

STUDY ON UNDERSTANDING, AWARENESS AND PERCEIVED BEHAVIOR OF HIV/AIDS AMONG RETURNEE SEASONAL MIGRANT WORKERS FROM INDIA TO FAR WESTERN REGION OF NEPAL

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ABSTRACT

Introduction: HIV/AIDS is an emerging challenge to public health, social development and modern human civilization. Thousands of Nepalese people are migrating to India and other countries every year in order to seek employment. Migrants are often a medically underserved population and are getting more exposed to unsafe sexual activities, increasing their risk for HIV/AIDS. Awareness is a powerful weapon to combat such problems like HIV/AIDS. Hence this study was conducted to explore the understanding, awareness and perceived behavior of migrant workers on HIV/AIDS.

Methodology: This Population based cross-sectional study was carried out in the border area of Far-Western region of Nepal. Altogether 372 returnee migrants who were selected randomly were interviewed after obtaining their written consent. Aggregation of correct knowledge on HIV/AIDS was considered as good understanding, positive perception as good perceived behavior and good understanding with positive perceived behavior as good awareness. Data were analyzed using SPSS-16 applying appropriate statistics. Criterion for statistical significance was set at test value $P < 0.05$.

Results: Total, 372 male migrant workers (mean age \pm SD: 29.6 ± 1.9 years; range: 18-47 years) participated in the study. Majority (29.84%) were 28-32 years. Half (50.81%) were from primary and informal educational background and 74.20 percent were Hindus. About 41.94 percent of the participants' earning was < 3000 NRs. /month and 53.22 percent were scheduled caste. About 46.77 percent were porters followed by 29.84 percent who work as construction workers. Almost 81percent had heard about the HIV/AIDS with 45.9 percent reporting virus as an etiology. Similarly 65 percent reported that unsafe sexual contact is the major mode of HIV transmission and one-quarter had the idea that HIV cannot be transmitted through hugging/kissing or shaking hands. Almost 80.0% reported that condom use is the most important preventive measure. Nearly half (49.20%) were found to be aware of HIV/AIDS. Age of participants ($\chi^2= 13.09$, $p < 0.001$), educational background ($\chi^2=10.65$, $p < 0.001$), religion ($\chi^2= 8.03$, $p < 0.02$), monthly income ($\chi^2= 12.38$, $p < 0.001$) and nature of job/work performed ($\chi^2 = 7$, $p < 0.02$) during staying in India were found to be significant factors affecting the level of awareness.

Conclusion: Nearly half of the participants were found to be aware on HIV/AIDS. The level of awareness was significantly affected by the age of participants, educational background, religion, monthly income and nature of job/work performed during staying in India. Awareness creating package programs like behavior change communication (BCC) on HIV/AIDS are supportive to decrease the vulnerability of HIV/AIDS among migrant workers.

Key words: Understanding, Awareness, Perceived, Behavior, HIV/AIDS, Seasonal, Migrant, Workers

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INTRODUCTION

The Human Immunodeficiency Virus (HIV) Acquired Immuno-deficiency Syndrome (AIDS) is an epidemic and has emerged as a formidable

challenge to public health, development and modern human civilization. Within a few decades, HIV has spread rapidly from a few widely scattered "hot spots" to virtually every country in the world including Nepal. Though many efforts have been taken globally, its devastating effects can be seen in many areas such as human productivity, public health, and human rights.¹ Globally, by the end of 2013, 35 millions of people were affected by HIV; 30.8 million were adult population and 5.2 percent of them died due to AIDS. About 4.1 million people were affected only in South East Asia region.²

Data from the IBBS (2009-11) in Nepal suggested that HIV is continuing to be confined within key affected population groups. People who inject drugs (PWIDs), gay men and other men who have sex with men (MSM), sex workers (both male and female), and male labor migrants (particularly to India, where they likely visit sex workers) are at the centre of the epidemic, with a higher risk of acquiring HIV. Overall, the epidemic is largely driven by sexual transmission that accounts for more than 85 percent of the total new HIV infections. According to the new estimates, there are around 50,000 people living with HIV in Nepal with an overall national HIV prevalence of 0.3% among adults aged 15-49 years.³

The possibility of transmission of HIV and STIs from these high-risk groups to the general population is a serious health concern.⁴ Migrants are often a medically underserved population. So, national and international migration plays an important role in the spreading of HIV infection throughout the world. There are multiple concerns about the relationship between migration and HIV/AIDS.

