

**A study of the Barriers of Access to HIV and AIDS related
Services for Rural Women of Mahottari (Terai) District, Nepal.**

**A thesis submitted to the Swiss Tropical and
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Abstract

The study entitled “A Study of the Barriers of Access to HIV and AIDs Related Services for Rural Women of Mahottari (Terai) District, Nepal” was conducted as a Partial fulfillment of the tropEd Masters Programme in International Health which analyses different barriers of services utilization particularly of rural women of southern plain settlements of Nepal, geographically termed as “Terai” region. This study is based on quantitative sample of 259 women from 15-49 years from different nine VDCs of Mahottari district and qualitative sets of data and information which include 7 focus group discussions (FGD); service mapping and consultative meetings with the key stakeholders. The data were analysed by the SPSS computer software. In order to identify the net effect of HIV and AIDs services utilization, univariate, bivariate and multivariate analysis was done.

The study identifies that the major barriers of access to HIV and AIDS related services for rural women of Mahottari (Terai) district, Nepal are of multifaceted nature. A number of personal and demographic situation, awareness level and its associated factors, poor and inequitable supply of quality health services within the fair and accessible distance, various socio-cultural factors including gender discrimination, economic and livelihood pattern and conditions, poor physical infrastructure; instable and fragile political and conflict situation, institutional barriers like unavailability of appropriate mix of adequate trained health workers, poor governance etc. have been identified as the major barriers.

Lack of appropriate attention to elderly women, migration status of women, early marriage, higher number of child births, unavailability of VCT, PMTCT, DIC, ART, TB & HIV clinical services, STI clinics and lack of knowledge of local language among the health personnel posted in rural health facilities are the major factors related to very poor (1.8 %) comprehensive knowledge of HIV and because of which their access to the services have been constrained. It is found that only 15.56 per cent of women utilized voluntarily HIV testing services. Women members of micro credit program are almost five times likely to access to HIV test [OR=4.50 (1.70-11.90)] than those of non members because of economic empowerment and higher chances to access to IEC services. Utilization of health related IEC services has proved to be the important factor for the other HIV and AIDS related services utilization. More than half (55%) of rural women of Mahottari have received health related IEC services from time to time in the past year but the quality has been questionable as it could not help to enhance comprehensive knowledge of rural women about HIV. Difficulties in communicating with health workers because of language difference has been identified as a major barrier of access to information, education and, communication regarding HIV and AIDS. Women who reported that the health workers

understand local language [OR = 10.63 (3.59-31.38)] has strongest net effect on receiving of IEC services .

This study showed that 71.77 per cent of women have access to condom by any type of source if they needed. Interestingly, It is found that respondents whose sex partner is outside the country has the strongest net association [OR =3.27 (1.34-8.01)] with access to condom and lubricants if needed which has indicated the household level power relation, domination and restrictions by their intimate partners or husbands as barrier of access to condoms and lubricants. Education is second key variable, which led women to access condom and lubricants [OR = 12.52 (1.41-111.13)]. Those respondents who are literate are 12 times more likely to have access to condom than those are illiterate. Confinement of women only in household works and not letting them go out of homes have emerged as a barrier of access to services, The women engaged in NGO works, having mobility for income generation, participation in micro credit programme and small business works had more access to services than those who could not.

This study has found that 58 per cent of women did not find all needed STI related drugs in government health facilities. Lack of privacy in the health facility (only 9% HFs have separate rooms) has contributed for the women for increased hesitation to seek RH services including for HIV and STDs. The availability of separate room for women's health check up in the health facilities has strong net association with accessing and availability of all types of STI drugs in the government health facilities [OR=3.10(1.30-7.35)] for the rural women. Similarly, respondents who have mobility for income generation activities to nearby market places showed a strong net association with access to STI drugs in government health facilities [OR = 2.83(1.29-6.21)]. Women who are literate are almost four times more likely to get all types of STI drugs than those are illiterate [OR=3.80(1.15-12.54)]. There is net effect of conflict situation on availability of STI drugs in the government health facilities. Women who did not experience conflict are almost four times more likely to get all types of STI drugs in the health facilities than those who experienced[OR=3.59 (1.44-8.94)].

The barriers of acces to STI related drugs in the government health facilities have been found associated with the age of respondents, migration behaviour, age at marriage, education, permission needed for health services, mobility of women nearby market place for income, availability of separate room for female health services, respectful behaviour of health workers, conflict situation, and s strikes factors due to conflict situation. Among these factors, mobility of women near to market place, conflict situation, education and physical facilities of health institutions have net effect on accessibility to STI related services in the government health facilities.

All of these barriers have been identified as contributing to or exacerbating to each other in a vicious circle. Improvement in utilisation of services need continuous and massive inputs in the area of economic empowerment of women, gender equality, strengthening of the quality health services, youth friendly and adult friendly education and awareness in a culturally sensitive approach, improvement in gender friendly health infrastructures etc. incensement in health investment, capacity building of health technical staff, improvement in health governance and ensuring rule of law are other important factors for addressing.