



Integrated Biological and Behavioral Surveillance (IBBS) Survey among Male Labour Migrants in Western and Mid to Far Western Region of Nepal Round VI –2017

Fact Sheet

BRIEF DESCRIPTION

Nepal is one of the major source countries of migrant laborers, helping to fulfill the demand of the rapidly industrializing countries in Asia and abroad. This is the six round of Integrated Biological and Behavioral Surveillance Survey (IBBS) conducted as a part of national surveillance plan of NCASC among the Male Labour Migrants (MLMs). The objectives of the survey was to track the trend in prevalence of HIV among MLMs and to explore the sexual risk behaviors associated with the HIV infection. This survey was carried during December 2016 to May 2017. This survey was carried out by School of Planning Monitoring Evaluation and Research (SPMER) under the leadership of the National Centre for AIDS and STD Control (NCASC). Findings of the Survey might be instrumental in the formulation and modification of evidence-based policies and strategies to fight against HIV and AIDS in Nepal.

METHODS

This was a serial cross-sectional survey; conducted in the five districts (Kaski, Palpa, Syangja, Kapilvastu and Gulmi) of Western Region and six districts (Banke, Surkhet, Kailali, Kanchanpur, Doti, and Achham) of Mid to Far Western Region of Nepal. The study population comprised of 720 male returnee labor migrants aged 18-49 years, having stayed continuously or with an interruption for at least three months in India as a migrant worker and having returned to Nepal within three years prior to the date of the survey.

MLMs were selected using two-stage cluster sampling techniques (first stage: selection of 30 clusters from each of the Western and Mid to Far Western Region using population proportionate to size method and second stage: selection of 12 MLMs from each selected clusters).

Information about the socio-demographic and sexual behaviors of the MLMs was collected using a structured questionnaire by trained male interviewers. Moreover, blood samples of all the participants were collected and tested for

HIV infection in the field. External quality assessment of the blood sample was done in the National Public Health Laboratory, Teku Kathmandu. Ethical approval was obtained from Nepal Health Research Council, and informed consent was taken from each of the MLMs before the interview and HIV testing.

KEY FINDINGS

Prevalence of HIV: Prevalence of HIV infection among MLMs was 0.4% (Western 0.3% and Mid-Far Western 0.6%).

A large proportion of MLMs were young: Almost two in five of the MLMs (39.2%) were <25 years old. The median age of the migrants of Western and Mid to Far Western Region was 29 years and 26 years respectively.

Majority of MLMs were literate: An overwhelming majority of the MLMs (95%) were literate with almost three-fifths (74%) had more than primary level education.

Marriage and Migration during adolescent age was widely prevalent among MLMs: More than two-fifths (43%) of the MLMs had got first marriage during the adolescent age. Similarly, more than three-fifths of the MLMs (78%) had first migration before completing 20 years of life. The mean age and standard deviation at first marriage and migration was 20.3±3.2 years and 17.9±4.0 years respectively.

Delhi (23.0%) and Mumbai (21.0%) were the major destination of migration among MLMs: More than a third (33.6%) of the MLMs of Western region reported Delhi as a major destination while a quarter of the MLMs of Mid-Far western regions (25%) stated Mumbai as one of the major destination for migration. Other commonly mentioned destinations were Gujarat (12%), Punjab (9%), etc.

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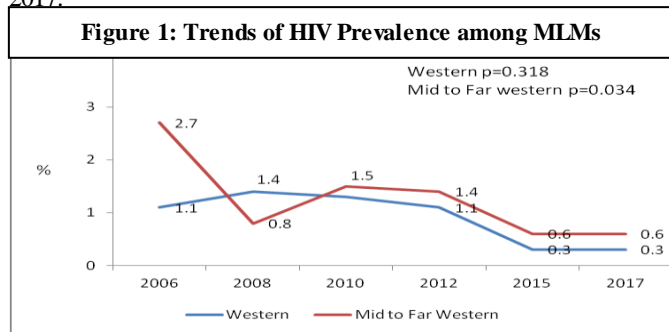
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Prevalence of HIV infection among MLMs shows a decline but stable status during 2015 and 2017. Prevalence of HIV among MLMs of the Western region was 1.1 percent in 2006 and it was 0.3 percent in 2017. In the meantime, HIV prevalence among MLMs of Mid to Far Western region was 2.7 percent in 2006 and decreased to 0.6 in 2015. The prevalence of HIV has remains un-changed during 2015 and 2017.



