

**Integrated Biological and
Behavioral Surveillance (IBBS) Survey
among Female Sex Workers (FSW) in
Kathmandu Valley, 2015**

Round V

FINAL REPORT

December 2015



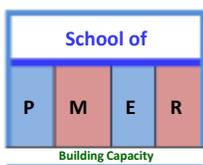
**Ministry of Health and Population
National Centre for AIDS and STD Control
Teku, Kathmandu**

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We believe that the findings of this survey will be useful for the policy makers, program planners and implementing agencies to plan the new programs and revising the strategies to address the HIV epidemic of Nepal.

Dr. Dipendra Raman Singh,
Director, NCASC

Acronyms

AIDS	Acquired Immuno-Deficiency Syndrome
ART	Anti-Retroviral Therapy
CAC	Community Action Centre
CHBC	Community and Home-based Care
DIC	Drop-in-Centre
EQA	External Quality Assessment
EQAS	External Quality Assurance Scheme
FP	Family Planning
FPAN	Family Planning Association of Nepal
FSW	Female Sex Worker
GOs	Governmental Organizations
HIV	Human Immuno-Deficiency Virus
HTC	HIV Testing and Counseling
IBBS	Integrated Biological and Behavioral Surveillance
ID	Identification Number
IDU	Injecting Drugs Users
IEC	Information, Education and Communication
IQR	Inter Quartile Range
IUD	Intrauterine Device
KAP	Key Affected Populations
MLM	Male Labor Migrants
MSM	Men who have Sex with Men
NANGAN	National NGOs Network Group Against AIDS Nepal
NCASC	National Centre for AIDS and STD Control
NGO	Non-Governmental Organization
NHRC	Nepal Health Research Council
NPHL	National Public Health Laboratory
NRs	Nepalese Rupees
OE	Outreach Educator
PE	Peer Educator
PHC	Primary Health Care
PLHIV	People living with HIV
PMTCT	Prevention of Mother to Child Transmission
PPS	Probability Proportional to Size
PWID	People Who Inject Drugs
RPR	Rapid Plasma Reagin
SACTS	STD/AIDS Counseling and Training Services

SD	Standard deviation
SHP	Sub-Health Post
SI	Strategic Information
SITWG	Strategic Information Technical Working Group
SLC	School Leaving Certificate
SPSS	Statistical Package for the Social Sciences
SSP	Saath-Saath Project
STEP-Nepal	Society for Empowerment Nepal
STI	Sexually Transmitted Infection
TPHA	Treponema Pallidum Hemagglutination Assay
TPPA	Treponema pallidum Particle Agglutination
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

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Executive Summary

This is the fifth round of the IBBS survey conducted among 500 Female Sex Workers (FSWs); 300 establishment-based and 200 street-based in 2015. The survey covered the entire Kathmandu Valley: Kathmandu, Bhaktapur, and Lalitpur districts.

The fieldwork for the survey was carried out from June 10 to June 25, 2015. The survey was undertaken primarily to track the trend of HIV infection and syphilis in FSWs and to understand risky sexual behaviors among FSWs in the Kathmandu Valley. Information on the socio-demographic, sexual behavior, history of pregnancy and use of family planning devices, drug use, exposure to STI, HIV and AIDS awareness programs and violence against FSWs were collected through a structured questionnaire, while the prevalence of HIV and syphilis was tested by using blood samples. Rapid Plasma Reagin (RPR) test card was utilized to test syphilis and three different test cards were utilized to test HIV; Determine HIV 1/2 test as a first test to detect antibodies against HIV, the Uni-Gold test as a second test, and the STAT PAK test as a tie breaker test as per the HTC guideline of National Centre for AIDS and STD Control (NCASC).

Key Findings

Comparative IBBS results

The HIV prevalence rate among FSWs in this round of IBBS was 2 percent, which was slightly higher than the prevalence (1.7%) of fourth round of IBBS survey (2011). However, this prevalence rate was similar (2%) as that of first round of IBBS in 2004. HIV prevalence rate among establishment based FSWs was lower than the HIV prevalence rate among street based (2% vs 2% in 2004, 1.4% vs 2% in 2006, 1.3% vs 3.5% in 2008, 0 vs 4.2% in 2011 and 0.6% vs 4% in 2015) respectively. The prevalence of active syphilis was higher (3.6%) than the previous third round (1%) in 2008 and fourth round of IBBS 2011 (0.7%) among FSWs.

The average number of clients of the FSWs per day was observed stable around 1.5 per day in the previous rounds of survey. Unlike this, the average number of clients per day has been increased from 1.6 to 2.0 clients per day in this round of IBBS survey. The condom carrying practice was in decreasing trend since 2006 (4 in 2006, 27% in 2008, 21% in 2011 and 13 in 2015). The proportion of FSWs reporting to have performed HIV test at least once was in increasing trend (41% in 2006, 40% in 2008, 64% in 2011 and 70% in 2015). The trend has been improved in both street based and establishment based FSWs. The behavior of consistent (regular) condom use with the client in the past year has been decreased in fifth round of survey (73% in 2011 to 71% in 2015).

The proportion of FSWs with knowledge of ABC was observed in decreasing trend (55% in 2006, 58% in 2008, 48 in 2011 and 31 in 2015). Similar situation (30% in 2011 vs 17% in 2015) was observed on the knowledge of BCDEF among FSWs.

Prevalence of HIV and STIs

Of the 500 respondents who participated in the IBBS survey in 2015, 10 (2%) were tested HIV positive. The prevalence rate among street-based FSWs was higher than (4%; 8/200)

establishment (0.6%, 2/300). Syphilis history (RPR +ve and RPR titre < 1:8) was found 1.4 percent (7/500) and current syphilis (RPR+ and RPR titre \geq 1:8) was 3.6 percent (18/500) for both street and establishment-based FSWs. Fourteen (7.0%) and 4 (1.3%) of the street based FSWs and establishment based had active syphilis respectively. Syphilis history prevalence did not vary between street-based FSWs (1.5%) and establishment-based FSWs (1.3%).

Socio-Demographic Characteristics

The age of the FSWs in the Kathmandu valley ranged from 16 to 58 years with a median age of 29 years. The average age of establishment-based (28 years) respondents was younger than the street based (32 years) respondents. Only 13 percent respondent were born in Kathmandu Valley. Twenty nine percent of the respondents were illiterate with a higher proportion of street based FSWs (38%) than among those based in establishments (23%).

Early marriage is still in practice where 78 percent of the married respondents were married before 20 years. A large proportion (86%) of FSWs had ever been married, a higher proportion of the street-based FSWs (64%) were married compared to their establishment-based counterparts (62%).

Child Birth and Use of Family Planning

Eighty-six percent of the respondents who were married had given birth. Thirty seven percent married respondents had aborted at least one pregnancy. Most of all (98%) respondents had heard of condoms and more than nine in ten respondents had heard about injectable (96%), pills (95%), female sterilization (90%), and male sterilization (90%). Additionally, 87 percent of the respondents had been using some form of family planning to delay or avoid pregnancy at the time of the survey. The majority of (85%) had been using condoms. Among other methods, some were using injectable contraceptives (16%) or taking pills (10%).

Sexual Behavior and Condom Use

Four fifth (80%) of the FSW had first sexual intercourse before the age of 20 years. There were some (17.6%) who had their first sexual contact between 10-14 years. The mean number of months for which the respondents were involved in the sex trade was 40 months, where 25 percent of them had entered the sex trade in the past year. Both the street as well as establishment-based respondents had an average of 4 clients per week during the survey. Around 83 percent of the respondents had used a condom during their last sexual contact with the recent client. The practice of consistent condom use was 73 percent with the regular clients and only 27 percent of the respondents used condom with non-paying regular clients. More than four percent of the respondents had never used condom at the time of sex with the clients. Condom carrying practice was reported low (13%). Most of the respondents (69%) reported that they used to obtain condom from pharmacy followed by clinics established by NGOs, health workers (31%) where 5 percent did not know the availability of condoms. More than half (56%) of the respondents availed condoms free of cost and 16 percent used to purchase.

Knowledge of HIV

Almost all (97%) of the respondents had heard about HIV and AIDS. The most common sources of information on HIV and AIDS were television (80%), radio (77%), NGO staff (71%) friends/relatives (64%) and health worker (48%). Overall, 31 percent of the respondents correctly identified all three A, B and C {A (abstinence from sex), B (being faithful to one partner or

avoiding multiple sex partners), and C (consistent condom use or use of a condom during every sex act)} as HIV-preventive measures. However, only 17 percent of the respondents were aware of all the five major indicators- BCDEF, {D (a healthy looking person can be infected with HIV), 41 percent of them identified that E (a person cannot get HIV from a mosquito bite), and 17 percent knew that F (A person cannot get HIV by sharing meal with an HIV infected persons)} low awareness of “F” i.e. a person cannot get HIV by sharing meal with an HIV infected person.

Use of Alcohol and Drugs by FSWs and Clients

Nearly 60 percent of the respondents had ever had alcohol consumption in the past month. Out of those who had consumed alcohol in the recent past, 13 percent respondents had consumed alcohol every day in the last one month. Almost four percent of the respondents had ever tried to take or inject drugs in the last one month and 19 percent of them had heard about injecting drug users. Only one percent of the respondents knew that their sex partners were the people who inject drugs (PWIDs). One percent of the respondents reported that they had exchanged the sex with the drugs and less than one percent (1%) had ever exchanged the sex for money to buy drugs.

Knowledge of STIs, Experienced Symptoms and Treatment

White Pus/Dhatu flow discharge, itching around vagina, lower abdominal pain, syphilis (Bhiringi)/Gonorrhea, HIV and AIDS were the common STIs identified by the survey respondents. Around 46 percent of the respondents had experienced at least one of the STI symptoms in the last 12 months before the survey. The most visited places by sex workers for STI treatment was DIC run by Step Nepal (40%), Hospital (35%), DIC run by Nari Chetana (10%), other private medical hall (12%) and Maternity hospital (12%). Among those who sought treatment, about two-third (65%) got counseled about avoiding the problem in the future from the place they sought treatment.

Exposure to STI/HIV/AIDS Program

Around 71 percent of the respondents had met or interacted with PEs/OEs, during the interaction respondents received education on STI, HIV and AIDS transmission, condom use and safer sex practice. The respondents had mostly met OE/PEs from STEP Nepal (36%), CAC (9%), and Nari Chetana (7%). It was reported that 54.6 percent of FSWs had visited Drop-in-Centers (DICs). Only 24 percent of FSWs reported that they had visited HTC where it was found that 22 percent of the respondents had been approached by health /outreach workers to explain them about the need of HTC. Around 13% had heard about PMTCT service for pregnant women to avoid HIV transmission from mother to child. Twenty five percent respondents had knowledge about ART services. Similarly, only eight percent of the respondents were aware of viral load testing service. Eighteen percent of street based and establishment based FSWs had heard about CHBC services whereas around 61 had not heard about such services.

Violence against FSW

It was reported that 26 percent of FSWs had ever experienced at least-one form of emotional violence by their clients. There were 7 percent of FSWs who had experienced at least one form of physical violence in last one month preceding the survey. Around 16 percent of the respondents reported that they had ever experienced sexual violence and 12 percent experienced

sexual violence in the last months. Around 13 percent replied that they were forced to have sexual intercourse when they did not want to have sex.

Conclusion

This fifth round of IBBS surveys among female sex workers have been conducted under the leadership of NCASC. This survey provides an insight into the estimated prevalence of HIV/STIs among these vulnerable groups and is also an assessment of general sexual and other risk behaviors prevalent in the survey populations. A cross sectional survey methods using both behavior related structure questionnaire and biological laboratory examination were done.

It was found that ten FSWs (2%) were HIV positive and 18 FSWs (3.6%) had syphilis infection. Active syphilis and syphilis history were highly associated ($P < 0.01$) with HIV prevalence. Knowledge of ABC did not have an association with HIV, and syphilis ($p = 1.0$). However, knowledge on BCDEF had the association with HIV and Syphilis ($p = 0.05$). It was found that those FSW who did not have knowledge on BCDEF are at higher risk of HIV (2.1% vs. 0%) and current syphilis (3.7% vs. 0%) than those who did not have comprehensive knowledge i.e., BCDEF.

Recommendation

The Kathmandu valley is grossly populous now, so the program coverage should be increased to every corners of Kathmandu valley as new hotspots have been established there, which was found during mapping and estimation exercise. The program should reach to the unreached FSWs working in those areas who may not have been informed about the risks of HIV and STI. HIV and active syphilis prevalence have been increased, street based FSWs are at greater risk of HIV and syphilis than establishment based. It is needed greater focus and efforts given to street based FSWs along with establishment based FSWs their behavior change, and utilization of STI services.

CHAPTER 1: INTRODUCTION

1.1 Background

Human Immuno-deficiency Virus (HIV) epidemic in Nepal is concentrated among Key Affected Populations (KAP). The estimated prevalence of HIV infection among adult population is 0.20 percent. Female Sex Workers (FSWs) and their clients, Male Labor Migrants (MLM) and their spouses, People who Inject Drugs (PWID) and Men who have Sex with Men (MSM) have been identified as KAPs. These KAPs accounts for the major portion (74%) of HIV infections among the adults in Nepal (NCASC 2015).

Female Sex Workers of age 16 years and above who exchange sex in favor of cash or kind; is one of the KAPs having HIV infection (NCASC 2015). These FSWs are considered as one of the major KAPs that act as a source of HIV Infection. These transmit HIV infection to the general population through unprotected sex with their clients or sex partners (NCASC 2011). Clients of these FSWs work as bridge populations to transfer HIV to the general population (NCASC 2011). The recent estimates show that the prevalence of HIV infection was nearly two (1.7%) percent among FSWs and zero percent among truckers (NCASC 2012).

Although, several kinds of targeted interventions have been implemented to halt the progress of HIV infection among FSWs in Nepal, still they have limited access to information about the safe sex practices. Furthermore, their low socioeconomic conditions, educational status and poor cultural adaptation prevent them from negotiating condom use and seeking health care services (WB 2015). The table given below provides the previous Integrated Biological and Behavioral Surveillance (IBBS) Surveys conducted in Nepal. By 2015, four rounds of IBBS surveys (2004, 2006, 2008 and 2011) have already been carried out among FSWs in Kathmandu Valley and this constitutes the fifth round of survey

Table 1.1: List of previous IBBS Surveys among FSWs in Nepal

Key affected populations	Survey areas	Rounds	Years
Female Sex Workers	Kathmandu Valley	4	2004, 2006, 2008, 2011
	Pokhara Valley	4	2004, 2006, 2008, 2011
	22 Terai Highway Districts	5	1999, 2003, 2004, 2006, 2009, 2012

1.2 Rational of the IBBS among Female Sex Workers

Nepal's HIV epidemic is concentrated amongst KAPs (NCASC 2012). These groups include MLMs, PWIDs, FSWs and their clients and MSMs. Heterosexual transmission is predominant mode of transmission of HIV in Nepal. FSWs serve as the continuous source of STI and HIV infection as they transmit these infections to the number of their clients. An examination of perceived risk of acquiring HIV infection and their vulnerability may have important implications for the prevention of infection and health promotion. Timely perception of risk and the modifications of these risky behaviors serve as one of the effective tools leading to the vision of zero HIV infection. Furthermore, understanding the association between behavioral risk factors and the HIV infection may facilitate to design preventive and control measures against

the HIV infection (NCASC, 2004). Therefore, present survey attempted to identify the sexual behavior and their perceived risk of HIV infection among FSWs in Kathmandu valley.

As the HIV incidence has declined up to 50 percent in 26 countries over the last decade there is a need for more focused and valid second generation surveillance approaches including community-led IBBS surveys to understand the dynamics and drivers of micro-epidemics (UNAIDS, 2013). IBBS surveys include behavioral and biological information that are collected to measure behaviors and biological outcomes among KAPs. Principal areas of concerns are:

General information: place of birth, current place of residence, duration of stay at current place and previous place of residence.

Personal information: age, ethnicity, educational status, marital status, age at marriage, current living situation, history of child birth, history of pregnancies, knowledge and use of family planning methods and work.

Information on sexual intercourse: history of sex work and income from sex work, age at first sex, type and number of sex partners, professional background of client/sex partner, number of clients/sex partners in a day, last week or/and last month.

Use of condom: information on sex partners, condom use with different sex partners (steady and one-time)-in the last sex and in the last month, knowledge and use of female condoms (for FSW), access to condoms.

Accessibility of condom: accessibility and condom carrying practices, place to buy condoms, time taken to purchase condom, preferred place to buy condoms.

Use of oral and injecting drugs: types of drug used, duration of drug use, frequency of drug use, treatment, needle sharing behaviors, access to safe needles.

Alcohol use: ever use of alcohol, types, had alcohol during last sex.

Awareness about HIV and AIDS: knowledge of HIV and AIDS and misconceptions, promotion of condoms.

Exposure to interventions program: exposure to outreach and peer-education, use of Drop in Center (DIC), visited HIV testing and counselling centers and STI service.

Knowledge of STI and use of services available for sexually transmitted infection: currently experiencing STI symptoms, treatment practices.

Psychosocial and structural factors: housing instability, distress, depression, stigma and violence.

1.3 Objectives of the Survey

This survey has following primary and secondary objectives:

Primary objectives

- to track the trend in the prevalence of HIV infection and Syphilis among FSWs in the Kathmandu Valley,
- to assess the sexual behaviors related to HIV among FSWs in Kathmandu Valley.

Secondary objectives

- to estimate the knowledge of HIV and STIs as well as assess the sexual and injecting behaviors among FSWs in Kathmandu Valley,
- to explore associations between risk behaviors and infections with HIV or syphilis among FSWs in Kathmandu Valley.
- to estimate the prevalence of STI syndromes among FSWs in Kathmandu Valley.
- to find out violence behavior against FSW in Kathmandu Valley.

CHAPTER 2: METHODOLOGY

2.1 Implementation of the Study

School of Planning Monitoring Evaluation and Research (SPMER) carried out this IBBS survey in coordination with National Centre for AIDS and STI Control (NCASC). SPMER was responsible for overall management of the survey including laboratory set up in the field sites, providing training to the researchers, counselors and laboratory technicians, supervising and collecting blood samples and conducting HIV and syphilis test. SPMER carried out mapping to estimate the population of FSWs and developed schedule of fieldwork for data collection using pre-tested tools. Further, data management, analysis and report writing was done with the technical support from NCASC. This survey was conducted in close coordination with many organizations working for FSWs in Kathmandu valley. These are National NGOs Network Group against AIDS Nepal (NANGAN), Society for Empowerment- Nepal (STEP Nepal), Jagriti Mahila Mahasangh and Kriyashil Mahila Samuha in Kathmandu district, Community Action Center (CAC) and Sangharsashil Mahila Sangh in Bhaktapur district, Nari Chetana Samaj (SWAN) and Namuna Mahila Sangh in Lalitpur district in the Kathmandu Valley.

National Public Health Laboratory (NPHL) performed the External Quality Assurance (EQA) test on all the positive samples of HIV and syphilis; and 10 percent of all the negative samples which were also tested by the team of SPMER.

2.2 Survey Populations and Survey Area

This survey was conducted among FSWs, who were identified as one of the key population affected with HIV in Nepal. This study defined the FSWs as “Women aged 16 years and above reporting having been paid in cash or kind for sex with a male within the last six months”. This definition is being used since the first round of IBBS survey conducted in Kathmandu Valley and other sites of Nepal.

The two types of FSW population i.e. street-based and establishment-based FSWs were sampled in the survey. The operational definitions of these population are as follows:

Street-based FSWs: FSWs aged 16 years and above who solicit their clients from the street, roads, squatter settlements, premises of garment factories, small liquor stalls/Bhatti Pasals.

Establishment-based FSWs: FSWs aged 16 years and above who are based in establishments like hotels, lodges, restaurants, massage parlors, discotheques, guest houses and solicit their clients from there.

This survey was conducted in Kathmandu Valley as it was done in accordance with the provisions of previous rounds of the survey. This round of survey included both the urban and semi-urban settings of Kathmandu, Lalitpur and Bhaktapur districts.

2.3 Survey Design

This was a cross-sectional survey. This study was carried out using the same methods that were used in the previous rounds of IBBS surveys for FSWs. Face to face interview was conducted to

assess the risk behaviors of the FSWs and the testing of biological samples (blood test) was performed as to measure the prevalence of HIV and STIs. A guideline developed by the NCASC, Nepal was used to diagnose HIV and Syphilis among FSWs. HIV test was performed by using determine - HIV 1/2 for detection of HIV antibodies All the positives identified by determine - HIV ½ tests were subjected for Uni-gold HIV ½ test. In case of tie between the first two tests, a third test was performed by using STAT-PAK as tie-breaker. Rapid Plasma Reagin (RPR) test was used to diagnose syphilis among FSWs.

2.4 Size Estimation/Mapping

The fieldwork for mapping was conducted by the experienced researchers that covered entire Kathmandu Valley. The researchers first conducted research walks on possible locations as part of preliminary mapping exercise. Then the information regarding cluster of FSWs was obtained from the local key informants such as owner and staffs of Dance Bars, Dohori centres, Massage centres, Guest Houses, Restaurants and Bars, Pimps, Client of FSWs, Shopkeepers, Vendors, Taxi drivers and the FSWs. In the reported various clustering sites of FSWs, researchers revisited to prove their real sites. Besides these, the information was collected from local Non-Governmental Organizations (NGO) and Community Based Organizations (CBO) providing services to FSWs pertinent to STI, HIV and AIDS in Kathmandu valley. Concerned government organizations and their representatives at the district, municipal and community level were consulted for identification and authentication hot spots and size estimation of FSWs.

2.5 Sampling and Sample Size

This survey followed similar sampling procedure that was used in the fourth round of IBBS survey conducted amongst the FSWs in Kathmandu Valley. A preliminary mapping exercise was carried out in the first phase of survey to develop a sampling frame. In the preliminary visits to the survey sites, team members identified locations and the numbers of survey population. A list of clustering sites with the corresponding number of FSWs was enumerated.

On the basis of findings of preliminary mapping exercises, two separate sampling frames were prepared: one for street-based FSWs and another for the establishment-based FSWs. The locations where FSWs used to sell the sex were divided into different clusters. Areas with small numbers of FSWs were merged together with the nearest location of other FSWs with similar typologies in order to ensure at least 30 FSWs in each of the clusters. Thus identified locations were then divided into a total of 26 clusters for street-based FSWs and 68 clusters for establishment-based sex workers.

A two stage cluster sampling procedure was followed to select street based FSWs and establishment based FSWs from the sample frame; sample frame was prepared based on FSWs estimation during mapping. In this first stage, probability proportional to size (PPS) method was used to select 20 clusters from 26 clusters of the street-based FSW's and 30 clusters from the 68 (see Annex 1) clusters of establishment-based FSWs. Next number of sample was drawn to make replacements for refusals (if necessary). In the second stage, 10 FSWs were randomly selected from each cluster. Thus, a total of 500 FSWs (200 street based and 300 establishment based) were selected for the interview and laboratory test.

community people about the objective and procedure of the survey. Local leaders, health personnel, government representatives and other key informants had participated in the meeting. A coordination meeting was organized with the agencies working for FSWs. School of PMER offered their suggestions for the identification of the clustering sites of FSWs. Representatives of NGOs, peer educators and outreach educators, Drop in Center (DIC) operators and HIV testing and counseling (HTC) counselors facilitated the identification of FSWs in the selected hot spots.

Once after reaching to the selected clusters, every study team established an interview site and temporary clinic in their respective areas. These clinics consisted of the package of services such as history taking, pretest counseling, clinical examination, laboratory testing, post-test counseling for HIV and STIs; and syndromic treatment of STIs. Eligible FSWs were recruited through the screening questions. Those participants who met the eligibility criteria were enlisted as prospective respondents. Each of the respondents were selected by simple random method. Those randomly selected respondents were then requested to take part in the survey. Respondents who satisfactorily answered all the screening questions, were briefed about the purpose, objectives and methodology of the survey. Once the selected FSWs agreed to participate in the survey, the researchers took them into the clinic.

Randomly selected respondents were invited at the clinic for interviews, testing of blood for HIV, clinical examination and the treatment of STIs. Privacy and confidentiality was maintained during data collection. Interview sites and the location of clinic were selected based on recommendation of the local government organizations, NGOs, key community people and security personnel. Security of the FSWs was also ensured through the coordination with security systems. Thus established temporary clinics and interview sites were operated at each of the locations for fifteen days.

2.9 Refusals

People from local NGOs and peer groups were used as a local motivators for this survey. This helped to build good relationship with the FSWs. This played a facilitating role to ensure the active participation of the randomly-selected respondents in the survey. A short briefing was made to the FSWs on the objective and benefits and risks of participating in the survey. All the respondents were fully explained about their right to participate or refuse in the survey. In this survey, 13 FSWs refused to participate at counseling stage of data collection. To cover the refusal case, other same number of respondents were recruited from the same selected cluster.

2.10 Control of Duplication

To avoid repetition of the same FSW in other sites, counselors asked various questions before their recruitment. Information pertinent to the experience of undertaking procedure, blood testing for STI and HIV, meeting with the peer educators for the blood test, and the possession of an ID card with a survey number were drawn to ensure their frequency of visits. Further, the laboratory technicians and STI technicians who examined and treated the respondent at the survey site to avoid this repetition.

2.11 Recruitment of and Training to the Research Assistant

Altogether 20 field staff were recruited to perform survey, among them four were from nursing

background for STI management and counselling purpose. Research supervisors were public health background with at least a bachelor degree. Similarly, research assistants were hired from public health and social science background with at least three years' experience on data collection.

In the first stage, a core team of this survey organized one day training program for the experienced researchers of the School of PMER. Details of the survey including the description of objectives, methodology, and ways of mapping, tools used in mapping, possible key informants and the ethical issues involved in the study were discussed in the training. Further, training program focused on the research protocol, rapport building and sharing of past experiences from the stakeholders. Mock mapping exercise was the integral part of this training. These activities were organized to enhance the capacity of researchers on mapping.

After the mapping, researchers were selected for the full phase of the study. The experienced field researchers who had prior experience of IBBS and other similar types of sero-surveys were selected. Thereafter, a five-day intensive training program (6-10 June 2015) was organized for research team. Training was provided to the field researchers at the School of PMER premises by trainers from NCASC, NPHL, Saath-Saath Project (SSP) and School of PMER. The field researchers who were recruited for the collection and management biological samples, were trained practically in accordance with the national algorithm used in Nepal for the screening and diagnosis of STIs and HIV. The exposure was given to them in laboratory settings of School of PMER and the authorized Sagarmatha Poly Clinic and Diagnostic Centre laboratory.

Training schedule was developed according to the curriculum of IBBS survey. It included the basic knowledge of STIs, HIV and AIDS, introduction, objectives and the purpose of the IBBS survey, sampling and sample recruitment process, administration of the questionnaire, techniques of approaching FSWs, record keeping, counselling, techniques of HIV testing and kit used on IBBS survey, reporting and ethical issues explained. The training session also focused on research protocol, informed consent, rapport building, sharing of previous experiences from the stakeholders. Mock interviews, role-plays based on actual field situations, participatory class lectures and open discussion were the integral part of the training session.

2.12 Field Operation Procedures

2.12.1 Clinic Set-up

Temporary clinics were established at four different sites (Kalanki, Thamel, Chabahil and Koteshwor). Selected guest houses were taken on rent for the establishment of clinic to operate the clinic, conduct interviews and laboratory testing of blood samples of the respondents. Hygiene and sanitation was strictly maintained at each of the clinic sites. There were separate rooms for waiting, counselling, laboratory testing process, physical examination and clinical examination, and for conducting interviews.

2.12.2 Clinical Procedures

Interviews were conducted once the informed consent was obtained from each of the FSWs. The consent form was signed by interviewer and the person who witnessed the consent-taking procedure. After completion of the interview, a trained nurse performed the physical and clinical examination of the respondent for detection of STIs or general health problems. All the

respondents who reported some symptoms of STIs were referred to Sukra Raj Tropical Hospital for appropriate treatment. Meanwhile, nurses gave syndromic treatment to the needy FSWs according to the national guidelines.

2.12.3 Laboratory Procedures

After pre-test counseling, the laboratory technician made a briefing to the respondents about the HIV testing process and requested for the consent to draw the blood for testing of STI and HIV. Blood samples were drawn in 3 to 5 ml vile tubes by disposal syringe. Thus collected samples were tested for HIV at the clinic sites and after half an hour, Rapid Plasma Regain (RPR) test was done at the diagnostic laboratory for syphilis.

This survey was designed to provide test results with pre-and post-counseling in the shortest possible time. Blood samples were tested using Determine HIV^{1/2} as first test to detect antibodies against HIV. If the first test result was positive, a second test was performed by using Uni-Gold HIV ^{1/2}. In case of a tie between the first two tests, a third test was performed using STAT PAK as a tie breaker. Syphilis test (RPR) was done according to the National Voluntarily Counselling and Testing guidelines of NCASC.

2.13 Survey and Laboratory ID codes

Confidentiality was strictly maintained throughout the study. Anonyms and non-identifying survey ID codes were used for all data components pertaining to the survey. The use of survey codes were prevented linking consent forms with actual surveys and referral history. A separate laboratory code was maintained to identify the results of rapid tests for STIs and HIV. Each of the respondents were assigned a laboratory code that linked to their ID codes in order to link to the behavioral and biological data.

2.14 HIV Rapid Testing

After completion of the pretest counseling, HIV testing was done at the survey site using rapid testing method. Rapid testing was carried out by the serial testing scheme based on the NCASC national guideline algorithm and approved commercial test kits. All those participants who had given consent were tested for HIV using Alere Determine™ HIV-1/2 rapid test kits. Non-reactive results were considered negative, and reactive results were confirmed with Uni-Gold™ HIV rapid test. If Uni-Gold results were non-reactive, results were recorded as indeterminate. When there was a tie between the first two tests, a third test was performed using STAT PAK as a tie breaker.

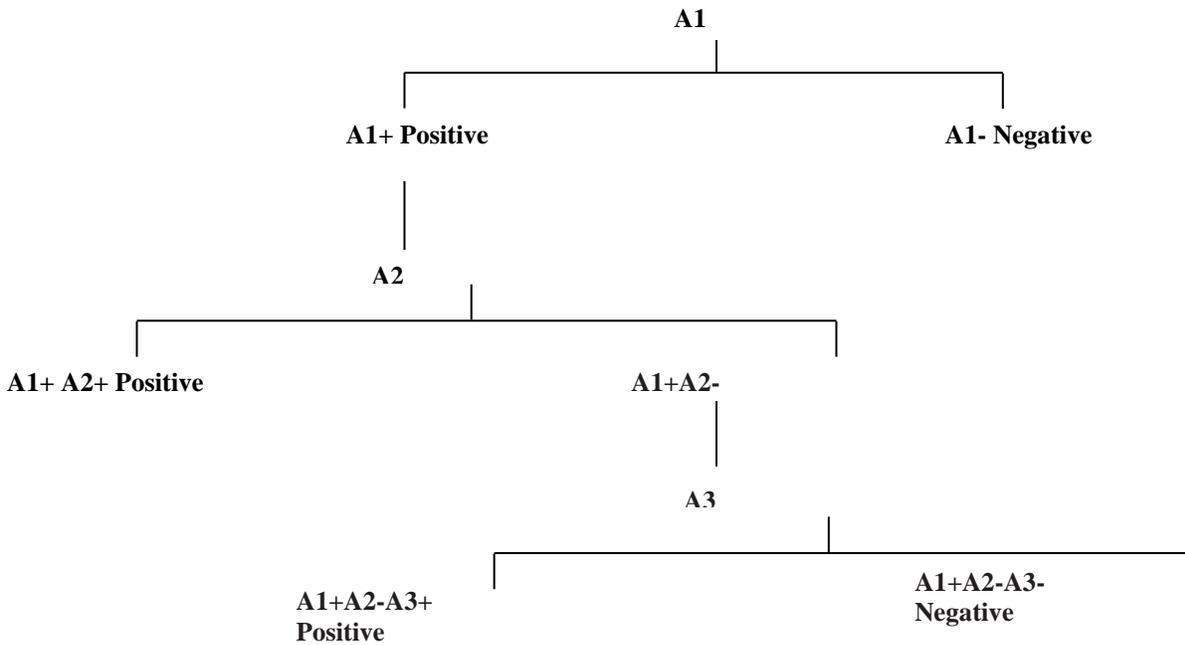
All the participants received post-test counseling, with specific messages tailored to their test results. Persons with HIV reactive results were given referral to HIV care services and further counseling at established care centers. The result of HIV testing was interpreted as follows:

Interpretation of the Test Results

- All samples negative by first test were reported as negative.
- All samples positive by one test were subjected to the second test.
- All tests positive by tie breaker test were reported as positive.
- All tests negative by tie breaker test were reported as negative.

