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A STUDY ON EFFECTIVENESS OF THE INTEGRATION OF  
STDS & HIV/AIDS PREVENTION EDUCATION IN  
COMMUNITY BASED RH/FP PROJECT

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Final Report



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*Submitted to*

Center for Development and Population Activities (CEDPA) - Nepal

August 1999

By

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## Acknowledgments



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*The successful accomplishment and preparation of this study report is an outcome of the collective efforts of CREHPA and many other individuals. The study team wishes to express its sincere gratitude to CEDPA Washington D.C., for entrusting this important study of CREHPA. The study team is especially grateful to Ms. Christa Skerry, Country Director, CEDPA Nepal and Mr. Deepak Bajracharya, Deputy Program Director, CEDPA Nepal for their encouragement and guidance throughout the study period.*

*The untiring support and cooperation given to us by the project officials of Nepal Red Cross Society particularly by Mr. Umesh Dhakal, Program Coordinator, CEDPA ACCESS Project are highly acknowledged by the study team. Thanks are also due to the district based project officers, the district chapter representatives and volunteers of NRCS for their hospitality and cooperation without which the study would have never been accomplished.*

*The contribution of the community members and respondents who received the study team with understanding and patience and who responded to the questions on very personal matters are also gratefully acknowledged by the study team.*

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## EXECUTIVE SUMMARY

### 1. Introduction

With funding from the USAID-funded Asia AIDS Project, in 1996, CEDPA integrated the STD & HIV/AIDS prevention education program with the RH/FP project in four project districts of NRCS that experienced high seasonal out-migration of men, viz., Doti, Kailali, Salyan and Udaypur. The main objectives and the goals of the integration project were to create awareness of STDs and HIV/AIDS and promote risk reduction behaviors among migrant men and their spouse. Educating couples about the dual purposes of condoms for family planning and disease prevention and empowering women with condom negotiation skills were the major thrusts of this innovative prevention education program.

The present evaluation study was conducted in two program districts of NRCS viz., Udaypur and Kailali. The study covered 180 CAG and 45 LAG members and over 250 non-members (married women of reproductive age i.e. 15-49 years) from sampled VDCs in each district. A structured questionnaire was used to interview these target respondents.

### 2. Spousal Communication

The extent of inter-spousal communication on general health issues, fertility and on safe motherhood is satisfactory among CAG/LAG members in both the districts. Almost all (99.6%) the CAG/LAG members in Kailali and more than 90 percent in Udaypur have ever discussed on health related issues with their husband.

The proportion of the CAG/LAG members discussing on fertility and safe motherhood related topics are high in both the districts and there exists a wide difference in the spousal communication on these issues between the members and non-members. The gap is more pronounced in Udaypur. However, Infertility is a less discussed topic among the members as well as non-members in both the districts.

Interestingly, among the CAG/LAG members the proportion of those who initiated the dialogue pertaining to fertility and safe motherhood topics with their husband is much higher in Kailali (86%) than in Udaypur (49%). The corresponding proportions among the non-members are 52 percent in Kailali and 40 percent in Udaypur.

Most CAG/LAG members (90%) in Kailali were influenced by the regular group discussions among themselves and by their field workers to initiate discussion on reproductive health matters with their spouse. Among the non-members, electronic media like the radio (30% in Udaypur and 17% in Kailali), friends (39% in Udaypur and 14% in Kailali) and field workers (8% in Udaypur and 31% in Kailali) were the three major sources of inspiration for initiating spousal communication on reproductive health matters.

Inter-spousal discussion on STDs and HIV/AIDS among the members is noteworthy in both the districts. Almost all members in Kailali (97%) and more than four-fifths of the members in Udaypur (83% on STDs and 88% on AIDS) have ever discussed with their husband about STDs and AIDS. Only about one third of the non-members in Kailali (32%) and slightly more than

one-fourth in Udaypur (28%) had discussed about the STDs with their spouse. Again, group interaction among the members and educational messages on the radio (for non-members) appear to be the main influential factor to initiate discussion on HIV/AIDS in both the districts.

### 3 Knowledge and Use of Condoms

The spontaneous knowledge on condom is high among the CAG/LAG members (88% in Udaypur and 98% in Kailali) than the non-members (69% in Udaypur and 52% in Kailali). Comparatively, a high proportion of members and non-members in Kailali than in Udaypur were aware about the condoms.

Ever use of condoms is higher among CAG/LAG members than non-members especially in Kailali district where nearly two out of three members (65%) reported to have ever used a condom as against 19 percent among non-members.

The current users of condoms among CAG/LAG members ranged from one-third in Udaypur (33%) to one-half in Kailali (50%). It is also encouraging to find that one-fifth of the CAG/LAG members in Kailali (19%) were using condom together with other methods.

Field workers were the main influential persons for condom use among the members and non-members in both the districts. In Kailali, a very high proportion of condom users (71%) mentioned that group discussion among the CAG/LAG leaders/members had influenced them to use the condoms. Moreover, more than one-fourth of the CAG/LAG members in both the districts (26% in Udaypur and 28% in Kailali) had started to use condoms after being motivated by the depot holders

The majority of the CAG/LAG members and non-members have obtained condom from the NRCS source (depot holders and field workers). It is encouraging to find that roughly two-thirds of the CAG/LAG members in Kailali (64%) and over one-third in Udaypur (38%) usually brings the condom for their spouse. Moreover, most CAG/LAG especially in Kailali (79%) did not feel hesitant or shy in requesting for condoms from the suppliers.

Preventing unintended pregnancies appears to be the main reason for using a condom. More than four fifths of the CAG/LAG members (88%) and non-members (85%) in Udaypur gave this reason for condom use. The corresponding percentages for Kailali are 60 and 98 percent respectively. The use of condom purely for the purpose of protecting oneself from contracting STDs and HIV/AIDS is non-existent among the general women (non-members), whereas between 5 to 9 percent of the CAG/LAG members have used the condoms for such purpose.

Less than one sixth of the CAG/LAG members in Udaypur and nearly one-third in Kailali district have used condoms for dual purposes – preventing unintended pregnancies and STDs/AIDS.

A higher proportion of CAG/LAG members than non-members in Kailali (68%) persuaded their spouse to wear condoms. In Udaypur, however, only about one-fourth of the CAG/LAG members (27%) have actually have done so. Among the non-members, very few women have reported that they have had persuaded their spouse to use condoms.

The majority of the members and non-members in both the districts were able to negotiate condom use with their spouse quite easily. However, roughly one in five in Kailali (21%) and one in seven non-members (15%) in Udaypur mentioned that they have to make repeated attempts to convince husband to wear a condom.

#### 4. Knowledge and Perception on STDs and HIV/AIDS

The knowledge about STDs and HIV/AIDS is universal among CAG/LAG members in both the districts. In comparison, knowledge about these diseases among non-members is less widespread in both the districts.

Most CAG/LAG members knew about AIDS either through group discussions among the members or from their field workers. Among the non-members of Udaypur, radio (65%) appears to be the main sources of knowledge about AIDS. On the other hand, almost all the non-members in Kailali (94%) cited the field worker as the sources of information on AIDS.

About two-thirds of the CAG/LAG members in Udaypur (64%) and over three-fourths in Kailali (76%) mentioned that one can prevent STDs by using condoms during sexual intercourse. That avoiding multiple sex partner or having just one faithful partner as a way of preventing STDs was mentioned by the one-third of the CAG/LAG members in Udaypur (35%) and by over three-fourths of the CAG/LAG members in Kailali (77%).

