Integrated Biological and Behavioral Surveillance Survey among Wives of Migrant Laborers in Four Districts of Far-Western Regions of Nepal

Round I -2008

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ASHA
Advancing Surveillance, Policies, Prevention, Care and Support to Fight HIV/AIDS

Ministry of Health and Population
National Centre for AIDS and STD Control

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~ New ERA Study Team

STUDY TEAM MEMBERS

Key Team Members

Mr. Sidhartha Man Tuladhar	-	Project Director
Mr. Niranjan Dhungel	-	Project Coordinator
Ms. Pranita Thapa	-	Research Officer
Ms. Nira Joshi	-	Assistant Research Officer
Mr. Ramesh Dangi	-	Senior Research Assistant
Mr. Sachin Shrestha	-	Senior Research Assistant
Mr. Laxmi Datta Sapkota	-	Senior Counselor
Ms. Sarita Baidhya	-	Senior Computer Programmer

Field Study Team Members

Ms. Sushila Shrestha	-	Field Research Assistant
Ms. Kamala Shrestha	-	Field Research Assistant
Ms. Pramila Sharma	-	Field Research Assistant
Ms. Shalu Gurung	-	Field Supervisor
Ms. Numa Karki	-	Field Supervisor
Ms. Anjana Humagain	-	Field Supervisor
Ms. Bhawana Shrestha	-	Field Supervisor
Ms. Pabitra Ghimire	-	Field Supervisor
Ms. Babita Bhattarai	-	Field Supervisor
Ms. Sabina Kumari Shrestha	-	Field Supervisor
Ms. Anju Tamang	-	Field Supervisor
Ms. Sabita Parajuli	-	Field Supervisor
Ms. Sita Lama	-	Field Supervisor
Ms. Om Kumari Bhatta	-	Field Supervisor
Ms. Hem Kala Limbu	-	Field Supervisor
Ms. Teja Karki	-	Staff Nurse
Ms. Menuka Rai	-	Staff Nurse
Ms. Mamata Bhattarai	-	Staff Nurse
Ms. Poonam Bhattarai	-	Staff Nurse
Ms. Anita Shrestha	-	Staff Nurse
Ms. Suman Century	-	Counselor
Ms. Bhagwati Badal	-	Counselor
Ms. Manju Saud	-	Counselor
Ms. Damari K.C.	-	Counselor
Ms. Indira Joshi	-	Counselor
Mr. Krshna Bahadur Singh	-	Counselor
Mr. Bir Bahadur Kunwar	-	Counselor

Data Entry/Tabulation /Coding

Ms. Deepa Shakya	-	Coder
Ms. Mamata K.C.	-	Coder
Ms. Ishwori Rijal	-	Coder
Ms. Saraswoti Bista	-	Coder

Ms. Sharada Dangol	-	Coder
Mr. Babu Raja Dangol	-	Coder
Mr. Himal Awosthi	-	Coder
Mr. Birochan Upreti	-	Coder
Mr. Gehendra Pradhan	-	Data Entry Person
Mr. Prabhat Pradhan	-	Data Entry Person
Ms. Sanu Maiya Shrestha	-	Data Entry Person
Ms. Dejeena Amatya	-	Data Entry Person

Administration Support

Mr. Sanu Raja Shakya	-	Senior Word Processor
Ms. Geeta Shrestha (Amatya)	-	Senior Word Processor
Mr. Rajendra Kumar Shrestha	-	Office Assistant

Laboratory Team (SACTS)

Dr. Vijaya Lal Gurubacharya	-	Consultant Pathologist
Mr. Janardan Kuinkel	-	Senior Lab Technician
Mr. Richa Mishra	-	Lab Technician
Mr. Urmila Pun	-	Lab Technician
Mr. Shanti Khanal	-	Lab Technician
Mr. Kalpana Neupane	-	Lab Technician

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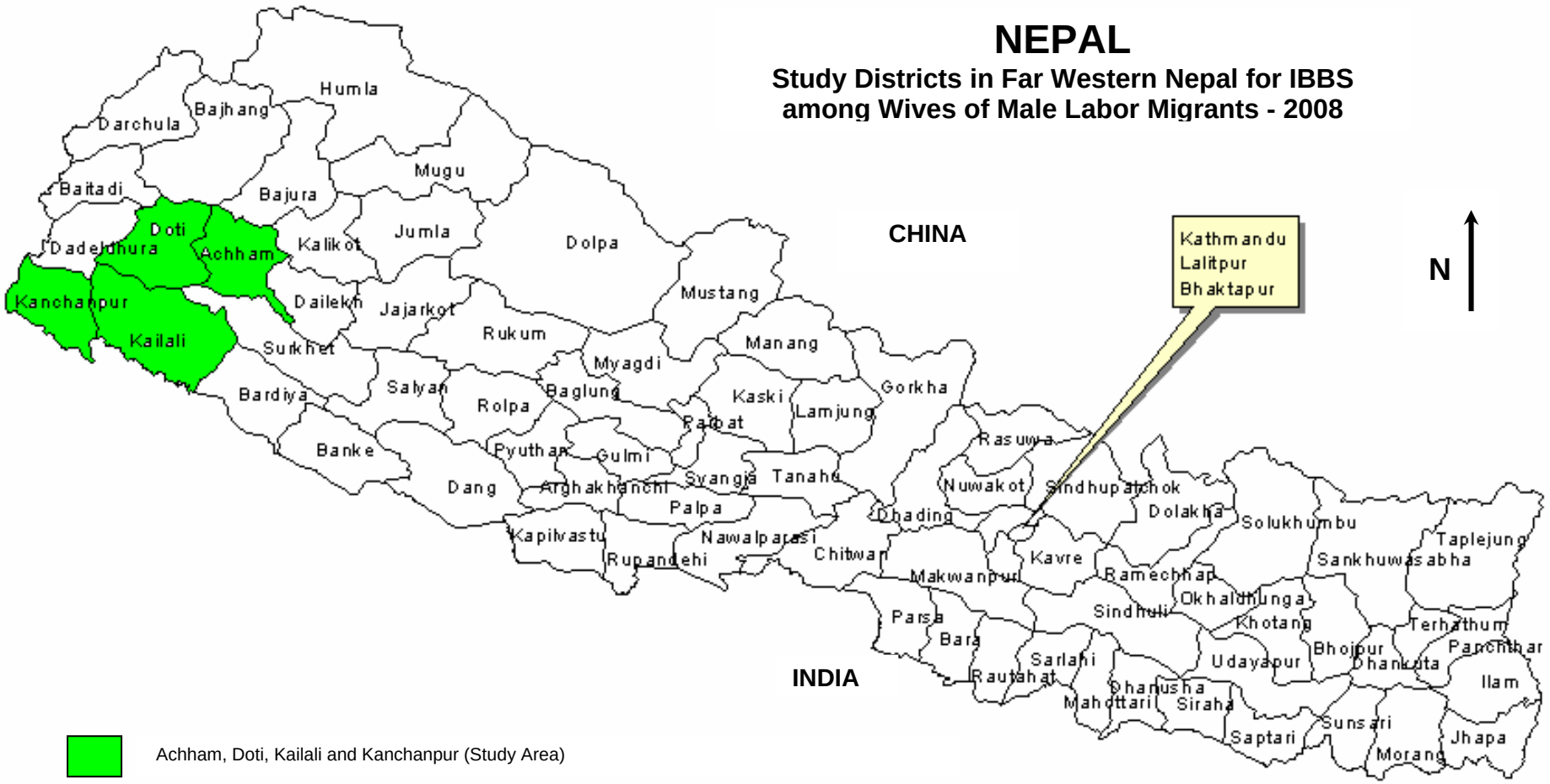
ABBREVIATIONS

AIDS	Acquired Immuno-Deficiency Syndrome
CHBC	Community Home Based Care
DIC	Drop-in Center
FCHV	Female Community Health Volunteer
FPAN	Family Planning Association of Nepal
FSW	Female Sex Worker
HA	Health Assistant
HIV	Human Immuno Virus
IBBS	Integrated Biological and Behavioral Surveillance Survey
ID	Identification Number
IDU	Injecting Drug User
MARP	Most At Risk Population
MSM	Males who have Sex with Males
NCASC	National Centre for AIDS and STD Control
NGOs	Non-Government Organizations
NHRC	Nepal Health Research Council
NRCS	Nepal Red Cross Society
OCWAC	Oppressed Class and Women Awareness Center
OE	Outreach Educator
PE	Peer Educator
PHSC	Protection of Human Subjects Committee
PPS	Probability Proportional to Size
SACTS	STD/AIDS Counseling and Training Services
STI	Sexually Transmitted Infection
UNAIDS	The Joint United Nations Program on HIV/AIDS
UNGASS	United Nations General Assembly Special Session
VDC	Village Development Committee


NEPAL
Study Districts in Far Western Nepal for IBBS
among Wives of Male Labor Migrants - 2008
CHINA
INDIA
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Kathmandu
Lalitpur
Bhaktapur
Humla
Darchula
Bajhang
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Parbat
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Pyuthan
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Dang
Arghakhanchi
Syangja
Tanahu
Dhading
Dolakha
Solukhumbu
Palpa
Kapilvastu
Nawalparasi
Taplejung
Chitwan
Kavre
Sankhuwasabha
Rupandehi
Makwanpur
Ramechhap
Okhaldhunga
Parsa
Sindhuli
Khotang
Terhathum
Bara
Bhojpur
Panchthar
Sarlahi
Udayapur
Dhankuta
Rautahat
Ilam
Dhanusha
Mahottari
Siraha
Sunsari
Saptari
Jhapa
Morang
Achham, Doti, Kailali and Kanchanpur (Study Area)

EXECUTIVE SUMMARY

This report presents the findings of the first round of the Integrated Biological and Behavioral Surveillance Survey (IBBS) of wives of migrant laborers in West to Far-Western Nepal. This study is based on surveys of 400 spouses of those migrant laborers in the four districts of Achham, Doti, Kanchanpur, and Kailali who temporarily migrate or had migrated to India to work as laborers. The survey was conducted among the wives or widows of current or ex-labor migrants to India aged 16 years or over, whose spouse had spent at least three months in India and who had retuned to Nepal at least once in the last three years. The survey measured the prevalence of HIV among the study population. It also looked at multiple factors associated with risks for HIV infection, including condom use, sexual behavior, knowledge of HIV/AIDS and sexually transmitted infections (STIs), STI treatment history, exposure to HIV/AIDS awareness messages, and alcohol/drug use habits.

Study Methodology

Two stage cluster sampling was followed to draw the sample of 400 wives of migrant laborers. The first stage was the development of the sampling frame and selection of the cluster and the second stage was selection of 400 wives of migrant laborers from the selected cluster. Maps were developed to list the areas where wives of migrant laborers live in the four study districts. The study team visited the study districts and collected information regarding the study population from the concerned stakeholders at the district and VDC level. At each location, information on population size was collected by direct and indirect counting. Wives of migrant laborers were then aggregated to arrive at a total number. After estimating their number in different locations, these locations were divided into clusters. A VDC with at least 30 wives of migrant laborers was defined as a cluster. Thirty clusters were selected from the four study districts using the probability proportional to size (pps) method. The study team then visited the ward of each VDC in the selected cluster and identified the wives of migrant laborers living in each ward during actual field survey. They held discussions with local people, FCHVs, women's groups, health workers, shop owners, teachers, community leaders and families of migrants to update the list. In the next stage, 13/14 respondents were randomly selected from each cluster.

Laboratories/clinics were set up in each selected cluster to collect blood samples to test for HIV as well as to carry out physical examinations for STI symptoms. After obtaining informed consent, a questionnaire on participants' socio-demographic and HIV-risk behavior information was administered by trained interviewers. Blood samples were then collected in 3-5 capillary tubes by finger-prick, a staff nurse performed an examination, and treatment was given for any current STI. All study participants were provided with pre-test HIV counseling. The blood samples were analyzed for HIV and on-the spot results were provided at the respective study sites by a trained counselor.

Key Findings

HIV prevalence among the wives of migrant laborers is estimated to be 3.3 percent, and varies across four districts with 4.5 percent in Achham, 3 percent in Doti, 2.5 percent in Kailali, and 1.1 percent in Kachanpur. HIV prevalence among the respondents is significantly co-related with their marital status. Six of the 15 widow respondents (40%) were HIV

positive compared to seven HIV-positive cases among 385 currently married respondents (1.8%).

Around two in ten respondents reportedly had at least one STI symptom in the past year (20.5%) and at the time of the survey (17.5%). At the same time, 4.8 percent of respondents said that their husbands had STI symptoms during their last home visit, while 2.7 percent of them mentioned that their spouse had STI symptoms during second last home visit.

Overall, 95 percent of the respondents had been married at the age of less than 20 years: this included 27.2 percent of respondents who were married when they were 5-14 years. The majority of respondents (71.5%) were illiterate.

Around 93 percent of respondents' spouses had paid at least two home visits after migrating to India. Most of the respondents had sexual contact with their spouses during their last home visit (98.8%) and second last home visit (92.2%). Sex outside marriage appears to be a less common phenomenon among the wives of migrant laborers, with the majority of them (98.5%) denying having such sexual relations.

A total of 96.5 percent respondents had ever heard about condoms and also knew about different condom outlets. However, only 27.2 percent of them had ever used a condom. Among those respondents who had sex with their husbands during their last home visit, 5.8 percent (23/395) had consistently used condoms, while only 4.6 percent (17/369) of those respondents who had sex with their husband during their second last home visit had used condoms consistently.

Three of the 400 respondents (0.8%) had never heard about HIV/AIDS. Additionally, although 72.5 percent of the respondents who had heard about HIV/AIDS knew about a place where they could go for HIV test, only 12.1 percent had ever taken an HIV test.

Seventy-eight percent of the respondents knew all about the '**ABC'** ('**A**' **—** abstinence from sexual contact; '**B**' — monogamy; '**C'** — consistent use of condoms), only 18 percent of them were aware of all of '**BCDEF**' ('**B'** — monogamy; '**C**' **—** consistent use of condoms; '**D**' — a healthy looking person may have HIV; '**E**' — a person cannot get the HIV virus from a mosquito bite; '**F**' **—**HIV cannot be transmitted while sharing a meal with an HIV-positive person).

Overall, 27.5 percent of them had met a peer/outreach educator, 6.3 percent had visited an STI clinic, 7.3 percent had been to a voluntary counseling and testing (VCT) center, 14.3 percent had participated in HIV/AIDS awareness raising programs and 2.3 percent had been visited by a CHBC (community home based care) staff in the past year. This included a relatively higher proportion of respondents from Kanchanpur (45.7%) and Achham (39%) districts than Doti (18.2%) and Kailali (17.5%).

CHAPTER - I: INTRODUCTION

1.1 Background

The NCASC (2007 report) has estimated an overall HIV prevalence of 0.49 percent in the adult population in Nepal, which corresponds to about 70,000 people living with HIV. At the same time, a cumulative total of 12,746 cases of HIV infection had been reported to the National Center for AIDS and STD Control (NCASC) as of November 2008. Of the reported sub-groups, 45 percent were clients of FSWs or patients suffering from STDs, and 18.3 percent were IDUs. Although the reporting system for HIV/AIDS cannot actually measure the prevalence rate of the infection because of under-reporting and reporting delays, it does indicate which sub-groups of the population are most affected. Among other most at-risk population (MARPs), migrants in Nepal also account for the majority of the country's HIV positive population. The NCASC 2007, report also states that 42 percent of all HIV infections in the country is among Nepali labor migrants to India[1]. The first round of the IBBS among migrant workers in 11 districts in the West to Far-Western Terai region found that 1.1 percent of the migrant workers in the Western region and 2.8 percent in the Far Western region were HIV positive[2].

Foreign labor migration has, over the years, become a major feature of Nepal's economy and society. Work migration is highest in the rural western hills, engaging 45 percent of men.[3] Although Nepali laborers migrate to several countries in the Middle East and even Europe, the major destination for about 77 percent of them is India.[4] An estimated 60,000-1.3 million Nepalis, migrate to India alone for seasonal and long-term work in India [5]. Most of those who migrate to India are engaged in manual labor jobs in industry, construction work, agriculture, or the service sector. The presence of large numbers of temporary migrants of mostly a sexually active age has created conditions that may be conducive to the transmission of HIV and STIs, since infected migrants may return home with the virus and infect their wives.

This survey has been undertaken to measure the prevalence of HIV among this emerging at-risk group. It also aims to assess the prevalence of STIs and to provide information regarding this population's exposure to ongoing interventions to generate data for program implications.

As well as testing the migrant laborers' wives for HIV, information was also collected on their sexual behaviors, knowledge of HIV/AIDS, knowledge and treatment of STIs, knowledge of and use of condoms, and awareness of HIV/STI services.