Large number of population from remote part of western region of Nepal leave their households for seasonal or long-term labor migration to urban centers or to the neighboring countries, in search of short term jobs. About 0.6-1.3 million workers migrate annually from Nepal to different places of India especially, Uttaranchal, Maharashtra, Uttar Pradesh, and Delhi States to do labor work for a certain period (4-6 months) and then go back to Nepal via different transit points. High prevalence rates of STIs and HIV infection was found in such population (returnee migrant workers).⁵ According to Nepal's 2007 United Nations General Assembly report, labor migrants make up 41.0% of the total known HIV infections in the country, followed by

clients of sex workers (15.5%). The far western region of Nepal accounts for 16 percent of the total HIV cases; of which nearly three-quarter (74.0%) was covered by migrant workers only.⁶

Separated from their spouses, family and adrift from the social bindings, many of these migrants indulge in unsafe sexual practices at their working centers. Regular monitoring and health assistance to this population is lacking especially in the case of those who migrate in neighboring countries like India compared to those who receive authorized permission to work in third world countries.⁷ Unsafe sexual behavior is a major leading cause of the increasing HIV/AIDS and STIs incidence among the migrant workers and their family. Knowledge and awareness is a powerful weapon to combat with problems related HIV/AIDS in the 21st century. Due to the lack of knowledge and awareness of good health practices and their right to use facilities, the issue of HIV/AIDS and STIs among migrant workers is mushrooming as a malicious public health problem and a formidable challenge to the national economy, social development and human rights in particular and the human civilization in general.² Application of preventive awareness is most essential to reduce the risk of spreading HIV/AIDS and STI in the population. Hence, the main purpose of this study was to assess the level of understanding, awareness and perceived behaviour on HIV/AIDS among returnees' migrant workers/laborers in Nepal.

METHODOLOGY

Descriptive cross-sectional study was carried out in the Mahendra Nagar-Banbasa border area of Far-Western Region (FWR) of Nepal. Banbasa is the main entry/exit point to India and Nepal in this region. Hundreds of people from different parts of Nepal and India cross the border every day to search for seasonal jobs. The study participants were the migrants having permanent residence in FWR and have visited India at least twice and stayed as a laborer for a season (4-6 months/season) at each visit, and went back to Nepal during the period of August to October 2010. All eligible people were individually screened at the entry point of Nepal by taking the information regarding duration of staying in India and working status during the stay with support of a leading social organization; Maiti Nepal.

The sample size was calculated by using the proportion-based statistical formula; $n = z^2p(1-p)/d^2$ with 5 percent absolute error and 95 percent confidence interval (CI) level. On the basis proportion of good knowledge ($P = 33\%$) on HIV/AIDS and STIs of the migrant workers in previous similar type of study, the minimum sample size was 339. Adding 10 percent non-response rate, the final sample size was 372. Systematic random sampling technique was applied to select the sample from screened migrant workers. The participation in the study was voluntary, and necessary informed consent was obtained. The participants were briefed about the aim and process of the study and privacy was fully maintained throughout the process by interviewing them in a confidential environment. Ten percent of the questionnaire was pretested in Nepalgunj border area to check the consistency, outlier, and missing values before starting the final study. The questionnaire covered several aspects of knowledge and perceived behaviour related to HIV/AIDS and socio-demographic profile. To find out the level of different parameters such as; knowledge, perceived behavior and awareness, many questions related to HIV/AIDS (14 knowledge related and 9 perception related) were asked to the respondents and matched with the correct and wrong answer. The correct answer/statement of each question was scored as 1 and wrong answer/statement was scored as 0. The level of understanding was found with comparing the mean value of right and wrong scores of total asked questions. The value >16.8 (Mean + SD) was considered the good understanding and less than that was considered poor understanding. Similarly, the level of perceived behavior was found with comparing the mean value of positive perception and negative perception of total statements. The value >21.2 (Mean + SD) was considered good perceived behavior and less than that was considered poor perceived behavior. In addition, the aggregation of correct knowledge and good perceived behavior was considered as good awareness and lacking of either good knowledge or good perception or both were considered as poor awareness.

Data were checked and re-checked and entered into the computer on the same day by using the statistical software SPSS (version-16). Both descriptive (percentage, mean, median, mode, range, and standard deviation) and inferential

statistic (χ^2 test) was applied to analyze the data. The criterion for statistical significance was set at test value ($P < 0.05$). The analyzed data were presented in tables, graphs, charts and narrative description as per necessity.

