Integrated Biological and Behavioral Surveillance Survey among Female Sex Workers Pokhara Valley

Round III - 2008

ASHA Project
Family Health International /Nepal
Baluwatar
P.O. Box 8803
Kathmandu, Nepal

January 2009

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Advancing Surveillance, Policies, Prevention, Care and Support to Fight HIV/AIDS

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ABBREVIATIONS

AIDS	Acquired Immuno-Deficiency Syndrome
CREPHA	Center for Research on Environment, Health and Population Activities
DIC	Drop-In-Center
FHI	Family Health International
FPAN	Family Planning Association of Nepal
FSWs	Female Sex Workers
HIV	Human Immuno-Deficiency Virus
IBBS	Integrated Biological and Behavioral Surveillance Survey
IEC	Information Education and Counseling
ID	Identification Number
IDUs	Injecting Drug Users
INF	International Nepal Fellowship
MSM	Men who have sex with men
MARPs	Most at Risks Populations
NCASC	National Center for AIDS and STD Control
NGOs	Non-Governmental Organizations
NHRC	Nepal Health Research Council
NRCS	Nepal Red Cross Society
OEs	Outreach Educators
PEs	Peer Educators
PHSC	Protection of Human Subjects Committee
RPR	Rapid Plasma Regain
SACTS	STD/AIDS Counseling and Training Services
SLC	School Leaving Certificate
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infections
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
TPHA	Treponema Pallidum Haemagglutination Assay

EXECUTIVE SUMMARY

This study is the third round of the IBBS and was conducted from June through to August 2008, among 200 female sex workers (FSWs) in Pokhara. The study was undertaken to measure the prevalence of HIV and syphilis, and associated risk behaviors, among FSWs. Demographic and sexual behavior data were collected through a structured questionnaire, while the prevalence of HIV and syphilis were selectively measured by blood samples. Syphilis was tested using the Rapid Plasma Regain (RPR) test card and HIV was detected by using Determine HIV 1/2 test as 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

Prevalence of HIV and Syphilis

Out of 200 FSWs, six (3%), were infected with HIV, while the prevalence of syphilis infection was 1.5 percent (3/200).

The HIV prevalence rate (2% in 2004 and 2006, 3% in 2008) has increased slightly from the previous two rounds of the survey, and the syphilis infection (2% in 2004, 3.5% in 2006 and 1.5% in 2008) has decreased over the years. However these changes are not statistically significant.

All of the HIV positive and syphilis infected FSWs were aged 20 years and above and married, while none of the FSWs aged less than 20 years and unmarried were HIV positive and syphilis infected.

Female sex workers having regular clients who do not use condoms consistently were significantly more at risk for both HIV and active syphilis infection (9.7% and 9.7% respectively) than FSWs having regular clients who always use condoms (1.3% and 0% respectively).

Socio-demographic Characteristics

Female sex workers were young with a median age of 21 years. Nearly forty percent (38.5%) of FSWs were less than 20 years of age. Half of the FSWs (49%) had entered the sex trade less than one year before the survey.

Few of the sex workers (4%) were educated to SLC level or above. Forty-one percent of respondents were illiterate, which is high in comparison to the female illiteracy rate of Nepal.

The majority of the FSWs (65%) were married at least once. Thirty-seven percent of sex workers were currently married. They have a high divorce or separation rate (26%).

Almost 40 percent (37.5%) of the sex workers belonged to the Brahmin, and Chhetri/Thakuri communities. One-third of the respondents (32.5%) belonged to occupational caste groups (Damai, Sarki, Kami, Sunar etc.) while 26.5 percent of the sex workers were from Tibeto-Burman communities (Tamang, Newar, Magar, Rai, Limbu and Gurung).

Sexual Behavior

Sex at an early age was the prevalent practice among the study population. The majority of FSWs (68%) had their first sexual contact at the age of 15-19 years. For a quarter (24.5%) of FSWs, their first sexual experience was even earlier (12-14 years).

The FSWs' clients belong to a wide variety of profession, such as transport workers/drivers, service holder/professionals, businessmen, migrant workers/wage laborers, police/army personnel, and others.

The mean number of clients served by FSWs per day was 1.7. Nearly half of FSWs (47.5%) entertained one client on average per day, while 42 percent of them had two clients per day. Ten percent entertained even three to four clients a day.

Around 17 percent of FSWs reported being subjected to forceful sex against their wishes such as oral sex, anal sex, masturbation, verbal insults, physical assaults, and even non-payment for the services.

Condom Use among FSWs

Although all of the FSWs knew about condoms, only two-thirds (64.5%) of the respondents had used a condom with their last clients. Use of condom with the last client in 2008 has significantly decreased by almost 10 percent from the 2006 survey (75%)

Condom use with clients and their regular partners has increased significantly over the years. FSWs reporting consistent condom use with clients had reached to 49.5 percent in 2008, from 35.5 percent in 2004 and 37 percent in the 2006 survey. Similarly, consistent condom use with regular clients had increased up to 71.8 percent (79/110) in 2008 from 51.5 percent (69/134) in 2006 and 47.7 percent (73/153) in 2004.

Many of the FSWs still do not use condoms with their non-paying partners. The consistent use of condoms with a non-paying partner was 13.2 percent (18/136) in 2004; 7 percent (4/57) in 2006; and 7.4 percent (5/68) in 2008; and, as such, has remained low even in the third round of the survey. Although consistent use of condoms with partners other than clients, husband, or male friends has increased in 2008 (49.1% i.e. 26/53) than the 2006 survey (38.8% i.e. 31/80), no statistical significance was noted.

More than half (62%) of the FSWs had access to free condoms, which they mostly obtained from clients and NGO/health workers. The most popular brands of condoms among them were Number One, Panther, and Black Cobra.

Knowledge and awareness on STI and HIV/AIDS

Knowledge of HIV was universal among the FSWs. The important source of information on HIV/AIDS was the radio, television, friends/relatives and others.

Overall, 38.5 percent of the respondents correctly identified all three 'ABC' ('A', abstinence from sex; 'B', being faithful to one partner; 'C', consistence condom use) as HIV preventive measures while, only 14 percent of the respondents had comprehensive knowledge on HIV i.e., 'BCDEF' ('D', a healthy looking person can be infected with HIV; 'E', one cannot get

HIV virus from mosquito bite; ‘F’, one cannot get HIV by sharing a meal with HIV infected person).

Forty-one percent of the FSWs had tested HIV for themselves before. Among them 78 percent (64/82) had HIV tested within last 12 months and most of the tests were done voluntarily.

The percentage of FSWs recognizing the following symptoms of STIs were as follows: genital discharge (75.5%), itching sensation in the vagina (67.5%), blisters and ulcers around the vagina (42%). Other symptoms of STIs as indicated by FSWs were lower abdominal pain, burning sensation while urinating and unusual bleeding from the vagina. Some of them reported syphilis, gonorrhea, and HIV/AIDS as STI.

Exposure to HIV/AIDS Prevention Programs

During the preceding year, more than half of the FSWs (54%) had met/discussed with a Peer educator/Outreach educator (PE/OE), one fourth (25.5%) had visited a Drop-in-centre (DIC), 13 percent had visited an STI clinic and around 35 percent had visited a Voluntary Counseling and Testing (VCT) center at least once.

Only eight percent of the respondents had participated in different STI/HIV/AIDS awareness raising programs in the preceding year.

Recommendations

The data indicate that new and young girls are entering the sex trade every year. Hence, HIV/AIDS awareness campaigns should target youth and adolescent groups.

Although condom use appears to have increased in recent years between FSWs and their clients, consistent condom use was still low. Low condom use was particularly common with the FSWs’ steady partners (husband, male friends) Therefore, prevention programs should focus more on the need for consistent condom use with all kinds of partners. Information campaigns should focus on changing attitudes that create barriers to regular use of condoms.

Condom carrying behavior among FSWs is low. To promote consistent condom use with the sexual partners, prevention program for FSWs should focus on importance of condoms and should promote the behavior of carrying condoms every time with them.

The study shows that recognition of the symptoms of STIs, major indicators of HIV, and health-seeking behavior was very low. Intervention efforts are hence needed to promote HIV prevention behaviors and HIV testing practice among FSWs.

Outreach and other intervention efforts should be expanded further to include comprehensive and complimentary programs and increase coverage to all high risk populations, including the clients of sex workers. The quality of these programs should be evaluated, and where necessary, strengthened.

CHAPTER – I: INTRODUCTION

1.1 Background

HIV/AIDS has become a global threat to humankind. In Nepal, ever after the first reported cases of HIV in 1988, the epidemic has been gradually increasing among people of all aspects. As of November 2008, the National Centre for AIDS and STD Control (NCASC) had reported 2,103 confirmed AIDS cases and 12,746 confirmed HIV positive people (NCASC, 2008). National Centre for AIDS and STD Control (NCASC) in 2007 estimated that around 70,000 people are living with the HIV virus in Nepal. It is further estimated that 0.49 percent of population in the age group of 15-49 years are HIV positive and the male-to-female ratio of infection is three to one (NCASC, 2007). The country's vulnerability to HIV has increased because of several socio-economic factors, including poverty, lack of employment, illiteracy, low level of education, conflict, large-scale internal and cross-border migration, gender inequalities, trafficking of girls, injecting drug use, commercial sex work, and stigmas related to sex and sexuality.

Under the HIV/AIDS Surveillance Plan, NCASC has been conducting an Integrated Biological and Behavioral Surveillance Survey (IBBS) among the most at-risk populations (MARPs) on a regular basis since 1999. The first study to look at the prevalence of HIV and STIs covered 16 districts in the Terai along the East-West Highway route. According to that survey, 3.9 percent of the female sex workers (FSWs) and 1.5 percent of the truckers were HIV-positive (New ERA/SACTS/FHI, 2000). More recently, in a study of injecting drug users (IDUs), the HIV prevalence rate in the Kathmandu Valley was 34.8 percent, 33 percent in the highway districts between Rupandehi and Kanchanpur of the far western district, 17.1 percent in the urban areas of Jhapa, Morang, and Sunsari in Eastern Nepal, and 6.8 percent in Pokhara. (New ERA/SACTS/FHI, 2007) Additionally, the IBBS conducted among FSWs and their clients on the Terai highway routes and in the Kathmandu Valley revealed that the sex trade was showing an increasing trend and that a greater number of younger FSWs were entering the business (New ERA, 2003c and New ERA, 2003d).

The predominant mode of transmission of HIV in the country is heterosexual contact with commercial sex workers. Sex workers are considered one of the core groups for transmission of STIs and HIV as a 'bridge group' to the general population, mainly as a result of unprotected sex with their clients and their other sex partners. Over the years, there has been an intensification of interventions directed at FSWs and their clients. The focus of these programs is mostly on behavioral change among the sex workers and their clients, with the promotion of condoms as a safe sex practice. The result of the IBBS conducted so far among FSWs indicated that the HIV prevalence among them in Terai districts has decreased from three percent in 1999 to 1.5 percent in 2006. In Kathmandu, it has decreased from two percent in 2004 to 1.4 percent in 2006. In Pokhara, HIV infections among FSWs remain constant at two percent since 2002. Likewise, the prevalence of active syphilis has decreased from six percent in 2004 to three percent in 2006 among FSWs of Kathmandu. However, among FSWs of Pokhara it has increased from two percent in 2004 to 3.5 percent in 2006.

The present study is the third round of the IBBS series conducted among FSWs in Pokhara. This report presents a socio-demographic profile, HIV and syphilis prevalence and associated risk and prevention behaviors among 200 female commercial sex workers in Pokhara.

1.2 Objectives of the Study

The overall objectives of the study were to measure the prevalence of HIV and syphilis among FSWs of Pokhara Valley; to assess their HIV/STI-related risk and prevention behaviors; to access impact of intervention programs for FSWs; and to analyze the trends through comparison of selected variables of data obtained from the first and the second rounds of IBBS conducted in 2004 and 2006 with the current third round of the IBBS among FSWs in Pokhara Valley.

The specific objective of the study was to collect information related to socio-demographic characteristics; sexual and drug using behaviors; knowledge of HIV/AIDS; knowledge and treatment of STI problems; knowledge and use of condoms; and exposure of FSWs to available HIV/STI services in Pokhara.

CHAPTER – II: METHODOLOGY

2.1 Implementation of the Study

The study was conducted by New ERA in collaboration with STD/AIDS Counseling and Training Services (SACTS) with the technical support of FHI. SACTS was responsible for setting up the mobile lab at the field sites, providing training to lab technicians, supervising and collecting blood samples, and conducting HIV and syphilis testing at their Kathmandu-based laboratory. New ERA's responsibility was to design research methodology including the sampling method, prepare the questionnaire, collect data, distribute STI results to the study participants with post-test counseling, and manage the overall study. Many local organizations also provided assistance for the successful completion of the survey.

2.2 Study Population

This cross-sectional IBBS study was conducted among FSWs, who are considered to be one of the high-risk sub-populations. The eligibility criterion used in the study was: 'women reporting to have provided sexual services in return for payment in cash or in kind in the last six or more months' in the Pokhara Valley.

2.3 Sample Design

In the first phase maps of locations were developed to list the areas where sex workers solicited clients. The New ERA team then went to the assigned areas to identify all possible locations and target populations. Local key informants such as brokers, clients of FSWs, and restaurant staff were contacted to find potential participants. At each location, information on population size was collected through direct counting. FSWs talked to, seen but not talked to, and reported by the informants were aggregated to get a total number of sex workers. After estimating the number of sex workers in different locations, the study area was divided into 20 clusters. A cluster was defined as a location or group of two or more locations having a minimum of 20 estimated FSWs.

The second phase of the sampling design included the selection of study participants from those 20 clusters. A minimum of 10 FSWs were selected from each cluster. If there were more potential subjects than the sample size needed, participants were chosen at random. If not, all participants were selected.

2.4 Sample Size

The sample size was calculated to detect up to 15 percent differences in key behavior such as consistency of condom use with different types of sex partners, exposure to HIV/AIDS prevention interventions, knowledge of STI 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 2. As in the first and the second round of the survey, a total of 200 FSWs was selected as study sample. Both street- and establishment-based FSWs were included in the sample.

2.5 Identification and Recruitment of FSWs

Sex work is not only illegal in Nepal it also carries a huge social stigma. Not only it was challenging to find women who meet the study criteria, it was also not easy to convince them to participate in the study. However, many of the researchers involved in the interview were acquainted with the working places and behaviors of the sex workers, as they had been frequently involved in previous rounds of IBBS and other studies of the same nature, including a mapping exercise done to locate the working places of FSWs, thus making the identification and recruitment process easier.

Before the beginning of the field work, the study team visited different local organizations such as Naulo Ghumti, Nepal Red Cross Society (NRCS)/Kaski, INF/Paluwa Counseling Center, Siddhartha Club, Naulo Bihani, and Children and Women Empowerment Society (CWES). The study team apprised different stakeholders about the study objectives and methodology. Meetings were conducted with the staffs of different organizations who had been mobilizing their peer educators (PEs) and outreach educators (OEs); as well as with drop-in center (DIC) operators, and voluntary counseling and testing (VCT) center operators. The meetings were, in general, focused on getting acquainted with different organizations' working areas and with the names of staff members who interact with the target groups. It was considered necessary to collect such information since the study also sought to find out the exposure of the study participants to various HIV/AIDS-related programs, including peer/outreach education and their visit to the DICs, VCT centers, and STI clinics located in the district.

Strictly in line with the list of locations in each cluster, the sex workers were recruited from various locations such as streets, cabin restaurants, 'dohori' restaurants, dance restaurants, discotheques, hotels/lodges, house settlements and massage parlors. After careful observation of various establishments/sites, the researchers started approaching the study population using several techniques such as building good rapport with their employers, the brokers, posing as clients, accepting help from key informants, having casual conversations with other staff members, and approaching familiar sex workers.

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

Respondents who satisfactorily answered all the screening questions were briefed about the purpose, objectives, and methodology of the study. Once the selected sex worker agreed to participate in the study, the researchers took them to the clinic for interview and collection of blood sample.

Sex workers were enrolled after they were informed about the study and their role in the study. An informed consent form was administered by the interviewer in a private setting and witnessed by another staff member to ensure that the study participants understood the questions well. 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 number was issued to each respondent in order to protect their anonymity. The same number was used in the questionnaire, on medical records and to label the blood specimens of the particular respondent. A clinician gave the participants pre-test counseling on HIV/AIDS and STIs and asked them if they were currently suffering from any of the STI symptoms. They were also examined physically for any evidence of STI symptoms and in case of any such signs; they were counseled accordingly and were provided free medicines for syndromic treatment in accordance with the National STI Case Management Guidelines 2006. A lab technician drew a venous blood sample for HIV and syphilis testing. Additionally, a one-month supply of vitamins and iron; information education and counseling (IEC) materials; condoms; and Rs. 150 in cash for their transportation cost were also provided to the FSWs.

Fieldwork for the study started on June 18, 2008, and continued up to August 10, 2008.

