southern Africa is found mainly in countries like South Africa and Botswana which boasts of high cross-border migration created by favorable migratory conditions. A recent report on the studies among migrant farm workers on the South Africa/Mozambique border found that stressful, high-risk work induced a feeling of hopelessness that outweighed the risk of acquiring HIV (IOM 2011). Similarly, migrant workers in China where oscillating migration is common have also indicated that loneliness and peer influence are major motives for engaging with FSWs (Wang et. al., 2007) while Mexican migrant workers in the United States reportedly sought solace and comfort in social spaces such as bar or dance clubs and churches in an effort to mitigate the loneliness, and sense of alienation brought about by migration (Munoz-Laboy et. al., 2009).

Studies conducted among migrant and non-migrant population verify that sexual contact increases with growing mobility of the respondents. For example, a study conducted among Migrants and Non-migrant males in Achham district in Far Western Nepal; it was found that only five percent of the non-migrant males, 14 percent of the internal migrants and 27 percent of the international migrants had sex with FSWs (New ERA, 2002).

Given migrants' contact with FSWs and unsafe sex,, HIV infection it usually high Similarly, the most recent National estimates of HIV infection document that that majority of HIV cases estimated are from labor migrants (27%) and increasing numbers of HIV are occurring among their wives (a combined 27% of HIV cases in low-risk women in rural and urban areas) in 2011. Of all the adults estimated to be living with HIV, a major proportion of HIV infections have consistently been among migrant workers travelling to India for work (NCASC, 2012)

Reportedly, there is a culture among Mumbai migrants visiting brothels; either openly with friends or discreetly. In a study by Poudel and colleagues (2004), they found that several migrants from Far Western had a belief that „Maybe no migrants return home without having sex in Mumbai' and the majority of those who had visited female sex workers reported peer pressure as a motivation for doing so. In their study, many Mumbai returnees claimed that they and their colleagues visited the brothels in Mumbai, and had sex with a new partner at every visit (Poudel et. al., 2004).

The 2008 IBBS survey carried out among male labor migrant from Kailali, Kanchanpur, Doti, Achham, Surkhet and Banke further substantiates the claim; 17 percent in 2006 and 10

percent in 2008 in west and 27 percent in 2006 and 22 percent in 2008 in the Far-West region reported having sex with FSW in India (NCASC and ASHA, 2008a).

Conclusions can be drawn that several factors play a crucial role in influencing the migrants to practice high-risk sexual behaviors. While in India, these include peer norms and pressures, cheaper sex, lack of family restraint, drinking alcohol, and low perceived vulnerability to HIV/STIs as well as a feeling of anonymity and substantial deficits and gaps in their knowledge of HIV/STIs. Drinking and visiting brothels were found to be almost synonymous in the migrant-lingo. Consequently, when they had sex with commercial sex worker they were drunk leading to impaired awareness of safety and condom use. In the report of Poudel and colleagues, it was further testified by migrants who had never visited brothels that being drunk and intoxicated was a major factor for migrant workers to lose inhibitions and caution, enabling them to visit brothels (Poudel et. al., 2004).

Knowledge and Awareness of STI, HIV and AIDS

The 2011 NDHS result shows that knowledge and awareness of HIV and AIDS is higher among younger and educated population. While AIDS awareness is universal among men and women with a school leaving certificate, around 70 percent of women with no education are aware of AIDS (MOHP and New ERA, 2011). The majority of HIV and AIDS prevention programs targeting general population advocate the use of condom during sexual intercourse and being in a monogamous relationship with one partner. The 2011 NDHS result shows that while these methods of prevention has been successful in reaching the general population, only 21 percent of women and 30 percent of men have comprehensive knowledge regarding AIDS and that accurate and comprehensive knowledge regarding HIV transmission remains inadequate (MOHP and New ERA, 2011).

Regarding knowledge about modes of HIV transmission, more than half of the men (57%) and women (61%) of the national survey (NDHS) are aware of the fact that HIV can be transmitted through breastfeeding while 35 percent of women and 44 percent of men know that the risk of HIV transmission from mother to child can be reduced if the mother takes special antiretroviral drugs during pregnancy (MOHP and New ERA, 2011). Significantly, there seems to be a common consensus among both men and women in the 2011 NDHS that a wife is justified in asking her husband to use a condom if her husband has STI while the majority of women and men felt it is justified if a women declines to have sex with her husband with questionable sexual history (MOHP and New ERA, 2011).

Transmission of HIVs from migrant males to host females is more widespread in areas where female illiteracy is high. The 2011 population census showed high illiteracy rate (41 to 70%) among women of the above four program districts (CBS, 2012). Around 57 to 85 percent of the women in these area believed that HIV can be prevented by limiting sexual intercourse to one uninfected partner (MOHP and New ERA, 2011). These women, because of their limited exposure to the health awareness program have limited capacity to insist their husbands for a medical check-up after their return from abroad. As a result, the transmissions from husbands to wives and from mothers to children have formed a serious vicious circle in the transmission routes.

Overall, condom use was found to be more prolific among urban men with multiple partners (34%) than among rural men (25%). Only two percent of men aged 15–49 years reported paying for sex in last 12 months prior to survey, out of which two percent were single,

unmarried men while men with divorced, separated and widowed status were the highest users of paid sex (10%). Similarly, it was found that single, urban, educated, and wealthy men are more likely than their counterparts to engage in paid sex (MOHP and New ERA, 2011).

Knowledge of HIV and AIDS among Migrants

Studies conducted in Far Western (Doti district) in 2000 and 2001 among migrant workers indicated substantial and serious deficits regarding the knowledge of HIV/STI; many of the migrant men stating that HIV was a disease of FSWs and thereby implying that they were invulnerable to infection despite their own risky sexual practices (Poudel et. al., 2003). Similarly, almost all the study participants displayed negligent attitude to STI (referred to as 'Bombay Rog' for any kind of STI) repeatedly stating that any person can become infected with STI and catching it was not a serious problem as it can be easily cured. „In this area, having *bhiringi* (local name for syphilis) is not a shame at all for men. Many people had such a disease for a long period.' men in the study stated (Poudel et. al., 2003). „Having syphilis is normal for a real man (*marda*), other would have scabies' they claimed, thereby revealing how migrant men's perception of masculinity is associated with flagrant display of sexuality and casual disregard for safety (Poudel et. al., 2004).

Similarly, the 2008 IBBS survey conducted in Western regions (includes Mid to Far Western districts) of Nepal found that only 41 percent in the Western and 36 percent of the migrant men in the Mid-Far Western region understood HIV and AIDS as one form of STI revealing gaps in HIV knowledge and awareness. While those who reported experiencing any form of STIs were low, significantly only about half of them had sought treatment and even then mainly from private clinics due to the tendency to hide (NCASC and ASHA, 2008a).

In the 2008 IBBS study, virtually all respondents in Far-west and Western region indicated being aware of HIV and AIDS with radio being the main disseminator of the HIV and AIDS related information followed closely by community network. Nearly half of the respondents in Western region were aware that use of condom and avoiding unsafe sex is the key to prevent HIV and AIDS transmission. However, gaps regarding HIV and AIDS indicator still remains. Only about half of migrant workers in both the regions knew all the three common method of preventing HIV infection: Abstinence from sex, being in a monogamous relationship with one partner, and consistent use of condom. Overall, less than 20 percent of the migrant men in the survey had full comprehensive knowledge about HIV and AIDS indicator and prevention (NCASC and ASHA, 2008a).

HIV Testing

With regards to HIV testing, NDHS 2011 reported only five percent of women and 14 percent of men having tested for HIV infection while the vast majorities i.e. 95 percent of women and 86 percent of men have never been tested for HIV. Sexually active population who had been tested for HIV in the past 12 months increased with age, education, and wealth; HIV testing was nearly twice the number among single men than their married counterparts and more prevalent in urban sectors than in rural areas with similar results in women (MOHP and New ERA, 2011).

According to the IBBS study on 2008 among male labor migrants, only eight percent in Western and 12 percent in Mid to Far Western region had undergone HIV test, the majority

of those who had been tested doing so for employment requirements (NCASC and ASHA, 2008a). Migrants going to Gulf countries are subject to mandatory HIV test before leaving the country and also while in the destination country as per the terms of employment and if found to be infected will be deported immediately. With trend increasing towards Gulf States migrations, the number of migrants being tested for HIV is also on the rise thought involuntarily as may be the case.

STIs Situation

Evidence suggests that that people infected with STIs are at least two to five times more likely to be infected with HIV than uninfected people if they are exposed to HIV virus through sexual contact (WHO, UNAIDS and UNICEF, 2011, New ERA, 2002). Previous study carried out in Nepal also supported these findings. For example, among the international migrant pool in Achham, 19 percent had at least one form of STI, while 15 percent were found to be HIV infected, and HIV infection rate was low (one percent) among those who did not have any STI, substantiating that HIV infection was significantly associated with STIs (New ERA, 2002).

Thirteen percent of women and three percent of men reported experiencing STI symptoms during 2011 NDHS survey out of which only 44 percent of the women and 54 percent of the men sought medical help indicating that large number of STI cases in Nepal remains unreported due to stigmatization associated with STI (MOHP and New ERA, 2011).

Wives of Migrants

The total number of people living with HIV for 2011 is estimated at 50,200 with an overall national HIV prevalence of 0.3 per cent. The national estimation report also shows that females account for approximately 27.3% of the total infections, followed by male labor migrants, remaining males, other MSMs, Male Sex Workers, Transgender and their Clients (MTCs), clients of FSWs, PWIDs and FSWs with 27%, 14%, 7.2%, 4.4%, 2.2% and 1.5% respectively (NCASC, 2012). What creates a particular urgency in this situation among women is the fact that when a woman gets infected with HIV, it also increases likelihood of transmitting HIV to her future children, thereby threatening the health and safety of a new generation as well.

In many societies and culture, women are particularly vulnerable to HIV infection due to patriarchal cultural norms. Women become infected with HIV through their husbands and partners as women are placed in an untenable position where it is virtually impossible to negotiate safe sex and thus protect themselves in fear of violence, and negative social repercussions.

The IBBS survey conducted in 2008 among wives of migrants' detected HIV prevalence of three percent in Far Western districts (Achham, Doti, Kailali and Kanchanpur) in 2008 with varying figures in the four study areas: five percent in Achham, three percent in Doti, three percent in Kailali, and one percent in Kanchanpur. From the studies so far conducted, conclusions can be drawn that HIV prevalence is significantly associated with their marital status: 40 percent were widows of HIV positive men and two percent of those infected were currently married women and most of the positive women's husbands worked in India in the past as migrant laborer and served as source of disease to their wives (NCASC and ASHA, 2008b).

Family Planning Situation

According to NDHS 2011, CPR in Nepal was reported at 44 percent over the last 5 years (MOHP and New ERA, 2011). The 2010 mid-term FP, Maternal, Newborn and Child Health Situation Survey in Rural Nepal carried out by NFHP II reports that at least one method of FP is universal among rural women; similarly, 97 percent of currently married women know about female and male sterilization, condoms, contraceptive pills and injectables, while knowledge regarding IUD, Implants and emergency pills are on the rise. The study also found that one in two married rural women was found to be using a method of FP with female sterilization coming as the most popular choice of modern method (NFHP II and New ERA, 2010). Similarly, 44 percent of currently married women (aged 15 to 49 years) were found to be using modern FP methods, according to the Nepal Maternal Mortality and Morbidity Study, 2008/2009 (FHD, 2010). The 2011 NDHS further reports that 50 percent of married women were using a FP method with 43 percent preferring modern FP method while additional seven percent preferred traditional FP methods (MOHP and New ERA, 2011).

By far, female sterilization is the most popular choice of FP method in Nepal with 15 percent preference followed closely by injectables (nine percent) and male sterilization (eight percent). Female sterilization was found to be more popular choice in Terai (23 percent) than in Hills (seven percent) and Mountain (three percent) while male sterilization and injectables more popular in mountain and hill areas, condom use was nearly three times higher in urban areas than in rural setting (MOHP and New ERA, 2011).

With regards to unmet FP needs the most recent NDHS 2011 reports that there is 27 percent of unmet need for FP among married women; 10 percent for spacing and 17 percent for limiting. The study further states that currently only 65 percent of FP needs of married rural women have been met; a significant increase from 2006 when unmet need for birth spacing was found to be nine percent and 15 percent for limiting purpose (MOHP and New ERA, 2011). Overall, it has been noted that the increasing use of modern FP methods is a significant factor in Nepal's declining fertility rate as well as vital reduction in maternal mortality however, gaps in FP in unmet needs are to be addressed to attain the desired results.

FP among Migrant Couples

The 2008 IBBS survey conducted among wives of migrants from Far Western region of Nepal also indicates low FP use among the wives of migrants (NCASC and ASHA, 2008b). In the report while 96 percent of the migrant wives heard about condoms and even knew about different condom outlets, only 27 percent of these women had ever used a condom. Whereas among those respondents who had sex with their husbands during their last visit home only six percent reported consistent usage; thus corresponding to reported negligent condom usage among migrant couples (NCASC and ASHA, 2008b). However, IBBS survey among wives of migrants in 2010 indicate a slight change as 97 percent of the migrant wives heard about condoms and 39 percent of these women had ever used a condom and among them 10 percent use condom consistently during their last visit home (NCASC and ASHA, 2010a).

Similarly, the 2011 NDHS reported that 51 percent FP users women discontinued using a method within 12 months of initiation with 26 percent stating that they did not need FP methods as husband was away for the duration (MOHP and New ERA, 2011). Furthermore, use of contraceptive method was only 23 percent among women whose husbands are absent

whilst in the case of women whose husbands were living with them, the user rate was high as 62 percent. Another study conducted in 2011 by NFHP-II/CREHPA in six districts: Nawalparasi, Parsa, Doti, Gulmi, Dailekh and Udaypur further illuminate the prevailing practice, attitude and culture regarding FP among migrant couples (NFHP II and CREHPA, 2012). This study indicates that while migrant wives are aware of the different FP methods available, effective and comprehensive knowledge regarding them, especially the protection coverage time against conception provided by the various long-duration methods is extremely low. Significantly, the report notes that wives are informed a month in advance regarding the husband's arrival, unexpected arrival being extremely uncommon, yet despite prior knowledge, it is rare for a wife to be prepared and so acquire or use any contraceptive method prior to their husband's arrival. Consequently, men mostly relied on withdrawal method if they were unable to obtain condom when required (NFHP II and CREHPA, 2012).

Regarding the choice of FP methods, injectables and pills were found to be a popular choice among wives whose husbands visited frequently, while for those whose husbands returned less frequently, condoms and withdrawal methods were used more frequently. However, switching between condoms, withdrawal and pills were found to be a common practice. The NFHP-II/CREHPA study further notes that couples communication regarding matters pertaining to desired number of children, and type of contraceptive to be used for prevention and spacing between births, further communication regarding adoption of long term FP methods seems to be missing. In addition, the study found that although many couples did not desire to further increase their family size, they were not using any methods of FP (NFHP II and CREHPA, 2012).

Cases of reported abortions were noted along with both safe and unsafe attempts that were made to terminate the unwanted fetus in the 2012 NFHP-II/CREHPA report. Some of the women also mentioned taking herbs and unknown medicines in an attempt to abort the fetus while private clinics, pharmacies, and government run hospitals which provide safe abortion services were the preferred choice among those who needed the service (NFHP II and CREHPA, 2012).

Overall the prevalence of condom use among labor migrant couple has been found to be very low in several surveys and studies conducted among migrant labor population. In the 2008 IBBS survey conducted in the Western region of Nepal, consistent condom use with their wives was at 11 percent and 15 percent in the Mid-Far Western region while 74 percent in the Western and 64 percent in the Mid to Far Western region had never used a condom in the past year, many of these respondents citing that they did not think it was necessary or that it didn't enter their head to use a condom as reasons for non-use (NCASC and ASHA, 2008a).

A high proportion of migrant workers in both the regions were supplied with condoms by health posts and health centers, with FCHVs emerging as a major source of free condom among migrant workers in the Mid-Far West region. Furthermore, half of the respondents in the 2008 IBBS survey stated that it takes them more than 20 minutes to reach a place where they can obtain a condom indicating that making condoms conveniently available needs to be a top priority for FP programs (NCASC and ASHA, 2008a).

CPR for Nawalparasi district was reported at 45 percent in 2008/9 and 41 percent in 2010/11, for Kapilbastu it was 28 percent in 2008/9 and 33 percent in 2010/11, Palpa at 42 percent in 2008/9 and 35 percent in 2010/11 and Bara reported 37 percent in 2008/9 and 45 percent in 2010/11 according to the DoHS Annual report (MOHP 2012, MOHP 2011). However, data

of CPR among migrant couples (migrant labor males and their wives) in the study district is unavailable.

The 2012 NFHP II/CREHPA report indicate that FCHVs play a vital role in a migrant couple's decision and choices regarding FP (NFHP II and CREHPA, 2012). Women not only receive information on the various FP methods available but also receive FP related services methods from them. Significantly, both the FCHVs, migrant couples as well as the DHO officials have suggested that FCHVs are the most appropriate medium to disseminate information on FP within the migrant community.

STI, HIV and AIDS Program Coverage among Migrant Couple

STI, HIV and AIDS program coverage among migrants is far low compared to other most at risk group's coverage programs. According to the National Estimates of HIV Infection in Nepal Report 2012, migrant workers receive 14 percent, a noticeably less coverage and attention from HIV prevention programs than other high-risk groups in 2010 (NCASC, 2012). Despite increased number of service sites in high migration districts, only eight percent migrants in the Western region and 12 percent in Mid Far Western region were covered, thus highlighting the need to significantly expand and develop better strategies for prevention and outreach programs for Nepali migrants traveling to India for work (NCASC and ASHA, 2008a). This fact has been further substantiated that only two percent of the male migrant in the Western and 15 percent in the Mid-Far Western region had contacted with peer educators (PE) or outreach educators (OE); while less than five percent had visited a STI clinic or Drop-in-Center (DIC) (NCASC and ASHA, 2008a). However, 28 percent migrant wives had been reached by a peer/outreach educator, much higher proportion coverage than amongst the migrant men. Similarly, seven percent of migrant wives had been to HIV and AIDS testing and counseling (HTC) center and 12 percent had further taken HIV test while among the men, eight percent in the Western and 12 percent in the Mid-Far West region had HIV test either voluntarily or because of the employment requirement (NCASC and ASHA, 2010a).

While HIV and AIDS awareness is part of the pre-departure orientation curriculum provided to migrant workers in an effort to stem the infection rate among migrant workers through knowledge and awareness about the virus, undocumented migration to India and abroad however makes the effort to reach and impart knowledge regarding HIV and AIDS awareness extremely challenging and difficult for all concerned.

In conclusion, literature review on migrant workers covered on currently available documents and reports, on HIV, STIs and FP situation of migrant couples available from scientific databases like Medline, reports and books from International organizations like World Health Organization (WHO), International Labor Organization (ILO), UNAIDS, USAID, World Bank as well as those from Ministry of Health and Population (MOHP), NCASC, Family Health Division (FHD), studies conducted by I/NGOs and the world wide web. While data and information about migration, HIV and AIDS and FP were easily available, comprehensive and reliable information/data regarding migrant workers especially in terms of HIV and AIDS and FP in Nepal remains limited even today and indicates the need for further studies and research .

1.4 Limitation of the Study

This survey was conducted in four SSP migrant program districts, including Bara, Kapilbastu, Nawalparasi and Palpa. The analysis results presented in this report is therefore confined to the above four districts, and may be generalized to the other districts or any other parts of the country.

Similarly, data for this study was collected from MLMs aged 18-49 years, who having stayed continuously or with interruption for at least 3 months working abroad as migrant workers, had returned to Nepal within three years prior to date of the survey. The findings presented in this report represent the status above sub-groups, and may not be generalized to any other sub-groups.

1.5 Presentation of the Findings

The findings from this study are presented in three volumes. The first volume presents the results on the qualitative part of the study. This is the second volume and it reports the findings from quantitative survey conducted among the MLMs. The third and final volume includes quantitative survey findings from the WoMLMs.

2.0 STUDY DESIGN AND METHODOLOGY

2.1 Implementation of the Study

Under the financial support of the USAID funded, Saath-Saath Project (SSP), the baseline survey was carried out by New ERA. New ERA was responsible for the overall management of the survey and carried out the fieldwork for data collection using survey tools in coordination with SSP and its implementing partners. The survey tools were initially prepared by SSP team. New ERA conducted pre-testing of the tools, finalized the tools in consultation with SSP team. The information collected has also been analyzed by New ERA and presented in three volumes of the report. The survey was conducted in collaboration with SSP implementing partners working in the study districts.

2.2 Study Design

A cross-sectional study was designed to collect the baseline FP situation including the rapid assessment of HIV and STIs among migrant couples.

The study was undertaken in three phases:

- Phase one: Literature review
- Phase two: Operational mapping and estimation of size of study population
- Phase three: Interviews and implementation of research activities in the study districts

In the first stage of this study, available literatures around HIV, STIs and FP among migrant couple and on the estimated size of this population were closely reviewed. Relevant electronic resources such as scientific data bases (e.g. Medline), were used to search literatures. Similarly, gray literatures and other relevant documents published by World Health Organization (WHO), United Nations Population Fund (UNFPA), United Nations Development Program (UNDP), Department of Health Services (DOHS), USAID, Ministry of Health and Population (MOHP), NCASC, HMIS, I/NGOs on these issues were included in the review.

The literature review started from the beginning of the study and continued throughout the field work period.

In the second phase, an operational mapping was conducted. For this, the study team members visited each VDC of the study district to map out study areas and estimate the size and distribution of the target population. They also located health service centers/sites, other service centers and programs, social and religious centers, youth clubs, areas having access to HIV and FP services. Primary or secondary geographical co-ordinates for GIS mapping of key hotspots in terms of migratory movements, the major transit points, and areas with concentration of migrant labors and service sites were also obtained. Information was collected regarding the estimated population size of the study population (MLMs and WoMLMs) living in each Village Development Committee (VDC) from all the concerned stakeholders at the district and VDC level; and representatives of local government organizations (GOs) as well as non-government organizations (NGOs) and local people. The operational maps are presented in the annexes.

The third phase of the study consisted of qualitative as well as quantitative data collection from the randomly selected respondents representing different clusters selected for the survey. The study comprised of both qualitative and quantitative approaches. Both the qualitative and quantitative data were collected simultaneously.

Quantitative Survey

Two representative surveys were conducted, one each among MLMs and another among WoMLMs in the four study districts using structured questionnaire developed in Nepali.

Rapid Ethnographic Assessment

A rapid ethnographic assessment was conducted to explore social issues in depth to identify factors and relationships that may not have been understood through quantitative survey. This assessment used in-depth interviews with key informants (KIs) and separate focus group discussions (FGDs) with MLMs and WoMLMs to generate further insights on the current HIV, STI and FP situation, need and priority areas for migrant couples to inform program design and delivery. This assessment provided insights from the key informants working on FP, HIV and migration in the four study districts and provides further information on the priority areas, needs and programmatic gaps from the perspective of the key informants, MLMs and WoMLMs.

Focus Group Discussion

A total of 16 FGD sessions (8 among MLMs and 8 among WoMLMs) were conducted in the four study districts. VDCs with highest concentration of MLMs were chosen for FGD sessions. The FGD participants were selected from those who were the residents of that particular cluster/VDC. During the HH survey, the field teams identified the participants for the discussion. The FGD sessions were tape-recorded and transcribed. During the discussion session, the pre-identified issues and questions (which were discussed and finalized in consultation with the SSP officials) were asked to carry on the discussion. All the FGDs sessions were conducted in Nepali and took about 1 to 1.5 hours.

Key Information Interview

The Key Informant Interviews (KIIs) were conducted with both health and non-health professionals. At the district level, the respondents included the officials from DACC, DPHO, LDO, SSP Implementing Agencies/Partners (IA/IPs) and other relevant district level stakeholders such as doctors, nurses and Non-Government Organization (NGO) health officials working in health sector. The topics for the discussions were developed and finalized in consultation with the SSP officials. Some of the major discussion topics included popular countries of migration, perceptions on FP use while the husband are working abroad, community's reaction on people with STIs, HIV and AIDS and FP use and FP preparedness when the husbands return home from abroad etc.

2.3 Study Population

The primary study populations of the study were MLMs and WoMLMs. The eligibility criteria followed were as follows:

Male Labor Migrants (MLMs): MLMs included “a returnee male migrant aged 18-49 years, having stayed continuously or with interruption for at least 3 months in India or any other foreign countries as a migrant worker, and returned to Nepal at least once within three years prior to the date of survey”.

Wives of Male Labor Migrants (WoMLMs): The WoMLMs included “a 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”.

The secondary study population was key informants representing health and non-health professionals working in the four study districts.

2.4 Sample Design, Sample Inflation

The sample size for WoMLMs and MLMs was calculated so as to allow to measure up to eight percent change and nine percent changes on different key indicators such as contraceptive prevalence rate (CPR) and comprehensive knowledge of HIV. The formula used for sample size calculation is based on 80 percent power and 95 percent level of confidence (Annex 3). On the basis of information derived from previous rounds of IBBS survey among WoMLMs and MLMs conducted in 2008 and 2010 it was expected that the non-response rate for this study would be around 9.5 percent among MLMs and 10 percent among WoMLMs. Thus, in order to factor the expected rate of non-response and guarantee 940 and 630 respondents from WoMLMs and MLMs respectively, the number of participants was fixed at 1034 and 690 respectively.

First Stage: Selection of Clusters: The information on the estimated size of the study population for each VDC within each district based on the operational mapping exercise served as sampling frames for cluster selection. A list of VDCs with an estimated number of returnee MLMs and WoMLMs was prepared.

A VDC with at least 40 returnee MLMs and 40 WoMLMs was defined as a cluster. In case when a VDC had less than the required number of study population, the selected VDC was combined with the adjoining VDC and treated as a single cluster.

Both a maximum and a minimum number of returnee migrants and the WoMLMs were listed by VDC for all the four study districts. From the list, the total number of MLMs and WoMLMs was aggregated separately to determine the size of the study population in each district. As per the study protocol 30 and 47 clusters sampling were adopted for MLMs and WoMLMs respectively (Table 1). The clusters were selected using systematic random sampling with probability proportional to size (PPS) method from the four districts. The number of clusters in each district thus depended upon the estimated sample size for each district

Second Stage: Selection of Respondents: The field teams visited each household in the selected clusters to prepare a list of study population who met the inclusion criteria for the study. Only those MLMs and WoMLMs who were living in the study districts during the study period for that particular cluster were included in the list. From the separate list created, 23 MLMs and 22 WoMLMs were selected by systematic random sampling method from each

of the respective clusters. This resulted in the selection of a total of 690 MLMs and 1,034 WoMLMs.

Table 1: An Overview of Number of Cluster Selected in Four Study Districts

District	MLMs		WoMLMs	
	Total no. of clusters (First stage sampling)	No. of clusters selected (Second stage sampling)	Total no. of clusters (First stage sampling)	No. of clusters selected (Second stage sampling)
Nawalparasi	70	8	74	12
Kapilbastu	78	9	78	17
Palpa	61	5	62	7
Bara	81	8	90	11
Total	290	30	304	47

2.5 Sample size

As mentioned above the quantitative part of the survey aimed to include 690 MLMs and 1,034 WoMLMs. However, the surveyors were able to interview 1,028 WoMLMs and 690 MLMs as shown in the following Table.

Table 2: Overview of the Study Population

Method	Bara	Kapilbastu	Nawalparasi	Palpa	Total
BSS among MLMs	184	207	184	115	690
Baseline FP and BSS among WoMLMs	240	373	262	153	1028
IDI with key informants (Health and non-health professionals)	8	8	7	7	30
FGD with wives of MLMs	2	2	2	2	8
FGD with returnee WoMLMs	2	2	2	2	8

The FGD participants were selected from among those who were the residents of that particular cluster/VDC. A total of 16 FGDs were conducted, eight among WoMLMs and another eight among MLMs. Additionally, 30 KIIs were conducted in four study districts with health and non-health professionals.

2.6 Refusals

All respondents participated voluntarily in the survey. Out of the 1,034 randomly selected WoMLMs approached for the interview, six WoMLMs refused to take part in the survey, while there was no refusal from randomly selected 690 MLM samples.

2.7 Survey Tools/Instruments

Structured Interviews

For the structured individual interviews, two separate set of questionnaires for MLMs and WoMLMs were developed in English (Annex 2A) and then translated them into Nepali. These questionnaires assessed information around socio-economic characteristics of respondents as well as their knowledge, attitude and behavior on various aspects of HIV, STIs and FP. The survey also solicited information relating to CPR among migrant couples.

FGD and KII

Two separate interview guidelines were developed to assess information on current HIV, STI and FP situation, need and priority areas for migrant couples to inform program design and delivery. New ERA developed an open-ended format to administer the questions and recorded the information.

Interview guidelines were developed in Nepali and a same sex trained interviewer conducted these interviews.

2.8 Survey Personnel

The survey was conducted by a team that was comprised of a Team leader, Two Research Officers, One Research Assistant, and 42-member team of field surveyors (17 male and 25 female).

