



EMPHASIS Baseline



LOTTERY FUNDED



Vulnerability to HIV & AIDS:

A Social Research on Cross Border Mobile Populations from Nepal to India

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The study team

Acronyms

AIDS:	Acquired Immuno Deficiency Syndrome
ART:	Ante Retroviral Treatment
DHS:	Demographic Health Survey
EMPHASIS:	Enhancing Mobile Populations' Access to HIV & AIDS Services Information and Support
ESI:	Employee State Insurance
FSW:	Female Sex Workers
HIV:	Human Immuno Deficiency Virus
INRS.:	Indian Rupees
ID:	Identity Card
IDI:	Indepth Interview
PLHIV:	People Living with HIV
IDU:	Injecting drug users
MSM:	Men who have sex with men
NACPIII:	National AIDS Control Programme Phase III
NFHS:	National Family Health Survey
NGO:	Non government Organizations
NRS.:	Nepalese Rupees
ODI:	Oversees Development Institute
PAN:	Personal Account Number
PPTCT:	Prevention of Parent to Child Transmission
PSU:	Primary Sampling Unit
STI:	Sexually Transmitted Infections
UNAIDS:	Joint United Nations Program on HIV & AIDS
VCT:	Voluntary Counselling and Testing
VDC:	Village Development Committe

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Executive Summary

In Nepal, people in low economic brackets with minimal productive means are influenced by the political instability and are likely to migrate¹. The Nepal Living Standard Survey conducted by the Central Bureau of Statistics in 2003/04 has estimated that one million Nepalese work in India mostly as unskilled permanent or seasonal laborers and domestic workers. According to The Peace and Friendship Treaty signed between India and Nepal in 1950, citizens of both countries can travel and work freely across the border and are to be treated the same as native citizens – except for voting rights. Cross border migrants, due to poverty, lack of legal protection, poor access to services, discrimination and exploitation face many vulnerabilities, particularly related to HIV & AIDS. Data from studies in Nepal estimate that 46% of HIV cases in Nepal were among seasonal migrants to India².

This report presents the findings of a baseline study carried out in India and Nepal for CARE's Enhancing Mobile Population's Access to HIV & AIDS Services, Information and Support (EMPHASIS) program. This program seeks to reduce the vulnerability of mobile populations to HIV & AIDS along two mobility routes between Bangladesh and India and Nepal and India. The objectives of this study were to understand the vulnerabilities faced by mobile populations by exploring the volume, pattern and drivers of mobility.

The study used both qualitative and quantitative methods to collect information from mobile populations at selected sub-locations in Delhi and Mumbai in India, and in Kanchanpur and Achham in Nepal. The quantitative sample included a total number of 1184 respondents, with a sample of 584 respondents (388 in Delhi, 196 in Mumbai) in India and 550 respondents (252 in Achham, 298 in Kanchanpur) in Nepal. The respondents for the quantitative survey in India were migrant workers from Nepal. The sample in Nepal consisted of three different categories including the returnee or circular migrant (17.3%), spouse of the mobile person (66.5%) and any adult family members of the migrant (16.2%). For the qualitative study, in-depth interviews, *Key informant* interviews and group discussions were carried out with spouses, migrants and other stakeholders.

Key findings

Source data show that 99% of migrants crossing the border into India were male. At destination, female migrants were identified. The majority of them migrated to join their husband with few migrating on their own to work. Most migrants were within the age group of 18-33 years. Ninety-eight percent of the migrants were Hindu and more than 40% belonged to the Chhetri caste.

Most migrants were currently married with two thirds of them in India and three fourths in Nepal. The overall education level was low. Both destination and source data show that 33% to 48% of migrants had never attended school. In Nepal, the average educational attainment level was class 3, and in India more than half had studied up to 8th standard.

In Nepal, 83% of the respondents reported that the migrant was the main source of income for the family most families included extended family with their children and parents living in the same household. Fifty-four percent of the families had semi-pucca houses with Achham having a significantly higher proportion. An overwhelming 96% of migrant households owned the homestead they are currently residing in. Most of the men in India were staying with relatives/friends (33%) or colleagues / fellow migrants (43%) and some (7%) were living alone.

Seventy percent of the mobile population in India were dwelling in non-slum areas (70%) and were renting a home (72%). The mean number of people sharing a room was 3.9. In destination, there were toilet facilities but in most of the cases the toilet facility was shared and not in very good condition with limited water supply. The availability and utilization of municipal services including sanitation, water and waste disposal was fairly good but largely dependent on the relationship with the landlord.

¹ National Centre for Aids and STD Control, Nepal, STI National Programme Review, 2006
² UNAIDS, 2008

Most of the male migrants in India were employed as restaurant/bar workers (55.8%), watchmen (21.4%) or factory workers (12.6%). The female migrants were mainly house servants (49.8%), housewives (18.1%) or factory workers (11.9%).

Only 32 % of the migrant's household in Nepal and 59% in India saved money. Only 4 percent had bank accounts in India. Eighty-three percent of the households in Nepal and 10% in India had active loans. At source and destination, loans were primarily taken from friends and relatives.

The major factors attracting people to migrate from Nepal was the ease of gaining employment and higher wages. Joining spouses in India and other personal ties were also reported by some of the female respondents in India.

Most of the respondents migrated for the first time between the ages of 16 to 20 years. The majority of the migrant families in Nepal mentioned that migration was pre-planned and the decision to migrate was made by the migrant themselves with some discussion with their family members. More than 57 percent of men migrated with their peers. In contrast, the majority of women in India came with their spouse and children. Migrating alone was primarily an experience reported by watchmen (45%).

Almost all respondents migrated to India directly spending little to no time in transit. The preferred first destination as reported by returnee migrants was Mumbai (46%). The overall cost of migration was between 13 to 24 pounds, mainly for transportation and food. Around 14 percent reported having to pay government officials at the border. The source of money for migration for most was either savings or loans from friend/relatives.

Thirty-eight percent (Nepal) to 60% (India) of the respondents reported going back home at least once a year. Most men reported visiting home during festivals or plantation and harvesting seasons.

Ninety-four percent of the mobile population in India reported getting work throughout the year, getting paid in cash (99%) and on a monthly basis (84%). Three-fourths were working for an individual and nearly 10% were employed by private companies. Negligible proportions had reported that they were employed by government or were daily labourers. Nearly one-fifth of the respondents (who were employed by government/private company/committee/daily wage earners) were aware of entitlements or rights. Compared to women, men were much more aware of their entitlements. Awareness in this regard was higher among migrants living in Mumbai (33%) than in Delhi (13%). The tendency to change jobs frequently was very high and was often driven by more competitive salaries and relationships with other migrants.

In Nepal, ninety percent of households received cash support from the migrant family member but 49% of the migrants in India reported providing cash support to their families. Most sent money home through friends or during their visits home.

In the quantitative survey very few respondents mentioned facing problems while crossing the border from Nepal into India, however, respondents mentioned that the return journey was more complicated as migrants would often carry money or valuable goods. Safe passage through the border was often negotiated through bribery.

While in destination sites, migrant respondents mentioned loneliness, lack of money and poor living conditions as common problems. They also experienced verbal abuse by employers or landlords, threats of imprisonment and difficulties in finding suitable places to rent. In general the community attitude towards migrants was rated as average but some mentioned that to avoid discrimination, they kept to themselves and did not interact much with Indians even in the workplace. Only 7 percent were aware of their rights as migrants from Nepal, and only 8 percent had at least one type of identity card (ration, driving, and election cards).

The recreational activities of the migrant and their spouse were mostly watching television, listening to the radio and chatting with friends or relatives. Few respondents in India reported drinking alcohol (29%), drug use (12%), having sex with women (13%) and men having sex with men (11%). A negligible proportion of women reported these activities.

Only 2% of the respondents in India had joined a social network or association whereas this was much more common in Nepal (35%). The spouses were mostly members of village level committees, which provided some financial support.

The quantitative study found that awareness of HIV & AIDS was very high among migrants in India (88%) as well as in Nepal (85%-99%). But the awareness of the vertical transmission was lower compared to other modes of transmission. Some misconceptions still existed regarding the spread of HIV through mosquito bites or sharing utensils.

While only thirty percent of the mobile people in India had heard about STIs, the proportion was much higher (51%) among circular and returnee migrants in Nepal and much lower (only about 19%) among spouses.

A very high proportion of mobile people in India as well as in Nepal had heard of or seen a condom. Ninety-six percent of migrants in India were aware of condoms. In Nepal, while a very high proportion of circular/returnees reported awareness of condoms (99%), among spouses only 83% reported such awareness. The stigma and discrimination towards PLHIV was found to be higher among mobile populations in India than migrant families in Nepal.

Inter-spousal communication about HIV & AIDS was limited among Nepalese people in India with only 18 -19 percent reporting it. The proportions were, however, higher among the circular/returnees and spouses in Nepal (47%-50).

Twenty-six percent (in Nepal) to 40 percent (in India) of respondents said they were approached by someone to educate them about HIV & AIDS and STIs. In India, TV was the major source of information followed by radio and newspapers. In Nepal, the major source of information was NGO workers with a higher proportion in Achham than in Kanchanpur.

Eighty-seven percent of the respondents in India who had had sexual intercourse in the last 12 months had regular partners. Of these, very few used condoms consistently with their regular partners. Sixty-one respondents in India (out of 463) had non-regular partners. Of them, about half had been using condoms consistently. In Nepal, only 4 returnee/ circular migrants reported to have non-regular partners with one reporting to have used condoms. None of the spouses reported non-regular partners.

An equal proportion of migrants and non-migrants mentioned accessing general health services from the government as well as private providers with a higher percentage preferring government facilities for pregnancy and family planning. However, a higher proportion of people accessed private service providers in their last visit. The qualitative findings showed that a large number of respondents were dissatisfied with government services and therefore preferred private providers.

The proportions of Nepalese mobile people who were aware of HIV testing and counseling services in their area was considerably low in India (22%) compared to respondents in Nepal (Circular and returnees: 62%; Spouses: 34%). Of those who reported to have been involved in risky behaviours (alcohol, drug and buying sex) had gone to get tested for HIV and had most often done so because they were advised by an NGO worker.

Around 10 percent of migrants were aware of treatment for those infected with HIV. This proportion was higher among the circular and returnees and spouses in Nepal (34-47%). A similar pattern existed with regard to awareness of Antiretroviral Therapy, with only 3-8% percent of migrants in India mentioning it and 14-33% of circular migrants and spouses in Nepal indicating awareness. About 95 percent of respondents in India and 99% of the migrants and spouses in Nepal did not have health insurance.

The future goals and dreams of migrants and their families were most commonly to earn enough money to secure a comfortable life. This included building their own house, the ability to pay for their children's education and to create opportunities for their children's future. Some also wanted to learn specialized skills and return to Nepal to start their own business. Most respondents, especially men, planned to stay in India until they were able to fulfill these goals.

Chapter 1 Introduction

The EMPHASIS program

Cross border migration between Nepal and India has been a growing phenomenon over time. While overall Human Immuno Deficiency Virus (HIV) prevalence is low in Nepal, mobile populations have been identified as a bridge population between high prevalence areas in India and low prevalence areas in Nepal. India has a higher prevalence rate of HIV with pockets of concentrated prevalence in cities and among certain key populations. Unless implementers address Acquired Immuno Deficiency Syndrome (AIDS) related vulnerabilities among migrant groups, HIV & AIDS prevalence rates will likely increase within the region.

Enhancing Mobile Populations' Access to HIV & AIDS Services Information and Support (EMPHASIS) is a regional project implemented by CARE to reduce the vulnerabilities to HIV & AIDS among mobile populations crossing Bangladesh and Nepal to and from India. This 5-year (August 2009 – July 2014) project is funded by the Big Lottery Fund (BIG). The project pilots a cross-border approach to increase access to prevention and treatment services; to strengthen capacity of civil society, government institutions and policy makers to address the needs of mobile populations; and to create an enabling environment for safer mobility. The Overseas Development Institute (ODI) is the technical partner agency for the research component of this project.

The baseline study was conducted to explore the vulnerabilities of mobile groups in the three countries where the project is implemented. This report presents findings related specifically to Nepalese migrants. This report focuses on issues and AIDS related vulnerabilities among migrants and their families and attempts to explore the drivers of mobility and the challenges faced by Nepalese migrants. The findings were analyzed according to theme including: livelihood and living conditions, Mobility – history, experiences, process, Work / employment, remittances, violence/abuse – power and gender relationships/dynamics, Stigma and discrimination, HIV knowledge, coping mechanisms, Sexual behaviour, Service provision and access including health seeking behaviour.

The context: HIV & AIDS situation in South Asia

South Asia is characterized by relatively rapid economic growth, and low HIV prevalence currently at less than 1 percent. HIV prevalence rates in South Asia³ may seem low but in terms of the absolute figure, the number of People Living with HIV (PLHIVs) is higher when compared to that of other countries outside Africa. According to Joint United Nations Program on HIV & AIDS (UNAIDS) and World Bank estimates, of the 33.4 million adults and children living with HIV & AIDS worldwide, an estimated 10 percent (about 2 to 3.5 million people) live in South Asia.^{4, 5} In South Asia, the HIV epidemic is concentrated among key populations notably injecting drug users (IDU) and their partners, men who have sex with men (MSM), and sex workers and their clients.⁶

India alone accounts for 2.4 million people living with HIV and approximately 93 percent of those infected in South Asia. The estimated adult HIV prevalence in India was 0.31 percent (0.25% – 0.39%) in 2009. The adult prevalence was 0.25 percent among women and 0.36 percent among men in 2009. Among the states, Manipur has shown the highest estimated adult HIV prevalence of 1.40 percent, followed by Andhra Pradesh (0.90%), Mizoram (0.81%), Nagaland (0.78%), Karnataka (0.63%) and Maharashtra (0.55%). Maharashtra is one of the states with highest prevalence where a large number of Nepali people migrate to.⁷

³ Countries considered under "South Asia" are – Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka.

⁴ UNAIDS, "AIDS Epidemic Update", 2009

⁵ Markus Haacker and Mariam Claeson, (eds.), *HIV & AIDS in South Asia – an Economic Development Risk*, World Bank, 2009.

⁶ *Redefining AIDS in Asia: Crafting an Effective Response*, Oxford University Press, 2008

⁷ National AIDS Control Organisation (NACO), Ministry of Health and Family Welfare, Press release, December 1, 2010

Nepal accounts for 2.7 percent of infections regionally. According to UNAIDS 2011, the number of persons living with HIV & AIDS in Nepal is estimated at 64,000 (51,000–80,000) of whom 31% are women, and 4,800 (2,700–7,800) are new HIV infections in 2009. Migrants account for 29% of the total HIV infections nationally. HIV is primarily transmitted through injecting drug use and unprotected sex.

A diverse range of structural factors make each country in the region vulnerable to the spread of HIV, including stigma and cultural barriers to sexual discussion; high rates of sexually transmitted infections (STIs); limited condom use; a large and structured sex-work industry; low social status of women; trafficking of women into commercial sex; porous country borders; poverty, inequality, and illiteracy; and high levels of mobility, including widespread rural-urban, interstate, and cross border migration.⁸

Mobility in South Asia

Economic imbalances, extreme poverty, population growth, environmental degradation, social networks, long and porous international borders, global and regional employment opportunities, and trade and migration policies all continue to contribute to the increasing magnitude and varied forms of internal and international migration in the region.⁹

Nepal is considered to be a country of origin for labor migration, with an emigration rate of 3.9 percent. Remittances from labor migrants are a major contributor to Nepal’s economy. The 2001 Indian Census reported that there were 596,696 Nepali immigrants in India, representing 11.6 percent of the total immigrants received by India. The 2006 Nepal Demographic Health Survey (DHS) showed that thirty-seven percent of households reported that at least one person had traveled away from the household in the past 12 months. Men were nearly three times more likely to have migrated than women.

Among female migrants, the majority (86 percent) of women migrated to places within the country, whereas 12 percent moved to India.¹⁰ Reports from Non Government Organizations (NGOs) and National Planning Commission of Nepal confirm that although overseas employment opportunities for women are increasing, women remain vulnerable to the hardships of human trafficking, forced labour, sexual exploitation, and HIV. Many undocumented migrant workers are believed to end up in the commercial sex trade and entertainment businesses in Indian cities.¹¹

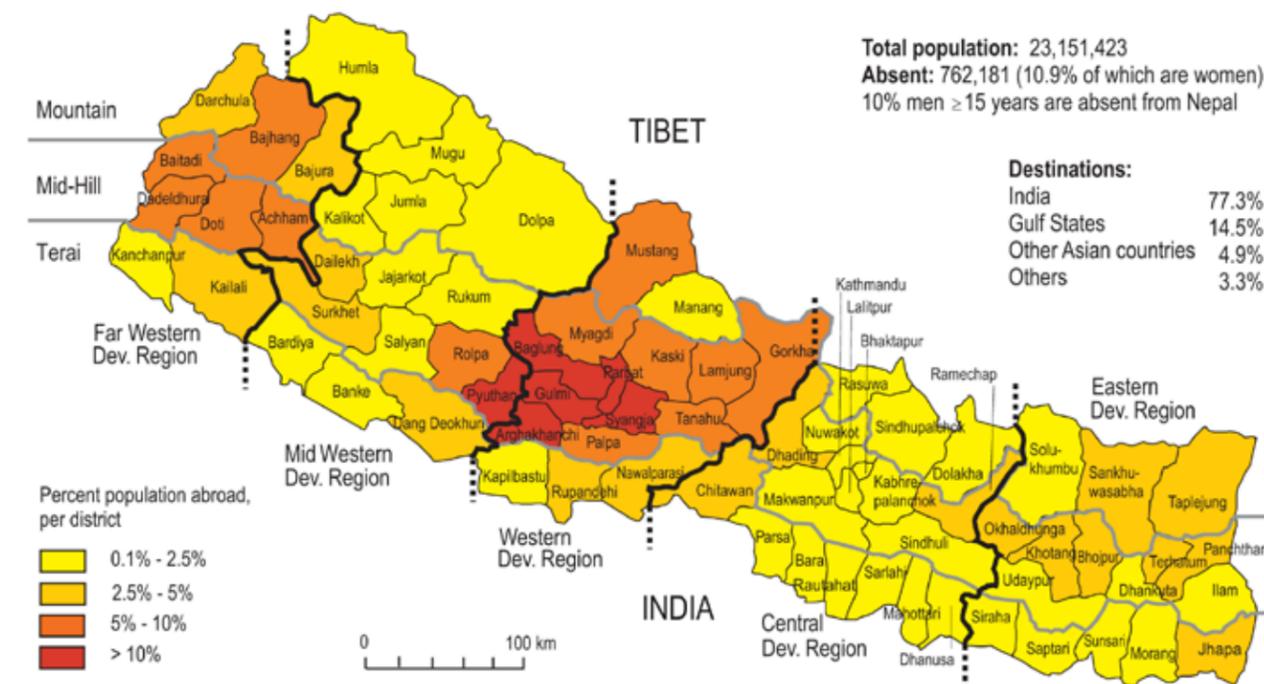
The major source area is the Western Development Region of Nepal, accounting for 44 percent of the total Nepalese migrants in the country. The far-western districts - Baitadi, Bajhang, Doti, Dadeldhura, Achham, Bajura, Darchula, Kailali, and Kanchanpur Districts report most of the migrants going to India.¹² The major transit points in Nepal are Gadda Chauki (Mahendra Nagar), Jamunaha (Nepalgunj), Mohana (Dhangadhi), Belahia (Bhairahawa), Kodari (Sindhupalchowk), and Kakarvitta (Jhapa).