2.6 Refusal

All respondents participated voluntarily in the study; however, some individual respondents' stated reasons for refusal were also documented. In this study there was no record of refusal in the second stage, i.e. after arriving at the study site. However, there were a few refusals at the time when they were approached at different locations. Altogether 46 sex workers refused to take part in the study. Among them, 30 replied that they were not interested in having a HIV test, 10 denied they were sex workers, five refused to be in the study saying that they had recently been to a clinic/VCT center for check-up although study team had explained and encouraged them to take part in the study and one had started sex trade less than six months ago.

2.7 Control of Duplication

In order to avoid repeated interviews with the same FSW, several questions were asked to the participants in case of any doubt regarding her first time participation in the study. Such questions included queries relating to her experience of having undergone any blood test, the part of the body from where the blood was taken, her experience of HIV testing or testing for other diseases, the meeting with the peer educators for the blood test, and the possession of an ID card with the study number.

2.8 Research Instrument

A quantitative research approach was adopted in the study. The structured questionnaire that was tested and used in the previous rounds of IBBS was repeated. Not only has it already been through mock interview phases to ensure its accuracy, but by continuing to use it in its identical form, researchers are best able to compare results from one round to the next. The questionnaire includes 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 related to STI symptoms were asked to the FSWs by a staff nurse to verify the occurrence of such symptoms in the past or during the survey (Annex 4). The study participants were provided syndromic treatment for STI

problems and a lab technician collected blood samples for HIV and syphilis testing. Strict confidentiality was maintained throughout the entire process.

2.9 Study Personnel

The study was conducted by a team made up of a study director, a research coordinator, a research officer, an assistant research officer, two senior research assistants, and nine field researchers including a staff nurse, a lab assistant, a runner, and six interviewers.

2.10 Recruitment and Training of Research Team

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

Training was provided for the field researcher at the New ERA Training Hall. A one-week intensive training programme was organized from June 4, 2008 to June 10, 2008 for all the field researchers by trainers from FHI, SACTS, and New ERA. The training included an introduction to the study, sampling/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 of previous experiences (problems and solutions). Role-play practices were carried out assuming the actual field situation. This allowed for discussion of potential problems that could be faced while approaching the sex workers and possible methods for overcoming them. The training also focused on providing the team with a clear understanding of informed consent, pre-test counseling, and basic knowledge of HIV/AIDS and STIs to the research team.

2.11 Field Operation Procedures

Clinic Set-up

The clinic was set up at Prithvichowk in Pokhara (Annex 6) in order to cover those areas as outlined by the sampling procedure. This centrally-located site was purposively selected considering the convenience in meeting the study population and in bringing them to the clinic. The clinic had a lab facility for blood drawing and centrifuging the blood for the separation of sera. There was separate room for each activity, including 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 incentives to participate in the study. The clinical examination included a simple health check-up such as the measurement of blood pressure, body temperature, weight, pulse, and symptomatic examination of STI with syndromic treatment. The participants were asked whether they had current STI symptoms as genital discharge, ulcers, or lower abdominal pain. Those having the STI symptoms were treated syndromically according to national guidelines. Other medicines such as paracetamol, alkalysing agents, and vitamins were given as necessary. Furthermore, an external genital examination was complemented with a speculum examination as per need.

Collection, Storage and Transportation of Samples

After pre-test counseling the lab technician briefed the respondents about HIV testing process and sought her consent for drawing the blood. Blood samples from each of the study participants for HIV/syphilis test were drawn from vein using a 5ml disposable syringe and stored in a sterile glass tube with the respondent's ID number. Serum was separated and put in a sterile serum vial with ID no. All the samples were stored in the fridge in the field. The samples were transported to the SACTS laboratory in Kathmandu every week in a cold box. The serum samples were stored at the SACTS laboratory at a temperature of –12 to -20^0C.

Laboratory Methods

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

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

Altogether 30 FSWs were provided syndromic treatment for STIs as they went through the clinical procedure in the course of the study.

HIV was detected by using Determine HIV 1/2 (Abbott Japan Co. Ltd.) as first test to detect antibodies against HIV. If the first test showed negative result then no further test was conducted but, if the first test was positive, second test was performed by using Uni-Gold (Trinity Biotech, Dublin, Ireland). In case of a tie between the first two tests, a third test was performed by using SD Bioline HIV 1/2 (Standard Diagnostics, Inc., Kyonggi-do, South Korea) as a tie breaker test. The interpretation of the test results was done as follows:

- First test negative = negative
- First + second test positive = positive
- First test positive + second test negative + third test positive = positive
- First test positive + second test negative + third test negative = negative

Quality Control of Laboratory Tests

Quality control was strictly maintained throughout the process of the collection of the specimen, their handling and testing stages. All the tests were performed using internal controls. These controls were recorded with all the laboratory data. For quality control assurance, a 10 percent sample of the total serum collected was submitted to National Public Health Laboratory (NPHL) for testing HIV and syphilis. The same test kit and testing protocols were used in NPHL for quality assurance.

2.12 Coordination and Monitoring

New ERA carried out the overall coordination of the study. SACTS was responsible for setting up the field clinic and performing the laboratory and clinical part of the study including collecting, storing, and testing blood samples.

The key research team member conducted monitoring and supervision of the field activities. The research assistant was responsible on a day-to-day basis for ensuring that the study was implemented according to the protocol in the field. Team meetings were held every week to plan ahead and solve any field-level problems. The research assistant in the field reported to the senior research assistants or the project coordinator in Kathmandu by telephone whenever necessary. The Regional Officer of FHI also supervised the ongoing study to deal with any problems reported from the field as and when necessary. In addition, the key research team member made periodic site visits throughout the fieldwork. The key research team members, in conjunction with other designated personnel, were responsible for the overall monitoring.

2.13 Ethical Issues

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

All the participants involved in the in-depth interviews and sample surveys were fully informed about the nature of the study. They also knew that their participation was voluntary and that they were free to refuse to answer any question or to withdraw from the interview at any time. Further, they were also briefed that such withdrawal or refusal would not affect the services they would normally receive from the study. A consent format describing the objectives of the study, the nature of the participant's involvement, the benefits and confidentiality issues was clearly read out to them (Annex 5).

Since the names and addresses of the interviewed FSWs were not recorded elsewhere, the ID cards that were provided to the study participants with a specific number identified them. HIV test results were provided to the individual participants in strict confidence. The study team also maintained the confidentiality of the data collected throughout the survey.

The study team maintained the confidentiality of the data collected through out the survey. The interviewer regularly submitted the completed questionnaires to the field supervisor on the day of each interview. The supervisor kept those questionnaires in separate locked cabinets where except them no one had access to collected information. The supervisor then transported the questionnaires to New ERA every week. In New ERA office, the questionnaires were kept in locked coding room where absolutely no one except authorized data coding and data entry staff has access to individual questionnaire.

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

After the collection of the blood samples all the study participants were informed about the date, location, and place where they could have the test results. They were also informed that they could collect their test results only by showing the ID card bearing their study number that was provided to them by the study team; additionally they were informed of the

importance of obtaining their results. Pre- and post-HIV/STI test counseling was provided to the study participants. Each study participant was also informed during the pre-test counseling session that she had the choice of receiving only the HIV results, only the syphilis result, or of receiving both. For follow-up services, the study participants were referred to government hospitals, Red Cross VCT, INF/Paluwa, and Siddhartha Club.

Post-test counseling and individual report dissemination was completed between July 22 to August 25, 2008. The respondents had to collect their test result within the specified date and they were not provided any incentive for collecting the test result. Out of the 200 sex workers tested for HIV and syphilis, 31 (15.5%) turned up to receive their test result. Test results were provided by a trained counselor at INF/Paluwa in Pokhara (Annex 7).

2.15 Constraints in the Field Work

Strikes ('Bandhs') called by different political parties during the field work created some problems as most of the restaurants, discos, and hotels remained closed, making it very difficult for the study team to approach sex workers based in these establishments. In some cases the owners of the dance restaurants denied permission to their employees to take part in the study. Employers were also found to be lying about their employees, keeping them in locked rooms, and not letting them speak to anyone representing any organization. Besides, as the survey was conducted in the rainy season, the continuous heavy rainfall was another constraint as FSWs refused to come to the study sites in the rainy days.

2.16 Data Processing and Analysis

All completed questionnaires were thoroughly checked for consistency by the supervisors in the field, and were brought to New ERA for further checking, coding, processing, data entry, and analysis. A double data entry system was used to minimize errors during the data entry process. The data entry and data analysis was done by authorized persons only in a password protected computers. Basic statistical tools such as mean, median, frequency, and percentages were used to analyze the data. The FoxPro database program was used for data entry and the data was analyzed using the SPSS 13.0 and EPI INFO.

CHAPTER – III: SOCIO-DEMOGRAPHIC CHARATERISTICS

This chapter describes the socio-demographic characteristics of 200 FSWs who participated in this third round of IBBS conducted in the Pokhara Valley.

3.1 Socio-Demographic Characteristics

Table 3.1 shows the birth district of the respondents and the duration of their stay in Kaski district. Two-fifths (39%) of respondents was born in Kaski district, and same percent had been living within the district since birth. Likewise, 10 percent were born in Tanahu, 7.5 percent in Syangja and 5.5 percent were born in Parbat district. Two of the respondents were also born in India. Among them, 27 percent had moved to the district one to five years back, while almost 15 percent of them were relatively new to the district, having migrated to the district less than a year ago.

Table 3.1: Birthplace and Residential Status of FSWs

Characteristics	N=200	%
Birth districts		
Kaski	78	39.0
Tanahu	20	10.0
Syangja	15	7.5
Parbat	11	5.5
India	2	1.0
Other Districts	74	37.0
Duration of stay in Kaski district		
Since Birth	78	39.0
More than 120 months	19	9.5
61 months - 120 months	20	10.0
13 months - 60 months	54	27.0
Up to 12 months	29	14.5

As seen in Table 3.2, female sex workers were young with a median age of 21 years. Nearly forty percent (38.5%) of FSWs were less than 20 years of age. The age of sex workers who participated in the study ranged from 16 to 49 years.

About four in ten respondents (41%) were illiterate; 25 percent had completed secondary level, and a similar proportion (25.5%) had attended primary school. Only four percent of them had SLC or a higher level of studies, while a similar proportion of the respondents (4.5%) had never been to a formal school but could read and write (Table 3.2).

Regarding the ethnic composition of the respondents, about four in ten respondents (37.5%) belonged to the Brahmin, and Chhetri/Thakuri communities. Almost one-third of the respondents (32.5%) belonged to occupational caste groups (Damai, Sarki, Kami, Sunar etc.) while the Tibeto-Burman communities (Tamang, Newar, Magar, Rai, Limbu and Gurung) made up 26.5 percent of the total respondents. The detail of the ethnic composition of the respondents is shown in Table 3.2.

Nearly two-thirds (65%) of the respondents had been married at least once, while 35 percent of the respondents had never been married. Overall, 37 percent of the FSWs were currently married, 26 percent were divorced/separated, and two percent were widow (Figure 1). The reported median age at the time of the respondents' first marriage was 16 years.

Among the currently married FSWs, around 20 percent reported that their husband had a co-wife. Although the majority of the married FSWs (60/74) were currently living with their husband, 19 percent of them were living separately. A total of 37 percent of the FSWs had dependents, either children or adult, on their income. Half of them (51.4%) had 2-3 such dependents, while one-fifth of the FSWs (21.6%) had even four or more dependents (Table 3.2).

Fig. 1: Marital Status

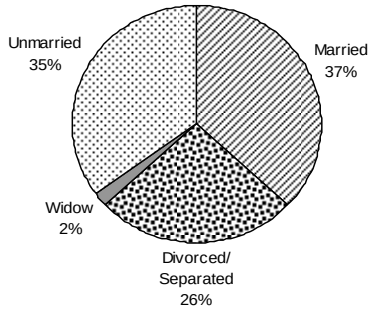


Table 3.2: Socio-Demographic Characteristics of FSWs

Characteristics	N=200	%
Age of Respondent (N=200)		
Less than 20	77	38.5
20 – 24	57	28.5
25 – 29	22	11.0
30 – 34	22	11.0
35 or above	22	11.0
Mean/Median Age:	-	**23.7/21.0**
Range:		**16-49**
Education (N=200)		
Illiterate	82	41.0
Literate, no schooling	9	4.5
Grade 1 – 5	51	25.5
Grade 6 – 9	50	25.0
SLC and Above	8	4.0
Ethnic/Caste Group (N=200)		
Brahmin	18	9.0
Chhetri/Thakuri	57	28.5
Gurung	22	11.0
Magar	14	7.0
Tamang	7	3.5
Newar	7	3.5
Rai/Limbu	3	1.5
Damai/Sarki/Kami/Sunar	65	32.5
Other (Chaudhari, Sherpa, Giri/Sanyasi etc.)	7	3.5
Marital Status (N=200)		
Married	74	37.0
Divorced/Separated	52	26.0
Widow	4	2.0
Never Married	70	35.0
Age at First Marriage (N=130)		
12-14	34	26.2
15 – 19	81	62.3
20 – 24	13	10.0
25 – 27	2	1.5
Mean/Median Age at First Marriage:	-	**16.2/16.0**
Husband Has Co-wife (N=74)		
Yes	15	20.3
No	59	79.7
Living Status of FSW (N=74)		
Currently Married Sex Workers Living With Husband/Male Friend	60	81.1
Currently Married Sex Workers Living by themselves	14	18.9
Dependents of Sex Workers (N=200)		
Yes	74	37.0
No	126	63.0
Total Number of Dependents: Adults + Children (N=74)		
One	20	27.0
2 – 3	38	51.4
4 and more	16	21.6
Mean Number of Dependents:	-	**2.4**

CHAPTER - IV: PREVALENCE OF HIV AND STIs

4.1 Prevalence of HIV and Syphilis Infection

Among the 200 sex workers who participated in the study, six of them (3%) were infected with HIV, while prevalence of syphilis infection was 1.5 percent i.e. 3/200 (Table 4.1).

Table 4.1: Prevalence of HIV and Syphilis Infection among FSWs

STI Infection	N=200	
	n	%
HIV+ve	6	3.0
Syphilis history	8	4.0
Current syphilis	3	1.5

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

Table 4.2 demonstrates the association of HIV-positive status of FSWs with syphilis infection and with demographic variables. A significant association was observed between the prevalence of HIV and the age of the respondents. FSWs aged 20 years and above have a higher prevalence of HIV (4.9% compared to zero with <20 years). Although a higher number of illiterate FSWs were infected with HIV, no significant association was observed. Due to the low prevalence of HIV among the sex workers, the sample size is not enough to give a clear picture of the association between HIV and other demographic variables.

A significant association was observed between the frequencies of condom use with regular clients of FSWs and STI infection (Table 4.2). FSWs having regular clients who do not use condoms all the time were more at risk of both HIV and active syphilis infection (9.7% and 9.7% respectively) than FSWs with regular clients who always used condoms (1.3% and 0% respectively). No statistical significance was detected in consistence condom use with other clients and non-paying partners (data not shown in the table).

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

Category	N=200	HIV Positive n (%)	Current Syphilis n (%)
Age		*	
<20 yrs	77	0 (0.0)	0 (0.0)
≥20 yrs	123	6 (4.9)	3 (2.4)
Marital status			
Ever married	130	6 (4.6)	3 (2.3)
Never married	70	0 (0.0)	0 (0.0)
Educational status			
Illiterate/no schooling	91	4 (4.4)	1 (1.1)
Grade 1-10 and above SLC	109	2 (1.8)	2 (1.8)
Frequency of condom use by regular clients			*
All of the time	79	1 (1.3)	0 (0)
Not all the time	31	3 (9.7)	3 (9.7)

** Significant association between the demographic variables and HIV and syphilis infection (p<0.05)*

4.3 Association between Reported STI Symptoms and Measured Clinical Diagnosis for Syphilis

During the survey, all the respondents were asked whether they had active STI symptoms. In response, 44.5 percent (89/200) reported that they were suffering from symptoms that they believed to be evidence of STIs. Among those respondents who perceived that they were experiencing at least one STI symptom at the time of survey, 2.3 percent (2/89) had active syphilis while 4.5 percent (4/89) had a history of syphilis as per the measured clinical diagnosis. Among the FSWs who did not report any STI symptoms (111/200), only one was suffering from active syphilis (Table 4.3). A significant association was noted between reported Dysuria and actual clinical diagnosis. Other reported symptoms were not significantly associated with the clinical diagnosis.

Table 4.3: Association between Reported STI Symptoms and Measured Clinical Diagnosis for Syphilis

Reported STI Symptoms	N=200	Current Syphilis n (%)	Syphilis History n (%)
Painful sex	33	1 (3.0)	0 (0.0)
Abdominal Pain	32	1 (3.1)	3 (9.4)
Vaginal itching	29	1 (3.5)	0 (0.0)
Vaginal odor	20	1 (5.0)	1 (5.0)
Vaginal discharge	44	1 (2.3)	2 (4.6)
Dysuria*	19	2 (10.5)	0 (0.0)
Polyuria	6	0 (0.0)	0 (0.0)
Genital ulcers	4	0 (0.0)	0 (0.0)
Unusual vaginal bleeding (discharge)	3	0 (0.0)	0 (0.0)
Genital wrats	3	0 (0.0)	0 (0.0)
Any of the above symptoms	89	2 (2.3)	4 (4.5)
None of the above symptoms	111	1 (0.9)	4 (3.6)

**Significance association between reported STI symptom and clinical diagnosis ($p<0.05$)*

CHAPTER – V: SEXUAL BEHAVIOR AND CONDOM USE AMONG FEMALE SEX WORKERS

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

5.1 Sexual Behavior

Table 5.1 presents the sexual behaviors of the FSWs. The sex workers in the study population had been involved in the sex trade for a period ranging from six months to 15 years with a mean duration of 22.3 months. Forty-nine percent of them had started the sex trade less than a year ago, indicating that new sex workers are entering the sex business. As per the study criteria set for the study population, those sex workers involved in the profession for less than six months were not recruited.

