

**Integrated Bio-Behavioral Survey among
Female Sex Workers
Kathmandu Valley**

Round II -2006

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ABBREVIATION

AIDS	Acquired Immuno-Deficiency Syndrome
BSS	Behavioral Surveillance Survey
CAC	Community Action Center
CREHPA	Center for Research on Environment, Health and Population Activities
DIC	Drop-in-Center
ELISA	Enzyme Linked Immuno Assay
FHI	Family Health International
FSW	Female Sex Worker
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
MSM	Men who have sex with men
NCASC	National Center for AIDS and STD Control
NFCC	Nepal Fertility Care Center
NGO	Non-Governmental Organization
NHRC	Nepal Health Research Council
OE	Outreach Educator
PE	Peer Educator
PHSC	Protection of Human Subjects Committee
RPR	Rapid Plasma Regain
SACTS	STD/AIDS Counseling and Training Services
SBC	Strategic Behavioral Communication
SLC	School Leaving Certificate
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

EXECUTIVE SUMMARY

This study is the second round of the Integrated Bio-Behavioral Survey (IBBS) conducted among 500 female sex workers (FSWs), both street and establishment based, in the Kathmandu Valley. The IBBS was carried out during the months of January and March 2006. The survey measured HIV and syphilis prevalence among FSWs and variables which are associated with a risk of HIV infection, such as condom use, sexual behaviors, knowledge of HIV/AIDS, reported cases of sexually transmitted infections (STI), STI treatment behaviors, exposure to HIV/AIDS messages and drug habits. This survey was also undertaken to compare the findings for condom use and sexual behavior of the FSWs in the Kathmandu valley from this study with findings from the 2004 study.

Study Methodology

Study Population

This cross-sectional IBBS was conducted among FSWs, one of the most at risk sub-populations. The eligibility criterion for recruitment into the study was: “women reporting to have had provided sexual services in return for payment in cash or in kind in the last six or more months.”

Sampling

A mapping exercise was conducted to estimate the size of the study population and the location of their working places. Data obtained from Center for Research on Environment, Health and Population Activities (CREHPA) were used to locate the sample areas. The New ERA team visited the different settlements in the sampled location and settings for the size estimation of the study participants and updated the list provided by CREHPA. After estimating the number of sex workers in different settlements, the study sites were divided into different clusters. FSWs were selected randomly for the interview from different clusters and settings.

Lab Testing

For collecting blood samples required for HIV and Syphilis testing, laboratories/clinics were set up at five different locations in the Kathmandu Valley in order to cover the areas as prescribed by the sampling procedure. After obtaining an informed consent, a structured questionnaire was administered by trained interviewers to obtain information about socio-demographic characteristics and HIV risk behaviors, such as sexual and drug-using behaviors. Blood samples were collected and syndromic treatment was provided for STI problems after examination by a staff nurse. All study participants were also provided pre test counseling for HIV. Lab analysis included testing for HIV and syphilis among the sex workers. The sex workers returned after one month for the results and treatment was given to those testing positive for syphilis.

Findings

Socio Demographic Characteristics

- Thirteen percent of the sex workers were born in Kathmandu valley, and 81.6% of them were born in other districts. A small proportion of respondents (5%) were from outside of Nepal.
- Thirty percent of the respondents were less than 20 years of age, and approximately 50% had joined the sex trade less than a year ago. A higher proportion of establishment based sex workers (56.3%) than the street based sex workers (39%) had joined the sex trade less than a year ago.
- Illiteracy was almost 32% among the respondents.
- Approximately 29% of the respondents were either divorced or separated from their husbands.

Sexual Behavior

- Sex at an early age was the prevalent practice among the study population. Like in the 2004 study, more than 60% of the sex workers have had sexual contact by the time they were 15-19 years old.
- Almost two-thirds of the sex workers (66%) served one client in an average per day, that comprised of almost 60% of the 200 street based and 71% of the 300 establishment based sex workers. The mean number of client served by the sex workers in one day was 1.5.
- The sex workers reportedly had three different types of sex partners in general: paying, regular and non-paying partners. The mean number of their paying and non-paying sex partners in the previous week was 5.
- Sex workers were exposed to different kinds of violence in the hands of their clients. Around 25% of the street based and 29% of the establishment based sex workers had been subjected to forceful sex in the past year. Some of them had also been verbally/physically assaulted.
- Consistent use of condoms with non-paying partners was very low. Seven percent of the sex workers only had used condoms on a regular basis with their husbands or male friends, which was less by almost 11% than reported in 2004.

Availability of Condoms and Brand Names

- Two-fifth (40%) of the sex workers obtained free condoms. A larger proportion of establishment based sex workers than the street based reported that they had access to free condoms. Free condoms were mostly obtained from NGO/health workers/volunteers and the clients.
- Pharmacies were the most common place where the sex workers preferred to purchase condoms.
- Radio, television and people from NGOs were the three most important sources of information about condoms for the sex workers.
- The three most popular brands of condoms among the sex workers were Number One, *Dhaal* and Panther.

Awareness of HIV/AIDS

- Almost all of the sex workers (99.4%) had heard about HIV/AIDS. Similar to 2004 study, radio and television were the two most reported sources of their information on HIV/AIDS.
- Overall, 30.2% of the respondents were aware of all five major indicators of HIV prevention measures including A, B and C. About 47% rejected the common local misconception that mosquito bite transmitted HIV virus.

Reported STI and Treatment

- Approximately 55% of the sex workers had been experiencing at least one STI symptoms during the survey period.
- The proportion of street based sex workers experiencing at least one STI symptom during the study was slightly more than the establishment based sex workers.
- Except for a few sex workers, a majority (93%) had not sought any treatment for the STI symptom.

Exposure to HIV/AIDS Prevention Activities

- Eighty three percent of the sex workers had at least once met peer/outreach educators from the various HIV/AIDS related programs in the valley and 31% of them had visited DICs (Drop-in-centers). Twenty eight percent each of the respondents had ever visited STI clinics and VCT centers.
- A larger proportion of street based sex workers than the establishment based had visited DICs, STI clinics and VCT centers.

- The participation of the sex workers in HIV/AIDS awareness programs/ community events was minimal with around 28% of them only reporting to have ever been part of such events. Among them, 42% had participated in programs conducted by WATCH.

HIV and Syphilis Prevalence

- Overall HIV prevalence rate was 1.4% in 2006; it was 2.0% in 2004 study. HIV prevalence among street based sex workers was two percent, the same as in 2004, but among establishment based sex worker there was slight decrease from two percent in 2004 to one percent in 2006. However, the decrease in HIV prevalence is not statistically significant at 5% significant level.
- Syphilis history increased from 8.8% in 2004 to 9.8% in 2006 while current syphilis decreased from 6.0% in 2004 to 3.0% in 2006. Nearly 6.0% (12/200) among the street sex workers and 1.0% (3/300) among the establishment-based sex workers currently had high titre syphilis.

Recommendations

Young girls are entering the sex trade every year. The HIV/AIDS awareness campaigns should target youth and adolescent groups. Programs might include visits by peer educators and outreach workers for raising awareness about HIV and STI and for the promotion of condom use. Sex education at school level would also help in creating general awareness.

The sex workers do not use condoms consistently. Condom use with non-paying partners such as husbands/wives and other boy/girl friends was very low. Therefore, prevention programs should focus more on the need for consistent condom use for HIV/STI infection prevention purposes with all kinds of partners.

Free condom distribution programs through NGO/health workers/volunteers should be continued and expanded to cover a larger group of the target population as the sex workers find it convenient to receive condoms from these sources.

The mobilization of peer and outreach educators for educating the target groups has been quite successful in meeting its objectives. It should be continued at a larger scale to cover more sex workers. Comparatively however, fewer sex workers had ever visited the existing DICs, STI clinics and VCT centers. Such facilities should be extended further to facilitate convenient access to the sex workers.

Chapter 1.0: INTRODUCTION

1.1 Background

Nepal is presently experiencing a concentrated epidemic of HIV with prevalence at or over 5% in certain high risk groups such as injecting drug users (IDUs) and men who have sex with men (MSM). The country's vulnerability to HIV has increased because of several socio-economic factors including poverty coupled with lack of employment opportunities, large-scale migration and ten years of conflict. Sex work is rampant and trafficking of women for sex work in the brothels in Indian cities is a perennial problem.

At the end of May 2006, a cumulative total of 6,650 cases of HIV infection had been reported to the National Center for AIDS and STD Control (NCASC). Among them, 51% were clients of FSWs or patients suffering from sexually transmitted diseases (STDs), 9% were FSWs and 21% were 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.

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 52% HIV infection among male IDUs in Kathmandu. Similarly, 22% of the male IDUs in Pokhara, 32% in the urban areas of Jhapa, Morang and Sunsari districts in eastern Nepal and 12% in the highway districts between Rupandehi and Kanchanpur in the western to far western region were carrying the virus (New ERA/SACTS/FHI 2005_a; New ERA/SACTS/FHI, 2005_b; New ERA/SACTS/FHI, 2005_c, New ERA/SACTS/FHI 2005_d). 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).

Interventions targeted at FSWs and their clients have been intensified over the years. These programs basically aim at bringing about behavioral change among the sex workers and their clients. Promotion of condom use as a safer sex practice is one of the chief components of these activities. The Behavioral surveillance survey conducted among FSWs and their clients in Kathmandu valley in 2003 had shown that around 40% of the sex workers had consistently used condoms in the past month with their clients (New ERA/FHI 2003). The first IBBS conducted in 2004 among FSWs in the Kathmandu valley revealed that 56.6% of the sex workers had used condoms consistently with their clients in the past year (New ERA/SACTS/FHI 2005). This second round of 2006 IBBS was undertaken to compare condom use practices and sexual behavior of the sex workers in the Kathmandu valley with that of 2004 study findings.

1.2 Objectives of the Study

The objectives of the study were to determine the prevalence of HIV and Syphilis among FSWs working in Kathmandu valley (urban areas of Kathmandu, Bhaktapur and Lalitpur) and to assess their HIV/STI related risk behaviors; and to analyze trends through comparison with data obtained from the 2004 IBBS in Kathmandu valley.

The specific objective of the study was to collect information related to socio-demographic characteristics; sexual and drug using behaviors; knowledge of HIV/AIDS; knowledge and treatment of STI problems; knowledge and use of condom; and exposure to available HIV/STI services from female sex workers in Kathmandu valley and to relate them with HIV and syphilis infection.

Chapter 2.0: METHODOLOGY

2.1 Study Population

This cross-sectional IBBS study was conducted among FSWs, who are considered to be one of the high-risk sub-populations. The eligibility criterion for them in order to be recruited for the study was: “women reporting to have had provided sexual services in return for payment in cash or in kind in the last six or more months in Kathmandu valley.”

2.2 Sample Design

Sero-studies require meticulous and cautious sampling procedures 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. To allow comparison of rates over time, the 2006 survey followed the same sampling procedure used in the first round of IBBS with FSWs in Kathmandu valley conducted in 2004. A mapping exercise was conducted to list out the locations where sex workers were active. Then estimates of number of sex workers active in these locations were obtained. The data obtained from CREHPA was used to locate the sample areas. The New ERA team visited the different settlements in the sampled location for the size estimation of the study participants and updated the list. At the time of survey, in total 4,100 sex workers were estimated in the Kathmandu valley.

2.3 Sample Size

The sample size of the sex workers to be included in the study was 500 in Kathmandu valley consisting 300 establishment based and 200 street based sex workers (Annex 1).

The sample size for IBBS among FSWs in Kathmandu Valley was estimated to be 500. This size was estimated to measure about 10% change in HIV prevalence among FSWs in Kathmandu valley from the two percent HIV prevalence measured in 2004. Both establishments based and street sex workers were included in the sample. Formula used in the sample size estimation is shown in Annex 2

2.4 Implementation of the Study

The study was implemented in collaboration with SACTS. SACTS was responsible for setting up the mobile lab in the field sites, providing training to lab technicians, supervising and collecting blood sample, and conducting HIV and syphilis testing at their Kathmandu based laboratory. New ERA’s responsibility was to design research methodology including the sampling method, prepare the questionnaire, distribute STI/HIV results to the study participants with post-test counseling and manage the overall study. Many local organizations also provided assistance for the successful completion of the survey.

2.5 Identification and Recruitment Process

Sex work, which is illegal in the country, and has huge social stigma associated with it, is carried out clandestinely. It was not an easy task to identify the sex workers in different localities and to convince them to participate in the interview. However, most of the researchers, who conducted these interviews, were acquainted with the working places and behavior of the sex workers, as they had been frequently involved in previous rounds of IBBS in Kathmandu and other studies of the same nature, including mapping exercises done for the size estimation of FSWs. The involvement of the trained and experienced researchers thus eased the identification and the recruitment process in many ways. Study team members knew some sex workers in each cluster, which helped them to develop good rapport between the study population and the research team.

Before the inception of the actual field work, the study team visited different local organizations. The study team apprised the different stakeholders about the study objectives and methodology. Meetings were conducted with the staff of different organizations, who had been mobilizing their peer educators, DIC operators and outreach educators among the study population in the selected study sites. The meetings were in general focused on getting acquainted with different organizations' working areas and with the names of staff members who interacted with the target groups. It was considered necessary to collect such information since the study also sought to find out the exposure of the study participants to various HIV/AIDS related programs including peer/outreach education and their visit to the DICs, VCT centers and STI clinics located in the district.

Strictly in line with the list of location in each cluster, the sex workers were recruited from various locations such as streets, hotels, restaurants, cabin restaurants, dance restaurants, *dohari* restaurants, discos and other settlements. After careful observation of these establishments/sites, the researchers started approaching the study population using various techniques like building good rapport with their employers, visiting the site, taking the help of brokers and key informants, observing the activities of women in major gathering areas for FSWs, posing as clients, chatting with other staff of the establishments, approaching familiar sex workers or using snowball methods. The outreach and peer educators (OEs/PEs) of organizations like General Welfare Pratisthan (GWP), SACTS, Community Action Center (CAC) also facilitated the recruitment process in some instances.

To ensure the randomness in the selection of FSWs in the sample, the study team first divided the selected cluster into four areas and prepared a list of places with estimated number of sex workers where they could be contacted directly or through some sources. The sex workers were selected randomly in each cluster.

In order to confirm the identity of the study participants, the sex workers were asked several screening questions. Such questions were related to their sexual experience and behavior; the type of sex partners they had; their involvement in the sex trade; the number of their clients; the period of their involvement in the profession; and their knowledge of HIV/AIDS awareness/prevention activities. If the interviewers found their answers convincing enough to establish their identity as sex workers then only

they were interviewed. The respondents were screened at least twice and sometimes thrice during the process.

Respondents who satisfactorily answered all the screening questions were briefed about the purposes, objectives and methodology of the study. Once the selected sex worker was consented to participate in the study, the researchers took them to the clinic.

Informed consent form was administered by the interviewer in a private setting and witnessed by another staff to insure that the study participants understood the questions well and about the services that would be provided to them and that they were participating in the study with their will. 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.

A laminated ID card with a unique number was also issued to each respondent. The same number was used in the questionnaire, medical records and blood specimens of the particular respondent. The names and addresses of the respondents were not recorded anywhere. A clinician gave the participants pre-test counseling on HIV/AIDS and STIs and asked them if they were currently suffering from any of the STI symptoms. They were also examined physically for any evidence of STI symptoms and in case of any such sign, they were counseled accordingly. They were provided free medicines for syndromic treatment in accordance with the "National STI Case Management Guidelines 2001". A lab technician drew a venous blood sample for HIV and syphilis testing. Additionally, a one-month supply of vitamins and iron and Rs. 150 in cash for their transportation cost were also provided to the FSWs.

Field work for the study team started on January 23, 2006 and lasted till March 06, 2006.

Refusal

All respondents participated voluntarily in the study. Their refusal to participate in the survey was carefully documented. Refusals were recorded at two stages: (1) at the time of approaching the sex workers at different locations and (2) after arriving at the study site, i.e., during the final stage of recruitment. Altogether 267 sex workers refused to take part in the study. Among them, 212 expressed their unwillingness to take part in the survey when they were approached by the study team members themselves or through pimps and peer educators while 55 refused to take part in the survey after arriving at the study site. Among them, 96 refused to participate in the study as they were not interested in it, 68 had recently been to a clinic/VCT center for check up, 40 denied that they were sex workers, 31 said that they were too busy, 13 were denied permission by their employer, 11 said that they were scared of blood test, 7 feared being exposed as a sex worker while one of them was pregnant and refused to take part in the study.

2.6 Research Instrument

A quantitative research approach was adopted in the study. The structured questionnaire that was used earlier in the similar IBBS was used with some additional questions. New sections were added to draw information on several issues like their exposure to the ongoing HIV/AIDS awareness programs and their participation in such activities. Inputs received from the researchers during the mock interview sessions conducted prior to the survey were also duly considered for giving a final shape to the questionnaire. The questionnaire included questions on demographic characteristics and sexual behaviors - sexual history, use of condoms, risk perception, awareness of HIV/AIDS/STIs, incidence of STI symptoms, participation in HIV/AIDS awareness programs, and alcohol/drug using habits (Annex 3). Individual interviews were conducted with each sex worker using a structured questionnaire. Apart from the structured questionnaire, questions related to STI symptoms were asked to the sex workers by a staff nurse to check for presence of such symptoms in the past or during the survey (Annex 4). The study participants were provided syndromic treatment for STI problems and a lab technician collected blood samples for HIV and syphilis testing. Strict confidentiality was maintained throughout the entire process.

2.7 Study Personnel

The study was conducted by a team comprised of a study director, a research coordinator, a research officer, two research assistants and field teams.

Three field teams were formed for the survey, each consisting of one male research assistant, one male supervisor, four female supervisors/interviewers, one staff nurse, one male/female lab technician, one runner and local motivators (as per need).

2.8 Recruitment and Training of Research Team

In three field teams, a total of three research assistants, 13 female supervisor/interviewers, two male supervisors, three staff nurses, three lab technicians and three runners were hired for the FSW 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 (Behavioral Surveillance Survey) 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, rapport building techniques, and sharing of previous experiences (problems and solutions). In addition, the training session also 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 the sex workers and ways of overcoming such problems were discussed. The training also focused on providing a clear concept of informed consent, pre-test counseling and basic knowledge of HIV/AIDS and STIs to the research team.

2.9 Field Operation Procedures

Clinic Set-up

Clinics were set up at five different locations at Gaushala, Gongabu, Thamel, Sundhara and Koteswar in order to cover those areas as outlined by the sampling procedure. These five centrally located sites were purposively selected considering the convenience in meeting the study population and in bringing them to the clinic. Moreover, the study clinics had been set up at the same sites as in the previous round of the study (2004). Each clinic had a lab facility for blood drawing and centrifuging the blood for separation of sera. There was a separate room for each activity, including administration of the questionnaire. At each clinic site there were altogether five to six rooms.

Clinical Procedures

All the participants were offered clinical examination as incentives to participate in the study. The clinical examination included simple health check up such as measurement of blood pressure, body temperature, weight, pulse, and symptomatic examination of STI with syndromic treatment. The participants were asked whether they had current STI symptoms of genital discharge, ulcers, or lower abdominal pain, and those presenting with these symptoms were treated syndromically according to national guidelines. Other over-the-counter medicines such as para-cetamol, alkalyising agents and vitamins were given as necessary. Furthermore external genital examination was complemented with a speculum examination as per need.

Laboratory Methods

Syphilis was tested using Rapid Plasma Regain (RPR) test card manufactured by Becton Dickinson and Company, and confirmed by means of the Serodia *Treponema pallidum* particle agglutination test (TPHA; Fujirebio Inc., Tokyo, Japan). TPHA positive and all samples with positive RPR were further tested for the titre of up to 64 times dilution. On the basis of titre of RPR, all the specimens with RPR/TPHA positive results were divided into two categories.

- TPPA positive with RPR-ve or RPR +ve with Titre \leq 1:8 - history of syphilis
- TPPA positive with RPR titre 1:8 or greater – Current syphilis requiring immediate treatment

In the study a total of 230 FSWs were provided syndromic treatment for STIs as they went through the clinical procedure.

HIV was detected by repeat positives of two separate enzyme linked immuno assays (ELISAs), so each sample underwent up to three separate tests. If the first ELISA test showed negative result then no further test was conducted, but if the first test showed positive result then a second ELISA test was performed. If the second result too confirmed the first result then no further test was performed. But if the second result contradicted with the first then a third test was done. The final test results thus were declared positive if the test results showed +ve, -ve, +ve and negative if it gave out

+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

Blood samples for the HIV/Syphilis test were collected from each of the study participants using a 5ml disposable syringe. Serum samples were separated from the collected blood samples and stored in the cold box in the field. The specimens were handed over to the SACTS lab in Kathmandu everyday within an hour of the collection. The serum samples were stored at the SACTS laboratory at a temperature of -12 to -20°C.

Quality Control of Laboratory Tests

Quality control was strictly maintained throughout the process of the collection of the specimen, their handling and testing stages. All the tests were performed using internal controls. These controls were recorded with all the laboratory data. A total of 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 to ensure that the person who performed the quality control had no access to the test results.

2.10 Coordination and Monitoring

New ERA carried out the overall coordination of the study. New ERA sub-contracted SACTS to set up the field clinic and perform the laboratory and clinical part of the study including collecting, storing and testing samples.

The key research team member conducted monitoring and supervision of the field activities. New ERA study team members visited the field once or twice a week to monitor the fieldwork and coordinated with various concerned organizations. Research assistants and field supervisors were responsible on a day-to-day basis to ensure that the study was implemented according to the protocol in the field. Team meetings were held every week to plan ahead and solve any field level problems. The field research assistant reported to the senior research assistants or the project coordinator in Kathmandu by telephone whenever necessary. New ERA coordinated with FHI to send an appropriate person to the field to deal with any problems reported from the field as and when necessary. In addition, the key research team member made periodic site visits throughout the fieldwork. The key research team members, in conjunction with other designated personnel, were responsible for the overall monitoring.

2.11 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 refuse to answer any question or to withdraw from the interview at any time. Further, they were also briefed that such withdrawal or refusal would 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, the benefits and confidentiality issues was clearly read out to them (Annex 5).

Since names and addresses of the interviewed sex workers were not mentioned in any record, only the ID cards that were provided to the study participants with specific number identified them. HIV test results were provided to the individual participants in strict confidence. The study team also maintained the confidentiality of the data collected through the survey.

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

After the collection of the blood samples all the study participants were informed about the date, location and place where they could have the test results. It was also informed that they could collect their test results only by showing the ID card bearing their study number that was provided to them by the study team. Pre and post HIV/STI test counseling were provided to the study participants. They were briefed about the importance of receiving the test result and 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 SACTS counseling centers. Trained HIV/STI counselors distributed the test results two weeks after blood collection (Annex 6).

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

Post test counseling and individual report dissemination was completed between February 24, 2006 to May 12, 2006. The respondents had to collect their test results within the specified period and there was no provision for incentive like reimbursement for travel cost. Despite this, of the 500 sex workers tested for HIV and Syphilis, 62 (12.4%) came to collect their test results. Test results were provided by trained counselor in SACTS VCT center.