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1 *NCASC Nepal 2007 National Estimates of HIV Infections*

2 *IBBS among migrant workers in 11 districts in the West to Far-Western Terai . New ERA/SACTS/FHI, 2006.*

3 *Resilience Amidst Conflict- An Assessment of Poverty in Nepal 1995-96 and 2003-2004-Chapter 4- The Impact of Migration and Remittance*

4 *Addressing the Needs of Nepali Migrant Workers in Nepal and in Delhi, India, Mountain Research Development 2005*

5 *UNGASS National Report- Nepal, 2005*

CHAPTER - II: DESIGN AND METHODOLOGY

2.1 Study Sites and Population

Four districts in the Far-Western region of Nepal, Kanchanpur, Kailali, Doti, and Achham, were selected for the study. Based on the statistical formula (Annex 3), 400 wives of migrant laborers took part in the survey. This included 200 respondents from Achham, 66 from Doti, 40 from Kailali, and 94 from the district of Kanchanpur.

A participant in the study was defined as, "a wife or widow of a current or ex-labor migrant to India aged 16 years or more whose spouse has spent at least three months in India and who has returned to Nepal at least once in the last three years."

All participants were screened for eligibility.

2.2 Sampling Procedure

Two-stage cluster sampling was followed to draw the sample of 400 wives of migrant laborers. The first stage was the development of a sampling frame and the selection of the cluster. The second stage was recruiting the respondents from the selected cluster

A preliminary field visit was conducted to understand the field situation in the four study districts, and to list the number of wives of migrant laborers living there. All the concerned stakeholders at the district and VDC level and local governmental organizations (GOs) as well as non-governmental organizations (NGOs) representatives and local people were consulted in order to assess the mobility pattern of the migrant population and the status of their families. A rapid listing of the wives of migrant laborers was carried out at the VDC level. In addition, a maximum and a minimum number of wives of migrant laborers who could be met at the time of the actual field survey was listed in all the study districts gathering information from district headquarter-based GOs and NGOs. The identified locations were then divided into different clusters. A VDC with at least 30 wives of migrant laborers was defined as a cluster. Thus, in the first stage, thirty clusters were selected using the probability proportional to size (PPS) method.

The study team then visited the wards of each VDC in the selected cluster and identified the wives of migrant laborers living in each ward. The locations were identified by meeting FCHVs, women's groups, health workers, elderly people, shop owners, teachers, community leaders, and families of migrants. A 'snowball' strategy was also adopted to identify target populations in the assigned districts. An estimated total of 17,466 wives of migrant laborers were listed in the four study districts (Annex 2). The total number of wives of migrant laborers listed in the cluster was divided by the number of respondents required (13/14 in each cluster), and the number obtained was regarded as the interval. First, a number was randomly selected using a lottery system, which was regarded as the first selected respondent. The interval number was added to this number to select the next respondent. This process helped to ensure that sampling was both random and representational.

2.3 Data Collection

The study was conducted in collaboration with SACTS. New ERA was responsible for designing the sampling and research methodology; preparing, and administering the questionnaire; distributing HIV results along with post-test counseling to the study participants; and managing the study overall. SACTS was responsible for setting up the mobile lab at the field sites, providing training to lab technicians, supervising and collecting blood samples, and conducting HIV testing.

2.3.1 Research Instrument

A quantitative survey method was identified as being the best research approach for meeting the objectives of the study. Questionnaires were drafted covering demographic characteristics, sexual behavior, sexual history, use of condoms, awareness of HIV/AIDS/STIs, incidence of STI symptoms, participation in HIV/AIDS awareness programs, and alcohol/drug using habits (Annex 4). It was then pre-tested by interviewing a number of migrants' wives. The questionnaire was revised on the basis of feedback received. The revised set of questionnaires was again used in mock interview sessions to ensure accuracy before they were finalized. Every questionnaire included a unique study identification number (ID).

Questions related to STI symptoms past and present were asked by a female staff nurse (Annex 5). Participants were treated for any STI symptoms. A lab technician collected blood samples for HIV testing. Strict confidentiality was given the utmost priority and maintained throughout the entire process.

2.3.2 Identification and Recruitment Process

Before the fieldwork, each study team visited different local organizations to inform them about the study, its objectives, and its methodology. Meetings were also held with the staff of government agencies at health centers/health posts and hospitals. These meetings allowed research members and local staff to get to know each other. They also allowed research members to find out what services were available in order to ascertain how far participants were aware of them.

Remaining strictly within the location(s) defined by the specific cluster in which they were working, researchers recruited wives of migrants from different wards. While visiting the sites, researchers used a variety of methods for increasing the likelihood of success with their listing and sampling exercise. These included building rapport with local people; accepting help from key informants such as FCHVs, women's groups, health workers, elderly people, shop owners, teachers, community leaders, and families of migrants; and use of the 'snowball' method.

Screening questions were used to confirm the identity of the study participants. Once the participant had completed and passed the screening question process, they were briefed about the purposes, objectives and methodology of the study. If the participant agreed to continue, informed consent was obtained. The informed consent form was administered by the interviewer in a private room with the participant and another staff member present as a witness. This procedure was set up to ensure that the study participants understood the nature of the questions, the tests that would be performed, and the services that would be provided to

them; and that knowing this, they were participating in the study of their own free will. Both the interviewer and the witness were required to sign and date the informed consent form. Once the form was complete, the interviewer administered the questionnaire in a private room with the participant.

To protect the anonymity of the respondents, neither their names nor their addresses were recorded anywhere. Instead, each participant was given a unique identification number on an ID card. This same number was used to mark the questionnaire, medical records, and blood samples of each participant. All the participants were provided pre-test counseling on HIV/AIDS and STIs and were asked if they were currently suffering from any STI symptoms. They were examined physically for any evidence of STI symptoms. If they had symptoms, they were counseled accordingly and free medicine for symptomatic treatment was distributed in accordance with the National STI Case Management Guidelines 2006. A lab technician also drew a blood sample for HIV testing.

Fieldwork for this study began on June 29, 2008 and continued until September 14, 2008.

2.4 Refusals

Participation in this study was voluntary, and individuals' stated reasons for refusal were documented. Refusals were recorded at two stages: 1) when individuals were approached after they were randomly selected; and 2) after their arrival at the study site. Altogether, 34 randomly selected wives of migrants refused to take part in the survey when they were approached by the study team members, while none refused to take part in the survey after their arrival at the study site. Among the refusals, 11 refused to participate in the study as they were not interested in it, 5 said they were too busy, 5 were under post-natal care, 5 were not well, 4 were pregnant, 2 were disabled and could not come to the study site, while 2 were not allowed by their husbands to take part in the survey.

2.5 Study Personnel

The core study team consisted of a study director, a research co-coordinator, a research officer, two research assistants, a senior counselor, and three field teams.

The all-female field team members had one research assistant, four supervisors/interviewers, one staff nurse, one lab technician, one local counselor, one general assistant/runner, and one local motivator as available/needed.

2.6 Recruitment and Training of Research Team

When selecting field researchers, priority was given to those who had been involved in similar studies of HIV prevalence in the past, this included any blood and/or survey work of any high-risk sub-population. Their commitment to respect respondents' privacy was also considered important.

Once the field workers were chosen, a one-week intensive training program was organized. This included an introduction to the study, administration of the questionnaire including characteristics of the target groups, methods of approaching possible respondents, rapport building techniques, and sharing of previous experiences (problems and solutions). In addition, the training also involved mock interviews, role-plays, class lectures, etc. Role-play

that attempted to be as true to the actual field situation as possible was carried out, this allowed for the discussion of potential problems that could be faced while approaching the wives of migrants and possible methods for overcoming them. The training also focused on providing the team with a clear understanding of informed consent, pre-test counseling, and basic knowledge of HIV/AIDS and STIs.

2.7 Field Operation Procedures

Study Center

According to the sampling procedure previously described, study centers were established in each of the selected VDCs. Following the sampling map, the study centers were established in areas chosen for their convenience in recruiting the study population and bringing them in to the clinic. At each established site there were four or five rooms in total, allowing for a separate room for each activity (intake, questionnaire administration, physical exam, etc.). Each clinic was also outfitted with a lab facility in which blood could be drawn and tested.

Clinical Procedures

One of the incentives given to respondents for participating in the study was the physical exam. This clinical examination included a simple health check which measured blood pressure, body temperature, weight, and pulse, and an STI examination where participants were asked whether they were experiencing symptoms, such as genital discharge, ulcers, or lower abdominal pain. A genital exam, including external as well as with the use of a speculum (whenever necessary), was completed. Participants with symptoms were treated following the national guidelines. Sixty-three (15.8%) of the study participants were provided STI syndromatic treatment. Over-the-counter medicines such as paracetamol, alkalysing agents, and vitamins were given as necessary.

Laboratory Methods

After pre-test counselling, the lab technician briefed the respondents about the HIV testing process and sought their consent for drawing blood. From all respondents blood samples were drawn in 3 to 5 capillary tubes by finger prick. Each sample was marked with the respondent's identification number (ID).

This study was designed to provide test results with pre- and post-counselling in the shortest possible time. Such an arrangement was necessary, as the study team had to move from cluster to cluster. As a consequence, reagents which can be stored at room temperature were chosen. Blood samples were tested using Determine HIV1/2 (Abbott, Japan Co. Ltd) as first test to detect antibodies against HIV. If the first test result was positive, a second test was performed by using Uni-Gold HIV 1/2 (Trinity Biotech, Dublin, Ireland). In case of a tie between the first two tests, a third test was performed using SD Bioline HIV 1/2 (Standard Diagnostics, Inc., Kyonggii-do South Korea) as a tie breaker.
Interpretation of the Test Results

- All samples negative by first test are reported as negative.
- All samples positive by one test only subjected to second test.
- All tests positive by tiebreaker test are reported positive
- All tests negative by tiebreaker test are reported as negative.

Quality Control of Laboratory Tests

Quality control was strictly maintained throughout the process of the collection of the specimen, their handling and testing stages. All the tests were performed using internal controls. These controls were recorded with all the laboratory data. All positive and 10 percent of the negative samples were stored in filter paper and brought to SACTS laboratory in Kathmandu and were re-tested. At the same time, all positive samples and some negative samples were re-tested in the field by the senior lab technician who visited different sites. Likewise a total of 10 percent samples were selected randomly from the total serum collected and was re-tested at SACTS for quality control testing. The quality control samples were given a separate code number to ensure that the person who performed the quality control had no access to the previous test results.

The core study team members, who were responsible for the overall monitoring of the project, made periodic site visits throughout the fieldwork. Research assistants and field supervisors were responsible for ensuring that the project was carried out according to protocol on a day-to-day basis. Weekly team meetings encouraged discussion on any field problems as well as serving as a planning vehicle. In addition to these pre-scheduled communications, the field research assistant reported by phone to the key team members in Kathmandu whenever necessary. If it was deemed appropriate, New ERA coordinated with FHI to send a suitable person to the field to deal with any problems arising there.

2.8 Ethical Considerations

Ethical approval for the study was obtained from the Nepal Health Research Council (NHRC, the government's ethical clearance body, who approved the protocol, consent forms and draft questionnaires) and additionally from the Protection of Human Subjects Committee (PHSC) of Family Health International.

All the participants involved in the in-depth interviews and sample surveys were fully informed about the nature of the study. They also knew that their participation was voluntary and that they were free to refuse to answer any question or to withdraw from the interview at any time. Furthermore, they were briefed that such withdrawal or refusal would not affect the services they would normally receive from the study. A consent form describing the objectives of the study, the nature of the participants' involvement, the benefits and confidentiality issues was clearly read out to them (Annex 6).

The study team maintained the confidentiality of the data collected through out the survey. To ensure confidentiality, the names and addresses of the participants were not used in any record; instead ID cards with unique numbers were provided to each participant which allowed the study team to maintain respondents' anonymity throughout the data analyzing process. Additionally, the ID cards were used for participants receiving test results to maintain strict confidentiality.

The interviewer regularly submitted the completed questionnaires to the field supervisor on the day of each interview. The supervisor kept those questionnaires in separate locked cabinets and no one else had access to collected information. The supervisor then transported the questionnaires to New ERA every week. In New ERA office, the questionnaires were kept in locked coding room where no one except the authorized data coding and data entry staff had access to these questionnaires.

2.9 HIV/STI Pre- and Post-Test Counseling and Follow-up

Pre- and post-test counseling was provided to all participants. All study participants were informed at the time their blood was drawn that they could obtain their test results at the same site within a few hours of sample collection, along with post-test counseling; additionally they were informed of the importance of obtaining their results At this time all participants were also informed that they needed to show their ID card with their unique number to be able to get their results. Trained counselors delivered the results verbally and in person. No HIV status certificates or test results were provided to the study participants. Individual counseling accompanied each result and participants were referred to other counseling centers for follow-up services as appropriate.

Of the 400 wives of migrants tested for HIV, 388 (97%) received their results. Test results were given by trained counselors at the study sites (Annex 7). Twelve respondents in Achham district did not receive their test results; all of them didn't wait for the result due to lack of time.

2.10 Constraints in the Field Work

The survey was conducted from June through September 2008. Heavy rainfall caused serious transportation problems, with roads blocked for vehicular movement due to continuous rain and landslides. Traveling across the clusters was difficult.

The survey period also coincided with harvesting, when people are busy in their fields. This also caused some problems for the fieldwork.

2.11 Data Management and Analysis

All completed questionnaires were checked for consistency by field supervisors before being brought to New ERA where surveys were re-checked, coded, and data was entered and analyzed. A double data entry system was used to minimize errors. Basic statistical measures such as mean, median, frequencies, and percentiles were used to analyze the data. The FoxPro database program was used for data entry, while the statistical analysis was completed with SPSS 13.0. Frequency was performed to check the validity and logic of all variables in the datasets. Only authorized staffs were allowed access to final datasets.

CHAPTER – III: SOCIO-DEMOGRAPHIC CHARACTERISTICS

This chapter describes the socio-demographic characteristics of the wives of migrant workers selected for the study in the four districts of Achham, Doti, Kailali and Kanchanpur in the Far-Western region of Nepal.

3.1 Demographic Characteristics

Overall, 400 wives of labor migrants from the districts of Achham, Doti, Kanchanpur, and Kailali were included in the survey. The number of respondents surveyed in each district has been shown in Table 3.1, below. In Achham and Doti, most of the respondents (88% and 84.9% respectively) were born in the same district. However, in Kailali 60 percent and in Kanchanpur, 56.4 percent districts were born in the same districts.

Table 3.1: Number of Respondent by Birth District

Study Districts	No. of Migrants' Wife Interviewed	Born in the Interviewed District	
		N	%
Achham	200	176	88.0
Doti	66	56	84.9
Kanchanpur	94	53	56.4
Kailali	40	24	60.0
Total	**400**	**309**	**77.3**

The demographic characteristics of the wives of migrant workers are presented in Table 3.2. The age of the respondents ranged between 16-55 years with the mean age being 29.2 years. Over one half of the respondents (56.1%) were less than 30 years old. Around eight percent of the respondents were below 20 years old. Forty-four percent of the respondents, on the other hand, were over 30 years old.

A relatively higher proportion of the study participants (71.5%) were illiterate. Additionally, 10.5 percent were literate but had not received formal schooling. Twelve percent had completed primary level, while 5.3 percent of the wives of migrant laborers had been educated up to secondary level. There were very few respondents (0.8%) who had completed SLC or a higher level of education.

The wives of migrant laborers represented most of the major caste/ethnic groups living in the Far-Western region. Around 47 percent belonged to the Chhetri/Thakuri community, while 12.7 percent represented the Brahmin caste. Occupational caste groups such as Damai, Sarki, and Kami were represented by 33.3 percent of the study participants, followed by 5.3 percent of respondents from the Tharu community.

Girls are likely to get married at quite a young age in the Far Western region, since the mean age of the respondents when they got married was 15.8 years. Overall, 95 percent of the respondents had got married before they were 20 years of age; this included 27.2 percent of those who were married even before they were 15 years old. The remaining five percent had been married when they were 20-24 years old.

Twenty seven percent respondents were living with their husbands at the time of survey while 37.8 percent were living with their children and 34.3 percent with their in-laws. Only two

respondents (0.5%) each were living alone and with their parents. Twenty-five of the 400 (6.3%) respondents' spouses had married a second wife (Table 3.2).

Table 3.2: Socio-demographic Characteristics of Respondents

Characteristics	N=400	%
Age		
16 – 19	31	7.8
20 – 24	99	24.8
25 – 29	94	23.5
30 – 34	74	18.5
35 – 55	102	25.5
Range	**16 – 55**	
Mean/median age	**-**	**29.2/28.0**
Education		
Illiterate	286	71.5
Literate, no schooling	42	10.5
Grade 1 – 5	48	12.0
Grade 6 – 9	21	5.3
SLC and above	3	0.8
Ethnic/caste group		
Chhetri/Thakuri	186	46.5
Occupational caste	133	33.3
Brahmin	51	12.7
Tharu	21	5.3
Others	9	2.3
Marital status		
Married	385	96.3
Widow	15	3.8
Age at first marriage		
5-14	109	27.2
15-19	271	67.8
20-24	20	5.0
Range	**5-24**	
Mean/median	**-**	**15.8/16.0**
Currently Living with		
Children	151	37.8
In-laws	137	34.3
Husband	108	27.0
Parents	2	0.5
Alone	2	0.5
No. of dependents (Children and adult)		
None	2	0.5
1	17	4.3
2 – 3	116	29.0
4 and more	265	66.3
Range	**1 - 29**	
Husband married second wife		
Yes	25	6.3
No	375	93.7

The majority of the respondents (99.5%) had at least one dependent to look after. Almost two thirds (66.3%) of them had four or more dependents to take care of while 29 percent had to support 2-3 people.