The flow chart of HIV testing and its interpretation is depicted below:

Figure 1: HIV Testing Strategy II Algorithm



Note:

A1 (First test):	Determine HIV ½
A2 (Second test):	Uni-Gold HIV
A3(Third test):	Stat Pak
"+"	Reactive
"-"	Non-reactive

Table 1.1: Sensitivity and Specificity of HIV1/2Kits

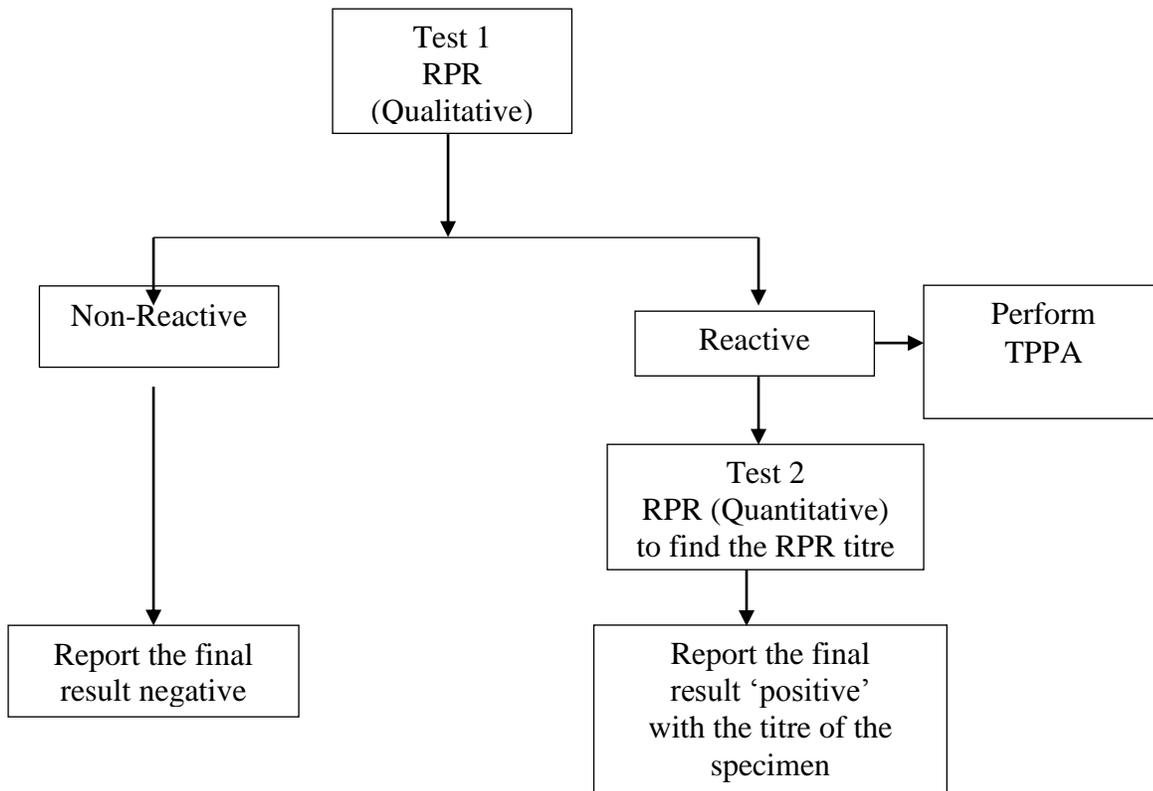
Test Kits	Company	Initial	Confirm	Tie Break	Antigen Type	Spec.	Sens.
Determine	Allere	X			Recom HIV-1 and HIV-2	99.4%	100.0%
Uni-Gold	Trinity Biotech		X		HIV-1 and HIV-2	100.0%	100.0%
STAT PAK	CHEM BIO			X	HIV-1 (gp41; p24) -2 (gp36)	99.3%	100.0%

2.15 Syphilis Screening Test

The syphilis test was performed following the national VCT guideline on case management of sexually transmitted diseases developed by NCASC, Nepal. The serum was tested for non-

specific and specific treponemal agents. A non-specific treponemal test, Rapid Plasma Reagin (RPR) [Becton, Dickson and company, USA], was used for both the qualitative screening and quantitative titration. All RPR reactive specimens were confirmed using the specific *Treponema pallidum* Particle Agglutination (TPPA) test (Fujirebio Inc.) at Sagarmatha Policy Clinic and Diagnostic Center Pvt. Ltd. laboratory Kalimati Kathmandu. Serum samples that tested RPR positives with titer value above or equal to 1:8 were reported as active syphilis; titration less than 1:8 was reported as a case with a history of syphilis. The quality of reagents and test cards of the RPR test kit was assessed daily using a set of strong and moderate positive and negative controls.

Figure 2: Syphilis Testing Strategy II Algorithm



2.16 Internal and External Quality Assurance

Regular monitoring was an integral part of the quality assurance mechanism of School of PMER during the mapping and survey. Survey core team members regularly visited the field to support field researchers to make them more responsible for quality work and quick response. Besides this, the core team cross-verified the mapping data collected by researchers through interview in different hotspots of FSWs. During data collection, special measures were adopted to avoid repeated interviews with the same FSW. School of PMER shared and interchanged the researchers among all survey sites to track the repetition of same FSW. The researchers were instructed to ask about previous experiences of blood test, inspect the arm from where blood was drawn and possession of ID card issued by School of PMER in case of any doubt about duplication. The confidentiality was maintained strictly throughout the study. NPHL results have matched with the School of PMER field clinics results.

External quality assurance (EQA) is an evaluation of the performance of the study team and the procedures. All the HIV positives samples and 10 percent of all the HIV negative samples reported from the present study were retested at NPHL as an EQA of HIV testing. Similarly, all RPR reactive samples and 10 percent of all RPR non-reactive samples were retested at NPHL as an EQA of Syphilis testing. Aliquots of selected serum specimens were prepared in the field and sent to the laboratory within 2 hours of specimen collection. Serum specimens were stored at laboratory at a temperature below -20°C. Once testing activities in the field were completed, School of PMER handed over the serum specimens to NPHL for retesting. The test kits as those used in the field were also provided to the NPHL. The EQA samples were sent to the NPHL with the new code numbers. Samples that were retested at NPHL as an EQA showed the similar results to that of the results produced by research team.

2.17 Research Instruments

A quantitative research approach was adopted. A questionnaire used in the previous rounds of IBBS with some revision was used in this round of survey in its usual form. Survey tool was supplied by NCASC (see Annex3). In addition to the earlier round of surveys, series of questions related to the exposure of FSWs to STI, HIV and AIDS programs were also collected in this round of the IBBS.

2.18 Pretesting of Research Tools

The researchers from School of PMER conducted pretesting of the survey tools among study population. Altogether 12 questionnaires were tested on different locations of Mitranagar, Kausaltar and Balkumari area of Kathmandu Valley. The special attention on pretesting was given to violence section, which was added in this round. Based on pre-test result, context and content errors were corrected and few questions numbers 907.1 and 901.2 were deleted after the consultation with SITWG.

2.19 Data Management

All the completed questionnaires were peer reviewed on the day of the interview by researchers and thoroughly cross-checked by the field supervisors before bringing them into School of PMER's office at Kathmandu for further processing like checking, coding, processing, data entry, and analysis.

A double data entry system was used to detect, correct, and minimize errors in data entry. Authorized persons working with password-protected computers completed the data entry and analysis. Statistical methods such as mean, median, frequency distribution, and cross tabulation were used to analyze the data. Fisher's exact test and chi square for trend analysis were performed to analyze the effect of multiple factors on the selected dependent variable. The CS-Pro database program was used for data entry, and the data was analyzed using SPSS 18.0.

2.20 Monitoring and Supervision

The overall monitoring and supervision of the survey was done by NCASC. Three monitoring meetings held during survey period. Moreover, SITWG focal person at NCASC and the surveillance officer at NCASC made monitoring and supervision visits in Kathmandu survey sites. The FHI360 consultant and SSP's surveillance and research specialist also made various rounds of monitoring and supervision visits during the implementation of study. Feedbacks and

suggestions provided by those external monitor and supervisors were incorporated to yield the data with good quality.

Internally, School of PMER followed the result based participatory monitoring and supervision process for this survey. The site coordinators were responsible for maintenance of daily procedures and strict implementation of survey protocol. Team meetings were held every week to plan for forthcoming schedules and solve any field-level problems encountered in the implemented sites.

2.21 Ethical Consideration

Ethical approval was obtained from the Nepal Health Research Council (NHRC), which is a nodal agency of the Government of Nepal to provide ethical clearance for the research activities in health.

Participants involved in the surveys were fully informed about the nature of the study. They were informed that their participation was voluntary. They had right to refuse to answer any question or to withdraw from the interview at any time. They were also informed that such withdrawal would not affect the services they would normally receive.

A consent form describing the objectives of the study, the nature of the participant's involvement, the benefits, and confidentiality issues was clearly read aloud to them (see Annex4). A specific ID card was provided to the survey participants so that the names and addresses of the respondents were not recorded anywhere. HIV and syphilis RPR test results along with post-test counseling were provided to the individual participants in a confidential manner. The research team maintained the confidentiality of the data collected throughout the survey. Researchers submitted the completed questionnaires to the field supervisor on the day of each interview. The supervisor reviewed and kept those questionnaires in separate locked bags where no one had access to collect data. The supervisor then transported the questionnaires to School of PMER every alternate day. Collected data were kept in a locked coding room in the Office of School of PMER where no one except authorized data coding and data entry staff had access to these data sets.

2.22 HIV/STI Pre- and Post-test Counseling

All the survey participants were informed that they could retrieve their test result at the same site after the interview takes place as per the standard protocol. They were also informed that they could collect their test results by showing the ID card with their survey number that was provided to them by the survey team. Pre- and post-counseling for HIV and syphilis testing was provided to all the survey participants. They were briefed about the importance of receiving the test result.

All the RPR reactive samples were transported to the laboratory for TPPA test. The reports were handed over to survey coordinator after the test was performed. The reports that arrived during the survey period were sent to the survey sites, where the counselor handed them to the participants.

CHAPTER 3: SOCIO-DEMOGRAPHIC CHARACTERISTICS

This chapter describes the socio-demographic characteristics of both street based FSWs (n=200) and establishment-based (n=300) FSWs of the Kathmandu Valley. Since these two types of sex workers were sampled independently, the analysis was carried out separately.

3.1 Socio-Demographic Characteristics

Table 3.1 shows the distribution of respondents by their place of birth and the duration stay in Kathmandu Valley. Present study revealed that majority (86.4 %) of the respondents were born in districts outside of the Kathmandu Valley. About 13 percent of the respondents were born in Kathmandu Valley and few of the others (1%) were born in India. Slightly higher proportions of establishment based respondents (13.7%) were born in Kathmandu valley than the street based (11.0%). More than one-third (33.6%) of the respondents had been living in Kathmandu Valley since 13-60 months followed by 29.0 percent were relatively new residents of Kathmandu as they had migrated to Kathmandu just before 12 months. Further, about a quintile (20.4%) of the respondents had been living in Kathmandu Valley since 61-120 months and 14 percent had been staying since more than 120 months. Only a few (2.6%) of the respondents were inhabitant of Kathmandu Valley as they were staying in the valley since the time of birth.

Table 2.1 Place of Birth and Duration of their Stay in Kathmandu Valley

Description	Street based		Establishment based		Total	
	N	%	N	%	N	%
Place of Birth						
Kathmandu Valley	22	11.0	41	13.7	63	12.6
Other Districts	176	88.0	256	85.3	432	86.4
India	2	1.0	3	1.0	5	1.0
Total	200	100.0	300	100.0	500	100.0
Duration of living in Kathmandu Valley						
Since birth	2	1.0	11	3.7	13	2.6
Up to 12 month	55	27.5	90	30.0	145	29.0
13-60 months	60	30.0	108	36.0	168	33.6
61-120 months	41	20.5	61	20.3	102	20.4
More than 120 months	42	21.0	30	10.0	72	14.4
Total	200	100.0	300	100.0	500	100.0

More than a third (34%) FSWs were youth aged below 25. A higher percentage of youth were in establishment based (38%) than street based (27%). Mean age of the respondents was 30±9 years; which was slightly more than the average age of establishment based FSWs (28±8 years) and less than that of street based FSWs (32±10 years). Median age of the respondents was 29.0 years with the range being 16 to 58 years. Median age of establishment based FSWs and the street based was 32 years and 28 years respectively (Table 3.2).

A higher percentage of street based FSWs were illiterate (38%) compared with establishment based FSWs (23%). On the other hand, almost a fifth establishment based FSWs (18%) while only a seventh street based FSWs (14%) had SLC and above education (Table 3.2).

Table 3.2 Socio Demographic Characteristics of Female Sex Workers

Description	Street based		Establishment based		Total	
	N	%	N	%	N	%
Age Group (in years)						
Less than 20	23	11.5	40	13.3	63	12.6
20-24	31	15.5	74	24.7	105	21.0
25-29	31	15.5	71	23.7	102	20.4
30-34	31	15.5	50	16.7	81	16.2
35 or above	84	42.0	65	21.7	149	29.8
Mean±SD		32±10		28±8		30±9
Median (IQR)		32(16)		28(11)		29(13)
Total	200	100.0	300	100.0	500	100.0
Level of Education						
Illiterate	76	38.0	70	23.3	146	29.2
Literate but no schooling	31	15.5	52	17.3	83	16.6
Grade 1-5	33	16.5	47	15.7	80	16.0
Grade 6-9	33	16.5	76	25.3	109	21.8
SLC and above	27	13.5	55	18.3	82	16.4
Total	200	100.0	300	100.0	500	100.0
Caste/Ethnicity						
Brahmin/Chhetri	79	39.5	115	38.3	194	38.8
Terai Madeshi	4	2.0	2	.7	6	1.2
Dalit	9	4.5	19	6.3	28	5.6
Janajati	106	53.0	164	54.7	270	54.0
Muslim	2	1.0			2	0.4
Total	200	100.0	300	100.0	500	100.0
Marital Status						
Married	128	64.0	185	61.7	313	62.6
Divorced/Permanently Separated	48	24.0	56	18.7	104	20.8
Widow	5	2.5	8	2.7	13	2.6
Never married	19	9.5	51	17.0	70	14.0
Total	200	100.0	300	100.0	500	100.0
Age at Marriage						
10-14	34	18.8	41	16.5	75	17.4
15-19	115	63.5	146	58.6	261	60.7
20-24	29	16.0	50	20.1	79	18.4
25 and above	3	1.7	12	4.8	15	3.5
Mean±SD		16.7±3		17.5±3.5		17±3
Median age (IQR)		16.0(3)		17.0(5)		17(4)
Total	181	100.0	249	100.0	430	100.0
Husband has second wife?						
Yes	63	35.8	91	37.8	154	36.9
No	113	64.2	150	62.2	263	63.1
Total	176	100.0	241	100.0	417	100.0

Ethnic compositions of the respondents indicate that the highest proportion of population in this survey belonged to Janajati (54.0%) followed by Brahmin/Chhetri groups (38.8%). These two groups account for more than four-fifths of the study respondents. Other reported castes of the respondents were Dalits (5.6%), Terai Madeshi (1.2%) and Muslims (0.4%) (Table 3.2).

As shown in table 3.2, more than three out of every five (62.6%) respondents were married and another 20.8 percent of them were divorced or permanently separated. Proportion of the married street based and establishment FSWs were 64 percent and 61.7 percent respectively. Percentage of divorced/ permanently separated street based FSWs (24.0%) were higher than that of establishment based FSWs (18.7%). Fourteen percent of the respondents were never married and the percentage of never married establishment based respondents were considerably higher (17.0%) than that of street based FSWs (9.5%). A total of 2.6 percent respondents were widow and the proportion of widow was almost equal among both the street based (2.5%) and establishment based (2.7%) FSWs (Table 3.2).

Nearly four out of every five (78.1%) respondents had got marriage during adolescent age (19 years or below) with 60.7 percent got married during 15-19 years of age. Percentage of street based respondents who had got early marriage during 10-14 years (18.8%) and 15-19 years of age (63.5%) was higher than that of establishment based FSWs (16.5% and 58.6%) respectively. About 18.4 percent of the respondents were married during 20-24 years of age while only 3.5 percent had got marriage at 25 or above years of age. Mean age at marriage of the street based FSWs (16.7 ± 3 years) was less than that of establishment based FSWs (17.5 ± 3.5 years). Similarly, median age of the street based FSWs (16.0 years) was one year less than that of establishment based FSWs (17 years) (Table 3.2).

More than one third (36.9%) of the respondents reported that their husbands had the second wife and this experience was reported by slightly higher proportion of establishment based FSWs (37.8%) than that of street based FSWs (35.8%) (Table 3.2).

Table 3.3 depicts the description of living status of the FSWs and the dependents supported by them. Three-fifths (60.7%) of the currently married respondents were living with their husbands where 72 percent of the street based respondents and 53 percent of the establishment based respondents were living with their husbands. On the other hand, 14.3 percent of the unmarried respondents were living with their boyfriend. Percentage of the unmarried respondents who had living relationship with their boyfriend was more frequent (21.1%) among the street based respondents when compared with the establishment based respondents (11.8%). Two-third (66.6%) of the respondents reported that they had dependents and the proportion of dependency was almost similar in both groups of FSWs. Out of those respondents who had dependents, more than half (54.7%) of them had 2-3 dependents followed by 33 percent had one dependent and 12.3 percent had four or more numbers of dependents.

Table 3.3 Living Status of FSWs and Dependents Supported by them

Description	Street based		Establishment based		N	Total %
	N	%	N	%		
Currently married respondents living with husband						
Yes	92	71.9	98	53.0	190	60.7
No	36	28.1	87	47.0	123	39.3
Total	128	100.0	185	100.0	313	100.0
Unmarried respondents living with boy friend						
Yes	4	21.1	6	11.8	10	14.3
No	15	78.9	45	88.2	60	85.7
Total	19	100.0	51	100.0	70	100.0
Have dependents						
Yes	135	67.5	198	66	333	66.6
No	65	32.5	102	34	167	33.4
Total	200	100.0	300	100.0	500	100.0
Total number of dependents						
One	38	28.1	72	36.4	110	33.0
Two-three	80	59.3	102	51.5	182	54.7
Four or more	17	12.6	24	12.1	41	12.3
Total	135	100.0	198	100.0	333	100.0

3.2 Child Birth and Use of Family Planning Devices

Table 3.4 shows the history of pregnancy and child birth among the ever married respondents. Majority of the ever married FSWs (86.5%) had ever given child birth. Out of 372 respondents who had delivered child at least once, 38.7 percent delivered one live birth, 35.8 percent had given two live births, 16.9 percent delivered three live births and remaining 8.6 percent had given birth to four or more live births till the time of survey. Percentage of the establishment based FSWs who delivered one live birth (45.9%) was notably higher than that of street based FSWs (29.7%). On the contrary, proportion of street based FSWs who had given birth to four or more live births (13.3%) were more than that of establishment based FSWs (4.8%). Mean number of births given by FSWs was 2±1 and the median number of births were also reported as two.

Out of those 430 ever married FSWs, 18 percent had ever had miscarriage and the proportion of street based FSWs who had ever had miscarriage (22.7%) was higher than that of establishment based FSWs (14.9%). Out of those 78 FSWs who reported the history of miscarriage, 78 percent of them had encountered one miscarriage; with most of those street-based (68.3%) and establishment based FSWs (89.2%) had one miscarriage. Almost 18 percent had two miscarriages, 2.6 had three miscarriages and remaining 1.3 percent had four miscarriages. Proportion of street based respondents who had two miscarriages (24.4%) was higher than the establishment based respondents (10.8%) and none of the establishment based respondents had history of three or more number of miscarriages (Table 3.4).

Table 3.4 Pregnancy History of ever Married Female Sex Workers

Description	Street based		Establishment based		Total	
	N	%	N	%	N	%
Ever given birth						
Yes	165	91.2	207	83.1	372	86.5
No	16	8.8	42	16.9	58	13.5
Total	181	100.0	249	100.0	430	100.0
Number of live births						
One	49	29.7	95	45.9	144	38.7
Two	66	40.0	67	32.4	133	35.8
Three	28	17.0	35	16.9	63	16.9
Four	22	13.3	10	4.8	32	8.6
Total	165	100.0	207	100.0	372	100.0
Mean ± SD		2±1		2±1		2±1
Median (IQR)		2(1)		2(1)		2(1)
Ever had miscarriage						
Yes	41	22.7	37	14.9	78	18.1
No	140	77.3	212	85.1	352	81.9
Total	181	100.0	249	100.0	430	100.0
Number of miscarriage						
One	28	68.3	33	89.2	61	78.2
Two	10	24.4	4	10.8	14	17.9
Three	2	4.9			2	2.6
Four	1	2.4			1	1.3
Total	41	100.0	37	100.0	78	100.0
Ever terminated/aborted any pregnancies						
Yes	68	37.6	91	36.5	159	37.0
No	113	62.4	158	63.5	271	63.0
Total	181	100.0	249	100.0	430	100.0
Number pregnancies terminated/aborted						
One	43	63.2	61	67.0	104	65.4
Two	14	20.6	22	24.2	36	22.6
Three	8	11.8	6	6.6	14	8.8
Four and more	3	4.4	2	2.2	5	3.1
Total	68	100.0	91	100.0	159	100.0
Person who assisted the last abortion						
Doctor	40	58.8	66	72.5	106	66.7
Nurse	23	33.8	16	17.6	39	24.5
Midwife	2	2.9			2	1.3
Friend	1	1.5			1	.6
Nobody	2	2.9	3	3.3	5	3.1
Don't know			6	6.6	6	3.8
Total	68	100.0	91	100.0	159	100.0

A total of 37 percent FSWs (street based 38% and establishment based 37%) had ever terminated or aborted at least one pregnancy. Among those 159 FSWs who had ever had abortion, almost two-thirds (65.4%) of them had history of one abortion, 22.6 percent had two abortions, 8.8 percent had three abortions and 3.1 percent had four or more abortions. Out of 159 FSWs who had abortions, two- third (66.7%) of them reported that their last episode of abortion was assisted by the doctors. Almost a quarter (24.5%) of the respondents reported that nurses assisted the case of last abortions. Some other persons who supported the abortion in last abortion were midwives (1.3%) and friends (0.6%). Almost 4 percent did not know about the personnel who assisted the last episode of abortion and 3 percent aborted without any assistance from others (Table 3.4).

As illustrated in the Table 3.5, 12.6 percent of the respondents had expressed their willingness to have child within next two years and this kind of desire was more common among the establishment based FSWs (16.1%) than those of street based FSWs (7.7%). Although, 12.6 percent of the respondents had desire to conceive within next two years, only 3.3 percent of them had desire to conceive within six months and this willingness was almost similar in both the groups of respondents. Almost six percent of the respondents of this survey were pregnant during last 12 months and the proportion of establishment based FSWs who were pregnant during last 12 months (7.2%) was higher than that of street based FSWs (3.9%). Out of those 25 respondents who were pregnant during last year, 44 percent of them had spontaneous abortion, 32 percent had given birth to live babies, 12 percent delivered still births and another 12 percent FSWs were pregnant at the time of survey. A total of 16.7 percent establishment based FSWs had delivered still births within the last 12 months whereas none of the street based FSWs had delivered still births.

Table 3.5 Desire to have Children and Outcome of Last Pregnancy

Description	Street based		Establishment based		Total	
	N	%	N	%	N	%
Wish to have child in the next two years						
Yes	14	7.7	40	16.1	54	12.6
No	167	92.3	209	83.9	376	87.4
Total	181	100.0	249	100.0	430	100.0
Wish to have child in the next six months						
Yes	6	3.3	8	3.2	14	3.3
No	175	96.7	241	96.8	416	96.7
Total	181	100.0	249	100.0	430	100.0
Was pregnant in the last 12 months						
Yes	7	3.9	18	7.2	25	5.8
No	174	96.1	231	92.8	405	94.2
Total	181	100.0	249	100.0	430	100.0
Outcome of last pregnancy						
Live birth	3	42.9	5	27.8	8	32.0
Still birth			3	16.7	3	12.0
Spontaneous abortion	3	42.9	8	44.4	11	44.0
Currently pregnant	1	14.3	2	11.1	3	12.0
Total	7	100.0	18	100.0	25	100.0

Table 3.6 indicates the knowledge and practices of respondents in relation to the family planning services. More than nine out of every ten (90.9%) respondents were known about the female sterilization. Similarly, 90.2 percent of the respondents had knowledge of male sterilization. Almost 95 percent of the respondents were known about the Pills, 81.9 percent had knowledge of Intra Uterine Devices (IUD), 96 percent had knowledge of injectable contraceptives, 82.1 percent were known about the implant methods and 97.9 percent had knowledge of condom as contraceptive devices.

Almost 30 percent of the respondents were known about the rhythm method and the proportion of street based respondents who had knowledge of rhythm method (33.1%) was higher than that of establishment based respondents (27.3%). About 62.6 percent of the respondents had knowledge of withdrawal method. A total of 30.5 percent of the respondents opined that there were any other method of family planning.

Table 3.6 Knowledge and Practice of Family Planning (FP) Methods

Description	Street based		Establishment based		Total	
	N	%	N	%	N	%
Knowledge on FP methods						
Female Sterilization	167	92.3	224	90.0	391	90.9
Male Sterilization	164	90.6	224	90.0	388	90.2
Pill	170	93.9	238	95.6	408	94.9
IUD	136	75.1	216	86.7	352	81.9
Injectable	173	95.6	240	96.4	413	96.0
Implants	134	74.0	219	88.0	353	82.1
Condom	175	96.7	246	98.8	421	97.9
Rhythm method	60	33.1	68	27.3	128	29.8
Withdrawal	104	57.5	165	66.3	269	62.6
Any other	51	28.2	80	32.1	131	30.5
Currently using any method to delay or avoid pregnancy						
Yes	167	92.3	209	83.9	376	87.4
No	33	7.7	91	16.1	124	12.6
Total	200	100.0	300	100.0	500	100.0
Female Sterilization	16	9.6	11	5.3	27	7.2
Male Sterilization	3	1.8	5	2.4	8	2.1
Pills	15	9.0	24	11.5	39	10.4
IUD	14	8.4	8	3.8	22	5.9
Injectable	30	18.0	30	14.4	60	16.0
Implants	13	7.8	14	6.7	27	7.2
Condom	137	82.0	181	86.6	318	84.6
Rhythm method	2	1.2	1	.5	3	.8
Withdrawal	6	3.6	17	8.1	23	6.1
Any other	4	2.4	1	.5	5	1.3

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

As indicated in table 3.6, 87.4 percent of the respondents had been using at least one method of family planning to avoid pregnancy. About 7.2 percent of the respondents reported that they had adopted female sterilization while 2.1 percent of them reported male sterilization. One out of every ten respondents (10.4%) was using pills, 5.9 percent were IUD users, 16 percent were injectable contraceptives users, 7.2 percent had implants and 84.6 percent of them were the condom users. A few proportion (0.8%) of the respondents followed rhythm method while another 6.1 percent of the respondents practiced the withdrawal as the means of contraception. Only 1.3 percent of the respondents reported that they were using any other measures for fertility control.

CHAPTER 4: PREVALENCE OF HIV AND SYPHILIS

This chapter presents the details of HIV infections and syphilis reported among the FSWs. Furthermore, this chapter explores the association between respondent's characteristics and the presence of HIV/Syphilis among the FSWs.

4.1 Prevalence of HIV and Syphilis Infection

This study was carried out among 500 FSWs (200 Street based and 300 Establishment based). A total of 10 FSWs (2.0%) were diagnosed as HIV positive. Out of 10 FSWs who were diagnosed as HIV positive, eight were street based FSWs (4.0%) and two (0.7%) were establishment FSWs. There was marginal variation in the prevalence of HIV infection among FSWs since the first round of IBBS- 2004. HIV prevalence among FSWs was 2.0 percent in 2004, 2.2 percent in 2008, 1.7 percent in 2011 and 2.0 percent in 2015 (Table 4.1).

A total of 18 FSWs (3.6%) had active syphilis infection (RPR+ and RPR titre \geq 1:8). Fourteen (7.0%) of the street based FSWs had active syphilis whereas 4 (1.3%) of the establishment based FSWs had active syphilis. In the meantime, 1.4 percent of the FSWs reported the syphilis history (RPR +ve and RPR titre <1:8). There was no significant differences in the presence of syphilis history between street based FSWs (1.5%) and establishment based FSWs (1.3%).

Table 4.1 Prevalence of HIV and Syphilis among Female Sex Workers

Description	N	Street based		Establishment based		Total	
		N	%	N	%		
HIV Positive							
HIV+ve (95% CI)	8	4.0	(1.28-6.72)	2	0.7(0.4-3.58)	10	2.0 (0.37-3.63)
HIV-ve	192	96.0		298	99.3	490	98.0
P value							0.017
Total	200	100		300	100	500	100
Active Syphilis							
Active (95% CI)	14	7.0	(3.5-10.5)	4	1.3(0.02-2.28)	18	3.6(1.97-5.23)
Non-active	186	93.0		296	98.7	482	96.4
P value							0.01
Total	200	100		300	100	500	100
Syphilis History							
Active (95% CI)	3	1.5	(0.02-3.80)	4	1.3((0.02-2.28)	7	1.4(0.37-1.4)
Non-active	197	98.5		296	98.7	493	98.6
P value							1.0
Total	200	100		300	100	500	100

4.2 Association of Socio-Demographic Characteristics and Syphilis Infection with HIV Infection

The relationship of HIV positive status with the demographic variables is presented in Table 4.2. This survey found that the FSWs below <20 years of age had higher prevalence of HIV infection (3.2%) than those FSWs (1.8%) who were 20 or more years old (p=0.36). Similarly a slightly

higher percentage of FSWS with no schooling (2.2%) than ever been to school FSWS (1.8%) had HIV positive ($p=1.0$). Proportion of the single/never married FSWS who had HIV infection (2.9%) were higher than that of ever married FSWS (1.9%). However this difference is not statistically significant ($p=0.63$). Two percent of the FSWS who had been indulging in sex work for more than one year had HIV infection whereas none of the FSWS who had been working as sex worker since less than a year had HIV infection ($p=0.20$). In the same way, prevalence of HIV infection was found among 2.5 percent of the FSWS who had less than five clients in a week. However, 1.8 percent of the FSWS having five or more number of clients had HIV infection. This proportional difference is not statistically significant ($p=0.75$).

Active syphilis and syphilis history have been found to be statistically associated with HIV prevalence ($p=0.03$) among street based FSWS. For instance, a very high percentage of those FSWS with current syphilis (16.7%) had HIV than those who did not have current syphilis. Similarly, those FSWS who had syphilis history were at higher risk of HIV (14.3%) than their counterparts (1.8%).