2.13 Control of Duplication

In order to avoid repeated interviews with the same FSWs, the staff nurses and in some cases the researchers were exchanged between different study sites as they were more familiar with the participants. Further, the lab technicians, who also met all the participants, were alerted to the possibility of duplicate interviews and instructed to be cautious in order to avoid this repetition.

Several questions were asked to the participants in case of any doubt regarding her first time participation in the study. Such questions included queries relating to her experience of undergoing any blood test, part of the body from where the blood was

taken, her experience of HIV test or test for other diseases, the meeting with the peer educators for blood test, and the possession of an ID card with a study number.

2.14 Constraints in the Field Work

Frequent "Nepal *bandhs*" called during survey were one of the major constraints faced by the study team. Because of such *bandhs* the field teams had difficulties in going to the study sites. The sex workers would also not appear at the prescribed locations one-two days before and after the *bandh*. Similarly, there was no suitable environment for the female researchers to enter the cabin and dance restaurants and discos since their safety could not be guaranteed. In some cases the owners of the dance restaurants denied permission to them.

2.15 Data Processing and Analysis

All the completed questionnaires were thoroughly checked by the field supervisors in the field, and were brought to New ERA for further checking, coding, processing, data entry and analysis. Double data entry system was used to minimize errors in the data entry. Simple statistical tools such as mean, median, frequency and percentages 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 3.0: KEY FINDINGS

3.1 Socio-Demographic Characteristics

This study categorized the FSWs into two types: Street and establishment-based sex workers. Altogether, 500 sex workers participated in the study – 200 street and 300 establishment-based. Since these two types of sex workers were sampled independently, the analysis was carried out separately for each type. This chapter describes the socio demographic characteristics, sexual behavior of the sex workers, condom use practices, HIV/AIDS awareness, knowledge and participation in HIV/AIDS awareness activities, and prevalence of STIs and HIV.

Table 1 summarizes the residential status of the sex workers in Kathmandu valley and their birthplaces. The survey results showed that 81.6% of the respondents were born in districts outside Kathmandu valley and 13.4% of them were born in the valley. The first round survey undertaken in 2004 had similar results. A small proportion of the respondents were also born outside of Nepal (Table 1). Approximately 9% of the total respondents had been living in Kathmandu valley since their birth. The rest had come from other districts. In total, 24% of the respondents had been residing in Kathmandu valley for a year or less.

Table 1: Birthplace of Female Sex Workers and Duration of their Stay in Kathmandu Valley

Variables	2004						2006					
	Street		Establishment		Total		Street		Establishment		Total	
	N=200	%	N=300	%	N=500	%	N=200	%	N=300	%	N=500	%
Birth Districts												
Kathmandu Valley *	35	17.5	41	13.7	76	15.2	26	13.0	41	13.7	67	13.4
India	8	4.0	18	6.0	26	5.2	9	4.5	16	5.3	25	5.0
Bhutan, Hong Kong	1	0.5	1	0.3	2	0.4	0	0.0	0	0.0	0	0.0
Other Districts	156	78.0	240	80.0	396	79.2	165	82.5	243	81.0	408	81.6
Period Living in Kathmandu Valley												
Since Birth	17	8.5	19	6.3	36	7.2	16	8.0	28	9.3	44	8.8
More than 120 months	40	20.0	31	10.3	71	14.2	47	23.5	29	9.7	76	15.2
61 months – 120months	34	17.0	54	18.0	88	17.6	38	19.0	52	17.3	90	18.0
13 months – 60 months	74	37.0	120	40.0	194	38.8	59	29.5	111	37.0	170	34.0
Up to 12 months	35	17.5	76	25.3	111	22.2	40	20.0	80	26.7	120	24.0

Note: * Kathmandu, Lalitpur, Bhaktapur

The age characteristics of the sex workers did not differ much between the first (2004) and the second round of study (2006). The median age of the street based sex workers was 24 and that of the establishment based was 21years. Around 30% of the respondents were less than 20 years of age.

Like in other socio-demographic variables, there was not much difference in the literacy status of the sex workers since 2004 and illiteracy was still high among them. Illiteracy was higher among street sex workers (47.5%) than establishment-based sex workers (21%). Around 4% of the respondents had attended SLC and higher level of studies.

In terms of ethnic group, 41.4% of the total sex workers belonged to the Brahmin and Chhetri community. Tibeto-Burman communities (Tamang, Newar, Magar, Rai, Limbu and Gurung) made up 48.4% and occupational caste groups made up less than 5% of the total sex workers. The rest belonged to other castes. The ethnic composition of the sample population did not change significantly since 2004 study.

A large proportion (75.8%) of the sex workers were at least once married; similar to 2004 survey results a higher proportion of the street based sex workers were married than the establishment based sex workers. Divorce/separation from husbands was a prevalent trend among the sex workers as 34.5% of the street sex workers and 24.3% of the establishment-based sex workers were divorced or separated; 35.5% and 26% of them had respectively reported so in 2004. A total of 21.5% of the married sex workers reported that their husbands had a co-wife (Table 2).

Table 2: Socio-Demographic Characteristics of Female Sex Workers

Characteristics	2004						2006					
	Street		Establishment		Total		Street		Establishment		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Age of respondent												
Less than 20	32	16.0	121	40.4	153	30.6	43	21.5	108	36.0	151	30.2
20 – 24	51	25.5	115	38.3	166	33.2	59	29.5	118	39.3	177	35.4
25 – 29	47	23.5	48	16.0	95	19.0	35	17.5	47	15.7	82	16.4
30 – 34	20	10.0	11	3.7	31	6.2	34	17.0	17	5.7	51	10.2
35 or above	50	25.0	5	1.7	55	11.0	29	14.5	10	3.3	39	7.8
Range: 15 – 58 Mean/Median Age:	27.9/26.0		21.4/21.0		24.0/22.0		26.0/24.0		22.0/21.0		23.6/22.0	
Total	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	500	100.0
Education												
Illiterate	117	58.5	76	25.3	193	38.6	95	47.5	63	21.0	158	31.6
Literate, no schooling	16	8.0	29	9.7	45	9.0	24	12.0	36	12.0	60	12.0
Grade 1 – 5	38	19.0	94	31.3	132	26.4	43	21.5	105	35.0	148	29.6
Grade 6 – 9	20	10.0	86	28.7	106	21.2	32	16.0	84	28.0	116	23.2
SLC and Above	9	4.5	15	5.0	24	4.8	6	3.0	12	4.0	18	3.6
Total	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	500	100.0
Ethnic/Caste Group												
Brahmin	21	10.5	29	9.7	50	10.0	20	10.0	24	8.0	44	8.8
Chhetri/Thakuri	60	30.0	90	30.0	150	30.0	68	34.0	95	31.7	163	32.6
Newar	21	10.5	26	8.7	47	9.4	13	6.5	26	8.7	39	7.8
Tamang	31	15.5	68	22.7	99	19.8	35	17.5	57	19.0	92	18.4
Magar	12	6.0	26	8.7	38	7.6	13	6.5	31	10.3	44	8.8
Rai/Limbu	10	5.0	24	8.0	34	6.8	15	7.5	21	7.0	36	7.2
Gurung	12	6.0	19	6.3	31	6.2	6	3.0	25	8.3	31	6.2
Damai/Sarki/Kami/Sunar	7	3.5	7	2.3	14	2.8	6	3.0	5	1.7	11	2.2
Others	26	13.0	11	3.7	37	7.4	24	12.0	16	5.3	40	8.0
Total	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	500	100.0
Marital Status												
Married	99	49.5	97	32.3	196	39.2	91	45.5	137	45.7	228	45.6
Divorced/Separated	71	35.5	78	26.0	149	29.8	69	34.5	73	24.3	142	28.4
Widowed	8	4.0	5	1.7	13	2.6	4	2.0	5	1.7	9	1.8
Never Married	22	11.0	120	40.0	142	28.4	36	18.0	85	28.3	121	24.2
Total	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	500	100.0
Husband Has Co-wife												
Yes	34	34.3	23	23.7	57	29.1	20	22.0	29	21.2	49	21.5
No	65	65.7	74	76.3	139	70.9	71	78.0	108	78.8	179	78.5
Total	99	100.0	97	100.0	196	100.0	91	100.0	137	100.0	228	100.0
Living Status of FSW												
Currently Married Sex Workers Living With Husband/Male Friend	95	96.0	87	89.6	182	92.9	75	82.4	107	78.1	182	79.8
Unmarried Sex Workers Living With Male Friend	0	0.0	4	3.3	4	2.8	3	8.3	7	8.2	10	8.3
Age at First Marriage												
6 – 14	58	32.6	45	25.0	103	28.8	41	25.0	43	20.0	84	22.2
15 – 19	99	55.6	112	62.2	211	58.9	108	65.9	140	65.1	248	65.4
20 – 24	14	7.9	22	12.2	36	10.1	14	8.5	28	13.0	42	11.1
25 – 33	7	3.9	1	0.6	8	2.2	1	0.6	4	1.9	5	1.3
Mean/Median Age at First Marriage:	16.2/16.0		16.5/16.0		16.3/16.0		16.2/16.0		16.7/16.0		16.5/16.0	
Total	178	100.0	180	100.0	358	100.0	164	100.0	215	100.0	379	100.0
Dependents of Sex Workers												
Yes	145	72.5	174	58.0	319	63.8	131	65.5	169	56.3	300	60.0
No	55	27.5	126	42.0	181	36.2	69	34.5	131	43.7	200	40.0
Total	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	500	100.0
Total Number of Dependents (Adults + Children)												
One	54	37.2	63	36.2	117	36.7	47	35.9	69	40.8	116	38.7
2 – 3	70	48.3	92	52.9	162	50.8	68	51.9	83	49.1	151	50.3
4 and more	21	14.5	19	10.9	40	12.5	16	12.2	17	10.1	33	11.0
Mean Number of Dependents:	-		2.2		-		2.2		-		2.1	
Total	145	100.0	174	100.0	319	100.0	131	100.0	169	100.0	300	100.0

Among the currently married respondents, 82.4% of the street based and 78.1% of the establishment based had been living with their husband/male friends at the time of the survey. Around 65% of the married respondents had been married at the age of 15-19 years. There were some sex workers (25% among street based and 20% among establishment based sex workers) who had been married at the age of 6-14 years. The median age at which the sex workers were married for the first time was 16 years for both the street and establishment-based sex workers (Table 2).

Sixty percent of the sex workers had dependent/s on their income from sex work, 50.3% of them had 2-3 such dependents (Table 2).

Table 3: Sexual Behavior of Female Sex Workers

Sexual Behavior	2004						2006					
	Street		Establishment		Total		Street		Establishment		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Age at First Sexual Intercourse												
9 – 14	64	32.0	83	27.7	147	29.4	52	26.0	66	22.0	118	23.6
15 – 19	121	60.5	188	62.7	309	61.8	132	66.0	211	70.3	343	68.6
20 – 24	10	5.0	29	9.7	39	7.8	15	7.5	21	7.0	36	7.2
25 – 30	5	2.5	0	0.0	5	1.0	1	0.5	2	0.7	3	0.6
Mean/Median Age at First Sex:	16.0/16.0		16.2/16.0		16.1/16.0		16.1/16.0		16.2/16.0		16.1/16.0	
Total	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	500	100.0
Duration of Sexual Exchange for Money												
6 – 12 months	73	36.5	159	53.0	232	46.4	78	39.0	169	56.3	247	49.4
13 – 24 months	47	23.5	90	30.0	137	27.4	40	20.0	68	22.7	108	21.6
25 – 36 months	31	15.5	23	7.7	54	10.8	32	16.0	31	10.3	63	12.6
37– 48 months	11	5.5	12	4.0	23	4.6	13	6.5	14	4.7	27	5.4
More than 48 months	38	19.0	16	5.3	54	10.8	37	18.5	18	6.0	55	11.0
Mean Months:	-	33.3	-	18.5	-	24.5	-	33.6	-	19.3	-	25.0
Total	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	500	100.0
Working as a SW from the Interview Location												
Up to 6 months	12	6.0	46	15.3	58	11.6	22	11.0	37	12.3	59	11.8
7 – 12 months	66	33.0	129	43.0	195	39.0	61	30.5	139	46.3	200	40.0
13 – 24 months	51	25.5	82	27.3	133	26.6	41	20.5	65	21.7	106	21.2
25 – 36 months	29	14.5	18	6.0	47	9.4	33	16.5	27	9.0	60	12.0
37 – 48 months	11	5.5	11	3.7	22	4.4	13	6.5	14	4.7	27	5.4
More than 48 months	31	15.5	14	4.7	45	9.0	30	15.0	18	6.0	48	9.6
Total	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	500	100.0
Ever Worked as a SW in Other Places												
Yes	18	9.0	21	7.0	39	7.8	23	11.5	26	8.7	49	9.8
No	182	91.0	279	93.0	461	92.2	177	88.5	274	93.3	451	90.2
Total	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	500	100.0
Worked in India as a SW												
Yes	6	3.0	3	1.0	9	1.8	5	2.5	0	0.0	5	1.0
No	194	97.0	297	99.0	491	98.2	195	97.5	300	100.0	495	99.0
Total	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	500	100.0
Decision made to go to India												
Coerced	3	50.0	1	33.3	4	44.4	1	20.0	0	0.0	1	20.0
On my own wish	3	50.0	2	66.7	5	55.6	4	80.0	0	0.0	4	80.0
Total	6	100.0	3	100.0	9	100.0	5	100.0	0	0.0	5	100.0
Duration of Sexual Exchange for Money in India												
Up to 6 months	4	66.7	2	66.7	6	66.7	1	20.0	0	0.0	1	20.0
7-12 months	0	0.0	0	0.0	0	0.0	1	20.0	0	0.0	1	20.0
13-24 months	0	0.0	0	0.0	0	0.0	2	40.0	0	0.0	2	40.0
More than 24 months	2	33.3	1	33.3	3	33.3	1	20.0	0	0.0	1	20.0
Total	6	100.0	3	100.0	9	100.0	5	100.0	0	0.0	5	100.0

The respondents had been engaged in the sex trade for a period ranging between six months to four or more years. The mean number of months for which they were involved in the sex trade was 25 months, with 49.4% of them carrying out sex work for less than a year, indicating the entry of new women into the profession. In 2004, 46.4% of them had reported so. A higher proportion of establishment based sex workers (56.3%) than the street based sex workers (39%) were new entries to the sex trade. As per the study criteria set for the study population, those sex workers involved in the profession for less than six months were not interviewed (Table 3).

Forty percent of the respondents had been working as sex workers in and around the interview sites since the last 7-12 months. Eleven percent of the street based and 12.3% of the establishment based sex workers had been carrying out the profession there for six months only. Similar to the 2004 survey results, sex at an early age was the prevalent practice among the study population as 68.6% of them reported to have had their first sexual contact at the age of 15-19 years. Around 24% reported to have undergone the experience much earlier at 9-14 years of age.

A total of 9.8% of sex workers (7.8% in 2004) said that they had worked as sex workers elsewhere while only five street based sex workers reported that they had worked for some time in India as sex workers (Table 3)

3.2 Sex Workers, Their Clients and Sex Partners

3.2.1 Sex Workers and the Clients

Table 4 shows the number of clients (i.e., paying sex partners) that a sex worker serves in general. As seen in the Table, the number of clients served per day ranged from one to four or more clients, with a mean of 1.5 clients served per day. In 2004, the mean number of clients served each day by the sex workers was 1.6. Almost two-thirds of the respondents in total (66.4%) reported that they entertained one client in an average per day; this comprised of 59.5% of the 200 street based sex workers and 71% of the 300 establishment based sex workers (Table 4).

In order to have a clearer picture of the number of clients that the sex workers served, they were further asked about the number of their clients on the previous day of the interview, during one week preceding the survey and on the last day that they had sexual contact. The number of clients served by the sex workers on the previous day of the interview ranged from none to more than four. As in 2004, the sex workers reporting that they had not seen any client on the previous day of the interview were in majority (55.2% in 2004 and 59.4% in 2006). Around 27% had provided service to one client (27.2% in 2004) and 4.6% of them had sexual contact with 3-4 clients on the previous day of the interview.

Twenty eight percent of the respondents had provided sexual service to 3-4 clients, while around 26% of them had entertained 5-10 clients in the week preceding the survey. The mean number of clients entertained by the sex workers in the past week was 4.5 (4.8 in 2004).

Table 4: Number of Clients Reported by Female Sex Workers

Number of Clients of Sex Workers	2004						2006					
	Street		Establishment		Total		Street		Establishment		Total	
	N=200	%	N=300	%	N=500	%	N=200	%	N=300	%	N=500	%
Average Number of Clients Per Day												
One	117	58.5	219	73.0	336	67.2	119	59.5	213	71.0	332	66.4
Two	57	28.5	59	19.7	116	23.2	59	29.5	50	16.7	109	21.8
Three – Four	19	9.5	21	7.0	40	8.0	19	9.5	33	11.0	52	10.4
More then Four	7	3.5	1	0.3	8	1.6	3	1.5	4	1.3	7	1.4
Mean Clients per Day:	-	1.8	-	1.4	-	1.6	-	1.6	-	1.5	-	1.5
Number of Clients on the Previous Day												
None	108	54.0	168	56.0	276	55.2	120	60.0	177	59.0	297	59.4
One	48	24.0	88	29.3	136	27.2	46	23.0	87	29.0	133	26.6
Two	30	15.0	33	11.0	63	12.6	23	11.5	22	7.3	45	9.0
Three – Four	11	5.5	11	3.7	22	4.4	11	5.5	12	4.0	23	4.6
More then Four	3	1.5	0	0.0	3	0.6	0	0.0	2	0.7	2	0.4
Mean No. of Clients on the Previous Day	-	1.0	-	0.6	-	0.8	-	0.6	-	0.6	-	0.6
Number of Clients in the Past Week												
0	19	9.5	33	11.0	52	10.4	18	9.0	24	8.0	42	8.4
One	24	12.0	50	16.7	74	14.8	22	11.0	42	14.0	64	12.8
Two	26	13.0	43	14.3	69	13.8	25	12.5	59	19.7	84	16.8
3 – 4	52	26.0	74	24.7	126	25.2	55	27.5	84	28.0	139	27.8
5 – 10	59	29.5	83	27.7	142	28.4	60	30.0	69	23.0	129	25.8
More than 10	20	10.0	17	5.7	37	7.4	20	10.0	22	7.3	42	8.4
Mean Number of Clients in the Past Week:	-	5.9	-	4.1	-	4.8	-	5.1	-	4.1	-	4.5
Time of Last Sexual Contact												
On the Day of Interview	21	10.5	18	6.0	39	7.8	21	10.5	9	3.0	30	6.0
1 – 2 Days Before	116	58.0	170	56.7	286	57.2	95	47.5	175	58.3	270	54.0
3 – 5 Days Before	39	19.5	68	22.7	107	21.4	64	32.0	89	29.7	153	30.6
6 and More Days Before	24	12.0	44	14.7	68	13.6	20	10.0	27	9.0	47	9.4
Number of Clients on the Day of Last Sexual Contact												
One	143	71.5	248	82.7	391	78.2	149	74.5	253	84.3	402	80.4
Two	41	20.5	41	13.7	82	16.4	40	20.0	34	11.3	74	14.8
3 – 7	16	8.0	11	3.7	27	5.4	11	5.5	13	4.3	24	4.8
Mean Number of Clients on that Day:	-	1.5	-	1.2	-	1.3	-	1.3	-	1.2	-	1.3
Average Number of Days Worked in a Week												
One	17	8.5	55	18.3	72	14.4	10	5.0	27	9.0	37	7.4
Two	10	5.0	40	13.3	50	10.0	18	9.0	42	14.0	60	12.0
Three	32	16.0	55	18.3	87	17.4	26	13.0	40	13.3	66	13.2
Four to Seven Da ys	141	70.5	150	50.0	291	58.2	146	73.0	191	63.7	337	67.4
Mean Number of Days Worked in a Week:	-	4.8	-	3.9	-	4.3	-	4.9	-	4.4	-	4.6

The majority of sex workers (54%) have had sexual contact 1-2 days before the day of the interview while most of them (80.4%) had entertained one client on the day of last sexual act. The sex workers worked 4.6 days per week on average.

3.2.2 Types of Clients

As high as 62.6% sex workers reported that clients who visited them frequently were businessmen, similarly FSWs who reported their clients as professionals and policeman/soldier were 59.8% and 55% respectively. Among them, 27.4% of the sex workers had businessmen as their last clients. Others had their last sexual contact with professionals (20.8%), policeman/soldier (18.6%) and transport worker/driver (10.4%) among other clients (Table 5).

Table 5: Types of Clients Reported by Female Sex Workers

Types of Clients	2004						2006					
	Street		Establishment		Total		Street		Establishment		Total	
	N=200	%	N=300	%	N=500	%	N=200	%	N=300	%	N=500	%
Occupation of Most Frequent Clients*												
Businessman	76	38.0	189	63.0	265	53.0	113	56.5	200	66.7	313	62.6
Service Holder/Officer/Doctor	81	40.5	143	47.7	224	44.8	96	48.0	203	67.7	299	59.8
Policeman/Soldier	87	43.5	115	38.3	202	40.4	97	48.5	178	59.3	275	55.0
Transport Worker/Driver	67	33.5	66	22.0	133	26.6	109	54.5	83	27.7	192	38.4
Migrant/Industrial Worker/Wage Laborer	53	26.5	16	5.3	69	13.8	77	38.5	35	11.7	112	22.4
Student	7	3.5	34	11.3	41	8.2	13	6.5	46	15.3	59	11.8
Foreign Employee	17	8.5	18	6.0	35	7.0	12	6.0	18	6.0	30	6.0
Contractor	19	9.5	13	4.3	32	6.4	2	1.0	7	2.3	9	1.8
Tourist	1	0.5	20	6.7	21	4.2	1	0.5	6	2.0	7	1.4
Others	30	15.0	52	17.3	82	16.4	15	7.5	14	4.6	29	5.8
Occupation of Last Client												
Businessman	32	16.0	121	40.3	153	30.6	41	20.5	96	32.0	137	27.4
Service Holder/Officer/Doctor	34	17.0	55	18.3	89	17.8	31	15.5	73	24.3	104	20.8
Policeman/Soldier	26	13.0	40	13.3	66	13.2	38	19.0	55	18.3	93	18.6
Transport Worker/Driver	19	9.5	23	7.7	42	8.4	28	14.0	24	8.0	52	10.4
Migrant/Industrial/Wage Laborer	30	15.0	6	2.0	36	7.5	35	17.5	9	3.0	44	8.8
Foreign Employee	9	4.5	6	2.0	15	3.0	7	3.5	11	3.7	18	3.6
Student	3	1.5	13	4.3	16	3.2	4	2.0	14	4.7	18	3.6
Contractor	12	6.0	7	2.3	19	3.8	2	1.0	3	1.0	5	1.0
Other (Guide, Guard, Politician, etc.)	15	7.5	30	9.9	45	9.0	7	3.5	9	3.0	16	3.2
Don't Know	20	10.0	31	10.3	51	10.2	7	3.5	6	2.0	12	2.4

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

3.2.3 Sex Workers and Their Sex Partners

The transmission of sexual infection depends largely on the number of sex partners. This section presents additional information on the number of sex partners that the sex workers had inclusive of both paying and non-paying sex partners. Non-paying partners included boyfriends and regular partners who did not pay them for sex. Almost 36% of the sex workers had 35 paying sex partners in the week preceding the survey. Ten percent of the street based and 7.3% of the establishment based sex workers had served more than 10 paying sex partners during the period. The mean number of paying partners in the past week was 4.4, which was slightly less than in 2004 (4.8).

