

**Integrated Biological and Behavioral  
Surveillance (IBBS) Survey among  
Female Sex Workers  
in Pokhara Valley, Nepal**

**Round IV - 2011**

**June 2011**



**USAID | NEPAL**  
FROM THE AMERICAN PEOPLE



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We firmly believe that the trends identified by these surveys will be internalized and utilized by all policy makers, program planners and implementers alike to plan the national HIV response and tailor the response to the HIV epidemic being faced by the country.

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## LIST OF ABBREVIATION

AIDS	-	Acquired Immuno-Deficiency Syndrome
ASHA	-	Advancing Surveillance, Policies, Prevention, Care & Support to Fight HIV/AIDS
CWES	-	Child and Women Empowerment Society
DIC	-	Drop-in-Centre
FHI	-	Family Health International
FSW	-	Female Sex Worker
HIV	-	Human Immuno-Deficiency Virus
IBBS	-	Integrated Biological and Behavioral Surveillance
ID	-	Identification Number
IDU	-	Injecting Drug User
IEC	-	Information, Education and Communication
IHS	-	Integrated Health Service
MARPs	-	Most At Risk Populations
MSM	-	Men who have Sex with Men
NCASC	-	National Centre for AIDS and STD Control
NGO	-	Non-Governmental Organization
NHRC	-	Nepal Health Research Council
NPHL	-	National Public Health Laboratory
OE	-	Outreach Educator
PE	-	Peer Educator
PHSC	-	Protection of Human Subjects Committee
RPR	-	Rapid Plasma Reagin
SLC	-	School Leaving Certificate
SPSS	-	Statistical Package for the Social Sciences
STI	-	Sexually Transmitted Infection
TPPA	-	Treponema Pallidum Particle Agglutination
VCT	-	Voluntary Counseling and Testing of HIV
WHO	-	World Health Organization
WATCH	-	Women Acting Together for Change
USAID	-	United States Agency for International Development

## EXECUTIVE SUMMARY

This is the fourth round of the IBBS conducted among the Female Sex Workers (FSWs) of Pokhara Valley. The survey covered the urban and sub-urban locations falling within the valley of Pokhara. The fieldwork for the survey was carried out from January 16 to March 17, 2011. The survey was undertaken primarily to track the trend of HIV infection and syphilis in FSWs and to assess the sexual behaviors among FSWs in the valley. Information on the demographic, sexual behavior and exposure to STI/HIV/AIDS awareness programs were collected through a structured questionnaire while the prevalence of HIV and syphilis were tested via blood samples. Syphilis was tested using the Rapid Plasma Regain (RPR) test card. HIV was detected by using Determine HIV 1/2 test as a first test to detect antibodies against HIV, Uni-Gold test as a second test, and SD Bioline HIV 1/2 test as a tie breaker test.

### **Key Findings**

#### **Socio-Demographic Characteristics**

The age of the FSWs ranged from 16 to 44 years with the median age being 20 years. Most of the FSWs were young; 41.7 percent of them were less than 20. One-fourth (24.6%) of the FSWs were born in the Kaski district (the survey site), and almost the same percentage (24.3%) had been living in the district since birth.

Around 16 percent of the FSWs were illiterate. Nearly six in ten (58.3%) of the FSWs had been married at least once, while 41.7 percent of the FSWs had never been married. One-third (33.3%) of the FSWs were currently married, that means they were with their husbands; 22.6 percent were divorced/separated; and 2.3 percent were widows. The median age of the married FSWs at the time of their first marriage was 16 years.

Fifty four percent of the FSWs had dependent children or adult, whom they support with their income. Half of them (51.6%) had two to three such dependents, while 16.1 percent of the FSWs had four or more dependents.

#### **Pregnancy History, Knowledge and Practice of Contraceptives among FSWs**

Among the currently married FSWs, 72.6 percent had given birth before the survey. One-half of them (52.1%) gave birth to one child while others had given birth to more than one child. Again 12.9 percent of the married respondents had at least one miscarriage and 36.8 percent of them ever had undergone at least one termination/abortion of pregnancy.

Overall, 9.5 percent of the married FSWs (19/201) had been pregnant in the last twelve months. Among them, five FSWs gave birth to a child, seven FSWs had spontaneous abortions, and seven others were pregnant at the time of the survey.

Condoms and injectables were the popular methods of family planning that the FSWs were aware of. Almost all the survey participants (99.7% and 98%, respectively) had heard of them. About 84 percent of the FSWs were currently employing family planning methods to avoid or delay pregnancy, and most of them (80.3%) had been using condoms.

#### **Prevalence of HIV and Syphilis Infection**

Four out of the 345 FSWs (1.2%) were infected with HIV, 3.2 percent (11/345) had a syphilis history (RPR +ve with RPR titre <1:8), while active syphilis (RPR + ve with RPR titre  $\geq$ 1:8)

was detected among 0.6 percent of the respondents (2/345). The trend analysis since the first round shows a decrease in HIV prevalence but it is not a statistically significant decrease (2% each in 2004 and 2006, 3% in 2008, and 1.2% in 2011). The overall syphilis infection rate also tended to decrease in 2011 from the earlier rounds. However, the changes in prevalence are not statistically significant.

Among different socio demographic variable, literacy level and HIV prevalence showed a significant correlation, as no HIV prevalence was seen among those respondents with some years of academic education while the prevalence rate was 6.3 percent among illiterate respondents and those who had not attended school. Similarly, the correlation between HIV status and the duration for which the respondents had been involved in sex work showed a higher prevalence of HIV among respondents working for two or more years (2.9%) than those involved in sex trade for less than two years (0.0%).

### **Sexual Behavior**

The FSWs in Pokhara valley had been involved in the sex trade for a period ranging from six months to 16 years with a mean duration of 25.1 months. Forty seven percent of them had joined the profession six to 12 months before the survey, indicating that new sex workers are entering the sex business at a large rate.

Sex at an early age was prevalent among the survey population. The median age at first sexual intercourse was 16 years. The survey revealed that 19.4 percent of the FSWs had their first sexual contact at the age of less than 15 years.

The number of clients (paying sex partners) served by the respondents per day ranged from 1-16, with a mean of 2.1 clients per day. The respondents' clients are from wide range of professional backgrounds. More than two-fifths of respondents (45.5%) reported that different types of businessmen were their most frequent clients. Similarly, around two fifth of the respondents reported foreign employees, transport workers/drivers, and service holders/officers/doctors as their most frequent clients.

The mean number of paying and non- paying sex partners entertained by the respondents in the past week was 5.9.

### **Income of FSWs from Sex Work and Other Jobs**

The weekly average income of the respondents from sex work was Rs. 5,838, ranging from Rs. 400 to Rs. 20,000. About half of the respondents (47.8%) had other jobs besides the sex work. Three in ten respondents (31.5%) were employed as waitresses in different restaurants/hotels, while almost 22 percent of the respondents were working as daily wage laborers. The mean weekly income of the respondents from other jobs was Rs. 1,391, and it ranged between Rs. 200 to Rs. 15,000 per week.

### **Knowledge and Use of Condoms**

All of the FSWs knew about male condoms; television was the most popular source of information on condoms (92.2%) followed by pharmacy (89%).

More than three-fourths (78.8%) of the respondents had used a condom with their last client. Consistent condom use was, however, lowest with non-paying regular partners in the past year (8.5%). A relatively higher proportion of the respondents had used condom with regular clients (68.4%), with clients (61.4%) and with other partners (54.1%) in the past year.

The trend in the respondents' condom using practices shows that proportion of FSWs who had used condom in last sex with a client, and had used condom consistently in the past year with client, regular client and partners other than clients, husbands, or male friends or clients have increased over time. However, proportion of FSWs who had used condom consistently during each sexual contact with their non-paying regular partner remains the lowest and has declined significantly to 8.5 percent in 2011 from 13.2 percent in 2004.

### **Knowledge of HIV/AIDS**

Knowledge of HIV and AIDS among FSWs in the Pokhara valley was universal, only two respondents (0.6 %) had not heard about HIV/AIDS. Television was the most important source of information on HIV/AIDS for others (89.8%).

Seven out of ten respondents (68.2%) stated that 'A' — abstinence from sexual contact, 'B' — monogamy (84.3%), and 'C' — consistent use of condoms (92.7%) are the ways to prevent HIV. Likewise, 91.8 percent of respondents also believed 'D', i.e. that a healthy-looking person could have HIV infection. A comparatively lower proportion (49%) knew that person cannot get the HIV virus from a mosquito bite, while 82.5 percent of them knew about 'F' i.e. that HIV cannot be transmitted while sharing a meal with a HIV-positive person.

Overall, 55.4 percent of respondents were aware of all forms of preventing HIV/AIDS - A, B, and C, while only 37.6 percent of the respondents correctly identified all of BCDEF. This percentage was so low mainly because of the low correct knowledge on "mosquito bite". This is also a very strong message to program people.

While the proportion of FSWs aware of all of ABC did not show any significant change since the 2006 IBBS, those aware of all of BCDEF increased significantly to 37.4 percent in 2011 from 25 percent in 2006.

### **HIV Test**

Regarding the availability of a HIV testing facility in respondent's community, 76.8 percent reported that they have such a facility available in their community. Additionally, 69.6 percent of the respondents had taken the HIV test. Among them, 86.3 percent (207/240) had taken up the test within the last 12 months,

### **Exposure to HIV/AIDS Related Programs**

More than three-quarters of the respondents (78.6%) had met or interacted with PEs/OEs from different organizations at least once in the past year. More than half of them (58.8%) had paid at least one visit to a VCT center in the past year, about same proportion of the respondents (56.2%) had been to a DIC, and 43.5 percent had visited an STI clinic in the past year. Participation in any of the HIV/AIDS programs was the lowest with only 17.4 percent of respondents having participated in such a program in the past year.

### **Stigma/Discrimination against People Living with HIV/AIDS**

It was noted that the majority of the FSWs in Pokhara (96.2%) were willing to take care of any of their HIV positive male relative or a female relative at their home if necessary.. However, 53.9 percent of the FSWs said that if a family member had HIV, they would rather keep it confidential and not talk about it with others.

**Violence Faced**

The survey findings have found that the FSWs also face different forms of violence against them. In the past year too, some FSWs had been subjected to forced or nonconsensual sex (20.6%), were physically assaulted (20%), and had clients perform objectionable activities (31.3%).





## CHAPTER 1.0: INTRODUCTION

### 1.1 Background

Nepal is defined as a country with a ‘concentrated epidemic’ of HIV. In Nepal, the risk of HIV infection is higher among injecting drug users (IDUs), Men who have Sex with Men (MSMs), female sex workers (FSWs) and labor migrants who work in Indian cities where HIV prevalence among FSWs is high. In 2009, the National Centre for AIDS and STD Control (NCASC) had estimated about 63,528 people living with HIV in Nepal of whom 3,544 were children (NCASC, 2010). The HIV epidemic in Nepal is largely driven by sex work.

The number of FSWs in Nepal is estimated at 32,137 (NCASC, 2010). Sex workers are considered one of the major groups that work as source of STIs and HIV infection to the general population, mainly as a result of unprotected sex with their clients and other sex partners who work as a ‘bridge group’.

Under the National HIV/AIDS Surveillance Plan, NCASC with the technical support of FHI has been conducting the Integrated Biological and Behavioral Surveillance (IBBS) survey among the MARPs on a regular basis since 1999. This is the fourth round of IBBS survey among FSWs in the Pokhara Valley: the first round was conducted in 2004 followed by consecutive rounds in 2006 and 2008. The HIV prevalence rate among FSWs in Pokhara valley has remained stable in the last three rounds of IBBS survey (2% in 2004 and 2006 and 3% in 2008). Syphilis infection decreased over the years from 2 percent in 2004, 3.5 percent in 2006 to 1.5 percent in 2008.

### 1.2 Overview of Integrated Biological and Behavioral Surveillance Survey

Behavioral surveillance is the systematic and ongoing collection of data about diseases or risk behaviors related to health conditions, with the purpose of correlating trends in behavior with changes in disease over time. In biological surveillance, biological samples are collected and tested for HIV and other related illnesses (S Navadeh, [www.hiv.ir](http://www.hiv.ir)). In Nepal, the NCASC has aimed to track trends in HIV prevalence and STI-related awareness, and related behaviors among the most at-risk populations (MARPs), including IDUs, migrant workers, FSWs, MSM, and wives of migrant laborers through IBBS surveys, a series of a repeated cross-sectional survey. Among the FSWs in Pokhara, NCASC has been conducting IBBS in regular intervals since 2004.

### 1.3 Objectives of the Survey

As in the previous rounds, the general objective of the survey was to collect and analyze data on behavioral correlates of HIV and STI among FSWs in the Pokhara Valley. The survey was conducted with the following objectives:

#### Primary objectives

- a. To track the trend in the prevalence of syphilis and HIV infection among FSWs in Pokhara Valley
- b. To assess the sexual behaviors related to HIV among FSWs in the Pokhara Valley

**Secondary objectives**

- a. To estimate the knowledge of HIV/STI as well as sexual and injecting behaviors among FSWs in Pokhara Valley
- b. To explore associations between risk behaviors and infections with HIV or syphilis among FSWs in Pokhara Valley
- c. To estimate the prevalence of STI syndromes among FSWs in Pokhara Valley.

## CHAPTER 2.0: METHODOLOGY

### 2.1 Implementation of the Survey

As in the previous rounds NCASC conducted the survey with the technical support of USAID funded ASHA Project. New ERA carried out the field work in collaboration with Intrepid Nepal. New ERA was responsible for the overall management of the survey and carried out the fieldwork for data collection using pre-finalized survey tools in coordination with ASHA Project and NCASC. New ERA also was responsible for analyzing the data and writing the survey report. Intrepid Nepal, on the other hand, was responsible for setting up the laboratory in the field sites, providing training to lab technicians, supervising and collecting blood samples, and conducting HIV and syphilis testing. The survey was conducted in close collaboration with many organizations working with FSWs like Naulo Ghumti, Nepal Red Cross Society, Child and Women Empowerment Society, Women Concern Society and Siddhartha Club.

Nepal Public Health Laboratory (NPHL) performed the external quality assurance (EQA) test on the 10 percent samples send to them by Intrepid Nepal.

### 2.2 Survey Population

This cross-sectional survey was conducted among FSWs, who are considered to be one of the high-risk sub-populations. The eligibility criterion used in the survey was: *“Women aged 16 years and above reporting having been paid in cash or kind for sex with a male within the last 6 months.”*

As in the previous rounds this survey also covered most of the urban and semi urban part of the Pokhara Valley.

### 2.3 Sample Design

This was a cross-sectional survey. In order to compile the sampling frames, a preliminary mapping exercise was conducted in the first phase of the survey. In the preliminary visit of the survey sites, survey team identified the locations and a preliminary estimates of number of the survey population was made. The survey team went to the survey area to identify all possible locations and to enumerate FSWs who could be met at the time of the survey. FSWs available in a location during the specific time periods were listed and duplications in counting were minimized by listing those FSWs who were reported to be in the cluster for most of their time. Information was solicited from local key informants such as pimps, clients of FSWs, drivers, shop keepers and restaurant/cabin staffs.

Likewise, local organizations working with the survey population were visited and information was collected from them too. At each locations visited by the team, the number of FSWs talked to, seen but not talked to, and reported by informants were aggregated to get a total number of sex workers. A list of locations with the enumerated number of FSWs was prepared for the whole of the Pokhara Valley.

Based on the findings from the preliminary mapping exercise, the sampling frame was prepared. The locations were divided into clusters or geographical area where FSWs sell sex.

Areas with small numbers of FSWs were merged together with the nearest location of other FSWs; to ensure that the smallest clusters comprise at least 13 FSWs. The identified locations were divided into a total of 31 clusters. Two stage cluster sampling method was used to draw the sample. In the first stage, probability proportional to size (pps) method was used to draw 30 clusters for recruiting the respondents for the survey. As the numbers of cluster were only 31 all clusters listed were selected in the survey. An extra cluster was set aside to make replacements for refusals if necessary.

At the second stage, the survey team members listed the number of FSWs present at the time of their visit to each location within the selected cluster. Local key informants' help was also sought to develop the list of FSWs present in the cluster at the time of the field visit. From this list, the required number of 12 respondents was randomly selected from each cluster. Refusals were recorded separately for each cluster.

## **2.4 Sample Size**

The sample size was calculated to detect up to a 15 percent difference in key behaviors, such as consistency of condom use with different types of sex partners, exposure to HIV/AIDS prevention interventions, knowledge of STIs and STI care-seeking behaviors, knowledge and attitudes towards HIV/AIDS, and HIV risk and prevention behavior of FSWs over time in trend analysis. The formula used in the sample size estimation is shown in Annex 6. The estimated minimum target for Pokhara Valley was 340. For the self-weighted design, a strategy of interviewing an equal number of FSWs from each selected first stage cluster was adopted and additional clusters were selected to account for refusals. If a minimum of 340 FSWs (estimated samples size) were successfully interviewed no replacements were made for the refused cases., Given the limited number of refusals, the sample obtained was 345 FSWs in this round of the IBBS. These additional interviews, helped increase the prediction power.

## **2.5 Identification and Recruitment of FSWs**

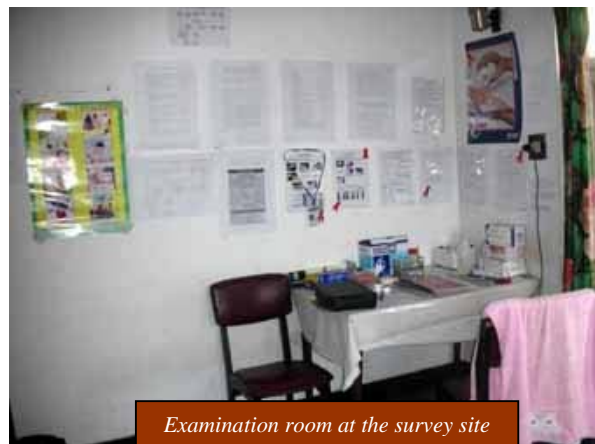
Coordination with the organizations working with the survey population and other key stakeholders formed an integral part of the survey. Before the inception of the actual fieldwork, a coordination meeting was organized with the organizations working with the survey population. In the meeting, New ERA shared the findings from the preliminary visit and floor was open for comments and discussions on the findings. Participants were requested to provide inputs on the completeness of the locations identified by that visit. The enumeration list was also shared with the stakeholders in the meeting. Additionally, the objectives of the survey, its methodologies, fieldwork dates, and location of the sites were also shared with all the stakeholders. The meeting was attended by representatives from Naulo Ghumti, NFPAN, Star Children, AIDS Control Center Kaski, Community Support Group, VSO/CSG/FOH, Aashako Saathi, Siddhartha Club, Mahila Manch, District Health Office and the District AIDS Coordination Committee. Meetings were also conducted with Peer Educators (PEs) and Outreach Educators (OEs), Drop in Centers (DIC) operators, and Voluntary Counseling and Testing (VCT) center operators affiliated with different organizations. The meetings were focused on getting acquainted with different organizations' working areas and with the names of staff members who interacted with the target groups. It was considered necessary to collect such information since the survey also sought to measure the exposure of the survey participants to various HIV/AIDS-related programs, including peer/outreach education, and the rate of participants' visits to the DICs, VCT centers, and STI clinics located in their respective district.

The survey team established an interview site with a mobile clinic and laboratory facilities in a strategic location in the vicinity of selected clusters. The interview site was located at Prithvi Chowk in Pokhara following consultations with local GOs, NGOs and community people as well as with security personnel so that the security of the FSWs at the interview locations was ensured. The mobile clinic and the interview site were operated at the same spot through out the survey period allowing FSWs to be recruited for participation.

The field work was carried out immediately after the preliminary visit. However, during the listing exercise carried out in the course of actual field work the sampling frame prepared after the preliminary visit was checked and revised for each cluster. After the identification of the clusters, the researchers started approaching the survey population using various techniques like building good rapport with their employers, visiting the sites, obtaining the help of brokers and key informants, observing the activities of women in major gathering areas for FSWs, posing as clients, chatting with other staff of the establishments, and approaching known sex workers. In order to confirm the identity of the survey participants, the sex workers were asked several screening questions. Such questions were related to their sexual experience and behavior; the type of sex partners they had; their involvement in the sex trade; the number of their clients; the period of their involvement in the profession; and their knowledge of HIV/AIDS awareness/prevention activities. If the interviewers found their answers convincing enough to establish their identity as sex workers then only they were listed as prospective respondents. Once the final selection of the respondents was made randomly, the respondents were requested to take part in the survey. Respondents who satisfactorily answered all the screening questions were briefed about the purposes, objectives, and methodology of the survey. Once the selected sex worker agreed to participate in the survey, the researchers took them to the clinic and interview site for an interview and collection of a blood sample.

The respondents were enrolled after they were informed about the survey and their role in the survey. An informed consent form was administered by the interviewer in a private setting and witnessed by another staff member to ensure that the survey participants understood the information in the consent form and provided verbal consent. They were also informed about the services that would be provided to them. The interviewer administered the standard questionnaire in a private room.

A laminated ID card with a unique ID number was also issued to each respondent to ensure anonymity. The same number was used in the questionnaire, on medical records, and on the blood specimens of the particular respondent. The names and addresses of the respondents were not recorded anywhere. A clinician gave the participants pre-test counseling on HIV/AIDS and STIs and asked them if they were currently suffering from any of the STI symptoms. They were also examined physically for any evidence of STI symptoms, and, if symptoms were detected, they were treated and counseled accordingly. They were provided free medicine for symptomatic treatment in accordance with the National STI Case Management Guidelines 2009. A lab technician drew a venous blood sample for HIV and syphilis testing.



Additionally, a one-month supply of vitamins and iron, IEC materials, condoms, and Rs. 150 in cash to reimburse their transportation cost was also provided to the FSWs.

Fieldwork for the survey started on January 16, 2011, and ended on March 17, 2011.

## 2.6 Refusal

All respondents participated voluntarily in the survey. Out of 360 randomly selected FSWs approached for the interview, 15 refused to take part in the survey. In total 345 interviews were successfully conducted. Ten of those FSWs who refused to take part in the survey were too busy and could not manage time for the survey, four of the FSWs had recently had a HIV test and so did not show interest for retesting and one of them was scared of giving her blood sample for the testing. Refusals were recorded at two stages: (i) at the time of approaching the sex workers at different locations; and (ii) after arriving at the interview sites.

New ERA and Intrepid field staff tried their best to convince those 10 randomly selected FSWs who refused to take part because they do not want to be retested explaining that those who have tested for HIV before also can participate in the survey. They were explained that the survey is not for HIV testing alone but was to ask behavioral question which is a very important information needed for program and policy formation related to FSW. However those who refused to take part were not forced and it was their decision.

## 2.7 Control of Duplication

Since the survey participants were recruited by the same survey team and at the same site there was very little possibility of repetitions or duplication in the recruitment. Also, as there was only one site set for interview up in Pokhara valley, there was no concern for duplication of participants that usually occurs in surveys with multiple sites.

## 2.8 Research Instrument

A quantitative research approach was adopted in this survey. The structured questionnaire that was tested and used in the previous rounds of IBBS was repeated with slight modifications and some additional questions on the use of family planning methods and drug use. The questionnaire included questions on socio-demographic characteristics and sexual behaviors - sexual history, use of condoms, risk perception, awareness of HIV/AIDS/STIs, incidence of STI symptoms, participation in HIV/AIDS awareness programs, and alcohol/drug using habits (Annex 3).

Apart from the structured questionnaire, questions relating to STI symptoms were posed by a staff nurse to verify the occurrence of such symptoms in the past or during the survey (Annex 5). The survey participants were provided syndromic treatment for STI problems and a lab technician collected blood samples for HIV and syphilis testing. Strict confidentiality was maintained throughout the entire process.



## 2.9 Survey Personnel

The survey was conducted by a team comprised of a team leader, a research associate, two senior research assistants, and nine field survey team members.

The field team consisted of one research assistant, four female interviewers, one staff nurse, one lab technician, one counselor and one runner.

## 2.10 Recruitment and Training of Research Team

When selecting field researchers for the survey, priority was given to researchers who had been involved in similar types of studies previously such as the IBSS and sero survey among FSWs, truckers, migrants, clients, and IDUs.

Training was provided to the field researchers at New ERA Training Hall. A one-week intensive training program was organized from January 6 to 12, 2011 for all the field researchers by trainers from ASHA Project, Intrepid Nepal, and New ERA. The training was specially focused on the following: introduction to the survey, the sampling and recruitment process, administration of the questionnaire (including characteristics of the target groups), methods of approaching them, and rapport building techniques. In addition, the training session also involved mock interviews, role-plays, class lectures, and sharing previous experiences (problems and solutions). Role-play practices were carried out based on the actual field situation. Possible problems that could be faced while approaching the sex workers and ways of overcoming such problems were discussed. The training also focused on providing a clear concept of informed consent, pre-test counseling, and basic knowledge of HIV/AIDS and STIs to the research team.



## 2.11 Field Operation Procedures

### *Interview Site Set-up*

Interview site with clinic and laboratory facility was set up at Prithvi Chowk, Pokhara. The site was purposively selected to maximize the convenience for bringing participants to the interview site. The laboratory had a facility for blood drawing and centrifuging the blood for separation of sera. There was a separate room for each activity, including the administration of the questionnaire, STI examination, blood collection, general physical check-up, and counseling.

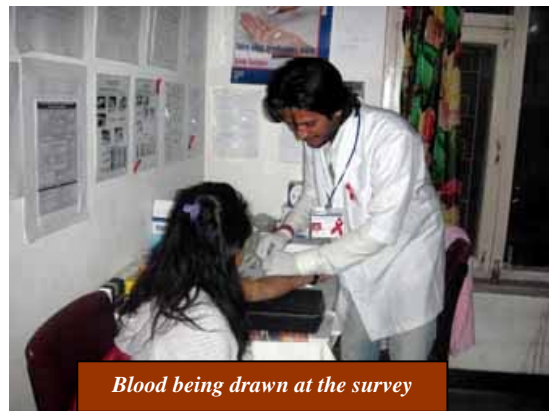


### ***Clinical Procedures***

All the participants were offered a clinical examination as an incentive to participate in the survey. The clinical examination included a simple health check-up, such as measuring blood pressure, body temperature, weight, pulse, and symptomatic examination of STIs with symptomatic treatment. The participants were asked whether they had current STI symptoms of genital discharge, ulcers, or lower abdominal pain, and those presenting with these symptoms were treated syndromically according to national guidelines. Other medicines such as paracetamol, alkalising agents, and vitamins were distributed as necessary. Furthermore, an external genital examination was complemented with a speculum examination according to need. Altogether 52 FSWs were provided with syndromic treatment for STIs as they went through the clinical procedure in the course of the survey.