The Indo-Nepal bilateral treaty of Peace and Friendship signed in 1950 allows for free movement of people and goods across the two countries, allowing immigration of Indians to Nepal and of Nepalese to India, granting them equal rights – except for voting rights. Growing insecurity at home, lack of economic opportunities, and the prosperity stories of recruiting agents and returnee migrants encourage large migration flows from Nepal to India. Specifically, a steady stream of migrants is moving into affluent urban areas like New Delhi and Mumbai where there is a constant demand for cheap labor.

There are no official statistics to show the number of migrant workers engaged in each type of work, but informal sources, such as recruitment agencies, estimate that 60-70 percent of Nepalese migrants are unskilled labourers¹³, 20-30 percent are skilled¹⁴,

8 Ibid, World Bank, 2009.
 9 Ibid UNDP
 10 Nepal Demographic and Health Survey, 2006
 11 Ibid UNDP
 12 Population Census of Nepal, 2001
 13 An unskilled labourer is one who does operations that involve the performance of simple duties, which require the experience of little of no independent judgment or previous experience although familiarity with the occupational environment is necessary. His work may thus require in addition to physical exertion familiarity with variety of articles or goods.
 14 A skilled employee is one who is capable of working efficiently of exercising considerable independent judgment and of discharging his duties with responsibility. He must possess a thorough and comprehensive knowledge of the trade, craft or industry in which he is employed.

Figure 1.2: Migration by districts in Nepal



and 3-4 percent are highly skilled workers¹⁵. They occupy the lowest social echelons, joining the vast ranks of the urban poor living in slums and shanties in these cities. Most Nepalese migrants, both men and women, are engaged in low paying manual labour in manufacturing, construction, agriculture, or the service sector, including domestic work.¹⁶

Migration and HIV & AIDS

How does migration and mobility influence the spread of HIV? Taking international migration patterns into consideration where millions of people leave their country in search of better employment opportunities, the United Nations has highlighted migration between countries and HIV as two critical social issues that the world is confronted with today.¹⁷ Migrants may be predisposed towards riskier sexual behavior than others in their new social settings owing to personal traits established before migration. The act of voluntary movement — often over long distances, between radically different socio-cultural environments, and with uncertain consequences and support networks at destination — defines migrants, to a greater or lesser degree, as innovators or “risk-takers.” Econometric studies of migrant behavior routinely attribute outcomes different from those affecting non-migrants to migrants’ as “unobservable” risk-taking tendencies or characteristics¹⁸. Heightened risk-taking behavior conceivably applies to other aspects of migrants’ lives, including their sexual conduct early in life and in post-migration settings. If so, then migrants might be more likely than non-migrants to engage in unprotected sex with multiple partners at areas of destination, regardless of their gender or the presence of a regular sexual partner (such as a spouse).¹⁹

Influence of migration on sexual behavior

The experience of migration involves not just crossing the physical but also cultural and emotional borders.²⁰ Vulnerability to HIV is often at its highest when people live and work in conditions of poverty, powerlessness and social instability. Separation from family, spouses, familiar surroundings, coupled with isolation and loneliness in an alien

15 A highly skilled worker is one who is capable of working efficiently and supervises efficiently the work of skilled employees.
 16 Ibid UNDP
 17 Interagency Coalition of AIDS and Development, (2004), International Migration and HIV & AIDS
 18 Residential Mobility and Contraceptive Use in Northeast-ern Brazil, Moreno L. 1994. And Migration Selectivity and the Effectsof Public Programme, Rosenzweig, M. and K. Wolpin. 1988.
 19 Migration, Sexual Behavior, and HIV Diffusion in Kenya, Martin Brockerhoff Ann Biddlecom 1998
 20 Interagency Coalition of AIDS and Development, (2004), International Migration and HIV & AIDS

environment creates a sense of anonymity and an absence of social boundaries and norms thereby providing these individuals with more sexual freedom. Such migrants thus become susceptible to practicing high-risk sexual behaviours (multiple sex partners, sex with sex workers) and, in effect, more vulnerable to HIV.²¹ In Nepal, it is estimated that almost half of all people living with HIV have worked as migrant labourers.²² Nepalese girls and women who have been sex-trafficked are at especially high risk of HIV infection: an HIV prevalence of 38 per cent has been found among repatriated sex-trafficked females.²³

Generalizations, however, can be misleading. Significant numbers of migrants move with their partners, and HIV-related risk-taking tends to be lower among this group. Equally, there is research evidence that conservative social norms survive longer among migrants than is commonly thought; for example, where paying for sex is seen as unacceptable.²⁴ It is therefore not the case that all migrants are necessarily at higher risk of HIV infection. However they do face increased vulnerability to HIV due to poverty, lack of legal protection, discrimination, and exploitation. Each of these factors may increase the chances that people contract HIV, and the same factors also reduce one's ability to protect himself or herself from the virus. Other potential risk factors for migrants include separation from families and partners, and separation from the socio-cultural norms that guide behaviors in society. Finally, migrants often have limited access to health services, including to health promotion, to HIV prevention, to voluntary counseling and testing, and to HIV care and support²⁵.

Most individuals among the mobile population may not be aware of their personal risk for HIV infection because they are not residents of any location for long enough to receive targeted behavior change communication messages and essential prevention education. AIDS Control Programmes often do not target migrants effectively and there is limited exchange of information about migration and HIV & AIDS within the region²⁶.

Objectives

The objectives of this study is:

- To understand the patterns (who, when, where, how, how-often, for how long, etc), and drivers of mobility for the purpose of work
- To understand access to service provision for different migrant groups along the continuum
- To document and measure the main vulnerabilities that contribute to HIV & STI risk (violence, exploitation and risk behaviors) among mobile populations

Where vulnerability is defined as *Vulnerability associated with exploitation and violence is a consequence of power imbalances such as inequalities of gender, social status and /or economic /financial status that lead to physical or sexual abuse and the risk of HIV infection. It is related to intrinsic and extrinsic factors and circumstances that may increase the HIV risk behavior of an individual, susceptibility to HIV of an individual, and /or the negative impacts of HIV or AIDS on the individual or community.*

21 UNAIDS and IOM, (1998), Migration and HIV & AIDS: International Migration

22 WHO, UNICEF, UNAIDS (2006), 'Epidemiological fact sheets on HIV & AIDS and sexually transmitted infections: Nepal', December, Geneva: World Health Organization, available at http://www.who.int/GlobalAtlas/predefinedReports/EFS2006/EFS_PDFs/EFS2006_NP.pdf.

23 J.G. Silverman, et al. (2007), 'HIV prevalence and predictors of infection in sextrafficked Nepalese girls and women', Journal of the American Medical Association, 298 (5), pp. 536-42.

24 T. Hesketh, et al. (2006), 'HIV and syphilis in migrant workers in eastern China', Sexually Transmitted Infections, 82 (1), pp. 11-4.

25 HIV & AIDS and Population Mobility : Overview of the IOM Global HIV & AIDS Programme, 2006: http://www.iom.int/jahia/webdav/site/myjahiasite/shared/shared/mainsite/published_docs/books/IOM_Global_HIV_pdf.pdf

26 Paul S; International Conference on AIDS: Trans-national population movement and HIV & AIDS in the mainland South-East Asia <http://gateway.nlm.nih.gov/MeetingAbstracts/ma?f=102238406.html>

Study design

The study involved both qualitative and quantitative research designs that were carried out simultaneously in two countries along the mobility routes from Nepal to India. The study locations were purposively selected based on pre-identified source districts, transit areas and destination cities in which the project is active. The fieldwork was carried out during November 2010 to March 2011.

These studies were guided by the deliberations of the inception workshop where issues and the themes to be explored were identified and discussed. The methodology for these studies was finalized in discussion with the research consultants the Nielsen Company, CARE EMPHASIS team from Bangladesh, India and Nepal, and ODI.

The quantitative study was carried out by Nielsen India and Nepal, using a methodology consistent across two countries in order to ensure as much uniformity as possible. Parallel to the quantitative study, a qualitative study was carried out by the CARE EMPHASIS team to explore the same themes. While the quantitative study was being carried out in source and destination locations, the qualitative study explored issues at source, transit and destination.

Study methods

For the quantitative survey the sample size covered in each of the two countries was worked out on the basis of the number of migrants mapped by the respective CARE country teams in the areas identified for the EMPHASIS program where the mobile populations are preponderant. Mapping was carried out to gather information before the study commenced. The purpose was to map sites within each district where migrants either work or reside, estimate the number of migrants, the types of occupations they are engaged in, their places of origin, existence of HIV or any health programs available. To obtain this information, discussions were held with officials of various district level stakeholders, including NGO functionaries, police officials, and leaders of associations. In addition, at each identified site, interviews were conducted with individuals knowledgeable about male migrant workers such as labour union leaders, local association leaders, contractors and security men. This information was used as base for both the qualitative and quantitative study sample selection.

The quantitative survey used a pre-coded survey questionnaire applied in both countries. The sample size was calculated using the following statistical formula:

$$n = \frac{p(1-p) \times Z^2}{e^2} \times Deff$$

where, n is the required sample size; p is the estimated value of the parameter; e is the permissible margin of error; the z statistic is set at 1.96 which corresponds to the 95% confidence level, and *deff* refers to the Design Effect. The study defined the estimated value of the parameter p at 50%, with e set at 5%, and the design effect at 1.2. That resulted in an estimated sample size of 456. Considering 20% as causality, the calculated sample size was 547, which was rounded up to 550. In the end, a sample of 550 respondents of mobile populations was collected from Kanchanpur and Achham districts in Nepal, whereas in India, the sample of 584 Nepalese migrants were interviewed in Delhi and Mumbai.

The target population covered by the survey in the two countries was defined as follows: In India, Nepalese immigrants (men & women) and in Nepal, circular or returnee migrants (men & women, who had been to India), spouses of migrants, and any adult member in the household with at least one mobile person (see table 1.1).

Table 1.1 Inclusion criteria for the study

India	Nepal
<ul style="list-style-type: none"> • People from Nepal who cross into India for the purposes of work (this criteria was relaxed to a condition that women who come along with their husbands who has migrated for work can also covered as impact i.e. mobile population) • Minimum stay is 3 months; maximum stay is 10 years. • Age group 15-49 • Men – living at destination without spouse • Women – living at destination with or without family 	<ul style="list-style-type: none"> • People from Nepal who cross into India for the purposes of work. • Minimum stay is 3 months, maximum stay is 10 years. • Age group 15-49 • Men – living at destination without spouse • Women – living at destination with or without family

The survey followed a two-stage procedure. Researchers first selected sub-locations within the districts that were selected and mapped by CARE Country offices. The respective CARE country offices then carried out an exhaustive mapping of the sub-locations, Village Development Committees (VDC) in Nepal identified to have the target mobile population for intervention in the EMPHASIS program.²⁷ In the case of India, the allocation of the sample by cities was done in a way that Mumbai got a share of 30 percent of the overall sample of migrants. The remaining 70 percent of the sample was allocated to Delhi. The sub locations/villages, which served as the Primary Sampling Units (PSU), were selected through random sampling procedures. Second, at the PSU level, a household listing exercise was conducted in 10 clusters (each cluster size = 25 households) and randomly selected in order to identify the impact population, namely, households having at least one member who has migrated to India for the purpose of work. Three categories of respondents were considered for the survey: 1) circular/returnee migrant, 2) spouses of the migrant, and 3) the migrant herself/himself (circular/returnee). Only one eligible person was covered from the identified household. In the households having more than one eligible category, preference was given to circular/returnee migrant.

Some important logistical considerations are worth noting: In both countries the survey enumerators had problems identifying the targeted population, and as consequence, they had to resort to snowball sampling techniques with information provided by NGOs and other intermediaries. As a result, a percentage of the sample population was achieved through non-random processes. This may also suggest that selection bias problems could be present in the sample and appropriate econometric methods may be required for analysis. The table below displays the study locations and the sample coverage in each country.

Table 1.2 Study site (Districts/cities covered)

India	Nepal
<p>Cities and Sub Locations covered</p> <p>Delhi: 44 Mumbai: 25</p>	<p>Kanchanpur district (10 VDCs and 30 wards along Mahendra highway: Gaddachauki, Attariya and Gaurifanta) Achham district (10 VDCs and 25 wards along Bhindutta and Pahalman Singh Swar highway: Silgadhi to Bradadevi).</p>
<p>Sample Coverage for Quantitative Survey</p>	
<p>Delhi: 388 Mumbai: 196</p>	<p>Kanchanpur: 298 Achham: 252</p>

For the qualitative study, before beginning the fieldwork in November an intensive 3 days training was organized at the regional level in Kathmandu with participants from the country team and the regional secretariat and facilitated by ODI, and HIV team from CARE UK and CARE USA. During the training, the methodology of the study and research tools were developed. The team was trained on some of the qualitative data collection skills through role plays. Following this workshop, cascading training was conducted in

²⁷ A village development committee (VDC) in Nepal is the lower administrative part of its local development ministry. Each district has several VDCs, similar to municipalities but with greater public-government interaction and administration. A VDC is further divided into wards, the number depending on the population of the district, the average is nine wards.

three countries for those who would be involved in the data collection and analysis at the country level. This training was more of skill transfer whereby participants were coached on data collection skills and practiced them during the training. Along with this, the tools developed were contextualized and translated for the respective countries. Likewise a regional level data analysis workshop was also organized for both the qualitative and quantitative data analysis.

The sample recruitment for the qualitative study were facilitated by EMPHASIS partners and others working in the area; and in discussion with community leaders and other key figures, as a critical entry point into the village, community, and urban location. Different methods, themes and respondent types were explored in the different locations (source, transit and destination). The transit locations were Gaurifanta, Gaddachoki/Banbasa. Fifty-six in-depth interviews (IDIs) were carried out with 24 IDIs in two districts in Nepal and 32 IDIs in two cities in India with migrants, spouses and potential migrants. In addition to the migrant and their family, a range of other respondent categories were identified as critical to achieve a better understanding of the vulnerabilities migrants may face. Focus group discussions were also conducted with migrants and their spouses in both destination and source sites. Unfortunately, we are not able to use the information from Key informant interviews and focus group discussions in this report due to poor data quality.

Table 1.3 Respondent type for the qualitative study

Respondent type	Delhi		Mumbai	
	Male	Female	Male	Female
Mobile person with family	9		4	
Mobile person without family	4	9	3	3
	Achham		Kanchanpur	
Spouses		5		5
Returnee or circular Migrants	5		5	
Potential migrants	2		2	
Total	20	14	14	8

The information form, questionnaire, key informants, in-depth interviews, and group discussions were conducted in Nepali in Nepal, and either in Nepali or Hindi whichever was preferred in India. For the qualitative data, the interviews were recorded, and transcribed into the Nepali or Hindi and later translated into English, and coded according to themes in an excel sheet.

Ethical considerations

The participants involved in the study were fully informed of nature of the study. They knew that their participation was voluntary and that they were free to refuse to answer any questions or to withdraw from the interview at any time. A consent form describing the objectives of the study, the nature of the participant’s involvement, the benefits and confidentiality issues was clearly read out to them. The respondents were also clearly told that the information they provided during the interviews would be kept strictly confidential. All interviews were conducted after taking written or verbal (if the respondent was not willing to sign or could not read/write) informed consent from study participants.

Limitations

During the course of planning and implementation the study faced two major limitations. The first limitation was that CARE identified the sampling locations and therefore the sample was not representative of all people migrating from Nepal to India. Secondly, in accordance with the objectives of the EMPHASIS Program, the research used very stringent criteria to identify the mobile population in the mapped program areas in source as well as destination countries. This led to severe shortfalls in obtaining the required sample size. In order to address this, the field teams had to resort to using a snowball method to find more respondents. As a result, the methodology may be viewed as having an element of selection bias. Hence the data from this survey may need to be further analyzed using econometric techniques to generalize findings.

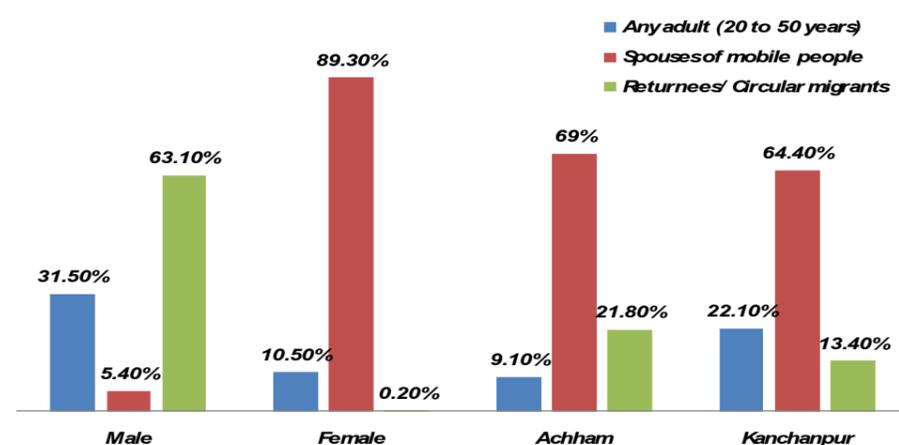
Chapter 2 Demographic Information and Living Conditions

This section presents a brief analysis of the demographic characteristics of the migrants included in the study. In India, the respondents were migrants from Nepal. In Nepal there are three different types of respondents: returnee or circular migrant, spouse of the migrant (in most household males were migrating) and any other adults in the migrant family. The adult category was taken to collect information about unmarried mobile groups.

Respondent number, type and place

Overall 584 mobile people were interviewed in Delhi and Mumbai. In Nepal, 95 returnee/circular migrants, 366 Spouse of migrants and 89 Adult members of migrant family were interviewed.

Figure:2.1 Type of respondent for quantitative survey (percentage)



For the qualitative study, 56 in-depth interviews were conducted; 32 in destination and 24 in source. In destination sites, in depth interviews were conducted with mobile men and women with or without families. In source districts, in depth interviews were conducted with spouses of mobile people, returnee or circular migrants and potential migrants.

Socio Demographic Profile of the Mobile Population

Age

Certain characteristics of the mobile population was predefined by the project including the age range to be included in the survey which is 15-49 years only. More than 99 % of mobile populations as reported in Nepal were male. The mean age of migrants interviewed was 27 years in India and 31 years in Nepal. Forty two percent of those in Nepal were between 21-33 years old and 76% of those in India were between 18 to 33 years old.

Education level

Thirty-one percent of the migrants in India and 48% in Nepal had never attended school, this proportion being higher for women (53.9% never attended school among mobile population in India). The study found that 16 % of the mobile population in India had studied beyond grade 8.