Almost 50% of the sex workers had non-paying sex partners with a minimum of one to a maximum of 10 in the past week. The mean number of non-paying partners entertained by the sex workers in the week preceding the survey was 0.6, the same as reported in 2004 survey (Table 6).

The mean number of both paying and non-paying sex partners in the previous week was 5.0 with 39.4% of sex workers serving 3-5 clients during the period. In 2004, the mean number of partners was 5.4 with 35.6% of them serving 3-5 sex partners. As in 2004, the mean number of clients entertained by the street based sex workers in the past week was higher (5.6) than those served by the establishment based sex workers (4.6). The majority of the sex workers (67.8%) had their last sexual contact with their clients, 26.6% of them had their husband/male friends as their last sex partners (Table 6).

Table 6: Sex Partners of Female Sex Workers

Sex Partners of Sex Workers	2004						2006					
	Street		Establishment		Total		Street		Establishment		Total	
	N=200	%	N=300	%	N=500	%	N=200	%	N=300	%	N=500	%
No. of Paying Sex Partners in the Past Week												
0	17	8.5	33	11.0	50	10.0	18	9.0	24	8.0	42	8.4
1 – 2	54	27.0	94	31.3	148	29.6	47	23.5	105	35.0	152	30.4
3 – 5	71	35.5	98	32.7	169	33.8	72	36.0	107	35.7	179	35.8
6 – 10	38	19.0	58	19.3	96	19.2	43	21.5	42	14.0	85	17.0
More than 10	20	10.0	17	5.7	37	7.4	20	10.0	22	7.3	42	8.4
Mean (Paying Partners in the Past Week):	-	6.0	-	4.1	-	4.8	-	5.1	-	4.0	-	4.4
No. of Non-Paying Sex Partners in the Past Week												
0	97	48.5	142	47.3	239	47.8	103	51.5	148	49.3	251	50.2
1 – 2	96	48.0	157	52.3	253	50.6	96	48.0	149	49.7	245	49.0
3 – 10	7	3.5	1	0.3	8	1.6	1	0.5	3	1.0	4	0.8
Mean (Non-Paying Partners in the Past Week):	-	0.7	-	0.6	-	0.6	-	0.5	-	0.6	-	0.6
No. of Paying and Non-Paying Sex Partners in the Past Week												
0	10	5.0	20	6.7	30	6.0	13	6.5	14	4.7	27	5.4
1 – 2	48	24.0	83	27.7	131	26.2	35	17.5	86	28.7	121	24.2
3 – 5	70	35.0	108	36.0	178	35.6	81	40.5	116	38.7	197	39.4
6 – 10	50	25.0	63	21.0	113	22.6	47	23.5	60	20.0	107	21.4
More than 10	22	11.0	26	8.7	48	9.6	24	12.0	24	8.0	48	9.6
Mean (Paying and Non-Paying Partners in the Past Week):	-	6.6	-	4.7	-	5.4	-	5.6	-	4.6	-	5.0
Last Sex Partner												
Client	-	-	-	-	-	-	133	66.5	206	68.7	339	67.8
Husband/Male friend	-	-	-	-	-	-	56	28.0	77	25.7	133	26.6
Other male	-	-	-	-	-	-	11	5.5	17	5.7	28	5.6

Blank cells in the 2004 columns indicate that no such information was collected in 2004 survey.

3.3 Types of Sex Practiced by Sex Workers

Violence against sex workers, including forced sex is not uncommon and puts sex workers in higher risk of contracting STIs/HIV. In this study, the sex workers were queried if they had ever faced situations such as forced sex or demand for types of sexual acts in which they were reluctant to participate. Table 7 shows that 24.5% of the street based and 29.3% of the establishment based sex workers had been subjected to forceful sex with their clients in the past year. Some of the sex workers had performed sex other than vaginal with their different partners in the year preceding the survey (Table 7).

A little more than one fourth of the respondents (26.4%) also reported that they have had clients who refused to pay for sexual services on at least one occasion (Table 7).

Table 7: Types of Sex Practiced by Female Sex Workers

Type of Sex	2004						2006					
	Street		Establishment		Total		Street		Establishment		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Any Partner Forcibly Demanded Sex in the Past Year												
Yes	45	22.5	60	20.0	105	21.0	49	24.5	88	29.3	137	27.4
No	155	77.5	240	80.0	395	79.0	151	75.5	212	70.7	363	72.6
Total	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	500	100.0
Types of Sex Acts in the Past Year												
Oral Sex	9	4.5	17	5.7	26	5.2	24	12.0	19	6.3	43	8.6
Anal Sex	7	3.5	3	1.0	10	2.0	18	9.0	13	4.3	31	6.2
Masturbation	1	0.5	8	2.7	9	1.8	31	15.5	33	11.0	64	12.8
Only Vaginal	183	91.5	272	90.7	455	91.0	153	76.5	255	88.7	408	81.6
Total	200	*	300	*	500	*	200	*	300	*	500	*
Clients Refusing to Pay for Sexual Services												
Yes	95	47.5	57	19.0	152	30.4	68	34.0	64	21.3	132	26.4
No	105	52.5	243	81.0	348	69.6	132	66.0	236	78.7	368	73.6
Mean No. of Such Incidences in Past Six Months:	-	3.8	-	2.5	-	3.1	-	4.9	-	2.6	-	3.8
Total	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	500	100.0
Clients Performing Such Activities that the FSWs Disliked in the Past Year												
Yes	-	-	-	-	-	-	51	25.5	49	16.3	100	20.0
No	-	-	-	-	-	-	149	74.5	251	83.7	400	80.0
Total	-	-	-	-	-	-	200	100.0	300	100.0	500	100.0
Types of Activities Performed by Clients Which FSWs Disliked												
Oral Sex	-	-	-	-	-	-	21	41.2	24	49.0	45	45.0
Masturbation	-	-	-	-	-	-	16	31.4	10	20.4	26	26.0
Anal Sex	-	-	-	-	-	-	15	29.4	10	20.4	25	25.0
Stole Money	-	-	-	-	-	-	10	19.6	4	8.2	14	14.0
Escape Without Paying	-	-	-	-	-	-	8	15.7	4	8.2	12	12.0
Assaulted	-	-	-	-	-	-	7	13.7	5	10.2	12	12.0
Verbal Torture	-	-	-	-	-	-	7	13.7	6	12.2	13	13.0
Others	-	-	-	-	-	-	2	3.9	7	14.3	9	9.0
Total							51	*	49	*	100	*
Types of Sex with Last Client												
Masturbation	-	-	-	-	-	-	9	4.5	11	3.7	20	4.0
Oral Sex	-	-	-	-	-	-	4	2.0	4	1.3	8	1.6
Anal Sex	-	-	-	-	-	-	4	2.0	1	0.3	5	1.0
Vaginal Sex	-	-	-	-	-	-	197	98.5	299	99.7	496	99.2
Total	-	-	-	-	-	-	200	*	300	*	500	*
Physically Assaulted by Any Person for Any Reason in the Past Year												
Yes	-	-	-	-	-	-	49	24.5	51	17.0	100	20.0
No	-	-	-	-	-	-	151	75.5	249	83.0	400	80.0
Total	-	-	-	-	-	-	200	100.0	300	100.0	500	100.0

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

Blank cells in the 2004 columns indicate that no such information was collected in 2004 survey.

As additional information to 2004 survey, the sex workers were further asked if they had been forced to perform any sexual acts against their wishes in the past one year. A total of 100 sex workers replied positively. Oral sex (45/100) followed by masturbation (26/100) and anal sex (25/100) were reported as types of activities that they were forced to perform despite their unwillingness to do so in the past one year. Twenty percent had also been subjected to physical assault in the past one year (Table 7).

3.4 Income of Sex Workers

The mean income of the sex workers from the last sex with a client was Rs. 692 (street sex workers) and Rs. 1,232 (establishment-based sex workers) with a minimum of Rs. 50 to a maximum of Rs. 5,000 per sex (Table 8). Such variations in their

income 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 different rates for married and uneducated sex workers compared to their educated and unmarried counterparts. Both cash and gifts received by the sex workers have been taken into account when calculating the total income from sex work.

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

Income from Sex Work and Other Jobs	2004						2006					
	Street		Establishment		Total		Street		Establishment		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Income from Last Sex with Client												
0	10	5.0	13	4.3	23	4.6	0	0.0	0	0.0	0	0.0
Up to Rs. 100	19	9.5	1	0.3	20	4.0	12	6.0	4	1.3	16	3.2
Rs. 101 – Rs. 500	111	55.5	91	30.3	202	40.4	97	48.5	72	24.0	169	33.8
Rs. 501 – Rs. 1,000	40	20.0	104	34.7	144	28.8	52	26.0	71	23.7	123	24.6
Rs. 1001 – Rs. 1,500	12	6.0	36	12.0	48	9.6	20	10.0	68	22.7	88	17.6
Rs. 1501 - Rs. 2,000	2	1.0	34	11.3	36	7.2	11	5.5	44	14.7	55	11.0
Rs. 2000 and above	6	3.0	21	7.0	27	5.4	8	4.0	41	13.7	49	9.8
Range: Rs	50-8,000		100-5,000		50-8,000		50-3,200		60-5,000		50-5,000	
Mean Income from Last Sex Work: Rs.	-	544	-	968	-	798	-	692	-	1,232	-	1016
Total	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	500	100.0
Weekly Income from Sex Work												
Up to Rs. 1,000	56	28.0	36	12.0	92	18.4	49	24.5	31	10.3	80	16.0
Rs 1,001 – Rs. 2,000	52	26.0	106	35.3	158	31.6	52	26.0	67	22.3	119	23.8
Rs 2,001 – Rs. 3,000	43	21.5	63	21.0	106	21.2	52	26.0	53	17.7	105	21.0
Rs 3,001 – Rs. 4,000	22	11.0	46	15.3	68	13.6	20	10.0	50	16.7	70	14.0
Rs 4,001 – Rs. 5,000	12	6.0	21	7.0	33	6.6	11	5.5	46	15.3	57	11.4
Rs 5,001 – Rs. 10,000	13	6.5	28	9.3	41	8.2	14	7.0	49	16.3	63	12.6
More than Rs 10,000	2	1.0	0	0.0	2	0.4	2	1.0	4	1.3	6	1.2
Range: Rs.	150-11,000		100-9,500		100-11,000		350-16,000		500-13,000		350-16,000	
Mean Weekly Income from Sex Work: Rs.	-	2,348	-	2,748	-	2,588	-	2,516	-	3,498	-	3105
Total	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	500	100.0
Have Part Time Job Besides Sex Work												
Yes	125	62.5	290	96.7	415	83.0	106	53.0	292	97.3	398	79.6
No	75	37.5	10	3.3	85	17.0	94	47.0	8	2.7	102	20.4
Total	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	500	100.0
Part Time Jobs besides Sex Work												
Waitress	19	15.2	209	72.1	228	54.9	37	34.9	235	80.5	272	68.3
Masseuse in Massage Parlor	4	3.2	36	12.4	40	9.6	0	0.0	33	11.3	33	8.3
Domestic Help	16	12.8	6	2.1	22	5.3	28	26.4	3	1.0	31	7.8
Wage Laborer	21	16.8	0	0.0	21	5.1	19	17.9	3	1.0	22	5.5
Dancer in Dance Restaurant	1	0.8	22	7.6	23	5.5	1	0.9	20	6.8	21	5.3
Retail Shops/Business	13	10.4	1	0.3	14	3.4	8	7.5	2	0.7	10	2.5
Owner of <i>Bhatti Pasa/Restaurant/Cabin</i>	9	7.2	4	1.4	13	3.2	5	4.7	1	0.3	6	1.6
Peer Communicator in NGO	13	10.4	7	2.4	20	4.8	0	0.0	0	0.0	0	0.0
Laborer in Garment/Carpet Factory	13	10.4	1	0.3	14	3.4	0	0.0	0	0.0	0	0.0
Worker in <i>Bhatti Pasa</i>	9	7.2	0	0.0	9	2.2	0	0.0	0	0.0	0	0.0
Service (Accountant, peon, etc.)	4	3.2	2	0.7	6	1.4	0	0.0	0	0.0	0	0.0
Other	4	3.2	9	3.1	13	3.1	9	8.5	12	4.1	21	5.3
Total	125	*	290	*	415	*	106	*	292	*	398	*
Average Weekly Income from Other Sources Besides Sex Work												
0 (No Other Source)	75	37.5	10	3.3	85	17.0	94	47.0	8	2.7	102	20.4
Up to Rs. 500	69	34.5	91	30.3	160	32.0	60	30.0	71	23.7	131	26.2
Rs. 501- Rs. 1,000	46	23.0	134	44.7	180	36.0	31	15.5	171	57.0	202	40.4
Rs. 1001 – Rs. 1,500	5	2.5	37	12.3	42	8.4	12	6.0	30	10.0	42	8.4
Rs. 1501 – Rs. 2,000	2	1.0	14	4.7	16	3.2	3	1.5	10	3.3	13	2.6
Rs. 2,000 and above	3	1.5	14	4.7	17	3.4	0	0.0	10	3.3	10	2.0
Range Rs.	40-4,000		200-7,000		40-7,000		100-2,000		100-6,500		100-6,500	
Mean Weekly Rs.:	-	631	-	943	-	849	-	618	-	841	-	781
Total	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	500	100.0

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

In an average the respondents made Rs 2,516 (street based sex workers) and Rs. 3,498 (establishment based sex workers) in a week, and their income ranged from Rs. 350 to Rs. 16,000 per week. The reported weekly mean income in 2004 was Rs. 2,348 (street sex workers) and Rs. 2,748 (establishment-based sex workers), and it ranged from Rs.

100 to Rs. 11,000 per week. Nearly 40% of the respondents had an income of less than Rs. 2,000 per week; one-half of them had reported so in 2004. Six respondents had an income of more than Rs. 10,000 per week (Table 8).

The sex workers were also asked if they had been doing any other job besides sex work. A majority of the establishment based sex workers (97.3%) reported that they were engaged in another jobs as well. Among the street based sex workers 53% had other jobs. In 2004, 96.7% of the establishment based and 62.5% of the street based sex workers had other jobs besides sex work. As in 2004, a majority of the respondents were working as waitresses in different restaurants/hotels (Table 8). The sex workers were making a substantial income from such jobs. The average weekly income ranged from Rs. 100-2,000 among the street based and Rs. 100- 6,500 among the establishment based sex workers.

3.5 Knowledge of Condoms among Sex Workers

All the sex workers had heard of condoms. Similar to 2004 survey results, the radio, television and pharmacy were reported as the most popular sources of information on condoms by more than 80% of both street and establishment based sex workers. NGOs and friends/neighbor were also reported as important information sources by a considerable proportion of them. Some of the other important sources as mentioned by the respondents were billboard/signboards, newspaper/poster and hospitals (Table 9). As a positive implication of the ongoing activities, noticeably a higher proportion of the sex workers than in 2004 reported that they had heard of condoms from sources like NGOs (25.8% more), community events/training (24.2% more), health post/health centers (23.6% more), health workers/volunteers and video van (21%more), billboard/signboard (20.8% more) and newspaper/poster (16.6% more).

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

Source of Knowledge of Condoms	2004						2006					
	Street		Establishment		Total		Street		Establishment		Total	
	N=200	%	N=300	%	N=500	%	N=200	%	N=300	%	N=500	%
Sources of Knowledge of Condoms:												
Radio	192	96.0	291	97.0	483	96.6	192	96.0	290	96.7	482	96.4
Television	167	83.5	265	88.3	432	86.4	187	93.5	285	95.0	472	94.4
Pharmacy	160	80.0	247	82.3	407	81.4	176	88.0	270	90.0	446	89.2
NGOs	133	66.5	167	55.7	300	60.0	158	79.0	271	90.3	429	85.8
Friend/Neighbor	139	69.5	212	70.7	351	70.2	167	83.5	261	87.0	428	85.6
Billboard/Signboard	101	50.5	154	51.3	255	51.0	124	62.0	235	78.3	359	71.8
Newspaper/Poster	91	45.5	163	54.3	254	50.8	133	66.5	224	74.7	337	67.4
Hospital	99	49.5	141	47.0	240	48.0	117	58.5	196	65.3	313	62.6
Health Post/Health Center	48	24.0	64	21.3	112	22.4	90	45.0	140	46.7	230	46.0
Cinema Hall	57	28.5	121	40.3	178	35.6	79	39.5	128	42.7	207	41.4
Community Event/Training	42	21.0	27	9.0	69	13.8	81	40.5	109	36.3	190	38.0
Health Worker/Volunteer	37	18.5	27	9.0	64	12.8	65	32.5	104	34.7	169	33.8
Street Drama	37	18.5	42	14.0	79	15.8	70	35.0	84	28.0	154	30.8
Video Van	18	9.0	13	4.3	31	6.2	60	30.0	76	25.3	136	27.2
Comic Book	20	10.0	30	10.0	50	10.0	43	21.5	82	27.3	125	25.0
Community Workers	12	6.0	8	2.7	20	4.0	23	11.5	48	16.0	71	14.2
Clients	0	0.0	0	0.0	0	0.0	12	6.0	11	3.7	23	4.6
Other	4	2.0	2	0.7	6	1.2	2	1.0	0	0.0	2	0.4

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

3.6 Condom Use with Different Partners

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 their practice of condom use with different

sex partners. For the purpose of comparative analysis data obtained from similar questions in 2004 and 2006 studies have been presented in Table 10 while Table 11 presents data obtained from new questions added in 2006. It is evident that consistent use of condoms with non-paying partners was much lower than with regular partners and clients in the year preceding the survey. However, the sex workers themselves had suggested condom use in most of the cases.

3.6.1 Condom Use with Client

In their last sexual encounter with a client, 77.2% of the respondents had used condoms. More sex workers (70.5%) than in 2004 (45.7%) had themselves suggested the use of condom in these sexual encounters. In line with the 2004 survey results, more than one half of both the street based (52.5%) and establishment-based (58.7%) sex workers had been consistent condom users with their clients in the past year. However, compared to 2004 study, the proportion of street based sex workers who had used condom consistently in the past year with their client had slightly decreased by 5% while it had remotely increased by 2.7% among establishment based sex workers in 2006 (Table 10).

3.6.2 Condom Use with Regular Client

A total of 73.4% of the sex workers reported having regular clients in the past year. Sixty five percent of them had used condom in each of the sexual acts with them; 62.5% of them had reported so in 2004. Condom use with regular clients had increased both among street and establishment sex worker by few percentage since 2004 study (Table 10).

More than three-fourths (78.7%) of the sex workers had used condom in the last sexual contact with a regular client. Condom use was mostly (75.8%) suggested by the respondents themselves (Table 10).

Table 10: Condom Use with Clients and Non paying Sex Partners

Condom Use by Female Sex Workers	2004						2006					
	Street		Establishment		Total		Street		Establishment		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Use of Condom with Last Client												
Yes	161	80.5	209	69.7	370	74.0	145	72.5	241	80.3	386	77.2
No	39	19.5	91	30.3	130	26.0	55	27.5	59	19.7	114	22.8
Total	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	500	100.0
Condom Use Suggested by												
Myself	86	53.4	83	39.7	169	45.7	109	75.2	163	67.6	272	70.5
My partner	59	36.6	99	47.4	158	42.7	36	24.8	78	32.4	114	29.5
Joint decision	16	9.9	27	12.9	43	11.6	-	-	-	-	-	-
Total	161	100.0	209	100.0	370	100.0	145	100.0	241	100.0	386	100.0
Consistent Use of Condom with the Client in the Past Year												
Every time	115	57.5	168	56.0	283	56.6	105	52.5	176	58.7	281	56.2
Most of the time	48	24.0	58	19.3	106	21.2	46	23.0	77	25.7	123	24.6
Sometimes	17	8.5	22	7.3	39	7.8	24	12.0	30	10.0	54	10.8
Rarely	3	1.5	7	2.3	10	2.0	8	4.0	7	2.3	15	3.0
Never	17	8.5	45	15.0	62	12.4	17	8.5	10	3.3	27	5.4
Total	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	500	100.0
Have Regular Client in the Past Year												
Yes	137	68.5	215	71.7	352	70.4	143	71.5	224	74.7	367	73.4
No	63	31.5	85	28.3	148	29.6	57	28.5	76	25.3	133	26.6
Total	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	500	100.0

Table 10: Cont'd...

Condom Use by Female Sex Workers	2004						2006					
	Street		Establishment		Total		Street		Establishment		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Consistent Use of Condom with Regular Clients in the Past Year												
Every time	90	65.7	130	60.5	220	62.5	97	67.8	142	63.4	239	65.1
Most of the time	18	13.1	24	11.2	42	11.9	23	16.1	47	21.0	70	19.1
Sometimes	10	7.3	13	6.0	23	6.5	11	7.7	20	8.9	31	8.4
Rarely	3	2.2	6	2.8	9	2.6	3	2.1	8	3.6	11	3.0
Never	16	11.7	42	19.5	58	16.5	9	6.3	7	3.1	16	4.4
Total	137	100.0	215	100.0	352	100.0	143	100.0	224	100.0	367	100.0
Use of Condom with Regular Client in the Last Sex												
Yes	-	-	-	-	-	-	115	80.4	174	77.7	289	78.7
No	-	-	-	-	-	-	28	19.6	50	22.3	78	21.3
Total	-	-	-	-	-	-	143	100.0	224	100.0	367	100.0
Condom Use Suggested by												
Myself	-	-	-	-	-	-	89	77.4	130	74.7	219	75.8
My partner	-	-	-	-	-	-	26	22.6	44	25.3	70	24.2
Total	-	-	-	-	-	-	115	100.0	174	100.0	289	100.0
Have Non-Paying Partner during Past Year												
Yes	138	69.0	187	62.3	325	65.0	99	49.5	151	50.3	250	50.0
No	62	31.0	113	37.7	175	35.0	101	50.5	149	49.7	250	50.0
Total	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	500	100.0
Consistent Use of Condom with Non-Paying Partner in the Past Year												
Every time	24	17.4	35	18.7	59	18.1	6	6.1	12	7.9	18	7.2
Most of the time	15	10.9	21	11.2	36	11.1	2	2.0	14	9.3	16	6.4
Sometimes	23	16.7	26	13.9	49	15.1	27	27.3	29	19.2	56	22.4
Rarely	10	7.2	15	8.0	25	7.7	11	11.1	17	11.2	28	11.2
Never	66	47.8	90	48.1	156	48.0	53	53.5	79	52.3	132	52.8
Total	138	100.0	187	100.0	325	100.0	99	100.0	151	100.0	250	100.0

Blank cells in the 2004 columns indicate that no such information was collected in 2004 survey.

3.6.3 Condom Use with Non-Paying Partners

One-half (50%) of the sex workers had non-paying sex partners in the past year. These non-paying partners were mostly persons known to them, such as boyfriend, husband or cohabiting sex partner. The infrequent use of condom with familiar partner/s is the prevalent practice among the sex workers as only 7.2% of them had used condom consistently in the past year with their non-paying partners, lower by almost 11% than reported in 2004 (Table 10).