### ***Laboratory Methodology***

Laboratory services entailed on-site rapid screening of HIV 1/2 and Syphilis followed by confirmatory tests. Five ml of blood was drawn and the serum was separated; both HIV rapid tests and Syphilis RPR tests were performed using the serum. The laboratories were designed to for confidential testing of HIV and Syphilis as per national guidelines. Universal precautions and stringent waste management protocols were followed. Quality assurance tests were performed on all positives and 10 percent of negative random samples in the National Public Health Laboratory (NPHL) in Kathmandu for both HIV and Syphilis serum samples.



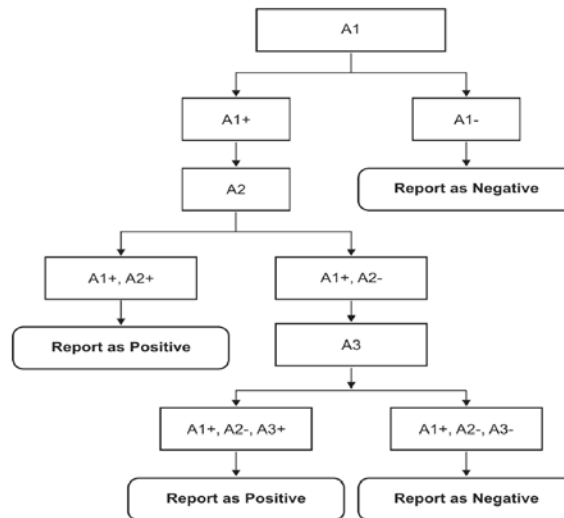
Respondents with positive RPR tests were proposed a curative penicillin injection. There was provision of a medical doctor to give the injection at INF Paluwa. However, only one of the 13 RPR reactive cases gave consent for the injection inspite of counseling and continuous follow up from the team members. In most cases the respondents were too scared to receive injections or had recently received such treatment. Therefore, as an alternative treatment to those who needed, oral medicines were provided as per the STI treatment guidelines

### **HIV 1/2 Test:**

HIV screening of serum sample was performed using rapid test kits following the HIV testing strategy II algorithm. Determine HIV 1/2 (Abbott, Japan), Uni-Gold HIV 1/2 (Trinity Biotech, Ireland) and SD Bioline HIV 1/2 (Standard Diagnostics, Inc, S Korea) were used as lateral flow (rapid immunochromatography) kits for testing for the presence of antibodies against HIV in the serum. Serum that tested positive with the initial kit was confirmed with the second kit. Samples that were found reactive on both tests were considered HIV antibody positive. Samples that were non-reactive on the first test were considered HIV antibody negative. Any sample that is reactive on the first test but non-reactive on the second was retested with the third “tie breaker” kit. The quality of the assay was assured by the in-built control of each kit.



## *HIV Testing Strategy II Algorithm*



NOTE:	
A1 (First test) :	Determine HIV 1/2
A2 (Second test) :	Uni-Gold HIV
A3 (Third test) :	SD Bioline HIV 1/2
"+" :	Reactive
"-" :	Non-reactive

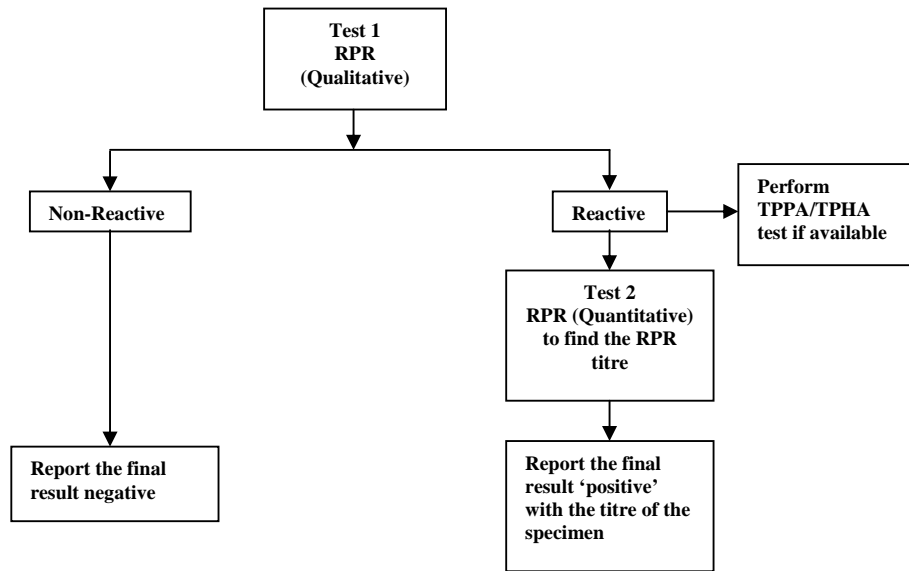
### *Sensitivity and Specificity of HIV 1/2 Kits*

Test Kits	Company	Initial	Confirm	Tie Break	Antigen Type	Speci.	Sensi.
<b>Determine HIV 1-2</b>	Abbott, Japan Co. ltd	X			Recom HIV-1 and HIV-2	99.40%	100%
<b>Uni-Gold HIV 1-2</b>	Trinity Biotech, Dublin, Ireland		X		HIV-1 and HIV-2	100%	100%
<b>SD Bioline HIV 1-2</b>	Standard Diagnostics, Inc, Kyonggi-do South Korea			X	HIV-1 (gp41;p24)-2 (gp36)	99.30%	100%

### **Syphilis:**

The Syphilis test was performed following the national guideline on case management of sexually transmitted diseases (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 qualitative screening and quantitative titration. All RPR reactive serum was confirmed using the specific *Treponema pallidum* Particle Agglutination (TPPA) test (Fujirebio Inc.) at Intrepid Nepal Pvt. Ltd. laboratory. Serum samples that tested RPR positive 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 history of syphilis. The quality of reagents and test cards of the RPR test kit was assessed daily on-site using a set of strong and moderate positive and negative controls.

### *Syphilis Testing Algorithm*



#### **External Quality Assessment**

Quality control was strictly maintained throughout the collection, handling, and testing of the specimens. All the tests were performed using internal controls. These controls were recorded along with the other laboratory data. External Quality Assessment (EQA) is evaluation of the performance of a testing laboratory by an external agency. An External Quality Assessment Scheme (EQAS) is very essential in such studies to determine the quality of testing. All HIV positive and 10 percent of all HIV negative samples were retested at NPHL in this study as an External Quality Assessment of HIV testing. Similarly, all RPR reactive and 10 percent of all RPR non-reactive samples were retested at National Public Health Laboratory (NPHL) as an EQA of Syphilis testing. Aliquots of selected serum specimens were prepared in the field and sent to Intrepid-Nepal's laboratory in Kathmandu within a week of specimen collection. Serum specimens were stored at Intrepid-Nepal's laboratory at a temperature below -20°C. Once testing activities in the field were completed, Intrepid-Nepal handed over the serum specimens to NPHL for retesting. The test kits as those used in the field were also provided to the NPHL.

#### **HIV Testing:**

Altogether 37 serum specimens were retested for HIV at NPHL. Among them 4 were HIV positive in the field. The table below shows the comparison between results from field and NPHL. 100 percent agreement has been observed in rapid HIV test results between field and NPHL which means perfect agreement between field and NPHL results.

		NPHL Results		Total
		Negative	Positive	
Intrepid results	Negative	33	0	33
	Positive	0	4	4
<b>Total</b>		<b>33</b>	<b>4</b>	<b>37</b>

**RPR Testing:**

Altogether 46 serum specimens were retested for RPR at NPHL. Among them 13 were RPR reactive in the field. The table below shows the comparison between results from field and NPHL. 91% agreement has been observed in RPR test results between field and NPHL. Two samples which were reactive in the field were found to be non-reactive at NPHL. Two samples which were non-reactive in the field were found to be reactive at NPHL. In total, four results from field disagreed with result from NPHL.

		NPHL Results		Total
		Negative	Positive	
Intrepid results	Negative	31	2	33
	Positive	2	11	13
<b>Total</b>		<b>33</b>	<b>13</b>	<b>46</b>

**TPPA Testing:**

Eleven serum specimens were retested for TPPA at NPHL. Two of them were TPPA Negative at Intrepid Nepal's laboratory. The table below shows the comparison between results from field and NPHL. All results from Intrepid Nepal's laboratory agreed with results from NPHL.

		NPHL Results		Total
		Negative	Positive	
Intrepid results	Negative	2	0	2
	Positive	0	9	9
<b>Total</b>		<b>2</b>	<b>9</b>	<b>11</b>

**2.12 Coordination and Monitoring**

The survey was conducted for NCASC and overall coordination and monitoring was done by NCASC. Several meetings were called by NCASC inviting New ERA, Intrepid and ASHA Project SI unit staff. New ERA carried out the overall coordination of the data collection and report writing part of the survey. Intrepid Nepal was responsible for setting up the field laboratory and collecting blood samples, testing for HIV and Syphilis, preparing samples to be sent to NPHL for EQA tests and handing over the blood samples and sending the HIV and Syphilis test results to New ERA for the distribution to the survey participants and using them in the data analysis.

The key research team members monitored and supervised the field activities. The research assistant was responsible on a day-to-day basis for ensuring that the survey was implemented in the field according to the protocol. Team meetings were held every week to plan ahead and solve any field-level problems. The research assistant in the field reported to the senior research assistants or the project coordinator whenever necessary. ASHA Project staffs from the program, strategic information (SI) and technical unit also monitored the field work in alternate weeks. The observations and suggestions from ASHA Project monitors were shared with the research team in the field at the end of the monitoring visit and were also communicated with the team leader and project associate at New ERA and Intrepid Nepal. ASHA Project SI unit staffs closely monitored the data entry, cleaning and analysis process after the field work. In addition, the key research team member from New ERA and Intrepid Nepal made periodic site visits throughout the fieldwork.

## 2.13 Ethical Issues

Ethical approval was obtained from the Nepal Health Research Council (NHRC) the government's ethical clearance body, and Protection of Human Subjects Committee (PHSC), the ethical committee of FHI. Both ethical committees approved the survey protocol, consent forms, and draft questionnaires.

The participants involved in the structured interviews were fully informed about the nature of the survey. They were informed that their participation was voluntary and that they were free to refuse to answer any question or to withdraw from the interview at any time if they feel uncomfortable to answer them. They were also informed that such withdrawal would not affect the services they would normally receive from the survey. A consent form describing the objectives of the survey, the nature of the participant's involvement, the benefits and risks, and confidentiality issues was clearly read aloud to them (Annex 4). Those who were literate and wished to read consent forms by themselves were given the opportunity and consent takers ensured that they understood the message given by the consent form. An ID card with unique ID number was provided to the survey participants and the names and addresses of the respondents were not recorded anywhere. HIV, syphilis from 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. The interviewer's submitted the completed questionnaires to the field supervisor on the same day of interview. The supervisor reviewed and kept those questionnaires in separate locked cabinets where no one except for the researchers had access to the collected information. The supervisor then transported the questionnaires to New ERA every week. In the New ERA office, the questionnaires were kept in a locked coding room where no one except authorized data coding and data entry staff has access to the individual questionnaires.



## 2.14 HIV/STI Pre- and Post-Test Counseling and Follow-Up

All the survey participants were informed that they could receive their test result at the same site after some time. They were also informed that they could collect their test results only by showing the ID card with their survey number that was provided to them by the survey team. Pre- and post-HIV/Syphilis test counseling was provided to the survey participants. They were briefed about the importance of receiving the test result. For follow-up services, the survey participants were referred to INF Paluwa.

All RPR reactive samples were transported to Intrepid laboratory in Kathmandu for TPPA test. The reports were handed over to New ERA after the test was performed. The reports that came during the survey period were sent to the survey sites, where the counselor handed them over to the respondents who came to receive them. The reports that were received after the

interviews were completed were sent to INF Paluwa and the respondents were also informed about them.

### **2.15 Constraints in the Field Work**

It was a challenging task to identify and convince the FSWs to participate in the survey. In many cases, randomly selected respondents were not interested in waiting for the test results, complaining that they took too much time. Frequent and strict police patrol also made it difficult for the researchers to find survey populations. But after the identification of the randomly selected respondents, no major constraint was however faced during the field work once participants were recruited.

### **2.16 Data Processing and Analysis**

All the completed questionnaires were peer reviewed on the day of interview on the spot by interviewers and thoroughly checked by the field supervisors before bringing them to New ERA's Kathmandu office for further 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 data analysis. Simple statistical methods such as mean, median, frequency distribution, and cross tabulation were used to analyze the data. As per need regression analysis also was performed to analyze the effect of multiple factors on the selected dependent variable. The FoxPro database program was used for data entry and the data was analyzed using SPSS 13.0 and EPI-INFO.

### **2.17 Dissemination of IBBS survey findings**

Dissemination of the IBBS surveys was conducted at three levels: First, the key findings were shared with the survey community in Pokhara valley and their comments were incorporated to support the IBBS findings. Secondly, it was shared at the national level in Kathmandu among a wider group of government, non-government organizations, donor agencies and stakeholders working in the field of HIV and AIDS in Nepal. This was done primarily as an update on the status and the trends of the HIV epidemic among FSWs in Pokhara valley and to draw possible policy and program implications. Lastly, dissemination meetings were organized at the regional level for all local government and non-government local stakeholders to share the survey findings so they can be used to improve the local response to the HIV epidemic.

### **2.18 Primary Use of Survey Findings**

The survey results are primarily intended to use (in reference to the FSWs population in Pokhara) in for:

- Tracking the trend in HIV and STI prevalence
- Tracking the trend in high risk behaviors
- Estimating and projecting HIV infection
- Evaluating the progress of HIV prevention interventions

## CHAPTER 3.0: SOCIO-DEMOGRAPHIC CHARACTERISTICS

This chapter describes the socio-demographic characteristics of 345 FSWs who participated in this third round of IBBS conducted in the Pokhara Valley.

### 3.1 Socio-Demographic Characteristics

Table 3.1 shows the district in which the respondents were born and the duration of their stay in the Kaski district, where the Pokhara valley lies. One-fourth (24.6%) of the respondents were born in the Kaski district, and almost the same percentage (24.3%) had been living in the district since birth. Almost three-fourths (72.7%) of the respondents were born in other districts and 2.6 percent were born in India. Around 32 percent of the respondents had moved to the district more than 10 years before, while six percent of them had migrated to the district less than a year ago.

*Table 3.1: Birthplace and Residential status of Female Sex Workers*

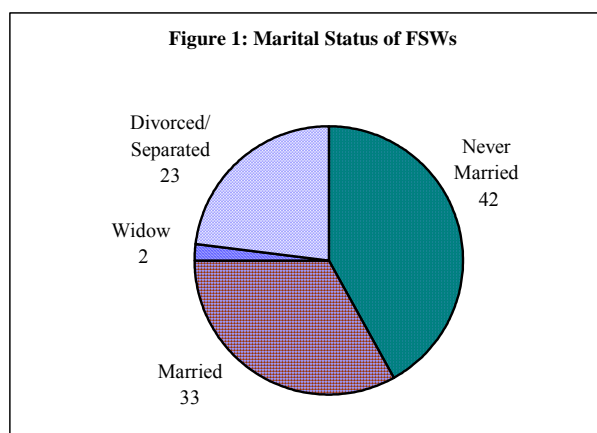
Characteristics	2011	
	N=345	%
<b>Birth districts</b>		
Kaski	85	24.6
India	9	2.6
Other districts	251	72.7
<b>Period of living in Kaski district</b>		
Since Birth	84	24.3
More than 120 months	109	31.6
61 months – 120 months	89	25.8
13 months – 60 months	42	12.2
Up to 12 months	21	6.1
<b>Total</b>	<b>345</b>	<b>100.0</b>

The age of the respondents ranged from 16 to 44 years with the median age being 20 years. Most of the respondents were young, as 41.7 percent of them were younger than 20 years old.

Sixteen percent of the respondents were illiterate; three in ten had completed primary level; and 44.3 percent had attended secondary school. Only 6.7 percent of them had completed their SLC or a higher level of education. Two percent of the respondents had never been to a formal school but could read and write (Table 3.2).

About 58 percent of the respondents had been married at least once, while 42 percent of the respondents had never been married. One-third (33.3%) of the FSWs were currently married; 22.6 percent were divorced/separated; and two percent were widows (Figure 1). The median age of the married respondents at the time of their first marriage was 16 years.

Regarding the ethnic composition of the respondents, about 35 percent of the



respondents belonged to the Chhetri/Thakuri and Brahmin communities. Around 47 percent of the respondents belonged to the Tibeto-Burman communities (Gurung, Magar, Tamang, Newar, Rai, and Limbu), while occupational caste groups (Damai, Sarki, Kami, Sunar, etc.) made up 14.2 percent of the total respondents. The ethnic composition of the respondents is shown in Table 3.2

The respondents who were widowed or divorced/separated from their husbands were also asked their age at the time they became widows or were separated from their spouses. Half of the respondents (50.1%) were less than 20 years old, while about one-third (32.6%) were between the age of 20 to 24 years when they became widows or were separated/divorced from their spouses. Among the currently married respondents, around 15 percent reported that their husbands had a second wife (Table 3.2).

**Table 3.2: Socio-demographic Characteristics of Female Sex Workers**

Socio-demographic Characteristics	2011	
	N	%
<b>Age of respondent</b>		
Less than 20	144	41.7
20 – 24	115	33.3
25 – 29	39	11.3
30 – 34	21	6.0
(35 and above)	26	7.5
<b>Mean/median age</b>	<b>22.3/20.0</b>	
<b>Range</b>	<b>16-44</b>	
<b>Education</b>		
Illiterate	56	16.2
Literate, no schooling	7	2.0
Grade 1 – 5	106	30.7
Grade 6 – 9	153	44.3
SLC and above	23	6.7
<b>Ethnic/Caste group</b>		
Chhetri/Thakuri	101	29.3
Gurung	69	20.0
Damai/Sarki/Kami/Sunar	49	14.2
Magar	48	13.9
Tamang	25	7.2
Brahmin	19	5.5
Newar	16	4.6
Rai/Limbu	5	1.5
Other (Chaudhari, Sherpa, Giri/Sanyasi, Musalman, Thakali, Majhi, Kumhal etc.)	13	3.8
<b>Marital status</b>		
Married	115	33.3
Divorced/separated	78	22.6
Widow	8	2.3
Never married	144	41.7
<b>Total</b>	<b>345</b>	<b>100.0</b>
<b>Age at first marriage</b>		
13 – 14	32	15.9
15 – 19	143	71.1
20 – 24	25	12.4
25– 28	1	0.5
<b>Mean/median age at first marriage</b>	<b>16.7/16.0</b>	
<b>Range</b>	<b>13 - 28</b>	
<b>Total</b>	<b>201</b>	<b>100.0</b>
<b>Age of respondent when she was divorced/separated/widowed</b>		
Less than 20 (15-19)	43	50.1
20 – 24	28	32.6
25 – 29	6	7.0
30 – 34	5	5.9

Socio-demographic Characteristics	2011	
	N	%
35 or above	4	4.7
<b>Mean/median age</b>	<b>21.3/19.5</b>	
<b>Total</b>	<b>86</b>	<b>100</b>
<b>Husband has second wife</b>		
Yes	17	14.8
No	98	85.2
<b>Total</b>	<b>115</b>	<b>100.0</b>

Although the majority of the married FSWs (78.3 percent) were currently living with their husbands, 21.7 percent of them were not living with them at the time of the survey. On the other hand, of the 144 unmarried respondents, few (2.1%) were living with a male partner.

A total of 54 percent of the respondents had dependents, either child or adult, to support with their income. Half of them (51.6%) had two to three such dependents, while 16.1 percent of the FSWs had four or more dependents (Table 3.3)

*Table 3.3: Living Status of FSWs and Dependents Supported by Them*

Living Status of Female Sex Worker	2011	
	N	%
<b>Currently married respondents living with husband/male friend</b>		
Yes	90	78.3
No	25	21.7
<b>Total</b>	<b>115</b>	<b>100.0</b>
<b>Unmarried respondents living with male friend</b>		
Yes	3	2.1
No	141	97.9
<b>Total</b>	<b>144</b>	<b>100.0</b>
<b>Have dependents</b>		
Yes	186	53.9
No	159	46.1
<b>Total</b>	<b>345</b>	<b>100.0</b>
<b>Total number of dependents</b>		
One	60	32.3
2 – 3	96	51.6
4 and more	30	16.1
<b>Mean number of dependents</b>	<b>2.3</b>	
<b>Total</b>	<b>186</b>	<b>100.0</b>

### 3.2 Child Birth and Use of Family Planning Devices

Among the currently married respondents (n=201), 72.6 percent had given at least one birth before the survey. Table 3.4 illustrates that over one-half of the respondents (52.1%) gave birth to one child, over one-third of them (39%) have had two to three children while about 9 percent of the respondents had given birth to more than four children. On average FSWs gave birth to two children.

Furthermore, the currently married FSWs were asked whether they had ever had a miscarriage and/or pregnancy termination/abortion. Twenty six of 201 respondents (12.9%) mentioned that they had experienced at least one miscarriage, while 36.8 percent had undergone at least one termination/abortion. Data revealed that almost three-fourths (71.6%) of the respondents (53/74) had one termination/abortion, while one-fifth of them (21.6%) had had two aborted/terminated pregnancies. In most cases, the abortion/termination was conducted under the supervision of a doctor (60.8%). The respondents were also asked ‘if they wished to have a child within the next two years or not.’ In response to this, 37 out of the 201 respondents (18.4%) affirmed that they



wished to have a child in the next two years, while eight respondents wished to have a child in the next six months.

**Table 3.4: Pregnancy History of Ever Married Female Sex Workers**

Pregnancy History	IBBS 2011	
	N	%
<b>Respondent ever gave birth</b>		
Yes	146	72.6
No	55	27.4
<b>Total</b>	<b>201</b>	<b>100.0</b>
<b>Number of live births</b>		
One	76	52.1
Two	37	25.3
Three	20	13.7
Four and more	13	8.9
<b>Mean number of live birth</b>	<b>1.9</b>	
<b>Total</b>	<b>146</b>	<b>100.0</b>
<b>Ever had miscarriage</b>		
Yes	26	12.9
No	175	87.1
<b>Total</b>	<b>201</b>	<b>100.0</b>
<b>Ever terminated/aborted any pregnancies</b>		
Yes	74	36.8
No	127	63.2
<b>Total</b>	<b>201</b>	<b>100.0</b>
<b>Number of pregnancies terminated/aborted</b>		
One time	53	71.6
Two times	16	21.6
Three times	4	5.4
Four times	1	1.4
<b>Total</b>	<b>74</b>	<b>100.0</b>
<b>Person who assisted the last abortion</b>		
Doctor	45	60.8
Nurse	17	23.0
Took medicine	10	13.5
Friend	1	1.4
Nobody	1	1.4
<b>Total</b>	<b>74</b>	<b>100.0</b>
<b>Wish to have a child in the next two-years</b>		
Yes	37	18.4
No	164	81.6
<b>Total</b>	<b>201</b>	<b>100.0</b>
<b>Wish to have a child in the next six-months</b>		
Yes	8	4.0
No	193	96.0
<b>Total</b>	<b>201</b>	<b>100.0</b>
<b>Was pregnant in the last 12 month</b>		
Yes	12	6.0
No	182	90.5
Currently pregnant	7	3.5
<b>Total</b>	<b>201</b>	<b>100.0</b>
<b>Outcome of the last pregnancy</b>		
Live birth	5	41.7
Spontaneous abortion	7	58.3
<b>Total</b>	<b>12</b>	<b>100.0</b>
<b>Person who assisted the last delivery</b>		
Nurse	3	60.0
Doctor	1	20.0
Mother	1	20.0
<b>Total</b>	<b>5</b>	<b>100.0</b>

Pregnancy History	IBBS 2011	
	N	%
<b>Place where the last child was delivered</b>		
District hospital	4	80.0
Home	1	20.0
<b>Total</b>	<b>5</b>	<b>100.0</b>

Overall, 9.5 percent of the married respondents (19/201) had been pregnant in the last twelve months. Among them, five respondents gave birth to a child, seven respondents had spontaneous abortions, and seven others were pregnant at the time of the survey. Four out of five respondents who gave birth delivered their child in a district hospital with the assistance of medical personnel, while one respondent delivered at home without professional medical supervision.

*Table 3.5: Knowledge and Practice of Family Planning Methods*

Family Planning Methods	IBBS 2011	
	N	%
<b>Types of family planning methods heard by respondent</b>		
Condom	344	99.7
Injectables	338	98.0
Pills	314	91.0
Female sterilization	302	87.5
Male sterilization	288	83.5
Implants	241	69.9
Withdrawal	225	65.2
IUD	187	54.2
Rhythm method	96	27.8
Others	9	2.6
<b>Total</b>	<b>345</b>	<b>*</b>
<b>Currently using any method to delay or avoid getting pregnant</b>		
Yes	290	84.1
No	55	15.9
<b>Total</b>	<b>345</b>	<b>100.0</b>
<b>Method of family planning using currently</b>		
Condom	233	80.3
Injectables	30	10.3
Pills	25	8.6
Withdrawal	19	6.6
Female sterilization	9	3.1
IUD	3	1.0
<b>Total</b>	<b>290</b>	<b>*</b>

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

Considering the risk associated with their profession, it is important for sex workers to have proper knowledge of contraceptives and family planning devices. Therefore, the survey participants were asked about the knowledge and use of family planning methods. Condoms and injectables were the popular methods of family planning, as almost all survey participants (99.7% and 98%, respectively) had heard of them. Other methods of family planning that the respondents were aware of were pills (91%), female sterilization (87.5%), male sterilization (83.5%), implants (69.9%), and the withdrawal method (65.2%). Likewise, a considerable proportion of the survey participants also had heard of IUDs (54.2%) (Table 3.5)

About 84 percent of the survey participants were currently employing family planning methods to avoid or delay pregnancy, and most of them (80.3%) had been using condoms. A small proportion of the survey participants were using injectables (10.3%), pills (8.6%), and practicing the withdrawal method (6.6%) (Table 3.5).