Fifteen (3.8%) of the 400 respondents were widows. While two of them (13.3%) had lost their husbands 3-6 months before, others' spouses had died earlier. Among them, 12 (80%) knew how their husbands had died, with nine (75%) of them explaining further that their husbands had tested positive for HIV and had died due to AIDS (Annex 8).

3.2 Migration Pattern among Respondents' Spouses

The respondents were also asked questions relating to their spouses' migration to India. Overall, 63.8 percent of the respondents mentioned that their spouses had first migrated for

work at less than 25 years of age (Table 3.3). Furthermore, one-third (32.5%) of respondents said their spouse had migrated for the first time prior to their marriage, while 49.8 percent of respondents said that they were less than 20 years at the time their spouses migrated to India (Annex 9).

Table 3.3: Migration Pattern among Respondent's Spouses

Migration Pattern	N=400	%
Age at first migration		
Up to 19	162	40.5
20-24	93	23.3
25-29	23	5.8
30-34	7	1.7
35-39	1	0.3
Above 40	2	0.5
Age not known	112	28.0
Range age	**11 – 44**	
Mean/median	**-**	**19.8/19.0**
Migration destinations *		
Maharastra	211	52.8
Delhi	68	17.0
Punjab	41	10.3
Gujarat	40	10.0
Himachal Pradesh	37	9.3
Uttaranchal Pradesh	30	7.5
Uttar Pradesh	17	4.3
Rajasthan	14	3.5
Hariyana	11	2.8
Karnataka	11	2.8
Bihar	8	2.0
Kerala	7	1.8
Jammu & Kashmir	7	1.8
Tamilnadu	6	1.5
Madhya Pradesh	3	0.8
Other states	8	2.0
Name of migrated state not known	46	11.5
Duration of stay in India		
Up to 12 months	27	6.8
13 – 60 months	127	31.8
61 – 108 months	107	26.8
More than 108 months	139	34.8
Mean/median	-	**94.3/81.0**
Migrated year		
Up to 1990	90	22.5
1991-1995	74	18.5
1996-2000	84	21.0
2001-2005	86	21.5
2006-2007	19	4.8
Year not known	47	11.8
Range year	**1972 - 2007**	

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

Nepali migrants from the study districts are more likely to go to the state of Maharashtra in India as over one half of the respondents (52.8%) reported that their spouse had migrated to Maharashtra. Seventeen percent said they went to Delhi, followed by 10.3 percent of respondents who said their husband had gone to Punjab and to Gujarat (10%). A smaller proportion of the respondents' spouses had migrated to other states, as listed in Table 3.3.

The respondents' spouses had spent a range of years in India with the median duration being 81 months. Around 35 percent of the respondents' husbands had stayed in India over a period of more than nine years. A smaller proportion (6.8%) had spent 12 or less months in India.

The respondents were also asked to cite the year when their husbands had migrated to India for the first time. Not much difference was noticed in migration trends over the past years.

While 18.5 percent of respondents said that their husbands first went to India between 1991-1995, a slightly higher proportion of respondents' spouses had reportedly migrated between 1996-2000 (21%); between 2001-2005 (21.5%); and in 1990 or earlier (22.5 %). Around 5 percent of the respondents mentioned that their spouses had migrated recently, between 2006-2007.

Over one half respondents (55.5%) stated that their spouses worked as security guards in India. Some stated that their spouses were factory laborers (30.3%), or worked in hotels (17.5%), and shops (5%). Other jobs performed by the respondents' spouses have been listed in Table 3.4.

Table 3.4: Types of Work of Spouses in India

Types of Work	N = 400	%
Security guard	222	55.5
Laborer/factory labor	121	30.3
Hotel labor	70	17.5
Labor in the shop	20	5.0
Household caretaker/servant	19	4.8
Agricultural worker	18	4.5
Transport worker	16	4.0
Technician/machine operator	13	3.3
Government/ Pvt. office employee	11	2.8
Vendor/petty shop owner	5	1.3
Embroiderer	5	1.3
Carpenter	3	0.8
Type of job not known	48	12.0

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

3.2.1 Last Migration to India

The wives of migrant laborers were asked questions relating to their spouses' last stay in India. About 36 percent of respondents mentioned that their spouses last stayed with their relatives in India, while 32 percent of them said that they stayed with their friends. Thirty percent of respondents' spouses reportedly stayed alone in India.

One half of the respondents' spouse (50.3%) earned NRs. 1,000-5,000 a month during their last stay in India. Forty-three percent made NRs. 5,001-10,000, while a few others earned a higher income (Table 3.5).

Table 3.5: Respondents' Spouses' Last Migration to India

Last Stay in India	N = 400	%
Jointly lived with:		
Relatives	143	35.8
Friends	127	31.7
Alone	118	29.5
Other woman	4	1.0
Others	4	1.0
Living status not known	4	1.0
Last Monthly income (NRs)		
1,000-5,000	201	50.3
5,001-10,000	172	43.0
10,001-15,000	11	2.8
More than 15,000	2	0.5
Monthly income not known	14	3.5
Returned home last		
< 3 months	77	19.3
3 – 6 months	121	30.3
7 – 12 months	74	18.5
13 – 18 months	61	15.3
> 18 months	67	16.8

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

The respondents were also asked how many months ago their husbands last visited their home. About one half respondents (49.5%) had returned home within last six months, while 18.5 percent of respondents' spouses had visited their homes 7-12 months back. Other respondents' spouses had last paid home visit more than one year earlier (Table 3.5).

CHAPTER - IV: PREVALENCE OF HIV

4.1 HIV Prevalence

The HIV prevalence rate among the wives of migrants living in four districts of Far-Western Nepal is estimated to be 3.3 percent (Table 4.1). Study participants in Achham district had a slightly higher HIV prevalence (4.5%) compared to Doti (3%), Kailali (2.5%), and Kanchanpur (1.1%).

Table 4.1: HIV Prevalence by Sample Sites

Sample Sites	Total Sample	HIV positive n (%)
Achham	200	9 (4.5)
Doti	66	2 (3.0)
Kailali	40	1 (2.5)
Kanchanpur	94	1 (1.1)
Total	**400**	**13 (3.3)**

4.2 Relationship between Selected Characteristics and HIV Infection

The relation between HIV prevalence and some of the selected characteristics of the respondents have been presented in this section.

HIV infections were found to be significantly higher among those respondents who had lost their husbands. Out of 15 widow respondents six (40%) tested HIV-positive; this prevalence rate was significantly high (<0.01) compared to the currently married respondents (1.8%). Other characteristics of the respondents such as their age, their educational status, did not show a significant association with the prevalence of HIV (Table 4.2).

Table 4.2: Relationship between Selected Characteristics and HIV Infection

Characteristics	N=400	HIV positive n (%)	p value
Age			
Below 25 years	130	1 (0.8)	>.05
25 years and above	270	12 (4.4)	
Marital status			
Current married	385	7 (1.8)	< .01
Widow	15	6 (40.0)	
Literacy			
Illiterate/no schooling	328	12 (3.7)	>.05
Formal school	72	1 (1.4)	

It is assumed that migration to Mumbai poses greater risk of HIV transmission as the city has India's largest brothel-based sex industry, with over 100,000 sex workers[6]. HIV prevalence among those respondents whose spouse had been to the state of Maharashtra (where Mumbai is located) was 4.3 percent compared to a 2.9 percent prevalence among those respondents who had migrated to other states but not to Maharashtra. However, the difference is not statistically significant (Table 4.3).

[6] *Country Reports on Human Rights Practices- India, released by the Bureau of Democracy, Human Rights 2001*

Table 4.3: Relationship between Spouses' Migration and HIV Infection

Spouses' duration of Stay in India	N=400	HIV positive n (%)	p value
Duration of stay in India			
Up to 1 year	27	0 (0.0)	>.05
>1 year	373	13 (3.5)	
Spouses migrated states*			
Maharastra state	211	9 (4.3)	>.05
Other states *	308	9 (2.9)	

* Spouses had visited more than one state

Likewise, HIV prevalence was not seen among those respondents whose spouses had migrated recently i.e. less than a year ago while 3.5 percent of those respondents who had spent more than one year as migrants in India were HIV positive. This difference is also not statistically significant (Table 4.3).

Table 4.4: Relationship between Condom Use and HIV Infection

Condom Use during Sexual Contact with Husband	N=400	HIV positive n (%)	p value
Use of condom during spouse's last home visit (n=395)			
Every time	23	0 (0.0)	>.05
Not all the time/never	372	10 (2.7)	
Use of condom during spouse's second last home visit (n=369)			
Every time	17	0 (0.0)	>.05
Not all the time/never	352	13 (3.7)	

The frequency of use of condom during sexual intercourse with respondents' husbands also does not show significant association with HIV prevalence (Table 4.4). However, none of those respondents who reportedly had used condoms consistently were HIV positive compared to a 2.7 percent prevalence among those who had occasionally or never used condoms during their spouses' last home visit, and 3.7 percent among those who had done so during their spouses' second last home visit (Table 4.4).

CHAPTER - V: SEXUAL BEHAVIOR AND CONDOM USE

HIV transmission is most often correlated with risky sexual behavior. In the case of the wives of migrant laborers, it is the sexual behavior of their spouses during migration that is correlated with HIV transmission to their wives at home. This chapter deals with the sexual behavior of the wives of migrant laborers and their sexual relations. It focuses particularly on their sexual partners, sexual history, their use of condoms, as well as their knowledge about condom outlets.

5.1 First Sexual Contact

Age at first sexual intercourse for wives of migrant laborers ranged from10 to 24 years, with a mean age of 16.2 years. The majority of the respondents (95%) first had sexual intercourse before the age of 20 years; this included 19.3 percent having had intercourse first when they were between 10-14 years (Table 5.1).

5.2 Sex Partners

Only six respondents (1.5%) ever had sex outside their marriage, while the majority of respondents (98.5%) never had sex with anyone other than their husbands. Two respondents (0.5%) had sold sex (Table 5.1). Among those six respondents who had sex with someone else, four (66.7%) had such sexual relations when their spouses were abroad (Annex 10).

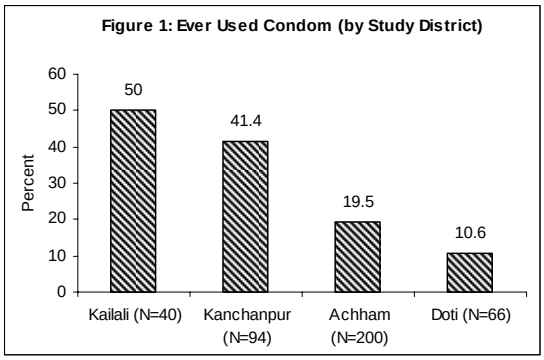
Table 5.1: Sexual Behavior of Respondents

Sexual Behavior	N = 400	%
Age at first sex		
10 – 14	77	19.3
15 – 19	303	75.7
20 – 24	20	5.0
Range	**10-24**	
Mean/median	-	**16.2/16.0**
Ever had sex with someone other than husband		
Yes	6	1.5
No	394	98.5
Ever had sex with paying partner		
Yes	2	0.5
No	398	99.5

Almost one half of the respondents (49.5%) had ever been to India. Ninety-eight percent of them had sexual contact in India, and all of them had sex with their husbands there (data not shown).

5.3 Knowledge and Condom Accessibility

While the majority of respondents (96.5%) knew about condoms, 3.5 percent of them had never heard of them. Among those who had heard about condoms, 27.2 percent respondents had used them (Table 5.2). Figure 1 divides the respondents who reportedly had used condoms at least once according to the study districts. As evident from the figure, more than four out of ten respondents in the Terai district of Kailali



(50%) and Kanchanpur (41.4%) had ever used condoms; those reporting having done so in the hilly districts of Achham and Doti was 19.5 percent and 10.6 percent respectively (the results are however not comparable owing to the sampling design used for the purpose of the study).

FCHVs (62.2%) and friends (56%) were two most reported sources of information on condoms among those respondents who had heard about them. The respondents had also come to know about condom through radio (47.4%) and health workers (28%).

Among those respondents who had used condoms at least once, around one-third (36.2%) kept them at home. Eighty-one percent of the respondents who had ever used condoms knew that they could obtain condoms from health centers/posts. Other known sources of condoms were FCHVs (69.5%) pharmacies (52.4%), and hospitals (39%). Other sources of condoms that the respondents were aware of have been listed in the Table 5.2.

One-third (33.3%) of those respondents who had ever used condoms obtained free condoms all the time, while 1.9 percent always purchased them. On the other hand, 57.1 percent of respondents mentioned that it was their husbands/sexual partners who brought condoms. When asked about how their husband/sexual partners obtained these condoms, 26.7 percent each of the respondents mentioned that they bought them and got them free (Annex 11). When asked about the source of free condoms, 81.4 percent of those respondents who had access to free condoms stated that they usually obtained them from FCHVs and 72.1 percent said they got them from the health centers/posts (Table 5.2) .

Condoms were available at a relatively comfortable and accessible point for 21 percent of those respondents who had ever used condoms, as they could access condoms within 5 minutes' distance. However, for 38 percent of the respondents, condoms were not so easy to access, as it takes them more than 20 minutes to obtain condoms from the nearest place.

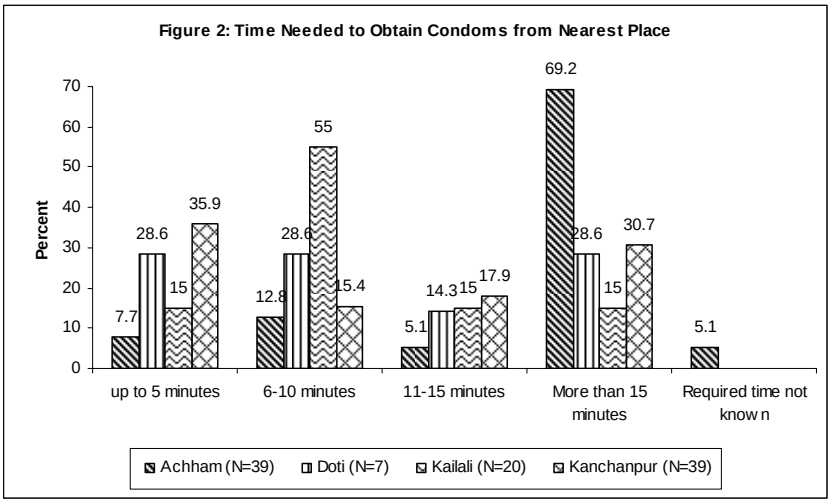
The majority of the respondents felt comfortable getting free condoms from FCHVs (86.1%) and the health center/post (65.1%). Hospitals and health workers/volunteers (11.6% each) were also reported as other preferred outlets for obtaining free condoms (Table 5.2). In the same way, those respondents who purchased condoms either all of the time or some of the time usually bought them from a pharmacy (90%), followed by private clinic and the general grocery shop (30% each). All of these respondents, however, preferred buying condoms from a pharmacy (Table 5.2).

Table 5.2: Knowledge and Accessibility of Condom

Knowledge of Condom and its Accessibility	N=400	%
Ever heard of condom (N=400)		
Yes	386	96.5
No	14	3.5
Sources of information on condom (N=386)*		
FCHV	240	62.2
Friends	216	56.0
Radio	183	47.4
Health worker	108	28.0
Husband	76	19.7
People of NGOs	63	16.3
Television	59	15.3
PE/OE/CM	51	13.2
Relatives/neighbor	20	5.2
Others	6	1.6
Ever used condom (N=386)		
Yes	105	27.2
No	281	72.8
Keep condom at home (N=105)		
Yes	38	36.2
No	67	63.8
Known sources of condom (N=105)*		
Health center/ Health post	85	81.0
FCHV	73	69.5
Pharmacy	55	52.4
Hospital	41	39.0
General grocery store	20	19.0
Private clinic	16	15.2
Health worker/volunteer	15	14.3
OE/PE	7	6.7
People of NGOs	4	3.8
Others	2	1.9
Sources not known	1	1.0
Time needed to obtain condoms from nearest place (N=105)		
Up to 5 minutes	22	21.0
6 – 10 minutes	24	22.9
11 – 15 minutes	13	12.4
16 – 20 minutes	4	3.8
21 and more minutes	40	38.1
Required time not known	2	1.9
Range	**1 – 360 minutes**	
Usual mode of obtaining condom (N=105)		
Always free of cost	35	33.3
Always purchase	2	1.9
Purchase as well as free of cost	8	7.6
Husband/sexual partner brings	60	57.1
Usually obtain free condom from (N=43) *		
FCHV	35	81.4
Health center/post	31	72.1
Health workers/volunteers	4	9.3
Hospital	4	9.3
OE/PE	2	4.7
NGOs	2	4.7
Most convenient place to obtain free condom (N=43)*		
FCHV	37	86.1
Health center/post	28	65.1
Hospital	5	11.6
Health worker/volunteer	5	11.6
OE/PE	3	7.0
NGOs	1	2.3
Friends	1	2.3
Purchase condom usually from (N=10)*		
Pharmacy	9	90.0
General grocery store	3	30.0
Private clinic	3	30.0
Most convenient place to purchase condom (N=10)*		
Pharmacy	10	100.0
Private clinic	5	50.0
General grocery store	3	30.0

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

Figure 2 explains condom accessibility by required time to obtain them from the nearest place among those respondents who had ever used condoms by the study districts. Although the survey design does not allow district-wise comparison, the availability of a means of transportation is likely to play an important role in condom accessibility. A larger proportion of respondents in the Terai districts of Kailali and Kanchanpur than in the hilly districts of Doti and Achham had ever used condoms. Among them, a relatively higher proportion of respondents in the hilly district of Achham (69.2%) required more than 15 minutes to get condoms from the nearest outlet.