3.6.4 Condom Use with Partners Other Than Client, Husband and Male Friend

As high as 45% of the sex workers reportedly were engaged in sexual acts with people other than their clients, husband or male friend in the past year. Use of condom in the last sexual act with such partners was reported by 67% of them and in most cases (72.7%), the sex workers themselves had made suggestions for using condoms. In the past year 58.5% had used condom consistently in sexual contact with such partners (Table 11).

Table 11: Condom Use with Partners Other than Client, Husband, Male Friend

Condom Use by Female Sex Workers	2006					
	Street		Establishment		Total	
	N	%	N	%	N	%
Have Sexual Contact with Partner Other than Client, Husband, Male Friend in the Past Year						
Yes	80	40.0	144	48.0	224	44.8
No	120	60.0	156	52.0	276	55.2
Total	200	100.0	300	100.0	500	100.0
Use of Condom with Partner other than Client, Husband, Male Friend in the Last Sex						
Yes	51	63.8	99	68.8	150	67.0
No	29	36.2	45	31.2	74	33.0
Total	80	100.0	144	100.0	224	100.0
Condom Use Suggested by						
Myself	38	74.5	71	71.7	109	72.7
My partner	13	25.5	28	28.3	41	27.3
Total	51	100.0	99	100.0	150	100.0
Consistent Use of Condom with Partner Other than Client, Husband, Male Friend in the Past Year						
Every time	45	56.3	86	59.7	131	58.5
Most of the time	5	6.2	17	11.8	22	9.8
Sometimes	11	13.8	13	9.0	24	10.7
Rarely	2	2.5	4	2.8	6	2.7
Never	17	21.2	24	16.7	41	18.3
Total	80	100.0	144	100.0	224	100.0

3.7 Availability of Condoms and Their Brand Names

Sex workers were asked whether they usually carried condoms with them. More street based (43%) than establishment-based sex workers (25.7%) mentioned that they usually carried condoms with them. However, the majority of those who reported carrying condoms (98/163) did not have a condom with them when they were requested by the interviewers to show them (Table 12).

Access to condoms has been gradually improving as almost two-third (65%) of the sex workers said that they could get condoms within five minutes from the place of their work (sex work). Relatively a less proportion of the sex workers (54%) had reported so in 2004. Almost eight percent of the respondents said that it took more than 10 minutes to obtain condoms from nearest place; 16.8% of respondents had reported so in 2004.

Similar to the 2004 study, a majority of the sex workers (93.4%) reported that they could get condoms from pharmacies. The general retail store (75.8%) was mentioned as the second in importance for obtaining condoms. Other places where they could reportedly get condoms were *Paan* shops (71%) and NGO/health workers (57%). A relatively higher proportion of sex workers than in 2004 reported *paan* shop (60.8% more), general retail store (52.2% more), bar/guest house/hotel (22.8% more) and NGO/health worker/volunteer (19.6% more) as sources of condoms.

Table 12: Condoms Available Places and Brand Names of Most Used Condom Reported by FSWs

Condom Acquisition	2004						2006					
	Street		Establishment		Total		Street		Establishment		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Carry Condom Usually												
Yes	60	30.0	14	4.7	74	14.8	86	43.0	77	25.7	163	32.6
No	140	70.0	286	95.3	426	85.2	114	57.0	223	74.3	337	67.4
Total	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	500	100.0
No. of Condoms Carried												
1	5	8.3	0	0.0	5	6.8	2	2.3	5	6.5	7	4.3
2	7	11.7	2	14.3	9	12.2	7	8.1	7	9.1	14	8.6
3 – 5	14	23.3	5	35.7	19	25.7	14	16.3	13	16.9	27	16.6
6 – 10	9	15.0	1	7.1	10	13.5	6	7.0	4	5.2	10	6.1
More than 10	9	15.0	5	35.7	14	18.9	6	7.0	1	1.3	7	4.3
Not carrying right now	16	26.7	1	7.1	17	23.0	51	59.3	47	61.0	98	60.1
Total	60	100.0	14	100.0	74	100.0	86	100.0	77	100.0	163	100.0
Time Needed to Obtain Condoms from Nearest Place												
Up to 5 minutes	103	51.5	167	55.7	270	54.0	119	59.5	206	68.7	325	65.0
6 – 10 minutes	54	27.0	92	30.7	146	29.2	57	28.5	79	26.3	136	27.2
11 – 15 minutes	20	10.0	22	7.3	42	8.4	15	7.5	7	2.3	22	4.4
16 – 20 minutes	10	5.0	11	3.7	21	4.2	5	2.5	8	2.7	13	2.6
21 and more minutes	9	4.5	7	2.3	16	3.2	2	1.0	0	0.0	2	0.4
Don't Know	4	2.0	1	0.3	5	1.0	2	1.0	0	0.0	2	0.4
Total	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	500	100.0
Places Where Condoms are Available												
Pharmacy	181	90.5	285	95.0	466	93.2	178	89.0	289	96.3	467	93.4
General Retail Store (<i>Kirana Pasal</i>)	40	20.0	78	26.0	118	23.6	137	68.5	242	80.7	379	75.8
<i>Paan</i> Shop	20	10.0	31	10.3	51	10.2	129	64.5	226	75.3	355	71.0
NGO/Health Workers/Volunteers	108	54.0	79	26.3	187	37.4	108	54.0	177	59.0	285	57.0
Bar/Guest House/Hotel	8	4.0	18	6.0	26	5.2	63	31.5	77	25.7	140	28.0
Hospital	48	24.0	92	30.7	140	28.0	51	25.5	81	27.0	132	26.4
Private Clinic	22	11.0	42	14.0	64	12.8	48	24.0	80	26.7	128	25.6
Peer/Friends	27	13.5	29	9.7	56	11.2	30	15.0	42	14.0	72	14.4
Health Post/Health Center	21	10.5	19	6.3	40	8.0	21	10.5	25	8.3	46	9.2
FPAN Clinic	5	2.5	1	0.3	6	1.2	13	6.5	11	3.7	24	4.8
Massage Center	2	1.0	15	5.0	17	3.4	0	0.0	21	7.0	21	4.2
Other	1	0.5	5	1.7	6	1.2	22	11.0	15	5.0	37	7.4
Don't Know	4	2.0	1	0.3	5	1.0	4	2.0	0	0.0	4	0.8
Total	200	*	300	*	500	*	200	*	300	*	500	*
Brand Names of Condoms Used Most												
Number 1	80	40.0	148	49.3	228	45.6	154	77.0	267	89.7	421	84.2
Dhaal	92	46.0	61	20.3	153	30.6	80	40.0	71	23.7	151	30.2
Panther	62	31.0	100	33.3	162	32.4	48	24.0	84	28.0	132	26.4
Kamasutra	33	16.5	44	14.7	77	15.4	32	16.0	63	21.0	95	19.0
Black Cobra	5	2.5	3	1.0	8	1.6	26	13.0	63	21.0	89	17.8
Jodi	21	10.5	34	11.3	55	11.0	24	12.0	36	12.0	60	12.0
Skinless	0	0.0	0	0.0	0	0.0	3	1.5	14	4.7	17	3.4
Playmate	0	0.0	0	0.0	0	0.0	3	1.5	4	1.3	7	1.4
Saajan	5	2.5	10	3.3	15	3.0	0	0.0	0	0.0	0	0.0
Beach	3	1.5	0	0.0	3	0.6	0	0.0	0	0.0	0	0.0
Others	0	0.0	0	0.0	0	0.0	9	4.5	7	2.3	16	3.2
Brands Not Known	44	22.0	48	16.0	92	18.4	12	6.0	21	7.0	33	6.6
Not Used in the Past Year	17	8.5	44	14.7	61	12.2	17	8.5	8	2.7	25	5.0
Total	200	*	300	*	500	*	200	*	300	*	500	*

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

The sex workers were queried about the brand names of the condoms they used most. As in 2004, condoms available under the brand name of Number One continued to be the most popular brand among 84.2% of the sex workers. The other most used brands as mentioned by them were *Dhaal* (30.2%) and Panther (26.4%). Among all brands, the use of Number One condom had increased significantly from 45.6% in 2004 to 84.2% in 2006.

The sex workers were further asked about the mode of availability and the places from where they could obtain condoms. The information in Table 13 shows data from the new section added to the 2006 questionnaire. A total of 40.2% of the sex workers reported that they obtained free condoms all the time while 19.8% bought them. A

larger proportion of establishment based sex workers (44%) than the street based (34.5%) reported that they had access to free condoms. As shown in Table 13, NGO/health workers/volunteers have been able to reach a considerable section of the sex workers through their condom distribution program as a large proportion (69.9%) of respondents said that the NGO/health workers/volunteers provided free condoms for them. More than two-fifths of them (43.6%) said that their clients brought condoms with them. Peers/friends were reported as the next important sources by 18.4% of the sex workers. Other reported sources are shown in Table 13.

Table 13: Reported Places for Obtaining Condoms by Female Sex Workers

Condom Acquisition	2006					
	Street		Establishment		Total	
	N	%	N	%	N	%
Mode of Obtaining Condoms						
Always free of cost	69	34.5	132	44.0	201	40.2
Purchase	37	18.5	62	20.7	99	19.8
Obtain both ways	77	38.5	98	32.7	175	35.0
Condom never used	17	8.5	8	2.7	25	5.0
Total	200	100.0	300	100.0	500	100.0
Free Condoms Usually Obtained From						
NGO/Health workers/Volunteers	110	75.3	153	66.5	263	69.9
Client	65	44.5	99	43.0	164	43.6
Peers/friends	25	17.1	44	19.1	69	18.4
Massage Parlour	0	0.0	19	8.3	19	5.1
Community events	4	2.7	10	4.3	14	3.7
Hospital	5	3.4	4	1.7	9	2.4
Hotel/Lodge/Restaurant	3	2.1	6	2.6	9	2.4
Bhatti Shop	4	2.7	0	0.0	4	1.1
FPAN clinics	1	0.7	0	0.0	1	0.3
Others	1	0.7	1	0.4	2	0.5
Total	146	*	230	*	376	*
Most Convenient Place to Obtain Free Condom						
NGO/Health workers/Volunteers	103	70.5	127	55.2	230	61.2
Client	46	31.5	79	34.3	125	33.2
Peers/friends	21	14.4	34	14.8	55	14.6
Massage Parlour	0	0.0	17	7.4	17	4.5
Hotel/Lodge/Restaurant	3	2.1	5	2.2	8	2.1
Bhatti Shop	4	2.7	0	0.0	4	1.1
Hospital	2	1.4	2	0.9	4	1.1
Community events	2	1.4	2	0.9	4	1.1
Health Post/Health Center	1	0.7	2	0.9	3	0.8
Others	1	0.7	2	0.9	3	0.8
Total	146	*	230	*	376	*
Places of Purchasing Condom						
Pharmacy	101	88.6	150	93.8	251	91.6
Pan Shop	32	28.1	43	26.9	75	27.4
General Retail Store (Kirana Pasal)	29	25.4	30	18.8	59	21.5
Private Clinic	8	7.0	14	8.8	22	8.0
Hotel/Lodge/Restaurant	5	4.4	2	1.3	7	2.6
Others	3	2.6	1	0.6	4	1.5
Total	114	*	160	*	274	*
Most Convenient Place to Purchase Condom						
Pharmacy	94	82.5	143	89.4	237	86.5
General Retail Store (Kirana Pasal)	16	14.0	15	9.4	31	11.3
Pan Shop	12	10.5	21	13.1	33	12.0
Private Clinic	5	4.4	6	3.8	11	4.0
Total	114	*	160	*	274	*

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

The majority of the sex workers (61.2%) maintained that free condom should be made available with NGO/health worker/volunteers for their easy access. Another section of them (33.2%) pointed out that they felt comfortable to have condoms from their clients. Some (14.6%) also said that they could comfortably approach their peers/friends for condoms (Table 13).

Among those sex workers who purchased condoms all the time or occasionally (274), 91.6% went to pharmacies for them. Some of them (27.4%) got it from *paan* shop and general retail stores (21.5%). Few also went to private clinic to purchase them. When asked about their opinion on convenient places to purchase condoms, 86.5% said pharmacies were the best places while some also said that they could conveniently purchase condoms from *paan* shops (12%) and general retail store (11.3%).

3.8 Knowledge of HIV/AIDS

Almost all (99.4%) of the sex workers had heard about HIV/AIDS. However, in spite of such extensive awareness, section 3.5 shows low use of condoms among sex workers indicating a big gap between their knowledge (measured by heard of) and their individual behavior. This is an important issue to be addressed by strategic behavioral communication (SBC) programs.

Similar to 2004 study, the radio and television were the two major sources of the information of HIV/AIDS as reported by more than 90% the sex workers. A large proportion of them (84.4%) also named people from NGOs, and their friends/relatives (78.2%) as their sources of information. The ongoing HIV/AIDS prevention activities have been quite successful in reaching the target group with awareness messages as noticeably, a higher proportion of the sex workers than in 2004 reported that their sources of knowledge of HIV/AIDS were billboard/signboard (27.9% more), people from NGOs (22.7% more), pamphlets/posters (21.2% more), community events/training (20.6% more), street drama (17.8% more) and their workplaces (15% more) (Table 14).

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

Ever Heard of HIV/AIDS	2004						2006					
	Street		Establishment		Total		Street		Establishment		Total	
	N=200	%	N=300	%	N=500	%	N=200	%	N=300	%	N=500	%
Yes	197	98.5	297	99.0	494	98.8	197	98.5	300	100.0	497	99.4
Sources of Knowledge of AIDS:												
Radio	185	93.9	280	94.3	465	94.1	193	98.0	283	94.3	476	95.2
Television	163	82.7	264	88.9	427	86.4	186	94.4	285	95.0	471	94.2
People from NGOs	134	68.0	171	57.6	305	61.7	158	80.2	264	88.0	422	84.4
Friends/Relatives	120	60.9	196	66.0	316	64.0	153	77.7	238	79.3	391	78.2
Workplace	91	46.2	176	59.3	267	54.0	113	57.4	232	77.3	345	69.0
Pamphlet/Poster	85	43.1	147	49.5	232	47.0	129	65.5	212	70.0	341	68.2
Billboard/Signboard	74	37.6	122	41.1	196	39.7	115	58.4	223	74.3	338	67.6
Newspaper/Magazine	74	37.6	144	48.5	218	44.1	78	39.6	150	50.0	228	45.6
Cinema Hall	51	25.9	101	34.0	152	30.8	71	36.0	111	37.0	182	36.4
Community Event/Training	43	21.8	25	8.4	68	13.8	72	36.5	100	33.3	172	34.4
Street Drama	29	14.7	40	13.5	69	14.0	72	36.5	87	29.0	159	31.8
Health Workers	39	19.8	40	13.5	79	16.0	57	28.9	97	32.3	154	30.8
Video Van	17	8.6	16	5.4	33	6.7	58	29.4	76	25.3	134	26.8
Comic Book	23	11.7	40	13.5	63	12.8	40	20.3	82	27.3	122	24.4
Community Workers	11	5.6	11	3.7	22	4.5	24	12.2	45	15.0	69	13.8
School/Teacher	18	9.1	40	13.5	58	11.7	19	9.6	36	12.0	55	11.0
Other Sources	5	2.5	4	1.3	9	1.8	14	7.1	15	5.0	29	5.8

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

3.8.1 Knowledge of HIV/AIDS

Table 15 shows the knowledge of the respondents regarding ways of preventing the sexual transmission of HIV and major misconceptions about HIV transmission. The proportion of sex workers reporting to be aware of **A** (abstinence from sex) **B** (being faithful to one partner or avoiding multiple sex partners) **and C** (consistent condom

use or use of condom during every sex act) as HIV preventive measures were 67.2%, 79.2% and 86.4% respectively. In 2004, 35.2%, 26.4% and 90.2% had reported so. Some of the increase in these percentages in 2006 round may however, be due to the change in the questionnaire format used to extract this information in the later study. Overall 55.2% of the respondents correctly identified all A, B and C as HIV preventive measures. Around 92% knew that a healthy looking person can be infected with HIV and 82.6% rejected that sharing of meal with an HIV infected person transmitted HIV. However, 46.6% only rejected the common local misconception that mosquito bite transmitted HIV virus. In total, only 30.2% of the respondents (Table 15) were aware of all the five major indicators of HIV transmission.

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

Knowledge of Six Major Indicators on HIV/AIDS	2004						2006					
	Street		Establishment		Total		Street		Establishment		Total	
	N=200	%	N=300	%	N=500	%	N=200	%	N=300	%	N=500	%
A Can protect themselves through abstinence from sexual contact	73	36.5	103	34.3	176	35.2	140	70.0	196	65.3	336	67.2
B Can protect themselves through monogamous sexual contact	43	21.5	89	29.7	132	26.4	164	82.0	230	76.7	396	79.2
C Can protect themselves through condom use every time during sex	178	89.0	273	91.0	451	90.2	173	86.5	259	86.3	432	86.4
D A healthy-looking person can be infected with HIV*	-	-	-	-	-	-	179	89.5	280	93.3	459	91.8
E A person can not get the HIV virus from mosquito bite*	-	-	-	-	-	-	91	45.5	142	47.3	233	46.6
F Can not get HIV by sharing a meal with an HIV infected person*	-	-	-	-	-	-	158	79.0	255	85.0	413	82.6
Knowledge of all the three: ABC	13	6.5	27	9.0	40	8.0	120	60.0	156	52.0	276	55.2
Knowledge of all five indicators: BCDEF	-	-	-	-	-	-	58	29.0	93	31.0	151	30.2

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

*Data for 2004 and 2006 are not comparable. In 2004 the questions were non-prompted and in 2006 the questions were prompted

The sex workers were also asked if they were aware of any person infected with HIV or who had died of AIDS. Relatively large number of the sex workers in the sample (307/500) replied positively. Of them, 23 had their close relative and 58 had their close friend who had suffered from HIV/AIDS or had succumbed to it (Table 16).

Table 16: FSWs' Knowledge on Ways of HIV/AIDS Transmission

Statements Related to HIV/AIDS	2006					
	Street		Establishment		Total	
	N=200	%	N=300	%	N=500	%
Know Anyone Who is Infected with HIV or Who has Died of AIDS	128	64.0	179	59.7	307	61.4
Have a close relative or close friend who is infected with HIV or has died of AIDS	n=128	%	n=179	%	n=307	%
Close relative	10	7.8	13	7.3	23	7.5
Close friend	26	20.3	32	17.9	58	18.9
No relation	92	71.9	134	74.9	226	73.6
Total	128	100.0	179	100.0	307	100.0
Awareness on HIV/AIDS	N=200	%	N=300	%	N=500	%
A woman with HIV/AIDS can transmit the virus to her new-born child through breastfeeding	129	64.5	205	68.3	334	66.8
Can not get HIV by holding an HIV infected person's hand	177	88.5	279	93.0	456	91.2
A person can get HIV, by using previously used needle/syringe	187	93.5	296	98.7	483	96.6
Blood transfusion from an infected person to the other transmit HIV	194	97.0	299	99.7	493	98.6
A pregnant woman infected with HIV/AIDS can transmit the virus to her unborn child	177	88.5	269	89.7	446	89.2
Ways by which a pregnant woman can reduce the risk of transmission of HIV to her unborn child	n=177	%	n=269	%	n=446	%
Take medicine	52	29.4	80	29.7	132	29.6
Others	1	0.6	3	1.1	4	0.9
Don't Know	124	70.0	186	69.1	310	69.5

The sex workers' understanding of HIV/AIDS and its different modes of transmission were also tested with the help of certain probing questions. The responses provided by them indicated that comparatively a higher proportion of establishment based sex workers than their street based counterparts had correct information on HIV/AIDS (Table 16). A large proportion of the respondents reported that HIV could be transmitted through the transfusion of blood from an infected person to another (98.6%), and that a person can get HIV by using previously used needles/syringes (96.6%). A total of 91.2% respondents mentioned that holding of an HIV infected person's hand did not pose threat for HIV transmission and 89.2% said that an infected mother could transmit the virus to her unborn child. Additionally, of the 310 sex workers who had reported that HIV virus could be transmitted from an infected mother to her unborn child, more than two-third of them (69.5%), expressed their unawareness of any measure to minimize such risk. Some of them (29.6%) however said that taking medicine would be helpful (Table 16). Data obtained in Table 16 could not be compared with 2004 survey results, as this section was not included in the first round (2004) in the same format.

Perception on HIV Test

As additional information to 2004 study, the sex workers were also asked various questions relating to HIV test. Sixty two percent reported that it was possible for them to have a confidential HIV test in their community. Around two-fifth (40.6%) of the sex workers had ever undertaken the test. A larger proportion of street based sex workers (47.5%) than establishment based (36%) have had the test. Among those sex workers who had taken up the test (203), a majority (82.8%) had done it within last 12 months preceding the survey while 16.3% had undergone the test 1-2 years before. Among them too a majority (88.2%) had taken the test of their own free will, and the rest were either sent or advised for it. Most of them (90.6%/203) had got the test results while the others had not collected them because of reasons like they forgot about it, were afraid to obtain the result, did not feel it necessary to have the results and were sure of not being infected (Table 17).

Table 17: Perception on HIV Test

Perception of HIV Test	2006					
	Street		Establishment		Total	
	N	%	N	%	N	%
Confidential HIV Test Facility Available in the Community						
Yes	122	61.0	188	62.7	310	62.0
No	35	17.5	77	25.7	112	22.4
Don't Know	40	20.0	35	11.7	75	15.0
Never Heard about HIV	3	1.5	0	0.0	3	0.6
Total	200	100.0	300	100.0	500	100.0
Ever had an HIV test						
Yes	95	47.5	108	36.0	203	40.6
No	102	51.0	192	64.0	294	58.8
Never Heard about HIV	3	1.5	0	0.0	3	0.6
Total	200	100.0	300	100.0	500	100.0
Voluntarily Underwent the HIV Test or Because it was Required						
Voluntarily	83	87.4	96	88.9	179	88.2
Required	12	12.6	12	11.1	24	11.8
Total	95	100.0	108	100.0	203	100.0
Received HIV Test Result						
Yes	84	88.4	100	92.6	184	90.6
No	11	11.6	8	7.4	19	9.4
Total	95	100.0	108	100.0	203	100.0
Reason for Not Receiving the Test Result						
Forgot it	4	36.4	3	37.5	7	36.8
Afraid of result	2	18.2	2	25.0	4	21.1
Sure of not being infected	1	9.1	0	0.0	1	5.3
Felt unnecessary	0	0.0	1	12.5	1	5.3
Others	4	36.4	2	25.0	6	31.6
Total	11	100.0	8	100.0	19	100.0
Most Recent HIV Test						
Within Last 12 months	79	83.2	89	82.4	168	82.8
Between 1-2 years	15	15.8	18	16.7	33	16.3
Between 2-4 years	1	1.1	1	0.9	2	1.0
More than 4 years ago	0	0.0	0	0.0	0	0.0
Total	95	100.0	108	100.0	203	100.0

3.9 Access to FHI/Nepal Messages

From the time FHI started intervention programs in the Kathmandu valley 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 aired through radio and television. Elevated hoarding boards and posters were also put up with pictorial and rhetorical messages at different places including health posts and roadsides. In an effort to review the impact of such interventions, the sex workers were asked about their awareness of such information. Table 18 below illustrates the FHI messages and the responses provided by the sex workers regarding their awareness of the messages. More than 80% of the sex workers were found to be aware of messages like "Condom Kina Ma Bhaya Hunna Ra", "Jhilke dai chha chhaina condom", "Youn rog ra AIDS bata bachnalai rakhnu parchha sarbatra paine condom lai", "Ramro sangha prayog gare jokhim huna dinna Bharpardo chhu santosh dinchhu jhanjat manna hunna", "Condom bata suraksha, youn swasthya ko raksha", and "HIV/AIDS bare aajai dekhi kura garau".