Note: IBBS, 2010 was carried out only in Mid to Far Western region

Early entry into sexual life was common among MLMs: Almost two-third of the MLMs (63.0%) had first sexual contact before 20 years of age, and their mean age and standard deviation at first sex was 19 years.

Sexual contact with Female Sex workers was common among MLMs: One fourth of the MLMs who were sexually active also had sex with FSWs. More than a tenth (11.5%) of the MLMs had sex with FSWs in Nepal, and almost a fifth (19.8%) had sex with FSWs in India. Furthermore, 25.7 percent MLMs of the Mid to Far Western Region and 13.6 percent MLMs of Western Region had sexual contact with FSWs in India.

A high proportion of MLMs in western region than mid-Far western region used Condom consistently during sex with FSWs: It is encouraging to note that all of the MLMs from western region had used condom consistently during sex with FSWs in Nepal while this proportion of MLMs was only over half (54%) in Mid-Far western region. Similarly, a higher percentage of MLMs who resided in the western region (95.5%) than who resided in the Mid-Far western region (73%) had used condom consistently while having sex with FSWs in India. Consistent condom use with wives is also very low among MLMs (Western 24% and Mid-Far Western 2.5%).

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Awareness of HIV and AIDS was prevalent among the majority of MLMs; however, Comprehensive Knowledge about HIV and AIDS was low: More than four-fifth (93.1%) of the MLMs had ever heard about HIV and AIDS. Overall, less than half (43.3%) of the MLMs from western region and 45 percent from the Mid-Far western region had knowledge of ABC and only about a fifth of them (21.1 % in western and 21.9% in the Mid-Far western region) had knowledge of BCDEF.

Exposure to STI, HIV and AIDS programs among MLMs was low. Overall, very few MLMs had met or discussed with PE or OE in the last 12 months. Similarly, a negligible proportion of MLMs visited DIC (1%), STI clinic (2.8%), and HTC (2.6%) in the last 12 months. Less than a tenth (9%) of them had ever participated in HIV/AIDS awareness program. Similarly, less than a tenth (7%) of the MLMs reported that CHBC health workers visited their home in the last 12 months.

IMPLICATIONS FOR PROGRAM

Knowledge of ABC and BCDEF of HIV prevention and control was low among MLMs. Programs focusing on raising awareness among MLMs needs to be geared up to move towards achieving the vision of Zero new cases of HIV in Nepal.

Risky sexual behaviors were prevalent among MLMs. Frequent exposures to risks make MLMs and their spouses at risk of HIV transmission. Therefore, MLMs should be made aware of their high-risk behaviors through community-focused HIV prevention programs.

Very few MLMs had utilized the behavioral interventions Therefore, outreach activities, mobile HTC and STI treatment services should be organized to increase the utilization of services among the MLMs in survey districts.

IBBS KEY INDICATORS AMONG MLMs

| IBBS Key Indicators | Western (N=360) | Mid to Far Western (N=360) |
|---------------------|-----------------|----------------------------|
| HIV Prevalence (%) | 0.3 | 0.6 |
| Age <20 years (%) | 10.6 | 12.8 |

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| | | |
|--|------|------|
| Illiterate (%) | 6.4 | 3.3 |
| Ever married (%) | 68.9 | 67.5 |
| Median age of marriage (years) | 20 | 20 |
| Median age of first migration (years) | 17 | 18 |
| Median age at first sex (years) | 18 | 18 |
| Ever had sex with FSW (%) | 18.6 | 31.7 |
| Ever had sex with FSW in India (%) | 13.6 | 25.7 |
| Knowledge of HIV preventive measures 'ABC' (%) | 43.3 | 45.0 |
| Comprehensive knowledge on HIV 'BCDEF' (%) | 21.1 | 21.9 |
| Visited STI clinic in the past year (%) | 3.3 | 2.2 |
| MLM reached by PEs/OEs in the past year (%) | 1.4 | 9.2 |
| Visited HTC in the past year (%) | 2.5 | 2.8 |

Note: A=Abstinence from sex, B=Being faithful to one partner, C= Consistent use of condom, D=A healthy-looking person can be infected, E=Can get HIV from mosquito bite, F= Can't get HIV by sharing meal, PE= peer educators, OE= outreach educators, HTC= HIV testing and counseling

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