Group discussion among themselves and with their field workers had helped the majority of the CAG/LAG members to learn about preventive measures of STDs. The proportion of CAG/LAG members quoting these sources were very high in Kailali (96% each) as compared to those in Udaypur (63% and 21% respectively).

Over four-fifths of the members in Udaypur (82%) and three-fourths (77%) in Kailali mentioned that regular use of condoms is the way of avoiding the risk of getting AIDS. Similarly, 90 percent of the members in Kailali and one-half in Udaypur (50%) believed that having sexual relations with just one partner would help in avoiding AIDS.

Almost all the CAG/LAG members in Kailali (96%) and about two-thirds in Udaypur (64%) mentioned that their group interactions were the main source of information about the preventive measure of AIDS. Among the non-members in Udaypur, radio was cited as the major source of information (55%) on preventive measures of AIDS.

#### 5. Summary Conclusions and Discussions

The intervention program has been successful in mobilizing women groups local women leaders and spouse of migrant males. As one of the main focuses of the intervention program has been on modifying the "high risk" sexual behavior of migrant men, male participation in the program has also been ensured.

The program has been effective in promoting inter-spousal communication. Moreover, the field workers were also helpful in encouraging the members for inter spousal communication. Among the non-members, the field workers and educational messages on the radio formed the main sources of inspiration for initiating spousal communication on reproductive health matters.

The study has shown a nearly universal knowledge about condoms, STDs and HIV/AIDS among the CAG/LAG members. Knowledge about the various transmission routes of STDs and AIDS and ways to prevent them were widespread among the CAG/LAG members and less widespread among the non-members. The gap between knowledge and behavior (usage) is narrow among the CAG/LAG members. Moreover, the program objectives of promoting condoms as a dual purpose method is known to most of the CAG/LAG members. Although, the condom usage for protecting oneself from STDs and HIV transmission or for dual purpose is low, a large proportion of CAG/LAG members tends to persuade their spouse to wear condoms.

Comparatively, the intervention program appears to be more successful in Kailali than in Udaypur district. The difference in program performance between the two districts could be accrued to factors like inter-district differences in the ethnic composition of the community, accessibility affecting field supervision, infrequent meeting of the group members, and work pressure to field staff as a result of integration of additional programs (Udaypur).

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## Chapter 1

### INTRODUCTION

#### 1.1 Background

CEDPA, through the ACCESS Project, has been supporting family planning/reproductive health (FP/RH) programs in ten districts of Nepal through its partner NGOs viz: Nepal Red Cross Society (NRCS), Family Planning Association of Nepal (FPAN) and the Institute for Integrated Development Studies (IIDS). The ACCESS supported project activities focus on community-based FP/RH services, community awareness and promotion of IEC activities, STD/HIV prevention education, non-formal education and strengthening measures for the sustainability of the program.

It is estimated that some of the ACCESS/CEDPA supported project districts experience a high seasonal migration of adult males, especially to neighboring country India and in Kathmandu valley and Pokhara for off-farm employment. While they are away from their families, they are likely to get involved in casual and unprotected sex at their place of work or even visit commercial sex workers. Commercial sex work is prevalent in many cities in India as well as in Nepal and along the border towns/large market settlements along the Indo-Nepal border. It has been established that the major transmission routes of STDs and HIV/AIDS in Nepal are through heterosexual relations with non-regular partners and commercial sex workers. In view of the endemic nature of HIV/AIDS in the country and as a strategy to prevent the spread of the disease through migrant Nepalese men, ACCESS/CEDPA felt the need to integrate the STD & HIV/AIDS prevention education program with main RH/FP project. Thus, during 1996-97, the STDs and HIV/AIDS education intervention program was implemented in the four project districts of NRCS experiencing high seasonal out-migration of men, viz., Doti, Kailali, Salyan and Udaypur.

The main objectives and the goals of the integration project were to create awareness of STDs and HIV/AIDS and promote risk reduction behaviors among women, men and youth. The specific objectives were to:

- \* Increase the number of women who are able to discuss matters related to sexuality, condom use and STD/HIV transmission, by improving their communication and condom negotiation skill;
- \* Increase men's awareness of knowledge about STD/HIV transmission and prevention and thereby condom usage;
- \* Increase awareness and knowledge about STD/HIV transmission and prevention among youth; and
- \* Develop appropriate training curriculum, education and communication materials for family planning workers, discussion group leaders and peer educators to provide STD/HIV prevention information.

In order to meet the above objectives and for ensuring effective community participation, innovative community-based strategies such as Communication Action Group (CAG) and Literacy Action Group (LAG) and outreach workers/volunteers such as Roving Educators and Peer educators (Mentors) were formed. Moreover, especial events like the Condom Day was also organized annually to promote the use of condoms for dual purpose – prevention of STDs/AIDS and unwanted pregnancy.

In each VDC, between three to six *Communication Action Groups (CAGs)* were formed. Each CAG consists of 15 to 20 members. Effort was also made to represent one sexually active female from each household in the group. CAG members were specially the wives of migrant workers. The field worker (FW) of each project VDC was assigned the responsibility of forming the CAG and ensuring monthly meetings of the group. The CAG members selected the leaders of the group. Issues such as STDs, HIV/AIDS, birth spacing, condoms use for safer sex, cleanliness, vitamin A supplementation and immunization need to children, safe motherhood and identifying STD patients formed the topics of the group discussion during the monthly meeting and inter-personal discussion among the members. The CAG members were given Information, Education and Communication (IEC) materials for the dissemination of the messages of STD and HIV/AIDS, condom use for safer sexual practice and family planning etc. The CAG members were also encouraged to discuss the STDs and HIV/AIDS issues with other non-members living in the neighborhood.

The *literacy Action Group (LAG)* was formed amongst the participants of the non-formal or adult literacy classes. Once the LAGs are constituted, the groups select their leaders. The LAG leaders were trained on themes similar to that of the CAG leaders. They hold the monthly meeting on a fixed date agreed upon in advance. In the beginning the LAG leader shares the knowledge obtained from the training. The field workers and supervisors had also contributed in facilitating discussion on matters related to sexuality, condom use, STD and HIV/AIDS. In turn, the members hold discussions on these issues among themselves. The leaders and members of the LAG also communicate the messages of these issues to other female members of the neighborhood. There are a total of 60 LAGs in the project districts (NRCS; 1998)

The CEDPA/ACCESS Project support came to an end in early 1998. In order to assess the effectiveness of the integration of STDs and HIV/AIDS education program (notably the effectiveness of CAG and LAG formation), the main RH/FP program, CEDPA commissioned CREHPA, a private, not-for-profit research organization to undertake the post-program evaluation in February 1998. The evaluation study was confined to the two program integration districts, viz., Kailali and Udaypur.