Figure2.2 Percentage of mobile population who never attended school by sex

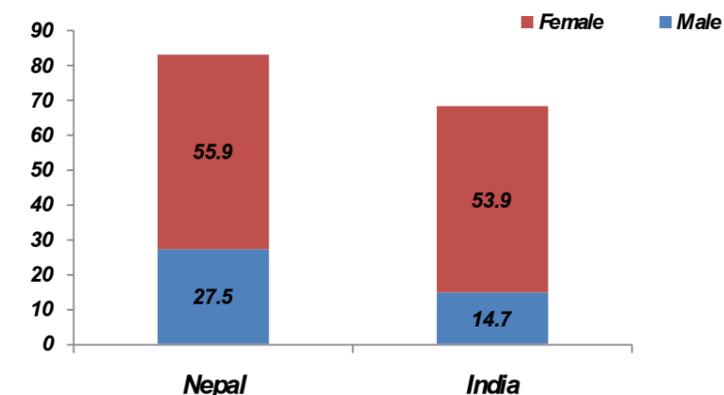


Table: 2.1 Education status of mobile population (percentage)

Education of mobile population (percent)	Nepal			India		
	Male	Female	Total	Male	Female	Total
Primary (1 - 5)	38	54.8	48.4	35.8	39.3	36.7
Lower Secondary (6 - 8)	26.9	28.2	27.7	41.3	35.8	39.7
Secondary (9 - 12)	30.6	17	22.1	23	24.9	23.5
Higher Education (data not collected for India)	4.6	0	1.8	0	0	0
N (those who attended school)	108	177	285	291	112	403

Language

More than 99% of Nepali migrants in India, irrespective of gender and city, were comfortable speaking in Hindi. However, comfort in speaking Marathi was reported low across respondents though significantly higher in Mumbai (9%) than in Delhi (0.5%).

Religion and caste

Ninety nine percent of respondents in India and Nepal were Hindu. Fifty percent of respondents in India and 44% in Nepal mentioned that their caste or ethnic group *Chettri* followed by *Dalit* (36%) in Nepal.

Marital status

Sixty seven percent of migrants in India were married. In Delhi more migrants were married (73%) than those in Mumbai (54%). The average age at marriage for migrants in Nepal was 20 years. The average in India was 18.8 years. Among spouses in Nepal 4 % were pregnant at the time of the survey. Among currently married female migrants in destination, 9 % reported to be pregnant at the time of survey.

Household size

Most (42%) of the migrant households at source had 1 to 3 members in the family. For those in destination, the number of dependents at source was higher for men with 50% having 4 to 6 dependents at source. In contrast, 72% of women had no dependents at source. This difference suggests that men often migrate to India alone leaving their family behind whereas females often migrate with their families.

Living conditions of families at source

The in-depth interviews show that 16 out of 24 families of a migrant in Nepal live in a multi-generational household with their children and their parents. When the husband is away in India the spouse and children live with the in-laws. Decision-making power within the household usually resides with the in-laws. In cases where the spouse lives alone with her children, the spouse plays a greater role in making decisions. In both cases, major decisions were made in consultation with the migrant in India.

Quantitative data showed that 54% of migrant families at source had semi-pucca houses²⁸. In Kanchanpur, 60% had Kutcha houses compared to 10% in Achham where 90% of households were semi-pucca houses. An overwhelming 96% of respondents owned their homestead²⁹.

Overall, 56% of respondents reported that their households had electricity. Availability of electricity was significantly better in Kanchanpur (76%) than in Achham (39%). Thirty one percent of households had television. This was higher in Kanchanpur (59%) than in Achham (14%). But very few, only 7% of households, had cable or a satellite connection. The majority of the respondents (71%) listen to radio. Only 7.8% of the respondents reported reading newspapers or magazines regularly.

Living conditions of migrants in destination

In a multiple response survey, 64% of male migrants in India were staying with relatives/friends; 53% were staying with colleagues/fellow migrants and only 11% were living alone in destination. Eighty-nine percent of female migrants in India were living with their spouse. Around 80% of respondents reported sharing a room with more than two people. The mean number of people sharing a room was 3.9. The mean number of people sharing rooms was higher in Delhi (4.2) than in Mumbai (3.7).

Seventy percent of respondents in India reported to be living in non-slum areas. The proportion was higher in Delhi (74%) than in Mumbai (58%). The proportion of female migrants (37%) living in slum areas was higher than males (25%). Seventy two percent of migrants in India rented their house. More female migrants rented their home than males (male 68%; female 77%) and renting was more common in Delhi (82%) than in Mumbai (53%). This is supported through the qualitative study in which all respondents in Delhi lived in non-slum areas. In these areas, respondents paid rent to their landlords. Those staying in the slum areas, especially in Mumbai, may own the temporary structure but not necessarily the land upon which it is built.

In the quantitative survey, among those who rented homes, 58% paid less than 1000 Indian Rupees (INRS) a month. The mean rental fee was reported higher for women (INRS. 1567) than men (INRS. 1002). The mean monthly rental fee in Mumbai was significantly higher (INRS. 2273) than in Delhi (INRS. 1039).

A very high proportion of migrants (94%) had electricity in their homes. Around 8% mentioned that they had no toilets and 80% had common toilets. The availability of electricity and toilet facilities was significantly better in Mumbai (electricity & toilet facilities-100%) than in Delhi (electricity- 92%, toilet facilities- 88%).

The living conditions varied greatly with occupation. Among bar/restaurant workers, 61% stayed in a rented house and mean room sharing was 5.1. The mean rent was higher (INRS. 1539) and 86% had common toilets. Among watchmen, 80% rented houses and the mean rent paid was INRS. 862 and 86% had common toilets. Eighty-eight percent of Factory workers rented their houses and the mean room sharing was 3.2. The average rent was INRS. 1068 and 74% had common toilets.

During in-depth interviews returnee or circular migrants in Nepal mentioned that while in India they lived together with friends. Overall, most migrants living at destination reported renting a home and sharing their room with others.

“Before I used to share room with my friends and rent was only INRS. 1200, these days my wife is with me so that she can take care of household work. Now I rent one room which serves both as kitchen and bedroom. The rent is INRS. 2 000 which includes electricity and water. But we need to pay INRS. 120 per person per month to use the toilet. My brother eats with us (me and my wife) but to sleep, he shares a room with his friend.” Male staying with spouse, Mumbai

²⁸ Pucca house: Cemented Roof, floor and walls; Kutcha house: Non-cemented (mud/bamboo) roof, floor and walls; semi-pucca: if roof or walls or floor or any of these three are Kutcha (i.e. made of mud/bamboo etc)

²⁹ Homestead is a farmhouse

The living conditions were often governed by their relationship with the landlords and their occupation. More than half (5) of the respondents were unhappy with their landlords as they mention being discriminated against. But some also mentioned that their relationship with their landlord was good. Factory workers (3) stayed in rented accommodation sharing a room with 2 to 6 fellow migrants depending upon the size of the room. They paid extra fees for electricity, water and other services. Whereas watchmen (6) were usually provided free space in basements often without partitions for privacy this meant they usually had free accommodation, water, electricity and may also get some minimum items (fan, Television, iron). Those who work in restaurants or hotels often live at their workplace with other employees.

Chapter 3 Livelihood and Economic Characteristics

At source

“We can’t light fire until he goes to Mumbai and earn money, so he has to go to keep the family alive” 34 years, Dalit spouse with four children in Achham.

This quote from an in-depth interview with a spouse in Nepal is similar to most of the respondents’ in Nepal and highlights the quantitative findings showing that for 83% of the households, the main source of income is remittances from the migrant. Apart from remittances, agricultural work is the other main source of income. In-depth interviews highlighted that agricultural income only covers 2 to 5 months of the family’s needs and so remittances are vital.

One of the male migrants living with his spouse in Mumbai describes: *“We have all together 2 bigha land. We grow grains like rice, wheat, vegetables and pulses. Whatever is produced is used for household consumption. We also have cows, which we use for milk; we consume milk at home. My father is a carpenter. My brother has a local food joint where wine, beer, rum (prepared at home) is served which people take with momos, noodles and chicken available there. Both my father and brother also work in the field during season to plough. The yearly income of my family is Rs.10200. Their earnings are spent on medicines and household purpose, sometimes when it is not sufficient we borrow things or money from some wealthy villagers. We have to pay interest of 5% if we borrow money.”*

Ninety six percent of migrant families own their homestead, but only 19.6% of the respondents owned other land. In general, the average land owned (other than the homestead land) was around 35,300 square feet. Ninety-three percent of households owned cattle/poultry.

Household income

Monthly income at source was less than Nepaleas Rupees (NRS). 5000 for 58.4% of the households. The *per capita* income among migrants in Nepal was NRS. 1 346 per month, which is around 19 USD per month.

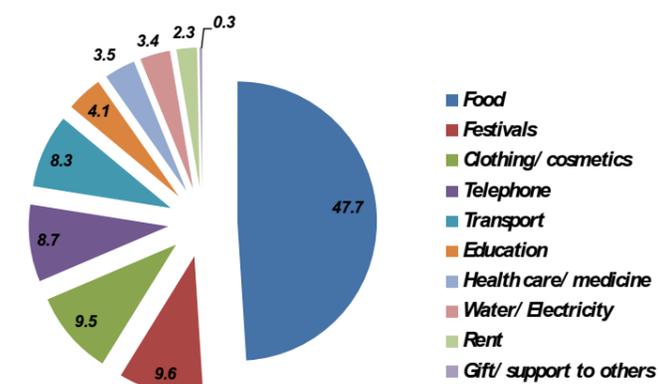
Table 3.1: Income of the migrant household in Nepal (percentage)

Monthly Income	All	Respondent Gender (%)		District (%)	
		Male	Female	Achham	Kanchanpur
None	0.4	0.0	0.5	0.4	0.3
NRS. 1 – 3 000	22.6	21.5	23	26.6	19.2
NRS. 3 001 – 5 000	35.8	32.9	36.9	34.9	36.6
NRS. 5 001 – 10 000	32.3	33.6	31.9	30.6	34.0
NRS.10 001 and Above	8.9	12.1	7.5	7.6	9.9
Average Monthly Income (NRS)	6 281	5 990	6 528	5 792	6 174
Total respondents (N)	550	149	401	252	298

Household expenditures

Quantitative data showed that 47.4% of income is spent on food items. The distribution of other expenses is shown in figure 3.1:

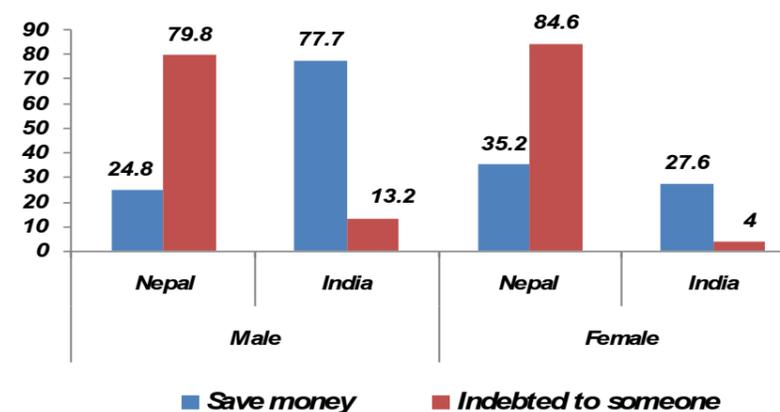
Figure 3.1 Item of expenditure of migrant households in Nepal (percentage)



Households’ savings and indebtedness

Thirty two percent of migrant families in Nepal and 59% of respondents in India had saved money in the month preceding this survey. The proportion of men (78%) who reported savings was higher than that of women (28%) in India. In Nepal, Achham reported close to double the number of households who saved money than those in Kanchanpur (45% vs. 22%). Half of the migrant families in Nepal and 90% of those in India kept their savings with them. Only 4% of respondents had a bank account in India.

Figure 3.2 Status of saving and indebtedness of migrant households in Nepal and mobile population in India (percentage)



Eighty-three percent of migrant households in Nepal and 10% of migrants in India were currently in debt. The average loan amount taken by a migrant family in Nepal was INRS. 40,958 and by a migrant in India was INRS. 16,360. In Nepal the average loan amount was over three times higher in Kanchanpur than in Achham (NRS. 93,542 vs. 26,119). Most of those in Nepal (51%) and in India (78%) mentioned they had borrowed either from friends or relatives. More respondents in Mumbai were in debt (25%) than those in Delhi (3%).

In Nepal, the quantitative findings show that 52% of those who borrowed money did so to fulfill basic needs of the households and 34% of loans were to pay for health treatment. Loans at source were also taken for migration related costs (cost of traveling, for instance). In India the major reason to take out a loan was to send money to families back home.

The quantitative data showed that the average interest rate was 3% per month. Interestingly, 16% of those who had borrowed money stated that they did not pay interest as most of them borrowed from relatives.

The data presented in this chapter illustrates how migration is a livelihood strategy for many families. Many households depend heavily on income generated through migration to fulfill their basic needs – food, education and health related costs. The next chapter will present the main findings of the research study exploring vulnerabilities along the continuum of mobility.

Chapter 4 Context of Mobility and Experience

Reasons for migration

In the in-depth interviews almost all (11) respondents in India as well as spouses and returnee migrants in Nepal mentioned that they had to move to India to earn their livelihood.

“I was a teacher in Nepal but I left the job as I only got INRS. 300. Here I get INRS. 4000-5000. I came with my brother-in-law as I knew many Nepalese were doing very well in India.” Male with spouse in Delhi

Four out of 24 respondents in Nepal had every male member of the family in India, including father and sons, leaving the women at home. This was seen as “rite of passage” where the sons at a certain age accompany their father to India. They will often come back to Nepal to choose a wife and will leave again to India after marriage. The qualitative findings also show that the migrants do not take families’ approval in a systematic manner.

“I was 18 years when I first went to India with my friends. I was fascinated by the new clothes and sun glasses worn by the returnee migrants I thought it is not worthy to study so went to India.” 32 years old returnee in Kanchanpur

Four of the mobile respondents in India mentioned that they came because of political disturbances and two of them mentioned they initially came to further their studies but then started working upon their arrival. The qualitative study also revealed that many female migrants were asked to join their husbands to take care of them.

The quantitative survey shows that the major push factors for mobility included – lack of business opportunities (53.5% to 95.7% of the respondents respectively in Nepal and India) and financial difficulties (59.1% to 74.3% of the respondents respectively in Nepal and India). Repayment of debt was cited by 10.6% of the respondents in India as the reason for migration. Twenty-six percent of the respondents in Nepal also mentioned peer influence as a push factor: this was observed to be significantly higher in Achham (47%) than in Kanchanpur (9%).

The major factors attracting people from Nepal were mainly the ease of gaining employment and higher wages in India.

History of migration

The inclusion criteria for the quantitative survey included residing in India for a duration of 3 months to 5 years which was later increased to 10 years. Within the sample population included in the survey, 54% of the mobile population in India and 66% respondents in Nepal mentioned the mobile person had stayed in India from 1 -5 years.

The quantitative data at source showed that 46% of the mobile population migrated for the first time between the ages of 16-20. The average age at first migration was 20 years old and for 74% of the respondents, migration was planned. For 93% (Nepal) and 98% (India) of the mobile population, migration was a self or family decision. Eighty-seven percent of the migrants in India and 22% of migrant households in Nepal mentioned that the mobile person migrated to India using their savings. In Nepal, 41% of respondents mentioned that they borrowed money for migration related costs. The average amount spent to reach destination was between INRS 1433 (Nepal) to INRS 1749 (India). This amount is mainly spent on transportation and food. Some respondents (14% in India and 19% in Nepal) also reported having to pay government officials at the border. One returnee/circular migrants from Achham reported a payment of 2400 NRS for a broker service. Two returnee/circular migrants reported spending money for drugs and five from Achham reported spending money on entertainment at transit.

The qualitative findings reveal that the first experience of migration for almost all of the respondents in source and destination was with male family member. This person is often the person who facilitates the job search at destination. After gaining some confidence they may move and find another job on their own.

In the quantitative survey, the majority of respondents in Nepal (47%) mentioned that they migrated alone compared to 18% in India where the majority migrated with friends and peers (57%). This may be skewed as accompanied men fell in the exclusion criteria so the option would exclude spouses altogether. Data from India shows that women usually traveled with spouse or with family members.

Routes of Migration

The 584 migrants interviewed in India came from around 55 districts in Nepal and the majority of them were from Gulmi, Bajura, Palpa, Rupandehi, Kanchanpur and Bardiya. Only 10% reported to have come from Kanchanpur and Achham (EMPHASIS Project districts in Nepal).

In the quantitative survey the most commonly reported first destination by returnee/circular migrants was Mumbai (46%), followed by Delhi (26%). Among the returnee and circular migrants, 54% of respondents in Achham and only 5% in Kanchanpur were currently working in Mumbai.

In the qualitative data from Nepal, 10 out of 20 had gone to Mumbai and five had gone to Delhi, with the remaining respondents going to places like Hyderabad and Surat. Mumbai was a favorite destination.

Based on responses, two distinct routes were established:

Table 4.1: Transit/border locations as reported by circular/returnee migrants in Nepal

Routes	Source to Transit	Transit to Destination
Route 1 Taken mainly by those from Kanchanpur (85%)	Achham, Silgadi, Syaule, Buder, Attaria, Mahendra nagar, Gaddachauki to India	Gaddachauki, Banbasa, Khatima, Sitargunj, Kichchha, Rudrapur, Moradabad, Ghaziabad to Delhi/Mumbai/Kerala/Mangalore and other parts of India
Route 2 Taken mainly by those from Achham (55%)	Achham, Silgadi, Syaule, Buder, Attaria, Dhangadi, Gaurifanta to India	Gaurifanta, Palia, Shahjanpur, Mathura, Delhi/Mumbai

In Nepal, 79% of the returnee/circular migrants in Nepal mentioned that they came directly from Nepal to India without stopping in between. A higher proportion of those from Achham (31%) compared to Kanchanpur (8%) reported stopping in between. On average, migrants both in destination and source mentioned it took one day to reach to India from Nepal.

Almost all (98%) of the mobile respondents in Nepal and India reported to have traveled by road from source to transit locations. From transit to destination the major modes of transportation used were motor vehicles (67% in Nepal & 85% in India) and trains (62% in Nepal & 37% in India).

The passage below is a mobility experience recounted by a male migrant in Delhi.

Crossing the Indian border:

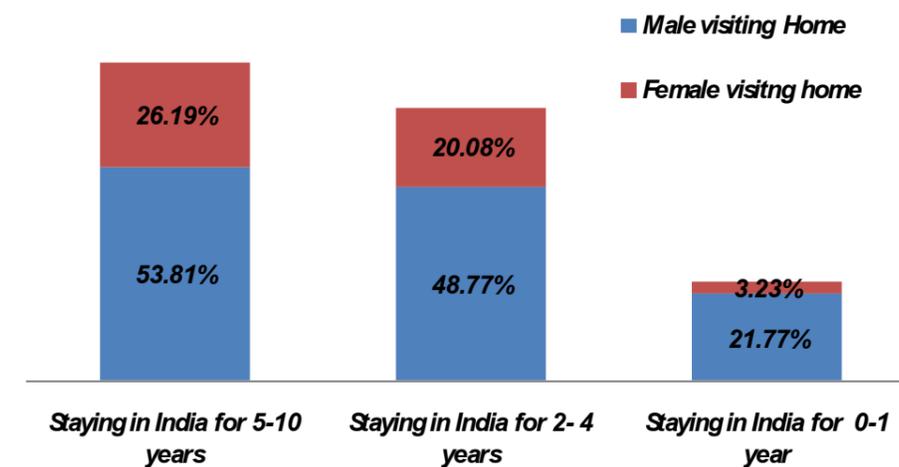
“Before coming to Mumbai I worked for one and half year in hotel in Delhi. I lost interest. After returning from Delhi to Nepal I planned to go to Mumbai. So when i was back home i meet Ajay and I asked him about his working places at Thane, so I decided to go to Thane for working in company with Ajay.