Table 4.2 Association of Socio-Demographic Characteristics, Sexual Behavior and Syphilis with HIV Infection

Description	Street based		Establishment based		Total	
	HIV +ve(8)	%(4)	HIV +ve(2)	%(0.7)	HIV +ve(10)	%(2)
Age (in years)						
Less than 20 years	1	4.3	1	2.5	2	3.2
20 or above	7	4.0	1	.4	8	1.8
P value		1.0		0.24		0.36
Level of Education						
Illiterate and Literate but no schooling	4	3.7	1	.8	5	2.2
Schooling grades 1 to 10, SLC and above	4	4.3	1	.6	5	1.8
P value		1.0		1.0		1.0
Marital Status						
Ever married	7	3.9	1	.4	8	1.9
Never married	1	5.3	1	2.0	2	2.9
P value		0.55		0.31		0.63
Duration of work as a sex worker*						
Less than a year						
12-23 months	3	7.3	1	1.5	4	3.8
24 months or more	5	4.0	1	.6	6	2.0
P value		0.35		1.00		0.22
Number of clients per week						
Less than 5	5	4.5	2	1.2	7	2.5
5 or more	3	4.2			3	1.8
P value		0.72		1.0		0.75
Active Syphilis						
Syphilis history	3	21.4	0	0	3	16.7
No infection of syphilis	11	5.9	4	1.4	15	3.1
P value		<0.01		<0.01		<0.01
Syphilis Infection						
Syphilis history	1	33.3	0	0	1	14.3
No infection of syphilis	7	3.6	2	.7	9	1.8
P value		0.03		1.0		0.04

*Category third was merged into category two to make the table eligible for Fisher's Exact Test

4.3 Association of Condom Use with HIV and Syphilis Infection

HIV positive, syphilis history and current syphilis are associated with frequency of condom use with different clients (clients, regular clients and non-paying clients). It was observed that those clients who do not use condom all the time are at more vulnerable to HIV infection (3.6%), syphilis history (1.5%) and currently syphilis (4.6%) than those who used condom with regular clients every time. Similarly, prevalence of HIV and syphilis were higher (HIV positive 2.2% vs. 1.4%, syphilis history 1.7% vs. 0.7% and current syphilis 3.9% vs. 2.9%) to those who did not use condom every time with non-paying regular partners. Furthermore, prevalence of HIV and syphilis was higher among those FSWs who used condom not all the time with their clients (Table 4.3).

Table 4.3 Association of Condom Use with HIV and Syphilis Infection

Description	HIV positive		Syphilis History		Active Syphilis	
	Number (10)	%(4)	Number (7)	%(1.4)	Number (18)	%(3.6)
Frequency of condom use with regular client						
Every time	3	1.0	4	1.3	9	3.0
Not all the time	7	3.6	3	1.5	9	4.6
P value		0.07		1.0		0.08
Frequency of condom use with non-paying regular partners						
Every time	2	1.4	1	.7	4	2.9
Not all the time	8	2.2	6	1.7	14	3.9
P value		0.07		1.0		0.08
Frequency of condom use with clients						
Every time	5	1.4	4	1.1	12	3.4
Not all the time	5	3.4	3	2.0	6	4.1
P value		0.6		0.42		0.79

4.4 Prevalence of STI Syndromes and Syphilis Infection

The study found that there was an association between the reported STI symptoms and the clinical diagnosis/examination of STI syndromes among street based FSWs but there was no association between the reported STI symptoms and the clinical diagnosis/examination of STI syndromes among establishment based FSWs. For instance, syphilis history was higher among those who have at least one of the reported STI symptoms (2.2%) than those who did not report any symptoms (0.9%). On the other hand, a slight difference was observed among establishment FSWs. Those FSWs who reported that they did not have any symptoms have slight higher diagnosis history of syphilis (1.6%) and current syphilis (1.6%) than those who reported that they had at least one of the STI symptoms (0.9%). Furthermore, one tenth street based FSWs who reported that they had frequent urination had also diagnosed current syphilis (10.5%). Similarly, a tenth of both street based and establishment based FSWs who had unusual vaginal bleeding had also diagnosed syphilis history and these streets based FSWs diagnosed current syphilis (Table 4.4).

Table 4.4 Reported STI Syndromes and Measured Clinical Diagnosis for Syphilis

Description	Street based				Establishment				Total			
	History Syphilis		Active Syphilis		History Syphilis		Active Syphilis		History Syphilis		Active Syphilis	
	N	%	N	%	N	%	N	%	N	%	N	%
STI Syndromes												
Frequent urination	0	0	2	10.5	0	0	0	0	0	0	2	4.8
Vaginal bleeding (unusual)	1	10	1	10	1	9.1	0	0	2	9.5	1	4.8
Itching in or around the vagina	0	0	2	6.7	0	0	1	2.6	0	0	3	4.3
Ulcer or sore in the genital area	1	7.7	1	7.7	0	0	0	0	1	4.2	1	4.2
None of the above symptoms	1	0.9	9	8.1	3	1.6	3	1.6	4	1.3	12	4.0
Pain during sex	0	0	2	5.9	0	0	1	1.8	0	0	3	3.4
Vaginal odor or smell	1	3.4	1	3.4	0	0	1	3.3	1	1.7	2	3.4
Any of the above symptoms	2	2.2	5	5.6	1	0.9	1	0.9	3	1.5	6	3.0
Pain in the lower abdomen	0	0	3	5.5	1	2.1	0	0	1	1	3	2.9
Pain during urination	0	0	1	3.4	1	2.7	0	0	1	1.5	1	1.5
Unusual heavy, foul smelling vaginal discharge	0	0	0	0	0	0	1	1.9	0	0	1	1.1

4.5 Association of Condom Carrying Practice, Comprehensive Knowledge of HIV/AIDS Transmission and Exposure to HIV Programs in the Past Year

Association of condom carrying practice, comprehensive knowledge of HIV/AIDS transmission (A -abstinence from sex, B-being faithful to one partner or avoiding multiple sex partners, C-consistent condom use or use of a condom during every sex act, D-a healthy looking person can be infected with HIV,E-a person cannot get HIV from a mosquito bite and F-one cannot get HIV by sharing a meal with an HIV-infected person)and exposure to HIV program in the past year has been analyzed. Surprisingly, it was observed that those FSWs who carried condom usually have higher prevalence of HIV (3.1%), and current syphilis (7.8%) than those who usually did not carry condom. Furthermore, knowledge of ABC did not have association with HIV, and syphilis. However, knowledge on BCDEF has association with HIV and Syphilis. It was found that those FSWs who did not have knowledge on BCDEF are at higher risk of HIV (2.1% Vs. 0%) and current syphilis (3.7% Vs. 0%) than those who did not have comprehensive knowledge on BCDEF. There was a slight difference in the prevalence of HIV and syphilis among those FSWs who have met/discussed PE/OE or not. For instance, those FSWs who have not met/discussed with PE/OE are at higher risk of HIV (2.1%) and current syphilis (4.3%) than those who met /discussed with PE/OE (HIV 1.7%; Current syphilis 3.1%) (Table 4.5)

Table 4.5 Association of Condom Carrying Practice, Comprehensive Knowledge of HIV/AIDS Transmission and Exposure to HIV Programs HIV and Syphilis Infection

Description	HIV positive		Syphilis History		Active Syphilis	
	Number (10)	%(4)	Number (7)	%(1.4)	Number (18)	%(3.6)
Carry condom usually						
All of the time	2	3.1	1	1.6	5	7.8
Not all the time	8	1.8	6	1.4	13	3.0
P value		0.37		1.0		0.06
Knowledge of ABC						
Know all of ABCs	3	2.0	2	1.3	4	2.6
Do not know	7	2.0	5	1.4	14	4.0
Pvalue		1.0		1.0		0.06
Knowledge of BCDEF						
Know all of BCDEF	0	0	1	7.7	0	0
Do not know	10	2.1	6	1.2	18	3.7
P value		0.38		0.01		0.01
Visited a HTC in the past year						
Yes visited	5	4.1	2	1.6	6	4.9
No	5	1.3	5	1.3	12	3.2
P value		0.06		0.68		0.40
Visited an OE/PE in past year*						
Yes visited	6	1.7	5	1.4	11	3.1
No	3	2.1	2	1.4	6	4.3
No response	1	50.0	0	0	1	50.0
P value		0.7		0.98		0.02

*Second and third categories are merged together to make the data eligible for Fishers exact Test.

CHAPTER 5: SEXUAL BEHAVIOR AND CONDOM USE

This chapter describes the sexual behavior and condom use practices of FSWs. It includes the description of sexual behaviors, average number of clients of FSWs, types of clients, types of sex practices and violence experienced by FSWs, income of the FSWs from sex work and other activities, condom use practices, availability of condom with their brand names; and modes of obtaining condoms.

5.1 Sexual Behavior of FSWs

As indicated in the Table 5.1, majority of the FSWs (62.6%) had first sexual intercourse during 15-19 years of age and another 17.6 percent had early experience of sexual contact during 10-14 years. Similarly, 17 percent of the sex workers had first sexual contact during 20-24 years of age. In total, percentage of street based FSWs who had first sexual contact at early age ≤ 19 years (83.0%) was higher than that of establishment based FSWs (78.4%). Mean age of the FSWs at first sex was (17.0 ± 3.0) years. Median age of the street based FSWs at first sex 16.0 years, which was one year less than that of establishment based FSWs (17 ~~y-~~Years). Almost a quarter (24.0%) of the sex workers had been indulging as a sex workers since 7-12 months and another a quarter (24.4%) of them had long involvement as they had sexual exposure for more than 48 months. More than one out of every ten respondents (11.8%) were the new enrollments as they had been in the sex work since last six months. Similarly, 13.6 percent of the respondents had been in the sex work since last 25-36 months while remaining 7.4 percent had 37-48 months of exposure in sex work. Median duration of involvement in the sex work was 24 months.

Almost seventeen (16.6%) of the FSWs had been working as a sex worker at the sampled location since last six months while more than a quarter (27.2%) of them had involvement in sex work at the sampled location since 7-12 months. Similarly, more than one-fifth (21.6%) of the respondents had been engaging into sex work for more than 48 months in the same site from where they were selected for the present study. Median duration of work at sampled site was 24 months.

In addition to the usual sites where FSWs used to work as sex workers, other reported sites for their sex work were Hotel/Lodge (16.4%), House (11.8%), Cabin restaurant (6.2%), Dance restaurant (5.2%), Restaurant (5.4%), Dohari restaurant (4.6%), Discotheque (3.0%), Massage parlor (2%) and 12.6 percent were call girls, where, 36.6 percent of the FSWs did not work anywhere else there than their usual sites of sex work.

Almost a quarter (23.4%) of the respondents had floating nature in the sex work as they had ever had sex in other locations in addition to their usual sites. The shifting nature of sexual involvement was considerably higher among the street based FSWs (34%) than the establishment based FSWs (16.3 %). One percent of the respondent had ever worked as a sex worker in India. Four out of five (80%) of the respondents had made a decision to go to India coercively while rest of the one-fifth (20%) went to India voluntarily. Further, all the street based sex workers were forced coercively to go to India while one –third of the establishment based sex workers had been to India voluntarily.

Table 5.1 Sexual Behavior of Female Sex Workers

Description	Street based		Establishment based		Total	
	N(200)	%(100)	N(300)	%(100)	N(500)	%(100)
Age at first sexual intercourse (in years)						
10-14	38	19.0	50	16.7	88	17.6
15-19	128	64.0	185	61.7	313	62.6
20-24	28	14.0	57	19.0	85	17.0
25-29	3	1.5	6	2.0	9	1.8
30 and above	1	0.5	1	0.3	2	0.4
Don't remember	2	1.0	1	0.3	3	0.6
Mean age		17.0±3		17.0±3		17.0±3
Median (IQR)		16(3)		17(4)		16(4)
Duration of work as sex workers						
Up-to 6 months	21	10.5	38	12.7	59	11.8
7-12 months	50	25.0	70	23.3	120	24.0
13-24 months	32	16.0	62	20.7	94	18.8
25-36 months	23	11.5	45	15.0	68	13.6
37-48 months	15	7.5	22	7.3	37	7.4
More than 48 months	59	29.5	63	21.0	122	24.4
Mean		41		38		40
Median (IQR)		24(60)		24(36)		24(36)
Working as sex worker from the sampled location						
Up-to 6 months	28	14.0	55	18.3	83	16.6
7-12 months	56	28.0	80	26.7	136	27.2
13-24 months	27	13.5	60	20.0	87	17.4
25-36 months	20	10.0	38	12.7	58	11.6
37-48 months	10	5.0	18	6.0	28	5.6
More than 48 months	59	29.5	49	16.3	108	21.6
Mean						
Median(IQR)		18(24)		24(48)		24(36)
Other type of sites where the respondent worked as sex worker*						
Did not work anywhere else	69	34.5	114	38	183	36.6
Hotel/lodge	45	22.5	37	12.3	82	16.4
Call girl	20	10	43	14.3	63	12.6
House	24	12	35	11.7	59	11.8
Road	37	18.5	4	1.3	41	8.2
Bhatti Pasal	29	14.5	5	1.7	34	6.8
Cabin restaurant	8	4	23	7.7	31	6.2
Restaurant	13	6.5	14	4.7	27	5.4
Dance restaurant	5	2.5	21	7	26	5.2
Dohori restaurant	10	5	13	4.3	23	4.6
Discothèque	3	1.5	12	4	15	3.0
Massage parlor	1	0.5	9	3	10	2.0

Garment/carpet factory	1	0.5	2	0.7	3	0.6
Ever worked as a sex worker in other location						
Yes	68	34.0	49	16.3	117	23.4
No	132	66.0	251	83.7	383	76.6
Ever worked as a sex worker in India						
Yes	2	1.0	3	1.0	5	1.0
No	198	99.0	297	99.0	495	99.0
Decision made to go India						
Coerced	2	100.0	2	66.7	4	80.0
Voluntarily			1	33.3	1	20.0

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

5.2 Sex Workers and Their Clients

Table 5.2 illustrates the number of clients served and the average number of working days by the female sex workers. Almost forty five (44.8%) percent of the respondents used to serve only one client in a day while majority of them had more than one client per day. In the meantime, slightly more than a quarter (25.2%) of the female sex workers had two clients, 17 percent had three clients and 13 percent had four or more clients in a day.

Number clients servings per day was almost similar in both the street based and establishment based sex workers. Slightly more than half (52%) of the respondents reported that they did not have any client the previous day of survey while 28.2 percent of them reported one client, 10.4 percent reported two clients, 5.4 had three clients and remaining 4 percent had reported four or more number of clients served by them. In an average, both the street based an establishment based FSWs had sexual intercourse with one client on one day prior to the interview. Similarly, the highest proportion (36.2%) of the female sex workers reported that they had four clients followed by one-fifth (20.6%) had one client in the past week. About 17.4 percent and 12.4 percent of the respondents had two and three clients in the past week respectively. In an average, 4.8 clients were served by each of the street based FSWs in the past one week while establishment based FSWs served 3.7 clients in the past one week (Table 5.2).

Table 5.2 Number of Clients and Average Working Days

Description	Street based		Establishment based		Total	
	N(200)	%(100)	N(300)	%(100)	N(500)	%(100)
Average number of clients per day						
One	90	45.0	134	44.7	224	44.8
Two	54	27.0	72	24.0	126	25.2
Three	34	17.0	51	17.0	85	17.0
Four or more	22	11.0	43	14.3	65	13.0
Mean		2.0±1.7		2.0±1.7		2.0±1.7
Median (IQR)		2(2)		2(2)		2(2)
Average number of clients on the previous day						
None	97	48.5	163	54.3	260	52.0
One	63	31.5	78	26.0	141	28.2
Two	21	10.5	31	10.3	52	10.4
Three	13	6.5	14	4.7	27	5.4
Four or more	6	3.0	14	4.7	20	4.0
Mean (SD)		1 ±2		1 ±2		1 ±2
Median (IQR)		1.0(1.0)		0.0(1.0)		1.0(1.0)
Average number of clients in the past week						
None	22	11.0	45	15.0	67	13.4
One	34	17.0	69	23.0	103	20.6
Two	33	16.5	54	18.0	87	17.4
Three	25	12.5	37	12.3	62	12.4
Four	86	43.0	95	31.7	181	36.2
Mean (SD)		4.8 ±7		3.7±5		4.1±6
Median(IQR)		3.0(4.0)		2(4.0)		2.0(4.0)
Time of last sexual contact						
On the day of interview	5	2.5	10	3.3	15	3.0
One day ago	85	42.5	105	35.0	190	38.0
Two days ago	38	19.0	60	20.0	98	19.6
Three days ago	18	9.0	35	11.7	53	10.6
Four or more days ago	54	27.0	90	30.0	144	28.8
Average number of days worked in a week						
One	21	10.5	24	8.0	45	9.0
Two	26	13.0	35	11.7	61	12.2
Three	40	20.0	63	21.0	103	20.6
Four to Seven days	113	56.5	178	59.3	291	58.2
Mean (SD)		4 ±2		4 ±2		4 ±2
Median (IQR)		4.0(3.0)		4.0(4.0)		4.0(3.0)

Only 3 percent of the respondents reported that they had last sexual contact on the day of interview while 38 percent of them had sexual contact one day prior to the interview. Similarly, almost one-fifth (19.6%) of the respondents had last sexual contact before two days of survey, 10.6 percent had three days and 28.8 percent of them had last sex before

four to seven days of the interview. This sexual pattern was somehow similar in both the types of sex workers. Almost three-fifths (58.2%) of the FSWs used to work for four to seven days in a week while another one fifth (20.6%) of them had sex for three days in a week. About 9 percent of the sex workers used to work for only one day in a week and 12.2 percent of them had two days involvement in sex per week. In an average, each of the FSW had worked for 4 days in a week (Table 5.2).

5.3 Types of Clients

Table 5.3 shows the occupation of the clients of female sex workers. Majority of the clients were business man (34.4%) and service holders (33.6%) Establishment based FSWs (38% & 36.7% Vs 29% & 29%) had higher proportion of businessman and service holders than street based sex workers respectively. Other several kinds of clients served by the female sex workers were Bus, Truck and Tanker workers (18.8%), Taxi, Jeep, Microbus or Minibus workers (10.8%), Industrial/Wage workers (11.2%), Police (14%), Army (13.2%), Student (7.4%), Rickshawpuller (1.2%), Mobile(street based/temporary/not established) businessman (3.2%), Migrant workers (8.6%), Contractor (16.8%) and Farmers (3.8%).

Table 5.3 Occupational Background of Clients of Female Sex Workers

Description	Street based		Establishment based		Total	
	N(200)	%(*)	N(300)	%(*)	N(500)	%(*)
Occupation of most frequent clients*						
Businessmen	58	29.0	114	38.0	172	34.4
Service holder	58	29.0	110	36.7	168	33.6
Bus, truck or tanker workers	41	20.5	53	17.7	94	18.8
Contractor	54	27.0	30	10.0	84	16.8
Police	42	21.0	28	9.3	70	14.0
Soldier/Army	34	17.0	32	10.7	66	13.2
Industrial/Wage worker	24	12.0	32	10.7	56	11.2
Taxi, Jeep, Microbus/Minibus worker	23	11.5	31	10.3	54	10.8
Migrant worker	14	7.0	29	9.7	43	8.6
Student	8	4.0	29	9.7	37	7.4
Farmer	4	2.0	15	5.0	19	3.8
Mobile Businessmen	6	3.0	10	3.3	16	3.2
Rickshawpuller	1	0.5	5	1.7	6	1.2
Don't know	20	10.0	28	9.3	48	9.6
Occupation of last client*						
Businessmen	34	17.0	74	24.7	108	21.6
Service holder	29	14.5	42	14.0	71	14.2
Bus, truck or tanker worker	14	7.0	29	9.7	43	8.6
Contractor	30	15.0	13	4.3	43	8.6
Industrial/Wage worker	13	6.5	15	5.0	28	5.6
Soldier/Army	9	4.5	18	6.0	27	5.4
Taxi, Jeep, Microbus or Minibus worker	8	4.0	15	5.0	23	4.6
Migrant worker	7	3.5	15	5.0	22	4.4

Police	12	6.0	7	2.3	19	3.8
Student	1	0.5	9	3.0	10	2.0
Foreigner (Indian and other Nationals)	1	0.5	7	2.3	8	1.6
Farmer	1	0.5	3	1.0	4	0.8
Rickshawpuller	1	0.5	1	0.3	2	0.4
Mobile Businessmen	1	0.5	0	0.0	1	0.2
Don't know	39	19.5	52	17.3	91	18.2

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

Almost one out of every ten respondents (9.6%) were not known about the occupation of their clients. Although, there was proportional differences in occupation of the clients of sex workers who visited to them, similar profiles of the clients were served by the sex workers in the last sex. In the last sex, business men (21.6%) and service holders (14.2%) were found to have higher tendency to visit to female sex workers while 18.2 percent of the respondents were unknown about the occupation of their clients (Table 5.3).

5.4 Sex Workers and Their Clients

Table 5.4 presents additional information on the number of sex partners that the respondents had including both paying and non-paying regular sex partners. Non-paying partners included boyfriends, husbands, and regular partners of the respondents who do not pay them for sexual services, while paying partners included those partners who pay them for sexual contact. The respondents were asked about the number of paying as well as non-paying regular sex partners who been paid had in the week preceding the survey. Out of 500 respondents, only 14.6 percent of the respondents had not served any non-paid clients in the last week prior to the survey. Almost three-fifths (59%) of the respondents had served up to five clients in the past week followed by 16.6 percent had served 5-9 clients, 4.2 percent FSWs had 10-14 clients and 5.6 percent served 14 or more clients in the last week prior to the survey. In an average, each of the sex worker had sex with almost four paying clients in the last week and this exposure was slightly higher among street based FSWs (4.4 clients) when compared with the establishment based FSWs (3.6 clients).

More than three-fifths (60.2%) of the respondents reported that they did not have sex with non-paid partners in the past week while 38 percent of the respondents had sex with up to five non-paid clients in the past week. Only a few respondents had sex with 10 or more non paid clients in the past week. In an average, each of the FSWs had sex with one non paid client in the past one week. This kind of sexual intercourse was comparatively higher among street based FSWs (1.1 clients) than the establishment based FSWs (0.6 clients) (Table 5.4)

Table 5.4 Number of Different Type of Sex Partners of Female Sex Workers

Description	Street based		Establishment based		Total	
	N(200)	%(100)	N(300)	%(100)	N(500)	%(100)
No. of paying clients in the past week						
None	24	12.0	49	16.3	73	14.6
0-4	119	59.5	176	58.7	295	59.0
5-9	37	18.5	46	15.3	83	16.6
10-14	6	3.0	15	5.0	21	4.2
15 or more	14	7.0	14	4.7	28	5.6
Mean		4.4		3.6		4.0
Median (IQR)		3.0(4.0)		2.0(4.0)		2.0(4.0)
No. of non-paying regular sex partners in the past week						
None	109	54.5	192	64.0	301	60.2
0-4	85	42.5	105	35.0	190	38.0
5-9	3	1.5	3	1.0	6	1.2
10-14	1	0.5	0	0	1	.2
14 or more	2	1.0	0	0	2	.4
Mean		1		0.6		0.8
Median (IQR)		0.0(1.0)		0.0(1.0)		0.0(1.0)
No. of paying and non-paying regular sex partners in the past week						
None	16	8.0	40	13.3	56	11.2
0-4	112	56.0	167	55.7	279	55.8
5-9	48	24.0	61	20.3	109	21.8
10-14	9	4.5	17	5.7	26	5.2
14 or more	15	7.5	15	5.0	30	6.0
Mean		5.5		4.2		4.7
Median (IQR)		3.0(4.0)		3.0(4.0)		3.0(4.0)
Last sex partner						
Client	67	33.5	77	25.7	144	28.8
Regular clients	60	30.0	112	37.3	172	34.4
Husband/male friend	71	35.5	111	37.0	182	36.4
Other male	2	1.0	0	0	2	0.4

A large proportion (55.8%) of the respondents had up to five regular paid and non-paid clients followed by 21.8 percent had 5-9 clients. About 5.2 percent of the respondents had 10-14 clients and 6 percent had 14 or more number of paid and non- paid clients in the past week. The highest percentage of the respondents (36.4%) had sex with husband/male friend in the last event followed by more than one –third (34.4%) of the FSWs had sex with regular clients in the last sex and 28.8 percent of the clients had sex with the clients in last sex. In an average, each of the sex worker had sexual intercourse with 4.7 clients in the past week irrespective of the paid or non-paid clients. Average frequency of sexual intercourse was more frequent among street based FSWs (5.5 clients/ FSW) in the past one week than the establishment based FSWs (4.2 clients/ FSW) (Table 5.4).

5.5 Types of Sex Practiced and Acts

Table 5.5 shows the types of sex practiced by FSWs in the past one year. Nearly 12 percent of the FSWs had practiced non-vaginal sex and this practice was more prevalent among the street based FSWs (15%) than the establishment based FSWs (9.7%). Out of 59 respondents who had non-vaginal sex, 62.7 percent of them had done masturbation, 55.9 percent of them had done oral sex and 27.1 percent had experience of anal sex.

Table 5.5 Types of Sex Practiced by Female Sex Workers

Description	Street based		Establishment based		Total	
	N	%	N	%	N	%
Sex acts in the past year other than vaginal						
Yes	30	15.0	29	9.7	59	11.8
No	170	85.0	271	90.3	441	88.2
Total	200	100.0	300	100.0	500	100.0
Type of sex act in the past year*						
Oral	17	56.7	16	55.2	33	55.9
Anal	9	30.0	7	24.1	16	27.1
Masturbation	18	60.0	19	65.5	37	62.7
Total	30		29		59	

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

5.6 Income of FSWs from Sex Work and Other Jobs

Table 5.6 shows the income of female sex worker for one time sexual contact. About 4 percent of the respondents had made no income for the last sex, 27 percent of the respondents had earned 101-500 rupees for last sex, 25.6 percent had earned 501-1000 rupees and 21.8 percent had income more than 2,000 per one time sexual event of the last sex. The mean income of the FSWs was NRs 1,654 from sexual intercourse with the clients. This median income of the FSWs was found the similar for both street-based and establishment-based.

The mean weekly income from sex work is NRs 5,267, mean income of street based FSWs was NRs 4,892 which was lower than that of establishment based FSWs NRs 5,517. More than thirteen percent of the respondents had weekly income with an average up-to 1,000 rupees, 17 percent respondents had 1,001-2,000 rupees, 15.6 percent had 2,001-3,000 rupees, 19.2 percent had 5,001-10,000 rupees and 11.2 percent of them had more than 10,000 average incomes in a week. Percentage of establishment based female sex workers who had average income more than 10,000 in a week (13%) were higher than the counterpart street based workers (8.5%) whereas higher percentages of street based FSWs (16.5%) had average weekly income up-to 1000 rupees when compared with the establishment based FSWs (11.3%).

Table 5.6 Income of Female Sex Workers from Sex Work and Other Jobs

Description	Street based		Establishment based		Total	
	N(200)	%(100)	N(300)	%(100)	N(500)	%(100)
Income from last sex with client (NRs)						
No payment made	7	3.5	14	4.7	21	4.2
≤100	3	1.5	2	.7	5	1.0
101-500	57	28.5	78	26.0	135	27.0
501-1000	62	31.0	66	22.0	128	25.6
1001-1500	21	10.5	37	12.3	58	11.6
1501-2000	16	8.0	28	9.3	44	8.8
2001 and above	34	17.0	75	25.0	109	21.8
Mean		1414		1814		1654
Median (IQR)		1000(1150)		1000(1650)		1000(1500)
Average weekly income from sex work (NRs)						
≤1000	33	16.5	34	11.3	67	13.4
1001-2000	33	16.5	52	17.3	85	17.0
2001-3000	36	18.0	42	14.0	78	15.6
3001-4000	19	9.5	29	9.7	48	9.6
4001-5000	23	11.5	47	15.7	70	14.0
5001-10000	39	19.5	57	19.0	96	19.2
100001 or above	17	8.5	39	13.0	56	11.2
Mean		4892		5517		5267
Median (IQR)		3000(4000)		4000(5000)		4000(4000)
Have other job besides sex work						
Yes	112	56.0	149	49.7	261	52.2
No	88	44.0	151	50.3	239	47.8
Types of job besides sex work*						
Wage laborer	48	42.9	31	20.8	79	30.3
Housemaid/Restaurant employee	17	15.2	36	24.2	53	20.3
Waitress	10	8.9	29	19.5	39	14.9
Business (retail store, fruit shop etc.)	13	11.6	7	4.7	20	7.7
Job (teacher, peon etc)	6	5.4	10	6.7	16	6.1
Knitting /Tailoring	6	5.4	10	6.7	16	6.1
Massage	1	.9	12	8.1	13	5.0
Dancer	4	3.6	9	6.0	13	5.0
Own restaurant/Bhatti pasal	6	5.4	5	3.4	11	4.2
Peer educator	1	0.9	0	0	1	0.4
Average weekly income from other sources besides sex work (NRs)						
≤100	2	1.8			2	.8
101-500	16	14.3	10	6.7	26	10.0
501-1000	23	20.5	31	20.8	54	20.7
1001-1500	18	16.1	29	19.5	47	18.0
1501-2000	10	8.9	21	14.1	31	11.9
2001 and above	43	38.4	58	38.9	101	38.7
Mean		2462		2664		2577
Median (IQR)		1500(2000)		1750(2000)		1700(2000)

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

Slightly more than half (52.2%) of the respondents had other jobs in addition to the sex work whereas remaining 47.8 percent had no alternative occupation other than sex work. Out of those 261 respondents who had additional jobs other than the sex work, 14.9 percent used to work as waiters, 20.3 percent were housemaid/ restaurant workers, 30.3 percent were daily wage workers, 4.2 percent had their own restaurant or Bhatti Pasal, 5 percent were Massage workers and another 5 percent were Dancers, 7.7 percent had their own business, 6.1 percent had tailoring and another equal proportion of FSWs were teachers/peons. Almost two- fifths (38.7%) of the respondents had weekly income more than 2,000 followed by 20.7 percent of them had 501-1,000 rupees from other sources than the sex work. One out of every ten respondents had average weekly income of 101-500 rupees from other sources of income and another 18 percent had 1,001-1,500 rupees income per week from other sources than the sex work. Average weekly income of each of the FSWs was NRs 2,577 from other sources of income, where establishment based FSWs NRs 2,664 had slightly higher income than that of street based FSWs NRs 2,462 (Table 5.6)

5.7 Knowledge of Condoms

HIV/AIDS awareness and prevention campaigns focus on promoting condom use by raising awareness and facilitating easy access to free condoms. Different types of information, education and communication (IEC) materials are distributed and awareness messages are aired through radio, television, and other media. Table 14 shows the distribution of respondents by the source of knowledge of condoms among the female sex workers.

Majority of the female sex workers had heard about the male condom from television (82%) followed by 78 percent had heard from radio. Other principal sources of information about male condom were Pharmacy (53.4%), Health post/Health center (44.6%), Hospital (49.2%), Health workers (49%), friends/neighbors (61.2%), NGOs (69.8%), Newspaper (35.2%), Street drama (9.6%), Cinema Hall (16.2%), Community event/trainings (25.6%), sign boards (16.8%) and comic book (10.2%).

Similarly, 52.6 percent of the respondents had heard about the female condom. Major sources of information about female condom were NGO staffs (52.9%) and friends (23.2%). Other sources of information were radio (5.7%), Television (6.5%), Pharmacy (2.3%), Health Post/Health center (3 %), Health workers (14.8%), Hospital (1.9%), Newspapers (3.8%), Community interaction (6.8%), Comic book (1.5%) and Community workers 5.3%). Only a few (6.5%) of the respondents had ever used female condom while at the time of sex. Out of 500 respondents, 55.8 percent of them opined that the condom is useful and 14.8 percent of them were did not know about the female condom.