## CHAPTER 4.0: PREVALENCE OF HIV AND SYPHILIS

### 4.1 Prevalence of HIV and Syphilis Infection

Among the 345 sex workers who participated in the survey, four of them (1.2%) were infected with HIV, 3.2 percent (11/345) had a syphilis history (RPR titre <1:8), while active syphilis (RPR titre  $\geq$  1:8) was detected among 0.6 percent of the respondents (2/345) only. The four round of IBBS data among FSWs in Pokhara shows that the trend of HIV prevalence has remained more or less stable (2% each in 2004 and 2006, 3% in 2008, and 1.2% in 2011). The active syphilis prevalence on the other hand decreased significantly from 3.5 percent in 2006 to 0.6 percent in the 2011. The HIV and STI prevalence trends are under section 8.1 in Chapter 8.

*Table 4.1: Prevalence of HIV and Syphilis Infection among Female Sex Workers*

STI Infection	N=345		
	n	%	95% CI
HIV+ve	4	1.2	0.0-2.3
<b>Syphilis Infection*</b>			
Syphilis history	11	3.2	1.3-5.0
Active syphilis	2	0.6	0.0-1.4

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

Table 4.2 demonstrates the association of HIV and syphilis infection with demographic characteristics of FSWs in the Pokhara Valley. Age of respondents when grouped into two broad groups – “<20 years and 20 years and above”– shows that all of the four respondents that tested HIV positive belonged to the 20 years and above age group (2.0%) while none of the respondents belonging to <20 years tested HIV-positive.. In addition, all the HIV infection was prevalent among the FSWs who were ever married. The HIV and current syphilis cases were prevalent among those FSWs who had not worked in India. The current presence of syphilis failed to show any association with HIV prevalence. However, there is an association between syphilis history and HIV compared to those with active syphilis and no syphilis (Table 4.2).

On the other hand, HIV prevalence was seen among those FSWs who were illiterate or had no schooling as no HIV prevalence was seen among those respondents with some years of academic education. Similarly, the correlation between HIV status and the duration for which the respondents had been involved in sex work showed a higher prevalence of HIV among respondents working for two or more years (2.9%) than those involved in sex trade for less than two years (0%).

**Table 4.2: Association of Socio-Demographic Characteristics and Condom Use with HIV and Syphilis Infection**

Socio-demographic Characteristics	N=345	HIV+ve n (%)	Current Syphilis n (%)
<b>Age</b>			
<20 years. old	144	0 (0.0)	1 (0.7)
≥20 years. old	201	4 (2.0)	1 (0.5)
<b>Marital status</b>			<b>(p=1.00)<sup>†</sup></b>
Ever married	201	4 (2.0)	1 (0.5)
Never married	144	0 (0.0)	1 (0.7)
<b>Educational level</b>			<b>(p=0.33)</b>
Illiterate/no schooling	63	4 (6.3)	1 (1.6)
Grade 1-10 and above SLC	282	0 (0.0)	1 (0.4)
<b>Year of sex work</b>			
6-11 months	119	0 (0.0)	0(0.0)
12-23 months	88	0 (0.0)	1(1.1)
≥2 years	138	4 (2.9)	1 (0.7)
<b>Sex work in India</b>			
Yes	1	0(0.0)	0 (0.0)
No	344	4(1.2)	2 (0.6)
<b>Syphilis infection</b>			
Current syphilis	2	0 (0.0)	
Syphilis history	11	1 (9.1)	
No infection of syphilis	332	3 (0.9)	

#### 4.3 Association of Condom Use with HIV and Syphilis

Additionally, the relationship of HIV status and STI status with condom use reported by the respondents were also analyzed. The prevalence of HIV and active and syphilis history cases were detected in both respondents who did not use condoms consistently during sexual contact with their partners and those who were consistent condom users. A slightly higher proportion of HIV/STI was found in the inconsistent condom-using FSWs.. It has to be noted here that of the four respondent who were detected HIV positive, three had tested for HIV before the survey and knew their status (See Table 1 in Annex 2). This finding points towards the fact that these respondents are putting many of their clients and other sex partners at the risk of HIV by not using condom consistently even after knowing about their HIV positive status.

**Table 4.3: Association of Condom Use with HIV and Syphilis Infection**

Frequency of Condom Use	N	HIV Positive	Current Syphilis
		N (%)	N (%)
<b>Frequency of condom use with regular clients (n=310)</b>		<b>(p=0.24)<sup>†</sup></b>	<b>(p=0.53)<sup>†</sup></b>
All of the time	212	1 (0.8)	1 (0.8)
Not all the time	98	2 (2.0)	1(1.0)
<b>Frequency of condom use with non-paying regular partners (n=117)</b>			-
All of the time	10	0 (0.0)	0 (0.0)
Not all the time	107	2 (1.9)	0 (0.0)
<b>Frequency of condom use with clients (n=345)</b>		<b>(p=0.16)<sup>†</sup></b>	<b>(p=1.0)<sup>†</sup></b>
All of the time	212	1 (0.5)	1 (0.5)
Not all the time	133	3 (2.3)	1 (0.8)

<sup>†</sup> Fisher's Exact Test: two-sided p-value

#### 4.4 Association between Reported STI Symptoms and Clinical Diagnosis of Syphilis

During the survey, all the respondents were asked about symptoms of STI. In response, 44.3 percent (153/345) reported that they had some symptoms of STI. Among the respondents who perceived that they were experiencing at least one STI symptom at the time of survey,

no one had active syphilis, and 3.9 percent (6/153) had a history of syphilis according to the clinical diagnosis. On the other hand, active syphilis was detected among two of those respondents who did not report any STI symptoms (Table 4.4).

**Table 4.4: Reported STI Symptoms with Syphilis Infection**

STI Infection	Type of Syphilis		
	N	Active Syphilis	
		N	%
Lower abdominal pain	59	0	0.0
Dysuria	43	0	0.0
Polyuria	18	0	0.0
Painful sex	56	0	0.0
Genital ulcer or sore	12	0	0.0
Vaginal itching	43	0	0.0
Vaginal odor	23	0	0.0
Vaginal bleeding (unusual)	7	0	0.0
Unusual vaginal bleeding (discharge)	91	0	0.0
Genital warts	5	0	0.0
Any other symptoms	3	0	0.0
Any one symptoms of above	153	0	0.0
No any symptoms	192	2	1.0

#### 4.5 Association of Condom Carrying Practice, Comprehensive Knowledge of HIV/AIDS Transmission and VCT Exposure in Past Year with HIV and Syphilis Infection

The association of HIV and active syphilis infection with some other variables like condom carrying practice, knowledge of ABC, BCDEF (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 VCT in the past year (Table 4.5) have been analyzed. However, no significant association was noticed of HIV and active syphilis infection with other variables (Table 4.5). The findings also show that all the HIV positive FSWs were reached by programs like OE/PE and had visited a VCT in the past year.

**Table 4.5: Association of Condom Carrying Practice, Comprehensive Knowledge of HIV/AIDS Transmission and Exposure to HIV Programs in Past Year with HIV and Syphilis Infection**

Variables	N (%)	HIV Positive	Active Syphilis
<b>Condom carrying practice</b>		<b>(p=0.13)<sup>†</sup></b>	<b>(p=1.0)<sup>†</sup></b>
All of the time	121	3 (2.5)	1(0.8)
Not all the time	224	1 (0.4)	1(0.4)
<b>Knowledge of ABC</b>		<b>(p=0.63)<sup>†</sup></b>	
Know all of ABC	190	3 (1.6)	2(1.0)
Do not Know	155	1(0.6)	0(0.0)
<b>Knowledge of BCDEF</b>		<b>(p=0.63)<sup>†</sup></b>	
Know all of BCDEF	129	2 (1.5)	2(1.5)
Do not Know	216	2 (0.9)	0(0.0)
<b>Visited a VCT in past year</b>			<b>(p=1.0)<sup>†</sup></b>
Yes visited	203	4 (2.0)	1(0.5)
No	142	0(0.0)	1(0.7)
<b>Visited an OE/PE in past year</b>		<b>(p=0.58)<sup>†</sup></b>	<b>(p=1.0)<sup>†</sup></b>
Yes	271	4 (1.5)	2(0.7)
No	74	0(0)	0(0.0)

<sup>†</sup> Fisher's Exact Test: two-sided p-value

## CHAPTER 5.0: SEXUAL BEHAVIOR AND CONDOM USE AMONG FEMALE SEX WORKERS

This chapter describes sexual behaviors of the respondents including the length of time of their involvement in the sex trade, their age at first sexual intercourse, the average number of the clients, types of clients, average income, and condom use with different sex partners.

### 5.1 Sexual Behavior

Table 5.1 presents the sexual behaviors of the FSWs surveyed. The respondents had been involved in the sex trade for a period ranging from six months to 16 years with a mean duration of 25.1 months. There were 47.4 percent of respondents who had joined the profession six to 12 months before the survey, indicating that new sex workers are entering the sex business at an increasing rate. As per the survey criteria set for the survey population, sex workers involved in the profession for less than six months were not included in the survey.

*Table 5.1: Sexual Behavior of FSWs*

Sexual Behavior	2011	
	N=345	%
<b>Age at first sexual intercourse</b>		
12 – 14	67	19.4
15 – 19	257	74.4
20 – 24	20	5.8
25 - 26	1	0.3
<b>Mean/median age at first sex</b>	<b>16.2/16.0</b>	
<b>Duration of sex work</b>		
6 – 12 months	164	47.4
13 – 24 months	79	22.9
25 – 36 months	40	11.7
37– 48 months	25	7.3
More than 48 months	37	10.7
<b>Mean duration in months</b>	<b>25.1</b>	
<b>Working as a sex worker from the sampled location</b>		
Up to 6 months	41	11.8
7 – 12 months	143	41.3
13 – 24 months	68	19.8
25 – 36 months	38	11.4
37 – 48 months	21	6.1
More than 48 months	33	9.6
<b>Other type of sites where the respondent work as a sex worker</b>		
Dance restaurant	2	0.6
Cabin restaurant	2	0.6
<i>Bhatti pasal</i>	2	0.6
Road	5	1.4
Hotel/lodge	2	0.6
Do not work anywhere else	332	96.2
<b>Ever worked as a sex worker in other places</b>		
Yes	55	15.9
No	290	84.1
<b>Had worked in India as a sex worker</b>		
Yes	1	0.3
No	344	99.7
<b>Total</b>	<b>345</b>	<b>100.0</b>

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

Sex at an early age was prevalent among the FSWs in Pokhara with the median age at first sexual intercourse being 16 years. The survey revealed that about three-quarters (74.4%) of the FSWs had their first sexual contact at the age of 15-19 years. It is important to note that one fifth of the respondents (19.4%) had their sexual experience even earlier at the age of 12 - 14 years (Table 5.1).

More than half of the respondents (53.1%) had started sex work in Pokhara less than a year before the survey interview, and the rest had joined the profession in Pokhara over a year before the interview. About sixteen percent (15.9%) of the respondents said that they had worked as sex workers elsewhere, while one out of 345 sex workers had also been involved in the sex trade in India (Table 5.1).

## 5.2 Sex Workers and Their Clients

The number of clients (paying sex partners) served by the respondents per day ranged from 1-16, with a mean of 2.1 clients per day. While more than half of respondents (54.2%) entertained one client on average per day, 20.8 percent of them had an average of two clients per day. About 16 percent of FSWs entertained an average of three to four clients in a day, while nine percent of respondents had more than four clients on average per day (Table 5.2).

**Table 5.2: Number of Clients and Average Working Days as Reported by FSWs**

Number of Clients of Sex Workers	2011	
	N=345	%
<b>Average number of clients per day</b>		
One	187	54.2
Two	72	20.8
Three- Four	54	15.6
More than Four	32	9.4
<b>Range</b>	<b>1-16</b>	
<b>Mean clients per day</b>	<b>2.1</b>	
<b>Number of clients on the previous day</b>		
None	208	60.3
One	62	18.0
Two	22	6.4
Three - Four	38	11.0
More than Four	15	4.1
<b>Range</b>	<b>1-13</b>	
<b>Mean no. of clients on the previous day</b>	<b>1.0</b>	
<b>Number of clients in the past week</b>		
0	54	15.6
One	55	15.9
Two	46	13.3
3 - 4	79	22.8
5 - 10	62	17.9
More than 10	49	14.5
<b>Mean number of clients in the past week</b>	<b>5.7</b>	
<b>Time of last sexual contact</b>		
On the day of interview	10	2.9
1 - 2 days before	182	52.7
3 - 5 days before	86	25.0
6 and more days before	67	19.5
<b>Number of clients on the day of last sexual contact</b>		
One	251	72.8
Two	37	10.7
3 - 7	54	15.6
<b>Mean number of clients on the day of last sexual contact</b>	<b>1.7</b>	

Number of Clients of Sex Workers	2011	
	N=345	%
<b>Average number of days worked in a week</b>		
One	17	4.9
Two	24	7.0
Three	50	14.5
Four to seven days	254	73.7
<b>Mean number of days worked in a week</b>	<b>5.0</b>	
<b>Total</b>	<b>345</b>	<b>100.0</b>

About three-fifths of the respondents (60.3%) had not served a client on the day preceding the interview; 18 percent had had one client; and 6.4 percent of them had two clients. The remaining respondents (15.1%) had three or more clients on the day preceding the interview (Table 5.2).

The mean number of clients entertained by the sex workers in the preceding week of the interview was 5.7. Almost one-third of respondents (32.4%) had entertained more than four clients in the week preceding the interview. Just over one-fifth (22.8%) of the FSWs served 3-4 clients in the preceding week. Again, 29.2 percent of the respondents had served 1-2 clients during the past week. The majority of sex workers (52.7%) had had sexual contact 1-2 days before the day of their interview. A large proportion of them (72.8%) had entertained one client on the day of their last sexual act. On average, the respondents worked five days a week as a sex worker (Table 5.2).

### 5.3 Types of Clients of FSWs

The clients of FSWs in Pokhara came from a wide range of professional backgrounds. More than two-fifths of respondents (45.5%) reported that different types of businessmen were their most frequent clients. Similarly, foreign employees, transport workers/drivers, and service holders/officers/doctors were reported as the respondents' frequent clients by 42 percent, 41.8 percent, and 38.6 percent of the respondents, respectively. About a quarter (21.2%) of the respondents was also frequently visited by contractors, and about the same proportion of them mentioned that students (20.3%) and migrant workers/industrial workers/wage labors (20%) were frequent clients. Another 14.8 percent of FSWs said their regular clients were police and army personnel (Table 5.3).

Table 5.3 shows the occupation of the most recent clients of the FSWs preceding their interviews. Professionals, like doctors and government and private sector employees were reported as the last client seen by 16.5 percent of the respondents; 14.8 percent of respondents had a foreign employee as their last client; 14 percent of FSWs had businessmen as their last client; 13.6 percent had students; 12.7 percent had transport workers and drivers; 10.1 percent had a contractor as their last client; 9.6 percent of respondents had entertained migrant workers/industrial worker/wage laborers.



**Table 5.3: Occupational Background of Clients of Female Sex Workers**

Types of Clients	2011	
	N=345	%
<b>Occupation of most frequent clients *</b>		
Businessman/mobile businessman	157	45.5
Foreign employee	145	42.0
Transport worker/driver	144	41.8
Service holder/officer/doctor	133	38.6
Contractor	73	21.2
Student	70	20.3
Migrant/ industrial worker/wage laborer	69	20.0
Policeman/army personnel	51	14.8
Foreigner (Indian)	21	6.1
Other (guide, guard, politician, restaurant worker, etc.)	4	1.2
<b>Occupation of last client</b>		
Service holder/officer/doctor	57	16.5
Foreign employee	51	14.8
Businessman/mobile businessman	48	14.0
Student	47	13.6
Transport worker/driver	44	12.7
Contractor	35	10.1
Migrant/ industrial worker/wage laborer	33	9.6
Policeman/soldier	15	4.3
Foreigner (Indian)	9	2.6
Other (guide, guard, politician, restaurant worker, etc.)	1	0.3
Don't know	5	1.4
<b>Total</b>	<b>345</b>	<b>*</b>

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

#### 5.4 Female Sex Workers and their Sex Partners

This section presents additional information on the number of sex partners of the FSWs surveyed, including both paying and non-paying regular sex partners. Non-paying regular partners included boyfriends, husbands, and regular partners who did not pay the respondents for sex. Sex workers had, on an average, 5.7 paying sex partners and 0.3 non-paying regular sex partners in the week preceding the interview. Three-quarters of the respondents (75%) reported that they had not had sexual relations with non-paying regular sex partners in the previous week, while 25 percent of them had engaged in sexual contact with 1-2 non-paying regular sex partners.

The mean number of paying and non-paying regular sex partners entertained by the respondents in the past week was 5.9. One in ten respondents (11.3%) had not entertained any partner in the past week, 29.3 percent have had 1 to 2 partners while 30.8 percent of the respondents had 3-5 sex partners that included both paying and non-paying regular partners in the past week (Table 5.4).

The majority of the respondents (67%) had their most recent sexual contact with clients i.e. paying sex partners, while 15.1 percent of the FSWs had had sex with such clients who visited them on a regular basis. Almost 14 percent of respondents had had their husbands/male friends as their most recent sex partners, while 4.3 percent had had their last sexual contact with other male partners (Table 5.4).

**Table 5.4: Number of Different Types of Sex Partners of Female Sex Workers**

Sex Partners of Sex Workers	2011	
	N=345	%
<b>No. of paying sex partners in the past week</b>		
0	55	15.9
1 – 2	101	29.3
3 – 5	91	26.4
6 – 10	49	14.2
More than 10	49	14.2
<b>Mean (paying partners in the past week)</b>	<b>5.7</b>	
<b>No. of non-paying regular sex partners in the past week</b>		
0	259	75.1
1 – 2	86	25.0
3	0	0.0
<b>Mean (non-paying regular partners in the past week)</b>	<b>0.3</b>	
<b>No. of paying and non-paying regular sex partners in the past week</b>		
0	39	11.3
1 – 2	101	29.3
3 – 5	106	30.8
6 – 10	50	14.4
More than 10	49	14.2
<b>Mean (paying and non-paying regular partners in the past week)</b>	<b>5.9</b>	
<b>Last sex partner</b>		
Client	231	67.0
Regular client	52	15.1
Husband/male friend	47	13.6
Other male	15	4.3
<b>Total</b>	<b>345</b>	<b>100.0</b>

## 5.5 Types of Sex Practiced and Acts of Violence Faced by FSWs

The survey participants were asked if they had ever faced situations such as forced sex or if their sex partners had demanded types of sexual acts in which they were unwilling to participate. Table 5.5 shows that 20.6 percent of the sex workers had been subjected to forced sexual intercourse, in the past year.

As seen in Table 5.5, although about three-quarters (75.7%) of the FSWs in Pokhara had maintained only vaginal contact, almost one-fourth (24.3%) of the FWSs reported that they had also performed sexual acts such as oral sex, anal sex, and masturbation with their clients in the past year. In addition, one in ten of them had served clients who refused to pay for sexual services on at least one occasion. Such incidents occurred with a mean of 2.9 times in the past six months. When asked about the type of sexual contact they had had with their last client, all 84 respondents who reported having vaginal as well as other sexual contacts with their clients in the past year described that they had had vaginal sex, and several explained performing oral sex (16 respondents), masturbation (10 respondents), and anal sex (2 respondents).

In the past year, about 20 percent were forcibly asked to perform different sex acts despite their reluctance to do so. Such acts included oral sex (45.4%), physical assault (32.4%) and verbal torture (31.5%). Moreover, there were 20 percent of the respondents who had been physically assaulted by someone including their clients in the past year. Overall, there were 8.4 percent of respondents who had been subjected to forceful sex as well as physical assault.

**Table 5.5: Types of Sex Practiced by Female Sex Workers**

Type of Sex	2011	
	N	%
<b>Any partner forcibly demanded sex in the past year</b>		
Yes	71	20.6
No	274	79.4
<b>Total</b>	<b>345</b>	<b>100.0</b>
<b>Types of sexual contacts in the past year</b>		
Only vaginal sex	261	75.7
Vaginal as well as other sexual contact	84	24.3
<b>Total</b>	<b>345</b>	<b>100.0</b>
<b>Types of other sexual contacts in the past year</b>		
Oral sex	64	76.1
Masturbation	34	40.5
Anal sex	24	28.6
<b>Total</b>	<b>84</b>	<b>*</b>
<b>Clients refusing to pay for sexual services</b>		
Yes	35	10.1
No	310	89.9
<b>Mean no. of such incidences in past six months:</b>	<b>2.9</b>	
<b>Total</b>	<b>345</b>	<b>100.0</b>
<b>Clients performing such activities that the female sex workers disliked in the past year</b>		
Yes	108	31.3
No	237	68.7
<b>Total</b>	<b>345</b>	<b>100.0</b>
<b>Types of activities performed by clients which female sex workers disliked</b>		
Oral Sex	49	45.4
Physically assaulted	35	32.4
Verbal torture	34	31.5
Masturbation	29	26.9
Forced to have sex after drinking alcohol	24	22.2
Anal sex	19	17.6
Runway without paying	9	8.3
Burnt by cigarette	2	1.9
Others (snatched/stole money)	5	4.6
<b>Total</b>	<b>69</b>	<b>*</b>
<b>Types of sex with last client</b>		
Masturbation	10	11.9
Oral sex	16	19.0
Vaginal sex	84	100.0
Anal sex	2	2.4
<b>Total</b>	<b>84</b>	<b>*</b>
<b>Physically assaulted by any person for any reason in the past year</b>		
Yes	69	20.0
No	276	80.0
<b>Total</b>	<b>345</b>	<b>100.0</b>

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

## 5.6 Income of FSWs from Sex Work and Other Jobs in Pokhara

Table 5.6 illustrates the income of FSWs from sex work and other jobs in addition to their sex work. Both cash and gifts received by the surveyed sex workers have been taken into account when calculating the total income from sex work. Respondents' incomes from their last sexual contact ranged from a minimum of Rs. 150 to a maximum of Rs. 11,000. While over two-fifths of them (41.7%) had earned Rs. 101-500, around ten percent of FSWs had made Rs. 2,000 and above from their last client-related sexual contact. The average income of the FSWs during their last paid sexual encounter was Rs. 1431.

The weekly average income of the respondents from sex work was Rs. 5,838, ranging from Rs. 400 to Rs. 20,000. Around six percent of the respondents made up to Rs. 1,000 in a week; 32 percent

earned between Rs. 1,000 and Rs. 3,000 per week; 24 percent had earned Rs. 3,000 to Rs. 5,000 in a week; and 38 percent earned more than Rs. 5,000 (Table 5.6).

About half of the FSWs (47.8%) had other jobs besides working in the sex industry. About one-third (31.5%) were employed as waitresses in different restaurants/hotels, while almost 22 percent of the FSWs in Pokhara were working as laborers in daily wages. Around 17 percent were dancers/singers in dance restaurants, 12 percent were working as peer educators in NGOs, seven percent had retail shops, and almost four percent were the owners of restaurants/'*Bhatti*' shops. The mean weekly income of the respondents from other jobs was Rs. 1391, and it ranged between Rs. 200 to Rs. 15,000 per week (Table 5.6).

**Table 5.6: Income of Female Sex Worker's from Sex Work and Other Jobs**

Income from Sex Work and Other Jobs	2011	
	N	%
<b>Income from last sex with client</b>		
0	2	0.6
Up to Rs. 100	1	0.3
Rs. 101 – Rs. 500	144	41.7
Rs. 501 – Rs. 1,000	79	22.9
Rs. 1001 – Rs. 1,500	40	11.6
Rs. 1501 – Rs. 2,000	46	13.3
Rs. 2000 and above	33	9.6
<b>Range: Rs</b>	<b>150-11,000</b>	
<b>Mean income from last sex work: Rs.</b>	<b>1431</b>	
<b>Total</b>	<b>345</b>	<b>100.0</b>
<b>Average weekly income from sex work</b>		
Up to Rs. 1,000	20	5.8
Rs. 1,001 – Rs. 2,000	46	13.3
Rs. 2,001 – Rs. 3,000	66	19.1
Rs. 3,001 – Rs. 4,000	39	11.3
Rs. 4,001 – Rs. 5,000	43	12.5
Rs. 5,001 – Rs. 10,000	109	31.6
More than Rs 10,000	22	6.4
<b>Range: Rs.</b>	<b>400-20,000</b>	
<b>Mean weekly income: Rs.</b>	<b>5,838</b>	
<b>Total</b>	<b>345</b>	<b>100.0</b>
<b>Have other jobs besides sex work</b>		
Yes	165	47.8
No	180	52.2
<b>Total</b>	<b>345</b>	<b>100.0</b>
<b>Types of job besides sex work</b>		
Waitress	52	31.5
Wage laborer	36	21.8
Dancer/singer in dance restaurant	28	17.0
Peer communicator in NGO	20	12.1
Retail shops/business	11	6.7
Domestic/restaurant helper	8	4.8
Owner of restaurant/ <i>Bhatti Pasal</i>	6	3.6
Service (accountant, peon, teacher etc.)	3	1.8
Other	10	6.0
<b>Total</b>	<b>165</b>	<b>*</b>
<b>Average weekly income from other sources besides sex work</b>		
0 (No other source)	180	52.2
Up to Rs. 500	30	8.6
Rs. 501- Rs. 1,000	65	18.8
Rs. 1001 – Rs. 1,500	21	6.0
Rs. 1501 – Rs. 2,000	22	6.4
Rs. 2,000 and above	22	6.4
<b>Range Rs.</b>	<b>200-15,000</b>	
<b>Mean weekly Rs.</b>	<b>1391</b>	
<b>Total</b>	<b>345</b>	<b>100.0</b>

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

The comparison of the average weekly income of the FSWs from sex work with that from other jobs showed that the mean weekly income from sex work was Rs. 5,838, while from other jobs was Rs. 1,391 (Table 5.6). Overall 81 percent of FSWs were even earning more than Rs. 2,000 from sex work, while only 6.4 percent of them were earning more than Rs. 2,000 from other jobs in a week.

## 5.7 Knowledge about Condoms

Condom promotion has been one of the important components of HIV/AIDS awareness campaigns. Such campaigns have focused on raising awareness about condoms with the help of various IEC materials disseminated through print as well as electronic media. The FSW's knowledge about condoms and their information sources have been analyzed in the following Table 5.7.

