

**Integrated Bio-behavioral Survey
(IBBS) among Female Sex Workers
and Behavioral Surveillance Survey
(BSS) among Clients in Pokhara
Valley – 2004**

April 2005

**Integrated Bio-behavioral Survey (IBBS)
among Female Sex Workers and Behavioral Surveillance
Survey (BSS) among Clients in
Pokhara Valley - 2004**

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TABLE OF CONTENTS

	<u>Page</u>
ACKNOWLEDGEMENTS	i
STUDY TEAM MEMBERS	ii
TABLE OF CONTENTS	iv
LIST OF TABLES	vi
LIST OF ANNEXES.....	viii
LIST OF ABBREVIATIONS	ix
EXECUTIVE SUMMARY	x
CHAPTER 1: INTRODUCTION.....	1
1.1 Background	1
1.2 Objectives of the Study	2
CHAPTER 2: METHODOLOGY.....	3
2.1 Study Population.....	3
2.2 Sample Design	3
2.3 Sample Size.....	3
2.4 Identification and Recruitment Process	4
2.5 Research Instrument.....	7
2.6 Study Personnel	8
2.7 Recruitment and Training of Research Team	9
2.8 Field Operation Procedures.....	9
2.9 Coordination & Monitoring	10
2.10 Ethical Issues	11
2.11 HIV/STI Pre- and Post-Test Counseling and Follow-Up	11
2.12 Control of Duplication	11
2.13 Constraints in the Field Work	12
2.14 Data Processing and Analysis.....	12
CHAPTER 3: FEMALE SEX WORKERS.....	13
3.1 Socio-Demographic Characteristics.....	13
3.2 Sex Workers, Their Clients and Sex Partners.....	15
3.2.1 Sex Workers and the Clients.....	15
3.2.2 Types of Clients	16
3.2.3 Sex Workers and Their Sex Partners	17
3.3 Types of Sex Practiced by Sex Workers.....	18
3.4 Income of Sex Workers	18
3.5 Knowledge and Use of Condoms among Sex Workers.....	20
3.5.1 Condom Use with Last Client.....	20
3.5.2 Condom Use with Regular Client	20
3.5.3 Condom Use with Non-Paying Partners	21
3.6 Availability of Condoms and Their Brand Names	21
3.7 Knowledge of HIV/AIDS	22

3.7.1	Knowledge of Transmitting and Avoiding HIV/AIDS.....	23
3.8	Access to FHI/Nepal Messages	24
3.9	Knowledge and Treatment of Sexually Transmitted Infections (STIs)	25
3.10	Use of Alcohol and Drugs.....	26
3.11	HIV and Syphilis Prevalence among Female Sex Workers.....	27
3.12	Association of HIV with Socio-Demographic, Behavioral and STI Variables	27
3.13	Association of STIs with Socio-Demographic and Behavioral Variables.....	28
3.14	Prevalence of Syndromes.....	28
CHAPTER 4: THE CLIENTS.....		30
4.1	Socio-Demographic Characteristics of Clients	30
4.2	Occupations and Workplaces of Clients	32
4.3	Sexual Behavior of Clients	33
4.3.1	Clients and Sex Partners	33
4.3.2	Sexual Networking and Expenditure on SWs.....	34
4.3.3	Sex with Sex Workers in Different Parts of the Country and in India	35
4.4	Knowledge and Use of Condoms among Clients	35
4.4.1	Places to Get Condoms and Brand Names Known to Clients	36
4.4.2	Condom Use with Various Sex Partners	37
4.4.3	Reasons for Not Using Condom	38
4.5	Knowledge of HIV/AIDS	38
4.5.1	Knowledge of HIV/AIDS	38
4.5.2	Knowledge of Transmitting HIV/AIDS and Avoiding HIV/AIDS.....	39
4.6	Clients' Exposure to FHI Media Messages	40
4.7	Knowledge and Treatment of Sexually Transmitted Infections (STIs)	41
4.8	Use of Alcohol and Drugs among Clients	42
CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS.....		43
5.1	Conclusions.....	43
5.1.1	Female Sex Workers	43
5.1.2	Clients	44
5.2	Policy and Program Implications.....	45

REFERENCES
ANNEXES

LIST OF TABLES

	<u>Page</u>
Table 1: Birthplace of Sex Workers.....	13
Table 2: Socio-Demographic Characteristics of Female Sex Workers.....	14
Table 3: Sexual Behavior of Female Sex Workers	15
Table 4: Number of Clients Reported by Female Sex Workers.....	16
Table 5: Types of Clients Reported by Female Sex Workers.....	17
Table 6: Sex Partners of Female Sex Workers.....	17
Table 7: Types of Sex Practiced by Female Sex Workers	18
Table 8: Income of FSWs from Sex Work and Other Jobs.....	19
Table 9: Sources of Knowledge of Condom Reported by Female Sex Workers.....	20
Table 10: Condom Use with Different Types of Partners.....	21
Table 11: Places to Get Condom and Brand Name of Most Used Condom Reported by FSWs	22
Table 12: Sources of Knowledge of HIV/AIDS among Female Sex Workers.....	23
Table 13: Knowledge of Ways of Transmitting HIV/AIDS among Female Sex Workers	23
Table 14: Knowledge of Ways of Avoiding HIV/AIDS among Female Sex Workers.....	24
Table 15: Percentage of FSWs who Have Knowledge of Three Major Ways of Avoiding HIV/AIDS.....	24
Table 16: Seen/Hheard FHI Character/Message in the Past Year by Female Sex Workers.....	24
Table 17: Message Understood by Female Sex Workers	25
Table 18: IEC Materials and Condom Received by Female Sex Workers	25
Table 19: Reported STI and Treatment.....	26
Table 20: Use of Alcohol and Drugs among Female Sex Workers	26
Table 21: Knowledge of IDUs and History of Injecting Drug among Female Sex Workers	27
Table 22: HIV and STI Prevalence among Female Sex Workers.....	27
Table 23: Relationship between HIV and Demographic, Behavioral Variables and STIs.....	28
Table 24: Association between STIs and Demographic Behavioral Variables.....	28
Table 25: Reported STI Symptoms and Measured Clinical Diagnosis for Active Syphilis	29
Table 26: Demographic Characteristics of the Clients	31
Table 27: Social Characteristics of the Clients	31
Table 28: Occupations and Workplaces of the Clients	32
Table 29: Sexual Behavior of the Clients	33
Table 30: Clients and Their Sex Partners.....	34
Table 31: Sexual Networking and Expenditure on Sex Workers	34
Table 32: Sex with FSW in Other Parts of the Country and in India by Clients in the Past Year.....	35
Table 33: Sources of Knowledge of Condom Reported by Clients.....	36

Table 34: Places From Where Clients Obtain Condoms and Most Popular Brands of Condoms	36
Table 35: Condom Use by Clients in the Last Sex and Consistent Condom Use with Different Sex Partners in the Past Year	37
Table 36: Sources of Knowledge of HIV/AIDS among Clients	38
Table 37: Knowledge of Ways of Transmitting AIDS among Clients	39
Table 38: Knowledge of Avoiding HIV/AIDS among Clients	39
Table 39: Percentage of Clients Who Have Knowledge of Three Major Ways of Avoiding HIV/AIDS	40
Table 40: Seen, Heard or Read the Following Messages by Clients in the Past Year	40
Table 41: Specific Condom Message Understood by the Clients	40
Table 42: IEC Materials and Condoms Given by Someone to Clients in the Past One Year.....	41
Table 43: Visited and Provided Materials by NGO People to Clients in the Past Year	41
Table 44: Reported STI Symptoms and its Treatment among the Clients in the Past Year	42
Table 45: Use of Alcohol and Drugs among Clients in the Past Month	42

LIST OF ANNEXES

- Annex A: Sample Size of Participants
- Annex B: Male Screening Questionnaire
- Annex C: Questionnaire
- Annex D: Female Clinical/Lab Checklist
- Annex E: Female Oral Informed Consent
- Annex F: Post-Test Counseling

ABBREVIATIONS

AIDS	-	Acquired Immuno-Deficiency Syndrome
AMDA	-	Association of Medical Doctors of Asia
BCC	-	Behavioral Change Communication
BCI	-	Behavioral Change & Intervention
BSS	-	Behavioral Surveillance Survey
CAC	-	Community Action Center
ELISA	-	Enzyme Linked Immunosorbant Assay
FHI	-	Family Health International
FPAN	-	Family Planning Association of Nepal
FSWs	-	Female Sex Workers
GWP	-	General Welfare Pratisthan
HIV	-	Human Immuno-Deficiency Virus
IBBS	-	Integrated Bio-Behavioral Survey
ID	-	Identification Number
IDU	-	Injecting Drug User
IEC	-	Information, Education and Communication
LALS	-	Life Giving and Life Saving Society
NCASC	-	National Center for AIDS and STD Control
NFCC	-	Nepal Fertility Care Center
NGO	-	Non-Governmental Organization
NHRC	-	Nepal Health Research Council
NTEA	-	Narayani Transport Enterprise Association
PCR	-	Polymerase Chain Reaction
PHSC	-	Protection of Human Subjects Committee
PPS	-	Probability Proportional Sampling
PSU	-	Primary Sampling Unit
RPR	-	Rapid Plasma Reagin
SACTS	-	STD/AIDS Counseling and Training Services
SLC	-	School Leaving Certificate
SPSS	-	Statistical Package for the Social Sciences
STD	-	Sexually Transmitted Disease
STI	-	Sexually Transmitted Infection
SW	-	Sex Worker
TPHA	-	Treponema Pallidum Hemagglutination Assay
TUTH	-	Tribhuvan University Teaching Hospital
USA	-	United States of America
VCT	-	Voluntary Counseling and Testing
WATCH	-	Women Acting Together for Change
WHO	-	World Health Organization

EXECUTIVE SUMMARY

This study was conducted among 200 female sex workers (FSWs) and 400 clients in the Pokhara Valley.

This was the first round of the integrated bio-behavioral survey (IBBS) conducted among female sex workers in Pokhara valley and behavioral surveillance survey among the clients of the female sex workers in the Pokhara valley. The survey was carried out during the months of May and June 2004. It was designed to measure HIV and syphilis prevalence among female sex workers and the risk behaviors which are associated with a risk of HIV infection, such as condom use, sexual behaviors, knowledge of HIV/AIDS, reported cases of STI and their treatment behaviors, exposure to HIV/AIDS messages and drug habits. This survey will be repeated regularly to measure the prevalence of HIV and identify changes in the behaviors over time.

Method of the Study

Mapping: Mapping was carried out systematically to estimate of the size of FSWs and identify sex work settings such as dance restaurants, cabin restaurants, *bhatti pasals* (traditional taverns), massage parlors, residential settlements (private houses), discos, squatter areas and street corners. The total number of female sex workers, both establishment-based and street-based, was estimated to be about 400. This has served as the basis for developing a sampling design for the study.

Sampling: All the sites were geographically arranged and a probability proportional to size (PPS) sampling procedure was used, with the primary sampling unit (PSU) being a group of sites (client soliciting sites). A total of 200 FSWs and 400 clients were sampled. In order to be included in the sample, the criterion set for FSWs was their having worked in the sex business for at least six months prior to the interview, and the client was eligible if he had visited an FSW at least once in the past year.

Lab Testing (Female Sex Workers only): For collecting blood samples for HIV and syphilis testing from FSWs, laboratories/clinics were set up at two different locations in the Pokhara Valley in order to cover its whole area as prescribed by the sampling procedure. Once the informed consents were obtained from the study participants a structured questionnaire was administered by trained interviewers to obtain information on the socio-demographic characteristics and HIV risk behaviors such as sexual and drug using behaviors. In the lab blood sample was collected, syndromic treatment for STDs was provided, pretest counselling also was provided to the study participants. Study participants who came back for test results with their proper ID cards were provided test results with proper counselling. Treatment for syphilis positive study participants were provided at the time of test result distribution if they were not provided such treatment at the time of blood collection on the basis of syndromes they reported.

Findings

Female Sex Workers

The study found that the rate of HIV infection among the of sex workers was two percent (4/200). The prevalence of syphilis among the street sex workers was four percent (8/200). Other findings are given below:

The median age of the street FSWs was 21.5 years with their ages ranging from 15–59. The FSWs included in the study represented most of the major castes/ethnic groups, with a slightly higher percentage of sex workers coming from the occupational castes.

Nearly a third of the sex workers had experienced sex by the time they were 15 years old. Some had their first sexual experience at the age of nine. The average period they had been working as a FSW was 29 months with 43% reporting less than a year. This indicates that new FSWs are entering the trade at a relatively short time. Most (95%) had 1-2 clients (mean 1.4) on any working day. The mean number of working (as a sex worker) days in a week was 4.3.

The average weekly income from sex work ranged from Rs. 300 to Rs. 18,000 with the average weekly income of Rs. 2,745.

Last time condom use (i.e., condom use by the last client) was 64.5%. However, consistent condom use with clients in the past year was only 35.5%. Consistent use of condoms with non-paying partners was even lower. Less than 15% of the sex workers used condoms on a regular basis with their husbands or male friends.

Knowledge of **A** (abstinence from sex) was reported by 36.6% of the sex workers. Knowledge of **B** (being faithful or avoiding multiple sex partners) was reported by 33.9% and Knowledge **C** (consistent condom use or use of condom during all sex acts) reported by more than 92.3% of the sex workers as one of the ways of avoiding HIV/AIDS.

There is weak association between active (or untreated) syphilis and demographic variables such as age, marital status and education. The prevalence of untreated syphilis among FSWs 20 years of age and older was five percent, compared to 2.5% among FSWs who were less than 20 years old. Similarly, the prevalence of untreated syphilis was high among the illiterate and married sex workers. However, this difference is not significant at five percent significance level.

Clients

The median age of the clients was 23, with the ages ranging from 15 to 51 years. Almost all of them (97%) were literate with 25% of them with an SLC degree. Forty percent of the clients were married. Seventy six percent of the clients had migrated to Kathmandu from other districts of Nepal. The four most cited occupations by the clients were service (33%), business (20%), driver (20%) and wage laborer (11%).

The median age of the clients at first sexual intercourse was 17 years. The average number of FSWs visited in the past year was five, with 64% visiting more than two FSWs.

The mean number of sex partners, including sex workers, in the past year as reported by the clients was 1.3. About half of the clients reported two or more sex partners. All the married clients reported to have two-three sex partners. On average, the clients spent Rs. 550 per visit. About 22% of the clients had engaged in sex with sex workers in different parts of the country while one percent had been to India.

All the clients knew about condoms. Condom use with the last sex worker was 90%. And consistent use of condoms with sex workers in the past year was 85%. Only about ten percent of married client used condom with wives during the last sex. Consistent use of condoms with the wife was even lower (7.8%).

The knowledge of **A** (abstinence from sex) was reported by 12.8% of the clients. Knowledge of **B** (being faithful or avoiding multiple sex partners) was reported by 35.8% and knowledge **C** (consistent condom use or use of condom during all sex acts) reported by almost all of the clients (99.2%) as one of the ways of avoiding HIV/AIDS.

Policy and Program Implications

The data indicated that new and young girls were entering the sex trade every year. Therefore, the low prevalence of HIV and syphilis should not be interpreted as low risk among sex workers in Pokhara because a significant proportion of sex workers in the sample had been exposed to risk behavior for only a short period of time. More than half of the establishment-based sex workers and more than one-third of the street based sex workers had been engaged in the sex trade for less than a year. Hence, the sex workers, especially the young ones, should be targeted by HIV/AIDS awareness campaigns, which might include visits by peer educators and outreach workers for raising awareness about HIV and STI and for the promotion of condom use.

Both FSWs and their clients tend to use condom less frequently while having sex with their regular sex partners such as husbands/wives and other boy/girl friends. Therefore, prevention programs should focus on the promotion of condom use from HIV/STI infection prevention purposes.

Significant proportion of FSWs and clients report the knowledge of the ways of preventing HIV/STI infection but many do not have safe behavior. There is a wide gap between knowledge and risk behavior. So prevention programs should also find out the ways to convey the degree of risk associated with their risky sexual behavior to FSWs and clients.

Prevalence of syphilis among FSWs is less than five and among the clients also reported symptoms of STIs is less. However, the ongoing syphilis control program, including rapid diagnostics and treatment, should be continued.

CHAPTER 1: INTRODUCTION

1.1 Background

The first case of HIV in Nepal was identified in 1988. At the end of March 2005, a cumulative total of 4,861 cases of HIV infection had been reported to the National Center for AIDS and STD Control (NCASC, 2005). Among them, around 56% were clients of female sex workers (FSWs) or patients suffering from sexually transmitted diseases (STDs), 13% were FSWs and 18% were injecting drug users (IDUs). Although the HIV/AIDS reporting system cannot measure the prevalence rate of the infection because of underreporting and delays in reporting, it indicates which sub-populations are affected.

Nepal is presently at the stage known as “concentrated epidemic” in which HIV is limited to high-risk sub-population groups such as FSWs and IDUs. The country has surpassed the five percent “low epidemic stage”. Recent data collected from migrant populations in different parts of the country showed an HIV prevalence rate of 4-10% (New ERA/SACTS/FHI, 2002 and Poudel, KC, et al, 2003).

Until recently, Nepal possessed only scattered data regarding the prevalence of HIV. Almost all the available information is about “high-risk sub-populations” such as FSWs, IDUs and a handful of migrant laborers. The first ever HIV and STI prevalence survey, which covered 16 districts in the Terai along the East-West Highway route, was conducted in 1999. The survey showed that 3.9% of the FSWs and 1.5% of the truckers were HIV-positive (New ERA/SACTS/FHI, 2000). A recent study showed 68% HIV infection among male IDUs in Kathmandu. Similarly, 22% of the male IDUs in Pokhara and 35% in the urban areas of Jhapa, Morang and Sunsari districts in eastern Nepal were carrying the virus (New ERA/SACTS/FHI 2002b; New ERA/SACTS/FHI, 2003a; New ERA/ SACTS/FHI, 2003b). Behavioral sentinel surveillance surveys conducted among FSWs and their clients on the Terai highway routes and in the Kathmandu Valley revealed that the sex trade was on an increasing trend and that a greater number of younger FSWs were entering the business (New ERA, 2003c and New ERA, 2003d).

An expanding sex industry as indicated by these surveys also means that the number of clients of the FSWs is increasing. One of the important findings of the 1999 sero-study conducted by New ERA (New ERA/SACTS/FHI, 2000) was that 50% of the FSWs returning from brothels in Mumbai, India were found to be infected with HIV; and that such Mumbai returnees were nearly 40 times more at risk of contracting the virus than other FSWs. Individuals who have unprotected sex with “Mumbai-returned” FSWs run a higher risk of infection. Studies have shown that a majority of the clients of FSWs have steady partners, and an increased HIV rate among them will ultimately lead to an increased incidence of HIV among their regular sex partners such as their wives and other female sex partners.

There is no HIV prevalence data among female sex workers for Pokhara valley. Such data is essential for the effective implementation of programs aimed at preventing the

spread of HIV and STDs among high-risk groups. Therefore, this is the first systematic survey conducted in the Pokhara valley and will serve as a baseline study.

1.2 Objectives of the Study

The general objectives of the study are to determine the prevalence of sexually transmitted infections (STIs) like human immuno-deficiency virus (HIV) and syphilis among FSWs working in the Kathmandu Valley (urban areas of Kathmandu, Bhaktapur and Lalitpur) and the risk behaviors of their clients.

The specific objectives of this study are to measure the prevalence of the following STIs, STI syndromes and behavioral correlates among FSWs and the behaviors of their clients:

- STI/HIV testing: HIV and syphilis testing for FSWs only
- STI Syndromes: Vaginal discharge and lower abdominal pain (FSWs)
- STI/HIV and Demographic and Behavioral Correlates: Demographic, behavioral and biological correlates of HIV and STI infection (FSWs)
- Socio-demographic and risk behaviors of clients.

CHAPTER 2: METHODOLOGY

2.1 Study Population

The study population for this cross-sectional integrated bio-behavioral survey (IBBS) was the following:

Female Sex Workers (FSWs): FSWS, considered to be one of the high-risk sub-populations, were the subject for this IBBS study. The eligibility criterion for FSWS in order to be recruited for the study was "women reporting having been paid in cash or kind for sexual services". She must have been involved in such sexual activities for at least six months to be eligible as a study participant.

Clients: One of the high-risk sub-population groups included in this Behavioral Surveillance Survey (BSS) were clients of female sex workers (FSWs). "Client" is here defined as a male who buys sex for money or goods. The eligibility criterion for clients in order to be recruited for the study was "one reporting having had sex with a sex worker at least once in the past year". In this survey, no particular sentinel sub-group of male clients was focused upon. The reason for not focusing upon any sentinel group was that there was not enough information on the types of clients who visited sex workers regularly.