Sex at an early age was a prevalent practice among the study populations with the median age at first sexual intercourse being 15.5 years. The survey reveled that 68 percent of the FSWs had their first sexual contact at the age of 15-19 years. It is important to note that a quarter of the respondents (24.5%) have had their sexual experience even earlier at age of 12-14 years (Table 5.1).

More than half of the respondents (52%) had started sex work in Pokhara less than a year ago from the time of the interview, and rest had joined the profession in Pokhara before one year. One out of 10 respondents (10.5%) said that they had worked as sex workers elsewhere while three out of 200 sex workers had also been involved in the sex trade in India for some time (Table 5.1).

Table 5.1: Sexual Behavior of FSWs

Sexual Behavior	N=200	%
Duration of sexual exchange for money		
6 – 12 months	98	49.0
13 – 24 months	55	27.5
25 – 36 months	20	10.0
37– 48 months	15	7.5
More than 48 months (49 months-15yrs)	12	6.0
Mean months:		**22.3**
Age at first sexual intercourse		
12 – 14 yrs	49	24.5
15 – 19 yrs	136	68.0
20 – 24 yrs	14	7.0
25 – 26 yrs	1	0.5
Mean/median age at first sex:		**15.9/15.5**
Working as a FSW from the interview location		
6 months	9	4.5
7 – 12 months	95	47.5
13 – 24 months	56	28.0
25 – 36 months	16	8.0
37 – 48 months	12	6.0
More than 48 months	12	6.0
Ever worked as a FSW in other places		
Yes	21	10.5
No	179	89.5
Worked in India as a FSW		
Yes	3	1.5
No	197	98.5

5.2 Sex Workers and Their Clients

As reported by the respondents, the number of clients (paying sex partners) served by them per day ranged from 1-5, with a mean of 1.7 clients per day. While about half of respondents (47.5%) entertained one client on an average per day, 42 percent of them had an average of two clients in a day. Ten percent of FSWs entertained an average of even three to four clients in a day (Table 5.2).

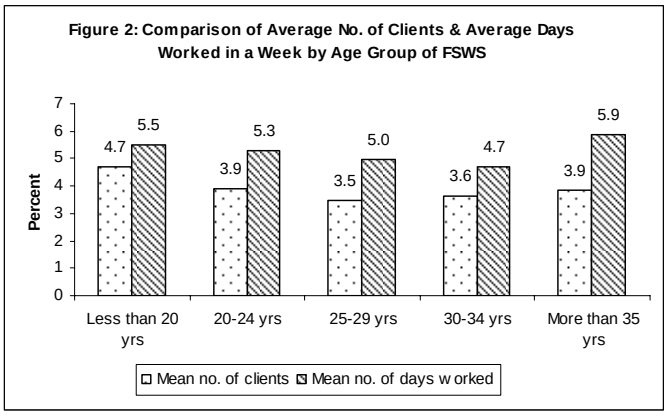
Table 5.2: Number of Clients and Average Working Days as Reported by FSWs

Variables	N=200	%
Average no. of clients per day		
One	95	47.5
Two	84	42.0
Three-Four	20	10.0
More than Four	1	0.5
Mean clients per day:		**1.7**
Number of clients on the previous day		
None	100	50.0
One	69	34.5
Two	21	10.5
Three-Four	8	4.0
More than Four	2	1.0
Mean no. of clients on the previous day:		**0.8**
Number of clients in the past week		
None	2	1.0
One	14	7.0
Two	32	16.0
Three-Four	77	38.5
Five-Ten	68	34.0
More than Ten	7	3.5
Mean no. of clients in the past week:		**4.1**
Time of last sexual contact		
On the day of interview	9	4.5
1 – 2 days before	130	65.0
3 – 5 days before	53	26.5
6 and more days before	8	4.0
Number of clients on the day of last sexual contact		
One	161	80.5
Two	28	14.0
Three-Seven	11	5.5
Mean no. of clients on that day:		**1.3**
Average no. of days worked in a week as sex worker		
One	0	0
Two	3	1.5
Three	25	12.5
Four-Seven	172	86.0
Mean no. of days worked in a week:		**5.3**

Overall, half of the respondents (50%) had not served any client on the previous day of the interview while 34.5 percent had entertained one client. One in ten (10.5%) of the respondents had served two clients, while five percent had entertained more than two 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 4.1. About four in ten (38.5%) of FSWs had served 3-4 clients and almost a similar proportion of them (37.5%) had entertained more than four clients in the past week. On the other hand, 23 percent of FSWs had served 1-2 clients in the past week. The majority of sex workers (65%) had sexual contact 1-2 days before the day of the interview. A large proportion of them (80.5%) had entertained one client on the day of the last sexual act. The respondents worked, on average, 5.3 days per week as a sex worker (Table 5.2).

As seen in Figure 2, the mean number of clients (4.7) entertained by respondents under the age group of less than 20 years was higher than the other age groups. The mean number of working days of the respondents also differs slightly by their age group. The group of respondents more than 35 years of age, worked an average of 5.9 days a week, while respondents aged less than 20 years worked an average of 5.5 days per week and respondents aged 20-24 years worked an average of 5.3 days per week.



5.3 Types of Clients

The FSWs' clients belonged to a wide variety of professions. Nearly two-thirds of sex workers (63.5%) reported transport worker/drivers as being their most frequent clients. Similarly, service holders/professionals were reported by 46 percent, businessmen by 45 percent, and migrant workers/wage laborers by 32.5 percent of FSWs. Twenty-seven percent of the respondents were also frequently visited by migrant workers returning from a foreign country and 23.5 percent mentioned police/army personnel as being frequent visitors. Another 15 percent of FSWs said their regular clients were students (Table 5.3).

Table 5.3 shows the occupation of the last clients of the FSWs. About one-fifth of FSWs (21.5%) had transport workers/drivers as their last client; 17.5 percent of FSWs had last entertained service holders; 16 percent had entertained businessmen; and 14.5 percent had entertained migrant workers/wage laborers as their last client.

Table 5.3: Occupation of Most Frequent Clients as Reported by FSWs

Types of Clients	N=200	%
Occupation of most frequent clients *		
Transport worker/driver	127	63.5
Service holder/officer/doctor	92	46.0
Businessman	90	45.0
Migrant worker/wage laborer	65	32.5
Foreign employee	54	27.0
Policeman/soldier	47	23.5
Student	30	15.0
Contractor	18	9.0
Foreigner (Indian)	9	4.5
Other (Guide, Guard, Politician, Restaurant Worker, etc.)	6	3.0
Occupation of last client		
Transport worker/driver	43	21.5
Service holder/officer/doctor	35	17.5
Businessman	32	16.0
Migrant worker/wage laborer	29	14.5
Foreign employee	21	10.5
Student	16	8.0
Policeman/soldier	11	5.5
Contractor	7	3.5
Foreigner	4	2.0
Other	2	1.0

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

5.4 Sex Workers and their Sex Partners

This section presents additional information on the number of sex partners that the sex workers had, inclusive of both paying and non-paying sex partners. Non-paying partners include boyfriends, husbands, and regular partners who do not pay them for sex. Sex workers had, on an average, 4.1 paying sex partners and 0.4 non-paying sex partners in the past week. The majority of the respondents (68.5%) reported that they had not served any non-paying sex partners in the previous week, while 30.5 percent of them had provided service to 1-2 such non-paying sex partners during the period. Overall, 59 percent had 3-5 sex partners that included both paying and non-paying sex partners in the past week (Table 5.4).

The majority of the FSWs (63.5%) had their last sexual contact with their clients. Twenty-five percent of them had their husband/male friends as their last sex partners, while 11.5 percent had the last sexual contact with other male partners (Table 5.4).

Table 5.4: Number of Different Type of Sex Partners Reported by FSWs

Sex Partners of Sex Workers	N=200	%
Number of paying sex partners in the past week		
None	2	1.0
One-Two	46	23.0
Three-Five	119	59.5
Six-Ten	26	13.0
More than Ten	7	3.5
Mean (Paying partners in the past week):	**-**	**4.1**
Number of non-paying sex partners in the past week		
None	137	68.5
One-Two	61	30.5
Three	2	1.0
Mean (Non-paying partners in the past week)	**-**	**0.4**
Number of paying and non-paying sex partners in the past week		
None	2	1.0
One-Two	35	17.5
Three-Five	118	59.0
Six-Ten	38	19.0
More than Ten	7	3.5
Mean (Paying and non-paying partners in the past week)	**-**	**4.5**
Last sex partner		
Client	127	63.5
Husband/male friend	50	25.0
Regular Clients	23	11.5

5.5 Types of Sex Practiced by FSWs

The study 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. Figure 3 shows that 15.5 percent of the sex workers had been subjected to forceful sex, 16.5 percent had been forced to perform certain sexual acts against their wishes, and 17 percent of FSWs had even been physically assaulted at least once in the past year.

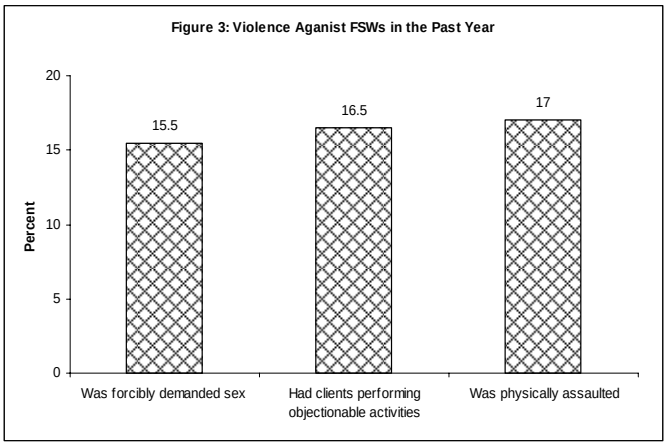


Table 5.5 shows that although 88 percent of the respondents had maintained only vaginal contact, others (17%) had also performed sexual acts like oral sex, anal sex, and masturbation with their clients in the past year. In addition, 16 percent of them also had clients who refused to pay for sexual services on at least one occasion. The mean number of such incidents was 2.4 times in the past six months. They were, at times, forcibly asked to perform masturbation (42.4%), oral sex (33.3%), or anal sex (9.1%) despite their reluctance to do so. Some of the respondents also reported that they were subjected to verbal torture (30.3%), assaults (24.2%) and were forced to have sex after drinking alcohol (12.1%). When asked about the type of sexual contact they had with their last client, all except one of the 200 respondents mentioned vaginal sex.

Table 5.5: Types of Sex Practiced by FSWs

Variables	N=200	%
Types of sex acts in the past year (N=200)*		
Oral Sex	12	6.0
Anal Sex	4	2.0
Masturbation	18	9.0
Only vaginal	176	88.0
Clients refusing to pay for sexual services (N=200)		
Yes	32	16.0
No	168	84.0
Mean no. of such incidences in past six months:	**-**	**2.4**
Types of activities performed by clients which FSWs disliked (N=33)		
Masturbation	14	42.4
Oral Sex	11	33.3
Anal Sex	3	9.1
Verbal torture	10	30.3
Assaulted	8	24.2
Run without paying	8	24.2
Forced to have sex after drinking alcohol	4	12.1
Others	1	3.0
Types of sex with last client (N=200)		
Vaginal sex	199	99.5
Oral sex	7	3.5
Masturbation	5	2.5
Anal sex	1	0.5

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

5.6 Income of FSWs from Sex Work and Other Jobs

Table 5.6 distributes the income of FSWs from sex work and other job besides the sex trade. Both cash and gifts received by the sex workers have been taken into account when calculating the total income from sex work. Respondents' income from the last sexual contact ranged from a minimum of Rs. 60 to a maximum of Rs. 5,500. The majority of them (47%) had earned Rs. 100-500, while around 10 percent of FSWs had made Rs. 2,000 and above from the last sexual contact. The average income of the FSWs during the last sex trade was Rs. 940.

The weekly average income of the respondents from sex work was almost Rs. 3,000 ranging from Rs. 500 to Rs. 13,000. Around 16 percent of the respondents made up to Rs. 1,000 in a week, 47 percent of them had earnings between Rs. 1,000 to Rs. 3,000 per week, 25 percent had even made an earning of Rs. 3,000 to Rs. 5,000 in a week, while 12 percent had earning of more than Rs. 5,000 (Table 5.6).

Seven in ten respondents (69%) had other job besides sex work. A little over one-third of them (37%) were employed as waitresses in different restaurants/hotels while almost 24 percent of the respondents were working as laborers on daily wages. Similarly, around 15

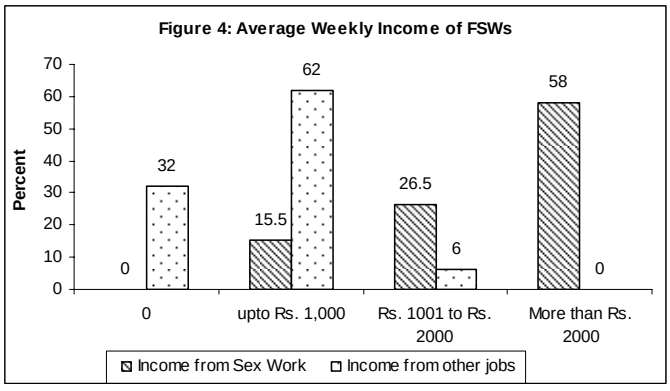
percent were domestic helpers, nine percent had retail shops, and almost four percent were the owners of restaurants/ 'bhatti' shops. The mean weekly income of the respondents from other job was Rs. 670 ranging from Rs. 200 to Rs. 2,000 per week (Table 5.6).

Table 5.6: Income of FSWs from Sex Work and Other Jobs

Income from Sex Work and Other Jobs	N=200	%
Income from last sex with client (N=200)		
Up to Rs. 100	3	1.5
Rs. 101 – Rs. 500	94	47.0
Rs. 501 – Rs. 1,000	41	20.5
Rs. 1001 – Rs. 1,500	25	12.5
Rs. 1501 – Rs. 2,000	18	9.0
Rs. 2000 and above	19	9.5
Range: Rs	**60-5,500**	
Mean income from last sex work, Rs.		**940**
Weekly income from sex work (N=200)		
Up to Rs. 1,000	31	15.5
Rs. 1,001 – Rs. 2,000	53	26.5
Rs. 2,001 – Rs. 3,000	41	20.5
Rs. 3,001 – Rs. 4,000	32	16.0
Rs. 4,001 – Rs. 5,000	19	9.5
Rs. 5,001 – Rs. 10,000	22	11.0
More than Rs 10,000	2	1.0
Range: Rs.	**500-13,200**	
Mean weekly income from sex work, Rs.		**2,993**
Have other jobs besides sex work (N=200)		
Yes	138	69.0
No	62	31.0
Types of other job besides sex work (N=138)		
Waitress	51	37.0
Wage laborer	33	23.9
Domestic helper	20	14.5
Retail shops/business	13	9.4
Owner of restaurant/Bhatti pasal	5	3.6
Dancer in dance restaurant	3	2.2
Peer communicator in NGO	3	2.2
Knitting/tailoring	3	2.2
Service (Accountant, Peon, etc.)	3	2.2
Other	5	3.6
Average weekly income from other sources besides sex work (N=200)		
0 (No other source)	64	32.0
Up to Rs. 500	62	31.0
Rs. 501- Rs. 1,000	62	31.0
Rs. 1001 – Rs. 1,500	9	4.5
Rs. 1501 – Rs. 2,000	3	1.5
Range Rs.	**200-2,000**	
Mean weekly income from other job, Rs.		**670**

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

While comparing the average weekly income of the FSWs from sex work and other jobs, a total of 26.5 percent of FSWs were making an income of Rs. 1,000 to Rs. 2,000 from sex work in a week, while only six percent of FSWs were earning that much in a week from other jobs. Overall 58 percent of FSWs were even earning more than Rs. 2,000 from sex work, while none of them were earning more than Rs. 2,000 from other job in a week (Figure 4).



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. Almost all of the study participants had heard of condoms before.

Radio was the most popular source of information on condoms, as mentioned by almost 96 percent of the sex workers. The pharmacy came up as the second most popular information source (91%), followed by television (90%), friends/neighbors (72.5%), clients (70.5%), newspapers/posters (63.5%), hospitals (63%), and billboards/signboards (56%). Similarly some other sources of the study participant's knowledge about condoms were NGOs, cinema halls, health posts/centers, health workers/volunteers community events, and street dramas organized by different organizations/groups (Table 5.7).