Table 18: Seen/Heard FHI Character/Message in the Past Year by Female Sex Workers

Heard/Seen/Read the Following Messages/Characters in Past One Year	2004						2006					
	Street		Establishment		Total		Street		Establishment		Total	
	N=200	%	N=300	%	N=500	%	N=200	%	N=300	%	N=500	%
<i>Condom Kina Ma Bhaya Hunna Ra</i>	189	94.5	285	95.0	474	94.8	170	85.0	273	91.0	443	88.6
<i>Jhilke Dai Chha Chhaina Condom</i>	183	91.5	287	95.7	470	94.0	170	85.0	271	90.3	441	88.2
<i>Youn Rog Ra AIDS Bata Bachnalai Rakhmu Parchha Sarbatra Paine Condom Lai</i>	170	85.0	262	87.3	432	86.4	176	88.0	272	90.7	448	89.6
<i>Ramro Sangha Prayog Gare Jokhim Huna Dinna Bharpardo Chhu Santosh Dinchhu Jhanjat Manna Hunna</i>	166	83.0	259	86.3	425	85.0	164	82.0	270	90.0	434	86.8
<i>Condom Bata Suraksha, Youn Swasthya Ko Raksha HIV/AIDS Bare Aajai Dekhi Kura Garau</i>	157	78.5	248	82.7	405	81.0	164	82.0	263	87.7	427	85.4
<i>Ek Apas Ka Kura</i>	-	-	-	-	-	-	89	44.5	136	45.3	225	45.0
<i>Maya Garaun Sadbhav Badaun Des Pardes</i>	-	-	-	-	-	-	94	47.0	155	51.7	249	49.8
	-	-	-	-	-	-	48	24.0	58	19.3	106	21.2

Note: The percentages add up to more than 100 because of multiple responses.
 -: No information in 2004

The majority (98.6%) of the sex workers reported that these messages had made them understand that the use of condom prevented transmission of AIDS, 80.4% of them also said that these messages had made them aware that use of condom helped to prevent oneself against STIs while 60.6% had understood the condoms to be a family planning device through such messages. The proportion of sex workers providing such responses was higher than in 2004 (Table 19).

Table 19: Message Understood by Female Sex Workers

Information Derived from the Messages	2004						2006					
	Street		Establishment		Total		Street		Establishment		Total	
	N=200	%	N=300	%	N=500	%	N=200	%	N=300	%	N=500	%
Use Condom Against AIDS	184	92.0	276	92.0	460	92.0	194	98.5	299	99.7	493	98.6
Use Condom Against STI	130	65.0	181	60.3	311	62.2	155	78.7	247	82.3	402	80.4
Use Condom for Family Planning	62	31.0	98	32.7	160	32.0	125	63.5	178	59.3	303	60.6

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

3.10 Knowledge and Treatment of Sexually Transmitted Infections (STIs)

Sex workers are at high risk for sexually transmitted infections due to the nature of their work. To know the extent of the problem of STIs among the respondents and their perception towards it, they were asked about their understanding of STIs and if they had experienced any STI symptom during the past year. There was a considerable increase in the proportion of the sex workers who considered symptoms like genital discharges (49.8% in 2004/80.2% in 2006), itching in vagina (27% in 2004/ 70.4% in 2006), blisters and ulcers around vagina ((31.6% in 2004/57% in 2006), lower abdominal pain (14.6% in 2004/47.8% in 2006), burning sensation while urinating (2.2% in 2004/15% in 2006) as STI symptoms. In general, both the street and establishment based sex workers' understanding of STI symptom was higher than in 2004 (Table 20).

Table 20: Reported STI and Treatment in the Past Year

Perception on STI, Reported STI Symptoms and Treatment	2004						2006					
	Street		Establishment		Total		Street		Establishment		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Understanding of STI												
White/Pus/ <i>Dhatu</i> flow Discharge	100	50.0	149	49.7	249	49.8	149	74.5	252	84.0	401	80.2
Itching in Vagina	56	28.0	79	26.3	135	27.0	137	68.5	215	71.7	352	70.4
Blisters and Ulcers Around Vagina	70	35.0	88	29.3	158	31.6	118	59.0	167	55.7	285	57.0
Lower Abdominal Pain	24	12.0	49	16.3	73	14.6	90	45.0	149	49.7	239	47.8
Burning Sensation/Passing Urine	3	1.5	8	2.7	11	2.2	22	11.0	53	17.7	75	15.0
Syphilis (<i>Bhiringi</i>)/Gonorrhea	23	11.5	24	8.0	47	9.4	32	16.0	41	13.7	73	14.6
AIDS/HIV	15	7.5	10	3.3	25	5.0	25	12.5	32	10.7	57	11.4
Swelling of Vagina	2	1.0	2	0.7	4	0.8	27	13.5	27	9.0	54	10.8
Pain in Vagina	1	0.5	0	0.0	1	0.2	23	11.5	30	10.0	53	10.6
Bleeding	1	0.5	0	0.0	1	0.2	15	7.5	23	7.7	38	7.6
Don't know	50	25.0	85	28.3	135	27.0	24	12.0	17	5.7	41	8.2
Others (Fever, Weakness, etc.)	9	4.9	13	4.3	22	4.4	2	1.0	17	5.7	19	3.8
Total	200	*	300	*	500	*	200	*	300	*	500	*
Types of STI Symptoms Experienced in the Past Year												
Lower Abdominal Pain	49	24.5	64	21.3	113	22.6	64	32.0	75	25.0	139	27.8
Vaginal Itching	44	22.0	46	15.3	90	18.0	51	25.5	74	24.7	125	25.0
Vaginal Discharge	27	13.5	28	9.3	55	11.0	50	25.0	68	22.7	118	23.6
Vaginal Odor	40	20.0	44	14.7	84	16.8	42	21.0	56	18.7	98	19.6
Painful Sex	44	22.0	55	18.3	99	19.8	41	20.5	53	17.7	94	18.8
Dysuria	30	15.0	28	9.3	58	11.6	34	17.0	40	13.3	74	14.8
Genital Ulcer or Sore	24	12.0	24	8.0	48	9.6	35	17.5	36	12.0	71	14.2
Polyuria	21	10.5	16	5.3	37	7.4	22	11.0	30	10.0	52	10.4
Genital Warts	3	1.5	0	0.0	3	0.6	10	5.0	16	5.3	26	5.2
Unusual Vaginal Bleeding	9	4.5	12	4.0	21	4.2	13	6.5	10	3.3	23	4.6
Other	2	1.0	5	1.7	7	1.4	1	0.5	5	1.7	6	1.2
Any of the Above Symptoms	91	45.5	114	38.0	205	41.0	109	54.5	149	49.7	258	51.6
None of the Above Symptoms	109	54.5	186	62.0	295	59.0	91	45.5	151	50.3	242	48.4
Total	200	*	300	*	500	*	200	*	300	*	500	*
Places visited for Treatment of STI Symptoms in the Past Year												
Nepal Fertility Care Center	16	30.8	12	20.3	28	25.2	22	34.9	28	30.8	50	24.8
Private Clinic	8	15.4	8	13.6	16	14.4	10	15.9	16	17.6	26	12.9
General Welfare Pratishthan	1	1.9	4	6.8	5	4.5	3	4.8	18	19.8	21	10.4
Hospital	10	19.2	10	16.9	20	18.0	9	14.3	11	12.1	20	9.9
Pharmacy	7	13.5	14	23.7	21	18.9	5	7.9	9	9.9	14	6.9
SACTS	1	1.9	0	0.0	1	0.9	10	15.9	2	2.2	12	5.9
Community Action Center	4	7.7	2	3.4	6	5.4	6	9.5	4	4.4	10	5.0
Women Acting Together for Change	3	5.8	4	6.8	7	6.3	6	9.5	4	4.4	10	5.0
Self Treatment	2	3.8	0	0.0	2	1.8	1	1.6	2	2.2	3	1.5
FPAN	1	1.9	1	1.7	2	1.8	0	0.0	2	2.2	2	1.0
AMDA Clinic	1	1.9	3	5.1	4	3.6	0	0.0	0	0.0	0	0.0
Others	3	5.8	4	6.8	7	6.3	1	1.6	3	3.3	4	2.0
Total	52	*	59	*	111	*	63	*	91	*	202	*
Received Counseling to Avoid the Problem from the Place of Treatment												
Yes	-	-	-	-	-	-	50	80.6	69	77.5	119	78.8
No	-	-	-	-	-	-	12	19.4	20	22.5	32	21.2
Total	-	-	-	-	-	-	62	100.0	89	100.0	151	100.0
Types of Counseling Received												
Use Condom	-	-	-	-	-	-	44	88.0	62	89.9	106	89.1
Reduce Number of Sexual Partners	-	-	-	-	-	-	23	46.0	29	42.0	52	43.7
Take Medicine Regularly	-	-	-	-	-	-	9	18.0	13	18.8	22	18.5
Not to Make Sexual Contact while Using Medicine	-	-	-	-	-	-	3	6.0	1	1.4	4	3.4
Regular Check-up	-	-	-	-	-	-	1	2.0	3	4.3	4	3.4
Others	-	-	-	-	-	-	0	0.0	2	2.9	2	1.7
Total	-	-	-	-	-	-	50	*	69	*	119	*

Blank cells in the 2004 columns indicate that no such information was collected in 2004 survey.

When asked about the STI symptom that they had experienced in the past year, 51.6% of the sex workers reported to have had experienced at least one symptom. Only 41% of them had reported so in 2004. Some of the reported STI symptoms experienced by the respondents in the past year were lower abdominal pain (27.8%), vaginal itching

(25%), and vaginal discharge (23.6%). For treatment purposes, the sex workers had mostly visited Nepal Fertility Care Center (24.8%) and private clinics (12.9%) (Table 20).

As an effort to extract more information on their STI experience and treatment practices, some additional questions were asked to the sex workers. Data obtained from this section could not be compared with the 2004 study since these questions were not asked in the previous round. As seen in the above Table, 119 of 151 (78.8%) sex workers who had sought treatment had received counseling to avoid the problem from the place that they had visited. They were mostly counseled to consistently use condom during sexual acts (89.1%), and reduce number of their sex partners (43.7%). Some (18.5%) were also advised to take medicines regularly.

Apart from their past year's experiences, the sex workers were further asked if they had been experiencing any STI symptoms during the survey period too. More than one-half of them (55.2%) reported that they were experiencing at least one STI symptom. Some of the symptoms currently experienced by them were vaginal itching (28.6%), lower abdominal pain (27.8%), vaginal discharge (23.8%) and painful sex (23%). Comparatively, the proportion of street based sex workers reporting to have been experiencing at least one STI symptom was slightly more (57.5%) than the establishment based sex workers (53.7%) (Table 21).

Table 21: Reported Existing STI Symptom/s and Treatment

Reported STI Symptoms and Treatment Among the Sex Workers	2006					
	Street		Establishment		Total	
	N	%	N	%	N	%
Types of STI Symptoms Experienced Currently						
Vaginal Itching	63	31.5	80	26.7	143	28.6
Lower Abdominal Pain	62	31.0	77	25.7	139	27.8
Painful Sex	51	25.5	64	21.3	115	23.0
Vaginal Discharge	47	23.5	72	24.0	119	23.8
Vaginal Odor	45	22.5	65	21.7	110	22.0
Dysuria	31	15.5	34	11.3	65	13.0
Polyuria	29	14.5	30	10.0	59	11.8
Genital Ulcer or Sore	20	10.0	26	8.7	46	9.2
Unusual Vaginal Bleeding (Discharge)	10	5.0	13	4.3	23	4.6
Genital Warts	10	5.0	11	3.7	21	4.2
Other	1	0.5	4	1.3	5	1.0
Any of the Above Symptoms	115	57.5	161	53.7	276	55.2
None of the Above Symptoms	85	42.5	139	46.3	224	44.8
Total	200	*	300	*	500	*
Went for Treatment for any of Above Symptoms						
Yes	7	6.1	13	8.1	20	7.2
No	108	93.9	148	91.9	256	92.8
Total	115	100.0	161	100.0	276	*

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

A majority of 256 (92.8%) respondents had not sought treatment for the STI symptom/s that they had experienced. Among those few who had done so, 50% had waited 24 weeks before seeking medical aid. Some of the places that they visited for the treatment were NFCC, hospitals, private clinics and pharmacies. Among them, the majority (85%) of the sex workers had received prescription for the medicines required and had mostly taken those medicines (Data not shown in Table).

3.11 Use of Alcohol and Drugs

A series of questions were asked regarding the use of alcohol and oral and injecting drugs by the sex workers. As high as 77.2% sex workers, had consumed alcohol sometimes during the past one month. Among them, 35.4% of the sex workers admitted that they took alcohol on a daily basis. Others drank less frequently (Table 22). At the same time 7.8% of the sex workers also reported of taking drugs at least once in the past month. Less than five percent of the sex workers had reported so in 2004.

Table 22: Use of Alcohol and Drugs among Female Sex Workers

Consumption of Alcohol and Drugs	2004						2006					
	Street		Establishment		Total		Street		Establishment		Total	
	N=200	%	N=300	%	N=500	%	N=200	%	N=300	%	N=500	%
Consumption of Alcohol												
On a Daily Basis	72	36.0	119	39.7	191	38.2	67	33.5	110	36.7	177	35.4
2-3 Times a Week	-	-	-	-	-	-	47	23.5	77	25.7	124	24.8
Once a Week	56	28.0	77	25.7	133	26.6	12	6.0	29	9.7	41	8.2
Less than Once a Week	29	14.5	33	11.0	62	12.4	22	11.0	22	7.3	44	8.8
Never	43	21.5	71	23.7	114	22.8	52	26.0	62	20.7	114	22.8
Tried Any Types of Drugs												
Yes	4	2.0	18	6.0	22	4.4	14	7.0	25	8.3	39	7.8
No	196	98.0	282	94.0	478	95.6	186	93.0	275	91.7	461	92.2

∴ No information in 2004

Of the 500 respondents, 129(25.8%) said that they knew someone who injected drugs. The IDUs were their friends, clients, local acquaintances and relatives. Twenty nine respondents also admitted that their sex partners including their clients injected drugs; 25 of them had reported so in 2004 (Table 23).

Four of the respondents had injected drugs in the past; three had done it in the past one year. Twelve sex workers also admitted of ever having sex in exchange for drugs while 10 had at least once been engaged in sexual contact for money to buy drugs.

Table 23: Knowledge of IDUs and History of Injecting Drugs among Female Sex Workers

Use of Injecting Drugs	2004						2006					
	Street		Establishment		Total		Street		Establishment		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Know Injecting Drug Users (IDUs)												
Yes	31	15.5	40	13.3	71	14.2	41	20.5	88	29.3	129	25.8
No	169	84.5	260	86.7	429	85.8	159	79.5	212	70.7	371	74.2
Total	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	500	100.0
Relationship with Known IDUs												
Friend	21	67.7	30	75.0	51	71.8	19	46.3	47	53.4	66	51.2
Local Boys	3	9.7	2	5.0	5	7.0	8	19.5	17	19.3	25	19.4
Relative	4	12.9	2	5.0	6	8.5	2	4.9	7	8.0	9	7.0
Client	1	3.2	3	7.5	4	5.6	12	29.3	14	15.9	26	20.2
Husband	2	6.5	1	2.5	3	4.2	0	0.0	0	0.0	0	0.0
Family	0	0.0	0	0.0	0	0.0	0	0.0	1	1.1	1	0.8
Other	1	3.2	2	5.0	3	4.2	0	0.0	2	2.3	2	1.6
Total (n)	31	*	40	*	71	*	41	*	88	*	129	*
Knowledge of Sex Partners being IDUs												
Sex Partners Including Clients	9	4.5	16	5.3	25	5.0	12	6.0	17	5.7	29	5.8
Clients	8	4.0	15	5.0	23	4.6	10	5.0	14	4.7	24	4.8
Injecting History												
Ever Injected Drugs	-	-	-	-	-	-	2	1.0	2	0.7	4	0.8
Injected in Past 12 Months	2	1.0	4	1.3	6	1.2	2	1.0	1	0.3	3	0.6
Ever Exchanged Sex for Drugs	2	1.0	3	1.0	5	1.0	5	2.5	7	2.3	12	6.0
Ever Exchanged Sex for Money to Buy Drugs	3	1.5	6	2.0	9	1.8	6	3.0	4	1.3	10	5.0

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

3.12 Exposure to HIV/AIDS Awareness Programs

3.12.1 Peer/Outreach Education

The 2006 survey included questions on exposure of the sex workers to the ongoing HIV/AIDS awareness and prevention programs. Since this was yet another new section introduced this year to the study, no previous data were available for a comparative analysis. One of the major components of the ongoing STI and HIV/AIDS intervention is the mobilization of outreach and peer educators (OEs and PEs) for educating the target population on HIV/AIDS/STI and its preventive measures. Therefore, the sex workers were asked if they had met any OEs or PEs. In response, 83.2% reported that they had at least once met or interacted with them. More establishment based sex workers (85.7%) than the street based sex worker (79.5%) had met OEs/PEs. Their meetings were mostly focused on interaction regarding HIV/STI transmission methods (92.5%), demonstration on using condom correctly (86.3%), discussion on how STI is transmitted (76.2%), and use of condom (73.8%). The majority of sex workers had met OEs/PEs from CAC (87.5%) and WATCH (73.6%), there were also some other organizations mentioned (Table 24). It is further evident from the Table that the sex workers meet OEs/PEs quite often as 61% of the 416 sex workers had seen them for 4-12 or more times.

Table 24: Meeting/Interaction of FSWs with Peer Educator/Outreach Educators

Peer Educator/Outreach Educator Visit to Female Sex Workers	2006					
	Street		Establishment		Total	
	N	%	N	%	N	%
Met or discussed or interacted with Peer Educators (PE) or Outreach Educators (OE) in the Last 12 months						
Yes	159	79.5	257	85.7	416	83.2
No	41	20.5	43	14.3	84	16.8
Total	200	100.0	300	100.0	500	100.0
Activities Involved in with OE/PEs						
Discussion on how HIV/AIDS is/isn't transmitted	149	93.7	236	91.8	385	92.5
Demonstration on using condom correctly	132	83.0	227	88.3	359	86.3
Discussion on how STI is/isn't transmitted	118	74.2	199	77.4	317	76.2
Regular/non-regular use of condom	118	74.2	189	73.5	307	73.8
STI treatment/cure after treatment	31	19.5	38	14.8	69	16.6
Training on HIV and STI, Condom day, AIDS day, participation in discussions and interaction programs	28	17.6	29	11.3	57	13.7
Counseling on reducing number of sex partner	22	13.8	31	12.1	53	12.7
Others	2	1.3	10	3.9	12	2.4
Total	159	*	257	*	416	*
Organizations Represented by OE/PEs						
CAC	30	18.9	28	10.9	364	87.5
WATCH	76	47.8	70	27.2	306	73.6
GWP	44	27.7	116	45.1	160	38.5
SACTS	54	34.0	51	19.8	105	25.2
PSI	18	11.3	57	22.2	75	18.0
NFCC	18	11.3	37	14.4	55	13.2
Change Nepal	0	0.0	7	2.7	7	1.7
Sathi	0	0.0	5	1.9	5	1.2
NAPN	2	1.3	1	0.4	3	0.7
AMDA	1	0.6	2	0.8	3	0.7
NRCS	2	1.3	0	0.0	2	0.5
INF/Paluwa	0	0.0	2	0.8	2	0.5
Siddhartha Club	0	0.0	1	0.4	1	0.2
Others	7	4.4	9	3.5	16	3.8
Don't Know	0	0.0	2	0.8	2	0.5
Total	159	*	257	*	416	*
Number of Visits to PE or OE						
Once	9	5.7	23	8.9	32	7.7
2-3 times	60	37.7	70	27.2	130	31.3
4-6 times	38	23.9	62	24.1	100	24.0
7-12 times	17	10.7	41	16.0	58	13.9
More than 12 times	35	22.0	61	23.7	96	23.1
Total	159	100.0	257	100.0	416	100.0

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

3.12.2 Drop-in-Center

Drop-in-centers are another important component of HIV prevention programs. The DICs not only provide a safe space for the target communities to socialize but are also the site for educational and counseling activities. A total of 31.2% of the respondents had visited DIC during the last year. A higher proportion of street based sex workers (35%) than establishment based (28.7%) had ever visited DICs. During their DIC visits the respondents had learnt the correct ways of using condom (62.2%), participated in discussions on HIV/AIDS transmission (60.3%), watched film on HIV/AIDS (57.1%) and discussed on STI transmission methods (55.8%). Most of the sex workers had visited DICs run by WATCH (42.9%) and GWP (39.7%). Among them, 41.7% of the sex workers had visited different DICs 2-3 times in the past year (Table 25).

Table 25: DIC Visiting Practices of Female Sex Workers

DIC Visiting Practices of Female Sex Workers	2006					
	Street		Establishment		Total	
	N	%	N	%	N	%
DIC Visit in the Last 12 months						
Yes	70	35.0	86	28.7	156	31.2
No	130	65.0	214	71.3	344	68.8
Total	200	100.0	300	100.0	500	100.0
Activities Involved in at DIC						
Went to learn the correct way of using condom	48	68.6	49	57.0	97	62.2
Participated in discussion on HIV transmission	48	68.6	46	53.5	94	60.3
Went to watch film on HIV/AIDS	46	65.7	43	50.0	89	57.1
Participated in discussion on STI transmission	44	62.9	43	50.0	87	55.8
Went to collect condoms	32	45.7	30	34.9	62	39.7
Participated in training, interaction and discussion programs on HIV/AIDS and STI	29	41.4	23	26.7	52	33.3
Went for STI treatment	20	28.6	30	34.9	50	32.1
Took friend with me	9	12.9	7	8.1	16	10.3
Went to collect IEC materials	10	14.3	4	4.7	14	9.0
Others	2	2.9	5	5.8	7	4.5
Total	70	*	86	*	156	*
Name of Organizations that Run DIC Visited by Them						
WATCH	40	57.1	27	31.4	67	42.9
GWP	19	27.1	43	50.0	62	39.7
CAC	19	27.1	12	14.0	31	19.9
NFCC	4	5.7	9	10.5	13	8.3
SACTS	1	1.4	3	3.5	4	2.6
Change Nepal	1	1.4	3	3.5	4	2.6
Others	0	0.0	1	1.2	1	0.6
Don't know	0	0.0	1	1.2	1	0.6
Total	70	*	86	*	156	*
Number of Visits to the DICs						
Once	16	22.9	36	41.9	52	33.3
2-3 times	31	44.3	34	39.5	65	41.7
4-6 times	13	18.6	7	8.1	20	12.8
7-12 times	4	5.7	4	4.7	8	5.1
More than 12 times	6	8.6	5	5.8	11	7.1
Total	70	100.0	86	100.0	156	100.0

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

3.12.3 STI Clinic

Prompt detection and treatment of STIs may prevent many health hazards. Several STI clinics are being run by different organizations to facilitate such treatment. The sex workers were also asked if they had visited any STI clinic in the past one year. As shown in Table 26, only 28% of them had visited a STI clinic in the past one year. Such sex workers consisted of 31% of the street based and 26% of the establishment

based sex workers. During their visits to STI clinics in the past one year, the respondents had undergone blood test for STI detection (78.6%), had been provided physical examination for STI identification (75.7%), were advised to use a condom during each sexual intercourse (67.1%) and to take complete and regular medicine (57.9%). Approximately 48% respondents had visited STI clinic run by *NFCC*. Other STI clinics visited by them are shown in Table 26. Fifty percent of the sex workers had visited such clinics just once (Table 26).