From Sunder Nagar village where my house is Melaghat – Khatima border is very near. My mother had given INRS. 2000 for travelling. We started at 4 in the evening from home, we crossed border within half and our. There was no checking at the border on both sides. We caught bus from Melaghat to Katima, the ticket fair was Rs.5 per person. From Khatima we catch bus to Delhi Lalkila. From Khatima to Delhi at 7:30 in the evening, it took us 8-9 hrs to reach Delhi and the cost was Rs.150 per person. From Lalkila we went by bus to Nizam-ud-din station, it took us Rs.10 per person. From there we came to Mumbai in general boughi; the name of the train was Golden Temple Express. We managed to get inside the train. We did not get seat. We travelled an hour or so passed a station from there we got one seat. We took turns to sit. From Delhi we came via Mathura, Kota, Gujarat, Baroda, I don't remember other places. We get down at Borivali Station. It took us 24hrs. We went to Daisar Stayed there at friend's room for 1 day. Then we went to Ajay's room. We reached here by 11 in the morning. I stayed 2-3 days in Ajay's room. After that i went to Daisar and Stayed there for 1-1.1/2 months. I started working as watchman in Diamond Company. I worked there for 7-8 days. Then I came back to Thane and started working in company, its Sparach Company.”

Connections to home

This section presents findings on the links between migrants and their family back home.

Figure 4.1 Mobile population in India ever visit home and duration of stay (percentage)



Among those who ever made a visit home, a good proportion (60%) in India and (38%) in Nepal reported that the mobile person visits home once a year. Frequency of visits home were fewer among domestic servants and factory workers compared to other occupational categories i.e. restaurant and bar workers. Those who were staying with families (spouse and children) were less likely to go home (37% who visit at least once a year) than those who were staying alone or with peer groups/colleagues/friends (70-84% who visit at least once a year).

The purpose of visiting home for the majority of respondents (87%) in India and (37%) in Nepal was to visit family members. Also the majority of the respondents in Nepal (50%) and a considerable proportion in India (29%) (especially women) went home for attending festivals/celebrations/harvesting. This was corroborated by the qualitative findings where respondents explained that they visit home when they have saved some money or during festivals/ function or if there is crisis at home that needs their attention. Some of them expressed concerns of being replaced at work while they went for home visit.

Visiting Home

"I usually go home once a year often it is for marriage function, construction of house if not to meet my family. Last time I was there to build my house. But I return soon as I face financial crisis again."

"I work as a guard and a car cleaner, so it is difficult to arrange leave from both of them. Therefore I need to find a replacement but even then I fear losing my job if my employer likes the replacement."

"I have not gone back home since I came to India because I am not able to earn enough to save so I am thinking a finding a job which pays better. I do not want to go home with very little money."

In the quantitative data, 89% in Nepal and 94% in India reported that the mobile person had communicated back home. Almost all (99%) reported using telephone/mobile phone.

Quantitative and qualitative data show clearly that there is an in and out movement between the migrants and family member. Twenty-eight percent of the respondents mentioned that one family member had joined the migrant in India, and in 74% of the cases, it was the spouse. The qualitative findings show that spouses are expected to go back home whenever any family crisis or need arises. One of the spouses in Achham who had joined her husband in India mentioned:

"I had gone to Mumbai along with my sons to live with him, I stayed there for seven years. During that time our family was together my brother in law and us, but now we have separated so I had to return for cultivation; before we used to take turn my sister in law and me to go to India but now that is not possible. I had left my sons with their father in India but I was afraid they will be spoilt so I have brought them here to educate. Because you see my daughter when we were in India she was in Nepal and she eloped with a relative which is a taboo to the family. If I had been here this would not have happened." Male Delhi

Benefits of mobility

Over 80% of respondents in India and 90% of migrant households in Nepal perceived their movement to India as beneficial for the family. The major reason mentioned was it resulted in increased remittances for the family back home (89% in Nepal & 75% in India). Other common benefits cited were better educational opportunities for children (47% in Nepal & 17% in India), better food availability at the household (35% in Nepal & 3% in India) and ability to afford health services (29% Nepal & 11% India).

Future plans and aspirations

In the qualitative study in India all of them said they wanted to see an environment in India where there is no discrimination. Many of the women said that they wished there was no suspicion when they go out of the house. Men in Delhi talked about how it would be good if Nepalese do not work against the interests of other Nepalese. They believed that solidarity groups would be important to facilitate many of their dreams. Almost all respondents in Nepal and India mentioned their dream was to earn a good amount of money to secure a comfortable lifestyle including building their own house and being able to provide a good education for their children. Together with their hopes to fulfil their dreams they expressed that they need to work much harder to achieve them.

"I want to give good education to my children, build a pucca house, buy some land and start my own business from the savings. I have to spend less and save more. I have to give more time to my work so that I can earn more" Male Delhi

In India, the majority (8) of female respondents wanted to go back to Nepal. Almost all see migration as temporary and most of them had their children back at home in Nepal. Regardless of their occupation, all mentioned that returning home would depend upon the amount of money that they were able to save.

"I want to work hard for some months and collect money and go home. When I return I will go to work for a diamond company in Surat where my brother works. My brother is calling me and I can earn more there." Single male Mumbai

Almost all of them talked about earning money to start businesses.

"I do not want to keep working in hotel in India, I want to learn driving. I have heard that you can earn more by driving. I will go back to my village in a year or two; I will get married, buy a vehicle and start earning there. As my income grows I will invest it in buying land, building a bungalow and live my life happily with my family." Male in Mumbai

In Nepal four out of 10 returnee migrants were planning to go to different destinations next time they return to India. Almost all of the respondents in Nepal mentioned that they had moved around while in India and most often once they return home they go to a different destination.

In the quantitative survey, 87% of the returnee migrants in Nepal and 83% of the migrants in destination did not want to change their current destination. Intentions of moving to other places in the near future were higher among those migrants in Mumbai (39%) than in Delhi (6%) mainly for better employment opportunities or for joining their family members in another destination. Among returnees in Nepal, only 5% did not intend to migrate to India anymore.

Chapter 5 Work and Employment Experience

This chapter has underlined the context and the reasons for migration which are largely linked to livelihood strategies. In 28% of the cases, spouses or family members will join the mobile person / husband for a period of time and will keep on coming in and out between source and destination based on the family and the needs at source.

This chapter deals with work and employment related issues of mobile populations and relies on the information collected at destination sites.

Occupation and type of employer

The quantitative study shows that 75% of respondents are working for an individual and 8% are self-employed. Negligible proportions had reported that they were employed by government.

Table 5.1 : Major five reported occupation of the mobile population at destination (percentage)

Occupation at Destination	Mobile Population in India		
	Male	Female	Total
Restaurant/bar worker	55.8	2.5	33.6
Factory worker	12.6	11.9	12.3
Watchmen	21.4	0.4	12.7
House servants	4.1	49.8	23.1
Housewife/Unemployed		18.1	7.5
Total Respondents	195	193	584

Ninety four percent of migrants reported that they get work throughout the year. Ninety-nine percent of respondents reported getting paid in cash; and 84% mentioned that they receive wages on a monthly basis. Twelve percent of the survey respondents mentioned they had secondary occupations. In the case of female respondents it was usually domestic help and among men it was car washing. In the qualitative data in Nepal and India, almost all respondents mentioned that the money they earn is not enough. Three of them mentioned taking up additional jobs. Some migrants also reported dissatisfaction with their employer because they would not allow them to take additional jobs to supplement their income.

“I am a night watchman at Shalimar Garden society area, my salary is INRS.3000 per month. This is not enough to live in Delhi therefore my wife also works as a maid.” Male with spouse in Delhi

Some of the respondents shared that when they initially came to India they did not have specialized skills so they worked as a helper and after some time they were able to acquire skills.

“In the starting days I worked as helper in molding iron for 18 months. After gaining some experience, since last 4 years I work on machines.” Male with spouse, Mumbai

Qualitative data also showed that married women were mostly housewives but they often take jobs as domestic servants if their husband is not able to support the family. Usually, once their financial conditions improve they stop working. They had less interaction with the outside community because they stay at home and had fewer friends than their male counterparts. Women who work however, reported having friends and more of a connection to a broader community. Below is a story related to the kind of work migrants do in India.

Case story, single, male Mumbai

“ I used to work at a hotel, used to wake up at 6 in the morning worked till 8 at night. I worked there for 3-4 months. I left because my salary was less and it was hard work. At that time I left Thane and moved to Delhi and started working in a factory where I worked for 5 -6 months. Then I worked as cleaner in Sadha hotel for 3 months. After that, I collected my earnings and moved to Mumbai again. I got down at Dadar station in Mumbai. That night I spend in platform. Next day in the morning I was standing at the platform seeing people moving there suddenly one man came to me and asked about me. I told him some basic things about me then he said you can come with me I will give you work. He said he is a contractor in a company. He took me to Badlapur. It was a garment factory where clothes were washed and polished. I worked there for 1-2 months. The salary was as per hours. I did not like the working condition so I left the job. There was no problem of food and lodging. But the owner was not good in behaviour; he never gave salary in time. The owner had contact with ration shop and he had introduced me to the shop owner to whom he asked the shopkeeper and me to take what I need from the shop and maintain record. I used to stay in rented room. After a while I decided to leave the job and went to owner for my salary. He asked me to sign a paper and told me that he did not owe me any money as he had paid to the shopkeeper and also paid my rent, so there was no balance. After that I went to Badlapur police station. I told my story to police. Some of the police men took out the van and went to the place of Bengali contractor. They brought him to police station. Start asking him about my salary. They asked the question several times he refused by saying; I have paid this boy his complete/ full salary. At last when the police told him that say truth otherwise you will be put inside the lockup. Then he spoke up yes I will give. After calculating all the ration and room rent he gave me Rs.200. From there I came to Bandra Station. I started working as cleaner in the toilet in the station and started living there. There were 5-6 staffs for cleaning toilets. The money collected from toilet use was distributed among ourselves and the owner, sometimes it would be 500, sometime 300-250. I worked there for 5-6 yrs. One day my friends’ did robbery in bank and that night they came to stay with me in the toilet. The Anderi police came for probing in our room. The police found the money and arrested us for the robbery case. I was in jail for 1 year. But after that police often used to come and put me in the lock up. While I was in prison I met a boy called Krishana, after coming out of prison he took me to Depakar sir. He was associated with an organization, he talked to his boss he gave me a job at the organization. But they threw me out after some days saying I had criminal record. Soon I come in contact with some people in social worker who gave me job in an organization which was in Byculla. I worked there for 9 months. In the beginning I worked in office but after sometime I started working in field. My salary was Rs. 1800. I started working as ambulance cleaner. Later I joined Kama hospital. I worked in an ambulance there for 9 months. My salary was 2500 INRS.. I talked to general manager about my working pattern and difficulties in working, and then he shifted me to the post of outreach worker. After some months I got promoted to field coordinator. My salary rose from 2500 to 4000. My work was to take sick/ill people of street/ footpaths to hospital. This programme was run by Maharashtra government. It was easy to work in state ambulance because there is no charge taken by the hospital and the formalities are less. When we take people in NGO ambulance the hospital staffs refused to admit the patients. The people living in pavement were more comfortable in police van. Otherwise in some cases they start quarrelling with us and ask a lot of questions. I also lived in foot path during this time while I worked as field coordinator. It has been 7-8 yrs in Mumbai. The work I liked most was in Prayas organization. I left the job because I had some conflict with ambulance driver. I complained to the employer he did not listen to me the driver was not good, he behaved badly with me and used to dominate me for being a Nepali. I moved to work in Kawa, everything was good but since there were many staffs I left the job. I knew one Nepali guy who was working in Chembur beggars home. He lived in Mankurd I started staying with him. But one day at night he quarreled with me and threw me out of the house. I was with him for 6-7 months. Now I work as cook with catering group.”

Remittances

Interestingly, quantitative data collected at source and destination show different pictures: while at source, 90% of the respondents reported receiving some cash from the mobile person, at destination; only 49% reported sending money back home – with a clear difference between female (15%) and male (67%) responses. Those mobile populations who had higher number of dependents at source were more likely to send remittances (94% of those having 6-10 dependents send money home).

The quantitative data reveals that the average amount sent back home is INRS. 2 149 per year (India data) compared to INRS. 13 423 received per year (Nepal data). Forty five percent of households in Accham and 24% in Kanchanpur received money more than twice a year. Money is sent through a friend or a relative (86% from destination data), or delivered by the migrant themselves (66% from the Nepal data and with a difference per district: 88% in the case of Accham compared to 52% in Kanchanpur) or *hund³⁰i* (44%, Nepal data). Less than 10% of respondents said they used banks or financial institutions. The qualitative findings also reveal that most often small fees are paid when sending money.

One respondent in India says:

"I send goods like cloths for children and money home. Last time I paid 50 rupees commission for each 1000 rupees I send so that the person would be careful. It is difficult to find someone to take money. People do not want to take things. If they take they will unwrap each item and make a list. If you plan to go yourself it is difficult to plan because if you get leave you do not get your salary to take home."

Another respondent in India explains: *"If the amount is big I sent money using my friend's bank account through Punjab National Bank to Everest Bank of Nepal. This was though it takes time it is safe, if I send with friends there is no guarantee that it will reach home. I send money every 5-6 months usually 5000 to 10000 INRS. It depends on earnings and savings."*

30 Informal system of money transfer

Chapter 6 Rights and Entitlements

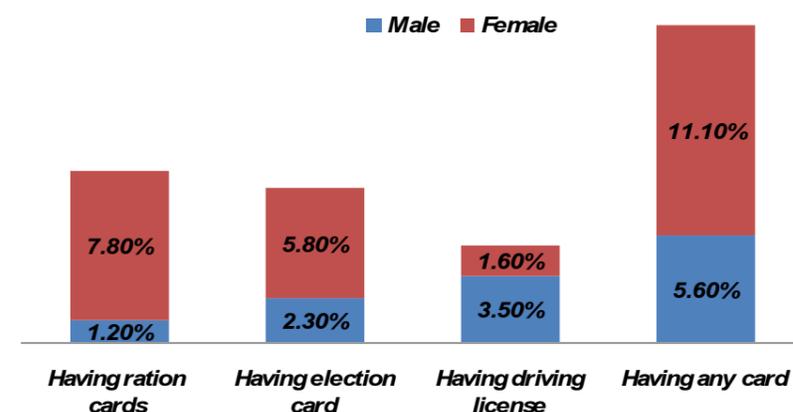
The 1950 Indo-Nepalese friendship treaty ensures Nepalese citizens the right to travel, carry trade, and seek employment as well as access to education and health services in India. Moreover the treaty also allows for the purchase of land and property in India. In India, however, Identity cards or election cards or ration cards are key documents to access services.

Rights and Entitlements as Mobile Population

The quantitative survey shows that only 7% of the mobile populations in India were aware of their rights in India. Those who were aware of their rights mentioned rights related to access to public places, equality in employment and freedom of speech.

Only 8% of the mobile population had any of the identity cards (ID) like the ration card, election card and driving license. More women (11.1%) than men (5.6%) possess one of those cards.

Figure 6.1 Mobile population in India having any of the identity cards (percentage)



In the qualitative study, 2 out of 32 respondents were aware of the Indo Nepal treaty, but were not able to clearly state what this treaty assured Nepalese populations in India. As a Nepali in India, respondents did not think they were entitled to the same rights as Indians because they do not possess a valid identity card. Many of them said that bribes are a common method for obtaining those cards. They mentioned that recently Indian identity cards have become more necessary as they are now required to open bank accounts and to purchase sim cards. *"I paid Rs.600 to make personal account number (PAN) card, it could be made at a cheaper rate but I had no proof of my residence I had to pay the cost. I am in the process of opening bank account for which I am in touch with some local agents."* The qualitative study also showed that companies and employers can obtain cards for their employees.

Rights and entitlements in work places

The quantitative study shows that 19.4% of the mobile population in India (who were employed by government/private company/committee/daily wage earners) were aware of entitlements in their workplaces. Awareness in this regard was higher among Mumbai respondents (33%) than those residing in Delhi (13%). The availability of these entitlements was reported to be higher among factory workers (69%) than restaurant workers (23%), watchmen (27%) and domestic servants (15%). Delhi (34%) had higher proportions of those who received "overtime money" compared to those working in Mumbai (12%). Other entitlements include obtaining ID cards through employers. *"I don't have any card made in Delhi but I have Uttar Pradesh card which the company I used to work earlier had provided me. They used it for their own benefit to get kerosene because if you have ration card you get kerosene oil at a very reasonable price. I can transfer my card to Delhi and I know how to do this but I have not thought about this."*

The qualitative study also gave some information on how migrants perceive their working conditions. One woman explains *“though we contribute to Employee State Insurance (ESI), we are not allowed to go to ESI and the supervisor does not give the address of the hospitals to us”*. Another woman reports: *“if anybody is known to have joined union then that person might get fired by the management.”* Discrimination against female workers at the workplace was not mentioned by any of the respondents.

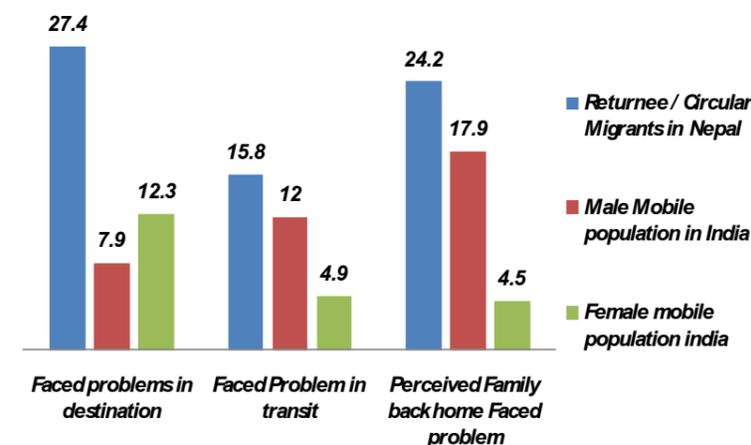
In the case of individual employers, the qualitative findings show that respondents are more vulnerable and their conditions depend on their employers’ wishes and whims. This is specifically true for restaurant workers (those living and working in the restaurants) and watchmen. Contracts are not respected and employers decide unilaterally to assign new tasks or extra-hours to the employee. Mobile populations feel that these new assignments have to be fulfilled to ensure a good relation with the employer. In the in-depth interview, respondents (3) mentioned that there was no fixed benefit. Common practice was to provide gifts during Diwali, such as cloths, sweets or money. A circular migrant in Kanchanpur who worked as cook in a restaurant in Delhi says: *“My employer treated everyone equally but I was his favorite, not only because I was good at my job but also I used to do other odd jobs that the employer asked me to do. I used to stitch torn blanket and mattresses in the hotel where I used to work though that was not part of my job, that is why he calls me even now when I am back home and wants to know when I am returning”*

This section has shown that awareness about their rights and entitlements among the mobile population in India is low but better in Mumbai (33%) than in Delhi (13%). At the workplace, rights and entitlements are known by 19.4% of the mobile population working in government/private company/committee/daily wage sectors.

