Integrated Bio-Behavioral Survey among Female Sex Workers Kathmandu Valley

Round II -2006





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ABBREVIATION

AIDS Acquired Immuno-Deficiency Syndrome

BSS Behavioral Surveillance Survey CAC Community Action Center

CREHPA Center for Research on Environment, Health and Population Activities

DIC Drop-in-Center

ELISA Enzyme Linked Immuno Assay FHI Family Health International

FSW Female Sex Worker

GWP General Welfare Pratisthan

HIV Human Immuno-Deficiency Virus IBBS Integrated Bio-Behavioral Survey

ID Identification Number IDU Injecting Drug User

IEC Information, Education and Communication

MSM Men who have sex with men

NCASC National Center for AIDS and STD Control

NFCC Nepal Fertility Care Center NGO Non-Governmental Organization NHRC Nepal Health Research Council

OE Outreach Educator
PE Peer Educator

PHSC Protection of Human Subjects Committee

RPR Rapid Plasma Regain

SACTS STD/AIDS Counseling and Training Services

SBC Strategic Behavioral Communication

SLC School Leaving Certificate
STD Sexually Transmitted Disease
STI Sexually Transmitted Infection
VCT Voluntary Counseling and Testing

WHO World Health Organization

EXECUTIVE SUMMARY

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

Study Methodology

Study Population

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

Sampling

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

Lab Testing

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

Findings

Socio Demographic Characteristics

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

Sexual Behavior

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

Availability of Condoms and Brand Names

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

Awareness of HIV/AIDS

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

Reported STI and Treatment

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

Exposure to HIV/AIDS Prevention Activities

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

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

HIV and Syphilis Prevalence

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

Recommendations

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

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

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

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

Chapter 1.0: INTRODUCTION

1.1 Background

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

At the end of May 2006, a cumulative total of 6,650 cases of HIV infection had been reported to the National Center for AIDS and STD Control (NCASC). Among them, 51% were clients of FSWs or patients suffering from sexually transmitted diseases (STDs), 9% were FSWs and 21% were IDUs. Although the HIV/AIDS reporting system cannot measure the prevalence rate of the infection because of underreporting and delays in reporting, it indicates which sub-populations are affected.

The first ever HIV and STI prevalence survey, which covered 16 districts in the Terai along the East-West Highway route, was conducted in 1999. The survey showed that 3.9% of the FSWs and 1.5% of the truckers were HIV-positive (New ERA/SACTS/FHI, 2000). A recent study showed 52% HIV infection among male IDUs in Kathmandu. Similarly, 22% of the male IDUs in Pokhara, 32% in the urban areas of Jhapa, Morang and Sunsari districts in eastern Nepal and 12% in the highway districts between Rupandehi and Kanchanpur in the western to far western region were carrying the virus (New ERA/SACTS/FHI 2005_a; New ERA/SACTS/FHI, 2005_b; New ERA/SACTS/FHI, 2005_c, New ERA/SACTS/FHI 2005_d). Behavioral sentinel surveillance surveys conducted among FSWs and their clients on the Terai highway routes and in the Kathmandu valley revealed that the sex trade was on an increasing trend and that a greater number of younger FSWs were entering the business (New ERA, 2003c and New ERA, 2003d).

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

1.2 Objectives of the Study

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

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

Chapter 2.0: METHODOLOGY

2.1 Study Population

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

2.2 Sample Design

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

2.3 Sample Size

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

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

2.4 Implementation of the Study

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

2.5 Identification and Recruitment Process

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

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

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

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

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

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

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

Informed consent form was administered by the interviewer in a private setting and witnessed by another staff to insure that the study participants understood the questions well and about the services that would be provided to them and that they were participating in the study with their will. Both the interviewer and the witness were required to sign the consent form and date it. The interviewer administered the standard questionnaire in a private room.

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

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

Refusal

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

2.6 Research Instrument

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

2.7 Study Personnel

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

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

2.8 Recruitment and Training of Research Team

In three field teams, a total of three research assistants, 13 female supervisor/interviewers, two male supervisors, three staff nurses, three lab technicians and three runners were hired for the FSW survey. When selecting field researchers for the study, priority was given to researchers who had been involved in similar types of studies previously like BSS (Behavioral Surveillance Survey) and sero among FSWs, truckers, migrants, clients and IDUs.

A one-week intensive training was organized for all the field researchers focusing on introduction to the study, administration of the questionnaire including characteristics of the target groups, methods of approaching them, rapport building techniques, and sharing of previous experiences (problems and solutions). In addition, the training session also involved mock interviews, role-plays, class lectures, etc. Role-play practices were carried out assuming the actual field situation. Possible problems that could be faced while approaching the sex workers and ways of overcoming such problems were discussed. The training also focused on providing a clear concept of informed consent, pre-test counseling and basic knowledge of HIV/AIDS and STIs to the research team.

2.9 Field Operation Procedures

Clinic Set-up

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

Clinical Procedures

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

Laboratory Methods

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

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

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

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

+ve, -ve, -ve). The proposed testing protocol is based on WHO guidelines (strategy 3) and the National VCT Guidelines of Nepal developed by the NCASC.

Storage and Transportation of Samples

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

Quality Control of Laboratory Tests

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

2.10 Coordination and Monitoring

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

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

2.11 Ethical Issues

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

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

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

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

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

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

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

2.13 Control of Duplication

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

Several questions were asked to the participants incase of any doubt regarding her first time participation in the study. Such questions included queries relating to her experience of undergoing any blood test, part of the body from where the blood was taken, her experience of HIV test or test for other diseases, the meeting with the peer educators for blood test, and the possession of an ID card with a study number.

2.14 Constraints in the Field Work

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

2.15 Data Processing and Analysis

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

Chapter 3.0: KEY FINDINGS

3.1 Socio-Demographic Characteristics

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

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

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

			20	04					20	06		
Variables	Stree	t	Establis	shment	To	tal	Str	eet	Establi	shment	To	tal
	N=200	%	N=300	%	N=500	%	N=200	%	N=300	%	N=500	%
Birth Districts												
Kathmandu Valley *	35	17.5	41	13.7	76	15.2	26	13.0	41	13.7	67	13.4
India	8	4.0	18	6.0	26	5.2	9	4.5	16	5.3	25	5.0
Bhutan, Hong Kong	1	0.5	1	0.3	2	0.4	0	0.0	0	0.0	0	0.0
Other Districts	156	78.0	240	80.0	396	79.2	165	82.5	243	81.0	408	81.6
Period Living in												
Kathmandu Valley												
Since Birth	17	8.5	19	6.3	36	7.2	16	8.0	28	9.3	44	8.8
More than 120 months	40	20.0	31	10.3	71	14.2	47	23.5	29	9.7	76	15.2
61 months – 120months	34	17.0	54	18.0	88	17.6	38	19.0	52	17.3	90	18.0
13 months – 60 months	74	37.0	120	40.0	194	38.8	59	29.5	111	37.0	170	34.0
Up to 12 months	35	17.5	76	25.3	111	22.2	40	20.0	80	26.7	120	24.0

Note: * Kathmandu, Lalitpur, Bhaktapur

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

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

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

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

Table 2: Socio-Demographic Characteristics of Female Sex Workers

Table 2: S	OCIO-D	cinogra	_	014	teristi	CS OI I'	ciliaic	JCA VV		06		
	Str	eet		shment	To	otal	Str	eet	Establi		To	tal
Characteristics	N	%	N	%	N	%	N	%	N	%	N	%
Age of respondent	11	70	11	70	11	70	-11	70	11	70	-11	70
Less than 20	32	16.0	121	40.4	153	30.6	43	21.5	108	36.0	151	30.2
20 – 24	51	25.5	115	38.3	166	33.2	59	29.5	118	39.3	177	35.4
25 – 29	47	23.5	48	16.0	95	19.0	35	17.5	47	15.7	82	16.4
30 – 34	20	10.0	11	3.7	31	6.2	34	17.0	17	5.7	51	10.2
35 or above	50	25.0	5	1.7	55	11.0	29	14.5	10	3.3	39	7.8
Range: 15 – 58 Mean/Median Age:	27	.9/26.0	21	.4/21.0	24	1.0/22.0	26	.0/24.0	22	2.0/21.0	23	.6/22.0
Total	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	500	100.0
Education												
Illiterate	117	58.5	76	25.3	193	38.6	95	47.5	63	21.0	158	31.6
Literate, no schooling	16	8.0	29	9.7	45	9.0	24	12.0	36	12.0	60	12.0
Grade 1 – 5	38	19.0	94	31.3	132	26.4	43	21.5	105	35.0	148	29.6
Grade 6 – 9	20	10.0	86	28.7	106	21.2	32	16.0	84	28.0	116	23.2
SLC and Above	9	4.5	15	5.0	24	4.8	6	3.0	12	4.0	18	3.6
Total	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	500	100.0
Ethnic/Caste Group												
Brahmin	21	10.5	29	9.7	50	10.0	20	10.0	24	8.0	44	8.8
Chhetri/Thakuri	60	30.0	90	30.0	150	30.0	68	34.0	95	31.7	163	32.6
Newar	21	10.5	26	8.7	47	9.4	13	6.5	26	8.7	39	7.8
Tamang	31	15.5	68	22.7	99	19.8	35	17.5	57	19.0	92	18.4
Magar	12	6.0	26	8.7	38	7.6	13	6.5	31	10.3	44	8.8
Rai/Limbu	10	5.0	24	8.0	34	6.8	15	7.5	21	7.0	36	7.2
Gurung	12	6.0	19	6.3	31	6.2	6	3.0	25	8.3	31	6.2
Damai/Sarki/Kami/Sunar	7	3.5	7	2.3	14	2.8	6	3.0	5	1.7	11	2.2
Others	26	13.0	11	3.7	37	7.4	24	12.0	16	5.3	40	8.0
Total	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	500	100.0
Marital Status												
Married	99	49.5	97	32.3	196	39.2	91	45.5	137	45.7	228	45.6
Divorced/Separated	71	35.5	78	26.0	149	29.8	69	34.5	73	24.3	142	28.4
Widowed	8	4.0	5	1.7	13	2.6	4	2.0	5	1.7	9	1.8
Never Married	22	11.0	120	40.0	142	28.4	36	18.0	85	28.3	121	24.2
Total	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	500	100.0
Husband Has Co-wife						• • •						
Yes	34	34.3	23	23.7	57	29.1	20	22.0	29	21.2	49	21.5
No	65	65.7	74	76.3	139	70.9	71	78.0	108	78.8	179	78.5
Total	99	100.0	97	100.0	196	100.0	91	100.0	137	100.0	228	100.0
Living Status of FSW												
Currently Married Sex Workers Living	95	96.0	87	89.6	182	92.9	75	82.4	107	78.1	182	79.8
With Husband/Male Friend					-						-	
Unmarried Sex Workers Living With	0	0.0	4	3.3	4	2.8	3	8.3	7	8.2	10	8.3
Male Friend												
Age at First Marriage 6 – 14	50	22.6	15	25.0	103	28.8	41	25.0	43	20.0	84	22.2
6 – 14 15 – 19	58 99	32.6 55.6	45 112	25.0 62.2	211	58.9	108	25.0 65.9	140	65.1	248	22.2 65.4
20 – 24	14	7.9	22	12.2	36	10.1	14	8.5	28	13.0	42	11.1
25 – 24 25 – 33	7	3.9	1	0.6	8	2.2	14	0.6	4	1.9	5	1.3
Mean/Median Age at First Marriage:		5.2/16.0		.5/16.0		6.3/16.0		6.2/16.0		6.7/16.0		6.5/16.0
Total	178	100.0		100.0	358	100.0	164	100.0	215	100.0	379	100.0
Dependents of Sex Workers	1/0	100.0	100	100.0	550	100.0	107	100.0	213	100.0	317	100.0
Yes	145	72.5	174	58.0	319	63.8	131	65.5	169	56.3	300	60.0
No	55	27.5	126	42.0	181	36.2	69	34.5	131	43.7	200	40.0
Total	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	500	100.0
Total Number of Dependents (Adults	200	100.0	300	100.0	200	100.0	200	100.0	300	100.0	200	100.0
+ Children)												
One	54	37.2	63	36.2	117	36.7	47	35.9	69	40.8	116	38.7
2 – 3	70	48.3	92	52.9	162	50.8	68	51.9	83	49.1	151	50.3
4 and more	21	14.5	19	10.9	40	12.5	16	12.2	17	10.1	33	11.0
Mean Number of Dependents:	-	2.2	-	2.1	-	2.2	-	2.1	-	2.0	-	2.1
Total	145	100.0	174	100.0	319	100.0	131	100.0	169	100.0	300	100.0
Total	175	100.0	1/7	100.0	517	100.0	131	100.0	107	100.0	200	100.0

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

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

Table 3: Sexual Behavior of Female Sex Workers

Table 3: Sexual Behavior of Female Sex Workers													
			20	004					20	06			
Sexual Behavior	Stı	eet	Establi	shment	To	tal	Stı	eet	Establi	shment	Total		
	N	%	N	%	N	%	N	%	N	%	N	%	
Age at First Sexual Intercourse													
9 – 14	64	32.0	83	27.7	147	29.4	52	26.0	66	22.0	118	23.6	
15 – 19	121	60.5	188	62.7	309	61.8	132	66.0	211	70.3	343	68.6	
20 – 24	10	5.0	29	9.7	39	7.8	15	7.5	21	7.0	36	7.2	
25 – 30	5	2.5	0	0.0	5	1.0	1	0.5	2	0.7	3	0.6	
Mean/Median Age at First Sex:	16	.0/16.0	16.2	2/16.0	16.1	/16.0	16.1	/16.0	16.2	/16.0	16.1	/16.0	
Total	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	500	100.0	
Duration of Sexual Exchange for Money													
6 – 12 months	73	36.5	159	53.0	232	46.4	78	39.0	169	56.3	247	49.4	
13 – 24 months	47	23.5	90	30.0	137	27.4	40	20.0	68	22.7	108	21.6	
25 – 36 months	31	15.5	23	7.7	54	10.8	32	16.0	31	10.3	63	12.6	
37–48 months	11	5.5	12	4.0	23	4.6	13	6.5	14	4.7	27	5.4	
More than 48 months	38	19.0	16	5.3	54	10.8	37	18.5	18	6.0	55	11.0	
Mean Months:	-	33.3	-	18.5	-	24.5		33.6		19.3	-	25.0	
Total	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	500	100.0	
Working as a SW from the Interview													
Location													
Up to 6 months	12	6.0	46	15.3	58	11.6	22	11.0	37	12.3	59	11.8	
7 – 12 months	66	33.0	129	43.0	195	39.0	61	30.5	139	46.3	200	40.0	
13 – 24 months	51	25.5	82	27.3	133	26.6	41	20.5	65	21.7	106	21.2	
25 – 36 months	29	14.5	18	6.0	47	9.4	33	16.5	27	9.0	60	12.0	
37 – 48 months	11	5.5	11	3.7	22	4.4	13	6.5	14	4.7	27	5.4	
More than 48 months	31	15.5	14	4.7	45	9.0	30	15.0	18	6.0	48	9.6	
Total	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	500	100.0	
Ever Worked as a SW in Other Places													
Yes	18	9.0	21	7.0	39	7.8	23	11.5	26	8.7	49	9.8	
No	182	91.0	279	93.0	461	92.2	177	88.5	274	93.3	451	90.2	
Total	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	500	100.0	
Worked in India as a SW													
Yes	6	3.0	3	1.0	9	1.8	5	2.5	0	0.0	5	1.0	
No	194	97.0	297	99.0	491	98.2	195	97.5	300	100.0	495	99.0	
Total	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	500	100.0	
Decision made t o go to India													
Coerced	3	50.0	1	33.3	4	44.4	1	20.0	0	0.0	1	20.0	
On my own wish	3	50.0	2	66.7	5	55.6	4	80.0	0	0.0	4	80.0	
Total	6	100.0	3	100.0	9	100.0	5	100.0	0	0.0	5	100.0	
Duration of Sexual Exchange for Money	-				-				-	3.0			
in India													
Up to 6 months	4	66.7	2	66.7	6	66.7	1	20.0	0	0.0	1	20.0	
7-12 months	0	0.0	0	0.0	0	0.0	1	20.0	0	0.0	1	20.0	
13-24 months	0	0.0	0	0.0	0	0.0	2	40.0	0	0.0	2	40.0	
More than 24 months	2	33.3	1	33.3	3	33.3	1	20.0	0	0.0	1	20.0	