**Table 5.7: Sources of Knowledge of Condom among Female Sex Workers in Pokhara**

Source of Knowledge of Condoms	2011	
	N=345	%
<b>Sources of knowledge of condoms</b>		*
Television	318	92.2
Pharmacy	307	89.0
Friend/neighbor	283	82.0
Billboard/signboard	280	81.2
Radio	275	79.7
Newspaper/poster	275	79.7
NGOs	272	78.8
Clients	262	75.9
Hospital	208	60.3
Health worker/volunteer	103	29.9
Cinema hall	75	21.7
Community event/training	70	20.3
Health post/ health Center	66	19.1
Street drama	57	16.5
Comic book	55	15.9
Community workers	30	8.7
Video van	5	1.4
Others	1	0.3
<b>Heard about female condom</b>		
Yes	180	52.2
No	165	47.8
<b>Total</b>	<b>345</b>	<b>100.0</b>
<b>Source of information about female condom</b>		
Radio	3	1.7
TV	3	1.7
Pharmacy	5	2.8
Health Post/health center	1	0.6
Hospital	3	1.7
Health workers/volunteers	2	1.1
Friends/relatives/neighbors	44	24.4
NGO staff	138	76.7
Newspapers/posters	10	5.6
Community interaction/training	2	1.1
Sex partner/client	4	2.2
Others	3	1.7
<b>Total</b>	<b>180</b>	<b>*</b>
<b>Ever used female condom</b>		
Yes	8	4.4

Source of Knowledge of Condoms	2011	
	N=345	%
No	172	95.6
<b>Total</b>	<b>180</b>	<b>100.0</b>
<b>Respondents consider female condoms as useful</b>		
Yes	149	43.2
No	195	56.5
<b>Total</b>	<b>345</b>	<b>100.0</b>

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

All of the survey participants had heard of condoms before. Television was the most popular source of information on condoms, as it was mentioned by almost 92 percent of the surveyed sex workers. The pharmacy was the second most popular information source (89%), followed by friends/neighbors (82%), billboards/signboards (81.2%), newspapers/posters and radio (79.7% each), NGOs (78.8%), clients (75.9), hospitals (60.3%), and health worker volunteers (29.9%). Other sources of the survey participants' knowledge about condoms were cinema halls, community events/trainings, health posts/centers, comic books, and street dramas organized by different organizations/groups (Table 5.7).

Fifty two percent of the respondents were aware of female condoms. The majority of the respondents (76.7%) had heard about female condoms from NGO staff, while 24.4 percent had come to know about female condoms from their friends/relatives or neighbors. Other sources of information on female condoms reported by the respondents have been listed in Table 5.7.

Although 43.2 percent of the respondents considered female condoms useful, while only 4.4 percent (8 respondents) of those who had heard of it had ever used one. Twenty five percent of them (2/8) had used a female condom within a month before while other had used it earlier. Five out of the eight respondents who had ever used a female condom had used it with their regular client (See Table 2 in Annex 2).

## 5.8 Condom Use Reported by FSWs with Different Sex Partners

The survey participants basically entertain three different types of sex partners: (i) paying partners, i.e., those who pay them in cash or in kind for sex; (ii) non-paying regular partners, i.e., those who do not pay them for sex, for instance their husbands, boyfriends, and cohabiting male partners; (iii) regular partners, i.e. those who visit them on a regular basis. Besides these, some FSWs had other types of sex partners who were neither their clients nor regular partners, and they have been included in this survey as iv) 'other' sex partners. The following sections describe the survey participants' condom using behaviors with these different sex partners.

### 5.8.1 Condom Use with Clients

More than three-fourths (78.8%) of the respondents had used a condom with their last client. Among them, 87.5 percent (238/272) had suggested using condoms during the sexual act to the client. However, in the past year, only 61.4 percent of FSWs had used condoms consistently with their clients. Out of 345 respondents, almost five percent (17) of them reported that they had not used condoms at all (Table 5.8).

**Table 5.8: Condom Use with Clients and Non-paying regular Sex Partners**

Condom Use	2011	
	N	%
<b>Use of condom with most recent client</b>		
Yes	272	78.8
No	73	21.2
<b>Total</b>	<b>345</b>	<b>100.0</b>
<b>Condom use suggested by</b>		
Respondent	238	87.5
Sex partner	34	12.5
<b>Total</b>	<b>272</b>	<b>100.0</b>
<b>Use of condom with the client in the past year</b>		
Every time	212	61.4
Most of the time	69	20.0
Sometimes	28	8.1
Rarely	19	5.5
Never	17	4.9
<b>Total</b>	<b>345</b>	<b>100.0</b>
<b>Have regular client in the past year</b>		
Yes	310	89.9
No	35	10.1
<b>Total</b>	<b>345</b>	<b>100.0</b>
<b>Use of condom with regular clients in the past year</b>		
Every time	212	68.4
Most of the time	51	16.5
Sometimes	21	6.8
Rarely	9	2.9
Never	17	5.5
<b>Total</b>	<b>310</b>	<b>100.0</b>
<b>Use of condom with most recent regular client</b>		
Yes	269	86.8
No	41	13.2
<b>Total</b>	<b>310</b>	<b>100.0</b>
<b>Condom use suggested by</b>		
Respondent	248	92.2
Sex partner	21	7.8
<b>Total</b>	<b>269</b>	<b>100.0</b>
<b>Frequency of sexual contact with the last sex partner in the past one-month</b>		
No sexual contact	19	17.0
1-2 times	5	4.5
3-6 times	19	17.0
7-10 times	25	22.3
11-15 times	17	15.1
More than 15 times	27	24.1
<b>Total</b>	<b>112</b>	<b>100.0</b>
<b>Used condom in the last sex with husband/living in male partner</b>		
Yes	18	16.1
No	94	83.9
<b>Total</b>	<b>112</b>	<b>100.0</b>
<b>Person who suggested condom use at the time of last sex with husband/male partner</b>		
Respondent	16	88.9
Sex partner	2	11.1
<b>Total</b>	<b>18</b>	<b>100.0</b>
<b>Have non-paying regular partner in past year</b>		
Yes	117	33.9
No	226	65.5
No response	2	0.6
<b>Total</b>	<b>345</b>	<b>100.0</b>
<b>Use of condom with non-paying regular partner in the past year</b>		
Every time	10	8.5
Most of the time	8	6.8

Condom Use	2011	
	N	%
Sometimes	5	4.3
Rarely	13	11.1
Never	81	69.2
<b>Total</b>	<b>117</b>	<b>100.0</b>

### 5.8.2 Condom Use with Regular Clients

Almost 90 percent of the sex workers had clients visiting them on a regular basis. Among them, 68.4 percent (212/310) had used condoms consistently during sexual contact with them in the past year. Around 87 percent (269/310) of FSWs had also used a condom during their last sexual contact with their regular client, and, in most of these cases, the respondents (92.9%) had suggested using a condom (Table 5.8).

### 5.8.3 Condom Use with Non-paying regular Partners

Overall 34 percent of the sex workers had non-paying regular sex partners in the year preceding the survey. Their non-paying regular partners included those partners who did not pay them for sex like their boyfriends, husbands, and regular partners. Consistent use of condoms with non-paying regular partners was found to be very low. A majority of FSWs (69.2%) had never used condoms with their non-paying regular partners in the past year while only 10 out of 119 respondents (8.4%) reported that they used condoms consistently with such partners (Table 5.8).

### 5.8.4 Condom Use with Partners Other than Clients, Husbands, and Male Friends

Table 5.9 demonstrates condom-using practices with other occasional male partners of the FSWs who are neither their clients nor their regular sex partners. More than half of the FSWs in Pokhara (53%) had such relationships in the past year. Around two-thirds of them (67.8%) had used a condom in their last sexual act with such a partner. Almost all FSWs (91.9%) who had used condom in the last sex with such partners had suggested the use by themselves. However, only 54.1 percent (99/183) of the FSWs who had sex with other sex partners in the last 12 months had consistently used condoms.

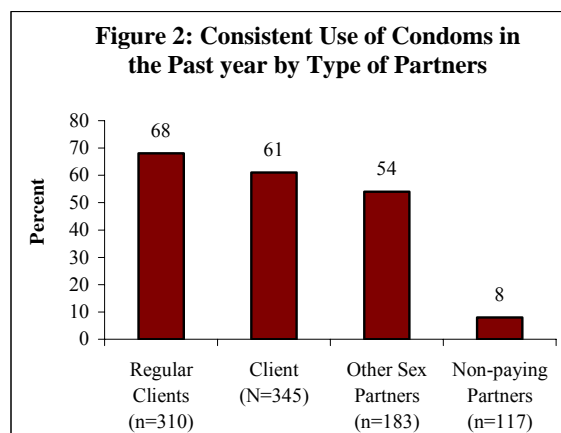
**Table 5.9: Condom Use with Partners Other than Clients, Husband and Male Friends**

Condom Use by Female Sex Workers	2011	
	N	%
<b>Have sex with partner other than client, husband, male friend in the past year</b>		
Yes	183	53.0
No	162	47.0
<b>Total</b>	<b>345</b>	<b>100.0</b>
<b>Use of condom with partner other than client, husband, male friend in the last sex</b>		
Yes	124	67.8
No	59	32.2
<b>Total</b>	<b>183</b>	<b>100.0</b>
<b>Condom use suggested by</b>		
Respondent	114	91.9
Sex partner	10	8.1
<b>Total</b>	<b>124</b>	<b>100.0</b>
<b>Use of condom with partner other than client, husband, male friend in the past year</b>		
Every time	99	54.1
Most of the time	19	10.4
Sometimes	20	10.9



Condom Use by Female Sex Workers	2011	
	N	%
Rarely	20	10.9
Never	25	13.7
<b>Total</b>	<b>183</b>	<b>100.0</b>

A comparative analysis of the consistent condom use reported by FSWs with their four different types of sex partners as seen in Figure 2, indicates that use is highest (68.4%) with their regular clients and lowest (8.5%) with non-paying regular partners which includes husbands. Around 61 percent of the respondents (212/345) had used condoms consistently with clients. Similarly, more than half (54.1) of the respondents (99/183) had used condoms consistently with other occasional partners.



Those FSWs who did not use condom consistently during their sexual contacts in the past year or during last sex mostly mentioned that they had done so because their sex partners had objected to its use. A majority of the FSWs in Pokhara who had not used condom consistently with non-paying regular partners mentioned that they trust their partners who include husbands and boy friends (75.2%) so did not use it when they have sexual contact with them. (See Table 3 and Table 4 in Annex 2 for reasons cited by the respondents for not using condom).

## 5.9 Availability of Condoms and Brand Use

Almost 35 percent of the respondents mentioned that they usually carried condoms with them. However, most (105 out of 121) of those who reported carrying condoms did not have a condom with them when the interviewers asked to see the condoms. More than sixty percent of the sex workers (61.6%) said that they could get condoms within five minutes from their place of work or place of their residence. Only a few sex workers (1.4%) reported that it took more than 15 minutes for them to reach the nearest source of condoms.

*Table 5.10: Availability of Condoms and Brand Names of Widely Used Condoms*

Condom Acquisition	2011	
	N	%
<b>Carry condom usually</b>		
Yes	121	35.1
No	224	64.9
<b>Total</b>	<b>345</b>	<b>100.0</b>
<b>No. of condoms carried</b>		
1	1	0.8
2	2	1.7
3 – 5	7	5.8
6 – 10	4	3.3
More than 10	2	1.7
Not carrying right now	105	86.8
<b>Total</b>	<b>121</b>	<b>100.0</b>
<b>Time needed to obtain condoms from nearest place</b>		
Up to 5 minutes	213	61.6

6 – 10 minutes	106	30.8
11 – 15 minutes	21	6.1
16 – 20 minutes	3	0.9
21 and more minutes	1	0.3
Don't know	1	0.3
<b>Total</b>	<b>345</b>	<b>100.0</b>
<b>Places where condoms are available</b>		
Pharmacy	330	95.7
NGO/health workers/volunteers	262	75.9
Client/other sex partner	180	52.2
Hospital	168	47.7
Bar/Guest house/hotel	125	36.2
General retail store ( <i>Kirana Pasa</i> )	87	25.2
Peer/friends	37	10.7
Private clinic	36	10.4
Paan Shop	27	7.8
Health post/ health center	13	3.8
FPAN clinic	8	2.3
Other	1	0.3
<b>Total</b>	<b>345</b>	<b>*</b>
<b>Brand names of mostly used condom</b>		
Brands not known	230	66.7
Black cobra	138	40.0
Number 1	55	15.9
Panther	48	13.9
Jodi	34	9.9
Skin less	32	9.3
Dhaal	29	8.4
Kamasutra	11	3.2
Lili	2	0.6
Other	36	10.4
Condom not used in the past year	10	2.9
<b>Total</b>	<b>345</b>	<b>*</b>

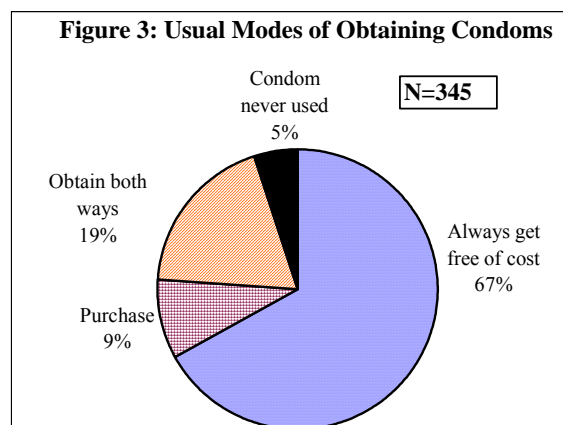
\*Note: The percentages add up to more than 100 because of multiple responses.

The majority of the sex workers (95.7%) reported that they could get condoms from pharmacies. NGOs/health workers were another major source of condoms mentioned by the survey participants. Clients/other partners, hospitals, bars/guesthouses/hotels, general retail stores, peer/friends, private clinics, and *Paan* shops were mentioned by the respondents as other important places to obtain condoms. Similarly, a few respondents said that they could get condoms from health posts/health centers and FPAN clinics (Table 5.10).

The sex workers were also asked about the brand names of the condoms they use most frequently. Almost two-thirds (66.7%) of FSWs reported using brands of which they did not know the names. The most used brand of condom among them was 'Black Cobra' (40%) followed by other brands like 'Number One' (15.9%), 'Panther' (13.9%), 'Jodi' (9.9%), 'Skin Less' (9.3%), 'Dhaal' (8.4%), and 'Kamasutra' (3.2%) (Table 5.10).

## 5.10 Modes of Obtaining Condoms

Figure 3 categorizes the usual modes of obtaining condoms among the respondents. It should be mentioned here that 17 of them (4.9%) had never used condom. Over



two-thirds of the respondents (67.2%) obtained free condoms all the time, while nine percent always purchased them. The rest (18.8%) obtained condoms both the ways.

About 72 percent of the FSWs who had access to free condoms got them usually from NGOs/health workers/volunteers, 64.3 percent of them mostly got them from clients. Hotels/lodges/restaurants/*Bhatti* shops were also mentioned by 25.6 percent of the respondents as the places from where they were able to obtain free condoms. Almost seven in ten FSWs (70.4%) found it convenient to obtain condoms from NGOs/health workers/volunteers. Clients/other sex partners, hotels/lodges/restaurants/*Bhatti* shops, and peers/friends were other preferred places for obtaining free condoms among the survey participants. Additionally, over two-thirds of the FSWs in Pokhara who had ever used condoms (68.6%) were given free condoms in the past year (Table 5.11).

Almost all respondents (99%), who purchased condoms either all the time or occasionally, reported buying them from pharmacies, while 2.1 percent of them usually went to a general retail store to buy condoms. Likewise, 97.9 percent of FSWs felt comfortable buying condoms from pharmacies (Table 5.11).

**Table 5.11: Modes and Places for Obtaining Condoms by FSWs**

Condom Acquisition	2011	
	N	%
<b>Mode of obtaining condoms</b>		
Always get free of cost	232	67.2
Purchase	31	9.0
Obtain both ways	65	18.8
Condom never used	17	4.9
<b>Total</b>	<b>345</b>	<b>100.0</b>
<b>Free condoms usually obtained from</b>		
NGO/health workers/volunteers	213	71.7
Client/other sex partner	191	64.3
Hotel/lodge/restaurant/ <i>bhatti</i>	77	25.9
Peers/friends	26	8.8
Hospital	4	1.3
Community events	2	0.7
FPAN clinics	1	0.3
Others ( <i>Bhatti</i> , community events)	1	0.3
<b>Total</b>	<b>297</b>	<b>*</b>
<b>Most convenient place to obtain free condom</b>		
NGO/health workers/volunteers	209	70.4
Client/other sex partner	179	60.3
Hotel/lodge/restaurant/ <i>Bhatti</i>	73	24.6
Peers/friends	25	8.4
FPAN clinics	1	0.3
Others	7	2.4
<b>Total</b>	<b>297</b>	<b>*</b>
<b>Respondent was given condom in the past one-year</b>		
Yes (free)	225	68.6
Not given	103	31.4
<b>Total</b>	<b>328</b>	<b>100.0</b>
<b>Place of purchasing condom</b>		
Pharmacy	95	99.0
General retail store ( <i>Kirana Pasal</i> )	2	2.1
<i>Paan</i> shop	1	1.0
Private clinic	1	1.0
Others	4	4.1
<b>Total</b>	<b>96</b>	<b>*</b>
<b>Most convenient place to purchase condom</b>		

Condom Acquisition	2011	
	N	%
Pharmacy	94	97.9
Hotel/lodge/restaurant	4	4.2
General retail store ( <i>Kirana Pasal</i> )	3	3.1
Private clinic	2	2.1
<i>Paan</i> Shop	1	1.0
<b>Total</b>	<b>96</b>	<b>*</b>

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

## 5.11 Use of Alcohol and Drugs by FSWs

Around 65 percent of the FSWs in Pokhara reported consuming alcohol in the past month while 34.8 percent of them had never drunk before. 16.5 percent of FSWs consumed alcohol on a daily basis. About 16 percent of the FSWs had also used drugs in the past month.

Over two fifths of the respondents (41.4%) knew someone who injected drugs. Of them, more than half (55.2%) of the respondents mentioned that the IDUs that they knew were their friends; 41.3 percent said that they were their neighbors/local boys; 18.2 percent said that they were their clients; and 9.1 percent said that they were their relatives/family members. Overall, 7.8 percent of the respondents i.e. 27/345 were also aware that their sex partners injected drugs. Among them, 60% of the currently married FSWs knew that their spouses injected drugs, while eight of 26 respondents (30.8%) who had regular clients knew that their regular clients injected drugs (Table 5.12). The trend in injecting history for the past four rounds of IBBS among FSWs in Pokhara is illustrated in Table 10 (Annex-2).

*Table 5.12: Use of Alcohol/Drugs by Female Sex Workers*

Consumption of Alcohol and Drugs	2011	
	N=345	%
<b>Consumption of alcohol in the past month</b>		
On a daily basis	57	16.5
2-3 times a week	58	16.8
Once a week	50	14.5
Less than once a week	60	17.4
Never	120	34.8
<b>Tried any types of drugs</b>		
Yes	55	15.9
No	290	84.1
<b>Know injecting drug users (IDUs) personally</b>		
Yes	143	41.4
No	202	58.6
<b>Total</b>	<b>345</b>	<b>100.0</b>
<b>Relationship with known IDUs</b>		
Friend	79	55.2
Neighbor/local boys/ no relative	59	41.3
Client	26	18.2
Relative/family	13	9.1
Husband	3	2.1
<b>Total</b>	<b>143</b>	<b>*</b>
<b>Knowledge of sex partners being IDUs</b>		
Yes	27	7.8
No	318	92.2
<b>Total</b>	<b>345</b>	<b>100.0</b>
<b>Respondents husband inject drugs</b>		<b>%</b>
Yes	3	60.0
No	2	40.0
<b>Total</b>	<b>27</b>	<b>100.0</b>
<b>Respondents' have regular clients who inject drugs</b>		

Consumption of Alcohol and Drugs	2011	
	N=345	%
Yes	8	30.8
No	18	69.2
<b>Total</b>	<b>26</b>	<b>100.0</b>
<b>Drug using history</b>		
<b>Ever exchanged sex for drugs</b>		
Yes	9	2.6
No	336	97.4
<b>Total</b>	<b>345</b>	<b>100.0</b>
<b>Ever exchanged sex for money to buy drugs</b>		
Yes	10	2.9
No	335	97.1
<b>Total</b>	<b>345</b>	<b>100.0</b>

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

### Drug Injecting Practices of FSWs

About five percent of the FSWs in Pokhara (17/345) had ever injected drugs. The majority of them had started injecting drugs when they were relatively young. Around 71 percent of them were 19 years or less when they had injected their first drug, while 29.4 percent were 20 or above. Of the 17 survey participants reporting to have injected drugs at least once, 13 (76.5%) had injected in the past one-month and most of them (12/13) had injected in the week preceding the survey.

Table 5.13 Injecting History and Practices among Female Sex Workers

Drug injecting History	2011	
	N=345	%
<b>Ever injected drugs</b>		
Yes	17	4.9
No	328	95.1
<b>Total</b>	<b>345</b>	<b>100.0</b>
<b>Injected in past 12 months</b>		
Yes	17	100.0
No	0	0.0
<b>Total</b>	<b>17</b>	<b>100.0</b>
<b>FSW's age when she first injected drugs</b>		
15 – 19	12	70.6
20 – 24	5	29.4
<b>Total</b>	<b>17</b>	<b>100.0</b>
<b>Time when respondents started injecting drugs</b>		
Less than one year	7	41.1
1-2 yrs	5	29.4
3-4 yrs	4	23.5
5 years and more	1	5.9
<b>Mean month</b>	<b>21.06</b>	
<b>Respondents had injected drugs in the past one-month</b>		
Yes	13	76.5
No	4	23.5
<b>Total</b>	<b>17</b>	<b>100.0</b>
<b>Respondent had injected drugs in the past one-week</b>		
Yes	12	92.3
No	1	7.7
<b>Total</b>	<b>13</b>	<b>100.0</b>
<b>Respondents had used a needle or syringe that had previously been used by someone else in the last injection</b>		
Yes	0	0.0
No	12	100.0
<b>Total</b>	<b>12</b>	<b>100.0</b>

Drug injecting History	2011	
	N=345	%
<b>Frequency of use of needle or syringe that had previously been used by someone else in the past one month</b>		
Sometimes	1	8.3
Never	11	91.7
<b>Total</b>	<b>12</b>	<b>100.0</b>
<b>Respondents usually obtained syringe/needle from</b>		
Use a new needle/syringe given by NGO/volunteer	10	83.3
From sex partner	1	8.3
Friend purchased for me	1	8.3
<b>Total</b>	<b>12</b>	<b>100.0</b>
<b>Used non-sterile needle/syringe in the last month</b>		
Yes	1	7.7
No	12	92.3
<b>Total</b>	<b>13</b>	<b>100.0</b>
<b>Switching from injecting to oral drugs within the last month</b>		
Yes	5	38.5
No	8	61.5
<b>Total</b>	<b>13</b>	<b>100.0</b>

Four of the 12 FSWs who had been injecting drugs at the time of survey (33.3%) had not injected on the previous day of the interview. At the same time, the frequency of injecting drugs in the week preceding the survey showed that there were some FSWs who had injected drugs 2-3 times a day (3/12) and also those who had injected 1 to 3 times in the week. The majority of injecting drug using FSWs in Pokhara (61.5%) had injected once on the last day that they had done drugs (See Table 5 in Annex-2).

Those respondents who had injecting drugs in the past week (n=12) were further asked about their injecting practices. None of the 12 FSWs had injected with a pre-used needle/syringe during their last injection. Most of them (11/12) had avoided injecting with pre-used needles/syringes in the month preceding the survey; one respondent had sometimes injected with a used needle/syringe. The respondents who injected drugs mostly received new syringe from NGOs and their volunteers (10/12). All of these 12 FSWs had also avoided injecting with a pre-used needle/syringe, using needle/syringe left at public places, sharing needle/syringe with others in the past week. However, there were few respondents who had sometimes followed unsafe injecting practices like injecting with a pre-filled needle/syringe (4/12) and sharing drug container or rinsing water (2/12) (See Table 6 in Annex 2).

The injecting practices in the month preceding the survey showed that, except for one injection-drug using FSW, all (12/13) had avoided using non-sterile needles/syringes. At the same time, 38.5 percent of the injection-drug using respondents (5/13) had at least once switched from injecting to oral drugs in the past month (Table 5.13).

As seen in Table 5.14, most of the injection-drug using FSWs (12/13) had switched from sharing to non-sharing practices in the past year. All of the FSWs who currently injected drugs could obtain new or unused syringes/needles when needed. Most of them (76.9%) could obtain a new needle/syringe from a needle exchange program. An equal proportion of the respondents (76.9%) had received a new syringe/needle from OE/PEs in the year preceding the survey.

**Table 5.14: Change in Drug using practice, Access to New Syringe and Treatment Received by Female Sex Workers**

Variables	IBBS 2011	
	N	%
<b>Switching from sharing to non-sharing practice in the past one-year</b>		
Yes	12	92.3
No	1	7.7
<b>Total</b>	<b>13</b>	<b>100.0</b>
<b>Access to new or unused syringe/needle at the time of need</b>		
Yes	13	100.0
No	0	0.0
<b>Total</b>	<b>13</b>	<b>100.0</b>
<b>Place for obtaining unused syringe/needle</b>		
Friends	5	38.5
Drugstore	4	30.8
Sexual partner	3	23.1
Drug wholesaler/drug agency	1	7.7
Drugs seller	1	7.7
Needle exchange program	10	76.9
<b>Total</b>	<b>13</b>	<b>*</b>
<b>Received new syringe/needle from ORE/PEs of needle exchange program</b>		
Yes	10	76.9
No	3	23.1
<b>Total</b>	<b>13</b>	<b>100.0</b>
<b>Female sex workers who were under treatment or receiving help for using drug</b>		
Was in treatment but not now	7	53.8
Have never received treatment	6	46.2
<b>Total</b>	<b>13</b>	<b>100.0</b>

Seven of the current injecting drug users had been going through treatment or had been receiving help to withdraw from drug use. All of them had received such help/treatment within the year preceding the survey. While most (71.4%) had received outpatient counseling, others had gone through the process of detoxification with the help of some drugs, residential rehabilitation, or drug withdrawal without medicine (28.6%) See Table 6 in Annex 2.