RESULTS

Socio demographic profile of the study participants

Altogether, 372 male migrant workers (mean age \pm SD: 29.6 ± 1.9 years ; range: 18-47 years) participated in the study, and the majority (29.84%) of the participants were in the age group 28-32 years followed by 25.81 percent in 33-37 years. Half (50.81%) of the participants were from primary and informal educational background whereas nearly (19.35%) were illiterate and 4.84 percent from secondary and higher. More than (61.29%) of the participants were married, and nearly three-quarter (74.20%) were from the Hindu religious background followed by; 21percent Buddhists and 4.03 percent Christians and others. More or less 41.94 percent participant's monthly income was < 3000 NRs. and remaining other (58.06%) earned > 3000 NRs (3000-1000)/month. Nearly, three-quarter (70.17%) of participants had nuclear type of family structure and more than half (53.22%) were of scheduled caste. According to their nature of job during staying in India; about 46.77 percent were porters followed by; 29.84 percent construction workers; 12.1 percent home servant and 11.29 percent hotel/supermarket helper as illustrating in table 1.

Socio-demographic characteristics		Frequency	%
Age group in years	18-22	63	16.94
	23-27	111	29.84
	28-32	96	25.81
	33-37	30	8.06
	38-42	39	10.48
	43-47	33	8.87
	Total	372	100.00
Education level	Illiterate	72	19.35
	Informal education	60	16.13
	Primary education	129	34.68
	Lower secondary	75	20.16
	Secondary	18	4.84
	Higher secondary	12	3.23
	Higher studies	6	1.61
	Total	372	100.00

Socio-demographic characteristics		Frequency	%
Marital status	Married	228	61.29
	Unmarried	144	38.71
	Total	372	100.00
Religion	Hinduism	276	74.20
	Buddhism	81	21.77
	Christianity and others	15	4.03
	Total	372	100.00
Monthly income of the migrant worker (NRs.)	<3000	156	41.94
	≥3000	216	58.06
	Total	372	100.00
Types of family	Nuclear	261	70.16
	Joint	111	29.84
	Total	372	100.00
Cast/ethnicity	Schedule caste	198	53.23
	General category	174	46.77
	Total	372	100.00
Types of work/labor	Construction labor	111	29.84
	Home servant	45	12.10
	Porter/farming	174	46.77
	Helper in hotel/supermarket	42	11.29
	Total	372	100.00

Note: NRs = Nepali Rupees

Participants' Understanding on HIV/AIDS

Understanding on HIV/AIDS is the status of knowing about its related factors. To find the understanding, different types of questions on causes, transmission, and curability, availability of treatment/medicine and consequences of HIV/AIDS were asked to the respondents and matched with correct and wrong answer of each question. Almost 81 percent of the participants were found to have heard about the HIV/AIDS. About 45.9% reported that virus is an etiology of HIV/AIDS. Nearly two-third (65.0%) of the participants reported that HIV transmits through unsafe sexual contact followed by infected blood transfusion (62.0%), infected mother to baby (51.0%), and sharing of needle (42.0%). Similarly, 42.25 percent reported that HIV is not transmitted through hugging or shaking hands with HIV infected persons, whereas 55 percent reported that HIV is transmitted by kissing an infected person. More than three-fifth of the participants replied that HIV is transmitted through using of unsterile surgical instruments. About 30 percent of participants reported that HIV/AIDS is a curable disease and one quarter (25.0%) had idea about availability of drugs for AIDS. Regarding the preventive measure against HIV/AIDS, 80 percent of the participants reported that using of

condom is a most effective behaviour followed by faithful sexual contact with single partner (72.5%), and abstaining (70.96%) percent. Similarly 61.5 percent knew that death is the final consequence of the HIV/AIDS; table: 2.