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

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

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

3.2 Sex Workers, Their Clients and Sex Partners

3.2.1 Sex Workers and the Clients

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

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

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

Table 4: Number of Clients Reported by Female Sex Workers

Table 4. Null	Table 4: Number of Clients Reported by Female Sex Workers 2004 2006											
Number of Clients of Sex Workers	C4-	eet		shment	т.	tal	Str	4		shment	т.	tal
Number of Cheffs of Sex Workers	N=200	eet %	N=300	snment %	N=500	tai %	N=200	eet %	N=300	snment %	N=500	tai %
Average Number of Clients Per Day	11-200	70	N=300	70	14-500	70	11-200	70	N=300	70	N=300	70
One	117	58.5	219	73.0	336	67.2	119	59.5	213	71.0	332	66.4
Two	57	28.5	59	19.7	116	23.2	59	29.5	50	16.7	109	21.8
Three– Four	19	9.5	21	7.0	40	8.0	19	9.5	33	11.0	52	10.4
More then Four	7	3.5	1	0.3	8	1.6	3	1.5	4	1.3	7	1.4
Mean Clients per Day:	-	1.8	-	1.4	-	1.6	-	1.6	-	1.5	-	1.5
Number of Clients on the Previous												
Day												
None	108	54.0	168	56.0	276	55.2	120	60.0	177	59.0	297	59.4
One	48	24.0	88	29.3	136	27.2	46	23.0	87	29.0	133	26.6
Two	30	15.0	33	11.0	63	12.6	23	11.5	22	7.3	45	9.0
Three – Four	11	5.5	11	3.7	22	4.4	11	5.5	12	4.0	23	4.6
More then Four	3	1.5	0	0.0	3	0.6	0	0.0	2	0.7	2	0.4
Mean No. of Clients on the Previous	-	1.0	-	0.6	-	0.8	-	0.6	-	0.6	-	0.6
Day												
Number of Clients in the Past Week												
0	19	9.5	33	11.0	52	10.4	18	9.0	24	8.0	42	8.4
One	24	12.0	50	16.7	74	14.8	22	11.0	42	14.0	64	12.8
Two	26	13.0	43	14.3	69	13.8	25	12.5	59	19.7	84	16.8
3 – 4	52	26.0	74	24.7	126	25.2	55	27.5	84	28.0	139	27.8
5 – 10	59	29.5	83	27.7	142	28.4	60	30.0	69	23.0	129	25.8
More than 10 Mean Number of Clients in the Past	20	10.0 5.9	17	5.7 4.1	37	7.4 4.8	20	10.0 5.1	22	7.3 4.1	42	8.4 4.5
Week:	-	5.9	-	4.1	-	4.8	-	5.1	-	4.1	-	4.5
Time of Last Sexual Contact												
On the Day of Interview	21	10.5	18	6.0	39	7.8	21	10.5	9	3.0	30	6.0
1 – 2 Days Before	116	58.0	170	56.7	286	57.2	95	47.5	175	58.3	270	54.0
3 – 5 Days Before	39	19.5	68	22.7	107	21.4	64	32.0	89	29.7	153	30.6
6 and More Days Before	24	12.0	44	14.7	68	13.6	20	10.0	27	9.0	47	9.4
Number of Clients on the Day of Last		12.0		1,	- 00	10.0	20	10.0		7.0	.,	7
Sexual Contact												
One	143	71.5	248	82.7	391	78.2	149	74.5	253	84.3	402	80.4
Two	41	20.5	41	13.7	82	16.4	40	20.0	34	11.3	74	14.8
3 – 7	16	8.0	11	3.7	27	5.4	11	5.5	13	4.3	24	4.8
Mean Number of Clients on that	-	1.5	-	1.2	-	1.3	-	1.3	-	1.2	-	1.3
Day:												
Average Number of Days Worked in a Week												
One	17	8.5	55	18.3	72	14.4	10	5.0	27	9.0	37	7.4
Two	10	5.0	40	13.3	50	10.0	18	9.0	42	14.0	60	12.0
Three	32	16.0	55	18.3	87	17.4	26	13.0	40	13.3	66	13.2
Four to Seven Days	141	70.5	150	50.0	291	58.2	146	73.0	191	63.7	337	67.4
Mean Number of Days Worked in a Week:	-	4.8	-	3.9	-	4.3	-	4.9	-	4.4	-	4.6

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

3.2.2 Types of Clients

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

Table 5: Types of Clients Reported by Female Sex Workers

		V I	20	04						006		
Types of Clients	Str	eet	Establi	shment	To	tal	Stı	eet	Establi	shment	To	tal
Types of Chems	N= 200	%	N= 300	%	N= 500	%	N= 200	%	N= 300	%	N= 500	%
Occupation of Most Frequent Clients*												
Businessman	76	38.0	189	63.0	265	53.0	113	56.5	200	66.7	313	62.6
Service Holder/Officer/Doctor	81	40.5	143	47.7	224	44.8	96	48.0	203	67.7	299	59.8
Policeman/Soldier	87	43.5	115	38.3	202	40.4	97	48.5	178	59.3	275	55.0
Transport Worker/Driver	67	33.5	66	22.0	133	26.6	109	54.5	83	27.7	192	38.4
Migrant/Industrial Worker/Wage Laborer	53	26.5	16	5.3	69	13.8	77	38.5	35	11.7	112	22.4
Student	7	3.5	34	11.3	41	8.2	13	6.5	46	15.3	59	11.8
Foreign Employee	17	8.5	18	6.0	35	7.0	12	6.0	18	6.0	30	6.0
Contractor	19	9.5	13	4.3	32	6.4	2	1.0	7	2.3	9	1.8
Tourist	1	0.5	20	6.7	21	4.2	1	0.5	6	2.0	7	1.4
Others	30	15.0	52	17.3	82	16.4	15	7.5	14	4.6	29	5.8
Occupation of Last Client												
Businessman	32	16.0	121	40.3	153	30.6	41	20.5	96	32.0	137	27.4
Service Holder/Officer/Doctor	34	17.0	55	18.3	89	17.8	31	15.5	73	24.3	104	20.8
Policeman/Soldier	26	13.0	40	13.3	66	13.2	38	19.0	55	18.3	93	18.6
Transport Worker/Driver	19	9.5	23	7.7	42	8.4	28	14.0	24	8.0	52	10.4
Migrant/Industrial/WageLaborer	30	15.0	6	2.0	36	7.5	35	17.5	9	3.0	44	8.8
Foreign Employee	9	4.5	6	2.0	15	3.0	7	3.5	11	3.7	18	3.6
Student	3	1.5	13	4.3	16	3.2	4	2.0	14	4.7	18	3.6
Contractor	12	6.0	7	2.3	19	3.8	2	1.0	3	1.0	5	1.0
Other(Guide, Guard, Politician, etc.)	15	7.5	30	9.9	45	9.0	7	3.5	9	3.0	16	3.2
Don't Know	20	10.0	31	10.3	51	10.2	7	3.5	6	2.0	12	2.4

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

3.2.3 Sex Workers and Their Sex Partners

The transmission of sexual infection depends largely on the number of sex partners. This section presents additional information on the number of sex partners that the sex workers had inclusive of both paying and non-paying sex partners. Non-paying partners included boyfriends and regular partners who did not pay them for sex. Almost 36% of the sex workers had 3-5 paying sex partners in the week preceding the survey. Ten percent of the street based and 7.3% of the establishment based sex workers had served more than 10 paying sex partners during the period. The mean number of paying partners in the past week was 4.4, which was slightly less than in 2004 (4.8).

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

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

Table 6: Sex Partners of Female Sex Workers

			20	04					20	06		
Sex Partners of Sex Workers	Str	eet	Establi	shment	To	tal	Str	eet	Establi	shment	To	tal
	N=200	%	N=300	%	N=500	%	N=200	%	N=300	%	N=500	%
No. of Paying Sex Partners in												
the Past Week												
0	17	8.5	33	11.0	50	10.0	18	9.0	24	8.0	42	8.4
1 - 2	54	27.0	94	31.3	148	29.6	47	23.5	105	35.0	152	30.4
3 – 5	71	35.5	98	32.7	169	33.8	72	36.0	107	35.7	179	35.8
6 – 10	38	19.0	58	19.3	96	19.2	43	21.5	42	14.0	85	17.0
More than 10	20	10.0	17	5.7	37	7.4	20	10.0	22	7.3	42	8.4
Mean (Paying Partners in the		6.0	-	4.1	-	4.8		5.1		4.0		4.4
Past Week):												
No. of Non-Paying Sex Partners												
in the Past Week												
0	97	48.5	142	47.3	239	47.8	103	51.5	148	49.3	251	50.2
1 – 2	96	48.0	157	52.3	253	50.6	96	48.0	149	49.7	245	49.0
3 – 10	7	3.5	1	0.3	8	1.6	1	0.5	3	1.0	4	0.8
Mean (Non-Paying Partners in	_	0.7	_	0.6	_	0.6	_	0.5	_	0.6	_	0.6
the Past Week):		017		0.0		0.0		0.0		0.0		0.0
No. of Paying and Non-Paying												
Sex Partners in the Past Week												
0	10	5.0	20	6.7	30	6.0	13	6.5	14	4.7	27	5.4
1 – 2	48	24.0	83	27.7	131	26.2	35	17.5	86	28.7	121	24.2
3 – 5	70	35.0	108	36.0	178	35.6	81	40.5	116	38.7	197	39.4
6 – 10	50	25.0	63	21.0	113	22.6	47	23.5	60	20.0	107	21.4
More than 10	22	11.0	26	8.7	48	9.6	24	12.0	24	8.0	48	9.6
Mean (Paying and Non-Paying	_	6.6	_	4.7	_	5.4	-	5.6	-	4.6	-	5.0
Partners in the Past Week):	_	0.0	_	4.7	_	3.4						
Last Sex Partner												
Client	-	-	-	-	-	-	133	66.5	206	68.7	339	67.8
Husband/Male friend	-	-	-	-	-	-	56	28.0	77	25.7	133	26.6
Other male	-	-	-	-	-	-	11	5.5	17	5.7	28	5.6

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

3.3 Types of Sex Practiced by Sex Workers

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

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

Table 7: Types of Sex Practiced by Female Sex Workers

140	C 7. I	урсь от		04	u by I	cinaic	Sex Workers 2006						
Type of Sex	Str	reet		shment	То	tal	Str	eet		ishment	To	otal	
Type of Sex	N N	%	N	%	N	141 %	N	%	N	%	N	%	
Any Partner Forcibly Demanded Sex in the Past Year		,,,	,	, ,	-,			,,,	-,	,,		- 7.2	
Yes	45	22.5	60	20.0	105	21.0	49	24.5	88	29.3	137	27.4	
No	155	77.5	240	80.0	395	79.0	151	75.5	212	70.7	363	72.6	
Total	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	500	100.0	
Types of Sex Acts in the Past Year		10010	200	1000	200	1000	200	10010	200	10010	200	10010	
Oral Sex	9	4.5	17	5.7	26	5.2	24	12.0	19	6.3	43	8.6	
Anal Sex	7	3.5	3	1.0	10	2.0	18	9.0	13	4.3	31	6.2	
Masturbation	1	0.5	8	2.7	9	1.8	31	15.5	33	11.0	64	12.8	
Only Vaginal	183	91.5	272	90.7	455	91.0	153	76.5	255	88.7	408	81.6	
Total	200	*	300	*	500		200	*	300	*	500	*	
Clients Refusing to Pay for	200		300		200		200		300		200		
Sexual Services				10.0									
Yes	95	47.5	57	19.0	152	30.4	68	34.0	64	21.3	132	26.4	
No	105	52.5	243	81.0	348	69.6	132	66.0	236	78.7	368	73.6	
Mean No. of Such Incidences in Past Six Months:	-	3.8	-	2.5	-	3.1	-	4.9	-	2.6	-	3.8	
Total	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	500	100.0	
Clients Performing Such Activities that the FSWs Disliked in the Past Year Yes		_	_	-	-	-	51	25.5	49	16.3	100	20.0	
No	_	-	-	-	_	_	149	74.5	251	83.7	400	80.0	
Total	-	-	-	-	-	-	200	100.0	300	100.0	500	100.0	
Types of Activities Performed by Clients Which FSWs Disliked													
Oral Sex	-	-	-	-	-	-	21	41.2	24	49.0	45	45.0	
Masturbation	-	-	-	-	-	-	16	31.4	10	20.4	26	26.0	
Anal Sex	-	-	-	-	-	-	15	29.4	10	20.4	25	25.0	
Stole Money	-	-	-	-	-	-	10	19.6	4	8.2	14	14.0	
Escape Without Paying	-	-	-	-	-	-	8	15.7	4	8.2	12	12.0	
Assaulted	-	-	-	-	-	-	7	13.7	5	10.2	12	12.0	
Verbal Torture	-	-	-	-	-	-	7	13.7	6	12.2	13	13.0	
Others	-	-	-	-	-	-	2	3.9	7	14.3	9	9.0	
Total							51	*	49	*	100	*	
Types of Sex with Last Client													
Masturbation	-	-	-	-	-	-	9	4.5	11	3.7	20	4.0	
Oral Sex	-	-	-	-	-	-	4	2.0	4	1.3	8	1.6	
Anal Sex	-	-	-	-	-	-	4	2.0	1	0.3	5	1.0	
Vaginal Sex	-	-	-	-	-	-	197	98.5	299	99.7	496	99.2	
Total	-	-	-	-	-	-	200	*	300	*	500	*	
Physically Assaulted by Any Person for Any Reason in the Past Year											100		
Yes	-	-	-	-	-	-	49	24.5	51	17.0	100	20.0	
No	-	-	-	-	-	-	151	75.5	249	83.0	400	80.0	
Total	-	-	-	-	-	-	200	100.0	300	100.0	500	100.0	

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

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

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

3.4 Income of Sex Workers

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

income could be due to the varying rates for sex acts charged by the different categories of sex workers in the study population. Other reasons could be different rates for married and uneducated sex workers compared to their educated and unmarried counterparts. Both cash and gifts received by the sex workers have been taken into account when calculating the total income from sex work.