## **1.2 Objectives of the post-program evaluation**

The general objectives of the present post-program evaluation study are to document the effectiveness of integration of STDs/HIV/AIDS prevention in a community-based FP/RH project implemented by the NRCS in Kailali and Udaypur districts. More specifically, the objectives of the study are as follows:

- To examine the inter-spousal communication (dialogue) among the members of CAGs and LAGs on sexuality, condom use, fidelity, STDs, HIV/AIDS, reproductive health and family planning;
- To assess the inter-spousal communication (dialogue) among the beneficiaries (non-members of CAGs and LAGs) on sexuality, condom use, fidelity, STDs, HIV/AIDS, reproductive health and family planning;
- To determine the extent of the condom use among the beneficiaries (both members and non-members), and
- To assess the role and impact of the group models such as CAGs and LAGs on changing communication between spouses on sexuality, condom use, fidelity, STDs and HIV/AIDS, reproductive health and family planning

### 1.3 Study Methodology and Sampling Designs

The present study was conducted in two out of the four project districts of NRCS where the STD and HIV/AIDS educational integration program was implemented. The sample frame included the CAG and LAG members as well as the non-members. The strategy was to interview 180 CAG and 45 LAG members and 250 non-members in each district. The non-members were married women of reproductive age, i.e., MWRA, aged 15-49 years. The MWRA non-members were covered by the separate team involved in the main post-evaluation survey.

The original target was to cover the CAG and LAG members from the five VDCs per district selected for the main post-evaluation survey. However, in order to achieve the required number (targeted sample) of CAG respondents, additional one to two VDCs had to be covered in both the districts. Moreover, the strategy was not to include the CAG members from the same *ward* that has been sampled for the main survey. In each VDC, two CAG groups (out of six groups per VDC) and 45 LAG members were selected.

As stated earlier, the 250 women (MWRA) sampled for the main survey in each district was considered as the non-member respondents for the present study. For impact comparison, the same structured questionnaire that was administered to the CAG and LAG members was also used in the form of "tailored questionnaire" for interviewing the non-member respondents.

### 1.4 Training and the Field Work

A separate team comprising of one female supervisor and two female enumerators was formed for each district to interview the CAG and LAG members. All the team members were given 3 days field based orientation training on questionnaire administration and sampling procedure. During the training, the concerned NRCS project officials gave brief introduction about the goals and objectives of the integration program and also on their implementation strategies at the village level. The fieldwork was launched in the third week of February and completed on third week of March.

## 1.5 The Sample Performance

The total targeted sample for each project district (180 CAG, 45 LAG and 250 non-members' interviews) was successfully completed in both the districts. Moreover, an additional 37 non-members' interviews were covered in Kailali and 2 in Udaypur. Table 1 presents the sample performance for the present study.

**Table 1 Targeted sample size and actual sample performance**

District	# VDC covered	Targeted			Completed			TOTAL
		CAG member	LAG member	Non-member beneficiaries	CAG Member	LAG member	Non-member beneficiaries	
Udaypur	6	180	45	250	180	45	252	477
Kailali	7	180	45	250	180	45	287	512
Total		360	90	500	360	90	539	989

## 1.6 Characteristics of the Survey Respondents

### a. Current Age and Age at Marriage

Over one-third of the respondents in Udaypur (39%) and close to half of the respondents (49%) in Kailali falls in the central child bearing age i.e. 25-34 age group. Comparatively, a higher proportion of respondents aged 15-24 years represents the sample from Kailali than those in Udaypur district.

The mean age at marriage is low in Kailali as compared to Udaypur for both the members and non-members. Over one-third of the non-member (37%) and one-fourth of the member respondents (27%) in Kailali were married at their tender ages (below 15 years of age).

### b. Number of Living Children

Roughly one in twelve in Udaypur and one in sixteen in Kailali respondents did not have any children at the time of the survey. The proportion of CAG/LAG members having three or more children (61%) is high in Udaypur as compared to Kailali (49%). In contrast, the proportion of non-member respondents having three or more children is high in Kailali (64%) than in Udaypur district (57%).

### c. Literacy Status

Illiteracy among members is high in Kailali than in Udaypur. Roughly three-fourth of the members (73%) in Kailali are illiterate compared to one-half of the members (49%) in Udaypur. Two-thirds of the non-member respondents are illiterate in both the districts (68% in Udaypur and 66% in Kailali).

#### d. Ethnicity/Caste

In terms of ethnicity, Tharus are in majority among the CAG/LAG members in both the districts. Among the non-members hill Brahmin/Chettri are in dominant in Kailali (45%) and Tharu in Udaypur (27%) district. In Udaypur, one-fifth of the respondents (both member and non-member) sampled for the present survey belongs to Rai and Limbu. Roughly one-tenth of the respondents sampled in both the districts belongs to the low caste group (Damai, Kami, Sarki).

Table 1.2 presents the summary table on the selected demographic and social characteristics of the CAG/LAG member and Non-members (MWRA) for the study districts.

#### 1.7. Organization of the Report

The report is presented in six chapters. The present introduction chapter is the first chapter of the report. Chapter 2 deals with the inter-spousal communication on fertility and safe motherhood. In chapter 3, the knowledge and use of condom are discussed. Respondents' knowledge and perception on STD and AIDS are presented in Chapter 4. The last Chapter (Chapter 5) presents the summary conclusion and discussions. The executive summary is presented at the beginning of the report.

Table 1.2 Percentage distribution of CAG/LAG members and non-members (MWRA) by socio-demographic characteristics

	Udaypur		Kailali	
	Member	Non-member	Member	Non-member
<u>Age</u>				
15-19	5.3	6.3	6.2	12.2
20-24	16.9	16.3	33.8	17.1
25-34	38.6	38.9	49.8	46.7
35-44	27.1	27.8	9.8	19.5
45-49	8.4	10.7	0.4	4.5
50 -	3.6	-	-	-
<u>Age at marriage</u>				
< 15	17.3	17.1	26.6	36.9
15-19	68.9	63.5	64.9	57.1
20 & over	13.8	19.5	8.4	5.9
Mean	16.5	17.0	15.9	15.1
<u>No. of living children</u>				
None	7.1	8.7	5.8	5.6
One	11.6	14.3	17.3	14.3
Two	20.9	19.8	28.0	16.4
Three	20.9	17.1	20.4	26.1
Four +	39.6	40.1	28.5	37.6
Mean	3.2	3.1	2.6	3.1
<u>Literacy status</u>				
Illiterate	48.9	68.3	72.9	65.5
Literate	51.1	31.7	27.1	34.5
<u>Ethnicity/Caste</u>				
<u>a. Hill Ethnicity</u>				
Brahmin/Chhetri	16.4	19.0	18.3	44.6
Rai/Limbu	20.9	20.2	-	-
Tamang/Magar/Gurung	10.3	8.8	2.4	1.4
Kami/Damai/Sarki	8.0	7.1	7.8	11.8
Newar	1.3	5.2	-	-
<u>b. Terai Ethnicity</u>				
Muslim	-	2.4	0.4	0.3
Tharu	35.1	27.4	71.6	41.8
Low caste	-	6.3	-	-
Other Terai caste ( <i>Brahmin, Damwar, Kumal</i> )	10.2	9.9	1.7	-
N	225	252	225	287

## Chapter 2

### INTER SPOUSAL COMMUNICATION

Communication between partners is a key factor in achieving correct and consistent use of barrier methods. Yet, in many societies, couples seldom talk to each other about when and many children should they have, whether or not to use contraception and other issues concerning sexuality and reproductive health. Therefore, the desire to space or limit births may go unspoken and not be acted upon (UNFPA, 1997). The couples who do not talk are at a greater risk for contracting STDs and unintended pregnancy (Edwards, 1994).

The effectiveness of communication about sexuality and reproductive health issues depends on a person's self-esteem and sense of self-worth. The more confidence a woman has, the more she will be able to communicate about her needs, about sex, and her feelings, even in cultures where such communication is considered a taboo (Keller, 1996). Discussion groups among women can promote a dialogue about sex, contraceptives and sexual risks. Among married couples communication seems to improve contraceptive use.