5.4 Sexual Relations and Condom Use with Husbands during Last Home Visit

Respondents were asked about their sexual relations with their husbands during their last home return. Most of them (98.8%) had sexual contact with their husbands during their last home visit. Such respondents' spouses had stayed for a period ranging from one to 30 months during their last home visit, and the median number of sexual contacts between them was 38 (Table 5.3).

Among those respondents who did not have sex with their husbands during the latter's last home visit, four (80%) said their husbands were unwell, while one (20%) said she was away from home at this time (data not shown).

As seen in the Table 5.3, the respondents who had sexual intercourse with their husbands during their last home visit were asked questions on condom use. However, sporadic or no condom use was reported by most of the respondents (94.2%). Many of them (74.7%) included those who had never used a condom while 14 percent mentioned "they did not consider it necessary" (Annex 12).

Table 5.3: Sexual Relation and Condom Use with Spouse during his Last Home Visit

Sexual Relation with Spouse during his Last Home Visit	N=400	%
Had sex with spouse (N=400)		
Yes	395	98.8
No	5	1.3
Duration of spouse's stay at home (N=395)		
Up to 1 month	103	26.1
2 – 6 months	166	42.0
7 – 12 months	62	15.7
> 12 months	64	16.2
Range	**1 - 30**	
Median		**4.0**
Frequency of sex (N=395)		
1 – 30 times	170	43.0
31 – 60 times	86	21.8
> 60 times	139	35.2
Range	**1 - 756**	
Median	**-**	**38.0**
Frequency of condom use during spouse's last home stay (N=395)		
Every time	23	5.8
Not all the time/never	372	94.2
Used condom during last sex (N=395)		
Yes	43	10.9
No	352	89.1
Person to suggest the use of condom during last sex (N=43)		
Self	12	27.9
Husband	20	46.5
Both	11	25.6

Condom use during the last act of sexual intercourse was also relatively low (10.9%). Among those respondents who had used a condom during the last sexual encounter, 27.9 percent had themselves suggested their spouse use a condom, while among 46.5 percent of their husbands had made such a suggestion (Table 5.3). On the other hand, among those who had not used a condom during their last sexual contact with their husband, 12.5 percent had not considered it necessary (Annex 12).

5.5 Sexual Relations and Condom Use with Husbands during Second Last Home Visit

The respondents were also asked about sexual relations with their husband at the time of their second last home visit. Most of the respondents' (93%) spouses had paid at least two home visits after migrating to India. The majority of the respondents (92.2%) also had sexual relations with their husbands when they visited home before the last time. Their spouses had stayed at home for a median period of four months during their second last home visit and the median number of sexual contacts between them was 43.

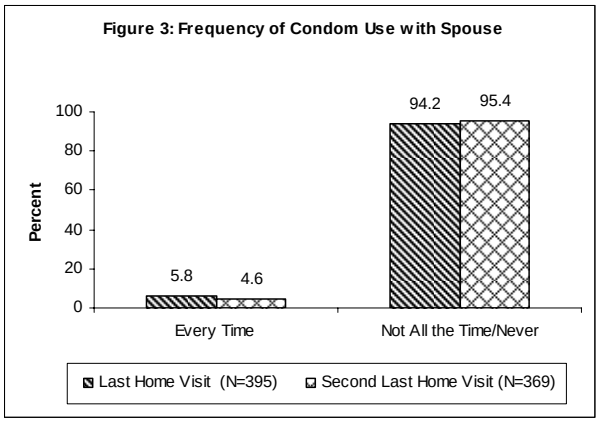
Four respondents did not have sex with their husbands during their second last home visit. When asked why, two (50%) of them said their husbands were unwell, while one respondent (25%) mentioned that she was not at home at this time (data not shown).

Table 5.4: Sexual Relation and Condom Use with Spouse during his Second Last Home Visit

Sexual Behavior and Condom use during Spouse's Second Last Home Visit	N=400	%
Had sex with spouses (N=400)		
Yes	369	92.2
No	4	1.0
Husband returned home only once	27	6.8
Duration of spouse's stay at home (N=369)		
Up to 1 month	97	26.3
2 – 6 months	134	36.3
7 – 12 months	70	19.0
>12 months	68	18.4
Range	**1 - 239**	
Median	**-**	**4.0**
Frequency of sex (N=369)		
1 – 30 times	153	41.5
31 – 60 times	66	17.9
> 60 times	147	39.8
Frequency of sex not known	3	0.8
Range	**1 - 5000**	
Median	**-**	**43.0**
Frequency of condom use during second last home stay of spouses (N=369)		
Every time	17	4.6
Not all the time/never	352	95.4

The majority of respondents (95.4%) had not used condoms all the time during sexual contact with their husbands during their second last home visit (Table 5.4). While 73.6 percent had not ever used condoms, 15.3 percent had not used condoms because they did not consider it necessary (Annex 12).

Figure 3 compares the use of condoms among the respondents during sexual contact with their husbands when they had visited home the last time and the second last time. Condom use during their husbands' last and second last home visits presents more or less a similar pattern. Around five percent of respondents used condoms consistently during their husbands' last as well as second last home visits. In both cases, those reporting infrequent or no use of condom was in the majority (Figure 3).



5.6 Sexual Relations and Condom Use with Partners other than Husband

Three (50%) of those six respondents who ever had sex with people other than their husband had been consistent condom users. Among them, one respondent had such sexual contact even in the past year and had used condoms consistently. Likewise, those two respondents who ever had sex with a paying partner in Nepal had also used condoms consistently on their partners' suggestion (Annex 13).

CHAPTER - VI: KNOWLEDGE OF STI AND HIV/AIDS

HIV/AIDS awareness along with knowledge about STIs is crucial to helping change the behaviors that put people at risk. This chapter deals with the level of knowledge among the wives of migrant laborers regarding HIV/AIDS as well as STIs.

6.1 Level of Knowledge on HIV/AIDS

Although the majority of the respondents (99.3%) had heard about HIV/AIDS, there were three respondents (0.8%) who had never heard about it. The respondents who had heard about HIV/AIDS had mostly gathered information about it from their friends (67.5%), the radio (50.4%), FCHVs (46.9%) and NGOs (25.4%). Around 22 percent of them also named health workers, and their spouses as their sources of their information on HIV/AIDS (Table 6.1).

Table 6.1: Sources of Knowledge of HIV/AIDS Among Respondents

Sources of Knowledge	N=400	%
Ever heard about AIDS (N=400)		
Yes	397	99.3
No	3	0.8
Sources of information of HIV/AIDS (N=397) *		
Friends	268	67.5
Radio	200	50.4
FCHV	186	46.9
NGOs	101	25.4
Health workers	91	22.9
Husband	84	21.2
Television	63	15.9
PE / OE	56	14.1
Relatives/neighbor	33	8.3
Others	14	3.5

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

When asked about the contents of the message that they had heard, over one half of respondents (55.3%) mentioned that they had heard that HIV/AIDS is transmitted through blood, while 45.8 percent had understood that sex with multiple partners transmitted HIV. Around 44 percent of respondents each had been informed that condoms should be used consistently and others understood that used needles/syringes should be avoided. Other messages related to HIV/AIDS heard by the respondents have been listed in Table 6.2.

Table 6.2: HIV/AIDS Related Messages Heard by Respondents

HIV/AIDS Heard Messages	N = 400	%
Messages heard		
HIV/AIDS is transmitted through blood	221	55.3
Avoid sex with multiple partners	183	45.8
Avoid unsafe sex and use condom	175	43.8
Avoid using needle/syringe used by others	173	43.3
HIV/AIDS is transmitted through use of knife and blade	80	20.0
HIV/AIDS is not transmitted through external physical contact	50	12.5
Avoid sex with FSWs	28	7.0
HIV/AIDS is fatal and incurable disease	22	5.5
HIV/AIDS is transmitted through external physical contact, sharing food and kissing	12	3.0
HIV is transmitted through sexual contact with HIV infected	9	2.3
Blood test is required for detecting HIV virus	8	2.0
HIV/AIDS symptoms are fever, body ache, weight loss, drowsiness, ulcers	7	1.7
HIV/AIDS is communicable disease	6	1.5
Person with HIV/AIDS should not be hated	6	1.5
Infected mother can transmit HIV/AIDS to her child	3	0.8
Others	16	4.0
Never heard of HIV/AIDS	3	0.8

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

6.2 Knowledge about Preventing HIV/AIDS

The majority of the respondents were familiar with the preventative measures of HIV and stated that '**A' —** abstinence from sexual contact (91.5%); '**B' —** monogamy (89.5%); and '**C' —** consistent use of condoms (84.5%) are the ways of preventing HIV. Seventy-five percent of respondents also believed in '**D',** i.e., a healthy-looking person may have HIV. Sixty-three percent knew about '**F' —** HIV can not be transmitted while sharing a meal with a HIV-positive person. However, a relatively low proportion of the respondents were aware of '**E',** i.e., a person cannot get the HIV virus from a mosquito bite (26.8%) (Table 6.3).

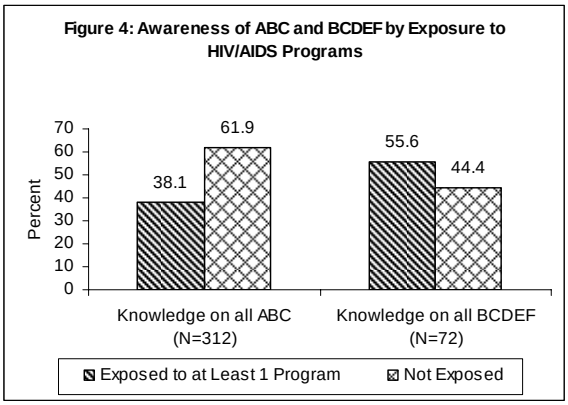
Table 6.3: Respondents with Knowledge about Preventing HIV/AIDS

Knowledge of Six Major Indicators on HIV/AIDS	N = 400	%
A Abstinence from sexual contact	366	91.5
B Monogamous sexual relations	358	89.5
C Consistent condom use during each sex	338	84.5
D A healthy-looking person can be infected with HIV	299	74.8
E A person can not get the HIV virus from mosquito bite	107	26.8
F HIV is not transmitted while sharing a meal with an HIV infected person	252	63.0
Knowledge of all three indicators – **ABC**	312	78.0
Knowledge of all five indicators - **BCDEF**	72	18.0

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

Overall, although 78 percent of respondents were aware of all three '**ABC'**, only 18 percent of them knew about all five major HIV preventive indicators i.e. '**BCDEF'**.

Figure 4 compares the awareness of '**ABC'** and '**BCDEF'** among the respondents by their exposure to HIV/AIDS-related programs/activities in the past year. As seen in the figure, even those respondents who have not been exposed to any HIV/AIDS-related activities are likely to know about '**ABC'**. Among 312 respondents who were aware of all of '**ABC'**, 61.9 percent had neither met a PE/ORE nor had participated in any of the HIV/AIDS related activities/programs. However, the knowledge of all '**BCDEF'** was higher (55.6%) among respondents who had been exposed to at least one of the components of the ongoing HIV/AIDS-related activities than those who had not been part of such activities in the past year (44.4%).



Almost 56 percent of respondents knew someone living with HIV/AIDS or who had died of AIDS. Thirty-three percent said they were their close relatives, while five percent said they were their friends (Table 6.4).

Table 6.4: Knowledge on Ways of HIV/AIDS Transmission among Respondents

Knowledge on Ways of HIV/AIDS Transmission	N	%
Know anyone infected with HIV or has died of AIDS (N=397)		
Yes	221	55.7
No	176	44.3
Relation shared with the person who is infected with HIV or has died of AIDS (N=221)		
Close relative	73	33.0
Close friend	11	5.0
No relation	137	62.0
Awareness on HIV/AIDS (N=400)		
A woman with HIV/AIDS can transmit the virus to her new-born child through breastfeeding	314	78.5
Holding an HIV infected person's hand does not transmit HIV	330	82.5
Using a previously used needle/syringe may transmit HIV	387	96.8
Blood transfusion from an infected person to the other transmit HIV	387	96.8
HIV may be transmitted from a pregnant woman infected with HIV/AIDS to her unborn child	359	89.8
A pregnant infected woman can reduce the risk of transmission of HIV to her unborn child by (N=359) *		
Taking medicine	165	46.0
Others	4	1.1
Mode of reducing the risk not known	190	52.9

*Respondents who knew that HIV may be transmitted from a pregnant woman infected with HIV/AIDS to her unborn child

The respondents' perception of HIV/AIDS and its different modes of transmission were further tested with the help of certain questions. About 97 percent each of the respondents knew that using the same needle and having a blood transfusion from an HIV-positive person would transmit the virus, while 89.8 percent of respondents were aware about the risk of pregnant women with HIV/AIDS transmitting the virus to their children in the womb. Around 83 percent of them also knew that holding an HIV infected person's hand does not transmit HIV, while 78.5 percent were aware of the risk of HIV transmission from an infected mother to her newborn child through breastfeeding (Table 6.4).

Nevertheless, 46 percent of those respondents who were aware of mother-to-child transmission of HIV knew about anti-retroviral drugs, while 54 percent had no idea about such drugs (Table 6.4).

Attitude towards HIV/AIDS

The stigma associated with HIV/AIDS increases the impact of HIV on the patient as well as MARPs. The respondents' perception of HIV-positive persons and the stigma associated with the disease was also examined with the help of a series of questions, as shown in Table 6.5. Over 93 percent of the respondents were ready to take care of an HIV-positive female relative or a male relative in their home if necessary. However, thirty percent of the respondents said that if a family member had HIV they would rather keep it confidential and not talk about it with others (Table 6.5).

Table 6.5: Attitude of the Respondents towards HIV/AIDS

Stigma and Discrimination	N=400	%
Willing to take care of HIV positive male relative at home		
Yes	373	93.3
No	22	5.5
Don't know	5	1.3
Willing to take care of HIV positive female relative at home		
Yes	374	93.5
No	21	5.3
Don't know	5	1.3
Would prefer to keep HIV status of a family member a secret		
Yes	120	30.0
No	276	69.0
Don't know	4	1.0

6.3 Knowledge about STIs

In order to assess their knowledge about STIs and its symptoms the respondents were asked to cite some examples of STIs. Over one half of the respondents (50.8%) cited vaginal discharge as one of the symptoms of STIs. Syphilis/gonorrhea was also regarded as symptom of STI by 42.8 percent of the respondents. The other most commonly cited symptom was genital ulcers/sores (40.5%) while 24 percent of respondents mentioned HIV/AIDS as one of the symptoms of STIs. On the other hand, 17.5 percent respondents could not mention any symptoms of STIs (Table 6.6).

Table 6.6: Reported STI and Treatment (Past Year)

Reported STI Symptoms and Treatment	N=400	%
Understanding of STI (N=400) *		
White discharge/discharge of pus/*dhatu* flow	203	50.8
Syphilis (*Bhiringi)*/gonorrhea	171	42.8
Ulcer or sore around genital area	162	40.5
HIV/AIDS	96	24.0
Burning sensation while urination	71	17.8
Pain during urination	64	16.0
Lower abdomen pain	37	9.3
Vaginal itching	13	3.3
STI symptom not known	70	17.5
Others	13	3.3
Types of STI symptoms experienced in the past year (N=400) *		
White/pus discharge	69	17.3
Burning sensation while urination	39	9.8
Pain during urination	25	6.3
Ulcer or sore around genital area	20	5.0
Lower abdomen pain	9	2.3
Others	11	2.8
Experienced any of the above symptoms	82	20.5
Experienced none of the above symptoms	318	79.5
Received treatment for any of the above symptom (N=82)		
Yes	35	42.7
No	47	57.3
Places of treatment of STI symptoms in the past year (N=35) *		
Hospital	12	34.3
Private clinic	10	28.6
Health post/health center	8	22.9
NGOs	6	17.1
Others	5	14.3

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

After assessing their awareness of STI symptoms, respondents were asked if they had experienced symptoms such as vaginal discharge, pain, or a burning sensation while urinating, or genital ulcers/sores in the past year. Overall, 17.3 percent of the wives of migrants said that they have had vaginal discharge. Symptoms like a burning sensation, and pain during urination were reported by 9.8 percent and 6.3 percent of the respondents respectively. Besides this, 5 percent of them also had genital ulcers/sores in the past year (Table 6.6).

Among those respondents who had reportedly experienced STIs in the past year, 34.3 percent had received treatment from hospital, 28.6 percent had been to a private clinic, 22.9 percent had gone to a health post/health center to seek treatment (Table 6.6).