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

Income from Last Sex with Client 10 5.0 13 4.3 23 4.6 0 0.0	Table 8	: Incon	ne of F			Work	and O	tner Jo	DS				
Street	Income from Sey Work and Other												
Income from Last Sex with Client 0		Str	eet	Establi	shment	To	tal	Str	eet	Establi	shment	To	tal
O		N	%	N	%	N	%	N	%	N	%	N	%
Up to Rs. 100	Income from Last Sex with Client												
Rs. 101 - Rs. 500	0			13	4.3	23	4.6		0.0			0	0.0
Rs. 101 - Rs. 1,000													3.2
Rs. 1001 = Rs. 1,500							40.4		48.5				33.8
Rs. 1501 - Rs. 2,000 2	Rs. 501 – Rs. 1,000		20.0	104	34.7	144	28.8	52	26.0	71		123	24.6
Rs. 2000 and above													17.6
Mean Income from Last Sex Work: Rs. 544 - 968 - 798 - 692 - 1,232 - 10		2											11.0
Mean Income from Last Sex Work: Rs. -													9.8
No. 10.00	Ü	50-8	3,000	100-3	5,000	50-8,00	0	50-3	3,200	60-5	5,000	50-5	,000
Total 200 100.0 300 100.0 500 100.0 200 100.0 300 100.0 500 100.0 100.0 500 100.0 100.0 500 100.0 100.0 500 100.0 100.0 500 100.0 100.0 500 100.0 100.0 500 100.		-	544	-	968	-	798	-	692	-	1,232	-	1016
Weekly Income from Sex Work	Total	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	500	100.0
Up to Rs. 1,000													
Rs 1,001	·	56	28.0	36	12.0	92	18.4	49	24.5	31	10.3	80	16.0
Rs 3,001	•			106		158	31.6	52			22.3	119	23.8
Rs 4,001 - Rs, 5,000		43	21.5	63				52	26.0	53	17.7	105	21.0
Rs 5,001 - Rs, 10,000	Rs 3,001 – Rs. 4,000	22	11.0	46	15.3	68	13.6	20	10.0	50	16.7	70	14.0
More than Rs 10,000	Rs 4,001 – Rs. 5,000	12	6.0	21	7.0	33	6.6	11	5.5	46	15.3	57	11.4
Range: Rs.	Rs 5,001 – Rs. 10,000	13	6.5	28	9.3	41	8.2	14	7.0	49	16.3	63	12.6
Mean Weekly Income from Sex Work: Rs. - 2,348 - 2,748 - 2,588 - 2,516 - 3,498 - 310	More than Rs 10,000	2	1.0	0	0.0	2	0.4	2	1.0	4	1.3	6	1.2
Total 200 100.0 300 100.0 500 100.0 200 100.0 300 100.0 500 100.0 100.0 500 100.0 100.0 500 500	Range: Rs.	150-1	1,000	100-9	9,500	100-	11,000	350-	16,000	500-	13,000	350-	16,000
Have Part Time Job Besides Sex Work Yes	Mean Weekly Income from Sex Work: Rs.	-	2,348	-	2,748	-	2,588	-	2,516	-	3,498	-	3105
Yes 125 62.5 290 96.7 415 83.0 106 53.0 292 97.3 398 79 No 75 37.5 10 3.3 85 17.0 94 47.0 8 2.7 102 20 Total 200 100.0 300 100.0 500 100.0 300 100.0 500 100.0 300 100.0 500 500.0 500.0 500.0	Total	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	500	100.0
No	Have Part Time Job Besides Sex Work												
Total 200 100.0 300 100.0 500 100.0 200 100.0 300 100.0 500 100.0 Part Time Jobs besides Sex Work	Yes	125	62.5	290	96.7	415	83.0	106	53.0	292	97.3	398	79.6
Part Time Jobs besides Sex Work Waitress 19 15.2 209 72.1 228 54.9 37 34.9 235 80.5 272 68	No	75	37.5	10	3.3	85	17.0	94	47.0	8	2.7	102	20.4
Waitress 19 15.2 209 72.1 228 54.9 37 34.9 235 80.5 272 68 Masseuse in Massage Parlor 4 3.2 36 12.4 40 9.6 0 0.0 33 11.3 33 8. Domestic Help 16 12.8 6 2.1 22 5.3 28 26.4 3 1.0 31 7. Wage Laborer 21 16.8 0 0.0 21 5.1 19 17.9 3 1.0 31 7. Dancer in Dance Restaurant 1 0.8 22 7.6 23 5.5 1 0.9 20 6.8 21 5. Retail Shops/Business 13 10.4 1 0.3 14 3.4 8 7.5 2 0.7 10 2. Cowner of Bhatti 9 7.2 4 1.4 13 3.2 5 4.7 1 0.3 <td>Total</td> <td>200</td> <td>100.0</td> <td>300</td> <td>100.0</td> <td>500</td> <td>100.0</td> <td>200</td> <td>100.0</td> <td>300</td> <td>100.0</td> <td>500</td> <td>100.0</td>	Total	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	500	100.0
Masseuse in Massage Parlor 4 3.2 36 12.4 40 9.6 0 0.0 33 11.3 33 8. Domestic Help 16 12.8 6 2.1 22 5.3 28 26.4 3 1.0 31 7. Wage Laborer 21 16.8 0 0.0 21 5.1 19 17.9 3 1.0 22 5. Dancer in Dance Restaurant 1 0.8 22 7.6 23 5.5 1 0.9 20 6.8 21 5. Retail Shops/Business 13 10.4 1 0.3 14 3.4 8 7.5 2 0.7 10 2. Owner of Bhatti 9 7.2 4 1.4 13 3.2 5 4.7 1 0.3 6 1. Peer Communicator in NGO 13 10.4 7 2.4 20 4.8 0 0.0 0 0.0	Part Time Jobs besides Sex Work												
Domestic Help	Waitress	19	15.2	209	72.1	228	54.9	37	34.9	235	80.5	272	68.3
Wage Laborer 21 16.8 0 0.0 21 5.1 19 17.9 3 1.0 22 5.5 Dancer in Dance Restaurant 1 0.8 22 7.6 23 5.5 1 0.9 20 6.8 21 5. Retail Shops/Business 13 10.4 1 0.3 14 3.4 8 7.5 2 0.7 10 2. Owner of Bhatti 9 7.2 4 1.4 13 3.2 5 4.7 1 0.3 6 1. Peer Communicator in NGO 13 10.4 7 2.4 20 4.8 0 0.0 0 0.0 0 0.0 0 0.0 0 0.0 0 0.0 0 0.0 0 0.0 0 0.0 0 0.0 0 0.0 0 0.0 0 0.0 0 0.0 0 0.0 0 0.0 0 0.0 </td <td>Masseuse in Massage Parlor</td> <td>4</td> <td>3.2</td> <td>36</td> <td>12.4</td> <td>40</td> <td>9.6</td> <td>0</td> <td>0.0</td> <td>33</td> <td>11.3</td> <td>33</td> <td>8.3</td>	Masseuse in Massage Parlor	4	3.2	36	12.4	40	9.6	0	0.0	33	11.3	33	8.3
Dancer in Dance Restaurant	Domestic Help	16	12.8	6	2.1	22		28	26.4	3	1.0	31	7.8
Retail Shops/Business 13 10.4 1 0.3 14 3.4 8 7.5 2 0.7 10 2.5		21	16.8	0	0.0	21		19	17.9	3	1.0	22	5.5
Owner of Bhatti Pasal/Restaurant/Cabin 9 7.2 4 1.4 13 3.2 5 4.7 1 0.3 6 1. Peer Communicator in NGO 13 10.4 7 2.4 20 4.8 0 0.0 0 0 0 0 0 0 0 0 0 0 0 0		1	0.8	22	7.6	23	5.5	1		20	6.8	21	5.3
Pasal/Restaurant/Cabin		13	10.4	1	0.3	14	3.4	8	7.5	2	0.7	10	2.5
Peer Communicator in NGO		9	7.2	4	1 4	13	3.2	5	47	1	0.3	6	1.6
Laborer in Garment/Carpet Factory 13 10.4 1 0.3 14 3.4 0 0.0 0 0.0 0 0.0 Worker in Bhatti Pasal 9 7.2 0 0.0 9 2.2 0 0.0 0 0 0.0 0 0.0 0 0.0 0 0.0 0 0 0 0 0 0 0 0 0 0 0 0<												_	
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			/		/		/						781
Total 200 100.0 300 100.0 500 100.0 200 100.0 300 100.0 500 100	•											500	100.0

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

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

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

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

3.5 Knowledge of Condoms among Sex Workers

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

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

			20	04					20	06		
Source of Knowledge of Condoms	Str	eet	Establi	shment	To	tal	Str	eet	Establi	shment	To	tal
	N=200	%	N=300	%	N=500	%	N=200	%	N=300	%	N=500	%
Sources of Knowledge of Condoms:												
Radio	192	96.0	291	97.0	483	96.6	192	96.0	290	96.7	482	96.4
Television	167	83.5	265	88.3	432	86.4	187	93.5	285	95.0	472	94.4
Pharmacy	160	80.0	247	82.3	407	81.4	176	88.0	270	90.0	446	89.2
NGOs	133	66.5	167	55.7	300	60.0	158	79.0	271	90.3	429	85.8
Friend/Neighbor	139	69.5	212	70.7	351	70.2	167	83.5	261	87.0	428	85.6
Billboard/Signboard	101	50.5	154	51.3	255	51.0	124	62.0	235	78.3	359	71.8
Newspaper/Poster	91	45.5	163	54.3	254	50.8	133	66.5	224	74.7	337	67.4
Hospital	99	49.5	141	47.0	240	48.0	117	58.5	196	65.3	313	62.6
Health Post/Health Center	48	24.0	64	21.3	112	22.4	90	45.0	140	46.7	230	46.0
Cinema Hall	57	28.5	121	40.3	178	35.6	79	39.5	128	42.7	207	41.4
Community Event/Training	42	21.0	27	9.0	69	13.8	81	40.5	109	36.3	190	38.0
Health Worker/Volunteer	37	18.5	27	9.0	64	12.8	65	32.5	104	34.7	169	33.8
Street Drama	37	18.5	42	14.0	79	15.8	70	35.0	84	28.0	154	30.8
Video Van	18	9.0	13	4.3	31	6.2	60	30.0	76	25.3	136	27.2
Comic Book	20	10.0	30	10.0	50	10.0	43	21.5	82	27.3	125	25.0
Community Workers	12	6.0	8	2.7	20	4.0	23	11.5	48	16.0	71	14.2
Clients	0	0.0	0	0.0	0	0.0	12	6.0	11	3.7	23	4.6
Other	4	2.0	2	0.7	6	1.2	2	1.0	0	0.0	2	0.4

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

3.6 Condom Use with Different Partners

The sex workers reported having three different types of sex partners: (i) Paying partners, i.e., clients (ii) Regular partners, i.e., those who visited them on a regular basis and (iii) Non-paying partners, i.e., husband, boyfriends and cohabiting male friends. The following sections describe their practice of condom use with different

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

3.6.1 Condom Use with Client

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

3.6.2 Condom Use with Regular Client

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

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

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

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

Table 10: Cont'd...

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

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

3.6.3 Condom Use with Non-Paying Partners

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

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

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

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

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

3.7 Availability of Condoms and Their Brand Names

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

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

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

Table 12: Condoms Av				004)06		
Condom Acquisition	St	reet		ishment	To	otal	Str	reet		ishment	To	otal
1	N	%	N	%	N	%	N	%	N	%	N	%
Carry Condom Usually				, ,	-,			, ,		, -		, ,
Yes	60	30.0	14	4.7	74	14.8	86	43.0	77	25.7	163	32.6
No	140	70.0	286	95.3	426	85.2	114	57.0	223	74.3	337	67.4
Total	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	500	100.0
No. of Condoms Carried	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	200	100.0
1	5	8.3	0	0.0	5	6.8	2	2.3	5	6.5	7	4.3
2	7	11.7	2	14.3	9	12.2	7	8.1	7	9.1	14	8.6
3-5	14	23.3	5	35.7	19	25.7	14	16.3	13	16.9	27	16.6
6-10	9	15.0	1	7.1	10	13.5	6	7.0	4	5.2	10	6.1
More than 10	9	15.0	5	35.7	14	18.9	6	7.0	1	1.3	7	4.3
Not carrying right now	16	26.7	1	7.1	17	23.0	51	59.3	47	61.0	98	60.1
Total	60	100.0	14	100.0	74	100.0	86	100.0	77	100.0	163	100.0
Time Needed to Obtain Condoms	00	100.0	17	100.0	/-	100.0	00	100.0	11	100.0	103	100.0
from Nearest Place												
Up to 5 minutes	103	51.5	167	55.7	270	54.0	119	59.5	206	68.7	325	65.0
6 – 10 minutes	54	27.0	92	30.7	146	29.2	57	28.5	79	26.3	136	27.2
11 – 15 minutes	20	10.0	22	7.3	42	8.4	15	7.5	7	2.3	22	4.4
16 – 20 minutes	10	5.0	11	3.7	21	4.2	5	2.5	8	2.7	13	2.6
21 and more minutes	9	4.5	7	2.3	16	3.2	2	1.0	0	0.0	2	0.4
Don't Know	4	2.0	1	0.3	5	1.0	2	1.0	0	0.0	2	0.4
Total	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	500	100.0
Places Where Condoms are	200	100.0	300	100.0	300	100.0	200	100.0	300	100.0	200	100.0
Available												
Pharmacy	181	90.5	285	95.0	466	93.2	178	89.0	289	96.3	467	93.4
General Retail Store (Kirana	40	20.0	78	26.0	118	23.6	137	68.5	242	80.7	379	75.8
Pasal)	40	20.0	70	20.0	110	23.0	137	00.5	242	00.7	317	75.0
Paan Shop	20	10.0	31	10.3	51	10.2	129	64.5	226	75.3	355	71.0
NGO/Health Workers/	108	54.0	79	26.3	187	37.4	108	54.0	177	59.0	285	57.0
Volunteers												
Bar/Guest House/Hotel	8	4.0	18	6.0	26	5.2	63	31.5	77	25.7	140	28.0
Hospital	48	24.0	92	30.7	140	28.0	51	25.5	81	27.0	132	26.4
Private Clinic	22	11.0	42	14.0	64	12.8	48	24.0	80	26.7	128	25.6
Peer/Friends	27	13.5	29	9.7	56	11.2	30	15.0	42	14.0	72	14.4
Health Post/Health Center	21	10.5	19	6.3	40	8.0	21	10.5	25	8.3	46	9.2
FPAN Clinic	5	2.5	1	0.3	6	1.2	13	6.5	11	3.7	24	4.8
Massage Center	2	1.0	15	5.0	17	3.4	0	0.0	21	7.0	21	4.2
Other	1	0.5	5	1.7	6	1.2	22	11.0	15	5.0	37	7.4
Don't Know	4	2.0	1	0.3	5	1.0	4	2.0	0	0.0	4	0.8
Total	200	*	300	*	500	*	200	*	300	*	500	*
Brand Names of Condoms Used												
Most												
Number 1	80	40.0	148	49.3	228	45.6	154	77.0	267	89.7	421	84.2
Dhaal	92	46.0	61	20.3	153	30.6	80	40.0	71	23.7	151	30.2
Panther	62	31.0	100	33.3	162	32.4	48	24.0	84	28.0	132	26.4
Kamasutra	33	16.5	44	14.7	77	15.4	32	16.0	63	21.0	95	19.0
Black Cobra	5	2.5	3	1.0	8	1.6	26	13.0	63	21.0	89	17.8
Jodi	21	10.5	34	11.3	55	11.0	24	12.0	36	12.0	60	12.0
Skinless	0	0.0	0	0.0	0	0.0	3	1.5	14	4.7	17	3.4
Playmate	0	0.0	0	0.0	0	0.0	3	1.5	4	1.3	7	1.4
Saajan	5	2.5	10	3.3	15	3.0	0	0.0	0	0.0	0	0.0
Beach	3	1.5	0	0.0	3	0.6	0	0.0	0	0.0	0	0.0
Others	0	0.0	0	0.0	0	0.0	9	4.5	7	2.3	16	3.2
Brands Not Known	44	22.0	48	16.0	92	18.4	12	6.0	21	7.0	33	6.6
Not Used in the Past Year	17	8.5	44	14.7	61	12.2	17	8.5	8	2.7	25	5.0
Total	200	*	300	*	500	*	200	*	300	*	500	*