2.9 Pre-testing of the Survey Instruments

All the study tools were field-tested prior to the field work in non-sample districts of Gorkha and Dhading. These two districts were especially chosen considering their proximities to Kathmandu and also because of the presence of a considerable proportion of migrant families in the districts. Proximity to Kathmandu allowed easy access to the site and allowed more time to the team members to pre-test the tools with adequate number of respondents. This helped improve field procedures, schedules and questionnaires, and help familiarize the field enumerators with the instruments. The field-test also examined the adequacy of the questions, clarity/wording of questions, adequacy of possible responses (pre-coded), sequence/flow of questions, skip patterns and questionnaire administration techniques. In light of the experiences gained in the field-tests, all the survey instruments were modified. The fieldwork for data collection was conducted from August 22- October 16, 2012.

2.10 Recruitment and Training of Study Teams

The field teams were selected from among a regular staff pool of New ERA, experienced in conducting similar surveys. A 12 days long training was provided to the study team members to familiarize them with the sampling procedure and the contents of the questionnaires. Besides, research objectives and the purpose of the research were explained along with the ethical consideration and role and responsibilities of the team members. Additionally, class room lectures, role-play and mock interview exercises also formed an integral part of the training.

2.11 Organization and Execution of Field Work

The fieldwork was carried out by field teams with extensive experience in conducting similar surveys. The survey team members were divided into 12 teams (4 male teams, 8 female teams) to carry out the survey. One male team with four members each (5 members in one team) and two female teams with three members each (4 in once team) were deputed in the four selected districts for fieldwork of this study. Each team was involved in collection of qualitative as well as quantitative data/information as per the need of the survey.

The research team members conducted listing of the households (location wise) in selected cluster. Some screening questions were administered to the head of the household or knowledgeable person in the household, which determined the existence of the eligible respondents in the household. The household was included in the listing after screening/confirming the existence and availability of the eligible respondent in the household. Once the listing of all the eligible respondents in the selected cluster was completed, 22 samples were selected (23 in case of MLMs) from the list using systematic random sampling method. The household was then visited to interview the selected respondent.

Field supervisors were responsible for overall management of field site. They ensured that study procedures were properly followed, such as consent was properly taken, questionnaires were thoroughly checked, coordination with related local organization maintained and that all the concerns of respondents were addressed. Supervisors/interviewers were responsible for further clarification on the study objectives/methodology and tools to the respondent and administration of the consent form. They interviewed respondents using a structured questionnaire.

For the qualitative data, a special FGD and KII guidelines as mentioned in the above section were used. The sessions were conducted in Nepali by a trained moderator of the same sex and notes were taken by a note-taker. The discussions were tape-recorded with the consent from FGD participants.

If the study participants who required any counseling (pre and post-test HIV and STI counseling or FP counseling), HIV and STI testing or other services related to HIV, STI and FP, the research team encouraged them to seek services by referring them to the nearest available service site. For this purpose, the team members met the SSP implementing agencies (IAs) and other stakeholders to familiarize themselves with the required services provided by them or other available facilities in the districts before starting the survey.

2.12 Fieldwork Supervision and Monitoring

The progress of the fieldwork was closely monitored throughout the survey period. The core research team member visited survey sites on an ongoing basis for monitoring, supervision and assistance purposes. A monitoring plan and monitoring checklist was prepared for the purpose. They used the check list for data quality audit purpose which covered a) research study design and methodology followed; b) selected cluster visited; c) selected respondent interviewed; d) ethical considerations followed; e) tools are properly filled up and are followed; f) qualitative notes have adequate information and are properly documented.

Similarly, quality of the data collected was maintained throughout the study period. The core study team and field supervisor were involved in the Quality Control from the initial stage of the field work. They reviewed forms to ensure that, 1) the correct clusters have been surveyed; 2) correct number of households have been surveyed; 3) correct administration of the questionnaires and recording have been carried out. They also randomly checked completed forms and provide feedback, and made random re-visits to ensure data quality. SSP staffs and external monitors from the USAID and Jhpiego also monitored the fieldwork.

2.13 Ethical Considerations

The study was conducted in compliance with all human rights and ethical standards required by health researchers conducting studies among human subjects on sensitive issues such as FP, HIV and AIDS. The study protocol was submitted to the FHI 360 Ethical Review Board (ERB), Protection of Human Subject Committee (PHSC), and Nepal Health Research Council (NHRC) for their review and approval. Oral informed consent (Annex 2B) was obtained from all participants prior to the interview/discussions. The oral informed consent was taken in the presence of a witness who signed the consent form. In the case of WoMLMs who were minors (below 18 years of age), an additional written informed consent was prepared to obtain consent from their parent/guardian (adult person in the household). Overall, there were six respondents who were below 18 years of age, consent was obtained from their parents or husbands. Survey procedure was designed to protect participants' privacy, allowing for anonymous and voluntary participation. No names and personal identifiers were used during the data collection, analysis and report preparation. An informed consent was obtained from the participants prior to conducting the interview and FGD. During the consent process, it was made clear to participants that they were free to refuse participation and that if they decide to participate; they may stop at any time. They were provided with enough information about the study procedure, confidentiality and study purpose. The FGD participants were provided reimbursement for travel expenses as incentives for participating in the survey. The interviews for the survey were conducted in a private place preferred by the respondent. The FGD were conducted at safe and confidential places such as community centers (private room), local school (during off hours), the local SSP implementing agency (private room) or other safe place agreed to by the study participants.

2.14 Data Entry, Processing and Analysis

Rapid Ethnographic Assessment

The priority areas for HIV, STI and FP services obtained through the analysis of qualitative data from the in-depth interviews and FGDs were analyzed. All FGDs and IDIs were tape recorded. All the interviews were transcribed within 4-5 days of completion of the discussions and translated them from Nepali into English. The qualitative data were analyzed according to the "question route" under different "themes". Verbatim were categorized and supplemented in the report, with or without vignettes, wherever relevant.

Quantitative Study

Immediately after mobilising the field teams, a software package for data entry (quantitative data) was developed in CS-Pro. A number of quality check mechanisms such as range checks, logical checks and skip instructions were developed to detect the errors during the data entry stage. The data were entered using double entry approach for better accuracy.

Data were edited using CS-Pro software and the clean dataset was transferred to the SPSS statistical package for analysis. All entered data was kept secure in password protected computers at New ERA. The behavior survey quantitative data has been analyzed using descriptive statistics and bi-variate analysis. Although self-weighted two stage cluster sampling design is used to draw the sample, an analysis was conducted to verify whether the

estimated size of the clusters used in the selection of the first stage clusters differed from the actual size enumerated in the selected clusters.

Univariate and bi-variate analysis of the HIV, STI and FP service reach and access data from the BSS among MLMs and baseline FP and BSS among WoMLMs was conducted. Furthermore, the program gap has been identified by bi-variate analysis of unmet need indicators with program reach and access indicators

CPR has been calculated by analyzing the current FP method users (modern and traditional). Similarly, unmet FP has been calculated using the algorithm used in NDHS based on the key FP use, fertility preference, fertility indicators collected in the survey.

Additionally, descriptive analysis (frequency distributions) of socio-demographic indicators, sexual history, risk behaviors and knowledge of HIV, STI and FP methods, stigma and discrimination, knowledge on dual protection have been conducted. Similarly, cross tabulations between selected variables have also been performed.

3.0 FINDINGS OF THE STUDY

This chapter provides basic information on physical and socio-demographic characteristics of the study population. This chapter also provides findings on FP, sexual behaviors and condom use, knowledge of HIV and AIDS, use of alcohol and drugs, knowledge, attitude and practice of dual protection methods among MLMs.

3.1 Characteristics of Study Population

The background characteristics presented in this section make the basis of all the analysis in this study.

3.1.1 Socio-Demographic Characteristics

Detailed information on socio-demographic characteristics of the study participants (690) included in the survey is presented in Table 3.1. As it shows, a large number of them (83%) were the residents of three Terai districts (Bara, Nawalparasi and Kapilbastu), while the remaining 17 percent were from hill area that lie in the rugged topography of Palpa district. Because of the high concentration of MLMs in Kapilbastu, the overall sample comprised slightly more in this district (30%) than in Bara (27%), Nawalparasi (27%) and Palpa districts (17%). Because Janajati ethnic groups came from all four study districts, their representation in the overall sample was relatively high (31%) as compared to the other ethnic groups of Terai origins (26%), Dalit (12%), Muslim (12%), Brahmin (11%) and Chhetri (9%).

The age of the respondents ranges from 18 to 49 years. Majority of the study populations were in the age group of 26-30 years (30%), followed by 21-25 years (21%), 31-35 years (17%), 36-40 years (11%), 18-20 years (11%) and above 40 years (9%). Their median age was 28 years respectively.

As Table 3.1 indicates, large numbers of study populations were literate (85%). About 39 percent of them had some secondary and 23percent of them had SLC or above educational attainment. Eleven percent of them had never been to school. Over half of them (53%) had three to five dependents, which included mainly children and parents. On an average, each of them had five dependents.

Background Characteristics	Distribution	
	Number	Percent
District		
Bara	184	26.7
Nawalparasi	184	26.7
Palpa	115	16.7
Kapilbastu	207	30.0
Ethnicity/Caste		
Brahmin	76	11.0
Chhetri	59	8.6
Janajaati	215	31.2
Dalit	84	12.2
Muslim	80	11.6
Other Terai Origins	176	25.5
Age-group (Yrs)		
18-20	74	10.7
21-25	148	21.4
26-30	210	30.4
31-35	118	17.1
36-40	77	11.2
Above 40	63	9.1
Mean ± S.D	29.5 ± 7.2	
Median (Range)	28 (18- 49)	
Literacy Status		
Literate	588	85.2
Illiterate	102	14.8
Education		
Never been to School	78	11.3
Primary (1-5)	185	26.8
Some Secondary (6-9)	270	39.1
SLC and Above	157	22.8
Number of Dependents*		
≤ 2	98	14.2
3-5	367	53.2
> 5	225	32.6
Mean	690	5.0
Mean ± S.D	5 ± 2.8	
Median (Range)	5 (0-23)	
Total	690	100
Note: *Dependents in this study defined as „total number of children and adults in the family who relies on the respondents (MLMs) as primary source of income’		

3.1.2 Conjugal Culture and Marital Union

Results in Table 3.2 shows that majority of MLMs (86%) were married, with a very small percentage of divorced (0.1%) and widower (0.1%). About 14 percent of them were single or never married.

Among the total sample, 594 were ever married MLMs, of which two-thirds were married at the age between 18 and 25 years (Table 3.3). About 28 percent of them were married before reaching 18 years. The mean age at marriage among the study participants was 19.6 years. Among them, over 96 percent were monogamous, while remaining 4 percent were polygynous, who got married with more than one woman.

Participants were asked as to how many months they and their wives lived separately in the past five years. About 8 percent of them reported that they never got separated, while remaining 92 percent reported to have lived separately for at least one month or more. Distribution shows that about 34 percent were separated from two to three years period. About 24 percent of them lived separately for more than three years. However, almost all of them (98%) reported that they were currently living with their wives. Only one percent reported that they were not living together with their wives at the time of the survey.

3.1.3 Age at Having First Child and Children Ever Born Alive

Among 594 ever married participants, 502 (85%) reported they have had children. Of which, 20 percent had their first baby when they were 19 years of age or below. Remaining 80 percent had their first baby after 20 years of age (Table 3.4). The median age of the participants when they had first child was 22 years ranging from 15 to 32 years. Distribution shows that about 61 percent of the participants had 1 to 2 children, while remaining 39 percent had more than three children. The mean number of children ever born (CEB) to them accounted for 2.5 (Table 3.4).

Table 3.2: Marital Status of MLMs

Marital Status	Distribution	
	Number	Percent
Married	592	85.8
Divorced/Separated	1	0.1
Widower	1	0.1
Unmarried	96	13.9
Total	690	100

Table 3.3: Conjugal Culture and Marital Union

Background Characteristics	Distribution	
	Number	Percent
Age at First Marriage		
≤ 17 Years	164	27.6
18-25 Years	391	65.8
≥ 26 Years	39	6.6
Mean ± S.D	19.6 ± 3.7	
Median (Range)	19(10– 31)	
Multiple Marriage		
Yes	21	3.5
No	573	96.5
Duration of Separate Living		
Never	45	7.6
1 - 12 Months	91	15.3
13 - 24 Months	117	19.7
25 - 36 Months	201	33.8
> 36 Months	140	23.6
Wife Living Together		
Yes (currently)	584	98.3
Currently not living together	8	1.3
Divorced/Widower	2	0.3
Total	594	100

Table 3.4: Age at First Child and Children Ever born

Background Characteristics	Distribution	
	Number	Percent
Age at Having First Child		
≤ 19 Years	102	20.3
≥ 20 Years	400	79.7
Mean ± S.D	22.3 ± 4.7	
Median (Range)	22 (15-32)	
Children Ever Born (CEB)		
1-2	305	60.8
≥ 3	197	39.2
Mean ± S.D	2.5 ± 1.3	
Median (Range)	2 (1-8*)	
Total	502	100

Note: *One MLM reported CEB as 8 and five MLMs reported CEB as 7.

3.2 Migration Characteristics and Behaviors

This section presents findings on behaviors of the MLMs during their stay abroad and after returning home. The results include information on age at migration, migration destination, migration duration; types of works performed abroad, types of persons living together abroad, special season for returning home and future destination of migration.

3.2.1 Age at First Migration

The survey results showed that most MLMs migrated to different countries for work at a very young age. For example, 74 percent of the MLMs had first migrated to different countries at the age of less than 26 years (Table 3.5). Data further showed that among the total samples, nearly one-third (32%) had migrated for the first time before 19 years. The median age at first migration was 22 years. The age at first migration ranges from 6 to 44 years (Table 3.5).

Age at First Migration	Distribution	
	Number	Percent
Age in Years		
≤ 19 Years	223	32.3
20-26 Years	285	41.3
27-32 Years	117	17.0
33-44 Years	65	9.4
Mean ± S.D	23.1 ± 6.9	
Median (Range)	22 (6*- 44)	
Total	690	100

Note: *One MLM migrated at six years, another MLM migrated at 10 years and two MLMs migrated at 11 years.

3.2.2 Migration Destination and Duration

Table 3.6 reveals that gulf countries (i.e. Saudi Arab, Qatar, Dubai, Iraq, Oman and Bahrain) were the most frequently visited destinations (46%), followed by India (35%) and Malaysia (18%).

Country Migrated	District				Total	
	Bara Percent	Nawalparasi Percent	Palpa Percent	Kapilbastu Percent	Number	Percent
Gulf Countries*	37.0	62.0	43.5	41.5	318	46.1
India	33.2	15.2	44.3	49.3	242	35.1
Malaysia	28.8	21.7	11.3	8.2	123	17.8
Singapore	-	-	0.9	-	1	0.1
Maldives	-	0.5	-	-	1	0.1
Switzerland	-	-	-	0.5	1	0.1
Jordan	0.5	-	-	-	1	0.1
Norway	-	-	-	0.5	1	0.1
Japan	-	0.5	-	-	1	0.1
Liberia	0.5	-	-	-	1	0.1
Total	184	184	115	207	690	100

Note:* Gulf countries include Saudi Arabia, Qatar, Dubai, Iraq, Oman and Bahrain.

Differential by district (Table 3.6) shows that Nawalparasi had the highest number of MLMs visiting gulf countries (62%), followed by Palpa (44%), Kapilbastu (42%) and Bara (37%). Similarly, Kapilbastu had the highest number of MLMs visiting India (49%), followed by Palpa (44%), Bara (33%) and Nawalparasi (15%). Malaysia stood on third priority order of migration, which was visited by the MLMs of Bara (29%), Nawalparasi (22%), Palpa (11%) and Kapilbastu (8%).

As Table 3.7 shows, twenty-six percent of MLMs stayed abroad for work for a period of 25 to 36 months. The mean duration of stay in abroad accounted for 48 months with standard deviation 40 months. Data showed that on an average, MLMs visited abroad for work at least three times (Table 3.7).

Duration	Distribution	
	Number	Percent
Migration Duration		
3-12 Months	95	13.8
13-24 Months	100	14.5
25-36 Months	177	25.7
37-48 Months	71	10.3
49-60 Months	67	9.7
61-72 Months	114	16.5
> 72 Months	66	9.6
Mean Duration of Stay Abroad ± S.D (In Months)	48 ± 39.8	
Mean Times of Migration ± S.D	3 ± 2.2	
Total	690	100

3.2.3 Types of Work Performed Abroad

The MLMs were asked about the type of works they performed when they were abroad. As Table 3.8 indicates, daily wage or labor or industrial labor (86%) was the most frequently reported type of job of the MLMs. Cook or assistant cook (42%), cloth stitching and embroidery works (14%), mason or labor in building constructions (13%), driving (12%), goat/sheep herding (11%), security guard (11%), electrician/helper (10%), cloth weaving/stitching (9%), working as automobile mechanics (8%), carpenter (7%) and working as domestic workers (7%) were also other important jobs they performed abroad (Table 3.8).

3.2.4 Type of Person Living Together Abroad

Table 3.9 shows that MLMs mostly stayed with friends (89%) and relatives (5%) while they were abroad. Over five percent of them reported that they stayed alone in abroad. The respondents living together with wives during migration were less than one percent. Very few of them (0.3%) reported they were staying together with other women during migration (Table 3.9).

3.2.5 Patterns of Returning Home from Migration

Among the 690 MLMs interviewed for this study, over two-thirds (67%) returned home within the last one year's period, while one-fifth (21.2%) had returned home after more than one year (Table 3.10). Crop cultivation (40%) and crop harvesting (8%) seasons were the special seasons for them to return home. Nearly six percent of them returned home during Dashain/Tihar festivals, while about 52 percent of them returned home without considering any special occasion.

A large majority of the participants (88%) reported that after their return to Nepal they had not started any long term work in Nepal. It could be partly because of the fact that

Table 3.8: Type of Works Performed Abroad

Type of Works Performed	Distribution	
	Number	Percent
Daily wages/ labor/industrial labor	594	86.1
Cook/assistant cook/catering work	292	42.3
Cloth stitching and embroidery works	93	13.5
Mason, worker in building construction	94	13.0
Driver/helper	83	12.2
Goat/sheep herder	78	11.3
Security guard	77	11.2
Electricity worker	68	9.9
Automobile mechanics/helper	53	7.7
Carpenter	50	7.2
Domestic worker	49	7.1
Painter	37	5.4
Cleaner/laundry/car washer	36	5.2
Welding work/metal working	25	3.6
Plumber	22	3.2
Tika-chudi maker/helper	13	1.9
Store keeper	10	1.4
VDO parlor worker	10	1.4
Working in petrol pump	10	1.4
Others (Peon/runner/Machine operator/cold store operator/poultry farm worker/Supervisor/Mobile tower operator/Barber/Worker in scrap)	34	4.9

Note: N denotes total number of respondents
: Total percent adds up to more than 100 due to multiple responses

Table 3.9: Types of Person Living Together duration Migration

Background Characteristics	Distribution	
	Number	Percent
Person Living together in Abroad		
With Friends	611	88.6
Alone	37	5.4
With Relatives	36	5.2
With wife	3	0.4
With other woman	2	0.3
Employer	1	0.1
Total	690	100

many of the MLMs (61%) had a plan to go abroad for work. Only about 18 percent of them reported that they did not have any plan to go again while 21 percent reported that they did not know about it (Table 3.10).

3.3 Family Planning

This section present results on awareness and use of FP methods among MLMs. It also presents results on source of FP, attitude and preparedness to use FP while returning home from the migration.

3.3.1 Knowledge of FP Methods and Fertility Period

Knowledge of FP methods was assessed among all MLMs irrespective of their marital status. The assessment included awareness of each of the nine modern FP methods presently available in Nepal, and some traditional methods (Table 3.11). The awareness of these methods was assessed in two ways. The respondents were first asked to name all the methods of FP. The methods reported were recorded as spontaneous response. For those methods that were not mentioned spontaneously, the interviewers read out one by one, and asked if the respondents have heard of it. If the respondents mentioned that they have heard of the method then it was recorded as probed response. Table 3.11 presents the findings.

Method Known	Distribution	
	Number	Percent
Any Method	689	99.9
Any Modern Method	689	99.9
Any Two or More Modern Methods	682	98.8
Modern Methods		
Male Sterilization	631	91.4
Female Sterilization	666	96.5
Male Condom	688	99.7
Female Condom	293	42.5
Oral Pills	570	82.6
IUD	356	51.6
Injectables	626	90.7
Implants	405	58.7
Emergency Contraceptives	181	26.2
Traditional Method		
Periodic Abstinence/Rhythm	424	61.4
Withdrawal	509	73.8
Other Traditional Methods*	17	2.5
Mean Number of Modern Methods Known ± S.D	6.4 ± 1.8	
Total	690	

Note: Responses are both spontaneous and probed.
 *Others include ash guard and mercury powder

As revealed by Table 3.11, the knowledge of at least one FP method (including traditional method) and any modern method was almost universal among all respondents (100%). Knowledge of any two or more modern methods was also high at 99 percent for among MLMs. The mean number of methods known was 6.4 with standard deviation 1.8.

The method-specific assessment showed that male condom was the method best known (98%) to the respondents (Table 3.11). Among the child-limiting methods, female sterilization was more popularly known to the MLMs (97%) than male sterilization (91%). Among the birth-spacing methods, awareness of male condom was on the top (100%) followed by injectables (91%), oral pills (83%), implants (59%), IUD (52%), female condom (43%) and emergency contraceptives (26%). Similarly, among long-acting FP methods, female sterilization was the method best known, followed by male sterilization, injectable, implants and IUD. And, among the traditional methods, withdrawal (74%) was more popularly known to the respondents than the periodic abstinence or rhythm method (61%).

As Table 3.12 indicates, 26 percent of the respondents believed that fertile period of a woman is half way between two periods, while one-fourth of them believed that conception begins right after the end of the menstrual period. Four percent of them believed that women can conceive any time during her menstrual period. However, 43 percent of MLMs reported that they did not have any idea about the fertile period.

The MLMs were asked about their knowledge whether a women during her lactational period could become pregnant (LAM). Nearly three quarters of them (73%) reported that it was possible even during her lactational period, while remaining 27 percent reported that she cannot conceive during the period (Table 3.12).

FP Message	Distribution	
	Number	Percent
Exposed to FP Message in Last Three Months		
Yes	253	36.7
No	437	63.3
Knowledge of Fertile Period		
Just before her Period Begins	13	1.9
During her Period	28	4.1
Right after her Period Ended	174	25.2
Half way between Two Periods	180	26.1
No Idea	295	42.7
Knowledge of LAM Method		
Yes	505	73.2
No	185	26.8
Total	690	100

Note: LAM denotes Lactational Amenorrhea Method.

3.3.2 Exposure to FP Messages

As indicated in Table 3.12, 37 percent of the MLMs were exposed to the FP related messages in last three months. The main source of the message about FP was Radio (79%) followed by Television (46%), poster/billboard (9%), newspaper (8%) and street drama (2%).

Sources of Messages	District				Total	
	Bara Percent	Nawalparasi Percent	Palpa Percent	Kapilbastu Percent	Number	Percent
Source of FP Message						
Radio	77.2	73.6	71.4	83.5	199	78.7
Television	49.1	54.7	25.0	45.2	116	45.8
Poster/Billboard	14.0	11.3	-	7.8	23	9.1
Newspaper	10.5	5.7	7.1	8.7	21	8.3
Street Drama	5.3	1.9	-	1.7	6	2.4
Total	57	53	28	115	253*	100

Note : *Analysis is based on 253 (who were exposed to the message)
: Percentages in all columns add up to more than 100 due to multiple responses

Differential by districts (Table 3.13) indicates that Radio was the main source of message about FP for all four study districts (71-84%), followed by Television (25-49%). Poster/Billboard and Street drama were also the source of information on FP for some of the MLMs of the three Terai districts (Bara, Nawalparasi and Kapilbastu). But for those of Palpa district, these sources were virtually non-existence .

Respondents were also asked as to which source they would prefer to get more information on FP. As Table 3.14 indicates, Radio was the most preferred source of information on FP (59%), followed by Television (21%), Government health

Preferred Media	Districts				Total	
	Bara Percent	Nawalparasi Percent	Palpa Percent	Kapilbastu Percent	Number	Percent
Preferred Media to Get Message on FP						
Radio	55.4	52.7	67.0	63.3	407	59.0
Television	19.6	35.3	14.8	14.0	147	21.3
Govt. Health workers	4.9	5.4	1.7	15.5	53	7.7
FCHVs	4.3	0.5	7.8	1.4	21	3.0
Group Discussion	3.8	2.7	0.9	1.0	15	2.2
Poster/Billboard	3.8	-	7.0	-	15	2.2
Street Drama	6.0	2.2	-	0.5	16	2.3
Others	0.5	-	0.9	3.4	9	1.3
Outreach/ Peer Workers	1.6	1.1	-	1.0	7	1.0
Total	184	184	115	207	690	100

workers (8%), FCHVs (3%) and group discussions (2%), Poster/billboards (2%), street drama (2%). Table 3.14 shows that for all four study districts, Radio was the most preferred source of information on FP (i.e. Palpa 67%, Kapilbastu 63%, Bara 55% and Nawalparasi 53%). The

second most preferred source of information was the Television (Nawalparasi 35%, Bara 20%, Palpa 15% and Kapilbastu 14%). Government health workers was the third most preferred source of information on FP as mentioned by the MLMs of Kapilbastu (16%), Nawalparasi (5%), Bara (5%) and Palpa (2%). Similarly, FCHVs was the fourth most preferred source of information on FP, as mentioned by the MLMs of Palpa (8%), Bara (4%), Kapilbastu (1%) and Nawalparasi (1%).

3.3.3 Ever Use of FP methods

Ever use refers to use of a FP method at any time, with no distinction between past and present use. In this survey, all respondents (690), irrespective of their marital status, who had heard of a method of FP, were asked if they had ever used a method.

FP Methods	Districts				Total	
	Bara Percent	Nawalparasi Percent	Palpa Percent	Kapilbastu Percent	Number	Percent
Modern Methods						
Male Sterilization	3.3	7.6	7.8	-	29	4.7
Female Sterilization	16.3	16.3	3.5	6.8	77	10.7
Male Condom	52.2	63.6	67	34.3	361	54.3
Oral Pills	5.4	15.2	13.0	12.1	75	11.4
IUD	1.6	1.1	2.6	0.5	9	1.5
Injectables	11.4	15.8	25.2	12.6	105	16.2
Implants/Norplant/Jedalle	0.5	0.5	-	0.5	3	0.4
Emergency Contraceptives	0.5	-	0.9	1.4	5	0.7
Traditional methods						
Rhythm Method	0.5	10.3	7	2.9	34	5.2
Withdrawal Method	-	24.5	27	5.8	88	14.3
Any Method	70.7	86.4	87.0	49.3	491	71.2
Any Modern Method	70.7	84.2	76.5	47.3	471	68.3
Total	184	184	115	207	690	100

As result in Table 3.15 shows, 71 percent of the respondents have ever used any FP method, while 68 percent have ever used a modern method of FP. Among different method of FP, male condom was the most commonly ever used method, as 54 percent of the respondents have used it in the past. About one in every 10 MLMs' wives (11%) have ever used female sterilization. Among long acting FP methods, implant was the least popular method (0.4%) among the MLMs. The respondents using male sterilization and injectables were five percent and 16 percent respectively.

Table 3.15 also shows the percentage of all MLMs (690) by specific methods and district. As it shows, the percentages of MLMs adopting male sterilization were on the top in Palpa (8%) and Nawalparasi (8%) followed by Bara (3%). In Kapilbastu, none of the MLMs reported to have ever used male sterilization. The figure for female sterilization was on the top in Bara and Nawalparasi districts (16% each), followed by Kapilbastu (7%) and Palpa districts (4%). Looking at the figures for temporary methods, the MLMs were most likely to have ever used condom in all four study districts (i.e Palpa 67%, Nawalparasi 64%, Bara 52% and Kapilbastu 34%). The second most frequently used temporary methods was injectables, which is 25 percent in Palpa, 16 percent in Nawalparasi, 13 percent in Kapilbastu and 11 percent in Bara.

As for the traditional methods, withdrawal was more frequently used than rhythm method among the MLMs in all four study districts. In Bara district, traditional methods were rarely use at all (Table 3.15).

The result on ever use of FP methods by migration destination is presented in Table 3.16. As it shows, the figure of ever use of male condom was on the top among MLMs returning from Malaysia (58%), followed by gulf countries (51%) and India (51%). Ever use of oral pills was on the top among the MLMs returning from India (13%), followed by Gulf countries (10%) and Malaysia (10%) whereas, for Injectables , it was 16 percent for Malaysia returnees, 15 percent each for Gulf countries and India returnees. As for the traditional methods, withdrawal methods were more used among MLMs than rhythm method (14% vs 5%).

FP Methods	Migration Destination				Total	
	Gulf Countries* Percent	India Percent	Malaysia Percent	Other Countries Percent	Number	Percent
Modern Methods						
Male Sterilization	4.1	4.5	4.1	-	29	4.7
Female Sterilization	12.6	8.7	12.2	(28.6)	77	10.7
Male Condom	50.6	50.8	57.7	(85.7)	361	54.3
Oral Pills	10.4	12.8	9.8	(28.6)	75	11.4
IUD	0.9	2.1	0.8	-	9	1.5
Injectables	14.5	14.9	16.3	(42.9)	105	16.2
Implants/Norplant/Jedalle	0.6	0.4	-	-	3	0.4
Emergency Contraceptives	0.9	0.8	-	-	5	0.7
Traditional methods						
Rhythm Method	6.3	3.3	4.9	-	34	5.2
Withdrawal Method	12.6	11.6	14.6	(14.3)	88	14.3
Total	318	242	123	7	690	100

Note: *Gulf countries include Saudi Arab, Qatar, Dubai, Iraq, Oman and Bahrain
: Figures in parenthesis are not taken into analysis, as N is too small (7).

