Reproductive health services: An entry point to reach labor migrants and their wives for providing HIV and STI services in Nepal

Laxmi Bilas Acharya
Family Health International

Background: In 2007 National Centre for AIDS and STD Control (NCASC) estimated about 65,000 HIV infections among adults in Nepal. Out of them about two in five infections were from labor migrants, particularly those, who go to India for labor type of work. NCASC also has estimated that 1,140,000 to 1,710,000 adult Nepali males migrated abroad in 2007. In the far western hill districts of Nepal almost 80 percent adult male from about 80 to 90 percent households migrate to India for labor type of work. Poor socio-economic condition in these districts is the major push factor for such high level of migration in the far west. These are short term migrations and people comeback home in six months to one year intervals. In the far west HIV prevalence among labor type of migrants who visit sex workers in India is as high as 8 percent. It is anticipated that migrants visiting sex workers in India may suffer relatively high level of sexually transmitted infection (STI) also but no studies are conducted so far to measure STI infection among migrants.

Objective: Main objective of this paper is to discuss and recommend program options to reach and provide HIV and STI services to labor type of migrants and their spouses.

Program issues: From all districts of Nepal mostly economically active adult males migrate abroad. Integrated bio-behavioral surveys (IBBS) conducted for NCASC by New ERA and SACTS with technical assistance from Family Health International Nepal show that about 17 to 27 percent of migrants from western to far western hills of Nepal practice unsafe sex with female sex workers when they are abroad. When they come back home with HIV or STI infection their spouses also are directly exposed to the risk of infection. Most of the time migrants are not found in their place of origin. So it is very difficult to reach them by the health programs. Moreover, HIV and STI programs are not like general health services providing programs. Because of the stigma and discrimination associated with HIV and STI infection people should be offered services in a confidential way. In the first place it is very difficult to screen out the individuals who are in the risk of HIV and STI. Principally those who have multiple sex partners are in the risk but people do not want to

disclose their sexual behavior without analyzing the risk associated with the discloser of the behavior.

Discussion and conclusion: HIV and STI services can be introduced as components of the on going reproductive health (RH) services. Use of reproductive health services by Nepali women is low. The last Demographic and Health Survey (DHS) of Nepal conducted in 2006 has shown that only about 40 percent of women of age 15-49 use antenatal care (ANC) services which is one of the RH services provide through local Health Posts. ANC services may be the first contact point to the HIV and STI services to the wives of migrants in the districts. Opt out voluntary HIV and STI screening service can be integrated in the services provided by the local health posts. Introduction of voluntary counseling and testing (VCT) services is one option. As percentage of women using ANC service is low integrated program can focus on increasing the use of such service which is relatively easy as no stigma is associated with it. Through the wives of labor migrants coming to ANC services their husbands can be reached and provided HIV and STI services. For the effective response to HIV and STI infection cross country programs can be initiated to provide HIV and STI services to labor migrants when they are abroad. This could be a challenging intervention in the sense that women should be encouraged to talk about their and their husband's sexual behaviors. However, it is worth doing as a large number of men and women from economically active age groups can be protected from HIV and STI an infection which ultimately has economic impact in the country. Mainly the risk of HIV infection is found to be higher among the migrants who originate from western and far western region of Nepal. So as a pilot study such integration of services can start from the selected districts in the far west Nepal.