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

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

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

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

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

Table 13: Reported Places for Ob	taining	Condonis		006	ULKUS	
Condom Acquisition	C4	4			T	.4.1
Condom Acquisition	N St	reet %	Establ N	ishment %	N N	otal %
Mode of Obtaining Condoms	11	/0	11	/0	11	/0
Always free of cost	69	34.5	132	44.0	201	40.2
Purchase	37	18.5	62	20.7	99	19.8
Obtain both ways	77	38.5	98	32.7	175	35.0
Condom never used	17	8.5	8	2.7	25	5.0
Total	200	100.0	300	100.0	500	100.0
Free Condoms Usually Obtained From	200	100.0	500	100.0	500	100.0
NGO/Health workers/Volunteers	110	75.3	153	66.5	263	69.9
Client	65	44.5	99	43.0	164	43.6
Peers/friends	25	17.1	44	19.1	69	18.4
Massage Parlour	0	0.0	19	8.3	19	5.1
Community events	4	2.7	10	4.3	14	3.7
Hospital	5	3.4	4	1.7	9	2.4
Hotel/Lodge/Restaurant	3	2.1	6	2.6	9	2.4
Bhatti Shop	4	2.7	0	0.0	4	1.1
FPAN clinics	1	0.7	0	0.0	1	0.3
Others	1	0.7	1	0.4	2	0.5
Total	146	*	230	*	376	*
Most Convenient Place to Obtain Free Condom	1.0		200		0.0	
NGO/Health workers/Volunteers	103	70.5	127	55.2	230	61.2
Client	46	31.5	79	34.3	125	33.2
Peers/friends	21	14.4	34	14.8	55	14.6
Massage Parlour	0	0.0	17	7.4	17	4.5
Hotel/Lodge/Restaurant	3	2.1	5	2.2	8	2.1
Bhatti Shop	4	2.7	0	0.0	4	1.1
Hospital	2	1.4	2	0.9	4	1.1
Community events	2	1.4	2	0.9	4	1.1
Health Post/Health Center	1	0.7	2	0.9	3	0.8
Others	1	0.7	2	0.9	3	0.8
Total	146	*	230	*	376	*
Places of Purchasing Condom						
Pharmacy	101	88.6	150	93.8	251	91.6
Pan Shop	32	28.1	43	26.9	75	27.4
General Retail Store (Kirana Pasal)	29	25.4	30	18.8	59	21.5
Private Clinic	8	7.0	14	8.8	22	8.0
Hotel/Lodge/Restaurant	5	4.4	2	1.3	7	2.6
Others	3	2.6	1	0.6	4	1.5
Total	114	*	160	*	274	*
Most Convenient Place to Purchase Condom						
Pharmacy	94	82.5	143	89.4	237	86.5
General Retail Store (Kirana Pasal)	16	14.0	15	9.4	31	11.3
Pan Shop	12	10.5	21	13.1	33	12.0
Private Clinic	5	4.4	6	3.8	11	4.0
Total	114	*	160	*	274	*

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

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

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

3.8 Knowledge of HIV/AIDS

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

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

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

			20	04					20	06		
Ever Heard of HIV/AIDS	Str	eet	Establis	shment	To	tal	Str	eet	Establi	shment	To	tal
	N=200	%	N=300	%	N=500	%	N=200	%	N=300	%	N=500	%
Yes	197	98.5	297	99.0	494	98.8	197	98.5	300	100.0	497	99.4
Sources of Knowledge of AIDS:												
Radio	185	93.9	280	94.3	465	94.1	193	98.0	283	94.3	476	95.2
Television	163	82.7	264	88.9	427	86.4	186	94.4	285	95.0	471	94.2
People from NGOs	134	68.0	171	57.6	305	61.7	158	80.2	264	88.0	422	84.4
Friends/Relatives	120	60.9	196	66.0	316	64.0	153	77.7	238	79.3	391	78.2
Workplace	91	46.2	176	59.3	267	54.0	113	57.4	232	77.3	345	69.0
Pamphlet/Poster	85	43.1	147	49.5	232	47.0	129	65.5	212	70.0	341	68.2
Billboard/Signboard	74	37.6	122	41.1	196	39.7	115	58.4	223	74.3	338	67.6
Newspaper/Magazine	74	37.6	144	48.5	218	44.1	78	39.6	150	50.0	228	45.6
Cinema Hall	51	25.9	101	34.0	152	30.8	71	36.0	111	37.0	182	36.4
Community Event/Training	43	21.8	25	8.4	68	13.8	72	36.5	100	33.3	172	34.4
Street Drama	29	14.7	40	13.5	69	14.0	72	36.5	87	29.0	159	31.8
Health Workers	39	19.8	40	13.5	79	16.0	57	28.9	97	32.3	154	30.8
Video Van	17	8.6	16	5.4	33	6.7	58	29.4	76	25.3	134	26.8
Comic Book	23	11.7	40	13.5	63	12.8	40	20.3	82	27.3	122	24.4
Community Workers	11	5.6	11	3.7	22	4.5	24	12.2	45	15.0	69	13.8
School/Teacher	18	9.1	40	13.5	58	11.7	19	9.6	36	12.0	55	11.0
Other Sources	5	2.5	4	1.3	9	1.8	14	7.1	15	5.0	29	5.8

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

3.8.1 Knowledge of HIV/AIDS

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

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

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

				20	04					20	06		
	Knowledge of Six Major Indicators on HIV/AIDS	Str	eet	Establi	shment	To	tal	Str	eet	Establi	shment	То	tal
	indicators on in v/AiDS	N=200	%	N=300	%	N=500	%	N=200	%	N=300	%	N=500	%
A	Can protect themselves through abstinence from sexual contact	73	36.5	103	34.3	176	35.2	140	70.0	196	65.3	336	67.2
В	Can protect themselves through monogamous sexual contact	43	21.5	89	29.7	132	26.4	164	82.0	230	76.7	396	79.2
С	Can protect themselves through condom use every time during sex	178	89.0	273	91.0	451	90.2	173	86.5	259	86.3	432	86.4
D	A healthy-looking person can be infected with HIV*	-	-	-	-	-	-	179	89.5	280	93.3	459	91.8
Е	A person can not get the HIV virus from mosquito bite*	-	-	-	-	-	-	91	45.5	142	47.3	233	46.6
F	Can not get HIV by sharing a meal with an HIV infected person*	-	-	-	-	-	-	158	79.0	255	85.0	413	82.6
Kn AB	owledge of all the three:	13	6.5	27	9.0	40	8.0	120	60.0	156	52.0	276	55.2
	owledge of all five icators: BCDEF	-	-	-	-	-	-	58	29.0	93	31.0	151	30.2

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

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

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

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

•			20	06		
Statements Related to HIV/AIDS	Str	eet	Establi	shment	To	tal
	N=200	%	N=300	%	N=500	%
Know Anyone Who is Infected with HIV or Who has Died of AIDS	128	64.0	179	59.7	307	61.4
Have a close relative or close friend who is infected with HIV or has died of AIDS	n=128	%	n=179	%	n=307	%
Close relative	10	7.8	13	7.3	23	7.5
Close friend	26	20.3	32	17.9	58	18.9
No relation	92	71.9	134	74.9	226	73.6
Total	128	100.0	179	100.0	307	100.0
Awareness on HIV/AIDS	N=200	%	N=300	%	N=500	%
A woman with HIV/AIDS can transmit the virus to her new-born child through breastfeeding	129	64.5	205	68.3	334	66.8
Can not get HIV by holding an HIV infected person's hand	177	88.5	279	93.0	456	91.2
A person can get HIV, by using previously used needle/syringe	187	93.5	296	98.7	483	96.6
Blood transfusion from an infected person to the other transmit HIV	194	97.0	299	99.7	493	98.6
A pregnant woman infected with HIV/AIDS can transmit the virus to her unborn child	177	88.5	269	89.7	446	89.2
Ways by which a pregnant woman can reduce the risk of transmission of HIV to her unborn child	n=177	%	n=269	%	n=446	%
Take medicine	52	29.4	80	29.7	132	29.6
Others	1	0.6	3	1.1	4	0.9
Don't Know	124	70.0	186	69.1	310	69.5

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

Perception on HIV Test

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

Table 17: Perception on HIV Test

			20	06		
Perception of HIV Test	Stı	reet	Establi	shment	To	tal
-	N	%	N	%	N	%
Confidential HIV Test Facility Available in the						
Community						
Yes	122	61.0	188	62.7	310	62.0
No	35	17.5	77	25.7	112	22.4
Don't Know	40	20.0	35	11.7	75	15.0
Never Heard about HIV	3	1.5	0	0.0	3	0.6
Total	200	100.0	300	100.0	500	100.0
Ever had an HIV test						
Yes	95	47.5	108	36.0	203	40.6
No	102	51.0	192	64.0	294	58.8
Never Heard about HIV	3	1.5	0	0.0	3	0.6
Total	200	100.0	300	100.0	500	100.0
Voluntarily Underwent the HIV Test or Because it was Required						
Voluntarily	83	87.4	96	88.9	179	88.2
Required	12	12.6	12	11.1	24	11.8
Total	95	100.0	108	100.0	203	100.0
Received HIV Test Result						
Yes	84	88.4	100	92.6	184	90.6
No	11	11.6	8	7.4	19	9.4
Total	95	100.0	108	100.0	203	100.0
Reason for Not Receiving the Test Result						
Forgot it	4	36.4	3	37.5	7	36.8
Afraid of result	2	18.2	2	25.0	4	21.1
Sure of not being infected	1	9.1	0	0.0	1	5.3
Felt unnecessary	0	0.0	1	12.5	1	5.3
Others	4	36.4	2	25.0	6	31.6
Total	11	100.0	8	100.0	19	100.0
Most Recent HIV Test						
Within Last 12 months	79	83.2	89	82.4	168	82.8
Between 1-2 years	15	15.8	18	16.7	33	16.3
Between 2-4 years	1	1.1	1	0.9	2	1.0
More than 4 years ago	0	0.0	0	0.0	0	0.0
Total	95	100.0	108	100.0	203	100.0

3.9 Access to FHI/Nepal Messages

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

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

Heard/Seen/Read the Following			20	04				•	20	06		
Messages/Characters in Past	Str	eet	Establi	shment	To	tal	Str	eet	Establi	shment	To	tal
One Year	N=200	%	N=300	%	N=500	%	N=200	%	N=300	%	N=500	%
Condom Kina Ma Bhaya Hunna Ra	189	94.5	285	95.0	474	94.8	170	85.0	273	91.0	443	88.6
Jhilke Dai Chha Chhaina Condom	183	91.5	287	95.7	470	94.0	170	85.0	271	90.3	441	88.2
Youn Rog Ra AIDS Bata Bachnalai Rakhnu Parchha Sarbatra Paine Condom Lai	170	85.0	262	87.3	432	86.4	176	88.0	272	90.7	448	89.6
Ramro Sangha Prayog Gare Jokhim Huna Dinna Bharpardo Chhu Santosh Dinchhu Jhanjat Manna Hunna	166	83.0	259	86.3	425	85.0	164	82.0	270	90.0	434	86.8
Condom Bata Suraksha, Youn Swasthya Ko Raksha	157	78.5	248	82.7	405	81.0	164	82.0	263	87.7	427	85.4
HIV/AIDS Bare Aajai Dekhi Kura Garau	157	78.5	246	82.0	403	80.6	158	79.0	255	85.0	413	82.6
Ek Apas Ka Kura	-	-	-	-	-	-	89	44.5	136	45.3	225	45.0
Maya Garaun Sadbhav Badaun	-	-	-	-	-	-	94	47.0	155	51.7	249	49.8
Des Pardes	-	-	-	-	-	-	48	24.0	58	19.3	106	21.2

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

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

Table 19: Message Understood by Female Sex Workers

Information Derived from			20	04					20	06		
the Messages	Str	eet	Establis	shment	To	tal	Str	eet	Establis	shment	To	tal
the Messages	N=200	%	N=300	%	N=500	%	N=200	%	N=300	%	N=500	%
Use Condom Against AIDS	184	92.0	276	92.0	460	92.0	194	98.5	299	99.7	493	98.6
Use Condom Against STI	130	65.0	181	60.3	311	62.2	155	78.7	247	82.3	402	80.4
Use Condom for Family Planning	62	31.0	98	32.7	160	32.0	125	63.5	178	59.3	303	60.6