Table 5.7: Sources of Knowledge of Condom among FSWs

Source of Knowledge	N=200	%
Sources of knowledge of condoms:		
Radio	191	95.5
Pharmacy	182	91.0
Television	180	90.0
Friend/neighbor	145	72.5
Clients	141	70.5
Newspaper/poster	127	63.5
Hospital	126	63.0
Billboard/signboard	112	56.0
NGOs	111	55.5
Cinema hall	69	34.5
Health Post/ Health Center	57	28.5
Health worker/volunteer	36	18.0
Community events/training	22	11.0
Street drama	18	9.0
Comic book	14	7.0
Community workers	3	1.5
Video van	4	2.0
Other	30	15.0

5.8 Condom Use with Different Partners

The study 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 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 as 'other' sex partners. The following sections describe the study participants' condom using behaviors with these different sex partners.

5.8.1 Condom Use with Clients

Nearly two-thirds of the respondents (64.5%) had used a condom with their last clients. Among them, 78 percent (101/129) had themselves suggested using condoms during the sexual act. However, in the past year, only 49.5 percent of FSWs had used condoms consistently with their clients. Out of 200 respondents, 26 of them reported that they had never used condoms in the past year (Table 5.8).

Table 5.8: Condom Use with Clients and Nonpaying Sex Partners

Condom Use by FSWs	N=200	%
Use of condom with client in the last sex (N=200)		
Yes	129	64.5
No	71	35.5
Condom use suggested by (N=129)		
Myself	101	78.3
My partner	28	21.7
Consistent use of condom with the client in the past year (N=200)		
Every time	99	49.5
Most of the time	35	17.5
Sometimes	30	15.0
Rarely	10	5.0
Never	26	13.0
Have regular client in the past year (N=200)		
Yes	110	55.0
No	90	45.0
Consistent use of condom with regular clients in the past year (N=110)		
Every time	79	71.8
Most of the time	13	11.8
Sometimes	7	6.4
Rarely	2	1.8
Never	9	8.2
Use of condom with regular client in the last sex (N=110)		
Yes	90	81.8
No	20	18.2
Condom use suggested by (N=90)		
Myself	78	86.7
My partner	12	13.3
Have non-paying partner in past year (N=200)		
Yes	68	34.0
No	132	66.0
Consistent use of condom with non-paying partner in the past year (N=68)		
Every time	5	7.4
Most of the time	2	2.9
Sometimes	6	8.8
Rarely	6	8.8
Never	49	72.1

5.8.2 Condom Use with Regular Clients

Fifty-five percent of the sex workers had clients visiting them on a regular basis. Almost 72 percent (79/110) of the respondent who had regular clients had used condoms consistently during sexual contact with them in the past year. Around 82 percent (90/110) of FSWs had also used a condom during their last sexual contact with their regular client (Table 5.8).

5.8.3 Condom Use with Non-paying Partners

Overall 34 percent of the sex workers had non-paying sex partners in the year preceding the survey. Consistent use of condoms with non-paying partners was found to be very low. A majority of the respondent (72.1%, i.e., 49/68) had not used condoms with their non-paying partners in the past year while only 5 out of 68 respondents (7.4%) reported that they used condom consistently with such partners (Table 5.8).

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

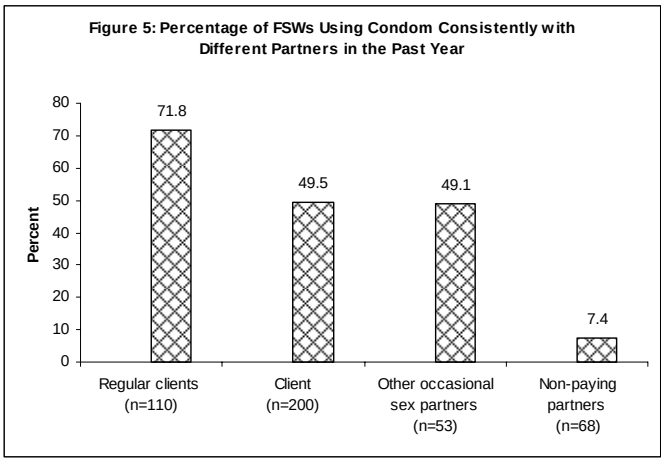
Table 5.9 demonstrates condom using practice with other occasional male partners of the FSWs who are neither their clients nor their regular sex partners. Overall, 53 out of 200 respondents had such sexual contacts in the past year. Seven in ten (71.7%) had used a condom in the last sexual act with such a partner. Mostly, FSWs themselves (76.3%) had

suggested condom use in these cases. However, only 49 percent (26/53) of the respondents had consistently used condoms with such partners in the past year.

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

Condom Use by FSWs	N=200	%
Have sex with partner other than client, husband, male friend in the past year (N=200)		
Yes	53	26.5
No	147	73.5
Use of condom with partner other than client, husband, male friend in last sex (N=53)		
Yes	38	71.7
No	15	28.3
Condom use suggested by (N=38)		
Myself	29	76.3
My partner	9	23.7
Consistent use of condom with partner other than client, husband, male friend in the past year (N=53)		
Every time	26	49.1
Most of the time	12	22.6
Sometimes	7	13.2
Rarely	4	7.6
Never	4	7.6

As seen in Figure 5, 79 out of 110 (71.8%) of respondents had used condoms consistently with their regular clients. Around half of the respondents (99/200) had used condoms consistently wit
h clients. Similarly, half of the respondents (26/53) had used condoms consistently with other occasional partners. Consistent condom use was however lowest with non-paying partners as only 5/68 respondents (7.4%) had used condoms consistently with their non-paying partners in the past year.



5.9 Availability of Condoms and Their Brand Names

Almost 28 percent of the respondents replied positively when asked whether they carry condoms all the time with them. However, the majority (46 out of 55) of those who reported carrying condoms usually did not have a condom with them when they were requested by the interviewers to show the condoms. More than half of the sex workers (57%) said that they could get condoms within five minutes from the place of their work. Only a few sex workers (3.5%) reported that it took more than 15 minutes for them to reach the nearest places to get condoms. The majority of the sex workers (97.5%) reported that they could get condoms from pharmacies. Clients/sex partners were another major source of condoms mentioned by the study participants. NGOs/health workers, the general retail stores, hospitals, private clinics, bars/guesthouses/hotels, friends and paan shops were mentioned as other important places to obtain condoms by the respondents. Similarly, a few respondents told that they could get condoms from health posts/health centers and FPAN clinics (Table 5.10).

The sex workers were again asked about the brand names of the condoms they mostly use. The most used brand of condom among them was 'Number One' (74%) followed by other brands like 'Panther' (36.5%), 'Black Cobra' (34.5%), 'Jodi' (12%), 'Kamasutra' (10.5%)

and 'Dhaal' (7%). Almost 26 percent of FSWs reported using the condoms with brand name not known to them (Table 5.10).

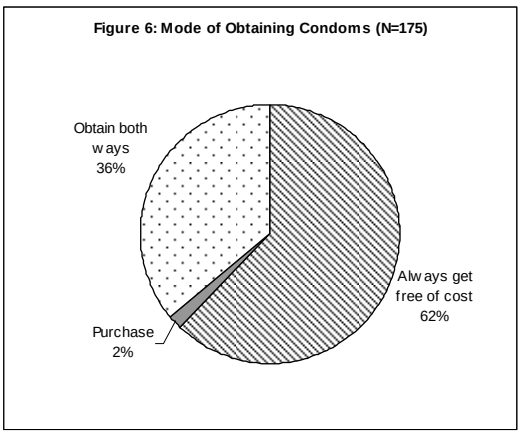
Table 5.10: Availability of Condoms and Brand Names of Widely Used Condoms

Condom Acquisition	N=200	%
Carry condom usually (N=200)		
Yes	55	27.5
No	145	72.5
Number of condoms carried (N=55)		
One	3	5.5
Two	5	9.1
Three-Five	1	1.8
Not carrying at the moment	46	83.6
Time required to obtain condoms from nearest place (N=200)		
Up to 5 minutes	114	57.0
6 – 10 minutes	66	33.0
11 – 15 minutes	10	5.0
16 – 20 minutes	2	1.0
21 and more minutes	5	2.5
Don't know	3	1.5
Places where condoms are available (N=200)		
Pharmacy	195	97.5
Client/other sex partner	154	77.0
NGO/health workers/volunteers	109	54.5
General retail store (Kirana Pasal)	73	36.5
Hospital	72	36.0
Private clinic	39	19.5
Bar/guest house/hotel	35	17.5
Peer/friends	26	13.0
Paan shop	23	11.5
Health Post/ Health Center	8	4.0
FPAN clinic	5	2.5
Other	3	1.5
Don't know	2	1.0
Mostly used condom's brand Names (N=200)		
Number 1	148	74.0
Panther	73	36.5
Black cobra	69	34.5
Jodi	24	12.0
Kamasutra	21	10.5
Dhaal	14	7.0
Brands not known	51	25.5
Not used in the past year	26	13.0
Other	5	2.5

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

5.10 Modes of Obtaining Condoms

Figure 6 classifies the mode of obtaining condoms among the respondents. It should be mentioned here that 25 of them (12.5%) had not used condom even once in the past year. Among others, 62 percent sex workers reported that they obtained free condoms all the time while two percent said they always purchased them and 36 percent sometimes purchased and sometimes got them free of cost in the past year.



Clients of the sex workers were more likely to carry condoms with them when they visit FSWs, as 90 percent of those FSWs who had access to

free condoms said that their clients brought condoms with them, and 54 percent obtained free condoms from NGO/health workers/volunteers. Hotels/lodges/restaurants/bhatti shops were also mentioned by 16 percent of the respondents as the places from where they obtained free condoms. Almost nine in ten respondents (87%) found it convenient to obtain condoms from their clients. NGOs/health workers/volunteers, hotels/lodges/restaurants/bhatti shops and peers/friends were other preferred places for obtaining free condoms among the study participants (Table 5.11).

Table 5.11: Places for Obtaining Condoms by FSWs

Condom Acquisition	N=200	%
Mode of Obtaining Condoms		
Always get free of cost	109	54.5
Purchase	3	1.5
Obtain both ways	63	31.5
Condom never used	25	12.5
Free condoms usually obtained from (N=172)		
Clients/other sex partners	155	90.1
NGO/health workers/volunteers	93	54.1
Hotel/lodge/restaurant/Bhatti	28	16.3
Peers/friends	17	9.9
FPAN clinics	2	1.2
Most convenient place to obtain free condoms (N=172)		
Client/other sex partner	150	87.2
NGO/health workers/volunteers	85	49.4
Hotel/lodge/restaurant/Bhatti	25	14.5
Peers/friends	10	5.8
Others	2	1.2
Condoms purchased from (N=66)		
Pharmacy	59	89.4
General retail store (Kirana Pasal)	19	28.8
Pan shop	1	1.5
Private clinic	1	1.5
Others	2	3.0
Most convenient Place to purchase condom (N=66)		
Pharmacy	58	87.9
General retail store (Kirana Pasal)	16	24.2
Private clinic	1	1.5
Hotel/lodge/restaurant	1	1.5

Almost nine in ten respondents (87.9%) who purchased condoms all the time or occasionally reported buying them from pharmacies, while 29 percent of them usually go to a general retail store to buy condoms. Likewise, 88 percent FSWs felt comfortable buying condoms from pharmacies, followed by general retail stores (Table 5.11).

5.11 Use of Alcohol and Drugs by FSWs

Sixty-five percent of the FSWs reported consuming alcoholic beverages in the past month while 35 percent of them had never had such a drink. A total of 26.5 percent consumed alcohol on a daily basis. Overall, two percent of the FSWs had also used drugs in the past month. Half of the respondents (50%) knew someone who injected drugs. Seventy-two percent of the respondents mentioned that the known IDUs were their neighbors/local boys, 13 percent said that they were their friends and another 13 percent said that they were their relatives/family members. Furthermore, two percent of them also had IDUs as their clients. Overall, three of the 200 respondents (1.5%) were also aware that their sex partner/s injected drugs (Table 5.12).

Table 5.12: Use of Alcohol and Drugs by FSWs

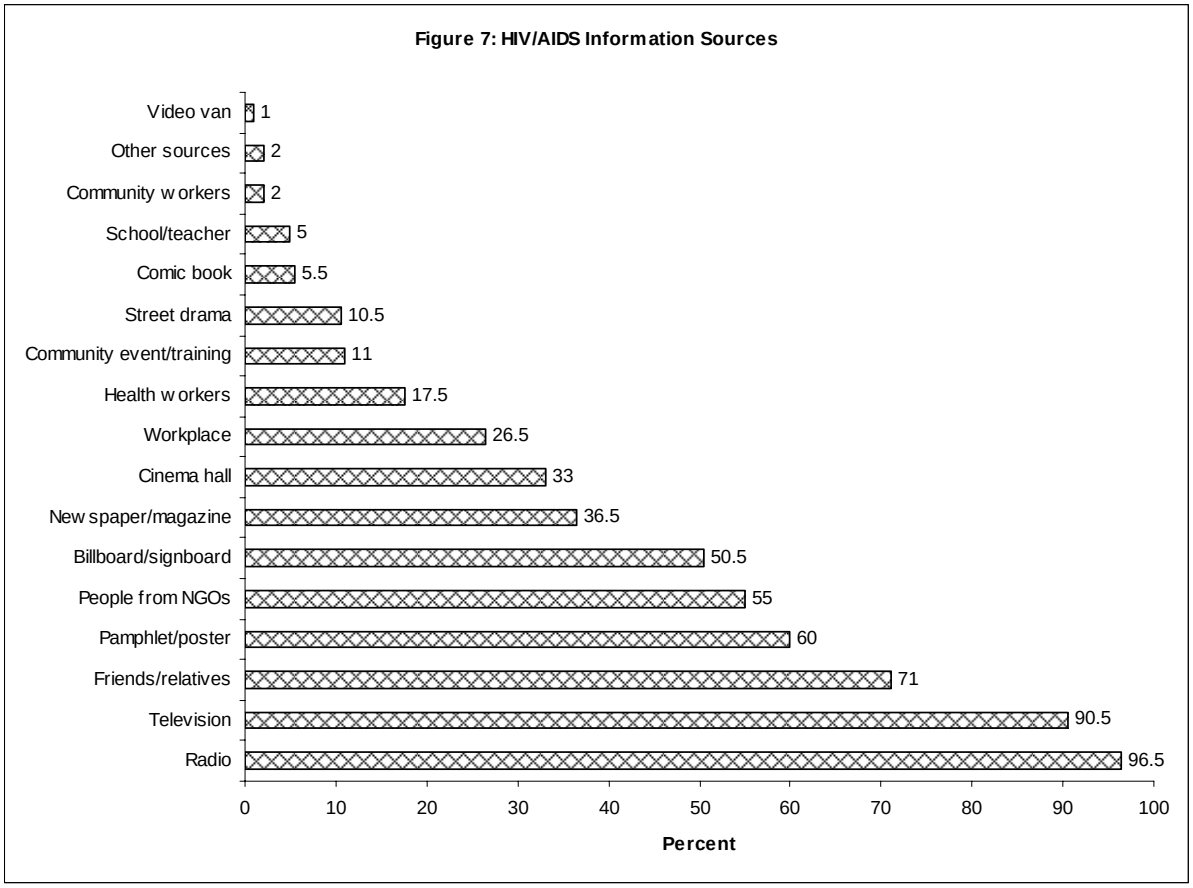
Consumption of Alcohol and Drugs	N=200	%
Consumption of alcohol in the past month		
On a daily basis	53	26.5
2 - 3 times a week	57	28.5
Once a week	9	4.5
Less than once a week	11	5.5
Never	70	35.0
Tried any types of drugs in the past month		
Yes	4	2.0
No	196	98.0
Know IDUs (N=200)		
Yes	100	50.0
No	100	50.0
Relationship with known IDUs (N=100)		
Neighbor/local boys	72	72.0
Friend	13	13.0
Relative/family	13	13.0
Client	2	2.0
Knowledge of sex partners being IDUs (N=200)		
Sex Partners including paying and non-paying partners	3	1.5

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

CHAPTER – VI: KNOWLEDGE OF HIV/AIDS AND STIs

6.1 Source of Knowledge of HIV/AIDS

Figure 7 shows the source of knowledge of HIV/AIDS among the FSWs. All of the respondents had heard about HIV/AIDS. The most important source of information on HIV/AIDS was radio. Almost 97 percent of the FSWs reported that they had heard about HIV/AIDS from the radio, followed by television (90.5%), friends/relatives (71%), pamphlets/posters (60%), people from NGOs (55%), signboards/billboards (50.5%); and newspapers/magazines (36.5%). A considerable percentage of the respondents said that they had heard about HIV/AIDS from the cinema hall (33%), workplace (26.5%), health workers (17.5%), community events (11%), and street dramas (10.5%).