Table 5.7 Sources of Knowledge of Condom among Female Sex Workers

Description	Street based		Establishment based		Total	
	N(200)	%(100)	N(300)	% (100)	N(500)	%(100)
Source of Knowledge*						
TV	162	81.0	248	82.7	410	82.0
Radio	155	77.5	235	78.3	390	78.0
GOs	136	68.0	213	71.0	349	69.8
Friends/Neighbors	116	58.0	190	63.3	306	61.2
Pharmacy	106	53.0	161	53.7	267	53.4
Hospital	105	52.5	141	47.0	246	49.2
Health Workers/Volunteers	100	50.0	145	48.3	245	49.0
Health Post/Health Center	94	47.0	129	43.0	223	44.6
Newspapers/Posters	61	30.5	115	38.3	176	35.2
Community Event/Training	58	29.0	70	23.3	128	25.6
Community Workers	51	25.5	60	20.0	111	22.2
Bill Board/Sign Board	29	14.5	55	18.3	84	16.8
Cinema Hall	36	18.0	45	15.0	81	16.2
Comic Book	19	9.5	32	10.7	51	10.2
Street Drama	21	10.5	27	9.0	48	9.6
Heard about female condom						
Yes	98	49.0	165	55.0	263	52.6
No	102	51.0	135	45.0	237	47.4
Source of information about female condom*						
NGO staff	50	51.0	89	53.9	139	52.9
Friends/Relatives/Neighbors	20	20.4	41	24.8	61	23.2
Health Workers/Volunteers	18	18.4	21	12.7	39	14.8
Community interaction/training	6	6.1	12	7.3	18	6.8
TV	4	4.1	13	7.9	17	6.5
Radio	5	5.1	10	6.1	15	5.7
Community Workers	9	9.2	5	3.0	14	5.3
Newspapers/Posters	2	2.0	8	4.8	10	3.8
Health Post/Health Center	4	4.1	4	2.4	8	3.0
Pharmacy	2	2.0	4	2.4	6	2.3
Hospital	4	4.1	1	.6	5	1.9
Comic Book			4	2.4	4	1.5
Ever used female condom						
Yes	9	9.2	8	4.8	17	6.5
No	89	90.8	157	95.2	246	93.5
Respondents consider female condoms as useful						
Yes	109	54.5	170	56.7	279	55.8
No	59	29.5	88	29.3	147	29.4
Don't know	32	16.0	42	14.0	74	14.8

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

5.8 Condom Use with Different Partners

The survey participants basically entertain three different types of sex partners: (i) paying partners, i.e., those who pay them in cash or buy gifts for sex (ii) non-paying regular partners, i.e. those who do not pay them for sex i.e. their husbands, boyfriends, and cohabiting male partners (iii) regular partners, i.e. those who visit them on a regular basis. In addition, some FSWs had other sex partners who were neither their clients nor regular partners, and they have been included in this survey as ‘other’ sex partners. The following sections describe their condom use patterns with these different sex partners.

Table 5.8 depicts the condom use practice of the respondents while at the time of sex with the current clients. More than four-fifths (83%) of the respondents had used condom at the time of sex with the recent clients. Out of those 415 respondents who used condom in the recent sexual activities, two-third (66.7%) of the respondents themselves had suggested to use condom while they have sex with their clients and remaining one-third had used condom as their partners have suggested to do so. A total of 70.6 percent respondents reported that they had used the condom in each of the sexual act, 17.2 percent reported that they had used condom in most of the times of sexual act and remaining others used condom sometimes (6.6%), rarely (2.4%) or 3.2 percent had never used the condom in the sexual acts during past year. About 83.2 percent of the respondents had sex with regular clients in the past one year. Out of those 416 respondents who had sex with their regular clients in the last one year, 72.8 percent of them had used condoms regularly, 13.2 percent had used condom in most of the times of sexual acts and 4.3 percent had never used the condom. Majority of the respondents (84.6%) had used condom at the time of sex with most recent regular clients and almost three-fourths (74.1%) of them had used the condom as per the suggestion of FSWs themselves.

Table 5.8 Condom Use with Clients and Regular Clients

Description	Street based		Establishment		Total	
	N	%	N	%	N	%
Use of condom with most recent client						
Yes	171	85.5	244	81.3	415	83.0
No	29	14.5	56	18.7	85	17.0
Total	200	100.0	300	100.0	500	100.0
Condom use suggested by						
Respondent	117	68.4	160	65.6	277	66.7
Sex partner	54	31.6	84	34.4	138	33.3
Total	171	100.0	244	100.0	415	100.0
Use of condom with the client in the past year						
Every time	134	67.0	219	73.0	353	70.6
Most of the time	38	19.0	48	16.0	86	17.2
Sometimes	16	8.0	17	5.7	33	6.6
Rarely	5	2.5	7	2.3	12	2.4
Never	7	3.5	9	3.0	16	3.2
Total	200	100.0	300	100.0	500	100.0
Had regular client in the past year						
Yes	164	82.0	252	84.0	416	83.2
No	36	18.0	48	16.0	84	16.8
Total	200	100.0	300	100.0	500	100.0
Use of condom with the regular clients in the past year						
Every time	111	67.7	192	76.2	303	72.8
Most of the time	27	16.5	28	11.1	55	13.2
Sometimes	14	8.5	14	5.6	28	6.7
Rarely	4	2.4	8	3.2	12	2.9
Never	8	4.9	10	4.0	18	4.3
Total	164	100.0	252	100.0	416	100.0
Use of condom with the most recent regular client						
Yes	135	82.3	217	86.1	352	84.6
No	29	17.7	35	13.9	64	15.4
Total	164	100.0	252	100.0	416	100.0
Condom use suggested by (regular clients)						
Respondent	102	75.6	159	73.3	261	74.1
Sex partner.	33	24.4	58	26.7	91	25.9
Total	135	100.0	217	100.0	352	100.0

Table 5.9 shows the condom use practice of the respondents while at the time of sexual indulgent with the non-paying regular clients. About 73.2 percent of the respondents had sex with non-paying regular partners in the recent past six months. Almost twenty eight percent (27.8%) of the respondents had used condom in every sexual contact with the non-paying regular partners in the past one year whereas 26.4 percent of them never used the

condom in last one year. In the meantime, 27.4 percent of the respondents had never had sex with the non- paid clients in the last one year. About seven percent of the respondents did not have sex with non- paying partner in the past one month while 45.9 percent of them kept sexual relation 2-5 times and 11.7 percent of them had kept sexual relation for more than 20 times in the past one month. More than half (53%) of the respondents had had sexual contact with non-paying partner without condom in the last sex and majority (74.4%) of those who used condom in the last sex had used the same in the request of FSWs themselves.

Table 5.9 Condom Use with Non-paying Regular Clients

Description	Street based		Establishment based		Total	
	N	%	N	%	N	%
Have sex with non-paying regular partners during past six month						
Yes	143	71.5	223	74.3	366	73.2
No	57	28.5	77	25.7	134	26.8
Total	200	100.0	300	100.0	500	100.0
Use of condom with non-paying regular partner in the past one year						
Every time	46	23.0	93	31.0	139	27.8
Most of the time	13	6.5	21	7.0	34	6.8
Sometimes	21	10.5	17	5.7	38	7.6
Rarely	13	6.5	7	2.3	20	4.0
Never	48	24.0	84	28.0	132	26.4
Did not have sex with non-paying partner within one year	59	29.5	78	26.0	137	27.4
Total	200	100.0	300	100.0	500	100.0
Frequency of sexual contact with the last non-paying regular sex partner in the past one month						
None	8	5.6	18	8.1	26	7.1
Once	13	9.1	20	9.0	33	9.0
2-5 times	60	42.0	108	48.4	168	45.9
6-9 times	14	9.8	26	11.7	40	10.9
10-19 times	25	17.5	31	13.9	56	15.3
20 or more times	23	16.1	20	9.0	43	11.7
Total	143	100.0	223	100.0	366	100.0
Used condom in the last sex with non-paying regular sex partner						
Yes	62	43.4	110	49.3	172	47.0
No	81	56.6	113	50.7	194	53.0
Total	143	100.0	223	100.0	366	100.0
Condom use suggested by						
Respondent	47	75.8	81	73.6	128	74.4
Sex partner.	15	24.2	29	26.4	44	25.6
Total	62	100.0	110	100.0	172	100.0

More than one fourth (27.8%) of the respondents had sexual contact with the partner other than client, husband and boyfriend. Out of those who had sexual contact 87 percent respondents used condom, where only 32 percent of the respondents were suggested by sex partner to use condom. Furthermore, 22 percent respondents did not have condom using

practice every time, whereas 4 percent of the respondents never used condom during sexual contact (Table 5.10).

Table 5.10 Condom use with Partners other than Client, Husband, Boyfriend

Description	Street based		Establishment based		Total	
	N	%	N	%	N	%
Have sexual contact with partner other than client, husband and male friend						
Yes	63	31.5	76	25.3	139	27.8
No	137	68.5	224	74.7	361	72.2
Total	200	100.0	300	100.0	500	100.0
Use of condom with partner other than client, husband and male friend in the last sex						
Yes	52	82.5	69	90.8	121	87.1
No	11	17.5	7	9.2	18	12.9
Total	63	100.0	76	100.0	139	100.0
Condom use suggested by						
Respondent	33	63.5	49	71.0	82	67.8
Sex partner	19	36.5	20	29.0	39	32.2
Total	52	100.0	69	100.0	121	100.0
Consistent use of condom with partner other than client, husband and male friend						
Every time	47	74.6	62	81.6	109	78.4
Most of the time	9	14.3	7	9.2	16	11.5
Sometimes	2	3.2	3	3.9	5	3.6
Rarely	3	4.8			3	2.2
Never	2	3.2	4	5.3	6	4.3
Total	63	100.0	76	100.0	139	100.0

5.9 Availability of Condoms

Table 5.11 describes the availability of condoms. Only 12.8 percent of the respondents reported that they used to carry condom. The majority (45.3%) of the respondents used to carry 3-5 condoms in a day. About one out of every ten (10.9%) respondents used to carry more than ten condoms whereas 9.4 percent of them had only one condom in a day. More than three-fifths (63.4%) of the respondents had easy access to avail condom as they have to avail it with the short time of 5 minutes and remaining others used to avail condom with a travel distance more than 6 minutes. Most of the respondents (68.8%) reported that they used to avail condom from pharmacy followed by clinics established by NGOs, Health workers (30.6%), Hospital (19.4%), Private clinics (14.4%) and 4.8 percent did not know the availability of condoms.

Table 5.11 Availability of Condoms

Description	Street based		Establishment based		Total	
	N	%	N	%	N	%
Carry condom usually						
Yes	31	15.5	33	11.0	64	12.8
No	169	84.5	267	89.0	436	87.2
Total	200	100.0	300	100.0	500	100.0
No. of condoms carried						
One	4	12.9	2	6.1	6	9.4
Two	4	12.9	5	15.2	9	14.1
Three-five	13	41.9	16	48.5	29	45.3
Six-ten	6	19.4	7	21.2	13	20.3
More than ten	4	12.9	3	9.1	7	10.9
Total	31	100.0	33	100.0	64	100.0
Time needed to obtain condoms from nearest place						
Up to 5 minutes	126	63.0	191	63.7	317	63.4
6-10 minutes	27	13.5	49	16.3	76	15.2
11-15 minutes	18	9.0	27	9.0	45	9.0
16-20 minutes	5	2.5	4	1.3	9	1.8
More than 20 minutes	17	8.5	21	7.0	38	7.6
Don't know	7	3.5	8	2.7	15	3.0
Total	200	100.0	300	100.0	500	100.0
Place where condom is available						
Health Post/ Health center	48	24.0	62	20.7	110	22.0
Pharmacy	137	68.5	207	69.0	344	68.8
General retail store (Kirana Pasal)	17	8.5	25	8.3	42	8.4
Private clinic	27	13.5	45	15.0	72	14.4
Paan shop	14	7.0	14	4.7	28	5.6
Hospital	43	21.5	54	18.0	97	19.4
NGOs clinic	56	28.0	111	37.0	167	33.4
Peer/Friends	9	4.5	19	6.3	28	5.6
NGO/health workers/volunteers	64	32.0	89	29.7	153	30.6
Hotel/Lodge	21	10.5	16	5.3	37	7.4
Client/Other sex partner	6	3.0	21	7.0	27	5.4
Massage parlor	1	.5	11	3.7	12	2.4
Bhatti pasal			2	.7	2	.4
Don't know	13	6.5	11	3.7	24	4.8
Total	200	*	300	*	500	*

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

5.10 Modes of Obtaining Condoms

Table 5.12 depicts the modes of obtaining of condoms from different sources. More than half (55.8%) of the respondents availed condoms on free of cost and 16.2 percent used to purchase while 22 percent obtained condoms by both ways i.e free of cost and purchase of

items. Out of those who availed the condoms free of cost, 64.3 had accessed from NGO/Health Workers/Volunteers and 21.3 percent from the clients of sex workers. Other places/sources for condom availability were health post/ health center, hospital, NGO's clinic, Bhatti Pasal, Community events, Private clinics and Hotel/Restaurants. Out of those respondents who obtained the condoms free of cost, majority (64%) opined that NGO/Health Workers/Volunteers are convenient to them to avail condoms followed by clients of sex workers (18.5%), and 15.7 percent were from health post. Almost seven out of every ten respondents had got the condom on free of cost in the past one year. Out of those who purchased condoms, cent percent of them had purchased condom from the pharmacy, additionally, respondents used other purchasing centers like Retail store, Private clinics, Pan Pasal and Hotel/Restaurants. The great majority (92.8%) of the respondents opined that the pharmacy is the most convenient place to purchase condom.

Table 5.12 Modes and Places for Obtaining Condoms

Description	Street based		Establishment based		N	Total %
	N	%	N	%		
Mode of obtaining condoms						
Always free of cost	105	52.5	174	58.0	279	55.8
Purchase	32	16.0	49	16.3	81	16.2
Obtain both ways	49	24.5	61	20.3	110	22.0
Condom never used	14	7.0	16	5.3	30	6.0
Total	200	100.0	300	100.0	500	100.0
Free condoms usually obtained from						
Health Post/Health Center	25	16.2	19	8.1	44	11.3
Hospital	8	5.2	13	5.5	21	5.4
NGOs clinics			4	1.7	4	1.0
Peers/Friends	34	22.1	26	11.1	60	15.4
Community events	10	6.5	15	6.4	25	6.4
NGO/Health Workers/Volunteers	97	63.0	153	65.1	250	64.3
Client/Other sex partner	19	12.3	64	27.2	83	21.3
Massage parlor	1	.6	9	3.8	10	2.6
Hotel/Lodge/Restaurant	7	4.5	6	2.6	13	3.3
Bhatti Pasal	1	.6	1	.4	2	.5
Total	154	100.0	235	100.0	389	100.0
Most convenient place to obtain free condom						
Health Post/Health Center	26	16.9	35	14.9	61	15.7
Hospital	11	7.1	24	10.2	35	9.0
NGOs clinics	1	.6	2	.9	3	.8
Peers/Friends	33	21.4	20	8.5	53	13.6
Community events	10	6.5	15	6.4	25	6.4
NGO/Health Workers/Volunteers	99	64.3	150	63.8	249	64.0
Client/Other sex partner	15	9.7	57	24.3	72	18.5
Massage parlor	1	.6	10	4.3	11	2.8

Hotel/Lodge/Restaurant	12	7.8	13	5.5	25	6.4
Bhatti Pasal	1	.6			1	.3
Clients			1	.4	1	.3
Total	154	100.0	235	100.0	389	100.0
Respondent was given condom in the past one year						
Yes-free	108	70.1	163	68.5	271	69.1
No	46	29.9	75	31.5	121	30.9
Total	154	100.0	238	100.0	392	100.0
Place of purchasing condom						
Pharmacy	81	100.0	110	100	191	100.0
General retail store	4	4.9	6	5.5	10	5.2
Private clinic	11	13.6	8	7.3	19	9.9
Pan pasal	3	3.7	4	3.6	7	3.7
Hotel/Lodge/Restaurant	2	2.5	4	3.6	6	3.1
Total	81	100.0	110	100.0	191	100.0
Most convenient place to purchase condom						
Pharmacy	74	90.2	107	94.7	181	92.8
General retail store	5	6.1	3	2.7	8	4.1
Private clinic	10	12.2	8	7.1	18	9.2
Pan shop	4	4.9	2	1.8	6	3.1
Hotel/Lodge/Restaurant	4	4.9	4	3.5	8	4.1
Total	82	100.0	113	100.0	195	100.0

5.11 Use of Alcohol and Drugs by FSWs and Clients

Table 5.13 shows the alcoholic and injecting habits of the respondents. As indicated, more than three-fifths of the respondents had ever had alcohol consumption in the past whereas 37.8 percent of reported that they had never consumed alcohol in the past one month. Out of those who had consumed alcohol in the recent past, 20.2 percent had consumed 2-3 times in a week followed by 17.0 percent had taken less than one time in a week. About 12.6 percent respondents had consumed alcohol every day in the past one month. Almost 3.6 percent of the respondents had ever tried to take or inject drugs in the past one month and 18.6 percent of them had heard about injecting drug users. Out of those respondents who were known about the drug users, 61.3 percent of them reported that IDUs were their neighbors followed by 21.5 percent were their friends, 7.5 percent were the clients of FSW and 6.5 percent were their relatives. Only 1.2 percent of the respondents were known that their sex partners are the IDUs. One percent of the respondents reported that they had exchanged the sex for money to buy the drugs and 0.8 percent had ever exchanged the sex and money to buy drugs.

Table 5.13 Use of Alcohol/Drugs by FSW and Knowledge of PWIDs among them

Description	Street based		Establishment based		Total	
	N	%	N	%	N	%
Consumption of alcohol in the past month						
Everyday	29	14.5	34	11.3	63	12.6
2-3 times a week	39	19.5	62	20.7	101	20.2
At least once a week	18	9.0	39	13.0	57	11.4
Less than once in a week	29	14.5	56	18.7	85	17.0
Never	83	41.5	106	35.3	189	37.8
Don't know	2	1.0	3	1.0	5	1.0
Total	200	100.0	300	100.0	500	100.0
Tried any types of drugs in the past month						
Yes	9	4.5	9	3.0	18	3.6
No	191	95.5	291	97.0	482	96.4
Total	200	100.0	300	100.0	500	100.0
Know injecting drug users (IDUs)						
Yes	43	21.5	50	16.7	93	18.6
No	157	78.5	250	83.3	407	81.4
Total	200	100.0	300	100.0	500	100.0
Relationship with known IDUs						
Client	3	7.0	4	8.0	7	7.5
Friend	8	18.6	12	24.0	20	21.5
Family			3	6.0	3	3.2
Relative	4	9.3	2	4.0	6	6.5
Neighbor	28	65.1	29	58.0	57	61.3
Total	43	100.0	50	100.0	93	100.0
Knowledge of sex partners being IDUs						
Yes	3	1.5	3	1.0	6	1.2
No	197	98.5	297	99.0	494	98.8
Total	200	100.0	300	100.0	500	100.0
Ever exchanged sex for drugs						
Yes	1	.5	4	1.3	5	1.0
No	199	99.5	296	98.7	495	99.0
Total	200	100.0	300	100.0	500	100.0
Ever exchanged sex for money to buy drugs						
Yes	1	.5	3	1.0	4	.8
No	199	99.5	297	99.0	496	99.2
Total	200	100.0	300	100.0	500	100.0

Table 5.14 explains about the injecting history and practice among female sex-workers. Only a few of the respondents (0.4%) had the history of injecting drug, where this practice was more prevalent amongst the street based FSWs when compared with the establishment based workers (0.3%). Out of those few respondents, there is no history of drug injection in past 12 months. One of the respondent in street based injected injection on age group 15-19

years whereas in 25-29 age groups had one respondent that in establishment based. Both the respondents started injecting injection 2 years ago.

Table 5.14 Injecting History and Practices among Female Sex Workers

Description	Street based		Establishment based		Total	
	N	%	N	%	N	%
Ever injected drugs						
Yes	1	.5	1	.3	2	.4
No	199	99.5	299	99.7	498	99.6
Total	200	100.0	300	100.0	500	100.0
Injected in past 12 months						
No	1	100.0	1	100.0	2	100.0
Total	1	100.0	1	100.0	2	100.0
Respondent age when she first injected drugs						
15-19	1	100.0			1	50.0
25-29			1	100.0	1	50.0
Total	1	100.0	1	100.0	2	100.0
Time when respondents started injecting drugs						
2 years	1	100.0	1	100.0	2	100.0
Total	1	100.0	1	100.0	2	100.0

CHAPTER 6: KNOWLEDGE OF STIs, HIV AND AIDS

HIV and AIDS awareness along with knowledge about STIs is crucial to reduce the risk of HIV transmission. This chapter deals with the level of knowledge among FSWs regarding STIs, HIV and AIDS.

6.1 Source of Knowledge of HIV and AIDS and Knowledge on Ways to Avoid HIV

Table 6.1 reveals that all most all (97%) of the respondents had heard about HIV and AIDS. Television (79.6%), Radio (77.7%) and people from NGOs (71.1%) were the major source of information among respondents. Similarly, nearly two thirds (64.5%) of the respondents heard about HIV from their friends/relatives followed by health workers (47.8%), work place (42.5%), pamphlets/posters (41.9%), community events/training (24.9%), community workers (22.3%), cinema hall (16.7%), bill board/ sign board (16.1%), comic book (11.1%) and street drama (10.5%) respectively.

Table 6.1 Heard of HIV and Comprehensive Knowledge on HIV

Description	Street based		Establishment based		Total	
	N	%	N	%	N	%
Had ever heard about HIV/AIDs						
Yes	189	94.5	296	98.7	485	97.0
No	11	5.5	4	1.3	15	3.0
Total	200	100.0	300	100.0	500	100.0
Source of Information						
Radio	150	79.4	227	76.7	377	77.7
Television	149	78.8	237	80.1	386	79.6
Newspapers/Magazines	51	27.0	131	44.3	182	37.5
Pamphlets/Posters	70	37.0	133	44.9	203	41.9
Health Workers	95	50.3	137	46.3	232	47.8
School/Teachers	40	21.2	79	26.7	119	24.5
Friends/Relatives	122	64.6	191	64.5	313	64.5
Work Place	87	46.0	119	40.2	206	42.5
People from NGO	136	72.0	209	70.6	345	71.1
Street drama	23	12.2	28	9.5	51	10.5
Cinema hall	37	19.6	44	14.9	81	16.7
Community Event/Training	62	32.8	59	19.9	121	24.9
Bill board/Sign board	27	14.3	51	17.2	78	16.1
Comic book	17	9.0	37	12.5	54	11.1
Community workers	47	24.9	61	20.6	108	22.3
Others	6	3.2	5	1.7	11	2.3
Total	200	*	300	*	500	*
Comprehensive knowledge on HIV						
A. Can protect themselves through abstinence from sexual contact	107	56.6	176	59.5	283	58.4

B. Can protect themselves through monogamous sexual	117	61.9	179	60.5	296	61.0
C. Can protect themselves through condom use every time during sex	124	65.6	208	70.3	332	68.5
D. A healthy looking person can be infected with HIV	144	76.2	224	75.7	368	75.9
E. A person can not get the HIV virus from mosquito bite	83	43.9	116	39.2	199	41.0
F. A person can not get HIV by sharing meal with an HIV infected persons	29	15.3	51	17.2	80	16.5
Knowledge of all the three: ABC	54	27.0	99	33.0	153	30.6
Knowledge of all the five: BCDEF	30	15.0	56	18.7	86	17.3
Total	200	*	300	*	500	*

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

Further analysis was done to identify comprehensive knowledge on HIV and AIDS among the respondents. Respondents had multiple choice on major ways to avoid HIV, 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 a condom during every sex act) as HIV preventive measures were 58.4 percent, 61 percent, and 68.5 percent, respectively. Overall, 30.6 percent of the respondents correctly identified all three A, B, and C as HIV preventive measures (Table 6.1).

Similarly, 75.9 percent of the respondents knew that D (a healthy looking person can be infected with HIV), 41 percent of them identified that E (a person can not get HIV from a mosquito bite), and 16.5 percent knew that F (A person can not get HIV by sharing meal with an HIV infected persons). Overall, only 17 percent of the respondents were aware of all the five major indicators i.e. BCDEF (Table 6.1).

6.2 Knowledge on Major Ways of Transmitting HIV

Further, the respondents were asked whether they knew any person infected with HIV or who had died of AIDS, regarding this 42.7 percent of the respondents did have knowledge about person died of HIV infection, which included 43.9 percent of the street-based and 41.9 percent of the establishment-based respondents. Among them, 15.5 percent of the total respondents had a close relatives and 31.9 percent had a close friend that was HIV positive or had died of AIDS. Comparatively, more of the street-based than establishment-based respondents had relatives (16.9% vs. 14.5%) and friends (43.4% vs 24.2%) living with or who had died of HIV and AIDS (Table 6.2).

The respondents were further asked about their understanding of different ways of HIV and AIDS transmission. Around 94.4 percent of the respondents reported that HIV could be transmitted through the transfusion of blood from an infected person to another and 93.6 percent of them perceived that HIV could be transmitted through the use of previously used needles/syringes. Similarly, in response to the question whether an infected pregnant

woman could transmit the virus to her unborn child, 82.3 percent replied affirmatively. Among those who said that an infected mother could transmit the virus to her unborn child, 47.6 percent said a pregnant woman could abort to protect her child from risk of HIV transmission while 24.6 percent mentioned that taking medication could minimize such risk (Table 6.2).

Table 6.2 Knowledge on Ways of Transmitting HIV and AIDS

Description	Street based		Establishment based		N	Total %
	N	%	N	%		
Know anyone who is infected with HIV or who died of AIDS						
Yes	83	43.9	124	41.9	207	42.7
No	106	56.1	172	58.1	278	57.3
Total	189	100.0	296	100.0	485	100.0
Relation with the person who is infected with HIV or has died of AIDS						
Close relative	14	16.9	18	14.5	32	15.5
Close friend	36	43.4	30	24.2	66	31.9
No relation	33	39.8	76	61.3	109	52.7
Total	83	100.0	124	100.0	207	100.0
Awareness on HIV/AIDS						
Blood transfusion from an infected person to other transmit HIV	180	95.2	278	93.9	458	94.4
A person can get HIV, by using previously used needle/syringe	177	93.7	277	93.6	454	93.6
Can not get HIV by holding an HIV infected person's hand?	25	13.2	50	16.9	75	15.5
A HIV positive woman can transmit the virus to her new-born child through breastfeeding	104	55.0	169	57.1	273	56.3
A HIV positive woman can transmit the virus to her un-born child	154	81.5	245	82.8	399	82.3
Total	200	*	300	*	500	*
Ways by which a pregnant woman can reduce the risk of transmission of HIV transmission						
Take Medication	42	27.3	56	22.9	98	24.6
Abort the child	72	46.8	118	48.2	190	47.6
Cannot do anything			3	1.2	3	.8
Don't know	40	26.0	68	27.8	108	27.1
Total	154	100.0	245	100.0	399	100.0

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

6.3 Perception of HIV Test

About 72 percent respondents opined that confidential HIV test places are available in the community. The proportion of sex workers who had ever tested themselves for HIV was 69.5 percent. The larger proportion of street based FSWs (73.5%) had ever gone through HIV testing than that of establishment based FSWs (66.9%). Among those who had ever tested HIV, around 93% had undergone the HIV test voluntarily while others had been required to test. Almost all of them (98.8%) had received their test result whereas 1.2 percent of them did not receive the results because they were sure of not being infected

(25%) and remaining (75%) did not feel the necessity of the results. The large majority (84%) of FSWs had their most recent HIV test within last 12 months before the survey and 98.2 percent of them had received the results of that test (Table 6.3).

Table 6.3 Perception on HIV Test

Description	Street based		Establishment based		Total	
	N	%	N	%	N	%
Confidential HIV test facility available in the community						
Yes	140	74.1	207	69.9	347	71.5
No	33	17.5	50	16.9	83	17.1
Don't know	16	8.5	39	13.2	55	11.3
Total	189	100.0	296	100.0	485	100.0
Knowledge for HIV testing						
Yes	156	82.5	228	77.0	384	79.2
No	29	15.3	62	20.9	91	18.8
Don't know	4	2.1	6	2.0	10	2.1
Total	189	100.0	296	100.0	485	100.0
Ever had an HIV test						
Yes	139	73.5	198	66.9	337	69.5
No	50	26.5	98	33.1	148	30.5
Total	189	100.0	296	100.0	485	100.0
Voluntarily underwent the HIV test or because it was required						
Voluntarily	132	95.0	182	91.9	314	93.2
Required	7	5.0	16	8.1	23	6.8
Total	139	100.0	198	100.0	337	100.0
Received HIV test result						
Yes	139	100.0	194	98.0	333	98.8
No			4	2.0	4	1.2
Total	139	100.0	198	100.0	337	100.0
Reason for not receive the test result						
Sure of not being infected			1	25.0	1	25.0
Felt unnecessary			3	75.0	3	75.0
Total			4	100.0	4	100.0
Most recent HIV test?						
Within last 12 months	117	84.2	166	83.8	283	84.0
Between 1-2 years	12	8.6	17	8.6	29	8.6
Between 2-4 years	6	4.3	10	5.1	16	4.7
More than 4 years ago	4	2.9	5	2.5	9	2.7
Total	139	100.0	198	100.0	337	100.0
Had received the results of last test						
Yes	138	99.3	193	97.5	331	98.2
No	1	.7	5	2.5	6	1.8
Total	139	100.0	198	100.0	337	100.0

6.4 Knowledge of STIs, Experienced Symptoms, and Treatment in the Past Year

The sex workers were asked about their knowledge of STI and asked whether they had experienced any STI symptoms in the past 12 months preceding the survey. In response to the question about their understanding of STI, 66 percent of them mentioned white discharge/discharge of Pus/Dhatu, nearly 54 percent said itching around vagina, 46.2 percent reported HIV and AIDS, 30.4 percent reported ulcer or sore around vagina, 28.9 percent of them replied lower abdominal pain and 25.8 percent said syphilis. The most of the symptoms experienced by the respondents in the last year were pain in the lower abdomen (28.8%), unusual heavy, foul vaginal discharge (26.4%) and itching in or around vagina (21.4%). Around 47 percent of the respondents had experienced at least one of the STI symptoms in the last 12 months before the survey (Table 6.4).

Table 6.4 Knowledge of STI, Symptoms Experienced in the Past Year and Treatment Sought

Description	Street based		Establishment based		Total	
	N	%	N	%	N	%
Understanding of STI						
White pus/dhatu flow discharge	134	67.0	196	65.3	330	66.0
Itching around vagina	103	51.5	166	55.3	269	53.8
Lower abdominal pain	59	29.5	85	28.3	144	28.8
Syphilis (Bhiringi)/gonorrhea	54	27.0	75	25.0	129	25.8
HIV/AIDS	100	50.0	131	43.7	231	46.2
Painful urination	11	5.5	27	9.0	38	7.6
Swelling of vagina	10	5.0	25	8.3	35	7.0
Pain in vagina	19	9.5	24	8.0	43	8.6
Unusual bleeding from vagina	13	6.5	5	1.7	18	3.6
Ulcer or sore around vagina	68	34.0	84	28.0	152	30.4
Fever	3	1.5	5	1.7	8	1.6
Burning during urination	13	6.5	13	4.3	26	5.2
Weight loss/ Get thinner			1	.3	1	.2
Don't know	23	11.5	38	12.7	61	12.2
Total	200	*	300	*	500	*
Types of STI symptoms experienced in the past year						
Pain in the lower abdomen	71	35.5	73	24.3	144	28.8
Pain during urination	35	17.5	47	15.7	82	16.4
Frequent urination	26	13.0	31	10.3	57	11.4
Pain during sex	38	19.0	55	18.3	93	18.6
Ulcer or sore in the genital area	23	11.5	29	9.7	52	10.4
Itching in or around the vagina	49	24.5	58	19.3	107	21.4
Vaginal odor or smell	37	18.5	48	16.0	85	17.0
Vaginal bleeding (unusual)	11	5.5	13	4.3	24	4.8
Unusual heavy, foul smelling vaginal discharge	58	29.0	74	24.7	132	26.4
Genital Warts	9	4.5	12	4.0	21	4.2
Symptoms of STI within one year	78	39.0	155	51.7	233	46.6

Total	200	*	300	*	500	*
Places visited for treatment of STI symptoms in the past year						
Step Nepal	21	27.6	22	23.7	43	25.4
CAC	12	15.8	9	9.7	21	12.4
Nari Chetana Samaj	12	15.8	11	11.8	23	13.6
Hospital**	35	46.1	45	48.4	80	47.3
Others	7	9.2	11	11.8	18	10.7
Total	76	*	93	*	169	*
Received counseling to avoid the problem from the place of treatment						
Yes	52	68.4	58	62.4	110	65.1
No	24	31.6	35	37.6	59	34.9
Total	76	100.0	93	100.0	169	100.0
Types of counseling received						
Told me to use condom	37	71.2	33	53.2	70	61.4
Told me to reduce number of sexual partners	13	25.0	22	35.5	35	30.7
Told me to take medicine regularly	37	71.2	43	69.4	80	70.2
Told me not to have sexual contact during medicine taking period	13	25.0	14	22.6	27	23.7
Advised me to come for regular check up	18	34.6	25	40.3	43	37.7
Total	52	*	62	*	114	*

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

** Maternity Hospital, Bir Hospita, Kist Medical College, Alka Hospital, Patan Hospital, Sukra Raj Tropical Hospital

Among those all who sought treatment only 33.8 percent sought treatment within year. The most visited places by sex workers for STI treatment was hospital (47%), STEP Nepal clinic (25.4%), Nari Chetana Samaj clinic (13.6%) and CAC (12.4%). Among those who sought treatment, 65.1 percent got counseled about avoiding the problem in the future from the place they sought treatment. They were mostly counseled to take medicine regularly (70.2%), to use condom regularly (61.4%), to come for regular checkup (37.7%), to reduce number of sexual partners (30.7%) and not to have sexual contact during the medicine taking period (23.7%) (Table 6.4).