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

3.10 Knowledge and Treatment of Sexually Transmitted Infections (STIs)

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

^{-:} No information in 2004

Table 20: Reported STI and Treatment in the Past Year

Table 2	zu: Ke	portec			aum	ent in	шега	ist 1 ca		_		
Perception on STI, Reported STI	a.			04			a.		200			
Symptoms and Treatment		reet		ishment		otal		eet	Establis			otal
Y 1 CODY	N	%	N	%	N	%	N	%	N	%	N	%
Understanding of STI White/Pus/Dhatuflow Discharge	100	50.0	149	49.7	249	49.8	149	74.5	252	84.0	401	80.2
Itching in Vagina	56	28.0	79	26.3	135	27.0	137	68.5	215	71.7	352	70.4
Blisters and Ulcers Around Vagina	70	35.0	88	29.3	158	31.6	118	59.0	167	55.7	285	57.0
Lower Abdominal Pain	24	12.0	49	16.3	73	14.6	90	45.0	149	49.7	239	47.8
Burning Sensation/Passing Urine	3	1.5	8	2.7	11	2.2	22	11.0	53	17.7	75	15.0
Syphilis (<i>Bhiringi</i>)/Gonorrhea	23	11.5	24	8.0	47	9.4	32	16.0	41	13.7	73	14.6
AIDS/HIV	15	7.5	10	3.3	25	5.0	25	12.5	32	10.7	57	11.4
Swelling of Vagina	2	1.0	2	0.7	4	0.8	27	13.5	27	9.0	54	10.8
Pain in Vagina	1	0.5	0	0.0	1	0.2	23	11.5	30	10.0	53	10.6
Bleeding	1	0.5	0	0.0	1	0.2	15	7.5	23	7.7	38	7.6
Don't know	50	25.0	85	28.3	135	27.0	24	12.0	17	5.7	41	8.2
Others (Fever, Weakness, etc.)	9	4.9	13	4.3	22	4.4	2	1.0	17	5.7	19	3.8
Total	200	*	300	*	500	*	200	*	300	*	500	*
Types of STI Symptoms												
Experienced in the Past Year	40	24.5	6.1	21.2	110	22.6	6.1	22.0	7.5	25.0	120	27.0
Lower Abdominal Pain	49 44	24.5 22.0	64	21.3 15.3	113 90	22.6	64	32.0 25.5	75 74	25.0	139 125	27.8
Vaginal Itching Vaginal Discharge	27	13.5	46 28	9.3	55	18.0 11.0	51 50	25.5	68	24.7 22.7	118	25.0 23.6
Vaginal Discharge Vaginal Odor	40	20.0	44	14.7	84	16.8	42	25.0	56	18.7	98	19.6
Painful Sex	44	22.0	55	18.3	99	19.8	42	20.5	53	17.7	98	18.8
Dysuria	30	15.0	28	9.3	58	11.6	34	17.0	40	13.3	74	14.8
Genital Ulcer or Sore	24	12.0	24	8.0	48	9.6	35	17.5	36	12.0	71	14.2
Polyuria	21	10.5	16	5.3	37	7.4	22	11.0	30	10.0	52	10.4
Genital Warts	3	1.5	0	0.0	3	0.6	10	5.0	16	5.3	26	5.2
Unusual Vaginal Bleeding	9	4.5	12	4.0	21	4.2	13	6.5	10	3.3	23	4.6
Other	2	1.0	5	1.7	7	1.4	1	0.5	5	1.7	6	1.2
Any of the Above Symptoms	91	45.5	114	38.0	205	41.0	109	54.5	149	49.7	258	51.6
None of the Above Symptoms	109	54.5	186	62.0	295	59.0	91	45.5	151	50.3	242	48.4
Total	200	*	300	*	500	*	200	*	300	*	500	*
Places visited for Treatment of												
STI Symptoms in the Past Year	1.0	20.0	10	20.2	20	25.2	22	24.0	20	20.0	50	24.0
Nepal Fertility Care Center Private Clinic	16	30.8 15.4	12 8	20.3	28 16	25.2 14.4	22 10	34.9 15.9	28 16	30.8 17.6	50 26	24.8 12.9
	0			13.0		14.4	10		10		20	10.4
	8			6.8		1.5	3	10	10		21	
General Welfare Pratisthan	1	1.9	4	6.8	5	4.5	3	4.8	18	19.8	21	
General Welfare Pratisthan Hospital	1 10	1.9 19.2	4 10	16.9	5 20	18.0	9	14.3	11	19.8 12.1	20	9.9
General Welfare Pratisthan Hospital Pharmacy	1	1.9 19.2 13.5	4 10 14	16.9 23.7	5	18.0 18.9	9 5	14.3 7.9	11 9	19.8 12.1 9.9	20 14	9.9 6.9
General Welfare Pratisthan Hospital	1 10 7	1.9 19.2	4 10	16.9	5 20 21	18.0	9	14.3	11	19.8 12.1	20	9.9
General Welfare Pratisthan Hospital Pharmacy SACTS	1 10 7 1	1.9 19.2 13.5 1.9	4 10 14 0	16.9 23.7 0.0	5 20 21 1	18.0 18.9 0.9	9 5 10	14.3 7.9 15.9	11 9 2	19.8 12.1 9.9 2.2	20 14 12	9.9 6.9 5.9
General Welfare Pratisthan Hospital Pharmacy SACTS Community Action Center	1 10 7 1 4	1.9 19.2 13.5 1.9 7.7	4 10 14 0 2	16.9 23.7 0.0 3.4	5 20 21 1 6	18.0 18.9 0.9 5.4	9 5 10 6	14.3 7.9 15.9 9.5	11 9 2 4	19.8 12.1 9.9 2.2 4.4	20 14 12 10	9.9 6.9 5.9 5.0
General Welfare Pratisthan Hospital Pharmacy SACTS Community Action Center Women Acting Together for Change	1 10 7 1 4 3	1.9 19.2 13.5 1.9 7.7 5.8	4 10 14 0 2 4	16.9 23.7 0.0 3.4 6.8	5 20 21 1 6 7	18.0 18.9 0.9 5.4 6.3	9 5 10 6 6	14.3 7.9 15.9 9.5 9.5	11 9 2 4 4	19.8 12.1 9.9 2.2 4.4 4.4	20 14 12 10 10	9.9 6.9 5.9 5.0 5.0
General Welfare Pratisthan Hospital Pharmacy SACTS Community Action Center Women Acting Together for Change Self Treatment	1 10 7 1 4 3 2 1	1.9 19.2 13.5 1.9 7.7 5.8 3.8 1.9	4 10 14 0 2 4 0 1 3	16.9 23.7 0.0 3.4 6.8 0.0 1.7 5.1	5 20 21 1 6 7 2 2 4	18.0 18.9 0.9 5.4 6.3 1.8 1.8	9 5 10 6 6 1 0	14.3 7.9 15.9 9.5 9.5 1.6 0.0	11 9 2 4 4 2 2 0	19.8 12.1 9.9 2.2 4.4 4.4 2.2 2.2 0.0	20 14 12 10 10 3 2	9.9 6.9 5.9 5.0 5.0 1.5 1.0
General Welfare Pratisthan Hospital Pharmacy SACTS Community Action Center Women Acting Together for Change Self Treatment FPAN AMDA Clinic Others	1 10 7 1 4 3 2 1 1 3	1.9 19.2 13.5 1.9 7.7 5.8 3.8 1.9 1.9 5.8	4 10 14 0 2 4 0 1 3 4	16.9 23.7 0.0 3.4 6.8 0.0 1.7 5.1 6.8	5 20 21 1 6 7 2 2 4	18.0 18.9 0.9 5.4 6.3 1.8 1.8 3.6 6.3	9 5 10 6 6 1 0 0	14.3 7.9 15.9 9.5 9.5 1.6 0.0 0.0	11 9 2 4 4 2 2 0 3	19.8 12.1 9.9 2.2 4.4 4.4 2.2 2.2 0.0 3.3	20 14 12 10 10 3 2 0 4	9.9 6.9 5.9 5.0 5.0 1.5 1.0 0.0 2.0
General Welfare Pratisthan Hospital Pharmacy SACTS Community Action Center Women Acting Together for Change Self Treatment FPAN AMDA Clinic Others Total	1 10 7 1 4 3 2 1	1.9 19.2 13.5 1.9 7.7 5.8 3.8 1.9	4 10 14 0 2 4 0 1 3	16.9 23.7 0.0 3.4 6.8 0.0 1.7 5.1	5 20 21 1 6 7 2 2 4	18.0 18.9 0.9 5.4 6.3 1.8 1.8	9 5 10 6 6 1 0	14.3 7.9 15.9 9.5 9.5 1.6 0.0	11 9 2 4 4 2 2 0	19.8 12.1 9.9 2.2 4.4 4.4 2.2 2.2 0.0	20 14 12 10 10 3 2	9.9 6.9 5.9 5.0 5.0 1.5 1.0
General Welfare Pratisthan Hospital Pharmacy SACTS Community Action Center Women Acting Together for Change Self Treatment FPAN AMDA Clinic Others Total Received Counseling to Avoid the	1 10 7 1 4 3 2 1 1 3	1.9 19.2 13.5 1.9 7.7 5.8 3.8 1.9 1.9 5.8	4 10 14 0 2 4 0 1 3 4	16.9 23.7 0.0 3.4 6.8 0.0 1.7 5.1 6.8	5 20 21 1 6 7 2 2 4	18.0 18.9 0.9 5.4 6.3 1.8 1.8 3.6 6.3	9 5 10 6 6 1 0 0	14.3 7.9 15.9 9.5 9.5 1.6 0.0 0.0	11 9 2 4 4 2 2 0 3	19.8 12.1 9.9 2.2 4.4 4.4 2.2 2.2 0.0 3.3	20 14 12 10 10 3 2 0 4	9.9 6.9 5.9 5.0 5.0 1.5 1.0 0.0 2.0
General Welfare Pratisthan Hospital Pharmacy SACTS Community Action Center Women Acting Together for Change Self Treatment FPAN AMDA Clinic Others Total Received Counseling to Avoid the Problem from the Place of	1 10 7 1 4 3 2 1 1 3	1.9 19.2 13.5 1.9 7.7 5.8 3.8 1.9 1.9 5.8	4 10 14 0 2 4 0 1 3 4	16.9 23.7 0.0 3.4 6.8 0.0 1.7 5.1 6.8	5 20 21 1 6 7 2 2 4	18.0 18.9 0.9 5.4 6.3 1.8 1.8 3.6 6.3	9 5 10 6 6 1 0 0	14.3 7.9 15.9 9.5 9.5 1.6 0.0 0.0	11 9 2 4 4 2 2 0 3	19.8 12.1 9.9 2.2 4.4 4.4 2.2 2.2 0.0 3.3	20 14 12 10 10 3 2 0 4	9.9 6.9 5.9 5.0 5.0 1.5 1.0 0.0 2.0
General Welfare Pratisthan Hospital Pharmacy SACTS Community Action Center Women Acting Together for Change Self Treatment FPAN AMDA Clinic Others Total Received Counseling to Avoid the Problem from the Place of Treatment	1 10 7 1 4 3 2 1 1 3 52	1.9 19.2 13.5 1.9 7.7 5.8 3.8 1.9 1.9 5.8	4 10 14 0 2 4 0 1 3 4 59	16.9 23.7 0.0 3.4 6.8 0.0 1.7 5.1 6.8	5 20 21 1 6 7 2 2 4 7	18.0 18.9 0.9 5.4 6.3 1.8 1.8 3.6 6.3	9 5 10 6 6 1 0 0 1 63	14.3 7.9 15.9 9.5 9.5 1.6 0.0 0.0 1.6	11 9 2 4 4 2 2 0 3 91	19.8 12.1 9.9 2.2 4.4 4.4 2.2 2.2 0.0 3.3	20 14 12 10 10 3 2 0 4 202	9.9 6.9 5.9 5.0 1.5 1.0 0.0 2.0
General Welfare Pratisthan Hospital Pharmacy SACTS Community Action Center Women Acting Together for Change Self Treatment FPAN AMDA Clinic Others Total Received Counseling to Avoid the Problem from the Place of Treatment Yes	1 10 7 1 4 3 2 1 1 3 52	1.9 19.2 13.5 1.9 7.7 5.8 3.8 1.9 1.9 5.8	4 10 14 0 2 4 0 1 3 4 59	16.9 23.7 0.0 3.4 6.8 0.0 1.7 5.1 6.8	5 20 21 1 6 7 2 2 4 7 111	18.0 18.9 0.9 5.4 6.3 1.8 1.8 3.6 6.3 *	9 5 10 6 6 1 0 0 1 63	14.3 7.9 15.9 9.5 9.5 1.6 0.0 0.0 1.6 *	11 9 2 4 4 2 2 0 3 91	19.8 12.1 9.9 2.2 4.4 4.4 2.2 2.2 0.0 3.3	20 14 12 10 10 3 2 0 4 202	9.9 6.9 5.9 5.0 1.5 1.0 0.0 2.0 *
General Welfare Pratisthan Hospital Pharmacy SACTS Community Action Center Women Acting Together for Change Self Treatment FPAN AMDA Clinic Others Total Received Counseling to Avoid the Problem from the Place of Treatment Yes No	1 10 7 1 4 3 2 1 1 3 52	1.9 19.2 13.5 1.9 7.7 5.8 3.8 1.9 1.9 5.8	4 10 14 0 2 4 0 1 3 4 59	16.9 23.7 0.0 3.4 6.8 0.0 1.7 5.1 6.8	5 20 21 1 6 7 2 2 4 7	18.0 18.9 0.9 5.4 6.3 1.8 1.8 3.6 6.3	9 5 10 6 6 1 0 0 1 63	14.3 7.9 15.9 9.5 9.5 1.6 0.0 0.0 1.6 *	11 9 2 4 4 2 2 0 3 91	19.8 12.1 9.9 2.2 4.4 4.4 2.2 2.2 0.0 3.3 *	20 14 12 10 10 3 2 0 4 202	9.9 6.9 5.9 5.0 1.5 1.0 0.0 2.0 *
General Welfare Pratisthan Hospital Pharmacy SACTS Community Action Center Women Acting Together for Change Self Treatment FPAN AMDA Clinic Others Total Received Counseling to Avoid the Problem from the Place of Treatment Yes No Total	1 10 7 1 4 3 2 1 1 3 52	1.9 19.2 13.5 1.9 7.7 5.8 3.8 1.9 1.9 5.8	4 10 14 0 2 4 0 1 3 4 59	16.9 23.7 0.0 3.4 6.8 0.0 1.7 5.1 6.8	5 20 21 1 6 7 2 2 4 7 111	18.0 18.9 0.9 5.4 6.3 1.8 1.8 3.6 6.3 *	9 5 10 6 6 1 0 0 1 63	14.3 7.9 15.9 9.5 9.5 1.6 0.0 0.0 1.6 *	11 9 2 4 4 2 2 0 3 91	19.8 12.1 9.9 2.2 4.4 4.4 2.2 2.2 0.0 3.3	20 14 12 10 10 3 2 0 4 202	9.9 6.9 5.9 5.0 1.5 1.0 0.0 2.0 *
General Welfare Pratisthan Hospital Pharmacy SACTS Community Action Center Women Acting Together for Change Self Treatment FPAN AMDA Clinic Others Total Received Counseling to Avoid the Problem from the Place of Treatment Yes No Total Types of Counseling Received	1 10 7 1 4 3 2 1 1 3 52	1.9 19.2 13.5 1.9 7.7 5.8 3.8 1.9 5.8 *	4 10 14 0 2 4 0 1 3 4 59	16.9 23.7 0.0 3.4 6.8 0.0 1.7 5.1 6.8 *	5 20 21 1 6 7 2 2 4 7 111	18.0 18.9 0.9 5.4 6.3 1.8 3.6 6.3 *	9 5 10 6 6 1 0 0 1 63	14.3 7.9 15.9 9.5 9.5 1.6 0.0 0.0 1.6 * 80.6 19.4 100.0	11 9 2 4 4 2 2 0 3 91 69 20 89	19.8 12.1 9.9 2.2 4.4 4.4 2.2 2.2 0.0 3.3 * 77.5 22.5 100.0	20 14 12 10 10 3 2 0 4 202 119 32 151	9.9 6.9 5.9 5.0 5.0 1.5 1.0 0.0 2.0 * 78.8 21.2
General Welfare Pratisthan Hospital Pharmacy SACTS Community Action Center Women Acting Together for Change Self Treatment FPAN AMDA Clinic Others Total Received Counseling to Avoid the Problem from the Place of Treatment Yes No Total Types of Counseling Received Use Condom	1 10 7 1 4 3 2 1 1 3 52	1.9 19.2 13.5 1.9 7.7 5.8 3.8 1.9 1.9 5.8	4 10 14 0 2 4 0 1 3 4 59	16.9 23.7 0.0 3.4 6.8 0.0 1.7 5.1 6.8	5 20 21 1 6 7 2 2 4 7 111	18.0 18.9 0.9 5.4 6.3 1.8 1.8 3.6 6.3 *	9 5 10 6 6 1 0 0 1 63	14.3 7.9 15.9 9.5 9.5 1.6 0.0 0.0 1.6 * 80.6 19.4 100.0 88.0	11 9 2 4 4 2 2 0 3 91 69 20 89	19.8 12.1 9.9 2.2 4.4 4.4 2.2 2.2 0.0 3.3 * 77.5 22.5 100.0	20 14 12 10 10 3 2 0 4 202 119 32 151	9.9 6.9 5.9 5.0 5.0 1.5 1.0 0.0 2.0 * 78.8 21.2 100.0 89.1
General Welfare Pratisthan Hospital Pharmacy SACTS Community Action Center Women Acting Together for Change Self Treatment FPAN AMDA Clinic Others Total Received Counseling to Avoid the Problem from the Place of Treatment Yes No Total Types of Counseling Received Use Condom Reduce Number of Sexual	1 10 7 1 4 3 2 1 1 3 52	1.9 19.2 13.5 1.9 7.7 5.8 3.8 1.9 5.8 *	4 10 14 0 2 4 0 1 3 4 59	16.9 23.7 0.0 3.4 6.8 0.0 1.7 5.1 6.8 *	5 20 21 1 6 7 2 2 4 7 111	18.0 18.9 0.9 5.4 6.3 1.8 3.6 6.3 *	9 5 10 6 6 1 0 0 1 63	14.3 7.9 15.9 9.5 9.5 1.6 0.0 0.0 1.6 * 80.6 19.4 100.0	11 9 2 4 4 2 2 0 3 91 69 20 89	19.8 12.1 9.9 2.2 4.4 4.4 2.2 2.2 0.0 3.3 * 77.5 22.5 100.0	20 14 12 10 10 3 2 0 4 202 119 32 151	9.9 6.9 5.9 5.0 5.0 1.5 1.0 0.0 2.0 * 78.8 21.2
General Welfare Pratisthan Hospital Pharmacy SACTS Community Action Center Women Acting Together for Change Self Treatment FPAN AMDA Clinic Others Total Received Counseling to Avoid the Problem from the Place of Treatment Yes No Total Types of Counseling Received Use Condom	1 10 7 1 4 3 2 1 1 1 3 52	1.9 19.2 13.5 1.9 7.7 5.8 3.8 1.9 1.9 5.8 *	4 10 14 0 2 4 0 1 3 4 59	16.9 23.7 0.0 3.4 6.8 0.0 1.7 5.1 6.8 *	5 20 21 1 6 7 2 2 4 7 111	18.0 18.9 0.9 5.4 6.3 1.8 3.6 6.3 *	9 5 10 6 6 1 0 0 1 63	14.3 7.9 15.9 9.5 9.5 1.6 0.0 0.0 1.6 * 80.6 19.4 100.0 88.0	11 9 2 4 4 2 2 0 3 91 69 20 89	19.8 12.1 9.9 2.2 4.4 4.4 2.2 2.2 0.0 3.3 * 77.5 22.5 100.0	20 14 12 10 10 3 2 0 4 202 119 32 151	9.9 6.9 5.9 5.0 5.0 1.5 1.0 0.0 2.0 * 78.8 21.2 100.0 89.1
General Welfare Pratisthan Hospital Pharmacy SACTS Community Action Center Women Acting Together for Change Self Treatment FPAN AMDA Clinic Others Total Received Counseling to Avoid the Problem from the Place of Treatment Yes No Total Types of Counseling Received Use Condom Reduce Number of Sexual Partners	1 10 7 1 4 3 2 1 1 3 52	1.9 19.2 13.5 1.9 7.7 5.8 3.8 1.9 1.9 5.8 *	4 10 14 0 2 4 0 1 3 4 59	16.9 23.7 0.0 3.4 6.8 0.0 1.7 5.1 6.8 *	5 20 21 1 6 7 2 2 4 7 1111	18.0 18.9 0.9 5.4 6.3 1.8 1.8 3.6 6.3 *	9 5 10 6 6 1 0 0 1 63 50 12 62	14.3 7.9 15.9 9.5 9.5 1.6 0.0 0.0 1.6 * 80.6 19.4 100.0 88.0 46.0	11 9 2 4 4 2 2 0 3 91 69 20 89	19.8 12.1 9.9 2.2 4.4 4.4 2.2 2.2 0.0 3.3 * 77.5 22.5 100.0 89.9 42.0	20 14 12 10 10 3 2 0 4 202 119 32 151	9.9 6.9 5.9 5.0 1.5 1.0 0.0 2.0 * 78.8 21.2 100.0
General Welfare Pratisthan Hospital Pharmacy SACTS Community Action Center Women Acting Together for Change Self Treatment FPAN AMDA Clinic Others Total Received Counseling to Avoid the Problem from the Place of Treatment Yes No Total Types of Counseling Received Use Condom Reduce Number of Sexual Partners Take Medicine Regularly	1 10 7 1 4 3 2 1 1 3 52	1.9 19.2 13.5 1.9 7.7 5.8 3.8 1.9 1.9 5.8 *	4 10 14 0 2 4 0 1 3 4 59	16.9 23.7 0.0 3.4 6.8 0.0 1.7 5.1 6.8 *	5 20 21 1 6 7 2 2 4 7 1111	18.0 18.9 0.9 5.4 6.3 1.8 1.8 3.6 6.3 *	9 5 10 6 6 1 0 0 1 63 50 12 62 44 23	14.3 7.9 15.9 9.5 9.5 1.6 0.0 0.0 1.6 * 80.6 19.4 100.0 88.0 46.0	11 9 2 4 4 4 2 2 0 3 91 69 20 89	19.8 12.1 9.9 2.2 4.4 4.4 2.2 2.2 0.0 3.3 * 77.5 22.5 100.0 89.9 42.0	20 14 12 10 10 3 2 0 4 202 1119 32 151 106 52	9.9 6.9 5.9 5.0 1.5 1.0 0.0 2.0 * 78.8 21.2 100.0 89.1 43.7
General Welfare Pratisthan Hospital Pharmacy SACTS Community Action Center Women Acting Together for Change Self Treatment FPAN AMDA Clinic Others Total Received Counseling to Avoid the Problem from the Place of Treatment Yes No Total Types of Counseling Received Use Condom Reduce Number of Sexual Partners Take Medicine Regularly Not to Make Sexual Contact while Using Medicine Regular Check-up	1 10 7 1 4 3 2 1 1 3 52	1.9 19.2 13.5 1.9 7.7 5.8 3.8 1.9 1.9 5.8 *	4 10 14 0 2 4 0 1 3 4 59	16.9 23.7 0.0 3.4 6.8 0.0 1.7 5.1 6.8 *	5 20 21 1 6 7 2 2 4 7 1111	18.0 18.9 0.9 5.4 6.3 1.8 1.8 3.6 6.3 *	9 5 10 6 6 1 0 0 1 63 50 12 62 44 23 9 3	14.3 7.9 15.9 9.5 9.5 1.6 0.0 0.0 1.6 * 80.6 19.4 100.0 46.0 18.0 6.0	11 9 2 4 4 2 2 0 3 91 69 20 89 62 29 13 1	19.8 12.1 9.9 2.2 4.4 4.4 2.2 2.0 0.0 3.3 * 77.5 22.5 100.0 89.9 42.0 18.8 1.4	20 14 12 10 10 3 2 0 4 202 119 32 151 106 52 4 4	9.9 6.9 5.9 5.0 1.5 1.0 0.0 2.0 * 78.8 21.2 100.0 89.1 43.7
General Welfare Pratisthan Hospital Pharmacy SACTS Community Action Center Women Acting Together for Change Self Treatment FPAN AMDA Clinic Others Total Received Counseling to Avoid the Problem from the Place of Treatment Yes No Total Types of Counseling Received Use Condom Reduce Number of Sexual Partners Take Medicine Regularly Not to Make Sexual Contact while Using Medicine	1 10 7 1 4 3 2 1 1 1 3 52	1.9 19.2 13.5 1.9 7.7 5.8 3.8 1.9 1.9 5.8 *	4 10 14 0 2 4 0 1 3 4 59	16.9 23.7 0.0 3.4 6.8 0.0 1.7 5.1 6.8 *	5 20 21 1 6 7 2 2 4 7 1111	18.0 18.9 0.9 5.4 6.3 1.8 1.8 3.6 6.3 *	9 5 10 6 6 1 0 0 1 63 50 12 62 44 23 9	14.3 7.9 15.9 9.5 9.5 1.6 0.0 0.0 1.6 * 80.6 19.4 100.0 46.0 18.0 6.0	11 9 2 4 4 2 2 0 3 91 69 20 89 62 29 13	19.8 12.1 9.9 2.2 4.4 4.4 2.2 2.2 0.0 3.3 * 77.5 22.5 100.0 89.9 42.0 18.8 1.4	20 14 12 10 10 3 2 0 4 202 1119 32 151 106 52 4	9.9 6.9 5.9 5.0 1.5 1.0 0.0 2.0 * 78.8 21.2 100.0 89.1 43.7 18.5 3.4
General Welfare Pratisthan Hospital Pharmacy SACTS Community Action Center Women Acting Together for Change Self Treatment FPAN AMDA Clinic Others Total Received Counseling to Avoid the Problem from the Place of Treatment Yes No Total Types of Counseling Received Use Condom Reduce Number of Sexual Partners Take Medicine Regularly Not to Make Sexual Contact while Using Medicine Regular Check-up	1 10 7 1 4 3 2 1 1 1 3 52	1.9 19.2 13.5 1.9 7.7 5.8 3.8 1.9 1.9 5.8 *	4 10 14 0 2 4 0 1 3 4 59	16.9 23.7 0.0 3.4 6.8 0.0 1.7 5.1 6.8 *	5 20 21 1 6 7 2 2 4 7 1111	18.0 18.9 0.9 5.4 6.3 1.8 1.8 3.6 6.3 *	9 5 10 6 6 1 0 0 1 63 50 12 62 44 23 9 3	14.3 7.9 15.9 9.5 9.5 1.6 0.0 0.0 1.6 * 80.6 19.4 100.0 46.0 18.0 6.0	11 9 2 4 4 2 2 0 3 91 69 20 89 62 29 13 1	19.8 12.1 9.9 2.2 4.4 4.4 2.2 2.0 0.0 3.3 * 77.5 22.5 100.0 89.9 42.0 18.8 1.4	20 14 12 10 10 3 2 0 4 202 119 32 151 106 52 4 4	78.8 21.2 100.0 89.1 43.7 18.5 3.4