Table 26: STI Clinic Visiting Practices of Female Sex Workers

STI Clinic Visiting Practices of Female Sex Workers	2006					
	Street		Establishment		Total	
	N	%	N	%	N	%
Visited any STI Clinic in the Last 12 Months						
Yes	62	31.0	78	26.0	140	28.0
No	138	69.0	222	74.0	360	72.0
Total	200	100.0	300	100.0	500	100.0
Activities Involved in at STI Clinic						
Physical examination conducted for STI identification	49	79.0	57	73.1	106	75.7
Blood tested for STI	45	72.6	65	83.3	110	78.6
Was advised to use condom in each sexual intercourse	44	71.0	50	64.1	94	67.1
Was advised to take complete and regular medicine	37	59.5	44	56.4	81	57.9
Was suggested to reduce number of sexual partners	11	17.7	4	5.1	15	10.7
Took friend with me	5	8.1	4	5.1	9	6.4
Total	62	*	78	*	140	*
Name of Organizations that Run STI Clinic Visited by Them						
NFCC	31	50.0	36	46.2	67	47.9
WATCH	11	17.7	8	10.3	19	13.6
CAC	13	21.0	5	6.4	18	12.9
Private Clinic	5	8.1	11	14.1	16	11.4
GWP	1	1.6	13	16.7	14	10.0
SACTS	9	14.5	2	2.6	11	7.9
Hospital	1	1.6	3	3.8	4	2.9
Pharmacy	1	1.6	1	1.3	2	1.4
Siddhartha Club	1	1.6	0	0.0	1	0.7
Others	1	1.6	3	3.8	4	2.9
Don't know	1	1.6	1	1.3	2	1.4
Total	62	*	78	*	140	*
Number of Visits to STI Clinics						
Once	30	48.4	40	51.3	70	50.0
2-3 times	25	40.3	31	39.7	56	40.0
4-6 times	6	9.7	6	7.7	12	8.6
7-12 times	0	0.0	0	0.0	0	0.0
More than 12 times	1	1.6	1	1.3	2	1.4
Total	62	100.0	78	100.0	140	100.0

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

3.12.4 VCT Centers

Among the 500 respondents only 28.2% had visited Voluntary Counseling and Testing (VCT) centers during the past year. More street based sex workers (38.5%) than the establishment based (21.3%) had been to VCT centers in the past 12 months. Among them 86.5% had undergone HIV testing 70.2% had received pre- test counseling. Other kinds of activities that they participated in at the VCT centers are shown in Table 27. The VCT centers run by SACTS were reportedly visited by most of the sex workers (78%). Many sex workers (56%) had visited such VCT centers just once.

Table 27: VCT Visiting Practices of Female Sex Workers

VCT Visiting Practices of Female Sex Workers	2006					
	Street		Establishment		Total	
	N	%	N	%	N	%
Visited VCT Center in the Last 12 months						
Yes	77	38.5	64	21.3	141	28.2
No	123	61.5	236	78.7	359	71.8
Total	200	100.0	300	100.0	500	100.0
Activities Involved in at VCT						
Blood sample taken for HIV test	71	92.3	51	79.7	122	86.5
Received pre-HIV test counseling	58	75.3	41	64.1	99	70.2
Received post HIV test counseling	42	54.5	35	54.7	77	54.6
Received HIV test result	40	51.9	34	53.1	74	52.5
Got information on HIV/AIDS window period	23	29.9	25	39.1	48	34.0
Received counseling on using condom correctly in each sexual intercourse	50	64.9	33	51.6	83	20.0
Took a friend with me	10	13.0	10	15.6	20	14.2
Others	1	1.3	1	1.6	2	1.4
Total	77	*	64	*	141	*
Name of the Organization that Run the VCTs Visited by Them						
SACTS	61	79.2	49	76.6	110	78.0
CAC	10	13.0	5	7.8	15	10.6
NFCC	8	10.4	5	7.8	13	9.2
WATCH	3	3.9	1	1.6	4	2.8
AMDA	0	0.0	1	1.6	1	0.7
INF/Paluwa	0	0.0	1	1.6	1	0.7
Others	1	1.3	4	6.3	5	3.5
Don't know	0	0.0	1	1.6	1	0.7
Total	77	*	64	*	141	*
Number of Visits to VCTs						
Once	45	58.4	34	53.1	79	56.0
2-3 times	23	29.9	27	42.2	50	35.5
4-6 times	8	10.4	3	4.7	11	7.8
7-12 times	1	1.3	0	0.0	1	0.7
More than 12 times	0	0.0	0	0.0	0	0.0
Total	77	100.0	64	100.0	141	100.0

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

3.12.5 Participation in HIV/AIDS Awareness Program

The reported participation of the sex workers in different HIV/AIDS awareness raising program was minimal with only 28% of them reporting participation in activities in the 12 months preceding the survey. More street based sex workers (32%) than establishment based (25.3%) reported so. The respondents had participated in group discussions (67.1%), condom use demonstration (50%), and street drama (35%). Many of them (42.1%) named WATCH as the organization that mostly conducted such activities. Other organizations like SACTS, GWP, CAC were also named by some sex workers (Table 28). Among them, 49.3% had participated in such programs 2-3 times and 30.7% had participated just once.

Table 28: Participation in HIV/AIDS Awareness Programs of Female Sex Workers

Participations in HIV/AIDS Awareness Programs	2006					
	Street		Establishment		Total	
	N	%	N	%	N	%
Ever Participated in HIV/AIDS Awareness Raising Program or Community Events in the Last 12 Months						
Yes	64	32.0	76	25.3	140	28.0
No	136	68.0	224	74.7	360	72.0
Total	200	100.0	300	100.0	500	100.0
Activities Participated in						
Group discussions	49	76.6	45	59.2	94	67.1
Condom use demonstrations	31	48.4	39	51.3	70	50.0
Street drama	23	35.9	26	34.2	49	35.0
HIV/AIDS related training	17	26.6	19	25.0	36	25.7
Condom Day	14	21.9	13	17.1	27	19.3
Video Shows	15	23.4	11	14.5	26	18.6
AIDS Day	14	21.9	10	13.2	24	17.1
HIV/AIDS related Workshops	4	6.3	3	3.9	7	5.0
Talk programs	2	3.1	0	0.0	2	1.4
Others	2	3.1	1	1.3	3	2.1
Total	64	*	76	*	140	*
Name of the Organizations that Organized Such Activities						
WATCH	31	48.4	28	36.8	59	42.1
SACTS	20	31.3	18	23.7	38	27.1
GWP	16	25.0	20	26.3	36	25.7
CAC	15	23.4	15	19.7	30	21.4
NFCC	4	6.3	7	9.2	11	7.9
Maiti Nepal	3	4.7	3	3.9	6	4.3
AMDA	2	3.1	2	2.6	4	2.9
NAPN	1	1.6	0	0.0	1	0.7
Trinetra	0	0.0	1	1.3	1	0.7
ICH	0	0.0	1	1.3	1	0.7
NRCS	0	0.0	1	1.3	1	0.7
Naulo Ghumti	0	0.0	1	1.3	1	0.7
Others	7	10.9	8	10.5	15	10.7
Don't Know	2	3.1	1	1.3	3	2.1
Total	64	*	76	*	140	*
Frequency of Such Participation						
Once	19	29.7	24	31.6	43	30.7
2-3 times	33	51.6	36	47.4	69	49.3
4-6 times	8	12.5	8	10.5	16	11.4
7-12 times	3	4.7	6	7.9	9	6.4
More than 12 times	0	0.0	2	2.6	2	1.4
Not Participated During the Past Year	1	1.6	0	0.0	1	0.7
Total	64	100.0	76	100.0	140	100.0

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

Stigma and Discrimination

HIV/AIDS is stigmatized in Nepal, increasing the impact of HIV on PLHA and those most at risk. Questions about the attitude of sex workers towards HIV positive people and their perception towards HIV/AIDS were included in the survey. More than 90% of the sex workers were willing to take care of any of their male or female relatives with HIV if the need arose. Moreover, 37.8% also mentioned that if they had a HIV positive member in the family, they would not mind talking about it to others, while 61.6% preferred to keep it confidential.

Table 29: Stigma and Discrimination

Stigma and Discrimination	2006					
	Street		Establishment		Total	
	N=200	%	N=300	%	N=500	%
Willing to take care of HIV positive male relative in the household						
Yes	188	94.0	284	94.7	472	94.4
No	10	5.0	16	5.3	26	5.2
Don't Know	2	1.0	0	0.0	2	0.4
Willing to take care of HIV positive female relative in the household						
Yes	191	95.5	288	96.0	479	95.8
No	7	3.5	12	4.0	19	3.8
Don't Know	2	1.0	0	0.0	2	0.4
Willing to maintain confidentiality of a HIV positive family member						
Yes	129	64.5	179	59.7	308	61.6
No	69	34.5	120	40.0	189	37.8
Don't Know	2	1.0	1	0.3	3	0.6

HIV and Syphilis Prevalence among Female Sex Workers

Among the 200 street FSWs and 300 establishment-based FSWs who participated in the study, two percent of street based sex workers and one percent of establishment-based sex workers (4/200 street sex workers and 3/300 establishment sex workers) were tested to be HIV positive. Overall HIV prevalence rate was 1.4% in 2006; it was two percent in 2004 study. Among the street based sex workers, HIV prevalence was two percent in both 2004 and 2006 studies, but among establishment based sex worker there was slight decrease from two percent in 2004 to one percent in 2006 (Table 30). However, the decrease in HIV prevalence is not statistically significant at 5% significant level.

Syphilis history (TPHA+ve with RPR -ve or RPR titre < 1:8), increased from 8.8% in 2004 to 9.8% in 2006 while current syphilis (TPHA+ve/RPR titre = or > 1:8) decreased from 6.0% in 2004 to 3.0% in 2006. (Clinical Note: For prevalence study purpose, TPHA+RPR-ve or RPR with titre < 1:8 is regarded as history of syphilis and TPHA+ and RPR with titre higher than 1:8 are considered as having current syphilis requiring immediate treatment).

Nearly six percent (12/200) among the street sex workers and one percent (3/300) among the establishment-based sex workers were found to be currently infected with high titre syphilis. Altogether, 16.5% (33/200) of the street sex workers and 5.3% (16/300) of the establishment sex workers had a history of syphilis.

Table 30: HIV and STI Prevalence among Female Sex Workers

STI Infection	2004						2006					
	Street (N=200)		Establishment (N=300)		Total (N=500)		Street (N=200)		Establishment (N=300)		Total (N=500)	
	N	%	N	%	N	%	N	%	N	%	N	%
HIV+ve	4	2.0	6	2.0	10	2.0	4	2.0	3	1.0	7	1.4
Current Syphilis	18	9.0	12	4.0	30	6.0	12	6.0	3	1.0	15	3.0
Syphilis History	36	18.0	8	2.7	44	8.8	33	16.5	16	5.3	49	9.8

Association of Syphilis with Socio-Demographic and Behavioral Variables

Table 31 shows the association of two categories of measured syphilis – syphilis history (TPHA+ve with RPR -ve or RPR titre < 1:8), and current syphilis (TPHA+ve

and RPR titre = or > 1:8) with demographic variables such as age, marital status and education. The prevalence of untreated syphilis among street sex workers 20 years old and above was 7.0% compared to 2.3% among the sex workers who were less than 20 years of age. Similarly, the prevalence of untreated syphilis was high among the illiterate street sex workers and sex workers who were in the sex trade for more than two years.

In 2006, the prevalence rate of both categories of syphilis was higher among street based sex workers than the establishment based ones. Syphilis prevalence was higher among the street based sex workers, illiterate sex workers, aged sex workers (i.e. >19 years old) and sex workers in the sex trade for more than two years in 2006 (Table 31).

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. Overall, more than half of the respondents (276/500) reported that they were suffering from symptoms that they believed to be evidence of STIs. After clinical examination it was found that, 16.5% of the establishment based and 7.5% of street based FSWs who reported of having at least one STI symptom had a history of syphilis. Similarly, 6.1% of establishment based and 1.2% of street based sex workers were suffering from syphilis that required treatment. But among the 85 street based sex workers who reported of not having any STI symptoms, five were suffering from untreated syphilis (Table 32).

Table 31: Association between Syphilis and Demographic Behavioral Variables

Variables	Street 2004			Establishment 2004			2004 Total			Street 2006			Establishment 2006			Total 2006		
	N=200	Syphilis History	Current Syphilis	N=300	Syphilis History	Current Syphilis	N=500	Syphilis History	Current Syphilis	N=200	Syphilis History	Current Syphilis	N=300	Syphilis History	Current Syphilis	N=300	Syphilis History	Current Syphilis
		n(%)	n(%)		n(%)	n(%)		n(%)	n(%)		n(%)	n(%)		n(%)	n(%)		n(%)	n(%)
Age																		
< 20 years old	32	1 (3.1)	0 (0.0)	121	2 (1.7)	2 (1.7)	153	3 (2.0)	2 (1.3)	43	4 (9.3)	1 (2.3)	108	8 (7.4)	1 (0.9)	151	12 (7.9)	2 (1.3)
= or > 20 years old*	168	35 (20.8)	18 (10.7)	179	6 (3.4)	10 (5.6)	347	41 (11.8)	28 (8.1)	157	29 (18.5)	11 (7.0)	192	8 (4.2)	2 (1.0)	349	37 (10.6)	13 (3.7)
Educational Level																		
Illiterate/ no Schooling**	133	29 (21.8)	14 (10.5)	105	3 (2.9)	9 (8.6)	238	32 (13.4)	23 (9.7)	119	20 (16.8)	9 (7.6)	99	5 (5.1)	1 (1.0)	218	25 (11.5)	10 (4.6)
Grades 1 to 10 and above SLC	67	7 (10.4)	4 (6.0)	195	5 (2.6)	3 (1.5)	262	12 (4.6)	7 (2.7)	81	13 (16.0)	3 (3.7)	201	11 (5.5)	2 (1.0)	282	24 (8.5)	5 (1.8)
Marital Status																		
Ever married+	178	35 (19.7)	18 (10.1)	180	7 (3.9)	8 (4.4)	358	42 (11.7)	26 (7.3)	164	27 (16.5)	10 (6.1)	215	13 (6.0)	2 (0.9)	379	40 (10.6)	12 (3.2)
Never married	22	1 (4.5)	0 (0.0)	120	1 (0.8)	4 (3.3)	142	2 (1.4)	4 (2.8)	36	6 (16.7)	2 (5.6)	85	3 (3.5)	1 (1.2)	121	9 (7.4)	3 (2.5)
Years Worked as Sex Worker																		
< 2 years	103	12 (11.7)	5 (4.9)	224	7 (3.1)	7 (3.1)	327	19 (5.8)	12 (3.7)	103	11 (10.7)	4 (3.9)	213	10 (4.7)	2 (0.9)	316	21 (6.6)	6 (1.9)
=or > 2 years	97	24 (24.7)	13 (13.4)	76	1 (1.3)	5 (6.6)	173	25 (14.5)	18 (10.4)	97	22 (22.7)	8 (8.2)	87	6 (6.9)	1 (1.1)	184	28 (15.2)	9 (4.9)
All	200	36 (18.0)	18 (9.0)	300	8 (2.7)	12 (4.0)	500	44 (8.8)	30 (6.0)	200	33 (16.5)	12 (6.0)	300	16 (5.3)	3 (1.0)	500	49 (9.8)	15 (3.0)

*Significant decrease in current syphilis among establishment based FSWs p <.02 between 2004 and 2006; ** Significant decrease in current syphilis among establishment based FSWs p <.02 between 2004 and 2006; +Significant decrease in current syphilis among establishment based FSWs p <.03 between 2004 and 2006

Table 32: Reported STI syndromes and Measured Clinical diagnosis for Syphilis

Variables	Street 2004			Establishment 2004			Total 2004			Street 2006			Establishment 2006			Total 2006		
	N=200	Syphilis History	Current Syphilis	N=300	Syphilis History	Current Syphilis	N=500	Syphilis History	Current Syphilis	N=200	Syphilis History	Current Syphilis	N=300	Syphilis History	Current Syphilis	N=500	Syphilis History	Current Syphilis
		n(%)	n(%)		n(%)	n(%)		n(%)	n(%)		n(%)	n(%)		n(%)	n(%)		n(%)	n(%)
Painful sex	62	10 (16.1)	5 (8.1)	66	3 (4.5)	3 (4.5)	128	13 (10.2)	8 (6.2)	51	10 (19.6)	4 (7.8)	64	6 (9.4)	1 (1.6)	115	16 (13.9)	5 (4.3)
Abdominal pain	56	8 (14.3)	8 (14.3)	68	1 (1.5)	3 (4.4)	124	9 (7.2)	11 (8.9)	62	9 (14.5)	2 (3.2)	77	5 (6.5)	1 (1.3)	139	14 (10.1)	3 (2.2)
Vaginal itching	40	5 (12.5)	7 (17.5)	40	2 (5.0)	1 (2.5)	80	7 (8.7)	8 (10.0)	63	9 (14.3)	3 (4.8)	80	3 (3.8)	2 (2.5)	143	12 (8.4)	5 (3.5)
Vaginal odor	41	9 (22.0)	6 (14.6)	39	2 (5.1)	1 (2.6)	80	11 (13.7)	7 (8.7)	45	6 (13.3)	1 (2.2)	65	3 (4.6)	1 (1.5)	110	9 (8.2)	2 (1.8)
Vaginal discharge	26	3 (11.5)	4 (15.4)	29	1 (3.4)	3 (10.3)	55	4 (7.3)	7 (12.7)	47	6 (12.8)	3 (6.4)	72	5 (6.9)	0 (0.0)	119	11 (9.2)	3 (2.5)
Dysuria	25	3 (12.0)	3 (12.0)	21	1 (4.8)	1 (4.8)	46	4 (8.7)	4 (8.7)	31	5 (16.1)	2 (6.5)	34	2 (5.9)	1 (2.9)	65	7 (10.8)	3 (4.6)
Polyuria	23	3 (13.0)	5 (21.7)	20	1 (5.0)	0 (0.0)	43	4 (9.3)	5 (11.6)	29	3 (10.3)	0 (0.0)	30	2 (6.7)	1 (3.3)	59	5 (8.5)	1 (1.7)
Genital ulcers	22	4 (18.2)	6 (27.3)	15	1 (6.7)	0 (0.0)	37	5 (13.5)	6 (16.2)	20	3 (15.0)	1 (5.0)	26	1 (3.8)	2 (7.7)	46	4 (8.7)	3 (6.5)
Unusual vaginal bleeding (discharge)	7	2 (28.6)	0 (0.0)	7	0 (0.0)	0 (0.0)	14	2 (14.3)	0 (0.0)	10	1 (10.0)	0 (0.0)	13	2 (15.4)	0 (0.0)	23	3 (13.0)	0 (0.0)
Genital warts	2	0 (0.0)	0 (0.0)	2	0 (0.0)	0 (0.0)	4	0 (0.0)	0 (0.0)	10	2 (20.0)	1 (10.0)	11	2 (18.2)	0 (0.0)	21	4 (19.0)	1 (4.8)
Others	6	0 (0.0)	1 (16.7)	6	0 (0.0)	1 (16.7)	12	0 (0.0)	2 (16.7)	1	0 (0.0)	0 (0.0)	4	1 (25.0)	0 (0.0)	5	1 (20.0)	0 (0.0)
Any of the above symptoms	105	14 (13.3)	13 (12.4)	132	5 (3.8)	5 (3.8)	237	19 (8.0)	18 (7.6)	115	19 (16.5)	7 (6.1)	161	12 (7.5)	2 (1.2)	276	31 (11.2)	9 (3.3)
None of the above symptoms	95	22 (23.2)	5 (5.3)	168	3 (1.8)	7 (4.2)	263	25 (9.5)	12 (4.6)	85	14 (16.5)	5 (5.9)	139	4 (2.9)	1 (0.7)	224	18 (8.0)	6 (2.7)

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

There is little association between HIV and socio-demographic variables. As can be seen in Table 33, 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.

Tables 33 shows that HIV is associated with illiterate sex workers among the street sex workers. All the HIV-infected individuals among the establishment sex workers were married. Due to the low prevalence of HIV among the sex workers, the sample size is not enough to give a clear picture of the association between HIV and risk variables or demographical variables. None of the respondents who had worked as sex workers in India had HIV. Prevalence of current syphilis also is not associated with HIV as none of the 15 respondents with current syphilis had HIV. Two of the 155 street based sex workers with no infection had HIV.

Table 33: Relationship between HIV and Demographic, Behavioral Variables and STIs

Variables	2004						2006					
	Street			Establishment			Street			Establishment		
	N=200	HIV	%	N=300	HIV	%	N=200	HIV	%	N=300	HIV	%
Age												
<20 years old	32	2	6.3	121	2	1.7	43	0	0.0	108	0	0.0
≥20 years old	168	2	1.2	179	4	2.2	157	4	2.5	192	3	1.6
Educational Level												
Illiterate and literate with no schooling	133	3	2.3	105	3	2.9	119	4	3.4	99	0	0.0
Schooling (Grades 1 to 10 and above SLC)	67	1	1.5	195	3	1.5	81	0	0.0	201	3	1.5
Marital Status					*							
Ever Married	178	3	1.7	180	6	3.3	164	4	2.4	215	3	1.4
Never married	22	1	4.5	120	0	0.0	36	0	0.0	85	0	0.0
Years of Sex Work												
< 2 years	103	3	2.9	224	4	1.8	103	1	1.0	213	2	0.9
≥ 2 years	97	1	1.0	76	2	2.6	97	3	3.1	87	1	1.1
Sex Work in India												
Yes	6	0	0.0	3	0	0.0	5	0	0.0	0	0	0.0
No	194	4	2.1	297	6	2.0	195	4	2.1	300	3	1.0
Syphilis Infection												
Current Syphilis	18	1	5.6	12	0	0.0	12	0	0.0	3	0	0.0
Syphilis History	36	1	2.8	8	0	0.0	33	2	6.1	16	3	1.1
No infection of Syphilis	146	2	1.4	280	6	2.1	155	2	1.3	281	0	0.0

Chapter 4.0: CONCLUSIONS AND RECOMMENDATIONS

4.1 Conclusions

This study was conducted among 500 female sex workers, among whom 200 were street sex workers and 300 were establishment-based sex workers. The main objective of the study was to measure the prevalence of HIV and Syphilis among sex workers and to measure their sexual behaviors and demographic characteristics.