Participants were also asked if they were currently experiencing any STI symptoms. Overall, 82.5 percent of the respondents did not, while others were experiencing vaginal discharge (12.3%), burning sensation while urinating (8.5%), pain during urination (5.8%), and genital ulcers/sores (3%) at the time of survey (Table 6.7).

Table 6.7: Reported STI and Treatment (at the Time of Survey)

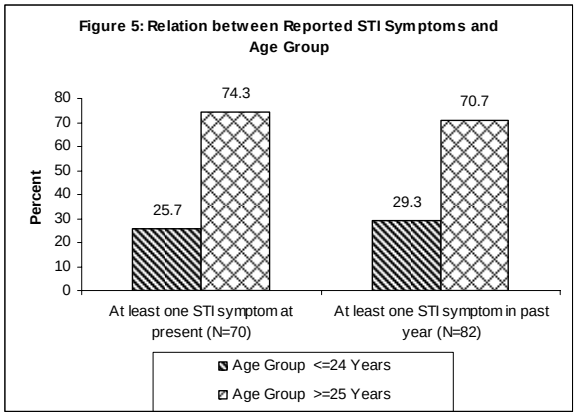
Reported STI Symptoms and Treatment	N	%
Current STI symptoms experienced (N=400) *		
White/pus discharge	49	12.3
Burning sensation while urination	34	8.5
Pain during urination	23	5.8
Ulcer or sore around genital area	12	3.0
Lower abdomen pain	8	2.0
Others	11	2.8
Experienced any of the above symptoms	70	17.5
Experienced none of the above symptoms	330	82.5
Received treatment for above symptoms (N=70)		
Yes	7	10.0
No	63	90.0
Treatment received (N=7)		
After < 1 week	1	14.3
After 2 - 4 weeks	4	57.1
After > 4 weeks	2	28.6

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

Ten percent of those who had recently experienced symptoms of STIs had received treatment. Among these, one respondent (14.3%) had sought treatment in under a week, while others had waited more than a week to seek treatment (Table 6.7). These respondents had been to hospitals (42.9%), pharmacies, and health posts/centers (28.6% each) to seek treatment for STI symptoms (data not shown).

Four of the seven respondents (57.1%) who had sought treatment had received prescriptions for medicine. Among these, three (75%) had obtained all the medicine prescribed. However, only one (33.3%) of them had taken all the prescribed medicine. Additionally, of those seven respondents who sought treatment, only two (28.6%) had been able to get free medicine. Others had paid for the medicine, from Rs. 200-10,000. Four respondents (57.1%) had also been counseled on STIs, especially on the need to use condoms consistently (Annex 14).

Figure 5 further compares STI symptoms reportedly experienced by the respondents with their age group. As can be seen, over 70 percent of the respondents who reported experiencing at least one STI symptom in the past year as well at the time of the survey was 25 or more years old. A relatively smaller proportion of younger respondents had at least one STI symptom in the past year (29.3%) or at the time of the survey (25.7%).



The respondents were also asked if their spouses had any symptom of STIs when they visited them. Nineteen (4.8%) of the 400 respondents stated that their spouse had STI symptoms during their last home visit, while 10 (2.7%) of the 373 respondents mentioned that their spouses had such symptoms when they had visited home the time before last. However, not all of these respondents' spouses had sought treatment for such symptoms (Table 6.8).

Table 6.8: STI Status Among Respondents' Spouses and Treatment Sought

Reported STI Symptoms and Treatment Among Respondent's Spouses	N=400	%
Spouses had STI symptom during last home visit (N=400)		
Yes	19	4.8
No	335	83.8
STI status not known	46	11.5
Received treatment (N=19)		
Received treatment from hospital	12	63.2
Received treatment from health post	2	10.5
Did not receive treatment	3	15.8
Treatment status not known	2	10.5
STI symptoms seen among spouses during second last home visit (N=373)*		
Yes	10	2.7
No	314	84.2
STI status not known	49	13.1
Received treatment for those symptoms (N=10)		
Yes	4	40.0
No	2	20.0
Treatment status not known	4	40.0

* Respondents whose spouses visited home at least twice after migration

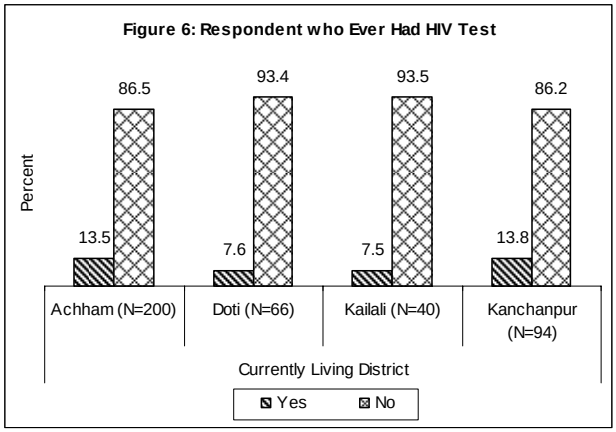
6.4 Perception of HIV Testing

The availability of and awareness about confidential HIV testing allows people to undertake HIV tests promptly and without the fear of being exposed. Forty-four percent of respondents knew that a confidential HIV testing facility was available in their community. Additionally, 72.5 percent of them said that they knew about such places where they could go for an HIV test. However, only 12.1 percent had ever taken an HIV test. While 66.7 percent had taken up the test voluntarily, others (33.3%) had been asked to test for HIV. Most (97.9%) of those who had tested themselves had received their HIV test results. However, the majority of these respondents (93.8%) had been tested 1-2 years previously (Table 6.9).

Table 6.9: Knowledge about HIV Testing Facilities among Respondents and History of HIV Test

Knowledge of HIV Test	N=400	%
Confidential HIV test facility available in the community (N=400)		
Yes	176	44.0
No	151	37.8
Availability status not known	70	17.5
Never heard of HIV/AIDS	3	0.7
Know where to go for HIV test (N=397)		
Yes	288	72.5
No	109	27.5
Ever had HIV test (N=397)		
Yes	48	12.1
No	349	87.9
Obtained the test result (N=48)		
Yes	47	97.9
No	1	2.1
Voluntarily underwent the test or because it was required (N=48)		
Voluntarily	32	66.7
Required	16	33.3
Most recent HIV test (N=48)		
Within last 1 year	1	2.1
1-2 years before	45	93.8
2-4 years before	2	4.2

Figure 6 further divides the respondents who ever had an HIV test according to the four study districts. As seen in the figure, approximately 14 percent of respondents in Achham and Kanchanpur districts ever had an HIV test, while around eight percent of respondents had taken the HIV test in Doti and Kailali.



6.5 Smoking and Use of Alcohol and Drugs

Overall, 38.2 percent of respondents smoked cigarettes. A relatively lower proportion (10.3%) had consumed alcohol at least once in the past month (Table 6.10). None of them, however, had tried any type of drugs in the past month, nor had any of them ever injected drugs (data not shown).

Table 6.10: Use of Alcohol and Cigarette Smoking Among Respondents and their Spouses

Consumption of Alcohol and Cigarette Smoking	N = 400	%
Smoke cigarette		
Yes	153	38.2
No	247	61.8
Consumed alcohol in the last month		
On a daily basis	2	0.5
Once a week	2	0.5
2-3 times a week	2	0.5
Less than once a week	35	8.8
Never	359	89.7
Consumption of alcohol by spouses in the last home return		
On a daily basis	72	18.0
Once a week	44	11.0
2-3 times a week	74	18.5
Less than once a week	82	20.5
Never	128	32.0

Thirty-two percent of respondents said that their husband had not consumed alcohol during their last visit home. Others had consumed alcohol at least once when they were at home the last time, while 18 percent of respondents' spouses consumed alcohol every day during their last home stay (Table 6.10).

CHAPTER - VII: EXPOSURE TO HIV/AIDS AWARENESS PROGRAMS

Wives of migrant laborers, an emerging group at risk of HIV transmission, are being targeted by various prevention/awareness initiatives. Respondents' exposure to such programs and their participation in these has been assessed in this chapter.

7.1 Peer/Outreach Education

The peer/outreach education component consists of activities which involve the mobilization of peer educators and outreach educators (PE/OEs) in conducting awareness raising activities. They meet different groups and hold discussions regarding HIV/AIDS and safe injecting practices, safe sex, and other related topics. The PE/OEs also distribute IEC materials, condoms, and refer their target groups to STI treatment services.

Table 7.1: Meeting/Interaction with Peer Educator/Outreach Educators

Peer Educator/Outreach Educator	N=400	%
Met / interacted with peer educators (PE) or outreach educators (OE) in the last 12 months (N=400)		
Yes	110	27.5
No	290	72.5
Organizations represented by OE/PEs (N=110) *		
OCWAC	40	36.4
NRCS	39	35.5
Gangotri	20	18.2
CDF	6	5.5
Hasti AIDS	4	3.6
Others	7	6.4
Organization's name not Known	3	2.7

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

Overall, 27.5 percent of the wives of migrant laborers had met a PE/OE in the past year. Of these, 36.4 percent had met a PE/OE from the Oppressed Class and Women Awareness Centre (OCWAC) and 35.5 percent from the Nepal Red Cross Society (NRCS) (Table 7.1).

7.2 Drop-in Centers

Drop-in centers are another important component of HIV prevention programs. The DICs not only provide a space for the target communities to socialize, but are also the site for educational and counseling activities. The centers also provide IEC materials and condoms for their target groups. The respondents were also asked if any of them had ever been to a DIC. However, none of the respondents had visited a DIC until the date of the survey .

7.3 STI Clinics

Timely detection of STIs is necessary to prevent people from serious health hazards. Government as well as non-government organizations provide STI testing and treatment facilities through STI clinics in different parts of the country. Of the total 400 respondents, only 6.3 percent had visited an STI clinic in the last 12 months. Eight percent of them had been to STI clinic run by NRCS (Table 7.2).

Table 7.2: STI Clinic Visiting Practices

STI Clinic Visiting Practices	N	%
Visited any STI clinic in the last 12 months (N=400)		
Yes	25	6.3
No	375	93.8
Name of organizations that run the visited STI clinic N=25) *		
Hospital	10	40.0
Private clinic	5	20.0
Heath post/health center	4	16.0
NRCS	2	8.0
Others	6	24.0
Organization's name not known	1	4.0

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

7.4 VCT Centers

VCT centers form an integral part of the HIV/AIDS prevention program. These centers provide HIV/AIDS/STI tests along with pre- and post-test counseling. Information related to safe injecting practices, HIV/AIDS/STI transmission, and treatment facilities are also disseminated from these centers.

Overall, 7.3 percent of respondents had visited a VCT center in the past year. While 37.9 percent of them had visited Hasti AIDS VCT center, 34.5 percent had been to NNSWA VCT center (Table 7.3).

Table 7.3: VCT Center Visiting Practices

VCT Center Visiting Practices	N	%
Visited VCT center in the last 12 months (N=400)		
Yes	29	7.3
No	371	92.8
Name of the organization that run the visited VCT center (N=29) *		
Hasti AIDS	11	37.9
NNSWA	10	34.5
Hospital	5	17.2
NRCS	3	10.3
Others	2	6.9

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

7.5 Participation in HIV/AIDS Awareness Programs

Various programs such as workshops, group discussions, training sessions, radio programs, and street theatre are conducted by both government as well as non-government organizations as a part of their HIV/AIDS awareness activities. Some of these programs specifically target MARPs while some include the general population.

Overall, 14.3 percent of respondents had participated in at least one HIV/AIDS awareness-raising program or a similar community event in the year preceding the survey. Among these, 86 percent had participated in group discussions. Others had participated in an HIV/AIDS related training session (22.8%), workshops (14%), condom use demonstrations, and AIDS Day celebrations (12.3% each). Around two-fifths of the respondents (40.4%) reported taking part in events organized by OCWAC. Almost 30 percent had participated in activities conducted by NRCS, and 14 percent had been part of activities organized by Gangotri (Tanble 7.4).

Table 7.4: Participation in HIV/AIDS Awareness Programs

Participation in HIV/AIDS Awareness Program	N	%
Participated in HIV/AIDS awareness raising program or community events in the last 12 months (N=400)		
Yes	57	14.3
No	343	85.8
Participated activities (N=57) *		
Group discussions	49	86.0
HIV/AIDS related training	13	22.8
HIV/AIDS related workshops	8	14.0
Condom use demonstrations	7	12.3
AIDS day	7	12.3
Street drama	4	7.0
Video show	2	3.5
Condom day	1	1.8
Others	1	1.8
Name of the organizations that organized such activities (N=57) *		
OCWAC	23	40.4
NRCS	17	29.8
Gangotri	8	14.0
N-SARC	1	1.8
Others	11	19.3
Organization's name not Known	6	10.5
Was visited by CHBC staff in the past one year (N=400)		
Yes	9	2.3
No	391	97.8
Name of the organizations represented by such staff (N=9) *		
Gangotri	5	55.6
NNSWA	3	33.3
NRCS	2	22.2
Others	2	22.2

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

Of the 400 respondents, nine (2.3%) had also been visited by a CHBC staff member in the past year. These CHBC staff members were sent by Gangotri (55.6%), NNSWA (33.3%), and NRCS (22.2%) (Table 7.4).

Figure 7 compares the exposure of the respondents to different activities related to ongoing HIV/AIDS awareness programs. Of all the components of such programs, interaction with PE/OEs was reported by 27.5 percent of the respondents. Additionally, 14.3 percent had also participated in HIV/AIDS-related programs at least once. However, the proportion of respondents visiting a VCT center (7.3%) or STI clinic (6.3%) was minimal. Likewise, only 2.3 percent of respondents had been visited by a CHBC in the year preceding the survey.

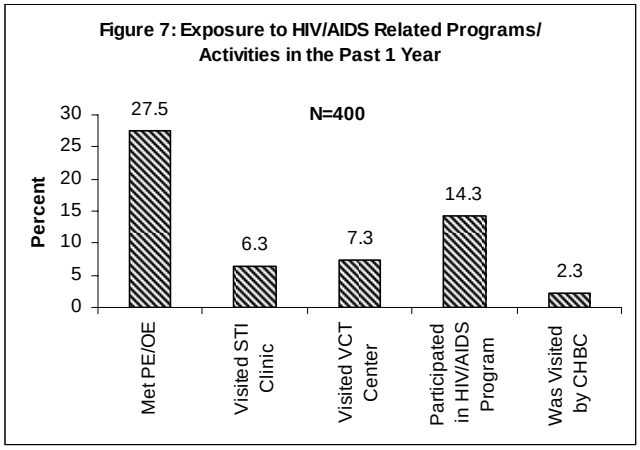
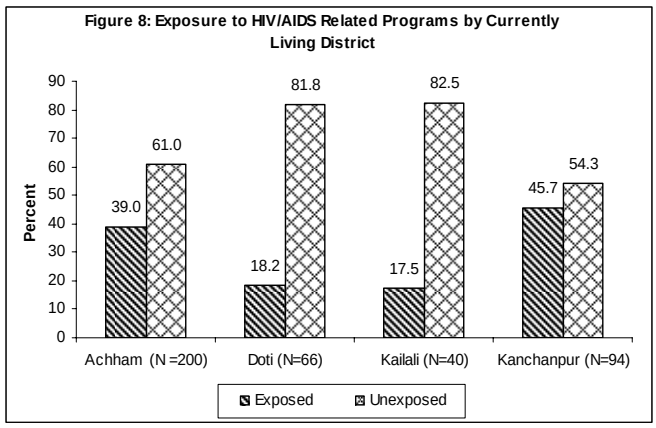


Figure 8 categorizes respondents by study district to indicate their exposure to ongoing activities/programs related to HIV/AIDS. Although the results are not comparable due to the study's sampling methodology, it can be seen that the respondents in Kanchanpur district (45.7%) were slightly more exposed to HIV/AIDS-related programs/activities in the past year, followed by the district of Achham (39%). The respondents reporting such exposure was 18.2 percent in Doti and 17.5 percent in Kailali (Figure 8).



CHAPTER - VIII: CONCLUSIONS AND RECOMMENDATIONS

HIV prevalence among wives of migrant laborers in Far-Western Nepal is 3.3 percent

As evidenced from this first IBBS among the wives of migrant laborers, the HIV prevalence rate among the study participants is estimated to be 3.3 percent. Study participants in Achham district had a slightly higher HIV prevalence (4.5%), compared to Doti (3%), Kailali (2.5%), and Kanchanpur (1.1%).

It is necessary to scale up HIV prevention education, especially among migrant laborers and their spouses. Effective measures need to be initiated towards detection, management, and prevention of STIs and HIV among the migrant laborers and their wives.

Early marriage is a prevalent trend and a large proportion of the wives of migrant laborers are illiterate

Early marriage is the prevalent trend in the Far-Western region, as 95 percent of respondents were married at the age of 19 or less. This includes 27.2 percent of those who were married even before they were 15 years of age. The illiteracy rate is also high among respondents (71.5%). Hence, although Nepal's secondary school education curriculum includes sex education, those who do not attend school miss this opportunity. Informal community education via networks of community health volunteers, FCHVs or women's groups targeting such housewives is necessary. Radio programs, street drama with comprehensive information on the nature and transmission of HIV and AIDS, as well as HIV prevalence and its impact, could be an effective strategy for reaching this group.