6.2 Knowledge on the Major Ways of Avoiding HIV

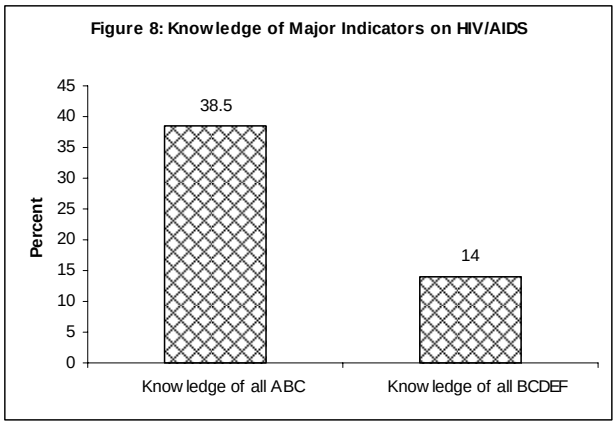
Table 6.1 shows the knowledge of the respondents about ways of preventing the transmission of HIV. Approximately six out of ten (58.5%) knew about '**A'** i.e., abstinence from sexual contact is one of the ways of preventing HIV; while 66 percent knew about '**B'** i.e., being faithful to one partner; and 82.5 percent knew about '**C'** i.e., consistent use of condoms will reduce the risk of HIV/AIDS. Furthermore, 85.5 percent respondents also believed that a healthy looking person may have HIV ('**D**'); 34 percent said that a person cannot get the HIV virus from a mosquito bite ('**E**'); and 70.5 percent thought that one could not get HIV by sharing a meal with an HIV-infected person (**'F'**).

Table 6.1: FSWs' Knowledge on Major Ways of Avoiding HIV

Knowledge of Major Indicators on HIV/AIDS	N=200	%
A Can protect themselves through abstinence from sexual contact	117	58.5
B Can protect themselves through monogamous sexual contact	132	66.0
C Can protect themselves through condom use every time during sex	165	82.5
D A healthy-looking person can be infected with HIV	171	85.5
E A person can not get the HIV virus from mosquito bite	68	34.0
F Can not get HIV by sharing a meal with an HIV infected person	141	70.5

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

Figure 8 compares respondents' knowledge of all of ABC and BCDEF. As seen in the Figure, 38.5 percent of them were aware of all three A, B and C as HIV-preventive measures while only 14 percent of the respondents correctly identified ways of preventing the sexual transmission of HIV and who reject the major misconception about HIV transmission i.e., BCDEF.



6.3 Knowledge on Major Ways of HIV/AIDS Transmission

The sex workers were asked if they knew any person infected with HIV or who had died of AIDS. More than half of the sex workers (55%) reported that they knew such people. Among them, 26.4 percent (29/110) said that they were their close friends while 11.8 percent (13/110) of FSWs said that they were their close relatives (Table 6.2).

Table 6.2: FSWs' Knowledge on Ways of HIV/AIDS Transmission

Statements Related to HIV/AIDS	N=200	%
Know anyone who is infected with HIV or who has died of AIDS	**110**	**55.0**
Have a close relative or close friend who is infected with HIV or has died of AIDS (N=110)		
Close relative	13	11.8
Close friend	29	26.4
No relation	68	61.8
Awareness on HIV/AIDS (N=200)		
A woman with HIV/AIDS can transmit the virus to her new-born child through breastfeeding	148	74.0
Can not get HIV by holding an HIV infected person's hand	179	89.5
A person can get HIV, by using previously used needle/syringe	196	98.0
Blood transfusion from an infected person to the other transmit HIV	197	98.5
A pregnant woman infected with HIV/AIDS can transmit the virus to her unborn child	189	94.5
Ways of reduce the risk of transmission of HIV to her unborn child by a pregnant woman (N=189)		
Take medicine	78	41.3
Others	4	2.1
Don't Know	107	56.6

Table 6.2 further shows the understanding of FSWs on HIV/AIDS and its different modes of transmission. As indicated by the table, 98 percent of the sex workers perceived that HIV could be transmitted through the transfusion of blood from an infected person to the other and the use of a pre-used needle/syringe, or from an infected pregnant woman to her unborn child. Almost 90 percent of them also mentioned that holding an HIV-infected person's hand did not pose a threat for HIV transmission. Similarly, 74 percent of them reported that an HIV/AIDS-infected mother could transmit the virus to her child during breastfeeding. Among

those 189 sex workers who said that an infected mother could transmit the virus to her unborn child, almost 57 percent of them expressed their unawareness of any measures to minimize such a risk. Some of them (41.3%), however, said that taking medicine would be helpful.

6.4 Perception on HIV Test

Regarding the question on the availability of an HIV testing facility in their community, 51 percent of them reported that they have such a facility available in their community (Table 6.3). Additionally, 41 percent of the respondents had ever taken up the HIV test for themselves (Figure 9). Among them, 78 percent (64/82) had taken up the test within last 12 months and most of the test (92.7%) was done voluntarily (Table 6.3). Six out of 82 respondents (7.3%) who had HIV tested had not received the result because they were afraid of the result (3/6), had forgot (2/6), and were sure of not being infected (1/6).

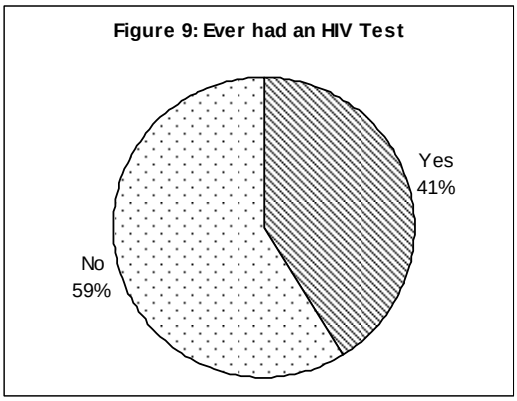


Table 6.3: Perception on HIV Test

Perception of HIV Test	N=200	%
Availability of confidential HIV test facility in the community (N=200)		
Yes	102	51.0
No	36	18.0
Don't Know	62	31.0
Ever had an HIV test (N=200)		
Yes	82	41.0
No	118	59.0
Voluntarily underwent the HIV test or because it was required (N=82)		
Voluntarily	76	92.7
Required	6	7.3
Received HIV test result (N=82)		
Yes	76	92.7
No	6	7.3
Reason for not receiving the test result (N=6)		
Afraid of result	3	50.0
Sure of not being infected	1	16.7
Forgot it	2	33.3
Most recent HIV test (N=82)		
Within last 12 months	64	78.0
Between 1-2 years	10	12.2
Between 2-4 years	8	9.8

6.5 Access to FHI/Nepal Messages

From the time FHI started intervention programs in Nepal to bring awareness about HIV/AIDS among high-risk groups of people, various messages regarding the use of condoms for the prevention of AIDS were aired on radio and television. Elevated hoarding boards and posters were also put up with pictorial and rhetorical messages at different places, including health posts and along the Prithvi Highway and roadside in the Pokhara Valley. Table 6.4 illustrates the FHI messages and the responses provided by the study participants regarding their awareness of the messages. More than 30 percent of them were aware of messages like 'Condom kina ma bhaya hunna ra', 'Jhilke dai chha chhaina condom', 'Youn rog ra AIDS bata bachnalai rakhnu parchha sarbatra paine condom lai' and 'Ramro sangha prayog gare jokhim huna dinna, bharpardo chhu santosh dinchhu jhanjat manna hunna'.

As high as 98.5 percent of the sex workers reported that those messages had made them understand that the use of condoms prevents the transmission of AIDS, around 65 percent of them understood that the use of condom prevents STIs, and 52 percent understood that it is also used for family planning (Table 6.4).

Table 6.4: Seen/Heard FHI Character/Message

	N=200	%
Heard/Seen/Read the Following Messages/Characters in Past One Year (N=200)		
Condom kina ma bhaya hunna ra	63	31.5
Jhilke dai chha chhaina condom	63	31.5
Youn rog ra AIDS bata bachnalai rakhnu parchha sarbatra paine condom lai	80	40.0
Ramro sangha prayog gare jokhim huna dinna bharpardo chhu santosh dinchhu jhanjat manna hunna	78	39.0
Condom bata suraksha youn swasthya ko raksha	97	48.5
HIV/AIDS bare aajai dekhi kura garau	88	44.0
Ek aapas ka kura	52	26.0
Maya garaun sadbhav bandaun	60	30.0
Des pardes	49	24.5
Information Derived from the Messages (N=198)		
Use condom against AIDS	195	98.5
Use condom against STI	128	64.7
Use condom for family planning	103	52.0

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

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

To know the extent of the problem of STIs among the sex workers and their perception towards STIs, they were asked about their understanding of STIs and whether they had experienced any STI symptoms during the past year. For 75.5 percent of the sex workers, STI meant genital discharge and for 67.5 percent itching sensation in the vagina was STI; 42 percent of sex workers perceived that STI symptoms were blisters and ulcers around the vagina. They also indicated other symptoms like lower abdominal pain, burning sensation while urinating, syphilis, gonorrhea, HIV/AIDS, unusual bleeding from the vagina and so on (Table 6.5).

Thirty percent of the sex workers reported that they had experienced at least one STI symptom in the past year. A total of 17 percent of FSWs have had vaginal discharge and 9.5 percent had vaginal itching in the past year. Vaginal odor and lower abdominal pain were each reported by six percent of FSWs. Forty out of 60 respondents who experienced the symptoms in the past year did not seek treatment while among others, 50 percent had received treatment from INF/Paluwa, 20 percent had been to private clinics, 15 percent gone to hospitals and 10 percent had visited a pharmacy for treatment (Table 6.5).

All of the respondents who went for treatment of STI symptoms had also received counseling for avoiding the problem. They had been mostly advised for using condom consistently in every sexual act. All of them were told to take medicine regularly, some of them were advised to come for regular check-ups and a few of them were also counseled to reduce the number of their sex partners (Table 6.5).

Table 6.5: Knowledge of STI, Experienced Symptoms and Treatment in the Past Year

Perception on STI, Reported STI Symptoms and Treatment	N=200	%
Understanding of STI (N=200)		
White discharge/discharge of pus/*Dhatu* flow	151	75.5
Itching in vagina	135	67.5
Blisters and ulcers around vagina	84	42.0
Lower abdominal pain	56	28.0
Burning sensation while urinating	29	14.5
Syphilis (*Bhiringi)*/Gonorrhea	28	14.0
HIV/AIDS	26	13.0
Unusual bleeding from vagina	12	6.0
Swelling of vagina	11	5.5
Pain in vagina	5	2.5
Don't know	20	10.0
Other (Fever, Weakness, Body itching, Weight Loss)	12	6.0
Types of STI symptoms experienced in the past year (N=200)		
Vaginal discharge	34	17.0
Vaginal itching	19	9.5
Vaginal odor	12	6.0
Lower abdominal pain	12	6.0
Painful sex	10	5.0
Genital ulcer or sore	6	3.0
Dysuria	5	2.5
Polyuria	3	1.5
Genital warts	2	1.0
Unusual vaginal bleeding (discharge)	1	0.5
Any of the above Symptoms	60	30.0
None of the above Symptoms	140	70.0
Places visited for treatment of STI symptoms in the past year (N=20)		
Paluwa	10	50.0
Private clinic	4	20.0
Hospital	3	15.0
Pharmacy	2	10.0
Other	2	10.0
Received counseling to avoid the problem (N=20)		
Yes	20	100.0
Types of counseling received (N=20)		
Take medicine regularly	20	100.0
Use condom consistently	11	55.0
Advised to come for regular check up	9	45.0
Reduce number of sex partners	2	10.0
Not to make sexual contact while using medicine	2	10.0
Others	1	5.0

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

6.7 Existing STI Symptom/s and Treatment

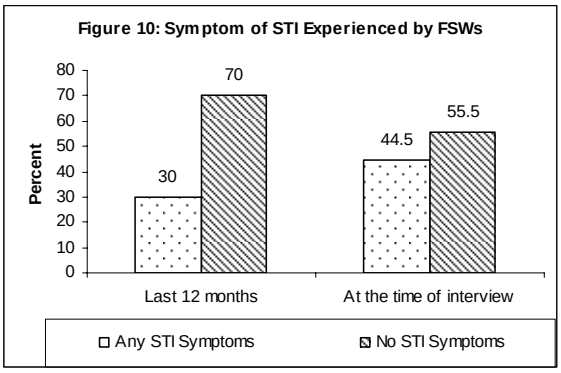
The respondents were further asked if they had been experiencing any STI symptoms at the time of the survey. Altogether, 44.5 percent reported that they were experiencing at least one of the STI symptoms during the survey (Table 6.6). Some of these symptoms were vaginal discharge (22%), painful sex (16.5%), lower abdominal pain (16%), vaginal itching (14.5%), and vaginal odor (10%). Other symptoms as dysuria, polyuria, genital ulcers, genital warts, and unusual vaginal bleeding were also mentioned. Out of 89 sex workers who had been experiencing at least one STI symptom during the study period, the majority of them (93.3%) had not sought any treatment.

Table 6.6: Reported Existing STI Symptom/s and Treatment

Existing STI Symptoms and Treatment	N=200	%
Currently experiencing STI symptoms (N=200)		
Vaginal discharge	44	22.0
Painful sex	33	16.5
Lower abdominal pain	32	16.0
Vaginal itching	29	14.5
Vaginal odor	20	10.0
Dysuria	19	9.5
Polyuria	6	3.0
Genital ulcer or sore	4	2.0
Genital warts	3	1.5
Unusual vaginal bleeding (discharge)	3	1.5
Any of the above symptoms	89	44.5
None of the above symptoms	111	55.5
Went for treatment for any of above symptoms (N=89)		
Yes	6	6.7
No	83	93.3

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

Thirty percent of the FSWs reported that they had at least one STI symptom in the past year, while 44.5 percent had been experiencing at least one such symptom at the time of the survey (Figure 10). Overall, 55.5 percent of the respondents did not have any such symptoms at the time of the survey.



CHAPTER - VII: EXPOSURE TO STI/HIV/AIDS AWARENESS PROGRAMS

The exposures of the FSWs to the ongoing HIV/AIDS awareness programs, and their participations in these activities have been examined in this section.

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 target population 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.

Overall, 54 percent (108/200) of respondents had at least met once or interacted with PEs/OEs in the past year. In such meetings, respondents had mostly discussed HIV/AIDS transmission and STI transmission methods. Some had also been given a demonstration on using condoms and participated in discussion on condom use. The majority of sex workers who had interacted with PEs/OEs reportedly had met OEs/PEs from Naulo Ghumti (62%) and CWES (43.5%). Some of the FSWs also reported that they had met PEs/OEs from NRCS (10.2%) and INF/Paluwa (7.4%). It is further revealed that the sex workers meet OEs/PEs quite often as except for a few of them (7.4%), all others had met them more than once in the past year (Table 7.1).

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

Peer/Outreach Education	N=200	%
Met or discussed or interacted with peer educators (PEs) or outreach educators (OEs) in the last 12 months (N=200)		
Yes	108	54.0
No	92	46.0
Activities involved in with PEs or OEs (N=108)		
Discussion on how HIV/AIDS is/isn't transmitted	103	95.4
Discussion on how STI is/isn't transmitted	88	81.5
Demonstration on using condom correctly	71	65.7
Regular/non-regular use of condom	65	60.2
STI treatment and cure	8	7.4
Training on HIV and STI, Condom day, AIDS day, participation in discussions and interaction programs	4	3.7
Counseling on reducing number of sex partner	2	1.9
Organizations represented by OEs/PEs (N=108)		
Naulo Ghumti	67	62.0
CWES	47	43.5
NRCS	11	10.2
INF/Paluwa	8	7.4
Siddhartha Club	1	0.9
Number of visits to PEs or OEs (N=108)		
Once	8	7.4
2 - 3 times	37	34.3
4 - 6 times	33	30.6
7 - 12 times	23	21.3
More than 12 times	7	6.5

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

7.2 Drop-in-Center Visiting Practice

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 site for educational and counseling activities. About one-fourth (51/200) of sex workers had visited a DIC in the preceding year. Among them, 70.6 percent had learnt about the correct way of using a condom, while the same proportion (70.6%) of them had watched a film on HIV/AIDS. Moreover, 60.8 percent had collected condoms, around 59 percent had participated in discussions on HIV/AIDS transmission, and 51 percent had taken part in discussions related to STI transmission.

The DIC run by Naulo Ghumti was the most frequently visited DIC (56.9%) followed by CWES (37.3%). While around 16 percent of the FSWs had paid one visit to a DIC in the past year, the rest had visited such centers more often (Table 7.2).

Table 7.2: DIC Visiting Practice of FSWs

DIC Visiting Practice of FSWs	N=200	%
DIC visit in the last 12 months (N=200)		
Yes	51	25.5
No	149	74.5
Activities involved at DIC (N=51)		
Went to learn the correct way of using condom	36	70.6
Went to watch film on HIV/AIDS	36	70.6
Went to collect condoms	31	60.8
Participated in discussion on HIV transmission	30	58.8
Participated in discussion on STI transmission	26	51.0
Took friend with me	11	21.6
Participated in training, interaction and discussion programs on HIV/AIDS and STI	6	11.8
Went to collect IEC materials	2	3.9
Went for STI treatment	1	2.0
Name of Organizations that Run DIC/s visited by them (N=51)		
Naulo Ghumti	29	56.9
CWES	19	37.3
NRCS	6	11.8
INF/Paluwa	1	2.0
Siddhartha Club	1	2.0
Number of visits to DICs (N=51)		
Once	8	15.7
2 - 3 times	13	25.5
4 - 6 times	15	29.4
7 - 12 times	12	23.5
More than 12 times	3	5.9

7.3 STI Clinic Visiting Practice

Several STI clinics are being run by different organizations to facilitate the prompt detection and treatment of STIs. The sex workers were also asked if they had visited any STI clinic in the past year. STI clinic visiting practice was not so common among them. Only 13 percent (26/200) had visited an STI clinic in the preceding year. Among those who visited an STI clinic, almost 77 percent had been physically examined for STI identification, 54 percent had given their blood sample for STI detection and 54 percent had been advised to take complete and regular medicine. Half of the respondents who had visited an STI clinic were advised to use condoms consistently at each sexual act. Half of the respondents (50%) reported that they had visited the clinic more than once in the past year. The FSWs (53.9%) had most frequently visited the STI clinic run by Paluwa (Table 7.3).