3.3.4 Current Use of FP

Current use of FP in this study is defined as the proportion of MLMs who were currently married and using a modern method of FP at the time of survey. For the program point of view, the current use was also calculated among those who were currently living with someone (e.g. wives, girlfriends or other female friends) at the time of survey, currently married and for all sample populations (Table 3.17).

As revealed by Table 3.17, the current use of FP among married MLMs in the survey area was 51 percent. For all sample respondents, irrespective of their marital status, the current FP use was 44 percent. The current use of FP among those who were living with someone was 68 percent.

Methods Currently Used	Current Use of FP among those Who were		
	Currently living with someone	Married	All Study Participants
Modern Methods			
Male Sterilization	6.1	4.6	4.2
Female Sterilization	16.9	12.6	11.2
Male Condom	25.2	18.9	16.2
Oral Pills	7.4	5.6	4.8
IUD	1.1	0.8	0.7
Injectables	9.9	7.4	6.4
Implant/Norplant/Jedalle	0.7	0.5	0.4
Emergency Contraceptives	0.2	0.2	0.1
Traditional Method			
Periodic Abstinence/Rhythm	2.3	1.7	1.4
Withdrawal	3.8	2.9	2.5
Other Traditional Methods	0.2	0.2	0.1
Proportion (Current use of FP)	67.5	50.5	47.0
Total	444	592	690

The method-specific FP use among married MLMs showed that the male condom was on the top (16%) followed by female sterilization (11%), Injectable (6%), oral pills (5%) and male sterilization (4%).

Though female condom was known to many of the study participants (43%, Table 3.11), its current use was virtually non-existent (Table 3.17).

3.3.5 Current Use of FP among Married MLMs by Background Characteristics

Modern Methods:

Table 3.18 presents the differentials of current use of FP (any modern method) among married MLMs by background characteristics. It showed that the current FP use was highest for the MLMs of Nawalparasi district (66%), followed by Palpa (58%), Bara (48%), and Kapilbastu (34%). Age wise, FP use was 60 percent for those who were aged 41-49 years, 59 percent for those who were aged 26-40 years, and 24 percent for those who were aged 18-25 years. It was also found that current use of FP was generally higher for Brahmin and Chhetri (69% each) than among Janajati (62%), Dalit (43%), other Terai origins (37%) and Muslim (26%). Similarly, the FP use was higher for literate respondents (52%) than among their illiterate counterparts (40%). Differential by educational status indicates that the use of modern method of FP was higher for those

who had higher educational attainment and lower for those who had lower educational attainments. For example, the the current FP use was 56 percent for those who had some secondary education, SLC and higher level of educational attainments, and 43 percent for those who had never been to school or had attended up to primary grades.

Table 3.18 indicates that the current use of any modern method was highest for the MLMs of Malaysia returnees (60%), followed by Gulf countries (53%) and India returnees (41%).

Traditional Methods:

Table 3.18 also reveals the current use of tradition FP methods, which was relatively high among the MLMs of Palpa (16%) and Nawalparasi (15%) districts. Its use was relatively high among older age MLMs (9-18%) and Brahmin ethnic group (20%). Similarly, use of traditional method was 10 percent among literate MLMs, while none for illiterate counterparts. It was higher for those who had higher educational attainment (16%), and lower for those who had lower educational attainments (6-8%). As for the migration destination; use of traditional method was highest for the MLMs returning from Malaysia (11%), followed by Gulf countries (9%) and India returnees (5%).

Background Characteristics	Percent Currently Using			Percent Not Currently Using	Number of MLMs
	Any Modern Method	Any Traditional Method	Any Method		
Districts					
Bara	47.8	-	47.8	52.2	161
Nawalparasi	66.3	14.7	73.6	26.4	163
Palpa	58.2	16.3	69.4	30.6	98
Kapilbastu	33.5	5.5	36.5	63.5	17
Current Age (Years)					
18-25	23.6	3.6	25.0	75.0	140
26-40	58.7	8.7	63.3	36.7	390
41-49	59.7	17.7	72.6	27.4	62
Ethnicity					
Brahmin	68.9	19.7	73.8	26.2	61
Chhetri	68.9	13.3	77.8	22.2	45
Janajati	61.9	13.4	70.1	29.9	194
Dalit	43.2	6.8	48.6	51.4	74
Muslim	26.2	-	26.2	73.8	61
Other Terai Origins	36.9	0.6	37.6	62.4	157
Literacy Status					
Literate	52.3	9.9	57.8	42.2	505
Illiterate	40.2	-	40.2	59.8	87
Education/Grade					
Never been to School	42.9	-	42.9	57.1	70
Primary	43.2	6.2	48.8	51.2	162
Some Secondary	55.7	8.2	58.6	41.4	232
SLC and above	56.3	16.4	64.1	35.9	128
Migration Destination					
Gulf Countries*	52.8	9.4	58.0	42.2	286
India	41.4	5.2	44.5	55.5	191
Malaysia	60.2	11.1	65.7	34.3	108
Other Countries**	(57.1)	(14.3)	(71.4)	(28.6)	7
Proportion (Current use of FP)	50.5	8.4	55.2	44.8	592
Total No of Currently Married MLMs	592	592	592	592	

Note: *Gulf countries include Saudi Arab, Qatar, Dubai, Iraq, Oman and Bahrain
: ** Other countries include Singapore, Maldives, Switzerland, Jordan, etc.

Table 3.19 presents the differentials of current use of FP among all 690 MLMs by districts. It showed that, the FP use was highest among the study population of Nawalparasi (60%), followed by Palpa (50%), Bara (42%) and Kapilbastu (29%).

District	Percent Currently Using Any Modern Method	Total Study Populations
Bara	41.8	184
Nawalparasi	59.8	184
Palpa	49.6	115
Kapilbastu	28.5	207
Total	44.0	690

3.3.6 Places of Male Sterilization

As Table 3.20 shows, government hospital/clinic was the main place where a large number of MLMs (62%) had obtained the male sterilization services. About three percent had received this services from Primary Health Care Centers (PHCC). Mobile camps, NGO clinics Marie Stopes and private hospital were also provided this service to the MLMs (3% each). About 15 percent of the respondents did not mention the places where they obtained this service.

Places	Distribution	
	Number	Percent
Government Hospital/Clinic	18	62.1
Primary Health Care Center	1	3.4
Mobile Camp	1	3.4
NGO Clinic	1	3.4
Marie Stopes	1	3.4
Private Hospital/Clinic/Nursing Home	1	3.4
No Response	6	14.7
Total Number of MLMs Adopting Male Sterilization	29	100

3.3.7 Source of FP Methods

This section presents information on knowledge about places where FP services is available, payment of fees for FP methods, time taken to get to the nearest source and convenient place to get FP.

3.3.7.1 Knowledge about Places where FP Services are Available

Respondents were asked about their knowledge on places where FP services are available. As shown in Table 3.21, government hospitals (56%) pharmacy (56%) and Health Post/Sub-health posts (41%) were the most frequently mentioned places where they could obtain FP services. About 15 percent of the respondents mentioned that FP services were available in Paan Pasal as well. Nearly 13 percent of them reported that FP services were available from FCHVs. Similarly, 10 percent of the respondents mentioned that the FP services were available from private clinics. The numbers of respondents mentioning the name of NGOs including

Know about Places where FP Service is Available	District				Total (N=690)	
	Bara (N=182)	Nawalparasi (N=184)	Palpa (N=115)	Kapilbastu (N=205)	Number	Percent
Government Hospital	72.5	38.0	50.4	61.5	386	55.9
Pharmacy	12.6	76.1	71.3	70.2	389	56.4
Health Post (HP)/Sub-HP	27.5	55.4	53.9	32.7	281	40.7
Paan Pasal	1.6	18.5	19.1	22.9	106	15.4
FCHVs	1.1	10.3	14.8	26.3	92	13.3
Private Clinic	11.5	13.0	3.5	8.3	66	9.6
Marie Stopes	8.2	2.2	-	-	19	2.7
FPAN	0.5	5.4	-	1.5	14	2.0
Hotel	-	-	0.9	-	1	0.1
DIC	-	-	0.9	-	1	0.1
MCH Worker	-	0.5	-	0.5	2	0.3
Nepal Red Cross Society	0.5	-	-	-	1	0.1
Blue Diamond Society	1.6	-	-	-	3	0.4
NGO	-	1.6	-	-	3	0.4

Note: Total percentages are >100 due to multiple response.
: N denotes total number of respondents

Marie Stopes, FPAN, DIC, Nepal Red Cross Society, Blue Diamond, etc. were very negligible.

Differential by districts (Table 3.21) indicates that for the MLMs of Nawalparasi (76%), Palpa (71%) and Kapilbastu (70%), Pharmacy was the main place where they could get FP services, whereas in Bara it was the government hospital (73%). Fifty-five percent of the MLMs of Nawalparasi and 54 percent of the MLMs of Palpa districts mentioned that they could get FP from Health Post/Sub health post. Similarly, 26 percent of the MLMs of Kapilbastu, 15 percent of Palpa and 10 percent of Nawalparasi district reported that they could get FP services from FCHVs. About 13 percent of the MLMs from Nawalparasi and 12 percent of Bara districts reported that they could get FP from private clinics.

3.3.7.2 Modes of Obtaining FP Methods

Among 471 MLMs who ever used modern FP, 15 MLMs wives used FP instead of them, 13 MLMs did not know method to obtain FP method. As Table 3.22 indicates, among remaining 443 MLMs, nearly half of the total respondents (49%) did not pay for FP. In other words they were getting FP methods free of costs. About 22 percent reported that sometimes they paid for it, while sometimes they were getting it free of costs and 29 percent of them reported that they had to pay for the FP most of the times.

Table 3.22: Modes of obtaining FP

Modes of Getting FP	Distribution	
	Number	Percent
Free of Cost	218	49.2
Buy	129	29.1
Buy and Free of Cost (both)	96	21.7
Total	443	100

3.3.7.3 Time Taken to Go to the Nearest Source of FP Methods

Among 471 MLMs who have used modern FP, most of them (91%) reported that they could get FP services within half an hours' distance from their residence (Table 3.23). The proximity was 30 to 60 minutes for about 8 percent of the MLMs. The mean time taken for them to get to the nearest source of contraceptives was 18 minutes.

Table 3.23: Time Taken to Go to the Nearest Source of FP

Time Taken	Distribution	
	Number	Percent
Less than 30 Minutes	426	90.9
30- 60 Minutes	37	7.9
More than 60 Minutes	8	1.7
Mean ± S.D (In minutes)	18.4 ± 18	
Median (Range)	10 (1-120)	
Total	471	100

3.3.7.4 Convenient Place to Get FP

As Table 3.24 shows, government health facilities (Hospital, Health Post and Sub-health Posts) were the convenient places to get FP services for a majority of the study populations (84%), followed by pharmacy (74%), general retail store (15%), FCHV (15%), Private clinic (9%) and NGO (4%). Very few of them mentioned Community Mobilizers and DIC as the convenient place to get FP services.

Table 3.24: Convenient Place to Get FP

Accessible Place	Distribution	
	Number	Percent
Government Health Facilities	394	83.6
Pharmacy	349	74
General Retail Store	70	14.8
FCHV	70	14.8
Private Clinic	45	9.5
NGO	17	3.6
Community Mobilizers	4	0.8
DIC	1	0.2
Total	471	100

Note: Total percent is >100 due to multiple response.

3.3.8 FP Use Abroad

In this survey, 471 MLMs who have ever used FP, were asked if they had ever used a FP methods during their stay abroad. About 380 MLMs reported that they followed controlled their urge for sexual relationship and refrained from such encounters during the period. Table 3.25 shows FP use aboard among remaning 91 MLMs. Among 91 MLMs, most MLMs (98%) used condom.

FP Method Used in Abroad	Distribution	
	Number	Percent
Male Condom	89	98
Male sterilization	3	2
Total	91	100

3.3.9 Perception about FP

Respondents were asked to rate their views whether they agree, disagree or say don't know on a series of statements about FP. The perceptions that were assessed included topics related to gender differentials on using contraception. Findings were presented in Table 3.26.

The MLMs were asked whether contraception is women's business and a man should not bother about it. A majority of the respondents in the program area (69%) disagreed with this statement. Little more than one-fourth of them (28%) reported to have agreed with the statement. Nearly two-thirds of the respondents (64%) didn't agree that women who use contraception may become promiscuous. Over 30 percent of the respondents agreed with this statement and about five percent reported that they don't know about it. Sixty-one percent of the MLMs thought that being sterilized for a man is the same as castration. Only about 34 percent of them disagreed with this statement.

Statements	Distribution				
	Agree	Disagree	Don't Know	Total	
				Number	Percent
Contraception is women's business and a man should not worry about it	28.3	69.3	2.5	690	100
Women who use contraception may become promiscuous	30.4	64.2	5.4	690	100
Being sterilized for a man is the same as castration	60.9	34.1	5.1	690	100

3.4 Sexual Behavior

This section describes sexual behavior of the MLMs, including their participation in sexual relationship, age at first sexual intercourse, sexual practices in Nepal and while they were working abroad.

3.4.1 Sexual Relation

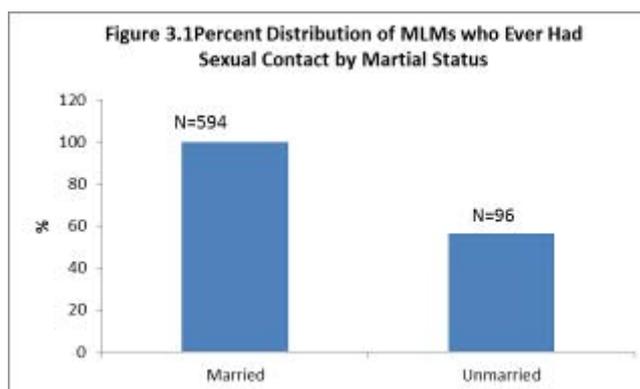
Most of the MLMs (94%) have had at least one sexual contact with a female partner. Twenty three percent of the MLMs who had at least one sexual intercourse had their first sexual contact at the age of 16 or earlier. The median age of the MLMs at first sexual intercourse was 18 ranging from 12 to 30 years (Table 3.27).

Table 1 in Annex 4 distributes the history of sexual contacts made by respondents by their districts. Over nine in every ten respondents in all the four districts have had at least one sexual encounter. Age wise, however a relatively larger proportion of MLMs from Bara district had engaged in sexual encounter at a young age of 16 or less (32%) than other districts like Kapilbastu (25%), Nawalparasi (22%) and Palpa (12%) (Table 2, Annex 4).

Sexual Contact	Distribution	
	Number	Percent
Ever had sexual contact		
Yes	648	93.9
No	42	6.1
Total	690	100
Age at first sexual contact		
<16 years	150	23.3
17-18	197	30.6
19-25	272	42.3
>25	23	3.6
Don't know	1	0.1
Mean ± S.D	18.9± 4.5	
Median (Range)	18(12*- 30)	
Total	643	100

Note: *5 MLMs reported age at first sexual contact as less than 12 years of age. They have been excluded from the analysis.

Figure 3.1 distributes the MLMs' exposure to sexual encounters by their marital status. Overall, 96 of the total MLMs who participated in the survey (14%) were unmarried males. As evident from the figure, pre-marital sexual relationship is common among MLMs since over one-half of unmarried MLMs (56%) also had at least one sexual contact (Figure 3.1).



3.4.2 Sexual Practice in Nepal

In order to further assess the sexual practices of the MLMs, the survey include questionnaire related to their sexual partners in Nepal as well as in the countries they migrated for work. This section presents findings on the sexual partners of MLMs in Nepal and use of condom with them.

3.4.2.1 Sexual Contact with Wife and Condom Use

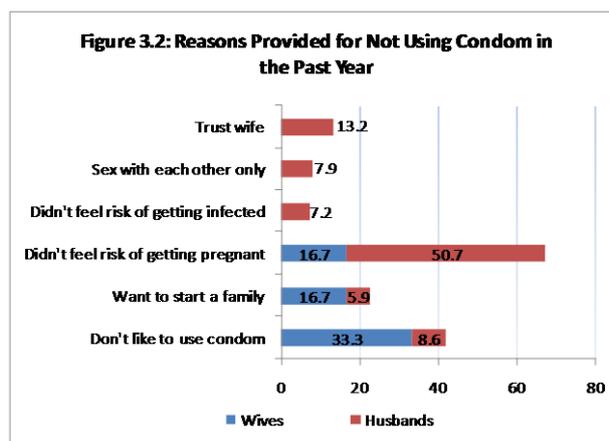
Nearly all currently married MLMs (99%) reported having had sex with their wives in the past year. Likewise, there were 33 of the respondents (6%) who did not have sexual contact with their wives in the past month. The frequency of such sexual contacts in the past month ranged between 1-92 times. Over one third of the respondents had 1-10 and 11-20 (34% and 37%) sexual contacts with their wives in the past month (Table 3, Annex 4). However, the survey result shows that consistent use of condoms by the MLMs with their wives is very low. Only four percent of the MLMs had consistently used condoms every time they had sex with their wives in the past year. On the reasons for not using condom always, around three in ten respondents said they wanted to start a family (32%) and that their wives had been using other FP methods (30%). The findings suggest that condom is perceived as a FP method by migrant couples and is used for the same purpose.

Similarly, condom use in last sex with wife was reported by just around 15 percent of the MLMs. Of these respondents, about 28 percent (25/90) had suggested the use of a condom themselves while 68 percent (61/90) had made a joint decision to use a condom. Thirty three percent of those who had not used a condom said „they were planning a child’ while another 32 percent mentioned that „their wives were using other FP methods’. Twenty five percent of the MLMs „did not consider it necessary’ to use a condom with their wives. On the other hand, a large proportion of the MLMs (83%) who had used condom during last sexual intercourse with their wives mentioned that they had used condom to avoid pregnancy. A mere two percent had used it to prevent themselves from HIV/STI while 12 percent had used condom to serve both the purposes.

Sexual Behavior and Condom Use	Distribution	
	Number	Percent
Had sex with wife in the past year		
Yes	584	98.6
No	8	1.4
Total	592	100
Frequency of use of condom with wife in the past year		
Every time	21	3.6
Most of the time	34	5.8
Sometimes	69	11.8
Rarely	43	7.4
Never	417	71.4
Total	584	100
Reason for not using condom always		
Want a child	179	31.8
Wife is using another FP method	170	30.2
Didn't think it was necessary	126	22.4
Didn't like to use it	86	15.3
Did not think about it	31	5.5
Not available	17	3.0
Religion does not allow	14	2.5
Wife refused	6	1.1
Others	37	6.5
Don't know	2	0.4
Total	563	*
Use of condom during last sex with wife		
Yes	90	15.4
No	494	84.6
Total	584	100
Person to suggest the use of condom during last sex		
Myself	25	27.8
My wife	4	4.4
Both	61	67.8
Total	90	100
Reasons for using condom in last sex with wife		
HIV/STI control	2	2.2
Family planning	75	83.3
Dual protection	11	12.2
Others	2	2.2
Total	90	100
Reasons for not using condom in last sex with wife		
Want to start family	161	32.6
Wife is using another FP method	157	31.8
Did not feel necessary	124	25.1
Don't like to use	71	14.4
Did not think of it	27	5.5
Religion does not allow	15	3.0
Wife refused	8	1.6
Unavailable	4	0.8
Others	29	5.9
Total	494	*

* Percentage adds up to more than 100 due to multiple responses

The survey further tried to explore reasons why MLMs do not „consider it necessary’ to use condom during sexual intercourses with their wives and also why their wives ‚refuse or do not allow’ use of condom with them. As seen in Figure 3.2, reasons such as ‚do not like condoms’, ‚want to start a family’, and ‚do not feel risk of being pregnant’ were common reasons mentioned by MLMs. Additionally, they also did not consider condoms necessary because they trust their wives (13%), are assured that both of them do not have other sex partners (8%) and do not feel risk of contracting sexually transmitted infections from their wives (7%).



3.4.2.2 Sexual Contact with FSWs and Condom Use in Nepal

Around 17 percent of the MLMs reported ever having sex with female sex worker/s (FSWs); 6.3 percent of them had such sexual encounters with FSWs in Nepal. Overall, the reported number of FSWs visited in Nepal by the MLMs ranged between 1 to 50 with the mean number of FSWs visited being 5. Fifteen of these MLMs (37%) had visited a sex worker in the year preceding the survey, while some of them (6/15) had paid such visit in the month preceding the survey, others (9/15) had such encounter more than a month earlier. The MLMs had paid NRs. 100- NRs. 3,500 for such sexual encounters (mean NRs 753). The most frequently meeting place with FSW were reported as lodge/hotel (33%) followed by in jungle (27%) and street (13%) (Table 4, Annex 4)

Although 73 percent of those who had been to a sex worker (11/15) had consistently used condom during sexual intercourse with FSWs in the past year, 27 percent of them (4/15) had used it either sometimes or never. As far their last sexual contact with a FSW was concerned, three of the 15 (20%) MLMs had not used condom during last sex with a FSW (Table 3.29). Four of the 12 MLMs who had used a condom, had themselves suggested the use of condom in their last sexual encounter with a FSW, while the FSWs had suggested using a condom with two of the respondents (Table 5, Annex 4).

Sexual Behavior	Distribution	
	Number	Percent
Ever had sex with FSWs		
Yes	108	16.7
No	540	83.3
Total	648	100
Ever had sex with FSWs in Nepal		
Yes	41	6.3
No	607	93.7
Total	648	100
Total number of FSWs visited in Nepal		
1	13	31.7
2-3	15	36.7
4-5	5	12.2
>5	8	19.5
Mean (Range)	5 (1-50*)	
Total	41	100
Had sex with FSWs in past year in Nepal		
Yes	15	36.6
No	26	63.4
Total	41	100
Duration since last sex with FSWs in Nepal		
<1 week	3	20.0
2-4weeks	3	20.0
5-8 weeks	5	33.3
>8 weeks	4	26.7
Total	15	100
Amount paid to FSW in Nepal		
NRs. 100	2	13.3
NRs. 200-500	7	46.7
NRs 600-1000	4	26.7
>NRs 1000	2	13.3
Total	15	100
Use of condom with FSWs in the past year		
Every time	11	73.3
Sometimes	3	20.0
Never	1	6.7
Total	15	100
Use of condom in last sex with FSW		
Yes	12	80.0
No	3	20.0
Total	15	100

Note: *One MLM reported that he has visited 50 FSWs. Another MLM has also claimed that he visited 25 FSWs.

Furthermore, the frequency of visits to FSW in the past year ranged between one through over hundred visits. Few MLMs (3/15) had visited FSWs as frequently as 12-20 times in the past year while one of them had made more than 100 such visits.

The study tried to analyze the relation between the migration destination and the practice of visiting FSWs. In this context, figure 3.3 distributes the proportion of MLMs reporting to have had at least one sexual encounter with a FSW by their migration destination. As seen in the figure, a relatively larger proportion of MLMs who had ever visited India had been to FSWs than those who had never been to India (52% and 48%).

3.4.2.3 Sexual Contact with Girl Friend and Condom Use with Girl Friends in Nepal

Eighteen percent of the MLMs (124/690) have girlfriends/lovers in Nepal. More than one-third of them (36%) had sexual contact with their girlfriends in the past year. While 16 of them did not have such sexual relation in the past month, others had on an average three such sexual contacts in the month preceding the survey. On the use of condom, 61 percent of them (27/44) reported having used a condom in the last sex with their girlfriend. In most cases, they had taken joint decision to use condom (52%). While 44 percent of them had used condom to avoid pregnancy, 26 percent of them had used it to avoid HIV/STI transmission. Around 30 percent of the MLMs also mentioned that they had used condom for dual protection from STIs transmission as well as pregnancy risks.

Around 57 percent of the MLMs had consistently used condom during sexual intercourses with their girlfriends in the past year. However, there were 30 percent of them who had never used condom during such sexual acts. Of the MLMs who never

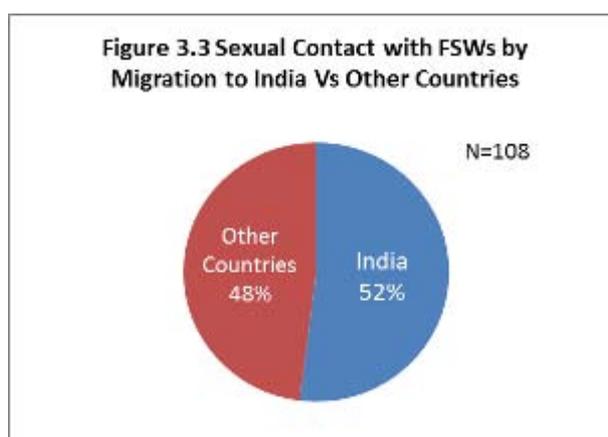


Table 3.30: Sexual Behavior of MLMs and Condom Use with Girl Friends in Nepal

Sexual Behavior and Condom Use	Distribution	
	Number	Percent
Had sex with girlfriend in the past year		
Yes	44	35.5
No	80	64.5
Total	124	100
Frequency of sex with girlfriend in the past one month		
0	16	36.4
1	2	4.5
2-5	22	50.0
>5	4	9.1
Mean (Range)	3 (1-20*)	
Total	44	100
Use of condom during last sex with girlfriend		
Yes	27	61.4
No	17	38.6
Total	44	100
Person to suggest the use condom during last sex		
Myself	12	44.4
My partner	1	3.7
Both	14	51.9
Total	27	100
Reason for using condom during last sex		
Prevention from HIV/STI	7	25.9
FP	12	44.4
Dual protection	8	29.6
Total	27	100
Use of condom with girlfriend in the past year		
Every time	25	56.8
Most of the time	1	2.3
Sometimes	3	6.8
Rarely	2	4.5
Never	13	29.5
Total	44	100
Reason for not using condom always		
Girlfriend refused	2	10.5
Didn't feel necessary	8	42.1
Unavailable	3	15.8
Don't like to use	5	26.3
Didn't think about it	1	5.3
Girlfriend is using another FP method	2	10.5
Others	2	10.5
Total	19	*

Note: *Two MLMs had sex with girlfriend 20 times and one had sex with girlfriend 15 times.
 **Percent adds up to more than 100 due to multiple responses.

or infrequently used a condom during sex with their girlfriend in the past year, 42 (8/19) percent mentioned they „did not think it necessary’.

3.4.2.4 Sexual Contact with Other Female Friend and Condom Use in Nepal

Twenty percent of the sexually active MLMs (145/648) had other female friend in Nepal with whom they had sexual relations. Among them 16 percent (23/145) MLMs reported having had sex with other such female partners in the past year. Although ten of them (44%) did not have such sexual encounters in the past month, others had 1-25 sexual contacts during the period. Sixty one percent of the MLMs (14/23) had used condom during last sex with other female partners and in most cases (8/14) they themselves had used the condom. The MLMs had used condom to prevent themselves from HIV/STI transmission (7/14), avoid pregnancy (3/14) or to meet both the purposes (3/14) (Table 3.31).

Eleven of the 23 MLMs (48%) who had sex with other female friends in the past year had used condom consistently during all such sexual encounters. Among those who had not been so consistent users, 50 percent (6/12) said they „did not like to use’ condom, 33.3 (4/12) mentioned that „did not think of it’ while 25 percent (3/12) said „condom was not available.

Sexual Behavior	Distribution	
	Number	Percent
Had sex with other female friends in the past year		
Yes	23	15.9
No	122	84.1
Total	145	100
Frequency of sex with other female friend in the past one month		
0	10	43.5
1	5	21.7
2-5	6	26.0
>5	2	8.8
Range	1-25*	
Total	23	100
Use of condom during last sex with other female friend		
Yes	14	60.9
No	9	39.1
Total	23	100
Person to suggest the use condom during last sex		
Myself	8	57.1
My partner	1	7.1
Both	5	35.7
Total	14	100
Reason for using condom during last sex		
Prevention from HIV/STI	7	50.0
FP	3	21.4
Dual protection	3	21.4
Don't know	1	7.1
Total	14	100
Use of condom with other female friend in the past year		
Every time	11	47.8
Most of the time	1	4.3
Sometimes	2	8.7
Rarely	3	13.0
Never	6	26.1
Total	23	100
Reason for not using condom always		
Female partner refused		
Didn't feel necessary	1	8.3
Unavailable	3	25.0
Don't like to use	6	50.0
Didn't think about it	4	33.3
Others	4	33.3
Total	12	**

Note: *One MLMs had sex with other female friend 25 times and one MLM had sex 15 times with other female friends
 **Percent may add up to more than hundred because of multiple responses

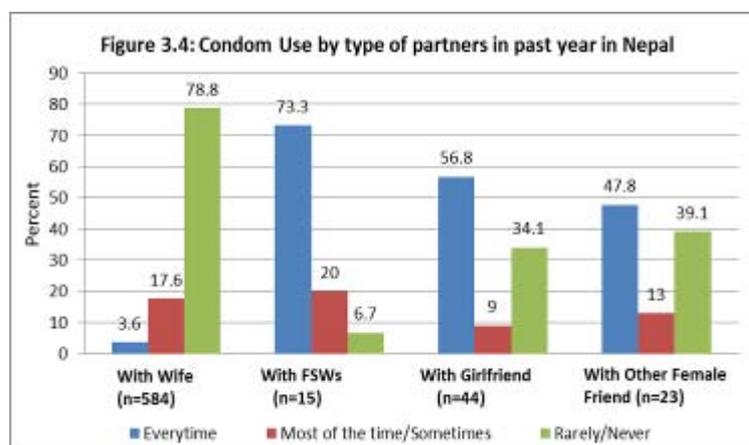
3.4.2.5 Sexual Behavior with Male Partner and Condom Use in Nepal

Twelve of the 690 MLMs (2%) who participated in the study ever had sex with a male partner. Three of them had such sexual relationship even in the year preceding the survey. Interestingly enough none of them had used condom during such sexual contacts for reported reasons like „do not like to use’ (1/3) and „condom was not available’ (2/3).