#### 2.1 Spousal Communication on Health Issues

It is encouraging to find that almost all (99.6%) the CAG/LAG members in Kailali and more than 90 percent in Udaypur have ever discussed on health related issues with their husband. Among the non-members, this proportion is high in Kailali (67%) as compared to Udaypur (56%). (Table 3.1)

Childhood illness such as fever, diarrhea and common illnesses are three most often discussed health related matters with the husband among the members in Udaypur district. However, among the members in Kailali, diarrhea, child immunization and HIV/AIDS are three most often discussed health topics with their spouse. Comparatively, a high proportion of members in Kailali than in Udaypur have discussed on the topics like HIV/AIDS (53 % in Kailali as against 17 % in Udaypur), STDs (43 % in Kailali as against 9 % in Udaypur) and family planning (44 % in Kailali as against 19 % Udaypur).

Among the non-members, common illness, diarrhea, child illness, child immunization, and family planning are the most commonly discussed health related matters between the women and her spouse in both the districts. However, a high proportion of Non-members in Kailali than in Udaypur discussed the matter like STDs, HIV/AIDS and family planning with their spouse (Table 2.1).

**Table 2.1 Extent of inter-spousal communication on health matters among CAG/LAG members and non-members**

	Udaypur		Kailali	
	Member	Non-member	Member	Non-member
<u>Ever talked to husband on health issues</u>				
Yes	92.0	55.6	99.6	66.6
No	8.0	44.4	0.4	33.4
N	225	252	225	287
<u>If yes, usual subjects</u>				
Fever of child	74.4	66.4	27.2	67.0
Child immunization	19.3	43.6	52.2	28.3
Pneumonia/ARI	9.7	9.3	15.2	17.3
Diarrhea	55.6	70.0	62.5	33.5
Common illness	56.5	85.7	28.6	79.6
Sanitation	20.3	42.1	42.4	23.0
STDs	8.7	8.6	42.9	5.8
HIV/AIDS	16.9	12.1	52.7	9.9
Menstruation	8.2	15.7	3.6	7.9
Family planning	19.3	47.9	44.2	27.7
Other	2.4	-	-	0.9
N	207	140	224	191

*Percentage total exceeds 100 due to multiple responses.*

## 2.2 Spousal Communication on Fertility and Safe Motherhood

The extent of inter-spousal communication on fertility and safe motherhood is satisfactory among CAG/LAG members in both the districts. Table 2.2 shows that there is a wide difference in the spousal communication on fertility and safe motherhood between the members and non-members in both the districts. However, the gap is more pronounced in Udaypur.

The proportion of the members who had discussed on fertility and safe motherhood related topics vary from 71 to 73 percent in Udaypur and 60 to 95 percent in Kailali. Infertility is a less discussed topic for inter-spousal discussion among the members in both the districts (33 % in Udaypur and 16% in Kailali).

The proportion of members who had discussed with their spouse on the topics such as number of children desired, birth spacing, contraception and fidelity is high among the members in Kailali as compared to the members in Udaypur. Among the non-members, the proportion of those who have had discussed on such issues vary from 45 to 68 percent in Kailali and 39 to 47 percent in Udaypur. The less discussed topics among the spouse of the non-members are infertility (10% in Udaypur and 17% in Kailali) and sexuality (18% in Udaypur and 28% in Kailali). Comparatively, a high proportion of non-members in Kailali have discussed on the topics such as number of living children (68% in Kailali and 47% in Udaypur), birth spacing (57% in Kailali and 39% in Udaypur) and fidelity (58% in Kailali and 14% in Udaypur) (Table 2.2).



**Table 2.2** Extent of inter-spousal communication on fertility and safe motherhood issues among CAG/LAG members and non-members

Matter discussed with spouse	Udaypur		Kailali	
	Member	Non-member	Member	Non-member
<b>A. Number of children desired</b>				
Yes	78.7	46.8	94.7	68.3
No	21.3	53.2	5.3	31.7
<b>B. About birth spacing</b>				
Yes	75.1	38.9	88.4	57.1
No	24.9	61.1	11.6	42.9
<b>C. On FP/contraceptives</b>				
Yes	70.7	46.8	89.8	63.1
No	29.3	53.2	10.2	36.9
<b>D. Care during pregnancy</b>				
Yes	80.0	44.8	77.8	48.1
No	20.0	55.2	22.2	51.9
<b>E. Care during delivery</b>				
Yes	80.4	44.0	74.7	47.4
No	19.6	56.0	25.3	52.6
<b>F. Post-delivery care</b>				
Yes	80.4	44.4	68.0	44.9
No	19.6	55.6	32.0	55.1
<b>G. Infertility</b>				
Yes	33.3	9.5	15.6	17.4
No	66.7	90.5	84.4	82.6
<b>H. Sexuality</b>				
Yes	83.1	17.9	61.3	28.2
No	16.9	82.1	38.7	71.8
<b>I. Fidelity</b>				
Yes	81.3	13.5	90.2	57.5
No	18.7	86.5	9.8	42.5
<b>Percent</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>N</b>	<b>225</b>	<b>252</b>	<b>225</b>	<b>287</b>

### 2.3 Factors influencing Spousal Communication

Among the CAG/LAG members the proportion of those who initiated the dialogue pertaining to fertility and safe motherhood topics with their husband is much higher in Kailali (86%) than in Udaypur (49%). The corresponding proportions among the non-members are 52 percent in Kailali and 40 percent in Udaypur.

Only a few proportion of the respondents (both members and non-members) in Udaypur mentioned that their husband took the initiatives to discuss on the above issues. For example only 8 percent CAG/LAG members and 13 percent non-members in Udaypur mentioned that their husband started the discussion regarding the issues on fertility and safe motherhood. However, over one-third of the non-member respondents in Kailali said their husband starts the dialogue. On the other hand, between 43 to 47 percent of the members and non-members in Udaypur reported that the initiator of the discussion depended on the topics.

It is encouraging to find that the activities such as group interaction among the CAG/LAG leaders/members and with the field workers to be highly effective in promoting spousal communication in the villages. Moreover, over 90 percent of the members in Kailali mentioned that regular group discussions among themselves (CAG/LAG leaders/members) and with their field workers had influenced them to initiate discussion on reproductive health matters with their spouse.

Among the non-members, electronic media like the radio (30% in Udaypur and 17% in Kailali), friends (39% in Udaypur and 14% in Kailali) and field workers (8% in Udaypur and 31% in Kailali) were the three major sources of inspiration for initiating spousal communication on reproductive health matters. A substantial proportion of non-members in Kailali (21%) also mentioned that their spouse had influenced them for such types of discussion (Table 2.3)

**Table 2.3** Percentage distribution of CAG/LAG members and non-members according to factors influencing inter spousal communication, person initiating the discussion on fertility and safe motherhood related issues

	Udaypur		Kailali	
	Member	Non-member	Member	Non-member
<u>Who initiates the discussion?</u>				
Husband	8.2	13.5	14.2	38.3
Wife	48.6	39.2	85.8	51.1
Depends on subject	43.3	47.3	-	10.6
<u>Who influenced to discuss with husband?</u>				
CAG/LAG/Leader/Group member	59.2	4.8	93.3	2.6
Depot holder	6.7	11.5	3.6	19.4
Field worker	19.3	8.1	90.2	30.8
Radio	5.3	30.4	13.3	17.2
Reading books/magazines for Adult literacy	1.9	4.7	0.4	2.6
Friends	00.5	38.5	0.9	13.7
Other	2.9	3.5	1.3	7.9
Spouse	-	-	-	21.1
N	208	156	225	235

*Percentage total exceeds 100 due to multiple responses.*

#### 2.4 Spousal Discussion on STDs and AIDS

Inter-spousal discussion on STDs and HIV/AIDS among the members is noteworthy in both the districts. Almost all members in Kailali (97%) and more than four-fifths of the members in Udaypur (83% on STDs and 88% on AIDS) have ever discussed with their husband about STDs and AIDS.