## CHAPTER 6.o: KNOWLEDGE OF HIV/AIDS AND STIs

### 6.1 Source of Knowledge of HIV/AIDS

Table 6.1 shows the source of knowledge of HIV/AIDS among the FSWs in Pokhara Valley. Almost all of the respondents (99.4%) had heard about HIV/AIDS. Almost 90 percent of the FSWs reported that they had heard about HIV/AIDS via television, from friends/relatives (81.6%), pamphlets/posters (79.7%), billboards/signboards (79.3%), radio (78.1%), people from NGOs (77%), and work place (65%). A considerable percentage of the respondents said that they had heard about HIV/AIDS from newspapers/magazines (49.3%), community events (21%), cinema halls (19%), health workers (18.1%), comic books (16.6%), schoolteachers (16.3%), and street dramas (15.5%).

*Table 6.1: Sources of Knowledge of HIV/AIDS among Female Sex Workers*

Statements related to HIV/AIDS	2011	
	N	%
<b>Ever heard of HIV/AIDS</b>		
Yes	343	99.4
No	2	0.6
<b>Total</b>	<b>345</b>	<b>100.0</b>
<b>HIV/AIDS information sources</b>		
Television	308	89.8
Friends/relatives	280	81.6
Pamphlet/poster	275	79.7
Billboard/signboard	272	79.3
Radio	268	78.1
People from NGOs	264	77.0
Workplace	223	65.0
Newspaper/magazine	170	49.3
Community event/training	72	21.0
Cinema hall	65	19.0
Health workers	62	18.1
Comic book	57	16.6
School/teacher	56	16.3
Street drama	53	15.5
Community workers	30	8.7
Video van	13	3.8
Other sources	165	48.1



## 6.2 Knowledge on the Major Ways of Avoiding HIV

HIV/AIDS prevention activities primarily focus on raising awareness of three important behavioral aspects: ‘A’ — abstinence from/delaying sexual contact; ‘B’ — monogamy; and ‘C’ — consistent use of condoms. Overall, the comprehensive knowledge on HIV/AIDS is defined as knowledge of **B and C** as well as ‘D’ — being aware that a healthy-looking person may have HIV; **E** — a person cannot get the HIV virus from a mosquito bite; and **F** — that HIV cannot be transmitted while sharing a meal with a HIV-positive person.

*Table 6.2: Knowledge of HIV/AIDS among Female Sex Workers*

Statements related to HIV/AIDS	2011	
	N	%
<b>Comprehensive Knowledge Indicators</b>		
A. Can protect themselves through abstinence from sexual contact	234	68.2
B. Can protect themselves through monogamous sexual contact	289	84.3
C. Can protect themselves through condom use every time during sex	318	92.7
D. A healthy-looking person can be infected with HIV	315	91.8
E. A person can not get the HIV virus from mosquito bite	168	49.0
F. Can not get HIV by sharing a meal with an HIV infected person	283	82.5
Knowledge of all the three -ABC	190	55.4
Knowledge of all five major indicators – BCDEF	129	37.6
<b>Total</b>	<b>343</b>	<b>*</b>

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

Seven out of ten respondents (68.2%) stated that ‘A’ — abstinence from sexual contact, ‘B’ — monogamy (84.3%), and ‘C’ — consistent use of condoms (92.7%) are the ways to prevent HIV. Likewise, 91.8 percent of respondents also believed ‘D’, i.e. that a healthy-looking person could have HIV. A comparatively lower proportion (49%) knew that person cannot get the HIV virus from a mosquito bite, while 82.5 percent of them knew about ‘F’ i.e. that HIV can not be transmitted while sharing a meal with a HIV-positive person.

Overall, 55.4 percent of respondents were aware of all forms of preventing HIV/AIDS - A, B, and C, while only 37.6 percent of the respondents correctly identified all of BCDEF. This percentage was so low mainly because of the low correct knowledge on “mosquito bite”. This is also a very strong message to program people that FSWs need to be informed about this in a more convincing way.

## 6.3 Knowledge of People Living with HIV/AIDS and Other Ways of HIV Transmission

The survey population was asked if they knew any person infected with HIV or who had died of AIDS. One-third (33%) of the respondents reported that they knew such people. Among them, 46.4 percent (53/114) said that they did not share any relation with such person; 36.8 percent (42/114) of the respondents said that they were their close friends; and 16.7 percent (19/114) of FSWs pointed out that they were their close relatives (Table 6.3).

**Table 6.3: Female Sex Workers' Knowledge on People Living with HIV/AIDS and Other Ways of HIV Transmission**

Statements Related to HIV/AIDS	2011	
	N	%
<b>Knowledge of anyone who is infected with HIV or who has died of AIDS (n=345)</b>		
Yes	114	33.0
No	229	66.4
Never heard of HIV/AIDs	2	0.6
<b>Total</b>	<b>345</b>	<b>100.0</b>
<b>Have a close relative or close friend who is infected with HIV or has died of AIDS</b>		
Yes, a close relative	19	16.7
Yes, a close friend	42	36.8
No relation	53	46.5
<b>Total</b>	<b>114</b>	<b>100.0</b>
<b>Awareness on HIV/AIDS (n=345)</b>		
An HIV positive woman can transmit the virus to her new-born child through breastfeeding	218	63.2
A person cannot get HIV by holding an HIV infected person's hand	32	89.6
A person can get HIV, by using previously used needle/syringe	336	97.4
Blood transfusion from an infected person to the other transmit HIV	342	99.1
An HIV positive pregnant woman can transmit the virus to her unborn child	300	87.0
<b>Ways by which a pregnant woman can reduce the risk of transmission of HIV to her unborn child</b>		
Take medicine	96	32.0
Others	94	31.4
Don't know	110	36.7
<b>Total</b>	<b>300</b>	<b>100.0</b>

The respondents' understanding of ways that HIV is transmitted was further analyzed in this survey with the help of specific questions as shown in Table 6.3. As indicated by the table, 99.1 percent of the sex workers perceived that HIV could be transmitted through the transfusion of blood from an infected person to a non-infected person; 97.4 percent believed that the use of a pre-used needle/syringe transmitted the HIV infection; 87 percent of the respondents said that HIV could be transmitted from an infected pregnant woman to her unborn child; and 63.2 percent reported that a HIV/AIDS-infected mother could transmit the virus to her child during breastfeeding. About nine in ten (89.6%) of them also mentioned that holding an HIV-infected person's hand did not pose a threat for HIV transmission. Among those 300 sex workers who said that an infected mother could transmit the virus to her unborn child, almost 36.7 percent of them expressed their unawareness of any measures to minimize such a risk. And only about one-third of them (32%), however, said that taking medicine would be helpful to protect mother to child transmission of HIV infection.

#### **6.4 Knowledge of HIV Testing Facilities and History of HIV Test**

Regarding the availability of a HIV testing facility in respondent's community, 76.8 percent reported that they have such a facility available in their community (Table 6.3). Additionally, 69.6 percent of the respondents had tested for HIV in the past.. Among them, 86.3 percent (207/240) had taken up the test within the last 12 months, and most of the tests (94.6%) were conducted voluntarily (Table 6.4). Nine out of 240 respondents (3.8%) who were tested for HIV had not received the result because they forgot about it (3/9), were sure that they were not infected (2/9), were afraid of the result or did not find it necessary (4/9).

**Table 6.4: FSWs' Knowledge of HIV/AIDS Testing Facilities and History of HIV Test**

Perception of HIV Test	2011	
	N	%
<b>Confidential HIV test Facility available in the community</b>		
Yes	265	76.8
No	68	19.7
Don't know	10	2.9
Never heard about HIV	2	0.6
<b>Total</b>	<b>345</b>	<b>100.0</b>
<b>Knowledge of HIV testing place</b>		
Yes	307	89.5
No	36	10.5
<b>Total</b>	<b>343</b>	<b>100.0</b>
<b>Ever had an HIV test</b>		
Yes	240	69.6
No	103	29.9
Never heard about HIV	2	0.6
<b>Total</b>	<b>345</b>	<b>100.0</b>
<b>Voluntarily underwent the HIV test or because it was required</b>		
Voluntarily	227	94.6
Required	13	5.4
<b>Total</b>	<b>240</b>	<b>100.0</b>
<b>Received HIV test result</b>		
Yes	231	96.3
No	9	3.8
<b>Total</b>	<b>240</b>	<b>100.0</b>
<b>Reason for not receiving the test result</b>		
Forgot it	3	33.3
Sure of not being infected	2	22.2
Others (afraid of result, felt unnecessary)	4	44.4
<b>Total</b>	<b>9</b>	<b>100.0</b>
<b>Most recent HIV test</b>		
Within Last 12 months	207	86.3
Between 1-2 years	22	9.2
Between 2-4 years	11	4.6
<b>Total</b>	<b>240</b>	<b>100.0</b>
<b>Respondents had heard, seen or read any other messages relating to STI/HIV/AIDS prevention or condom uses</b>		
Yes	82	23.8
No	263	76.2
<b>Total</b>	<b>345</b>	<b>100.0</b>
<b>Had HIV test in the past one-year</b>		
Yes	207	86.3
No	33	13.8
<b>Total</b>	<b>240</b>	<b>100.0</b>
<b>Had received result of HIV test</b>		
Yes	203	98.1
No	4	1.9
<b>Total</b>	<b>207</b>	<b>100.0</b>

## 6.5 Access to HIV/AIDS Awareness Messages

From the time FHI started intervention programs in Nepal to bring awareness of HIV/AIDS among high-risk groups of people, various messages regarding the use of condoms for the prevention of AIDS were aired on radio and television. Elevated hoarding boards and posters were also put up with pictorial and written messages at different places, including health posts, along the Prithvi Highway, and along roadsides in the Pokhara Valley. Table 6.5 illustrates the FHI messages and reported awareness of those messages among the

respondents. More than 30 percent were aware of messages like ‘Condom bata surksha, youn swasthya ko raksha,’ ‘HIV/AIDS bare aajai dekhi kura garun,’ ‘Youn rog ra AIDS bata bachnalai rakhnu parchha sarbatra paine condom lai,’ ‘Ramro sangha prayog gare jokhim huna dinna, bharpardo chhu santosh dinchhu jhanjat manna hunna,’ ‘Maya garaun sadbhav badaun,’ ‘Condom kina ma bhaya hunna ra,’ and ‘Jhilke dai chha chhaina condom.’

Other messages heard by the respondents included ‘Condom lagaunn AIDS bhagaun’ (75/345) and the brand advertisement of the No. 1 condom (18/345).

A remarkable 96.8 percent of surveyed sex workers reported that those messages had made them understand that the use of condoms prevents the transmission of AIDS; 59.1 percent understood that condoms are also used for family planning; and 36 percent understood that the use of condoms prevents the spread of STIs (Table 6.5).

**Table 6.5: Seen/Heard FHI Character/Message**

Messages about HIV/AIDS	2011	
	N=345	%
<b>Heard/seen/read the following messages</b>		
Condom Bata Suraksha, Youn Swasthya Ko Raksha	190	55.1
HIV/AIDS Bare Aajai Dekhi Kura Garau	186	53.9
Youn Rog Ra AIDS Bata Bachnalai Rakhnu Parchha Sarbatra Paine Condom Lai	159	46.1
Ramro Sangha Prayog Gare Jokhim Huna Dinna Bharpardo Chhu Santosh Dinchhu Jhanjat Manna Hunna	144	41.7
Maya Garaun Sadbhav Bandaun	129	37.4
Condom Kina Ma Bhaya Hunna Ra	124	35.9
Jhilke Dai Chha Chhaina Condom	120	34.8
Ek Apash Ka Kura	71	20.6
Des Pardes	44	12.8
Others	82	23.8
<b>Total</b>	<b>345</b>	<b>*</b>
<b>Information derived from the message</b>		
Use condom against AIDS	334	96.8
Use condom for family planning	204	59.1
Use condom against STI	124	35.9
<b>Total</b>	<b>345</b>	<b>*</b>

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

## 6.6 Knowledge of STIs, Experienced Symptoms, and Treatment for STI in the Past

To know the extent of STI-related problems among the surveyed sex workers and their perception of STIs, the respondents were asked about their understanding of STIs and whether they had experienced any STI symptoms during the past year. For 76.2 percent of the sex workers, STI meant genital discharge, and for 66.4 percent, an itching sensation in the vagina indicated an STI. Half of sex workers (51%) perceived that STI symptoms were blisters and ulcers around the vagina. They also indicated other symptoms like lower abdominal pain, syphilis, gonorrhoea, HIV/AIDS, burning sensation while urinating, pain in vagina, swelling of vagina, unusual bleeding from the vagina, and more (Table 6.6).

**Table 6.6: Knowledge of STI, Symptoms Experienced in the Past Year and Treatment Sought**

Perception on STI, Reported STI Symptoms and Treatment	2011	
	N	%
<b>Understanding of STI</b>		
White discharge/discharge of pus/dhatu flow	263	76.2
Itching in vagina	229	66.4
Blisters and ulcers around vagina	176	51.0
Lower abdominal pain	117	33.9
Syphilis ( <i>Bhiringi</i> )/Gonorrhea	98	28.4
HIV/AIDS	73	21.2
Burning sensation while urinating	34	9.9
Pain in vagina	33	9.6
Swelling of vagina	23	6.7
Unusual bleeding from vagina	16	4.6
Other (fever, weakness, body itching, weight loss)	5	1.4
Don't know	20	5.8
<b>Total</b>	<b>345</b>	<b>*</b>
<b>Types of STI symptoms experienced in the past year</b>		
Vaginal discharge	136	39.4
Lower abdominal Pain	83	24.1
Vaginal Itching	66	19.1
Dysuria	43	12.5
Painful sex	34	9.9
Genital ulcer or sore	26	7.5
Vaginal odor	24	7.0
Polyuria	15	4.3
Genital warts	9	2.6
Unusual vaginal bleeding (discharge)	3	0.9
Other	4	1.2
<b>Any of the above symptoms</b>	<b>182</b>	<b>52.8</b>
<b>None of the above symptoms</b>	<b>163</b>	<b>47.2</b>
<b>Total</b>	<b>345</b>	<b>*</b>
<b>Places visited for treatment of STI symptoms in the past year</b>		
Paluwa	91	64.5
Private Clinic	18	12.8
Hospital	16	11.3
Redcross	12	8.5
Pharmacy	12	8.5
Naulo Ghumti	8	5.7
Other	2	1.4
<b>Total</b>	<b>141</b>	<b>*</b>
<b>Received counseling to avoid the problem from the place of treatment</b>		
Yes	139	98.6
No	2	1.4
<b>Total</b>	<b>141</b>	<b>100.0</b>
<b>Types of counseling received</b>		
Take medicine regularly	121	87.1
Advised to come for regular check up	62	44.6
Use condom	60	43.2
Not to make sexual contact while using medicine	27	19.4
Reduce number of sexual partners	25	18.0
Others	1	0.7
<b>Total</b>	<b>139</b>	<b>*</b>

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

About 53 percent of the sex workers in Pokhara reported that they had experienced at least one STI symptom in the past year. A total of 39.4 percent of FSWs had vaginal discharge, and 24.1 percent had experienced lower abdominal pain. Vaginal itching and dysuria were reported by 19.1 percent and 12.5 percent, respectively, in the past year. Most of the respondents who experienced symptoms in the past year sought treatment (77.5%), and a majority (64.5%) had received treatment from INF/Paluwa; 12.8 percent had been to private

clinics; 11.3 percent had gone to hospitals; 8.5 percent had visited a pharmacy; and 8.5% had gone to the Red Cross for treatment (Table 6.6). See Table 8 in Annex 2 for the list of symptoms for which the respondents sought treatment.

Almost all (98.6%) of the respondents who went for treatment of STI symptoms had also received counseling to avoid the problem in the future. They had mostly been advised to take medicine regularly. Some of them were advised to come for regular check-ups and to use condoms consistently during every sexual act. A few of them were also counseled to avoid sexual contact while taking the prescribed medication and to reduce the number of their sex partners (Table 6.6).

## 6.7 Existing STI Symptoms and Treatment

The respondents were further asked if they were experiencing any STI symptoms at the time of the survey. Altogether, 44.3 percent FSWs reported that they were experiencing at least one of the STI symptoms during the survey (Table 6.6). Some of these symptoms were vaginal discharge (26.4%), lower abdominal pain (17.1%), painful sex (16.2%), vaginal itching and dysuria (12.5% each), and vaginal odor (6.7%). Polyuria, genital ulcers, unusual vaginal bleeding, and genital warts were also mentioned. Out of 153 sex workers who had been experiencing at least one STI symptom during the survey period, the majority of them (83.7%) had not sought any treatment.

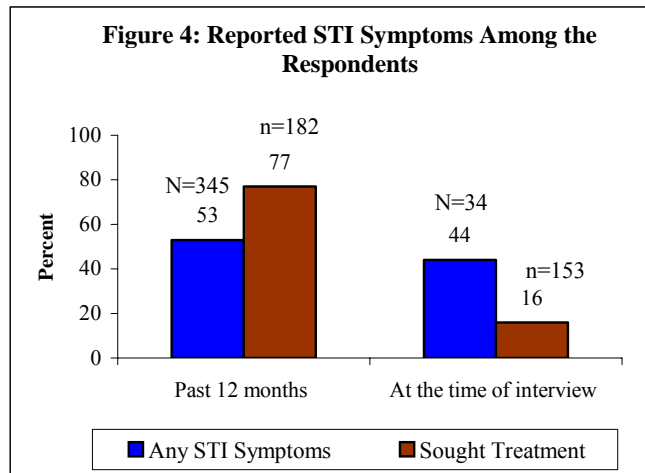
**Table 6.7: Knowledge of STIs, Experienced Symptoms, and Treatment in the Past Year**

Reported STI Symptoms and Treatment Among the Sex Workers	2011	
	N	%
<b>Types of STI symptoms experiencing currently</b>		
Vaginal discharge	91	26.4
Lower abdominal Pain	59	17.1
Painful sex	56	16.2
Vaginal itching	43	12.5
Dysuria	43	12.5
Vaginal odor	23	6.7
Polyuria	18	5.2
Genital ulcer or sore	12	3.5
Genital Warts	5	1.4
Unusual vaginal bleeding (discharge)	7	2.0
Other	3	0.9
Any of the above symptoms	153	44.3
None of the above symptoms	192	55.7
<b>Total</b>	<b>345</b>	<b>*</b>
<b>Went for treatment for any of above symptoms</b>		
Yes	25	16.3
No	128	83.7
<b>Total</b>	<b>153</b>	<b>100.0</b>
<b>Duration, respondent waited to received treatment after experiencing STI symptom</b>		
Less than a week	8	32.0
After one week	5	20.0
After two weeks	6	24.0
After three weeks	2	8.0
After four weeks and ahead	4	16.0
<b>Total</b>	<b>25</b>	<b>100.0</b>
<b>Respondent received treatment from</b>		
Private clinic	6	24.0
Hospital	6	24.0
Pharmacy	3	12.0
Self treatment	2	8.0
Paluwa	12	48.0

Reported STI Symptoms and Treatment Among the Sex Workers	2011	
	N	%
Others	1	4.0
<b>Total</b>	<b>25</b>	<b>*</b>
<b>Received medicine prescription</b>		
Yes	16	66.7
No	8	33.3
<b>Total</b>	<b>24</b>	<b>100.0</b>

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

As seen in Figure 4, out of 53 percent of the respondents who had experienced at least on STI symptom in the past year, 77 percent of them had sought treatment (Annex 8). A relatively less proportion of those who had been experiencing such symptom of STI at the time of the survey only 16 percent had sought treatment so far.



## CHAPTER 7.0: EXPOSURE TO STI/HIV/AIDS AWARENESS PROGRAMS

HIV/AIDS prevention and awareness programs that target FSWs have focused primarily on awareness-raising of the disease, prevention activities, care and support programs, and HIV testing facilities. This survey also tried to assess the Pokhara Valley-based FSWs' exposure to HIV/AIDS prevention and awareness activities. The respondents' exposure to and participation in such programs are analyzed in this chapter.

### 7.1 Peer/Outreach Education

One of the major components of the ongoing STI/HIV/AIDS intervention programs is the mobilization of Outreach and Peer Educators (OEs and PEs) for educating the survey populations on STI/HIV/AIDS and its preventive measures. The PEs and OEs meet the target groups and hold discussions regarding HIV/AIDS, safe sex, and other related topics. They also distribute relevant IEC materials, condoms, and refer the target groups to DIC and STI treatment services.

There are many HIV/AIDS related programs underway in Pokhara Valley. Some of these programs are specifically targeted at FSWs. These organizations work with the common goal of creating awareness on HIV/AIDS among the vulnerable population and harm reduction.

*Table 7.1: Meeting/Interaction of FSWs with Peer Educator/Outreach Educators*

Peer Educator/Outreach Educator Visited to Female Sex Workers	2011	
	N	%
<b>Met or discussed or interacted with peer educators (PE) or outreach educators (OE) in the last 12 months</b>		
Yes	271	78.6
No	74	21.4
<b>Total</b>	<b>345</b>	<b>100.0</b>
<b>Activities involved in with PE or OE</b>		
Discussion on how HIV/AIDS is/isn't transmitted	253	93.4
Regular/non-regular use of condom	182	67.2
Demonstration on using condom correctly	138	50.9
Discussion on how STI is/isn't transmitted	126	46.5
Training on HIV and STI, condom day, AIDS day, participation in discussions and interaction programs	36	13.3
Counseling on reducing number of sex partner	15	5.5
STI treatment/cure after treatment	11	4.1
<b>Total</b>	<b>271</b>	<b>*</b>
<b>Organizations represented by OE/PEs</b>		
CWES	195	72.0
NRCS	75	27.7
Naulo Ghumti	33	12.2
INF/Paluwa	4	1.5
Siddhartha Club	2	0.7
Others	4	1.5
<b>Total</b>	<b>271</b>	<b>*</b>
<b>Number of meeting with PE/OE in the past year</b>		
Once	42	15.5
2-3 times	113	41.7
4-6 times	73	26.9
7-12 times	27	10.0
More than 12 times	16	5.9
<b>Total</b>	<b>271</b>	<b>100.0</b>

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



Some of these organizations are INF Paluwa, Child and Women Empowerment Society, Women Concern Society, Siddhartha Club, Paluwa Paramarsh, Asal Chhimeki, Mahila Jagaran Abhiyan, Nepal Red Cross Society, and Naulo Ghumti. Besides awareness raising activities INF Paluwa provides voluntary counseling, testing, basic clinical and palliative care, and socio-economic assistance for HIV+ people. Mobilization of PE/OE form an integral part of the prevention and awareness campaign of different stakeholders in Pokhara.

Overall, 78.6 percent (271/345) of FSWs in Pokhara had met or interacted with PEs/OEs at least once in the past year. In such meetings, respondents had mostly discussed HIV/AIDS transmission and consistent/inconsistent use of condoms. Some had also been given a demonstration of how to use condoms correctly, discussed STI transmission methods and STI treatments, and been given training on basic knowledge of HIV and STI. The majority of sex workers who had interacted with PEs/OEs reported having met OEs/PEs from CWES (72%) and NRCS (27.7%). Some of the FSWs also reported that they had met PEs/OEs from Naulo Ghumti (12.2%) and INF/Paluwa (1.5%). Of those FSWs who had been reached by OE/PEs, about 85 percent of the FSWs had met OE/PEs more than once in the past year (Table 7.1).

## 7.2 Drop-in-Center Visiting Practices

Drop-in-centers (DICs) are another important component of HIV prevention programs. The DICs not only provide a safe space for the target communities to socialize but are also the sites for educational and counseling activities. More than half (194/345) of sex workers had visited a DIC in the preceding year (Table 7.2).

**Table 7.2: DIC Visiting Practice of FSWs**

DIC Visiting Practice of Female Sex Workers	2011	
	N	%
<b>DIC visit in the last 12 months</b>		
Yes	194	56.2
No	151	43.8
<b>Total</b>	<b>345</b>	<b>100.0</b>
<b>Activities Involved in at DIC</b>		
Went to watch film on HIV/AIDS	139	71.6
Went to learn the correct way of using condom	92	47.4
Participated in discussion on HIV transmission	80	41.2
Went to collect condoms	49	25.3
Participated in training, interaction and discussion programs on HIV/AIDS and STI	39	20.1
Went to collect IEC materials	38	19.6
Participated in discussion on STI transmission	32	16.5
Took friend with me	29	14.9
Went for STI treatment	5	2.6
<b>Total</b>	<b>194</b>	<b>*</b>
<b>Name of organizations that run DIC/s visited by them</b>		
CWES	140	72.2
NRCS	42	21.6
Naulo Ghumti	27	13.9
Chhahari Nepal	8	4.1
INF/Paluwa	5	2.6
Others	2	1.0
<b>Total</b>	<b>194</b>	<b>*</b>
<b>Number of visits to the DICs in the past year</b>		
Once	22	11.3
2-3 times	109	56.2
4-6 times	33	17.0
7-12 times	6	3.1
More than 12 times	24	12.4

DIC Visiting Practice of Female Sex Workers	2011	
	N	%
<b>Total</b>	<b>194</b>	<b>100.0</b>

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

Over 70 percent of them had watched a film on HIV/AIDS and 47.4 percent had learned the correct way to use a condom. Moreover, 41.2 percent had had participated in discussions on HIV/AIDS transmission, around 25 percent had collected free condoms, and 20 percent had taken part in trainings/interactions related to HIV/AIDS and STIs.

The DIC run by CWES was the most frequently visited DIC (72.2%) followed by NRCS (21.6%). While around 11 percent of the FSWs had paid one visit to a DIC in the past year, the rest had visited such centers more often.

### 7.3 STI Clinic Visiting Practices

Several STI clinics are being run by different organizations to facilitate the prompt detection and treatment of STIs. The sex workers in the survey were also asked if they had visited any STI clinics in the past year. About 44 percent (150/345) had visited an STI clinic in the preceding year. Among them, almost 81.3 percent had been physically examined for STI identification, 38.7 percent were advised to use condoms in each sexual act, 34 percent had given their blood sample for STI detection, and 28.7 percent had been advised to take complete and regular courses of medicine. Nearly 63 percent of the respondents reported that they had visited the clinic more than once in the past year. A majority of the FSWs (68.7%) had visited the STI clinic run by INF/Paluwa (Table 7.3).

