Survey among Male Labor Migrants (MLMs)

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

Bara, Kapilbastu, Nawalparasi and Palpa Districts

Fact Sheet

Brief description of the study

This baseline Family Planning (FP) Survey including Rapid Assessment of HIV, Sexually Transmitted Infections (STIs) and FP situation among male labor migrants (MLMs)[1] was conducted in Bara, Kapilbastu, Nawalparasi and Palpa districts. The survey assessed the HIV, STIs and FP situation (including FP use among MLMs). It also explored the participants' knowledge and behaviors related to HIV, STIs and FP. Fieldwork for data collection was conducted in late 2012.

Methods

Operational mapping was conducted prior to the actual field survey to map out study areas and to estimate the size and distribution of the study population. Thirty clusters from the four study districts were selected using probability proportional to size (PPS) and 23 MLMs were then selected using systematic random sampling technique from each selected cluster to cover a total of 690 MLMs. The survey tools were developed in Nepali by Saath-Saath Project[2] and pretested by the research partner agency New ERA. This study also included qualitative approach (focus group discussions and interviews) exploring the priority areas and programmatic gaps on FP and HIV and AIDS programs in the study districts but these findings have not been incorporated in this factsheet. All the study participants were interviewed after obtaining informed consent. Ethical approval for this study was sought from Nepal Health Research Council (NHRC) and the Protection of Human Subjects Committee (PHSC), FHI 360's ethical review board.

Key findings

Most of the MLMs are young, married and literate:

Just over half of study participants (52%) were 21-30 years old. The majority of MLMs were literate (85%) and married (86%). The median age at first marriage was 19 years (range 10 to 31 years). Among the ever-married MLMs, 28 percent had married before reaching 18 years, while two-thirds (66%) were married at the age between 18 and 25 years. Thirty percent of MLMs were from Kapilbastu, 27 percent each from Bara and Nawalparasi and 17 percent were from Palpa. The representation of Janajati ethnic groups in the overall sample was relatively high (31%).

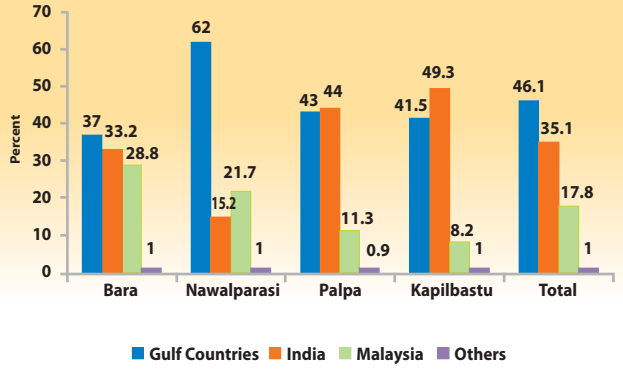
[1]"a returnee male migrant aged 18-49 years, having stayed continuously or with interruption for at least 3 months in India or any other foreign countries as a migrant worker, and returned to Nepal at least once within three years prior to the date of survey".

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

Migration for work at a young age is prevalent and Gulf countries are popular destinations:

Among all MLMs, around 32 percent had first migrated when below 19 years of age and 41 percent at the age of 20-26 years. The median age at first migration was 22 years ranging from 6 to 44 years. Gulf countries (Saudi Arabia, Qatar, Dubai, Oman, Bahrain and Iraq) (46%), India (35%) and Malaysia (18%) were the last migration destinations for MLMs. About 26 percent of MLMs stayed abroad for work for a period of 25 to 36 months. The average duration of their stay abroad (including visits to multiple destinations where the person could have also returned home during this period) was 48 months. Majority of the MLMs (86%) worked as laborer in various sectors when abroad. Two of every three MLMs (67%) were fresh migrants who had returned home in the last one year and half of them (52%) returned home without considering any special occasions. Most (88%) were not currently working in Nepal as they plan to go abroad again for work (61%).

Figure 1: Last migration destination of MLMs by districts



MLMs are sexually active, but few reported to have visited female sex workers (FSWs) in Nepal or abroad:

Most of the MLMs (94%) reported to have had at least one sexual contact with a female partner. The median age of first sexual intercourse for MLM was 18 years. About 17 percent (108/648) of MLMs visited FSWs in Nepal and 13 percent (82/648) visited FSWs aboard. Over one-half (56%) of unmarried MLMs (n=96) had at least one sexual contact.