Table 2. Understanding on HIV/AIDS (N=372)

Knowledge related characteristics	Response	Frequency	%
Heard about HIV/AIDS	Yes	302	81.23
	No	70	18.77
Etiology of HIV/AIDS	Bacteria	149	40.10
	Virus	171	45.90
	Don't know	52	14.00
HIV Transmitted by unsafe sexual contact	Yes	242	65.0
	No	78	21.0
	Don't know	52	14.0
HIV transmitted by sharing a needle with HIV infected	Yes	156	42.00
	No	48	13.00
	Don't know	167	45.00
HIV transmitted by Blood transfusion with HIV infection	Yes	231	62.00
	No	56	15.00
	Don't know	86	23.00
HIV transmitted from infected pregnant mother to baby	Yes	190	51.0
	No	113	30.5
	Don't know	69	18.5
HIV transmitted by hugging or shaking hands with person of HIV	Yes	149	40.0
	No	157	42.25
	Don't know	66	17.75
HIV transmitted by kissing with HIV infected person	Yes	205	55.0
	No	149	40.0
	Don't know	19	5.0
HIV transmitted by using unsterile surgical instruments	Yes	227	61.1
	No	80	21.5
	Don't know	65	17.4
HIV/AIDS is curable	Yes	112	30.0
	No	167	45.0
	Don't know	93	25.0
Medicine is available for HIV treatment	Yes	93	25.0
	No	78	21.0
	Don't know	201	54.0
HIV can be prevented by Having sex with single partner	Yes	270	72.58
	No	60	16.12
	Don't know	42	11.29
Condom use protected from HIV transmission	Yes	298	80.0
	No	17	4.6
	Don't know	57	15.4
People protected themselves from HIV by abstaining from sex	Yes	264	70.96
	No	72	19.35
	Don't know	36	9.76
Death is the final consequence of HIV/AIDS	Yes	229	61.5
	No	84	22.5
	Don't know	60	16.0

Perceived behavior of migrant workers on HIV/AIDS

Perception and related behavior is also the important factor affecting awareness. In this study, perceived behavior of the participants was found by taking the view on HIV/AIDS related universal statements. Out of 372 participants, more than half (53.22%) were found to be perceived that 'HIV infected people need to isolate'. Similarly nearly two-thirds of the participants (64.51%) had positive perception on needing of social and family support to male HIV positive which was more than the female HIV positive (58.06%). More than two-fifths (43.0%) of the participants reported that 'smoking and alcohol use supports to increase unsafe sexual behavior' followed by adult movies (30.0%). Furthermore four-fifth (80.0%) of the participants reflected the negative perception about the condom use during sexual intercourse i.e. 'Condom use during sexual intercourse does not give satisfaction'. Regarding the vulnerability of HIV/AIDS, only 41 percent participants perceived that 'migrant works are vulnerable population' and one third (33.0%) put their view on 'equal responsibility of both male and female to transmit the disease'. Nearly two-thirds (65%) of them were found to be perceived, that 'awareness is the key equipment of controlling HIV/AIDS, table 3.

Table 3. Perceived behavior of migrant workers on HIV/AIDS			
Perceived behavior	Response	Frequency	%
HIV people need to be isolated	yes	198	53.22
	No	74	46.8
HIV positive male people need support and help from family member	yes	240	64.51
	No	132	35.49
HIV positive female people need support from family members	yes	216	58.06
	No	156	42.94
Smoking and alcohol support to increase unsafe sexual behavior	yes	160	43.0
	No	130	35.0
	No idea	82	22.0
Adult movies help to expose with unnatural sexual activities	Yes	112	30.0
	No	167	45.0
	Know Idea	93	25.0

Perceived behavior	Response	Frequency	%
Using condom during sexual contact does not give satisfaction	Yes	298	80.0
	No	45	12.0
	No Idea	30	8.0
Migrant works are the vulnerable population of HIV/AIDS	yes	153	41.0
	No	182	49.0
	No Idea	37	10.0
Male and female both are equally responsible for transmitting HIV/AIDS	yes	123	33.0
	No	167	45.0
	Can't say	82	22.0
Awareness is the key equipment of controlling HIV/AIDS	yes	242	65.0
	No	130	35.0

Level of Understanding, Perceived behavior and Awareness (UPA) on HIV/AIDS

The level of understanding was found with comparing the mean value of right and wrong answers of total questions. The mean \pm SD score of the knowledge related questions was 14.5 ± 2.3 . Similarly, the level of perceived behavior was found with comparing the mean value of positive perception and negative perception of total statements. The mean \pm SD score of the perceived behavior was 18.01 ± 3.2 . In addition, the average of the good understanding and good perceived behavior was considered as good awareness. On the basis of obtained scores, about 54.51 percent of the participants had good understanding, 43.71 percent participants had good perceived behavior and nearly half (49.20%) of the participants had good awareness on HIV/AIDS; table:4.