A small proportion of the wives of migrant laborers are exposed to HIV/AIDS-related programs

Among different components of ongoing HIV/AIDS-related programs, 27.5 percent had met and interacted with some PE/OEs while a relatively low proportion had been to an STI clinic (6.3%), VCT center (7.3%), and had attended awareness raising program (14.3%) in the past year. Access to prevention services including exposure to awareness activities needs to be expanded and drastically improved. Preventive and awareness programs especially targeting migrant laborers and their spouses and families need to be designed and implemented.

Condom use is low among the wives of migrant laborers

Fourteen (3.5%) of the 400 respondents had never heard about condoms and among those who had heard about them, 72.8 percent of respondents had never used condoms. In most cases, condom use was restricted by the 'trust factor' between spouses. The continuing barriers to inconsistent condom use need to be more fully explored and addressed. Household campaigns and village targeted programs should motivate women in rural areas to speak up regarding condom use and preventive methods to avoid STIs and HIV infection. Migrant male workers should also be part of awareness campaigns regarding condom use to avoid STIs and HIV.

Treatment for STI symptom is mostly not sought

The study shows that a well over one half (57.3%) of those respondents who had at least one STI symptom in the past year (n=82) and 90 percent of those who had been experiencing such symptom/s at the time of survey (n=70) had not sought treatment. Intervention efforts are therefore needed to promote HIV prevention behaviors and health-seeking behavior. Client-friendly and confidential STI treatment centers should be operated at easily accessible points. At the same time, outreach strategies need to be expanded further to include referrals to presumptive treatment initiative.

IBBS is an important tool for measuring HIV, STI prevalence, and behavioral trends

This IBBS is the first round among the wives of migrant laborers. The estimated size of this at-risk group should be considered for future rounds. Repeated and conducted over time, the IBBS will provide reliable information on HIV prevalence, STIs, and the behavior of the study participants for intervention. Utilization of surveillance data should become a routine part of the national monitoring and evaluation system.

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ANNEXES

ANNEX – 1

Indicators for Monitoring and Evaluation Framework for HIV

Prevention 1: HIV-related risk and transmission among Wives of Migrant Laborers	**Result (N=400)**
Impact/Outcome Targets	
Percentage of migrant wives that are HIV infected	3.30%
Percentage of migrants wives who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	18.00%
Output/Coverage Targets	
Percentage of Migrants wives reached with targeted HIV prevention (eg. BCC with OE/PE or DIC or STI Clinics or VCT or community events / trainings or drug treatment or rehabilitation)	34.80%
Percentage of Migrants wives reached with HIV prevention program (Knows where to receive HIV test result and received condom)	7.30%
Percentage of Migrants wives that have received an HIV test in the last 12 months and who know their results	0%

ANNEX – 2

Basic Equation Used in Sample Design

$$n = D\left[(Z_\alpha + Z_\beta)^2 * (P_1 (1 - P_1) + P_2 (1 - P_2)) / (P_2 - P_1)^2\right]$$

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

P_1 = the estimated number of an indicator measured as a proportion at the time of the first survey or for the control area

P_2 = the expected level of the indicator either at some future date or for the project area such that the quantity (P_2-P_1) 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 (P_2-P_1) 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 (P_1-P_2) if one actually occurred (β – statistical power).

ANNEX – 3

District Wise No. of Wives of Migrant Laborers and Sample Selected

District	**No. of selected clusters in the sample**	**No. of migrants' wives at the time of visit**	**Sample selected**
Achham	15	5370	200
Kanchanpur	7	6772	94
Doti	5	2062	66
Kailali	3	3262	40
Total	**30**	**17466**	**400**

ANNEX - 4

CONFIDENTIAL

National Centre for AIDS and STD Control (NCASC)
Ministry of Health and Population (MOPH), Government of Nepal

Integrated Biological and Behavioral Surveillance Survey (IBBS)
Among Wives of Migrant Laborers in Four Districts of Far-Western Nepal 2008

Namaste! My name is ……., I am here from New ERA to collect data for a research study. This study is being conducted by New ERA and SACTS with technical assistance from Family Health International (FHI) and USAID- Nepal for the National Centre for AIDS and STD Control (NCASC), Ministry of Health and Population. As explained in the consent taking process during this data collection, I will ask you some questions that will be about sexual behavior, use and promotion of condoms, STI/HIV/AIDS, drugs and migration pattern. I believe that you will provide correct information only. We will also draw a few drops of blood for HIV testing. If you have any STI symptoms, we will provide treatment free of charge. The information given by you will be strictly treated as confidential. Nobody will know whatever we talk because your name will not be mentioned in this form and blood sample. It will take about 60 minutes to complete the interview and blood sample collection.

You are free to quit the survey any time you want to. You do not have to answer questions that you do not want to answer. But I hope, you will participate in this survey and make it success by providing correct answers of all the questions.

Would you be willing to participate?

1. Yes 2. No

Signature of Interviewer:_____ Date: 2065/____/_____

Definition of Respondent
"Women aged 16 years and above who are current wives or widows of male, who had migrated to India for work for at least three months in the last three years and have returned home at least once within the last three years".

Name of interviewer: _____ Code No. of Interviewer: ☐☐☐☐☐

Date of Interview: 2065/_____/_____

Checked by the supervisor: Signature: _____ Date: 2065/_____/_____

Has someone from New ERA interviewed you with a questionnaire in last few weeks?

1. Yes 2. No (Continue Interview)

↓

When?
_____ Days ago **(STOP INTERVIEW)**

1.0 GENERAL INFORMATION

S.N.	Questions and Filters	Coding Categories	Skip To
101	Respondent ID No.	☐☐☐☐☐☐	
102	Interview Starting Time Interview Completion Time	**Hour** ☐☐ **Minute** ☐☐ **Hour** ☐☐ **Minute** ☐☐	
103	Where were you born?	District_____ VDC/Municipality_____ Ward No..... ☐☐ Village/Tole:_____	
104	Where do you live now? **(Name of Current Place of Residence)**	Districts: _____ VDC/Municipality: _____ Ward No..... ☐☐ Village/Tole: _____	

2.0 ABOUT YOUR PERSONAL INFORMATION

S.N.	Questions and Filters	Coding Categories	Skip To
201	How old are you?	Age ..... ☐☐ ***(write the completed years)***	
202	What is your caste? ***(Write code no. as per Ethnicity/Caste Manual)***	Ethnicity/Caste_____ (Specify) Code No ..... ☐☐	
203	What is your educational status? ***(Circle '00' if illiterate, '19' for the literate without attending the school, and write exact number of the completed grade)***	Illiterate ..... 0 Literate ..... 19 Grade..... ☐☐ ***(write the completed grade)***	
204	What is your present marital status?	Married..... 1 Divorced/Permanently separated ..... 2 Widow 3	
205	How old were you when you were first married?	**Age** ..... ☐☐ ***(write the completed years)***	
206	With whom are you staying currently?	With Husband ..... 1 With in laws..... 2 Alone..... 3 With parents..... 4 With children ..... 5 With male friends ..... 6 Others _____96 (Specify)	
207	How many dependents (whom you have to support) are in your family? **(Count those above 18 as adults)**	Number of children..... ☐☐ Number of adults…..……. ☐☐ Total No. …….. ☐☐	

3.0 ABOUT YOUR HUSBAND

NOTE:

1. Before asking questions about her husband make sure that he had migrated to India for at least three months for work and had returned home within last three years.

2. If the respondent is a widow, she should answer the questions relating to her husband's last home visit before death.

[THIS BEING A SENTIMENTAL ISSUE, SHOULD BE HANDLED WITH UTMOST CARE AND HONOR TO THE CONCERNS OF THE RESPONDENT]

S.N.	Questions and Filters	Coding Categories	Skip To
301	How old was your husband when he had gone abroad for work for the first time?	Age ..... ☐☐ ***(write the completed years)*** Don't know 98	
302	When your husband was abroad, how much did he earn per month from his last job?	Rupees ..... ☐☐☐☐☐ ***(If it is IC convert it into NC)*** Don't know 98	
303	When your husband was abroad where did he work and for how long? **(Mention first place of work at first. Write detail description of each location and duration in this table)**		

Visited Country	Visited Cities			Date of Visited		Months Spent in Abroad	Date of Returned Back to Nepal		Months Spent in Nepal	Type of Work in Abroad
	State	City	Nearby City	Year	Month		Year	Month		

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

304	How old were you when your husband had gone abroad for work for the first time?	Age ..... ☐☐ ***(write the completed years)*** Before my marriage ..... 96 Don't know 98	
305	When did he come back home for the last time? **(If less than a month, write '00')**	Months ago ..... ☐☐	
306	When had he come back home before the last time (**mentioned in Q 305**)? **(Check: answer to Q. No. 306 must be larger than the answer to Q. No. 305)**	He came back only once ..... 95 Months ago ..... ☐☐	
307	When your husband was at home last time how often did he drink 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	

S.N.	Questions and Filters	Coding Categories	Skip To
308	When your husband was abroad for the last time, with whom did he live there?	Alone ..... 1 With other woman ..... 2 With friends ..... 3 With relatives ..... 4 Others _____ 96 (Specify) Don't Know 98	
309	**Note: If the response is 3 in Q No 204 go to Q No. 310** Is your husband married to other woman also? **(This question will be applicable to those who are currently married and divorced)**	Yes ..... 1 No ..... 2 Don't Know 98	401
310	When did your husband die? **(If less than a month, write '00')**	Months ago ..... ☐☐	
311	Do you know the cause of death of your husband?	Yes ..... 1 No ..... 2 →	315
312	If Yes, in Q 311, what was the cause of death?	HIV/AIDS ..... 1 Others _____ 96 → (Specify)	315
313	If the cause of death was HIV/AIDS was his blood tested?	Yes ..... 1 → No ..... 2 Don't Know 98	315
314	If his blood was not tested, how do you know the cause of death was HIV/AIDS?	_____ _____ _____	
315	When your husband was alive, did he have another wife (second marriage)?	Yes ..... 1 No ..... 2 Don't know 3	

4.0 INFORMATION ON SEXUAL BEHAVIOR

S.N.	Questions and Filters	Coding Categories	Skip To
401	How old were you at your first sexual intercourse? **(In completed years)**	Years old ..... ☐☐ Don't know/can't recall 98	
402	Did you ever have had sexual intercourse with a man other than your husband? **(If answer is 'No' Probe)**	Yes ..... 1 No ..... 2 → Others _____ ... 96 (Specify)	405
403	**If Yes in 402,** when did you have sex with a man other than your husband? **(Multiple response possible. Don't read the responses)**	When husband was abroad ..... 1 After getting divorced ..... 2 ***(check Q no 204 whether she is divorcee)*** After the death of husband ..... 3 ***(check Q no 204 whether she is widow)*** Before getting married ..... 4 Others _____ .... 96 (Specify) No Response 99	

S.N.	Questions and Filters	Coding Categories	Skip To
404	How frequent do you have sex with other men?	Most often ..... 1 Some times ..... 2 Rarely ..... 3 Had such sexual contact only before getting married ..... 4 No response 99	
405	Have you ever had sex with someone other than your husband who paid you in cash or in kind for sex? **(If answer is 'No' Probe)**	Yes ..... 1 No 2	→ 407
406	Since when have you been you having sex with someone other than your husband who pays you in cash or in kind?	Since less than 3 months back ..... 1 Since past one year ..... 2 Since past three years ..... 3 Since past five years ..... 4 Since more than past five years ..... 5 Rarely ..... 6 No response 99	
407	Have you ever gone abroad?	Yes ..... 1 No 2	→ 501
408	Who accompanied you when you went abroad?	Alone ..... 1 My husband ..... 2 Relative/friend ..... 3 Unknown person ..... 4 No Response ..... 99 Others _____ ... 96 (Specify)	
409	Did you have sex when you had gone abroad?	Yes ..... 1 No 2	→ 501
410	When you were abroad, with whom did you have sex ? **(Multiple response : Do not read the possible answers)**	With husband ..... 1 With other male ..... 2 With someone who paid me in cash or in kind ..... 3 No Response 99	

5.0 KNOWLEDGE, ACCESSIBILITY AND USE OF CONDOM

Condom Knowledge and Accessibility

Q.N.	Questions and Filters	Coding Categories	Skip to
501	Have you ever heard about condom? **(If answer is No, Probe)**	Yes ..... 1 No 2	→ 513
502	From where did you hear about condom? **(Multiple response : Do not read the possible answers)**	Radio/FM ..... 1 TV ..... 2 Health workers ..... 3 NGOs ..... 4 FCHV ..... 5 Peer /friends ..... 6 Husband ..... 7 Peer/outreach educators ..... 8 Others _____ 96 (Specify)	

Q.N.	Questions and Filters	Coding Categories	Skip to
503	Have you ever used condom? **(If answer is No, Probe and confirm)**	Yes ..... 1 No ..... 2 → 513	
504	Do you usually keep condoms at home?	Yes ..... 1 No 2	
505	Which places or persons do you know where you can obtain condoms? **(Multiple answer: Do not read the possible answers)**	Health Post / Health Center ..... 1 Pharmacy ..... 2 General retail store (*Kirana Pasal*) ..... 3 Private Clinic ..... 4 Paan shop ..... 5 Hospital ..... 6 FPAN Clinic ..... 7 Peer /Friends ..... 8 FCHV ..... 9 NGOs ..... 10 Peer/outreach educators ..... 11 Health Workers/Volunteers ..... 12 Others _____ ... 96 (Specify) Don't know 98	
506	How long does it take you to get condom from the nearest place from your home? **(if it is less than one minute write 00)**	Minutes ..... ☐☐ Don't know 98	
507	How do you usually obtain condoms?	I always get it free of cost ..... 1 → 508 I buy ..... 2 → 510 Both (buy & get free) ..... 3 → 508 My husband/sex partner brings it 4	
507.1	How does your husband/sex partner often obtain free condoms?	Always gets free of cost ..... 1 Always buys ..... 2 → 510 Obtains both ways ..... 3 Don't know ..... 98 → 512	
508	From where do you (does your husband/sex partner) obtain free condoms mostly?	Health Post/ Health Center ..... 1 Hospital ..... 2 FPAN Clinic ..... 3 Peer /Friends ..... 4 FCHV ..... 5 Outreach/peer educators ..... 6 NGO ..... 7 Health worker/volunteer ..... 8 Others _____ ... 96 (Specify)	
509	Which would be the most convenient place/s for you (your husband/sex partner) to obtain free condoms? **(Multiple answers: Do not read the possible answers)**	Health Post/ Health Center ..... 1 Hospital ..... 2 FPAN Clinic ..... 3 Peer /Friends ..... 4 FCHV ..... 5 Outreach/peer educators ..... 6 NGO ..... 7 Health worker/volunteer ..... 8 Others _____ ... 96 (Specify)	
	(Note: If response is '1' or '4' in 507, go to Q. 512)		

Q.N.	Questions and Filters	Coding Categories	Skip to
510	From where do you (your husband/sex partner) often buy condoms? (Multiple answers: Do not read the possible answers)	Pharmacy ..... 1 General retail store *(Kirana Pasal)* ..... 2 Private clinic ..... 3 Paan Shop ..... 4 Others _____ ... 96 (Specify)	
511	Which would be the most convenient places for you (your husband/sex partner) to buy condom? **(Multiple answers. Do not read the possible answers)**	Pharmacy ..... 1 General retail store *(Kirana Pasal)* ..... 2 Private clinic ..... 3 Paan Shop ..... 4 Others _____ ... 96 (Specify)	
512	In the past one year, did you get condom from anywhere? (e.g. peer educators, drop in centers, sexual health centers)	Yes free ..... 1 Yes on cash ..... 2 No 1	

Condom Use with Husband when he was home last time

Q.N.	Questions and Filters	Coding Categories	Skip to
513	Did you had sex with your husband when he was back home last time? **(If answer is 'No' Probe)**	Yes ..... 1 No 2	→ 521
514	How long did your husband stay when he was back home last time? **(write '00' if less than one month)**	At home even now ..... 95 Month ..... ☐☐☐	
515	How many times did you have sexual intercourse with your husband when he was back home last time?	Times ..... ☐☐☐☐ Don't know 98	
516	**If 2 in Q No. 501 or 2 in 503 go to Q No. 522** Did you use condom in your last sexual intercourse with your Husband? **(Check with Q no. 501 and 503)**	Yes ..... 1 No 2	→ 518
517	Who suggested condom use at that time?	Myself ..... 1 My husband ..... 2 Both of us ..... 3 Don't know 98	519
518	Why didn't you use condom at that time?	Not available ..... 1 Too expensive ..... 2 Husband objected ..... 3 I didn't like to use it ..... 4 Didn't think it was necessary ..... 5 Didn't think of it ..... 6 Didn't know/ wasn't aware about condoms ..... 7 Others _____ ... 96 (Specify)	