Sexual Behavior	Distribution	
	Number	Percent
Ever had sex with a male partner		
Yes	12	1.7
No	678	98.3
Total	690	100
Had sex with a male partner in the past year		
Yes	3	25.0
No	9	75.0
Total	12	100
Use of condom during last sex with male friend		
Yes	0	0.0
No	3	100
Total	3	100
Use of condom with male partner in the past year		
Every time/sometimes	0	0.0
Never	3	100
Total	3	100
Reason for not using condom always		
Unavailable	1	33.3
Don't like to use	2	66.7
Total	3	100

3.4.2.6 Use of Condom with Different Partners in Nepal in the Past Year

Figure 3.4 examines the use of condom by the MLMs in the past year with different partners in Nepal. As evident from the Figure 3.4, the MLMs are more cautious regarding the use of condom with FSWs. The consistent condom use during sexual intercourse in the past year was relatively high with FSWs (73%) followed by with girlfriends (57%) and other female friends (48%). At the same time, the consistent condom use was least reported with wives (4%) while they were in Nepal. Likewise, those MLMs reporting never or rare use of condom during sexual intercourse with FSWs was comparatively much lower (7%) than with their female friends (39%), with girlfriends (34%) and finally with their wives (79%) in Nepal.



3.4.3 Sexual Practice While Working Abroad

The risk of HIV transmission among MLMs is often associated with the practice of unsafe sexual relationships especially when they are away from home and social circle. Therefore, the MLMs were asked about their sexual encounters in the country they had migrated for work. This section presents findings on the type of their sex partners, frequency of sexual contact and use of condom with them.

3.4.3.1 Sexual Contact with FSW and Condom Use while Abroad

Thirteen percent of the sexually active MLMs (82/648) have had sexual contact with FSWs at the place where they had migrated for work. While 23 percent of them had visited one FSW while abroad, rest of them had maintained sexual relation with more than one FSW. The MLMs had visited five FSWs in average in the countries that they migrated for work.

Additionally, 16 percent of these MLMs (13/82) had sex with FSWs while abroad even in the year preceding the survey. Around three in ten MLMs (31%) had such sexual relationship within three months preceding the survey, while five in ten of them (54%) had such sexual contact more than four months back. The MLMs had been quite cautious about condom use with FSWs while abroad too and all of those (13/13) who had such sexual contacts had used condom consistently. Most of them had decided to use condom themselves (9/13). When asked reasons for using condom, most of them (10/13) said they wanted to prevent themselves from HIV/STI transmission, 2/13 had looked for dual protection of avoiding pregnancy as well as HIV/STI transmission (Not shown in the Table). The MLMs mostly visited brothels to meet FSWs (46%) and had spent around NRs. 766 in average for such sexual encounters in past year. In most cases the MLMs visited FSWs along with their friends (77%) (Table 6, Annex 4).

Table 3.33: Sexual Behavior of MLMs and Condom Use with FSWs while Abroad

Sexual Behavior	Distribution	
	Number	Percent
Ever had sex with FSWs while abroad		
Yes	82	12.7
No	566	87.3
Total	648	100
Total number of FSWs visited while abroad		
1	19	23.2
2-3	31	37.8
4-5	19	23.2
>5	13	15.8
Mean (Range)	5 (1-75*)	
Total	82	100
Had sex with FSWs in past year while abroad		
Yes	13	15.9
No	69	84.1
Total	82	100
Duration since last sex with FSWs while abroad		
<1 week ago	1	7.7
2-4weeks ago	3	23.1
5-8 weeks ago	2	15.4
>8 weeks ago	7	53.8
Total	13	100
Use of condom with FSWs while abroad in the past year		
Every time	13	100
Sometimes/Never	0	0.0
Total	13	100

Note: *One MLM reported that he visited 75 FSWs, One MLM visited 50 FSWs and two MLMs visited 26 FSWs aboard.

3.4.3.2 Sexual Contact with Female Friends and Condom Use while Abroad

Out of 690, twenty-seven MLMs had girl friends at the place they migrated for work. Among them, 26 percent (7/27) had sexual relation with their girlfriends while they were abroad. While three of these MLMs (43%) had used condom during last sex with their girlfriends in the country they had migrated for work, other four had not used it (57%). Consistent condom use while having sex with a girlfriend while abroad in the past year was reported by three of the seven MLMs (43%). Those who had not used it cited reasons as „didn't like to use it' (2/4) and „didn't think it was necessary' (1/4) and „was not available' (1/4).

Table 3.34: Sexual Behavior of MLMs and Condom Use with Girl Friends while Abroad

Sexual Behavior	Distribution	
	Number	Percent
Had sex with girlfriend while abroad in the past year		
Yes	7	25.9
No	20	74.1
Total	27	100
Use of condom during last sex with girlfriend while abroad		
Yes	3	42.9
No	4	57.1
Total	7	100
Use of condom with girlfriend in the past year		
Every time	3	42.9
Sometimes	1	14.3
Never	3	42.9
Total	7	100

3.4.3.3 Sexual Contact with Male Partner and Condom Use Abroad

One of the 12 MLMs (8%) who had at least one sexual intercourse with a male partner had maintained such sexual relationship while working abroad in the past year. Although he had used a condom during last sexual contact with him, he had not been consistent condom user during such sexual intercourses in the past year (Table 7, Annex 4).

3.4.3.4 Use of Condom with Different Partners while Abroad in the Past Year

Figure 3.5 examines the use of condom by the MLMs in the past year with different partners while they were abroad. Similar to findings regarding their condom using practices in Nepal, the MLMs are careful about using condom with FSWs even while they are abroad. All of the MLMs who had sexual contact with FSWs while working abroad had used condom during such encounters while 43 percent of them had been consistent condom users with their girlfriends in abroad.

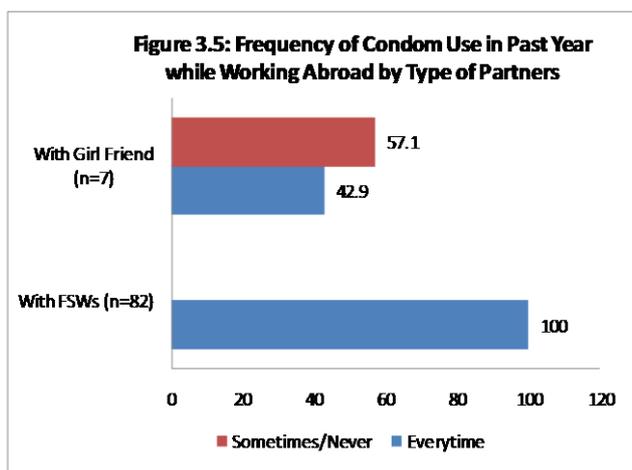
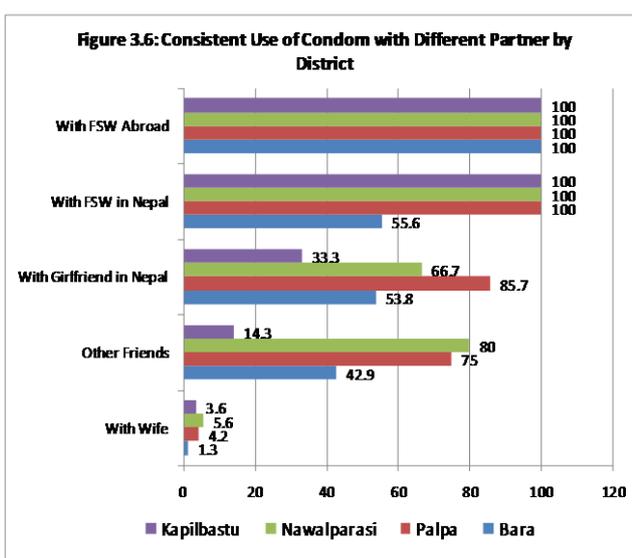


Figure 3.6 further distributes the proportion of MLMs who had used condom consistently with different partners by their residing district in the past year. As seen in the figure, all of the MLMs who had sexual contact with FSWs while working abroad had consistently used condom during such sexual encounters. However, condom using practice with FSWs in Nepal was not universal as 56 percent of those respondents in Bara who had such sexual contacts had been consistent condom users. Additionally, very few MLMs had used condom consistently with their wives across all the four districts. However, consistent condom use with girlfriends and other friends was comparatively lower among MLMs in Bara and Kapilbastu districts compared to Palpa and Nawalparasi (see Figure 3.6).



3.4.4 Last Sexual Intercourse and Condom Use

The survey also tried to explore further on the last sexual partners of the MLMs. Most of the MLMs have had their last sexual relationship with their wives (85%). Few had reported lover/girlfriends (5%), other female friends (3.5%) and FSWs (1%) as their last sex partners. Condom use during last sex was reported by just 19 percent of the respondents. This finding further reiterates that condom use with wife is not common practice among MLMs. While the majority of them (98%) have had last sex in Nepal, few (2%) had last sex in the country they had migrated for work.

Last Sexual Partner and Condom Use	Distribution	
	Number	Percent
Sexual behavior		
Wife	584	84.6
Lover or girlfriend	35	5.1
Other female friend	24	3.5
FSWs	5	0.7
Male partner	1	0.1
No sexual relation up to now	41	5.9
Total	690	100
Used condom during last sex		
Yes	126	19.4
No	523	80.6
Total	649	100
Country where last sexual contact was made		
Nepal	636	98.0
Abroad	13	2.0
Total	649	100

3.5 Availability of Condom

HIV and AIDS awareness and prevention campaigns focus on promoting condom use by raising awareness and facilitating easy access to free condoms. This section presents findings relating to condom carrying habit among MLMs, its availability, usual mode of obtaining condom, and sources they feel convenient to have condoms from.

The survey results show that the condom carrying habit among the respondents is low as only four percent of the MLMs usually carried condoms with them.

3.5.1 Condom Carrying Practices and Awareness of Places Where Condom is Available

The majority of the MLMs were aware that condoms are available at the health post/health centers (90%) and pharmacy (79%). Some MLMs also mentioned that they could get condoms from general store (18%), FCHVs (16%) private clinic (9%) and private/government hospital (9%).

3.5.2 Mode of Obtaining Condoms

On the question of whether the respondents usually obtain condoms free of cost or if they purchase them, 42 percent usually obtained condoms free of cost, 31 percent purchased them all of the times while 27 percent of the MLMs got condoms both ways. The majority of those who had access to free condoms obtained them from health posts/health centers (82%). Sixteen percent of them also mentioned that they usually obtain condoms free from FCHVs. Few other mentioned other sources as family planning clinic (3%), and private/government hospitals (4%). Health posts/health centers were regarded as the most convenient place for obtaining condoms free of cost by most of the respondents (80%), a few of the MLMs considered it convenient to have free condoms from FCHVs (9%).

Most of MLMs who usually purchased condom or sometimes purchased them, mostly went to pharmacy (91%) to purchase them. Most respondents (89%) considered pharmacy as a convenient place to buy condoms (Table 3.37).

Table 3.36: Condom Carrying Practice and Known Sources of Condoms

Condom carrying practice and sources	Distribution	
	Number	Percent
Usually carry condoms		
Yes	30	4.3
No	660	95.7
Total	690	100
Places where condoms are available		
Sub-health post/Health centers	623	90.3
Pharmacy	547	79.3
General store	121	17.5
FCHV	110	15.9
Private clinic	65	9.4
Private/Gov. Hospital	64	9.3
Paanpasal	41	5.9
FP clinic	20	2.9
Colleague/friend	13	1.9
NGO	12	1.7
Health worker/volunteers	11	1.6
Hotel/lodge/brothel	8	1.1
Others	9	1.3
Don't know	3	0.4
Total	690	*

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

Table 3.37: Modes of Obtaining Condoms and Convenient Sources for Obtaining Condoms

Sources of condoms and perception of convenient sources	Distribution	
	Number	Percent
Usually obtain condom		
Always free of cost	152	42.1
Purchase	113	31.3
Both ways	96	26.6
Total	361	100
Usually obtain free condom from		
Health post/ health center	203	81.9
FCHVs	40	16.1
Colleagues/friend	14	5.6
Private/Gov. hospital	10	4.0
FP clinic	7	2.8
NGO	4	1.6
Health worker/volunteer	3	1.2
DIC	3	1.2
Others	11	4.4
Total	248	*
Most convenient place to obtain free condom		
Sub/health post/ primary health center	199	80.2
FCHVs	22	8.9
Colleague/friend	6	2.4
Private/Gov. hospital	4	1.6
FP clinic	4	1.6
NGO	3	1.2
Others	10	4.0
Total	248	100
Places of purchasing condom		
Pharmacy	202	91.0
General store	23	10.4
Private clinic	7	3.2
Paan pasal	8	3.6
Total	222	*
Most convenient place to purchase condom		
Pharmacy	197	88.7
General store	34	15.3
Private clinic	8	3.6
Paan pasal	15	6.8
Total	222	*

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

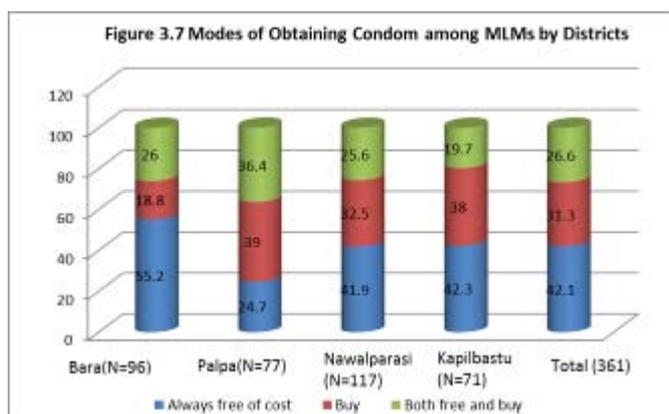
3.5.3 Proximity to the Source of Condoms and Source of Last Condom

The MLMs who had ever used condoms (361/690) were also asked about time needed to obtain condoms. About 30 percent of the MLMs said that the nearest place they could get condoms was up to 5 minutes away while 37 percent MLMs said that it took them 11 to 30plus minutes to obtain condom from the nearest place (Table 3.38).

The exposure of the MLMs to these sources is minimal is further restated by the fact that over two thirds of the MLMs (68%) had not received condoms from any of these sources in the year preceding the survey. Twenty seven percent of them however had received condoms free of cost and 17 percent had purchased condom from these sources in the past year. Furthermore, the sources of the last condom were also explored by the survey. Forty three percent of the MLMs had got their last condom from a pharmacy while 40 percent of them got their last condom from health post/health centers. Few (6%) received their last condom from FCHVs, the proportion of MLMs reporting to have received their last condom from sources like Hospitals, Private clinic, DIC or NGO was negligible (Table 3.38).

Condom accessibility	Distribution	
	Number	Percent
Time needed to obtain condoms from nearest place (in minutes)		
Up to 5 minutes	106	29.5
6 –10 minutes	87	24.1
11–30 minutes	134	37.1
30-60minutes	28	7.7
More than 60 minutes	6	1.644
Mean ± S.D (in minutes)	17.6 ± 17	
Median (Range)	10 (1-120)	
Total	361	100
Got condom last year		
Yes, free of cost	96	26.5
Bought	41	16.7
Didn't get	245	67.8
Total	361	*
Source of Last Condom		
Pharmacy	154	42.7
Sub/health post/primary health center	145	40.2
FCHVs	23	6.4
Colleague/friend	13	3.6
General store	10	2.8
Private clinic	6	1.7
Brothel	4	1.1
Private/Gov. hospital	3	0.8
FP clinic	3	0.8
Hotel/lodge/paan pasal	4	1.1
Others	8	2.2
Don't know	1	0.3
Total	361	100

Figure 3.7 presents the distribution of respondents by the usual mode of obtaining condoms according to the district of their residence. As seen in the figure, a larger proportion of respondents in Bara (55%) said they obtained free condoms always compared to other districts. About 42% of respondents in Nawalparasi and Kapilbastu and 25% in Palpa always obtained free condoms.



3.6 Knowledge of HIV and AIDS

HIV and AIDS awareness is crucial to reduce the risk of HIV transmission. This section deals with the level of knowledge among MLMs regarding HIV and AIDS.

3.6.1 Awareness of HIV and AIDS and Source of Knowledge

Nearly all of the MLMs (98%) had heard about HIV and AIDS. Fifty percent of them had received information/education regarding HIV and AIDS in the past year. When asked to mention the sources of their information, over two-fifth of the MLMs (44%) said that they had come to know about HIV and AIDS through Radio and Television while an over one-third of them (37%) had been educated on the subject by their colleagues/friend. Health workers, newspapers were other sources of information for some of the MLMs (10% and 4% respectively), while few had heard about HIV and AIDS from FCHVs, NGOs and PE/OEs (Table 3.39).

Knowledge of HIV and AIDS	Distribution	
	Number	Percent
Ever heard about HIV and AIDS		
Yes	673	97.5
No	17	2.5
Total	690	100
Given information/educated on HIV and AIDS past year		
Yes	338	50.2
No	328	48.7
Don't know	7	1.0
Total	673	100
Source of information on HIV and AIDS		
Radio/TV	149	44.1
Colleagues/friend	125	37.
Health worker	33	9.8
Newspaper	14	4.1
FCHV	5	1.5
NGO	4	1.2
PE/OE	4	1.2
Others	4	1.2
Total	338	100
Know someone with HIV or has died of AIDS		
Yes	526	78.2
No	147	21.8
Total	673	100
Type of relation with people living with HIV or who died of AIDS		
Close relative	27	5.1
Close friend	36	6.8
No relation	463	88.0
Total	526	100

The MLMs were also asked if they knew any person living with HIV or anyone who had died due to AIDS. Seventy eight percent of the MLMs (526/690) mentioned that they knew such a person. As seen in Table 3.39, around seven percent of them had a close friend while five percent of them had a close relative infected with HIV or who had died of AIDS. Eighty eight percent of MLMs did not share any relation with such a person but knew that they were either HIV positive or had died due to AIDS.

3.6.2 Comprehensive Knowledge of HIV and AIDS

Table 3.40 further analyzes the comprehensive awareness of HIV and AIDS among the MLMs. The proportion of MLMs reporting to be aware of A (abstinence from

Comprehensive Knowledge on HIV and AIDS	Distribution	
	Number	Percent
A. Can protect themselves through abstinence from sexual contact	451	67.0
B. Can protect themselves through monogamous sexual	529	78.6
C. Can protect themselves through condom use every time during sex	555	82.5
D. A healthy-looking person can be infected with HIV	582	86.5
E. A person cannot get the HIV virus from mosquito bite	187	27.8
F. A person cannot get HIV by sharing meal with an HIV infected person	369	54.8
Knowledge of all the three indicators: ABC	388	57.7
Knowledge of all five indicators: BCDEF	112	16.6
Total	673	100

sex), **B** (monogamy or being faithful to one partner or avoiding multiple sex partners), and **C** (consistent and correct condom use or use of a condom during every sex act) as HIV preventive measures were 67 percent, 79 percent, and 83 percent, respectively. Additionally, 87 percent knew that a healthy-looking person can be infected with HIV (**D**), 28 percent of

them identified that a person cannot get HIV from a mosquito bite (E), and 55 percent knew that one cannot get HIV by sharing a meal with an HIV-infected person (F).

Overall, 58 percent of the respondents correctly identified all three A, B, and C as HIV-preventive measures while only 17 percent of the respondents were aware of all the five major indicators i.e. BCDEF. Lack of awareness of „E’ i.e. mosquitoes do not carry HIV virus, has mostly contributed to this low awareness level of BCDEF. A relatively smaller proportion of MLMs were also aware of F.

Figure 3.8 explains comprehensive knowledge of HIV transmission i.e. ABC and BCDEF among the MLMs by their districts. As seen in the figure, comparatively more of the respondents in Nawalparasi and Kapilbastu were aware of ABC (72% and 56%). For BCDEF, a quarter MLMs of Nawalparasi and 26% MLMs of Palpa were aware. The migrant works in Bara and Kapilbastu mostly lacked comprehensive knowledge about HIV transmission. Around nine percent respondents in Kapilbastu and 10 percent of them in Bara only could identify all of BCDEF correctly.

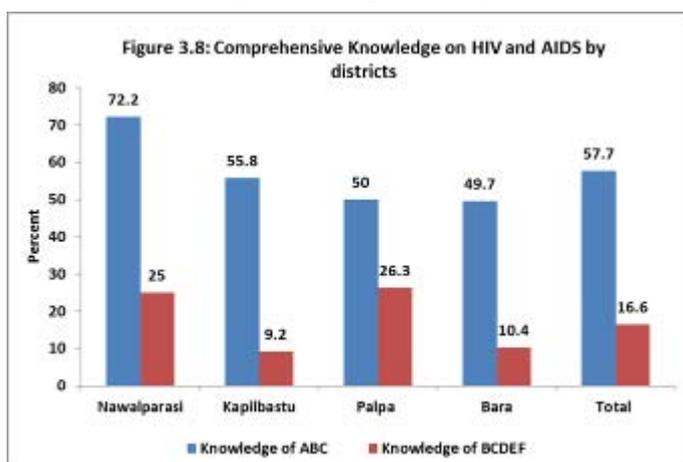


Table 3.41 shows comprehensive knowledge of HIV and AIDS among MLMs by their background characteristics. As discussed above the comprehensive knowledge is relatively low among the MLMs. However age wise, older MLMs more than 40 years (25%) were slightly better informed about different modes of HIV transmission and misconception relating to it than their younger counterparts who were aged 18-25 (11%) and 26-40 (19%). The knowledge of ABC was also comparatively higher among elder MLMs (66%).

Background Characteristics	Knowledge of ABC		Knowledge of BCDEF		Total 673
	Number	Percent	Number	Percent	
Age in years					
18-25	119	55.6	23	10.7	214
26-40	229	57.5	74	18.6	398
>40	40	65.6	15	24.6	61
Marital Status					
Currently married	335	57.8	96	16.6	580
Currently married/separated/widower	53	56.7	16	17.2	93
Ethnicity/Caste					
Brahmin	40	52.6	22	28.9	76
Chhetri	30	53.6	16	28.6	56
Janjati	133	62.4	54	25.4	213
Dalit	52	67.5	8	10.4	77
Muslim	37	47.4	0	0.0	78
Other Terai origin	96	55.5	12	6.9	173

Regarding marital status, equal proportion of both married as well as unmarried MLMs possessed comprehensive knowledge about HIV and AIDS i.e. BCDEF (17% each) and ABC (57% each).

Ethnicity/caste of MLMs showed that the comprehensive knowledge of BCDEF is relatively high among Brahmin and Chhetri (29% each) and Janjatis (25%). Comprehensive knowledge is low among other Terai origins (7%) and non-existent among Muslim community (0%). Knowledge of ABC is on the other hand quite high among Dalits (68%) and Janjatis (62%).

3.6.3 Awareness of Modes of HIV and AIDS Transmission

The MLMs' understanding of HIV and AIDS and its different modes of transmission were further tested with the help of certain questions relating to the topic (Table 3.42).

As indicated by the Table 3.42, larger proportion (100%) of respondents perceived that HIV could be transmitted through the transfusion of blood from an infected person to another, and through the use of pre-used needles/syringes (98). A majority of them (88%) also said that an infected pregnant woman could transmit the virus to her unborn child. Similarly, 72 percent of them also mentioned that holding an HIV-infected person's hand did not pose a risk of HIV transmission, while 63 percent of them mentioned that an HIV and AIDS infected mother could transmit the virus to her child during breastfeeding.

Furthermore, among those MLMs who said that an infected mother could transmit the virus to her unborn child, 40 percent of them mentioned that they were unaware of any such measures that could minimize such risk while 37 percent of them said that taking medicine would be helpful. Around 16 percent of the MLMs felt the risk could not be minimized while six percent suggested aborting the child.

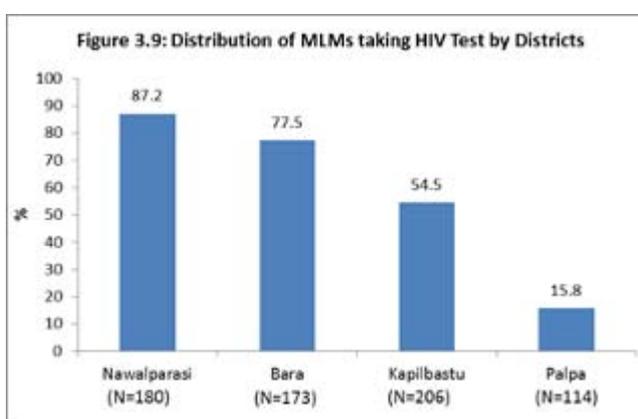
Awareness on modes of HIV transmission	Distribution	
	Number	Percent
A person cannot get HIV by shaking hands with an HIV infected person's hand	482	71.6
A pregnant woman infected with HIV can transmit the virus to her unborn child	588	87.4
A woman with HIV can transmit the virus to her new-born child through breastfeeding	422	62.7
A person can get HIV, by using previously used needle/syringe	657	97.6
Blood transfusion from an infected person to transmit HIV	670	99.6
Total	673	100
<u>Ways by which a pregnant woman can reduce the risk of transmission of HIV to her unborn child</u>		
Take medicine	217	36.9
Cannot be treated	93	15.8
Abort the child	35	6.0
Others	6	1.0
Don't know	237	40.3
Total	588	100

3.6.4 Awareness and Availability of HIV Testing Facility and HIV Testing Status

After assessing their level of knowledge about HIV and AIDS and its modes of transmission, the MLMs were asked if they knew about any HIV testing facilities and whether or not they had taken up such test. As mentioned above 17 of the 690 MLMs who participated in the survey had never heard about HIV and AIDS. Among those who had heard about it (673), 48 percent knew about at least one such place in their community for confidential HIV testing. A relatively higher proportion of the respondents (85%) knew about a HIV testing facility existing within or outside their communities where they could go to take up such test if necessary. Additionally, 63 percent of the MLMs had ever tested themselves for HIV. Most of them (83%) had taken up the test because it was required while processing their application for job abroad and most of them (99%) had obtained the test result too. One third of the MLMs who had ever taken such test (136/421) had taken up the test during the last 12 months preceding the survey, while others had done so more than a year before.

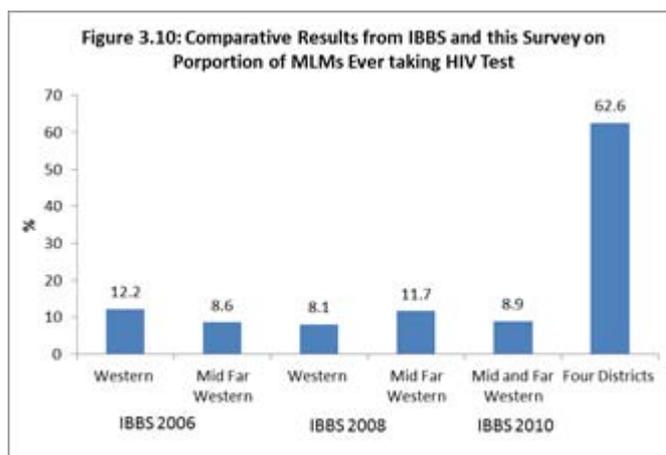
District wise, a considerably less proportion of MLMs in Palpa district (16%) had ever taken up HIV testing followed by those in Kapilbastu (55%). Most of the respondents in Nawalparasi and Bara (87% and 78%) reported of having taken up at least one HIV test (Figure 3.9). This is perhaps explained by the fact that a larger proportion of respondents in Bara and Nawalparasi (63% and 65%) had ever migrated to countries other than India than those in Palpa (27% and Kapilbastu (22%) explaining that their work application might have required the test (Table 7, Annex 4).