2.2 Sample Design

Sampling is important when conducting serostudies since the surveys need to be conducted repeatedly over a period of time in order to measure changes in the prevalence rate of HIV and STIs. Extra efforts were made to conduct a size estimation of FSWS in order to prepare a sampling design. A three-week (April 15 - May 03, 2004) visit was made prior to the survey to do a mapping exercise in order to find out the number of FSWS and their places of work and it was utilized to draw a sampling frame. During the mapping exercise, about 400 FSWS was estimated in the Pokhara valley

Conducting a size estimation of the FSWS also helped in finding their clients in various settings of the Kathmandu Valley. During the estimation, the researchers also observed the types of clients, their numbers and their characteristics. The information thus obtained proved helpful later when approaching and interviewing the clients. A sampling of the sex work settings was made during the time of the survey and the prescribed number of clients to be surveyed was determined.

2.3 Sample Size

The sample size of FSWS was 200 (Annex A). Labs/clinics were set up at two locations in Kathmandu (Mahendrapul and Prithvichowk) in order to cover the whole area of the valley as prescribed by the sampling procedure.

The sample size of clients was 400. Different types of clients from scattered areas were enlisted for the study. A majority of the clients were collected within Pokhara

Sub-metropolitan city. Clients based in different settings (street, dance restaurants, cabin restaurants, massage parlors, discos, residential areas, squatter settlements, hotels, etc.) were recruited for the study to include all types of clients in the study.

2.4 Identification and Recruitment Process

FSWs: Many of the researchers were familiar with the working places and behavior of the FSWs in the Kathmandu Valley as they were frequently involved in previous studies, including sero and mapping exercises done for the size estimation of FSWs. Therefore, this research was conducted quite smoothly. Study team members had known some sex workers in each study site which helped them to develop the good confidence between the FSW community and the research team. The sampling method was followed strictly when recruiting FSWs. Both the FSWs and their clients had to come from the same settings and locations as decided before the field work. The researchers working with the clients also helped a lot in identifying FSWs through direct observation. The team working with the client group also helped to bring FSWs to the clinic. It was easy to approach them because the FSWs were always hovering around the clients or searching for them.

FSWs were recruited from the locations such as streets, hotels, restaurants, cabin restaurants, dance restaurants, *dohari* restaurants, discos and settlements as per the sampling list provided to them. First, they observed the activities going on there. Since the settings had already been identified with a particular number of FSWs during the estimation, the researchers had to identify and gather the required number by using various methods. They were as follows: Taking the help of brokers, asking key informants, observing the activities of suspected persons, posing as clients, chatting up the owners/workers of the hotels, restaurants, cabin restaurants, dance restaurants, *dohari* restaurants and discos, approaching the FSWs directly if they were known to them previously by having been involved in other studies or using snowball methods.

The FSWs were asked the following screening questions strictly which helped researchers to confirm that they were FSWs: Whether they had ever experienced sex, whether they had had sexual relations with more than one person, the number of clients they had had, whether they sold sex for money or kind, the period of their involvement in the profession, the amount they earned from the profession, whether they had ever contracted STIs, when they had contact with the last client, whether they knew of any organizations working in the field of HIV/AIDS, whether anybody had given them education on HIV/AIDS and whether they recognized any peer educator.

In a few cases during the interview, the participants could not answer the questions (related to sex work) properly and the researchers went further to find out whether they were real FSWs or not. Only then did they deny that they were FSWs and admitted that they had come for treatment and money and other incentives. Nevertheless, the researchers screened the respondents at least twice and sometimes thrice during the process.

As the FSWs answered the questions without hesitation and the researchers became satisfied with the answers, they briefed them about the purpose and objectives of the

study. Once the FSWs felt satisfied and convinced, the researchers took them to the clinic with their consent. Sometimes the researchers had no time or environment to explain the whole process related to the study and they requested the FSWs to go to the clinic where they were briefed in detail.

FSWs who had participated in this study in other clinics or in the same clinic some days before were excluded from the study. In order to prevent duplication, researchers were exchanged between the sites as per need.

Study team members coordinated with various local NGOs, namely, Paluwa Paramarsha Sewa Kendra, Naulo Ghumti and Nepal Red Cross Society, who were working with FSWs and clients in the study area was another point that contributed to the timely and successful completion of the study. A study site was set up in a locality for several days and female sex workers from the surrounding areas were recruited for participation. Recruitment was continued at each study site until the desired sample size was achieved.

Sex workers were enrolled after they were informed about the study and what they were required to do. An interviewer made sure that they understood fully what we were asking of them and what services they would be provided. Oral informed consent was administered by the interviewer in a private setting and witnessed by another staffer. Both the interviewer and the witness were required to sign the consent form and date it.

The interviewer administered the standard questionnaire in a private room. It included topics relating to socio-demographic profile, sexual behavior and practices, number of partners and condom use and use of drugs. The interviewer issued a laminated ID card with a unique number to each respondent. The same number was used in the questionnaire, medical records and specimens of the particular respondent. The names and addresses of the respondents were not recorded anywhere. The interviewers provided HIV pre-test counseling regarding what an HIV/STI test meant and the ways to reduce risk.

The clinician gave the participants pre-test counseling on HIV/AIDS and STIs and asked them if they were currently suffering from any symptoms of STI. They were also examined physically for any evidence of STI symptoms. If they had STI symptoms, the clinician counseled them accordingly. They were given free medicines for syndromic treatment on the basis of “National STI Case Management Guidelines 2001”. Additionally, a one-month supply of vitamins and iron and Rs. 150 in cash as compensation for participating in the study were provided to the FSWs.

Clients: Clients were recruited from the pre-selected locations of client-sites. Both the FSWs and their male clients had to come from the same settings and locations. FSWs also helped the research team to identify their clients. It was easy to approach the clients because the FSWs were always hovering around them or searching for them.

When recruiting the clients, male researchers observed the activities going on the selected sites. Since the settings had already been identified with a particular number of clients during the estimation, the researchers had to identify and gather the required number by using various methods. They were as follows: Taking the help of FSWs,

asking key informants, observing the activities of suspected persons, chatting up the owners/workers of the hotels, restaurants, cabin restaurants, dance restaurants, *dohari* restaurants and discos, approaching them directly with the screening questionnaire or using snowball methods.

The following screening questions were asked strictly which helped the researchers to confirm that they were clients: Whether they had ever experienced sex with a woman, whether they had ever experienced sex with a sex worker and whether they had sex with a sex worker within the past year. After successful screening of the client, an interviewer administered the standard questionnaire in a private room. It included topics relating to socio-demographic profile, sexual behavior and practices, number of partners and condom use and use of drugs.

The approaches used to recruit street clients and establishment clients were quite similar. With regard to the street clients, the researchers used peers or friends of previously interviewed clients to seek other clients for interview. To cover different types of specific clients, the researchers went to places like bus parks where there were drivers and helpers and to *bhatti pasals* where they found different types of clients ranging from businessmen and government people to even teachers. The research team also took the help of FSWs who helped them a lot in finding clients at different types of sites. They had a lot of difficulty approaching clients on the street; hence, they had to adopt all kinds of strategies to observe their behavior. Sometimes, they would go to them and ask what time it was or ask them for a light and then slowly strike up a conversation about the health situation in the country, and then broach the subject of our program.

It was comparatively a bit easier approaching clients in cabin restaurants as the owners themselves were clients. The researchers took their help to approach different types of clients who were enjoying themselves. Some even came up on their own to talk to the researchers after they had briefed them about the program. These were effective approaches the researchers used in the cabin restaurants. In the dance and *dohari* restaurants, the researchers used the FSWs themselves to approach the clients. They were a big help at these types of establishments, as they themselves would convince the clients to talk to the researchers. The researchers also took the help of the bouncers at the dance restaurants to approach the clients there. The key to approaching the clients at these institutions was patience. The researchers had to spend a lot of time waiting, as the clients would be enjoying in their own world.

For the sampling process, the researchers had to screen them first by asking them different types of indirect questions related to their sexual activities (Annex B). First, in order to gain their confidence, the researchers had to make them understand that they were the same kind of people as they were and that it was natural to indulge in sexual activities. The researchers had to put a lot of cross-questions to be able to sample them as clients. In order to collect a greater variety of clients, they went to places where previous respondents had told them that they would find clients in great numbers. In such situations, the researchers first cross-questioned them and only took small samples. It was rather random sampling, which was the key to the sampling process.

It was observed that street clients were quite keen in talking to the researchers. They wanted to know more about HIV/AIDS and liked to share their experiences more than the educated people. The most common reasons for refusing to participate were lack of time and fear of their names being published in the media. Similarly, some clients did not even want to hear the word "HIV/AIDS" and did not show any interest in talking.

Due to the difficulty in finding actual clients, the researchers frequently approached FSWs first with the help of female team member friends and through them approached the clients. In the cabin, dance and disco restaurants, the researchers approached males who were teasing the waitresses, using slang words with them or fondling them. Their activities revealed that they were clients.

During the field period, the researchers observed a lot of the communication between FSWs and their clients in the street as they negotiated the price and venue for sex. Similarly, in other restaurants, they saw the same kind of negotiation being done between clients and waitresses/dancers. And after the restaurants closed, they watched whether they went to the waitresses'/dancers' homes or to the clients' homes.

Recruitment and Refusal

FSWs: Refusal to participate in the survey was carefully documented. Refusals were recorded at two stages: (1) at the time of approaching the FSWs at the different locations and (2) after arriving at the study site, i.e., during the final stage of recruitment. Altogether 275 FSWs were approached through pimps and peer educators. Of the total FSWs approached, 200 agreed to participate in the study and 75 refused. Out of the total 75 refusals, 28 did not meet the condition of sexual contact in the last six months, 21 refused to expose themselves as sex workers, 18 showed lack of interest to participate, six had no time to participate and two were afraid to provide blood for testing.

Clients: Similarly, 1,462 persons were approached as possible clients. Among them, 428 persons themselves admitted that they were clients. Out of these 428 clients, 14 had no time for interviews, nine showed lack of interest and five were disturbed by their friends.

The field work started on May 14, 2004 and was completed on June 27, 2004.

2.5 Research Instrument

The quantitative research approach was adopted in the study for both the FSWs and their clients. The structured questionnaire that was used earlier in the first BSS survey in the Kathmandu Valley with some additional questions was used to collect data. The questionnaire included demographic characteristics and sexual behaviors - sexual history, use of condoms, risk perception, awareness of HIV/AIDS/STIs, incidence of STI symptoms and alcohol/drug use habit (Annex C). Face-to-face personal interviews were conducted with the FSWs using a structured questionnaire. Apart from the structured questionnaire, questions related to STI symptoms were asked of the FSWs by a staff nurse to check for presence of such symptoms. The study participants were provided syndromic treatment for STI problems and a lab technician

collected blood samples for HIV and syphilis testing. The respondent's confidentiality was maintained.

The respondents were interviewed using a structured questionnaire and confidentiality of all the information collected was strictly maintained.

The researchers frequently practiced questionnaire conducting mock interviews during the training session. And based on these, some minor corrections were made to shape the questionnaire in an appropriate form.

2.6 Study Personnel

Study Team: The study team consisted of a project director, research officer and two research assistants and field teams as described below. The project director was responsible for the overall study. The research officer assisted the project director during all the stages of the study, including preparing the report, checking the data brought from the field, helping in coding when the data was being processed and helping in preparing the tables. Two research assistants were responsible for all the field activities which included making preliminary visits to the field sites to make the entire logistic arrangements, renting rooms to establish the lab, hiring local motivators, assisting the project director and research officer in training the field staff, supervising the field throughout the field period and making arrangements for test result provision.

Field Teams: Three research teams were formed for the FSW survey, each consisting of one male Research Assistant (RA), one male supervisor, three/four female interviewers, one Staff Nurse, one male Lab Assistant, one runner and local motivators (as per need). Field recruiters, here referred to as "motivators", and local NGO personnel who were working with the target populations were also included in the field team.

Similarly, four teams, each consisting of two male supervisors, were formed in Kathmandu. The field supervisors were responsible for proper administration of the questionnaire and adequate addressing of the participants' concerns and problems.

Motivators: Peer educators of local NGOs were used as motivators to motivate the participants and take them to the labs/clinics. Since sex work is not supported by law in Nepal, a trusted contact point/person such as a *dalal* was needed to reach the sex workers. These motivators were also mobilized in the community after the study in order to motivate them to collect their test results. The male researchers themselves played the role of motivator to motivate the clients to give interviews.

Male and Female Interviewers: The interviewers were responsible for further clarification of the study objectives and procedures and administration of the oral consent form. They interviewed the participants using a structured questionnaire. Moreover, the interviewers provided pre-test counseling to the FSWs. All the study team members were given pre-test counseling training before they went to the field.

Staff Nurse: The staff nurse (female) was responsible for examining the sex workers for STI and giving them medication if necessary.

Lab Assistants: The lab assistants were responsible for drawing blood and storing the serum samples. They had to label the blood samples properly before transporting them to the SACTS lab.

Field Supervisors: The field supervisors were responsible for overall management of the mobile team and laboratory. Their responsibilities included ensuring that the study procedures were properly followed, e.g., proper administration of the consent, appropriate handling of the specimens (labeled, stored and shipped to Kathmandu) and adequate addressing of the participants' concerns and problems.

Runners: The runners were responsible for disposing used or infected syringes everyday. They were responsible for sterilizing the needles, speculums and other lab and clinical equipment and proper cleaning of the lab/clinic sites as directed by the staff nurse and lab technician.

2.7 Recruitment and Training of Research Team

A total of 11 female interviewers, six male supervisors, three staff nurses, three lab technicians and three runners were hired for the FSW survey. Likewise, eight male supervisors were recruited for the client survey. When selecting field researchers for the study, priority was given to researchers who had been involved in similar types of studies previously like BSS and sero among FSWs, truckers, migrants, clients and IDUs.

A one-week intensive training was organized for all the field researchers focusing on introduction to the study, administration of the questionnaire including characteristics of the target groups, methods of approaching them, how to build rapport, breaking barriers and sharing previous experiences (problems and solutions). The training involved mock interviews, role-plays, class lectures, etc. Role-play practices were carried out assuming the actual field situation. Possible problems that could be faced while approaching FSWs and clients and ways of overcoming such problems were discussed. . The training also focused on the concept of informed consent and how to get consent from the study participants using the standard form developed for the study, pre-test counseling for the study participants and basic knowledge of HIV and STI.

2.8 Field Operation Procedures

Clinical Procedures

Once a study participant (female sex worker) was recruited, she was briefed thoroughly about the study. Then trained enumerators took her informed consent in the presence of a witness. After that she was administered a behavioral questionnaire. She was given a unique ID number that was written on the questionnaire. The study participant was given an ID card, which had her ID number. A staff nurse then examined her (Annex D).

Laboratory Methods

The Rapid Plasma Reagin (RPR) analysis with quantification was used to diagnose syphilis and the diagnosis was confirmed by a Treponema Pallidum Hemagglutination Assay (TPHA). The TPHA was performed on RPR non-reactive specimens to indicate past infection of syphilis. However, treatment was given to those individuals who were RPR and TPHA reactive.

HIV was detected by repeat positives of two separate enzyme linked immuno assays (ELISAs), so up to three separate tests were performed on each sample. First, the ELISA test was performed. If the result was negative, no more tests were done. If the first test result was positive, a second ELISA test was performed. If the second result was positive, no more tests were done and the test result was confirmed positive. If the second test result was negative, a third test was done. The final test results in these situations were as follows: Positive (if +ve, -ve, +ve) and Negative (if +ve, -ve, -ve). The proposed testing protocol is based on WHO guidelines (strategy 3) and the National VCT Guidelines of Nepal developed by the NCASC.

Storage and Transportation of Samples

The specimens collected in the field were kept in a refrigerator maintaining the proper temperature and then transported by plane by New ERA research assistants once a week. The research assistants flew from Pokhara to Kathmandu carrying the specimens in cooler boxes packed with dry ice. The specimens collected from the field were then handed over to the SACTS lab for testing.

Quality Control of Laboratory Tests

Quality control was implemented throughout the specimen collecting, handling and testing stages. All the tests were done using internal controls. These controls were recorded with all the laboratory data. A 10% sample of the total serum collected was submitted for quality control assurance to an independent laboratory for testing for HIV and syphilis. The samples were selected randomly and a quality control test was performed at two-week intervals by a different technician each time in the laboratory. The quality control samples were given a separate code number. This ensured that the person who performed the quality control had no access to the test results.

2.9 Coordination & Monitoring

Overall coordination of the study was done by New ERA. New ERA sub-contracted the lab portion of the study, including the clinical part that consisted of collecting and storing the samples and testing them, to SACTS, which was responsible for setting up a lab in the field.

The principal investigators conducted frequent monitoring of the field activities properly. New ERA study team members visited the field once or twice a week to monitor the activities and coordinated with various concerned organizations to make the study transparent and efficient. One field researcher and two senior field supervisors were responsible on a day-to-day basis to ensure that the study was implemented according to the protocol. Team meetings were held every week to

move ahead or solve field level problems if any arose. The field supervisor reported to the senior supervisors or the project coordinator in Kathmandu by telephone whenever necessary. New ERA coordinated with FHI as needed to send an appropriate person to the field to correct any problems reported. In addition, the principal investigators made periodic site visits throughout the fieldwork. The principal investigators, in conjunction other designated personnel, were responsible for the overall monitoring.

2.10 Ethical Issues

Ethical approval was obtained from the Nepal Health Research Council (NHRC), the government's ethical clearance body, which approved the protocol, consent forms and draft questionnaires and additionally from the Protection of Human Subjects Committee (PHSC) of Family Health International.

The participants involved in the in-depth interviews and sample surveys were fully informed about the nature of the study. They knew that their participation was voluntary and that they were free to withdraw at any time. Mid-term withdrawal did not affect the services they would normally receive from the study. A consent format describing the objectives of the study, the nature of the participant's involvement and the benefits and confidentiality issues was read out to them (Annex E).

Since names and addresses were not mentioned in any record, only the ID cards would identify the study participants with their unique number. The participants who came with their ID number were told privately about the HIV results. The study team maintained confidentiality of the data. The social and cultural values of the research participants were respected.

2.11 HIV/STI Pre- and Post-Test Counseling and Follow-Up

The female study participants were provided pre-test counseling about their HIV and syphilis tests, and told how, when and where they could receive their HIV and STI results with post-test counseling. For follow-up services, the study participants were referred to Naulo Ghumti/PALUWA counseling centers. Trained HIV/STI counselors distributed the test results two weeks after blood collection (Annex F).

The study participants had the choice to get either the HIV result or the Syphilis result or both. They were well informed during the pre-test counseling about their options

2.12 Control of Duplication

The staff nurses were exchanged since they were more familiar with the participants interviewed and examined. Further, the lab technicians, who also had to meet all the participants and thus knew every FSW, were told to be on the lookout for familiar faces, which helped to double crosscheck that the same FSWs were not appearing again and again in the program. The female interviewers were also exchanged to control duplication as per need during the study period.

The following screening questions were asked if the researchers suspected a participant: Has she had a blood test done? If yes, where and when? From which part

of the body was the blood taken? Had she been tested for HIV or other diseases? Had she gone with any peer educator to have her blood tested at that time? Did she have any ID card with a study number?

2.13 Constraints in the Field Work

Frequent "Nepal Bandhs" were a major constraint during the course of the study. They not only made it difficult for the researchers to go to the clinics but also discouraged and frightened away the FSWs from participating in the study. The FSWs would not appear at the prescribed locations one-two days before and after the bandh. Similarly, there was no proper environment for the female researchers to enter the cabin and dance restaurants and discos since their safety could not be guaranteed. The FSWs working in dance restaurants had to get permission from the restaurant owner who refused to allow them to take part in the study.

With regard to approaching clients in the street, the main problem faced by the researchers was that whenever they stopped to talk to somebody, a whole crowd would gather around to listen to the conversation and it made their work really difficult. Regarding meeting clients in cabin restaurants, the researchers found it difficult getting the clients' attention as they would be engrossed in having fun with the waitresses. At the dance and *dohari* restaurants, the disturbance caused by the loud music prevented the researchers from communicating with the clients. Sometimes, the researchers were also harassed by drunken clients. Similarly, when they were waiting in the street to meet the clients, they would be approached by FSWs who wanted to sell their services. When the researchers said no and explained that they were waiting to interview their clients, the girls would get angry and tell them that they were scaring away their clients. Many clients who agreed to be interviewed seemed to be in a hurry and requested that it be completed as quickly as possible. Some clients misbehaved with the researchers when they approached them for an interview. They would be irritated that the researchers bothered them when they were having fun.

2.14 Data Processing and Analysis

All the completed questionnaires were checked by the field supervisors in the field for completeness, and were brought to New ERA for further checking, coding, processing, data entry and analysis. Using the double entry system minimized errors in the data. Simple statistical tools such as mean, median, frequency, percentages, etc. were used to analyze the data. The FoxPro database program was used for data entry and the data was analyzed using the SPSS package.

CHAPTER 3: FEMALE SEX WORKERS

A total of 200 female sex workers (FSWs) participated in the study. 37.5% of them were born in the Pokhara Valley, 55% were born in other districts of Nepal and seven percent had their birthplaces in India (Table 1). Further, the table shows that about 46% of the sex workers had been living in Pokhara for less than five years. This indicates that most of the sex workers were migrants from other districts. This chapter describes the characteristics, sexual behavior of the FSWs, prevalence of condom use and prevalence of syphilis and HIV among them. Table 1 summaries the residential status of the FSWs and their birthplaces.