Table 4. Level of knowledge, perceived behavior and awareness on HIV/AIDS		
Parameters	Levels of parameters with frequency and Percentage	
	Good	Poor
Knowledge	203 (54.59)	169 (45.41)
Perceived behavior	163 (43.71)	209(56.29)
Awareness	183(49.20)	189(50.80)

Factors affecting to awareness on HIV/AIDS

Awareness on HIV/AIDS is a dependent phenomenon affected directly/indirectly by different socio demographic factors. The study revealed

that the level of awareness depends on the age of the participants ($\chi^2= 13.09$, $p < 0.001$), educational background of the participants ($\chi^2=10.65$, $p < 0.001$), religion ($\chi^2= 8.03$, $p < 0.02$), monthly income of the respondent ($\chi^2= 12.38$, $p < 0.001$) and nature of job/work of participants. ($\chi^2 = 7$, $p < 0.02$). Participants having the age less than median level were found to be 2.14 times more aware (OR= 2.14, 95% CI=1.61-2.69) than the participants having the age more than median level. Similarly participants having the educational level secondary and more were 2.11 times more aware (OR= 2.11, 95% CI: 1.52-2.72) than the participants having the other level of education. Participants from Hindu religious background were 1.84 times more likely to be aware (OR=1.84, 95% CI: 1.07-2.61) than the participants from Buddhist and other religious background. Participants having more income (>Rs. 3000/month) were also found to be 2.11 times more aware (OR=2.11, 95% CI: 1.56-2.67) than the participants who had less income (<RS.3000/month). Furthermore, participants belonged to construction labor and porter were found to be 1.93 times more aware (OR=1.93, 95% CI: 1.22-2.68) than the participants belonged to other works. Meanwhile, the level of awareness was not significantly associated with the other demographic variables like marital status, type of family and ethnicity/cast of participants; ($p > 0.05$); table: 5.

DISCUSSION

Present study showed that more than four-fifth (81.0 %) of the respondents had heard about the HIV/AIDS which is consistent with the study reported from India, Sri Lanka, Pakistan, Bangladesh and Thailand.^{8,9} These studies showed that approximately 70 percent of the participants had heard about HIV/AIDS. Similarly, study from Thailand reported that nearly nine out of ten migrant people had informed about HIV/AIDS.⁹

Regarding the causative agent of HIV, nearly half of the participants (45.9%) reported that virus is the main etiology. Nearly two-

Variables	Level of awareness			Statistical values		
	Good (n=183)	Poor (n=189)	Total (N=372)	χ^2	OR at 95% CI	P value
Age						
<28	98	66	164 (46.78)	13.09 df=1	OR= 2.14, CI: 1.61-2.69	p< 0.001 ***
≥28	85	123	198 (53.22)			
Edu. status				10.65 df=1	OR= 2.11, CI: 1.52-2.72	p<0.001 ***
Secondary or higher	69	42	111 (29.85)			
Primary or less	114	147	261 (70.15)			
Marital Status				0.79 df=1	OR= 0.82 CI:- 1.38-3.04	p> 0.05
Married	108	120	228 (61.29)			
Unmarried	75	69	144 (38.71)			
Religion				6.48 df=1	OR= 1.84 CI: 1.07-2.61	p< 0.05*
Hindus	148	128	276 (74.20)			
Buddhist and Others	37	59	96 (25.80)			
Monthly Fa. Income				12.38, df=1	OR= 2.11 CI: (1.56-2.67)	p< 0.001 ***
> NRs 3000	123	93	216 (58.06)			
≤ NRs 3000	60	96	156 (41.94)			
Types of family				2.54 df=1	OR= 1.43 CI: (0.20-2.66)	p> 0.05
Nuclear	134	124	258 (69.35)			
Joint	49	65	114 (30.65)			
Cast/ Ethnicity				0.91 df=1	OR= 1.09 CI: (3-.60-5.43)	p> 0.05
Higher caste	84	91	175 (46.77)			
Schedule caste	99	98	197 (53.23)			
Types of work/labor				7.0 df=1	OR= 1.93 CI: 1.22-2.68	p< 0.02*
Construction	151	134	285 (75.61)			
Labor/porter House hold labor/helper	32	55	87 (23.39)			

third (65.0%) of the participants reported that HIV is transmitted through unsafe sexual contact followed by transfusion of infected blood; (62.0%), infected mothers to babies; (51.0 %) and sharing of needles; (42.0 %). Similarly about two-fifth (42.2 %) reported that HIV does not transmit through hugging or shaking hands with HIV infected person whereas, 55 percent reported that HIV transmits through infected person by kissing. This finding was better than a study finding reported from Thailand. Almost 30 percent of migrant people in Thailand believed that people who have sexual intercourse with a single faithful partner are in less risk of HIV transmission though the intercourses are without condom use. Just one out of ten people reported that HIV does not transmit through causal-contact such as using the same toilet, kissing and shaking hands.⁹