Table 7.3: STI Clinic Visiting Practice of FSWs

STI Clinic Visiting Practice of FSWs	N=200	%
Visited any STI clinic in the last 12 months (N=200)		
Yes	26	13.0
No	174	87.0
Activities involved at STI clinic (N=26)		
Physical examination conducted for STI identification	20	76.9
Was advised to use condom in each sexual intercourse	13	50.0
Was advised to take complete and regular medicine	14	53.9
Blood tested for STI	14	53.9
Took friend with me	3	11.5
Name of organizations that run STI Clinic visited by them (N=26)		
INF/Paluwa	14	53.9
Naulo Ghumti	4	15.4
Private Clinic	4	15.4
Hospital	2	7.7
Pharmacy	2	7.7
NRCS	1	3.9
Others	2	7.7
Number of Visits to STI Clinics (N=26)		
Once	13	50.0
2 - 3 times	11	42.3
4 - 6 times	2	7.7

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

7.4 VCT Centers Visiting Practice

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. Overall, one third (34.5%) of the study participants i.e. 69/200 had visited VCT centers during the past 12 months. Among them, 92.8 percent had given a blood sample for HIV testing, 72.5 percent had received HIV test results and 65.2 percent had received pre-HIV test counseling at these centers. More than half of the FSWs (56.5%) had been to such a center more than once in the past year, and the majority of the FSWS (89.9%) had visited Paluwa VCT center (Table 7.4).

Table 7.4: VCT Visiting Practice of FSWs

VCT Visiting Practice of FSWs	N=200	%
Visited VCT center in the last 12 months (N=200)		
Yes	69	34.5
No	131	65.5
Activities involved at VCT center (N=69)		
Blood sample taken for HIV/AIDS test	64	92.8
Received HIV/AIDS test result	50	72.5
Received pre-HIV/AIDS test counseling	45	65.2
Received post HIV/AIDS test counseling	35	50.7
Received counseling on using condom correctly in each sexual intercourse	16	23.2
Took a friend with me	7	10.1
Got information on HIV/AIDS window period	6	8.7
Name of the organization that run the VCTs visited by them (N=69)		
INF/Paluwa	62	89.9
Naulo Ghumti	9	13.0
Siddhartha Club	2	2.9
Number of Visits to VCTs (N=69)		
Once	30	43.5
2 - 3 times	33	47.8
4 - 6 times	6	8.7

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

7.5 Participation in STI/HIV/AIDS Awareness Program

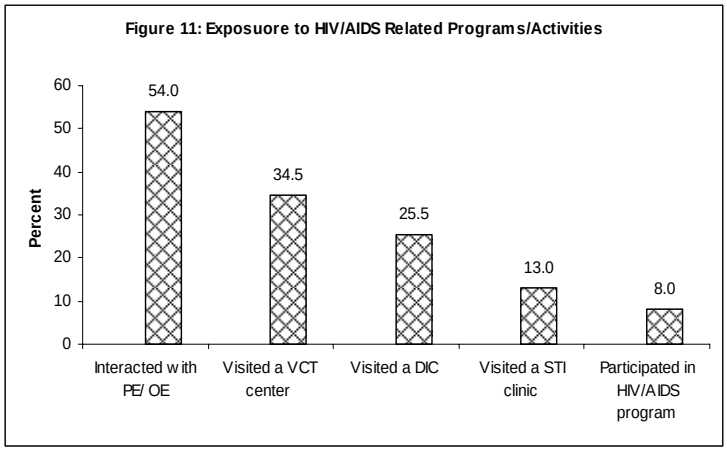
Various governments as well as non-government organizations have been implementing HIV/AIDS awareness activities. Such activities include training sessions, workshops, street dramas, radio/television programs, and group discussions. The reported participation of the sex workers in such programs was minimal as only eight percent of them had ever been part of any of such activities. Among those who had taken part in such programs, majority (81.3%) had participated in HIV/AIDS-related training. A little over two-fifths (43.8%) had seen/participated in a street drama while 37.5 percent had participated in the AIDS Day celebration. Over two-thirds of FSWs (68.8%) had taken part in events organized by Naulo Ghumti and one-fourth of them (25%) had been part of the event organized by CWES. While 31.3 percent had participated in such activities once, others had participated 2-6 times (Table 7.5).

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

Participation in HIV/AIDS Awareness Program	N=200	%
Ever participated in HIV/AIDS awareness raising program or community events (N=200)		
Yes	16	8.0
No	184	92.0
Activities participated in (N=16)		
HIV/AIDS related training	13	81.3
Street drama	7	43.8
AIDS Day	6	37.5
Condom Day	4	25.0
HIV/AIDS related Workshops	4	25.0
Condom use demonstrations	2	12.5
Group discussions	2	12.5
Name of the organizations that organized Such activities visited by them (N=16)		
Naulo Ghumti	11	68.8
CWES	4	25.0
INF/Paluwa	4	25.0
NRCS	2	12.5
Siddhartha Club	2	12.5
Maiti Nepal	1	6.3
Frequency of such participation (N=16)		
Once	5	31.3
2 - 3 times	7	43.8
4 - 6 times	4	25.0

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

Comparison of the exposure of the respondents to different components of HV/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 11, more than half of the respondents (54%) had met or interacted with PEs/OEs at least once in the past year. Around one-third of them (34.5%) had paid at least one visit



to a VCT center in the past year, one-fourth of the respondents (25.5%) had been to a DIC, and 13 percent had visited an STI clinic in the past year. Participation in any of the HIV/AIDS program was the lowest with only eight percent of respondents having participated in such a program in the past year.

7.6 Stigma and Discrimination

Response on questions about the attitude of sex workers towards HIV-positive people and their perception towards HIV/AIDS is included in Table 7.6. It was noted that the majority of the respondents (95.5%) were ready to take care of an HIV-positive male or a female relative in their homes if necessary. On the other hand, 61 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	N=200	%
Willing to take care of HIV positive male relative in the household		
Yes	191	95.5
No	9	4.5
Willing to take care of HIV positive female relative in the household		
Yes	191	95.5
No	9	4.5
Willing to maintain confidentiality of a HIV positive family member		
Yes	122	61.0
No	78	39.0

CHAPTER - VIII: COMPARATIVE ANALYSIS

This chapter seeks to analyze the trend between the first, the second, and the third round of studies by comparing the selected data from all three rounds. It specifically compares the prevalence of HIV and STI and condom using practices among FSWs. This comparison is possible only because of the same sampling design, same sample size, and same sampling procedures were used in all three rounds of the IBBS survey.

8.1 Prevalence of HIV and Syphilis Infection

The HIV prevalence rate increased by one percent in the 2008 study (3% in 2008; 2% in 2004 and 2006) but the overall syphilis infection rate tended to decrease in 2008 from the 2006 survey. Those having a history of syphilis infections decreased from eight percent in 2006 to four percent in 2008 and the current syphilis infection rate decreased from 3.5 percent in 2006 to 1.5 percent in the 2008 survey. However, the changes in prevalence are not statistically significant at 95 percent confidence level (Table 8.1).

Table 8.1: HIV and Syphilis Prevalence among FSWs

STI Infection	First Round (2004) N=200	Second Round (2006) N=200	Third Round (2008) N=200
	n (%)	n (%)	n (%)
HIV+ve	4 (2.0)	4 (2.0)	6 (3.0)
Syphilis History	7 (3.5)	16 (8.0)	8 (4.0)
Current Syphilis	4 (2.0)	7 (3.5)	3 (1.5)

8.2 Condom Use with Different Sex Partners

Data from the Table 8.2 showed that FSWs' condom using practice with their clients and regular partners has increased significantly since the first round of the survey. FSWs reporting consistent condom use with clients had reached up to 49.5 percent in 2008 from 35.5 percent in 2004; and 37 percent in the 2006 survey. Similarly, the consistent use of condoms with regular clients had increased to 71.8 percent (79/110) in 2008 from 51.5 percent (69/134) in 2006; and 47.7 percent (73/153) in 2004. However, many of FSWs still do not use condoms with their non-paying partners and, as such, the consistent use of condoms with non-paying partners has remained low even in the third round of the survey (13.2% i.e., 18/186 in 2004; 7% i.e., 4/57 in 2006; and 7.4% i.e., 5/68 in 2008). Although consistent use of condoms with partners other than clients, husbands, or male friends has increased in 2008 compared to the 2006 survey, no statistical significance was noted. Use of condom with the last client in 2008 (64.5%) has significantly decreased by almost 10 percent from the 2006 survey (75%).

Table 8.2: Condom Use with Different Sex Partners

Condom Using Behavior	First Round (2004) n (%)	Second Round (2006) n (%)	Third Round (2008) n (%)	Test of Significance of the three years trend
Use of Condom with Client in the Last Sex				
Yes	129 (64.5)	150 (75.0)	129 (64.5)	*
No	71 (35.5)	50 (25.0)	71 (35.5)	
Total	**200 (100.0)**	**200 (100.0)**	**200 (100.0)**	
Consistent Use of Condom with the Client in the Past Year				
All the time	71 (35.5)	74 (37.0)	99 (49.5)	*
Not all the time	129 (64..5)	126 (63.0)	101 (50.5)	
Total	**200 (100.0)**	**200 (100.0)**	**200 (100.0)**	
Consistent Use of Condom with Regular Clients in the Past Year				
All the time	73 (47.7)	69 (51.5)	79 (71.8)	*
Not all the time	80 (52.3)	65 (48.5)	31 (28.2)	
Total	**153 (100.0)**	**134 (100.0)**	**110 (100.0)**	
Consistent Use of Condom with Non-Paying Partner in the Past Year				
All the time	18 (13.2)	4 (7.0)	5 (7.4)	NS
Not all the time	118 (86.8)	53 (93.0)	63 (92.6)	
Total	**136 (100.0)**	**57 (100.0)**	**68 (100.0)**	
Consistent Use of Condom with Partner other than Client, Husband, Male Friend in the Past Year				
All the time	-	31 (38.8)	26 (49.1)	NS
Not all the time	-	49 (61.2)	27 (50.9)	
Total	**-**	**80 (100.0)**	**53 (100.0)**	

** Statistically Significant association of condom using behavior and survey year*
NS: No significance
Blank cells in the 2004 columns indicate that no such information was collected in 2004 survey

CHAPTER – IX: SUMMARY OF MAJOR FINDINGS

Prevalence of HIV and Syphilis

Six out of 200 FSWs (3%) were infected with HIV. The prevalence of active syphilis infection was 1.5 percent (3/200) while four percent (8/200) had a history of syphilis. The HIV prevalence rate (2% in 2004 and 2006; 3% in 2008) has slightly increased from the previous two rounds of the survey, and the active syphilis infection (2% in 2004; 3.5% in 2006; and 1.5% in 2008) decreased over the years. However these changes are not statistically significant.

Socio-demographic Characteristics

The median age of the sex workers was 21 years. Nearly forty percent (38.5%) of FSWs were less than 20 years of age. Half of the FSWs (49%) had entered the sex trade less than one year preceding the survey. The sex workers in the sample population had been involved in the sex trade for a period ranging from six months to 15 years (the mean duration being 22.3 months).

Forty-one percent of the sex workers were illiterate while a few of the sex workers (4%) were educated to the level of SLC or above. The majority (65%) of the FSWs had married at least once. The mean age at the time of their first marriage was 16.2 years. They have a high divorce or separation rate (26%) as well.

Sexual Behavior and Condom Use

The majority (68%) of the FSWs had their first sexual contact at the age of 15-19 years. For a quarter of FSWs (24.5%) their first sexual experience was even earlier (12-14 years). The mean number of clients served by FSWs per day was 1.7. Nearly half of FSWs (47.5%) entertained one client on average per day, while 42 percent of them had two clients per day and ten percent entertained even three to four clients in a day.

The FSWs' clients belonged to a wide variety of profession, such as transport workers/drivers, service holder/professionals, businessman, migrant workers/wage laborers, police/army personnel and others.

Condom using practices of FSWs with their clients and regular partners has increased significantly since the first round of the survey. FSWs reporting consistent condom use with clients had reached up to 49.5 percent in 2008 from 35.5 percent in 2004, and 37 percent in the 2006 survey. Similarly, the consistent use of condom with regular clients had increased up to 71.8 percent (79/110) in 2008 from 51.5 percent (69/134) in 2006 and 47.7 percent (73/153) in 2004. However, many of the FSWs still do not use condoms with their non-paying partners, and as such, the consistent use of condoms with non-paying partners has remained low even in the third round of the survey (13.2% i.e., 18/136 in 2004; 7% i.e., 4/57 in 2006; and 7.4% i.e., 5/68 in 2008). Although consistent use of condoms with partners other than clients, husbands or male friends has increased in 2008 (49.1% i.e., 26/53) compared to the 2006 survey (38.8% i.e., 31/80), no statistical significance was noted. However, the use of condoms with the last client (64.5%) in 2008 has significantly decreased by almost 10 percent from the 2006 survey (75%).

More than half (62%) of the FSWs had access to free condoms, which they mostly obtained from clients and NGOs/health workers. The most popular brands of condoms among them were Number One, Panther, and Black Cobra.

Knowledge and Awareness on STIs and HIV/AIDS

Knowledge of HIV was universal among the FSWs. The important source of information on HIV/AIDS was radio, television, friends/relatives, and others. While 38.5 percent of them correctly identified all three A, B, and C as HIV-preventive measures only 14 percent of the respondents were aware of all the five major indicators of HIV i.e., BCDEF.

Forty-one percent of the FSWs had tested HIV for themselves before. Among them 78 percent (64/82) had HIV tested within last 12 months and most of the tests were done voluntarily.

The STI symptoms as understood by FSWs were genital discharge, itching sensation in the vagina, blisters and ulcers around the vagina, lower abdominal pain, a burning sensation while urinating, syphilis, gonorrhea, HIV/AIDS and unusual bleeding from the vagina.

Exposure to HIV/AIDS Prevention Programs

During the preceding year, more than half of the FSWs (54%) had met/discussed with PEs/OEs; one-fourth (25.5%) had visited a DIC; 13 percent had visited an STI clinic; and around 35 percent had visited a VCT center. The participation of FSWS in different STI/HIV/AIDS awareness raising programs was very low (8%) in the preceding year.

CHAPTER - X: RECOMMENDATIONS

Preventing HIV infections amongst those involved in the sex trade has been proven to be an instrumental part of the fight against AIDS. Monitoring FSWs' prevalence and behaviors must stay at the forefront of the HIV response.

HIV prevalence has not changed significantly over the years, however, the increased in prevalence rate from two percent in 2004 and 2006 to three percent in 2008 suggest that the national programs targeting sex workers and their clients should be continued, expanded and intensified to reach a greater and more consistent coverage.

The survey shows that syphilis infection has decreased from 3.5 percent in 2006 to 1.5 percent in 2008, nevertheless monitoring of STI among the most-at-risk population should be continued and should develop strategies to reach more population in need of STI treatment.

The data indicate that new and young girls are entering the sex trade every year. Hence, HIV/AIDS awareness campaigns should target youth and adolescent groups. Sex education at school level also would help to create general awareness.

It is essential that prevention programs should focus not only on the high-risk behavior associated with commercial sex work, but also on the high-risk behavior associated with their sexual partners. Special intervention strategies should be designed targeting the clients of FSWs who are part and parcel of the general population.

The irregular condom use noted in the study especially among FSWs with their steady partners (husband, male friends) suggests that FSWs only consider themselves to be at high risk with clients or non-steady partners; therefore, prevention programs should focus more on the need for consistent condom use with all kinds of partners. Information campaigns should focus on changing attitudes that create barriers to the regular use of condoms.

The study shows that the ability of FSWs to recognize STI symptoms and major indicators of HIV was very low. Similarly, the health seeking behavior of FSWs was also low. Intervention efforts are therefore needed to promote HIV prevention behaviors and health seeking behavior.

Access to VCT services remains low. The availability of VCT services should be expanded and promotion of the importance of knowing ones HIV status should be intensified.

Outreach and other intervention efforts should be expanded further to include comprehensive and complimentary programs as well as to increase coverage to all high-risk populations. The quality of these programs should be evaluated, and where necessary, strengthened.

A more in-depth analysis of population demographics, behaviors, and access to interventions should be conducted on a site-by-site basis. Utilization of surveillance data should become a routine part of the national monitoring and evaluation system.

Analysis of trend in HIV and syphilis has given valuable inputs for program evaluation. Continuation of such studies in the future is instrumental for the continuation of such monitoring.