HIV Test	Distribution	
	Number	Percent
Confidential HIV test facility available in the community		
Yes	325	48.3
No	272	40.4
Don't know	76	11.3
Total	673	100
Know a place to go for HIV test		
Yes	575	85.4
No	95	14.1
Not Reported	3	0.4
Total	673	100
Ever had HIV test		
Yes	421	62.6
No	252	37.4
Total	673	100
Voluntarily underwent the test or because it was required		
Voluntarily	56	13.3
Recommended	16	3.8
Required	348	82.7
No response	1	0.2
Total	421	100
Obtained the test result		
Yes	416	98.8
No	5	1.2
Total	421	100
Had HIV test in the past year		
Yes	136	32.3
No	285	67.7
Total	421	100
Received HIV test result		
Yes	134	98.5
No	2	1.5
Total	136	100
Reason for not receiving the test result		
No time to wait for the result	1	50.0
Others	1	50.0
Total	2	100



As an important indicator from HIV and AIDS programming point of view, the assessment reviewed the results derived from previous rounds of IBBS on the proportion of MLMs who had ever taken HIV test (Figure 3.10). It should be noted here that the study districts covered by the IBBS survey are not same as covered by this survey. The previous rounds of IBBS

surveys among MLMs covered the districts of Kaski, Palpa, Syangja, Kapilbastu and Gulmi in Western and Banke, Kailali, Kanchanpur, Doti and Achham in Mid to Far Western Nepal (360 MLMs in study districts, 2006/2008 and 550 MLMs in 2010). As seen in the figure 3.10, the comparative analysis shows huge difference in the current survey and previous rounds of IBBS survey results (63% vs. around or less than 10%). However, it needs to be noted here that previous rounds of IBBS survey covered only the MLMs migrating to India while this survey covered migrant laborers migrating to India and/or other countries for work. This survey result also shows that 83 percent of the MLMs have taken up the test because it was required (Table 3.43). Therefore it may be concluded here that many MLMs take up the test as it is required for their visa application for work in the countries they migrate.



3.6.5 Stigma and Discrimination

People living with HIV and AIDS (PLWAs) are often ostracized in society. The respondents' perceptions of HIV-positive persons and the stigma associated with the disease were examined with the help of a series of questions. The Table 3.44 mainly presents findings around stigma and discrimination.

It was noted that around eight in ten respondents were willing to take care of an HIV positive relative, a male relative (80%) or a female relative (80%) at their home if necessary. Majority (61%) also said that if a family member had HIV they would talk about it rather than keeping it a secret. However, 35 percent of the MLMs said that they would rather prefer not to talk with anyone about having an HIV-infected member in the household.

Stigma and Discrimination	Distribution	
	Number	Percent
Willing to take care of HIV positive male relative in the household		
Yes	549	79.6
No	125	18.1
Don't Know/No response	16	2.3
Total	690	100
Willing to take care of HIV positive female relative in the household		
Yes	551	79.9
No	123	17.8
Don't Know/No response	16	2.3
Total	690	100
Willing to maintain confidentiality of a HIV positive family member		
Yes	241	34.9
No	422	61.2
Don't Know/No response	27	3.9
Total	690	100

3.7 Knowledge of STIs, Experienced Symptoms, and Treatment in the Past Year

The study assesses the knowledge of STIs among the MLMs and their experience of STIs if any in the past year and at the time of the survey. This section presents finding on MLM's knowledge level on STI, its symptoms, MLM's experience of the symptom and treatment sought.

3.7.1 Knowledge of STIs

Table 3.45 lists the type of symptoms/disease mentioned by the MLMs when asked to name them. As seen in the Table 3.45, 47 percent of the respondents mentioned that they understood HIV and AIDS as sexually transmitted symptom/disease, for 36 percent of them; STI meant genital ulcer/sore, while 25 percent of them considered white discharge/discharge of pus as a symptom of STI. At the same time, 18 percent named Syphilis as one of the STIs and around 12 percent each of the respondent's perceived pain and burning sensation during urination as STI symptom (Table 3.45).

Symptoms/Disease understood as STI	Distribution	
	Number	Percent
HIV and AIDS	327	47.4
Ulcer/sore around genital part	248	35.9
White discharge/discharge of Pus	174	25.2
Syphilis	125	18.1
Pain during urination	83	12.0
Burn during urination	85	12.3
Others	28	4.1
Don't know	192	27.8
Total	690	100

The findings as listed in Table 3.46 reveal limited understanding about STI symptom among MLMs. Additionally, around 28 percent of the MLMs were not able to identify any symptom of STIs.

3.7.2 Existing STI Symptom/s and Treatment

The MLMs were also asked if they had been experiencing any STI symptoms at the time of the survey. Twelve of 690 respondents (2%) reported that they were experiencing at least one of the STI symptoms during the survey period like burning sensation during urination (7/690), genital discharge (4/690) and genital ulcer (3/690). About five MLMs had experienced more than one symptom. Out of 12 respondents who had been experiencing at least one STI symptom during the survey period, only 5 (42%) had sought treatment from private clinic, health center/health post or pharmacy. Four of the five MLMs had received prescription for the medicines advised and taken all the medicines. All of them had paid for the medicine and the cost ranged between NRs. 32-3,000. However, none of these five MLMs had abstained from sexual contact and except for one, all four had not used condom during sexual intercourse. Additionally one of the five MLMs had taken his sex partner for STI treatment.

Current STI Symptoms Experienced and Treatment Sought	Distribution	
	Number	Percent
Types of STI symptoms experienced currently		
White discharge/discharge of Pus/Dhatu flow	4	0.6
Painful urination	2	0.3
Burning during urination	7	1.0
Ulcer or sore around genital part	3	0.4
Others	1	0.1
Any or combination of the Above Symptoms	12	1.7
None of the Above Symptoms	678	98.3
Total	690	100
Sought medical treatment		
Yes	5	41.7
No	7	58.3
Total	12	100
Places visited for treatment		
Private clinic	2	33.3
Sub/health post/primary health center	2	33.3
Pharmacy	2	33.3
Total	5	*
Received medical prescription		
Yes	4	80.0
No	1	20.0
Total	5	100
Abstained from sex during the treatment		
Yes	0	0.0
No	5	100
Total	5	100

3.7.3 STI symptoms Experienced in the Past Year and Treatment Sought

In response to the question on whether they had experienced any STI symptoms in the past year, 25 of the 690 MLMs (4%) reported having had experienced at least one STI symptom,

among them, 17 of them (3%) reported burning during urination, 10 (1%) had painful urination, six of them (1%) had genital discharge while five (1%) of them had genital ulcer in the past year.

While nine of them (36%) had not sought any treatment, three of them (12%) had gone for self-treatment. The others had been to private clinic (24%), health posts/centers and hospitals and pharmacies (8% each). Eleven of the 13 respondents who sought medical attention for the STI symptoms had also received counseling to avoid the problem in the future (Table 3.47). They were advised to reduce the number of their sex partners and use condom. Two of them had also been suggested for follow up treatment (Data not shown in the Table).

STI experienced	Distribution	
	Number	Percent
Types of STI symptoms experienced in the past year		
White discharge/discharge of Pus/dhatu flow	6	0.9
Painful urination	10	1.4
Burning during urination	17	2.5
Ulcer or sore around genital part	5	0.7
Others	2	0.3
Any or combination of the Above Symptoms	25	3.6
None of the Above Symptoms	665	96.4
Total	690	100
Places visited for treatment		
Private clinic	6	24.0
NGO clinic	1	4.0
Sub/health post/primary health center	2	8.0
Private/Gov. hospital	2	8.0
Pharmacy	2	8.0
Self treated	3	12.0
Did nothing	9	36.0
Total	25	100
Was counseled on ways to avoid STIs		
Yes	11	84.6
No	2	15.4
Total	13	100

Overall, 85 percent of the respondents (584/690) had had sex with their wives in the past year. Table 3.48 examines the use of condom by these respondents during sexual contact with their wives. It also links their responses with their experience of at least one of the STI symptoms at the time of survey and in the past year. Seven of the nine MLMs (77.7%) who had at least one STI symptom had not used condom in last sex with their wives. At the same time, 19 of the 20 MLMs (95%) who had at least one STI symptom in the past year had not used condom consistently during sexual contact with their wives in the past year. The findings also suggest that MLMs do not consider using condom during sexual contacts with their wives despite their knowledge that they had STI symptom/s.

Use of Condom	Currently Experiencing STI symptom			
	At least one symptom		No symptom	
	Number	Percent	Number	Percent
Used condom in last sex	2	22.2	88	15.3
Did not use condom in last sex	7	77.7	487	84.7
Total	9	100	575	100
Had Experienced STI Symptom in Past Year				
Consistently used condom in past year	1	5.0	20	3.5
Used Condom Sometimes or Never	19	95.5	544	96.4
Total	20	100	564	100

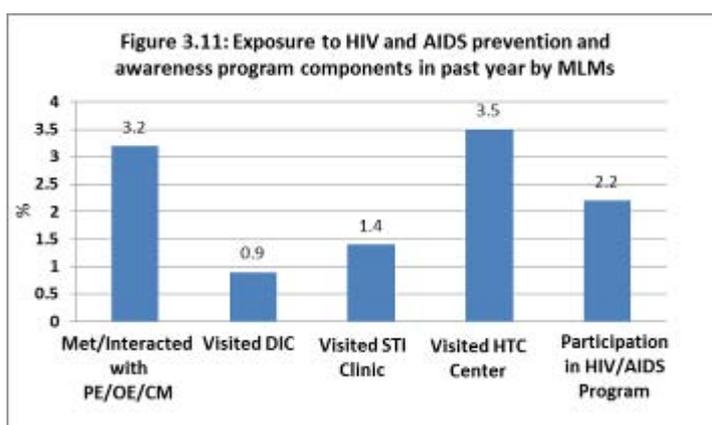
3.8 Knowledge and Participation in HIV and AIDS Awareness Program

This section discusses and explores the exposure of MLMs on ongoing HIV and AIDS awareness programs and their participation in those activities. The respondents in the survey were asked several questions relating to some of the most important components of current HIV and AIDS related programs run by several organizations. Information provided by them has been analyzed in the following sections.

3.8.1 Exposure to Peer/Outreach Educator/Community Mobilizer, DIC, HTC Center, STI Clinic and HIV and AIDS Program

One of the major components of the ongoing STI, HIV and AIDS intervention is the mobilization of outreach and peer educators (OEs and PEs) to educate the target population on STI, HIV and AIDS and preventive measures.

However, only three percent of the MLMs had met or interacted with PEs/OEs. Similarly, around four percent MLMs had visited a HTC center. Two percent of them had participated in HIV and AIDS related program while one percent of them had visited a STI clinic in the past year. Only one percent of the respondents visited to DIC past year (Figure 3.11). The MLMs who had participated in HIV and AIDS related



programs had mostly taken part in group discussion (24%), street drama and AIDS Day celebration (18% each) and Condom Day Celebration (12%) (Table 8, Annex 4). The programs that the MLMs had been exposed to mostly represented NGOs (50%). These findings suggest that the majority of the MLMs are hardly reached by ongoing HIV and AIDS interventions.

Some HIV and AIDS programs conduct community home-based care (CHBC) services which include outreach and support services like symptom care and pain management, support for adherence to antiretroviral treatment, and referrals for other care such as screening for tuberculosis, counseling and testing, and services to prevent transmission of HIV from mother to child. The teams complement the clinics' work and visit clients in their homes to provide individualized care. When asked if any of the MLMs had been visited by CHBC team in the past year, six of the MLMs (1%) said they had been visited by such team in the 12 months preceding the survey. However, 61 percent of the MLMs had no knowledge about CHBC.

Visited by CHBC team in the last 12 months	Distribution	
	Number	Percent
Yes	6	0.9
No	201	29.1
Don't know about CHBC	418	60.6
Don't know whether such visited was conducted or not	65	9.4
Total	690	100

3.9 Consumption of Alcohol and Use of Drugs

Alcohol consumption and drug use are some of the risk behaviors associated with the HIV and AIDS transmission. The MLMs were also asked if they had ever exposed themselves to such risks.

3.9.1 Use of Alcohol and Drugs

As seen in Table 3.50, over one half of the respondents (53%) had consumed alcohol in the past month. While 17 percent of them consumed alcohol every day, 25 percent did so 2-3 times a week and 23 percent once in a week during the month preceding the survey. Forty six percent of the MLMs had also consumed alcohol, the last time they were working abroad. Few (3 %) drank alcohol everyday while 56 percent of them had done so less than once a week.

Furthermore, 51 MLMs (7%) had tried at least one type of drug in the past month. Although two of them had even injected drugs at least once, however, none of them had done so in the past month.

Use of Alcohol and drugs	Distribution	
	Number	Percent
Consumption of alcohol in the past month		
Yes	368	53.3
No	322	46.7
Total	690	100
Frequency of alcohol consumption in past month		
Every day	63	17.1
2-3 times a week	94	25.5
Once a week	84	22.8
Less than once a week	117	31.8
Don't know	7	1.9
No Response	3	0.8
Total	368	100
Had alcohol while working abroad last time		
Yes	318	46.1
No	371	53.8
No Response	1	0.1
Total	690	100
Frequency of drinking alcohol while working abroad		
Every day	9	2.8
2-3 times a week	34	10.7
Once a week	91	28.6
Less than once a week	178	56.0
Don't know/No response	6	1.9
Total	318	100
Tried any type of drugs		
Yes	51	7.4
No	639	92.6
Total	690	100
Ever injected drugs		
Yes	2	0.3
No	688	99.7
Total	690	100

3.10 Knowledge, Attitude and Use of Dual Protection

The notion of safer sex denotes protection from unintended pregnancy, HIV, and other STIs. The safest form of dual protection is mutual monogamy between non infected partners using effective contraception. Using condoms consistently and correctly with another birth control method is one of the recommended methods of reducing the risk of acquiring STIs, HIVs and unintended pregnancy. This approach is called a "dual protection" strategy to reduce such risk.

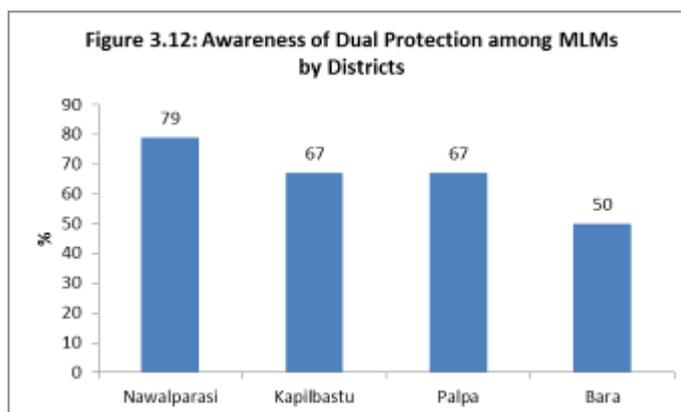
3.10.1 Awareness of Dual Protection

Two thirds of the MLMs (67%) said they were aware of ways to avoid unintended pregnancy and to prevent themselves from HIV transmission. When asked to mention the type of dual protection that they were aware of, 25 percent of the MLMs mentioned use of non-barrier contraceptive in long-term mutual monogamous

Awareness of Dual Protection	Distribution	
	Number	Percent
Aware about how to prevent unintended pregnancy and HIV transmission		
Yes	459	66.5
No	231	33.5
Total	690	100
Type of method known		
Non barrier contraceptive in long term mutual monogamous relationship (LTMM)	116	25.3
Non barrier FP and condom use	62	13.5
Condom alone	381	83.0
Abstinence	32	7.0
Avoiding all penetrative sex	3	0.7
Others	2	0.4
Total	459	*

relationship while 14 percent of them talked about non-barrier contraceptive as well as condom use. The majority of the respondents (83%) considered that use of condom alone could give them dual protection.

By district wise, more MLMs in Nawalparasi (79%) said that they were aware of dual protection than those in Palpa, Kapilbastu (67% each) and in Bara (50%) (Figure 3.12).



3.10.2 Attitude towards Dual Protection and Types of Methods Used

Most of the respondents who were aware (459/690) of dual protection, 94 percent held positive attitude towards dual protection. There were few others who themselves (2%) or their spouses (3%) did not favorably look at the concept of dual protection. Additionally, 17 percent of the MLMs could not say anything about how their wives perceived the dual protection.

Fifty percent of them also mentioned that they had at least once used dual protection. However, when asked to name the type of such method they had used, the majority of them (78%) named 'only condom'. Such response indicates the lack of proper awareness among MLMs regarding dual protection.

Around 24 percent of the MLMs had however used non barrier contraceptive in long term mutual monogamous relationship while 13 percent of them had used non barrier contraceptive along with condoms. Around 11 percent of the MLMs had refrained from sexual relationships.

Attitude, and types of methods used towards Dual Protection	Distribution	
	Number	Percent
Attitude towards dual protection		
Positive	433	94.3
Negative	11	2.4
Neutral	14	3.1
No response	1	0.2
Total	459	100
Attitude of spouse towards dual protection		
Positive	301	65.6
Negative	13	2.8
Neutral	60	13.1
Others	6	1.3
Don't know/No response	79	17.3
Total	459	100
Ever used dual protection in the past year		
Yes	231	50.3
No	228	49.7
Total	459	100
Type of method used		
Non barrier contraceptive in long term mutual monogamous relationship (LTMM)	55	23.8
Non barrier FP and condom	29	12.6
Condom alone	180	77.9
Abstinence	25	10.8
Total	231	*

4.0 CONCLUSION AND RECOMMENDATIONS

4.1 Conclusion

This section presents brief discussion on major findings of the baseline survey on FP and HIV/STI situation among MLMs in the study districts. This assessment was carried out to assess the HIV, STIs and FP situation and measure the current use of FP among migrant couples. This is perhaps one of the first studies of this kind among MLMs in Nepal which also included returning migrants from other countries than India.

The study aimed to assess the key behavioral and knowledge indicators on HIV, STIs and FP situation and to examine the needs on related services for this community and to identify gaps and priority areas for intervention. The survey has revealed some degree of knowledge gaps and vulnerability among the study population. The survey also found that the MLMs are hardly reached by ongoing interventions. This section briefly summarizes the key findings on the knowledge and behavioral gaps and other indicators based on the scope of the study and derive programmatic implications of the findings.

HIV, STIs, and FP Situation among Migrant Couples

This study found that MLMs are mostly aware of FP method and all the study participants knew about at least one modern and/or traditional FP method. These findings are in line with the NDHS findings although definition of sample population is different in the NDHS 2011 (MOHP and New ERA 2011) than this study. Use of FP method is also quite common among MLMs as 71 percent of the respondents have ever used it. Male condom is the most commonly used FP method (54%) suggesting that perhaps they are aware of the importance of using condoms although condom use with wives and other female partners are still inconsistent. In all four study districts, Government hospital/clinics are the popular FP service center for MLMs as sixty two percent of the MLMs had obtained male sterilization service from government hospital/clinic.

The current use of FP among currently married MLMs in the survey area was 44 percent; male condom topped the list with 16 percent of MLMs using them, followed by female sterilization (11%). Age, ethnic background and educational status in some way influence the current use of FP as it was comparatively higher among those MLMs belonging to 41-49 years (60%) and 26-40 years (59%), those representing Janajati ethnic group (62%) and literate (52%).

The reported experience of STI is not high as 12 of 690 MLMs (2%) had been experiencing at least one of the STI symptoms during the survey period. The practice of seeking treatment is not common as only five out of 12 (42%) had sought treatment from private clinic, health center/health post or pharmacy. At the same time 25 of the 690 MLMs (4%) reported having had experienced at least one STI symptom in the year preceding the survey. These findings are in line with previous IBBS study conducted with labor migrants from Western region of Nepal (NCASC and ASHA 2008a) although the IBBS study only included returnee labor migrants from India. Thirteen of them (52%) had sought treatment, and out of them, six MLMs (24%) had visited a private clinic for treatment. One possible explanation visiting private clinics would be that because many Government health centers are located in public places and there is a fear to encounter other known people while seeking sexual and

reproductive health information and services. Confidentiality issues of the public health services in Nepal have been discussed by many authors (Ghimire and van Tehijlingen, 2009; Regmi et. al., 2010). Program should ensure friendly sexual and reproductive health services to migrant couples as it is widely accepted that friendly services have a significant role in disseminating sexual and reproductive health information and services.

This study found that a quite high proportion of MLMs have taken up HIV test (63%). However, most (83%) took up the test because it was required while processing their application for job abroad, particularly for other countries than India. Previous IBBS study conducted in 2008 showed that only 8% of labor migrants who returned from India ever had a HIV test (NCASC and ASHA, 2008a). This signals that perhaps many migrants who go to India do not require a HIV test. Similarly, by district wise, a considerably less proportion of MLMs in Palpa district (16%) had ever taken up HIV testing followed by those in Kapilbastu (54%). Many of the respondents in Nawalparasi and Bara (87% and 78%) reported of having taken up at least one HIV test.

Needs on HIV, STIs and FP Services

All of the MLMs do not have access to free FP methods and with 49 percent of them mentioning they had accessed free service. The government health facilities are also preferred service centers as far FP services are concerned. Most (84%) considered it convenient to have contraceptives from government health facilities followed by pharmacy (74%).

There is awareness gap among MLMs regarding HIV and AIDS and STIs. This study found that around 28 percent of the MLMs were not able to identify any symptom of STIs. Additionally, there were some MLMs who had not even heard about HIV and AIDS (2.5%). Very few named FCHVs, NGOs and PE/OEs (12%, 1%, 1%) as sources of their information on HIV and AIDS. This is not surprising findings as in many rural and urban parts of Nepal, sex and sexuality issues are not openly discussed. Pigg (2002) previously also argued that most health and education staff in Nepal use English or Sanskrit-derived Nepali words as a way of talking about sexual and reproductive health issues instead of using everyday language. This stresses the need of more awareness raising HIV and AIDS program in the study districts and also training health providers on communicating effectively using local dialects and words. The sociocultural contexts of the community should also be explored while developing these programs.

All of the MLMs do not access to free condoms. For example, among MLMs who have ever used condom, 42 percent of them usually obtained condoms free of cost. Among them, a larger proportion of respondents in Bara (55%) said they obtained free condoms always compared to Kapilbastu (42%), Nawalparasi (42%) and Palpa (25%). It could be possible that perhaps they are unaware about the availability of free condom in their community. Similarly, very few MLMs have been reached by the ongoing HIV and AIDS related program. While around three percent of them each have met a PE/OE/CM and visited a HTC center, a mere two percent of them have participated in an HIV and AIDS related programs. Sixty one percent of the MLMs had no knowledge about CHBC. The existence of OE/PE and CM and their importance should widely be informed to the community people through different SBC activities.

Key Behavioral and Knowledge Indicators Related to HIV, STIs and FP among Migrant Couples

The patriarchal rearing of MLMs influence their attitude toward FP. Around 28 percent of the MLMs agreed contraception is women's business and a man should not worry about it. Additionally, 64 percent of them didn't agree that women who use contraception may become promiscuous.

Similarly, many MLMs in this study often feel that there is no need to long term FP methods as they work abroad. Again, in most of the cases the couple use only one FP method and men use condom mostly when their spouses are not using other FP method. Some social, cultural, religion and geographical factors also act as barriers against the use of FP method; women are mostly unable to make their own decision regarding FP use.

The MLMs lack comprehensive knowledge of HIV and AIDS. Overall, 58 percent of the respondents correctly identified all three **A, B, and C** as HIV-preventive measures while only 17 percent of the respondents were aware of all the five major indicators i.e. **BCDEF**. Lack of awareness of „E' i.e. mosquitoes do not carry HIV virus, has mostly contributed to this low awareness level of BCDEF. A relatively smaller proportion of MLMs were also aware of **F**. Comparatively, fewer respondents in Bara (10%) and Kapilbastu (9%) had comprehensive knowledge about HIV transmission than Palpa and Nawalparasi (25% and 26%) respectively.

Most of the MLMs (94%) in this study have had at least one sexual contact with a female partner. Besides their wives (among married MLMs), the other sex partners of some of the married as well as unmarried MLMs included their girlfriends, other female friends and FSWs. The MLMs are however, cautious regarding the use of condom with FSWs. The consistent condom use during sexual intercourse in the past year was relatively high with FSWs (73%) in Nepal and abroad (100%) than with girlfriends (57%) and other female friends (48%) and wife (4%). These findings suggest that MLMs do not consistently use condoms with their nonpaying regular partners such as wives and girlfriends. Similarly this study found that seven of the nine MLMs (78%) who had at least one STI symptom had not used condom in last sex with their wives. At the same time, 19 of the 20 MLMs (95%) who had at least one STI symptom in the past year had not used condom consistently during sexual contact with their wives in the past year. These behaviors could result them unwanted pregnancies and may also increase the vulnerability of STIs including HIV and AIDS among migrant couples.

4.2 Program Implications and Recommendations

Based on the findings from this study, the following program implications and recommendation are discussed below.

The age at marriage, age at first sexual intercourse and age at first child is low among MLMs (less than 25 years). Messages that contribute changing social norms on early marriage should be promoted and disseminated to the community, particularly in Terai districts, where early marriage is still prevalent.

Gulf countries were found to be popular destinations followed by India and Malaysia. Ministry of Labor and Transport Management needs to incorporate FP and HIV related session in their pre departure orientation as the pre departure orientations are required for outgoing migrants. However, as migrants going to India travel through different routes hence,

these populations should be covered through community level awareness raising programs within their community before they migrate to India for work. Pre departure sessions at the community level will be useful for these populations.

There was a notion that MLMs generally return home during harvesting, crop cultivation and festival seasons but large majority of the migrants in this study returned home without considering any special occasion. Migrants going to Gulf countries and Malaysia usually return when their visa expires, so there may not be any special occasions to return. Hence, program should closely monitor the migration destinations of the pocket community and reach migrants during their arrival in the community. Moreover, outreach staffs need regularly collect information about migrant's returning time with spouse of migrants and plan to meet migrants during that period. Program should also reach potential migrants as this study report that majority of migrants currently at home wish to migrate again.

Knowledge of FP methods is almost universal. However, MLMs lack detailed information on their use, duration of such methods and their availability. Awareness and prevention program should provide and include detail information about FP methods.

The current use of FP among MLMs is low in Kapilbastu (28%) compared to other districts. More activities to generate demand for FP services should be promoted in the district. Similarly, this study also found low FP use among MLMs from Muslim community, their socio cultural barriers for FP knowledge and use needs to be explored so that FP promotion activities can be run in these areas effectively. Perhaps recruiting OE/PE from the same community may be beneficial as they may understand the context better.

Misconception on contraception as women's business and being sterilization for a man is the same as castration still existed. This is one of the reasons for male being not sterilized. Few also have fatalistic attitude and there were also religious and cultural barrier. Perhaps, mobilization of local religious and opinion leaders to sensitize these community people around these issues would be very helpful.

Radio and TV were the frequently reported and preferred sources for FP message. This suggests that FP message should be continuously promoted through these channels. Only one percent MLMs preferred OE/PE for FP messages. It could be possible that perhaps they are unaware about the existence of OE/PE in their community. Message about availability of OE/PE should widely be promoted. One way of doing this is during the pre-departure session.

FCHVs who are the preferred sources of information, could be mobilized in larger scale and more effectively to conduct household visits for one-to-one education on FP and HIV/STI transmission risks and prevention among MLMs as they were one of the popular source of information and condom distribution.

Practice of visiting FSWs exists among MLMs, however, few had visited FSWs while working abroad and consistently used condom. Hence, awareness on risk and preventive measures of HIV while staying abroad along with promotion of consistent condom use needs to be strengthened among MLMs.

Consistent condom use with wives is very low. Consistent condom use is also found lower among migrant while having sex with girl friends or other female partners in Nepal. This may increase vulnerability for HIV and STI transmission. Program should focus on the consistent condom use with wives, girlfriends and female partners. Outreach workers should promote dual methods and dual protection and while preparing spouses of migrants to negotiate safer sex and protection from unwanted birth with their husbands on their arrival.

The main reason behind condom use is for FP and very few know that condom can prevent themselves from HIV and STI. This suggests extensive program on condom promotion targeting to increase risk perception of HIV and STI among MLMs and importance of condom use. Promotion of dual protection and dual methods will also address the risk of transmission among those couples who are not using condom because wives are using other FP method. Program should cover for both husband and wives to promote condom use among these couples.

Health post and other public health services centers were frequently reported most convenient places to obtaining free condoms. Free condom distribution through these sites should be continued and promoted. Very small proportion of the study participants (less than 2%) reported NGO and DIC as convenient place for obtaining free condoms. Perhaps they are unaware about the provision of free condom distribution from these sources. Free condom distribution points available in the districts should be promoted.

Although knowledge about HIV is universal, however only 50 percent of MLMs received HIV and AIDS information/education in the past year suggesting that more frequent SBC activities in the study area should be organized.

Knowledge on BCDEF indicator is low among MLMs. However, the knowledge that a person cannot get HIV from a mosquito bite (E) is very low among migrants. This calls for scaling up HIV and AIDS education and awareness programs. Only half of the respondents (48%) are aware about the place where confidential testing is available. Confidential testing and counseling services should be made available in the community to encourage volunteer testing not just among male migrants but their spouses as well. Program should ensure the confidentiality and quality of counseling and testing services so that people would access the service without hesitation. For SSP, this means expanding more EIHS satellite clinics in the program districts.

The practice of seeking STI treatment among migrants is not common. Migrants and their spouses should be made aware to seek treatment for STI services. Similarly, STI treatment and HIV testing and counseling behavior should be promoted through interpersonal and mass communication. Information of government and NGO health facilities providing STI treatment services should be promoted. Information brochures and radio massaging would help to inform the target population.

Exposure to structured HIV program (peer education, DICs, HTC/STI clinics etc.) is found lower in the study districts. This could be due to unavailability of targeted program to migrants in these districts in the past. Targeted intervention among migrants with the provision of peer and outreach education, HTC/STI clinic including care and support will help increase the exposure to HIV program and hence can contribute to increased risk perception and less risk of transmission of HIV and STI. This will also promote service seeking behavior of these populations.