Overall HIV prevalence rate was 1.4% in 2006; it was 2.0% in 2004 study. HIV prevalence among street based sex workers was two percent, the same as in 2004, but among establishment based sex worker there was slight decrease from two percent in 2004 to one percent in 2006. However, the decrease in HIV prevalence is not statistically significant at five percent significant level.

Syphilis history (TPHA+ve with RPR -ve or RPR titre < 1:8), increased from 8.8% in 2004 to 9.8% in 2006 while current syphilis (TPHA+ve and RPR titre = or > 1:8) decreased from 6.0% in 2004 to 3.0% in 2006. Nearly 6.0% (12/200) among the street sex workers and 1.0% (3/300) among the establishment-based sex workers currently had syphilis. Other findings are given below:

- Thirteen percent of the sex workers were born in Kathmandu valley, and around 82% of them were born in other districts. A small proportion of respondents (5%) were from outside of Nepal.
- Thirty percent respondents were less than 20 years of age and approximately 50% had joined the sex trade less than a year ago. A higher proportion of establishment based sex workers (56.3%) than the street based sex workers (39%) had joined the sex trade less than a year ago.
- The sex workers included in the study represented most of the major castes/ethnic groups, with a slightly higher percentage of them representing the Tibeto-Burman communities (Tamang, Newar, Magar, Rai, Limbu and Gurung).
- Sex at an early age was the prevalent practice among the study population. Like in the 2004 study, more than 60% of the sex workers had experienced sex by the time they were 15-19 years old. Some had their first sexual experience even earlier.
- Almost two-third of the sex workers (66.4%) served one client in an average per day, which was comprised of almost 60% of the 200 street based and 71% of the 300 establishment based sex workers. The mean number of client served by the sex workers in one day was 1.5.
- The sex workers reportedly had three different types of sex partners in general: paying, regular and non-paying partners. The mean number of their paying and non-paying sex partners in the previous week was 5.

- Sex workers were exposed to different kinds of violence in the hands of their clients. Around 25% of the street based and 29% of the establishment based sex workers had been subjected to forceful sex in the past year. Some of them had also been verbally/physically assaulted.
- Consistent use of condoms with non-paying partners was very low. Seven percent of the sex workers only had used condoms on a regular basis with their husbands or male friends, which was less by almost 11% than reported in 2004.
- Two-fifth (40%) of the sex workers could obtain free condoms. A larger proportion of establishment based sex workers than the street based reported that they had access to free condoms. Free condoms were mostly obtained from NGO/health workers/volunteers and the clients.
- The three most popular brands of condoms among the sex workers were Number One, *Dhaal* and Panther.
- Almost all of the sex workers (99.4%) had heard about HIV/AIDS. Similar to 2004 study, radio and television were the two most reported sources of their information on HIV/AIDS.
- Overall, 30.2% of the respondents were aware of five major indicators of HIV transmission. Around 47% only rejected the common local misconception that mosquito bite transmitted HIV virus.
- Around 55% of the sex workers had been experiencing at least one STI symptoms during the survey period.
- Except for a few sex workers, a majority (93%) had not sought any treatment for the STI symptom.
- Eighty three percent of the sex workers had at least once met peer/outreach educators from the various HIV/AIDS related programs in the valley and 31% of them had visited DICs. Twenty eight percent each of the respondents had ever visited STI clinics and VCT centers.
- A larger proportion of street based sex workers than the establishment based had visited DICs, STI clinics and VCT centers.
- The participation of the sex workers in HIV/AIDS awareness programs/community events was minimal with only 28% of them only reporting to have ever been part of such events. Among them, 42% had participated in programs conducted by WATCH.

4.2 Policy and Program Implications

The data indicate that new and young girls were entering the sex trade every year. Therefore, the low prevalence of HIV and syphilis should not be taken lightly because

the sex workers recruited for the study had been exposed to risk behavior for only a short period of time. More than half of the establishment-based sex workers and almost two-fifth of the street sex workers had been engaged in the sex trade for less than a year. Many had their first sexual contact at the age of 15-19 years. Hence HIV/AIDS awareness campaigns should target youth/adolescent groups, which might include visits by peer educators and outreach workers for raising awareness about HIV and STI and for the promotion of condom use. Sex education at school level also would help in creating general awareness.

HIV/AIDS awareness and education programs should be launched not just for most at risk groups, but should be equally focused on the general population especially the businessmen, professional class, police/army personnel, transport workers and migrants who visit sex workers frequently.

The sex workers do not use condoms consistently. Use of condom was minimal with non-paying partners such as husbands, boyfriends or their co-habiting friends. It was reported that they did not use condom consistently with their non-paying partners as they did not find it necessary (53.9%) and because they were using other contraceptives (45.7%). This indicates that the respondents trust these partners and consider it safe to have unprotected sex with them and also that they regard condoms simply as a family planning device. This attitude is a major barrier for the promotion of safer sex behavior among them. Therefore, prevention programs should focus more on the need for consistent condom use to prevent HIV/STI infection with all kinds of partners.

A significant proportion of sex workers have other jobs besides sex work. There is a need for the ongoing HIV/AIDS awareness programs to cover their working places like the hotels/restaurants, construction sites, massage parlors, discotheques and even the households where they work as domestic helpers. Distribution of IEC (Information, Education and Communication) materials to these sites and frequent visits by the OEs/PEs for individual interaction with them could ensure wider coverage of the target group.

Free condom distribution programs through NGO/health workers/volunteers should be continued to cover a larger group of the target population as the sex workers find it convenient to have condoms from them.

The mobilization of peer and outreach educators for educating the target groups has been quite successful in meeting its objectives. It should be continued at a larger scale to cover more sex workers. At the same time, comparatively fewer sex workers had ever visited the existing DICs, STI clinics and VCT centers. More of such facilities should be operated to facilitate convenient access to the sex workers. Information about the existing facilities and the services should be disseminated at wider scale. Establishment based sex workers who comparatively had less in proportion visited such centers than the street based sex workers should also be encouraged to participate in the ongoing activities.

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ANNEXES

ANNEX – 1

Distribution of Sample Size by Location

S.N.	Lab Set up Locations in Kathmandu Valley	No. of Participants
1	Gaushala	130
2	Gongabu	80
3	Thamel	80
4	Sundhara	110
5	Koteshwor	100
	Total	500

ANNEX - 2

Basic equation used in sample design

$$n = D [(Z_{\alpha} + Z_{\beta})^2 * (P_1 (1 - P_1) + P_2 (1 - P_2)) / (P_2 - P_1)^2]$$

- n = required minimum sample size per survey round or comparison groups
- D = design effect (assumed in the following equations to be the default value of 2)
- P₁ = the estimated number of an indicator measured as a proportion at the time of the first survey or for the control area
- P₂ = the expected level of the indicator either at some future date or for the project area such that the quantity (P₂-P₁) is the size of the magnitude of change it is desired to be able to detect
- Z_α = the Zscore corresponding to the degree of confidence with which it is desired to be able to conclude that an observed change of size (P₂-P₁) would not have occurred by chance (α – the level of statistical significance), and
- Z_β = the Zscore corresponding to the degree of confidence with which it is desired to be certain of detecting a change of size (P₁-P₂) if one actually occurred (β – statistical power).

ANNEX - 3

CONFIDENTIAL

**INTEGRATED BIO - BEHAVIORAL SURVEY (IBSS)
AMONG FEMALE SEX WORKERS IN KATHMANDU VALLEY
FHI/NEW ERA/SACTS – 2006**

FSW Questionnaire

Namaste! My name is, I am here from New ERA to collect data for a research study. 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 and cervical swab samples for laboratory testing. If it is determined that you have any STI symptoms, we will provide treatment free of charge.

All collected information 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 and cervical swab samples. Study results will be used only for program designing, monitoring and evaluation. This interview 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: 2062/____/____

Name of interviewer: _____ Code No. of Interviewer:

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Date of Interview: 2062/____/____

Checked by the supervisor: Signature: _____ Date: 2062/____/____

Data Entry # 1: Clerk's name: _____ Date: 2062/____/____

Data Entry # 2: Clerk's name: _____ Date: 2062/____/____

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

Q. N.	Questions and Filters	Coding Categories	Skip to
101	Respondent ID No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
101.1	Write down how you made contact?	_____ _____ _____	
102	Type of Sex Work Establishment SWs were based	Disco 1 Dance Restaurant 2 Cabin Restaurant 3 Call Girl 4 Massage Parlor 5 Bhatti Pasal 6 House Settlement 7 Street 8 Garment/Carpet Factory 9 Squatter 10 Other (Specify) _____ 96	
103	Interview Starting Time Interview Completion Time	_____ _____	
104	Where were you born?	District _____ VDC/Municipality _____ Ward No. <input type="text"/> <input type="text"/> Village/Tole _____	
105	Where do you live now? (Name of Current Place of Residence)	District: _____ VDC/Municipality: _____ Ward No. <input type="text"/> <input type="text"/> Village/Tole: _____	
106	How long have you been living continuously at this location?	Month <input type="text"/> <input type="text"/> <input type="text"/> Always (since birth) 0	201
107	Before you moved here, where did you live?	Districts: _____ VDC/Municipality: _____ Ward No. <input type="text"/> <input type="text"/> Village/Tole: _____	

2.0 PERSONAL INFORMATION

Q. N.	Questions and Filters	Coding Categories	Skip to
201	How old are you?	Age <input type="text"/> <input type="text"/> (write the completed years)	
202	What is your caste? (Specify Ethnic Group/Caste)	Ethnicity/Caste _____ (Specify) Code No. <input type="text"/> <input type="text"/>	
203	What is your educational status? (Circle '0' if illiterate, '19' for the literate without attending the school, and write exact number of the passed grade)	Illiterate 0 Literate 19 Grade <input type="text"/> <input type="text"/> (write the completed grade)	
204	What is your present marital status?	Married 1 Divorced/Permanently separated 2 Widow 3 Never married 4	204.2 204.3
204.1	How old were you when you got divorced/separated/widowed?	Age <input type="text"/> <input type="text"/> (write the completed years)	204.3
204.2	Are you presently living with your husband?	Yes 1 No 2	205
204.3	Who are you living with now? (Multiple Responses)	Male friend 1 Relatives 2 Other females 3 Children 4 Alone 5 Others (Specify) _____ 96	
	[Note: If answer in Q. 204 is 'never married' Go to Q. 207]		
205	At what age were you married for the first time?	Years old <input type="text"/> <input type="text"/> (Write Complete Years)	
	[Note: If answer in Q. 204 is 'Divorced/Permanently Separated' or 'Widow' Go to Q. 207]		
206	Does your husband have co-wife now?	Yes 1 No 2	
207	Are there people who are dependent on your income?	Yes 1 No 2	208
207.1	How many are dependent on your income?	Adults <input type="text"/> <input type="text"/> Children <input type="text"/> <input type="text"/>	
208	How long have you been exchanging sexual intercourse for money or other things? (if answer is less than 6 months stop interview)	Months <input type="text"/> <input type="text"/> <input type="text"/> Don't know 98	
208.1	Did you have any sexual intercourse during past 12 months?	Yes 1 No 2	STOP INTERVIEW
209	How many months have you been working here as a sex worker at this place?	Months <input type="text"/> <input type="text"/> <input type="text"/>	

Q. N.	Questions and Filters	Coding Categories	Skip to
210	Where else have you worked as a sex worker? (For example: <i>Bhatti</i> shop, Cabin Restaurant, Discotheques etc.)	Type of establishment Location _____ _____ _____ _____	
211	Have you ever been engaged in this profession in other locations?	Yes1 No2	213
211.1	Where did you work? (List all the places mentioned by the respondent)	District VDC/Municipality Village/Tole _____ _____ _____	
212	In the past one-year have you followed this profession in other locations also?	Yes1 No2	213
212.1	Where did you follow such profession? (List all the places)	District VDC/Municipality Village/Tole _____ _____ _____	
213	Have you ever worked in India in this profession?	Yes1 No2	216
213.1	Where did you work in India? (List all the locations worked in India).	Name of Places Name of Nearby City _____ _____ _____	
214	In total, for how many months did you work as a sex worker in India?	Months <input type="text"/> <input type="text"/> <input type="text"/>	
215	Were you coerced to go there or you went there on your free will?	Coerced1 On my own2	
216	What is your average weekly income from commercial sex? [Note: If there is '0' in both cash and gift equivalent, probe for the reasons]	Cash _____ Rs. Gift equivalent to _____ Rs. Total _____ Rs. Others (Specify) _____ 96	
217	Do you have any other work besides sex work?	Yes1 No2	218
217.1	What do you do?	_____ _____	
217.2	What is your average weekly income from the above-mentioned sources?	_____ Rupees	
218	Have you ever encountered any client who refuses to give money after having sex?	Yes1 No2	301
218.1	How many such incidents have occurred in the past six months?	Times <input type="text"/> <input type="text"/>	

3.0 INFORMATION ON SEXUAL INTERCOURSE

Q. N.	Questions and Filters	Coding Categories	Skip to
301	How old were you at your first sexual intercourse?	Year's old <input type="text"/> <input type="text"/> Don't know/Can't recall 98	
302	Among all of your partners, how many of them had sex with you in exchange for money in the past week?	Number <input type="text"/> <input type="text"/> Don't know 98	
303	Among all of your partners, how many of them had sex with you without paying any money in the past week? (Include sexual contacts with spouse and live-in sexual partners)	Number <input type="text"/> <input type="text"/> Don't know 98	
304	With how many different sexual partners in total have you had sex during the past week? (Note: Check total number of partners in Q. 302 + Q. 303 to match with Q 304).	Number <input type="text"/> <input type="text"/> Don't know 98	
305	Usually, how many clients visit you in a day?	Number <input type="text"/>	
305.1	With how many clients did you have sexual intercourse yesterday?	Number <input type="text"/>	
305.2	With how many clients did you have sexual intercourse in the past week?	Number <input type="text"/> <input type="text"/>	
306	In the past month, with which profession's client did you mostly have sex? (Encircle three most reported types of client. DO NOT READ the possible answers)	Bus, truck or tanker worker 1 Taxi, jeep, microbus or minibus worker..... 2 Industrial/wage worker 3 Police 4 Soldier/Army 5 Student 6 Rickshawala 7 Service holder 8 Businessmen 9 Mobile Businessmen 10 Others (Specify) 96 Don't know 98	
306.1	With which profession's client did you have your last sexual intercourse?	Bus, truck or tanker worker 1 Taxi, jeep, microbus or minibus worker..... 2 Industrial/wage worker 3 Police 4 Soldier/Army 5 Student 6 Rickshawala 7 Service holder 8 Businessmen 9 Mobile Businessmen 10 Others (Specify) 96 Don't know 98	
307	How many days in a week (on an average) do you work as a sex worker?	Days <input type="text"/>	
308	When did you have the last sexual intercourse with a client? (Write '00' if Today)	Days before <input type="text"/> <input type="text"/>	

Q. N.	Questions and Filters	Coding Categories	Skip to
309	How many people did you have sexual intercourse with on that day?	Number <input type="checkbox"/>	
310	How much rupees or other items did the last client pay you? (Note: If there is "00" in both cash and gift equivalent, mention the reasons)	Cash Rs. Gift equivalent to Rs. Total Rs. Reason	

4.0 USE OF CONDOM AND INFORMATION ON SEX PARTNERS

Condom use with Clients

Q. N.	Questions and Filters	Coding Categories	Skip to
401	The last time you had sex with your client, did he use a condom?	Yes1 No2	401.2
401.1	Who suggested condom use at that time?	Myself1 My Partner2 Don't know98	402 402 402
401.2	Why didn't your client use a condom at that time? (Multiple answers. DO NOT READ the possible answers)	Not available1 Too expensive2 Partner objected3 I didn't like to use it4 Used other contraceptive5 Didn't think it was necessary6 Didn't think of it7 Client offered more money8 Other (Specify)96 Don't know98	
402	How often did your clients use condom over the past 12 months?	All of the time1 Most of the time2 Some of the time3 Rarely4 Never5	403
402.1	Why didn't your client use condom always? Multiple answers. DO NOT READ the possible answers)	Not available1 Too expensive2 Partner objected3 I didn't like to use it4 Used other contraceptive5 Didn't think it was necessary6 Didn't think of it7 Client offered more money8 Other (Specify)96 Don't know98	

Condom use with Regular Client

Q. N.	Questions and Filters	Coding Categories	Skip to
403	Do you have any client who visits you on regular basis?	Yes1 No2	406
404	Did your regular client use condom in the last sexual contact with you?	Yes1 No2	404.2
404.1	Who suggested condom use at that time?	Myself1 My Partner23 Don't know98	405 405 405

Q. N.	Questions and Filters	Coding Categories	Skip to
404.2	Why didn't your regular client use a condom at that time?	Not available 1 Too expensive2 Partner objected3 I didn't like to use it4 Used other contraceptive5 Didn't think it was necessary6 Didn't think of it7 Client offered more money 8 Other (Specify) _____ 96 Don't know 98	
405	How often did your regular clients use condom with you over the past 12 months?	All of the time1 Most of the time2 Some of the time3 Rarely4 Never5	406
405.1	Why didn't they use condom always? (Multiple answers. DO NOT READ the possible answers)	Not available 1 Too expensive2 Partner objected3 I didn't like to use it4 Used other contraceptive5 Didn't think it was necessary6 Didn't think of it7 Client offered more money 8 Other (Specify) _____ 96 Don't know 98	

Condom use with Non-Paying Cohabiting Partner (Husband or Male Friend)

Q. N.	Questions and Filters	Coding Categories	Skip to
406	Did you have sexual intercourse with your husband or a male friend in past six months?	Yes1 No2	409
407	Think about your most recent sexual intercourse with your husband or male partner. How many times did you have sexual intercourse with this person over the last 30 days? (Write "00" for none intercourse in past one month)	Number of times <input type="text"/> <input type="text"/> Don't know 98	
408	The last time you had sex with your husband or male friend staying together, did your sex partner use a condom?	Yes1 No2	408.2
408.1	Who suggested condom use that time?	Myself 1 My Partner2 Don't know 98	409 409 409
408.2	Why didn't your partner use a condom that time?	Not available 1 Too expensive2 Partner objected3 I didn't like to use it4 Used other contraceptive5 Didn't think it was necessary6 Didn't think of it7 Other (Specify) _____ 96 Don't know 98	

Q. N.	Questions and Filters	Coding Categories	Skip to
409	How often did all of your non-paying partners use condoms over the last 12 months?	All of the time 1 Most of the time 2 Some of the time 3 Rarely 4 Never 5 Did not have sexual intercourse in the last 12 months 6	410 410
409.1	Why didn't they use condom always? (Multiple answers. DO NOT READ the possible answers)	Not available 1 Too expensive 2 Partner objected 3 I didn't like to use it 4 Used other contraceptive 5 Didn't think it was necessary 6 Didn't think of it 7 Other (Specify) 96 Don't know 98	

Condom use with sex partners other than clients, husbands and male friends living together

Q. N.	Questions and Filters	Coding Categories	Skip to
410	During the past one year, did you have sexual intercourse with a person other than your client, husband/ male friend?	Yes 1 No 2	413
411	Did he use condom when he had last sexual contact with you?	Yes 1 No 2	411.2
411.1	Who suggested condom use at that time?	Myself 1 My Partner 2 Don't know 98	412 412 412
411.2	Why didn't he use condom at that time?	Not available 1 Too expensive 2 Partner objected 3 I didn't like to use 4 Used other contraceptive 5 Didn't think it was necessary 6 Didn't think of it 7 Other (Specify) 96 Don't know 98	
412	How often did your other partners use condom with you over the past 12 months?	All of the time 1 Most of the time 2 Some of the time 3 Rarely 4 Never 5	413
412.1	Why did you not use condom regularly with them? (Multiple answers. DO NOT READ the possible answers)	Not available 1 Too expensive 2 Partner objected 3 I didn't like to use 4 Used other contraceptive 5 Didn't think it was necessary 6 Didn't think of it 7 Other (Specify) 96 Don't know 98	

Q. N.	Questions and Filters	Coding Categories	Skip to
413	With whom did you have your last sexual intercourse?	Client..... 1 Husband/male friend..... 2 Other male.....3 Others (Specify)_____96	

Condom Accessibility

Q. N.	Questions and Filters	Coding Categories	Skip to
414	Do you usually carry condoms with you?	Yes1 No2	415
414.1	At this moment, how many condoms do you have at-hand with you? (Observe and write)	Number <input type="text"/> <input type="text"/>	
415	Which places or persons do you know from where/whom you can obtain condoms? (Multiple answers. DO NOT READ the possible answers)	Health Post/ Health Center 1 Pharmacy.....2 General retail store (Kirana Pasal) ...3 Private Clinic4 Paan shop5 Hospital.....6 FPAN Clinic 7 Peer/Friends8 NGO/Health Workers/Volunteers ...9 Guest House/Hotel..... 10 Other (Specify)_____ 96 Don't know98	
415.1	How long does it take for you to obtain a condom from your house or from your working place?	Minutes <input type="text"/> <input type="text"/>	
416	How do you usually obtain condoms? (Buy, obtain free of cost or both ways)	Always free of cost..... 1 Purchase..... 2 Obtain both ways..... 3 Condom never used..... 4	417 418
416.1	From where do you often obtain free condoms? (Multiple answers. DO NOT READ the possible answers)	Health Post/Health Center... ..1 Hospital.....2 FPAN clinics.....3 Peers/friends.....4 Community events..... 5 NGO/Health workers/Volunteers..... 6 Others (Specify)_____96	
416.2	Which would be the most convenient place/s for you to obtain free condoms? (Multiple answers. DO NOT READ the possible answers)	Health Post/Health Center... ..1 Hospital.....2 FPAN clinics.....3 Peers/friends.....4 Community events..... 5 NGO/Health workers/Volunteers..... 6 Others (Specify)_____ 96	

Q. N.	Questions and Filters	Coding Categories	Skip to
	[Note: If response is "1" in Q416 Go to Q418		
417	From where do you often purchase condoms? (Multiple answers. DO NOT READ the possible answers)	Pharmacy.....1 General retail store (Kirana Pasal)....2 Private clinic.....3 Pan Shop.....4 Others (Specify)_____96	
417.1	Which would be the most convenient place/s for you to purchase condoms? (Multiple answers. DO NOT READ the possible answers)	Pharmacy.....1 General retail store (Kirana Pasal)....2 Private clinic.....3 Pan Shop.....4 Others (Specify)_____96	