6.5 Existing STI Symptoms and Treatment

The sex workers were further asked if they had been experiencing any STI symptoms at the time of the survey. Around 40 percent of FSWs had experienced at least one of the STI symptoms during the time of the survey (Table 6.5). The most of the symptoms reported by them were pain in the lower abdomen (20.6%), pain during sex (17.8%), foul smelling vaginal discharge (17.8%), itching in or around vagina (13.8%), pain during urination (13.2%) and vaginal odor or smell (11.8%). Among those who had experienced such symptoms, only 30 percent had sought medical treatment for any of these symptoms. Most of the respondents received treatment of such symptoms from Step Nepal clinic (40%), hospital (35%) and other different organizations' run clinics (11.7%). Forty percent of these respondents had waited 2-4 weeks to seek treatment, 31.7 percent had waited 5 or more weeks while 28.3% had sought treatment within one week (Table 6.5).

Table 6.5 Reported Existing STI Symptom/s and Treatment

Description	Street based		Establishment based		Total	
	N	%	N	%	N	%
Types of STI symptoms experienced currently						
Pain in the lower abdomen	55	27.5	48	16.0	103	20.6
Pain during urination	29	14.5	37	12.3	66	13.2
Frequent urination	19	9.5	23	7.7	42	8.4
Pain during sex	34	17.0	55	18.3	89	17.8
Ulcer or sore in the genital area	13	6.5	11	3.7	24	4.8
Itching in or around the vagina	30	15.0	39	13.0	69	13.8
Vaginal odor or smell	29	14.5	30	10.0	59	11.8
Vaginal bleeding (unusual)	10	5.0	11	3.7	21	4.2
Unusual heavy, foul smelling vaginal discharge	35	17.5	54	18.0	89	17.8
Genital warts	3	1.5	9	3.0	12	2.4
Any of the above symptoms	89	44.5	111	37.0	200	40.0
Total	200	*	300	*	500	*
Went for medical treatment for any of the symptoms						
Yes	22	24.7	38	34.2	60	30.0
No	67	75.3	73	65.8	140	47.0
Total	89	100.0	111	100.0	200.0	500.0
Respondent received treatment from						
Step Nepal	9	40.9	15	39.5	24	40.0
CAC	2	9.1	3	7.9	5	8.3
Nari Chetana Samaj	1	4.5	5	13.2	6	10.0
Hospital**	11	50.0	10	26.3	21	35.0
Others	1	4.5	6	15.8	7	11.7
Total	22	*	38	*	60	*
Duration, respondent waited to receive treatment after experiencing STI symptom						
Within a week	9	40.9	8	21.1	17	28.3
2-4 weeks	8	36.4	16	42.1	24	40.0
5 and more weeks	5	22.7	14	36.8	19	31.7
Total	22	100.0	38	100.0	60	100.0

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

*** Maternity Hospital, Bir Hospita, Kist Medical College, Alka Hospital, Patan Hospital, Sukra Raj Tropical Hospital.*

CHAPTER 7: Exposure to STIs, HIV and AIDS Awareness Programs

This chapter discusses and explores the exposure to STIs, HIV and AIDS and among respondents on the ongoing HIV and AIDS awareness programs and their participation in those activities. The respondents in the survey were asked several questions relating to some of the most important components of current HIV and AIDS related programs run by several organizations. Information provided by them has been analyzed in this section.

7.1 Peer/Outreach Education

STI, HIV and AIDS awareness intervention program through outreach and peer educators (OEs and PEs) is one of the most popular interventions. OEs and PEs mobilization to educate the target most risk key population on STI, HIV and AIDS is a vital preventive measure. Most of the respondents (71.4%) had met or interacted with PEs/OEs in the last 12 months before the survey. The respondents were further asked about the activities involved in their meeting with OEs/PEs. Around 71 percent of FSWs replied that their meetings/discussions were focused on HIV and AIDS transmission, 61 percent stated regular/irregular condom use, 59 percent replied STI transmission and 38.7 percent said they even had a condom-use demonstration. The respondents had mostly met OE/PEs from STEP Nepal (36%), CAC (9%) and Nari Chetana (6.5%). Among those who had visited PEs/OEs in the last 12 months 48.3 percent had also visited them seven times or more.

Table 7.1 Meeting/Interaction of FSW with Peer/Outreach Educators

Description	Street based		Establishment based		Total	
	N	%	N	%	N	%
Met or discussed or interacted with peer educators (PE) or outreach educators (OE) in the last 12 months						
Yes	148	74.0	206	69.6	354	71.4
No	50	25.0	90	30.4	140	28.2
No response	2	1.0			2	0.4
Total	200	100.0	296	100.0	496	100.0
Activities involved in with OEs/PEs*						
Discussion on how HIV and AIDS is/isn't transmitted	108	73.0	144	69.9	252	71.2
Regular/non-regular use of condom	92	62.2	124	60.2	216	61.0
Discussion on how STI is/isn't transmitted	89	60.1	119	57.8	208	58.8
Demonstration on using condom correctly	56	37.8	81	39.3	137	38.7
STI treatment/cure after treatment	6	4.1	17	8.3	23	6.5
Counseling on reducing number of sex partner	1	.7	5	2.4	6	1.7
Training on HIV and STI, Condom day, AIDS day, participation in discussions and interaction programs	2	1.4	1	.5	3	0.8
Don't know	1	.7	3	1.5	4	1.1
Total	148	*	206	*	354	*
Organizations represented by OEs/PEs						
Hospital Recommended (Staff)**	68	45.9	76	36.9	144	40.7

Step Nepal	42	28.4	86	41.7	128	36.2
CAC	20	13.5	12	5.8	32	9.0
Nari Chetana Samaj	10	6.8	13	6.3	23	6.5
Jagriti Mahila Mahasang	7	4.7	15	7.3	22	6.2
Namuna	4	2.7	3	1.5	7	2.0
Kriyasil Mahila	6	4.1	5	2.4	11	3.1
Others	3	2.0	3	1.5	6	1.7
Total	148		206		354	
Number of meeting with OEs/PEs in the past year						
Once	20	13.5	18	8.7	38	10.7
2-3 times	32	21.6	41	19.9	73	20.6
4-6 times	29	19.6	43	20.9	72	20.3
7-12 times	26	17.6	22	10.7	48	13.6
More than 12 times	41	27.7	82	39.8	123	34.7
Total	148	100.0	206	100.0	354	100.0

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

7.2 Drop-in-Centers Visiting Practice

Drop-in-Centers (DICs) are another vital component of HIV prevention programs. The DICs not only provide a safe space for the target communities to socialize but also facilitate the site for educational and counseling activities. It was reported that 54.6 percent of FSWs had visited DICs in the year preceding the survey. Street-based FSWs (56%) were more likely to visit DICs than their counterpart establishment based FSWs (53.7%) in the past year. The female sex workers had mostly visited DICs to learn the correct way of using a condom (43.6%), to participate in discussions on HIV transmission (41.4%), to collect condoms (30.4%), to participate in discussions on STI transmission (27.8%), to watch films on HIV and AIDS (27.5%). Similarly, 14.7 percent of FSWs had visited DICs for HIV test whereas 13.2 percent for STI treatment. Most of the respondents (53.5%) had not known about the organization that runs DIC visited by them. The proportion of FSWs who had visited DICs run by Step Nepal was 32 percent, CAC 7 percent, and Nari Chetana 5 percent. Among those who visited DICs, almost 75 percent had visited more than once in the last year before the survey.

Table 7.2 DIC Visiting Practice of Female Sex Workers

Description	Street based		Establishment based		Total	
	N	%	N	%	N	%
Drop in Center (DIC) visit in the last year						
Yes	112	56.0	161	53.7	273	54.6
No	88	44.0	139	46.3	227	45.4
Total	200	100.0	300	100.0	500	100.0
Activities involved at DIC*						
Went to collect condoms	31	27.7	52	32.3	83	30.4
Went to learn the correct way of using condom	48	42.9	71	44.1	119	43.6
Went to watch film on HIV/AIDS	23	20.5	52	32.3	75	27.5
Participated in discussion on HIV transmission	53	47.3	60	37.3	113	41.4
Participated in discussion on STI transmission	38	33.9	38	23.6	76	27.8
Participated in training, interaction and discussion programs on STI, HIV and AIDS	15	13.4	27	16.8	42	15.4
Went to collect IEC materials	2	1.8	2	1.2	4	1.5
Went for STI treatment	10	8.9	26	16.1	36	13.2
Took friend with me			5	3.1	5	1.8
For HIV test	18	16.1	22	13.7	40	14.7
Total	112	*	161	*	273	*
Name of organization that run DIC visited by them						
Step Nepal	24	21.4	62	38.5	86	31.5
CAC	13	11.6	7	4.3	20	7.3
Nari Chetana	5	4.5	8	5.0	13	4.8
Others	4	3.6	7	4.4	11	4.0
Don't Know	68	60.7	78	48.4	146	53.5
Total	112	100.0	161	100.0	273	100.0
Number of visited to the DICs in the last year						
Once	29	25.9	35	21.7	64	23.4
2-3 times	33	29.5	35	21.7	68	24.9
4-6 times	24	21.4	32	19.9	56	20.5
7-12 times	13	11.6	13	8.1	26	9.5
More than 12 times	13	11.6	46	28.6	59	21.6
Total	112	100.0	161	100.0	273	100.0

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

7.3 STI Clinic Visiting Practices

The STI clinics are being run by different organizations in Kathmandu Valley for the prompt detection and treatment of STIs preventing numerous health hazards. The respondents were asked whether they had visited any STI clinics in a year preceding the survey. Regarding this, around 27 percent of respondents had visited STI clinic in the past year. Most of the FSWs (84%) visited STI clinics for having their blood tested for STI followed by physical examination conducted for identifying STI (49%). Additionally, 39.6 percent of FSWs were advised to use condom in each sexual intercourse and 18.7 percent

of them were advised to take complete and regular medicine. More than half (56%) of the respondents visited hospital to treat their STI problems. Among those who had visited STI clinics, almost 71 percent had visited STI clinics more than once (Table 7.3).

Table 7.3 STI Clinic Visiting Practice of Female Sex Workers

Description	Street based		Establishment based		Total	
	N	%	N	%	N	%
Visited any STI clinic in the last year						
Yes	56	28.0	78	26.0	134	26.8
No	144	72.0	222	74.0	366	73.2
Total	200	100.0	300	100.0	500	100.0
Activities involved at STI Clinic						
Blood tested for STI	48	85.7	64	82.1	112	83.6
Physical examination conducted for STI identification	21	37.5	44	56.4	65	48.5
Was advised to use condom in each sexual intercourse	25	44.6	28	35.9	53	39.6
Was advised to take complete and regular medicine	8	14.3	17	21.8	25	18.7
Was suggested to reduce number of sexual partners	2	3.6	3	3.8	5	3.7
Took friend with me			3	3.8	3	2.2
Total	56	*	78	*	134	*
Name of organization that run STI clinic visited by them						
Step Nepal	18	32.1	23	29.5	41	30.6
CAC	6	10.7	3	3.8	9	6.7
Nari Chetana	3	5.4	10	12.8	13	9.7
Hospital Recommended **	32	57.1	43	55.1	75	56.0
Total	56	100.0	78	100.0	134	100.0
Number of visits to STI clinic in the last year						
Once	14	25.0	25	32.1	39	29.1
2-3 times	24	42.9	27	34.6	51	38.1
4-6 times	8	14.3	11	14.1	19	14.2
7-12 times	4	7.1	3	3.8	7	5.2
More than 12 times	6	10.7	12	15.4	18	13.4
Total	56	100.0	78	100.0	134	100.0

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

*** Maternity Hospital, Bir Hospital, Kist Medical College, Alka Hospital, Patan Hospital, Sukra Raj Tropical Hospital*

7.4 HTC Centers Visiting Practice

In response to the question on whether they had visited any HIV testing and counselling (HTC) centers in the past year, 24.4 percent of FSWs reported that they had visited HTC in the year preceding the survey. The street based FSWs (32.5%) were more likely to visit HTC than those of establishment based FSWs (19%) in last 12 months. Among those who had visited HTC, 53.3 percent had blood sample drawn for HIV and AIDS test, 51.6

percent had received pre HIV test counseling, and 49.2 percent had received post HIV test counseling. Similarly, 32.8 percent received counseling on using condom correctly in each sexual intercourse and around 28 percent received test result at HTC. Most of the FSWs visited HTC centers run by Step Nepal (17.19.7%) followed by hospital 9 percent including Maternity Hospital, Thapathali (Table 7.4).

The FSWs who had reported for not visiting HTC centers in the last 12 months were asked about the reasons behind not making such visits. Around 76 percent of respondents reported that they do not know about HTC center whereas 10.1 percent of them do not think they need to be tested. However, a large number of (77.6%) respondents reported that they had never been approached and engaged in a discussion by the health/outreach workers (Table 7.4)

Table 7.4 HTC Visiting Practice of Female Sex Workers

Description	Street based		Establishment based		Total	
	N	%	N	%	N	%
Visited HTC in the last year						
Yes	65	32.5	57	19.0	122	24.4
No	135	67.5	243	81.0	378	75.6
Total	200	100.0	300	100.0	500	100.0
Activities involved in at HTC						
Received pre-HIV/AIDS test counseling	32	49.2	31	54.4	63	51.6
Blood sample taken for HIV/AIDS test	41	63.1	24	42.1	65	53.3
Received post HIV/AIDS test counseling	34	52.3	26	45.6	60	49.2
Got information on HIV/AIDS window period	5	7.7	10	17.5	15	12.3
Received HIV/AIDS test result	19	29.2	15	26.3	34	27.9
Received counseling on using condom correctly in each sexual intercourse	21	32.3	19	33.3	40	32.8
Took a friend with me			1	1.8	1	.8
Total	65	*	57	*	122	*
Name of organization that run HTCs visited by them						
Step Nepal	7	10.8	17	29.8	24	19.7
CAC	5	7.7	2	3.5	7	5.7
Nari Chetana Samaj	1	1.5	7	12.3	8	6.6
Reported (Hospital**)	6	9.2	5	8.8	11	9.0
Don't Know	46	70.8	28	49.1	74	60.7
Total	65	100.0	57	100.0	122	100.0
Number of visits HTC in the last year						
Once	21	32.3	24	42.1	45	36.9
2-3 times	31	47.7	17	29.8	48	39.3
4-6 times	8	12.3	6	10.5	14	11.5
7-12 times	3	4.6	4	7.0	7	5.7
More than 12 times	2	3.1	6	10.5	8	6.6
Total	65	100.0	57	100.0	122	100.0

Reason for not visiting HTC in the last year						
Do not know about HTC center	101	74.8	186	76.5	287	75.9
I do not think I need to be tested	13	9.6	25	10.3	38	10.1
I have no symptoms of HIV	2	1.5	2	.8	4	1.1
No HTC near by	2	1.5	5	2.1	7	1.9
I have already tested and know my status			1	.4	1	.3
Fear that family members/friends/clients will know it			3	1.2	3	.8
Don't know	21	15.6	26	10.7	47	12.4
Total	135	100.0	243	100.0	378	100.0
Approached and explained about need of HTC by health workers/ outreach workers						
Yes	59	29.5	53	17.7	112	22.4
No	141	70.5	247	82.3	388	77.6
Total	200	100.0	300	100.0	500	100.0
Topics discussed by the health/outreach workers						
Topic related sex partners	14	23.7	25	47.2	39	34.8
Visit HTC in case of any problems	50	84.7	42	79.2	92	82.1
Visit HTC once in a month in any case	25	42.4	33	62.3	58	51.8
Total	59		53		112	100.0

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

*** Maternity Hospital, Bir Hospital, Kist Medical College, Alka Hospital, Patan Hospital, Sukra Raj Tropical Hospital.*

The respondents were further asked whether respondents had ever been approached and explained about the need of a HTC by health service provider or outreach workers during HTC visiting. It was found that 22.4 percent of the respondents had been approached by health/outreach workers to explain to them about the need of HTCs. These health/outreach workers had told them to visit a HTC center in case of any problems (82.1%), and to visit a HTC center at least once a month (51.8%). Some had also talked to them about their sex partners (34.8%). (Table 7.4).

7.5 Knowledge about PMTCT

Almost equal percent of street based and establishment based FSWs (around 13%) had heard about prevention of mother to child transmission services (PMTCT) for pregnant women. Among those who had heard about PMTCT, 45.5 percent of them had known the sites from where they can get PMTCT services. The most repeatedly taken name of organization that provide PMTCT services was hospital (60%) including Maternity Hospital Thapathali followed by STEP Nepal (16.7%) (Table 7.5).

Table 7.5 Knowledge about PMTCT

Description	Street based		Establishment based		Total	
	N	%	N	%	N	%
Heard about PMTCT						
Yes	26	13.0	40	13.3	66	13.2
No	111	55.5	163	54.3	274	54.8
Don't know	63	31.5	97	32.3	160	32.0
Total	200	100.0	300	100.0	500	100.0
Knowledge about PMTCT services						
Yes	11	42.3	19	47.5	30	45.5
No	11	42.3	13	32.5	24	36.4
Don't know	4	15.4	8	20.0	12	18.2
Total	26	100.0	40	100.0	66	100.0
Name of organization that provide PMTCT services						
Hospital**	9	71.8	14	73.7	23	76.7
Don't Know	2	18.2	5	26.3	7	23.3
Total	11	100.0	19	100.0	30	100.0

** Maternity Hospital, Bir Hospital,

7.6 Knowledge about ART

It was reported that 25 percent of FSWs had heard about Anti-Retroviral Therapy (ART) services for HIV positive individuals. The establishment based FSWs (26%) were more likely to hear about the ART services than that of street based FSWs (23.5%). In response to the question on whether they had known about the place from where they can get ART services, almost similar percentage of street based (44.7%) and establishment based FSWs (46.2%) were informed about the place from where they can get ART services. The most frequently repeated name of organization that provides ART Services was Hospital (56.7) including Sukra Raj Tropical Hospital and Maternity Hospital, where the respondents reported that the clinic run by Step Nepal (21.7%) Followed by CAC (16.7%) and Nari Chetana Samaj (13.3%) (Table 7.6).

Table 7.6 Knowledge about ART

Description	Street based		Establishment based		Total	
	N	%	N	%	N	%
Heard ART services						
Yes	47	23.5	78	26.0	125	25.0
No	133	66.5	175	58.3	308	61.6
Don't know	20	10.0	47	15.7	67	13.4
Total	200	100.0	300	100.0	500	100.0
Knowledge about ART services						
Yes	21	44.7	36	46.2	57	45.6
No	18	38.3	28	35.9	46	36.8
Don't know	8	17.0	14	17.9	22	17.6
Total	47	100.0	78	100.0	125	100.0
Name of organization that provide ART services						
Hospital**	15	65.2	19	51.4	34	56.7
Don't Know	6	34.8	15	49.6	23	43.3
Total	21	100.0	36	100.0	57	100.0

** *Maternity Hospital, Bir Hospital*

7.7 Knowledge about Viral Load Testing Service

The proportion of respondents who had heard about the viral load testing services for HIV positive individuals (7.8%). Among those who had heard about the viral load testing services for HIV positive individuals, slightly more than half (53.8%) of the respondents had known where HIV positive individuals could get viral load testing services. The viral load testing services are being provided by various organizations in Kathmandu Valley. Among the FSWs who had known where HIV positive individuals could get viral load testing services, 57 percent of the respondents reported the hospital including Maternity Hospital and Sukra Raj Tropical Hospital, hospital recommended to the NPHL to test viral load testing (Table 7.7).

Table 7.7 Knowledge about Viral Load Testing and CHBC

Description	Street based		Establishment based		Total	
	N	%	N	%	N	%
Heard of viral load testing services for HIV positive individuals						
Yes	13	6.5	26	8.7	39	7.8
No	163	81.5	221	73.7	384	76.8
Don't know	24	12.0	53	17.7	77	15.4
Total	200	100.0	300	100.0	500	100.0
Knowledge about viral load testing services for the individuals						
Yes	8	61.5	13	50.0	21	53.8
No	3	23.1	7	26.9	10	25.6
Don't know	2	15.4	6	23.1	8	20.5
Total	13	100.0	26	100.0	39	100.0
Name of organization that provide viral load testing service (Recommended to NPHL)						
Step Nepal			2	15.4	2	9.5
CAC			1	7.7	1	4.8
Nari Chetana Samaj	2	25.0	3	23.1	5	23.8
Hospital **	6	75.0	6	46.2	12	57.1
Don't know			2	15.4	2	9.5
Total	8		13		21	100.0
Heard of any CHBC services for HIV Positive people						
Yes	36	18.0	54	18.0	90	18.0
No	123	61.5	184	61.3	307	61.4
Don't know	41	20.5	62	20.7	103	20.6
Total	8	100.0	13	100.0	21	100.0

** Maternity Hospital, Bir Hospital

Table 7.7 further shows the percentage of the respondents who had heard about any Community Home Based Care (CHBC) services that are provided for HIV positive people. Eighteen percent of street based and establishment based FSWs had heard about such services whereas around 61 had not heard about CHBC services.

7.8 Stigma and Discrimination

The abuses and hatred directed towards PLHIV are quite often in society. The respondent's perceptions on stigma associated with the disease and the discrimination towards PLHIV was assessed in this survey. It was reported that 83.6 percent of FSWs were willing to take care of any of their HIV infected male relatives whereas 86.4 percent were willing to take care of their HIV infected female relatives at their home if necessary. The establishment based FSWs were more likely to have will to take care of their HIV infected male and female relatives (86.3% & 89% respectively) than that of street based FSWs (79.5% & 82.5% respectively). However, 65.6 percent of respondents reported that if a family member of them had HIV they would want it to remain a secret. The majority of respondents (88%) reported that they would buy food from shopkeeper if they knew he/she had HIV. Nearly, 54 percent of respondents thought that a person with HIV should get the more health care than someone with any other chronic disease. Around, 63 percent of respondents think one of their colleagues if infected with HIV should be allowed to

continue working. In response to the question on whether children living with HIV should be able to attend school with children who are HIV negative, most of the respondents (84%) replied they should be able to attend together (Table 7.8).

Table 7.8 Stigma and Discrimination

Description	Street based		Establishment based		Total	
	N	%	N	%	N	%
Willing to take care of HIV positive male relatives in the household						
Yes	159	79.5	259	86.3	418	83.6
No	33	16.5	35	11.7	68	13.6
Don't know	8	4.0	6	2.0	14	2.8
Total	200	100.0	300	100.0	500	100.0
Willing to take care of HIV positive female relatives in the household						
Yes	165	82.5	267	89.0	432	86.4
No	27	13.5	28	9.3	55	11.0
Don't know	8	4.0	5	1.7	13	2.6
Total	200	100.0	300	100.0	500	100.0
Willing to maintain confidentiality of a HIV positive family member						
Yes	129	64.5	199	66.3	328	65.6
No	60	30.0	96	32.0	156	31.2
Don't know	11	5.5	5	1.7	16	3.2
Total	200	100.0	300	100.0	500	100.0
Willing to by good from HIV infected Shopkeeper						
Yes	167	83.5	273	91.0	440	88.0
No	31	15.5	27	9.0	58	11.6
Don't know	2	1.0			2	.4
Total	200	100.0	300	100.0	500	100.0
Thinking a person with HIV should have same care with any other chronic disease						
Same	71	35.5	113	37.7	184	36.8
More	104	52.0	165	55.0	269	53.8
Less	10	5.0	14	4.7	24	4.8
Don't know	13	6.5	8	2.7	21	4.2
No response	2	1.0			2	.4
Total	200	100.0	300	100.0	500	100.0
Thinking a colleague should be allowed to continue working						
Yes	120	60.0	197	65.7	317	63.4
No	69	34.5	97	32.3	166	33.2
Don't know	11	5.5	6	2.0	17	3.4
Total	200	100.0	300	100.0	500	100.0
Thinking children living with HIV should be able to attend school with other children						
Yes	162	81.0	258	86.0	420	84.0
No	31	15.5	39	13.0	70	14.0
Don't know	7	3.5	3	1.0	10	2.0
Total	200	100.0	300	100.0	500	100.0

CHAPTER 8: VIOLENCE

This chapter discusses and explores the different kinds of violence experienced by female sex workers. The violence related questionnaires were added in this round of IBBS survey to assess whether the respondents had experienced any sort of emotional, physical and sexual violence ever or in the past month preceding the survey from their clients. This information was not collected in the previous rounds of IBBS surveys. The respondents in the survey were asked several questions relating to violence perpetuated by different group of clients including police personnel. Information provided by them has been analyzed in this chapter. Experiences of at least one kind of violence perpetuated by each of the groups of clients has been presented in this section and the table details are mentioned in the annexes.

8.1 Violence Experienced

It was reported that 25.6 percent of FSWs had ever experienced at least-one form of emotional violence by their clients. Similarly, the respondents were asked about the emotional violence experienced in last one month in which 21.2 percent of them had experienced such violence in last month preceding the survey (Table 8.1).

Table 8.1 Emotional, Physical and Sexual Violence by Clients

Description	Street based		Establishment based		Total	
	N(200)	%	N(300)	%	N(500)	%
Emotional violence*						
At least one emotional violence-ever experienced	74	37.0	54	18.0	128	25.6
At least one emotional violence-in the past month	62	31.0	44	14.7	106	21.2
Physical violence*						
At least one physical violence-ever experienced	33	16.5	11	3.7	44	8.8
At least one physical violence-in the past month	25	12.5	9	3.0	34	6.8
Sexual violence*						
At least one sexual violence ever experienced	49	24.5	29	9.7	78	15.6
At least one sexual violence-in the past month	39	19.5	19	6.3	58	11.6

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

Almost nine percent of FSWs had ever experienced of at least one of the physical violence. The street based FSWs (16.5%) were more likely to have experienced physical violence than that of establishment based FSWs (3.7%). There were 6.8 percent of FSWs who had experienced at least one physical violence in last one month preceding the survey (Table 8.1).

The respondents were further asked whether they had ever faced any sexual violence. In response to this question, 15.6 percent of FSWs reported that they had ever experienced at least one sexual violence by their clients. Additionally, the respondents were also asked whether they had faced any sexual violence in last one month before the survey (see Annex 2, Table 8.1).

8.2 Violence by Regular Clients

It was reported that 13 percent of FSWs had ever experienced at least-one emotional violence by their regular clients. Similarly, the respondents were asked about the emotional violence experienced in last one month in which 10 percent of them had experienced such violence in last month preceding the survey. The proportion of the street based FSWs experiencing at least one emotional violence (14%) in last one month was twice as than that of the establishment based FSWs (7.3%) (Annex 2, Table 8.2).

Out of all 500 FSWs, 3.4 percent of the FSWs had ever experienced at least one form of physical violence and this exposure was higher among the street based respondents (6.0%) than that of establishment based respondents (1.7%). Comparatively, higher proportions of the street based FSWs had ever experienced all kinds of physical violence more than those establishment based FSWs. Contrastingly, none of the respondents had experienced any kind of physical violence from their regular clients in the past one month.

Table 8.2 Emotional, Physical and Sexual Violence by Regular clients

Description	Street based		Establishment based		Total	
	N(200)	%	N(300)	%	N(500)	%
Emotional violence*						
At least one emotional violence-Ever experienced	38	19.0	27	9.0	65	13.0
At least one emotional violence-in the past month	28	14.0	22	7.3	50	10.0
Physical violence*						
At least one physical violence-Ever experienced	12	6.0	5	1.7	17	3.4
Sexual violence*						
At least one sexual violence ever experienced	25	12.5	13	4.3	38	7.6
At least one sexual violence-in the past month	18	9.0	11	3.7	29	5.8

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

A total of 38 (7.6%) respondents had ever experienced at least one form of sexual violence. Experience of sexual violence was more frequent among street based FSWs (12.5%) when compared with the establishment based FSWs (4.3%) (Table 8.2).

8.3 Violence by Nonpaying Clients (Husband or Boyfriends)

In the meantime, 15.4 percent of respondents had ever experienced at least one emotional violence from their non-paying clients and this experience was considerably higher among the street based FSWs (24.0%) than the establishment based FSWs (9.7%). More than one out of every ten respondents (11.4%) had experienced at least one kind of emotional violence from their non-paying clients in the past one month. This exposure in the past one month was noticeably higher among street based FSWs (18.0%) than the establishment based FSWs (7.0%) (Table 8.3).

About 8.6 percent of the respondents had ever experienced at least one kind of physical violence from their non-paying clients which was noticeably high among street based

FSWs (15.5%) when compared with the establishment based FSWs (4.0%). In regards to the physical violence done by the non-paying clients of the FSWs in the past one month, almost eight percent of the respondents had experienced physical violence at least once in the last one month (Table 8.3).

Table 8.3 Emotional, Physical and Sexual Violence by Non-paying Clients (Husband and Boyfriend)

Description	Street based		Establishment based		Total	
	N(200)	%	N(300)	%	N(500)	%
Emotional violence*						
At least one emotional violence-Ever experienced	48	24.0	29	9.7	77	15.4
At least one emotional violence-in the past month	36	18.0	21	7.0	57	11.4
Physical violence*						
At least one physical violence-Ever experienced	31	15.5	12	4.0	43	8.6
At least one physical violence-in the past month	23	11.5	6	2.0	29	5.8
Sexual violence*						
At least one sexual violence ever experienced	32	16.0	20	6.7	52	10.4
At least one sexual violence-in the past month	25	12.5	13	4.3	38	7.6

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

8.4 Violence by Other than Clients (Husband or Boyfriends Living Together)

Four percent of the respondents had ever faced at least one emotional violence from other than clients, husbands and male friends living together. Experience of such emotional violence was more prevalent among street based FSWs (7.0%) than the establishment based FSWs (2.0%). In regards to the emotional violence faced by the FSWs in the past one month, four percent of the respondents had faced at least one emotional violence in the past one month and this experience was higher among the street based FSWs (6.5%) when compared with establishment based FSWs (2.3%) (Table 8.4).

Table 8.4 Emotional, Physical and Sexual Violence by Other than Clients (Husband and Boyfriend Living Together)

Description	Street based		Establishment based		Total	
	N(200)	%	N(300)	%	N(500)	%
Emotional violence*						
At least one emotional violence-Ever experienced	14	7.0	6	2.0	20	4.0
At least one emotional violence-in the past month	13	6.5	7	2.3	20	4.0
Physical violence*						
At least one physical violence-Ever experienced	15	7.5	4	1.3	19	3.8
Sexual violence*						
At least one sexual violence ever experienced	14	7.0	7	2.3	21	4.2
At least one sexual violence-in the past month	11	5.5	5	1.7	16	3.2

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

Nearly four percent of the respondents had ever experienced at least one physical violence from the personnel other than clients, husband, and boyfriends living together and such

experience was more frequently reported among street based FSWs (7.5%) than the establishment based FSWs (1.3%). A total of 3.2 percent of the respondents had experienced at least one kind of sexual violence in the past one month and this experience was more frequently reported among street based FSWs (5.5%) when compared with the 1.7 percent of the establishment based FSWs (Table 8.4).

8.5 Violence by Police Personnel

Overall 9 percent of the respondents had ever experienced at least one kind of emotional violence from the police personnel and this experience is considerably higher (15.5%) among street based FSWs than the establishment based FSWs (4.3%). Similarly, altogether, 7.0 percent of the FSWs had experienced at least one kind of emotional violence from the police personnel in the past one month and this experience was considerably higher among street based FSWs (12.0%) than the establishment based FSWs (3.7%) (Table 8.5).