Chapter 7 Challenges Faced by Mobile Populations

The information in this section is based on information provided by both migrants in destination sites and returnee/circular migrants in source communities. In this section, most of the variables explored have a very small base for analysis so the findings from the quantitative part of the survey have to be used with caution. Not many respondents in the quantitative survey mentioned facing any problems crossing borders when in destination or in source communities. This could have been due to recall bias, where the respondent forgets his or her experience. A more likely interpretation, however, is that the respondents do not consider the problem which they experienced a problem because it is a norm that they anticipate. Another potential explanation could be that variables related to violence and exploitation are not easily explored by quantitative methods so where possible the study has tried to explore the issues and validate these findings with qualitative methods.

Figure 7.1 Mobile population reporting to have faced problems (percentage)



Problems and challenges faced by mobile populations while traveling

In the quantitative survey, 9% of migrants living in India to 16% returnee/circular migrants in Nepal reported facing problems while crossing the border. Among 53 respondents in India who mentioned facing problems while crossing the border; a higher proportion of them were men (77%). The majority of respondents who reported experiencing problems were between 21-40 years of age (85%) and had traveled to India via Gaurifanta (19%). The nature of their problems included physical, verbal and sexual abuse by border police. Respondents also mentioned that police confiscated their possessions on the way back. Those who faced these problems mentioned that they resolved their problems by giving bribes. They described that the problems they face are ones that they experience repeatedly.

During in-depth interviews almost all respondents said that there was harassment while traveling through the border and most frequently when they returned to Nepal. The demand of bribes by Indian customs and border patrol was the major problem faced by respondents. *“Generally they ask for bills for the items we carry and their interrogations become more serious if we travel with a woman. They ask “Who is she”, “whom do you know in India and where does he stay”. Sometimes, they ask for Identity card. They harass us more if we talk to them in a rigid manner but they let us go easily if we give them money secretly.”* Male staying with spouse, Delhi

The migrants in India also mentioned that Rickshaw wala and tanga wala on the border try to cheat them. *“They fix one amount in bus stop and ask for more money after reaching station.”* Women in destination

Problems and challenges faced by the mobile populations at destination

Quantitative data indicated that only 10% of respondents in India and 27% of the returnee/circular migrants in Nepal faced problems while in India. Among those who mentioned facing problems in India, 37% of migrants in India and 46% of returnee migrants in Nepal perceived these problems as ones that only happened to them. Forty four percent of respondents in India reported that they faced those problems every day.

Shortage of finances (51%) was the most common problem mentioned by respondents in India. Forty-six percent of returnee/circular migrants in Nepal and 39% of migrants in India reported loneliness the majority of who were men.

Among respondents who faced problems, 16% of migrants in India and 42% of returnee migrants in Nepal sought support from someone else to address the problem. The kind of support they received was usually financial support (a place to stay for free or a loan). Respondents mentioned seeking moral/emotional support as well.

In the in-depth interviews, most of the migrants (8) in Delhi said that they face discrimination in some form. Two of the respondents who are watchmen said that they feel discriminated against by society as people often shout at them for minor mistakes. Others in Delhi claimed they experience harassment and are often labeled as a thief or a dishonest person. One of the male migrants in Delhi was defensive when asked about his work. He says: *“I work as a driver during the day and at night I work as a watchman but I do not involve myself in any kind of illegal and unlawful activities.”* Another man explains: *“My landlord threw me out along with other Nepalese even though we did not commit crime because one of the boys here was caught with a stolen mobile phone since then 4 - 5 Nepalese have been put into jail.”* Nepali male, Delhi

Five out of nine female respondents in India mentioned that they did not face any challenges at destination. All female respondents in Mumbai reported facing money problems. Problems mentioned included language barriers and being teased by the local community. Migrants in both Delhi and Mumbai mentioned that finding decent accommodation with proper toilet facilities and sufficient water supply was difficult. *“We do not have good water supply or toilet/sanitation facilities and if the landlords feel that we are using too much electricity, the line is disconnected.”* - Married Male, staying without spouse in Delhi. Another respondent says: *“I have changed my room almost 8-10 times because of ill treatment of land lord, unreasonable rent, lack of basic amenities like water, electricity and cleanliness.”* Married male, staying without spouse in Delhi

Single mother migrant in Delhi

She became sick and did not have any money. She lived with her sister but her sister would not help her. Later she started to work and she contributed to rations in her sister’s house, but even then her children were not given food when she went to work. Later she moved out of her sister’s house with her children and lived in a rented house. She said that the behavior of people around her was not good and they look at her in a lecherous way. She claims that her own people are responsible for her fate, she cannot blame strangers. Now she says nobody has guts to say anything to her she is no longer bothered by what they say. These days if she has some problem she goes to her neighbors. She says that her days of hardship are over, she is determined to earn a lot of money for her children and their good future. Now she trains women in housekeeping.

In the quantitative findings, only 6% of migrants in India and 27% of returnees in Nepal mentioned a perceived fear of violence and harassment while in India. Among them, 85% of the returnee migrants in Nepal and 30 % of migrants in India mentioned they feared physical harassment while in India. Thirty-one percent returnee migrants and 54% of migrants in India expressed fear of imprisonment.

Problems and challenges faced by the mobile population at their workplace

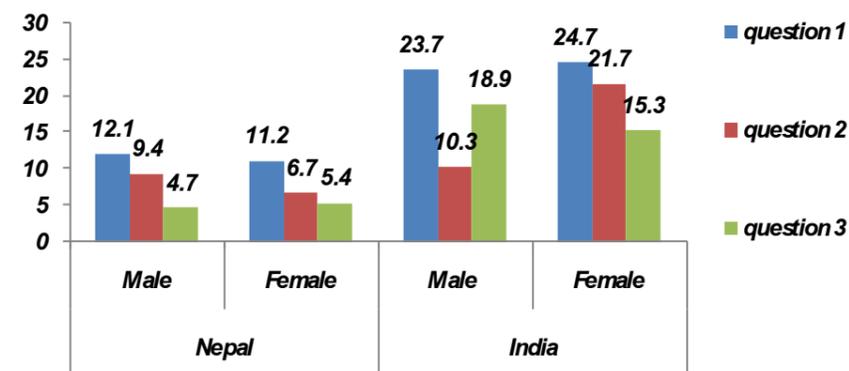
Perception of discrimination was mainly reported on the differences between certain benefits received at the workplace. In particular, membership of trade unions and provident funds were mentioned as differences. Fifteen percent of respondents reported receiving these benefits and 24% of respondents perceived Indian workers as receiving this benefit.

The qualitative study also shows that most of the male Nepalese in Mumbai almost exclusively rely and interact with other Nepalese people. As other Nepalese share the same working places, interactions with Indians are less common. One of the respondents working with Indians explained that he did not share his citizenship since doing so might result in discrimination. He says: *“In my work place the Indian migrants want to dominate us by calling us by names like Bahadur or Gorkha³¹ which I do not like.”* Married male in Delhi.

Perceived community attitude towards mobile population and families

A series of statements were read to migrants in destination and returnee migrants and their family members in source to understand their perception of community attitudes toward them. The graph below presents the percentage of migrants who agree and strongly agree with the statements below.

Figure 7.2 Percentage of mobile population and their family at source who agree and strongly agree about questions below (percentage)



Question 1: When people know that I am migrant from Nepal or we have a mobile person in our family they view me or us negatively

Question 2: When we want to participate in social activity in the community we feel unwelcomed

Question 3: The service providers/health workers do not respond well when they know I am from Nepal or we are migrant family

The results show that the range in which the migrant families agreed to all the statements was between 5 to 12 percent. The quantitative data show that the perception of the community attitude towards Nepalese migrants in India was fairly positive or neutral.

³¹ Name called for Nepalese in India meaning strong and is linked to the history of Nepalese men joining the Indian army

Problems and challenges faced by family back home

Only 12% of the migrants in India and 16 % of the respondents in Nepal mentioned or perceived that their family members at home faced problems when the mobile person was away. Among those who reported family problems, loneliness (72% mobile population in India and 54% Nepal respondents) and lack of money (36% mobile population in India and 56% respondents in Nepal) were the most common problems mentioned. The main coping strategy for financial problems was “taking a loan” for 60% and 83% of the respondents in Nepal and India respectively. Sixty-two percent of the respondents received help from others usually from friends and relatives. The kind of support they mentioned was financial support, work in the fields and emotional support.

This chapter has underlined the main challenges faced by the migrants at destination. The data shows the varied perceptions of community attitudes toward migrants in destination sites. In-depth interviews reveal that Nepalese mobile populations do experience discrimination in their daily lives. The next chapter will explore the gender norms and gender related vulnerabilities among the Nepalese mobile population at source and destination.

Chapter 8 Gender Norms

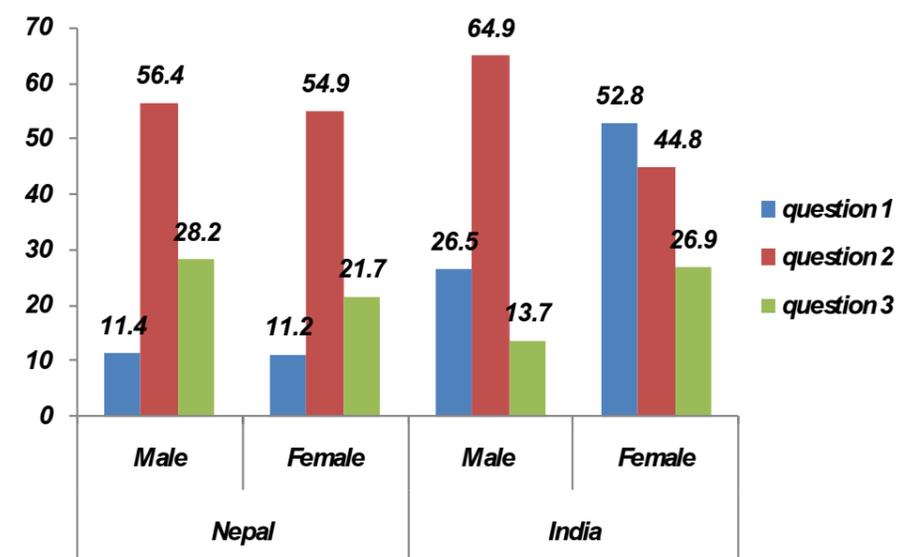
According to Peter Piot, former Executive Director of UNAIDS: “Women often cannot insist on fidelity, demand condom use, or refuse sex to their partner, even when they suspect or know he is infected. They often lack the economic power to remove themselves from relationships that carry major risks of HIV infection. Violence is often part and parcel of these dilemmas. Domestic violence, rape and other forms of sexual abuse are gross violations of human rights. They are also closely linked to some of today’s most intractable health issues, including the spread of HIV. A recent research study indicated that risk of HIV & STI and violence for both young men and women is linked to early socialization that promotes certain gender roles as the norm. These norms include support for men to have multiple partners, or to maintain control over the behaviour of their female partners. Thus, addressing gender norms- the societal messages that dictate what is appropriate or expected behaviour for males and females—is increasingly recognized as an important strategy to prevent the spread of HIV infection, particularly among young people.

Given this nexus between gender equitable norms and HIV, the research explored gender norms among Nepalese migrants in India and their family home in Nepal. Information on norms that a) favor men over women and b) favor women over men were gathered. Researchers collected this information by reading aloud a series of statements to respondents and asking them to agree or disagree. The statements were further grouped into three categories: Category I - statements related to equal status for males and females, Category II - statements related to decisions between Husband and wife on important issues and Category III – statements related to ability of women to refuse sex with spouse.

The graphs below present information on gender norms at source and destination. It is very interesting to note that it is among the female mobile populations in India that male gender norms are most commonly upheld: agreement to favor son’s over daughter’s education is as high as 51% among the female respondents in India and agreement to the statement that a husband can hit his wife if she disagrees to have sex reaches almost 30%.

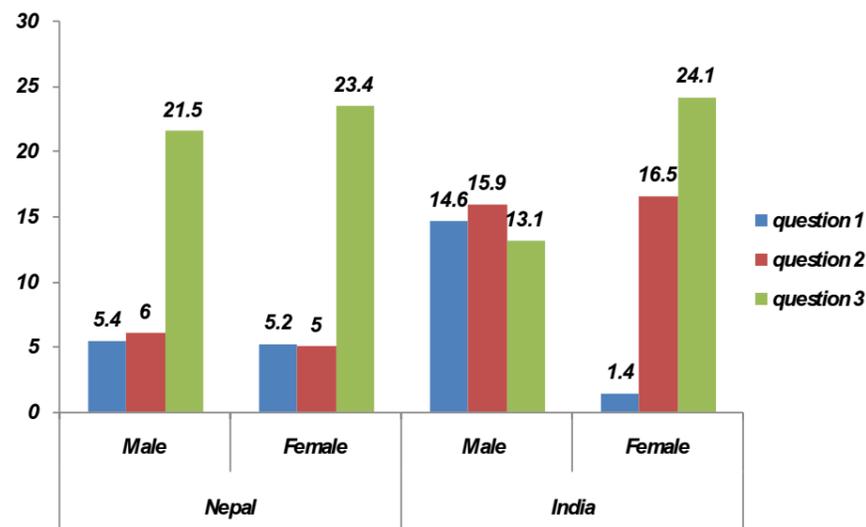
In Nepal, males and females generally uphold equitable gender norms however, there was little support for the statement around a women refusing to have sex with her husband if he does not use condom.

Figure 8.1 Agreement to male gender norms among mobile population (percentage)



- 1) Agree that son needs more education than daughters
- 2) Agree that men should take the final decision at home
- 3) Agree that a man can hit his wife if she disagrees to have sex

Figure 8.2 Disagreement to female norms among mobile population (percentage)



- 1) Disagree that daughters should have same chance to work outside the homes as sons
- 2) Disagree that woman should be able to talk openly about sex with her husband
- 3) Disagree that a woman can refuse sex with her husband or partner if he refuses to use condom

This section has shown that among the mobile population in Nepal and India inequitable gender norms are still deeply rooted and primarily among female respondents. Having explored the main vulnerabilities of the mobile population from source and destination, it is important to understand the knowledge and attitudes of mobile population to assess risks and programmatic gaps that need to be addressed.

Chapter 9 HIV and AIDS

This section presents the knowledge, attitudes and behavior of mobile people in India, circular and returnee mobile people and spouses at source around HIV & AIDS.

Awareness of HIV & AIDS and modes of transmission

The quantitative study found that awareness of HIV & AIDS was high among mobile groups. In India, 88% of the respondents as well as in Nepal 85%-99% of the spouses and circular/returnees have heard about HIV & AIDS. While the findings were comparable to the findings at the national level (National Family Health Survey -3, 2006: 83% women and 95% men) in India, the percentage was much higher among the mobile people in Nepal (DHS 2006: 73% women and 92% men). It is interesting to note that almost all returnees / circular migrants in Nepal had heard about HIV & AIDS.

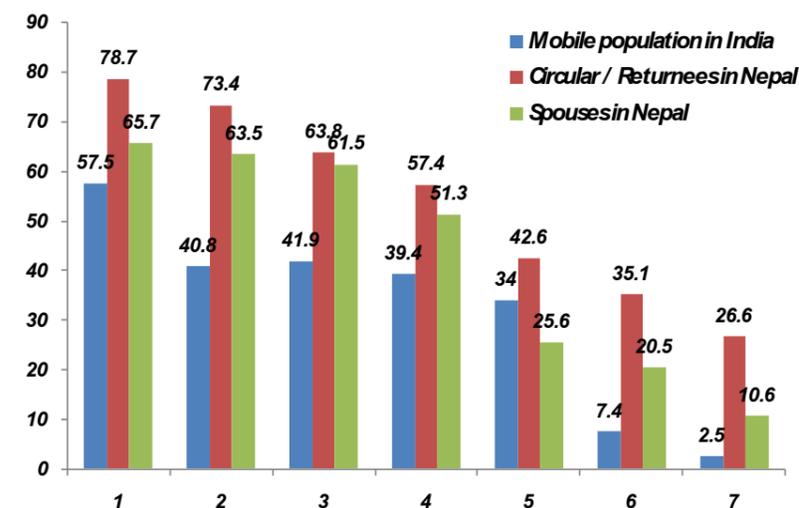
Awareness of modes of transmission among respondents showed that returnee / circular migrants in Nepal were better informed than the other two categories of respondents. Additionally, the spouses back home at Nepal were more aware than the migrants interviewed in India.

Awareness regarding vertical transmission (mother-to-child transmission) was low. Migrants in India reported knowing about this mode of transmission more than the spouses back at Nepal.

Having sex without a condom with sex workers, especially among the mobile people in India and the spouses of mobile people back in Nepal was low 2.5% and 10.6% respectively. The overall HIV & AIDS awareness of circular/returnee migrants and spouses in Nepal was higher than those residing in India indicating the need to address those in India.

The graph below shows the distribution of awareness of modes of transmission among the respondents – Multiple responses

Figure 9.1 Awareness of modes of transmission (percentage)



- 1) Unprotected sex with multiple partners
- 2) Unprotected sex with HIV/AIDS infected person
- 3) Reuse of injection
- 4) Blood transfusion / body part transplantation from HIV / AIDS infected person
- 5) HIV & AIDS infected mother to child at the pregnancy
- 6) If the tools using during operation not sterilized
- 7) Having sex without condom with sex worker

In the qualitative study, most of the respondents had received information on HIV & AIDS through TV, radio, Mahila Samitees, Hum safar and NGOs. However, there was a wide variation of awareness around the different modes of transmission or prevention methods. Knowledge was either fragmented or poor, misconceptions still persist and interviewees' behavior showed that there is still some reluctance in speaking about HIV mainly due to stigma related to sexual transmission. Half of the female respondents in Mumbai (4) said that they had heard of HIV. When asked about the risk behaviors associated with the transmission of HIV, two said that they did not know, while the other two seemed to be defensive, "I am very faithful to my husband and there is no risk at all." One of the participants said that anybody can become infected with HIV and the most common reason is blood transfusion.

One respondent in Mumbai had some knowledge about the disease and how it spreads, but did not know how to protect himself from the virus. He said he lacked confidence in his knowledge. *"I don't have much knowledge about HIV. It is transmitted through unprotected sexual relationship, by injection, from pregnant women to her baby etc. I have heard about treatment but I don't know how. Sex with one partner can prevent it. Society has a wrong thinking that it is mostly transferred from sex. Many program of awareness should be done in community for cleaning their dirty mind"*.

Awareness of ways of prevention:

HIV & AIDS prevention programs have developed multi-pronged activities using updated evidence to address HIV based on the drivers of the epidemic in country. Basics of the prevention program include: information on HIV & AIDS, counseling, Voluntary Counselling and Testing (VCT), STI prevention and treatment, condom promotion, access to Ante Retroviral Treatment (ART) and Prevention of Mother to Child Transmission (PMTCT). Targeted interventions focus on *key populations* such as IDU, MSM and Female Sex Workers (FSW). In this study, three questions related to prevention behaviors have been prompted. To capture the overall picture, it is important to link this information to the knowledge and behavior patterns related to VCT services utilization, PMTCT services and needle sharing practices etc.

Awareness of correct and consistent condom use as a method of preventing HIV was higher among returnees/circular migrants (83%). There is no significant difference between spouse awareness in Nepal and mobile population awareness in India on this specific issue. These findings reflect that circular and returnees are being reached either by some program at source or activities along the continuum that create awareness. This also shows that there is a need to strengthen awareness intervention for migrants' spouses at source and among mobile populations at destination. The qualitative study shows that most of the Nepalese women living with their spouses at destination had little or absolutely no knowledge of HIV & AIDS. Out of the five women who were interviewed, only two some awareness and only one was fully aware of the modes of transmission and methods for prevention.