Table 1: Birthplace of Female Sex Workers

Variables	N=200	%
Birth Districts		
Kaski	75	37.5
India	14	7.0
Brunei	1	0.5
Other Districts	110	55.0
No. of Years Living in Pokhara Valley		
Since Birth	44	22.0
More than 120 months	26	13.0
61 months – 120 months	38	19.0
13 months – 60 months	35	17.5
Up to 12 months	57	28.5

3.1 Socio-Demographic Characteristics

The socio-demographic characteristics of the FSWs in the sample are summarized in Table 2. The median age of the sex workers was 21.5 years (mean age 23.6 years and the ages ranged from 15 to 58). About a quarter (24%) of the study population was under the age of 18 years.

A majority of the sex workers were literate (63%) of which 1.5% had an educational level of SLC and above, and four percent were literate with no schooling (Table 2).

Nearly a third (29.5%) of the sex workers were married before they reached the age of 15 years. A majority (69.5%) of the sex workers were married at least once. The sex workers were characterized by a divorced/separated ratio of 74/200 (37%) among currently married or ever married sex workers. Another characteristic of the sex workers was that a number of them were co-wives (i.e., the husband had another wife). One-third (33.3%) of the married sex workers were co-wives (Table 2).

As revealed by the study, sex workers in the sample belonged to various ethnic/caste groups. A majority of the sex workers (29.5%) in the Pokhara Valley belonged to the occupational castes (Damai, Sarki, Kami and Sunar). Chhetri/Thakuri made up 21%, Brahmin eight percent, Gurung 16.5%, Magar 10% and Tamang, Newar, Rai and Limbu comprised about 15%.

Table 2: Socio-Demographic Characteristics of Female Sex Workers

Demographic Characteristics	N	%
Age of Respondent		
15 – 19	80	40.0
20 – 24	42	21.0
25 – 29	40	20.0
30 – 34	18	9.0
35 – 58	20	10.0
Mean/Median Age:	-	23.6/21.5
Total	200	100.0
Education		
Illiterate	74	37.0
Literate, no schooling	8	4.0
Grade 1 – 5	64	32.0
Grade 6 – 9	51	25.5
SLC and Above	3	1.5
Total	200	100.0
Ethnic/Caste Group		
Brahmin	16	8.0
Chhetri/Thakuri	42	21.0
Gurung	33	16.5
Magar	20	10.0
Tamang	12	6.0
Newar	6	3.0
Rai/Limbu	4	2.0
Damai/Sarki/Kami/Sunar	59	29.5
Other (Chaudhari, Sherpa, Giri/Sanyasi, etc.)	8	4.0
Total	200	100.0
Age at First Marriage		
6 – 14	41	29.5
15 – 19	91	65.5
20 – 24	7	5.0
Mean/Median Age at First Marriage:	-	15.7/15.0
Total	139	100.0
Marital Status		
Married	60	30.0
Divorced/Separated	74	37.0
Widow	5	2.5
Never Married	61	30.5
Total	200	100.0
Husband Has Co-wife		
Yes	20	33.3
No	40	66.7
Total	60	100.0
Living Status of FSW		
Currently Married Sex Workers Living With Husband/Male Friend (n=60)	50	83.3
Unmarried Sex Workers Living With Male Friend (n=61)	2	3.3
Dependents of Sex Workers		
Yes	123	61.5
No	77	38.5
Total	200	100.0
Total Number of Dependents (Adults + Children)		
One	45	36.6
2 – 3	58	47.2
4 and more	20	16.2
Mean Number of Dependents:	-	2.3
Total	123	100.0

Of the married sex workers, 83.3% were living with their husbands or male friends. And of the unmarried sex workers, only 3.3% were living with their male friends. More than 61.5% of the sex workers had economically dependent members in the family, with the mean number of dependents being 2.3.

Nearly one-third (31%) of the sex workers had their first sexual experience before they reached the age of 15 years. The median age at which the sex workers were married for the first time was 15. The sex workers had been in the sex trade earning payment in money or kind for between six months to 12 years. Those who had been working for less than six months were not interviewed. The mean number of months of working as a sex worker was 28.9 months (Table 3). About two in five (43%) of the sex workers had been working in the sex business in Pokhara for less than a year. Nearly one-fifth of the sex workers (17.5%) had worked outside Pokhara. Only one out of the 200 sex workers admitted that she had worked for some time in India as a sex worker.

Table 3: Sexual Behavior of Female Sex Workers

Sexual Behavior	N=200	%
Age at First Sexual Intercourse		
9 – 14	62	31.0
15 – 19	128	64.0
20 – 24	10	5.0
Mean/Median Age at First Sex:	-	15.6/15.0
Duration of Sexual Exchange for Money		
6 – 12 months	86	43.0
13 – 24 months	43	21.5
25 – 36 months	27	13.5
37– 48 months	16	8.0
More than 48 months	28	14.0
Mean Months:	-	28.9
Working as a SW from the Interview Location		
Up to 6 months	39	19.5
7 – 12 months	60	30.0
13 – 24 months	41	20.5
25 – 36 months	21	10.5
37 – 48 months	14	7.0
More than 48 months	25	12.5
Ever Worked as a SW in Other Places		
Yes	35	17.5
No	165	82.5
Worked in India as a SW		
Yes	1	0.5
No	199	99.5

3.2 Sex Workers, Their Clients and Sex Partners

3.2.1 Sex Workers and Their Clients

Table 4 shows the number of clients (i.e., paying sex partners) a sex worker serves. They reported having an average of fourth clients during the past week, and the number ranged from 0 to 10 (Table 4). The sex workers worked 4.3 days per week on average with an average of 1.4 clients per day. They were asked two separate questions regarding the number of clients they had on the previous day and the number of clients they had on the last day of sex to find out the number of clients each entertained in a day. The sex workers reported an average of 0.6 clients on the previous day, with 63% saying they had no client at all on the previous day. The sex workers said that they entertained an average of 1.4 clients on the last day of sex, with 76% saying that they had one client that day. Half of the sex workers said that they had entertained their last client two days before the interview. Unlike in a brothel situation, the sex workers in the study population did not work everyday.

Table 4: Number of Clients reported by Female Sex Workers

Number of Clients of Sex Workers	N=200	%
Average Number of Clients per Day		
One	142	71.0
Two	48	24.0
Three– Four	7	3.5
More than Four	3	1.5
Mean Clients per Day:	-	1.4
Number of Clients Visited Yesterday		
None	126	63.0
One	43	21.5
Two	20	10.0
Three – Four	8	4.0
More than Four	3	1.5
Mean Number of Clients Yesterday:	-	0.6
Number of Clients in the Past Week		
0	35	17.5
One	35	17.5
Two	25	12.5
3 – 4	44	22.0
5 – 10	46	23.0
More than 10	15	7.5
Mean Number of Clients in the Past Week:	-	4.0
Time of Last Sexual Contact		
On the Day of Interview	15	7.5
1 – 2 Days Before	101	50.5
3 – 5 Days Before	44	22.0
6 and More Days Before	40	20.0
Number of Clients on the Day of Last Sexual Contact		
One	152	76.0
Two	35	17.5
3 – 7	13	6.5
Mean Number of Clients on that Day:	-	1.4
Average Number of Days Worked in a Week		
One	24	12.0
Two	28	14.0
Three	37	18.5
Four to Seven Days	111	55.5
Mean Number of Days Worked in a Week:	-	4.3

3.2.2 *Types of Clients*

The types of clients as reported by the sex workers were mostly businessmen, people in government/private offices, transport workers and police/army personnel. Two separate questions were asked to find out the types of clients (Table 5). In the first question, the sex workers were asked about the types of clients who were the most frequent visitors. And in the second question, they were asked about the occupation of the last client. In response to both the questions, the most reported types of clients were similar. The most frequent types of clients visiting sex workers are also confirmed by the client interview.

Table 5: Types of Clients Reported by Female Sex Workers

Types of Clients	N=200	%
Occupation of Most Frequent Clients		
Businessman	67	33.5
Transport Worker/Driver	64	32.0
Service Holder/Officer/Doctor	54	27.0
Migrant Worker/Wage Laborer	53	26.5
Policeman/Soldier	44	22.0
Foreign Employee	42	21.0
Student	26	13.0
Contractor	16	8.0
Hotel/Restaurant Owner	7	3.5
Tourist	5	2.5
Unemployed	4	2.0
Other (Guide, Guard, Politician, Restaurant Worker, etc.)	22	11.0
Occupation of Last Client		
Businessman	38	19.0
Transport Worker/Driver	30	15.0
Migrant Worker/Wage Laborer	26	13.0
Foreign Employee	24	12.0
Service Holder/Officer/Doctor	22	11.0
Policeman/Soldier	18	9.0
Student	10	5.0
Contractor	5	2.5
Unemployed	3	1.5
Hotel/Restaurant Owner	2	1.0
Tourist	1	0.5
Other (Guide, Guard, Politician, Restaurant Worker, etc.)	5	2.5
Don't Know	16	8.0

Note: The percentages add up to more than 100 because of multiple responses.

3.2.3 Sex Workers and Their Sex Partners

This section presents additional information on the number of sex partners the sex workers had inclusive of clients (i.e., paying sex partners). Since the risk of infection depends on the number of sex partners, the total number of sex partners of the sex workers was sought. Non-paying partners included boyfriends and regular partners who do not pay for sex. Table 6 shows that about 53.5% of the sex workers had non-paying sex partners with a minimum of one to a maximum of 10. The mean number of non-paying partners was 0.6. The mean number of all sex partners (paying and non-paying) in the previous week was 4.6.

Table 6: Sex Partners of Female Sex Workers

Sex Partners of Sex Workers	N=200	%
No. of Paying Sex Partners in the Past Week		
0	35	17.5
1 – 2	60	30.0
3 – 5	59	29.5
6 – 10	31	15.5
More than 10	15	7.5
Mean (Paying Partners in the Past Week):	-	4.0
No. of Non-Paying Sex Partners in the Past Week		
0	93	46.5
1 – 2	106	53.0
3 – 10	1	0.5
Mean (Non-Paying Partners in the Past Week):	-	0.6
No. of Paying & Non-Paying Sex Partners in the Past Week		
0	19	9.5
1 – 2	64	32.0
3 – 5	64	32.0
6 – 10	36	18.0
More than 10	17	8.5
Mean (Paying and Non-Paying Partners in the Past Week):	-	4.6

3.3 Types of Sex Practiced by Sex Workers

Many studies on sex workers have reported that they were susceptible to violence or faced undesirable situations. Some of the situations they faced put them at risk of contracting STI. Such situations could be rape, anal sex, etc. In this study, the sex workers were queried if they had ever faced situations such as forceful demand for sex or demand for types of sex acts that were repugnant to them. Table 7 shows that 39% of the sex workers had faced forced sex in the past year. Among the types of forced sex were 26 cases (or 13%) of rape, besides oral, anal and group sex. In response to another question about the type of sex acts they engaged in the past year, 13 sex workers (6.5%) admitted having oral sex. Other responses are shown in the table below. More than one-third (36.5%) of the sex workers reported that they had had to face clients who refused to pay for sexual services in the past six months. The mean number of such incidents in the past six months was about four.

Table 7: Types of Sex Practiced by Female Sex Workers

Type of Sex	N=200	%
Forced Sex Act Demanded by Clients in the Past Year		
Yes	78	39.0
No	122	61.0
Types of Sex Acts Demanded Forcibly by Clients		
Rape	26	13.0
Oral Sex	4	2.0
Anal Sex	1	0.5
Group Rape	4	2.0
No Such Incidents	165	82.5
Types of Sex Acts in the Past Year		
Oral Sex	13	6.5
Anal Sex	12	6.0
Hand Sex	2	1.0
Only Vaginal	173	86.5
Clients Refusing to Pay for Sexual Services		
Yes	73	36.5
No	127	63.5
Mean No. of Such Incidences in Past Six Months:	-	4.1

3.4 Income of Sex Workers

The reported income from sex work varies between sex workers. These variations could be due to the varying rates for sex acts charged by the different categories of sex workers in the study population. Other reasons could be the varying rates for married and uneducated sex workers compared to their educated and unmarried counterparts.

The mean income from the last sex with a client was Rs. 785, with a minimum of Rs. 30 per sex act to a maximum of Rs. 4,030. Both cash and gifts received by the sex workers have been taken into account when calculating the total income from sex work. It is a common custom for clients to offer dresses or cosmetics as gifts after sex.

The weekly mean income from sex work was Rs. 2,745, with the incomes ranging from Rs. 300 to Rs. 18,000. More than a quarter (28.5%) of the sex workers had an income of between Rs. 1,000 to Rs. 2,000 per week, and one-third (32%) had a weekly income ranging from Rs. 2,001 to Rs. 5,000. 12% of the sex workers reported having an income of more than Rs. 5,000 per week.

The sex workers were asked about their other jobs besides sex work. A majority of the sex workers (86.5%) do other types of work as well. Most of them worked in restaurants as waitresses (45%), some worked as daily wage laborers (25.4%) and others worked as domestic help (8.1%) or in *bhatti pasals* (5.8%). Other responses are shown in Table 8. The main reason for working in restaurants or *bhatti pasals* was to have a contact point to solicit clients. The contribution from other types of work to their income is substantial. The mean income from these jobs was Rs. 744, with the incomes ranging from Rs. 60 to Rs. 7,000 per week.

Table 8: Income of FSWs from Sex Work and Other Jobs

Income from Sex Work and Other Jobs	N	%
Income from Last Time Sex with Client		
0	11	5.5
Up to Rs. 100	20	10.0
Rs. 101 – Rs. 500	71	35.5
Rs. 501 – Rs. 1,000	48	24.0
Rs. 1001 – Rs. 1,500	19	9.5
Rs. 1501 - Rs. 2,000	19	9.5
Rs. 2000 and above	12	6.0
Range: Rs.	0 - 4,030	
Mean Income from Last Sex Work: Rs.	-	785
Total	200	100.0
Weekly Income from Sex Work		
Up to Rs. 1,000	55	27.5
Rs. 1,001 – Rs. 2,000	57	28.5
Rs. 2,001 – Rs. 3,000	35	17.5
Rs. 3,001 – Rs. 4,000	19	9.5
Rs. 4,001 – Rs. 5,000	10	5.0
Rs. 5,001 – Rs. 10,000	18	9.0
More than Rs 10,000	6	3.0
Range: Rs.	300-18,000	
Mean Weekly Income from Sex Work: Rs.	-	2,745
Total	200	100.0
Have Other Jobs Besides Sex Work		
Yes	173	86.5
No	27	13.5
Total	200	100.0
Types of Jobs besides Sex Work		
Waitress	78	45.1
Wage Laborer	44	25.4
Domestic Help	14	8.1
Retail Shops	11	6.4
Worker in <i>Bhatti Pasal</i>	10	5.8
Owner of Cabin Restaurant	6	3.5
Peer Communicator in NGO	4	2.3
Dancer in Dance Restaurant	3	1.7
Owner of <i>Bhatti Pasal</i>	3	1.7
Service (Accountant, Peon, etc.)	1	0.6
Other	10	5.8
Total	173	*
Average Weekly Income from Other Sources Besides Sex Work		
0 (No Other Source)	27	13.5
Up to Rs. 500	97	48.5
Rs. 501- Rs. 1,000	56	28.0
Rs. 1001 – Rs. 1,500	6	3.0
Rs. 1501 – Rs. 2,000	5	2.5
Rs. 2,000 and above	9	4.5
Range Rs.	60 – 7,000	
Mean Weekly Rs.:	-	744
Total	200	100.0

Note: The percentages add up to more than 100 because of multiple responses.

3.5 Knowledge and Use of Condoms among Sex Workers

All the sex workers reported having heard of condoms. Radio was the most important source of knowledge of condoms for them, which accounted for 92.5%. Other important sources of knowledge of condoms were pharmacies (88.5%) and television (77.5%). Friends/neighbors (69.5%), hospitals (61.5%), newspapers (47%), NGOs (45.5%), billboards (44.5%) and cinema halls (34%) were also sources of knowledge of condoms for the respondents. About a quarter or less have mentioned other sources also (Table 9).

Table 9: Sources of Knowledge of Condom Reported by Female Sex Workers

Knowledge and Source of Knowledge of Condoms	N=200	%
Percentage who Have Heard of Condoms	200	100.0
Sources of Knowledge of Condoms:		
Radio	185	92.5
Pharmacy	177	88.5
Television	155	77.5
Friend/Neighbor	139	69.5
Hospital	123	61.5
Newspaper/Poster	94	47.0
NGOs	91	45.5
Billboard/Signboard	89	44.5
Cinema Hall	68	34.0
Health Post	57	28.5
Health Center	35	17.5
Health Worker/Volunteer	25	12.5
Community Event/Training	24	12.0
Street Drama	22	11.0
Comic Book	14	7.0
Video Van	8	4.0
Community Workers	5	2.5
Other	2	1.0

Note: The percentages add up to more than 100 because of multiple responses.

The sex workers reported having three different types of sex partners: (i) Paying partners, i.e., clients (ii) Regular partners, i.e., those who visited them on a regular basis and (iii) Non-paying partners, i.e., husband, boyfriends and cohabiting male friends. The following sections describe condom use with different sex partners. Consistent use of condoms with non-paying partners is very low, indicating that regular use of condoms with familiar partners was low. Overall consistent use of condoms among the sex workers is low even after the advent of HIV/AIDS.

3.5.1 Condom Use with Last Client

The reported use of a condom by sex workers when having sex with the last client was only 64.5%. Consistent use (during every sex act) of a condom with clients in the past year was even lower - only 35.5% (Table 10).

Among the sex workers who used a condom during the last sex act with a client, 45% reported that they suggested using a condom.

3.5.2 Condom Use with Regular Client

Almost 77% of the sex workers reported having regular clients. But only 47.7% of them used condoms consistently while having sex with them (Table 10).

3.5.3 Condom Use with Non-Paying Partners

More than two-thirds (68%) of the sex workers had non-paying sex partners in the past year. These non-paying partners were mostly persons known to the sex workers, such as boyfriend, husband or cohabiting sex partner. The use of a condom during the last sex act with such partners was low (36.1%) compared to the condom use during the last sex act with clients. Consistent use of condoms with non-paying partners was even lower (13.2%) (Table 10).

Table 10: Condom Use with Different Types of Partners

Condom Use by Female Sex Workers	N	%
Use of Condom with Last Client		
Yes	129	64.5
No	71	35.5
Total	200	100.0
Who Suggested Using a Condom with Last Client?		
Myself	58	45.0
My partner	60	46.5
Joint decision	11	8.5
Total	129	100.0
Consistent Use of Condom with the Client in the Past Year		
Every time	71	35.5
Most of the time	67	33.5
Sometimes	17	8.5
Rarely	8	4.0
Never	37	18.5
Total	200	100.0
Have Regular Client in the Past Year?		
Yes	153	76.5
No	47	23.5
Total	200	100.0
Consistent Use of Condom with Regular Clients in the Past Year?		
Every time	73	47.7
Most of the time	27	17.6
Sometimes	12	7.8
Rarely	7	4.6
Never	34	22.2
Total	153	100.0
Have Non-Paying Partner during Past Year?		
Yes	136	68.0
No	64	32.0
Total	200	100.0
Condom Use with Non-Paying Partner during Last Sex within Past Month		
Yes	43	36.1
No	76	63.9
Total	119	100.0
Consistent Use of Condom with Non-Paying Partner in the Past Year		
Every time	18	13.2
Most of the time	24	17.6
Sometimes	21	15.4
Rarely	10	7.4
Never	63	46.3
Total	136	100.0

3.6 Availability of Condoms and Their Brand Names

All the sex workers were asked whether they usually carried condoms with them. Very few of them (5.5%) reported carrying condoms. Although nearly half (45.5%) of the sex workers said that they could get condoms within five minutes from the place of their work (sex work), only a few of them were carrying any. Only a few of the sex workers (less than 18.5%) said that it took more than 15 minutes to get them.

According to a majority of the sex workers (91.5%), they could get condoms from a pharmacy (Table 11). Other places to get condoms were private clinics, retail stores, friends/peers/health posts, etc. About a quarter of the sex workers said condoms were available with NGO peer educators. The sex workers were queried about the brand names of the condoms used most. The three most popular brands were Number 1, Kamasutra and Panther.

Table 11: Places to Get Condom and Brand Name of Most Used Condom Reported by Female Sex Workers

Condom Acquisition	N=200	%
Do You Usually Carry Condoms with You?		
Yes	11	5.5
No	189	94.5
Time Needed to Obtain Condoms from Nearest Place		
Up to 5 minutes	91	45.5
6 – 10 minutes	48	24.0
11 – 15 minutes	15	7.5
16 – 20 minutes	12	6.0
21 and more minutes	25	12.5
Don't Know	9	4.5
Places Where Condoms are Available		
Pharmacy	183	91.5
Hospital	72	36.0
General Retail Store (Kirana Pasal)	64	32.0
NGO/Health Workers/Volunteers	47	23.5
Private Clinic	23	11.5
Bar/Guest House/Hotel	19	9.5
Peer/Friends	17	8.5
Health Post	10	5.0
Health Center	6	3.0
Paan Shop	5	2.5
FPAN Clinic	1	0.5
Other	4	2.0
Don't Know	9	4.5
Brand Names of Condoms Used Most		
Number 1	94	47.0
Kamasutra	48	24.0
Panther	39	19.5
Dhaal	22	11.0
Jodi	14	7.0
Saajan	4	2.0
Black Cobra	3	1.5
Brands Not Known	38	19.0
Not Used in the Past Year	36	18.0

Note: The percentages add up to more than 100 because of multiple responses.