Among the non-members, only about one-third in Kailali (32%) and slightly more than one-fourth in Udaypur (28%) have ever discussed with their spouse about STDs. Interestingly, a high proportion of non-members in both the districts have discussed on HIV/AIDS than on STDs with their spouse. For example, about one-half in Kailali (48%) and more than one-third of the members in Udaypur (36%) mentioned that they have had discussed with their spouse about HIV/AIDS. It is also encouraging to note that more than 80 percent of the members have shared their knowledge on STDs with the friends/relatives/community people. Interestingly, a large percentage of non-members in Kailali (56%) have discussed about STD with friends/relatives/community people than with their spouse (33%) (Table 2.4).

Group interaction among the CAG/LAG leaders/members appears to be the main influential factor to initiate discussion among the members on HIV/AIDS in both the districts. On the other hand, radio was the most influential factor for spousal communication on HIV/AIDS among the non-members in Udaypur (64%). Moreover, in Kailali, field workers were the main influential persons for non-members to initiate discussions with their spouse. Radio (29%) and depot holder (26%) were other two important sources of influence cited by the non-members in Kailali (Table 2.4).

**Table 2.4** Percentage distribution of CAG/LAG members and non-members according to factors influencing spousal communication, extent of spousal communication and sources of influence regarding discussion on STDs and HIV/AIDS

	Udaypur		Kailali	
	Member	Non-member	Member	Non-member
<u>Ever discussed about STDs with spouse</u>				
Yes	82.6	27.7	96.9	32.6
No	17.4	72.3	3.1	67.4
<b>B. Ever talked on STDs with friend relatives / community people</b>				
Yes	84.4	27.0	86.2	55.9
No	15.6	73.0	13.8	44.1
N	225	138	225	227
<u>Ever discussed on HIV/AIDS with spouse</u>				
Yes	87.7	36.2	97.3	48.3
No	12.3	63.8	2.7	51.7
N	212	138	225	178
<u>Who influenced to discuss on HIV/AIDS</u>				
CAG/LAG/Leader/Group member	67.5	8.0	97.7	3.5
Depot holder	5.9	6.0	4.1	25.6
Field worker	22.6	8.0	94.5	51.2
Radio	2.7	64.0	9.6	29.1
Spouse	-	-	-	9.3
Adult literacy/Books	0.5	2.0	-	5.8
Community members/friends/relatives	0.5	8.0	-	-
Observing condom day	1.1	2.0	-	-
Other	2.1	4.0	-	-
N	186	50	219	86

## KNOWLEDGE AND USE OF CONDOMS

Approximately one third of the world's couples are using a male dependent contraceptive method – condoms, vasectomy, withdrawal or periodic abstinence or traditional family planning methods. Yet, most family planning agencies devote only a small portion of budgets to male services and outreach. Until recently, in most developing countries, men were the major untapped market for family planning programs (*AVSC News*, 1991). With the growing increase of STDs and HIV/AIDS globally, men's role in reproductive health have begun to gain prominence. Although it has been realized that the reduction of the spread of HIV/AIDS is the responsibility of both the men and women, nevertheless, condoms- thus far the only means of preventing the sexual transmission of HIV - is the male-controlled devices and hence males' consent is required for their use.

One of the major thrusts of the STD and HIV/AIDS education integration program is the promotion of condom use especially among men who migrate seasonally for economic pursuits. Members of CAG and LAG were taught on condom negotiation with their husband and also discuss on matters related to fidelity and sexuality with them.

## 3.1 Knowledge about Condoms

The spontaneous knowledge on condom is high among the CAG/LAG members (88% in Udaypur and 98% in Kailali) than the non-members (69% in Udaypur and 52% in Kailali). Comparatively, a high proportion of members and non-members in Kailali than in Udaypur were aware about the condoms (Table 3.1).

Table 3.1 Percentage distribution of CAG/LAG members and non-members according to their spontaneous knowledge on condom

Spontaneous knowledge on condom	Udaypur		Kailali	
	Member	Non-member	Member	Non-member
Yes	87.6	68.7	97.8	52.3
No	12.4	31.3	2.2	47.7
N	225	252	225	287

## 3.2 Ever Use of Condom

Condom use is high among CAG/LAG members especially in Kailali district where nearly two out of three members (65%) reported to have ever used a condom. The corresponding proportion in Udaypur is one-third, which is also quite substantial. In comparison, the ever use of condoms among non-members is low; 13 percent in Udaypur and 19 percent in Kailali (Table 3.2).

**Table 3.2** Percentage distribution of CAG/LAG members and non-members by ever use of condoms

Ever use of condoms	Udaypur		Kailali	
	Member	Non-member	Member	Non-member
Yes	33.6	13.1	64.9	18.8
No	66.4	86.9	35.1	81.2
N	17*	252	225	287

\* 8 members who are above 49 years of age are excluded from the analysis.

### 3.3 Current use of Condoms and other Contraceptives

Current user any contraceptive is very high among the CAG/LAG members. More than three-fourths of CAG/LAG members in Kailali (76 %) and over a half in Udaypur (56 %) were using at least one family planning method the time of the survey. The corresponding percentages among the non-members are respectively 50 and 35 percent.

The proportion of current users of condom among CAG/LAG members ranges from one-third in Udaypur (33%) to one-half in Kailali (50%). In comparison, the contribution of condom users in the contraceptive method mix among non-members is also quite low: 16 percent in Udaypur and 15 percent in Kailali (Table 3.3).

In the present study, an effort was made to assess the proportion of family planning acceptors who were using condoms along with other contraceptive device. It is encouraging to find that one-fifth of the CAG/LAG members in Kailali (19%) were using condom together with other methods. Interestingly, the proportion of the non-members using condoms in conjunction with other FP method is also quite substantial (21% in Udaypur and 33% in Kailali) (Table 3.3).

**Table 3.3** Percent distribution of CAG/LAG members and non-members by current use of FP methods

	Udaypur		Kailali	
	Member	Non-member	Member	Non-member
Current users of any FP method	55.8	34.9	76.4	49.8
Current users of condoms as proportion of all FP methods	33.3	15.9	50.0	14.7
Current users of condom along with other FP method (among condom users)	7.3	21.4	18.6	33.3

### 3.4 Decision on the Choice of Contraceptives

It is encouraging to find that most decisions about contraceptive choice (pills, condom, DMPA, female sterilization and male sterilization) are made jointly between husband and wife among the CAG/LAG members and non-members in both the districts. However, there are some exceptions among non-member users of pills and DMPA in Udaypur. Among the non-members in Udaypur, about two-thirds of the pill users (67%) and three-fourths of DMPA users (75%) had made self-decisions to use the method.