Table 9.1: Knowledge about different ways/modes to prevent HIV & AIDS (prompted) (percentage)

Particulars	Mobile population in India	Returnees/Circular	Spouse
One can prevent HIV & AIDS by			
By abstaining from sexual intercourse	59.2	61.7	59.0
By having one uninfected faithful sex partner	57.1	66.0	58.3
By using a condom correctly every time they have sex	67.2	83.0	67.0
Total N – those aware of HIV & AIDS	515	94	312

In the quantitative study, while occupation, duration of stay, and age had no association with knowledge of HIV prevention among the Nepalese population in India, a significant difference was revealed among Nepalese migrants in Mumbai. In particular, residents of Mumbai had significantly higher rates of awareness with respect to two prevention modes:

"abstaining from sex" and "consistent correct condom use". The proportions also varied significantly when analyzed by education. Participants who had higher levels of education also showed higher levels of knowledge of HIV & AIDS prevention methods.

Misconception around HIV & AIDS

In the quantitative study, the misconceptions were relatively higher among spouses than mobile people residing in India and returnee migrants in Nepal. The most common misconceptions were the belief that people could contract HIV "from mosquito bites", "kissing/hugging an infected person" and "sharing a meal with someone who is infected". The misconceptions in the minds of Nepalese mobile people in India did not vary much by occupation, duration of stay in India or age. However, it did vary by destination site with a higher proportion of respondents in Delhi reporting misconceptions than those in Mumbai. This data also varied by level of education. Respondents who had completed standard 11 or above were less likely to have misconceptions around HIV & AIDS than respondents who attained a lower level of education.

Table 9.2: Misconception about HIV & AIDS (prompted) (percentage)

One can get HIV & AIDS by	Mobile population in India	Returnees/Circular	Spouse
Sharing meal with infected	7.0	6.4	14.7
From mosquito bite	10.3	44.7	49.4
Sharing toilet	6.0	8.5	12.5
Sharing utensils	5.4	10.6	10.6
Kissing/hugging with infected person	18.8	21.3	33.7
Total N – those aware of HIV & AIDS	515	94	312

The above findings are corroborated through the qualitative study. Most of the respondents in India had misconceptions around HIV & AIDS and this is illustrated by one respondent from Mumbai: *"It is transmitted through unprotected sex with multiple partners, through mosquito, through blood, through Syringe etc. We can stop transmission if we use condom while doing sex with irregular partners, blood should be tested and taken from registered blood bank, if we don't kill mosquito while biting us"* Male single Mumbai

Knowledge about and incidence of STIs

Information about sexually transmitted infections (STIs) is not only useful as a marker of unprotected sexual intercourse, but also as a co-factor for HIV transmission. The awareness of STIs varied to a great extent among the Nepalese mobile population in India and in Nepal. While only three in ten respondents in India had heard about STIs, the proportion was much higher (51 %) among circular and returnees in Nepal and was around 19 % among the spouses of mobile people. Awareness of STIs among Nepalese migrants in India varied significantly by destination site with 66% of respondents in Mumbai having awareness compared to only 12% of those in Delhi.

Overall, the percentage of those who had experienced STIs was very low and the responses ranged between 4-5 % among respondents in India and 1-3 % among returnees and spouses in Nepal. The most commonly reported symptom was abnormal discharge among women and genital sore or ulcer in men. This data does not contrast with national survey data, which reports similar trends around STI prevalence. The Nepal DHS (2006) reported that 7% of sexually active women and 2% of sexually active men had an STI and/or STI symptoms during the 12-month period prior to the survey. NFHS-3 in India (2006) reported that 11 % of women and 5 % of men age 15-49 who had sex, an STI, or STI symptom in the 12 months preceding the survey.

Knowledge about condom and its use

In the quantitative study, 96% of migrants in India had heard about or seen a condom, while in Nepal 99% of circular/returnees were aware of condoms. Among spouses, only 83% reported such awareness.

Awareness of condom as a means of avoiding pregnancy or as a family planning method was more popular among respondents than as a HIV prevention measure. This was true in all the categories of respondents, except for circular/returnees in Nepal where 82% knew of condoms as a HIV prevention measure.

Table 9.3: Knowledge about condom & use (percentage)

Awareness about condom use*	Mobile population in India	Returnees/ Circular in Nepal	Spouse in Nepal
Avoiding pregnancy/FP method	90.3	93.6	93.8
HIV & AIDS control	48.9	81.9	59.3
STI prevention	20.6	28.7	15.4
Sexual pleasure	12.2	4.3	2.0
Don't know	0.5	0.0	2.0
% reported very confident in getting condom	25.3	60.6	80.0
Total (N) Those Heard or Seen Condom	558	94	305

* Multiple response

Stigma and discrimination

*"Stigma remains the single most important barrier to public action. It is a main reason why too many people are afraid to see a doctor to determine whether they have the disease, or to seek treatment if so. It helps make AIDS the silent killer, because people fear the social disgrace of speaking about it, or taking easily available precautions. Stigma is a chief reason why the AIDS epidemic continues to devastate societies around the world."*³² Secretary General Ban Ki Moon

Stigma not only makes it more difficult for people trying to come to terms with HIV and manage their illness on a personal level, but it also interferes with attempts to fight the AIDS epidemic as a whole. Less than half of the respondents in India (48%) and 77 % of migrants and migrant family members in Nepal said they would remain friends with people who became HIV positive. In Nepal, it was found that more people in Achham 80% would remain friends with people living with HIV than those in Kanchanpur (67%). In Mumbai, respondents were more willing to stay friends with an HIV positive person than those living in Delhi.

Eighty percent of those residing in India (29 % strongly agreed: 50% Agreed) and 90% of migrants and their families in Nepal (49% strongly agreed, 38% agreed) agreed with the statement that 'patients with HIV have the right to the same quality of care as another patient'. This percentage was relatively higher among women (86%) than men (75%).

Among the negative statements, more than one third of respondents in India and migrants and their families in Nepal agreed that people with HIV should be legally separated from others to protect public health. Relatively higher proportions of women in India were of this opinion (55%) then men (22%). Education levels among migrants in Nepal seemed to have no affect on their attitude towards PLHIVs.

Figure 9.2 People with HIV should be legally separated from others to protect the public health – Respondents in Nepal (percentage)

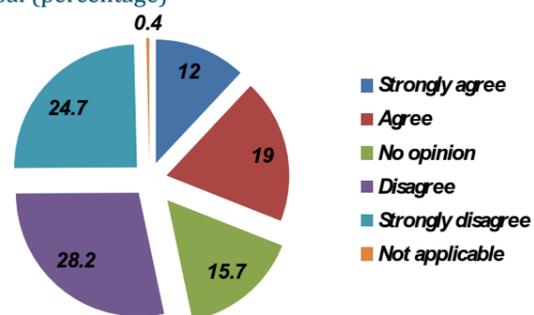
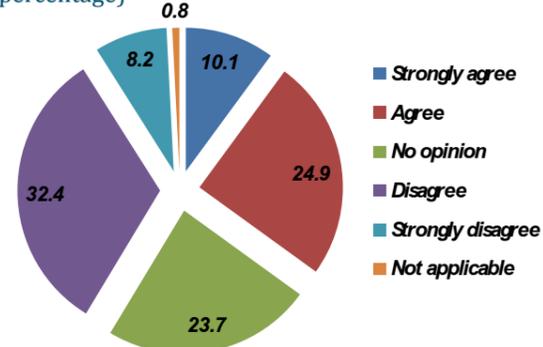


Figure 9.3 People with HIV should be legally separated from others to protect the public health – Respondents in India (percentage)



32 Ban Ki Moon, 2008, 6th of August: "The stigma factor" in The Washington Times

More than 67% of migrants in Nepal agreed (strongly: 33.8% / agree: 34%) to the statement "women with HIV should be prevented from having children." Among migrants in Nepal, 59.6% agreed to the last statement "Men and Women with HIV should not be allowed to get married". A significant difference between men (38% of agreement) and women (23% of agreement) was observed. Additionally, over one third of migrants living in India agreed to this statement as well. Over half of respondents in India (61- 62%) reported that they did not know anyone suffering from AIDS related stigma and discrimination. Eleven of the respondents reported that PLHIV were excluded from social events and twelve people reported that the PLHIV were abandoned by their family or spouse. Twenty respondents reported that PLHIV were verbally or physically abused. Eight respondents reported being fired from work or losing a job because of stigma and seven reported that health services were denied to them.

In the qualitative study, stigma was expressed by one of the respondents in Mumbai through this statement: *"Society has a wrong thinking that it is mostly transferred from sex. Awareness should be done in community for cleaning their dirty mind"*. Underlying the sentiment expressed here is the stigma attached to people with HIV, often branding them as "immoral".

Sources of information about HIV, AIDS and STIs

Collecting information on the source of knowledge around HIV & AIDS awareness is critical in understanding how to reach mobile people and improve programming.

Interpersonal Communication: Only 3-4 out of every ten respondents in India were approached by someone who wanted to educate them on HIV & AIDS & STIs. In Nepal, however, about 26% of migrants reported having been approached by someone. This proportion was higher in Achham (40.2%) than in Kanchanpur (21.7%) and was higher among men (38.9%) than women (12.9%).

Other sources of information: In India, TV was the major source of information followed by radio and newspapers. In Nepal, the major source of information was radio (58,7% and 68,4% respectively for spouses and migrants). After radio hospitals (46,4% - 29,5%), government doctors (25,4% - 30,5%) and peers (23% - 12%) were the most common sources of information. In the qualitative study, *Mahila samitis* (Women Committees) were also stated as a source of information in Nepal.

The findings from the qualitative study show that the workplace has not been used as an entry point for HIV & AIDS messaging. One of the respondents in India said that *"Till date our company has not arranged camp for HIV testing or awareness. This should be done"*.

Inter-spousal communication around HIV & AIDS

Inter-spousal communication around HIV & AIDS was limited among Nepalese people in India with only 18-19% reporting it, with more reports in Mumbai (34%) than in Delhi (9%). The proportions were higher among circular/returnees and spouses in Nepal (47%-50%).

The qualitative findings also show the extent to which inter-spousal communication on HIV & AIDS can be hampered or fragmented by spouses' attitudes. An unwillingness to recognize potential risks or the stigmatization of certain behaviors may impede the communication between spouses and prevent them from understanding the importance of utilizing VCT services. One female spouse in Achham, when asked if she knew anything about HIV, answers: *"Husbands go to India, we do not know what they do, they come back and transfer, they drink have sex."* When she was further asked if she felt she was at risk *"Those who fool along the way who do not follow good path and hang around with friends they get spoilt and get HIV. I am not at risk my husband comes home from time to time and he does not have any bad behavior, even if he drinks he drinks during festivals and within limits I have full trust on him."*

While immigrants in Nepal and India have generally heard about HIV & AIDS through radio, TV, NGOs and government doctors, knowledge around modes of transmission and prevention remains fragmented and misconceptions still persist. It is important to note that circular migrants/returnees show a higher level of knowledge and awareness than their spouses at source and migrants living in India. High levels of stigma and discrimination towards PLHIV is expressed by migrants and inter-spousal communication around HIV & AIDS remains a challenge for 80% of survey respondents.

The next chapter explores sexual behavior among migrants and provides a better understanding of the risks and vulnerabilities related to migration.

Chapter 10 Sexual Behaviour

Around 79 to 99 percent of migrants in India and in Nepal reported having sexual intercourse. The mean age at first sexual encounter was around 18 years for migrants in India. The mean age for the circular and returnees and spouses in Nepal, however, was very low (14-15 years). The percentage of mobile people with regular partners in India was 56 percent. The proportion of circular migrants/returnees and spouses with regular partners at the time of survey was 95% and 57 % respectively. The table below shows that the number of mobile people that reported using condoms consistently with their regular partners was minuscule.

Table 10.1: Sexual behavior (number of respondents)

Particulars	Mobile population in India	Returnees/Circular	Spouse
# who consistently used condom with regular partner in last 3 months	5	7	2
# Pursued sexual relationship with commercial/non-regular partner (last 12 months)	61	4	-
# used condoms consistently with Commercial or non-regular partner	31	1	-
Total N	584	95	366

The findings of the qualitative study give a rich description of the context in which pre-marital and extra-marital sex takes place. One Nepali male staying in Delhi with spouse, talked about his sexual experiences.

Sexual experiences of Nepali migrant staying with spouse in Delhi

"I was young and as we had cows, I used to take them out to the fields every day. I knew a girl in our village who was interested in becoming my friend. She also used to come to the field sometimes. She was elder to me and sometimes when she used to bathe in the nearby stream, I used to watch her. I also felt that she was interested and after some time we had sex.It was she who initiated it as one day, she invited me to join her in the river. After that we had sex many times in the field. After a few months she got married and moved out of the village.My second sexual partner was a girl from another village. I had gone to another village during the festival time to stay with my relatives. In the village, I liked a girl and made friends with her. We roamed around each other during the festival and after dark, had sex with her in a deserted place.

Sometime after that I came to India along with my parents. Initially we stayed in one small room in Delhi and my father was working as a night-watchman. Later we shifted to another locality and stayed in a two room place. On one of my visit back to my village, I fell in love with a girl from my village. She is my current wife. I did not have sex with her before marriage. Her parents were not in favor of our marriage so I managed to elope with her to India. She now stays with me. I have a baby daughter now.

..... "some of my friends go to G.B. Road (brothel) in Delhi. They have invited me many times. However, I have never gone with them. Why should I invite HIV? "... Yes I also have another sexual partner. Near my current workplace, there is a watchman family and they have a daughter who is very concerned about me. We have sex once in a while, especially when there is no one in the basement.

I have not used condoms with anyone. After my child, the doctor advised me to use condoms with my wife. I am thinking of using it.No there is no need to use condoms when I have sex as I have had sex only nice girls. I have not gone to sex workers for sex, so what is the need?"

The qualitative study among female respondents revealed interesting taboos and the difficulties in discussing sexuality among women. It was difficult to have married women discuss their sexual behaviour. One woman for instance, refused to answer any questions on the topic. Many times discussions on sexuality and marriage led to remarks around forced and unhappy marriages. One respondent explains: *"I did not want to marry him. My family forced me to marry. He had sex with me in the first night of marriage....after three years of marriage, we don't have a child yet."*

Respondents also highlighted social norms and explained their responses. In Delhi, two of the single women said that they did not have any sexual contact. One woman among them said, *"As I am not married, it is not as per the rule of society to have sexual contact. So I don't have."* The other woman only gave a smile, hinting at the possibility of under-reporting.

In the qualitative study, all women - except one respondent in Mumbai - reported no sexual relations with non-regular partners. All the women said that their first sexual experience was with their husbands. One single woman in Delhi reported her first sexual experience was with her husband at the age of 14. She also revealed that her husband was already involved with other women and is currently not staying with her. One woman in Mumbai reported that for the first 2-3 years in India, she had sex with irregular partners, sometimes in bars or sometimes in lodges. *"Yes they paid me and sometime gave some gifts. After that I had regular sex with my husband after marriage"*. Another woman in Mumbai said that she wanted to have sex before marriage with her prospective husband but could not do so because of her brother's strict vigilance.

None of the women reported using condoms except for the Mumbai respondent who reported having non-regular partners. Few of the respondents said that they knew about condoms but did not know how to use them. They consider it as a family planning method only. Out of 4 female respondents in Mumbai, only 1 reported using condoms regularly with her husband as a family planning method.

In the qualitative study, Nepalese men were more forthcoming about their sexual relationships. While different experiences are presented below, the information is related to condom use: most of the respondents did not use condoms during sex, neither within marriage nor during pre-marital or extra marital sex.

"First time I had sex in my village, she is my girlfriend. After that I had sex with her for 2-3 times. I did not use condoms while doing sex with her. We did it in agricultural field. I had no knowledge of using condom. I had planned to marry her but it did not happen. The girl got married to someone else when I was in India". Male single Mumbai

"I had experience of sex for the first time after marriage with my wife. It was without condom. Before that I did masturbation twice in a week..... I have never gone outside (brothel) for Sex." Male Mumbai.

"I had regular sex with my wife after marriage. My friends offered me to visit brothel but I never went with them. I don't go to other women for sex because I am afraid of having HIV. I have used condoms with my wife when she was having her monthly period." Male Delhi

Some of the single men said that they have not had sex with anyone yet. *"I have not had sex with anybody. If I feel like doing sex, I do masturbation. I want to have sex with a girl but have not got a chance yet. I do not have any girl friend because of fear of my father."* Single male Mumbai

Findings show that even those who solicit sex workers did not use condoms till recently and often because the FSWs insisted on condom use. Two of the four male respondents had sex in Mumbai in different brothels. While one goes 2 to 3 times a month, the other used to go regularly, to the extent of having sex 7-8 times a day. None of them used condoms in their initial visits. One of them narrates his experience, *"....then I had sex with a sex worker in a brothel at Mumbai. That time I had sex with a 13-14 yrs old girl. Some Marathi friends had taken me there. It was at Grant Road. I didn't use condom. I started visiting the place frequently. I spent most of my earning for this purpose only. The charges were also too high. I paid between Rs.200 to 350, depending upon the girl. I always went for a new choice of girl. I sometime spend the whole night with CSW at the brothel. I sometime had 7-8 time sex a day. The charge for whole night was 500-1000. I did not have any information about condom in those days when I practiced sex I never wore it. It was only later that I started using condoms"* Single male Mumbai.

Another respondent said: *"I go to brothels at Bhandup, and Sonapur for doing sex. I go with my friends about 2-3 times a month. I went for the first time with my friends. Now days, I go alone."* Single male Mumbai.

"I did not use condom during sex. Using condom entails less pleasure. I have had sex with FSWs only. Now days while I have sex, I use condom. I use condoms because I don't want to transfer the infection to other people. I don't want to spoil others life. I have not disclosed the matter with my friends. Now I don't like to go home back because any how my family will force me to marry and I can't disclose that I am HIV infected. If I meet a girl who is also HIV positive then I am willing to get married here only". Single male Mumbai

The quantitative study shows that 61 out of 463 migrants living in India reported pursuing sexual relationships with commercial/non-regular partners. Of them, about half reported using condoms consistently (31). Out of the 61 Nepalese migrants who pursued such relationships, 48 were male; 37 were between the ages of 21-30 years, and 44 had attended school and all had heard of HIV & AIDS. In regard to modes of transmission, more than half knew about unprotected sex with multiple partners (32) whereas knowledge of other modes such as sex with sex workers (17), infected blood (27) and vertical transmission was less common.

Logistical regression analysis

Considering that condom use is a very important variable for the programme, an attempt was made to study the factors affecting condom use. Condom use was considered as a dependent variable against a set of independent and control variables. The regression was conducted in order to learn more about the many factors that might lead to AIDS related vulnerabilities among migrant groups.

As the dependent variable takes only two values- 1 (those who have ever used condom in last 12 months during the sexual intercourse with any type of partner) or 0 (those who never used condom in last 12 months during the sexual intercourse with any type of partner), the econometric model considered was logistic regression model.