3.7 Knowledge of HIV/AIDS

Knowledge of HIV/AIDS among the sex workers in Pokhara was high. Almost all of them had heard about HIV/AIDS. However, section 3.5 shows low use of condoms among FSWs in spite of their extensive knowledge of HIV/AIDS. This finding indicates a big gap between knowledge and behavior. This is an important issue to be addressed by BCC programs. Most of the sex workers reported that radio (88.8%) and television (75.5%) were the major sources of their knowledge of HIV/AIDS (Table 12). Other important sources of information were friends/relatives (68.8%), pamphlets and posters (55.1%), people from NGOs (48%), billboards (40.3%), newspapers (38.8%) and workplace (37.2%).

Table 12: Sources of Knowledge of HIV/AIDS among Female Sex Workers

Ever Heard of an Illness Called HIV/AIDS?	N=200	%
Yes	196	98.0
Sources of Knowledge of HIV/AIDS:		
Radio	174	88.8
Television	148	75.5
Friends/Relatives	135	68.9
Pamphlet/Poster	108	55.1
People from NGOs	94	48.0
Billboard/Signboard	79	40.3
Newspaper/Magazine	76	38.8
Workplace	73	37.2
Cinema Hall	53	27.0
Health Workers	43	21.9
School/Teacher	28	14.3
Community Event/Training	22	11.2
Street Drama	17	8.7
Comic Book	14	7.1
Community Workers	10	5.1
Video Van	6	3.1
Other Sources	7	3.6

Note: The percentages add up to more than 100 because of multiple responses.

3.7.1 Knowledge of Transmitting and Avoiding HIV/AIDS

The sex workers who had heard of HIV/AIDS were asked two questions regarding its transmission and prevention. Nearly 86% of them said that HIV/AIDS was transmitted by having sex without a condom, about a quarter said having multiple sex partners, 41.7% said HIV/AIDS was transmitted through blood transfusion and 36.4% said it was transmitted by syringe/needle (Table 13).

Table 13: Knowledge of Ways of Transmitting HIV/AIDS among Female Sex Workers

Knowledge of Ways of Transmitting HIV/AIDS	N=196	%
Percentage Who Said They Knew How HIV/AIDS was Transmitted	187	95.4
Ways of Transmitting HIV/AIDS:		
Sex without Condom	160	85.6
Having Sexual Intercourse	124	66.3
Blood Transfusion	78	41.7
Syringe & Needle	68	36.4
Multiple Sex Partners	50	26.7
Infected Mother to Baby	11	5.9
Other (Mosquito bite, Sharing meal with HIV-infected)	13	7.0

Note: The percentages add up to more than 100 because of multiple responses.

More than 92% of the sex workers were of the opinion that using a condom could prevent HIV/AIDS. Similarly, nearly one-third of the sex workers said that avoiding blood transfusion could prevent HIV/AIDS, 36.6% said abstaining from sex and 29.5% said avoiding used needles. Other ways of preventing HIV/AIDS as reported by the sex workers were not having multiple sex partners, having one sex partner only and avoiding pregnancy by HIV-infected mothers (Table 14).

Table 14: Knowledge of Ways of Avoiding HIV/AIDS among Female Sex Workers

Knowledge of Avoiding HIV/AIDS	N=196	%
Percentage Who Said They Knew How to Avoid HIV/AIDS	183	93.4
SWs' Responses Regarding Ways to Avoid HIV/AIDS		
Use Condoms	169	92.3
Abstain from Sex	67	36.6
Avoid Blood Transfusions	60	32.8
Avoid Using Infected Needles	54	29.5
Avoid Multiple Sex Partners	45	24.6
Have Only One Sex Partner	36	19.7
Taking Only Tested Blood	1	0.5
Other (Avoid kissing, avoid sex with HIV-infected)	16	8.7

Note: The percentages add up to more than 100 because of multiple responses.

Table 15 shows the extent of knowledge of **ABC** for avoiding HIV/AIDS. 36.6% of the sex workers reported **A** (abstinence from sex), 33.9% mentioned **B** (being faithful or avoiding multiple sex partners) and 92.3% reported **C** (consistent condom use or use of condom during every sex act) as being one of the ways of avoiding HIV/AIDS. But all the three knowledge responses (**ABC**) were cited by only 10.4% of the sex workers.

Table 15: Percentage of FSWs who Have Knowledge of Three Major Ways of Avoiding HIV/AIDS

Percentage Who have Knowledge of ABC for Avoiding HIV/AIDS	N=183	%
A (Abstinence)	67	36.6
B (Being faithful to single sex partner or having single sex partner)	62	33.9
C (Consistent use of condom while having sex with all partners)	169	92.3
Knowledge of all the three (ABC)	19	10.4

Note: The percentages add up to more than 100 because of multiple responses.

3.8 Access to FHI/Nepal Messages

From the time FHI started intervention programs along the highways to bring awareness about HIV/AIDS among high-risk groups of people, various messages regarding the use of condoms for the prevention of AIDS were broadcast and put up on elevated boards. Different media channels also were utilized to broadcast the messages. Similarly, posters depicting various messages along with visual characters were posted at different places, such as health posts and roadsides. All of them are catching on fast. The figures are encouraging because they show that the messages have reached the targeted population. For example, more than 83% of the sex workers reported having seen the new message "*Condom Kina Ma Bhaya Hunna Ra*". Other responses are shown in Table 16.

Table 16: Seen/Heard FHI Character/Message in the Past Year by Female Sex Workers

Heard/Seen/Read the Following Messages/Characters in Past One Year	N=200	%
<i>Condom Kina Ma Bhaya Hunna Ra</i>	167	83.5
<i>Jhilke Dai Chha Chhaina Condom</i>	162	81.0
<i>Youn Rog Ra AIDS Bata Bachnalai Rakhnu Parchha Sarbatra Paine Condom Lai</i>	155	77.5
<i>Ramro Sangha Prayog Gare Jokhim Huna Dinna Bharpardo Chhu Santosh Dinchhu Jhanjat Manna Hunna</i>	140	70.0
<i>Condom Bata Suraksha, Youn Swasthya Ko Raksha</i>	136	68.0
<i>HIV/AIDS Bare Aajai Dekhi Kura Garau</i>	133	66.5

Note: The percentages add up to more than 100 because of multiple responses.

A majority of the sex workers (91.5%) said they understood the message as "Use condom against AIDS" (Table 17).

Table 17: Message Understood by Female Sex Workers

Meaning of Message to the Sex Workers as	N=200	%
Use Condom Against AIDS	183	91.5
Use Condom for Family Planning	101	50.5
Use Condom Against STI	90	45.0
Don't Know	3	1.5

Note: The percentages add up to more than 100 because of multiple responses.

Table 18 presents data on IEC materials and condoms received by the sex workers. As an awareness-raising program, the implementing partners of FHI distributed condoms, brochures, booklets and information on AIDS. About two in five (43%) of the sex workers reported that people from NGOs visited them to provide information on HIV/AIDS and condoms. Of those sex workers who said someone had visited them, 65.1% (56/86) said they received condoms from field workers. Two non-governmental organizations, namely, Red Cross and Naulo Ghumti, were most cited by sex workers as keeping in touch with them. Other NGOs cited were Paluwa, SEDA and Save the Children (Table 18).

Table 18: IEC Materials and Condoms Received by Female Sex Workers

Visits to Sex Workers by NGO/Organization Personnel in the Past Year	N	%
Yes	86	43.0
No	114	57.0
Total	200	100.0
Name of NGOs/Organizations Visiting FSWs		
Red Cross	34	39.5
Naulo Ghumti	26	30.2
Paluwa	8	9.3
SEDA	4	4.7
Save the Children	1	1.2
Name Not Known	19	22.1
Total	86	*
Things Received from NGO/Organization Personnel		
Condom	56	65.1
IEC Material	29	33.7
Bag	1	1.2
Not Received Anything	24	27.9
Total	86	*

*Note: The percentages add up to more than 100 because of multiple responses.

3.9 Knowledge and Treatment of Sexually Transmitted Infections (STIs)

Sex workers are susceptible to contagious diseases due to the nature of their work, which involves physical contact with sex partners. Most of the STIs are transmitted through genital contact. This kind of transmission could be minimized if their clients were made to wear condoms while having sex with them. To know the extent of the problem of STI and how the sex workers perceived it, they were queried if they had STI symptoms during the past year. The sex workers were asked what they understood by sexually transmitted disease (in Nepali *Youn Rog*). Nearly half of the sex workers said they did not know what it meant. For about 33% of the sex workers, STI meant white discharge/discharge of pus/*Dhatu*; and for 18.5%, it was blisters and ulcer around the genitals. Some of the sex workers gave responses that were not symptoms of STI (Table 19). When asked about the symptoms of STI in the past year, 46% of the sex workers reported that they had some symptoms of STIs. Vaginal discharge of pus/white discharge was reported by 11%, sores around the genitals by 12% and pain inside the vagina during intercourse by 21%. Those who reported suffering from these perceived STIs in the past year said that their places of choice for

treatment were private clinic (40.5%), hospital (26.2%) and pharmacy (19%). 4.7% had treated themselves; more than half of them did not seek any treatment at all.

Table 19: Reported STI and Treatment

Perception of STI and Reported STI Symptoms and Treatment Among the Sex Workers	N	%
SWs' Understanding of STI		
White Discharge/Discharge of Pus/Dhatu flow	65	32.5
Blisters and Ulcers Around Vagina	37	18.5
Itching in Vagina	33	16.5
Lower Abdominal Pain	22	11.0
AIDS/HIV	16	8.0
Syphilis (<i>Bhiringi</i>)/Gonorrhoea	5	2.5
Swelling of Vagina	5	2.5
Don't know	96	48.0
Other (Fever, Weakness, Body itching)	5	2.5
Total	200	*
Types of STI Symptoms Experienced in the Past Year		
Lower Abdominal Pain	55	27.5
Vaginal Itching	52	26.0
Vaginal Odor	47	23.5
Painful Sex	42	21.0
Genital Ulcer or Sore	24	12.0
Dysuria	24	12.0
Vaginal Discharge	22	11.0
Polyuria	17	8.5
Unusual Vaginal Bleeding (Discharge)	1	0.5
Other	2	1.0
Any of the Above Symptoms	92	46.0
None of the Above Symptoms	108	54.0
Total	200	*
Treatment of STI Symptoms in the Past Year		
Private Clinic	17	40.5
Hospital	11	26.2
Pharmacy	8	19.0
Other	8	19.0
Did not go for treatment	50	54.3
Total	92	*

*Note: The percentages add up to more than 100 because of multiple responses.

3.10 Use of Alcohol and Drugs

The questionnaire had a series of questions regarding the use of alcohol and oral and injecting drugs. A majority of the sex workers (63%) reported consumption of alcohol sometimes during the past year. A third of the sex workers (34%) admitted that they took alcohol on a daily basis. Others drank less frequently (Table 20). Only a small proportion (5%) had tried drugs, including injecting drugs.

Table 20: Use of Alcohol and Drugs among Female Sex Workers

Consumption of Alcohol and Drugs	N=200	%
Consumption of Alcohol		
On a Daily Basis	68	34.0
Once a Week	35	17.5
Less than Once a Week	23	11.5
Never	74	37.0
Tried Any Types of Drugs?		
Yes	10	5.0
No	190	95.0

Among the 200 sex workers studied, 20% said they knew someone who injected drugs. The relationship of the sex workers with injecting drug users was friend, relative, client, husband or local boys. Some of the sex workers admitted that their sex

partners were known to be injecting drug users. About one percent of the sex workers had a history of injecting drugs (Table 21). The table shows that some of the known IDUs were sex partners of the sex workers.

Table 21: Knowledge of IDUs and History of Injecting Drugs among Female Sex Workers

Use of Injecting Drugs	N	%
Know Injecting Drug Users (IDUs)		
Yes	40	20.0
No	160	80.0
Total	200	100.0
Relationship with Known IDUs		
Friend	21	52.5
Local Boys	1	2.5
Relative	3	7.5
Client	9	22.5
Neighbor	6	15.0
Other	1	2.5
Total	40	*
Sex Workers' Knowledge of Following People Who are IDUs		
Sex Partners Including Clients (n=200)	14	7.0
Regular Partners (n=153)	7	4.6
Clients (n=200)	14	7.0
Injecting History of Sex Workers		
Injected in Past 12 Months (n=200)	2	1.0
Usually Get Needle/Syringe (n=2)		
From Friend/Relative After Their Use	1	50.0
Used New Needle/Syringe Given by NGO Volunteer	1	50.0
Ever Exchanged Sex for Money to Buy Drugs (n=200)	1	0.5

*Note: The percentages add up to more than 100 because of multiple responses.

3.11 HIV and Syphilis Prevalence among Female Sex Workers

Among the 200 sex workers who participated in the study by providing blood, two percent (4/200) were found to be HIV positive. Four percent or 8/200 were found to be currently infected with syphilis. Altogether, 5.5% of the sex workers (11/200) had a history of syphilis. Table 22 provides a detailed picture of the prevalence of HIV and syphilis for which tests were done among the FSWs taking part in the study.

Table 22: HIV and STI Prevalence among Female Sex Workers

STI Infection	N=200	%
HIV	4	2.0
Active Syphilis	8	4.0
Syphilis History	11	5.5
Any HIV or Active Syphilis	12	6.0

3.12 Association of HIV with Socio-Demographic, Behavioral and STI Variables

There is little association between HIV and socio-demographic or risk behavior variables or STIs. As can be seen in Table 23, HIV infection by categories such as age, educational level and marital status differ slightly, but that is not statistically significant as it is less than the minimum five percent level of significance.

Table 23: Relationship between HIV and Demographic, Behavioral Variables and STIs

Variables	N=200	HIV	%
Age			
<20 years old	80	1	1.3
>=20 years old	120	3	2.5
Educational Level			
Illiterate and literate with no schooling	82	1	1.2
Schooling (Grades 1 to 10 and above SLC)	118	3	2.5
Marital Status			
Ever Married	139	3	2.2
Never married	61	1	1.6
Years of Sex Work			
<2 years	114	2	1.8
>=2 years	86	2	2.3
Sex Work in India			
Yes	1	0	0.0
No	199	4	2.0
Worked in Mumbai			
Yes	1	0	0.0
No	0	0	0.0
Active Syphilis			
Yes	8	0	0.0
No	192	4	2.1
Syphilis History			
Yes	11	1	9.1
No	189	3	1.6

3.13 Association of STIs with Socio-Demographic and Behavioral Variables

Table 24 shows the association of measured STIs – active (or untreated) syphilis – with demographic variables such as age, marital status and education. The prevalence of untreated syphilis among FSWs 20 years old and above was five percent compared to 2.5% among the FSWs who were less than 20 years of age. Similarly, the prevalence of untreated syphilis is high among the illiterate sex workers. This difference is significant at five percent significance level.

Table 24: Association between STIs and Demographic Behavioral Variables

Variables	N=200	Active Syphilis	
		n	%
Age			
<20 years old	80	2	2.5
>= 20 years old	120	6	5.0
Educational Level		*	
Illiterate and literate with no schooling	82	6	7.3
Schooling (Grades 1 to 10 and above SLC)	118	2	1.7
Marital Status			
Ever married	139	7	5.0
Never married	61	1	1.6
Years Worked as Sex Worker			
<2 years	114	4	3.5
> = 2 years	86	4	4.7

* Denotes the significant difference (P<.05).

3.14 Prevalence of Syndromes

There was weak association between the reported STI symptoms and the clinical diagnosis/examination. During the survey, all the FSWs were asked whether they had any currently perceived STI symptoms. Half of them (101/200) said that they were suffering from symptoms that they believed to be evidence of STIs. Only two percent of the FSWs who reported what they thought to be STI symptoms were found to be

actually suffering from STI problems after a clinical examination. But among the 99 sex workers who did not report any STI symptoms, six were found to be suffering from untreated syphilis (Table 25).

Table 25: Reported STI Symptoms and Measured Clinical Diagnosis for Active Syphilis

Reported STI Symptoms	Clinical Diagnosis of Active Syphilis		
	N=200	Active Syphilis	%
Painful sex	59	2	3.4
Abdominal pain	60	1	1.7
Vaginal itching	36	1	2.8
Vaginal odor	34	0	0.0
Vaginal discharge	25	0	0.0
Dysuria	24	1	4.2
Polyuria	17	0	0.0
Genital ulcers	13	0	0.0
Unusual vaginal bleeding (discharge)	4	0	0.0
Genital warts	2	0	0.0
Any of the above symptoms	101	2	2.0
None of the above symptoms	99	6	6.1

Note: The percentages add up to more than 100 because of multiple responses.

CHAPTER 4: THE CLIENTS

Four hundred clients of sex workers were recruited for collecting information on background characteristics, sexual behavior, knowledge and use of condoms and knowledge about HIV/AIDS. Reliable information on the most likely male population groups that often visit sex workers was not available for Pokhara.

The clients were selected through a systematic process so that different types of clients were enlisted proportionately on the basis of the frequency of visits to sex workers. This was challenging work in the beginning. Clients were not easily identified. Field workers needed to be bold to ask people if they ever visited sex workers. Three screening questions were developed to identify the proper clients. The eligibility criteria for inclusion of the screened individual in the study were that he must have had at least one sexual contact with sex workers in the past year.

The main assumption was that clients could be found in places which sex workers frequent or where they work, such as dance restaurants, cabin restaurants, discos, *bhatti pasals* and street corners where sex workers solicit clients. To recruit different types of clients in the sample, they were recruited from the same sites/establishments where the sex workers were sampled. In this way, it was ensured that all types of clients were recruited from different locations, sites and establishments. The number of clients selected from each site was proportionate to the number of sex workers selected from there. If the required number of clients was not available for interview at the selected site, the remaining clients were interviewed from adjoining areas. It took about six weeks for the six field workers to complete the interviews with 400 clients.

4.1 Socio-Demographic Characteristics of Clients

Out of the 400 clients of sex workers interviewed for the study, about 86% were below the age of 30, with the median age being 23. The ages ranged from 15 to 51. Two-fifths (40.3%) of the clients were ever married. Around 32% of the clients reported living with their wives and children. Similarly, six out of ten clients were living alone. Among the currently married clients, about 82% were living with their wives. The percentage of currently married clients who always stayed with their wives during an average month was about 35.7% (Table 26). Around 64.3% of the clients were away from their families for some time in a month. The duration of absence ranged from less than a week (29.9%) to 29 days in a month (12.3%).

Table 26: Demographic Characteristics of the Clients

Demographic Characteristics	N	%
<i>Age</i>		
15 – 19	93	23.3
20 – 24	150	37.5
25 – 29	99	24.8
30 – 34	36	9.0
35 – 39	15	3.8
40 – 51	7	1.8
Mean/Median Age:	-	24.1/23
Marital Status		
Married	154	38.5
Divorced/Separated	5	1.3
Widower	2	0.5
Never Married	239	59.8
Currently Living With		
Wife and Children (Spouse)	126	31.5
With Parents	104	26.0
With Friends	79	19.8
With Relatives	30	7.5
Alone	61	15.3
Total	400	100.0
Currently Living With Wife		
Yes	126	81.8
No	28	18.2
Average Days Away From Wife in a Month		
Up to 7 Days	46	29.9
8 – 14 Days	17	11.0
15 – 21 Days	17	11.0
22 – 29 Days	19	12.3
Always with Wife	55	35.7
Total	154	100.0

A majority of the clients (97%) were literate. Moreover, almost one quarter had SLC and higher education. The survey indicates that five clients had an education up to bachelor level (data not shown).

Table 27: Social Characteristics of the Clients

Social Characteristics	N=400	%
Literacy		
Illiterate	12	3.0
Literate, no schooling	6	1.5
Grade 1 – 5	101	25.3
Grade 6 – 9	183	45.7
SLC and Above	98	24.5
Ethnic/Caste Group		
Chhetri/Thakuri	96	24.0
Brahmin	75	18.8
Gurung	60	15.0
Magar	46	11.5
Newar	32	8.0
Damai/Sarki/Sunar/Kami	32	8.0
Tamang	26	6.5
Rai/Limbu	14	3.5
Terai Caste	9	2.2
Giri/Sanyasi/Puri	4	1.0
Other	6	1.5
Birthplace		
Eastern Region of Nepal	22	5.5
Central Region of Nepal	75	18.8
Western Region of Nepal	283	70.8
Mid-Western Region of Nepal	15	3.8
Other (India)	5	1.3

Table 27: Cont'd...