Availability of FP, HIV and AIDS and STI services should be available at places that can be conveniently accessed by community people. These services should be available at VDC level, PHCC, HP and SHP. Moreover, the people should be made aware of the existence of such facilities.

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ANNEXES

ANNEX 1

Study Teams Members

Core Team Members

1. Jagat Basnet – Team Leader
2. Pranita Thapa – Senior Research Officer
3. Pragati Shah – Assistant Research Officer
4. Naveen Lama – Research Assistant
5. Sunita Gurung – Research Assistant
6. Rajendra Dangol – Senior Computer Programmer
7. Ramita Shakya – Data Processing Supervisor

Administration Support

1. Sanu Raja Shakya – Assistant Word Processing Officer
2. Geeta Amatya (Shrestha) – Senior Word Processor
3. Sujan Bhakta Shrestha – Assistant Accounts/Admin Officer
4. Rajendra Kumar Shrestha – Office Assistant

Data Entry/Tabulation/Coding

1. Ishwori Rijal
2. Resha Pradhan
3. Sujan Pradhananga
4. Sita Poudel
5. Manisha Thapa
6. Deepa Shakya

Field Team Members

1. Umesh Shrestha
2. Buddhi Narayan Shrestha
3. Ishwor Rijal
4. Kashi Nath Devkota
5. Mahesh Prasad Deo
6. Satya Narayan Sah
7. Krishna Kumar Shrestha
8. Bimal Labh
9. Ashwinee Kumar Thakur
10. Jagadish Khatiwada
11. Dadhiram Paudel
12. Radhey Shyam Chaudhary
13. Santosh Kumar Chaudhary
14. Ravi Kumar Sah
15. Prabhakar Jaiswal
16. Om Kishor Chaudhary
17. Nabaraj Tiwari

ANNEX 2 A
Questionnaire

Baseline Family Planning Survey Including Rapid Assessment of HIV, Sexually Transmitted Infections (STIs) and FP Situation among Migrant Couples in Bara, Kapilbastu, Nawalparasi and Palpa Districts

Definition of Respondent

“A male returnee migrant aged 18-49 years, having stayed continuously or with interruption for at least 3 months working abroad as a migrant worker and having returned to Nepal within three years prior to date of the survey”.

1.0 GENERAL INFORMATION

S.N.	Questions and Filters	Coding Categories	Skip To
101	Respondent ID No.	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> </div> <p style="text-align: center; margin-top: 5px;">Dist. VDC Sample No.</p>	
102	Date of Interview (as per English Calendar)	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block; text-align: center;">2 0 1 2</div> </div> <p style="text-align: center; margin-top: 5px;">Date Month Year</p>	
103	Interview Starting Time	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> </div> <p style="text-align: center; margin-top: 5px;">Hour Minute</p>	
104	Interview Completion Time	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> </div> <p style="text-align: center; margin-top: 5px;">Hour Minute</p>	
105	Interviewer's name and code	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; float: right;"></div>	
106	Supervisor's name and code	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; float: right;"></div>	
107	Office editor's name and code no	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; float: right;"></div>	
108	Where were you born?	District _____ <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; float: right;"></div> VDC/Municipality _____ <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; float: right;"></div> Ward No. <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; float: right;"></div> Village/Tole _____	
109	Where do you live now? (Name of Current Place of Residence)	District _____ <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; float: right;"></div> VDC/Municipality _____ <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; float: right;"></div> Ward No. <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; float: right;"></div> Village/Tole _____	

2.0 PERSONAL INFORMATION

No.	Questions and Filters	Coding Categories	Skip To
201	How old are you?	Age <input type="text"/> <input type="text"/> (Write the completed years)	
202	What is your caste? (Write code no. as per Ethnicity/Caste Manual)	Ethnicity/Caste _____ (Specify) Code No <input type="text"/> <input type="text"/> No response 99	
203	What grade have you completed? (Circle '0' if illiterate, '19' for the literate without attending the school, and write exact number of the completed grade)	Education Code Never been to school..... 95 Nursery or kindergarten 0 Primary Education Grade 1..... 1 Grade 2..... 2 Grade 3..... 3 Grade 4..... 4 Grade 5..... 5 Lower Secondary Grade 6..... 6 Grade 7..... 7 Grade 8..... 8 Secondary Grade 9..... 9 Grade 10/SLC 10 Higher Secondary Grade 11..... 11 Grade 12..... 12 College Bachelor graduate 13 Post graduate or above 14	204
203.1	Can you write and read Nepali words?	Yes 1 No 2	
204	What is your present marital status?	Married 1 Divorced/permanently separated 2 Widower 3 Never married 4 →	208
205	How old were you when you were first married?	Age <input type="text"/> <input type="text"/> (write the completed years)	
206	Have you been married more than once?	Yes 1 No 2 No Response 99	208
207	How many times have you been married?	Number <input type="text"/> <input type="text"/>	
208	With whom are you staying currently? (Multiple answers: DO NOT READ the possible answers)	With wife..... 1 With male friends 2 With female friends 3 Alone..... 4 With parents..... 5 With children 6	

No.	Questions and Filters	Coding Categories	Skip To
		Others (Specify)96	
209	How many dependents are there in your family? (Count as an adult if age is > 18)	Number of children <input type="checkbox"/> <input type="checkbox"/> Number of adults <input type="checkbox"/> <input type="checkbox"/> Total No. <input type="checkbox"/> <input type="checkbox"/>	

3.0 WORK AND MIGRATION

301. When you were abroad, where did you work and for how long? Mention first place of work at first. Write detail description of each location and duration in this table

S N	Visited Country (1)	Visited Cities			Months Spent Abroad (5)	Months Spent in Nepal (6)	Type of Work Abroad (7)
		State (2)	City (3)	Nearby City (4)			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

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

No.	Questions and Filters	Coding Categories	Skip to
302	How old were you when you had gone abroad for work for the first time?	Age <input type="checkbox"/> <input type="checkbox"/> (write the completed years)	
303	Last time when you were abroad, how much did you earn per month in your last job?	Rupees <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (If it is IC or any other currency convert it into NC)	
304	When did you come back to Nepal last time? (Check with Q.N. 301 column 6 - if more than 36 months end the interview)	Months ago <input type="checkbox"/> <input type="checkbox"/> > 1 month 00 Don't know 98	
305	Which season/special time did you return to Nepal?	Harvesting 1 Cultivation 2 Dashain/Tihar 3 No special time 4 Others (Specify) 96	
306	Last time when you were abroad, with whom did you live?	Alone 1 With wife 2 With other woman 3 With friends 4 With relatives 5 Others (Specify) 96	
307	Will you be going abroad again for work?	Yes 1 No 2 Don't know 98	309

No.	Questions and Filters	Coding Categories	Skip to
308	Will you be going to the same place for work?	Yes 1 No..... 2 Don't know..... 98	
309	After your return from abroad have you ever lived in any other place in Nepal for work? (Other place means different from currently living place where the respondent has stayed overnight for work)	Yes 1 No..... 2 Don't know..... 98	

4.0 FAMILY PLANNING

Note: Ask to all respondents regardless of marital status

Reproduction and Cohabitation

Q. N.	Questions and Filters	Coding Categories	Skip to
401	Have you ever fathered any children with any woman?	Yes 1 No 2 Don't know 98	} 404
402	If yes, how many sons were born alive? How many daughters were born alive? (If none, record '00')	Sons <input type="text"/> <input type="text"/> Daughters <input type="text"/> <input type="text"/>	
403	How old were you when your (first) child was born?	Age in years <input type="text"/> <input type="text"/>	
404	If answer to Q. 204 was never married, then skip to Q. 406	Married 1 Separated 2 Widow 3 Unmarried 4	} 406
404.1	(Check with Q.N. 301) In the past 5 years how many months have you and your wife lived separately?	Months..... <input type="text"/> <input type="text"/>	
405	Where does your wife currently live?	Nepal..... 1 India 2 Others (Specify) 96	
Knowledge, Attitude, and Use			
406	Now I would like to talk about family planning – the various ways or methods that a couple can use to delay or avoid a pregnancy. Which ways or methods have you heard about? For methods not mentioned, spontaneously ask: Have you ever heard of (METHOD)?		
01	Female Sterilization: Women can have an operation to avoid having any more children	Yes..... 1 No..... 2	
02	Male Sterilization: Men can have an operation to avoid having any more children	Yes..... 1 No..... 2	
03	ORAL CONTRACEPTIVE/PILL- women can take a pill every day to avoid	Yes..... 1 No..... 2	

Q. N.	Questions and Filters	Coding Categories	Skip to
	becoming pregnant		
04	IUCD – women can have a loop or coil placed inside the uterus temporarily by a doctor or a nurse	Yes..... 1 No 2	
05	INJECTABLES/DEPO – women can have an injection by a health provider that stops them from becoming pregnant for three months	Yes..... 1 No 2	
06	IMPLANTS- women can have small rods placed in their upper arm by a doctor or a nurse which can prevent pregnancy for five years	Yes..... 1 No 2	
07	CONDOM – men can put a rubber sheath on their penis before sexual intercourse	Yes..... 1 No 2	
08	FEMALE CONDOM-women can put a special rubber sheath inside their vagina before sexual intercourse	Yes..... 1 No 2	
09	RHYTHM METHOD – Every month that a woman who is sexually active can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant	Yes..... 1 No 2	
10	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant	Yes..... 1 No 2	
11	WITHDRAWAL – Men can be careful and pull out before ejaculation	Yes..... 1 No 2	
12	Have you heard any other ways or method that women or men can use to avoid pregnancy?	Yes..... 1 (Specify) _____ (Specify) No 2	
407	Have you ever used any FP method?	Yes..... 1 No 2 Don't Know..... 98	} 411
407.1	What methods have you ever used? (Multiple answers possible, Do NOT READ the possible answers)	Male sterilization..... 1 Female Sterilization..... 2 Male Condom 3 Rhythm Method 4 Withdrawal 5 Pill 6 IUD..... 7 Injectable 8 Implants..... 9 Emergency Contraceptive 10 Female condoms..... 11 Others (Specify) 96	
408	Are you currently in a sexual	Yes 1	

Q. N.	Questions and Filters	Coding Categories	Skip to
	relationship? (Check Q No. 208)	No 2 Not applicable 3	} 410
409	Are you currently doing something or using any method with your spouse or partner?	Yes 1 No 2	→ 410
409.1	If yes, which method are you using currently with your spouse or partner? (Multiple answers: DO NOT READ the possible answers)	Male sterilization..... 1 Female Sterilization 2 Male Condom 3 Rhythm Method 4 Withdrawal 5 Pill 6 IUD..... 7 Injectable..... 8 Implants..... 9 Emergency Contraceptive 10 Female condoms 11 Others (Specify) 96	} 410
409.2	If sterilized (for male), in what facility did the sterilization take place? _____The Name of the Place (Specify)	<u>Public Sector:</u> Govt. Hospital/clinic 1 PHC center..... 2 Mobile clinic 3 Other govt. centre..... 4 <u>Non-govt (NGO) sector</u> FPAN..... 5 Marie stopes..... 6 ADRA..... 7 Nepal Red Cross 8 UMN 9 Other NGO _____ 10 (Specify) <u>Private Medical Sector</u> Private hospital/clinic/ Nursing home..... 11 Other private medical _____ 12 (Specify) Others (Specify) _____ 96 Don't know..... 98	
410	While abroad which method of contraceptive did you use? (Multiple answers, Do NOT READ the Possible answers)	Did Not Use Any 1 Abstinence 2 Male sterilization..... 3 Condom 4 Rhythm Method 5 Withdrawal 6 Others (Specify) _____ 96	

Q. N.	Questions and Filters	Coding Categories	Skip to
411	Which would be the most convenient places for you to get contraceptives? (Multiple answers: DO NOT READ the possible answers)	Pharmacy.....1 General retail store (<i>KiranaPasal</i>).....2 Private clinic3 Government health facility.....4 NGO.....5 Drop in Centres6 Community health workers7 FCHVs8 Others (Specify)96	
412	Do you know of a place where you can obtain a method of family planning while in Nepal? (If yes, ask to specify the places)	Yes.....1 1. _____ (Specify) 2. _____ (Specify) 3. _____ (specify) Don't Know2 →	414.1
413	How long does it take for you to travel from your home to the nearest convenient place?	Minute <input type="text"/> <input type="text"/> <input type="text"/>	
414	Do you usually obtain contraceptives free of cost or pay for it or obtain both ways?	I get it free of cost1 I buy2 Both3 Never used contraceptive4	
414.1	In the past three months, have you heard or seen any message about family planning:	Yes1 No2 →	416
415	What are the sources from which have you heard/seen about family planning ? (Multiple answers, Do NOT READ the Possible answers)	Radio.....1 Television.....2 Newspaper or Magazine.....3 Poster/Billboard4 Street Dramas.....5	
416	Which media would you prefer to get family planning related information and education?	Radio.....1 TV.....2 Outreach/peer workers3 FCHV.....4 Health workers.....5 Drop In Centers.....6 Group discussions7 Poster/billboard.....8 Street dramas9 Others (Specify)96	
417	During your last visit, have you discussed the practice of family planning with a health worker or health professional?	Yes1 No.....2	

Q. N.	Questions and Filters	Coding Categories	Skip to	
418	Now I would like to ask about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations? (Check with Q.N. 406.10)	Yes 1 No..... 2 Don't Know..... 98	} 420	
419	When is it?	Just before her period begins..... 1 During her period 2 Right after her period ended..... 3 Halfway between two periods..... 4 Others (Specify) 96 Don't Know..... 98		
420	Do you think a woman who is breastfeeding her baby can become pregnant?	Yes 1 No..... 2 Depends..... 3 Don't Know..... 98		
421	I will now read some statements about contraception. Please tell me if you agree or disagree with each one.			
	Statements	Agree	Disagree	Don't Know
	1. Contraception is women's business and a man should not worry about it	1	2	98
	2. Women who use contraception may become promiscuous	1	2	98
	3. Being sterilized for a man is the same as castration	1	2	98

5.0 INFORMATION ON SEXUAL BEHAVIOR WITH FEMALE PARTNER

Q. N.	Questions and Filters	Coding Categories	Skip to
501	Have you ever had sexual intercourse with a woman? (If answer is 'No' Probe)	Yes 1 No 2	→ 601
502	How old were you at your first sexual intercourse? (In completed years)	Year's old <input type="text"/> Don't know/can't recall 98	
503	Have you ever had sex with a sex worker? (If answer is 'No' Probe, check Q. no. 516 and 534)	Yes 1 No 2	
Sexual Behaviour with Wife			
	(Check Q. 204 and encircle the current marital status of the respondent. And if unmarried, skip to Q.516)	Married..... 1 Separated..... 2 Widow..... 3 Unmarried 4	} 516
504	During the past one-year have you had sexual intercourse with your wife?	Yes 1 No 2	→ 516

Q. N.	Questions and Filters	Coding Categories	Skip to
505	How many times did you have sexual intercourse with your wife over the last one month?	Times <input type="checkbox"/> <input type="checkbox"/> No sexual intercourse in last 30 days.....00 Don't know..... 98	
506	Did you use condom in your last sexual intercourse with your wife? (Last Time)	Yes1 No2	→ 509
507	Who suggested condom use that time?	Myself.....1 My wife.....2 Both3 No response99	
508	Why did you use condom? (Don't read out options)	HIV/STI prevention.....1 Family Planning.....2 Dual Protection.....3 Others (Specify).....96	} 512
509	Why didn't you use condom that time? (Multiple answers: DO NOT READ the possible answers)	Partner objected1 Didn't think it was necessary .2 Not available.....3 Too expensive.....4 I didn't like to use it5 Didn't think of it.....6 Want to have child.....7 Wife using other FP method..8 Others (Specify)96 Don't know.....98	→ 510 → 511 } 512
510	Why did your partner object?	Does not like to use condoms.....1 Wanted to have child2 Infection risk was not perceived3 Pregnancy risk not perceived. 4 Trust partner5 Others (Specify)96 Don't know.....98	} 512
511	Why didn't you think it was necessary?	Infection risk was not perceived.....1 Pregnancy risk not perceived...2 Wanted to have a child.....3 Both are monogamous.....4 Trust partner.5 Don't like using condoms.....6 Others (Specify)96	
512	Over the last one year, how often did you use condom while having sex with your wife?	All of the time.....1 Most of the time.....2 Some of the time.....3 Rarely.....4 Never.....5	→ 516

Q. N.	Questions and Filters	Coding Categories	Skip to
513	Why did you not use condom always? (Multiple answers: DO NOT READ the possible answers)	Partner objected 1 Didn't think it was necessary . 2 Not available..... 3 Too expensive..... 4 I didn't like to use it 5 Didn't think of it..... 6 Want to have child.....7 Wife using other FP method...8 Others (Specify) _____ 96 Don't know..... 98	514 515 516
514	Why did your partner object?	Does not like to use condoms..... 1 Wanted to have child 2 Infection risk was not perceived 3 Pregnancy risk not perceived.. 4 Trust partner 5 Others (Specify) _____ 96 Don't know..... 98	516
515	Why didn't you think it was necessary? (Multiple answers: DO NOT READ the possible answers)	Infection risk was not perceived 1 Pregnancy risk not perceived.. 2 Wanted to have a child 3 Both are monogamous..... 4 Trust partner 5 Don't like using condoms..... 6 Others (Specify) _____ 96	
Sexual Behaviour with Female Sex Workers in Nepal			
516	Did you ever have sex with a female sex worker in Nepal? (If answer is 'No' Probe, check Q no. 503)	Yes 1 No 2	534
517	In Nepal, about how many female sex workers did you have sex with in your lifetime?	Number <input type="text"/> <input type="text"/>	
518	In Nepal, did you have sex with a female sex worker in the past year?	Yes 1 No 2	534
519	During past one year, how many female sex workers did you have sexual intercourse with in Nepal?	Number <input type="text"/> <input type="text"/>	
520	How many times did you have sex with female sex worker in the past 12 months in Nepal?	Times <input type="text"/> <input type="text"/>	
521	When was the last time you had sex with a female sex worker in Nepal?	Weeks ago <input type="text"/> <input type="text"/> Less than a week 00	

Q. N.	Questions and Filters	Coding Categories	Skip to
522	Where did you meet the female sex worker with whom you had your last sexual intercourse in Nepal?	Lodge/Hotel 1 Eating-place (Restaurant)..... 2 Bhatti (Liquor shop)..... 3 On the street 4 Forest 5 Workplace..... 6 Massage parlour 7 Others (Specify) 96	
523	How many rupees and/or other items did you pay that sex worker at that time? (Ask the money spent for sexual intercourse only)	Cash (NRs.) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Cash equivalent to gift <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Total <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Others (Specify) 96	
524	Did you use a condom in your last sexual intercourse with a sex worker in Nepal?	Yes 1 No 2	→ 527
525	Who suggested condom use that time?	Myself..... 1 My Partner..... 2 Both 3 No Response..... 99	
526	Why did you use condom? (Don't read out options)	HIV/STI prevention 1 Family Planning..... 2 Dual Protection..... 3 Others (Specify) 96	} 530
527	Why did you not use condom always? (Multiple answers: DO NOT READ the possible answers)	Partner objected 1 Didn't think it was necessary 2 Not available 3 Too expensive 4 I didn't like to use it..... 5 Didn't think of it 6 Want to have child..... 7 Partner using other FP method 8 Others (Specify) 96 Don't know 98	→ 528 → 529 } 530
528	Why did the female sex worker object?	Does not like to use condoms 1 Wanted to have child..... 2 Infection risk was not perceived..... 3 Pregnancy risk not perceived.. 4 Trust partner..... 5 Others (Specify) 96 Don't know 98	} 530
529	Why didn't you think it was necessary?	Infection risk was not perceived 1 Pregnancy risk not perceived.. 2 Wanted to have a child 3 Both are monogamous..... 4 Trust partner 5 Don't like using condoms 6 Others (Specify) 96	

Q. N.	Questions and Filters	Coding Categories	Skip to
530	Over the last one year, how often did you use condom while visiting sex workers in Nepal?	All of the time 1 Most of the time 2 Some of the time 3 Rarely 4 Never 5	→ 534
531	Why did you not use condom always? (Multiple answers: DO NOT READ the possible answers)	Partner objected 1 Didn't think it was necessary . 2 Not available 3 Too expensive 4 I didn't like to use it..... 5 Didn't think of it 6 Want to have child.....7 Partner using other FP method8 Others (Specify)96 Don't know 98	→ 532 → 533 } 534
532	Why did your partner object?	Does not like to use condoms 1 Wanted to have child..... 2 Infection risk was not perceived..... 3 Pregnancy risk not perceived .. 4 Trust partner..... 5 Others (Specify)96 Don't know 98	} 534
533	Why didn't you think it was necessary?	Infection risk was not perceived..... 1 Pregnancy risk not perceived . 2 Wanted to have a child..... 3 Both are monogamous 4 Trust partner 5 Don't like using condoms 6 Others (Specify) 96	
Sexual Behaviour with Female Sex Workers when living abroad			
534	Did you ever have sex with female sex workers abroad? (If answer is 'No' Probe)	Yes 1 No..... 2	→ 554
535	About how many female sex workers have you had sex with so far when you were abroad?	Number <input type="text"/>	
536	Did you have sex with a female sex worker when abroad in the past year?	Yes 1 No..... 2	→ 554
537	During the past one year, with how many female sex workers did you have sexual intercourse abroad?	Number <input type="text"/>	
538	During the past one year how many times did you have sex with female sex workers abroad?	Times <input type="text"/>	

Q. N.	Questions and Filters	Coding Categories	Skip to
539	In which places did you have sex with female sex workers during the past one year of your stay abroad?	A. Country B. City 1. _____ _____ 2. _____ _____ 3. _____ _____ 4. _____ _____	
540	When was the last time you had sex with a sex worker when you were abroad?	Weeks ago <input type="checkbox"/> <input type="checkbox"/> < 1 week 00	
541	Where did you meet that last sex worker for sexual intercourse when you were abroad?	Lodge/Hotel 1 Eating-place (Restaurant)..... 2 Liquor shop 3 On the street 4 Forest/Park 5 Brothel 6 Dance Restaurant/Disco 7 Others (Specify)96	
542	How many rupees and/or other items did you pay that sex worker at that time? (Ask the money spend for sexual intercourse only)	Cash (NRs.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cash equivalent to gift <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Total <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Mention Nepali currency) Others (Specify)96	
543	During your stay abroad, did you usually go to sex workers alone or with friends?	Alone 1 With friends 2	
544	Did you use a condom in your last sexual intercourse with a sex worker when abroad?	Yes 1 No 2	→ 547
545	Who suggested condom use that time?	Myself..... 1 My Partner 2 No response 99	
546	Why did you use condom? (Don't read out options)	HIV/STI prevention 1 Family Planning 2 Dual Protection 3 Others (Specify) 96	} 550
547	Why did you not use condom always? (Multiple answers: DO NOT READ the possible answers)	Partner objected 1 Didn't think it was necessary 2 Not available 3 Too expensive 4 I didn't like to use it 5 Didn't think of it 6 Want to have child 7 Partner using other FP method 8 Others (Specify) 96 Don't know 98	→ 548 → 549 } 550

Q. N.	Questions and Filters	Coding Categories	Skip to
548	Why did your partner object?	Does not like to use condoms 1 Wanted to have child 2 Infection risk was not perceived. 3 Pregnancy risk not perceived 4 Trust partner 5 Others(specify)..... 6 Don't know 98	550
549	Why didn't you think it was necessary?	Infection risk was not perceived..... 1 Pregnancy risk not perceived 2 Wanted to have a child..... 3 Both are monogamous 4 Trust partner 5 Don't like using condoms 6 Others (Specify) _____ 96	
550	Over the last 1 year, how often did you use condom while visiting sex workers abroad?	All of the time 1 Most of the time 2 Some of the time 3 Rarely 4 Never 5	554
551	Why did you not use condom always? (Multiple answers: DO NOT READ the possible answers)	Partner objected 1 Didn't think it was necessary 2 Not available 3 Too expensive 4 I didn't like to use it..... 5 Didn't think of it..... 6 Want to have child..... 7 Partner using other FP method . 8 Others (Specify) _____ 96 Don't know 98	552 553 554
552	Why did your partner object?	Does not like to use condoms 1 Wanted to have child 2 Infection risk was not perceived..... 3 Pregnancy risk not perceived..... 4 Trust partner 5 Others (Specify) _____ 96 Don't know 98	554
553	Why didn't you think it was necessary?	Infection risk was not perceived. 1 Pregnancy risk not perceived 2 Wanted to have a child..... 3 Both are monogamous 4 Trust partner 5 Don't like using condoms 6 Others (Specify) _____ 96	
Sexual Behaviour with Girlfriend or other lover in Nepal			
554	Do you have a girl friend or lover in Nepal?	Yes 1 No..... 2	567
555	During the past one year did you have sexual intercourse with your girl friend in Nepal?	Yes 1 No..... 2	567

Q. N.	Questions and Filters	Coding Categories	Skip to
556	Over the last one month, how many times did you have sexual intercourse with your girl friend?	Number of times..... <input type="checkbox"/> <input type="checkbox"/> No sexual intercourse with girl friend in last 30 days00 Don't know.....98	
557	Did you use a condom in your last sexual intercourse with your girl friend in Nepal?	Yes 1 No2	→ 560
558	Who suggested condom use that time?	Myself.....1 My Partner2 Both3 No response99	
559	Why did you use condom? (Don't read out options)	HIV/STI prevention..... 1 Family Planning.....2 Dual Protection3 Others (Specify)96	} 563
560	Why did you not use condom always? (Multiple answers: DO NOT READ the possible answers)	Partner objected 1 Didn't think it was necessary ...2 Not available.....3 Too expensive.....4 I didn't like to use it5 Didn't think of it6 Want to have child.....7 Partner using other FP method8 Others (Specify)96 Don't know 98	→ 561 → 562 } 563
561	Why did your partner object?	Does not like to use condoms 1 Wanted to have child2 Infection risk was not perceived3 Pregnancy risk not perceived....4 Trust partner5 Others (Specify)96 Don't know 98	} 563
562	Why didn't you think it was necessary?	Infection risk was not perceived 1 Pregnancy risk not perceived....2 Wanted to have a child3 Both are monogamous.....4 Trust partner5 Don't like using condoms.....6 Others (Specify)96	
563	Over the last one year, how often did you use condom while having sex with your girl friend in Nepal?	All of the time 1 Most of the time2 Some of the time3 Rarely4 Never.....5	→ 567

Q. N.	Questions and Filters	Coding Categories	Skip to
564	Why did you not use condom always? (Multiple answers. Do not read the possible answers)	Partner objected 1 Didn't think it was necessary ... 2 Not available 3 Too expensive 4 I didn't like to use it 5 Didn't think of it 6 Want to have child 7 Partner using other FP method..... 8 Others (Specify)96 Don't know 98	→ 565 → 566 } 567
565	Why did your partner object?	Does not like to use condoms..... 1 Wanted to have child 2 Infection risk was not perceived 3 Pregnancy risk not perceived 4 Trust partner 5 Others (Specify)96 Don't know 98	} 567
566	Why didn't you think it was necessary?	Infection risk was not perceived 1 Pregnancy risk not perceived ... 2 Wanted to have a child..... 3 Both are monogamous 4 Trust partner 5 Don't like using condoms 6 Others (Specify)96	
Sexual Behaviour with other female friend in Nepal			
567	Did you have any other female friend in Nepal with whom you had sexual intercourse?	Yes 1 No..... 2	→ 580
568	Over the past one-year did you have sexual intercourse with your other female friends in Nepal?	Yes 1 No..... 2	→ 580
569	Over the last one month, how many times did you have sexual intercourse with your other female friends in Nepal? (Write '00' if there is)	Number of time..... <input type="text"/> <input type="text"/> No sexual intercourse with girlfriend in last 30 days.....00 Don't know 98	
570	Did you use condom in your last sexual intercourse with your other female friends in Nepal?	Yes 1 No..... 2	→ 573
571	Who suggested condom use that time?	Myself 1 My Partner 2 Both 3 No Response 98	
572	Why did you use condom? (Don't read out options)	HIV/STI prevention 1 Family Planning 2 Dual Protection..... 3 Others (Specify)96	} 576

Q. N.	Questions and Filters	Coding Categories	Skip to
573	Why did you not use condom always? (Multiple answers: DO NOT READ the possible answers)	Partner objected 1 Didn't think it was necessary ... 2 Not available 3 Too expensive 4 I didn't like to use it 5 Didn't think of it 6 Want to have child 7 Partner using other FP method 8 Others (Specify)96 Don't know 98	→ 574 → 575 } 576
574	Why did your partner object?	Does not like to use condoms 1 Wanted to have child 2 Infection risk was not perceived 3 Pregnancy risk not perceived 4 Trust partner 5 Others (Specify)96 Don't know 98	} 576
575	Why didn't you think it was necessary?	Infection risk was not perceived 1 Pregnancy risk not perceived ... 2 Wanted to have a child 3 Both are monogamous 4 Trust partner 5 Don't like using condoms 6 Others (Specify)96	
576	Over the last one year, how often did you use condom with your other female friend in Nepal?	All of the time 1 Most of the time 2 Some of the time 3 Rarely 4 Never 5	→ 580
577	Why did you not use condom always? (Multiple answers: DO NOT READ the possible answers)	Partner objected 1 Didn't think it was necessary ... 2 Not available 3 Too expensive 4 I didn't like to use it 5 Didn't think of it 6 Want to have child 7 Partner using other FP method 8 Others (Specify)96 Don't know 98	→ 578 → 579 } 580
578	Why did your partner object?	Does not like to use condoms 1 Wanted to have child 2 Infection risk was not perceived 3 Pregnancy risk not perceived 4 Trust partner 5 Others (Specify)96 Don't know 98	} 580