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ANNEXES

ANNEX – 1

Indicators for Monitoring and Evaluation of HIV

Prevention 1: HIV related risk and transmission among FSWs	**Results (N=200)**
Impact/Outcome indicators	
Percentage of FSWs who are HIV infected	3.0
Percentage of FSWs reporting the use of a condom with their most recent client	64.5
Percentage of FSWs reporting consistent condom use with their clients over the past 12 months	49.5
Percentage of FSWs who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	14.0
Output/Coverage Indicators	
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)	57.0
Percentage of FSWs reached with HIV prevention programs (Knows where to receive HIV test and received condoms)	46.0
Percentage of FSWs who received an HIV test in the last 12 months and who know their results	31.0

ANNEX - 2

Basic equation used in sample design

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

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_1 = the estimated number of an indicator measured as a proportion at the time of the first survey or for the control area

P_2 = the expected level of the indicator either at some future date or for the project area such that the quantity (P_2-P_1) is the size of the magnitude of change it is desired to be able to detect

Z_α = 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_2-P_1) would not have occurred by chance (α – the level of statistical significance), and

Z_β = the Z-score corresponding to the degree of confidence with which it is desired to be certain of detecting a change of size (P_1-P_2) if one actually occurred (β – statistical power).

ANNEX – 3

CONFIDENTIAL

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

INTEGRATED BIO- BEHAVIORAL SURVEY (IBSS)
AMONG FEMALE SEX WORKERS IN KATHMANDU VALLEY – 2008

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 New ERA and SACTS with technical assistance from Family Health International (FHI) and USAID – Nepal for the National Centre for AIDS and STD Control (NCASC), Ministry of Health and Population. As explained in the consent taking process during this data collection, I will ask you some questions that will be about sexual behavior, use and promotion of condoms, STI/HIV/AIDS, drugs and migration pattern. I believe that you will provide correct information only. We will also draw a few drops of blood for HIV testing. If you have any STI symptoms, we will provide treatment free of charge. The information given by you will be strictly treated as confidential. Nobody will know whatever we talk 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.

You are free to quit the survey any time you want to. You do not want 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: 2065/___/___

Definition of Respondent

"Women aged 16 years and above reporting having been paid in cash or kind for sex within the last 6 months."

Name of interviewer: _____ Code No. of Interviewer: ☐☐☐☐☐

Date of Interview: 2065/_____/_____

Checked by the supervisor: Signature:_____ Date: 2065/_____/_____

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

1. Yes 2. No (Continue Interview)

↓

When?

_____ Days ago **(STOP INTERVIEW)**

1.0 GENERAL INFORMATION

Q. N.	Questions and Filters	Coding Categories	Skip to
101	Respondent ID No.	☐☐☐☐☐☐	
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.....11 Dohori Restaurant .....12 Hotel/Lodge.....13 Other (Specify)_____96	
103	Interview Starting Time Interview Completion Time	_____ _____	
104	Where were you born?	District_____ VDC/Municipality_____ Ward No. .....☐☐ Village/Tole_____	
105	Where do you live now? **(Name of Current Place of Residence)**	District: _____ VDC/Municipality: _____ Ward No. .....☐☐ Village/Tole: _____	
106	How long have you been living continuously at this location?	Month .....☐☐☐ Always (since birth) .....0 →201 Since less than a month 995	
107	Before you moved here, where did you live?	District: _____ VDC/Municipality: _____ Ward No. .....☐☐ Village/Tole: _____	

2.0 PERSONAL INFORMATION

Q. N.	Questions and Filters	Coding Categories	Skip to
201	How old are you?	Age ..... ☐☐ *(write the completed years)*	
202	What is your caste? **(Specify Ethnic Group/Caste)**	Ethnicity/Caste_____ (Specify) Code No……. ☐☐	
203	What is your educational status? **(Circle '0' if illiterate, '19' for the literate without attending the school, and write exact number of the passed grade)**	Illiterate .....0 Literate .....19 Grade ..... ☐☐ *(Write the completed grade)*	
204	What is your present marital status?	Married.....1 Divorced/Permanently Separated.....2 Widow.....3 Never married.....4	→204.2 →204.3
204.1	How old were you when you got divorced/separated/widowed?	Age ..... ☐☐ *(Write the completed years)*	→204.3
204.2	Are you presently living with your husband?	Yes .....1 No.....2	→205
204.3	Who are you living with now? **(Multiple answers. DO NOT READ the possible answers)**	Male friend .....1 Relatives .....2 Other females.....3 Children .....4 Alone .....5 Others (Specify)_____ 96	
	[Note: If answer in Q. 204 is 'never married' Go to Q. 207]		
205	At what age were you married for the first time?	Years old ..... ☐☐ *(Write Complete Years)*	
	[Note: If answer in Q. 204 is ' Divorced/Permanently Separated ' or ' Widow ' Go to Q. 207]		
206	Does your husband have co-wife now?	Yes .....1 No.....2	
207	Are there people who are dependent on your income?	Yes .....1 No.....2	→208
207.1	How many are dependent on your income? **(Adults are those who have completed 18 years)**	Adults ..... ☐☐ Children ..... ☐☐	
208	you been exchanging sexual intercourse for money or other things? ss than 6 months stop interview)	Months ..... ☐☐☐ Don't know 98	
208.1	Did you have any sexual intercourse during past 12 months?	Yes .....1 No.....2	**Stop Interview**
209	How many months have you been working here as a sex worker at this place?	Months ..... ☐☐☐	

Q. N.	Questions and Filters	Coding Categories	Skip to
210	Where else have you worked as a sex worker? **(For example: *Bhatti* shop, Cabin Restaurant, Discotheques etc.)** **Mention location in the space provided**	Discothèque_____ 1 Dance restaurant_____ 2 Cabine restaurant_____ 3 Call girl_____ 4 Massage parlor_____ 5 House_____ 6 Bhatti pasal_____ 7 Road_____ 8 Garment/carpet factory_____9 Squatter settlement/refugee___ 10 Restaurant_____ 11 Dohori restaurant_____ 12 Hotel/lodge_____ 13 Did not work anywhere else____0 Others (Specify)_____ 96	
211	Have you ever been engaged in this profession in other locations too?	Yes .....1 No.....2 →	213
211.1	Where did you work? **(List all the places mentioned by the respondent)**	District VDC/Municipality Village/Tole _____ _____ _____ _____ _____ _____ _____ _____ _____	
212	In the past one-year have you followed this profession in other locations also?	Yes .....1 No.....2 →	213
212.1	Where did you follow such profession? **(List all the places)**	District VDC/Municipality Village/Tole _____ _____ _____ _____ _____ _____ _____ _____ _____	
213	Have you ever followed this profession even in India?	Yes .....1 No.....2 →	216
213.1	Where did you work in India? **(List all the locations worked in India).**	Name of Places Name of Nearby City _____ _____ _____ _____ _____ _____	
214	In total, for how many months did you work as a sex worker in India?	Months ..... ☐☐☐	
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? **[Note: If there is '0' in both cash and gift equivalent, probe for the reasons]**	Cash _____ Rs. Gift equivalent to _____Rs. Total_____Rs. Others (Specify)_____96	
217	Do you have any other work besides sex work?	Yes .....1 No.....2 →	218

Q. N.	Questions and Filters	Coding Categories	Skip to
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 Massage Parlor.....5 Dancer.....6 Business (retail store, fruit shop etc.).....7 Knitting /tailoring.....8 Peer educator.....9 Job (teacher, peon etc).....10 Others (Specify)_____96	
217.2	What is your average weekly income from the above-mentioned sources?	_____Rupees	
218	Have you ever encountered any client who refused to give money after having sex?	Yes.....1 No.....2 →	301
218.1	How many such incidents have occurred in the past six months?	Times ..... ☐☐	

3.0 INFORMATION ON SEXUAL INTERCOURSE

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

Q. N.	Questions and Filters	Coding Categories	Skip to
306	In the past month, with which profession's client did you mostly have sex? **(Encircle three most reported types of client. DO NOT READ the possible answers)**	Bus, truck or tanker worker .....1 Taxi, jeep, microbus or minibus worker.....2 Industrial/wage worker.....3 Police .....4 Soldier/Army .....5 Student.....6 Rickshawala.....7 Service holder .....8 Businessmen .....9 Mobile Businessmen .....10 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 ..... ☐	
308	When did you have the last sexual intercourse with a client? **(Write '00' if Today)**	Days before ..... ☐☐	
309	How many partners did you have sexual intercourse with on that day?	Number..... ☐	
310	How much rupees or other items did the last client pay you? **(Note: If there is '00' in both cash and gift equivalent, mention the reasons)**	Cash _____ Rs. Gift equivalent to _____Rs. Total_____Rs. Reason _____	

4.0 USE OF CONDOM AND INFORMATION ON SEX PARTNERS

Condom use with Clients

Q. N.	Questions and Filters	Coding Categories	Skip to
401	The last time you had sex with your client, did he use a condom?	Yes .....1 No.....2	 →401.2
401.1	Who suggested condom use at that time?	Myself .....1 My Partner.....2 Don't know 98	402
401.2	Why didn't your client use a condom at that time? **(Multiple answers. DO NOT READ the possible answers)**	Not available .....1 Too expensive .....2 Partner objected.....3 I didn't like to use it .....4 Used other contraceptive .....5 Didn't think it was necessary .....6 Didn't think of it .....7 Client offered more money.....8 Didn't know / not aware about condom .....9 Other (Specify) _____ 96 Don't know.....98	
402	How often did your clients use condom over the past 12 months?	All of the time .....1 Most of the time .....2 Some of the time .....3 Rarely .....4 Never 5	→403
402.1	Why didn't your client use condom always? **(Multiple answers. DO NOT READ the possible answers)**	Not available .....1 Too expensive .....2 Partner objected .....3 I didn't like to use it .....4 Used other contraceptive .....5 Didn't think it was necessary .....6 Didn't think of it .....7 Client offered more money.....8 Didn't know / not aware about condom .....9 Other (Specify) _____ 96 Don't know.....98	

Condom use with Regular Client

Q. N.	Questions and Filters	Coding Categories	Skip to
403	Do you have any client who visits you on regular basis?	Yes .....1 No.....2	 →406
404	Did your regular client use condom in the last sexual contact with you?	Yes .....1 No.....2	 →404.2
404.1	Who suggested condom use at that time?	Myself .....1 My Partner.....2 Don't know 98	405

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? **(Multiple answers. DO NOT READ the possible answers)**	Not available .....1 Too expensive .....2 Partner objected .....3 I didn't like to use it .....4 Used other contraceptive .....5 Didn't think it was necessary .....6 Didn't think of it .....7 Client offered more money .....8 Other (Specify) _____ 96 Don't know 98	

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

Q. N.	Questions and Filters	Coding Categories	Skip to
406	Did you have sexual intercourse with your husband or a male friend in past six months?	Yes .....1 No 2	→409
407	Think about your most recent sexual intercourse with your husband or male partner. How many times did you have sexual intercourse with this person over the last 30 days? **(Write '00'for none intercourse in past one month)**	Number of times..... ☐☐ Don't know 98	
408	**time you had sex with your husband or male friend staying to gather, did your sex partner use a condom?**	Yes .....1 No 2	→408.2
408.1	Who suggested condom use that time?	Myself .....1 My Partner .....2 Don't know 98	409
408.2	Why didn't your partner use a condom that time?	Not available .....1 Too expensive .....2 Partner objected .....3 I didn't like to use it .....4 Used other contraceptive .....5 Didn't think it was necessary .....6 Didn't think of it .....7 Trust partner .....8 Wish to have child .....9 Other (Specify) _____ 96 Don't know 98	

Q. N.	Questions and Filters	Coding Categories	Skip to
409	How often did all of your non-paying partners use condoms over the last 12 months?	All of the time .....1 Most of the time .....2 Some of the time .....3 Rarely .....4 Never .....5 Did not have sexual intercourse in the last 12 months 6	→410 →410
409.1	Why didn't they use condom always? **(Multiple answers. DO NOT READ the possible answers)**	Not available .....1 Too expensive .....2 Partner objected .....3 I didn't like to use it .....4 Used other contraceptive .....5 Didn't think it was necessary .....6 Didn't think of it .....7 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	**ıe past one year, did you have sexual intercourse with a person other than your client, husband/male friend?**	Yes .....1 No 2	 →412.2
411	Did he use condom when he had last sexual contact with you?	Yes .....1 No 2	 →411.2
411.1	Who suggested condom use at that time?	Myself .....1 My Partner .....2 Don't know 98	→412
411.2	Why didn't he use condom at that time?	Not available .....1 Too expensive .....2 Partner objected .....3 I didn't like to use .....4 Used other contraceptive .....5 Didn't think it was necessary .....6 Didn't think of it .....7 Other (Specify) _____ 96 Don't know 98	
412	How often did your other partners use condom with you over the past 12 months?	All of the time .....1 Most of the time .....2 Some of the time .....3 Rarely .....4 Never 5	→412.2
412.1	Why did your other partners not use condom regularly? **(Multiple answers. DO NOT READ the possible answers)**	Not available .....1 Too expensive .....2 Partner objected .....3 I didn't like to use .....4 Used other contraceptive .....5 Didn't think it was necessary .....6 Didn't think of it .....7 Other (Specify) _____ 96 Don't know 98	

Q. N.	Questions and Filters	Coding Categories	Skip to
412.2	**heard about condoms that can be used by women?** ondent has not heard about female condom, explain what they are before asking questions)	Yes .....1 No.....2 →	412.7
412.3	If yes, from where did you know about this? **(Multiple answers. DO NOT READ the possible answers)**	Radio .....1 TV .....2 Pharmacy.....3 Health Post/Health Center.....4 Hospital .....5 Health Workers/Volunteers.....6 Friends/Relatives/Neighbors .....7 NGO staff.....8 Newspapers/Posters.....9 Video Van .....10 Street Drama.....11 Cinema Hall .....12 Community interaction/training13 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) 96 Don't remember/know …..…98	
412.7	In your opinion are female condoms useful for women like you?	Yes .....1 No.....2	
413	With whom did you have your last sexual intercourse in the past one year?	Client……... 1 Regular client……..2 Husband/male friend…….. 3 Other male……...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? **(Observe and write)**	Number ..... ☐☐	
415	Which places or persons do you know from where/whom you can obtain condoms?	Health Post/ health center.....1 Pharmacy 2	

Q. N.	Questions and Filters	Coding Categories	Skip to
	(Multiple answers. DO NOT READ the possible answers)	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 ..... ☐☐ No knowledge/not aware of condom 95	
416	How do you usually obtain condoms? **(Buy, obtain free of cost or both ways)**	Always free of cost.....1 Purchase .....2 Obtain both ways.....3 Condom never used.....4	→416.3 →418
416.1	From where do you often obtain free condoms? **(Multiple answers. DO NOT READ the possible answers)**	Health Post/Health Center..... 1 Hospital ..... 2 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	
416.2	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	
	Note: If response is '1' in Q416 Go to Q418		
417	From where do you often purchase condoms? **(Multiple answers. DO NOT READ the possible answers)**	Pharmacy .....1 General retail store (*Kirana Pasal*) ...2 Private clinic.....3 Pan Shop.....4 Hotel/lodge/restaurant .....5 Others (Specify)_____96	
417.1	Which would be the most convenient place/s for you to purchase condoms?	Pharmacy.....1 General retail store (*Kirana Pasal*) 2	

Q. N.	Questions and Filters	Coding Categories	Skip to
	(Multiple answers. DO NOT READ the possible answers)	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
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 away 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? **(INSTRUCTION TO INTERVIEWER: Explain the other types of sexual intercourse besides vaginal (such as oral, anal)**	Yes .....1 No.....2	→501
422.1	If yes, what type of sexual act/s were they? **(Multiple answers. DO NOT READ the possible answers)**	Oral.....1 Anal.....2 Masturbation .....3 Other (Specify) _____ 96	
422.2	What type of sexual contact did you have with your last client? **(Multiple answers. DO NOT READ the possible answers)**	Oral.....1 Anal.....2 Masturbation .....3 Vaginal.....4 Other (Specify) _____ 96	

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?		