**Table 7.3: STI Clinic Visiting Practice of FSWs**

STI Clinic Visiting Practice of Female Sex Workers	2011	
	N	%
<b>Visited any STI clinic in the last 12 months</b>		
Yes	150	43.5
No	195	56.5
<b>Total</b>	<b>345</b>	<b>100.0</b>
<b>Activities involved at STI clinic</b>		
Physical examination conducted for STI identification	122	81.3
Was advised to use condom in each sexual intercourse	58	38.7
Blood tested for STI	51	34.0
Was advised to take complete and regular medicine	43	28.7
Took friend with me	7	4.7
Was suggested to reduce number of sexual partners	6	4.0
<b>Total</b>	<b>150</b>	<b>*</b>
<b>Name of organizations who run STI clinic visited by FSW</b>		
INF/Paluwa	103	68.7
NRCS	15	10.0
Private Clinic	14	9.3
Hospital	11	7.3
Pharmacy	11	7.3
Naulo Ghumti	11	7.3
Others	2	1.0
<b>Total</b>	<b>150</b>	<b>*</b>
<b>Number of visits to STI clinics in the past year</b>		
Once	55	36.7
2-3 times	84	56.0
4-6 times	7	4.7
7-12 times	3	2.0
More than 12 times	1	0.7
<b>Total</b>	<b>150</b>	<b>100.0</b>

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

## 7.4 VCT Centers Visiting Practices

Voluntary Counseling and Testing (VCT) centers provide HIV/AIDS/STI tests along with pre- and post-test counseling. These centers also provide information on HIV/STI transmission, safe practices, and treatment facilities. Nearly three-fifths (58.8%) of the survey participants had visited VCT centers during the past 12 months. Among them, 96.6 percent had given a blood sample for HIV testing, 51.7 percent had received HIV test results, 46.3 percent had received post HIV/AIDS counseling, 41.9 percent had received pre-HIV test counseling, and 40.9 percent were counseled on using condoms and consistently at these centers. About three-quarters (73.9%) of the FSWs had been to a VCT center more than once in the past year, and the majority of the surveyed FSWs (77.3%) had visited the INF/Paluwa VCT center (Table 7.4).

**Table 7.4: VCT Visiting Practice of FSWs**

VCT Visiting Practice of Female Sex Workers	2011	
	N	%
<b>Visited VCT center in the last 12 months</b>		
Yes	203	58.8
No	142	41.2
<b>Total</b>	<b>345</b>	<b>100.0</b>
<b>Activities involved in at VCT center</b>		
Blood sample taken for HIV/AIDS test	196	96.6
Received HIV/AIDS test result	105	51.7
Received post HIV/AIDS test counseling	94	46.3
Received pre-HIV/AIDS test counseling	85	41.9
Received counseling on using condom correctly in each sexual intercourse	83	40.9
Got information on HIV/AIDS window period	53	26.1
Took a friend with me	13	6.4
<b>Total</b>	<b>203</b>	<b>*</b>
<b>Name of the organization that run the VCTs visited by FSWs</b>		
INF/Paluwa	157	77.3
NRCS	36	17.7
Naulo Ghumti	24	11.8
Siddhartha club	1	0.5
<b>Total</b>	<b>203</b>	<b>*</b>
<b>Number of visits to VCTs in the past year</b>		
Once	53	26.1
2-3 times	127	62.6
More than 12 times	3	1.5
<b>Total</b>	<b>203</b>	<b>100.0</b>
<b>Reason for not visiting VCT center in the last 12 months</b>		
Do not know about VCT center	49	34.5
I do not think I need to be tested	90	63.4
I have no symptoms of HIV	41	26.9
I have already tested and know my status	4	2.8
Fear that people will see me visiting VCT	7	4.9
Fear that family members/friend/ clients will know it	13	9.2
Lack of time/busy	2	1.4
Employer did not allow to go	3	2.1
Others	1	1.7
<b>Total</b>	<b>142</b>	<b>*</b>
<b>Respondents were ever been approached and explained about need of VCT by health workers/ outreach workers</b>		
Yes	255	73.9
No	90	26.1
<b>Total</b>	<b>345</b>	<b>100.0</b>
<b>Topics discussed by the health/outreach workers</b>		
Talked about my sex partners	9	3.5

VCT Visiting Practice of Female Sex Workers	2011	
	N	%
Advised to visit VCT if I have some problems	141	55.3
Advised me to visit VCT once in a month in any case	195	76.5
Did not talk about HIV testing	2	0.8
<b>Total</b>	<b>255</b>	<b>*</b>

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

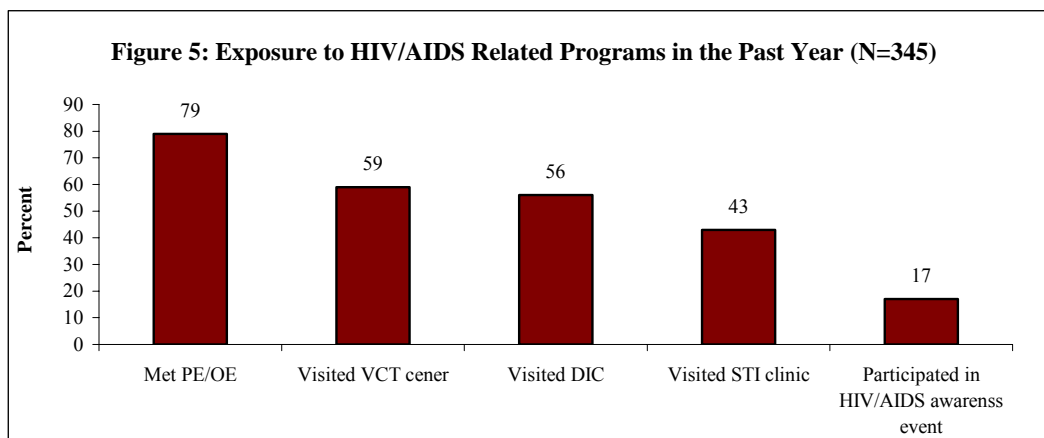
## 7.5 Participation in STI/HIV/AIDS Awareness Programs

Various governmental organizations and non-governmental organizations have been implementing HIV/AIDS awareness activities. Such activities include training sessions, workshops, street dramas, radio/television programs, and group discussions. The reported participation of the sex workers from Pokhara valley in such programs was minimal, as only 17.4 percent of them had ever taken part in these activities. Among those who had taken part in these programs, a majority (68.3%) had participated in group discussions and nearly half (48.3%) of them had participated in HIV/AIDS-related training. One-third (33.3%) of the respondents had participated in the Condom Day celebration while one-quarter (25%) had joined in the AIDS Day celebration. Over half of FSWs (51.7%) had taken part in events organized by NRCS and nearly one third (31.7%) had been part of the event organized by INF/Paluwa. While 43.3 percent had participated in such activities once, others had participated 2-12 times (Table 7.5).

*Table 7.5: Participation of FSWs in STI/HIV/AIDS Awareness Program*

Participation in HIV/AIDS Awareness Program	2011	
	N	%
<b>Ever participated in HIV/AIDS awareness raising program or community events in the last 12 months</b>		
Yes	60	17.4
No	285	82.6
<b>Total</b>	<b>345</b>	<b>100.0</b>
<b>Activities participated in</b>		
Group discussions	41	68.3
HIV/AIDS related training	29	48.3
Condom day	20	33.3
AIDS day	15	25.0
Condom use demonstrations	6	10.0
HIV/AIDS related workshops	4	6.7
Street drama	2	3.3
<b>Total</b>	<b>60</b>	<b>*</b>
<b>Name of the organizations that organized such activities</b>		
NRCS	31	51.7
INF/Paluwa	19	31.7
Naulo ghumti	11	18.3
CWES	6	10.0
Others	1	1.7
<b>Total</b>	<b>60</b>	<b>*</b>
<b>Frequency of such participation</b>		
Once	26	43.3
2-3 times	26	43.3
4-6 times	6	10.0
7-12 times	2	3.3
More than 12 times	0	0.0
<b>Total</b>	<b>60</b>	<b>100.0</b>

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



A comparison of the exposure of the respondents to different components of HIV/AIDS awareness/prevention programs has shown that peer/outreach education programs have been quite successful in terms of reaching the target groups. As seen in Figure 5, more than three-quarters of FSWs in Pokhara Valley (78.6%) had met or interacted with PEs/OEs at least once in the past year. More than half of them (58.8%) had paid at least one visit to a VCT center in the past year, about same proportion of the respondents (56.2%) had been to a DIC, and 43.5 percent had visited an STI clinic in the past year. Participation in any of the HIV/AIDS programs was the lowest with only 17.4 percent of respondents having participated in such a program in the past year.

It is likely that those FSWs who come into contact with OE/PEs also come to know about other services from them. Further analysis was carried out to know what proportion of the respondents who had met/interacted with a PE/OEs had also visited such service centers in the past year. Data presented in Table 9 in Annex 2 shows that among the FSWs who had met OE/PE in past year, over 70 percent had been to a VCT (74.9%) and a DIC (71.6%). At the same time, 50.2 percent of them had visited a STI clinic while only 22.1 percent had participated in HIV/AIDS awareness program. The findings indicate that a considerable proportion of those FSWs reached by OE/PE have sought services run by HIV and AIDS programs (Annex 2 Table 9).

## 7.6 Stigma and Discrimination

Responses to questions about the attitude of sex workers towards HIV-positive people and their perceptions towards HIV/AIDS are illustrated in Table 7.6. It was noted that the majority of the FSWs in Pokhara (96.2%) were ready to take care of an HIV-positive male or a female relative in their homes if necessary. However, 53.9 percent of the FSWs said that if a family member had HIV, they would rather keep it confidential and not talk about it with others.

**Table 7.6: Stigma and Discrimination**

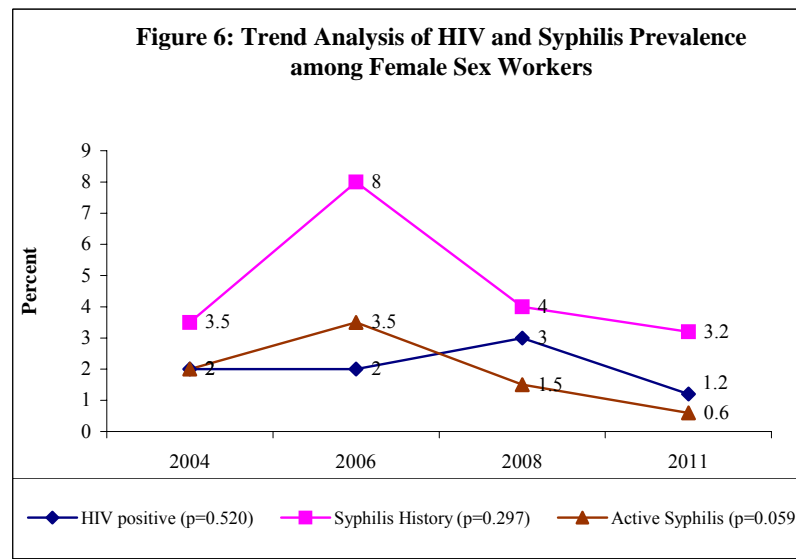
Stigma and Discrimination	2011	
	N=345	%
<b>Willing to take care of HIV Positive male relative in the household</b>		
Yes	332	96.2
No	12	3.5
Don't know	1	0.3
<b>Willing to take care of HIV positive female relative in the household</b>		
Yes	332	96.2
No	12	3.5
Don't know	1	0.3
<b>Willing to maintain confidentiality of a HIV positive family member</b>		
Yes	186	53.9
No	159	46.1
Don't know	0	0.0

## CHAPTER 8.o: COMPARATIVE ANALYSIS

This chapter analyzes the trend in key selected indicators from the last four rounds of IBBS among FSWs in Pokhara Valley. This section specifically compares the prevalence of HIV and syphilis and socio-demographic characteristics condom using practices, comprehensive knowledge on HIV/AIDS among FSWs, and FSWs' exposure to different related programs. This comparison is possible due to the use of the identical sampling design and procedures in all four rounds of the IBBS survey.

### 8.1 Prevalence of HIV and Syphilis Infection

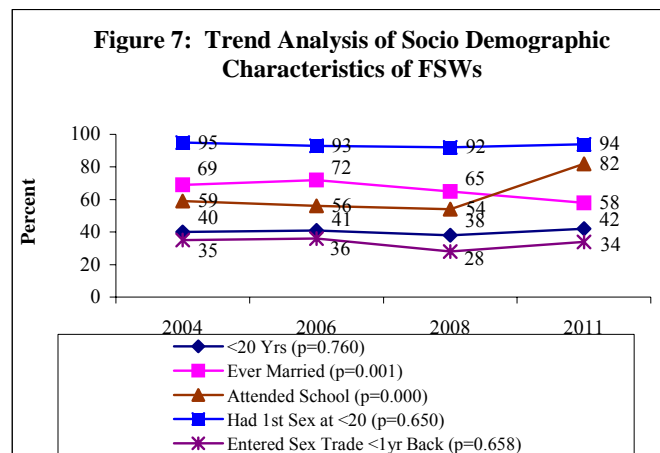
The four round of IBBS data among FSWs in Pokhara shows that the HIV prevalence rate remained more or less stable in the last four rounds. Although the percentage values of HIV prevalence fluctuate over time in a smaller scale, the trend of HIV prevalence is not statistically significant (2% each in 2004 and 2006, 3% in 2008, and 1.2% in 2011). Similarly the syphilis history also



tended to decrease in 2011 from the 2004, 2006, and 2008 survey but this is not a statistically significant trend. The current syphilis infection rate decreased from 3.5 percent in 2006 to 0.6 percent in the 2011 survey. The trend in current syphilis prevalence is statistically significant at 10% significance level (Figure 6).

### 8.2 Socio Demographic Characteristics

The data presented in Figure 7 shows the trend in five socio-demographic characteristics of the FSWs in Pokhara in the last four rounds of IBBS. Graph shows the proportion of FSWs who are under 20 years, proportion of FSWs who had first sex in less than 20 years of age, and proportion of FSWs whose duration of sex work was less than one year has not changed significantly over time. Percentage

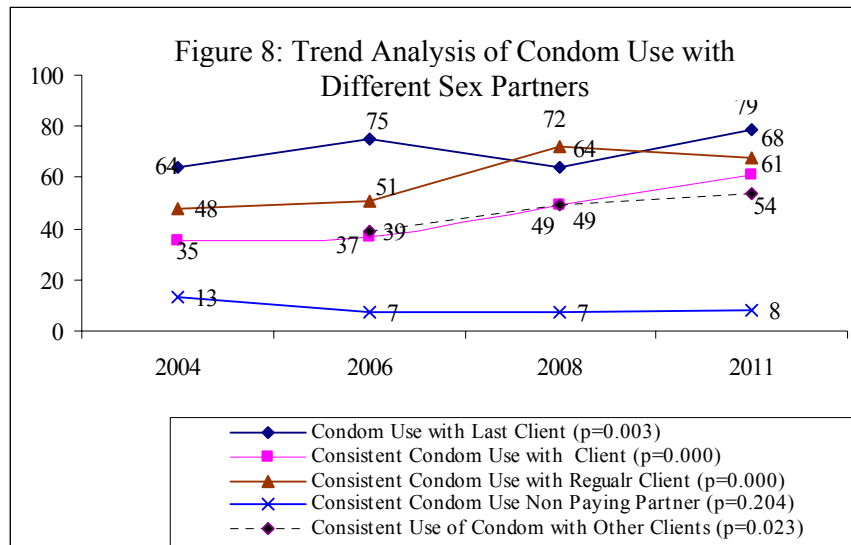


of FSWs in Pokhara who were under 20 has remained stable around 40 percent, percentage who had first sex before 20 years is around 92 percent and percentage of FSWs who have started the sex work within a year is around 35 percent.

But proportion of FSWs who were ever married and who had some schooling has changed significantly over time. For example proportion married declined significantly to 58 percent in 2011 from 69 percent in 2004. Similarly percentage of FSWs in Pokhara who had some schooling has increased significantly to 82 percent in 2011 from 59 percent in 2004.

### 8.3 Condom Use with Different Sex Partners

Figure 8 shows the trend in the respondents' condom using practices with their clients, non-paying regular partners and 'other' partners in the last four rounds of IBBS. Graph shows that proportion of FSWs who had used condom in last sex



with a client, and had used condom consistently in the past year with client, regular client and partners other than clients, husbands, or male friends or clients have increased significantly over time. However, proportion of FSWs who had used condom consistently during each sexual contact with their non-paying regular partner remains the lowest and has declined significantly to 8.5 percent in 2011 from 13.2 percent in 2004.

### 8.4 Comprehensive Knowledge of HIV/AIDS

The trend in comprehensive knowledge on HIV/AIDS that include the awareness of 'A' — abstinence from sexual contact, 'B' — monogamy, 'C' — consistent use of condoms and 'D' — a healthy-looking person could have HIV infection, 'E' — A person cannot get HIV from mosquito bite and 'F' — HIV can not be transmitted while sharing a meal with a HIV-positive person among FSWs in Pokhara valley in the four rounds of IBBS have been presented in Figure 9 and Figure 10. Data from the first round is not included since they are not comparable. The graph shows that percentage of FSWs in Pokhara who were aware of A has remained stable around 60 percent. But proportion of FSWs who knew about B,C, D and E has changed significantly over time. However, the proportion of FSWs who rejected the misconception that HIV can be transmitted while sharing a meal with a HIV-positive person has not changed significantly since 2006.



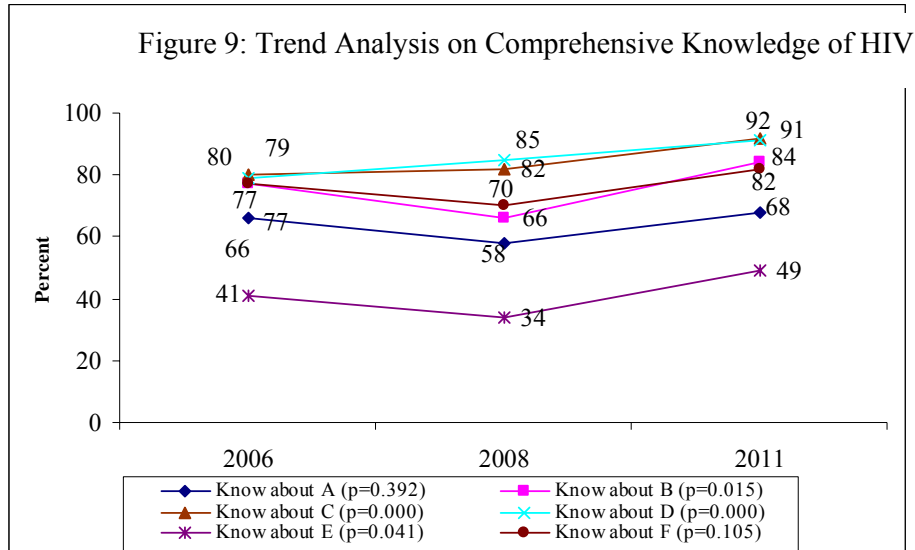
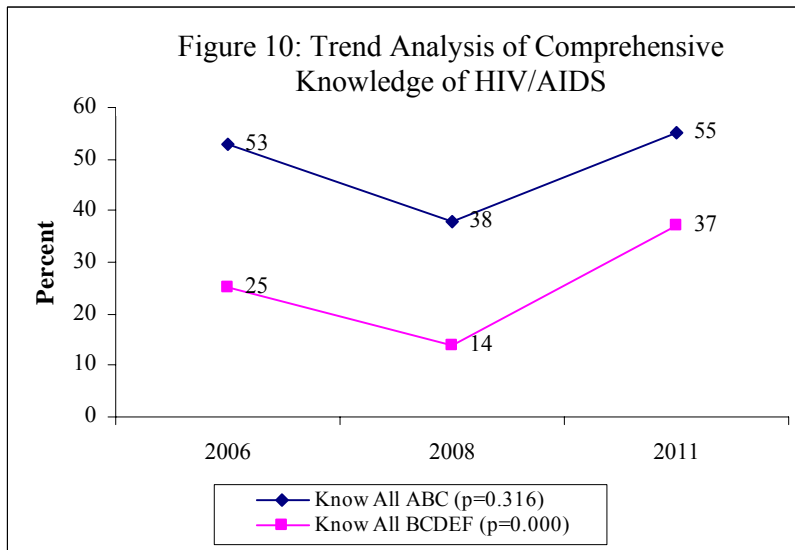
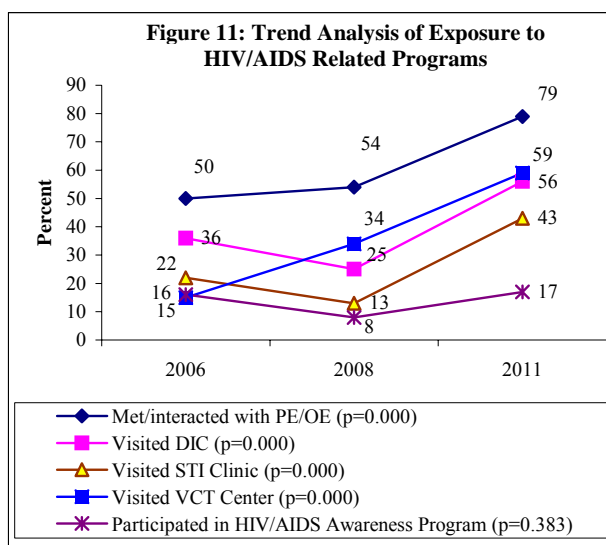


Figure 10 further **shows** the trend in the respondents' awareness of all of the ABC and BCDEF knowledge indicators. While the proportion of FSWs aware of all of ABC did not show any significant change since the 2006 IBBS, those aware of all of BCDEF increased significantly to 37.4 percent in 2011 from 25 percent in 2006.



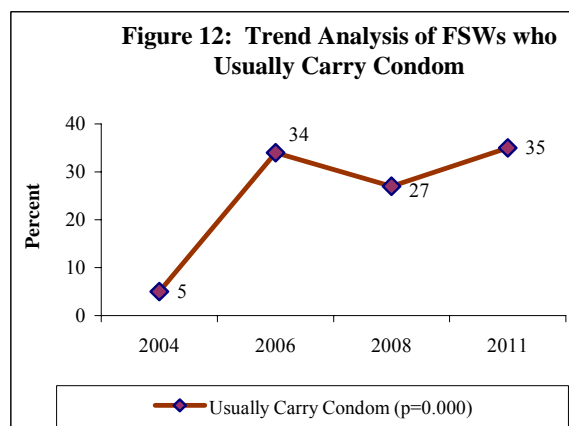
## 8.5 Exposure to HIV/AIDS/STI Related Programs/Activities

As seen in Figure 11, the exposure of the respondents to different components of HIV/AIDS prevention and awareness programs like interaction/meeting with PE/ORE, visit to DIC, STI clinic and VCT centers have increased significantly over the years. However the FSWs' actual participation in awareness raising programs still remains low and has not changed much since the second round of the survey. The first round of IBBS conducted in 2004 did not collect information related to program exposure.

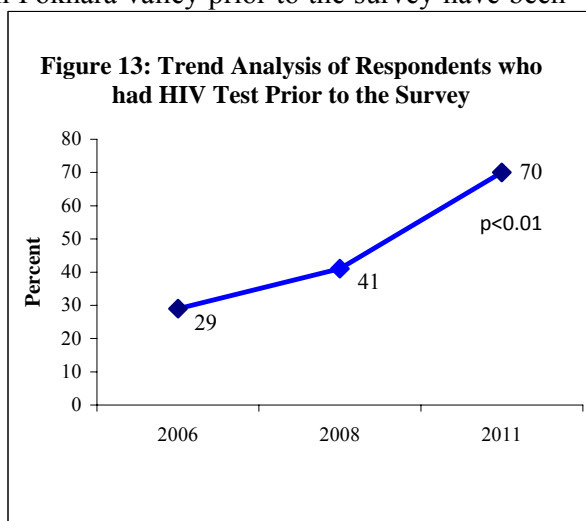


## 8.6 Condom Carrying practice and HIV Test Taken

The data presented in Figure 12 shows the trend in condom carrying practice of FSWs in Pokhara. Graph shows that proportion of FSWs who usually carried condoms with them has significantly increased since the first round (5.5% in 2004, 34% in 2006, 27.5% in 2008 and 35% in 2011).



The trend in HIV test taken up by the FSWs in Pokhara valley prior to the survey have been presented in Figure 13. Data from the first round is not included since no such information was collected in the first round. As seen in the figure, those reporting to have had taken up the test at least once has increased significantly since the second round of IBBS in 2006 (29.5% 2006, 41% in 2008 and 69.6% in 2011).



## CHAPTER 9.0: SUMMARY OF MAJOR FINDINGS

### **Prevalence of HIV and STIs**

Of the 345 FSWs who participated in the survey, four (1.2%) were HIV positive. 3.2 percent (11/345) of the FSWs had a history of syphilis (RPR+ve with RPR titre <1:8), and 0.6 percent (2/345) had active syphilis (RPR+ve with RPR titre  $\geq$  1:8) at the time of the survey.

The fourth round of data show that the rate of HIV prevalence has decreased by about two percent since the third round. The trend analysis since the first round also shows a decrease in HIV prevalence, but it is not a statistically significant decrease (2% each in 2004 and 2006, 3% in 2008, and 1.2% in 2011). The overall syphilis infection rate has also decreased in 2011 from the 2008, 2006, and 2004 surveys, however, the changes in prevalence do not constitute statistically significant trends at 95 percent confidence level.

### **Socio-Demographic Characteristics**

The age of FSWs in the Pokhara Valley range from 16 to 44 years with a median age of 20 years. More than forty percent (41.7%) of the respondents were under 20 years of age. One-quarter (24.6%) of the respondents were born in Kaski district and 72.7 percent were born in other districts.

About 16.2 percent of the respondents were illiterate and 58 percent had been married at least once, while 41.7 percent of the respondents had never been married. The median age of the married respondents at the time of their first marriage was 16 years. Although the majority of the married FSWs (87/115) were currently living with their husbands, 24 percent of them were living separately. Of the 144 unmarried respondents, 2.1 percent were living with a male partner. A total of 54 percent had dependents - either child or adult - to support with their income.

### **Pregnancy History, Knowledge, and Use of Contraceptives among FSWs**

Of the 201 ever married respondents, 72.6 percent had given birth.. Additionally, 26 of the 201 respondents (12.9%) had had at least one miscarriage, while 36.8 percent had undergone at least one termination/abortion; 9.5 percent of the respondents (19/201) had been pregnant in the last twelve months.

Condoms and the injectables were the most popular methods of family planning, as almost all the survey participants (99.7% and 98%) had heard of them. About 84 percent of the survey participants were currently using family planning methods to avoid or delay pregnancy, and most of them (80.3%) had been using condoms.