Type of Sex Practices

Q. N.	Questions and Filters	Coding Categories	Skip to
418	During the past one-year, did any of your sexual partners force you to have sex with them against your wish?	Yes1 No2	
419	Did any person physically assault you (for any reason) in the past year?	Yes1 No2	
420	In the past year, did any of your clients perform such act/s that you did not like?	Yes1 No2	422
421	If yes, what were they? _____		
422	In the past year, did you have other type of sexual intercourse other than vaginal? (INSTRUCTION TO INTERVIEWER: Explain the other types of sexual intercourse besides vaginal (such as oral, anal)	Yes1 No2	501
422.1	If yes, what type of sexual act/s were they? (Multiple answers. DO NOT READ the possible answers)	Oral1 Anal.....2 Hand Sex.....3 Other (Specify) _____96	
422.2	What type of sexual contact did you have with your last client? (Multiple answers. DO NOT READ the possible answers)	Oral1 Anal.....2 Hand Sex.....3 Vaginal4 Other (Specify) _____96	

5.0 AWARENESS OF HIV/AIDS

Q. N.	Questions and Filters	Coding Categories		Skip to
501	Have you ever heard of HIV/AIDS?	Yes1	No2	601
502	Of the following sources of information, from which sources have you collected information on HIV/AIDS within the past one-year?			
	Source of Information	Yes	No	
	1. Radio	1	2	
	2. Television	1	2	
	3. Newspapers/Magazines	1	2	
	4. Pamphlets/Posters	1	2	
	5. Health Workers	1	2	
	6. School/Teachers	1	2	
	7. Friends/Relatives	1	2	
	8. Work Place	1	2	
	9. People from NGO	1	2	
	10. Video Van	1	2	
	11. Street Drama	1	2	
	12. Cinema Hall	1	2	
	13. Community Event/Training	1	2	
	14. Bill Board/Sign Board	1	2	
	15. Comic Book	1	2	
16. Community Workers	1	2		
96. Others (Specify) _____	1	2		

Knowledge, Opinion and Misconception about HIV/AIDS

Q. N.	Questions and Filters	Coding Categories		Skip to
503	Do you know anyone who is infected with HIV or who has died of AIDS?	Yes1	No2	505
504	Do you have a close relative or close friend who is infected with HIV or has died of AIDS?	Yes, a close relative1	Yes, a close friend2	No3
505	Can people protect themselves from HIV by keeping sexual contact with only one uninfected faithful sex partner?	Yes1	No2	Don't know 98
506	Can people protect themselves from HIV, virus-causing AIDS, by using condom correctly in each sexual contact?	Yes1	No2	Don't know 98
507	Do you think a healthy-looking person can be infected with HIV?	Yes1	No2	Don't know 98
508	Can a person get the HIV virus from mosquito bite?	Yes1	No2	Don't know 98
509	Can a person get HIV by sharing a meal with an HIV infected person?	Yes1	No2	Don't know 98
510	Can a pregnant woman infected with HIV/AIDS transmit the virus to her unborn child?	Yes1	No2	512 512
		Don't know 98		

Q. N.	Questions and Filters	Coding Categories	Skip to
511	What can a pregnant woman do to reduce the risk of transmission of HIV to her unborn child?	Take Medication1 Other (Specify)..... 96 Don't know 98	
512	Can a woman with HIV/AIDS transmit the virus to her new-born child through breastfeeding?	Yes1 No2 Don't know 98	
513	Can people protect themselves from HIV virus by abstaining from sexual intercourse?	Yes1 No2 Don't know 98	
514	Can a person get HIV by holding an HIV infected person's hand?	Yes1 No2 Don't know 98	
515	Can a person get HIV, by using previously used needle/syringe?	Yes1 No2 Don't know 98	
516	Can blood transfusion from an infected person to the other transmit HIV?	Yes1 No2 Don't know 98	
517	Is it possible in your community for someone to have a confidential HIV test?	Yes1 No2 Don't know 98	
518	I don't want to know the result, but have you ever had an HIV test?	Yes1 No2	601
519	Did you voluntarily undergo the HIV test or because it was required?	Voluntarily1 Required2	522
520	Please do not tell me the result, but did you find out the result of your test?	Yes1 No2	
521	Why did you not receive the test result?	Sure of not being infected1 Afraid of result2 Felt unnecessary3 Forgot it4 Other (Specify)..... 96	
522	When did you have your most recent HIV test?	Within last 12 months1 Between 1-2 years.....2 Between 2-4 years.....3 More than 4 yeas ago4	

6.0 PROMOTION OF CONDOM

Q. N.	Questions and Filters	Coding Categories		Skip to
601	In the past one-year have you seen, read or heard any advertisements about condoms from the following sources? (READ THE FOLLOWING LIST)			
	Sources of Information	Yes	No	
	1. Radio	1	2	
	2. TV	1	2	
	3. Pharmacy	1	2	
	4. Health Post/ Health Center	1	2	
	5. Hospital	1	2	
	6. Health Workers/Volunteers	1	2	
	7. Friends/Neighbors	1	2	
	8. NGOs	1	2	
	9. Newspapers/Posters	1	2	
	10. Video Van	1	2	
	11. Street Drama	1	2	
	12. Cinema Hall	1	2	
	13. Community Event/Training	1	2	
	14. Bill Board/Sign Board	1	2	
	15. Comic Book	1	2	
16. Community Workers	1	2		
96. Others (Specify) _____	1	2		
602	What message did you get from the advertisement? (Multiple answers. DO NOT READ the possible answers)	Condoms should be used to avoid HIV/AIDS1 Condoms should be used to avoid STI.....2 Condoms should be used for family planning, other family planning messages.....3 Other (Specify) _____ ..96		
603	In the past one-year, have you ever seen, heard or read following messages?			
		Yes	No	
	<i>Messages/Characters</i>			
	1. Jhilke Dai Chha Chhaina Condom	1	2	
	2. Condom Kina Ma Bhaya Hunna Ra	1	2	
	3. Youn Rog Ra AIDS Bata Bachnalai Rakhnu Parchha Sarbatra Paine Condom Lai	1	2	
	4. Ramro Sanga Prayog Gare Jokhim Huna Dinna Bharpardo Chhu Santosh Dinchhu Jhanjhat Manna Hunna	1	2	
	5. Condom Bata Surakchhya, Youn Swasthya Ko Rakchhya AIDS Ra Younrog Bata Bachna Sadhai Condom Ko Prayog Garau	1	2	
	6. HIV/AIDS Bare Aajai Dekhee Kura Garau	1	2	
	7. Ek Apas Ka Kura	1	2	
	8. Maya Garaun Sadbhav Badaun	1	2	
9. Des Pardes	1	2		
96. Others (Specify) _____	1	2		

Q. N.	Questions and Filters	Coding Categories	Skip to
603.1	Besides above messages have you seen, heard or read any other messages relating to STI/HIV/AIDS Prevention or Condom Uses?	Yes1 No2	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	

Knowledge and Participation in STI and HIV/AIDS Programs

Q. N.	Questions and Filters	Coding Categories	Skip to
605	Have you met or discussed or interacted with peer educators (pe) or outreach educators (oe) in the last 12 months?	Yes1 No2 No response.....99	609
606	When you met/discussed/interacted with PE or OE in what kind of activities were you involved? (Multiple answers. DO NOT READ the possible answers)	Discussion on how HIV/AIDS is/isn't transmitted.....1 Discussion on how STI is/isn't transmitted.....2 Regular/non-regular use of condom.....3 Demonstration on using condom correctly.....4 STI treatment/cure after treatment.....5 Counseling on reducing number of sex partner... ..6 Training on HIV and STI, Condom day, AIDS day, participation in discussions and interaction programs.....7 Others (Specify) _____ 96	
607	Do you know from which organization were they? (Multiple answers. DO NOT READ the possible answers)	AMDA.....1 GWP.....2 Trinetra3 WATCH4 ICH.....5 NSARC6 NRCS7 INF/Paluwa8 Siddhartha Club.....9 CAC10 SACTS11 NFCC12 NAPN.....13 SPARSHA14 Others (Specify) _____ 96 Don't know98	

Q. N.	Questions and Filters	Coding Categories	Skip to
608	How many times have you been visited by pe and/or oe in the last 12 months?	Once1 2-3 times2 4-6 times3 7-12 times4 More than 12 times5	
609	Have you visited or been to any drop in center (dic) in the last 12 months?	Yes1 No2	613
610	When you went to the dic, in which activities did you take part? (Multiple answers. do not read the possible answers)	Went to collect condoms1 Went to learn the correct way of using condom.2 Went to watch film on HIV/AIDS..3 Participated in discussion on HIV transmission...4 Participated in discussion on STI transmission....5 Participated in training, interaction and discussion programs on HIV/AIDS and STI.....6 Went to collect IEC materials ...7 Went for STI treatment.....8 Took friend with me.....9 Other (Specify).....96	
611	Do you know which organizations run those dics ? (Multiple answers. DO NOT READ the possible answers)	AMDA1 GWP.....2 Trinetra3 WATCH4 ICH.....5 NSARC6 NRCS7 INF/Paluwa8 Siddhartha Club.....9 CAC10 SACTS11 NFCC12 NAPN.....13 SPARSHA14 Others (Specify)96 Don't know98	
612	How many times have you visited dics in the last 12 months?	Once1 2-3 times2 4-6 times3 7-12 times4 More than 12 times5	
613	Have you visited any sti clinic in the last 12 months?	Yes1 No2	617

Q. N.	Questions and Filters	Coding Categories	Skip to
614	When you visited such sti clinic in what activities were you involved? (Multiple answers. DO NOT READ the possible answers given below)	Blood tested for STI.....1 Physical examination conducted for STI identification.....2 Was advised to use condom in each sexual intercourse.....3 Was advised to take complete and regular medicine.....4 Was suggested to reduce number of sexual partners.....5 Took friend with me6 Other (Specify).....96	
615	Do you know which organizations run those sti clinics? (Multiple answers. DO NOT READ the possible answers)	AMDA /STI 1 NSARC2 NRCS3 INF/Paluwa4 Siddhartha Club.....5 SACTS6 NFCC7 WATCH.....8 Others (Specify)..... 96 Don't know98	
616	How many times have you visited sti clinic in the last 12 months?	Once.....1 2-3 times2 4-6 times3 7-12 times4 More than 12 times5	
617	Have you visited any voluntary counseling and testing (vct) centers in the last 12 months?	Yes1 No2	621
618	When you visited such vct center in what activity were you involved? (Multiple answers. DO NOT READ the possible answers)	Received pre-HIV/AIDS test counseling.....1 Blood sample taken for HIV/AIDS test.....2 Received post HIV/AIDS test counseling.....3 Got information on HIV/AIDS window period... ..4 Received HIV/AIDS test result...5 Received counseling on using condom correctly in each sexual intercourse.....6 Took a friend with me.....7 Other (Specify)..... 96	

Q. N.	Questions and Filters	Coding Categories	Skip to
619	Do you know which organizations run those vcti centers? (Multiple answers. DO NOT READ the possible answers)	AMDA.....1 NSARC2 NRCS3 INF/Paluwa4 Siddhartha Club.....5 SACTS6 NFCC7 WATCH.....8 Others (Specify)96 Don't know98	
620	For how many times have you visited vct center in the last 12 months?	Once.....1 2-3 times2 4-6 times3 7-12 times4 More than 12 times5	
621	Have you ever participated in hiv/aids awareness raising program or community events in the last 12 months?	Yes1 No2	701
622	When you participated in such events in what activities were you involved? (Multiple answers. DO NOT READ the possible answers)	Street drama1 AIDS Day2 Condom Day3 Video Shows4 Group discussions5 Talk programs6 HIV/AIDS related training7 HIV/AIDS related Workshops ..8 Condom use demonstrations9 Others (Specify)96	
623	Do you know which organizations organized those activities? (Multiple answers. DO NOT READ the possible answers given below)	AMDA1 GWP.....2 TRINETRA3 WATCH.....4 ICH.....5 NSARC.....6 NRCS7 INF/Paluwa8 Siddhartha Club.....9 CAC.....10 SACTS11 NFCC12 NAPN.....13 Sparsa.....14 Others (specify)96 Don't know98	
624	How many times have you participated in such activities in the last 12 months?	Once.....1 2-3 times2 4-6 times3 7-12 times4 More than 12 times5	

7.0 STI (SEXUALLY TRANSMITTED INFECTION)

Q. N.	Questions and Filters	Coding Categories	Skip to
701	Which diseases do you understand by STI? (Multiple answers. DO NOT READ the possible answers)	White Discharge/Discharge of Pus/Dhatu flow 1 Itching around Vagina2 Lower Abdominal Pain3 Syphilis (Bhiringi)/Gonorrhea...4 HIV/AIDS.....5 Burning Sensation while Urinating.....6 Swelling of Vagina7 Pain in Vagina8 Unusual Bleeding from Vagina.9 Ulcer or sore around Vagina.....10 Don't know.....98 Other (Specify)96	
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, foul smelling vaginal discharge	1	2
	10. Genital Warts	1	2
	96. Others (Specify) _____	1	2
	(If answer is "No" to all in the Q. No. 702 Go to Q. 710)		
703	Have you gone through medical treatment for any of these symptoms?	Yes1 No2	710
703.1	If yes, for how long did you wait to go for the treatment? (Write '00' if less than a week)	Week <input type="text"/> <input type="text"/>	
704	Where did you go for the treatment? (Multiple answers. DO NOT READ the possible answers)	Private Clinic1 AMDA Clinic2 NFCC3 SACTS.....4 FPAN Clinic5 Health Post/ Health Center6 Hospital.....7 Pharmacy.....8 Self Treatment (Specify).....9 Others (Specify)96	

Q. N.	Questions and Filters	Coding Categories	Skip to
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, foul smelling vaginal discharge		
10. Genital Warts			
96. Others (Specify) _____			
706	Did you receive a prescription for medicine?	Yes1 No2	709
707	Did you obtain all the medicine prescribed?	Yes I obtained all of it1 I obtained some but not all2 I obtained none3	709 709
708	Did you take all of the medicine prescribed?	Yes1 No2	709
708.1	If not, why did you not take all of the medicine prescribed?	Forgot to take1 Felt cured2 Medicine did not work properly 3 Others (Specify)_____ 96	
709	How much did you pay for the medicine that you took? [If not paid mention the reasons]	Rs. _____ Reason _____	
710	Did 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, foul smelling vaginal discharge	1	2
	10. Genital Warts	1	2
	96. Others (Specify) _____	1	2
(If answer is "No" to all in Q. No. 710, Go to Q. No. 801)			

Q. N.	Questions and Filters	Coding Categories	Skip to
711	Have you gone through medical treatment 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
96. Others (Specify) _____	1	2	
	(If answer is "No" to all in Q.No. 711, Go to Q. No. 801)		
712	Where did you go for the treatment? (Multiple answers. Do not read the possible answers).	Private Clinic1 AMDA Clinic2 NFCC3 SACTS.....4 FPAN Clinic5 Health Post/ Health Center6 Hospital.....7 Pharmacy.....8 Self Treatment (Specify).....9 Others (Specify)96	801
713	Did anyone from the place where you went for treatment counsel you about how to avoid the problem?	Yes1 No2	801
713.1	What did he/she tell you? (Multiple answers, DONOT READ the possible answers)	Told me to use condom 1 Told me to reduce number of sexual partners2 Others (Specify)96	

8.0 USE OF DRUGS AND INJECTION

Q. N.	Questions and Filters	Coding Categories	Skip to
801	During the last 30 days how often did you have drinks containing alcohol?	Everyday 1 2-3 times a week2 At least once a week.....3 Less than once in a week4 Never.....5 Don't know 98	
802	Some people take different types of drugs. Have you also tried any of those drugs in the past 30 days? (Ganja, Bhang, Nitroson, Nitrovet E.)	Yes1 No2 Don't know 98	

Q. N.	Questions and Filters	Coding Categories	Skip to
803	Some people inject drugs using a syringe. Have you ever-injected drugs? (Do not count drugs injected for medical purpose or treatment of an illness)	Yes 1 No2 Don't know 98	809 809
804	Have you injected drugs in last 12 months? (Do not count drugs injected for medical purposes or treatment of an illness)	Yes 1 No2 Don't know 98	809 809
805	Are you currently injecting drugs?	Yes 1 No2	809
806	Think about the last time you injected drugs. Did you use a needle or syringe that had previously been used by someone else?	Yes 1 No2 Don't know 98	
807	Think about the time you injected drugs during the past one month. How often was it with a needle or syringe that had previously been used by someone else?	Every Time1 Almost Every Time2 Sometimes3 Never4 Don't Know 98	
808	Usually how do you obtain a syringe/needle?	My friend/relative give it to me after use1 Unknown person give it to me ..2 I pick it up from a public place used and left by others3 I pick it up from a public place where I leave my syringes4 I use a new needle/syringe given by NGO/volunteer5 I purchase a new needle/syringe 6 Others (Specify) 96	
809	Have you ever exchanged sex for drugs?	Yes1 No2	
810	Have you ever exchanged sex for money so that you can buy drug?	Yes1 No2	
811	To your knowledge, have any of your sex partners injected drugs?	Yes1 No2	812
811.1	(For Married SW only) Does your husband inject drug? (Check with Q. 204)	Yes1 No2 Don't know.....98	
811.2	(For female having regular client) Did your regular client inject drug? (Check with Q. 403)	Yes1 No2 Don't know.....98	
811.3	(For all) Do you know any of your client ever injecting drugs?	Yes1 No2 Don't know.....98	
812	Do you know anyone who injects drugs?	Yes1 No2	901
812.1	If yes, how are you related to her/him?	Client.....1 Friend.....2 Family.....3 Relative.....4 Other (Specify).....96	

9.0 STIGMA AND DISCRIMINATION

Q. N.	Questions and Filters	Coding Categories	Skip to
901	If a male relative of yours gets HIV, would you be willing to take care of him in your household?	Yes 1 No2 Don't know 98	
902	If a female relative of yours gets HIV, would you be willing to take care of her in your household?	Yes 1 No2 Don't know 98	
903	If a member of your family gets HIV, would you want it to remain a secret?	Yes 1 No2 Don't know 98	

∞ Thank You. ∞

ANNEX – 4

CONFIDENTIAL

**INTEGRATED BIO-BEHAVIORAL SURVEY (IBBS)
AMONG FEMALE SEX WORKERS IN KATHMANDU VALLEY
FHI/NEW ERA/SACTS – 2006**

Female Clinical/Lab Checklist

Respondent ID Number:

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 Date: 2062/___/___

Name of Clinician : _____

Name of Lab Technician : _____

(A) Clinical Information	(B) Specimen collection	Yes	No
Weight : _____ Kg	Pre test counseled	1	2
B.P. : _____ mm of Hg	Blood Collected for HIV & Syphilis	1	2
Pulse : _____	Date & place for Fpost-test results given	1	2
Temperature : _____ °	Condom given	1	2
	Vitamins given	1	2
	Gift given	1	2
	IEC materials given	1	2

1.0 Syndromic Treatment Information

101. Has any of your sexual partner had urethral discharge in the past 3 months ?

- 1. Yes
- 2 No
- 98. Don't know

102. Do you now have or have you had in the past month any of the following symptoms?

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

[If yes to any of above, give vaginal discharge syndrome treatment]

103. Do you now have or have you had in the past month any sores or ulcer on or near your genitals ?

1. Yes **[If yes, Refer]**
2. No

104. Has any of your sexual partner had sore around genital areas in the past 3 months?

1. Yes **[If yes, Refer]**
 2. No
98. Don't know

ANNEX – 5

Family Health International (FHI), Nepal Consent Form for Female Sex Workers

Title: Integrated Bio-behavioral survey (IBBS) among female sex workers in Kathmandu Valley

Sponsor : Family Health International, Nepal and USAID, Nepal
Principal Investigator : Asha Basnyat, Country Director
Address : Family Health International/Nepal, GPO BOX 8803,
Gairidhara, Kathmandu, Nepal, Email: asha@fhi.org.np

Introduction to Research

We are asking you to take part in research to collect information on knowledge of HIV/STIs, HIV/STI related risk behaviors, STI treatment practices and to measure the prevalence of HIV and syphilis infections among the populations like you. We want to be sure you understand the purpose and your responsibilities in the research before you decide if you want to be in it. If you decide to be in this research, we will ask you to sign this paper (or make your mark in front of a witness). If you want to keep a copy of this paper, we will give it to you. Please ask us to explain any words or information that you may not understand.

General Information about the Research

Study participants will be selected randomly. In total 500 women like you are selected for interview. We will ask you some questions and then ask you to provide blood samples. We will draw 7-10 ml blood by 10 ml disposable syringe from your vein. 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.

You are free to decide if you want to be in this research. If you decide not to participate, your decision will not affect the health care you would normally receive at this place.

Your Part in the Research

If you agree to be in the research, you will be asked some questions regarding your age and education. We will also ask you some questions about your travel, the history of your sexual behavior and symptoms of sexually transmitted diseases.

We will explain you what the laboratory test are performed and what treatment and care is available to you. Then we will collect your blood sample from all.

Your name will neither be recorded on blood sample nor in the questionnaire. All the questionnaire and sample 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. Your part in the research will last approximately one hour.

Possible Risks

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 pre and post test counseling on HIV and STI through a qualified counselor.

Possible Benefits

You will be provided with free treatment, if currently you have any STI symptoms. You will be given lab test results 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 Decide Not to Be in the Research

You are free to decide if you want to be in this research. Your decision will not affect in any way in the health services you have been seeking now and you would normally receive.

Confidentiality

We will protect information collected about you and you taking part in this research to the best of our ability. We will not use your name in any reports. Someone from FHI might want to ask you questions about being in the research, but you do not have to answer them. A court of law could order medical records shown to other people, but that is unlikely.

Payment

We will not pay you for your participation but 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. Moreover, we will provide you local transportation or reimburse local transportation cost when you come to the study center for interview and for providing biological sample.

Leaving the Research

You may leave the research at any time. If you do, it will not change the healthcare you normally receive.

If You Have a Questions about the Study

If you have any questions about the research, call

Asha Basnyat, Family Health International (FHI), Gairidhara, Kathmandu, Phone Number: 01-4427540.

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

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

Research Related Injuries

If you are sick or have a health problem due to your participation in this research, you will not have to pay for visits to see the research clinic staff. If you need more help, we will refer you to other clinics, where you may have to pay.

Your rights as a Participant

This research has been reviewed and approved by the Institutional Review Board of Family Health International and Nepal Health Research Council (NHRC). If you have any questions about how you are being treated by the study or your rights as a participant you may contact

Asha Basnyat, Family Health International (FHI), Gairidhara, Kathmandu, Nepal, Phone Number: 01- 4427540 OR Mr. David Borasky, Protection of Human Subjects Committee, PO Box 13950, Research Triangle Park, NC 27709, USA, phone number: [International Access Code]-1-919-405-1445, e-mail: dborasky@fhi.org.

VOLUNTEER AGREEMENT

The above document describing the benefits, risks and procedures for the research titled “Integrated Bio-behavioral survey (IBBS) among female sex workers in Kathmandu Valley” has been read and explained to me. I have been given an opportunity to have any questions about the research answered to my satisfaction. I agree to participate as a volunteer.

Signature or mark of volunteer

Date

If volunteers cannot read the form themselves, a witness must sign here:

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

Signature of witness

Date

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

Signature of Person Who Obtained Consent

Date

ANNEX – 6

Dates and Places of Counseling Performed to FSWs

Name of Site	Date of Counseling	Total No. of Study Participants	Attended in Post-test Counseling
Kathmandu	February 24,2006 to May 12, 2006 in VCT run by SACTS	500	62 (12.4%)