The construction of independent variables took into account the relationship between the dependent and the exogenous variables on one hand, and the removal of multi-co linearity problems on the other hand. The independent and control variables considered were:

1. **Personal variables:** age, education, occupation, sex, marital status, duration of stay and Household asset score;
2. **Location variables/control variables:** place of stay in-terms of city and slum area;
3. **Knowledge and perception variables:** Knowledge about the modes of transmission of HIV & AIDS, purpose of condom use, perception about HIV & AIDS affected people and respondents' awareness about HIV & AIDS people being discriminated/ stigmatized in the society.

Before embarking on logistic regression analysis, correlations between the dependent and independent and control variables were studied. The results of the logistic regression analysis among the mobile people in India were as follows.

Mobile population in India

- Chances of using a condom by a Nepalese migrant would be considerably high if he/she is aware of the purpose of use as a means to “Control HIV & AIDS”. (odd ratio - 2.020 significant at 1% level)
- Again, the chances of use of condom were notably high among those who got information from TV on HIV & AIDS compared to any other sources. (log ratio - 1.399)
- The odd ratios are also significantly higher around condom use if one has better knowledge about the modes of transmission. (odds ratio value - 1.246 and significant at 5% level)
- The odds ratios for condom use are very high with increased economic levels of the individuals. (1.194)

The regression analysis emphasizes the findings from the correlation analysis that to reduce vulnerability among migrant people, correct knowledge should be imparted to them on the various modes of HIV transmission and the benefits of condom use as a prophylaxis method. Additionally, more work needs to be done to change perceptions and norms and reduce AIDS related stigma.

This chapter has tried to capture the sexual behavior of the mobile population in Nepal and India. It has illustrated that sexuality remains a taboo subject with women and that people reporting risky behavior have some level of awareness around HIV & AIDS. Despite this, consistent and correct condom use is not yet pervasive and only half of the respondents who have non-regular partners actually use condoms. The regression analysis also emphasizes the need to improve the level of knowledge around modes of HIV transmission and the benefits of using a condom.

The next section of this report will focus on the availability, accessibility and utilization of services at source and destination. This will illustrate gaps in service provision and areas where services can be strengthened to become more accessible to mobile people.

Chapter 11 Availability, Accessibility and Utilization of Services

Availability, access and utilization of general health care services, pregnancy lated services and HIV related services are important issues for mobile populations. A United Nation’s Development Prgoram report highlights that limited access to health care is a persistent problem among migrant populations where host countries and employers often fail to provide free and reliable health care.³³ Moreover, given their limited financial means, restricted access to information, discrimination and language barriers can make seeking health care an insurmountable challenge. Undocumented migrants are even less likely to access medical services offered by host governments as they live in fear of detention and deportation. Lack of referral systems and support services in most destination countries is a major impediment to the HIV & AIDS response.

Access to general services

In CARE’s 2009 final report, “Water and Sanitation Programme of Achham District of far Western Development Region, Nepal”, the evaluation team noted: “Achham is the remotest district in Nepal and lies on the Far western part of the country. The district has seventy-five VDC’s. Backward from a development perspective, life here is characterized by hardship. The basic needs of the people here are unmet, which further adds up to their hardship. The water supply, sanitation and hygiene situation requires a great deal of attention in most of the villages in Achham. Inadequate and unsafe water, poor sanitation and hygiene are the root causes of water borne diseases and epidemics in this district. This condition has severely affected children, women and invalids and has intensified poverty, reduced productivity and increased health-care costs in the district.”

Keeping this in mind, the findings of the survey show that the requirement of services was similar in both the districts but the availability of services was slightly better in Achham – barring the availability of private schools. Municipal services including sanitation, water supply and waste disposal was reported as available and utilized by high proportions. However, utilization of police and legal services was reportedly low.

Table: 11.1: Availability, requirement and utilization of various services in source (percentage)

	Achham			Kanchanpur		
	Require	Available	Utilize	Require	Available	Utilize
Government schools	100	100	90.9	99	98.3	86.9
Private school	97.2	60.3	16.3	91.3	92.6	40.3
Police services	99.6	73.4	6	97.7	64.1	10.7
Lawyer services	98	32.9	2.4	96	15.8	3
Formal credit services (banks)	99.2	36.1	11.1	90.3	31.2	15.4
Informal credit services	99.6	94.8	63.9	98	85.9	62.8
Life insurance	95.6	32.1	3.2	91.3	30.2	8.1
Health insurance	90.5	20.6	0.4	77.2	4.4	0.3
Sanitation	89.3	0.8	0.8	80.2	1.7	-
Water supply	99.2	70.2	62.3	93.6	10.4	7
Waste disposal	92.1	2.4	1.2	87.9	1.7	0.3
Local transportation	100	69	61.1	93	32.2	25.8
Total (N)	252			298		

At destination, the availability and utilization of municipal services including sanitation, water supply and waste disposal was better than at source. This is explained by the difference in context in which source is rural and destination is urban. However, police and legal service utilization was very low despite reasonable availability. Respondents reported higher availability and utilization of general services in Mumbai than in Delhi as depicted in the graphs below.

33 Ibid, UNDP, 2010

Figure 11.1 Availability and utilization of services in Delhi (percentage)

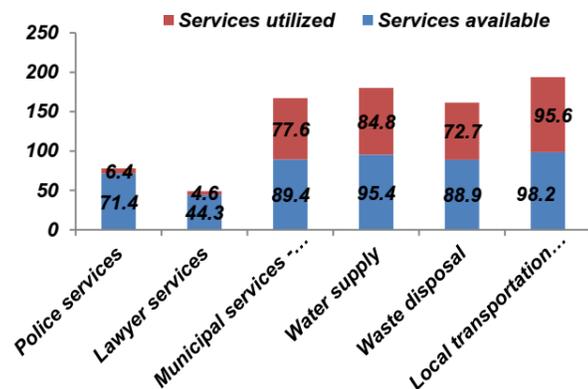
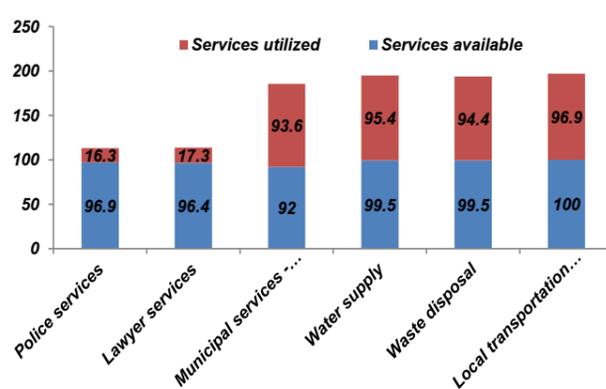


Figure 11.2 Availability and utilization of services in Mumbai (percentage)



Access to general health care, family planning and pregnancy related services

Qualitative and quantitative findings provide a complex picture of Health service provision at destination. While public and private services are available, the preferences of migrants are driven by the quality of services, the environment (stigma and discrimination) as well as proximity to one's residence.

The quantitative study revealed that an equal proportion of respondents used general health services from the government (42,6%) and private providers (42,3%). However, a higher proportion of people accessed private service providers for their last visit (38% to private clinic versus 22.3% to government hospitals). Fifty-two percent of the respondents explained that they had chosen a private service due to proximity to their residence and the quality of care ("good doctor").

Thirty-nine percent of respondents in India utilized government hospitals for family planning and 53% used government provided pregnancy related services. Women showed a preference for pharmacies to obtain family planning methods. A higher proportion of respondents in Mumbai (64%) visited government hospitals than in Delhi where respondents preferred visiting pharmacies and drug stores (40%).

In the qualitative study, almost half of the female respondents (8) said that they do not visit private doctors or government doctors as they are either "expensive" or they do not have the time and resources to seek treatment. They said that they depend on chemists for health complications. Their health related issues are quite often ignored until it becomes serious. Additionally, women reported that the majority of women give birth at home without any professional support.

The qualitative study also indicated that a larger number of respondents were dissatisfied with government services and therefore preferred private services despite the higher costs associated with private health providers. This was true in both Delhi and Mumbai. Two of the female respondents in Mumbai said that "the staff of the private hospitals were friendlier", whereas they are discriminated against in the government set ups..." the doctor at the hospital treated us differently because of our language." Out of 4 single women in Delhi, 3 were dissatisfied with government services. "Services provided by ESI and Govt. hospitals are not up to the mark and also they had to wait in long queues for availing such services".

One respondent said that they feel bad because even though they are poorer than other Indians, they do not get any concessions for health services. When she sought treatment at a government hospital (Kalyan Sewa Kendra in Mumbai,) the doctor told her that if she had an Indian ID then he would able to provide her a 75% discount.

There were some respondents who were happy with the health care services. One Nepali man who was injured at the workplace and was treated by his employer said, "I got injured in during work in the company and my friend took me to the doctor. It was a minor injury in my leg. The clinic is in Hanuman Nagar. The cost was INRS1000-1200 in total including doctor's fees, medicines and regular dressing. This was paid by the employer. The treatment was given well, and I did not feel any discrimination. The health service providers behaved well and called me regularly for dressing."

One women living with her spouse in Delhi said that they were "happy with government facilities and felt there was no discrimination as such, though it takes time to avail the services there." One respondent in Mumbai said that he had "complete faith in govt. services" and he did not feel any discrimination, but added that this could be because he portrayed himself as an Indian as he has an Indian ID card.

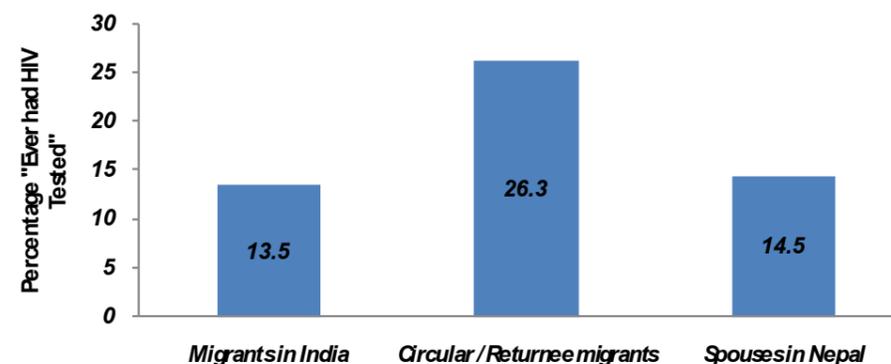
HIV testing and counselling services

The proportions of Nepalese migrants who were aware of HIV testing and counseling services in their area was considerably low in India (21.9%) in comparison with responses in Nepal (Circular and returnees: 62.1%; Spouses: 33.9%). Among Nepalese mobile people in India the awareness was higher among those in Mumbai (53.1%) than those in Delhi (6.2%). Respondents under 18 years old were not aware of these facilities at all.

In regard to HIV testing there are considerable differences between respondents in Mumbai and Delhi. A significantly higher percentage of migrants in Mumbai (31.1%) got tested than those living in Delhi (4.6%). The findings also show that 61.1% of Delhi respondents who have been tested for HIV underwent HIV testing as a requirement. In Mumbai 78.7% of the respondents who got tested did so voluntarily. In Mumbai (93%) of respondents chose government hospitals for HIV testing; In Delhi only (75%) chose government hospitals for HIV testing.

At source, 16.9% of respondents underwent HIV testing and among those who were tested, 70.5% were from Accham and 29.4% from Kanchanpur.

Figure 11.3 Utilization of HIV testing and counselling services (percentage)



More than half of the Nepalese migrants who had received an HIV test had decided to use the facility of their own choice whereas about 30 % had been advised by NGOs. One of the respondents in Mumbai said, "I got information on HIV & AIDS and role of Condom from an NGO. When I got the information I came to know I was in high risk for HIV. I tested my blood in a camp held by the organization, and the report was positive. After that they referred me to Sion hospital for testing CD4. That time my immune power was good. They had told me to come after 6 months. However, it is now 9 months that I have not been to hospital, but I am planning to go."

A troubling finding shows that 36.7% of those who received an HIV test did not receive any counseling in destination. Out of those receiving some counseling, 6.1% had only been given minimal information. The qualitative study also emphasizes that of those getting tested, only one knew the result of their test. Most respondents did not go back to collect their test results due to the distance of the facility or in some cases due to the fear of testing positive.

Table 11.2: Profile of mobile people who were tested for HIV (number)

Profile	Mobile people in India who were tested for HIV (N=79)
Gender	:Male – 33; Female – 46
Age (years) :	< 20 – 6; 21-30 -56; 31+:17
Major source districts reported	Gulmi (16) ; Palpa (12); Bardiya (18) EMPHASIS Project districts : Achham & Kanchanpur (4)
Destination cities	Mumbai : 58 / Delhi: 21
# ever attended school	55
# Having regular partner	Spouse: 47 / Live-in Partner:2
# Use condom consistently with regular partner	4
# Pursued sexual relationship with commercial/non-regular partner	30
# Use condom consistently with commercial/non-regular partner	With commercial partner: 23 With non-regular partner: 3
# ever heard of HIV positive people networks/NGOs	34 (Sathi Nepal, Red Cross, Aditi – Source for inspiration)
# having other risky behaviour (like alcohol, drugs etc)	Alcohol – 28; Drugs: 2

PPTCT Services

Forty -seven percent of female respondents had received Prevention of Parent to Child Transmission (PPTCT) services. This finding has to be put into context of institutional deliveries and the use of health services related to pregnancy. Indeed, quantitative data show that 52.9% and 31.7% of respondents use government hospitals and government dispensaries for pregnancy related services. In those settings, PPTCT services are part of the routine intervention for pregnant women. Out of 113 women who received PPTCT services, 32 women had gotten tested for HIV. In other words, 70 percent of those who received an HIV test did so through the PPTCT program.

Treatment, care and support services

Eighty-four percent of the respondents were not aware of any networks or non-government agencies that offered care or support to PLHIVs. Three-fifths of those who were aware had at least one such agency available in their area. Ninety-three percent of the respondents reported HIV & AIDS awareness as the main role of these networks and agencies. Only 7 percent of the respondents reported emotional support as a role of the agencies in their area.

The most common organizations providing care and support mentioned by respondents in India and Nepal were: (in India) SATHI Nepal, Red Cross, ADITI...Source of inspiration, (in Nepal) Gangotri Gramin Bikash Manch; WAK Nepal; WAK Achham NNSW; Prashansa; Samarashan Samuha; Red Cross; BAK Nepal; DHAKU; Mahila Bikash Manch; SEW Nepal; CARE Nepal; SHOVA; Shunaulo bihanee; Samaroshan; Sneha samaj nawa kiran; Mawa kiran plus; Dalit sewa sang

Among respondents in India, 10.3% were aware of availability of treatment for those infected with HIV, with higher awareness in Mumbai (28%) than in Delhi (1%). This proportion was higher among the spouses (34.4%) and circular/returnees (47.7%) in Nepal. Similar patterns were seen with regard to awareness of Antiretroviral Therapy with 7.7 percent of the respondents in India claiming awareness compared to 32.6% of returnees and 13.7% of spouses in Nepal.

The qualitative study confirmed that awareness and knowledge of ART or HIV treatment was low. One respondent says: "HIV & AIDS has medicines, but where it is given, I don't know. I don't know about treatment". Male single Nepali – Mumbai

This chapter has given some information on the availability and the utilization of services at source and destination. While patterns of service utilization are often varied because of the difference between rural and urban contexts, service availability, and quality are important factors to consider. This section has shown that at source, level of awareness and utilization for spouses remain lower than returnees / circular migrants. Additionally, migrants in India have an even lower level of awareness and utilization of service facilities.

These findings show the critical need to address the lack of utilization of HIV related services. A specific focus has to be maintained at source on spouses and at destination a focus on younger migrants. Findings have also shown that pregnancy related services and PPTCT can be a good vehicle for reaching women at destination.

Other strategies can be designed based on understanding recreational patterns among mobile groups. This will be explored in the following chapter with the objective of identifying recreational activities and coping strategies that may result in increased vulnerability to HIV. These findings can inform the Social Behavioural Change Communication project strategy and identify innovative ways to reach migrants.

Chapter 12 Coping Strategies (Recreational Activities/Resisting Peer Pressure/Social Support)

Data at destination sites indicate the main activities used to cope with loneliness was watching television (39%), listening to the radio (26%), smoking cigarettes and/or bidis (20%), chewing paan/ gutka/ tobacco (18%) and watching movies (16%). In Nepal, returnee migrants (48%) and (38%) spouses listened to the radio and 36.2 % of both spouses and returnee migrants in Nepal reported chatting to friends and relatives. All of these activities were reported at higher levels among men than women in India. In India 29% of men reported drinking alcohol, 12 % reported using drugs, 13 % had sex with women and 11% reported having sex with men. A negligible proportion of women reported engaging in these activities. Two percent of the mobile population in India and 3 percent of returnee migrants in Nepal reported consuming alcohol everyday. The proportion of those who consumed alcoholic beverages in the last month was higher in Mumbai (35%) than in Delhi (16%).

Sixty-nine percent of respondents who drank alcohol spent less than INRS 500 per month. Fourteen percent spent more than INRS 500 and the remaining 11 percent did not spend their income on alcohol consumption. Thirteen percent of respondents spent up to INRS 500 per month on purchasing sex and 64% did not spend any money on buying sex. One fifth of the male migrants in India who drank alcohol in the last month (25 respondents) and 33 returnee or circular migrants in Nepal mentioned that they had sex after consuming alcohol. Among the mobile population who had sex after drinking alcohol, only five of the returnee/circular in Nepal and 14 at destination used condoms. Three mobile people in India and 4 returnees in Nepal mentioned inhaling drugs. Seven respondents in India and 1 migrant in Nepal mentioned injecting drugs in the past 12 months.

Media exposure

Only 40% of the migrants in India, 4% of spouses and 27 % of migrants in Nepal have read a newspaper. Fifty percent of migrants in India, 61% of spouses and 84% of returnee migrants in Nepal listened to the radio. Seventy-eight percent of respondents in India and 37% of migrants and spouses in Nepal watched TV. In Nepal, more respondents in Achham mentioned listening to radio compared to those in Kanchanpur. Those in Kanchanpur seemed to watch Television more than those in Achham.

Peer pressure

The mobile population in India and Nepal were asked about their ability to resist peer pressure to engage in risky behaviours. Respondents were given a hypothetical situation wherein a friend of theirs encourages them to have sex without a condom. They were asked to respond with how they would react to this suggestion. They were asked to give their reaction by giving ranks (high, medium and low) to the following statements read out to them by investigators:

- I would say no
- I would convince my friend to use condom
- I would go for sex without condom
- Those who had never heard of condom were coded as NA.

Thirty five percent of migrants in India (42% male & 28% female) and 31% male and 27% female in Nepal gave high ranks to "I would say no". Mumbai respondents (74%) were more likely to say no in comparison to those in Delhi (16%). Whereas 28% of mobile population in India and only 4 % of returnee and spouses in Nepal gave high rank to the statement "I would go for sex without a condom. More women (41%) reported this than males (18%) in India. Encouragingly however, 40% of respondents in India and 14% in Nepal reported "I would say no" that they would agree to have sex without a condom.

Twenty percent of the migrants in India and 37% of the spouses and returnees in Nepal reported that they felt very confident in convincing their partner to use condoms while 15 %in India and 4% in Nepal did not feel confident at all.