Q.N.	Questions and Filters	Coding Categories	Skip to
519	When your husband was back home last time, how often did you use condom while having sex with him?	All of the time ..... 1 Most of the time ..... 2 Sometimes ..... 3 Rarely ..... 4 Never 5	→ 522
520	Why you did not use condom always? **(Multiple answers: Do not read the possible answers)**	Not available ..... 1 Too expensive ..... 2 Husband objected ..... 3 I didn't like to use it ..... 4 Didn't think it was necessary ..... 5 Didn't think of it ..... 6 Didn't know/ wasn't aware about condoms ..... 7 Others _____ 96 (Specify) Don't know 98	522
521	May I ask you the reason why you did not have sex with your husband when he was home last time? **(Multiple answers: Do not read the possible answers)**	I was sick ..... 1 Husband was sick ..... 2 Husband was at home for a short time ..... 3 I was not at home when husband came back home ..... 4 Others _____ ... 96 (Specify) No Response 99	

Condom Use with Husband when he was home before last time

Q.N.	Questions and Filters	Coding Categories	Skip to
522	Did you have sex with your husband when he was back home before the last time?	Yes ..... 1 No ..... 2 Husband returned home only once 3	→ 527 → 528
523	How long did your husband stay at home when he was back home before the last time? **(If less than one month write '00')**	Month …… ☐☐☐	
524	How many times did you have sexual intercourse with your husband when he was back home before last time?	Times ..... ☐☐ Don't know 98	

Q.N.	Questions and Filters	Coding Categories	Skip to
525	**(If 2 in Q no. 501 or 2 in Q no. 503 go to Q no. 528)** When your husband was back home before last time, how often did you use condom while having sex with him? **(Check Q no. 501 and Q no. 503)**	All the time ..... 1 Most of the time ..... 2 Sometime ..... 3 Rarely ..... 4 Never 5	→ 528
526	Why didn't you use condom always? **(Multiple answers: Do not read the possible answers)**	Not available ..... 1 Too expensive ..... 2 Husband objected ..... 3 I didn't like to use it ..... 4 Didn't think it was necessary ..... 5 Didn't think of it ..... 6 Didn't know/ wasn't aware about condoms ..... 7 Others _____ ... 96 (Specify) Don't know 98	528
527	May I ask you the reason why you had no sex with your husband when he was home before the last time? **(Multiple answers: Do not read the possible answers)**	I was sick ..... 1 Husband was sick ..... 2 Husband was at home for a short time ..... 3 I was not at home when husband came back home ..... 4 Others _____ ... 96 (Specify) No Response 99	
	Note: Check Q no. 402 and if the answers is No go to Q no 543		
528	Where did you have sex with a man other than your husband? **(If the answer is 2 or 3, check with Q no. 407 and 410)**	In Nepal ..... 1 Abroad ..... 2 Both in Nepal and abroad 3	→ 536
	Condom Use with other males in Nepal		
529	**(If answer is 2 in Q no. 501 or 2 in Q no. 503 go to Q no. 543)** How often did you use condom when you had sexual intercourse with a man other than your husband in Nepal? **(Check with Q.N. 501 and Q no. 503)**	Always ..... 1 Most of the times ..... 2 Sometimes ..... 3 Rarely ..... 4 Never 5	→ 531
530	Why didn't you use condom all the times? **(Multiple answers: Do not read the possible answers)**	Not available ..... 1 Too expensive ..... 2 Partner objected ..... 3 I didn't like to use it ..... 4 Didn't think it was necessary ..... 5 Didn't think of it ..... 6 Didn't know/ wasn't aware about condoms ..... 7 Others _____ ... 96 (Specify) Don't know 98	

Q.N.	Questions and Filters	Coding Categories	Skip to
531	Did you use condom in your last sexual intercourse with a man other than your husband in Nepal? **(Check with Q no.501 and 503)**	Yes ..... 1 No ..... 2 →	 533
532	Who suggested condom use at that time?	Myself ..... 1 Sex partner ..... 2 Both of us ..... 3 Don't know 98	534
533	Why didn't you use condom at that time? **(Multiple answers: Do not read the possible answers)**	Not available ..... 1 Too expensive ..... 2 Partner objected ..... 3 I didn't like to use it ..... 4 Didn't think it was necessary ..... 5 Didn't think of it ..... 6 Didn't know/ wasn't aware about condoms ..... 7 Others (Specify) _____ . 96 Don't know 98	
534	When you had sex with men other than your husband in Nepal in the last 12 months, how often did you use condom? **(Check with Q no. 501 and 503)**	All of the time ..... 1 → Most of the time ..... 2 Sometime ..... 3 Rarely ..... 4 Never ..... 5 Did not have sex in the past one year ..... 6 →	536 536
535	Why didn't you use condom always when you had sex with men other than your husband in the last 12 months? **(Multiple answers: Do not read the possible answers)**	Not available ..... 1 Too expensive ..... 2 Partner objected ..... 3 I didn't like to use it ..... 4 Didn't think it was necessary ..... 5 Didn't think of it ..... 6 Didn't know/ wasn't aware about condoms ..... 7 Others (Specify) _____ . 96 Don't know 98	
	Condom use with men other than husband in a foreign country		
	If 2 in Q no. 407 or 2 in Q no. 409 or 1 or 3 in Q no.410 or 1 in Q no. 528 go to Q no. 543		
536	When you had sex with men other than your husband when you were abroad how often did you use condom? **(Check with Q.N. 501 and 503)**	All of the time ..... 1 → Most of the time ..... 2 Some of the time ..... 3 Rarely ..... 4 Never 5	538
537	Why didn't you use condom always when you had sex with men other than your husband when you were abroad? **(Multiple answers: Do not read the possible answers)**	Not available ..... 1 Too expensive ..... 2 Partner objected ..... 3 I didn't like to use it ..... 4 Didn't think it was necessary ..... 5 Didn't think of it ..... 6 Didn't know/ wasn't aware about condoms ..... 7 Others (Specify) _____ . 96 Don't know 98	

Q.N.	Questions and Filters	Coding Categories	Skip to
538	Did you use a condom in your last sexual intercourse with men other than your husband when you were abroad? **(Check with Q.N. 501 and 503)**	Yes ..... 1 No ..... 2 →	540
539	Who suggested condom use at that time?	Myself ..... 1 My Partner ..... 2 Both of us ..... 3 Don't know 98	541
540	Why didn't you use condom that time?	Not available ..... 1 Too expensive ..... 2 Partner objected ..... 3 I didn't like to use it ..... 4 Didn't think it was necessary ..... 5 Didn't think of it ..... 6 Didn't know/ wasn't aware about condoms ..... 7 Others _____ ... 96 (Specify) Don't know 98	
541	In the past 1year, when you had sex with men other than your husband abroad, how often did you use condom? **(Check with Q no 501 and Q no. 503)**	All of the time ..... 1 → Most of the time ..... 2 Sometime ..... 3 Rarely ..... 4 Never ..... 5 Didn't have sex in the past one year ..... 6 →	543 543
542	Why didn't you use condom always with men other than your husband when you were abroad in the last 12 months? **(Multiple answers: Do not read the possible answers)**	Not available ..... 1 Too expensive ..... 2 Partner objected ..... 3 I didn't like to use it ..... 4 Didn't think it was necessary ..... 5 Didn't think of it ..... 6 Didn't know/ wasn't aware about condoms ..... 7 Others _____ ... 96 (Specify) Don't know 98	
	If 2 in Q no. 405 go to Q no 601		
543	Where did you have sex with men who paid you in cash or in kind for sex? **(If answer is 2 or 3 Check with Q.N. 404 and 406)**	In Nepal ..... 1 Abroad ..... 2 → Both in Nepal and abroad 3	551
544	**If 2 in Q no. 501 or 2 in Q no. 503 go to Q no. 601** How often did you use condoms with men who paid you in cash or in kind for sex in Nepal? **Check with Q no. 501 and Q no. 503**	All of the time ..... 1 → Most of the time ..... 2 Sometime ..... 3 Rarely ..... 4 Never 5	546

Q.N.	Questions and Filters	Coding Categories	Skip to
545	Why didn't you use condom all the time with men who paid you in cash or in kind for sex? **(Multiple answers: Do not read the possible answers)**	Not available ..... 1 Too expensive ..... 2 Partner objected ..... 3 I didn't like to use it ..... 4 Didn't think it was necessary ..... 5 Didn't think of it ..... 6 Didn't know/ wasn't aware about condoms ..... 7 Others (Specify)_____ 96 Don't know 98	
546	Did you use condom during last sex with men who paid you in cash or in kind for sex in Nepal? **(Check with Q no. 501 and Q no.503)**	Yes ..... 1 No ..... 2 → 548	
547	Who suggested condom use at that time?	Myself ..... 1 My Partner ..... 2 Both of us ..... 3 Don't know 98	549
548	Why didn't you use condom at that time? **(Multiple answers: Do not read the possible answers)**	Not available ..... 1 Too expensive ..... 2 Partner objected ..... 3 I didn't like to use it ..... 4 Didn't think it was necessary ..... 5 Didn't think of it ..... 6 Didn't know/ wasn't aware about condoms ..... 7 Others (Specify)_____ 96 Don't know 98	
549	In the past 1year, when you had sex with men who paid you in cash or in kind for sex in Nepal how often did you use condom? **(Check with Q no 501 and Q no. 503)**	All of the time ..... 1 → 551 Most of the time ..... 2 Sometime ..... 3 Rarely ..... 4 Never ..... 5 Didn't have sex in the past one year ..... 6 → 551	
550	Why didn't you use condom always with men who paid you in cash or in kind for sex in Nepal in the past one year? **(Multiple answers: Do not read the possible answers)**	Not available ..... 1 Too expensive ..... 2 Partner objected ..... 3 I didn't like to use it ..... 4 Didn't think it was necessary ..... 5 Didn't think of it ..... 6 Didn't know/ wasn't aware about condoms ..... 7 Others (Specify)_____ 96 Don't know 98	
	Condom use with men who paid in cash or in kind for sex in foreign country		
	If 2 in Q no. 407 or 2 in Q no. 409 or 1 or 2 in Q no.410 or 1 in Q no. 543 go to Q no. 601		
551	How often did you use condoms with men who paid you in cash or in kind for sex abroad? **(Check with Q no. 501 and Q no. 503)**	All of the time ..... 1 → 553 Most of the time ..... 2 Sometime ..... 3 Rarely ..... 4 Never 5	

Q.N.	Questions and Filters	Coding Categories	Skip to
552	Why didn't you use condom all the time with men who paid you in cash or in kind for sex abroad? **(Multiple answers: Do not read the possible answers)**	Not available ..... 1 Too expensive ..... 2 Partner objected ..... 3 I didn't like to use it ..... 4 Didn't think it was necessary ..... 5 Didn't think of it ..... 6 Didn't know/ wasn't aware about condoms ..... 7 Others _____ ... 96 (Specify) Don't know 98	
553	Did you use condom during last sex with men who paid you in cash or in kind for sex abroad? (**Check with Q no. 501 and Q no.503)**	Yes ..... 1 No 2	→ 555
554	Who suggested condom use at that time?	Myself ..... 1 My Partner ..... 2 Both of us ..... 3 Don't know 98	556
555	Why didn't you use condom at that time? **(Multiple answers: Do not read the possible answers)**	Not available ..... 1 Too expensive ..... 2 Partner objected ..... 3 I didn't like to use it ..... 4 Didn't think it was necessary ..... 5 Didn't think of it ..... 6 Didn't know/ wasn't aware about condoms ..... 7 Others _____ ... 96 (Specify) Don't know 98	
556	In the past 1year, when you had sex with men who paid you in cash or in kind for sex abroad how often did you use condom? **(Check with Q no 501 and Q no. 503)**	All of the time ..... 1 Most of the time ..... 2 Sometime ..... 3 Rarely ..... 4 Never ..... 5 Didn't have sex in the past one year 6	→ 601 → 601
557	Why didn't you use condom always with men who paid you in cash or in kind for sex abroad in the past one year? **(Multiple answers: Do not read the possible answers)**	Not available ..... 1 Too expensive ..... 2 Partner objected ..... 3 I didn't like to use it ..... 4 Didn't think it was necessary ..... 5 Didn't think of it ..... 6 Didn't know/ wasn't aware about condoms ..... 7 Other _____ . 96 (Specify) Don't know 98	

6.0 AWARENESS OF HIV/AIDS

Q.N.	Questions and Filters	Coding Categories	Skip to
601	Have you ever heard of an illness called HIV/AIDS? **(Probe if answer is NO to confirm)**	Yes ..... 1 No ..... 2 →	→ 701
602	From where did you hear about HIV/AIDS? **(Multiple answers: Do not read the possible answers)**	Radio/FM ..... 1 TV ..... 2 Health workers ..... 3 NGOs ..... 4 FCHV ..... 5 Peers/Friends ..... 6 Husband ..... 7 Peer/outreach educators ..... 8 Others _____ ... 96 (Specify)	
603	What messages have you heard about HIV/AIDS? **(Probe if respondent stops at one or two messages)**	List Messages 1. _____ 2. _____ 3. _____ 4. _____ 5. _____	
604	Have you been provided any sort of information/education on HIV or STIs in the past year?	Yes ..... 1 No ..... 2 Don't know 98	
	Knowledge, Opinion and Attitudes on HIV/AIDS		
605	Do you know anyone who is infected with HIV or who has died of AIDS?	Yes ..... 1 No ..... 2 →	→ 607
606	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 fried ..... 2 No 3	
607	Do you know that HIV infection can be prevented by abstaining from sex?	Yes ..... 1 No ..... 2 Don't know 98	
608	Can people protect themselves from HIV by having one uninfected faithful sex partner?	Yes ..... 1 No ..... 2 Don't know 98	
609	Can people protect themselves from HIV by using condom correctly in each sexual contacts?	Yes ..... 1 No ..... 2 Don't know 98	
610	Do you think a healthy-looking person can be infected with HIV?	Yes ..... 1 No ..... 2 Don't know 98	
611	Can a person get the HIV virus from mosquito bite?	Yes ..... 1 No ..... 2 Don't know 98	
612	Can a person get HIV by sharing a meal with an HIV infected person?	Yes ..... 1 No ..... 2 Don't know 98	
613	Can a pregnant woman infected with HIV transmit the virus to her unborn child?	Yes ..... 1 No ..... 2 Don't know 98	615

Q.N.	Questions and Filters	Coding Categories	Skip to
614	What can a pregnant woman do to reduce the risk of transmission of HIV to her unborn child?	Take Medication ..... 1 Others _____ ... 96 (Specify) Don't know 98	
615	Can a woman with HIV/AIDS transmit the virus to her newborn child through breastfeeding?	Yes ..... 1 No..... 2 Don't know 98	
616	Can a person get HIV by shaking hands with HIV infected persons?	Yes ..... 1 No..... 2 Don't know 98	
617	Can a person get HIV by using previously used needle/syringe?	Yes ..... 1 No..... 2 Don't know 98	
618	Can blood transfusion from HIV infected person transmit HIV to others?	Yes ..... 1 No..... 2 Don't know 98	
619	Is it possible in your community for someone to have a confidential HIV test?	Yes ..... 1 No..... 2 Don't know 98	
620	If you have to go for HIV testing, do you know where can you go for it?	Yes, I know ..... 1 No, I don't know 2	
621	**I do not want to know the result**, but have you ever had an HIV test?	Yes ..... 1 No..... 2 →	701
622	Did you voluntarily undergo the HIV test or was it required?	Voluntarily ..... 1 Required..... 2 No Response ..... 99 Others _____ ... 96 (Specify)	
623	**I do not want to know the result**, Did you receive the result of your HIV test?	Yes ..... 1 → No..... 2	627
624	Why did you not receive the test result?	Sure of not being infected ..... 1 Was afraid of result..... 2 Felt unnecessary..... 3 Forgot it ..... 4 Others _____ ... 96 (Specify)	
625	Did you HIV test in the past one year?	Yes ..... 1 No..... 2 →	627
626	**I do not want to know the result**. Did you receive the result of your HIV test?	Yes ..... 1 No..... 2	
627	When did you have your most recent HIV test?	Within last 12 months ..... 1 Between 1-2 years..... 2 Between 2-4 years..... 3 More than 4 years ago..... 4	

7.0 SEXUALLY TRANSMITTED INFECTION (STI)

Q.N.	Questions and Filters	Coding Categories	Skip to
	STI and Treatment		
701	Which diseases do you understand by STI? **(Multiple answers: Do not read the possible answers)**	White Discharge/Discharge of Pus/*Dhatu* flow ..... 1 Pain during urination..... 2 Burning Sensation while Urinating ..... 3 Ulcer or sore around genital area.4 Syphilis (*Bhiringi)* ..... 5 HIV/AIDS ..... 6 Others _____ ... 96 (Specify) Don't know 98	
702	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	
	(If answer is "No" to all in Q. No. 702 Go to Q. 714)		
703	Are you currently going through medical treatment for any of these symptoms?	Yes ..... 1 No..... 2	→ 714
704	If yes, for how long did you wait to go for treatment? **(Write "00" if less than a week)**	Week ..... ☐☐	
705	Where did you go for the treatment? **(Multiple answers. Do not read the possible answers)**	Private clinic ..... 1 N-SARC Clinic ..... 2 FPAN Clinic ..... 3 Health Post/ Health Center ..... 4 Hospital ..... 5 Pharmacy ..... 6 Self Treatment ..... 7 Nepal Red Cross Society..... 8 Hasti AIDS .....9 Others _____ ... 96 (Specify)	
706	**For which symptoms did you get treatment? Specify the treatment.**		
	Symptoms	Treatment	
	1. White Discharge/Discharge of Pus		
	2. Pain during urination		
	3. Burning Sensation while Urinating		
	4. Ulcer or sore around genital area		
	96. Others (Specify)_____		
707	Did you receive a prescription for medicine?	Yes ..... 1 No..... 2	→ 711