In Kailali district, about one-sixth of pill users among CAG/LAG members (18%) and about the same proportion of DMPA users among non-members mentioned that their husband made the decision on the method choice. It is encouraging to find that 41 percent of the condom users among CAG/LAG members in Kailali reported that they had suggested their spouse to opt for condoms (Table 3.4).

Table 3.4 Percentage distribution of CAG/LAG members and non-members according to the decision made in selection of specific FP method currently in use

	Udaypur		Kailali	
	Member	Non-member	Member	Non-member
<u>Pills</u>				
Husband's decision	10.0	-	17.9	-
Wife's decision	20.0	66.7	35.7	38.5
Joint decision	70.0	33.3	46.4	61.5
N	10	15	28	13
<u>Condom</u>				
Husband's decision	19.0	35.7	22.4	57.1
Wife's decision	14.3	-	41.2	19.0
Joint decision	66.7	64.3	36.5	23.8
N	42	14	85	21
<u>F. sterilization</u>				
Husband's decision	22.2	-	2.6	18.0
Wife's decision	33.3	40.0	17.9	28.1
Joint decision	44.4	60.0	79.5	53.9
N	9	15	39	89
<u>M. sterilization</u>				
Husband's decision	18.6	44.0	33.3	40.0
Wife's decision	7.0	4.0	-	-
Joint decision	74.4	52.0	66.7	60.0
N	43	25	3	5

### 3.5 Factor Influencing Condom Use

Field workers are the main influential persons for condom use among the members and non-members in both the districts. The proportion of the CAG/LAG members who were influenced for the condom use from the field workers is high in Kailali (73%) as compared to those in Udaypur (32%). A very high proportion of condom users among the members in Kailali (71%) mentioned that group discussion among the CAG/LAG leaders/members had influenced them to use the condoms. Moreover, more than one-fourth of the CAG/LAG members in both the districts (26% in Udaypur and 28% in Kailali) had started to use condoms after being motivated by the depot holders. Radio was cited as the sources of influence for condom use by 29 percent of the members in Kailali and 27 percent of the non-members in Udaypur (Table 3.5).

Table 3.5 Percentage distribution of CAG/LAG members and non-members by factors/persons influencing for condom use

Who influenced to start using condoms	Udaypur		Kailali	
	Member	Non-member	Member	Non-member
CAG/LAG/Leader/Group member	11.0	3.0	71.2	1.9
Depot holder	26.0	9.1	2.7	27.8
Field worker	31.5	33.3	73.3	35.2
Radio	8.2	27.3	29.4	18.5
Husband	12.3	9.1	8.2	25.9
Doctor/Nurse/CV/VHW	5.5	3.0	1.4	-
Friends from community	5.5	12.1	0.7	3.7
Observing condom day	-	-	0.7	-
Don't know	-	3.0	-	3.7
N	73	33	146	54

Percentage total exceeds 100 due to multiple responses.

### 3.6 Sources of Obtaining Condom

Table 3.6 shows the usual sources of obtaining condoms among ever users of this barrier method. It is encouraging to find that the majority of the CAG/LAG members and non-members have obtained condom from the NRCS source (depot holders and field workers). Over two-thirds of the members and non-members in Udaypur (70%) mentioned that NRCS is the usual source of obtaining a condom while in Kailali over three-fourths of the members (78%) and one-half of non-members (53%) cited this source as usual place of obtaining a condom. Comparatively, the proportion of the CAG/LAG members in Kailali who have referred NRCS source as a usual place for obtaining a condom is high than their counterpart non-members.

Table 3.6 Percentage distribution ever users of condom (CAG/LAG members and non-members) by usual source of obtaining condoms

Usual source of obtaining condoms	Udaypur		Kailali	
	Member	Non-member	Member	Non-member
NRCS source	69.9	69.6	78.1	53.7
Government source	16.4	15.2	16.4	16.7
Private source (Pharmacy, medical)	13.7	18.2	3.4	14.8
Don't know	-	-	2.1	14.8
N	73	33	146	54



Majority of the respondents in both the districts mentioned that their husband goes to bring condoms except among the members in Kailali. It is encouraging to find that roughly two-thirds of the CAG/LAG members in Kailali (64%) and over one-third in Udaypur (38%) usually brings the condom by themselves for their spouse.

It is noteworthy to find that most CAG/LAG especially in Kailali (79%) do not feel hesitant or shy in requesting for condoms from the suppliers. The tendency to overcome shyness while asking for condom supply/re-supply appear to fade away gradually or after the members are sensitized about condom use (Table 3.7).

Table 3.7 Percentage distribution of ever users of condoms according to the person who obtain the condoms and extent of hesitation or shyness while asking for condoms

	Udaypur		Kailali	
	Member	Non-member	Member	Non-member
<u>Who usually obtains the condoms?</u>				
Husband	61.6	72.7	36.3	61.1
Wife	38.4	12.1	63.7	29.6
Home delivery	-	15.2	-	9.3
<u>Felling of shy while asking for condom</u>				
Yes (always)	-	25.0	17.2	37.5
No (never)	78.6	50.0	49.5	31.5
Used to, but not now	21.4	25.0	33.3	31.3
N	28	4	93	16

### 3.7 Reasons of Condom Use

Prevention of unintended pregnancies appears to be the main reason for using a condom by the couples in both the districts. More than four fifths of the CAG/LAG members (88%) and non-members (85%) in Udaypur gave this reason for condom use. The corresponding percentages for Kailali are 60 and 98 percent respectively.

The use of condom purely for the purpose of protecting oneself from contracting STDs and HIV/AIDS is non-existent among the general women (non-members), whereas between 5 to 9 percent of the CAG/LAG members have used the condoms for such purpose.

Less than one sixth of the CAG/LAG members in Udaypur and nearly one-third in Kailali district have used condoms for dual purpose – preventing unintended pregnancies and STDs/AIDS (Table 3.8)

**Table 3.8** Percentage distribution of ever users of condoms according to the reason for condom use

Reason of using condoms	Udaypur		Kailali	
	Member	Non-member	Member	Non-member
To prevent unwanted pregnancy	87.7	84.8	60.3	98.1
To protect from STD/AIDS	5.5	-	8.9	-
To prevent unwanted pregnancy and STD/AIDS	6.8	15.2	30.8	1.9
N	73	33	146	54

### 3.8 Condom Negotiation Skills

Condom is a male or user-controlled method (female condoms are now available but it is yet to be marketed in Nepal). It must be used correctly and consistently during each sexual act in order to prevent unwanted pregnancies and sexually transmitted diseases including HIV/AIDS. However, a large number of couples or the male partners fail to use condom consistently. Moreover, female partners generally are not in a position to persuade their male partners to wear a condom during every sexual act. The STDs and HIV/AIDS education integration program has for the first time, laid special emphasis on development of condom negotiation skills among CAG/LAG members.

#### a. Asking the spouse to wear a condom

It is encouraging to find that a large proportion of CAG/LAG members in Kailali (68%) persuade their spouse to wear condoms. In Udaypur, however, only about one-fourth of the CAG/LAG members (27%) have actually have done so. Among the non-members, very few women have reported that they have had persuaded their spouse to use condoms.

#### b. Factors/persons Influencing on Condom Negotiation

It is evident from Table 3.9 that almost all CAG/LAG members in Kailali have been highly influenced by their participation in the group discussion (95%) as well as by the field workers (93%) in condom negotiations with their spouse. The corresponding percentages in Udaypur is relatively low: 35 and 27 percent respectively. However, Depot Holders appear to be quite influential among CAG/LAG members in Udaypur (21%) and among non-members in Kailali (36%). The influence of a field worker in condom negotiation is quite pronounced among the non-members in both Kailali (61%) and Udaypur (40%).