Place of Residence before Moving to Pokhara		
Eastern Region of Nepal	13	3.3
Central Region of Nepal	92	23.0
Western Region of Nepal	148	37.0
Mid-Western Region of Nepal	11	2.8
Far-Western Region of Nepal	1	0.3
Always Lived in Pokhara	120	30.0
Other (India, Arab countries)	15	3.8
Duration of Stay in Pokhara		
Up to one year	52	13.0
2 – 5 Years	106	26.5
More than 5 Years	122	30.5
Since Birth	120	30.0
Median Months:	-	38

All major ethnic/caste groups of Nepal were represented in the study. The birthplaces of about 71% of the clients were in the Western Region of Nepal. About 19% and 6% were born in the Central and Eastern Regions respectively. The data indicates that many of the clients were migrants to Pokhara from other districts. Responding to the question, “Where did you live before coming to Pokhara?” about 30% of the clients responded that they had always lived in the Pokhara Valley, implying that more than two-thirds of the clients were migrants to the Pokhara Valley. Almost one-third (30%) of the clients who were migrants to Pokhara had been living there for more than five years. The median period of living in Pokhara was 38 months.

4.2 Occupations and Workplaces of Clients

One-third (33.5%) of the clients in the sample were service holders in government or private offices. Similarly, 20% of the clients were businessmen, around the same percentage were drivers, about 11% were wage laborers and about seven percent were students. The clients’ workplaces varied widely. The reported places of work were vehicle-related establishment (47%), grocery shop (9%), hotel/restaurant (7%), government office (6.5%) and wage labor (4%). Some other workplaces reported by the clients were travel/airline businesses, vegetable/fruit stores, retail shops, industries, garment/carpet factories and so forth.

Table 28: Occupations and Workplaces of the Clients

Occupations and Workplaces	N=400	%
Occupation		
Service	134	33.5
Business	79	19.8
Driver	78	19.5
Wage Laborer	43	10.8
Student	26	6.5
Contractor of building house/road	3	0.8
Not Engaged in Any Job	37	9.3
Workplace		
Vehicle related (Driver, Conductor, Workshop, etc.)	188	47.0
Grocery Shop	36	9.0
Hotel/Restaurant/ <i>Bhatti Pasal</i>	28	7.0
Government Office	26	6.5
Wage Laborer	16	4.0
Travel Agency/Airline	8	2.0
Vegetable/Fruit Vendor	7	1.8
<i>Ghumti</i> /Retail Shop	7	1.7
Industry	5	1.3
Garment/Carpet Factory	1	0.3
No Work	63	15.8
Other (House contractor, etc.)	15	3.7

4.3 Sexual Behavior of Clients

The median age of the clients at first sexual intercourse was 17 years. They had visited an average of five sex workers in the past year. The number of sex workers visited ranged from one to 50. Around two-thirds (64%) had visited sex workers more than twice in the past year. The frequency of sexual contact with sex workers in the past month was reported to be about two times. Almost half (48%) of the clients had not visited sex workers in the past month. A majority of the clients (80.2%) admitted that their latest encounter with a sex worker happened in the past three months.

Table 29: Sexual Behavior of the Clients

Sexual Behavior	N =400	%
Age at First Sex		
10 – 14	45	11.3
15 – 19	283	70.8
20 – 24	70	17.5
25	2	0.5
Mean/Median Age:	-	17.4/17
No. of Sex Workers Visited in the Past Year		
1 – 2	144	36.0
3 – 5	137	34.3
6 – 10	82	20.5
More than 10	37	9.3
Mean No. of Sex Workers Visited:	-	5.1
Frequency of Sexual Contact with SW in Past Month		
None	190	47.5
1 – 2	115	28.8
3 – 5	64	16.0
6 – 10	22	5.5
More than 10	9	2.3
Mean No. of Sexual Contact:	-	1.7
Last Time Sex with SW		
Last week	73	18.3
1 - 2 weeks ago	70	17.5
3 - 4 weeks ago	78	19.5
2 - 3 months ago	100	25.0
More than 3 months ago	79	19.8

4.3.1 Clients and Sex Partners

Clients maintaining sexual relationship with multiple sex partners are at high risk of contracting HIV/STI if sexual activity takes place without the use of a condom. This section describes the types and numbers of sex partners the clients had in the past year.

The clients have reported up to four different types of sex partners - sex worker, wife, girlfriend and other female friend. "Girlfriend" is defined as a female partner who has been known to the client for some time and/or has been living together with him. "Other female friend" is defined as a casual female friend the client may or may not know. Also, he may or may not have lived with her. Among the 400 clients surveyed, one in two had sex partners who were not sex workers. Around one in ten clients (11.3%) reported having sex with girlfriends and 4.3% with other female friends in the past year. The mean number of sex partners in the past year, including sex workers, was 1.3. Around half of the clients reported having two or more sex partners. All the married clients and about one-fifth (18.4%) of the unmarried clients had two–three sex partners (Table 30).

Table 30: Clients and Their Sex Partners

Sexual Partners	N	%
Sex with Other Women Besides FSWs		
Yes	201	50.3
No	199	49.8
Total	400	100.0
Sex with Wife in the Past Year		
Yes	154	100.0
No	0	0.0
Total	154	100.0
Sex with Girlfriend in the Past Year		
Yes	45	11.3
No	355	88.8
Sex with Other Females in the Past Year		
Yes	17	4.3
No	383	95.8
Total Number of Sex Partners (Including SW) in the Past Year		
One	199	49.8
Two	186	46.5
Three	15	3.8
Mean Number of Total Partners:	-	1.3
Total	400	100.0
Total Number of Sex Partners (Including SW) in the Past Year by Marital Status		
Married		
Two	141	91.6
Three	13	8.4
Total	154	100.0
Never Married		
One	195	81.6
Two	43	18.0
Three	1	0.4
Total	239	100.0

4.3.2 Sexual Networking and Expenditure on SWs

The clients reported having different places for contacting sex workers. For instance, lodge/hotel (23.3%), on the street (19.5%), *bhatti pasal* (18.3%), cabin restaurant (18.3%), and sex workers' place of residence (11%). Hotels/lodges were the places where a majority of the clients had the last sexual contact with sex workers. The next most preferred places for sexual activity were the sex workers' houses or other peoples' houses. On average, the clients spent Rs. 544 per visit, with more than three-fourths of them (79.7%) spending less than Rs. 100 to Rs. 1,000 per visit to a sex worker (Table 31).

Table 31: Sexual Networking and Expenditure on Sex Workers

Sexual Networking and Expenditure	N=400	%
Place Where Sex Worker was Found by Client during the Last Sex with FSW		
Lodge/Hotel	93	23.3
Street/Bus Park	78	19.5
Local Bar (<i>Bhatti Pasa</i>)	73	18.3
Cabin Restaurant	73	18.3
SW's House/Rented House	44	11.0
Dance Restaurant	19	4.8
Forest/Park	11	2.8
Disco	2	0.5
Other (Working place, Squatter area, etc.)	7	1.8
Place Where the Client had Sex During the Last Sex with FSW		
Hotel/Lodge	212	53.0
Sex Worker's House	93	23.3
Other People's House	26	6.5
Client's Home/Room	25	6.3
Forest/Bushes/Park	22	5.5
Other (Truck/Bus/Taxi, Cabin Restaurant, etc)	22	5.5

Table 31: Cont'd...

Expenditure for the Last Sexual Contact with FSW (Rs.)		
Not paid	28	7.0
Up to Rs. 100	28	7.0
Rs. 101 – Rs. 500	222	55.5
Rs. 501 – Rs. 1,000	69	17.3
Rs. 1,001 – Rs. 2,000	48	12.0
Rs. 2,001 and above	5	1.3
Mean Rs. :	-	544
Minimum Cash Paid Rs. :	-	10
Maximum Cash Paid Rs. :	-	3,500

4.3.3 Sex with Sex Workers in Different Parts of the Country and in India

The clients were asked about their mobility within and outside the country. The information obtained shows that around one in five (22.3%) of the clients had sex with sex workers in different parts of the country, while around one percent had been to India (Table 32).

Table 32: Sex with FSW in Other Parts of the Country and in India by Clients in the Past Year

Sex with FSWs	N	%
Sex with FSWs in Other Parts of the Country		
Yes	89	22.3
No	311	77.8
Total	400	100.0
Sex with FSWs in India		
Yes	3	0.8
No	397	99.3
Total	400	100.0
Place of Sex in India		
Siliguri	1	33.3
Gauhati	1	33.3
Kanpur	1	33.3
Total	3	100.0

4.4 Knowledge and Use of Condoms among Clients

All the clients reported having heard of condoms. Radio (98.8%), billboards (98.3%) and pharmacies (96%) were the important sources of knowledge of condoms for the clients. Other important sources of knowledge were friends (93.5%), television (93.3%) and newspapers (87.5%). Hospitals, health posts, cinema halls, NGOs, health centers, health workers, street dramas, etc. were also important sources of knowledge of condoms (Table 33). Some of the responses, such as billboard/signboard, street drama, comic book and video van, were encountered mostly outside the Pokhara Valley. This may be due to the fact that, as seen in Table 26, many clients were migrants from outside the Pokhara Valley.

Table 33: Sources of Knowledge of Condoms reported by Clients

Source of Knowledge of Condom	N =400	%
Radio	395	98.8
Billboard/Signboard	393	98.3
Pharmacy	384	96.0
Friend/Neighbor	374	93.5
Television	373	93.3
Newspaper/Poster	350	87.5
Hospital	259	64.8
Health Post	211	52.8
Cinema Hall	179	44.8
NGO	161	40.3
Health Center	140	35.0
Health Worker/Volunteer	99	24.8
Street Drama	85	21.3
Comic Book	38	9.5
Video Van	29	7.3
Community Worker	23	5.8
Community Event/Training	15	3.8
Other	1	0.3

Note: The percentages add up to more than 100 because of multiple responses.

4.4.1 Places to Get Condoms and Brand Names Known to Clients

Table 34 shows that pharmacies (97%) were the key places to obtain condoms. Other known places to obtain condoms were retail shops (47.8%), health posts/health centers (39%), peers/friends (38%), *paan pasals* (34.3%), hospitals (28.3%), NGOs (20.5%), private clinics (14.8%) and hotels/lodges (13.8%). More than three-quarters (87.5%) of the clients purchased condoms. Nearly 91% preferred to buy them at a pharmacy. Out of the 97 clients who got condoms for free, 44.3% said they preferred to get them from a peer or a friend.

Table 34: Places from Where Clients Obtain Condoms and Most Popular Brands of Condoms

Condom Acquisition	N	%
Can Obtain Condoms From		
Pharmacy	388	97.0
<i>Khudra Pasal</i> (Retail Shop)	191	47.8
Health Post/Health Center	156	39.0
Peers/Friends	152	38.0
<i>Paan Pasal</i>	137	34.3
Hospital	113	28.3
NGO/Health Worker	82	20.5
Private Clinic	59	14.8
Hotel/Lodge	55	13.8
FPAN Clinic	17	4.3
Super Market/Departmental Store	1	0.3
Other	9	2.3
Ways to Acquire Condoms		
Purchase	291	72.8
Both (Free and Purchase)	59	14.8
Get Free of Cost	38	9.5
Not Using Recently	12	3.0
Total	400	100.0
Get Free Condoms From		
Peer/Friend	43	44.3
Health Worker/Volunteer/NGO	38	39.2
Health Post	15	15.5
Hospital	6	6.2
FPAN	2	2.1
Hotel/Lodge	3	3.1
Other (Community Program)	3	3.1
Total	97	*

Table 34: Cont'd...

Purchase Condoms From		
Pharmacy	320	91.4
Retail Shop (<i>Kirana Pasal</i>)	18	5.1
<i>Paan</i> shop	8	2.3
Private Clinic	3	0.9
Other	1	0.3
Total	350	100.0
Brand Names of Most Used Condoms		
Number 1	240	60.0
Panther	166	41.5
Kamasutra	139	34.8
Dhaal	90	22.5
Jodi	33	8.3
Black Cobra	29	7.3
Wildcat	1	0.3
Other	3	0.8
Not Using Recently	18	4.5
Usually Carry Condoms		
Yes	165	41.3
No	235	58.8
No. of Condoms Carried at the Time of Interview		
1	75	18.8
2	42	10.5
3 – 6	18	4.5
Not carrying	265	66.3
Total	400	100.0

* Note: The percentages add to more than 100 because of multiple responses.

The three most popular brands of condoms among the clients were Number 1 (60%), Panther (41.5%) and Kamasutra (34.8%). Number 1 and Panther are USA-made condoms which are repacked in Nepal with Nepali brand names, while Kamasutra is an Indian product. About 41% of the respondents said they usually carried condoms with them, but the field researchers found that only around one-fifth (18.8%) of them were actually carrying any at the time of the interview.

4.4.2 Condom Use with Various Sex Partners

A higher percentage of the clients used a condom while having sex with a sex worker than with any other partner. The reported use of condoms is less with known sex partners. For instance, condom use is lowest when having sex with the wife.

Table 35 shows the use of condoms by clients when having sex with various female sex partners. About 89% of the clients reported using a condom during the last sex act with a sex worker. However, consistent use of condoms (during every sex act) with sex workers in the past year was 84.5%.

Table 35: Condom Use by Clients in the Last Sex and Consistent Condom Use with Different Sex Partners in the Past Year

Condom use	Sex Worker		Wife		Girlfriend		Other Female	
	N	%	N	%	N	%	N	%
Condom use during last sex								
Yes	357	89.3	15	9.7	30	66.7	14	82.4
No	43	10.8	139	90.3	15	33.3	3	17.6
Consistent condom use in the past year								
Every time	339	84.5	12	7.8	28	62.2	14	82.4
Most of the time	27	6.8	2	1.3	2	4.4	0	0.0
Sometimes	9	2.3	5	3.2	0	0.0	0	0.0
Rarely	3	0.8	9	5.8	1	2.2	0	0.0
Never	23	5.8	126	81.8	14	31.1	3	17.6
Total	400	100.0	154	100.0	45	100.0	17	100.0

The clients reported a very low use of a condom during the last sex act with their wives. About 10% of the married clients used a condom with their wives during the last sex act. Consistent use of condoms with wives in the past year was even lower – only 7.8% (Table 35).

The data indicates that use of condoms by clients when having sex with their girlfriends and other female friends is much higher compared to when having sex with their wives. For instance, condom use with girlfriends and other female friends during the last sex act was 66.7% and 82.4% respectively. Consistent use of condoms is also high with girlfriends and other female friends (Table 35).

4.4.3 Reasons for Not Using Condom

The main reason for not using a condom with familiar partners as reported by the clients was “Didn't think it was necessary”, and for unknown partners it was “Condom not available at the moment”. Other common responses were “Partner did not like condom” and “Believed that client had no STDs”. “Didn't think it was necessary” and “Using other methods of contraception” were other responses for not using a condom with the wife.

Those who had used a condom during the most recent sexual encounter with their sex partners were asked who made the decision to use it. Nearly 83% of the clients said they made the decision, 8.4% said it was the decision of the sex worker and the same percentage said it was a joint decision with the sex worker. Interestingly, out of the 15 clients who used a condom during the last sex act with their wives, almost three-quarters (73.3%) said it was a joint decision to use a condom.

4.5 Knowledge of HIV/AIDS

4.5.1 Knowledge of HIV/AIDS

Almost all the clients in the sample had heard of HIV/AIDS. Most of the clients reported radio, billboard/signboard, poster/pamphlet, TV, friends/relatives and newspaper/magazine as popular sources of knowledge of HIV/AIDS. An analysis of the clients’ responses indicates that different types of mass media were the most cited sources of knowledge of HIV/AIDS. Among non-media sources, they mostly mentioned friends/relatives, workplaces, people from NGOs, health workers and street dramas.

Table 36: Sources of Knowledge of HIV/AIDS among Clients

Knowledge and Sources of Knowledge of HIV/AIDS	N=400	%
Ever Heard of HIV/AIDS	400	100.0
Sources of Knowledge of HIV/AIDS		
Radio	395	98.8
Billboard/Signboard	394	98.5
Pamphlet/Poster	381	95.3
Television	376	94.0
Friends/Relatives	375	93.8
Newspaper/Magazine	332	83.0
Workplace	200	50.0
Cinema Hall	190	47.5
People from NGOs	170	42.5
School/Teacher	124	31.0
Health Workers	111	27.8
Street Drama	106	26.5
Comic Book	59	14.8
Video Van	31	7.8
Community Workers	25	6.3
Community Event/Training	23	5.8

Note: The percentages add up to more than 100 because of multiple responses.

4.5.2 Knowledge of Transmitting HIV/AIDS and Avoiding HIV/AIDS

The clients who said that they had heard of HIV/AIDS were asked if they also knew the ways of transmitting and avoiding it. The top five ways of transmitting HIV/AIDS as reported by the clients were: Sex without a condom, sharing syringes/needles, having sex, having multiple sex partners and blood transfusion. Among these responses, two are risky sexual behaviors – sex without a condom and having multiple sex partners. Other common responses are presented in Table 37.

Table 37: Knowledge of Ways of Transmitting HIV/AIDS among Clients

Knowledge of Ways of Transmitting HIV/AIDS	N=400	%
Know the Ways of Transmitting HIV/AIDS	399	99.8
Ways of Transmitting HIV/AIDS		
Sex without Condom	342	85.7
Syringe and Needle	226	56.6
Sex Itself	133	33.3
Multiple Sex Partners	113	28.3
Blood Transfusion	104	26.1
Infected Mother to Baby	40	10.0
Sharing Blades with Other Persons	13	3.3
Other	8	2.0

Note: The percentages add up to more than 100 because of multiple responses.

Almost all the clients (99.2%) responded that “using a condom” was one way of avoiding HIV/AIDS. Similarly, more than half (55.4%) said “Avoiding using infected needles”, 44.1% said “Avoiding blood transfusion” and 26.1% said “Avoiding multiple sex partners” were the ways to avoid HIV/AIDS. The clients interviewed during the survey also saw “Avoiding sex with sex workers” and “Having only one sex partner” as better ways of avoiding HIV/AIDS (Table 38).

Table 38: Knowledge of Avoiding HIV/AIDS among Clients

Know the Ways to Avoid HIV/AIDS	N =399	%
Ways to Avoid HIV/AIDS		
Use Condoms	396	99.2
Avoid Using Infected Needle	221	55.4
Avoid Blood Transfusion	176	44.1
Avoid Multiple Sex Partners	104	26.1
Avoid Sex with Sex Workers	71	17.8
Have Only One Sex Partner	60	15.0
Abstain From Sex	51	12.8
Use New Blade While Shaving	14	3.5
Use only Tested Blood	11	2.8
Other (Avoid kissing/mosquito bite/sex with HIV infected, etc.)	6	1.5

Note: The percentages add up to more than 100 because of multiple responses.

Table 39 shows the knowledge of **ABC** for avoiding HIV/AIDS. 12.8% of the clients reported **A** (abstinence from sex), 35.8% mentioned **B** (being faithful or avoiding multiple sex partners) and almost all the clients (99.2%) reported **C** (consistent condom use or use of condom during every sex act) as being one of the ways of avoiding HIV/AIDS. But all the three knowledge responses (**ABC**) were cited by only 6.3%.

Table 39: Percentage of Clients Who Have Knowledge of Three Major Ways of Avoiding HIV/AIDS

Percentage Who Have Knowledge of ABC for Avoiding HIV/AIDS	Client	
	N=399	%
A (Abstinence)	51	12.8
B (Being faithful to single sex partner or having single sex partner)	143	35.8
C (Consistent use of condom while having sex with all partners)	396	99.2
Knowledge of all the three (ABC)	25	6.3

Note: The percentages add up to more than 100 because of multiple responses.

4.6 Clients' Exposure to FHI Media Messages

Since FHI started intervention programs along the highways to bring awareness about HIV/AIDS among high-risk groups, messages regarding the use of condoms for the prevention of AIDS were broadcast and put up. Different media channels were utilized. Recently, FHI has started using new messages. Among the new messages are "*HIV/AIDS Bare Aajai Dekhi Kura Garau*", "*Jhilke Dai Chha Chhaina Condom*" and "*Condom Bata Suraksha Youn Swasthya Ko Raksha*". These messages were shown on TV and broadcast over the radio. Posters depicting the messages along with visual characters were posted at different places, such as health posts, roadsides and pharmacies. Newer messages like "*Condom Kinna Ma Bhaya Hunna Ra*" (96.5%), "*Jhilke Dai Chha Chhaina Condom*" (96.5%), "*Youn Rog Ra AIDS Bata Bachnalai Rakhunu Parcha Sarbatra Paine Condom Lai*" (94.5%) and "*HIV/AIDS Bare Aajai Dekhi Kura Garau*" (91%) are catching on very fast (Table 40).