### **Sexual Behavior and Condom Use**

Sex at an early age was common among the survey population with the median age at first sexual intercourse being 16 years. The survey revealed that about three-quarters (74.4%) of the FSWs had their first sexual contact between 15-19 years.

More than half of the respondents (53.1%) had started sex work in Pokhara less than a year before the time of the interview, and the rest had joined the profession in Pokhara at least one year before. All FSWs had sexual contact with paying as well as non-paying regular partners. The number of clients (paying sex partners) served by the respondents per day ranged from 1-16 with a mean of 2.1 clients per day.

All of the respondents had heard of male condoms. Television (92.2%) was identified as the most popular source of information on condoms followed by the pharmacy (89%).

A relatively low proportion of respondents, (8.4%), used condoms consistently with non-paying regular partners. However, 68.4 percent of the respondents had used condoms consistently during sexual contact with a regular partner in the past year, 61.4 percent of them had used condoms consistently with clients, and 54.1 with other occasional sex partners who were neither their clients nor their spouses/boyfriends.

The survey revealed that, of the four respondents who tested HIV positive, three had previously tested and knew their status. Despite this, some had not been using condoms consistently with all of their sex partners and therefore continued to put many of their clients and other sex partners at risk of HIV.

### **Use of Alcohol and Drugs by FSWs**

Around 65 percent of the FSWs reported consuming alcohol in the past month, while 34.8 percent of them had never had an alcoholic beverage. A total of 16.5 percent of FSWs consumed alcohol on a daily basis.

About five percent of the survey participants (17/345) had ever injected drugs. Around 71 percent of them were 19 years or younger when they had injected their first drug. Of the 17 survey participants reporting to have injected drugs at least once, 12 were injecting drugs at the time of survey. Most of them (11/12) had avoided injecting with pre-used needles/syringes during the entire month preceding the survey.

### **Knowledge of HIV/AIDS**

There were two respondents who had not heard about HIV/AIDS. Almost 90 percent of the FSWs reported that they had heard about HIV/AIDS via television. Among those who had heard about HIV/AIDS, 68.2 percent stated that ‘A’ — abstinence from sexual contact, ‘B’ — monogamy (84.3%), and ‘C’ — consistent use of condoms (92.7%) are the ways to prevent HIV. Likewise, 91.8 percent of respondents also believed ‘D’, i.e. that a healthy-looking person could have HIV. A comparatively lower proportion (49%) knew that person cannot get the HIV virus from a mosquito bite, while 82.5 percent of them knew about ‘F’ i.e. that HIV can not be transmitted while sharing a meal with a HIV-positive person.

Overall, 55.4 percent of respondents were aware of all forms of preventing HIV/AIDS - A, B, and C, while only 37.6 percent of the respondents correctly identified all of BCDEF knowledge indicators.

### **Participation of FSWs in STI/HIV/AIDS Awareness Program**

A comparison of the exposure of the respondents to different components of HIV/AIDS awareness/prevention programs showed that peer/outreach education programs have been quite successful in terms of reaching the target groups. More than three-quarters of the respondents (78.6%) had met or interacted with PEs/OEs at least once in the past year. More than half of them (58.8%) had paid at least one visit to a VCT center in the past year, about same proportion of the respondents (56.2%) had been to a DIC, and 43.5 percent had visited a STI clinic in the past year. Participation in any of the HIV/AIDS programs was the lowest with only 17 percent of respondents having participated in such a program in the past year.

A considerable proportion of those FSWs reached by OE/PE have sought services run by HIV and AIDS programs. Among the FSWs who had met OE/PE in the past year, over 70 percent had been to a VCT and DIC (74.9% and 71.6% respectively). At the same time, 50.2 percent of them had visited a STI clinic while 22.1 percent had participated in HIV/AIDS awareness program.

### **Recommendations**

1. There is a high number of new FSWs, and therefore, many of the girls and young women entering sex work for the first time may not be informed about the risks of HIV and STI, the locations of HIV related service sites and the importance of consistent condom use with all partners. Continuous education and information sharing must be available for all FSWs and additional efforts are required to identify and reach new FSWs through community and peer-based outreach activities.
2. A high proportion of FSWs (40% in Pokhara), are under 20 years and there is an upward trend in new FSWs entering the profession annually. Internal migration is very high as most (75%) are from outside the surveyed district, which puts them at high risk of HIV and STI and vulnerable to other health and socio-economic problems. Youth-and migrant-friendly services are required for FSWs that give them access to information on HIV and STI, sexual and reproductive health services and psycho-social support. Linkages should be established for alternative livelihood opportunities and establishment managers and peers need to be mobilized to provide HIV prevention information and support to new comers early on. A special prevention package and extra support is needed for new comers. Further detail investigation on the factors behind such findings is required
3. One third of the FSWs in Pokhara are currently married, and HIV prevalence was seen among those ever married, which means their husbands are also at risk of HIV infection if safer sex is not always practiced. About 40% of FSWs had ever terminated pregnancies, an indication of unwanted pregnancies and the need for family planning counseling. Education on HIV and STI to these FSWs, along with the importance of consistent and correct condom use for dual protection with all partners, family planning counseling and access to services and education on prevention of mother-to-child transmission (PMTCT) of HIV must be available and accessible. Those who are using other forms of contraception need to know about and use condoms for HIV and STI protection.
4. Knowledge of female condoms is moderate at around 50%, although use is very low (about 4%), Female condoms are not widely available free of cost. Education on female condoms, increased availability and linkages with social marketing are required.
5. Consistent condom use is reasonably high (around 60%) among FSWs with their paying and occasional partners and is significantly lower among their non-paying regular regular partners i.e. husbands and boyfriends (8%). This puts both them and their partners at risk of HIV and STI. Current consistent condom use practices and focus on improved communication and negotiation among couples, especially non-paying regular regular partners, through continuous education needs to be strengthened. Condom distribution should be adequate for the number of clients served.
6. Condom carrying behavior is still low among FSWs in Pokhara, (around 35%). However, the trend is increasing significantly. Greater emphasis is required on the importance of condom-carrying behavior through improved outreach education and communication and negotiation skills for FSWs. Strengthened efforts are required to create an enabling environment for condom-carrying behavior.

7. Although knowledge on HIV and STI is high, the health seeking behavior of FSWs is comparatively low especially the uptake of STI services. Outreach education and referral to services should be strengthened and a comprehensive package on SRH needs of FSWs needs to be developed.
8. The survey revealed that, of the four respondents who were HIV positive, three already knew their status and had not been using condoms consistently with all their sex partners. Therefore, it is very important to build awareness on the risk of HIV transmission through unsafe sex and importance of prevention methods.
9. Exposure to multiple risks is observed such as injecting drugs, frequent alcohol consumption and/or sex partners being IDUs. Hence, FSWs with multiple risks need to be identified by programs and a national comprehensive package should be designed to include all components of risk reductions (through prevention of sexual transmission and harm reduction)

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# ***ANNEXES***

## ANNEX – 1 Indicators for Monitoring and Evaluation of HIV Prevention Intervention

<b>Prevention 1: HIV related risk and transmission among Female Sex Workers</b>	<b>Total (N=593) %</b>	<b>95% CI</b>
<b>Impact/Outcome Indicators</b>		
Percentage of FSWs who are HIV infected	1.2	0.02-2.3
Percentage of FSWs reporting the use of a condom with their most recent client	78.8	74.5-83.2
Percentage of FSWs reporting consistent condom use with their clients over the past 12 months	61.4	56.3-66.6
Percentage of FSWs who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	37.4	32.3-42.5
<b>Output/Coverage Indicators</b>		
Percentage of FSWs reached with HIV prevention service programs (BCC with OE/PE or DIC or STI Clinics or VCT or community events / trainings or drug treatment or rehabilitation)	82.6	78.6-86.6
Percentage of FSWs reached with HIV prevention programs (Knows where to receive HIV test and received condoms)	64.3	59.3-68.4
Percentage of FSWs who received an HIV test in the last 12 months and who know their results	58.8	53.7-64.0

## ANNEX – 2

**Table 1: HIV Positive Respondents who Knew Their Status**

	Total (N=4)	
	n	(%)
HIV Positive respondents who knew their status		
Yes	3	75.0
No (test not done)	1	25.0

**Table 2: Use of Female Condoms**

<b>Time when female condom was last used</b>		
Within a month	2	25.0
1-5 months before	2	25.0
6-11 months before	4	50.0
<b>Total</b>	<b>8</b>	<b>100.0</b>
<b>Sex partner with whom the respondent had last used female condom</b>		
Regular partner	5	62.5
Client	3	37.5
<b>Total</b>	<b>8</b>	<b>100.0</b>

**Table 3: Reason for Not Using Condom During Last Sex with Different Types of Partners**

Variables	IBBS 2011	
	N	%
<b>Reason for not using condom during last sex</b>		
Not available	5	6.8
Partner objected	53	72.6
Used other contraceptive	10	13.7
Didn't think it was necessary	2	2.7
Didn't think of it	13	17.8
Client offered more money	7	9.6
Didn't know / not aware about Condom	2	2.7
<b>Total</b>	<b>73</b>	<b>100.0</b>
<b>Reason for not using condom at last sexual contact with regular client</b>		
Not available	4	9.8
Partner objected	24	58.5
Didn't think it was necessary	3	7.3
Didn't think of it	5	12.2
Client offered more money	2	4.9
Didn't know / not aware about Condom	1	2.4
Other	2	4.9
Don't know	1	2.4
<b>Total</b>	<b>41</b>	<b>*</b>
<b>Reason for not using condom at the time of last sex with non-paying regular partner</b>		
Partner objected	17	18.1
I didn't like to use it	2	2.1
Used other contraceptive	18	19.1
Didn't think it was necessary	1	1.1
Due to trustful partner	54	57.4
Wish to have child	6	6.4
Other	1	1.1
<b>Total</b>	<b>94</b>	<b>*</b>
<b>Reason for not using condom at last sex with partners other than clients/husbands/living in Male Partner</b>		
Not available	10	16.9
Partner objected	40	67.8
Used other contraceptive	5	8.5
Didn't think it was necessary	2	3.4
Didn't think of it	4	6.8
Other	2	3.4
<b>Total</b>	<b>59</b>	<b>*</b>

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

**Table 4: Reason for Not Using Condom During All Sexual Contacts with Different Types of Partners in The Past Year**

Variables	IBBS 2011	
	N	%
<b>Reason for not using condom during all the sexual contacts with client</b>		
Not available	18	13.5
Partner objected	109	82.0
Used other contraceptive	19	14.3
Didn't think it was necessary	2	1.5
Didn't think of it	14	10.5
Client offered more money	25	18.8
Didn't know / not aware about Condom	3	2.3
Don't know	2	1.5
<b>Total</b>	<b>133</b>	<b>*</b>
<b>Reason for not using condom during all sexual contacts with regular client</b>		
Not available	11	11.2
Partner objected	77	78.6
Used other contraceptive	17	17.3
Didn't think it was necessary	4	4.1
Didn't think of it	9	9.2
Client offered more money	20	20.4
Other	8	8.1
Don't know	3	3.1
<b>Total</b>	<b>98</b>	<b>*</b>
<b>Reason for not using condom during every sexual contact with non-paying regular male partner</b>		
Partner objected	35	32.1
I didn't like to use it	3	2.8
Used other contraceptive	30	27.5
Didn't think it was necessary	18	16.5
Didn't think of it	2	1.8
Trust partner	82	75.2
Wish to have child	9	8.3
Other	1	0.9
<b>Total</b>	<b>109</b>	<b>*</b>
<b>Reason for not using condom during every sexual contact with partners other than husband/ living in male partner</b>		
Not available	11	13.1
Partner objected	59	70.2
I didn't like to use	2	2.4
Used other contraceptive	11	13.1
Didn't think it was necessary	5	6.0
Didn't think of it	9	10.7
Other	2	2.4
<b>Total</b>	<b>84</b>	<b>*</b>

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

**Table 5: Frequency of Drug Injection**

Frequency of Drug Injection	IBBS 2011	
	N	%
<b>Frequency of drug injecting on yesterday</b>		
Not injected	4	33.3
One time	3	25.0
Two times	5	41.7
<b>Total</b>	<b>12</b>	<b>100.0</b>
<b>Frequency of drug injections within the past one-week</b>		
Once a day	3	25.0
2-3 times a day	3	25.0
2-3 times a week	3	25.0
4-6 times a week	3	25.0
<b>Total</b>	<b>12</b>	<b>100.0</b>
<b>Frequency of drug injection on last injected day</b>		
One time	8	61.5
Two times	5	38.5
<b>Total</b>	<b>13</b>	<b>100.0</b>

**Table 6: Injecting Behaviors of FSWs in the Past Week**

Injecting Practices	IBBS 2011	
	N	%
<b>Frequency of injecting with a pre-used needle in the past one-week</b>		
Never used	12	92.3
Not injected in the last week	1	7.7
<b>Total</b>	<b>13</b>	<b>100.0</b>
<b>Frequency of injecting with a syringe/needle picked from public place in the past one-week</b>		
Never	12	100.0
<b>Sharing of syringe/needle with different persons in the past one -week</b>		
Never shared	12	100.0
<b>Frequency of giving self-used syringe/needle to someone else in the past one-week</b>		
Never	12	100.0
<b>Ever injected with a pre-filled syringe in the past one-week</b>		
Yes	4	33.3
No	8	66.7
<b>Total</b>	<b>12</b>	<b>100.0</b>
<b>Taking drugs by syringe squirted by someone else from their used syringe in the past one-week</b>		
Sometimes	1	8.3
Never	11	91.7
<b>Total</b>	<b>12</b>	<b>100.0</b>
<b>Sharing of cooker/vial/container, cotton/filter or rinse water in the past one -week</b>		
Sometimes	2	16.7
Never	10	83.3
<b>Total</b>	<b>12</b>	<b>100.0</b>
<b>Drawing up the drug solution from a common container in the past one -week</b>		
Sometimes	2	16.7
Never	10	83.3
<b>Total</b>	<b>12</b>	<b>100.0</b>

**Table 7: Treatment/Help Received by Injecting FSW**

Variables	IBBS 2011	
	N	%
<b>Time for receiving treatment/help for using drugs</b>		
Less than 1 month	1	14.3
Within 1 month	2	28.6
Within 4- 12 months	4	57.1
<b>Total</b>	<b>7</b>	<b>100.0</b>
<b>Kind of treatment/help received</b>		
Outpatient counseling	5	71.4
Maintenance w/methadone	1	14.3
Detoxification w/other drugs	2	28.6
Detoxification with no drug	1	14.3
Residential rehabilitation	2	28.6
Helped for cold turkey without medicine	2	28.6
Others	1	14.3
<b>Total</b>	<b>7</b>	<b>*</b>

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

**Table 8: Problems/Symptoms for Which Respondents Received Treatment in Past Year**

Problem/Symptoms	IBBS 2011	
	N	%
<b>Problems/symptoms for which respondents received treatment during one-year</b>		
Pain in the lower abdomen	64	18.6
Pain during urination	30	8.7
Frequent urination	10	2.9
Pain during sex	23	6.7
Ulcer or sore in the genital area	22	6.4
Itching in or around the vagina	48	13.9
Vaginal odor or smell	20	5.8
Vaginal bleeding (unusual)	3	0.9
Unusual heavy vaginal discharge and foul vaginal discharge	110	31.9
Genital Warts	7	2.0
Others	4	1.2
<b>Total</b>	<b>345</b>	<b>*</b>

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

**Table 9: Distribution of Respondents reached by OE/PE by Use of Other Services**

Services used in past year	N	%
	<b>DIC visit</b>	
Yes	194	71.6
No	77	28.4
<b>STI clinic visit</b>		
Yes	136	50.2
No	135	49.8
<b>VCT visit</b>		
Yes	203	74.9
No	68	25.1
<b>Participated in HIV/AIDS awareness program activities</b>		
Yes	60	22.1
No	211	77.9
<b>Total</b>	<b>271</b>	<b>100.0</b>

**Table 10: Injecting drug history trend among Female Sex Workers**

	2004	2006	2008	2011
	Total (N=200)	Total (N=200)	Total (N=200)	Total (N=345)
	n (%)	n (%)	n (%)	n (%)
Ever injected drugs	-	0 (0)	0 (0)	17 (4.9)
Injected in last 12 months	0 (1.0)	0 (0)	0(0)	17 (4.9)

ANNEX – 3

Integrated Biological and Behavioral Surveillance Survey  
Among Female Sex Workers in Kathmandu and Pokhara

**CONFIDENTIAL**

FSW Questionnaire

Namaste! My name is ....., I am here from New ERA to collect data for a research study. This study is being conducted by National Centre for AIDS and STD Control (NCASC), Ministry of Health and Population with support from New ERA and Intrepid/Nepal. FHI's ASHA Project and USAID are providing technical assistance for the study. As explained in the consent taking process during this interview, I will ask you some questions that will be about sexual behavior, use and promotion of condoms, STI/HIV/AIDS and drug use. I believe that you will provide correct information. We will also draw about 5-7 ml blood for HIV and syphilis testing. If you have any STI symptoms, we will provide treatment for free of charge. We also will treat for syphilis on the basis of RPR test on the same day of interview. The information given by you will be strictly treated as confidential. Nobody will know whatever we talk because your name will not be mentioned in this form and blood sample. It will take about 60 minutes to complete the interview and blood sample collection and another 60 minutes if you want to be treated for syphilis and get the HIV test result on the same day.

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

Would you be willing to participate?

1. Yes                                  2. No

Signature of Interviewer: \_\_\_\_\_ Date: /\_\_/\_/2067  
DD/MM

Establishment based:  1                                  Street based:  2

**Definition of Respondent**  
*“Women aged 16 years and above reporting having been paid in cash or kind for sex with a male within the last 6 months.”*

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

1. Yes                          2. No (Continue Interview)

↓

When?

\_\_\_\_\_ Days ago (**STOP INTERVIEW**)

Name of interviewer: \_\_\_\_\_ Code No. of Interviewer:

Checked by the supervisor: Signature: \_\_\_\_\_ Date: /\_\_\_/\_\_\_/2067  
DD/ MM

Data Entry # 1: Clerk's name: \_\_\_\_\_ Date: /\_\_\_/\_\_\_/2067  
DD/ MM

Data Entry # 2: Clerk's name: \_\_\_\_\_ Date: /\_\_\_/\_\_\_/2067  
DD/ MM

**1.0 GENERAL INFORMATION**

Q. N.	Questions and Filters	Coding Categories	Skip to
101	Respondent ID No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
101.1	Write down how you contacted the respondent?	Met personally ..... 1 Through known FSW ..... 2 Through PE ..... 3 Through ORE from Red Cross ..... 4 Other (Specify) ..... 96	
102	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 _____ <input type="text"/> <input type="text"/> VDC/Municipality _____ Ward No. .... <input type="text"/> <input type="text"/> Village/Tole _____	



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

## 2.0 PERSONAL INFORMATION

Q. N.	Questions and Filters	Coding Categories	Skip to
201	How old are you?	Age ..... <input type="text"/> <input type="text"/>  (Write the completed years)	
202	What is your caste?  (Specify Ethnic Group/Caste)	Ethnicity/Caste _____ (Specify) Code No..... <input type="text"/> <input type="text"/>	
203	What is your educational status? <u>Code:</u> Passed class 1-9 = 01-09 Test Passed = 9 S.L.C. passed = 10 Passed certificate/12 class = 11 Passed B.A and above = 12	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 ..... <input type="text"/> <input type="text"/>  <b>(Write the completed years)</b>	→ 204.3
204.2	Are you presently living with your husband?	Yes ..... 1 No ..... 2	→ 205
204.3	Who are you living with now?  <i>(Multiple answers. DO NOT READ the possible answers)</i>	Male friend ..... 1 Relatives ..... 2 Other females ..... 3 Children ..... 4 Alone ..... 5 Others (Specify) ..... 96	
<b>[Note: If answer in Q. 204 is 'never married' Go to Q. 205.13]</b>			
205	At what age were you married for the first time?	Years old ..... <input type="text"/> <input type="text"/>  <b>(Write Complete Years)</b>	
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 ..... <input type="text"/> <input type="text"/> Daughters ..... <input type="text"/> <input type="text"/>	
205.3	Have you had miscarriage during your any pregnancies?	Yes ..... 1 No ..... 2	→ 205.5

<i>Q. N.</i>	<i>Questions and Filters</i>	<i>Coding Categories</i>	<i>Skip to</i>
205.4	If yes, total number of miscarriage	# Terminations..... <input type="text"/> <input type="text"/>	
205.5	Have you done termination/abortion of your any pregnancies?	Yes ..... 1 No ..... 2	→205.8
205.6	If yes, total number of pregnancy terminated/aborted	# Terminations..... <input type="text"/> <input type="text"/>	
205.7	Who assisted you at last abortion	Doctor..... 1 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? <b>(Include currently pregnant women too)</b>	Yes ..... 1 No ..... 2	→205.13
205.10	<b>(Don't ask 205.10, 205.11 and 205.12 to those who are currently pregnant and skip to 205.13 )</b> If Yes, What was the outcome of the last pregnancy? <b>If the response is 3 or 4 check Q.N. 205.6 or 205.7)</b>	Live Birth..... 1 Still Birth ..... 2 Spontaneous abortion..... 3 Forced Abortion..... 4	→205.13 →205.13
205.11	Who assisted your last delivery?	Doctor.....1 Nurse.....2 Midwife .....3 TBA .....4 Traditional healer .....5 Friend.....6 Nobody .....7 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 Filters</i>	<i>Coding Categories</i>	<i>Skip to</i>
205.13	<p>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</p> <p>Which ways or methods have you heard about?</p> <p><b><i>(Lead the each Questions, Multiple answers Possible)</i></b></p>		
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 more months	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 Rhythm Method:	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) _____ (Specify) No ..... 2	
205.14	Are you currently doing something or using any method to delay or avoid getting pregnant?	Yes ..... 1 No ..... 2	→ 206
205.15	If yes, which method are you using currently? <b>(Multiple answers possible, Do NOT READ the Possible answers)</b>		
01	FEMALE STERILIZATION- women can have an operation to avoid having any more children	Yes ..... 1 No ..... 2	

<i>Q. N.</i>	<i>Questions and Filters</i>	<i>Coding Categories</i>	<i>Skip to</i>				
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 more months	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	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	Are you currently using any method that women or men can use to avoid pregnancy?	Yes ..... 1  _____ (Specify)  _____ (Specify) No ..... 2					
	<i>Check Q. N. 204, if it is divorced/permanently/separated (2), widow (3) or never married (4), skip to Q.N. 207</i>						
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? <b>(Adults are those who have completed 18 years)</b>	Adults ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Children ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					
208	How long have you been exchanging sexual intercourse for money or other things? <b>(If answer is less than 6 months stop interview)</b>	Months ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> 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						

<i>Q. N.</i>	<i>Questions and Filters</i>	<i>Coding Categories</i>	<i>Skip to</i>
	working here as a sex worker at this place?	Months ..... <input type="text"/> <input type="text"/> <input type="text"/>	
210	Where else have you worked as a sex worker?  <b>(For example: <i>Bhatti</i> shop, Cabin Restaurant, Discotheques etc.) Mention location in the space provided</b>  <b>(Multiple answers. DO NOT READ the possible answers)</b>	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?  <b>(List all the places mentioned by the respondent)</b>	<b>District VDC/Municipality Village/Tole</b> 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?  <b>(List all the places)</b>	<b>District VDC/Municipality Village/Tole</b> 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?  <b>(List all the locations worked in India)</b>	<b>Name of Places Name of Nearby City</b> 1 _____ 2 _____ 3 _____ 4 _____	
214	In total, for how many months did you work as a sex worker in India?	Months ..... <input type="text"/> <input type="text"/> <input type="text"/>	
215	Were you coerced to go there or you went there on your free will?	Coerced ..... 1 On my own ..... 2	
216	What is your average weekly income from commercial sex?	Cash _____ Rs.	

Q. N.	Questions and Filters	Coding Categories	Skip to
	[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 ..... <input type="text"/> <input type="text"/>	

### 3.0 INFORMATION ON SEXUAL INTERCOURSE

Q. N.	Questions and Filters	Coding Categories	Skip to
301	How old were you at your first sexual intercourse?	Year's old ..... <input type="text"/> <input type="text"/> Don't know/Can't recall ..... 98	
302	Among all of your partners, how many of them had sex with you in exchange for money in the past week?	Number ..... <input type="text"/> <input type="text"/> Don't know ..... 98	
303	Among all of your partners, how many of them had sex with you without paying any money in the past week? (Include sexual contacts with spouse and live-in sexual partners)	Number ..... <input type="text"/> <input type="text"/> Don't know ..... 98	
304	With how many different sexual partners in total have you had sex during the past week? (Note: Check total number of partners in Q. 302 + Q. 303 to match with Q 304)	Number ..... <input type="text"/> <input type="text"/> Don't know ..... 98	
305	Usually, how many clients visit you in a day?		