Q. N.	Questions and Filters	Coding Categories	Skip to
579	Why didn't you think it was necessary?	Infection risk was not perceived 1 Pregnancy risk not perceived ... 2 Wanted to have a child..... 3 Both are monogamous 4 Trust partner 5 Don't like using condoms 6 Others (Specify)96	
Sexual Behaviour with girlfriend while abroad			
580	Did you have a girlfriend while abroad?	Yes 1 No..... 2	→ 601
581	Over the past one-year did you have sexual intercourse with your girl friend abroad?	Yes 1 No..... 2	→ 601
582	Over the last one month, how many times did you have sexual intercourse with your girl friend abroad?	Number of time..... <input type="text"/> <input type="text"/> No sexual intercourse with girl friend in last 30 days..... 00 Don't know 98	
583	Did you use a condom in your last sexual intercourse with your girl friend abroad?	Yes 1 No..... 2	→ 585
583.1	Who suggested condom use that time?	Myself 1 My Partner 2 Both..... 3 No response 99	
584	Why did you use condom? (Don't read out options)	HIV/STI prevention.....1 Family Planning.....2 Dual Protection.....3 Others (Specify)96	} 588
585	Why did you not use condom always? (Multiple answers: DO NOT READ the possible answers)	Partner objected 1 Didn't think it was necessary ... 2 Not available 3 Too expensive4 I didn't like to use it5 Didn't think of it.....6 Want to have child7 Wife using other FP method8 8Others (Specify)96 Don't know98	→ 586 → 587 } 588
586	Why did your partner object?	Does not like to use condoms..... 1 Wanted to have child 2 Infection risk was not perceived 3 Pregnancy risk not perceived 4 Trust partner 5 Others (Specify)96 Don't know 98	} 588

Q. N.	Questions and Filters	Coding Categories	Skip to
587	Why didn't you think it was necessary?	Infection risk was not perceived1 Pregnancy risk not perceived2 Wanted to have a child.....3 Both are monogamous4 Trust partner5 Don't like using condoms6 Others (Specify)96	
588	Over the last one year, how often did you use condom while having sex with your girl friend abroad?	All of the time.....1 Most of the time2 Some of the time3 Rarely4 Never5	→ 601
589	Why did you not use condom always? (Multiple answers: DO NOT READ the possible answers)	Partner objected1 Didn't think it was necessary2 Not available3 Too expensive4 I didn't like to use it5 Didn't think of it.....6 Want to have child7 Wife using other FP method8 8Others (Specify)96 Don't know98	→ 590 → 591 } 601
590	Why did your partner object?	Does not like to use condoms..... 1 Wanted to have child 2 Infection risk was not perceived 3 Pregnancy risk not perceived 4 Trust partner 5 Others (Specify)96 Don't know 98	} 601
591	Why didn't you think it was necessary?	Infection risk was not perceived 1 Pregnancy risk not perceived ... 2 Wanted to have a child..... 3 Both are monogamous 4 Trust partner 5 Don't like using condoms 6 Others (Specify)96	

6.0 INFORMATION ON SEXUAL BEHAVIOR WITH MALE PARTNER

Q. N.	Questions and Filters	Coding Categories	Skip to
601	Have you ever had anal sex with a male partner?	Yes 1 No..... 2	→ 701
Condom Use with Male Partner In Nepal			
602	During the past one-year did you have anal sex with a male partner in Nepal?	Yes 1 No..... 2	→ 613
603	Over the last one month, how many times did you have anal sex with male partner in Nepal?	Number of time..... <input type="text"/> No anal sex with male partner in last 30 days 00 Don't know 98	
604	Did you use a condom in your last anal sex with your male partners in Nepal?	Yes 1 No..... 2	→ 606
605	Who suggested condom use at that time?	Myself 1 My Partner 2 Both..... 3 No response..... 99	} 609
606	Why did you not use condom always? (Multiple answers: DO NOT READ the possible answers)	Partner objected 1 Didn't think it was necessary 2 Not available 3 Too expensive 4 I didn't like to use it 5 Didn't think of it..... 6 Others (Specify) 96 Don't know 98	→ 607 → 608 } 609
607	Why did your partner object?	Does not like to use condoms..... 1 Wanted to have child 2 Infection risk was not perceived 3 Pregnancy risk not perceived 4 Trust partner 5 Others (Specify) 96 Don't know 98	} 609
608	Why didn't you think it was necessary?	Infection risk was not perceived 1 Both are monogamous 2 Trust partner 3 Don't like using condoms 4 Others (Specify) 96	
609	Over the last one year, how often did you use condom while having anal sex with male partner in Nepal?	All of the time 1 Most of the time 2 Some of the time 3 Rarely 4 Never 5	→ 613
610	Why did you not use condom always? (Multiple answers: DO NOT READ the possible answers)	Partner objected 1 Didn't think it was necessary 2 Not available 3 Too expensive 4 I didn't like to use it 5 Didn't think of it..... 6 Others (Specify) 96 Don't know 98	→ 611 → 612 } 613

Q. N.	Questions and Filters	Coding Categories	Skip to
611	Why did your partner object?	Does not like to use condoms..... 1 Infection risk was not perceived 3 Pregnancy risk not perceived 4 Trust partner 5 Others (Specify) 96 Don't know..... 98	} 613
612	Why didn't you think it was necessary?	Infection risk was not perceived 1 Both are monogamous 2 Trust partner 3 Don't like using condoms 4 Others (Specify) 96	
Condom Use with Male Partner During Abroad Stay			
613	During the past one-year did you have anal sex with male partner when you were abroad?	Yes 1 No 2	→ 701
614	Over the last one month, how many times did you have anal sex with male partner abroad?	Number of time <input type="checkbox"/> <input type="checkbox"/> No anal sex with male partner in last 30 days 00 Don't know 98	
615	Did you use condom in your last anal sex with male partners when you were abroad?	Yes 1 No 2	→ 617
616	Who suggested condom use that time?	Myself..... 1 My Partner 2 Both 2 No response 93	} 620
617	Why did you not use condom always? (Multiple answers. Do not read the possible answers)	Partner objected 1 Didn't think it was necessary 2 Not available..... 3 Too expensive..... 4 I didn't like to use it 5 Forgot to use condom 6 Want to have child 7 Didn't think of it 8 Others (Specify) 96 Don't know 98	→ 618 → 619 } 620
618	Why did your partner object?	Does not like to use condoms 1 Infection risk was not perceived 2 Trust partner 3 No interest to use condom 4 Others (Specify) 96 Don't know 98	} 620
619	Why didn't you think it was necessary?	Infection risk was not perceived..... 1 Both are monogamous..... 2 Trust partner 3 Don't like using condoms..... 4 Others (Specify) 96	
620	Over the last one year, how often did you use condom with male partner/s abroad?	All of the time 1 Most of the time 2 Some of the time 3	→ 701

Q. N.	Questions and Filters	Coding Categories	Skip to
		Rarely4 Never.....5	
621	Why did you not use condom always? (Multiple answers. Do not read the possible answers)	Partner objected1 Didn't think it was necessary2 Not available.....3 Too expensive.....4 I didn't like to use it5 Forget to use condom6 Others (Specify)96 Don't know98	→ 622 → 623 } 701
622	Why did your partner object?	Does not like to use condoms1 Infection risk was not perceived2 Trust partner3 Others (Specify)96 Don't know98	} 701
623	Why didn't you think it was necessary?	Infection risk was not perceived1 Both are monogamous.....2 Trust partner3 Don't like using condoms.....4 Others (Specify)96	

7.0 LAST SEXUAL BEHAVIOR AND CONDOM ACCESSIBILITY

Q. N.	Questions and Filters	Coding Categories	Skip to
701	With whom did you have the last sexual intercourse?	FSW1 Wife.....2 Other female friend3 Lover/girlfriend.....4 Male friend.....5 No sexual intercourse in last 12 months6 Never had sexual intercourse7	→ 704
702	Did you use condom at that time?	Yes1 No.....2	
703	Where did you have the last sexual intercourse?	Nepal1 Abroad.....2	
Condom Accessibility			
704	Do you usually carry condoms with you?	Yes1 No.....2	

Q. N.	Questions and Filters	Coding Categories	Skip to
705	Which places or persons do you know where you can obtain condoms? (Multiple answers: DO NOT READ the possible answers)	Health Post / Health Center.....1 Pharmacy.....2 General retail store (<i>KiranaPasal</i>).....3 Private Clinic.....4 Paan shop.....5 Hospital.....6 FP clinic.....7 Peer/Friends.....8 Health Workers/Volunteers.....9 Hotel /Lodge.....10 Brothel.....11 NGO.....12 FCHVs.....13 Drop in Centres.....14 Peer Educators.....15 Community mobilizers.....16 Others (Specify).....96 Don't know.....98	
706	How long does it take for you to get condom from your work place or home?	Minute..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
707	Do you usually obtain condoms free of cost or pay for it or obtain both ways?	I get it free of cost.....1 I buy.....2 Both.....3 Never used condom.....4	→ 710 → 801
708	From where do you often obtain free condoms? (Multiple answers: DO NOT READ the possible answers)	Health Post/ Health Centre.....1 Hospital.....2 FP Clinic.....3 Peer/Friends.....4 During Community Program.....5 Health Workers/Volunteers.....6 NGO.....7 Drop in Centres.....8 Peer Educators.....9 Community mobilizes.....10 FCHVs.....11 Others (Specify).....96	
709	Which would be the most convenient place/s for you to obtain free condoms? (Multiple answers: DO NOT READ the possible answers)	Health Post/ Health Centre.....1 Hospital.....2 FP Clinic.....3 Peer/Friends.....4 During Community Program.....5 Health Workers/Volunteers.....6 NGO.....7 Drop in Centres.....8 Peer Educators.....9 Community mobilizes.....10 FCHVs.....11 Others (Specify).....96	
	(Note: check Q.707 and encircle to right code)	Yes, free of cost.....1 Yes, on cash payment.....2 From both side.....3	→ 712

Q. N.	Questions and Filters	Coding Categories	Skip to
710	From where do you often buy condoms? (Multiple answers: DO NOT READ the possible answers)	Pharmacy 1 General retail store (<i>KiranaPasal</i>) 2 Private clinic 3 Paan Shop 4 NGO 5 Drop in Centres 6 Others (Specify) 96	
711	Which would be the most convenient places for you to buy condom? (Multiple answers: DO NOT READ the possible answers)	Pharmacy 1 General retail store (<i>KiranaPasal</i>) ... 2 Private clinic 3 Paan Shop 4 NGO 5 Drop in Centres 6 Others (Specify) 96	
712	In the past one year did you obtain condom from any sources (e.g. peer educator; drop in center, sexual health center)? (Multiple answers: DO NOT READ the possible answers)	Yes, free of cost 1 Yes, on cash payment 2 No 3	
713	What was the source from where you obtained condom the last time?	Health Post / Health Centre 1 Pharmacy 2 General retail store (<i>KiranaPasal</i>)... 3 Private Clinic 4 Paan shop 5 Hospital 6 FP clinic 7 Peer/Friends 8 Health Workers/Volunteers 9 Hotel /Lodge 10 Brothel 11 NGO 12 FCHVs 13 Drop in Centres 14 Peer Educators 15 Community mobilizers 16 Others (Specify) 96 Don't know 98	

8.0 AWARENESS OF HIV AND AIDS

Q. N.	Questions and Filters	Coding Categories	Skip to
801	Have you ever heard of HIV and AIDS?	Yes 1 No.....2	→ 901
802	Did you ever get health education on HIV or STIs in the past year?	Yes 1 No.....2 Don't know 98	} 804
803	If yes, by whom?	Health workers 1 NGO workers 2 FCHV 3 Peers/Friends 4 Husband.....5 Peer/outreach educators.....6 Radio/T.V 7 Newspaper 8 Others (specify) 96	
Knowledge, Perception and Attitudes on HIV and AIDS			
804	Do you know anyone who is infected with HIV or who has died of AIDS?	Yes 1 No.....2	→ 806
805	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 friend 2 No.....3	
806	Can people protect themselves from HIV merely by abstaining from sexual intercourse?	Yes 1 No.....2 Don't know 98	
807	Can people protect themselves from HIV by having one uninfected faithful sex partner?	Yes 1 No.....2 Don't know 98	
808	Can people protect themselves from HIV by using condom correctly in each sexual contact?	Yes 1 No.....2 Don't know 98	
809	Do you think a healthy-looking person can be infected with HIV?	Yes 1 No.....2 Don't know 98	
810	Can a person get the HIV from mosquito bite?	Yes 1 No.....2 Don't know 98	
811	Can a person get HIV by sharing a meal with an HIV infected person?	Yes 1 No.....2 Don't know 98	
812	Can a person get HIV by holding or shaking hands with HIV infected person?	Yes 1 No.....2 Don't know 98	
813	Can a pregnant woman infected with HIV transmit the virus to her unborn child?	Yes 1 No.....2 Don't know 98	} 815
814	What can a pregnant woman do to reduce the risk of transmission of HIV to her unborn child?	Take Medication 1 Cannot do anything/cannot protect child 2 Abort the child 3 Others (Specify) 96	

Q. N.	Questions and Filters	Coding Categories	Skip to
		Don't know 98	
815	Can a woman with HIV transmit the virus to her newborn child through breastfeeding?	Yes 1 No.....2 Don't know 98	
816	Can a person get HIV by sharing needle/syringe with HIV infected person?	Yes 1 No.....2 Don't know 98	
817	Can blood transfusion from HIV infected person transmit HIV to others?	Yes 1 No.....2 Don't know 98	
818	Is it possible in your community for someone to have a confidential HIV test?	Yes 1 No.....2 Don't know 98	
819	If you have to go for HIV testing, do you know where can you go for it?	Yes 1 No.....2	
820	I don't want to know the result , but have you ever had an HIV test?	Yes 1 No.....2	→ 901
821	Did you voluntarily undergo the HIV test or was it recommended by health personnel or required for travel?	Voluntarily 1 Recommended 2 Required for travel.....3 No Response 99	
822	Please do not tell me the result , but did you find out the result of your test?	Yes 1 No.....2	→ 824
823	Why did you not receive the test result?	Sure of not being infected..... 1 Afraid of result.....2 Felt unnecessary3 Forgot it4 Others (Specify) 96	
824	In the past one year, did you go for HIV testing?	Yes 1 No.....2	→ 901
825	I don't want to know the result , but did you receive the test result?	Yes 1 No.....2	→ 827
826	Why did you not receive the test result?	Sure of not being infected..... 1 Afraid to know result2 Felt unnecessary3 Forgot it4 No time to wait for result.....5 Others (Specify) 96	
827	When did you have your most recent HIV test?	Within last 12 months 1 Between 1-2 years2 Between 2-4 years3 More than 4 years ago4	

9.0 STI (SEXUALLY TRANSMITTED INFECTION)

Q. N.	Questions and Filters	Coding Categories	Skip to
901	Which symptoms or diseases do you understand by STI? (Multiple answers: DO NOT READ the possible answers)	White Discharge/Discharge of Pus/ <i>Dhatu</i> flow1 Pain during urination2 Burning Sensation while Urinating3 Ulcer or sore around genital area.4 Syphilis (<i>Bhiringi</i>)5 HIV and AIDS6 Others (Specify)96 Don't know98	
902	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
902.1	If answer is 'No' to all in the Q. No. 902 Go to Q. 910	Yes1 No.....2	→ 913
903	Have you gone through medical treatment for any of these symptoms?	Yes1 No.....2	→ 913
903.1	If yes, after how many days did you go for treatment after experiencing these symptoms?	Days <input type="text"/> <input type="text"/>	
904	Where did you go for the treatment? (Multiple answers: DO NOT READ the possible answers)	Private Clinic 1 NGO Clinic 2 Health Post/ Health Center 3 Hospital 4 Pharmacy 5 Self Treatment (Specify)6 Others (Specify) 96	→ 908
905	Did you receive a prescription for medicine?	Yes 1 No.....2	→ 908
906	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	} 908
907	Did you take all of the medicine prescribed?	Yes1 No.....2	→ 908
907.1	If not, why did you not take all of the medicine prescribed?	Forgot to take1 Felt cured2 Medicine did not help3 Others (Specify)96	
908	Did you abstain from sex during the treatment?	Yes 1 No.....2	
909	Did you use condom if you had sexual contacts during the treatment?	Yes 1 No.....2	

Q. N.	Questions and Filters	Coding Categories	Skip to	
910	Did you also refer and/or take your sex partners for STI treatment ?	Yes 1 No..... 2		
911	Did you have to pay for the medicine you took?	Yes 1 No..... 2	→ 912.1	
912	How much did you pay for medicine you took?	Rs.	→ 913	
912.1	If not paid mention the reasons. Also convert amount to NRs. If another currency is stated)	Reason 1. _____ 2. _____ 3. _____		
913	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) _____ (Check Q No. 902)	1	2		
913.1	If answer is 'No' to all in Q. No. 913 Go to Q. 1001	Yes..... 1 No 2	→1001	
914	Where did you go for the treatment? (Multiple answers: DO NOT READ the possible answers)	Private Clinic 1 NGO Clinic..... 2 Health Post/ Health Centre..... 3 Hospital..... 4 Pharmacy 5 Self-Treatment (Specify)..... 6 Nothing done..... 7 Others (Specify) 96	} 1001	
915	Did anyone from the place you visit for treatment counsel you about how to avoid the problem?	Yes..... 1 No 2	→1001	
916	What did she/he tell you?	Told me to be faithful to my spouse/sex partner..... 1 Told me to use condom 2 Told me to reduce number of sexual partners 3 Others (Specify) 96 Don't know 98		
917	Did s/he ask you to revisit for follow up?	Yes..... 1 No 2		

10.0 USE OF ALCOHOL AND DRUGS

Q. N.	Questions and Filters	Coding Categories	Skip to
1001	In the last one month, did you have any drink containing alcohol?	Yes..... 1 No 2 No response 99	} 1002
1001.1	During the last one month how often did you take alcohol?	Everyday..... 1 2-3 times a week 2 At least once a week 3 Less than once a week 4 Don't know 98 No response 99	
1002	The last time when you were abroad, did you have any drink containing alcohol?	Yes..... 1 No 2 No response 99	} 1003
1002.1	Last time when you were abroad, how often did you have drinks containing alcohol?	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 No response 99	
1003	Some people take different types of drugs. Have you also tried any of those drugs in the last one month?	Yes..... 1 No 2 No response 99	
1004	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 No response 99	} 1101
1005	Have you injected drugs in last 12 months? (Do not count drugs injected for medical purpose or treatment of an illness)	Yes..... 1 No 2 No response 99	} 1101
1006	Are you currently injecting drugs?	Yes..... 1 No 2	→ 1101
1007	Think about the last time you injected drugs. Did you use a needle or syringe that had previously been used by someone else?	Yes..... 1 No 2 Don't know 98	} 1009
1008	Think about the time you injected drugs during the past one month. How often was it with a needle or syringe that had previously been used by someone else?	Every Time..... 1 Almost Every Time..... 2 Sometimes..... 3 Never 4 Don't Know..... 98	

Q. N.	Questions and Filters	Coding Categories	Skip to
1009	Usually how do you get/did you get syringe/ needle?	My friend/relative gave it to me after his use 1 Unknown person gave it to me 2 I picked it up from a public place which was left there by others.... 3 I picked it up from a public place which was left there by myself... 4 I used a new needle/syringe given by NGO worker/DIC 5 I used a needle/syringe which I purchased 6 Others (Specify) _____... 96	

11.0 STIGMA AND DISCRIMINATION

Q. N.	Questions and Filters	Coding Categories	Skip to
1101	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	
1102	If a female 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	
1103	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	

12.0 KNOWLEDGE AND PARTICIPATION IN STI, HIV AND AIDS PROGRAMS

Q. N.	Questions and Filters	Coding Categories	Skip to
1201	Have you met, discussed, or interacted with any peer educators (PE)/volunteers or community mobilizer (CM) or outreach educators in the last 12 months?	Yes 1 No 2 No response 99	1203
1202	Which organization were they from? (Multiple answers: DO NOT READ the possible answers)	Government 1 NGO(Specify) 2 Others (Specify) _____... 96 Don't know 98	
1203	Have you visited or been to any Drop in Center (DIC) in the last 1 year?	Yes 1 No 2	1205
1204	Which organizations were running those DICs? (Multiple answers: DO NOT READ the possible answers)	Government 1 NGO(Specify) 2 Others (Specify) _____... 96 Don't know 98	

Q. N.	Questions and Filters	Coding Categories	Skip to
1205	Have you visited any STI clinic in the last 1 year?	Yes 1 No 2	→ 1207
1206	Which organizations were running those STI clinic? (Multiple answers: DO NOT READ the possible answers)	Government 1 NGO(Specify)..... 2 Others (Specify)96 Don't know.....98	
1207	Have you visited any voluntary counseling and testing (HTC) centers in the last 12 months?	Yes 1 No 2	→ 1209
1208	Which organizations were running those HTC centers? (Multiple answers: DO NOT READ the possible answers)	Government 1 NGO(Specify)..... 2 Others (Specify)96 Don't know.....98	
1209	Have you ever participated in HIV and AIDS awareness raising program or community events in the last one year?	Yes 1 No 2	→ 1213
1210	Which activities have you participated in? (Multiple answers: DO NOT READ the possible answers)	Street drama 1 AIDS Day2 Condom Day.....3 Video Shows.....4 Group discussions5 Talk programs.....6 HIV and AIDS related training7 HIV and AIDS related Workshops8 Condom use demonstrations ..9 Others (Specify)96	
1211	Which organizations organized those activities? (Multiple answers: DO NOT READ the possible answers)	Government..... 1 Non-Government Institution ...2 Don't know.....98 Others (Specify)96	
1212	Which media would you prefer to get HIV and STI related information and education?	Radio..... 1 TV.....2 Outreach/peer workers.....3 FCHV.....4 Health workers.....5 DIC.....6 Group discussions.....7 Others (Specify)96	
1213	In the last one year have any CHBC team visited your house?	Yes 1 No 2 Don't know about CHBC 3 Don't know about CHBC team visit98	

13.0 KNOWLEDGE, ATTITUDE, AND PRACTICE OF DUAL PROTECTION METHODS

Q. N.	Questions and Filters	Coding Categories	Skip to
1301	Do you know how to prevent unintended/mistimed pregnancy and HIV infection/transmission?	Yes 1 No..... 2	→ End of Interview
1302	If yes, which methods do you know? (Multiple answers: DO NOT READ the possible answers)	Non-barrier contraceptive in long term mutual monogamous (LTMM) relationship..... 1 Non-barrier contraceptive and Condom 2 Condom alone 3 Abstinence..... 4 Avoiding all penetrative sex..... 5 Others (Specify)96	
1303	What is your attitude towards dual protection method?	Positive..... 1 Negative 2 Neutral..... 3 Others (Specify)96	
1304	What is your spouse/partners attitude towards dual protection method?	Positive..... 1 Negative 2 Neutral..... 3 Others (Specify)96 Don't know 98	
1305	Have you ever used dual protection method in the past?	Yes 1 No..... 2	→ End of interview
1306	If yes, which method did you use?	Non-barrier contraceptive in long term mutual monogamous (LTMM) relationship..... 1 Non-barrier contraceptive and condom.....2 Condom alone3 Abstinence.....4 Avoiding all penetrative sex..... 5 Others (Specify)96	

Interview Completion Time

Hr. Min.

ANNEX 2B
Consent Form

Saath-Saath Project (SSP)
Oral Informed Consent Form for Behavioral Survey with Male Labor Migrants

Introduction

Namaste! My name is

I am working for (Name of Research Organization) on a USAID funded Saath-Saath Project (SSP) research.

This research is on the HIV, sexually transmitted infections (STI) and Family Planning (FP) situation among migrant couples in Bara, Kapilbastu, Nawalparasi and Palpa districts. The findings from this study will help the design of HIV and FP program interventions for male labor migrants and their wives.

We are asking you to take part in this research study to collect information on this topic. We want to be sure that you understand what participation in this research involves before you decide if you want to join the research. Please ask us to explain any information that you may not understand.

Information about the Research and Your Role

You have been selected to participate in the behavioral surveillance survey (BSS) among male labor migrants. The objective of this survey is to collect key behavioral and knowledge information related to HIV, STI and FP among male labor migrants. Detailed information about your background characteristics, knowledge and use of family planning methods, sexual behavior and history, knowledge on HIV and STI transmission and access to health services will be collected during the interview.

Study participants will have an equal chance of being selected. Up to 690 males like you who migrate to India and other countries for labor related work will be selected and asked to participate in this study. Once you agree to participate in the study we will interview you using a structured questionnaire. You will have to spend about 1-1.5 hours with us if you decide to participate in this research. We would like to inform you that this is a research study and not health care provision service.

Confidentiality

We are conducting this interview in a private place to make it difficult for other people to hear what you say. The information you tell us will be used only for the research. 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. We will not ask you to put your name or sign on this consent form. But only ask you to agree verbally (with spoken words) in the presence of a third person as a witness. We will be responsible and serious about maintaining confidentiality during the entire study process.

Possible Risks

The risk of participating in this study is small, if any. Some questions could make you feel uncomfortable or embarrassed. You are free not to answer such questions and also to stop participating in the research at any time you want to do so. Please also know that there is a possibility of a potential breach of confidentiality and social harm. This is despite the precautions that we will be taking to keep your identity and involvement in this study private and confidential.

Possible Benefits

After the interview, you will be provided with educational materials on the various family planning method and safe sex along with HIV and STI prevention materials and condoms. In addition, the information you provide will be very useful to plan HIV and FP services in new migrant districts. If you require counseling, testing or any other services related to HIV, STI and FP, we will encourage you to seek such services by referring you to the nearest available service sites.

If You Decide Not to Be in the Research

You are free to decide whether or not to take part in this research. There is no penalty for refusing to take part in this research study and it will not affect the services that you receive from agencies providing HIV prevention and FP services.

Payment

We will not pay you for your participation.

Leaving the Research

You may leave the research at any time. If you do, it will not change the health services you normally receive.

If you have a questions about the study

If you have any questions about the research, call:

Pramod Regmi, FHI 360 Nepal, Baluwatar, Kathmandu, Phone: 01-4437173

Your Rights as a Participant

This research has been reviewed and approved by the Protection of Human Subject Committee (PHSC) of FHI 360 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: NHRC, Phone: 01-4254220/4227460; Email: nhrc@healthnet.org.np; PHSC, phone number: 1-919-405-1445, e-mail: phsc@fhi360.org

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 3
Formula for Sample Size Calculation for the Quantitative Surveys

$$n = D \frac{[Z_{1-\alpha} \sqrt{2\bar{p}(1-\bar{p})} + Z_{1-\beta} \sqrt{P_1(1-P_1) + P_2(1-P_2)}]^2}{(P_2 - P_1)^2}$$

n= required minimum sample size per survey round or comparison groups

D = design effect (assumed in the following equations to be the default value of 2)

P₁ = the estimated number of an indicator measured as a proportion at the time of the first survey or for the control area

P₂ = the expected level of the indicator either at some future date or for the project area such that the quantity (P₂-P₁) is the size of the magnitude of change it is desired to be able to detect

Z_α= the Z-score corresponding to the degree of confidence with which it is desired to be able to conclude that an observed change of size (P₂-P₁) would not have occurred by chance (α– the level of statistical significance), and

Z_β= the Z-score corresponding to the degree of confidence with which it is desired to be certain of detecting a change of size (P₁-P₂) if one actually occurred (β– statistical power).