Table 40: Seen, Heard or Read the Following Messages by Clients in the Past Year

Messages	N=400	%
<i>Condom Kina Ma Bhaya Hunna Ra</i>	386	96.5
<i>Jhilke Dai Chha Chhaina Condom</i>	386	96.5
<i>Youn Rog Ra AIDS Bata Bachnalai Rakhnu Parcha Sarbatra Paine Condom Lai</i>	378	94.5
<i>HIV/AIDS Bare Aajai Dekhi Kura Garau</i>	364	91.0
<i>Condom Bata Suraksha, Youn Swasthya Ko Raksha</i>	358	89.5
<i>Ramro Sangha Prayog Gare Jokhim Huna Dinna Bharpardo Chhu Santosh Dinchhu Jhanjat Manna Hunna</i>	349	87.3

Note: The percentages add up to more than 100 because of multiple responses

A majority of the clients (99.3%) reported that they understood the message as "Use condoms against HIV/AIDS". Similarly, about 52% of the clients understood the messages as "Use condoms against STD". Around one-fourth (23%) of the clients said that they understood the messages as "Use condoms for family planning" (Table 41).

Table 41: Specific Condom Message Understood by the Clients

Message Under Stood by Client	N = 400	%
Use Condom Against HIV/AIDS	397	99.3
Use Condom Against STD	208	52.0
Use Condom for Family Planning	92	23.0

Note: The percentages add up to more than 100 because of multiple responses.

Table 42 presents data on IEC materials and condoms received by the clients. As an awareness-raising program, the implementing partners of FHI have started the distribution of condoms, brochures, booklets and information on HIV/AIDS in the Pokhara Valley. Half of the clients (52%) reported that they received condoms, 21% received information on HIV/AIDS and about 23% said they received brochures or booklets with HIV/AIDS messages.

Table 42: IEC Materials and Condoms Given by Someone to Clients in the Past One Year

Materials Received	N =400	%
Condoms	208	52.0
Information about HIV/AIDS	84	21.0
Brochures/Booklets	91	22.8

Many NGOs/organizations, with the assistance of FHI/Nepal, are working in the field of HIV/STI prevention, focusing on different target groups. The clients of the sex workers were asked if anyone from NGOs/organizations had visited them and if they had received things/materials from them in the past year. Six percent of the clients admitted that someone from NGOs/organizations had visited them, but a majority of them did not know the name of the institution. Out of the 26 clients who had been contacted by NGOs/organizations, around two-thirds (65.4%) had received IEC materials, almost one in two had received condoms and 23.1% had received T-shirts (Table 43).

Table 43: Visited and Provided Materials by NGO People to Clients in the Past Year

Visited and provided Materials	N	%
Contacted by NGOs/Organizations		
Yes	26	6.5
No	374	93.5
Total	400	100.0
Name of NGOs/Organizations		
Name Not Known	15	57.7
Nepal Red Cross Society	6	23.1
Other	5	19.2
Total	26	100.0
Materials Provided by NGOs/Organizations		
IEC Materials	17	65.4
Condom	14	53.8
T-shirt	6	23.1
Nothing	1	3.8
Total	26	*

*Note: The percentages add up to more than 100 because of multiple responses.

4.7 Knowledge and Treatment of Sexually Transmitted Infections (STIs)

Most of the STIs are transmitted through genital contact. This kind of transmission can be minimized if the clients wear condoms while having sex with sex workers or other unknown female partners. To find out the extent of the problem of STI and how the clients perceived it, they were queried if they had STI symptoms during the past year.

All the respondent clients were asked whether they had experienced any symptoms of STI (such as sores on the genitals and pus/pain during urination) in the past year. Only two percent admitted having experienced such symptoms. The clients who said they had experienced such symptoms were asked where they went for treatment. A majority of the self-diagnosed clients did not seek any treatment. One respondent went to a private clinic and another to a hospital for treatment (Table 44).

Table 44: Reported STI Symptoms and its Treatment Among the Clients in the Past Year

Reported STI Symptom and Treatment	N	%
Ever Experienced Sores or Pus/Pain During Urination (STI)		
Yes	6	1.5
No	394	98.5
Total	400	100.0
Treatment of STD Symptoms in		
Private Clinic	1	16.7
Self-Treatment	1	16.7
Hospital	1	16.7
No Treatment	4	66.7
Total	6	*

*Note: The percentages add up to more than 100 because of multiple responses.

4.8 Use of Alcohol and Drugs among Clients

A majority of the clients (84%) admitted consuming alcohol at least once in the past year. About one-third (35%) of the clients consumed alcohol on a daily basis and another one-third (36%) said they drank at least once a week (Table 45). Out of the 400 clients interviewed, only 36 (9%) had tried any type of drugs including injecting drugs in the past month.

Table 45: Use of Alcohol and Drugs Among Clients in the Past Month

Use of Drugs and Alcohol	N=400	%
Tried Any Types of Drugs		
Yes	36	9.0
No	364	91.0
Injecting History		
Injected in Past 12 Months	4	1.0
Consumption of Alcohol		
Everyday	141	35.3
Once a Week	142	35.5
Less than Once a Week	51	12.8
Never	66	16.5

Note: The percentages add up to more than 100 because of multiple responses.

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusions

This study was conducted among 200 female sex workers (FSWs) and 400 clients of the female sex workers in Pokhara. The main objective of the study was to measure the prevalence of HIV among the FSWs and to measure their sexual behaviors and demographic characteristics along with those of their clients.

The study found that the rate of HIV infection among the sex workers was two percent (4/200). The prevalence of syphilis was four percent (8/200). Other findings are given below:

5.1.1 Female Sex Workers

- Less than 40% of the FSWs' birthplaces were in Pokhara, indicating that a majority of the sex workers were migrants from other districts besides a few (7%) who were born in India.
- The median age of the street FSWs was 21.5 years, with their ages ranging from 15–58. The FSWs included in the study represented most of the major castes/ethnic groups, with a slightly higher percentage of sex workers coming from the occupational castes.
- Women from the younger age group were engaged in sex work (40% of the sex workers were in the 15-19 age bracket), and 43% of the FSWs joined the sex trade less than a year ago, indicating that new girls were entering the sex business every year.
- Illiteracy was high among the sex workers (37 %).
- Nearly 40% of the sex workers were either divorced or separated from their husbands. One-third of the sex workers had a co-wife (20 out of the 60 married sex workers).
- Nearly a third of the sex workers had experienced sex by the time they were 15 years old. Some had their first sexual experience at the age of nine.
- Last time condom use (i.e., condom use by the last client) was 64.5%. However, consistent condom use with clients in the past year was only 35.5%. Consistent use of condoms with non-paying partners was even lower. Less than 15% of the sex workers used condoms on a regular basis with their husbands or male friends.
- Very few of the sex workers (5.5%) said they usually carried condoms with them.

- The three most popular brands of condoms among the sex workers were Number 1, Kamasutra and Panther.
- Radio and pharmacy were the important sources of knowledge of condoms for the sex workers. TV was the third most cited source. Other important sources of knowledge were friends/neighbors, hospitals, newspapers, NGOs, billboards and cinema halls.
- Knowledge of HIV/AIDS among the sex workers in Pokhara was high. Almost all of them had heard about HIV/AIDS. More than 85% of them said that HIV/AIDS is transmitted from one person to another by having sex without a condom.
- Regarding knowledge of **ABC**, 36.6% of the sex workers reported **A** (abstinence from sex), 33.9% mentioned **B** (being faithful or avoiding multiple sex partners) and 92.3% reported **C** (consistent condom use or use of condom during every sex act) as being one of the ways of avoiding HIV/AIDS.
- There is weak association between active (or untreated) syphilis and demographic variables such as age, marital status and education. The prevalence of untreated syphilis among FSWs 20 years of age and older was five percent, compared to 2.5% among FSWs who were less than 20 years old. Similarly, the prevalence of untreated syphilis was high among the illiterate and married sex workers, but this difference was not significant at five percent significance level.

5.1.2 *Clients*

- The median age of the clients was 23, with their ages ranging from 15 to 51 years. Two-fifths (40.3%) of them were married, and 97% were literate. A majority (82%) of the married clients were currently living with their wives.
- One-third (33%) of the clients in the sample were service holders in government or private offices. About 20% were businessmen and an equal number were drivers. The major reported places of work of the clients were vehicle-related.
- The median age of the clients at first sexual intercourse was 17 years. They had visited an average of five sex workers in the past year. Around two-thirds (64%) of them had visited sex workers more than twice in the past year. The frequency of sexual contact with sex workers in the past month was reported to be about two times.
- The mean number of sex partners, including sex workers, in the past year as reported by the clients was 1.3. About half of the clients reported having two or more sex partners. All the married clients had two-three sex partners. On average, the clients spent Rs. 544 per visit.

- Around 22% of the clients had engaged in sex with sex workers in different parts of the country while one percent had been to India.
- Pharmacies were the key places to obtain condoms for 98% of the clients. Other known places to obtain condoms were retail shops, health posts/health centers, peers/friends, *paan pasals*, hospitals, NGOs, private clinics and hotels/lodges. Out of the 350 clients who purchased condoms, 91.4% preferred to buy them at a pharmacy. Similarly, out of the 97 clients who got condoms for free, 44.3% said they preferred to get them from a peer or friend. The three most popular brands of condoms among the clients were Number 1, Panther and Kamasutra.
- Condom use during the last encounter with a sex worker as reported by the clients was 89.3%, and consistent use of condoms with FSWs in the past year was 84.5%. The study showed a very low use of condoms during the last sex act with wives. About 10% of the married clients used a condom with their wives during the last sex act, and consistent use of condoms was only 7.8% in the past year. Condom use with girlfriends and other female friends was much higher compared to condom use with wives. For example, consistent condom use with girlfriends in the past year was 62.2%, and with other female friends, it was 82.4%.
- Regarding knowledge of **ABC**, 12.8% of the clients reported **A** (abstinence from sex), 35.8% mentioned **B** (being faithful or avoiding multiple sex partners) and almost all the clients (99.2%) reported **C** (consistent condom use or use of condom during every sex act) as being one of the ways of avoiding HIV/AIDS.
- All the respondents had heard about HIV/AIDS. Of the total number of clients, 99.2% thought that HIV could be prevented by using a condom during every sexual encounter. Similarly, “Avoiding using infected needles” (according to 55.4% of the clients), “Avoiding blood transfusion” (44.1%) and “Avoiding multiple sex partners” (26.1%) were other ways mentioned to prevent HIV/AIDS.

5.2 Policy and Program Implications

The data indicated that new and young girls were entering the sex trade every year. Therefore, the low prevalence of HIV and syphilis should not be interpreted as low risk among sex workers in Pokhara because a significant proportion of sex workers in the sample had been exposed to risk behavior for only a short period of time. More than half of the establishment-based sex workers and more than one-third of the street based sex workers had been engaged in the sex trade for less than a year. Hence, the sex workers, especially the young ones, should be targeted by HIV/AIDS awareness campaigns, which might include visits by peer educators and outreach workers for raising awareness about HIV and STI and for the promotion of condom use.

Both FSWs and their clients tend to use condom less frequently while having sex with their regular sex partners such as husbands/wives and other boy/girl friends. Mainly they tend to make decisions on condom use from family planning point of views. This

attitude is a major barrier for the promotion of safe sex behavior among both FSWs and clients. Therefore, prevention programs should focus on the promotion of condom use from HIV/STI infection prevention purposes.

Significant proportion of FSWs and clients report the knowledge of the ways of preventing HIV/STI infection but many do not have safe behavior. Main reason for such a wide gap between knowledge and behavior may be the perception of the degree of risk associated to their behavior. So prevention programs should also find out the ways to convey the degree of risk associated with their risky sexual behavior to FSWs and clients.

Prevalence of syphilis among FSWs is less than five and among the clients also reported symptoms of STIs is less. However, the ongoing syphilis control program, including rapid diagnostics and treatment, should be continued.

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ANNEXES

Annex – A
Sample Size of Participants

Distribution of Sample Size by Location

S.N.	Lab Set up Locations in Pokhara Valley	No. of participants
1	Mahendrapool (FSWs)	100
2	Prithvichowk (FSWs)	100
Total		200
1	Pokhara (Clients)	400

Annex - B
Male Screening Questionnaire

Confidential

**BEHAVIOURAL SURVEILLANCE SURVEY AMONG MALE CLIENTS
IN POKHARA VALLEY
FHI/New ERA - 2004**

MALE SCREENING QUESTIONNAIRE

Namaste! My name is, I am here from New ERA to collect data for a research project. During this data collection I will ask you some personal questions that will be about sexual intercourse, use and promotion of condoms, HIV/AIDS and drugs. The information given by you will be strictly treated as confidential. Nobody will know what every we talk because your name will not be mentioned on this form. All the mentioned information will be used only for objective of the study. This survey will take about 30 to 45 minutes.

It depends on your wish to participate in this survey or not. You do not have to answer any questions that you do not want to answer, and you may end this interview at any time you want to. But I hope, you will participate in this survey and make it success by providing correct answers of all the questions.

Would you be willing to participate?

1. Yes 2. No

Signature of Interviewer: _____ Date: _____

Respondent Screening Questionnaire

1.0 Respondent ID #: _____

2.0 Interview Location

2.1 Name of location (such as tole, crossing, chowk, bahal, lane, VDC, etc.)

2.2 District: _____

2.3 Place of Interviews (such as hotel, lodge, restaurant, etc.): _____

2.4 Date of Interview: 2060 / ____ / ____

3.0 Information on Sexual Intercourse

3.1 Have you ever had sexual intercourse with a woman before?
1. Yes 2. No (**Stop Interview**) 3. No response

3.2 Have you ever had a sex with a sex worker?
1. Yes 2. No (**Stop Interview**)

3.3 Have you had sex with any sex worker in the past one year?
1. Yes 2. No (**Stop Interview**)

Annex - C
Questionnaire

Confidential

**HIV/STI AND BEHAVIOURAL SURVEILLANCE SURVEY (BSS) AMONG
FEMALE SEX WORKERS IN POKHARA VALLEY
FHI/New ERA/SACTS - 2004**

FSW Questionnaire

Namaste! My name is, I am here from New ERA to collect data for a research project. During this data collection I will ask you some personal questions that will be about sexual behavior, use and promotion of condoms, STI/HIV/AIDS and drugs. We will also take your blood sample for laboratory testing. If it is determined that you have any STI symptoms, we will provide treatment free of charge.

The information given by you will be strictly treated as confidential. Nobody will know whatever we talk about because your name will not be mentioned on this form and collected blood samples. All the mentioned information will be used only for objectives of the study. This survey will take about 40 to 60 minutes.

It depends on your wish to participate in this survey or not. You do not have to answer any questions that you do not want to answer, and you may end this interview at any time you want to. But I hope, you will participate in this survey and make it success by providing correct answers of all the questions.

Would you be willing to participate?

1. Yes 2. No

Signature of Interviewer: _____ Date: 2060/___/___

Has someone interviewed you from New ERA with a questionnaire in last few weeks?

1. Yes 2. No (Continue Interview)

↓

When?

_____ Days ago (**STOP INTERVIEW**)

1.0 GENERAL INFORMATION

Name of interviewer: _____

101. Respondent ID number :

--	--	--	--	--	--

101.1 Write down how you made contact? _____

102 Type of Sex Work Establishment SW were based:

1. Disco
2. Dance Restaurant
3. Cabin Restaurant
4. Call Girl
5. Massage Parlor
6. Bhatti Pasal
7. House Settlement
8. Street
9. Garment/Carpet Factory
10. Squatter
11. Other (Specify _____)

103. Date of Interview : 2060/_____/_____

104. Interview Starting Time : _____

Interview Completion Time: _____

105. Where were you born?

105.1 District: _____

105.2 VDC/Municipality: _____

105.3 Ward #: _____

105.4 Village/Tole: _____

106. Where do you live now? (**Name of Current Place of Residence**)
- 106.1 Districts: _____
- 106.2 VDC/Municipality: _____
- 106.3 Ward #: _____
- 106.4 Village/Tole: _____
107. How long have you been living continuously at this location?
 _____ months 0. Always (**Since birth, Go to Q. 201**)
108. Before you moved here, where did you live
- 108.1 Districts: _____
- 108.2 VDC/Municipality: _____
- 108.3 Ward #: _____
- 108.4 Village/Tole: _____

2.0 PERSONAL INFORMATION

201. How old are you?
 _____ (**Write the completed year**)
202. What is your ethnic group?
 Ethnicity/Caste _____
203. What class have you passed?
 _____ (Write '0' for illiterate, '19' for the literate without attending the school, and exact number for the passed grade)
204. What is your present Marital Status
1. Married (**Go to Q. 204.2**)
 2. Divorced/Permanently Separated (**Go to Q. 204.1**)
 3. Widow (**Go to Q. 204.1**)
 4. Never Married (**Go to Q. 204.2.1 then go to Q. 207**)
 5. Others (Specify) _____
- 204.1 How old were you when you got divorced/separated/Widowed?
 _____ (Write completed year) [**Go to Q. 204.2.1**]
- 204.2 Are you presently living with your husband?
1. Yes (**Go to Q. 205**)
 2. No (**Go to Q. 204.2.1**)
 9. No Response (**Go to Q. 204.2.1**)
- 204.2.1 Who are you living with now? (**Multiple Responses**)
1. Male friend/other male
 2. Other male relatives
 3. Other females
 4. Children
 5. Alone
 6. Others (Specify) _____
 9. No Response

[FILTER: If answer in Q. 204 is '4' Go to Q. 207]

205. What was your age at the time of 1st marriage?
 _____ Years old (**write completed year**)

[FILTER: If answer in Q. 204 is '2' or '3' Go to Q. 207]

206. Does your husband have co-wife now?
1. Yes
 2. No
207. Do you have other persons who are dependent on your income?
1. Yes
 2. No (**Go to Q. 208**)

- 207.1 How many
 Adults: _____
 Children: _____
208. How long have you been exchanging sexual intercourse for money or other things?
(if answer is less than 6 months stop interview)
 For _____ months 98. Don't know 99. No answer
- 208.1 Did you have any sexual intercourse during past 12 months?
 1. Yes 2. No (**STOP INTERVIEW**)
209. How many months have you been working here at this place?
 _____ months
- 209.1 Besides here, where else in Kathmandu have you sold sex? (Worked/made/make contact with clients)

 (Write type of Sex Work establishment and address)
210. Have you ever worked in this profession in other locations (outside of Pokhara Valley)?
 1. Yes (**Go to Q. 210.1**) 2. No (**Go to Q. 210.2**)
 ↓
- 210.1 Where did you work? (*List all the places mentioned by the respondent*)

District	VDC/Municipality	Village/Tole
_____	_____	_____
_____	_____	_____
- 210.2 Have you ever worked in India in this profession?
 1. Yes 2. No (**Go to Q. 211**)
 ↓
- 210.3 Where did you work in India? (*List all the locations worked in India*).

Name of Places	Name of Nearby City
_____	_____
_____	_____
- 210.3.1 _____ How many months did you work in India in total?
 _____ Months
- 210.4 Were you coerced to go there or you went there on your own?
 1. Coerced 2. On my own
211. What is your average weekly income from commercial sex?
 Cash _____ Rs. +(Gift equivalent to Rupees) _____ Rs. = Total Rs. _____
[Note: If there is '0' in both cash and gift equivalent mentions the reasons]
 Other (specify) _____
212. Do you have any other work besides sex work?
 1. Yes 2. No (**Go to Q. 214**)
 ↓
- 212.1 What do you do?

213. What is your average weekly income from other sources?
 _____ Rupees
214. Have you ever encountered any client who refuses to give money after having sex?
 1. Yes 2. No (**Go to Q. 301**)
 ↓
- 214.1 How many incidences in past six months _____ Times
- 2.0 INFORMATION ON SEXUAL INTERCOURSE**
301. How old were you at your first sexual intercourse?
 _____ Years old 98. Don't know/can't recall

302. Among all of your partners how many were who you had sex with in exchange for money in the past week?
 _____ Number 98. Don't know
303. Among all of your partners how many had sex you without paying money in the past week? (Include spouse and live-in sexual partners)
 _____ Number 98. Don't know
304. With how many different sexual partners in total have you had sex during the past week? (Note: Check total number of partner in **Q. 302 + Q. 303 and Q 304** to make sure the number match).
 _____ Number 98. Don't know
305. Typically, how many clients visit you in a day? _____ Number
- 305.1 How many clients visited you yesterday? _____ Number
- 305.2 How many clients did you have in the past week? _____ Number
306. Of which professions' client mostly visit you? (Give three most types of client)

- 306.1 In the past month, which profession's client visited you most?

- 306.2 Which profession's client visited you in the last time?