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

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

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

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

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

Table 21: Reported Existing STI Symptom/s and Treatment

D4 CT C4 C.			20	006		
Reported STI Symptoms and Treatment Among the Sex Workers	Str	reet	Establi	shment	To	tal
WOIKEIS	N	%	N	%	N	%
Types of STI Symptoms Experienced Currently						
Vaginal Itching	63	31.5	80	26.7	143	28.6
Lower Abdominal Pain	62	31.0	77	25.7	139	27.8
Painful Sex	51	25.5	64	21.3	115	23.0
Vaginal Discharge	47	23.5	72	24.0	119	23.8
Vaginal Odor	45	22.5	65	21.7	110	22.0
Dysuria	31	15.5	34	11.3	65	13.0
Polyuria	29	14.5	30	10.0	59	11.8
Genital Ulcer or Sore	20	10.0	26	8.7	46	9.2
Unusual Vaginal Bleeding (Discharge)	10	5.0	13	4.3	23	4.6
Genital Warts	10	5.0	11	3.7	21	4.2
Other	1	0.5	4	1.3	5	1.0
Any of the Above Symptoms	115	57.5	161	53.7	276	55.2
None of the Above Symptoms	85	42.5	139	46.3	224	44.8
Total	200	*	300	*	500	*
Went for Treatment for any of Above Symptoms						
Yes	7	6.1	13	8.1	20	7.2
No	108	93.9	148	91.9	256	92.8
Total	115	100.0	161	100.0	276	*

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

A majority of 256 (92.8%) respondents had not sought treatment for the STI symptom/s that they had experienced. Among those few who had done so, 50% had waited 2-4 weeks before seeking medical aid. Some of the places that they visited for the treatment were NFCC, hospitals, private clinics and pharmacies. Among them, the majority (85%) of the sex workers had received prescription for the medicines required and had mostly taken those medicines (Data not shown in Table).