Table 8.5 Emotional, Physical and Sexual Violence by Police Personnel

Description	Street based		Establishment based		Total	
	N(200)	%	N(300)	%	N(500)	%
Emotional violence*						
At least one emotional violence-Ever experienced	31	15.5	13	4.3	44	8.8
At least one emotional violence-in the past month	24	12.0	11	3.7	35	7.0
Physical violence*						
At least one physical violence-Ever experienced	15	7.5	4	1.3	19	3.8
Sexual violence*						
At least one sexual violence ever experienced	15	7.5	4	1.3	19	3.8
At least one sexual violence-in the past month	13	6.5	4	1.3	17	3.4

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

In total, 3.8 percent of the respondents had ever had experienced at least one type of physical violence and the experience of physical violence was more frequent among street based FSWs (7.5%) than the establishment based FSWs (1.3%). In total, 3.8 percent of the respondents had ever experienced sexual violence at least once from the police personnel and this experience was more often reported by the street based FSWs (7.5%) than the establishment based FSWs (1.3%). Furthermore, altogether, 3.4 percent of the respondents had experienced at least one kind of sexual violence in the past one month and this experience was comparatively higher among street based FSWs (6.5%) than the establishment based FSWs (1.3%) (Table 8.5).

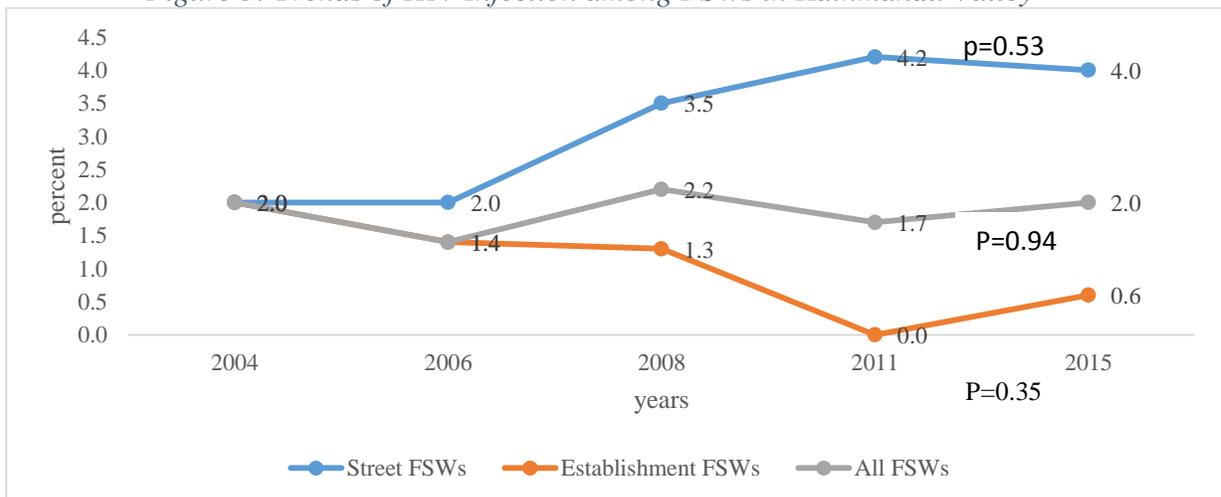
CHAPTER 9: COMPARATIVE ANALYSIS

This chapter analyzes the trends of HIV infection and syphilis. Findings of the different rounds of IBBS (2004, 2006, 2008 and 2011) have been compared with the findings of the present survey in 2015. Selected important indicators such as prevalence of HIV infection and STIs; condom-use practices, knowledge of HIV and AIDS; and exposure to HIV and AIDS prevention/awareness programs targeted for FSWs. This comparison has been made on the basis similarity of sampling design and same sampling procedures that were used in all rounds of IBBS. Sample size of the survey conducted in 2011 was different from the other rounds of survey, comparison with the IBBS of 2011 may persists some limitations. Chi-square test for the trend analysis was used to observe the association the results of different rounds of the IBBS surveys.

9.1 Prevalence of HIV and Syphilis Infection

Prevalence of HIV infection among FSWs was 2 percent in the fifth round of IBBS survey (2015). This prevalence was higher than the prevalence of second (1.4%) and fourth (1.7%) rounds of the IBBS surveys carried out in 2006 and 2011) respectively. HIV prevalence reported in the present (2015) round of the IBBS survey was equal (2%) to that of first round of the IBBS survey (2004). It was lower than (2.2%) that of third round of the IBBS survey carried out in 2008 ($p=0.94$). There was slight decrease in the prevalence of HIV infection among street based FSWs (4% in 2015 and 4.2% in 2011). Nevertheless, this prevalence was more than that was reported in the first to third rounds of the IBBS surveys ($p=0.53$). A total of 0.6 percent establishment based FWs were reported as HIV positive in the fifth round of the IBBS survey and this prevalence was constantly lower than those of all the three rounds of the IBBS surveys except fourth round survey (2011) where none of them were diagnosed as HIV positive ($p=0.35$). In the meantime, prevalence of HIV infection among establishment based FSWs was lower than that of street based FSWs (2% Vs 2% in 2004, 1.4% Vs 2% in 2006, 1.3% Vs 3.5% in 2008, zero Vs 4.2% in 2011 and 0.6% Vs 4% in 2015) in almost all rounds of surveys.

Figure 3: Trends of HIV Infection among FSWs in Kathmandu Valley



2004, 2006, 2008 Surveys N=500 (Street=200, Establishment=300), 2011 Survey N=393 (Street=238, Establishment= 355), 2015 N=500 (Street=200, Establishment=300)

There was noticeable decrease in the prevalence of active syphilis since the first round of survey (6% in 2004; 3% in 2006; 1% in 2008; and 0.7% in 2011); nevertheless, it was 3.6 percent in this round of survey ($p<0.01$). Similarly, there was declining trend of active syphilis among the establishment based FSWs since the first round of the IBBS survey (2004) till fourth round of survey. Prevalence of active syphilis among establishment based FSWs was 1.3 percent in this round of survey, which was zero in the last two rounds of surveys ($P<0.01$). There was considerable increase in the prevalence of active syphilis (From 1.7% in 2011 to 7% in 2015) among street based FSWs; though there was declining trend in its prevalence since the first round of the IBBS survey($p<0.01$).

In this round of survey, the prevalence of active syphilis was noticeably higher among the street based FSWs (7.0%) when it is compared with the establishment based FSWs (1.3%). The prevalence of active syphilis among street based FSWs was reported to be higher (9% Vs 4% in 2004, 6% Vs 1% in 2006, 2.5% Vs null in 2008, 1.7% Vs null in 2011) than that of establishment based FSWs in all rounds of the IBBS surveys.

Figure 4: Active Syphilis Prevalence



2004, 2006, 2008 Surveys $N=500$ (Street=200, Establishment=300), 2011 Survey $N=393$ (Street=238, Establishment= 355), 2015 $N=500$ (Street=200, Establishment=300)

9.2 Socio Demographic Characteristics of FSW

The proportion of FSWs less than 20 years of age was decreased to 12.6 percent in this round of survey ($p<0.01$). This proportion has remained stable around 30 percent in all of the previous rounds of IBBS surveys. The percentage of establishment based FSWs less than 20 years of age in this round (13.3%) was higher than that of street based FSWs (11.5%) following the previous trends (Table 9.1).

The percentage of respondents ever married has been increased from 75.7 percent in 2011 to 86 in this round ($p<0.01$). The significant change in the percentage of ever married establishment based FSWs (69.6% in 2011 to 83%) has increased the overall percentages.

The proportion of FSWs who had attended some years of schooling has remained almost stable around 54 percent in all rounds of the survey (Table 9.1).

The percentage of FSWs reporting to have been engaged in first sexual contact at less than 20 years of age has been decreased from 90.9 percent in 2011 to 80.2 percent in this round ($p<0.01$). The proportion of establishment based FSWs who had their first sexual contact at the age of less than 20 years remained stable over the years (around 92 percent in previous rounds), which has been decreased significantly (92.7% in 2011 to 78.4%) in this round ($p<0.01$). Comparatively, there was less decrease (88.2% in 2011 to 83% in 2015) in the proportion of street based FSWs who had their first sex before 20 years of age ($p<0.01$).

The proportion of the FSWs who entered in the sex trade recently i.e. less than one year preceding the survey has been increased (27.6% in 2011 to 35.8% in 2015) in this round ($p<0.01$). The increment in the proportion of street based FSWs (23.1% in 2011 to 35.5% in 2015) was higher than that of establishment based FSWs (30.7% in 2011 to 36% in 2015) (Table 9.1).

Table 9.1 Trend Analysis of Socio Demographic Characteristics of FSWs

Description	IBBS Survey (Year)					P value
	2004	2006	2008	2011	2015	
Age of Respondents (Less than 20)						
Street	16	21.5	14	17.6	11.5	0.01
Establishment	40.4	36	37.3	35.5	13.3	0.01
Total	30.6	30.2	28	28.3	12.6	0.01
Marital Status (Ever married)						
Street	89	82	83	84.9	90.5	0.01
Establishment	60	71.7	62.7	69.6	83	0.01
Total	71.6	75.8	70.8	75.7	86	0.01
Education(Attended some years of Schooling)						
Street	33.5	40.5	40.5	46.6	46.5	0.04
Establishment	65	67	63	65.9	59.4	0.31
Total	52.4	56.4	54	58.2	54.2	0.34
Age at first sex (Less than 20)						
Street	92.5	92	83	88.2	83	0.01
Establishment	90.3	92.3	90.7	92.7	78.4	0.01
Total	91.2	92.2	87.6	90.9	80.2	0.01
Duration of sex work (<1year)						
Street	25	27	26.5	23.1	35.5	0.01
Establishment	39.3	45	38.7	30.7	36	0.01
Total	33.6	37.8	33.8	27.6	35.8	0.01

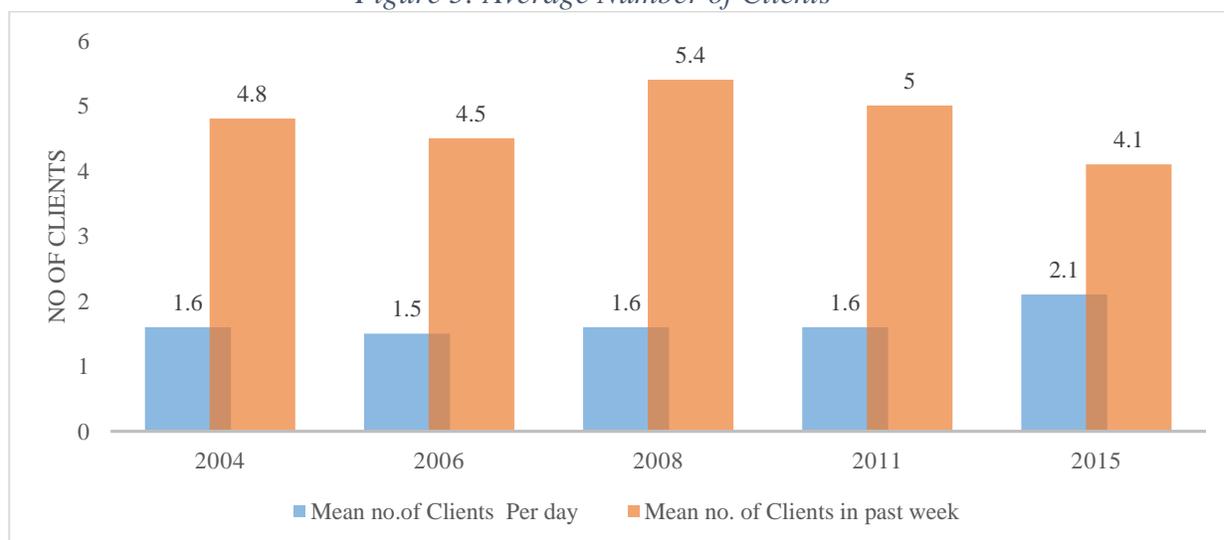
2004, 2006, 2008 Surveys N=500(Street=200, Establishment=300), 2011 Survey N=393 (Street=238, Establishment= 355), 2015 N=500(Street=200, Establishment=300)

9.3 Average Number of Clients of FSWs

The mean number of clients served by FSWs per day was stable around 1.5 clients per day in the previous rounds of survey. Unlike this, the mean number of clients per day has been increased from 1.6 to 2 clients per day in fifth round of IBBS survey. Similarly, the mean

number of clients per week has also been decreased (5 clients per week to 4.1 clients per week) in 2015.

Figure 5: Average Number of Clients



2004, 2006, 2008 Surveys N=500 (Street=200, Establishment=300), 2011 Survey N=393 (Street=238, Establishment= 355), 2015 N=500 (Street=200, Establishment=300)

9.4 Condom Carrying Practice and HIV Testing

The condom carrying practice of FSWs shows the decreasing trend since 2006 (32.6 in 2006, 27.4% in 2008, and 21.2% in 2011) ($p < 0.01$). There was a marked decrease in condom carrying practice in fifth round of survey (21.2% in 2011 to 12.8% in 2015). This decrease was more frequent among the street based FSWs (27.7% to 15.5%) than that of establishment based FSWs (16.9% to 11%) (Table 9.2).

The proportion of FSWs reporting to have performed HIV test at least once was in increasing trend (40.6% in 2006, 40.2% in 2008, 64.4 in 2011 and 69.5% in 2016). The trend has been improved in both street based and establishment based FSWs (Table 9.2).

Table 9.2 Trend analysis of Condom Carrying Practice and HIV Test among FSWs

Description	IBBS Survey (Year)					P value
	2004	2006	2008	2011	2015	
Respondents carry condom usually						
Street	30	43	46.5	27.7	15.5	0.01
Establishment	4.7	25.7	14.7	16.9	11.0	0.01
Total	14.8	32.6	27.4	21.2	12.8	0.01
Ever had an HIV Test						
Street		47.5	42.5	66.4	73.5	0.01
Establishment		36	38.7	63.1	66.9	0.01
Total		40.6	40.2	64.4	69.5	0.01

2004, 2006, 2008 Surveys N=500 (Street=200, Establishment=300), 2011 Survey N=393 (Street=238, Establishment= 355), 2015 N=500 (Street=200, Establishment=300)

9.5 Condom Use with Different Sex Partners

It was reported that there was marginal increase in the use of condom among FSWs with most recent client (82.6% in 2011 to 83% in 2015). The use of condom with most recent client has been improved among street based FSWs (83.6% in 2011 to 85.5% in 2015), whereas, slight decrease has been observed among establishment based FSWs (82% to 81.3%) ($p=0.35$).

Consistent/regular condom use in all the sexual intercourse with the clients in the past year has been decreased in fifth round of survey (73.4% in 2011 to 70.6% in 2015). There was slight decrease in the consistent use of condom practice among both establishment based FSWs (74.4% in 2011 to 73%) and street based FSWs (71.8% in 2011 to 67%).

Table 9.3 Trend analysis of Consistent Condom Use with Different Sex Partners in the Past Year

Description	IBBS Survey (Year)					P value
	2004	2006	2008	2011	2015	
Use of Condom with most recent client						
Street	80.5	72.5	72.5	83.6	85.5	0.01
Establishment	69.7	80.3	76.7	82	81.3	0.35
Total	74	77.2	75	82.6	83	0.01
Consistent use of condom with the client in the past year						
Street	57.5	52.5	51.5	71.8	67	0.01
Establishment	56	58.7	55.3	74.4	73	0.01
Total	56.6	56.2	53.8	73.4	70.6	0.01
Consistent use of condom with regular clients in the past year						
Street	65.7	67.8	59.9	74.5	67.7	0.09
Establishment	60.5	63.4	55.3	74.7	76.2	0.01
Total	62.5	65.1	57.2	74.6	72.8	0.01
Consistent use of condom with non-paying regular partner in the past year						
Street	17.4	6.1	7.4	12.8	23	0.01
Establishment	18.7	7.9	3.9	10.9	31	0.01
Total	18.1	7.2	5.4	11.6	27.8	0.01
Consistent use of condom with the partner other than client, husband, male friend in the past year						
Street		56.3	61.4	74	74.6	0.01
Establishment		59.7	38.1	79	81.6	0.01
Total		58.5	49.2	76.9	78.4	0.01

2004, 2006, 2008 Surveys N=500 (Street=200, Establishment=300), 2011 Survey N=393 (Street=238, Establishment= 355), 2015 N=500 (Street=200, Establishment=300)

The overall practice of consistent condom use with regular clients in the past year has been declined (74.6% in 2011 to 72.8% in 2015) ($p<0.01$). This decline has been observed due to the sharp decrease (74.5% in 2011 to 67.7% in 2015) in practice of consistent condom use among street based FSWs, though there was slight increase (74.7% in 2011 to 76.2% in 2015) among establishment based FSWs ($p<0.01$). However, consistent condom using practice with non-paying regular partner in the past year has been increased prominently

among both street based (12.8% in 2011 to 23.0 % in 2015) and establishment based FSWs (10.9% in 2011 to 31.0% in 2015) ($p<0.01$). Similarly, the consistent condom using practice with the partner other than client, husband, male friend in the past year has increased by 79% to 81.6% among establishment based and 74% to 74.6% among street based from 2011 to 2015.

9.6 Comprehensive Knowledge of HIV and AIDS

There has been a large decrease (47.6% in 2011 to 30.6%) in the proportion of FSWs with knowledge of ABC in this round of IBBS following the decreasing trend of previous years (55.2% in 2006, 58.4% in 2008 and 47.6 in 2011) ($p<0.01$). Similarly, significant drop (30.4% in 2011 to 17.3%) has been observed in the proportion of FSWs with knowledge of BCDEF ($p<0.01$). This significant drop in BCDEF was mainly due to the sharp drop in the knowledge of B, C and F.

Table 9.4 Trend Analysis of Knowledge of Mode of HIV and AIDS Transmission

Description	IBBS Survey (Year)				P value
	2006	2008	2011	2015	
A. Can protect themselves through abstinence from sexual contact					
Street	70	71	57.1	56.6	0.01
Establishment	65.3	68	60.8	59.5	0.04
Total	67.2	69.2	59.6	58.4	0.01
B. Can protect themselves through monogamous sexual contact					
Street	82	79	81.5	61.9	0.01
Establishment	76.7	84.7	79.4	60.5	0.01
Total	79.2	82.4	80.5	61	0.01
C. Can protect themselves through condom use every time during sex					
Street	86.5	86	91.2	65.6	0.01
Establishment	86.3	95.7	86.5	70.3	0.01
Total	86.4	91.8	88.7	68.5	0.01
D. A healthy looking person can be infected with HIV					
Street	89.5	91	89.9	76.2	0.01
Establishment	93.3	93	87.6	75.7	0.01
Total	91.8	92.2	88.8	75.9	0.01
E. A person cannot get HIV virus from mosquito bite					
Street	45.5	39	47.1	43.9	0.24
Establishment	47.3	51.3	41.7	39.2	0.01
Total	46.6	46.4	44	41	0.20
F. A person cannot get HIV by sharing meal with an HIV infected person					
Street	79.0	76.0	77.7	15.3	0.01
Establishment	85.0	86.0	82.0	17.2	0.01
Total	82.6	82.0	80.5	16.5	0.01
Knowledge of ABC					
Street	60.0	57.0	46.2	27.0	0.01
Establishment	52.0	59.3	48.5	33.0	0.01

Total	55.2	58.4	47.6	30.6	0.01
Knowledge of BCDEF					
Street	29.0	27.5	34.5	15.0	0.01
Establishment	31.0	42.3	27.6	18.7	0.01
Total	30.2	36.4	30.4	17.3	0.01

2006, 2008 Surveys N=500 (Street=200, Establishment=300), 2011 Survey N=393 (Street=238, Establishment= 355), 2015 N=500 (Street=200, Establishment=300)

9.7 Exposure to STI, HIV and AIDS Program

The proportion of FSWs who had met or discussed with OEs /PEs in this round of survey has been declined (83.3% in 2011 to 71.4% in 2015) though the considerable proportion of them did so in the previous years (83.2% in 2006, 59.6% in 2008, 83.3% in 2011) (p<0.01). A noticeable change (21.6% in 2008, 33.7% in 2011 and 54.6% in 2015) has been observed in DIC visiting practices over the years (p<0.01). However, STI clinic visiting practice (43.8% in 2011 to 26.8%) and HTC center visiting practices (53.5% in 2011 to 24.4%) had been largely declined in this round of the IBBS survey (p<0.01).

Table 9.5 Trend analysis on Exposure to STI, HIV and AIDS Related Programs/Activities

Description	IBBS Survey (Year)				P value
	2006	2008	2011	2015	
Met or discussed with OEs/PEs					
Street	79.5	61.5	82.4	74.0	0.01
Establishment	85.7	58.3	84.4	69.6	0.01
Total	83.2	59.6	83.3	71.4	0.01
Visited DIC					
Street	35	26.5	43.7	56	0.01
Establishment	28.7	18.3	27.0	53.7	0.01
Total	31.2	21.6	33.7	54.6	0.01
Visited STI clinic					
Street	31.0	32.5	45.8	28.0	0.01
Establishment	26.0	24.7	42.5	26.0	0.01
Total	28.0	27.8	43.8	26.8	0.01
Visited HTC centre					
Street	38.5	39.5	56.7	32.5	0.01
Establishment	21.3	28.3	51.3	19.0	0.01
Total	28.2	32.8	53.5	24.4	0.01

2006, 2008 Surveys N=500 (Street=200, Establishment=300), 2011 Survey N=393 (Street=238, Establishment= 355), 2015 N=500 (Street=200, Establishment=300)

CHAPTER 10: SUMMARY, CONCLUSION AND RECOMMENDATIONS

10.1 Summary of Major Findings

Prevalence of HIV and STIs

This study covered 500 FSWs (200 Street and 300 Establishment based). Overall, 10 FSWs (2%) were found HIV positive, 8 street based FSWs (4%) while less than one percent (0.7%) establishment FSWs had HIV positive. A total of 18 FSWs (3.6%) were syphilis infected. A higher percentage of street based FSWs (n=14, 7%) than establishment based FSWs (n=4, 1.3%) had active syphilis (RPR+ and RPR titre \geq 1:8).

Socio-Demographic Characteristics

Age of FSWs ranged from 16 to 58 with the median age being 30 years. Slightly more than one-fifth (21%) of the respondents were of 20-24 years and another almost equal (20.4%) proportion of them were of 25-29 years old. Nearly 30 percent of the respondents were illiterate and the proportions of illiterate street based respondents (38%) were higher than that of establishment based respondents (23.3%). As ethnic compositions, the highest proportion (54.4%) of them belonged to Janajati and followed by Brhanmin/Chhetri groups (38.8%). More than three out of every five (62.6%) of the respondents were ever married and another 20.8 percent of them were divorced or permanently separated. Nearly eighty percent FSWs had got marriage during adolescent (19 years or below).

Child Birth and Use of Family Planning

Nearly 91 percent of the respondents had knowledge about family planning methods for birth control. More than 86 percent of the respondents who were married had pregnancy experience and given child birth, 18 percent had at least one miscarriage experience while 37 percent terminated/aborted their pregnancies. More than 87 percent of the ever married respondents had been using at least one method of family planning to avoid pregnancy. Only 7.2 percent of the respondents reported that they had adopted female sterilization while 2.1 percent of them reported male sterilization. One out of every ten respondents (10.4%) was using pills, 5.9 percent were IUD users, 16 percent were injectable contraceptives users, 7.2 percent had implants and 84.6 percent of them were the condom users.

Sexual Behavior

Around 63 percent respondents had first sexual intercourse during 15-19 years of age with mean age at first sex among the street based FSWs (18 years) which was higher than that of establishment based FSWs (17.6 years). Almost a quarter (24%) of the sex workers had been indulging as a sex workers since 7-12 months prior to the survey. Almost a quarter (23.4%) of the respondents had floating nature in the sex work as they had ever had sex in other locations in addition to their usual sites. Almost forty five (45%) percent of the respondents used to serve only one client in a day while 28.2 percent of them reported one client on the survey day. In an average, both the street based and establishment based FSWs had sexual intercourse with one client on one day prior to the interview. Respondents reported that they had served the clients of diverse occupation with most frequent clients served being service holders (33.6%) and business men (34.4%). More

than three-fifths (60.2%) of the respondents reported that they did not have sex with non-paid partners in the past week while 38 percent of the respondents had sex with up to five non- paid clients in the past week

Condom Use and Accessibility

More than four-fifths (83%) of the respondents had used condom at the time of sex with the recent clients. About 73 percent of the respondents reported that they had used the condom in each of the sexual contact in the last year. Out of those 500 respondents who had sex with their regular clients in the last one year, 4.3 percent had never used the condom. Only 12.8 percent of the respondents reported that they used to carry condom usually wherein the majority of the carriers (45.3%) used to carry 3-5 condoms in a day. Most of the respondents (68.8%) reported that they used to avail condom from pharmacy followed by clinics established by NGOs, health workers (30.6%), hospital (19.4%), private clinics (14.4%) and 4.8 percent did not know the availability of condoms. More than half (55.8%) of the respondents availed condoms on free of cost and 16.2 percent used to purchase.

Use of Alcohol and Drugs by FSWs and Clients

More than three-fifths of the respondents had ever had alcohol consumption in the past whereas 37.8 percent of reported that they had never consumed alcohol in the past one month. Out of those who had consumed alcohol in the recent past, 12.6 percent respondents had consumed alcohol every day in the past one month. Almost 3.6 percent of the respondents had ever tried to take or inject drugs in the past one month and 18.6 percent of them had heard about injecting drug users. Only 1.2 percent of the respondents were known that their sex partners are the IDUs. One percent of the respondents reported that they had exchanged the sex with the drugs and 0.8 percent had ever exchanged the sex and money to buy drugs.

Knowledge of HIV and AIDS

Almost all (97%) of the respondents had heard about HIV and AIDS. For instance, television (79.6%), radio (77.7%) and people from NGO (71.1%) were the major source of information among respondents. Respondents had multiple choices on major ways to avoid HIV, 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 a condom during every sex act), overall, 30.6 percent of the respondents correctly identified all three A, B, and C as HIV preventive measures. Respondents knew that D (a healthy looking person can be infected with HIV), 41 percent of them identified that E (a person cannot get HIV from a mosquito bite), and 16.5 percent knew that F (A person cannot get HIV by sharing meal with an HIV infected persons). Only 17 percent of the respondents were aware of all the five major indicators i.e. BCDEF. Furthermore, the majority (84%) of FSWs had their most recent HIV test within last 12 months before the survey and 98.2 percent of them had received the results of that test.

Knowledge of STIs, Experienced Symptoms and Treatment in the Past Year

White Pus/Dhatu flow discharge, Itching around vagina, lower abdominal pain, syphilis (Bhiringi)/gonorrhea, HIV and AIDS were the common STIs identified by the survey respondents. Around 47 percent of the respondents had experienced at least one of the STI

symptoms in the last 12 months before the survey. The most visited places by sex workers for STI treatment was hospital (47%), clinic run by Step Nepal (25%). Among those who sought treatment, 65.1 percent got counseled about avoiding the problem in the future from the place they sought treatment. Around 40 percent of FSWs had experienced at least one of the STI symptoms during the time of the survey. Most of the respondents received treatment of such symptoms from Step Nepal (40%), DIC (18.3%), Maternity Hospital (11.7%) and medical hall (11.7%).

Exposure to STI/HIV and AIDS Program

Most of the respondents (71.4%) had met or interacted with PEs/OEs in the last 12 months before the survey. Around 71 percent of FSWs replied that their meetings/discussions were focused on HIV and AIDS transmission, 61 percent stated regular/irregular condom use, 59 percent replied STI transmission and 39 percent said they even had a condom use demonstration. The respondents had mostly met OEs/PEs from STEP Nepal (36%), CAC (9%), and Nari Chetana (7%). It was reported that 54.6 percent of FSWs had visited Drop-in-Centers (DICs) in the year preceding the survey. Street-based FSWs (56%) were more likely to visit DICs than their counterpart establishment based FSWs (53.7%) in the past year. Around 27 percent of respondents had visited STI clinic in the past year. Most of the FSWs (83%) visited STI clinics for having their blood tested for STI followed by physical examination conducted for identifying STI (48.5%). More than 24 percent of FSWs reported that they had visited HTC in the year preceding the survey. The street based FSWs (32.5%) were more likely to visit HTC than those of establishment based FSWs (19%) in last 12 months. It was found that 22.2 percent of the respondents had been approached by health /outreach workers to explain to them about the need of HTC. Around 13% had heard about PMTCT service for pregnant women to avoid HIV transmission mother to child. Twenty five percent respondents had knowledge about ART services for HIV positive individuals. Similarly, only eight percent of the respondents were aware of viral load testing service. Eighteen percent of street based and establishment based FSWs had heard about such services whereas around 61 had not heard about CHBC services.

Violence against FSW

It was found that 25.6 percent of FSWs had ever experienced at least-one emotional violence by their clients. Around 16 percent respondents experienced violence by their clients whereas 13 percent of the respondents reported that they were forced to have sexual intercourse when they did not want to have sex. Almost nine percent of FSWs had ever experienced of at least one of the physical violence.

10.2 Conclusions

A series of the IBBS surveys among most at risk populations including female sex workers have been conducted under the leadership of NCASC. This survey provides an insight into the estimated prevalence of HIV/STIs among these vulnerable groups and is also an assessment of general sexual and other risk behaviors prevalent in the survey populations. A cross sectional survey methods was utilized. In this survey both behavior related structure questionnaire and biological laboratory examination were employed to fulfill the objectives of the survey. With concerted efforts and programs launched for HIV and AIDS awareness and prevention, there has been an immense effort to reach out to the FSWs. The

survey reveals that the level of awareness of HIV and AIDS and risk behavior among the survey population is quite high.

Out of 500 FSWs 10 FSWs (2%) had HIV positive and a total of 18 FSWs (3.6%) had syphilis infection. Tested HIV positive varied with type of FSWs. For instance, 8 street based FSWs (4%) while less than one percent (0.7%) establishment FSWs had HIV positive.

It was observed that younger FSWs aged less than 20 years (3.2%) are at higher risk of HIV infection than their older counterparts (1.8%). Similarly a slight higher percentage of no schooling FSWs (2.2%) than ever been to school FSWs (1.8%) had HIV positive. Single/never married FSWs are at higher risk of HIV (2.9%) than ever married FSWs (1.9%). Furthermore, active syphilis and syphilis history are highly associated with HIV prevalence.

It was observed that those FSWs who had carried condom usually have higher prevalence of HIV (3.1%), and current syphilis (7.8%) than those who usually did not carry condom. Furthermore, knowledge of ABC did not have an association with HIV, and syphilis. However, knowledge on BCDEF has association with HIV and syphilis. It was found that those FSW who did not have knowledge on BCDEF are at higher risk of HIV (2.1% vs. 0%) and current syphilis (3.7% vs. 0%) than those who did not have comprehensive knowledge on BCDEF. There was a slight difference in the prevalence of HIV and syphilis among those FSWs who have met/discussed PE or not. For instance, those FSWs who have not met/discussed with PE/OE are at higher risk of HIV (2.1%) and current syphilis (4.2%) than those who met /discussed with PE/OE (HIV 1.7%; Current syphilis 3.1%).

10.3 Recommendations

Due to the recent earthquake some of the previously identified hotspots were collapsed. However new hotspots were identified during mapping exercise from the outer ring road. The nature of FSWs sites and location changes are dynamic. Some survey locations were randomly selected from the outer ring road. The inner part of Kathmandu valley is grossly populous now, so the program coverage should be increased to every corners of Kathmandu Valley as new hotspots have been established there. The program should reach to the unreached FSWs working in those areas who may not have been informed about the risks of HIV and STI, locations of HIV related service sites and the importance of consistent condom use.

The survey shows that the HIV and active syphilis prevalence have been increased from the previous round (2011) of the survey among FSWs. HIV and syphilis prevalence rate are higher among street based FSWs than the establishment based, so greater focus and efforts should be given to street based FSWs along with establishment based FSWs their behavior change, and utilization of STI services in the upcoming days.

Nearly eighty percent of the FSWs in Kathmandu are currently married, and HIV prevalence was found among this group of population; means their husbands are also at risk of HIV infection. More than 86 percent of the respondents who were married had pregnancy experience and given child birth. Further, knowledge about PMTCT of HIV

service among FSWs is only 13 percent. There is a need to provide education on safer sex practice, correct use of condom and PMTCT service.