307. How many days in a week (on average) do you do this business?
 _____ Days
308. When did you have the last sexual intercourse with a client?
 _____ Days before (**Write '0' if Today**)
309. How many people did you have sexual intercourse with on that day?
 _____ (Number)
310. How much rupees or other items did the last client pay you?
 Cash _____ Rs. +(Gift equivalent to Rupees) _____Rs. = Total Rs. _____
(Note: If there is '0' in both cash and gift equivalent mention the reasons)
 Others (specify) _____

4.0 USE OF CONDOM AND SEX PARTNERS

401. The last time you had sex with the client, did your client use a condom?
 1. Yes 2. No (**Go to Q. 401.2**)
- 401.1 Who suggested condom use that time?
 1. Myself (**Go to Q. 402**) 3. Joint decision (**Go to Q. 402**)
 2. My partner (**Go to Q. 402**) 4. Don't know (**Go to Q. 402**)
- 401.2 Why didn't your client use a condom that time? (**Multiple answers. DO NOT READ the possible answers given below**)
 1. Not available 6. Didn't think it was necessary
 2. Too expensive 7. Didn't think of it
 3. Partner objected 8. Client offered more money
 4. Partner didn't like them 9. Other (Specify) _____
 5. Used other contraceptive 98. Don't know
402. With what frequency did your clients use condom over the past 12 months?
 1. All of the time 3. Some of the time 5. Never
 2. Most of the time 4. Rarely

- 403 Do you have any client who returns regularly to you?
 1. Yes
 2. No (Go to Q 404)
- 403.1 How often regular clients use of condom with you over the past 12 months?
 1. All of the time (Go to Q. 404)
 2. Most of the time
 3. Some of the time
 4. Rarely
 5. Never
- 403.2 Why do you not use condom regularly with them? (Multiple answers. DO NOT READ the possible answers given below)
 1. Not available
 2. Too expensive
 3. Partner objected
 4. Partner didn't like them
 5. Used other contraceptive
 6. Didn't think it was necessary
 7. Didn't think of it
 8. Other (Specify) _____
 98. Don't know
404. Think about your most recent non-paying sexual partner. How many times did you have sexual intercourse with this person over the last 30 days?
 _____ Number of times 98. Don't know
- (If answer is '0' in Q 404, go to Q 406)
405. The last time you had sex with the non-paying partner did you and your client use a condom?
 1. Yes
 2. No (Go to Q. 405.2)
- 405.1 Who suggested condom use that time?
 1. Myself (Go to Q. 406)
 2. My Partner (Go to Q. 406)
 3. Joint Decision (Go to Q. 406)
 98. Don't know (Go to Q. 406)
- 405.2 Why didn't your partner use a condom that time? (Multiple answers. DO NOT READ the possible answers given below)
 1. Not available
 2. Too expensive
 3. Partner objected
 4. Partner didn't like them
 5. Used other contraceptive
 6. Didn't think it was necessary
 7. Didn't think of it
 8. Other (Specify) _____
 98. Don't know
406. With what frequency did all of your non-paying partners use condoms over the last 12 months?
 1. All of the time
 2. Most of the time
 3. Some of the time
 4. Rarely
 5. Never
 6. Do not have sexual intercourse
407. Do you usually carry condoms with you?
 1. Yes
 2. No (Go to Q. 408)
- 407.1 How many condoms do you have at-hand right now with you?
 _____ Number (Observe and Write)
408. Which places or persons do you know where you can obtain condoms? (Multiple answers. DO NOT READ the possible answers given below)
 1. Health Post
 2. Health Center
 3. Pharmacy
 4. General retail store (Kirana Pasal)
 5. Private Clinic
 6. Paan shop
 7. Hospital
 8. FPAN Clinic
 9. Peer/Friends
 10. NGO/Health Workers/Volunteers
 11. Bar/Guest House/Hotel
 12. Other (Specify) _____
 19. No response
 98. Don't know
- 408.1 How long does it take you to obtain a condom from your house or from where you work?
 _____ Minutes

409. During the past one-year, did any of your sexual partner(s) force you to have sex with them even though you did not want to have sex?
 1. Yes 2. No 9. No response
410. In the past year, were there any situations/acts that your clients did to you that you disliked?
 1. Yes 2. No (**Go to Q. 411**)
- 410.1 If yes, what are they?

411. In the past year, did you have any other type of sex than vaginal? (**INSTRUCTION TO INTERVIEWER: Explain what are: The other types of sex besides vaginal (such as oral, anal)**)
 1. Yes 2. No (**Go to Q. 501**)
- 411.1 If yes, what types?
 1. Oral 2. Anal 3. Other (Specify) _____
- 411.2 What type of sex did you have with your last client?

5.0 AWARENESS OF HIV/AIDS

501. Have you ever heard of an illness called HIV/AIDS?
 1. Yes 2. No (**Go to Q. 601**)
502. Of the following sources of information, from which sources have you learned about HIV/AIDS?
- | | | |
|------------------------------|--------|-------|
| 1. Radio | 1. Yes | 2. No |
| 2. Television | 1. Yes | 2. No |
| 3. Newspapers/Magazines | 1. Yes | 2. No |
| 4. Pamphlets/Posters | 1. Yes | 2. No |
| 5. Health Workers | 1. Yes | 2. No |
| 6. School/Teachers | 1. Yes | 2. No |
| 7. Friends/Relatives | 1. Yes | 2. No |
| 8. Work Place | 1. Yes | 2. No |
| 9. People from NGO | 1. Yes | 2. No |
| 10. Video Van | 1. Yes | 2. No |
| 11. Street Drama | 1. Yes | 2. No |
| 12. Cinema Hall | 1. Yes | 2. No |
| 13. Community Event/Training | 1. Yes | 2. No |
| 14. Bill Board/Sign Board | 1. Yes | 2. No |
| 15. Comic Book | 1. Yes | 2. No |
| 16. Community Workers | 1. Yes | 2. No |
| 17. Others (Specify) _____ | | |
503. Do you know how HIV/AIDS is transmitted?
 1. Yes 2. No (**Go to Q. 505**)
504. What are those ways? (Multiple answers possible. **DO NOT READ** the possible answers given below).
 1. Sexual intercourse
 2. Sex without condom
 3. Multiple sex partners
 4. Blood Transfusion
 5. Syringe and Needle
 6. Infected mother to baby
 7. Other (specify) _____
 98. Don't Know
505. Is there anything a person can do to avoid getting HIV/AIDS or the virus that causes HIV/AIDS?
 1. Yes 2. No. (**Go to Q. 506**)
- 505.1 What a person can do? (Multiple responses possible. **DO NOT READ** the possible answers given below)
 1. Abstain from sex
 2. Use condom
 3. Have only one sex partner

4. Stop sex with multiple partners
5. Avoid sex with sex worker
6. Avoid sex with homosexual
7. Avoid blood transfusions
8. Avoid using infected needle
9. Avoid kissing
10. Avoid mosquito bites
11. Seek protection form traditional healer
12. Others (Specify) _____
13. No response
98. Don't Know

506. Has anyone given you following information or items in the past year?
- | | | |
|---|--------|-------|
| 1. Condom | 1. Yes | 2. No |
| 2. Brochure/booklets/pamphlets about HIV/AIDS | 1. Yes | 2. No |
| 3. Information about HIV/AIDS | 1. Yes | 2. No |
| 8. Others (Specify) _____ | | |

507. Has anyone from NGOs/organizations visited you in the past year?
1. Yes 2. No (**Go to Q. 601**)



507.1 Could you please mention the name of NGOs/organizations?
Name of NGOs/organizations: _____

507.2 Could you mention the things/items you received from them?

6.0 PROMOTION OF CONDOM

601. In the past one-year have you seen, read or heard any advertisements about condoms from the following sources? (**READ THE FOLLOWING LIST**)

- | | | |
|------------------------------|--------|-------|
| 1. Radio | 1. Yes | 2. No |
| 2. TV | 1. Yes | 2. No |
| 3. Pharmacy | 1. Yes | 2. No |
| 4. Health Post | 1. Yes | 2. No |
| 5. Health Center | 1. Yes | 2. No |
| 6. Hospital | 1. Yes | 2. No |
| 7. Health Workers/Volunteers | 1. Yes | 2. No |
| 8. Friends/Neighbors | 1. Yes | 2. No |
| 9. NGOs | 1. Yes | 2. No |
| 10. Newspapers/Posters | 1. Yes | 2. No |
| 11. Video Van | 1. Yes | 2. No |
| 12. Street Drama | 1. Yes | 2. No |
| 13. Cinema Hall | 1. Yes | 2. No |
| 14. Community Event/Training | 1. Yes | 2. No |
| 15. Bill Board/Sign Board | 1. Yes | 2. No |
| 16. Comic Book | 1. Yes | 2. No |
| 17. Community Workers | 1. Yes | 2. No |
| 18. Others (Specify) _____ | | |

602. What message did you get from the advertisement ? (Multiple answers. **DO NOT READ** the possible answers given below)

1. Use condom against HIV/AIDS, Avoid HIV/AIDS
2. Use condom against STI, Avoid STI
3. Use condom for family planning, Other family planning messages
9. Others (specify) _____

603. Have you ever seen, heard or read following messages/characters during past one year?

- | | | |
|--|--------|-------|
| 1. Jhilke Dai Chha Chhaina Condom | 1. Yes | 2. No |
| 2. Condom Kina Ma Bhaya Hunna Ra | 1. Yes | 2. No |
| 3. Youn Rog Ra AIDS Bata Bachnalai | | |
| Rakhnu Parchha Sarbatra Paine Condom Lai | 1. Yes | 2. No |
| 4. Ramro Sanga Prayog Gare Jokhim Huna Dinna | | |
| Bharpardo Chhu Santosh Dinchhu Jhanjhat | | |
| Manna Hunna | 1. Yes | 2. No |

5. Condom Bata Surakchhya, Youn Swasthya Ko Rakchhya AIDS Ra Younrog Bata Bachna Sadhai
Condom Ko Prayog Garau 1. Yes 2. No
6. HIV/AIDS Bare Aajai Dekhee Kura Garau 1. Yes 2. No

603.1 Besides above messages have you seen, heard or read any other messages on STI/HIV/AIDS Prevention or Condom Uses?

1. Yes

2. No (Go to Q. 604)



603.2 What are they?

604. During the past one-year what brand of condoms did you use most of the time? (Record first three)

1. _____
2. _____
3. _____

7.0 STI (SEXUALLY TRANSMITTED INFECTION)

701. Which diseases do you understand by STI?

702. Do you currently have any of the following symptoms?

Symptoms	Yes	No
1. Pain in the lower abdomen	1	2
2. Pain during urination	1	2
3. Frequent urination	1	2
4. Pain during sex	1	2
5. Ulcer or sore in the genital area	1	2
6. Itching in or around the vagina	1	2
7. Vaginal odor or smell	1	2
8. Vaginal bleeding (unusual)	1	2
9. Unusual heavy vaginal discharge and foul vaginal discharge	1	2
10. Genital Warts	1	2
11. Others (Specify) _____	1	2

(If answer is "No" to all in the Q. No. 702 Go to Q. 706)

703. Have you been treated for any of these symptoms?

1. Yes 2. No (Go to Q. 706)

704. Where did you go for the treatment? (Multiple Answers, Do not read the possible answers given below)

1. Private Clinic 7. Health Center
2. AMDA Clinic 8. Hospital
3. NFCC 9. Pharmacy
4. SACTS 10. Self Treatment (Specify) _____
5. FPAN Clinic 11. Others (Specify) _____
6. Health Post /Sub Health Post

705. For which symptoms did you get treatment? Specify the treatment.

Symptoms	Treatment
1. Pain in the lower abdomen	
2. Pain during urination	
3. Frequent urination	
4. Pain during sex	
5. Ulcer or sore in the genital area	
6. Itching in or around the vagina	
7. Vaginal odor or smell	
8. Vaginal bleeding (unusual)	
9. Unusual heavy vaginal discharge and foul vaginal discharge	
10. Genital Warts	
11. Others (Specify) _____	

706. Do you have any of the following symptoms in the past year?

Symptoms	Yes	No
1. Pain in the lower abdomen	1	2
2. Pain during urination	1	2
3. Frequent urination	1	2
4. Pain during sex	1	2
5. Ulcer or sore in the genital area	1	2
6. Itching in or around the vagina	1	2
7. Vaginal odor or smell	1	2
8. Vaginal bleeding (unusual)	1	2
9. Unusual heavy vaginal discharge and foul vaginal discharge	1	2
10. Genital Warts	1	2
11. Others (Specify)_____	1	2

(If answer is "No" to all in Q. No. 706, Go to Q. No. 710)

707. Have you been treated for any of these symptoms in the past year?

Symptoms	Yes	No
1. Pain in the lower abdomen	1	2
2. Pain during urination	1	2
3. Frequent urination	1	2
4. Pain during sex	1	2
5. Ulcer or sore in the genital area	1	2
6. Itching in or around the vagina	1	2
7. Vaginal odor or smell	1	2
8. Vaginal bleeding (unusual)	1	2
9. Unusual heavy vaginal discharge and foul vaginal discharge	1	2
10. Genital Warts	1	2
11. Others (Specify)_____	1	2

(If answer is "No" to all in Q. No. 707, Go to Q. No. 710)

708. Where did you go for the treatment? (Multiple answers. Do not read the possible answers given below).

1. Private Clinic
2. AMDA Clinic
3. NFCC
4. SACTS
5. FPAN Clinic
6. Health Post /Sub Health Post
7. Health Center
8. Hospital
9. Pharmacy
10. Self Treatment (Specify)_____
11. Others (Specify)_____

709. Did the people you went for treatment tell you about how to avoid the problem?

1. Yes
2. No (Go to Q. 710)

709.1 What did he tell you? (Multiple answers, **DONOT READ** the possible answers given below)

1. Told me to use condom
2. Told me to reduce number of sexual partners
8. Others (Specify)_____

710. I don't want to know the result, but have you ever had an HIV test?

1. Yes
2. No (Go to Q. 714)
9. No response

711. Did you voluntarily undergo the HIV test, or were you required to have the test?

1. Voluntary
2. Required
9. No response

712. Please do not tell me the result, but did you find out the result of your test?

1. Yes
2. No
9. No response

713. When did you have your most recent HIV test?

1. Within 0-3 months
2. Within 4-11 months
3. Between 1-2 years
4. Between 2-4 years
5. More than 4 years ago
8. Don't know
9. No response

714. To your knowledge, have any of your sex partners injected drugs?

1. Yes
2. No (Go to Q. 715)

- 714.1 (For Married SW only) Did your husband inject drug? **(Check with Q. 204)**
 1. Yes 2. No
- 714.2 (For having regular partner) Did your regular partner inject drug? **(Check with Q. 403)**
 1. Yes 2. No
- 714.3 (For all) Do you know any of your client ever inject drug?
 1. Yes 2. No

715. Do you know anyone who injects?
 1. Yes 2. No **(Go to Q 801)**

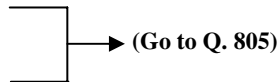
715.1 If yes, what is your relationship to him/her (peer, friend, family relationship, etc)

8.0 USE OF DRUGS AND INJECTION

801. During the last 30 days how often have you had drinks containing alcohol? Would you say.....**READ OUT LIST**
- | | |
|--------------------------|-------------------------|
| 1. Everyday | 2. At least once a week |
| 3. Less than once a week | 4. Never |
| 8. Don't Know | 9. No response |

802. Some people have tried a range of different types of drug. Have you also tried any of those drugs in the past 30 days?
1. Yes
 2. No
 8. Don't Know
 9. No Response

803. Some people have tried injecting drugs using a syringe. Have you injected drugs in last 12 months? **(DRUGS INJECTED FOR MEDICAL PURPOSES OR TREATMENT OF AN ILLNESS DO NOT COUNT)**
1. Yes
 2. No
 8. Don't Know
 9. No Response



804. Usually how did you get that syringe/needle?
1. My friend/relative gave it to me after his use
 2. Unknown person gave it to me
 3. I picked it up from a public place which was left there by others
 4. I picked it up from a public place which was left there by myself
 5. I used a new needle/syringe given by NGO volunteer
 6. I used a needle/syringe which I purchased
 7. Others (Specify) _____

805. Have you ever exchanged sex for drugs?
 1. Yes 2. No

806. Have you ever exchanged sex for money so that you can buy drug?
 1. Yes 2. No

Confidential

**BEHAVIOURAL SURVEILLANCE SURVEY AMONG MALE CLIENTS
IN POKHARA VALLEY
FHI/New ERA - 2004**

MALE QUESTIONNAIRE

Namaste! My name is, I am here from New ERA to collect data for a research project. During this data collection I will ask you some personal questions that will be about sexual intercourse, use and promotion of condoms, HIV/AIDS and drugs. The information given by you will be strictly treated as confidential. Nobody will know what every we talk because your name will not be mentioned on this form. All the mentioned information will be used only for objective of the study. This survey will take about 30 to 45 minutes.

It depends on your wish to participate in this survey or not. You do not have to answer any questions that you do not want to answer, and you may end this interview at any time you want to. But I hope, you will participate in this survey and make it success by providing correct answers of all the questions.

Would you be willing to participate?

1. Yes 2. No

Signature of Interviewer: _____ Date: _____

Has someone interviewed you from New ERA with a questionnaire in last few weeks?

1. Yes 2. No (Continue interview)

↓
When? _____ Days ago (Stop interview)

Name of Interviewer: _____

101. Respondent ID #:

--	--	--	--	--	--

102. Interview Location

102.1 Name of location (such as tole, crossing, chowk, bahal, lane, VDC, etc.)

102.2 District: _____

103. Place of Interview (such as hotel, lodge, restaurant, etc.): _____

104. Date of Interview: 2060 / ____ / ____

105. Interview Starting Time : _____

Interview Completion Time: _____

106. Where is your birthplace?

Name of the VDC/Municipality: _____

Name of the Village/Tole: _____

District : _____

107. Where do you live now?

Name of the VDC/Municipality: _____

Name of the Village/Tole: _____

District : _____

108. How long have you been living continuously at this location?

_____ months

0. Always (Since Birth) (Go to Q. 201)

109. Before you moved here, where did you live?

Name of the VDC/Municipality: _____

Name of the Village/Tole: _____

District: _____

2.0 Personal Information

201. How old are you?
_____ (write the completed years)
202. What is your caste? (Specify Ethnic Group/Caste)
Ethnicity/Caste _____
203. What class have you passed?
_____ (write '0' for illiterate, '19' for the literate without attending the school, and exact number for the passed grade)
204. What is your occupation?

205. What type of establishment do you work?
1. Government Office
2. Hotel
3. Restaurant
4. Travel Agencies
5. Bhatti pasal
6. Contractor for house construction
7. Contractor for Road Construction
8. Garment Factory
9. Industry (specify type of industry) _____
10. Vegetable, fruit vendors
11. Others (Specify) _____
206. What is your position in the establishment?

207. What is your present marital status?
1. Married
2. Divorced/Permanently Separated (Go to Q. 210)
3. Widow (Go to Q. 210)
4. Never Married (Go to Q. 210)
208. Are you presently living with your wife?
1. Yes 2. No 9. Others (Specify) _____
209. What is the approximate number of days in a month that you stay away from your wife?
_____ days 999. I always stay with my family
210. What is your current living status?
1. With the family (wife and children)
2. With friends
3. Along
4. With parents
5. With relatives
6. Others (Specify) _____

3.0 Information on Sexual Intercourse

301. How old were you at your first sexual intercourse?
_____ Years old (Completed years) 98. Don't know/can't say
302. During the past one year, how many different sex workers did you have sexual intercourse with?
_____ (number)
303. During the past one year when did you have the last sexual intercourse with a sex worker? (Write 0 if the answer is less than a week)
_____ Weeks ago
304. Where did you find that last sex worker for sexual intercourse? (**DO NOT READ** the possible answers given below)
1. Disco
2. Dance Restaurant
3. Cabin Restaurant
4. Massage Parlour
5. Local Bar/Bhatti Pasal
6. On the street
7. Garment/Carpet Factory
8. CSW's House
9. Squatter Area
10. Lodge/Hotel
11. Dinner (Eating House)
12. In Forest/Park
13. Others (Specify) _____

305. Where did you have sex with her?
- | | |
|--------------------------|---------------------------|
| 1. Sex worker's own home | 5. Other private house |
| 2. Client's home/room | 6. Truck/bus |
| 3. Hotel/lodge | 9. Others (Specify) _____ |
| 4. Forest/Bushes/Park | |
306. How much rupees or other items did you pay the sex worker that time? (Ask the money spend for sexual contact only)
 Cash _____ Rs. + (Gift equivalent to Rs.) _____ Rs. = Total Rs. _____
(Note: If there is '0' in both cash and gift equivalent mention the reasons)
 Others (Specify) _____

307. In the last one months how many times did you have sexual intercourse with sex workers?
 _____(Times)

308. Did you have sexual intercourse with sex worker in other places of Nepal (outside of Pokhara) in the past one-year?

- | | |
|--------|-----------------------|
| 1. Yes | 2. No (Go. to Q. 309) |
|--------|-----------------------|

308.1 Where?

VDC/Municipality

District

309. Did you have sexual intercourse with sex workers in India in the past one year?

- | | |
|--------|----------------------|
| 1. Yes | 2. No (Go to Q. 401) |
|--------|----------------------|

↓
 309.1 Where?