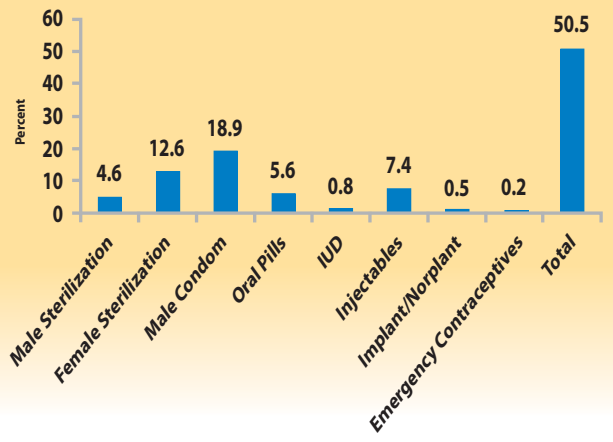
All MLMs have heard of at least one FP method-most commonly male condoms:

Among the available modern FP methods in Nepal, male condom was the best known (100%) by MLMs. Method specific assessment showed that 97 percent of MLMs had heard of female sterilization followed by male sterilization (91%), injectables (91%) and oral pills (83%). MLMs reported low knowledge of IUDs (52%), implants (59%) and emergency contraceptives (26%). Majority of MLMs (72%) had heard of more than six FP methods. The respondents mostly come to know about FP methods from Radio (79%) and Television (46%).

Half of MLMs reported currently using FP:

Among currently married MLMs, 51 percent reported using a modern FP and 8 percent using a traditional method. Over 17 percent have been sterilized (male/female) and 19 percent were using condom for FP. FP use by MLMs was highest in Nawalparasi district (66%), followed by Palpa (58%), Bara (48%) and Kapilbastu (34%). MLMs who reported FP use were more likely to be from Bhramin and Chhetri group (69%), over 40 years of age (60%) and literate (52%). However, among unmarried MLMs (n=96), 41 percent reported having ever used FP.

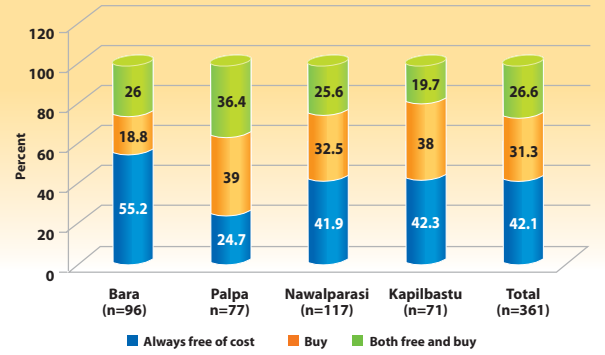
Figure 2: FP use among married MLMs



Government health facilities are major source of obtaining condoms:

Majority of the MLMs were aware that condoms were available at health posts/health centers (90%) and pharmacies (79%). Among the MLMs, who have ever used condom (n=361), about 42 percent MLMs usually obtained condoms free of cost, 31 percent always purchased while 27 percent obtained condoms both ways (purchased or free) (Figure 3). Majority of respondents (82%) obtained free condoms from health posts/health centers. About 54 percent of the MLMs reported that the nearest place to get condoms was up to 10 minutes away. The average time taken to obtain condoms for MLMs from nearest sources was 18 minutes.

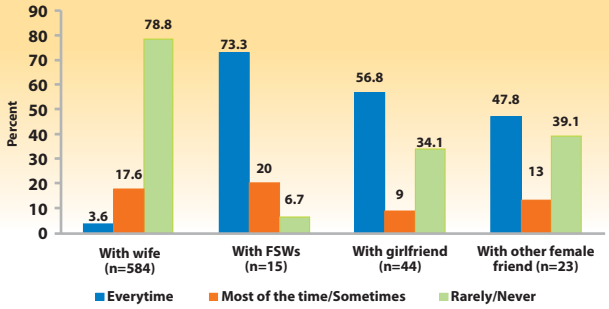
Figure 3: Modes of obtaining condom among MLMs by districts



MLMs are more cautious regarding the use of condom with FSWs, however, not cautious regarding use of condom with wives:

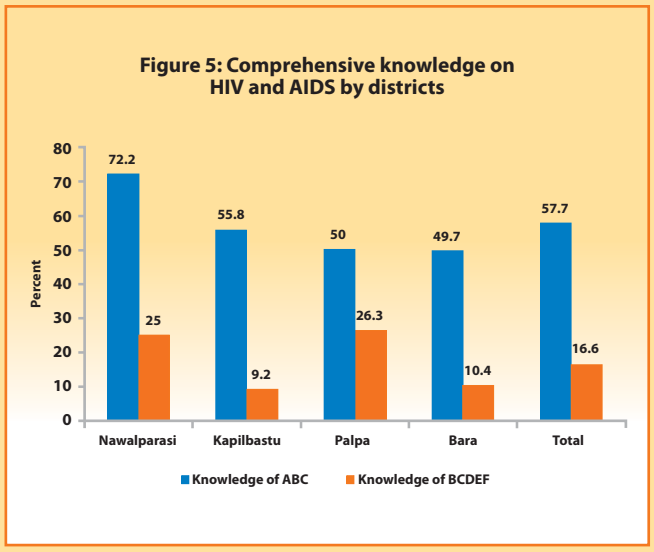
Consistent condom use among MLMs during sexual intercourse in the past year while in Nepal was relatively high with FSWs (73%) although sample (n=15) was small. Consistent condom used in past year with girlfriends was 57 percent and with other female friends (other than their girlfriends) was 48 percent. Similarly, consistent condom use with wives was least reported (4%) by MLMs. Likewise while abroad, all MLMs who had sexual intercourse with FSWs (n=82) reported regularly using male condom.

Figure 4: Condom use by type of partners in past year in Nepal



While nearly all MLMs have heard of HIV and AIDS, comprehensive knowledge is low:

Nearly all of the MLMs (98%) had heard of HIV and AIDS. Overall, 58 percent of the MLMs correctly identified all three major knowledge indicators **ABC**[3] as HIV-preventive measures whereas only 17 percent of the respondents were aware of all the five major indicators i.e. **BCDEF**[4] (Figure 5). Low awareness of **'E'** i.e. mosquitoes do not carry HIV virus (28%), has mostly contributed to this low awareness level of **BCDEF**. Of those who had heard about HIV and AIDS, 44 percent had heard of it via Radio and Television, 37 percent via friends/colleagues and remainder through health workers and newspapers (10% and 4% respectively). MLMs had also received HIV and AIDS information through female community health volunteers (FCHVs) (2%), NGO (1%) and Peer Educator (PE)/Outreach Educator(OE)/Community Mobilizer (CM) (1%).



Knowledge about STIs is not universal among MLMs:

Twenty eight percent of the MLMs could not name any symptom of STIs while the most common STI symptoms/name named were HIV and AIDS (47%), genital ulcer/sore (36%) and genital discharges (25%). The reported experience of STI was not high as 25 out of 690 MLMs reported to have at least one symptom of STI in the past year while 12 out of 690 MLMs reported having such symptom at the time of survey. Only 16 MLMs (out of 25) having such STI symptoms in the past year and five MLMs (out of 12) who currently having STI symptoms at the time of survey reported seeking treatment from private clinics or government health facilities.

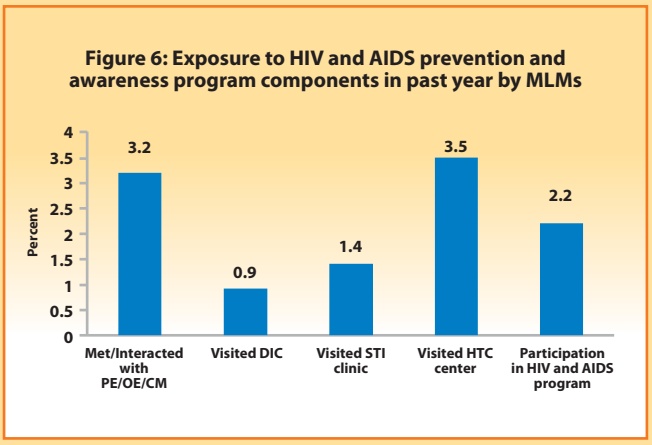
Most of the MLMs are aware of HIV testing centers and undergone HIV test:

A high proportion of MLMs (63%) had undergone HIV test, primarily as a pre-requisite for processing their job application for working abroad (83%) and some (13%) had undergone the test voluntarily. Majority of these MLMs (99%) had also obtained the test result. District-wise, a considerably less proportion of MLMs in Palpa district (16%) had ever taken an HIV test in comparison to Kapilbastu (55%), Bara (78%) and Nawalparasi (87%).