Q. N.	Questions and Filters	Coding Categories	Skip to
708	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	711
709	Did you take all of the medicine prescribed?	Yes ..... 1 No..... 2	→ 711
710	If not, why did you not take all of the medicine prescribed?	Forgot to take ..... 1 Felt cured ..... 2 Medicine did not help much ..... 3 Others _____96 (Specify)	
711	How much did you pay for STI medicines? **(Note: If not paid mention the reasons)**	Rs. ☐☐☐☐ Reason _____ _____ _____	
712	Did anyone from the place you visited for treatment counsel you to avoid the problem?	Yes ..... 1 No..... 2	→ 714
713	What did she/he tell you? **(Multiple answers: Do not read the possible answers)**	Told me to use condom ..... 1 Told me to reduce number of sexual partners ..... 2 Others _____96 (Specify)	

714 **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) _____	1	2

(If answer is 'No' to all in Q. No. 714 Go to Q. 717)

715 **Did you get treatment for the symptoms cited in 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) _____	1	2

(If answer is 'No' to all in Q. No. 715 Go to Q. 717)

Q. N.	Questions and Filters	Coding Categories	Skip to
716	Where did you go for the treatment? **(Multiple answers: Do not read the possible answers)**	Private Clinic ..... 1 N-SARC ..... 2 FPAN Clinic ..... 3 Health Post/ Health Center ..... 4 Hospital ..... 5 Pharmacy ..... 6 Self treatment ..... 7 Nepal Red Cross Society ..... 8 Hasti AIDS ..... 9 Others _____ ... 96 (Specify)	
	Husband's STI and Treatment		
717	When your husband was back home last time, did he have any STI symptoms?	Yes ..... 1 No ..... 2 Don't know 98	721
718	Did he seek medical treatment for any of those symptoms?	Yes ..... 1 No ..... 2 Don't know 98	721
719	Where did he go for the treatment? **(Multiple answers: Do not read the possible answers)**	Private Clinic ..... 1 N-SARC Clinic ..... 2 FPAN Clinic ..... 3 Health Post/ Health Center ..... 4 Hospital ..... 5 Pharmacy ..... 6 Self treatment ..... 7 Nepal Red Cross Society ..... 8 Hasti AIDS ..... 9 Others _____ ... 96 (Specify)	
720	How much did your husband pay for medicine he took? **(Note: If not paid mention the reasons)**	Rs. ☐☐☐☐ Don't Know ..... 98 Reason _____ _____ _____	
721	**If 3 in Q no. 522 go to Q no. 801** When your husband was back home before last time, did he have any STI symptoms at that time?	Yes ..... 1 No ..... 2 Don't know 98	801
722	If Yes, was he treated at that time?	Yes ..... 1 No ..... 2 Don't know 98	

8.0 USE OF DRUGS AND INJECTION

Q. N.	Questions and Filters	Coding Categories	Skip to
801	Do you smoke?	Yes ..... 1 No..... 2 No response..... 99	
802	Do you drink alcohol? If Yes, During the last 30 days how often did you drink alcohol?	No, never ..... 1 Yes, everyday..... 2 Yes, 2-3 times a week ..... 3 Yes, at least once a week ..... 4 Yes, less than once a week..... 5 Don't know..... 98 No response..... 99	
803	Some people take different types of oral drugs. Have you also tried any of those drugs in the past 30 days?	Yes ..... 1 No..... 2 Don't know..... 98 No response..... 99	
804	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 Don't know..... 98 No response..... 99	

9.0 STIGMA AND DISCRIMINATION

Q. N.	Questions and Filters	Coding Categories	Skip to
901	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	
902	If a female relative of yours become ill with HIV, would you be willing to care for her in your household?	Yes ..... 1 No..... 2 Don't know..... 98	
903	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	

10.0 KNOWLEDGE OF AND PARTICIPATION IN STI and HIV/AIDS PROGRAMS

Q. N.	Questions and Filters	Coding Categories	Skip to
1001	Have you met, discussed, or interacted with peer educators (PE), or outreach educator or community mobilizer (CM) in the last 12 months?	Yes ..... 1 No..... 2 No Response 99	} 1003
1002	Do you know which organization did they belong to? **(Multiple answers: DO NOT READ the possible answers)**	Government..... 1 NSARC ..... 2 NRCS ..... 3 Samaj Sewa Doti ..... 4 Hasti ..... 5 CDF ..... 6 Others (Specify) _____96 Don't know 98	
1003	Have you visited or been to any drop in center (DIC) in the last 12 months?	Yes ..... 1 No..... 2	→ 1005

Q. N.	Questions and Filters	Coding Categories	Skip to
1004	Do you know which organizations were running those DICs? **(Multiple answers: DO NOT READ the possible answers)**	NSARC ..... 1 NRCS ..... 2 Others _____ ... 96 (Specify) Don't know 98	
1005	Have you visited any STI clinic in the last 12 months?	Yes ..... 1 No..... 2 →	1007
1006	Do you know which organizations run those STI clinics? **(Multiple answers: DO NOT READ the possible answers)**	NSARC ..... 1 NRCS ..... 2 Others _____ ... 96 (Specify) Don't know 98	
1007	Have you visited any voluntary counseling and testing (VCT) centers in the last 12 months?	Yes ..... 1 No..... 2 →	1009
1008	Do you know which organizations run those VCT centers? **(Multiple answers: DO NOT READ the possible answers)**	NSARC ..... 1 NRCS ..... 2 Hasti ..... 3 Others _____ ... 96 (Specify) Don't know 98	
1009	Have you ever participated in HIV/AIDS awareness raising program or community events in the last 12 months?	Yes ..... 1 No..... 2 →	1012
1010	When you participated in such events in what activities were you involved? (**Multiple answers: DO NOT READ the possible answers)**	Street drama ..... 1 AIDS Day ..... 2 Condom Day ..... 3 Video Shows ..... 4 Group discussions ..... 5 Talk programs ..... 6 HIV/AIDS related training ..... 7 HIV/AIDS related Workshops .. 8 Condom use demonstrations ..... 9 Others _____ ... 96 (Specify)	
1011	Do you know which organizations organized those activities? **(Multiple answers: DO NOT READ the possible answers given below)**	NSARC ..... 1 NRCS ..... 2 Others _____ 96 (Specify) Don't know 98	
1012	Have you ever been visited by Community and Home Based Care (CHBC) health workers in the last 12 months?	Yes ..... 1 No..... 2 →	**Stop interview**
1013	Do you know which organizations organized those activities? **(Multiple answers: DO NOT READ the possible answers given below)**	NSARC ..... 1 NRCS ..... 2 Others _____ ... 96 (Specify) Don't know 98	

Interview completed time	☐☐ hrs. ☐☐ mins.

ANNEX – 5

CONFIDENTIAL

INTEGRATED BIOLOGICAL AND BEHAVIORAL SURVEILLACE SURVEY (IBBS) AMONG WIVES OF MIGRANT LABORERS IN SELECTED SITES OF NEPAL – 2008

Clinical/Lab Checklist for Wives of Migrants Laborers

Respondent ID Number: | | | | | | |

Name of Clinician: _____ Date: 2065/_____/_____

Name of Lab Technician: _____

(A) Clinical Information

Weight: _____ Kg.

B.P. : _____mm of Hg.

Pulse: _____

Temperature: _____º F

(B) Specimen collection

	Yes	No
Pre test counseled	1	2
Blood collected for HIV and Syphilis	1	2
Date and place for post-test results given	1	2
Condom given	1	2
Vitamins given	1	2
Gift Given	1	2
IEC materials given	1	2

1.0 Syndromic Treatment Information

101. Did you have vaginal discharge or experience burning sensation while urinating in the past one-month?

1. Yes 2. No

(**If yes, give treatment for gonorrhea and Chlamydia**)

102. Did you have sore or ulcer in and around genital areas in the past one-month?

1. Yes 2. No

(If yes, Refer)

ANNEX - 6

Family Health International (FHI), Nepal
Oral Informed Consent Form for Wives of Migrant Laborers

Title: Integrated Biological and Behavioral Surveillance Survey among the Wives of Migrant Laborers in Four Districts in Far Western Nepal

Sponsor: ASHA Project - FHI/Nepal and USAID/Nepal

Principal Investigator/s: Jacqueline McPherson, MPH, FHI/Nepal
Laxmi Bilas Acharya, PhD, FHI/Nepal

Address: FHI Nepal
GPO Box 8803, Gopal Bhawan, Anamika Galli
Ward No 4, Baluwatar, Kathmandu, Nepal
Phone: +977 1 443 7173
Fax: +977 1 441 7475
Email: jackie@fhi.org.np
lacharya@fhi.org.np

Introduction
We are asking you to take part in research study to collect information on knowledge of human immunodeficiency virus (HIV)/sexually transmitted infections (STIs), HIV/STI related risk behaviors, STI treatment practices and to measure the prevalence of HIV among the populations like you. We want to be sure that you understand the purpose of the research and your responsibilities before you decide to participate in the study. This discussion is the process needed before the study occurs. You will not be asked to sign this form, only to tell us you understand it. One person will explain you about the study and another person will witness the consent taking process. Both consent taker and the witness will sign the form. You can ask us to explain any words or information that you may not understand.

Information about the Research and Your Role
This study selects its study participants who are wives of migrant laborers using a random process from four districts of Far western Nepal. You are in the pool of possible candidates, but the final selection would be based on your choice. In total 400 women like you will be selected for interview. Once you agree to participate in the study we will interview you using a structured questionnaire and then ask you to provide blood sample for HIV test. We will draw few drops of blood by finger prick. If you have any STI symptom, we will provide free treatment. You will be informed about the dates and place from where you can collect the results of HIV and STI tests. Test results will be provided with counseling by a qualified counselor.

You will have to spend about 60 minutes with us if you decide to participate in this research. We would like to inform that this is a research study and not health care provision service.

Possible Risks
The risk of participating in this study is the minor discomfort during blood drawing. Providing blood sample does not put you at any other risk. Some of the questions we ask might make you feel awkward or uncomfortable to answer them. You are free not to answer such questions and also to stop participating in the research at any time you want to do so. You might feel some mental stress after getting your test results. But you will get counseling before and after the test for HIV through a qualified counselor. They will provide information and address for seeking assistance for any mental stress you may have.

Possible Benefits
You will be provided with free treatment, if currently you have any STI symptoms. You will be given lab test results and made aware of how STI/HIV is transmitted and how it can be prevented and controlled. We will refer you for treatment for HIV but will not provide this treatment for you. Follow up treatment costs will not be paid by the research team. You will also be provided with information on safe sex. The information we obtain from this research will help to plan strategies to control and prevent further spread of HIV/AIDS and other sexually transmitted infections.

After the sample collection, you can hear your test results of HIV right here. A qualified counselor with pre and post test counseling will give test result. Study ID card will be issued to you before the interview. Test results can only be obtained by presenting the study ID card with your code number on it. If you do not have the ID card, we cannot give you the results because we will not have your name written anywhere.

If You Decide Not to Be in the Research
You are free to decide whether or not to take part in this research. Your decision will not affect in any way in the health services you are seeking now and you would normally receive from the study centre.

Confidentiality
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. A court of law could order medical records shown to other people, but that is unlikely. We will not ask you to put your name or sign on this form, but only ask you to agree verbally (with spoken words).

Payment

We will not pay you for your participation but you will be given, condom and reading materials about STI/HIV/AIDS as compensation for your participation in the research.

Leaving the Research
You may leave the research at any time. If you do, it will not change the healthcare you normally receive from the study clinic.

If you have a questions about the study
If you have any questions about the research, call:
Jacqueline McPherson, ASHA project- FHI/Nepal, Baluwatar, Kathmandu, Phone: 01-4437173; **OR**
Siddhartha Man Tuladhar, New ERA, Kalopool, Kathmandu, Phone: 01-4413603; **OR**
Laxmi Bilas Acharya, ASHA project- FHI/Nepal, Baluwatar, Kathmandu, Phone: 01-4437173

We will not be able to provide you any assistance or service after the study.

Your Rights as a Participant
This research has been reviewed and approved by the Institutional Review Board of Family Health International 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 ***Jacqueline McPherson***, Family Health International (FHI), Baluwatar, Kathmandu, Phone: 01-4437173 and/or **Mr. David Borasky**, Protection of Human Subjects Committee, PO Box 13950, Research Triangle Park, NC 27709, USA, phone number: [International Access Code]-1-919-405-1445, e-mail: dborasky@fhi.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 - 7

Participation in Post Test Counseling

Region	Date	Expected client	Client counseled		Client with HIV+	Client with HIV-
			N	%		
Far Western	05 July, 2008 - 10 Sept, 2008	400	385	96.3	13	372

Note: Four districts Kailali, Kanchanpur, Doti, Achham

ANNEX - 8

Time of Husbands' Death and Reported Reasons for Death

Time and reasons of husband death	N	%
Time of husband's death (N=15)		
3 - 6 months before	2	13.3
7 - 12 months before	5	33.3
>12 months before	8	53.3
Know how he died (N=15)		
Yes	12	80.0
No	3	20.0
Cause of husband's death (N=12)		
AIDS	9	75.0
Other illness	3	25.0
Know husband died due to AIDS because (N=9)		
Husband had HIV test	9	100.0

ANNEX – 9

Age of Respondent at Spouse's First Migration

Age of respondent at spouse's first migration	N=400	%
Age of respondent at spouse's first migration		
Husband migrated before marriage	130	32.5
Up to 19 yrs.	199	49.8
20-24 yrs.	50	12.5
25-29 yrs.	13	3.3
30-34 yrs.	4	1.0
35-44 yrs.	3	0.7
Age not known	1	0.3
Range age	**11 - 14**	
Mean/median	-	**18.4/18.0**

ANNEX – 10

Time of Sexual Contact with Partner other than Husband

Time of sexual contact with partner other than husband	N	%
Time of Sex with someone other than husband (N=6)		
When husband was abroad	4	66.7
Before getting married	2	33.3
Time of sex with a paying partner (N=2)		
More than one year back	2	100.0

ANNEX – 11

Condom Accessibility by Husband/Sexual Partner

Condom accessibility by husband/ sexual partner	N=60	%
Usual mode of obtaining condom by husband/ sexual partner		
Always free of cost	16	26.7
Always purchase	16	26.7
Purchase as well as free of cost	9	15.0
Don't know	19	31.7

ANNEX – 12

Reason for not Using Condom with Spouses

Reason for not using condom with spouses	N	%
Reason for not using condom during last sex (N=352)		
Didn't think it was necessary	44	12.5
Didn't like to use it	5	1.4
Not available	4	1.1
Husband objected	4	1.1
Didn't think of it	1	0.3
Others	2	0.6
Never heard of condom	14	4.0
Never used condom (life time)	278	79.0
Reason for not using condom during last home stay (N=372) *		
Didn't think it was necessary	52	14.0
Didn't like to use it	13	3.5
Not available	11	3.0
Husband objected	7	1.9
Didn't think of it	2	0.5
Not aware about condom	1	0.3
Others	4	1.1
Never heard of condom	14	3.8
Never used condom (life time)	278	74.7
Reason for not using condom during second last home stay (N=352) *		
Didn't think it was necessary	54	15.3
Did not like to use it	9	2.6
Not available	6	1.7
Husband objected	5	1.4
Didn't think of it	5	1.4
Didn't Know	5	1.4
Others	5	1.4
Never heard of condom	13	3.7
Never used condom (life time)	259	73.6

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

ANNEX – 13

Use of Condom with Partner other than Husband in Nepal

Use of condom with partner other than husband in Nepal	N	%
Ever use of condom with other partner than husband in Nepal (N=6)		
Every time	3	50.0
Never Used Condom	3	50.0
Use of condom with other partner in the past year in Nepal (N=3)		
Every time	1	33.3
Didn't have sex in one year	2	66.7
Use of condom during last sex with paying partner in Nepal (N=2)		
Yes	2	100.0
No		
Person to suggest use of condom during last sex with paying partner (N=2)		
Partner	2	100.0

ANNEX – 14

Treatment Sought for Current STI Symptoms

Treatment sought for current STI symptoms	N	%
Received prescription for medicine (N=7)		
Yes	4	57.1
No	3	42.9
Obtained all the prescribed medicine (N=4)		
Obtained All	3	75.0
Obtained Some	1	25.0
Took all the prescribed medicine (N=3)		
Yes	1	33.3
No	2	66.7
Amount paid for the medicine (N=7)		
0 (Free)	2	28.6
Up to RS.500	2	28.6
More than Rs. 500	3	42.9
Range	**Rs. 200 – 10,000**	
Received counseling (N=7)		
Yes	4	57.1
No	3	42.9
Counseled on (N=4)		
Regular condom use	2	50.0
Others	2	50.0