The key indicators for the sample size calculation for the two survey populations are as follows:

Wives of migrants: Contraceptive Prevalence Rate (CPR) where P₁ = 0.22 and P₂ = 0.30

Male Labor migrants: Comprehensive Knowledge of HIV where P₁ = 0.16 and P₂ = 0.25

ANNEX 4

Tables

Table 1: Migration destination of MLMs

Districts	MLMs (India)		MLMs (Other Countries)		Total
	Number	Percent	Number	Percent	
Bara	38	20.7	146	79.3	184
Palpa	42	36.5	73	65.5	115
Nawalparasi	57	31	127	69	184
Kapilbastu	105	50.7	102	49.3	207
Total	242	100	448	100	690

Table 2: Sexual Behavior of MLMs by District

Ever had sexual contact	Bara		Palpa		Nawalparasi		Kapilbastu	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Yes	175	95.1	109	94.8	177	96.2	187	90.3
No	9	4.9	6	5.2	7	3.8	20	9.7
Total	184	100	115	100	184	100	207	100
Age at first sexual contact								
<16	56	32.0	13	11.9	39	22.0	47	25.1
17-18	65	37.1	26	23.9	48	27.1	58	31.0
19-25	54	30.9	63	57.8	78	44.1	77	41.2
>25	0	0.0	6	5.5	12	6.8	5	2.7
Don't know	0	0.0	1	0.9	0	0.0	0	0.0
Total	175	100	109	100	177	100	187	100

Table 3: Frequency of Sexual Contact with Wife in the Past Month

Frequency of Sexual Contact	Number	Percent
No sexual contact	33	5.7
1-10	201	34.4
11-20	214	36.6
21-30	82	14.0
31-40	23	3.9
>40	27	4.6
Don't know	4	0.7
Total	584	100
Range	1-92	

Table 4: Sexual Contact with FSWs in Nepal

Frequency of sexual contact with FSWs in Nepal	Number	Percent
Once	3	20.0
3-5 times	5	33.3
6-10 times	3	20.0
12-20 times	3	20.0
More than 100 times	1	6.7
Place to meet FSWs in the past year		
Lodge/hotel	5	33.3
Restaurant	1	6.7
Street	2	13.3
Jungle	4	26.7
Work place	1	6.7
Massage parlor	1	6.7

Others	1	6.7
Total expenditure made for sexual contact with FSWs in Nepal		
NRs100-500	9	60.0
NRs 500- 1000	4	26.7
>NRs 1000	2	13.3
Total	15	100
Mean	NRs 753.3	

Table 5: Person to Suggest Use Condom in the Last Sex with FSW in Nepal

Type of Person	Number	Percent
Self	4	33.3
FSW	2	16.7
Both	6	50.0
Total	12	100

Table 6: Sexual Contact with FSWs while Abroad

Place	Number	Percent
Hotel/lodge	4	30.8
Restaurant	2	15.4
Brothel	6	46.2
Dance restaurant/disco	1	7.7
Total expenditure for your last sexual relation with FSW		
NRs 50-200	4	30.8
NRs 201-400	3	23.1
NRs 401-600	3	23.1
NRs >600	3	23.1
Mean	NRs 765.6	
Visited FSWs alone or with friends		
Alone	3	23.1
With friends	10	76.9
Total	13	100

Table 7: Sexual Behavior of MLMs and Condom Use with Male Partner while Working Abroad

Sexual Behavior and Condom Use	Number	Percent
Had sex with male partner abroad in the past year		
Yes	1	8.3
No	11	91.7
Total	12	100
Use of condom consistently during last sex with a male partner while abroad		
Yes	1	100
No	0	0
Total	1	100

Table 8: Type of HIV and AIDS Programs that the MLMs Participated

Type of Program	Number	Percent
Group Discussion	4	23.5
Street Drama	3	17.6
AIDS Day	3	17.6
Condom Day	2	11.8
Work shop	1	5.9
Condom use demonstration	1	5.9
Others	3	17.6
Total	17	100

Annex -5

Figure 1: VDC wise estimated number of MLMs and WoMLMs in Bara

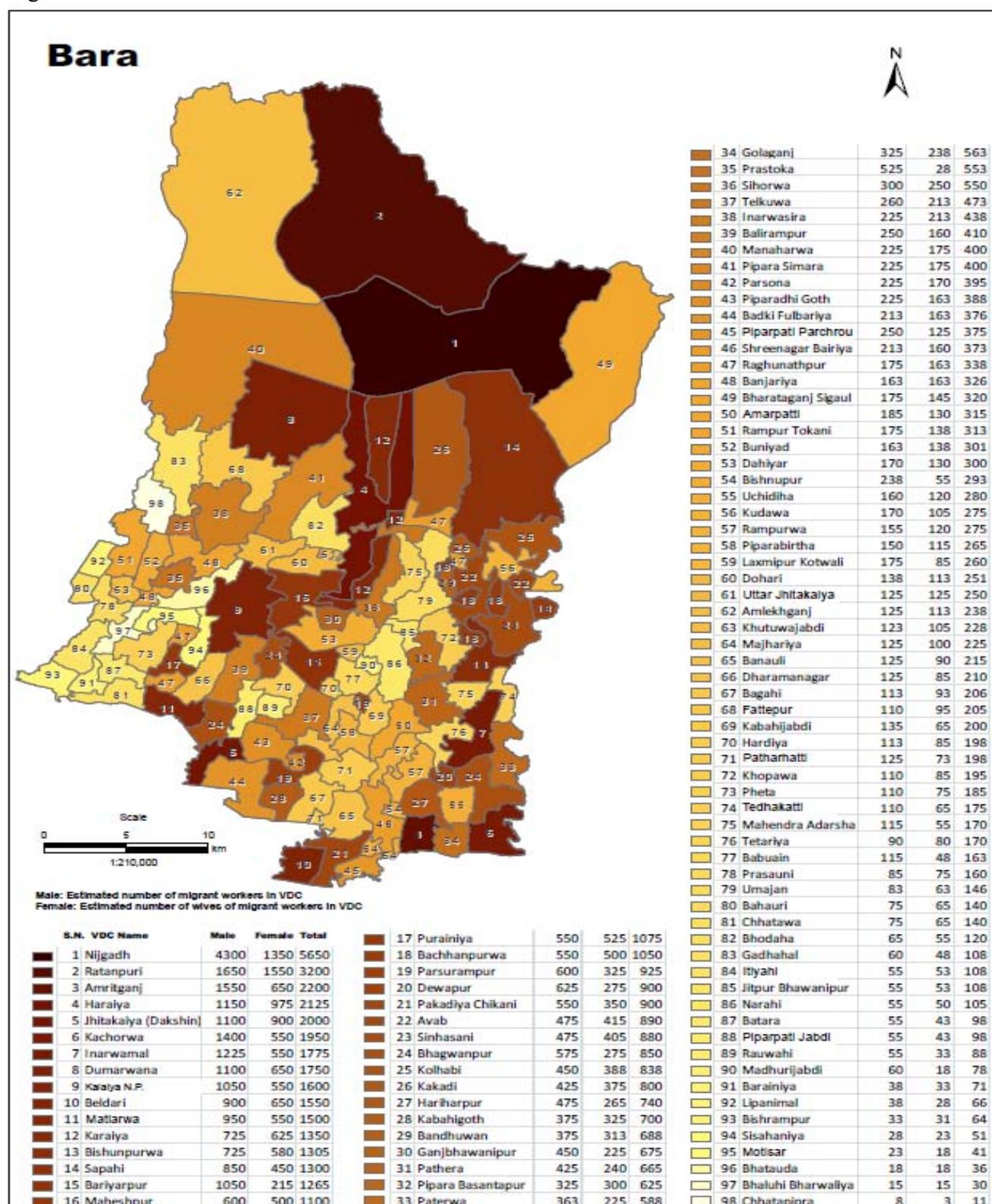


Figure 2: VDC wise estimated number of MLMs and WoMLMs in Nawalparasi

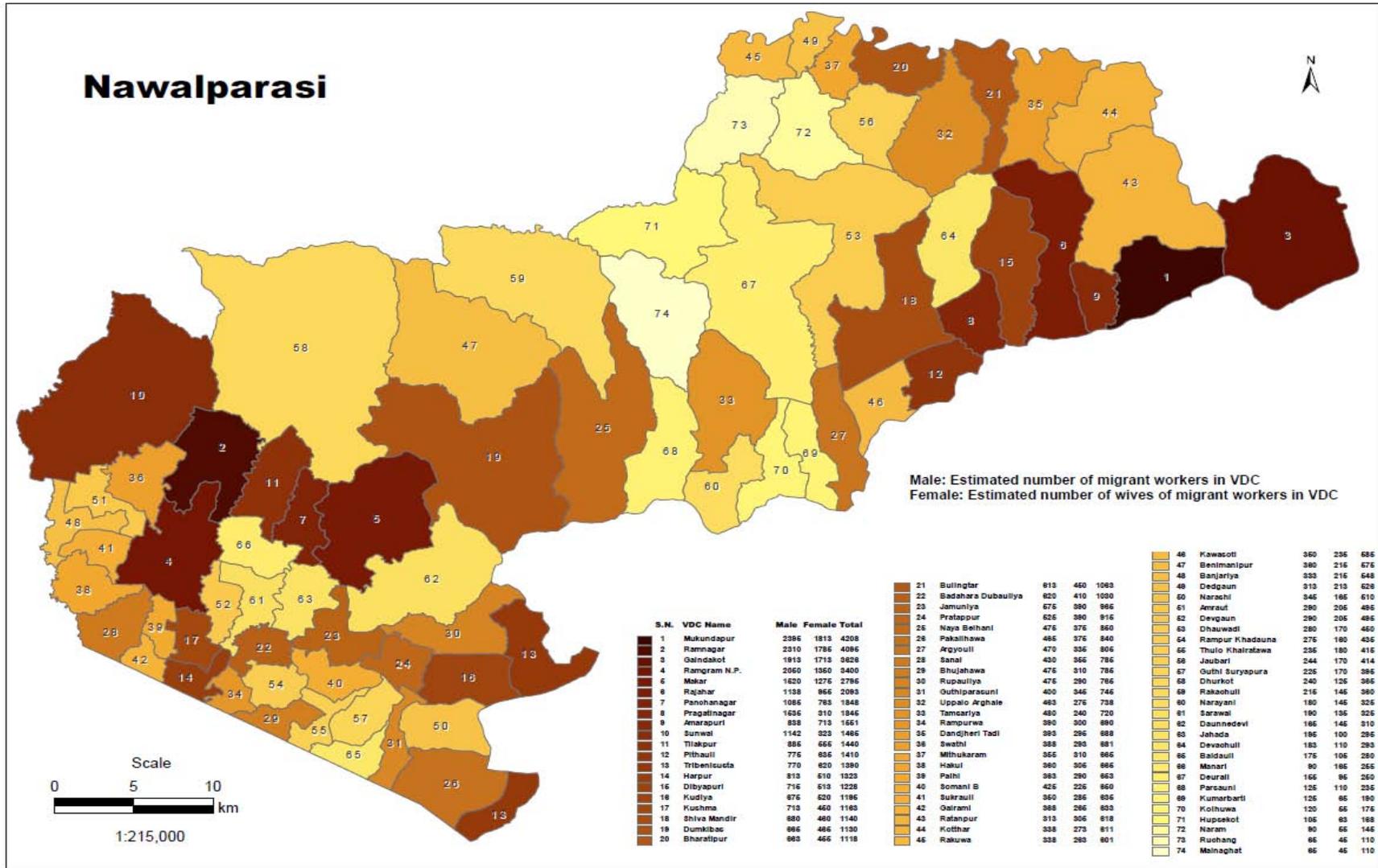


Figure 3: VDC wise estimated number of MLMs and WoMLMs in Kapilvastu

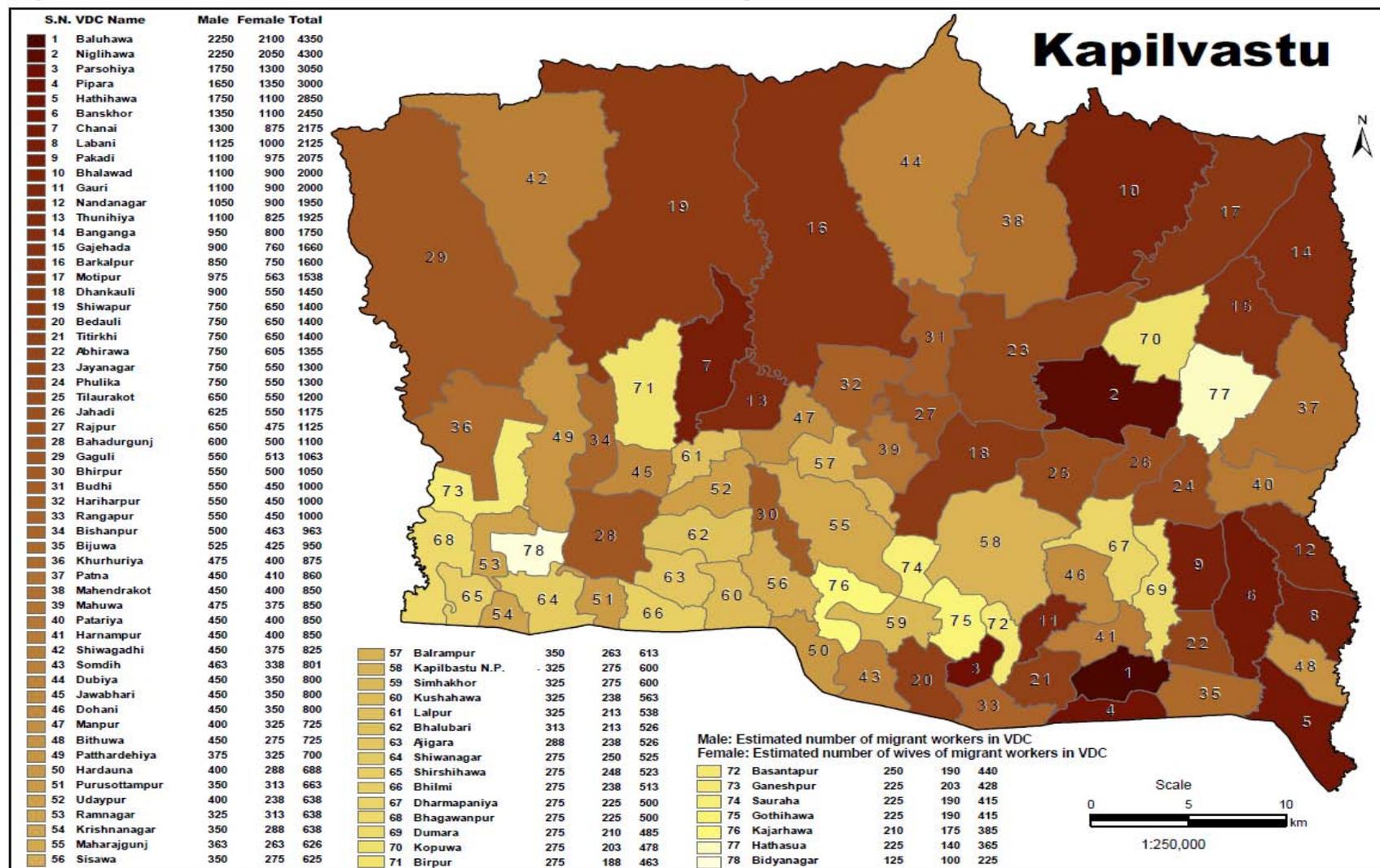


Figure 4: VDC wise estimated number of MLMs and WoMLMs in Palpa

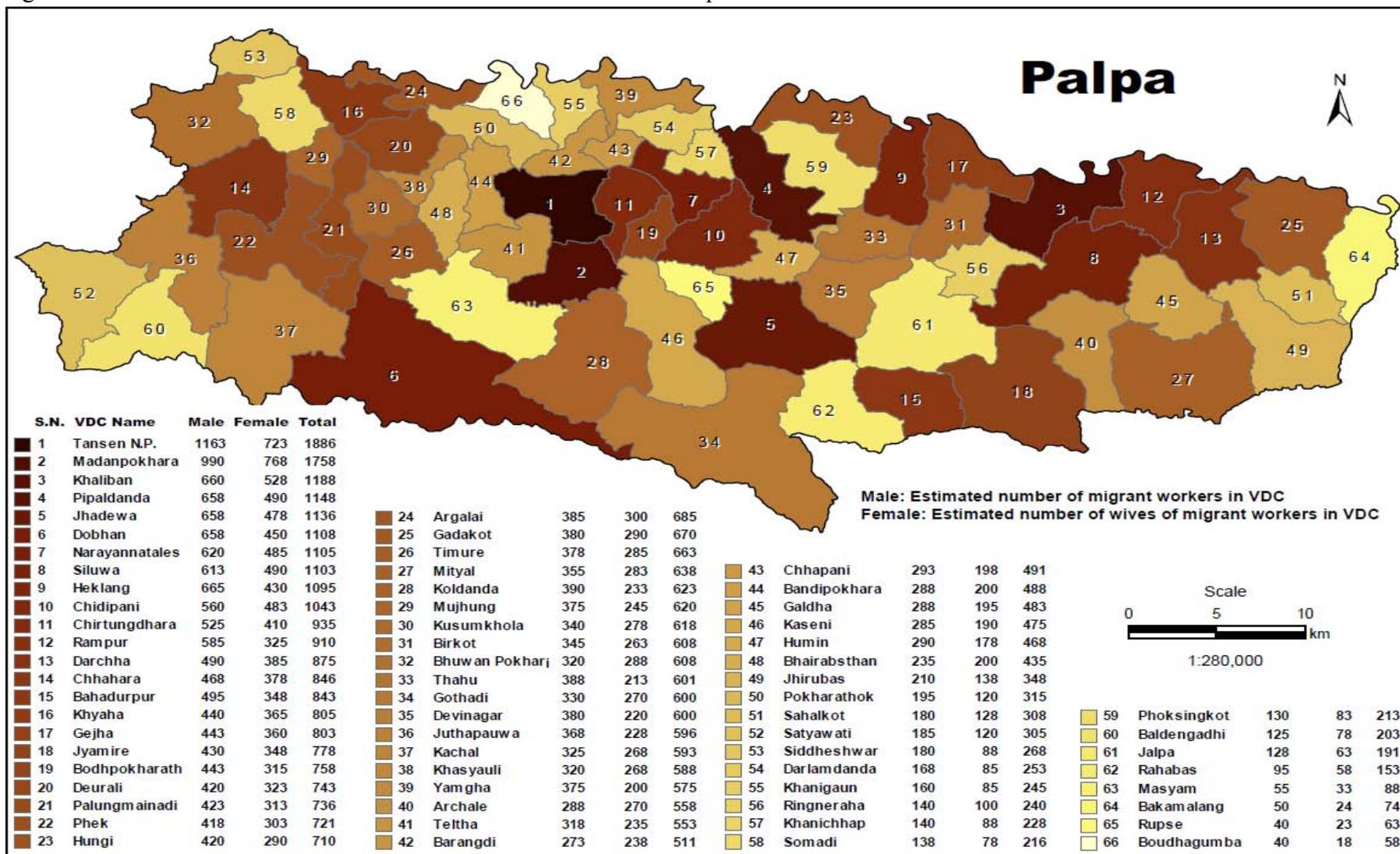


Figure 5: Map of Bara district with key indicators

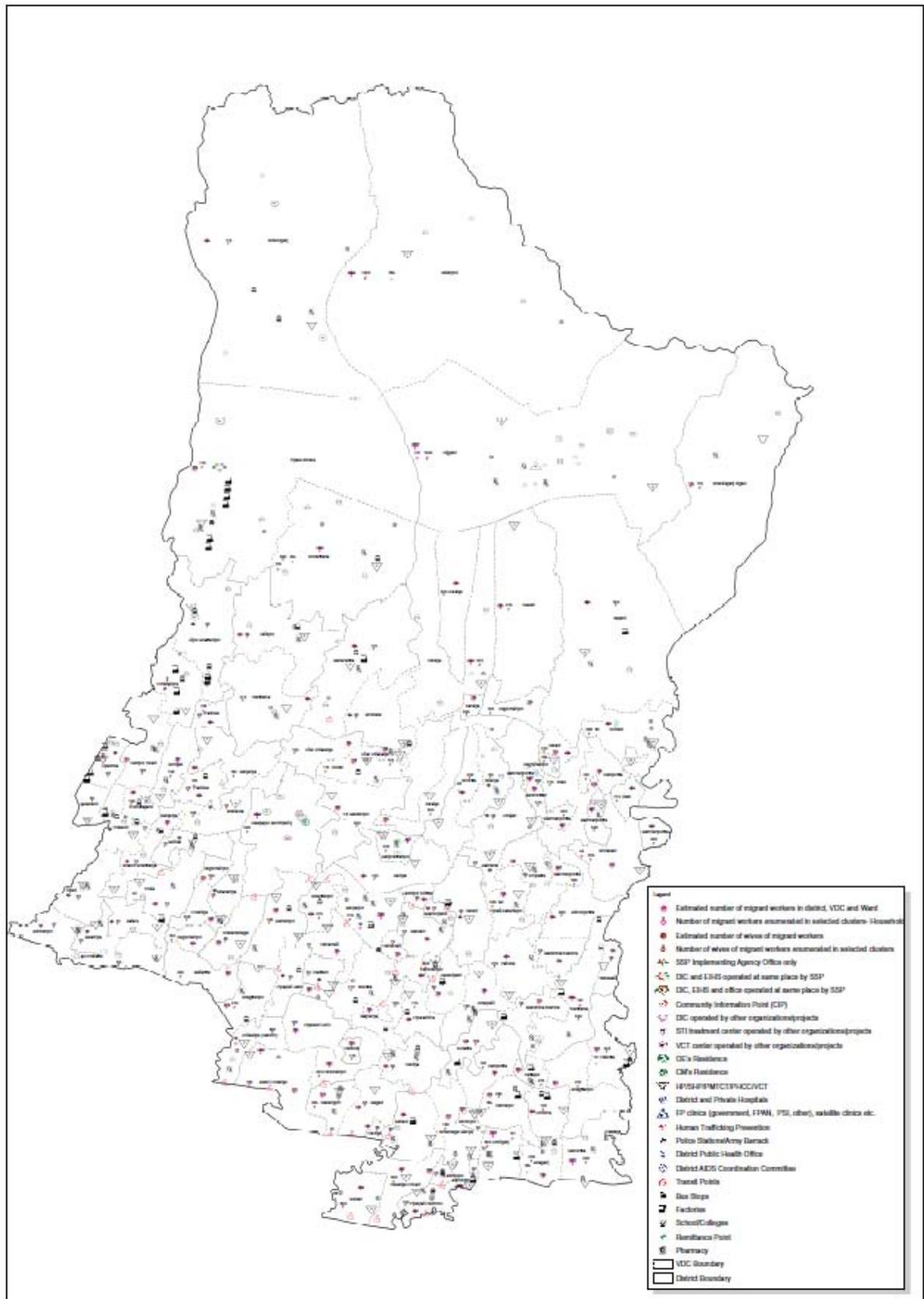


Figure 6: Map of Nawalparasi district with key indicators

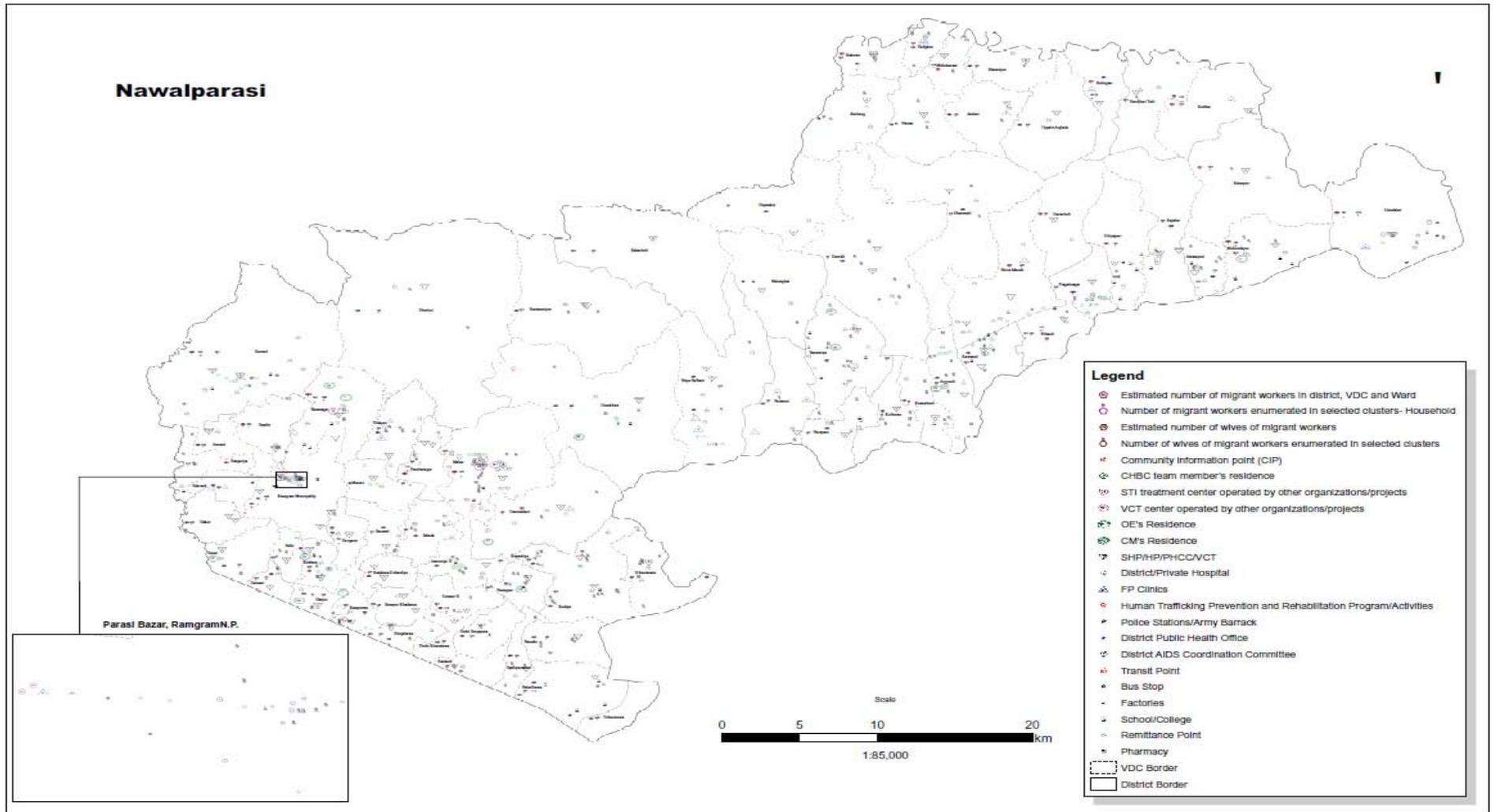


Figure 7 Map of Kapilbastu district with key indicators

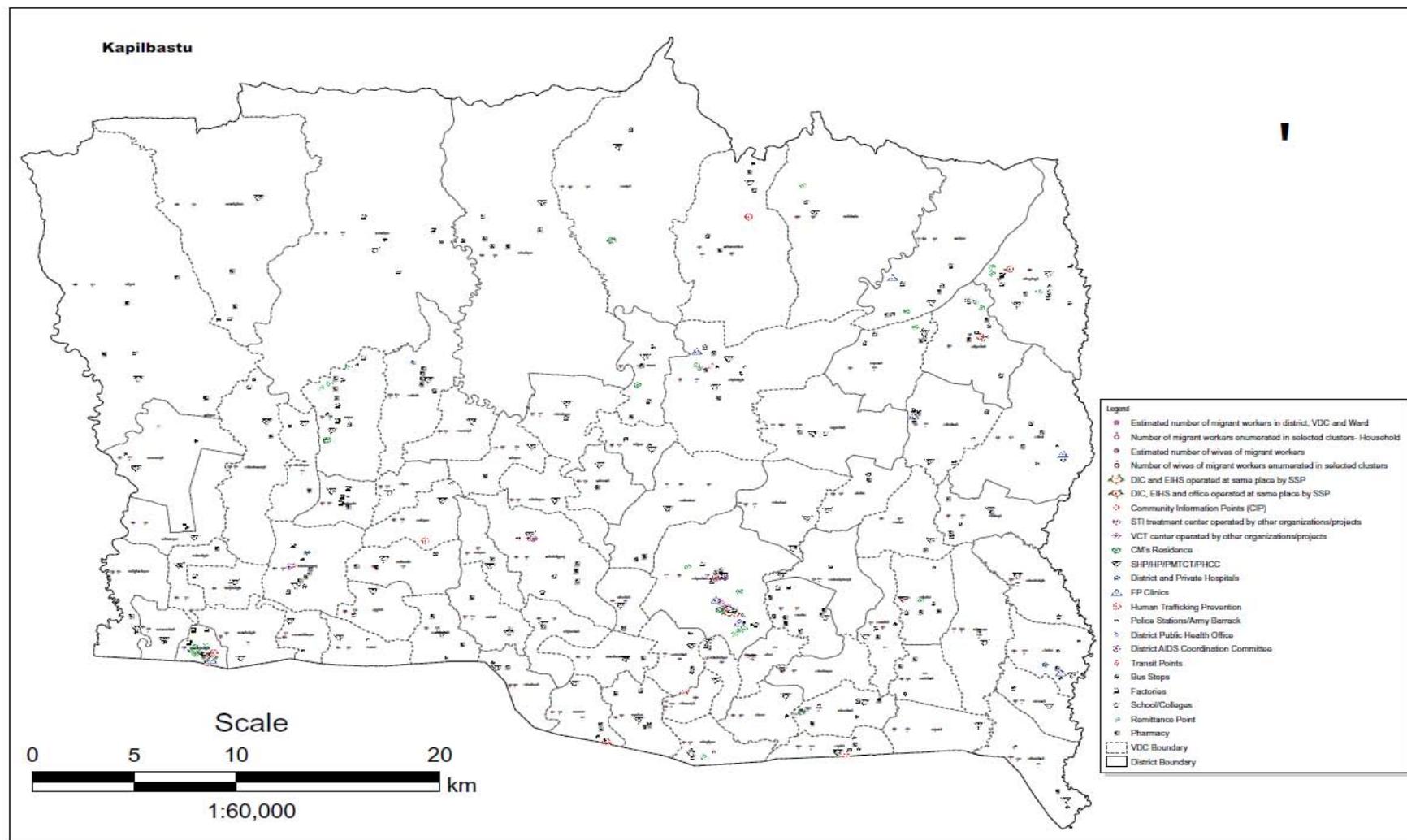


Figure 8: Map of Palpa district with key indicators