MLMs are not yet reached by ongoing HIV and AIDS interventions:

Only three percent of MLMs had met or interacted with any Peer/Outreach Educators and Community Mobilizers (PEs/OEs/CMs) in the past year. Similarly, only four percent of MLMs had visited HIV Testing and Counseling (HTC) centers. Two percent of them had participated in HIV and AIDS-related programs while one percent of them had visited STI clinics in the past year. Less than one percent of the respondents visited a Drop-in center (DIC) in the past year (Figure 6).

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



MLMs mostly perceive condom as dual protection which prevents them from both unwanted pregnancy and HIV transmission:

Two thirds of the MLMs (67%) were aware of dual protection that prevented unintended/mistimed pregnancy and HIV infection/transmission. When asked to name the type of dual protection that they were aware of, majority of the respondents (83%) considered that use of condom alone could give them dual protection. Of those aware of dual protection, 94 percent of MLMs and 66 percent of their spouses held a positive attitude towards the method.

Key Indicators	Total (N=690) (%)
Median age (range 18-49 years)	28
Literate	85
Median age at first migration (range 6-44 years)	22
Main migration destination (Gulf countries)	46
Daily wage labor abroad	86
Current use of modern FP methods	44
Current use of modern FP methods among married MLMs	51
Knowledge of all three indicators: ABC (n=673)	58
Knowledge of all five indicators: BCDEF (n=673)	17
Consistent condom use with wives in the past year (n=584)	4
Consistent condom use with FSW in the past year in Nepal (n=15)	73
Consistent condom use with girl friend in Nepal (n=44)	57
Had any STI symptoms in the past year	4
Met/Interacted with PE/OE/CM	3
Visited DIC	1
Visited STI center	1
Visited HTC center	4
Drinking alcohol every day while working abroad	3
Tried any drugs	7
Ever had HIV test	63
Aware about dual protection	67

Program implications and recommendations

- The median age at first marriage (19 years) and age at first sexual intercourse (18 years) are low among MLMs. Messages that contribute addressing social norms on early marriage should be promoted, particularly in Terai districts (Bara and Kapilbastu) where early marriage practice is still prevalent.
- Gulf countries were the most popular destinations followed by India and Malaysia among MLMs. FP and HIV-related sessions need to be incorporated in their pre-departure orientation. As migrant workers are also required to undergo medical test (including HIV), the test centers can be utilized for Strategic Behavioral Communication (SBC) activities. Migrant workers going to India travel through different routes and may be difficult to track. Hence, these populations could be better covered through the community level awareness raising programs within their own communities before they migrate to India for work.
- Majority of the MLMs in this study returned home without considering any special occasion and pre-notification. Hence, program should closely monitor the information about time of return for these migrants from their wives and programs could plan to meet migrants during those periods.
- About half of currently married MLMs report current use of FP, with condoms being the most popular method. FP use is lower among the younger aged and illiterate MLMs. FP-related education should begin very early and even capture the period before they become migrant workers. MLMs lacked comprehensive information (e.g. availability, duration and use) on FP methods. Hence, FP awareness and promotion programs should include more detailed information about FP methods and their use.
- Comprehensive knowledge on modes of HIV transmission and prevention including misconceptions remains low among MLMs. There is a need for the quality of HIV and AIDS awareness and education/training to be upgraded and expanded targeting to impart more comprehensive knowledge on modes of HIV transmission and protection from unwanted pregnancy and HIV and AIDS.
- Consistent condom use with wives was found to be very low (4%). This may increase vulnerability for unwanted pregnancies and possibly for HIV/STI transmission as well. Behavior change components could specifically promote consistent condom use with all sexual partners. Dual methods should be promoted if in case the couple is already using any other FP method.
- Radio and Television are 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 the local interaction among the community members can be an effective community strategy for FP. Specific messages on HIV and AIDS could be communicated though other medium.
- While MLMs are getting tested for HIV, 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 should be promoted through interpersonal and mass communication.
- Ongoing HIV and AIDS-related activities have not yet covered MLMs adequately. It is necessary to design specific strategies to cover the group who can be at greater risk of HIV and STI transmission. Targeted interventions among MLMs with the provision of PE/OE/CM, HTC/STI clinic including care and support needs to be promoted and expanded.

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

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