Name of Places

Name of Nearby Cities

4.0 Use of Condom and Sex Partners

401. Did you use a condom when you had the last sexual intercourse with a sex worker?

- | | |
|--------|------------------------|
| 1. Yes | 2. No (Go to Q. 401.2) |
|--------|------------------------|

↓

401.1 Who suggested condom use that time?

- | | |
|-------------------|--------------------|
| 1. Myself | } → (Go to Q. 402) |
| 2. My partner | |
| 3. Joint decision | |
| 98. Don't know | |

401.2 Why didn't you use a condom that time? (**Multiple answers. DO NOT READ the possible answers given below**)

- | | |
|-----------------------------|----------------------------------|
| 1. Not available | 5. Didn't think it was necessary |
| 2. Too expensive | 6. Didn't think of it |
| 3. Partner objected | 9. Others (Specify) _____ |
| 4. Partner didn't like them | 98. Don't know |

402. How often did you use condoms while visiting sex workers in the last 12 months?

- | | |
|---------------------|---------------------|
| 1. Always | (Go to Q. 403) |
| 2. Most of the time | } → (Go to Q 402.1) |
| 3. Sometimes | |
| 4. Rarely | |
| 5. Never | |

402.1 Why you did not use condom always?

(FILTER: If the response is not '1' in Q. 207. Go to Q. 407)

403. During the past one-year have you had sexual intercourse with your wife?
 1. Yes 2. No (**Go to Q 407**)
404. How many times did you have sexual intercourse with your wife over the last 30 days?
 _____ Number of times 98. Don't know
405. The last time you had sex with your wife did you use condom?
 1. Yes 2. No (**Go to Q. 405.2**)
- ↓
- 405.1 Who suggested condom use that time?
 1. Myself
 2. My partner
 3. Joint decision
 98. Don't know
- (Go to Q. 406)
- 405.2 Why didn't you use a condom that time? (**Multiple answers. DO NOT READ the possible answers given below**)
 1. Not available 5. Didn't think it was necessary
 2. Too expensive 6. Didn't think of it
 3. Partner objected 9. Others (Specify) _____
 4. Partner didn't like them 98. Don't know
406. How often did you use condoms with your wife over the last 12 months?
 1. Always (**Go to Q. 407**)
 2. Most of the time
 3. Sometimes
 4. Rarely
 5. Never
- (Go to Q 406.1)
- 406.1 Why you did not use condom always?

407. During the past 12 months have you had sexual intercourse with your girl friend?
 1. Yes 2. No (**Go to Q 411**)
408. How many times did you have sexual intercourse with your girl friend over the last 30 days?
 _____ Number of times 98. Don't know
409. The last time you had sex with your girl friend did you use condom?
 1. Yes 2. No (**Go to Q. 409.2**)
- ↓
- 409.1 Who suggested condom use that time?
 1. Myself
 2. My partner
 3. Joint decision
 98. Don't know
- (Go to Q. 410)
- 409.2 Why didn't you use a condom that time? (**Multiple answers. DO NOT READ the possible answers given below**)
 1. Not available 5. Didn't think it was necessary
 2. Too expensive 6. Didn't think of it
 3. Partner objected 9. Others (Specify) _____
 4. Partner didn't like them 98. Don't know
410. How often did you use condoms with your girl friend over the last 12 months?
 1. Always (**Go to Q. 411**)
 2. Most of the time
 3. Sometimes
 4. Rarely
 5. Never
- (Go to Q 410.1)
- 410.1 Why you did not use condom always?

411. During the past one-year have you had sexual intercourse with your other female friends?
 1. Yes 2. No (**Go to Q. 415**)
412. How many times did you have sexual intercourse with your other female friends over the last 30 days?
 _____ Number of times 98. Don't know
413. The last time you had sex with your other female friends did you use condom?
 1. Yes 2. No (**Go to Q. 413.2**)
- 413.1 ↓ Who suggested condom use that time?
 1. Myself
 2. My partner
 3. Joint decision
 98. Don't know
- } → (**Go to Q. 414**)
- 413.2 Why didn't you use a condom that time? (**Multiple answers. DO NOT READ the possible answers given below**)
 1. Not available
 2. Too expensive
 3. Partner objected
 4. Partner didn't like them
 5. Didn't think it was necessary
 6. Didn't think of it
 9. Others (Specify) _____
 98. Don't know
414. How often did you use condoms with your other female friend over the last 12 months?
 1. Always (**Go to Q. 415**)
 2. Most of the time
 3. Sometimes
 4. Rarely
 5. Never
- } → (**Go to Q. 414.1**)
- 414.1 Why you did not use condom always?

415. Do you usually carry condoms with you?
 1. Yes 2. No (**Go to Q. 416**)
- 415.1 ↓ How many condoms do you have at hand right now? _____ Number (Observe and Write)
416. Which places or persons do you know where you can obtain condoms?
 (Multiple answers. Do NOT READ the possible answers given below)
 1. Health Post 8. FPAN Clinic
 2. Health Center 9. Peer/Friends
 3. Pharmacy 10. NGO/Health Workers/Volunteers
 4. General Retail Store (Kirana Pasal) 11. Bar/Guest House/Hotel
 5. Private Clinic 12. Others (Specify) _____
 6. Paan Shop 13. No response
 7. Hospital 98. Don't know
417. Do you usually buy condom? or get it free of cost? Or both?
 1. I get it free of cost (**Do not ask Q. 417.2 and Q. 417.2.1**)
 2. I buy (**Go to Q. 417.2**)
 3. Both
 4. Never used condom (**Go to Q. 501**)
- 417.1 Where do you usually get freely?
 (Multiple answers. **DO NOT READ** the possible answers given below).
 1. Health Post 5. Peer/Friend
 2. Health Center 6. During Community Programme
 3. Hospital 7. NGO/Health Workers/Volunteers
 4. FPAN Clinic 9. Others (specify) _____
- 417.1.1 What is the most convenient place for you to get a free condom?
 (Multiple answers. **DO NOT READ** the possible answers given below)
 1. Health Post 5. Peer/Friend
 2. Health Center 6. During Community Programme
 3. Hospital 7. NGO/Health Workers/Volunteers
 4. FPAN Clinic 9. Others (specify) _____

- 417.2 Where do you usually buy?
 1. Pharmacy
 2. General retail store (Kirana Pasal)
 3. Private clinic
 4. Paan Shop
 9. Others (Specify) _____

- 417.2.1 What is the most convenient place for you to buy a condom?
 (Multiple answers. **DO NOT READ** the possible answers given below)
 1. Pharmacy
 2. General retail store (Kirana Pasal)
 3. Private clinic
 4. Paan Shop
 9. Otherw)Specify) _____

5.0 Awareness of HIV/AIDS

501. Have you ever heard of an illness called HIV/AIDS?
 1. Yes
 2. No (**Go to Q 601**)
502. Of the following sources of information, from which sources have you learned about HIV/AIDS?

1. Radio	1. Yes	2. No
2. Television	1. Yes	2. No
3. Newspapers/Magazines	1. Yes	2. No
4. Pamphlets/Posters	1. Yes	2. No
5. Health Workers	1. Yes	2. No
6. School/Teachers	1. Yes	2. No
7. Friends/Relatives	1. Yes	2. No
8. Work Place	1. Yes	2. No
9. People from NGO	1. Yes	2. No
10. Video Van	1. Yes	2. No
11. Street Drama	1. Yes	2. No
12. Cinema Hall	1. Yes	2. No
13. Community Event/Training	1. Yes	2. No
14. Bill Board/Sign Board	1. Yes	2. No
15. Comic Book	1. Yes	2. No
16. Community Workers	1. Yes	2. No
17. Other (Specify) _____		
503. Do you know how HIV/AIDS is transmitted?
 1. Yes
 2. No (**Go to Q 505**)
504. What are those ways? (Multiple answers possible. (**DO NOT READ the possible answers given below**)).

1. Sexual intercourse	5. Syringe and needle
2. Sex without condom	6. Infected mother to baby
3. Multiple Sex partners	7. Other (specify) _____
4. Blood Transfusion	98. Don't know
505. Is there anything a person can do to avoid getting HIV/AIDS or the virus that causes HIV/AIDS?
 1. Yes
 2. No. (**Go to Q 506**)
 ↓
 505.1 What a person can do?
 (Multiple responses possible. **DO NOT READ** the possible answers given below)

1. Abstain from sex	9. Avoid kissing
2. Use condoms	10. Avoid mosquito bites
3. Have only one sex partner	11. Seek protection form traditional healer
4. Stop sex with multiple partners	12. Other (Specify) _____
5. Avoid sex with sex worker	19. No response
6. Avoid sex with homosexual	98. Don't Know
7. Avoid blood transfusions	
8. Avoid using infected needle	
506. Has anyone given you following information or items in the past year?

1. Condom	1. Yes	2. No
2. Brochure/booklets/pamphlets about HIV/AIDS	1. Yes	2. No
3. Information about HIV/AIDS	1. Yes	2. No
9. Others (Specify) _____		

507. Has anyone from NGOs/organizations visited you in the past year?

1. Yes 2. No (**Go to Q. 601**)



507.1 Could you please mention the name of NGOs/organizations?

Name of NGOs/organizations: _____

507.2 Could you mention the things/items you received from them?

6.0 Promotion of Condom

601. In the past 12 months have you seen, read or heard any advertisements about condoms from the following sources? (**READ THE FOLLOWING LIST**)

- | | | |
|------------------------------|--------|-------|
| 1. Radio | 1. Yes | 2. No |
| 2. Television | 1. Yes | 2. No |
| 3. Pharmacy | 1. Yes | 2. No |
| 4. Health Post | 1. Yes | 2. No |
| 5. Health Center | 1. Yes | 2. No |
| 6. Hospital | 1. Yes | 2. No |
| 7. Health Workers/Volunteers | 1. Yes | 2. No |
| 8. Friends/Neighbors | 1. Yes | 2. No |
| 9. NGOs | 1. Yes | 2. No |
| 10. Newspapers/posters | 1. Yes | 2. No |
| 11. Video Van | 1. Yes | 2. No |
| 12. Street Drama | 1. Yes | 2. No |
| 13. Cinema Hall | 1. Yes | 2. No |
| 14. Community Event/Training | 1. Yes | 2. No |
| 15. Bill Board/Sign Board | 1. Yes | 2. No |
| 16. Comic Book | 1. Yes | 2. No |
| 17. Community Workers | 1. Yes | 2. No |
| 18. Other (specify) _____ | | |

602. What message did you get from the advertisement ? (Multiple answers. **DO NOT READ** the possible answers given below)

1. Use condom against HIV/AIDS, Avoid HIV/AIDS
2. Use condom against STI, Avoid STI
3. Use condom for family planning, Other family planning messages
9. Others (specify) _____

603. Have you ever seen, heard or read following messages/characters during past one year?

- | | | |
|--|--------|-------|
| 1. Jhilke Dai Chha Chhaina Condom | 1. Yes | 2. No |
| 2. Condom Kina Ma Bhaya Hunna Ra | 1. Yes | 2. No |
| 3. Youn Rog Ra AIDS Bata Bachnalai
Rakhnu Parchha Sarbatra Paine Condom Lai | 1. Yes | 2. No |
| 4. Ramro Sanga Prayog Gare Jokhim Huna Dinna
Bharparado Chhu Santosh Dinchhu Jhanjhat Manna Hunna | 1. Yes | 2. No |
| 5. Condom Bata Surakchhya, Youn Swasthya Ko
Rakchhya AIDS Ra Younrog Bata Bachna Sadhai
Condom Ko Prayog Garau | 1. Yes | 2. No |
| 6. HIV/AIDS Bare Aajai Dekhee Kura Garau | 1. Yes | 2. No |

603.1 Besides above messages have you seen, heard or read any other messages on STI/AIDS Prevention or Condom Uses?

1. Yes

2. No (**Go to Q. 604**)



603.1.1 What are they? _____

604. During the past one-year what brand of condoms did you use most of the time? (**Record first three**)

1. _____
2. _____
3. _____

7.0 STI (Sexually Transmitted Infection)

701. Have you ever experienced sores (Ulcer) on your private part during past one year?
1. Yes 2. No (**Go to Q. 704**)

702. When was that last time? (Write 0 if the answer is less than a week)
_____ weeks ago

703. Where did you go for the treatment of that symptom? (Multiple answers. **DO NOT READ** the possible answers given below).
1. Private Clinic 6. Pharmacy
2. FPAN Clinic 7. Self treatment (**Go to Q 704**)
3. Health Post 8. No treatment (**Go to Q 704**)
4. Health Center 9. Others (specify) _____
5. Hospital

703.1 Did the people you went for treatment tell you about how to avoid the problem?
1. Yes 2. No (**Go to Q. 704**)



703.1.1 What did he tell you? (Multiple answers. **DO NOT READ** the possible answers given below).
1. Told me to use condom
2. Told me not to have more than one sexual partners
9. Others (specify) _____

704. Have you ever experienced pus/pain during urination in past one year?
1. Yes 2. No (**Go to Q. 801**)



704.1 When was that last time? (Write 0 if the answer is less than a week) _____ weeks ago

705. Where did you go for the treatment of that Symptom? (Multiple answers possible. **DO NOT READ** the possible answers given below).
1. Private Clinic 6. Pharmacy
2. FPAN Clinic 7. Self treatment (**Go to Q. 801**)
3. Health Post 8. No treatment (**Go to Q. 801**)
4. Health Center 9. Others (specify) _____
5. Hospital

705.1 Did the people you went for treatment tell you about how to avoid the problem?
1. Yes 2. No (**Go to Q. 801**)



705.1.1 What did he tell you? (Multiple answers. **DO NOT READ** the possible answers given below)
1. Told me to use condom
2. Told me not to have more than one sexual partner
9. Others (Specify) _____

8.0 USE OF DRUGS AND INJECTION

801. During the last 30 days how often have you had drinks containing alcohol? Would you say.....**READ OUT LIST**

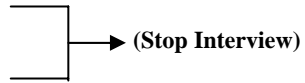
- | | |
|--------------------------|-------------------------|
| 1. Everyday | 2. At least once a week |
| 3. Less than once a week | 4. Never |
| 8. Don't Know | 9. No response |

802. Some people have tried a range of different types of drug. Have you also tried any of those drugs?

- | | | | |
|--------|-------|---------------|----------------|
| 1. Yes | 2. No | 8. Don't know | 9. No Response |
|--------|-------|---------------|----------------|

803. Some people have tried injecting drugs using a syringe. Have you injected drugs in last 12 months?
(DRUGS INJECTED FOR MEDICAL PURPOSES OR TREATMENT OF AN ILLNESS DO NOT COUNT)

1. Yes
2. No
8. Don't Know
9. No Response



804. Usually how did you get that syringe/needle?

1. My friend/relative gave it to me after his use
2. Unknown person gave it to me
3. I picked it up from a public place which was left there by others
4. I picked it up from a public place which was left there by myself
5. I used a new needle/syringe given by NGO volunteer
6. I used a needle/syringe which I purchased
9. Others (Specify) _____

Annex - D
Female Clinical/Lab Checklis

Annex - E
Female Oral Informed Consent

FAMILY HEALTH INTERNATIONAL (FHI), NEPAL
Oral Informed Consent to Participate in the Research

Research Topic: Prevalence of HIV, other sexually transmitted infections (STI), and related risk behaviors among female sex workers in Kathmandu and Pokhara Valley and Surrounding Highways

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Introduction

This Consent Form provides you the information on the above mentioned research. In order to ensure that you are informed about the study and your participation in the study, you will be asked to read it or it will be read for you. You will be asked to show your agreement on whether you are willing to participate in the study or not by saying it loudly in presence of other two witnesses. The whole research work has been designed as per the norms set by Family Health International (FHI) and Nepal Health Research Council (NHRC). The ethics review committee(s) of Family Health International and the Nepal Health Research Council have approved this research. We will provide you a copy of this, if you want. This consent form might contain some words that are unfamiliar to you. Please do not hesitate to ask us if you do not understand or you have any query.

Rational for the Research

You are being asked to participate in the research which aims to find out the rate of STI/HIV among the people who live and travel in Kathmandu and Pokhara Valley and surrounding highways, and what are the risk behaviors among the people that have these infections. The Ministry of Health and local groups will use the findings of this research in planning and formulating strategies to prevent such infections.

General Information on Research Methodology

If you agree to participate in this research we would like to convince you that your name will not be taken in any parts of the research. We will ask you some questions and then ask you to provide blood sample. We will draw 5-6 ml blood by 10 ml disposable syringe from you. If it is determined that you have any symptoms that are consistent with an STI, we will provide

treatment free of charge. The diagnosis and treatment of this type of disease will be done on the basis of National STI Case Management Guidelines.

Your Role in the Research

Your participation in the research will take about one hour. About 800 females who live or travel in Kathmandu and Pokhara Valley and surrounding highways will participate in the research.

You will be asked some questions regarding your age and education if you agree to participate in the research. We will also ask you some questions about your travel, the history of your sexual behavior and symptoms of sexually transmitted diseases and provide you counseling on HIV that causes AIDS and other sexually transmitted diseases as well. We will explain you what the laboratory (Lab.) test is and what treatment and care is available to you. We will then take your blood sample.

Your name will neither be recorded on blood sample nor in the questionnaire. All the questionnaire and samples will be labeled with a code number. Syphilis and HIV will be examined from your blood sample. Syphilis and HIV test will be done in Kathmandu by SACTS. If you wish we could provide you syphilis and HIV test results about a month after the completion of the fieldwork. The research team will inform you about the right place and date for you to collect your report. You can collect these reports only by showing the card bearing the study number given to you by the study team. We will not be able to provide you the results if you do not bring your card with you. This is done to keep the test results anonymous.

Possible Risk and Benefits

The risk of participating in this study is the minor discomfort due to bleeding bruising during blood drawing. Since your name has not been recorded anywhere, no one will be able to know that this laboratory test report belongs to you. Some of the questions we ask might put you in trouble or make you feel uncomfortable to answer them. You are free not to answer such questions and also to withdraw yourself from participating the research process at any time you like to do so. You might feel some mental stress after getting your test results. But you will get proper counseling on HIV and STI through a qualified counselor at that time.

To talk about the benefits of this research, you will be provided with free treatment, if currently you have any STI symptoms. You will be given lab test results of syphilis and HIV and made aware of how STI/HIV is transmitted and how it can be prevented and controlled. You will also be provided with information on safe sex. The information we obtain from this research will help us plan and formulate strategies to control and prevent further spread of AIDS and other sexually transmitted diseases.

If You do not Give Your Consent to Participate in the Research

You are free to decide whether to participate or not. Whatever be your decision, this will not affect in any way in the health services you have been seeking now.

Confidentiality

We will do our best to deal with the information regarding you and your participation in the research as a highly confidential matter. We are not interested to know your name so it will not be recorded anywhere. A code number will be assigned to each questionnaire and sample of your blood. You will be given a card with the code number. If you want to get the results of HIV only or syphilis only or both, you can do so by showing the card to us. You are free to decide which test result do you want to collect later. We will not be able to identify you and give the report to you without the card given to you at the time of blood sample collection.

We will not record your name anywhere so your name will not be mentioned in the report of this research, if published. However, the officials of International Health Center, in rare cases, might show interest to have a look at the record of the participants of the research and court sometimes might ask to show the record of the research to others. Whatever be the case, these records will not have your name.

Compensation

You will be given vitamin for one month, small gift, condom and some reading materials about HIV/AIDS and STI as compensation for your participation in the research.

Withdraw from Participating the Research

You are free to withdraw yourself from participating the research process at any time you like or not to respond the questions you do not prefer to answer.

Contact

If you have any questions or queries regarding this **research** please contact the following persons/agencies:

Siddhartha Man Tuladhar
New ERA, Kalopool, Kathmandu, Nepal
Phone Number: 01-4413603

Jim Ross
Family Health International (FHI),
Gairidhara, Kathmandu,
Phone Number: 01-4427540

Laxmi Bilas Acharya
Family Health International (FHI),
Gairidhara, Kathmandu,
Phone Number: 01-4427540

If you have some problems or queries regarding **your rights** as a participant of this research please contact:

Jim Ross
Family Health International (FHI)
Gairidhara, Kathmandu, Nepal
Phone Number: 01-4427540

OR

David Borasky
Institutional Representative, Human Rights Protection Committee,
P.O. Box. 13950,
Research Triangle Park, North Carolina, USA
Phone Number: 00-1-919-405-1445,
E-mail: dborasky@fhi.org
OR Cable: FAME.HEALTH

If you encounter any problem just because of **your participation** in this research please contact:

Siddhartha Man Tuladhar
New ERA
Kalopool, Kathmandu, Nepal
Phone No. 01-4413603, 01-4430060

OR

Asha Basnyat
Family Health International (FHI)
Gairidhara, Kathmandu
Phone No. 01-4427540

If you need more help, we can provide you a referral where you may have to pay for the services.

Volunteer Agreement

If you have fully understood what is being asked to you in the process of research, the person who is explaining these things to you will read the following words for you and sign on the form.

"I have read and explained the contents of this consent paper to the respondent. She explained the research activities back to me and from her understanding I am convinced that she is fully aware of the research activities. She has given her oral consent, on her own willingness, to participate in this study. No pressure was given to her to participate in the research work".

Date: _____

Signature of the person who obtained consent

I was present while reading out the benefits, risk and methods of the study for the respondent. All the questions were answered and the respondent has agreed to participate in the study.

Date: _____

Signature of the witness

Annex - F
Post Test Counseling

Dates and Places of Counseling Performed to FSWs

Name of Site	Date of Counseling	Total No. of Study Participants	Attended in Post-test Counseling		
			Total Counseled	With HIV	With Syphilis
Pokhara	June 07-July 11, 2004 in VCT run by PALUWA	200	48 (24.0%)	1	1

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