#### c. Effectiveness of condom negotiation skills

It is encouraging to find that a large majority of the members and non-members in both the districts were able to negotiate condom use with their spouse quite easily. However, roughly one in five in Kailali (21%) and one in seven non-members (15%) in Udaypur mentioned that they have to make repeated attempts to convince husband to wear a condom. The proportion of those who were unsuccessful in condom negotiation is relatively high among CAG/LAG members in Udaypur (24%) and among the non-members in Kailali (18%).

Table 3.9 presents the extent of condom negotiations, factors influencing condom negotiations and the level of success among CAG/LAG members and non-members in Udayapur and Kailali districts.

**Table 3.9** Percentage distribution of CAG/LAG members and non-members according to extent of condom negotiation with their spouse, factors influencing condom negotiation and their level of success

	Udayapur		Kailali	
	Member	Non-member	Member	Non-member
<b>A. Ever asked spouse to wear a condom ?</b>				
Yes	27.6	7.9	68.4	11.5
No	72.4	92.1	31.6	88.5
N	225	252	225	286
<b>B. Who/what influenced you to ask your spouse to wear a condom?</b>				
Field Worker	27.4	40.0	92.9	60.6
Depot Holder	21.0	5.0	4.5	36.4
CAG/LAG/Leader/Group member	35.4	10.0	95.4	3.0
Radio	9.7	25.0	9.1	15.2
Condom Day	-	5.0	-	-
Friend	-	15.0	-	3.0
Other	6.4	-	1.2	-
<b>C. How did you negotiate with your spouse about condom use?</b>				
Request was easily accepted	67.7	70.0	83.8	60.6
Made repeated attempts to convince him for acceptance	8.1	15.0	3.9	21.2
Failed to negotiate	24.2	15.0	12.3	18.2
N	62	20	154	33

*Percentage total exceeds 100 due to multiple responses.*

## Chapter 4

### KNOWLEDGE AND PERCEPTION ON STD AND HIV/AIDS

Because of its high case fatality rate and the lack of medicine to cure the disease, the HIV/AIDS is one of the most serious health concerns in the world today. Epidemiological studies have identified sexual intercourse, intravenous injections, blood transfusions and foetal transmission from infected mothers as the main routes of HIV/AIDS transmission.

AIDS was first identified in Nepal in 1988. During the early 1990s, HIV seroprevalence surveys have shown a gradual increase in the prevalence of HIV infections among persons with sexually transmitted diseases (STD) and commercial sex workers in Nepal. The potential for the spread of HIV in Nepal is considered to be large because of the presence of commercial sex workers, high rates of STDs, low condom use and pockets of intravenous drug users. As of June 1998, as many as 218 AIDS cases and close to 1084 HIV infections were reported by National Center for AIDS and STD Control (MOH). Unless change in safer sexual behavior and condom use in relationship of risk- is achieved, it is probable that the incidence of HIV infections will continue to rise in this country.

#### 4.1 Knowledge on STD and HIV/AIDS

The knowledge about STDs and HIV/AIDS is nearly universal among CAG/LAG members in both the districts. In comparison, knowledge about these diseases among non-members is less widespread in both the districts.

Most CAG/LAG members knew about AIDS either through group discussions among the members or from the field workers. For example, two-thirds of the members in Udaypur (65%) and almost all in Kailali (98%) have heard about AIDS from the group discussion that was being conducted amongst them. The proportion of the members mentioning field worker as a source of knowledge of AIDS is very high in Kailali (94%) as compared to Udaypur (20%).

Among the non-members of Udaypur, radio (65%) appears to be the main sources of knowledge about AIDS. On the other hand, almost all the non-members in Kailali (94%) cited the field worker as the sources of information on AIDS (Table 4.1)

**Table 4.1 Percentage distribution of CAG/LAG members and non-members according to their knowledge on STDs and HIV/AIDS**

	Udaypur		Kailali	
	Member	Non-member	Member	Non-member
<b>A. Ever heard of STD</b>				
Yes	100.0	54.4	100.0	79.1
No	-	45.6	-	20.9
N	225	252	225	287
<b>B. Heard of AIDS</b>				
Yes	94.2	54.8	100.0	62.0
No	5.8	45.2	-	38.0
N	225	252	225	287
<b>C. Source of knowledge about AIDS</b>				
CAG/LAG/Leader/Group member	65.2	5.1	98.3	4.5
Depot holder	4.7	3.6	3.1	21.3
Field worker	20.3	13.0	94.2	44.9
Radio	5.7	64.5	20.9	36.0
Reading book	2.8	1.4	0.4	7.3
Community members		8.7		7.9
Other	1.5	4.2	-	7.2
N	212	138	225	178

#### 4.2 Knowledge about the Ways of Preventing STDs

It is encouraging to note that majority of the members in both the districts knew about some of the preventive measures of STDs. About two-thirds of the CAG/LAG members in Udaypur (64%) and over three-fourths in Kailali (76%) mentioned that one can prevent STDs by using condoms during sexual intercourse. That avoiding multiple sex partner or having just one faithful partner as a way of preventing STDs was mentioned by the one-third of the CAG/LAG members in Udaypur (35%) and by over three-fourths of the CAG/LAG members in Kailali (77%).

Majorities of the non-members were not aware about the preventive measures of STDs. Only about one-third of the non-members in both the districts mentioned that condom can prevent the spread of STDs. That avoiding multiple sex partners as a way of preventing STDs is known to about one-fourth of the non-members in Udaypur (24%) and 43 percent of the non-members in Kailali (Table 4.2).

Table 4.2 also indicates the sources of knowledge on STDs prevention among the respondents. As the Table shows, among the CAG/LAG members, group discussion among themselves and with their field workers had helped them to learn about preventive measures of STDs. The proportion of CAG/LAG members quoting these sources were high in Kailali (96% each) as compared to those in Udaypur (63% and 21% respectively).

Among the non-members in Udaypur, the major source of information on STDs prevention was the Radio (40%) followed by friends (19%), field worker (16%) and depot holder (11%). While

among the non-members in Kailali field worker was the major source (47%) of information on STDs prevention, followed by radio (24%), depot holder (14%) and friend (11%). (Table 4.2)

Table 4.2 Percentage distribution of CAG/LAG members and non-members according to the knowledge on the ways of preventing STDs transmission and the sources of knowledge

	Udaypur		Kailali	
	Member	Non-member	Member	Non-member
<u>Ways of preventing STDs</u>				
Using condoms	63.9	32.8	75.6	29.1
Stick to one faithful partner	34.7	24.1	76.9	43.2
Other*	1.3	2.2	0.9	0.9
Don't know	17.8	54.7	-	52.3
N	225	138	225	227
<u>Sources of Knowledge on STD prevention</u>				
CAG/LAG/Leader/Group member	62.7	4.8	96.0	4.4
Depot holder	6.5	11.3	3.1	13.9
Field worker	20.5	16.1	96.0	47.4
Radio	6.5	40.3	10.7	24.1
Book for adult literacy	0.5	3.2	-	5.1
Friend	0.5	19.4	-	10.9
Observing condom day	0.5	-	-	-
Other	2.6	6.4	0.9	9.4
N	185	62	225	137

Percentage total exceeds 100 due to multiple responses.