3.11 Use of Alcohol and Drugs

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

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

Consumption of Alcohol and			20	04					20	06		
Drugs	Str	eet	Establi	shment	To	tal	Str	eet	Establi	shment	To	tal
Drugs	N=200	%	N=300	%	N=500	%	N=200	%	N=300	%	N=500	%
Consumption of Alcohol												
On a Daily Basis	72	36.0	119	39.7	191	38.2	67	33.5	110	36.7	177	35.4
2-3Times a Week	-	-	-	-	-	-	47	23.5	77	25.7	124	24.8
Once a Week	56	28.0	77	25.7	133	26.6	12	6.0	29	9.7	41	8.2
Less than Once a Week	29	14.5	33	11.0	62	12.4	22	11.0	22	7.3	44	8.8
Never	43	21.5	71	23.7	114	22.8	52	26.0	62	20.7	114	22.8
Tried Any Types of Drugs												
Yes	4	2.0	18	6.0	22	4.4	14	7.0	25	8.3	39	7.8
No	196	98.0	282	94.0	478	95.6	186	93.0	275	91.7	461	92.2

^{-:} No information in 2004

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

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

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

			20	04			2006					
Use of Injecting Drugs	Stı	eet		blish- ent	To	tal	Stı	eet		blish- ent	To	tal
	N	%	N	%	N	%	N	%	N	%	N	%
Know Injecting Drug Users (IDUs)												
Yes	31	15.5	40	13.3	71	14.2	41	20.5	88	29.3	129	25.8
No	169	84.5	260	86.7	429	85.8	159	79.5	212	70.7	371	74.2
Total	200	100.0	300	100.0	500	100.0	200	100.0	300	100.0	500	100.0
Relationship with Known IDUs												
Friend	21	67.7	30	75.0	51	71.8	19	46.3	47	53.4	66	51.2
Local Boys	3	9.7	2	5.0	5	7.0	8	19.5	17	19.3	25	19.4
Relative	4	12.9	2	5.0	6	8.5	2	4.9	7	8.0	9	7.0
Client	1	3.2	3	7.5	4	5.6	12	29.3	14	15.9	26	20.2
Husband	2	6.5	1	2.5	3	4.2	0	0.0	0	0.0	0	0.0
Family	0	0.0	0	0.0	0	0.0	0	0.0	1	1.1	1	0.8
Other	1	3.2	2	5.0	3	4.2	0	0.0	2	2.3	2	1.6
Total (n)	31	*	40	*	71	*	41	*	88	*	129	*
Knowledge of Sex Partners being IDUs												
Sex Partners Including Clients	9	4.5	16	5.3	25	5.0	12	6.0	17	5.7	29	5.8
Clients	8	4.0	15	5.0	23	4.6	10	5.0	14	4.7	24	4.8
Injecting History												
Ever Injected Drugs	-	-	-	-	-	-	2	1.0	2	0.7	4	0.8
Injected in Past 12 Months	2	1.0	4	1.3	6	1.2	2	1.0	1	0.3	3	0.6
Ever Exchanged Sex for Drugs	2	1.0	3	1.0	5	1.0	5	2.5	7	2.3	12	6.0
Ever Exchanged Sex for Money to Buy Drugs	3	1.5	6	2.0	9	1.8	6	3.0	4	1.3	10	5.0

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

3.12 Exposure to HIV/AIDS Awareness Programs

3.12.1 Peer/Outreach Education

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

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

			20	006		
Peer Educator/Outreach Educator Visit to Female Sex Workers	Str	eet	Establi	shment	To	tal
	N	%	N	%	N	%
Met or discussed or interacted with Peer Educators (PE) or Outreach						
Educators (OE) in the Last 12 months						
Yes	159	79.5	257	85.7	416	83.2
No	41	20.5	43	14.3	84	16.8
Total	200	100.0	300	100.0	500	100.0
Activities Involved in with OE/PEs						
Discussion on how HIV/AIDS is/isn't transmitted	149	93.7	236	91.8	385	92.5
Demonstration on using condom correctly	132	83.0	227	88.3	359	86.3
Discussion on how STI is/isn't transmitted	118	74.2	199	77.4	317	76.2
Regular/non-regular use of condom	118	74.2	189	73.5	307	73.8
STI treatment/cure after treatment	31	19.5	38	14.8	69	16.6
Training on HIV and STI, Condom day, AIDS day, participation in	20	17.6	20	11.2		10.7
discussions and interaction programs	28	17.6	29	11.3	57	13.7
Counseling on reducing number of sex partner	22	13.8	31	12.1	53	12.7
Others	2	1.3	10	3.9	12	2.4
Total	159	*	257	*	416	*
Organizations Represented by OE/PEs						
CAC	30	18.9	28	10.9	364	87.5
WATCH	76	47.8	70	27.2	306	73.6
GWP	44	27.7	116	45.1	160	38.5
SACTS	54	34.0	51	19.8	105	25.2
PSI	18	11.3	57	22.2	75	18.0
NFCC	18	11.3	37	14.4	55	13.2
Change Nepal	0	0.0	7	2.7	7	1.7
Sathi	0	0.0	5	1.9	5	1.2
NAPN	2	1.3	1	0.4	3	0.7
AMDA	1	0.6	2	0.8	3	0.7
NRCS	2	1.3	0	0.0	2	0.5
INF/Paluwa	0	0.0	2	0.8	2	0.5
Siddhartha Club	0	0.0	1	0.4	1	0.2
Others	7	4.4	9	3.5	16	3.8
Don't Know	0	0.0	2	0.8	2	0.5
Total	159	*	257	*	416	*
Number of Visits to PE or OE						
Once	9	5.7	23	8.9	32	7.7
2-3 times	60	37.7	70	27.2	130	31.3
4-6 times	38	23.9	62	24.1	100	24.0
7-12 times	17	10.7	41	16.0	58	13.9
More than 12 times	35	22.0	61	23.7	96	23.1
Total	159	100.0	257	100.0	416	100.0

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

3.12.2 Drop-in-Center

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

Table 25: DIC Visiting Practices of Female Sex Workers

Table 25: DIC Visiting Frac				006		
DIC Visiting Practices of Female Sex Workers	St	reet	Establ	ishment	To	tal
	N	%	N	%	N	%
DIC Visit in the Last 12 months						
Yes	70	35.0	86	28.7	156	31.2
No	130	65.0	214	71.3	344	68.8
Total	200	100.0	300	100.0	500	100.0
Activities Involved in at DIC						
Went to learn the correct way of using condom	48	68.6	49	57.0	97	62.2
Participated in discussion on HIV transmission	48	68.6	46	53.5	94	60.3
Went to watch film on HIV/AIDS	46	65.7	43	50.0	89	57.1
Participated in discussion on STI transmission	44	62.9	43	50.0	87	55.8
Went to collect condoms	32	45.7	30	34.9	62	39.7
Participated in training, interaction and discussion programs on HIV/AIDS and STI	29	41.4	23	26.7	52	33.3
Went for STI treatment	20	28.6	30	34.9	50	32.1
Took friend with me	9	12.9	7	8.1	16	10.3
Went to collect IEC materials	10	14.3	4	4.7	14	9.0
Others	2	2.9	5	5.8	7	4.5
Total	70	*	86	*	156	*
Name of Organizations that Run DIC Visited by Them						
WATCH	40	57.1	27	31.4	67	42.9
GWP	19	27.1	43	50.0	62	39.7
CAC	19	27.1	12	14.0	31	19.9
NFCC	4	5.7	9	10.5	13	8.3
SACTS	1	1.4	3	3.5	4	2.6
Change Nepal	1	1.4	3	3.5	4	2.6
Others	0	0.0	1	1.2	1	0.6
Don't know	0	0.0	1	1.2	1	0.6
Total	70	*	86	*	156	*
Number of Visits to the DICs						
Once	16	22.9	36	41.9	52	33.3
2-3 times	31	44.3	34	39.5	65	41.7
4-6 times	13	18.6	7	8.1	20	12.8
7-12 times	4	5.7	4	4.7	8	5.1
More than 12 times	6	8.6	5	5.8	11	7.1
Total	70	100.0	86	100.0	156	100.0

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

3.12.3 STI Clinic

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

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

Table 26: STI Clinic Visiting Practices of Female Sex Workers

			20	006		
STI Clinic Visiting Practices of Female Sex Workers	St	reet	Establi	ishment	To	tal
	N	%	N	%	N	%
Visited any STI Clinic in the Last 12 Months						
Yes	62	31.0	78	26.0	140	28.0
No	138	69.0	222	74.0	360	72.0
Total	200	100.0	300	100.0	500	100.0
Activities Involved in at STI Clinic						
Physical examination conducted for STI identification	49	79.0	57	73.1	106	75.7
Blood tested for STI	45	72.6	65	83.3	110	78.6
Was advised to use condom in each sexual intercourse	44	71.0	50	64.1	94	67.1
Was advised to take complete and regular medicine	37	59.5	44	56.4	81	57.9
Was suggested to reduce number of sexual partners	11	17.7	4	5.1	15	10.7
Took friend with me	5	8.1	4	5.1	9	6.4
Total	62	*	78	*	140	*
Name of Organizations that Run STI Clinic Visited by						
Them						
NFCC	31	50.0	36	46.2	67	47.9
WATCH	11	17.7	8	10.3	19	13.6
CAC	13	21.0	5	6.4	18	12.9
Private Clinic	5	8.1	11	14.1	16	11.4
GWP	1	1.6	13	16.7	14	10.0
SACTS	9	14.5	2	2.6	11	7.9
Hospital	1	1.6	3	3.8	4	2.9
Pharmacy	1	1.6	1	1.3	2	1.4
Siddhartha Club	1	1.6	0	0.0	1	0.7
Others	1	1.6	3	3.8	4	2.9
Don't know	1	1.6	1	1.3	2	1.4
Total	62	*	78	*	140	*
Number of Visits to STI Clinics						
Once	30	48.4	40	51.3	70	50.0
2-3 times	25	40.3	31	39.7	56	40.0
4-6 times	6	9.7	6	7.7	12	8.6
7-12 times	0	0.0	0	0.0	0	0.0
More than 12 times	1	1.6	1	1.3	2	1.4
Total	62	100.0	78	100.0	140	100.0

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

3.12.4 VCT Centers

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

Table 27: VCT Visiting Practices of Female Sex Workers

			20	006		
VCT Visiting Practices of Female Sex Workers	Stı	eet	Establi	ishment	To	tal
	N	%	N	%	N	%
Visited VCT Center in the Last 12 months						
Yes	77 1	38.5	64	21.3	141	28.2
No	123	61.5	236	78.7	359	71.8
Total	200	100.0	300	100.0	500	100.0
Activities Involved in at VCT						
Blood sample taken for HIV test	71	92.3	51	79.7	122	86.5
Received pre-HIV test counseling	58	75.3	41	64.1	99	70.2
Received post HIV test counseling	42	54.5	35	54.7	77	54.6
Received HIV test result	40	51.9	34	53.1	74	52.5
Got information on HIV/AIDS window period	23	29.9	25	39.1	48	34.0
Received counseling on using condom correctly in each sexual intercourse	50	64.9	33	51.6	83	20.0
Took a friend with me	10	13.0	10	15.6	20	14.2
Others	1	1.3	1	1.6	2	1.4
Total	77	*	64	*	141	*
Name of the Organization that Run the VCTs Visited by Them						
SACTS	61	79.2	49	76.6	110	78.0
CAC	10	13.0	5	7.8	15	10.6
NFCC	8	10.4	5	7.8	13	9.2
WATCH	3	3.9	1	1.6	4	2.8
AMDA	0	0.0	1	1.6	1	0.7
INF/Paluwa	0	0.0	1	1.6	1	0.7
Others	1	1.3	4	6.3	5	3.5
Don't know	0	0.0	1	1.6	1	0.7
Total	77	*	64	*	141	*
Number of Visits to VCTs						
Once	45	58.4	34	53.1	79	56.0
2-3 times	23	29.9	27	42.2	50	35.5
4-6 times	8	10.4	3	4.7	11	7.8
7-12 times	1	1.3	0	0.0	1	0.7
More than 12 times	0	0.0	0	0.0	0	0.0
Total	77	100.0	64	100.0	141	100.0

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

3.12.5 Participation in HIV/AIDS Awareness Program

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

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

			20	06		
Participations in HIV/AIDS Awareness Programs	Stı	eet	Establi	shment	To	tal
	N	%	N	%	N	%
Ever Participated in HIV/AIDS Awareness Raising Program or Community Events in the Last 12 Months						
Yes	64	32.0	76	25.3	140	28.0
No	136	68.0	224	74.7	360	72.0
Total	200	100.0	300	100.0	500	100.0
Activities Participated in		1000	200	1000	200	1000
Group discussions	49	76.6	45	59.2	94	67.1
Condom use demonstrations	31	48.4	39	51.3	70	50.0
Street drama	23	35.9	26	34.2	49	35.0
HIV/AIDS related training	17	26.6	19	25.0	36	25.7
Condom Day	14	21.9	13	17.1	27	19.3
Video Shows	15	23.4	11	14.5	26	18.6
AIDS Day	14	21.9	10	13.2	24	17.1
HIV/AIDS related Workshops	4	6.3	3	3.9	7	5.0
Talk programs	2	3.1	0	0.0	2	1.4
Others	2	3.1	1	1.3	3	2.1
Total	64	*	76	*	140	*
Name of the Organizations that Organized Such Activities	01		70		140	
WATCH	31	48.4	28	36.8	59	42.1
SACTS	20	31.3	18	23.7	38	27.1
GWP	16	25.0	20	26.3	36	25.7
CAC	15	23.4	15	19.7	30	21.4
NFCC	4	6.3	7	9.2	11	7.9
Maiti Nepal	3	4.7	3	3.9	6	4.3
AMDA	2	3.1	2	2.6	4	2.9
NAPN	1	1.6	0	0.0	1	0.7
Trinetra	0	0.0	1	1.3	1	0.7
ICH	0	0.0	1	1.3	1	0.7
NRCS	0	0.0	1	1.3	1	0.7
Naulo Ghumti	0	0.0	1	1.3	1	0.7
Others	7	10.9	8	10.5	15	10.7
Don't Know	2	3.1	1	1.3	3	2.1
Total	64	*	76	*	140	*
Frequency of Such Participation						
Once	19	29.7	24	31.6	43	30.7
2-3 times	33	51.6	36	47.4	69	49.3
4-6 times	8	12.5	8	10.5	16	11.4
7-12 times	3	4.7	6	7.9	9	6.4
More than 12 times	0	0.0	2	2.6	2	1.4
Not Participated During the Past Year	1	1.6	0	0.0	1	0.7
Total	64	100.0	76	100.0	140	100.0

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

Stigma and Discrimination

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

Table 29: Stigma and Discrimination

Table 27. Stigma			20	06		
Stigma and Discrimination	Str	eet	Establi	shment	To	tal
	N=200	%	N=300	%	N=500	%
Willing to take care of HIV positive male relative						
in the household						
Yes	188	94.0	284	94.7	472	94.4
No	10	5.0	16	5.3	26	5.2
Don't Know	2	1.0	0	0.0	2	0.4
Willing to take care of HIV positive female relative						
in the household						
Yes	191	95.5	288	96.0	479	95.8
No	7	3.5	12	4.0	19	3.8
Don't Know	2	1.0	0	0.0	2	0.4
Willing to maintain confidentiality of a HIV						
positive family member						
Yes	129	64.5	179	59.7	308	61.6
No	69	34.5	120	40.0	189	37.8
Don't Know	2	1.0	1	0.3	3	0.6