Table 12.1: Ability to resist peer pressure (percentage)

Particulars	Spouse and returnee in Nepal			Migrants in India		
	Total	Male	Female	Male	Female	Total
Degree of Confidence to Convince His/Her Partner to Use Condom						
Not at all confident	4.1	3.9	4.2	2.9	30.9	14.6
Somewhat confident	17.8	11.8	19.5	18.2	18.1	18.2
Confident	37.1	50.0	33.4	44.9	32.1	39.6
Very confident	14.3	23.5	11.7	27.3	9.1	19.7
No response	26.7	10.8	31.2	6.7	9.9	8.0
Degree of Confidence of Refusing to the Peer Pressure for Having Alcohol/Drugs						
Not at all confident	4.8	5.9	4.5	18.5	3.3	12.2
Somewhat confident	13.0	12.7	13.1	19.1	8.2	14.6
Confident	38.8	45.1	37.0	22.9	21.4	22.3
Very confident	29.5	27.5	30.1	30.5	54.7	40.6
No response	13.9	8.8	15.3	9.1	12.3	10.4
Degree of Confidence of asking his/her Partner to take an HIV Test if you know s/he has Other Partners						
Not at all confident	3	0.0	3.9	1.5	3.3	2.2
Somewhat confident	18.7	16.7	19.2	14.4	18.1	15.9
Confident	38	43.1	36.5	34.3	36.2	35.1
Very confident	21.3	27.5	19.5	30.2	28.0	29.3
No response	19.1	12.7	20.9	19.6	14.4	17.5
Total Respondents	461	95	366	341	243	584

Forty-one percent of the respondents in India and 30% of spouses and returnees in Nepal reported being 'very confident' that they would not give in to peer pressure to have drugs or alcohol. However, there were still 12% in India and 5 % in Nepal who did not feel confident at all that they could resist the pressure.

The respondents were given another hypothetical situation wherein their partner who they know has other partners, wants to have sex with them. They were asked about their level of confidence in asking their partner to take get tested for HIV. Thirty five percent of respondents in India and 38% of returnee and spouses in Nepal reported being 'confident' in asking their partner to get tested for HIV. Encouragingly, the proportion of those who did not feel confident at all was negligible with only 2% of the responses in India and 3 % in Nepal.

Availability of social support systems

Involvement in social organizations and networks was examined as a possible method of coping with problems faced by mobile populations and their families in source and destination.

Only 2% (5 male and 5 female) of respondents in India reported to be a member of a social network/groups. Respondents mentioned that many of these groups worked for Nepali populations raising awareness of rights and educating them on HIV & AIDS related issues. In Nepal 35% of the migrant families were members of social networks and the percentages for Achham (46%) was higher than those in Kanchanpur (26%). Out of those who were members over half (57%) of them were involved in the village committee. Eighty-nine percent of the social networks in which migrants were involved granted financial support to its members. Other services mentioned were raising awareness, organizing cultural functions, and supporting access to HIV & AIDS services.

Chapter 13 Discussion

The report presents the results of a baseline study that aims at improving our understanding of the factors that underpin HIV & AIDS-related vulnerabilities among mobile populations of the Nepal-India route. The study contributes to existing literature on migration and HIV & AIDS in three important areas. First, it focuses on a region that has not been sufficiently investigated; second, it aims to identify the drivers of cross-border mobility along the continuum; and third, through having a focus on the continuum and undertaking research and interventions at source, transit and destination, it allows for a dynamic and perhaps more complete perspective of the lives of mobile or potentially mobile people. This continuum perspective also provides important insights into the dynamic processes underlying the association between migration and the spread of HIV in the region.

This report provides interesting information from both survey data and qualitative interviews conducted in areas that have been identified as areas of high mobility, and, for sources, high HIV-prevalence; this has led to the assumption that mobile groups are exposed to areas where HIV-related risk activities take place.

Some of the findings perhaps contrast with our initial expectations, or differ from findings published in related literature. Similarly, while much of the data coming from the quantitative and qualitative surveys complement and reinforce one another, there are also some discrepancies, or perhaps unexpected findings. Some of this can be explained by methodological issues, difficulties recruiting into the sample and perhaps respondents' reluctance to give honest answers (see below). However, not all can be discounted and some findings that contrast with expectations are interesting. For instance, while the qualitative data did identify problems at border crossings, this did not significantly emerge from the quantitative data. Perhaps, therefore, what people face at borders is merely seen as an everyday kind of problem that has been accepted as nothing outside of the ordinary.

Another surprising finding was the speed at which people crossed the borders. It was thought migrants might linger on either side of the border and as a result could engage in risky behaviour. However, this appeared to rarely be the case. This, therefore, begs the question, whether transit areas are the most appropriate locations to implement awareness raising activities. Perhaps more appropriate areas are the source communities where, while general knowledge was good, misconceptions persisted and stigma remained a problem.

Similarly, few Nepalese men (13%) at destination in the quantitative survey had sexual relationships with commercial or non-regular partners; and out of these, more than half used condoms consistently. This goes against expectations, as much of the literature suggests that away from societal norms men are likely to engage in risky behaviors including sex with multiple partners. So are we only seeing a part of a larger picture? Or are Nepalese men less likely to engage in such behaviors as expected?

Data collection is always a difficult task, and especially considering that vulnerable groups engaging in risky behaviour can be difficult to reach. The report acknowledges some problems in data collection efforts, and data seem to suggest that a group of young migrant workers, who send money back home, were either difficult to reach or declined to participate in the survey. Younger migrants may be reluctant to talk simply because they have limited information about their rights and entitlements. If these informational constraints are also associated with risky behaviours, complex analytical methods will be required to address these confounding constraints.

Besides this, selection bias can also tell us something important about both migrants' attitudes and perceptions towards social institutions, and their knowledge about their entitlements. The survey actually reports that only 2% of migrants in India were members of social networks - again this is somewhat against the expectations since literature from elsewhere points to social networks and other forms of groupings as critical assets for

migrants in both their work and social lives. Why this was not found amongst Nepalese in India could be explored further, e.g. was it the kind of respondents spoken to, was it misunderstandings of the notion of social networks (however it was translated) or was it simply that they do not view this as important or necessary since movements between India and Nepal have been so common for many decades? The fact that only 7% of the mobile population in India was aware of their rights, in terms of the free border policy between Nepal and India is perhaps less surprising and has clear policy and programmatic implications. However, more generally, if because of unobserved factors young male migrants are difficult to reach in destination countries, what operational challenges would that imply for policies aiming at preventing the spread of HIV? Again, would it be more effective, in terms of policy and programme design, to focus interventions on source locations? This is of high relevance for further enquiries into the migration-HIV relationship in the India-Nepal context.

Recent efforts to reduce the spread and the impact of HIV & AIDS have focused on changing high-risk sexual behaviour, especially in environments where risky activities take place; and the information collected by the study provides insights into the environments that are conducive to reduce high-risk sexual behaviour. For example, environmental factors, such as alcohol serving establishments, are strong determinants of alcohol consumption, and alcohol consumption is significantly correlated with risks for STI, including HIV & AIDS.³⁴ Survey data provides interesting information about the incidence of alcohol use in the impact population with a clear gender divide: men are more prone to drink, with 73% of male returnees and 42% of male migrants in India reporting drinking, and that would increase the likelihood of engagement in high risk behaviour among men. Women's risks are often associated with their male sex partners' drinking habits. The report finds that among migrants in Nepal who had sex with their wives while consuming alcohol, nearly 85% did not use a condom. This type of sexual behaviour provides important information for policy design. Environmental conditions can also facilitate safe sexual behaviour but only if knowledge of a source with easy access to HIV-preventive methods such as condoms is widely available.³⁵

Societal and cultural norms can also determine condom use. This is important given that societal norms characterizing the impact population in India and Nepal play crucial roles in determining sexual behavior and framing women's ability to negotiate safe sexual practices. The report notes the following: *"the findings with regard to agreement on statements related to ability of women to refuse sex with her husband were more or less the same among Nepalese population in India as well as in Nepal, with 37-56% agreeing to these [although] the least agreement was observed on statement related to woman's refusal to have sex with her husband or partner if he refuses to use condom."* This highlights the importance of giving particular attention to the vulnerabilities faced by women, and to the dynamic and contextual nature of the relationship between socioeconomic status and HIV.

The findings also indicate that approaches to HIV prevention need to focus on social norms which often shape gender related vulnerabilities at both source and destination; similarly, approaches need to be tailored to the drivers of HIV-related vulnerabilities and HIV-transmission within different population groups at the source, destination, and to some extent, transit, locations.

In some contexts, the rural male population that migrates to the city is found to be more prone to engage in sexual practices conducive to HIV infection.³⁶ The report gives indications that in the Nepal-Indian context, this is the case, as there is a predominance of Nepalese male population migrating to urban areas in India, and their age and type of occupations, some of which appear to be of high risk (e.g. restaurant workers, watchmen, bar boys in entertainment business), and the volume of circulatory movement in the India-Nepal corridor have important implications for policy. This is because high-risk

³⁴ For a review see Fisher, J et al (2007) The association between HIV Infection and alcohol use: A systematic review and meta-analysis of African Studies, *Sexually Transmitted Diseases*, Vol. 34, No. 11, p.856-863, and Kalichman, S., et al (2007) Alcohol use and sexual risks for HIV & AIDS in Sub-Saharan Africa: Systematic review of empirical findings, *Prevention Science* 8:141-151

³⁵ Sambisa, W. and Stokes, S. (2006) Rural/Urban Residence, Migration, HIV & AIDS, and Safe Sex Practices among Men in Zimbabwe, *Rural Sociology* 71(2), 2006, pp. 183-211

³⁶ For an illustration see Brouckerhoff, M. and Biddlecom, A. (1999) "Migration, Sexual Behaviour and the Risk of HIV in Kenya", *International Migration Review*, Vol. 33, No. 4, pp. 833-856 and Lurie, M. et al (2003) Who infects whom? HIV-1 concordance and discordance among migrant and non-migrant couples in South Africa, *AIDS*, 17:2245-2252

sexual behaviour and high levels of migration coincide in urban areas. The existing limited information on the spatial dimension of the India-Nepal migration dichotomy makes this study particularly relevant for both understanding the factors underpinning HIV-related risks, and designing appropriate policy responses.

Another important contribution of the study comes from the income and consumption data. Existing evidence suggests that the poor are hit harder by the physical and social effects of HIV; however, the risks of infection are not necessarily greater for the poor. In fact, evidence of associations between wealth status and HIV is still very limited and inconclusive.³⁷ Income and consumption data will allow a deeper examination of the relationship between wealth status and risks of HIV infection.

Learning from the challenges and limitations faced during the baseline data collection, recommendations are being prepared for the design of the second round of quantitative data collection. This second round, while using the same questionnaire, will be more rigorous in the sampling of respondents and will identify methods of recruitment ahead of time. More complex analytical work will also be undertaken with this set of data to ascertain change over time and comparisons with baseline findings. More rigor will also be sought from the qualitative data, ensuring the richness of the findings is reflected in the analysis and final report. Finally, more efforts will be made during final analysis to explore the continuum issue, a critical aspect of this study and one, which can provide valuable information for implementers and policy makers working at the intersection of HIV and mobility.

³⁷ For a discussion, see Gillespie, S., Kadiyala, S., and Greener, R. (2007) "Is poverty or wealth driving HIV transmission?" *AIDS*, 21(7):S5-S16

Chapter 14 Conclusion and Recommendation

This report has tried to capture information revealing the main vulnerabilities mobile populations migrating from Accham and Kanchanpur to Delhi and Mumbai face. Migration was most frequently described as a livelihood strategy due to the lack of opportunities at source and to the potential of generating more income in India. Despite this trend other characteristics of migration and life changes also emerged throughout the research study.

Migration: households' livelihood strategy and "rite of passage" for young Nepalese male

The socio-demographic profiles of the Nepalese mobile population indicate a mean age of 27 years in India and 31 years in Nepal with the majority of all respondents falling within 18- 33 years of age. Age of first migration was reported falling between 16 and 20 years. Almost all (98.7%) of the mobile population were Hindu and they mainly belonged to Chettri (42.9%) and Dalit (36%) castes (source data). Level of education was consistently low across the sample with 31% of the respondents in India and 48 percent in Nepal never attending school.

While qualitative data showed that the first experience of migration for males was usually with family members (fathers and brothers) indicating "rite of passage" trend for young Nepalese males. Quantitative data at destination also shows that female migrants have migrated to join their husbands at destination. Most of the data indicate that migration seems to be described as something men primarily do in search of livelihood opportunities. Both quantitative and qualitative data show a circular trend with repeat stints in India and return trips home depending on family duties, job opportunities, and agricultural calendars. The spouses of the migrants either live with their children and in-laws in Nepal or join their husbands in India.

Quantitative and qualitative data have shown the extreme dependence of Nepalese households on income generated through migration to meet even the most basic of needs.

From a rural setting to a urban way of life

The main characteristics of living conditions at source and destination emphasize the growing contrast between rural and urban contexts. Access to services such as electricity, water and quality healthcare is more common in urban contexts, which is demonstrated through our data. Despite better access to services, urban migrants face new risks including more isolation and riskier coping strategies like drug and alcohol use,

Data on patterns of service utilization at destination have not shown a strong preference for either private or public providers. However, proximity to residence and quality of care ("good doctor") were revealed as critical factors in choosing healthcare providers.

On the move: experience of vulnerability from Nepal to India

Quantitative and qualitative data have shown two main routes between Nepal (Accham and Kanchanpur) and India (Mumbai and Delhi). While the journey from Nepal to India seems to be straightforward with minor reports of harassment at border and a relatively short journey (1 day), the journey from India to Nepal is a more difficult experience as migrants are returning with goods and money making them more susceptible to harassment from border patrol.

Social Capital: from the work experience to the community environment

Changes in behaviors and social patterns due to migration are diverse. The capacity of migrants to build one's social capital – at work and in his/her daily life - is also critical in mitigating mobility related vulnerabilities. This report has shown that 75% of mobile populations are working for an individual and 8% are self-employed. Main occupations at destination for male migrants are restaurant/bar worker (55.8%), watchmen (21.4%),

and factory workers (12.6%). Females are usually house servants (49.8%), housewives (18.1%) or factory workers (11.9%). Ninety four percent of migrants reported that they get work throughout the year.

The qualitative and quantitative data have shown a very complex picture in which the sector of work also determines the level of entitlements at the workplace. The availability of these entitlements was reported to be higher among factory workers (69%) than restaurant workers (23%), watchmen (27%) and domestic servants (15%). While quantitative data show 19.4% of the mobile population in India (who were employed by government/private company/committee/daily wage earners) were aware of entitlements in their workplaces, the qualitative findings have revealed diverse experiences of discrimination at work and exploitation by employers. Due to the fear of losing one's job, mobile populations do not join unions and therefore often fail to receive any representation at the workplace.

The qualitative findings have also shown that Nepalese migrants tend to limit their interactions with Indians at the work place some of them citing discrimination as an explanation. This dynamic makes building a social network or social capital a challenge only increasing vulnerability at destination sites. This report has also explored the perception Nepalese migrants feel they are viewed by the community and their propensity to join social networks or associations. The quantitative findings do show a positive overall environment towards migrants in India among men, though women (21% to 24.7%) express that they are viewed negatively because they are Nepalese and feel unwelcome in community events. This perception may also be linked to the isolation most women experience at destination. Quantitative findings have shown that only 2% of the mobile population in India participate in social networks or associations. This has to be compared with the data at source showing that 35% of households in Nepal take part in a social network. While male mobile populations do have the opportunity to interact at workplace with colleagues or peers, women are more isolated as they most commonly work as house servants or housewives.

Recreational activities among migrants

Respondents at destination have mainly reported watching television, listening to the radio, smoking cigarettes, chewing paan/ gutka/ tobacco and watching movies as common recreational activities.

As far as risky behaviors are concerned, 29% of men in India reported drinking alcohol, and 12 % reported using drugs. Thirteen percent of respondents reported having sex with women and 11% reported having sex with men 11%. A negligible proportion of women reported these activities. Two percent of the mobile population in India and 3 percent of returnee migrants in Nepal reported consuming alcohol everyday. These findings were surprising to researchers who expected risky behaviors to be higher among migrants due to loneliness and social isolation.

Gender norms: female migrants as recipient of male gender norms?

In the analysis of vulnerabilities related to HIV & AIDS, special efforts were made to understand gender norms among the mobile population as these often influence behaviors at the individual level. The findings show that relatively equitable gender norms are shared among both male and female respondents. Females in India show more conservative attitudes towards some gender norms than those in Nepal. The research also revealed that women are still reluctant to speak freely about their sexuality and sexual behaviour. Couples communication on HIV & AIDS is still uneasy and this report shows that only 18-19 percent of migrants in India report communication with their spouses on STI / HIV & AIDS.

HIV & AIDS awareness and service utilization among mobile populations

This report has shown that awareness of HIV & AIDS is relatively high among all respondent categories. However, respondents do not have a full understanding of HIV & AIDS, its mode of transmission and prevention strategies. Qualitative and quantitative findings have shown that misconceptions still persist. Consistent and correct condom use is still an area where intervention is needed as only 31 out of 61 respondents reporting non-regular partners used condoms consistently.

Awareness of HIV testing and counseling services was considerably low in India (21.9%) in comparison to respondents in Nepal (Circular and returnees: 62.1%; Spouses: 33.9%). This awareness was lowest among respondents under the age of 18. Additionally counseling and testing rates were low with few who received counseling services.

Stigma and discrimination towards PLHIV is also very prevalent among mobile groups. Fifty-five percent of women in India and 22% of men in India agreed to the statement "PLHIV should be legally separated from others to protect the public health."

Recommendations

This report has explored the various vulnerabilities faced by people who migrate from Nepal to India.

Based on research findings the primary recommendations for the EMPHASIS program are:

- A. **Ensure interventions are adequately designed for mobile populations with lower educational backgrounds.** EMPHASIS should promote and use tools and approaches acceptable to illiterate populations. The program should also use Nepali as a main language for communication with mobile populations at destination
- B. **Address Gender Norms-** EMPHASIS should address specific vulnerabilities of female migrants in India and spouses in Nepal by tackling harmful gender norms among female populations and promote better HIV & AIDS awareness and service utilization among female migrants and spouses of migrants. This can be done at destination through the reinforcement of PPTCT promotion.
- C. **Promote a shift from HIV awareness to behavior change.** EMPHASIS should promote individual prevention strategies through VCT utilization and correct and consistent condom use. EMPHASIS should address peer pressure in risky behaviors.
- D. **Facilitate service utilization.** EMPHASIS should reinforce the promotion of services available at source and destination. The program should strengthen networking and advocacy at the various levels (from local to national and regional levels) to ensure services availability and utilization by the mobile populations at source and destination;
- E. **Engage with employers:** Emphasis should use workplaces as an avenue to increase HIV & AIDS awareness;
- F. **EMPHASIS should work with the various authorities levels at source and destination to ensure referrals between both countries (Smart cards);**
- G. **Address lack of solidarity and promote capital and social construction.** EMPHASIS should promote and support network association and Community Based Organization creation; Emphasis should ensure or promote safe spaces for recreational activities and socialization;
- H. **Address stigma and discrimination towards migrants.** EMPHASIS should engage with employers for promotion of an enabling and non-discriminatory environment. The program should promote activities where mobile populations and hosts communities at destination are involved.
- I. **Address stigma and discrimination toward PLHIV** among mobile populations. EMPHASIS should reinforce information and communication on HIV & AIDS to change social norms and mitigate stigma. EMPHASIS should use channels of communication that have multiplying effects such as radio, TV, interpersonal communication etc.

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