The proportion of FSWs who had recently entered in the sex trade i.e for less than one year preceding the survey; is higher than ever. This proportion is even higher among street based FSWs. Thus, programs should identify and reach them as they might be in risk of HIV and STI due to the lack of information on HIV, STI. Similarly, people who use condom consistently may be unaware about HIV and STI related services and sites. Further research is required for exploring factors associated with this finding.

The already low condom carrying practices and its declining proportion should be addressed with proper behavior change communication practices on condom use and risk of STI and adequate condom distribution by adding the number of institutions/stakeholders having diverse coverage throughout Kathmandu Valley.

The overall consistency in using condom with different partners has been dropped in the recent years. The behavior change communication on risk of STI, consistent condom use practices and skills on negotiating condoms should be focused by targeted programs.

Street-based FSWs are more vulnerable to various forms of violence than to establishment-based FSWs. The street based FSWs ever experiencing such violence by their clients (37%) were twice the same as that of their counterpart establishment based FSWs (18%). Legal service support along with prevention, treatment and care programs need to be designed.

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Annexes

Annex 0 IBBS Key Indicators among FSWs

IBBS Key Indicators among FSWs	Street-based FSWs (n=200)	Establishment-based FSWs (n=300)	Total FSWs (N=500)
HIV prevalence	4	0.7	2
Active syphilis prevalence	7	1.3	3.6
History of syphilis prevalence	1.5	1.3	1.4
HIV among FSWs whose duration of work as a sex worker less than a year	0 (n=71)	0 (n=108)	0 (n=179)
FSWs less than 20 years of age (%)	11.5	13.3	12.6
Currently married FSWs (%)	64	61.7	62.6
Median age at first sexual intercourse	16	17	16
Mean duration of FSWs involved in sex work (months)	52	38	44
Average number of clients per day	2	2	2
Average number of clients in the past week	4.8	3.7	4.1
Average weekly income from sex work	4892	5517	5267
Have other jobs besides sex work (%)	56	49.7	52.2
Usually carry condoms	15.5	11	12.8
Always obtain condom free of cost	52.5	58	55.8
Condom use with most recent client	85.5	81.3	83
FSWs reached with at least one prevention program	81.5	67	68.8
Know that an HIV positive pregnant woman can transmit the virus to her unborn child	81.5	82.8	82.3
Know that an HIV positive woman can transmit the virus to her new-born child through breastfeeding	55	57.1	56.3
Know people living with HIV and AIDS or died	43.9	41.9	42.7
FSWs that have received an HIV test in the last 12 months and who know their results	84.2	83.8	84
FSWs who were physically assaulted in the past month	12.5	3	6.8
FSWs who were forced to have sex in the past month	19.5	6.3	11.6
FSWs using any method of family planning	92.3	83.9	87.4
FSWS who ever used female condoms	9.2	4.8	6.5
FSWs who reported ever injected drugs	0.5	0.3	0.4
Consumption of alcohol every day during the past month.	14.5	11.3	12.6
Knowledge of sex partners being IDUs	1.5	1	1.2

List of the Survey Cluster

District/Clusters	Number of FSW	Status	Selected no of FSWs	Type of Cluster
Bhaktapur				
Manohara	75	Selected	10	Street
Lokanthali+kausaltar	57	Not selected		
Gatthaghar	30	Selected	10	Street
Thimi	56	Not selected		
Byasi+way to nagargkot	35	Selected	10	Establishment
Nagarkot	56	Not selected		
Changunaryan	43	Not selected		
Srijananagar	30	Selected	10	Street
Sallaghari	50	Selected	10	Establishment
Chundevi	40	Not selected		
Suryabinayak	46	Not selected		
Bageshwori	43	Not selected		
Bhaktapur durbar Square	70	Selected	10	Establishment
Chyamarsigh	37	Not selected		
Palanse	38	Not selected		
Lalitpur				
Balkumari	73	selected	10	street
Gwarko	68	selected	10	street
Imadol	52	not selected		
Satdobato	64	selected	10	Establishment
Patan sundhara	51	not selected		
Lagankhel buspark	93	selected	10	Establishment
Himalayan hotel + Bagmatipul	78	selected	10	Establishment
Jawalakhel + unhouse	62	not selected		
Sanepa + CG house	64	not selected		
Patandkhoka	76	selected	10	Establishment
Khumaltar +hattiban	75	not selected		
Newsuubmit hotel	32	not selected		
Harisiddhi	40	selected	10	street
Patan Durbar	64	not selected		
Thaiba	31	not selected		
Godawari	46	selected	10	street
Dhapakhe	43	not selected		
Sunakoti	48	not selected		
Thecho	53	not selected		

Bajrabarahi	34	selected	10	street
Chapagaun dobato	61	not selected		
Ekantakuna	69	selected	10	Establishment
Nayabato	44	not selected		
Sanepa balkhu pul +sanepa hight	47	selected	10	street
Kupandol+bagmat pul balkhu jane bato	75	not selected		
Baisipati	72	selected	10	Establishment
Kathmandu				
Kalanki	175	Selected	10	Establishment
Balkhu	43	Not selected		
Kalimati	51	Not selected		
Teku	46	Not selected		
Dallu	65	Selected	10	street
Basantapur Durbar	46	Not selected		
Sitapaila	45	Selected	10	Establishment
Syambhu	75	Not selected		
Baba petrol	56	Selected	10	street
Tinthana	44	Not selected		
Satungal	32	Selected	10	Establishment
Thankot	37	Not selected		
Tribhuvan park	51	Not selected		
Koteshower	109	Selected	10	Establishment
Jadibuti	112	Selected	10	street
Pepsikola	65	not selected		
Manohara	86	not selected		
Bhatbhateni	82	Selected	10	Establishment
Tinkune	51	Not selected		
Gairiganu	44	Not selected		
Sinamangal	71	Not Selected		
Tilganga	96	Selected	10	Street
Gausala	114	Selected	10	Establishment
Bijulibazar + Babarmahal	62	Selected	10	Establishment
Purano baneshwor + battisputali	87	Not Selected		
Naya baneshwor	145	Selected	10	Establishment
Anamnagar+Gattekullo	69	Not Selected		
Matidevi + Dillibazar	42	Not Selected		
Ratopull +Gyaneshower	77	Selected	10	Establishment
Kalopul	71	Selected	10	Street
Battkekopul+Ganesh Mandir	66	Selected	10	Establishment
Dhumbarahi + Chakrapath	37	Not Selected		

Nayabasti	42	Not Selected		
Chuchepati +Chabahil	51	Selected	10	Establishment
Boudha	38	Selected	10	Establishment
Jorpati	54	Selected	10	Street
Narayantarpul	43	Not Selected		
Dakshindhoka	35	Not Selected		
Gokarna	38	Selected	10	Establishment
Nilopul	48	Not Selected		
Kapan	64	not Selected		
Ramhitti	54	Not Selected		
Aarubari	53	Not Selected		
Aani gumba	49	Not Selected		
Sukedhara+gopikrisna	76	Selected	10	Street
Balaju Buspark	85	Not Selected		
Mitranagar	109	Not Selected		
Sorahakutte+Balaju	103	Selected	10	Establishment
Phutung+Nepaltar	63	Selected	10	Street
Bhagbawati Bahal	69	Not Selected		
Kantipath +Jytha	83	Not Selected		
Sanchayakosh	43	Not Selected		
Saathgumti	106	Selected	10	Establishment
Kathmandu Guest house area	88	Selected	10	Establishment
Kshetrapati+Jyatha	34	Not Selected		
Jamal	97	Selected	10	Street
Ratnapark	126	Selected	10	Street
Sundhara+Newroad	150	Selected	10	Street
Durawarmarg North face	89	Selected	10	Establishment
Durawarmarg South face	72	Selected	10	Establishment
Putalisadak	73	Not Selected		
Bagbazar	116	Selected	10	Establishment
Lagimpat	77	Selected	10	Establishment
Teaching hospital Area	45	Not Selected		
Thapathali	62	Selected	10	Establishment

Annex-2 Extended form of tables of chapter 8

Table 8.1 Emotional, Physical and Sexual Violence by Clients

Description	Street based		Establishment based		Total	
	N	%	N	%	N	%
Emotional violence						
Ever Insulted or made feel bad	70	35.0	51	17.0	121	24.2
Ever Belittled or humiliated you in front of other people	46	23.0	28	9.3	74	14.8
Ever done things to scare or intimidate on purpose	24	12.0	16	5.3	40	8.0
Ever threatened to hurt	13	6.5	7	2.3	20	4.0
At least one emotional violence-Ever experienced	74	37.0	54	18.0	128	25.6
Insulted or made feel bad in past one month?	56	28.0	41	13.7	97	19.4
Belittled or humiliated in past one month	37	18.5	24	8.0	61	12.2
Ever done things to scare or intimidate on purpose in past one month	19	9.5	15	5.0	34	6.8
Ever threatened to hurt in past one month	11	5.5	7	2.3	18	3.6
At least one emotional violence-in the past month	62	31.0	44	14.7	106	21.2
Total	200	*	300	*	500	*
Physical violence						
Ever slapped or thrown something to hurt	24	12.0	9	3.0	33	6.6
Ever pushed or shoved or pulled hair	19	9.5	6	2.0	25	5.0
Ever hit with fist or with something else that could hurt	17	8.5	5	1.7	22	4.4
Ever kicked, dragged or beat up	11	5.5	4	1.3	15	3.0
Ever choked or burnt on purpose	5	2.5	3	1.0	8	1.6
Ever threatened to use or actually used a gun, knife or other weapon against	7	3.5	4	1.3	11	2.2
At least one physical violence-ever experienced	33	16.5	11	3.7	44	8.8
Slapped or thrown something to hurt in past one month	18	9.0	7	2.3	25	5.0
Pushed or shoved or pulled hair in past one month?	14	7.0	5	1.7	19	3.8
Hit with his fist or with something else that could hurt in past one month	12	6.0	5	1.7	17	3.4
Kicked, dragged or beat up in past one month	9	4.5	4	1.3	13	2.6
Choked or burnt on purpose in past one month	3	1.5	3	1.0	6	1.2
Threatened to use or actually used a gun, knife or other weapon against in past one month	4	2.0	4	1.3	8	1.6
At least one physical violence-in the past month	25	12.5	9	3.0	34	6.8
Total	200	*	300	*	500	*
Sexual violence						
Ever physically force to have sexual intercourse without willingness	40	20.0	27	9.0	67	13.4
Ever have sexual intercourse without willingness	26	13.0	15	5.0	41	8.2
Ever force to do something sexual that found degrading or humiliating	33	16.5	13	4.3	46	9.2
At least one sexual violence ever experienced	49	24.5	29	9.7	78	15.6
Physically force to have sexual intercourse without willingness in past one months	32	16.0	16	5.3	48	9.6
Sexual intercourse without willingness in past one month	20	10.0	11	3.7	31	6.2
Force to do something sexual that found degrading or humiliating in past one month?	23	11.5	12	4.0	35	7.0
At least one sexual violence-in the past month	39	19.5	19	6.3	58	11.6
Total	200	*	300	*	500	*

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

Table 8.2 Emotional, Physical and Sexual Violence by Regular clients

Description	Street based		Establishment based		Total	
	N	%	N	%	N	%
Emotional violence						
Ever Insulted or made feel bad	31	15.5	22	7.3	53	10.6
Ever Belittled or humiliated you in front of other people	19	9.5	12	4.0	31	6.2
Ever done things to scare or intimidate on purpose	7	3.5	4	1.3	11	2.2
Ever threatened to hurt	6	3.0	3	1.0	9	1.8
At least one emotional violence-Ever experienced	38	19.0	27	9.0	65	13.0
Insulted or made feel bad in past one month?	23	11.5	18	6.0	41	8.2
Belittled or humiliated in past one month	13	6.5	9	3.0	22	4.4
Ever done things to scare or intimidate on purpose in past one month	6	3.0	4	1.3	10	2.0
Ever threatened to hurt in past one month	3	1.5	3	1.0	6	1.2
At least one emotional violence-in the past month	28	14.0	22	7.3	50	10.0
Physical violence						
Ever slapped or thrown something to hurt	7	3.5	4	1.3	11	2.2
Ever pushed or shoved or pulled hair	6	3.0	3	1.0	9	1.8
Ever hit with his fist or with something else that could hurt	7	3.5	3	1.0	10	2.0
Ever kicked, dragged or beat up	5	2.5	3	1.0	8	1.6
Ever choked or burnt on purpose	3	1.5	1	.3	4	.8
Ever threatened to use or actually used a gun, knife or other weapon against	2	1.0	2	.7	4	.8
At least one physical violence-Ever experienced	12	6.0	5	1.7	17	3.4
Sexual violence						
Ever physically force to have sexual intercourse without willingness	17	8.5	11	3.7	28	5.6
Ever have sexual intercourse without willingness	11	5.5	7	2.3	18	3.6
Ever force to do something sexual that found degrading or humiliating	16	8.0	6	2.0	22	4.4
At least one sexual violence ever experienced	25	12.5	13	4.3	38	7.6
Physically force to have sexual intercourse without willingness in past one months	13	6.5	10	3.3	23	4.6
Sexual intercourse without willingness in past one month	8	4.0	5	1.7	13	2.6
Force to do something sexual that found degrading or humiliating in past one month?	11	5.5	6	2.0	17	3.4
At least one sexual violence-in the past month	18	9.0	11	3.7	29	5.8
Total	200	*	300	*	500	*

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

Table 8.3 Emotional, Physical and Sexual Violence by Nonpaying Clients (Husband and Boyfriend)

Description	Street based		Establishment based		Total	
	N	%	N	%	N	%
Emotional violence						
Ever Insulted or made feel bad	44	22.0	23	7.7	67	13.4
Ever Belittled or humiliated you in front of other people	26	13.0	16	5.3	42	8.4
Ever done things to scare or intimidate on purpose	14	7.0	7	2.3	21	4.2
Ever threatened to hurt	7	3.5	4	1.3	11	2.2
At least one emotional violence-Ever experienced	48	24.0	29	9.7	77	15.4
Insulted or made feel bad in past one month?	30	15.0	16	5.3	46	9.2
Belittled or humiliated in past one month	20	10.0	8	2.7	28	5.6
Ever done things to scare or intimidate on purpose in past one month	8	4.0	3	1.0	11	2.2
Ever threatened to hurt in past one month	4	2.0	5	1.7	9	1.8
At least one emotional violence-in the past month	36	18.0	21	7.0	57	11.4
Physical violence						
Ever slapped or thrown something to hurt	27	13.5	7	2.3	34	6.8
Ever pushed or shoved or pulled hair	20	10.0	9	3.0	29	5.8
Ever hit with his fist or with something else that could hurt	18	9.0	11	3.7	29	5.8
Ever kicked, dragged or beat up	16	8.0	12	4.0	28	5.6
Ever choked or burnt on purpose	5	2.5	7	2.3	12	2.4
Ever threatened to use or actually used a gun, knife or other weapon against	3	1.5	4	1.3	7	1.4
At least one physical violence-Ever experienced	31	15.5	12	4.0	43	8.6
Slapped or thrown something to hurt in past one month	18	9.0	2	.7	20	4.0
Pushed or shoved or pulled hair in past one month?	13	6.5	3	1.0	16	3.2
Hit with his fist or with something else that could hurt in past one month	12	6.0	4	1.3	16	3.2
Kicked, dragged or beat up in past one month	11	5.5	5	1.7	16	3.2
Choked or burnt on purpose in past one month	3	1.5	2	.7	5	1.0
Threatened to use or actually used a gun, knife or other weapon against in past one month	2	1.0	1	.3	3	.6
At least one physical violence-in the past month	23	11.5	6	2.0	29	5.8
Sexual violence						
Ever physically force to have sexual intercourse without willingness	27	13.5	17	5.7	44	8.8
Ever have sexual intercourse without willingness	19	9.5	12	4.0	31	6.2
Ever force to do something sexual that found degrading or humiliating	17	8.5	10	3.3	27	5.4
At least one sexual violence ever experienced	32	16.0	20	6.7	52	10.4
Physically force to have sexual intercourse without willingness in past one months	20	10.0	12	4.0	32	6.4
Sexual intercourse without willingness in past one month	13	6.5	6	2.0	19	3.8
Force to do something sexual that found degrading or humiliating in past one month?	13	6.5	4	1.3	17	3.4
At least one sexual violence-in the past month	25	12.5	13	4.3	38	7.6
Total	200	*	300	*	500	*

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

Table 8.4 Emotional, Physical and Sexual Violence by Other than Clients (Husband and Boyfriend Living together)

Description	Street based		Establishment based		Total	
	N	%	N	%	N	%
Emotional violence						
Ever Insulted or made feel bad	13	6.5	4	1.3	17	3.4
Ever Belittled or humiliated you in front of other people	10	5.0	5	1.7	15	3.0
Ever done things to scare or intimidate on purpose	6	3.0	4	1.3	10	2.0
Ever threatened to hurt	3	1.5	2	.7	5	1.0
At least one emotional violence-Ever experienced	14	7.0	6	2.0	20	4.0
Insulted or made feel bad in past one month?	11	5.5	4	1.3	15	3.0
Belittled or humiliated in past one month	10	5.0	4	1.3	14	2.8
Ever done things to scare or intimidate on purpose in past one month	6	3.0	5	1.7	11	2.2
Ever threatened to hurt in past one month	3	1.5	2	.7	5	1.0
At least one emotional violence-in the past month	13	6.5	7	2.3	20	4.0
Physical violence						
Ever slapped or thrown something to hurt	10	5.0	3	1.0	13	2.6
Ever pushed or shoved or pulled hair	9	4.5	2	.7	11	2.2
Ever hit with his fist or with something else that could hurt	7	3.5	3	1.0	10	2.0
Ever kicked, dragged or beat up	6	3.0			6	1.2
Ever choked or burnt on purpose	4	2.0	1	.3	5	1.0
Ever threatened to use or actually used a gun, knife or other weapon against	4	2.0	2	.7	6	1.2
At least one physical violence-Ever experienced	15	7.5	4	1.3	19	3.8
Sexual violence						
Ever physically force to have sexual intercourse without willingness	10	5.0	7	2.3	17	3.4
Ever have sexual intercourse without willingness	9	4.5	4	1.3	13	2.6
Ever force to do something sexual that found degrading or humiliating	12	6.0	4	1.3	16	3.2
At least one sexual violence ever experienced	14	7.0	7	2.3	21	4.2
Physically force to have sexual intercourse without willingness in past one months	7	3.5	4	1.3	11	2.2
Sexual intercourse without willingness in past one month	7	3.5	3	1.0	10	2.0
Force to do something sexual that found degrading or humiliating in past one month?	8	4.0	3	1.0	11	2.2
At least one sexual violence-in the past month	11	5.5	5	1.7	16	3.2
Total	200	*	300	*	500	*

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

Table 8.5 Emotional, Physical and Sexual Violence by Police Personnel

Description	Street based		Establishment based		Total	
	N	%	N	%	N	%
Emotional violence						
Ever Insulted or made feel bad	28	14.0	10	3.3	38	7.6
Ever Belittled or humiliated you in front of other people	15	7.5	8	2.7	23	4.6
Ever done things to scare or intimidate on purpose	14	7.0	4	1.3	18	3.6
Ever threatened to hurt	4	2.0	2	.7	6	1.2
At least one emotional violence-Ever experienced	31	15.5	13	4.3	44	8.8
Insulted or made feel bad in past one month?	21	10.5	9	3.0	30	6.0
Belittled or humiliated in past one month	13	6.5	7	2.3	20	4.0
Ever done things to scare or intimidate on purpose in past one month	10	5.0	4	1.3	14	2.8
Ever threatened to hurt in past one month	3	1.5	2	.7	5	1.0
At least one emotional violence-in the past month	24	12.0	11	3.7	35	7.0
Physical violence						
Ever slapped or thrown something to hurt	10	5.0	3	1.0	13	2.6
Ever pushed or shoved or pulled hair	9	4.5	2	.7	11	2.2
Ever hit with his fist or with something else that could hurt	7	3.5	3	1.0	10	2.0
Ever kicked, dragged or beat up	6	3.0			6	1.2
Ever choked or burnt on purpose	4	2.0	1	.3	5	1.0
Ever threatened to use or actually used a gun, knife or other weapon against	4	2.0	2	.7	6	1.2
At least one physical violence-Ever experienced	15	7.5	4	1.3	19	3.8
Sexual violence						
Ever physically force to have sexual intercourse without willingness	7	3.5	3	1.0	10	2.0
Ever have sexual intercourse without willingness	10	5.0	2	.7	12	2.4
Ever force to do something sexual that found degrading or humiliating	11	5.5	2	.7	13	2.6
At least one sexual violence ever experienced	15	7.5	4	1.3	19	3.8
Physically force to have sexual intercourse without willingness in past one months	7	3.5	3	1.0	10	2.0
Sexual intercourse without willingness in past one month	8	4.0	2	.7	10	2.0
Force to do something sexual that found degrading or humiliating in past one month?	9	4.5	2	.7	11	2.2
At least one sexual violence-in the past month	13	6.5	4	1.3	17	3.4
Total	200	*	300	*	500	*

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

Checked by the supervisor: Signature: _____ Date: /___/___/2072
DD/ MM

Data Entry # 1: Clerk's name: _____ Date: /___/___/2072
DD/ MM

Data Entry # 2: Clerk's name: _____ Date: /___/___/2072
DD/ MM

1.0 GENERAL INFORMATION

Q. N.	Questions and Filters	Coding Categories	Skip to
101	Respondent ID No.		
101.1	Write down how you contacted the respondent?	Met personally 1 Through known FSW 2 Through PE..... 3 Through ORE/CM..... 4 Other (Specify)_ 96	
1.02	Where is the respondent (sex worker) based?	Disco 1 Dance Restaurant 2 Cabin Restaurant..... 3 Call Girl 4 Massage Parlor..... 5 House Settlement 6 Bhatti Pasal 7 Street 8 Garment/Carpet Factory 9 Squatter/Refugee..... 10 Restaurant/Tea shop..... 11 Dohori Restaurant 12 Hotel/Lodge 13 Other (Specify) 96	
103	Interview Starting Time Interview Completion Time (fill at the end of interview)	_____	
104	Where were you born?	District _____ VDC/Municipality _____ Ward No. Village/Tole _____	

105	Where do you live now? (Name of Current Place of Residence)	District <input type="text"/> <input type="text"/> VDC/Municipality <input type="text"/> <input type="text"/> Ward No. <input type="text"/> <input type="text"/> . Village/Tole <input type="text"/> <input type="text"/>	
106	How long have you been living continuously at this location?	Month Always (since birth) 0 → 201 Since less than a month..... 995	
107	Before you moved here, where did you live?	District VDC/Municipi <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Ward No. <input type="text"/> <input type="text"/> Village/Tole <input type="text"/> <input type="text"/>	

2.0 PERSONAL INFORMATION

<i>Q. N.</i>	<i>Questions and Filters</i>	<i>Coding Categories</i>	<i>Skip to</i>
201	How old are you? (If less than 16 years, stop interview)	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? <i>Code:</i> (Circle '00' if illiterate, '19' for the literate without attending the school, and write exact number of the completed grade)	Illiterate 0 Literate 19 Grade <input type="text"/> <input type="text"/> (Write the completed grade)	

<i>Q. N.</i>	<i>Questions and Filters</i>	<i>Coding Categories</i>	<i>Skip to</i>
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 (Write the completed years)	204.3
204.2	Are you presently living with your husband?	Yes 1 No 2	205

204.3	<p><i>Who are you living with now?</i></p> <p>(Multiple answers. DO NOT READ the possible answers)</p>	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. 205.13]			
205	At what age were you married for the first time?	Years old (Write Complete Years)	
205.1	Have you ever given birth to children? (Include all live births even those who died after sometime, and also still births)	Yes 1 No 2	205.3
205.2	If yes, how many were live births? (Include all live births even those who died after sometime but don't include still births)	Sons Daughters	
205.3	Have you had miscarriage during your any pregnancies?	Yes 1 No 2	205.5
205.4	If yes, total number of miscarriage	# Terminations.....	
205.5	Have you done termination/abortion of your any	Yes 1 No 2	205.8
205.6	If yes, total number of pregnancy terminated/aborted	# Terminations	
205.7	Who assisted you at last abortion	Doctor..... Nurse.....2 Midwife.....3 TBA.....4 Traditional healer.....5 Friend.....6 Nobody.....7 Others (Specify) 96 Don't know.....98	
205.8	Do you want to have a child in the next two years?	Yes 1 No 2	
205.8.1	Do you want to have a child in the next 6 months?	Yes 1 No 2	

205.9	Were you pregnant in the last 12 months? (Include currently pregnant)	Yes 1 No 2	205.13
205.10	(Don't ask 205.10, 205.11 and 205.12 to those who are currently pregnant and skip to 205.13) If Yes, What was the outcome of the last pregnancy? If the response is 3 or 4 check O.N.205.6 or 205.7)	Live Birth..... 1 Still Birth 2 Spontaneous abortion..... 3 Forced Abortion 4	205.13 205.13
205.11	Who assisted your last delivery?	Doctor1 Nurse.....2 Midwife3 TBA4 Traditional healer5 Friend.....6 Nobody7 Others (Specify)96 Don't know 98	
205.12	Where did you deliver your last child?	Home 1 Health Post (HP) 2 Sub Health Post (SHP)..... 3 Primary Health Center (PHC)..... 4 District Hospital..... 5 Other (Specify)_ 96	

<i>Q. N.</i>	<i>Questions and</i>	<i>Coding Categories</i>	<i>Skip to</i>
205.13	Now I would like to talk about family planning – the various ways or methods that a couple can use to delay or avoid a pregnancy Which ways or methods have you heard about? <i>(Lead the each Questions, Multiple answers Possible)</i>		
01	FEMALE STERILIZATION- women can have an operation to avoid having any more children	Yes 1 No 2	
02	MALE STERILIZATION- men can have an operation to avoid having any more children	Yes 1 No 2	
03	PILL- women can take a pill every day to avoid becoming pregnant	Yes 1 No 2	
04	IUD – women can have a loop or coil placed inside tem by a doctor or a nurse	Yes 1 No 2	
05	INJECTABLES – women can have an injection by a health provider that stops them from becoming pregnant for one or	Yes 1 No 2	
06	IMPLANTS- women can have several small rods placed in their upper arm by a doctor or a nurse which can prevent pregnancy for one or more years Implants:	Yes 1 No 2	

07	CONDOM – men can put a rubber sheath on their penis before sexual intercourse	Yes 1 No 2	
08	RHYTHM METHOD – Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is not likely to get pregnant	Yes 1 No 2	
09	WITHDRAWAL – Men can be careful and pull out before climax	Yes 1 No 2	
10	Have you heard any other ways or method that women or men can use to avoid pregnancy?	Yes..... 1 (Specify) No 2	
205.14	Are you currently doing something or using any method to delay or avoid	Yes 1 No 2	206
205.15	If yes, which method are you using currently? (Multiple answers possible, Do NOT		
01	If yes, which method are you using currently? (Multiple answers possible, Do NOT READ the Possible answers) FEMALE STERILIZATION- women can	Yes 1 No 2	
02	MALE STERILIZATION- men can have an operation to avoid having any more children	Yes 1 No 2	
03	PILL- women can take a pill every day to avoid becoming pregnant	Yes 1 No 2	
04	IUD – women can have a loop or coil placed inside tem by a doctor or a nurse	Yes 1 No 2	
05	INJECTABLES – women can have an injection by a health provider that stops them from becoming pregnant for one or	Yes 1 No 2	
06	IMPLANTS- women can have several small rods placed in their upper arm by a doctor or a nurse which can prevent	Yes 1 No 2	
07	CONDOM – men can put a rubber sheath on their penis before sexual intercourse	Yes 1 No 2	
08	RHYTHM METHOD – Every month that a woman is sexually active she can avoid pregnancy by not having sexual	Yes 1 No 2	
09	WITHDRAWAL – Men can be careful and pull out before climax	Yes 1 No 2	

10	Are you currently using any method that women or men can use to avoid pregnancy?	Yes 1 (Specify) No 2	
	Check Q. N. 204, if it is divorced/permanently/separated (2), widow (3) or never married (4). skip to Q.N. 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 are those who have completed 18 years)	Adults Children	
208	How long have you been exchanging sexual intercourse for money or other things? (If answer is less than 6 months stop interview)	Months 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?	
210	Where else have you worked as a sex worker? (For example: Bhatti shop, Cabin Restaurant, Discotheques etc.) Mention location in the space provided (Multiple answers. DO NOT READ the possible answers)	Discothèque 1 Dance restaurant 2 Cabin restaurant 3 Call girl 4 Massage parlor..... 5 House 6 Bhatti pasal 7 Road..... 8 Garment/carpet factory 9 Squatter settlement/refugee..... 10 Restaurant 11 Dohori restaurant 12 Hotel/lodge 13 Did not work anywhere else 0 Others (Specify).....96	
211	Have you ever been engaged in this profession in other locations too?	Yes..... 1 No..... 2	213
211.1	Where did you work? (List all the places mentioned by the respondent)	District VDC/Municipality Village/Tole 1 _____ 2 _____ 3 _____ 4 _____	

212	In the past one-year have you followed this profession in other locations also?	Yes 1 No 2	213
212.1	Where did you follow such profession? (List all the places)	District VDC/Municipality Village/Tole 1 _____ 2 _____ 3 _____ 4 _____	
213	Have you ever followed this profession even in India?	Yes..... 1 No..... 2	216
213.1	Where did you work in India? (List all the locations worked in India)	Name of Places Name of Nearby City 1 _____ 2 _____ 3 _____ 4 _____	
214	In total, for how many months did you work as a sex worker in India?	Months	
215	Have you ever been trafficked (tricked or forced) into a job as an entertainer?	Yes1 No.....2	
216	What is your average weekly income from commercial sex?	Cash _____Rs.	