Q. N.	Questions and Filters	Coding Categories	Skip to
		Number ..... <input type="text"/> <input type="text"/>	
305.1	With how many clients did you have sexual intercourse yesterday?	Number ..... <input type="text"/> <input type="text"/>	
305.2	With how many clients did you have sexual intercourse in the past week?	Number ..... <input type="text"/> <input type="text"/>	
306	In the past month, with which profession's client did you mostly have sex?  <b>(Encircle three most reported types of client. DO NOT READ the possible answers)</b>	Bus, truck or tanker worker ..... 1 Taxi, jeep, microbus or minibus worker ..... 2 Industrial/wage worker ..... 3 Police ..... 4 Soldier/Army ..... 5 Student ..... 6 Rickshawala ..... 7 Service holder ..... 8 Businessmen ..... 9 Mobile Businessmen ..... 10 Migrant worker/lahurey ..... 11 Contractor ..... 12 Foreigner (Indian and other Nationals) ..... 14 Farmer ..... 15 Others (Specify) ..... 96 Don't know ..... 98	
306.1	What was the professional background of your last client?	Bus, truck or tanker worker ..... 1 Taxi, jeep, microbus or minibus worker ..... 2 Industrial/wage worker ..... 3 Police ..... 4 Soldier/Army ..... 5 Student ..... 6 Rickshawala ..... 7 Service holder ..... 8 Businessmen ..... 9 Mobile Businessmen ..... 10 Migrant worker/lahurey ..... 11 Contractor ..... 12 Foreigner (Indian and other Nationals) ..... 14 Farmer ..... 15 Others (Specify) ..... 96 Don't know ..... 98	
307	How many days in a week (on an average) do you work as a sex worker?	Days ..... <input type="text"/>	
308	When did you have the last sexual intercourse with a client? <b>(Write '00' if Today)</b>	Days before ..... <input type="text"/> <input type="text"/>	
309	How many partners did you have sexual intercourse with on that day?	Number ..... <input type="text"/> <input type="text"/>	



Q. N.	Questions and Filters	Coding Categories	Skip to
310	<p>How much rupees or other items did the last client pay you?</p> <p><b>(Note: If there is '00' in both cash and gift equivalent, mention the reasons)</b></p>	<p>Cash _____ Rs.</p> <p>Gift equivalent to _____ Rs.</p> <p>Others (Specify) _____ .....96</p> <p>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?  <b>(Multiple answers. DO NOT READ the possible answers)</b>	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?  <b>(Multiple answers. DO NOT READ the possible answers)</b>	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

Q. N.	Questions and Filters	Coding Categories	Skip to
404.2	Why didn't your regular client use a condom at that time?	Not available..... 1 Too 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?  <b>(Multiple answers. DO NOT READ the possible answers)</b>	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	

***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? <b>(Write '00' for none intercourse in past one month)</b>	Number of times ..... <input type="text"/> <input type="text"/> Don't know ..... 98	
408	The last time you had sex with your husband or male friend staying 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	

Q. N.	Questions and Filters	Coding Categories	Skip to
		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?  <b>(Multiple answers. DO NOT READ the possible answers)</b>	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

Q. N.	Questions and Filters	Coding Categories	Skip to
412.1	Why did your other partners not use condom regularly?  <b>(Multiple answers. DO NOT READ the possible answers)</b>	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? <b>(If the respondent has not heard about female condom, explain what they are before asking questions)</b>	Yes ..... 1 No ..... 2	→ 412.7
412.3	If yes, from where did you know about this?  <b>(Multiple answers. DO NOT READ the possible answers)</b>	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 Other (Specify) _____ .. 96	
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	

Q. N.	Questions and Filters	Coding Categories	Skip to
413	With whom did you have your last sexual intercourse in the past one year?	Client..... 1 Husband/male friend..... 2 Other male ..... 3 Regular client..... 4 Others (Specify) ..... 96	
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? <b>(Observe and write)</b>	Number ..... <input type="text"/> <input type="text"/>	
415	Which places or persons do you know from where/whom you can obtain condoms?  <b>(Multiple answers. DO NOT READ the possible answers)</b>	Health Post/ health center..... 1 Pharmacy..... 2 General retail store (Kirana Pasal)..... 3 Private clinic..... 4 Paan shop ..... 5 Hospital ..... 6 FPAN 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 ..... <input type="text"/> <input type="text"/> No knowledge/not aware of condom..... 95	
416	How do you usually obtain condoms? <b>(Buy, obtain free of cost or both ways)</b>	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?  <b>(Multiple answers. DO NOT READ the possible answers)</b>	Health Post/Health Center ..... 1 Hospital..... 2 FPAN 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	

Q. N.	Questions and Filters	Coding Categories	Skip to
416.2	Which would be the most convenient place/s for you to obtain free condoms?  (Multiple answers. DO NOT READ the possible answers)	Health Post/Health Center ..... 1 Hospital..... 2 FPAN clinics..... 3 Peers/friends.. ..... 4 Community events ..... 5 NGO/Health Workers/Volunteers.... 6 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	
<b>Note: If response is '1' in Q416 Go to Q418 after 416.3</b>			
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 Practices**

Q. N.	Questions and Filters	Coding Categories	Skip to
418	During the past one-year, did any of your sexual partners force you to have sex with them against your wish?	Yes ..... 1 No ..... 2	
419	Did any person physically assault you (for any reason) in the past year?	Yes ..... 1 No ..... 2	
420	In the past year, did any of your clients perform such act/s that you did not like?	Yes ..... 1 No ..... 2	422 →

Q. N.	Questions and Filters	Coding Categories	Skip to
421	If yes, what were they?	Oral sex ..... 1 Masturbation ..... 2 Anal sex ..... 3 Beaten up ..... 4 Snatched /stole money ..... 5 Used abusive language (bhalu etc.) ..... 6 Ran a way without paying ..... 7 Burnt with cigarette ..... 8 Forced to have sex after drinking alcohol ..... 9 Other (Specify) _____ 96	
422	In the past year, did you have other type of sexual intercourse other than vaginal? <b>(INSTRUCTION TO INTERVIEWER: Explain the other types of sexual intercourse besides vaginal (such as oral, anal))</b>	Yes ..... 1 No ..... 2	→ 501
422.1	If yes, what type of sexual act/s were they? <b>(Multiple answers. DO NOT READ the possible answers)</b>	Oral ..... 1 Anal ..... 2 Masturbation ..... 3 Other (Specify) _____ 96	
422.2	What type of sexual contact did you have with your last client? <b>(Multiple answers. DO NOT READ the possible answers)</b>	Oral ..... 1 Anal ..... 2 Masturbation ..... 3 Vaginal ..... 4 Other (Specify) _____ 96	



## 5.0 AWARENESS OF HIV/AIDS

Q. N.	Questions and Filters	Coding Categories	Skip to
501	Have you ever heard of HIV/AIDS?	Yes ..... 1 No ..... 2	→ 601
502	Of the following sources of information, from which sources have you collected information on HIV/AIDS within the past one-year?		
	<b>Source of Information</b>	<b>Yes</b>	<b>No</b>
	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	

Q. N.	Questions and Filters	Coding Categories	Skip to
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	<b>I don't want to know the result</b> , 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	<b>Please do not tell me the result</b> , 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	Have you taken up HIV testing in the past 12 months?	Yes ..... 1 No ..... 2	→ 601
524	<b>I don't want to know the results</b> ,	Yes ..... 1	

Q. N.	Questions and Filters	Coding Categories	Skip to
	but did you receive the results of that test?	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? <b>(READ THE FOLLOWING LIST)</b>		
	<b>Sources of Information</b>	<b>Yes</b>	<b>No</b>
	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?  <b>(Multiple answers. DO NOT READ the possible answers)</b>	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	

Q. N.	Questions and Filters	Coding Categories		Skip to
03	<b>In the past one-year, have you ever seen, heard or read following messages?</b>	<b>Yes</b>	<b>No</b>	
	<b>Messages/Characters</b>			
	1. Jhilke Dai Chha Chhaina Condom	1	2	
	2. Condom Kina Ma Bhaya Hunna Ra	1	2	
	3. Youn Rog Ra AIDS Bata Bachnalai Rakhnu Parchha Sarbatra Paine Condom Lai	1	2	
	4. Ramro Sanga Prayog Gare Jokhim Huna Dinna Bharpardo Chhu Santosh Dinchhu Jhanjhat Manna Hunna	1	2	
	5. Condom Bata Surakchhya, Youn Swasthya Ko Rakchhya AIDS Ra Younrog Bata Bachna Sadhai Condom Ko Prayog Garau	1	2	
	6. HIV/AIDS Bare Aajai Dekhee Kura Garau	1	2	
	7. Ek Apas Ka Kura	1	2	
	8. Maya Garaun Sadbhav Badaun	1	2	
	9. Des Pardes	1	2	
603.1	Besides above messages have you seen, heard or read any other messages relating to STI/HIV/AIDS Prevention or Condom Uses?	Yes ..... 1 No ..... 2		→ 604
603.2	What are they?	Advertisement on No.1condom..... 1 Condom lagaun, AIDS bhagaun..... 2 Others (specify)..... .96		
604	During the past one-year what brand of condoms did you use most of the time?  <b>(Record first three)</b>	Never used condom ..... 0 Number One..... 1 Dhaal..... 2 Panther ..... 3 Kamasutra ..... 4 Jodi..... 5 Black cobra ..... 6 Condom with no brand name (MOH white, red) ..... 7 Lilly ..... 8 Vega..... 9 Skin less ..... 10 Play Vet ..... 11 Did not use in the past 12 months... 95 Others(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?  <b>(Multiple answers. DO NOT READ the possible answers)</b>	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?  <b>(Multiple answers. DO NOT READ the possible answers)</b>	AMDA ..... 1 GWP ..... 2 Trinetra ..... 3 WATCH..... 4 ICH ..... 5 NSARC ..... 6 NRCS ..... 7 INF/Paluwa ..... 8 Siddhartha Club ..... 9 CAC ..... 10 SACTS ..... 11 NFCC ..... 12 NAPN ..... 13 SPARSHA ..... 14 Change Nepal..... 15 PSI ..... 16 Sathi Sanstha..... 17 Indreni Sewa Samaj ..... 18 Step Nepal..... 19 Swan Nepal..... 20 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
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 Other (Specify) ..... 96	
611	Do you know which organizations run those DICs ?  (Multiple answers. DO NOT READ the possible answers)	AMDA ..... 1 GWP ..... 2 Trinetra ..... 3 WATCH..... 4 ICH ..... 5 NSARC ..... 6 NRCS ..... 7 INF/Paluwa ..... 8 Siddhartha Club ..... 9 CAC..... 10 SACTS ..... 11 NFCC ..... 12 NAPN ..... 13 SPARSHA ..... 14 Change Nepal..... 15 Indreni Sewa Samaj ..... 16 PSI ..... 17 Sathi Sanstha..... 18 Step Nepal..... 19 Swan Nepal..... 20 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

Q. N.	Questions and Filters	Coding Categories	Skip to
614	What did you do at such STI clinics?  <b>(Multiple answers. do not read the possible answers given below)</b>	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 Other (Specify) ..... 96	
615	Do you know which organizations run those STI clinics?  <b>(Multiple answers. do not read the possible answers)</b>	AMDA ..... 1 NSARC ..... 2 NRCS ..... 3 INF Paluwa ..... 4 Siddhartha Club ..... 5 SACTS ..... 6 NFCC ..... 7 WATCH ..... 8 GWP ..... 9 Private clinic ..... 10 Hospital ..... 11 Pharmacy ..... 12 CAC ..... 13 Indreni Sewa Samaj ..... 14 Trinetra ..... 15 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	What did you do at such VCT centers?  <b>(Multiple answers. DO NOT READ the possible answers)</b>	Received pre-HIV/AIDS test counseling ..... 1 Blood sample taken for HIV/AIDS test ..... 2 Received post HIV/AIDS test counseling ..... 3 Got information on HIV/AIDS window period ..... 4 Received HIV/AIDS test result ..... 5 Received counseling on using Condom correctly in each sexual intercourse ..... 6 Took a friend with me..... 7 Other (Specify) ..... 96	
619	Do you know which organizations run those VCT centers?	AMDA ..... 1 NSARC ..... 2	

Q. N.	Questions and Filters	Coding Categories	Skip to
	<b>(Multiple answers. DO NOT READ the possible answers)</b>	NRCS ..... 3 INF/Paluwa ..... 4 Siddhartha Club ..... 5 SACTS ..... 6 NFCC ..... 7 WATCH..... 8 CAC ..... 9 NNSWA..... 10 GWP ..... 11 Indreni sewa samaj ..... 12 Trinetra ..... 13 Others (Specify) ..... 96 Don't know ..... 98	
620	For how many times have you visited VCT center in the last 12 months?	Once..... 1 2-3 times ..... 2 4-6 times ..... 3 7-12 times ..... 4 More than 12 times ..... 5	} 620.2
620.1	If not visited VCT in the last 12 months, what is the reason for this?  <b>(Multiple answers. DO NOT READ the possible answers)</b>	Do not know about VCT center ..... 1 I do not think I need to be tested ..... 2 I have no symptoms of HIV ..... 3 No VCT near by..... 4 I have already tested and know my status ..... 5 No money to go to VCT center ..... 6 Fear that people will see me visiting VCT ..... 7 Fear that family members/friend/clients will know it..... 8 Others (Specify) ..... 96	
620.2	Have you ever been approached by HIV/AIDS related health workers/ outreach workers to explain you about the need of VCT?	Yes ..... 1 No ..... 2	→ 621
620.3	If you were approached by health workers/outreach workers, what did they advise you?  <b>(Multiple answers. DO NOT READ the possible answers)</b>	Talked about my sex partners ..... 1 Advised to visit VCT if I have some problems ..... 2 Advised me to visit VCT once in a month in any case ..... 3 Did not talk about HIV testing..... 4 Others (Specify) ..... 96	
621	Have you ever participated in HIV/AIDS awareness raising program or community events in the last 12 months?	Yes ..... 1 No ..... 2	→ 701



Q. N.	Questions and Filters	Coding Categories	Skip to
622	<p>What were the activities that you participated in?</p> <p><b>(Multiple answers. DO NOT READ the possible answers)</b></p>	<p>Street drama.....1</p> <p>AIDS Day .....2</p> <p>Condom Day .....3</p> <p>Video Shows .....4</p> <p>Group discussions .....5</p> <p>Talk programs .....6</p> <p>HIV/AIDS related training .....7</p> <p>HIV/AIDS related Workshops.....8</p> <p>Condom use demonstrations.....9</p> <p>Others (Specify) _____ 96</p>	
623	<p>Do you know which organizations organized those activities?</p> <p><b>(Multiple answers. DO NOT READ the possible answers given below)</b></p>	<p>AMDA .....1</p> <p>GWP .....2</p> <p>TRINETRA .....3</p> <p>WATCH .....4</p> <p>ICH .....5</p> <p>NSARC.....6</p> <p>NRCS.....7</p> <p>INF/Paluwa.....8</p> <p>Siddhartha Club.....9</p> <p>CAC .....10</p> <p>SACTS .....11</p> <p>NFCC .....12</p> <p>NAPN .....13</p> <p>Sparsa .....14</p> <p>Naulo ghumti.....15</p> <p>Mahila Uddhar Samuha .....16</p> <p>Maiti Nepal .....17</p> <p>Indreni Sewa Samaj.....18</p> <p>Others (specify) _____ 96</p> <p>Don't know .....98</p>	
624	<p>How many times have you participated in such activities in the last 12 months?</p>	<p>Not participated.....0</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>	

## 7.0 STI (SEXUALLY TRANSMITTED INFECTION)

Q. N.	Questions and Filters	Coding Categories	Skip to
701	Which diseases do you understand by STI?  <b>(Multiple answers. DO NOT READ the possible answers)</b>	White discharge/discharge of Pus/dhatu flow ..... 1 Itching around vagina ..... 2 Lower abdominal pain ..... 3 Syphilis (Bhiringi)/gonorrhoea ..... 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 Other (Specify) ..... 96	
702	Do you currently have any of the following symptoms?		
	<b>Symptoms</b>	<b>Yes</b>	<b>No</b>
	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
	<b>(If answer is 'No' to all in the Q. No. 702 Go to Q. 710)</b>		
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? <b>(Write '00' if less than a week)</b>	Week ..... <input type="text"/> <input type="text"/>	
704	Where did you go for the treatment?  <b>(Multiple answers. DO NOT READ the possible answers)</b>	Private Clinic ..... 1 AMDA Clinic ..... 2 NFCC ..... 3 SACTS ..... 4 FPAN Clinic ..... 5 Health Post/ Health Center ..... 6 Hospital ..... 7 Pharmacy ..... 8 Self Treatment (Specify) ..... 9 Others (Specify) ..... 96	

Q. N.	Questions and Filters	Coding Categories	Skip to	
705	<b>For which symptoms did you get treatment?</b> Specify the treatment.			
	<b>Symptoms</b>	<b>Treatment</b>		
	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?	Yes .....1 No .....2	→ 710	
707	Did you obtain all the medicine prescribed?	Yes I obtained all of it .....1 I obtained some but not all.....2 I obtained none .....3	} 710	
708	Did you take all of the medicine prescribed?	Yes .....1 No .....2	→ 709	
708.1	If not, why did you not take all of the medicine prescribed?	Forgot to take .....1 Felt cured .....2 Medicine did not help .....3 Others (Specify) ..... 96		
709	How much did you pay for the medicine that you took? [If not paid mention the reasons]	Rs. _____ Reason _____		
710	Did you have any of the following symptoms in the past year?			
	<b>Symptoms</b>	<b>Yes</b>		<b>No</b>
	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		
<b>(If answer is 'No' to all in Q. No. 710, Go to Q. No. 801)</b>				

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?		
	<b>Symptoms</b>	<b>Yes</b>	<b>No</b>
	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	
<b>(If answer is 'No' to all in Q. No. 711, Go to Q. No. 801)</b>			
712	Where did you go for the treatment?	Private clinic..... 1	801
	<b>(Multiple answers. Do not read the possible answers).</b>	AMDA clinic..... 2	
		NFCC ..... 3	
		SACTS ..... 4	
		FPAN clinic..... 5	
		Health post/ health center..... 6	
		Hospital ..... 7	
		Pharmacy..... 8	
		Self treatment (Specify)..... 9 →	
		GWP ..... 10	
		Siddhartha club clinic ..... 11	
		WATCH clinic..... 12	
		CAC..... 13	
		NSARC ..... 14	
		Trinetra ..... 15	
Indreni sewa samaj ..... 16			
Others (Specify) ..... 96			
713	Did anyone from the place where you went for treatment counsel you about how to avoid the problem?	Yes ..... 1	801
		No ..... 2 →	
713.1	What did he/she tell you? <b>(Multiple answers, DONOT READ the possible answers)</b>	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	

**Use of Drugs and Injection**

Q. N.	Questions and Filters	Coding Categories	Skip to
801	During the last 30 days how often did you have drinks containing alcohol?	Everyday ..... 1 2-3 times a week ..... 2 At least once a week ..... 3 Less than once in a week ..... 4 Never ..... 5 Don't know ..... 98	
802	Some people take different types of drugs. Have you also tried any of those drugs in the past 30 days? <b>(Ganja, Bhang, Nitroson, Nitrovet E.)</b>	Yes ..... 1 No ..... 2 Don't know ..... 98	
803	Some people inject drugs using a syringe. Have you ever-injected drugs? <b>(Do not count drugs injected for medical purpose or treatment of an illness)</b>	Yes ..... 1 No ..... 2 Don't know ..... 98	} 809
803.1	How old were you when you first injected drugs?	Age ..... <input type="text"/> <input type="text"/> Don't know ..... 98	
803.2	How long have you been injecting drugs? <b>(Include self-injection or injection by others)</b>	Years ..... <input type="text"/> <input type="text"/> Months ..... <input type="text"/> <input type="text"/> No response ..... 99	
804	Have you injected drugs in last 12 months? <b>(Do not count drugs injected for medical purposes or treatment of an illness)</b>	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	

Q. N.	Questions and Filters	Coding Categories	Skip to
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 Others (Specify) ..... 96	
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	→ 812
811.1	<b>(For Married SW only)</b> Does your husband inject drug? <b>(Check with Q. 204)</b>	Yes ..... 1 No ..... 2 Don't know ..... 98	
811.2	<b>(For female having regular client)</b> Did your regular client inject drug? <b>(Check with Q. 403)</b>	Yes ..... 1 No ..... 2 Don't know ..... 98	
811.3	<b>(For all)</b> 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	→ 901
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	

## ANNEX

### 10.0 DRUG USE

Q.N.	Questions	Coding Categories	Skip to
	<b>Ask this section to those respondent who have injected drugs at least once in the past 1 month, Check question no 804.1 = 1</b>		
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"/> → 1007 Not injected..... 0	
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"/>	
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? <b>(Fill the number from answer to Q. 1003 or 1006 and verify by asking the respondent)</b>	Times..... <input type="text"/> <input type="text"/>	
1102	The last time you injected, how did you get that syringe/needle? <b>(Public place means places other than the IDU's home that are used to hide syringe/needle)</b>	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 <sup>+</sup> ..... 3 I picked it up from a public place which was left there by myself <sup>+</sup> ..... 4 I used a new needle/syringe given by NGO staff/volunteer ..... 5 (write the name of Organization) I used a needle/syringe which I purchased ..... 6 I reused my own needle/syringe ..... 7 My friend gave new needle/syringe ..... 8 Others (Specify) ..... 96 Don't know ..... 98 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?	Nos. <input type="text"/> <input type="text"/> Injected alone.....95																																				
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 know ..... 98 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? <b>(Public place means places other than the IDU's home that are used to hide syringe/needle)</b>	Every times ..... 1 Almost every-times..... 2 Sometimes ..... 3 Never ..... 4 Don't know ..... 98 No response..... 99																																				
1104	In the past one-week, did you ever share needles and syringes with any of the following? <b>Read out list. Multiple answers possible</b>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> <th>NR</th> </tr> </thead> <tbody> <tr> <td>Your usual sexual partner</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> <tr> <td>A sexual partner who you did not know</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> <tr> <td>A friend</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> <tr> <td>A drugs seller</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> <tr> <td>Unknown Person</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> <tr> <td>96. Other (Specify) _____</td> <td>1</td> <td>2</td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	DK	NR	Your usual sexual partner	1	2	98	99	A sexual partner who you did not know	1	2	98	99	A friend	1	2	98	99	A drugs seller	1	2	98	99	Unknown Person	1	2	98	99	96. Other (Specify) _____	1	2			
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96. Other (Specify) _____	1	2																																				
1105	With how many different injecting partners did you share needles or syringes in the past one-week? <b>(Count everyone who injected from the same syringe)</b>	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? <b>(By that I mean a syringe that was filled without you witnessing it)</b>	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? <b>(Front-loading/back-loading/splitting)</b>	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																																				



Q.N.	Questions	Coding Categories	Skip to
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	Where can you obtain new unused needles and syringes?  <b>(Do not read out list. Multiple answers possible. Probe only with "Anywhere Else?"</b> )	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	In the past one-year, did you ever inject drug in another city/district (or another country)?	Yes..... 1 No ..... 2 Don't remember ..... 98 No response..... 99	
1114.1	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?	Yes..... 1 No ..... 2 Don't remember ..... 98 No response..... 99	
1115	Are you currently under treatment (or receiving help) or have you ever received treatment (or help) because of your drug use?	Currently under treatment ..... 1 Was in treatment but not now ..... 2 Have never received treatment..... 3 No response..... 99	} <i>End the interview</i>
1116	How many months ago did you last receive treatment or help for your drug use?	Months ..... <input type="text"/> <input type="text"/> Don't know ..... 98 No response..... 99	
1117	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?") <b>(Multiple Answers Possible)</b>		
	<b>Types of Treatments</b>	<b>Name of Institutions</b>	
	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		

## ANNEX – 4

### Oral Informed Consent Form for Female Sex Workers

**Title:** Integrated Biologic and Behavioral Surveillance Survey among Female Sex Workers in Pokhara Valley

**Sponsor:** ASHA Project- FHI/Nepal and USAID/Nepal

**Principal Investigator/s:** Dale Davis, MPH, FHI/Nepal  
Laxmi Bilas Acharya, PhD, FHI/Nepal

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Phone: +977 1 443 7173; Fax: +977 1 441 7475  
Email: [DDavis@fhi.org](mailto:DDavis@fhi.org); [lacharya@fhi.org](mailto:lacharya@fhi.org)

#### Introduction

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 who are female sex workers using a random process from Pokhara Valley. You are in the pool of possible candidates, but the final selection would be based on your choice. In total 340 women like you will be selected for this study from Pokhara 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. Test results will be provided with counseling by a qualified counselor. If you are RPR reactive, a confirmatory test result for syphilis will be provided at the nearest VCT clinic in Pokhara 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 you currently 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 100.00 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**

If you have any questions about the research, call:

**Dale Davis**, ASHA project- FHI/Nepal, Baluwatar, Kathmandu, Phone: 01-4437173; **OR**  
**Laxmi Bilas Acharya**, ASHA project- FHI/Nepal, Baluwatar, Kathmandu, Phone: 01-4437173

We will not be able to pay for/care for injuries that occur as a result of the study.

**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](mailto:nhrc@healthnet.org.np)

Or you may contact **Mahesh Shrestha**, FHI CO Nepal: GPO Box: 8803, Gopal Bhawan, Anamika Galli Ward No: 4, Baluwatar, Kathmandu Tel: 977-1-4437173. Email: [mshrestha@fhi.org](mailto:mshrestha@fhi.org)

**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

## ANNEX - 5

### Female Clinical/Lab Checklist

Respondent ID Number: 

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

Name of Clinician: \_\_\_\_\_

Date: 2011/\_\_\_\_/\_\_\_\_

Name of Lab Technician: \_\_\_\_\_

#### (A) Clinical Information

#### (B) Specimen collection

		<u>Yes</u>	<u>No</u>
Weight: _____ Kg	Pre-test counseled	1	2
B.P. : _____ mm of Hg	Blood collected for HIV & Syphilis	1	2
Pulse : _____	Date & place for post-test results given	1	2
Temperature : _____ ° F	Condom given	1	2
	Vitamins given	1	2
	Gift given	1	2
	IEC materials given	1	2

#### 1.0 Syndromic Treatment Information

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

1. Yes
2. No
98. Don't Know

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

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

**(If yes to any of above, give vaginal discharge syndrome treatment)**

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

1. Yes (**If yes, Refer**)
2. No

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

1. Yes (**If yes, Refer**)
2. No
98. Don't know

## ANNEX – 6

### Basic Equation Used in Sample Design

$$n = D \frac{[Z_{1-\alpha}\sqrt{2\bar{p}(1-\bar{P})} + Z_{1-\beta}\sqrt{P_1(1-P_1) + P_2(1-P_2)}]^2}{(P_2 - P_1)^2}$$

- n= required minimum sample size per survey round or comparison groups  
 D = design effect (assumed in the following equations to be the default value of 2)  
 P<sub>1</sub> = the estimated number of an indicator measured as a proportion at the time of the first survey or for the control area  
 P<sub>2</sub> = the expected level of the indicator either at some future date or for the project area such that the quantity (P<sub>2</sub>-P<sub>1</sub>) is the size of the magnitude of change it is desired to be able to detect  
 Z<sub>α</sub> = the Z-score corresponding to the degree of confidence with which it is desired to be able to conclude that an observed change of size (P<sub>2</sub>-P<sub>1</sub>) would not have occurred by chance (α – the level of statistical significance), and  
 Z<sub>β</sub> = the Z-score corresponding to the degree of confidence with which it is desired to be certain of detecting a change of size (P<sub>1</sub>-P<sub>2</sub>) if one actually occurred (β – statistical power).

## ANNEX – 7

### Participation in Post Test Counseling

Post Test Counseling Date	Counseling Center	Expected Client	Client Counseled	
			N	%
16 January 2011 to 17 March 2011	Study Site	345	307	89.0