Nearly one-thirds of the participants in present study reported that HIV/AIDS is a curable disease. Almost one- quarter had idea about availability of VCT service and drugs of AIDS which was poorer than a study finding reported by Dahal et al. in Nepal.¹⁰ Regarding the preventive measure against HIV/AIDS, nearly three- quarter (72.5%) of the participants in this study reported about faithful sexual contact with single partner is the foremost. Similarly, almost four- fifth reported about condom use during multi-partner sex followed by abstaining (70.9 %) are other important measures of preventing HIV transmission. This finding was consistent with other study.^{9,10}

Death is the final consequence of HIV/AIDS. If people living with HIV are not diagnosed timely and careless to their minor illness, they may die earlier due to development of AIDS. Present study showed that, more than three-fifth (61.5 %) of the participants were known about such consequence (death) of HIV/AIDS which was in line with similar other studies.⁸⁻¹⁰ If people are aware on such consequence, the life expectancy of PLHA can increase by caring them timely.

People show the behavior towards anything on the basis of their perception. More than half of the participants in the present study were found to be perceived that 'HIV infected people need to isolate from other people'. Similarly, nearly two-thirds (64.5%) of the participants perceived that HIV positive male people need support and help

of their family member, whereas nearly three-fifth (58.06%) of them perceived that similar support is needed to HIV infected female people. Such type of perception may play the supportive role to create the awareness and reduction of the stigma HIV/AIDS so that people living with HIV/AIDS can be adjusted in the society. This finding was supported by a study from Ghana.¹¹ Furthermore present study revealed that, more than two-thirds (43.0 %) of the participants had negative perception on smoking and alcohol use. Such behaviors support to increase unsafe sexual behavior which leads to increase the HIV/AIDS. Similarly, nearly one third (30.0%) of the participants perceived that 'adult movies' help to expose the migrant people with unnatural sexual activities. In addition, four-fifths (80.0%) of the participants reflected their perception about the condom use during sexual contact does not give satisfaction. Such perception support them to initiate the risky sexual behaviors such as multi partner sex, oral and anal sex, male sex with male etc without using condom during sexual intercourse which leads them towards the vulnerability of HIV/AIDS.

Regarding the vulnerability of HIV/AIDS, 41.0 percent of the participants perceived that migrant works are vulnerable population of HIV/AIDS. Similarly, about one third of them perceived that 'both male and female' are equally responsible for transmitting HIV/AIDS. This finding was in line with other study conducted in Nepal.⁹

Awareness is the key equipment of controlling HIV/AIDS. Our study prevailed that nearly two-third of the participants were known about its importance. HIV/AIDS related awareness is a dependent phenomenon affected directly/indirectly by different demographic and bio-social factors. The study revealed that the level of awareness on HIV/AIDS depends on the age of the participants (less than median level Vs. more than median level; $P<0.001$, OR= 2.14), educational status (Secondary and more Vs. Primary and less; $P<0.001$, OR= 2.11), religion (Hindu Vs. Buddhist and other; $P<0.02$, OR=1.84), monthly income of the respondent (>Rs. 3000/month Vs.<RS.3000/month; $P<0.001$, OR=2.11) and nature of job/work of participants (construction labor and porter Vs. house boy/ shop helper; $P<0.02$, OR=1.9). Mean while, the level of awareness was not found to be significantly affected by marital status, type of

family and ethnicity/cast of participants; ($p>0.05$). These findings were more or less supported by other studies from Nepal and abroad.⁸⁻¹⁰

CONCLUSION

Though more than four-fifth of the participants (migrant workers) heard about the HIV/AIDS, nearly half of them had good understanding and aware on it which is very low with compare to the spreading trend of HIV/AIDS. The level of awareness was significantly affected by different socio-demographic factors including the age of participants, educational background, religion, monthly income and nature of job/work performed during staying in India. Awareness creating special package programs like behavior change communication, training and counseling on HIV/AIDS with the modality of public private partnership (PPP) may supportive to reduce the vulnerability of HIV/AIDS among migrant workers.

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