<i>Q. N.</i>	<i>Questions and Filters</i>	<i>Coding Categories</i>	<i>Skip to</i>
	[Note: If there is '0' in both cash and gift equivalent, probe for the reasons]	Gift equivalent to _____Rs. Others (Specify)_____ 96 Total _____Rs.	
217	Do you have any other work besides sex work?	Yes 1 No 2	218
217.1	What do you do?	Waiter 1 Housemaid/restaurant employee (dish cleaner, cook, washerwoman, etc.) 2 Wage laborer..... 3 Own restaurant/bhatti pasal 4 Masseuse..... 5 Dancer..... 6 Business (retail store, fruit shop etc.) .. 7 Knitting /tailoring 8 Peer educator 9 Job (teacher, peon etc) 10 Others (Specify)_____ 96	
217.2	What is your average weekly income from the above-mentioned sources?	_____Rupees	

218	Have you ever encountered any client who refused to give money after having sex?	Yes 1 No 2	301
218.1	How many such incidents have occurred in the past six months?	Times	

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 Don't know/Can't recall98	
301.1	Your first sexual intercourse (vaginal/anal) is forced or consensual one?	Forced1 Consensual.....2 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 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 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 Don't know.....98	
305	Usually, how many clients visit you in a day?	Number	
305.1	With how many clients did you have sexual intercourse yesterday?	Number	
305.2	With how many clients did you have sexual intercourse in the past week?	Number	

306	<p>In the past month, with which profession's client did you mostly have sex?</p> <p>(Encircle three most reported types of client. DO NOT READ the possible answers)</p>	<p>Bus, truck or tanker worker..... 1 Taxi, jeep, microbus or minibus worker2 Industrial/wage worker3 Police.....4 Soldier/Army5 Student6 Rickshawala7 Service holder.....8 Businessmen.....9 Mobile Businessmen..... 10 Migrant worker/lahurey 11 Contractor 12 Foreigner (Indian and other Nationals) 14 Farmer.....15 Others (Specify)96</p>	
306.1	<p>What was the professional background of your last client?</p>	<p>Bus, truck or tanker worker..... 1 Taxi, jeep, microbus or minibus worker2 Industrial/wage worker3 Police.....4 Soldier/Army5 Student6 Rickshawala7 Service holder.....8 Businessmen.....9 Mobile Businessmen..... 10 Migrant worker/lahurey 11 Contractor 12 Foreigner (Indian and other Nationals)..... 14 Farmer.....15 Others (Specify)96 Don't know.....98</p>	
307	<p>How many days in a week (on an average) do you work as a sex worker?</p>	<p>Days</p>	
308	<p>When did you have the last sexual intercourse with a client? (Write '00' if Today)</p>	<p>Days before.....</p>	
309	<p>How many partners did you have sexual intercourse with on that day?</p>	<p>Number</p>	
310	<p>How much rupees or other items did the last client pay you?</p> <p>(Note: If there is '00' in both cash and gift equivalent, mention the reasons)</p>	<p>Cash Rs. Gift equivalent to Rs. Others (Specify)..... 96 Total Rs.</p>	

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?	Yes 1 No 2	401.2
401.1	Who suggested condom use at that time?	Myself 1 My Partner 2 Don't know 98	402
401.2	Why didn't your client use a condom at that time? (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 Client offered more money 8 Didn't know / not aware about condom 9 Other (Specify) 96 Don't know 98	
402	How often did your clients use condom over the past 12 months?	All of the time 1 Most of the time 2 Some of the time 3 Rarely 4 Never 5	403
402.1	Why didn't your client 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 Client offered more money 8 Didn't know / not aware about Condom 9 Other (Specify) 96 Don't know 98	

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?	Yes 1 No 2	406
404	Did your regular client use condom in the last sexual contact with you?	Yes 1 No 2	404.2
404.1	Who suggested condom use at that time?	Myself 1 My Partner 2 Don't know 98	405

404.2	Why didn't your regular client use a condom at that time?	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 Client offered more money 8 Didn't know / not aware about condom..... 9 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 time..... 1 Most of the time 2 Some of the time 3 Rarely 4 Never 5	406
405.1	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 Client offered more money 8 Other (Specify) 96 Don't know 98	
405.1.1	If a client (regular or casual) refuses to use a condom, what do you usually do?	Refuses to have sex with the client....1 Forces the client to use a condom.....2 Explains the advantages of condoms..3 Still has sex with the client.....4 Only takes medication/treatment after sex.....5 Other (Specify) 96 Don't know.....98	
405.1.2	Whether this happened in the past 30 days?	Yes.....1 No.....2	
405.1.3	How often do you have sex with regular and casual clients without condoms to make more money within 6 months?	Always.....1 Most of the time.....2 Sometimes.....3 Never.....4	

Condom use with Non-paying regular 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?	Yes 1 No 2	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 Don't know..... 98	
408	The last time you had sex with your husband or male friend staying to gather, did your sex partner use a condom?	Yes 1 No 2	408.2
408.1	Who suggested condom use that time?	Myself 1 My Partner 2 Don't know..... 98	409
408.2	Why didn't your partner use a condom that time?	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 Trust partner 8 Wish to have child 9 Other (Specify) 96 Don't know 98	
409	How often did all of your non-paying regular 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 Trust partner 8 Wish to have child 9 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	412.2
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
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	412.2
412.1	Why did your other partners not use condom regularly? (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	

Knowledge and use of female condom

Q. N.	Questions and Filters	Coding Categories	Skip to
412.2	Have you heard about condoms that can be used by women? (If the respondent has not heard about female condom, explain what they are before asking questions)	Yes 1 No 2	412.7
412.3	If yes, from where did you know about this? (Multiple answers. DO NOT READ the possible answers)	Radio..... 1 TV 2 Pharmacy 3 Health Post/Health Center 4 Hospital..... 5 Health Workers/Volunteers 6 Friends/Relatives/Neighbors..... 7 NGO staff 8 Newspapers/Posters 9 Video Van..... 10 Street Drama 11 Cinema Hall 12 Community interaction/training..... 13 Bill Board/Sign Board 14 Comic Book 15 Community Workers 16 Others (Specify) 98	
412.4	Have you ever used female condoms?	Yes 1 No 2	412.7
412.5	When was the last time you used female condom?	Within a month..... 1 1-5 months before..... 2 6-11 months before 3 More than 12 months before 4 Don't remember/know 98	
412.6	Who was your sex partner when you used female condom last time?	Regular partner 1 Client 2 Regular client..... 3 Others (Specify)..... 4 Don't know 98	
412.7	In your opinion are female condoms useful for women like you?	Yes 1 No 2	
413	With whom did you have your last sexual intercourse in the past one year?	Client..... 1 Husband/male friend..... 2	
413.1	Did you use condom at that time?	Yes 1 No 2	

Condom Accessibility

Q. N.	Questions and Filters	Coding Categories	Skip to
414	Do you usually carry condoms with you?	Yes 1 No 2	415
414.1	At this moment, how many condoms do you have at-hand with you? (Observe and write)	Number	
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 clinic 4 Paan shop 5 Hospital 6 NGOs clinic..... 7 Peer/friends..... 8 NGO/health workers/volunteers..... 9 Hotel/lodge 10 Client/other sex partner 11 Massage parlor..... 12 Bhatti pasal 13 Other (Specify)..... 96 Don't know 98	
415.1	How long does it take for you to obtain a condom from the nearest spot from your house or your working place?	Minutes No knowledge/not aware of condom..... 95	
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	416.3 418
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 NGOs clinics..... 3 Peers/friends.. 4 Community events 5 NGO/Health Workers/Volunteers..... 6 Client/other sex partner 7 Massage parlor..... 8 Hotel/lodge/restaurant..... 9 Bhatti pasal 10 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 NGOs clinics..... 3 Peers/friends.. 4 Community events 5 NGO/Health Workers/Volunteers..... 6 Client/other sex partner 7 Massage parlor..... 8 Hotel/lodge/restaurant..... 9 Bhatti pasal 10 Others (Specify)_ 96	
416.3	In the last 12 months, have you been given condoms by any organizations?	Yes - free 1 Yes – on cash 2 No 3	
Note: If response is '1' in Q416 Go to Q418 after 416.3			
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 Hotel/lodge/restaurant..... 5 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 Hotel/lodge/restaurant..... 5 Others (Specify)_ 96	

Type of Sex Practice

Q. N.	Questions and Filters	Coding Categories	Skip to
418	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)	Yes 1 No 2	501

418.1	If yes, what type of sexual act/s were they? (Multiple answers. DO NOT READ the possible answers)	Oral 1 Anal 2 Masturbation 3 Other (Specify) 96	
418.2	What type of sexual contact did you have with your last client? (Multiple answers. DO NOT READ the possible answers)	Oral 1 Anal 2 Masturbation 3 Vaginal..... 4 Other (Specify) 96	

Violence

Questions	Client		Regular Client		Non paying client (Husband or male friends)		Other than clients, husbands and male friends living together		Police personnel	
	Ever	Past 12 months	Ever	Past 12 months	Ever	Past 12 months	Ever	Past 12 months	Ever	Past 12 months
419 Has your current husband / partner, client or any other partner ever...										
a) Insulted you or made you feel bad about yourself?	1	2	1	2	1	2	1	2	1	2
b) Belittled or humiliated you in front of other people?	1	2	1	2	1	2	1	2	1	2
c) Done things to scare or intimidate you on purpose (e.g. by the way he looked at you, by yelling and smashing things)?	1	2	1	2	1	2	1	2	1	2
d) Threatened to hurt you or someone you care about?	1	2	1	2	1	2	1	2	1	2
420 Has your current husband / partner, client or any other partner ever....										
a) Slapped you or thrown something at you that could hurt you?	1	2	1	2	1	2	1	2	1	2
b) Pushed you or shoved you or pulled your hair?	1	2	1	2	1	2	1	2	1	2
c) Hit you with his fist or with something else that could hurt you?	1	2	1	2	1	2	1	2	1	2
d) Kicked you, dragged you or beat you up?	1	2	1	2	1	2	1	2	1	2

e) Choked or burnt you on purpose?	1	2	1	2	1	2	1	2	1	2
f) Threatened to use or actually used a gun, knife or other weapon against you?	1	2	1	2	1	2	1	2	1	2
421 Has your current husband / partner, client or any other partner ever										
a) physically force you to have sexual intercourse when you did not want to?	1	2	1	2	1	2	1	2	1	2
b) have sexual intercourse you did not want to because you were afraid of what your partner or any other partner or client might do?	1	2	1	2	1	2	1	2	1	2
c) force you to do something sexual that you found degrading or humiliating?	1	2	1	2	1	2	1	2	1	2

5.0 AWARENESS OF HIV/AIDS

Q. N.	Questions and Filters	Coding Categories	Skip to
501	Have you ever heard of HIV/AIDS?	Yes 1 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?	Yes 1 No 2	505
504	Do you have a close relative or close friend who is infected with HIV or has died of AIDS?	Yes, a close relative 1 Yes, a close friend..... 2 No 3	
505	Can people protect themselves from HIV by keeping sexual contact with only one uninfected faithful sex partner?	Yes 1 No 2 Don't know..... 98	
506	Can people protect themselves from HIV, virus-causing AIDS, by using condom correctly in each sexual contact?	Yes 1 No 2 Don't know..... 98	
507	Do you think a healthy-looking person can be infected with HIV?	Yes 1 No 2 Don't know..... 98	
508	Can a person get the HIV virus from mosquito bite?	Yes 1 No 2 Don't know..... 98	
509	Can a person get HIV by sharing a meal with an HIV infected person?	Yes 1 No 2 Don't know..... 98	
510	Can a pregnant woman infected with HIV/AIDS transmit the virus to her unborn child?	Yes 1 No 2 Don't know..... 98	512
511	What can a pregnant woman do to protect her child from HIV transmission?	Cannot do anything/cannot protect the child 0 Take Medication 1 Abort the child 2 Other (Specify)_____ 96 Don't know..... 98	
512	Can a woman with HIV/AIDS transmit the virus to her new-born child through breastfeeding?	Yes 1 No 2 Don't know..... 98	
513	Can people protect themselves from HIV virus by abstaining from sexual intercourse?	Yes 1 No 2 Don't know..... 98	
514	Can a person get HIV by holding an HIV infected person's hand?	Yes 1 No 2 Don't know..... 98	
515	Can a person get HIV, by using previously used needle/syringe?	Yes 1 No 2 Don't know..... 98	

516	Can blood transfusion from an infected person to the other transmit HIV?	Yes 1 No 2 Don't know..... 98	
517	Is it possible in your community for someone to have a confidential HIV test?	Yes 1 No 2 Don't know..... 98	
517.1	Do you know where can you go for HIV testing?	Yes 1 No 2	
518	I don't want to know the result , but have you ever had an HIV test?	Yes 1 No 2	601
519	Did you voluntarily undergo the HIV test or because it was required?	Voluntarily 1 Required..... 2	
520	Please do not tell me the result , but did you find out the result of your test?	Yes 1 No 2	522
521	Why did you not receive the test result?	Sure of not being infected..... 1 Afraid of result..... 2 Felt unnecessary..... 3 Forgot it 4 Other (Specify)_____ 96	
522	When did you have your most recent HIV test?	Within last 12 months 1 Between 1-2 years..... 2 Between 2-4 years..... 3 More than 4 years ago..... 4	
523	I don't want to know the results , but did you receive the results of that test?	Yes 1 No.....2	

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/AIDS..... 1 Condoms should be used to avoid STI..... 2 Condoms should be used for family planning, other family planning messages 3 Other (Specify) _____.. 96		

Knowledge of 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?	Yes 1 No 2 No response 99	609
606	When you met/discussed/interacted with PE or OE, what activities did they involve you in? (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)	NGOs (Specify)..... Others (Specify) _____..... 96 Don't know 98	
608	How many times have you been visited by PE and/or OE in the last 12 months?	Once..... 1 2-3 times 2 4-6 times 3 7-12 times 4 More than 12 times 5	
609	Have you visited or been to any drop in center (DIC) in the last 12 months?	Yes 1 No 2	613

Q. N.	Questions and Filters	Coding Categories	Skip to
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610	What did you do at DIC? (Multiple answers. do not read the possible answers)	Went to collect condoms 1 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	
611	Do you know which organizations run those DICs ? (Multiple answers. DO NOT READ the possible answers)	NGOs (Specify)..... Others (Specify) 96 Don't know 98	
612	How many times have you visited such DICs in the last 12 months?	Once..... 1 2-3 times 2 4-6 times 3 7-12 times 4 More than 12 times 5	
613	Have you visited any STI clinic in the last 12 months?	Yes 1 No 2	617
614	What did you do at such STI clinics? (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 me 6	
615	Do you know which organizations run those STI clinics? (Multiple answers. do not read the possible answers)	Government sector (specify)..... Private sector (specify)..... NGOs (Specify)..... Others (Specify)..... 96 Don't know..... 98	
616	How many times have you visited such STI clinic in the last 12 months?	Once 1 2-3 times 2 4-6 times 3 7-12 times 4 More than 12 times 5	
617	Have you visited any voluntary counseling and testing (VCT) centers in the last 12 months?	Yes 1 No 2	620.1

618	<p>What did you do at such VCT centers?</p> <p>(Multiple answers. DO NOT READ the possible answers)</p>	<p>Received pre-HIV/AIDS test counseling 1</p> <p>Blood sample taken for HIV/AIDS test 2</p> <p>Received post HIV/AIDS test counseling 3</p> <p>Got information on HIV/AIDS window period 4</p> <p>Received HIV/AIDS test result 5</p> <p>Received counseling on using Condom correctly in each sexual intercourse 6</p> <p>Took a friend with me..... 7</p> <p>Other (Specify) _____..... 96</p>	
619	<p>Do you know which organizations run those VCT centers?</p> <p>(Multiple answers. DO NOT READ the possible answers)</p>	<p>Government sector (specify).....</p> <p>Private sector (specify).....</p> <p>NGOs (Specify).....</p> <p>Others (Specify) _____ 96</p> <p>Don't know.....</p>	
620	<p>For how many times have you visited VCT center in the last 12 months?</p>	<p>Once..... 1</p> <p>2-3 times 2</p> <p>4-6 times 3</p> <p>7-12 times 4</p> <p>More than 12 times 5</p>	620.2
620.1	<p>If not visited VCT in the last 12 months, what is the reason for this?</p> <p>(Multiple answers. DO NOT READ the possible answers)</p>	<p>Do not know about VCT center 1</p> <p>I do not think I need to be tested 2</p> <p>I have no symptoms of HIV 3</p> <p>No VCT near by..... 4</p> <p>I have already tested and know my status 5</p> <p>No money to go to HCT center 6</p> <p>Fear that people will see me visiting VCT 7</p> <p>Fear that family members/friend/clients will know it..... 8</p> <p>Others (Specify) _____..... 96</p>	
620.3	<p>If you were approached by health workers/outreach workers, what did they advise you?</p> <p>(Multiple answers. DO NOT READ the possible answers)</p>	<p>Talked about my sex partners 1</p> <p>Advised to visit VCT if I have some problems 2</p> <p>Advised me to visit VCT once in a month in any case 3</p> <p>Did not talk about HIV testing..... 4</p> <p>Others (Specify) _____..... 96</p>	
621	<p>Have you ever heard about prevention of mother to child transmission services (PMTCT) for pregnant women?</p>	<p>Yes 1</p> <p>No 2</p> <p>No response 99</p>	} }

621.1	Do you know from where pregnant women can get PMTCT services?	Yes 1 No 2 No response 99 } }	
621.2	If Yes, please specify	
622	Have you ever heard about anti-retroviral therapy (ART) services for HIV positive individuals?	Yes 1 No 2 No response 99 } }	
622.1	Do you know from where HIV positive individuals can get ART services?	Yes 1 No 2 No response 99 } }	
622.2	If Yes, please specify	
623	Have you heard of viral load testing services for HIV positive individuals ?	Yes 1 No 2 No response 99 } }	
623.1	Do you know from where HIV positive individuals can get viral load testing services?	Yes 1 No 2 No response 99 } }	
623.2	If Yes, please specify	
624	Have you heard of any Community Home Based Care (CHBC) services that are provided for HIV Positive people?	Yes 1 No 2	

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 vagina 2 Lower abdominal pain 3 Syphilis (Bhiringi)/gonorrhea 4 HIV/AIDS 5 Painful urination 6 Swelling of vagina 7 Pain in vagina 8 Unusual bleeding from vagina 9 Ulcer or sore around vagina 10 Fever 11 Burning during urination 12 Weight loss/ get thinner 13 Don't know 98	
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?	Yes 1 No 2		710
703.1	If yes, for how long did you wait to go for the treatment? (Write '00' if less than a week)	Week		
704	Where did you go for the treatment? (Multiple answers. DO NOT READ the possible answers)	Government sector (specify)..... Private sector (specify)..... NGOs (Specify)..... 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	71
707	Did you obtain all the medicine prescribed?	Yes I obtained all of it1 I obtained some but not all.....2 I obtained none3	710
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 help3 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).	Government sector (specify)..... Private sector (specify)..... NGOs (Specify)..... Others (Specify) _____ . 96		
713	Did anyone from the place where you went for treatment counsel you about how to avoid the problem?	Yes 1 No 2	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 partners 2 Told me to take medicine regularly 3 Told me not to have sexual contact during medicine taking period 4 Advised me to come for regular check up..... 5 Others (Specify) 96	
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Use of alcohol, Illicit 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 week 2 At least once a week 3 Less than once in a week 4 Never 5 Don't know 98	
801.1	How often are you drunk when you have sex (anal/vaginal) with clients in last 6 months?	Always..... 1 Most of the time..... 2 Sometimes..... 3 Never..... 4	
801.2	How often are your clients drunk or high on illicit drugs (Ganja, Bhang) when they have sex with you in last 6 months?	Always..... 1 Most of the time..... 2 Sometimes..... 3 Never..... 4	
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.) \	Yes 1 No 2 Don't know..... 98	
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 No 2 Don't know..... 98	809
803.1	How old were you when you first injected drugs?	Age..... Don't know 98	
803.2	How long have you been injecting drugs? (Include self-injection or injection by others)	Years Months No response 99	
804	Have you injected drugs in last 12 months? (Do not count drugs injected for medical purposes or treatment of an illness)	Yes 1 No 2 Don't know..... 98	809
804.1	Have you injected drugs in the past one month?	Yes 1 No 2	809

804.2	Have you injected drugs in the past one week?	Yes 1 No 2	809
805	Are you currently injecting drugs?	Yes 1 No 2	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 No 2 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 Time 1 Almost Every Time 2 Sometimes 3 Never 4 Don't Know 98	
808	Usually how do you obtain a syringe/needle?	My friend/relative give it to me after use..... 1 Unknown person give it to me 2 I pick it up from a public place used and left by others 3 I pick it up from a public place where I leave my syringes 4 I use a new needle/syringe given by NGO/volunteer 5 I purchase a new needle/syringe 6 Sex partner give it to me 7	
809	Have you ever exchanged sex for drugs?	Yes 1 No 2	
810	Have you ever exchanged sex for money so that you can buy drug?	Yes 1 No 2	
811	To your knowledge, have any of your sex partners injected drugs?	Yes 1 No 2	81
811.1	(For Married SW only) Does your husband inject drug? (Check with Q. 204)	Yes 1 No 2 Don't know 98	
811.2	(For female having regular client) Did your regular client inject drug? (Check with Q. 403)	Yes 1 No 2 Don't know 98	
811.3	(For all) Do you know any of your client ever injecting drugs?	Yes 1 No 2 Don't know 98	
812	Do you know anyone who injects drugs?	Yes 1 No 2	90
812.1	If yes, how are you related to her/him? (Multiple answers, Do NOT READ the Possible answers)	Client 1 Friend 2 Family 3 Relative 4 Neighbor/male from village/ someone not related to 5 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 No 2 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 No 2 Don't know..... 98	
903	If a member of your family gets HIV, would you want it to remain a secret?	Yes 1 No 2 Don't know..... 98	
904	If you knew a shopkeeper or food seller had HIV, would you buy food from him/her?	Yes 1 No 2 Don't know..... 98	
905	Do you think a person with HIV should get the same, more or less health care than someone with any other chronic disease?	Same 1 More 2 Less 3	
906	If one of your colleagues has HIV but he/she is not very sick, Do you think he/she should be allowed to continue working?	Yes 1 No 2 Don't know..... 98 No response 99	
907	Do you think children living with HIV should be able to attend school with children who are HIV negative?"	Yes 1 No 2 Don't know..... 98 No response 99	
908	Did you ever feel so low you thought a lot about committing suicide?	Yes 1 No 2 No response.. 99	
909	Did you ever make a suicide plan?	Yes 1 No 2 No response.. 99	
909.1	How often did you have any thoughts about ending your own life during the past three months?	Many times..... 1 A few times..... 2 Once or twice..... 3 No response..... 99	
910	Did you ever attempt suicide?	Yes 1 No 2 No response..... 99	

10.0 DRUG USE

Q.N.	Questions	Coding Categories	Skip to
	Ask this section to those respondent who have injected drugs at least once in the past 1 month, Check question no 804.1 = 1		
1001	Have you used non-sterile injecting equipment at any time in the last month?	Yes..... 1 No..... 2	
1002	In the last month, did you switch from injecting to oral drugs?	Yes..... 1 No..... 2	
1003	How many times would you say you injected drugs yesterday?	Times..... <input type="text"/> Not injected 0	1007

1004	Would you like to tell me why you did not inject yesterday?	1. _____ 2. _____ 3. _____	
1005	How many days ago did you get injected?	Days ago..... <input type="text"/> <input type="text"/>	
1006	How many times would you say you injected drugs on the last day?	Times..... <input type="text"/> <input type="text"/>	
1007	During the past one-week how often would you say you injected drugs?	Once a week 1 2-3 times a week 2 4-6 times a week 3 Once a day..... 4 2-3 times a day 5 4 or more times a day..... 6 Not injected in the last week..... 7 Don't know 98 No response..... 99	

11.0 NEEDLE SHARING BEHAVIORS

Q.N.	Questions	Coding Categories	Skip to
1101	Think about the times, you have injected drugs yesterday/last day. How many times did you inject drugs on that day? (Fill the number from answer to Q. 1003 or 1006 and verify by asking the respondent)	Times..... <input type="text"/> <input type="text"/>	
1102	The last time you injected, how did you get that syringe/needle? (Public place means places other than the IDU's home that are used to hide syringe/needle)	My friend/relative gave it to me after his use 1 Unknown person gave it to me after he use.....2 I picked it up from a public place which was left there by others ⁺3 I picked it up from a public place which was left there by myself ⁺4 I used a new needle/syringe given by NGO staff/volunteer5 (write the name of Organization) I used a needle/syringe which I purchased6 I reused my own needle/syringe7 My friend gave new needle/syringe 8 Others (Specify)96 Don't know98 No response.....99	

Q.N.	Questions	Coding Categories	Skip to
1102.1	If you were in a group the last time that you injected, how many different people in the group do you think used the same needle?	Number. <input type="text"/> <input type="text"/> Injected alone95	
1103	Think about the times, you have injected drugs during the past one-week. How often was it with a needle or syringe that had previously been used by someone else?	Every times 1 Almost every-times.....2 Sometimes.....3 Never used.....4 Not injected in the last week 5 Don't know98 No response.....99	1111
1103.1	When you injected drug during the past week, how often did you use a syringe/ needle that had been left in public place? (Public place means places other than the IDU's home that are used to hide syringe/needle)	Every times 1 Almost every-times.....2 Sometimes.....3 Never4 Don't know98 No response.....99	
1104	In the past one-week, did you ever share needles and syringes with any of the following? Read out list. Multiple answers possible	<i>No</i> <i>DK</i> <i>NR</i>	

	Your usual sexual partner	2	98	99	
	A sexual partner who you did not know	2	98	99	
	A friend	2	98	99	
	A drugs seller	2	98	99	
	Unknown Person	2	98	99	
	96. Other (Specify) _____	2			
1105	With how many different injecting partners did you share needles or syringes in the past one-week? (Count everyone who injected from the same syringe)	Number of partners <input type="text"/> <input type="text"/>			
		Don't know 98			
		No response..... 99			
1106	In the past one-week, how often did you give a needle or syringe to someone else, after you had already used it?	Every times 1			
		Almost every-times..... 2			
		Sometimes..... 3			
		Never 4			
		Don't know 98			
		No response..... 99			
1107	In the past-week, did you ever inject with a pre-filled syringe? (By that I mean a syringe that was filled without you witnessing it)	Yes..... 1			
		No 2			
		Don't know..... 98			
		No response..... 99			
1108	In the past one-week, how often did you inject drugs using a syringe after someone else had squirted drugs into it from his/her used syringe? (Front-loading/back-loading/splitting)	Every times 1			
		Almost every-times..... 2			
		Sometimes..... 3			
		Never 4			
		Don't know 98			
		No response..... 99			
1109	In the past one-week, when you injected drugs, how often did you share a cooker/vial/container, cotton/filter, or rinse water?	Every times 1			
		Almost every-times..... 2			
		Sometimes..... 3			
		Never 4			
		Don't know 98			
		No response..... 99			
1110	In the past one-week, how often you drew up your drug solution from a common container used by others?	Every times 1			
		Almost every-times..... 2			
		Sometimes..... 3			
		Never 4			
		Don't know 98			
		No response..... 99			
1111	In the past one year have you switched from sharing to non-sharing practice?	Yes..... 1			
		No 2			
1112	Can you obtain new, unused needles and syringes when you need them?	Yes..... 1			
		No 2			
		Don't know..... 98			
		No response..... 99			1114

1113	<p>Where can you obtain new unused needles and syringes?</p> <p>(Do not read out list. Multiple answers possible. Probe only with "Anywhere Else?")</p>	Drugstore..... 1 Other shop 2 Health worker..... 3 Hospital 4 Drug wholesaler/drug agency 5 Family/relatives..... 6 Sexual partner 7 Friends..... 8 Other drugs users 9 Drugs seller 10 Needle exchange program of _____ 11 Steal from legitimate source (hospital/pharmacy) 12 Buy on streets..... 13 Other (Specify) _____ 96	
1114	<p>In the past one-year, did you ever inject drug in another city/district (or another country)?</p>	Yes..... 1 No 2 Don't remember 98 No response..... 99	
1114.1	<p>In the last 12 months, have any of outreach workers, a peer educator or a staff from a needle exchange program given you a new needle/syringe?</p>	Yes..... 1 No 2 Don't remember 98 No response..... 99	
1115	<p>Are you currently under treatment (or receiving help) or have you ever received treatment (or help) because of your drug use?</p>	Currently under treatment 1 Was in treatment but not now..... 2 Have never received treatment... 3 No response..... 99	<i>End the</i>
1116	<p>How many months ago did you last receive treatment or help for your drug use?</p>	Months Don't know 98 No response..... 99	
1117	<p>What kind of treatment or help you received? (Do not read out the responses, probe asking, "Are there any other kinds of treatment that you've received?") (Multiple Answers Possible)</p>		
	<p style="text-align: center;">Types of Treatments</p> 1. Outpatient counseling 2. Self-help groups 3. Detoxification w/methadone 4. Maintenance w/methadone 5. Detoxification w/other drugs 6. Detoxification with no drug 7. Residential rehabilitation 8. Helped for <i>cold turkey</i> without medicine 9. Forced for <i>cold turkey</i> by others without treatment 96. Others (Specify) _____ 99. No response	<p style="text-align: center;">Name of Institutions</p>	

Annex 4 Ethical Clearance

Oral Informed Consent Form for Female Sex Workers involving in Integrated Biological and Behavioral surveillance survey

Subject: Bio-behavioral survey on Female sex workers

Sponsor: Government of Nepal, Ministry of Health and Population, National Centre for AIDS and STD Control (NCASC)

Principal Investigator: Dr. Dipendra Raman Singh

Address: Government of Nepal, Ministry of Health and Population, National Centre for AIDS and STD Control (NCASC), Teku Kathmandu, Nepal

Phone: +01426153,4262753, 4258219, Fax: +014261406

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Introduction of Survey

We are asking you to take part in a research study to collect information on knowledge of human immunodeficiency virus (HIV)/sexually transmitted infections (STIs), HIV/STI related risk behaviors, STI treatment practices and to track the trend in the prevalence of HIV and Syphilis among the populations like you. We want to be sure that you understand the purpose of the research and your responsibilities before you decide if you want to participate in the study. This discussion is important. You can listen and learn about the study, ask questions, and then decide if you want to participate. If you choose to participate, one person will explain the study to you and another person will witness and make sure you understand the study. Both people will sign the form. You will not be asked to sign the form. You can ask us to explain any words or information that you may not understand.

Information about the Research and Your Role

This study selects its study participants from the Kathmandu valley who are female sex workers using a random process from Kathmandu Valley. You are in the pool of possible candidates, but the final selection would be based on your choice. In total 560 women like you will be selected for this study from Kathmandu Valley. If you agree to participate in the study we will interview you using a structured questionnaire and then ask you to provide about 5-7 ml blood sample for HIV and Syphilis test. We will draw blood from the vein. If you have any STI symptom, we will provide free treatment. You will be provided your confirmatory HIV test results and RPR titer test result on the same day if you want to receive it. A qualified counselor will provide test results. If you are RPR reactive, a confirmatory test result for syphilis will be provided at the nearest VCT clinic in Kathmandu and you will be informed about the time and clinic where you need to obtain those results.

You will have to spend about 60 minutes with us if you decide to participate in this research. You will have to wait another 60 minutes if you want to collect the HIV test result on the same day. Further, if you decide to participate in the “on the spot treatment plan” for syphilis based on the RPR test you may then need to spend about 60 minutes more after you are given the Penicillin injection for observation by medical doctor for any adverse reactions. We would like to inform that this is a research study and not health care provision service.

Possible Risks

The risk of participating in this study is the minor discomfort during blood drawing. Providing blood

sample does not put you at any other risk. Some of the questions we ask might make you feel awkward or uncomfortable to answer them. You are free not to answer such questions and also to stop participating in the research at any time you want to do so. You might feel some mental stress after getting your test results. But you will get counseling before and after the test for HIV through a qualified counselor. He/she will provide information and address for seeking assistance for any mental stress you may have. There is a small risk of being socially discriminated if people know that you have participated in a HIV related study. But we will keep all the information confidential so that such risk would be minimal.

Possible Benefits

You will be provided with free treatment, if currently you have any STI symptoms. Further, if you are tested positive for Syphilis and provide consent for treatment, we will provide you Penicillin injection in the presence of a medical doctor. You will be given lab test results and made aware of how STI/HIV is transmitted and how it can be prevented and controlled. We would refer you for treatment for HIV in case you would be found to have HIV, but study team will not provide this treatment for you. Follow up treatment costs will not be paid by the research team. You will be provided with information on safe sex. The information we obtain from this research will help to plan strategies to control and prevent further spread of HIV/AIDS and other sexually transmitted infections.

After the blood sample collection it will be tested for HIV and Syphilis infection. You can collect your test results of HIV on the same day. For syphilis test results confirmed by TPPA test you will be given time and venue to come back for collecting test results. A qualified counselor with pre and post test counseling will give test result. Study ID card will be issued to you before the interview. Test results can only be obtained by presenting the study ID card with your code number on it. If you do not have the ID card, we cannot give you the results because we will not have your name written anywhere.

If You Decide Not to Be in the Research

You are free to decide whether or not to take part in this research. Your decision will not affect the health services you are seeking now and you would normally receive from the study centre.

Confidentiality

We will protect information collected about you and your taking part in this study to the best of our ability. We will not use your name in any reports. A court of law could order medical records shown to other people, but that is unlikely. We will not ask you to put your name or sign on this form, but only ask you to agree verbally (with spoken words). We will be responsible and serious about confidentiality during interview, STI examination and treatment. We assure you that all the activities will be confidential.

Payment

We will not pay you for your participation but you will be given condom and reading materials about STI/HIV/AIDS as compensation for your participation in the research. We will provide NRs 200.00 as a local transportation for coming to study centre for interview and test result collection.

Leaving the Research

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

If you have a questions about the study

Principal Investigator: Dr. Dipendra Raman Singh

Address: Government of Nepal, Ministry of Health and Population, National Centre for AIDS and STD Control (NCASC), Teku Kathmandu, Nepal

Phone: +01426153,4262753, 4258219, Fax: +014261406

Email: ncasc@ncasc.gov.np

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: **Ethical Review Board, Nepal Health Research Council, Ram Shah Path, P.O. Box 7626** Phone: **977-1-4254220/4227460** Email: nhrc@healthnet.org.np

VOLUNTEER AGREEMENT

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