Source of Information	Yes	No
1. Radio	1	2
2. Television	1	2
3. Newspapers/Magazines	1	2
4. Pamphlets/Posters	1	2
5. Health Workers	1	2
6. School/Teachers	1	2
7. Friends/Relatives	1	2
8. Work Place	1	2
9. People from NGO	1	2
10. Video Van	1	2
11. Street Drama	1	2
12. Cinema Hall	1	2
13. Community Event/Training	1	2
14. Bill Board/Sign Board	1	2
15. Comic Book	1	2
16. Community Workers	1	2
96. Others (Specify) _____	1	2

Knowledge, Opinion and Misconception about HIV/AIDS

Q. N.	Questions and Filters	Coding Categories	Skip to
503	Do you know anyone who is infected with HIV or who has died of AIDS?	Yes .....1 No.....2 →	→505
504	Do you have a close relative or close friend who is infected with HIV or has died of AIDS?	Yes, a close relative.....1 Yes, a close fried.....2 No.....3	
505	Can people protect themselves from HIV by keeping sexual contact with only one uninfected faithful sex partner?	Yes .....1 No.....2 Don't know 98	
506	Can people protect themselves from HIV, virus-causing AIDS, by using condom correctly in each sexual contact?	Yes .....1 No.....2 Don't know 98	
507	Do you think a healthy-looking person can be infected with HIV?	Yes .....1 No.....2 Don't know 98	
508	Can a person get the HIV virus from mosquito bite?	Yes .....1 No.....2 Don't know 98	
509	Can a person get HIV by sharing a meal with an HIV infected person?	Yes .....1 No.....2 Don't know 98	
510	Can a pregnant woman infected with HIV/AIDS transmit the virus to her unborn child?	Yes .....1 No.....2 → Don't know .....98 →	→ 512 → 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	

Q. N.	Questions and Filters	Coding Categories	Skip to
512	Can a woman with HIV/AIDS transmit the virus to her new-born child through breastfeeding?	Yes .....1 No.....2 Don't know 98	
513	Can people protect themselves from HIV virus by abstaining from sexual intercourse?	Yes .....1 No.....2 Don't know 98	
514	Can a person get HIV by holding an HIV infected person's hand?	Yes .....1 No.....2 Don't know 98	
515	Can a person get HIV, by using previously used needle/syringe?	Yes .....1 No.....2 Don't know 98	
516	Can blood transfusion from an infected person to the other transmit HIV?	Yes .....1 No.....2 Don't know 98	
517	Is it possible in your community for someone to have a confidential HIV test?	Yes .....1 No.....2 Don't know 98	
517.1	Do you know where can you go for HIV testing?	Yes .....1 No.....2	
518	**I don't want to know the result**, but have you ever had an HIV test?	Yes .....1 No.....2	→601
519	Did you voluntarily undergo the HIV test or because it was required?	Voluntarily .....1 Required 2	
520	**Please do not tell me the result**, but did you find out the result of your test?	Yes .....1 No.....2	→ 522
521	Why did you not receive the test result?	Sure of not being infected .....1 Afraid of result .....2 Felt unnecessary .....3 Forgot it .....4 Other (Specify)_____ 96	
522	When did you have your most recent HIV test?	Within last 12 months .....1 Between 1-2 years .....2 Between 2-4 years .....3 More than 4 yeas ago 4	
523	Have you taken up HIV testing in the past 12 months?	Yes .....1 No.....2	
524	**I don't want to know the results**, but did you receive the results of that test?	Yes .....1 No.....2	→601

6.0 PROMOTION OF CONDOM

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

Q.N.	Questions and Filters	Coding Categories	Skip to
603.1	Besides above messages have you seen, heard or read any other messages relating to STI/HIV/AIDS Prevention or Condom Uses ?	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? **(Record first three)**	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? **(Multiple answers. DO NOT READ the possible answers)**	Discussion on how HIV/AIDS is/isn't transmitted.....1 Discussion on how STI is/isn't transmitted.....2 Regular/non-regular use of condom.....3 Demonstration on using condom correctly.....4 STI treatment/cure after treatment.....5 Counseling on reducing number of sex partner.....6 Training on HIV and STI, Condom day, AIDS day, participation in discussions and interaction programs.....7 Others (Specify)_____ 96	

Q. N.	Questions and Filters	Coding Categories	Skip to
607	Do you know from which organization were they? **(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 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
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	

Q. N.	Questions and Filters	Coding Categories	Skip to
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
614	What did you do at such STI clinics? **(Multiple answers. do not read the possible answers given below)**	Blood tested for STI.....1 Physical examination conducted for STI identification.....2 Was advised to use condom in each sexual intercourse.....3 Was advised to take complete and regular medicine.....4 Was suggested to reduce number of sexual partners .....5 Took friend with me .....6 Other (Specify)_____96	

Q. N.	Questions and Filters	Coding Categories	Skip to
615	Do you know which organizations run those STI clinics? **(Multiple answers. do not read the possible answers)**	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? **(Multiple answers. DO NOT READ the possible answers)**	Received pre-HIV/AIDS test counseling .....1 Blood sample taken for HIV/AIDS test.....2 Received post HIV/AIDS test counseling .....3 Got information on HIV/AIDS window period.....4 Received HIV/AIDS test result...5 Received counseling on using condom correctly in each sexual intercourse .....6 Took a friend with me .....7 Other (Specify)_____ 96	
619	Do you know which organizations run those VCT centers? **(Multiple answers. DO NOT READ the possible answers)**	AMDA.....1 NSARC .....2 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	

Q. N.	Questions and Filters	Coding Categories	Skip to
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? **(Multiple answers. DO NOT READ the possible answers)**	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? **(Multiple answers. DO NOT READ the possible answers)**	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?	Yes .....1 No.....2 →	701
622	What were the activities that you participated in? **(Multiple answers. DO NOT READ the possible answers)**	Street drama .....1 AIDS Day .....2 Condom Day .....3 Video Shows .....4 Group discussions .....5 Talk programs .....6 HIV/AIDS related training .....7 HIV/AIDS related Workshops ..8 Condom use demonstrations .....9 Others (Specify) _____96	

Q. N.	Questions and Filters	Coding Categories	Skip to
623	Do you know which organizations organized those activities? **(Multiple answers. DO NOT READ the possible answers given below)**	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 Sparsa .....14 Naulo ghumti.....15 Mahila Uddhar Samuha.....16 Maiti Nepal..... 17 Indreni Sewa Samaj.....18 Others (specify) _____96 Don't know 98	
624	How many times have you participated in such activities in the last 12 months?	Not participate in the past year..0 Once .....1 2-3 times.....2 4-6 times .....3 7-12 times .....4 More than 12 times.....5	

7.0 STI (SEXUALLY TRANSMITTED INFECTION)

Q. N.	Questions and Filters	Coding Categories	Skip to
701	Which diseases do you understand by STI? **(Multiple answers. DO NOT READ the possible answers)**	White discharge/discharge of Pus/dhatu flow.....1 Itching around vagina.....2 Lower abdominal pain.....3 Syphilis (Bhiringi)/gonorrhea ...4 HIV/AIDS .....5 Painful urination……...6 Swelling of vagina.....7 Pain in vagina.....8 Unusual bleeding from vagina ..9 Ulcer or sore around vagina…..10 Fever .....11 Burning during urination .....12 Weight loss/ get thinner.....13 Don’t know.....98 Other (Specify) _____ 96	

Q. N.	Questions and Filters	Coding Categories		Skip to
702	Do you currently have any of the following symptoms?			
	Symptoms	**Yes**	**No**	
	1. Pain in the lower abdomen	1	2	
	2. Pain during urination	1	2	
	3. Frequent urination	1	2	
	4. Pain during sex	1	2	
	5. Ulcer or sore in the genital area	1	2	
	6. Itching in or around the vagina	1	2	
	7. Vaginal odor or smell	1	2	
	8. Vaginal bleeding (unusual)	1	2	
	9. Unusual heavy, foul smelling vaginal discharge	1	2	
	10. Genital Warts	1	2	
	96. Others (Specify) _____	1	2	
	(If answer is 'No' to all in the Q. No. 702 Go to Q. 710)			
703	Have you gone through medical treatment for any of these symptoms?	Yes .....1 No.....2 →		710
703.1	If yes, for how long did you wait to go for the treatment? **(Write '00' if less than a week)**	Week ..... ☐☐		
704	Where did you go for the treatment? **(Multiple answers. DO NOT READ the possible answers)**	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		
705	For which symptoms did you get treatment? **Specify the treatment.**			
	Symptoms	**Treatment**		
	1. Pain in the lower abdomen			
	2. Pain during urination			
	3. Frequent urination			
	4. Pain during sex			
	5. Ulcer or sore in the genital area			
	6. Itching in or around the vagina			
	7. Vaginal odor or smell			
	8. Vaginal bleeding (unusual)			
	9. Unusual heavy, foul smelling vaginal discharge			
	10. Genital Warts			
	96. Others (Specify) _____			
706	Did you receive a prescription for medicine?	Yes .....1 No.....2 →		709

Q. N.	Questions and Filters	Coding Categories		Skip to
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		709
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?			
	Symptoms	**Yes**	**No**	
	1. Pain in the lower abdomen	1	2	
	2. Pain during urination	1	2	
	3. Frequent urination	1	2	
	4. Pain during sex	1	2	
	5. Ulcer or sore in the genital area	1	2	
	6. Itching in or around the vagina	1	2	
	7. Vaginal odor or smell	1	2	
	8. Vaginal bleeding (unusual)	1	2	
	9. Unusual heavy, foul smelling vaginal discharge	1	2	
	10. Genital Warts	1	2	
	96. Others (Specify) _____	1	2	
	(If answer is 'No' to all in Q. No. 710, Go to Q. No. 801)			
711	Have you gone through medical treatment for any of these symptoms in the past year?			
	Symptoms	**Yes**	**No**	
	1. Pain in the lower abdomen	1	2	
	2. Pain during urination	1	2	
	3. Frequent urination	1	2	
	4. Pain during sex	1	2	
	5. Ulcer or sore in the genital area	1	2	
	6. Itching in or around the vagina	1	2	
	7. Vaginal odor or smell	1	2	
	8. Vaginal bleeding (unusual)	1	2	
	9. Unusual heavy vaginal discharge and foul vaginal discharge	1	2	
	10. Genital Warts	1	2	
	96. Others (Specify) _____	1	2	
	(If answer is 'No' to all in Q. No. 711, Go to Q. No. 801)			

Q. N.	Questions and Filters	Coding Categories	Skip to
712	Where did you go for the treatment? **(Multiple answers. Do not read the possible answers).**	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 GWP.....10 Siddhartha club clinic.....11 WATCH clinic……...12 CAC .....13 NSARC .....14 Trinetra.....15 Indreni sewa samaj.....16 Others (Specify) _____.96	→ 801
713	Did anyone from the place where you went for treatment counsel you about how to avoid the problem?	Yes .....1 No.....2	→ 801
713.1	What did he/she tell you? **(Multiple answers, DONOT READ the possible answers)**	Told me to use condom .....1 Told me to reduce number of sexual partners .....2 Told me to take medicine regularly .....3 Told me not to have sexual contact during medicine taking period .....4 Advised me to come for regular check up .....5 Others (Specify) _____96	

8.0 USE OF DRUGS AND INJECTION

Q. N.	Questions and Filters	Coding Categories	Skip to
801	During the last 30 days how often did you have drinks containing alcohol?	Everyday .....1 2-3 times a 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? **(Ganja, Bhang, Nitroson, Nitrovet E.)**	Yes .....1 No.....2 Don't know 98	
803	Some people inject drugs using a syringe. Have you ever-injected drugs? **(Do not count drugs injected for medical purpose or treatment of an illness)**	Yes .....1 No.....2 Don't know 98	809
804	Have you injected drugs in last 12 months? **(Do not count drugs injected for medical purposes or treatment of an illness)**	Yes .....1 No.....2 Don't know 98	809
805	Are you currently injecting drugs?	Yes .....1 No.....2	→ 809

Q. N.	Questions and Filters	Coding Categories	Skip to
806	Think about the last time you injected drugs. Did you use a needle or syringe that had previously been used by someone else?	Yes .....1 No.....2 Don't know 98	
807	Think about the time you injected drugs during the past one month. How often was it with a needle or syringe that had previously been used by someone else?	Every Time .....1 Almost Every Time.....2 Sometimes .....3 Never.....4 Don't Know.....98	
808	Usually how do you obtain a syringe/ needle?	My friend/relative give it to me after use .....1 Unknown person give it to me ..2 I pick it up from a public place used and left by others .....3 I pick it up from a public place where I leave my syringes.....4 I use a new needle/syringe given by NGO/volunteer.....5 I purchase a new needle/syringe6 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	**(For Married SW only)** Does your husband inject drug? **(Check with Q. 204)**	Yes .....1 No.....2 Don't know.....98	
811.2	**(For female having regular client)** Did your regular client inject drug? **(Check with Q. 403)**	Yes .....1 No.....2 Don't know.....98	
811.3	**(For all)** Do you know any of your client ever injecting drugs?	Yes .....1 No.....2 Don't know.....98	
812	Do you know anyone who injects drugs?	Yes .....1 No.....2	→ 901
812.1	If yes, how are you related to her/him?	Client.....1 Friend .....2 Family .....3 Relative .....4 Neighbor/male from village/someone not related to ..5 Other (Specify)_____....6	

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	

Thank You

ANNEX - 4

Confidential

INTEGRATED BIO - BEHAVIORAL SURVEY (IBBS) AMONG FEMALE SEX WORKERS IN POKHARA VALLEY – 2008

Female Clinical/Lab Checklist

#
#
Respondent ID Number:##

Name of Clinician: _____# # # Date: 2065/____/ _____##

Name of Lab Technician: _____

(A) Clinical Information

Weight: _____ Kg

B.P. : _____ mm of Hg

Pulse : _____

Temperature : _____ ^{o} F

(B) Specimen collection

	Yes	No
Pre-test counseled	1	2
Blood collected for HIV & Syphilis	1	2
Date & place for post-test results given	1	2
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 partners 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?

Symptoms	Now		In the Past Month	
	Yes	**No**	**Yes**	**No**
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 partners had sore around genital areas in the past 3 months?

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

ANNEX – 5

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

Title: **Integrated Bio-behavioral Survey among Female Sex Workers in Kathmandu Valley and Pokhara Valley of Nepal.**

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

Principal Investigator/s: Jacqueline McPherson, MPH, FHI/Nepal
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Introduction
We are asking you to take part in this 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 measure the prevalence of HIV and STI among the populations like you. We want to be sure that you understand the purpose of the research and your responsibilities before you decide to participate in the study. If you want to participate in this study, we will ask you to give your consent in front of the witness. Both consent taker and the witness will 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
Study participants are selected using a random process. You are in the pool of possible candidates, but the final selection would be based on your choice. In total 700 female sex workers (FSWs) will be selected for interview (Kathmandu-500 and Pokhara-200). Once you agree to participate in the study we will interview you using a structured questionnaire and then ask you to provide blood sample. We will draw about 5-7 ml blood by a 10 ml disposable syringe from your arm for HIV and Syphilis test. If you have any STIs symptom we will provide free treatment. We provide medical examination also for syndromic treatment of any other STIs. You will be informed about the dates and place from where you can collect the results of HIV and Syphilis test. Test results will be provided with counseling by a qualified counselor.

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 on HIV and STI through a qualified counselor. They will provide you information and address to seek assistance for any mental stress you have.

There may be some risk that people may know that you have participated in the study when they see you in the study site. But since your name and detailed address will not be recorded anywhere people will not have access to information you have provided.

Possible Benefits
If currently you have any other STI symptoms we will also provide treatment. We will refer you for treatment if your HIV test is positive but the study team will not provide the treatment. Follow up treatment costs will not be paid by the research team. You will be given Syphilis and HIV test results and made aware of how STI/HIV is transmitted and how it can be prevented and controlled. You will also be provided with information on safe sex. The information we obtain from this research will help to plan strategies to control and prevent further spread of HIV/AIDS and other sexually transmitted infections.

At the time of sample collection, the study team members will give you the detailed address of the place and the dates where you can hear your test results of HIV and syphilis. Test results can only be obtained if you come with your study ID card. Test result will be given by a qualified counselor with pre and post test counseling. ID card will be issued before the interview. If you do not have the ID card when you return for the test results we cannot give you the results because we will not be able to recognize you without the study ID card.

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 in any way in the health services, you would normally receive from the study site.

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 sign the consent form, but only ask you to agree verbally (with spoken words) in front of the witness.

Payment
We will not pay you for your participation in the study but you will be given condom and reading materials about STI/HIV/AIDS as compensation for your participation in the research. Moreover, we will provide you a fixed amount of Nepalese Rupees (NRs.) 150.00 (approximately, US$2.06) after completing the study requirements to cover the local transportation you may use to come to the study center for interview.

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

If you have a questions about the study
If you have any questions about the research, call:
Jacqueline McPherson, ASHA project- FHI/Nepal, Baluwatar, Kathmandu, Phone: 01-4437173; **OR**
Siddhartha Man Tuladhar, New ERA, Kalopool, Kathmandu, Phone: 01-4413603; **OR**
Laxmi Bilas Acharya, ASHA project- FHI/Nepal, Baluwatar, Kathmandu, Phone: 01-4437173

We will not be able to provide any kind of assistance or service to you after this 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 ***Jacqueline McPherson,*** Family Health International (FHI), Baluwatar, Kathmandu, Phone: 01-4437173 *and*/or ***Mr. David Borasky,*** Protection of Human Subjects Committee, PO Box 13950, Research Triangle Park, NC 27709, USA, phone number: [International Access Code]-1-919-405-1445, e-mail: dborasky@fhi.org

VOLUNTEER AGREEMENT

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

_____ _____

Signature of witness Date

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

_____ _____

Signature of Person Who Obtained Consent Date

ANNEX – 6

Study Center

Districts	Lab Centers	No. of Centers	Total Sample Covered
Pokhara Valley	Prithivi Chowk	1	200

ANNEX – 7

Participation in Post Test Counseling

Date	Counseling Center	Expected Client	Client Counseled		Client with HIV+	Client with HIV-
			N	%		
July 22 – August 25, 2008	INF/PALUWA	200	31	15.5	0	31