\*Keeping genital clean, Taking medicine, Not sharing meal/not sharing seat

### 4.3 Knowledge on Ways of reducing AIDS transmission

Respondents who had heard about AIDS were asked about the ways and means of reducing the risk of contracting the disease among themselves. It is evident from the Table 4.3 that most CAG/LAG members in both the districts are aware about at least one way of reducing the risk of contracting the disease. For instance, over four-fifths of the members in Udaypur (82%) and three-fourths (77%) in Kailali mentioned that regular use of condoms is the way of avoiding the risk of getting AIDS. Similarly, 90 percent of the members in Kailali and one-half in Udaypur (50%) believed that having sexual relations with just one partner would help in avoiding AIDS. Moreover, close to three-fourths of the CAG/LAG members in Kailali and about one-fourth in Udaypur believed that the use of sterilized needle/syringe was a way to avoid AIDS. Surprisingly, one in ten members in Udaypur did not know anything about the ways of getting AIDS.

Regular use of condoms and restricting sex partners to just one were the two frequently mentioned responses among the non-members on ways and means of avoiding AIDS. Close to one-third of the non-members in Udaypur and over one-sixth in Kailali were unaware of the preventive measures of AIDS (Table 4.3)

**Table 4.3** Percentage distribution of CAG/LAG members and non-members according to the knowledge on the ways of reducing risk of getting AID and sources of knowledge

	Udaypur		Kailali	
	Member	Non-member	Member	Non-member
<u>Ways of reducing risk of getting AIDS</u>				
Regular use of condoms	82.1	57.2	77.3	40.4
Stick to one faithful partner	49.5	54.3	88.9	58.4
Using sterilized/new needles for injection/immunization	26.9	13.0	69.8	15.7
Getting blood for transfusion from safe source	11.3	10.1	52.9	10.7
Treating the STDs (if any)	0.5	-	2.2	8.4
Other*	-	1.4	1.3	1.1
Don't know	10.8	29.7	-	18.0
N	212	138	225	178

#### 4.4 Sources of Knowledge about Preventive measures of AIDS

Almost all the CAG/LAG members in Kailali (96%) and about two-thirds in Udaypur (64%) mentioned that their group interactions were the main source of information about the preventive measure of AIDS. In addition, an overwhelmingly large proportion of the CAG/LAG members in Kailali (92%) had gained the knowledge about preventive measures from Field worker. The corresponding percentage in Udaypur was relatively low (19%).

Among the non-members in Udaypur, radio was cited as the major source of information (55%) on preventive measures of AIDs followed by field worker (17%) and community members/friend/relatives (11%). On the other hand, in Kailali, Field worker was a main source of information for the non-members. One-third of the non-members in Kailali (34%) have learnt about the ways and means of reducing the risk of AIDS transmission from the radio, followed by depot holder (20%) (Table 4.4).

**Table 4.4:** Percentage distribution of CAG/LAG members and non-members according to the sources of knowledge about the ways of reducing the risk of contracting AIDS

<u>Source of knowledge on reducing risk of getting AIDS</u>				
CAG/LAG/Leader/Group member	64.0	5.2	96.0	4.1
Depot holder	5.8	6.2	3.6	19.9
Field worker	19.1	16.5	92.4	46.6
Radio	6.9	54.6	11.1	33.6
Magazines/book for adult literacy	1.6	2.1	-	4.8
Community members/friends/relatives	-	11.3	-	9.5
Observing condom day	0.5	1.0	-	-
Other	2.6	4.0	-	3.5
N	189	97	225	146

\* Developing condom negotiating skills between spouses; not sharing meal/seat; not conceiving by an infected woman  
Percentage total exceeds 100 due to multiple responses.

## Chapter 5

### SUMMARY CONCLUSIONS AND DISCUSSIONS

The major thrusts of the education integration program have been to increase awareness about STD/HIV transmission and prevention, promote condom usage especially among men who migrate seasonally for economic pursuits, encourage women to discuss matters related to sexuality, condom use and empower them on condom negotiation skills.

The intervention program has been successful in mobilizing women groups especially among those who have participated in the non-formal education (adult literacy classes), local women leaders and spouse of migrant males. As one of the main focuses of the intervention program has been on modifying the "high risk" sexual behavior of migrant men, male participation in the program has also been ensured through enrolment of active male members/volunteers of the village and male field workers as Roving Educators.

The program has been effective in promoting inter-spousal communication on matters related to health including safe motherhood and STDs/AIDS. Even those women who use to feel shy in talking to their spouse earlier are now able to discuss freely on topics like STDs, AIDS and condom usage.

It is encouraging to find that most CAG/LAG members in both the districts discuss on the health related issues including on STD and HIV/AIDS with their spouse. Moreover, the field workers were also helpful in encouraging the members for inter spousal communication. Among the non-members, apart from the field workers, educational messages on the radio and friends circles constitute the main sources of inspiration for initiating spousal communication on reproductive health matters.

The study has shown a nearly universal knowledge about the condoms as well as about STDs and HIV/AIDS among the CAG/LAG members. Knowledge about the condoms among the non-members is relatively less widespread. Knowledge about the various transmission routes of STDs and AIDS and ways to prevent them were widespread among the CAG/LAG members and less widespread among the non-members.

That increase in knowledge about condoms will lead to increase in its use is evident from the study. The gap between knowledge and behavior (usage) is narrow among the CAG/LAG members as compared to the non-members. Focus group discussions among the participants have shown that those couples who had not used any contraceptive method earlier did so upon enrolling themselves as CAG/LAG members. Moreover, the program objectives of promoting condoms as a dual purpose method – preventing unintended pregnancies and STDs/AIDS transmission – is known to all the CAG/LAG members.



Apart from the regular group interactions, field workers have been quite influential in educating CAG/LAG members on condom use and ways and means of STDs and AIDS prevention. Moreover, depot holders and field workers have been effective in increasing the accessibility of condoms among the members as well as non-members in the village. Apart from the field workers, radio appears to be the important source of knowledge about condoms and AIDS for the non-members.

Most CAG/LAG members reported to have used condoms for preventing unintended pregnancies. They did not feel hesitant or shy in requesting for condoms from the suppliers which is quite noteworthy.

The condom usage purely for the purpose of protecting oneself from contracting STDs and HIV/AIDS or for dual purpose is low. Therefore, it would have been worthwhile to study the men's sexual risk behavior and the extent of condom use amongst them especially during sex with non-regular partners to supplement the present study results. Interestingly, however, a large proportion of CAG/LAG members tends to persuade their spouse to wear condoms. They were in a position to negotiate condom usage with their spouse quite easily.

Comparatively, the intervention program appears to be more successful in Kailali than in Udaypur district. For instance, the performance indicators such as awareness and use of condoms, knowledge about prevention of STDs and AIDS transmission, initiating dialogue with the spouse about health and safe motherhood issues are more pronounced among the CAG/LAG members in Kailali than in Udaypur. Moreover, a higher proportion of CAG/LAG members in Kailali than in Udaypur have been active in fetching the condoms for the source without hesitation, and in persuading their spouse to wear the same. The difference in program performance between the two districts could be accrued to factors like inter-district differences in the ethnic composition of the community, accessibility factor (in Udaypur) affecting field supervision, infrequent meeting of the group members, and work pressure to field staff as a result of integration of additional programs (Udaypur).

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