HIV and Syphilis Prevalence among Female Sex Workers

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

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

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

Table 30: HIV and STI Prevalence among Female Sex Workers

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

Association of Syphilis with Socio-Demographic and Behavioral Variables

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

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

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

Prevalence of Syndromes

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

Table 31: Association between Syphilis and Demographic Behavioral Variables

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

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

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

		Street 2004	ļ.	Est	tablishment	2004		Total 2004			Street 2006		E	stablishmen	t 2006		Total 200	6
Variables	N=200	Syphilis History	Current Syphilis	N=300	Syphilis History	Current Syphilis	N=500	Syphilis History	Current Syphilis	N=200	Syphilis History	Current Syphilis	N=300	Syphilis History	Current Syphilis	N=500	Syphilis History	Current Syphilis
		n(%)	n(%)															
Painful sex	62	10 (16.1)	5 (8.1)	66	3 (4.5)	3 (4.5)	128	13 (10.2)	8 (6.2)	51	10 (19.6)	4 (7.8)	64	6 (9.4)	1 (1.6)	115	16 (13.9)	5 (4.3)
Abdominal pain	56	8 (14.3)	8 (14.3)	68	1 (1.5)	3 (4.4)	124	9 (7.2)	11 (8.9)	62	9 (14.5)	2 (3.2)	77	5 (6.5)	1 (1.3)	139	14 (10.1)	3 (2.2)
Vaginal itching	40	5 (12.5)	7 (17.5)	40	2 (5.0)	1 (2.5)	80	7 (8.7)	8 (10.0)	63	9 (14.3)	3 (4.8)	80	3 (3.8)	2 (2.5)	143	12 (8.4)	5 (3.5)
Vaginal odor	41	9 (22.0)	6 (14.6)	39	2 (5.1)	1 (2.6)	80	11 (13.7)	7 (8.7)	45	6 (13.3)	1 (2.2)	65	3 (4.6)	1 (1.5)	110	9 (8.2)	2 (1.8)
Vaginal discharge	26	3 (11.5)	4 (15.4)	29	1 (3.4)	3 (10.3)	55	4 (7.3)	7 (12.7)	47	6 (12.8)	3 (6.4)	72	5 (6.9)	0 (0.0)	119	11 (9.2)	3 (2.5)
Dysuria	25	3 (12.0)	3 (12.0)	21	1 (4.8)	1 (4.8)	46	4 (8.7)	4 (8.7)	31	5 (16.1)	2 (6.5)	34	2 (5.9)	1 (2.9)	65	7 (10.8)	3 (4.6)
Polyuria	23	3 (13.0)	5 (21.7)	20	1 (5.0)	0 (0.0)	43	4 (9.3)	5 (11.6)	29	3 (10.3)	0 (0.0)	30	2 (6.7)	1 (3.3)	59	5 (8.5)	1 (1.7)
Genital ulcers	22	4 (18.2)	6 (27.3)	15	1 (6.7)	0 (0.0)	37	5 (13.5)	6 (16.2)	20	3 (15.0)	1 (5.0)	26	1 (3.8)	2 (7.7)	46	4 (8.7)	3 (6.5)
Unusual vaginal bleeding	7	2 (28.6)	0 (0.0)	7	0 (0.0)	0 (0.0)	14	2 (14.3)	0 (0.0)	10	1 (10.0)	0 (0.0)	13	2 (15.4)	0 (0.0)	23	3 (13.0)	0 (0.0)
(discharge)	,	2 (28.0)	0 (0.0)	,	0 (0.0)	0 (0.0)	14	2 (14.3)		10	1 (10.0)	0 (0.0)	13	2 (13.4)	` ′	23	3 (13.0)	0 (0.0)
Genital warts	2	0 (0.0)	0 (0.0)	2	0 (0.0)	0 (0.0)	4	0 (0.0)	0 (0.0)	10	2 (20.0)	1 (10.0)	11	2 (18.2)	0 (0.0)	21	4 (19.0)	1 (4.8)
Others	6	0 (0.0)	1 (16.7)	6	0 (0.0)	1 (16.7)	12	0 (0.0)	2 (16.7)	1	0 (0.0)	0 (0.0)	4	1 (25.0)	0 (0.0)	5	1 (20.0)	0 (0.0)
Any of the above symptoms	105	14 (13.3)	13 (12.4)	132	5 (3.8)	5 (3.8)	237	19 (8.0)	18 (7.6)	115	19 (16.5)	7 (6.1)	161	12 (7.5)	2 (1.2)	276	31 (11.2)	9 (3.3)
None of the above symptoms	95	22 (23.2)	5 (5.3)	168	3 (1.8)	7 (4.2)	263	25 (9.5)	12 (4.6)	85	14 (16.5)	5 (5.9)	139	4 (2.9)	1 (0.7)	224	18 (8.0)	6 (2.7)

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

There is little association between HIV and socio-demographic variables. As can be seen in Table 33, HIV infection by categories such as age, educational level and marital status differ slightly, but that is not statistically significant as it is less than the minimum five percent level of significance.

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

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

			20	004					20	006			
Variables		Street		Est	ablishm	ent		Street		Est	Establishment		
	N=200	HIV	%	N=300	HIV	%	N=200	HIV	%	N=300	HIV	%	
Age													
<20 years old	32	2	6.3	121	2	1.7	43	0	0.0	108	0	0.0	
>=20 years old	168	2	1.2	179	4	2.2	157	4	2.5	192	3	1.6	
Educational Level													
Illiterate and literate with no schooling	133	3	2.3	105	3	2.9	119	4	3.4	99	0	0.0	
Schooling (Grades 1 to 10 and above SLC)	67	1	1.5	195	3	1.5	81	0	0.0	201	3	1.5	
Marital Status					*								
Ever Married	178	3	1.7	180	6	3.3	164	4	2.4	215	3	1.4	
Never married	22	1	4.5	120	0	0.0	36	0	0.0	85	0	0.0	
Years of Sex Work													
< 2 years	103	3	2.9	224	4	1.8	103	1	1.0	213	2	0.9	
>=2 years	97	1	1.0	76	2	2.6	97	3	3.1	87	1	1.1	
Sex Work in India													
Yes	6	0	0.0	3	0	0.0	5	0	0.0	0	0	0.0	
No	194	4	2.1	297	6	2.0	195	4	2.1	300	3	1.0	
Syphilis Infection													
Current Syphilis	18	1	5.6	12	0	0.0	12	0	0.0	3	0	0.0	
Syphilis History	36	1	2.8	8	0	0.0	33	2	6.1	16	3	1.1	
No infection of Syphilis	146	2	1.4	280	6	2.1	155	2	1.3	281	0	0.0	

Chapter 4.0: CONCLUSIONS AND RECOMMENDATIONS

4.1 Conclusions

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

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

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

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

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

4.2 Policy and Program Implications

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

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

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

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

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

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

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

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ANNEXES

 $\label{eq:annex} \textbf{ANNEX} - \mathbf{1}$ $\label{eq:annex} \textbf{Distribution of Sample Size by Location}$

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

ANNEX - 2

Basic equation used in sample design

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

ANNEX - 3

CONFIDENTIAL

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

FSW Questionnaire

Namaste! My name is, I am here from New this data collection I will ask you some personal and promotion of condoms, STI/HIV/AIDS and diswab samples for laboratory testing. If it is determined treatment free of charge.	questions that will be about sexual behavior, use rugs. We will also take your blood and cervical							
All collected information will be strictly treated as confidential. Nobody will know whatever we talk about because your name will not be mentioned on this form and collected blood and cervices swab samples. Study results will be used only for program designing, monitoring and evaluation. This interview will take about 40 to 60 minutes.								
It depends on your wish to participate in this survey or not. You do not have to answer an questions that you do not want to answer, and you may end this interview at any time you want to But I hope, you will participate in this survey and make it success by providing correct answers of a the questions.								
Would you be willing to participate?								
1. Yes 2. No								
Signature of Interviewer:	Date: 2062//							
Name of interviewer:	Code No. of Interviewer:							
Date of Interview: 2062//								
Checked by the supervisor: Signature:	Date: 2062//_							
Data Entry # 1: Clerk's name:	Date: 2062//							
Data Entry # 2: Clerk's name:	Date: 2062//							
Has someone interviewed you from New ERA with a	questionnaire in last few weeks?							
1. Yes 2. No (Continue Interview) When?								
Days ago (STOP INTERVIEW))							

1.0 GENERAL INFORMATION

Q. N.	Questions and Filters	Coding Categories	Skip to
101	Respondent ID No.		
101.1	Write down how you made contact?		
102	Type of Sex Work Establishment SWs were	1	
102	based	Dance Restaurant	
	based	Cabin Restaurant	
		Call Girl4	
		Massage Parlor5	
		Bhatti Pasal6	
		House Settlement7	
		Street8	
		Garment/Carpet Factory9	
		Squatter10	
		Other (Specify) 96	
103	Interview Starting Time	Other (Speerry)	
103	Interview Starting Time Interview Completion Time		
	interview completion time		
104	WH 1 0	D'	
104	Where were you born?	District	
		VDC/Municipality	
		Ward No.	
		Village/Tole	
105	Where do you live now?	District:	
		VDC/Municipality:	
	(Name of Current Place of Residence)		
		Ward No.	
		Village/Tole:	
106	How long have you been living continuously at		
	this location?	Month	
		Always (since birth)0	201
107	Before you moved here, where did you live?	Districts:	
		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?	Ethnicity/Caste	
	(Specify Ethnic Group/Caste)	(Specify)	
		Code No.	
203	What is your educational status?	Illiterate0	
	(Circle '0' if illiterate, '19' for the literate	Literate19	
	without attending the school, and write		
	exact number of the passed grade)	(write the completed grade)	
204	What is your present marital status?	Married1	204.2
204	what is your present marital status:	Divorced/Permanently	204.2
		separated2	
		Widow3	
		Never married4	204.3
204.1	How old were you when you got		204.3
	divorced/separated/widowed?	Age	
204.2	Are you presently living with your husband?	(write the completed years) Yes1	205
204.2	Are you presently fiving with your husband?	No2	205
204.3	Who are you living with now?	Male friend1	
204.3	with the you fiving with now.	Relatives	
	(Multiple Responses)	Other females	
		Children4	
		Alone5	
		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?	V11	
	,	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?	Yes1	
		No2	
207	Are there people who are dependent on your	Yes1	
	income?	No2	208
207.1	How many are dependent on your income?	Adults	
		Children	
208	How long have you been exchanging sexual	Children	
200	intercourse for money or other things? (if	Months	
	answer is less than 6 months stop interview)	Don't know98	
208.1	Did you have any sexual intercourse during past	Yes1	
200.1	12 months?	No2	STOP
209	How many months have you been working here		INTERVIEW
20)	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: <i>Bhatti</i> shop, Cabin Restaurant, Discotheques etc.)	Type of establishment Location	
211	Have you ever been engaged in this profession in other locations?	Yes	213
211.1	Where did you work? (List all the places mentioned by the respondent)	District VDC/Municipality Village/Tole	
212	In the past one-year have you followed this profession in other locations also?	Yes1 No2	213
212.1	Where did you follow such profession? (List all the places)	District VDC/Municipality Village/Tole ———————————————————————————————————	
213	Have you ever worked in India in this profession?	Yes	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	
216	What is your average weekly income from commercial sex? [Note: If there is '0' in both cash and gift	Cash Rs. Gift equivalent to Rs. Total Rs.	
217	equivalent, probe for the reasons] Do you have any other work besides sex work?	Others (Specify) 96 Yes 1 No 2	218
217.1	What do you do?		210
217.2	What is your average weekly income from the above-mentioned sources?	Rupees	
218	Have you ever encountered any client who refuses to give money after having sex?	Yes1 No2	301
218.1	How many such incidents have occurred in the past six months?	Times	

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	ı
		Don't know/Can't recall98	ı
302	Among all of your partners, how many of them		
	had sex with you in exchange for money in the	Number	ı
	past week?	Don't know98	ı
303	Among all of your partners, how many of them	Bont Miow	<u> </u>
303	had sex with you without paying any money in		ı
	the past week? (Include sexual contacts with	Number	ı
		Don't know98	ı
20.4	spouse and live-in sexual partners)		
304	With how many different sexual partners in total		ı
	have you had sex during the past week? (Note:	Number	ı
	Check total number of partners in Q. 302 +	Don't know98	ı
	Q. 303 to match with Q 304).	Don't know	
305	Usually, how many clients visit you in a day?		ı
		Number	
305.1	With how many clients did you have sexual		ı
	intercourse yesterday?	Number	İ
305.2	With how many clients did you have sexual		
	intercourse in the past week?	Number	ı
	<u> </u>		
306	In the past month, with which profession's	Bus, truck or tanker worker1	ı
	client did you mostly have sex?	Taxi, jeep, microbus or minibus	ı
		worker2	ı
	(Encircle three most reported types of client.	Industrial/wage worker3	ı
	DO NOT READ the possible answers)	Police4	İ
	-	Soldier/Army5	ı
		Student6	ı
		Rickshawala7	ı
		Service holder8	ı
		Businessmen 9	ı
		Mobile Businessmen10	ı
		Others (Specify)	ı
		Don't know98	ı
207.1	W/41:1 C:		
306.1	With which profession's client did you have your	Bus, truck or tanker worker1	ı
	last sexual intercourse?	Taxi, jeep, microbus or minibus	ı
		worker2	ı
		Industrial/wage worker3	ı
		Police4	ı
		Soldier/Army5	ı
		Student6	ı
		Rickshawala7	ı
		Service holder8	ı
		Businessmen	ı
		Mobile Businessmen10	1
		Others (Specify)96	ı
		Don't know98	1
307	How many days in a week (on an average) do		
301	you work as a sex worker?	Days	1
308	When did you have the last sexual intercourse	J	
300			1
	with a client?	Days before	ı
	(Write '00' if Today)	· •	Ì

Q. N.	Questions and Filters	Coding Categories	Skip to
309	How many people did you have sexual		
	intercourse with on that day?	Number	
310	How much rupees or other items did the last	Cash Rs.	
	client pay you?	Gift equivalent toRs.	
	(Note: If there is ''00'' in both cash and gift	TotalRs.	
	equivalent, mention the reasons)		
		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	Yes1	
	he use a condom?	No2	401.2
401.1	Who suggested condom use at that time?	Myself1	402
		My Partner2	402
		Don't know98	402
401.2	Why didn't your client use a condom at that	Not available1	
	time?	Too expensive2	
		Partner objected3	
		I didn't like to use it4	
		Used other contraceptive5	
	(Multiple answers. DO NOT READ the	Didn't think it was necessary6	
	possible answers)	Didn't think of it7	
		Client offered more money8	
		Other (Specify)96	
		Don't know98	
402	How often did your clients use condom over the past 12 months?	All of the time1	403
		Most of the time2	
		Some of the time3	
		Rarely4	
		Never5	
402.1	Why didn't your client use condom always?	Not available1	
		Too expensive2	
		Partner objected3	
		I didn't like to use it4	
	Multiple answers. DO NOT READ the	Used other contraceptive5	
	possible answers)	Didn't think it was necessary6	
		Didn't think of it7	
		Client offered more money8	
		Other (Specify)96	
		Don't know98	

Condom use with Regular Client

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

Q. N.	Questions and Filters	Coding Categories	Skip to
404.2	Why didn't your regular client use a condom at	Not available1	
	that time?	Too expensive2	
		Partner objected3	
		I didn't like to use it4	
		Used other contraceptive5	
		Didn't think it was necessary6	
		Didn't think of it7	
		Client offered more money8	
		Other (Specify)96	
		Don't know98	
405	How often did your regular clients use condom with you over the past 12 months?	All of the time1	406
	past 12 monuis:	Most of the time2	
		Some of the time3	
		Rarely4	
		Never5	
405.1	Why didn't they use condom always?	Not available1	
		Too expensive2	
		Partner objected3	
	(Multiple answers. DO NOT READ the	I didn't like to use it4	
	possible answers)	Used other contraceptive5	
		Didn't think it was necessary6	
		Didn't think of it7	
		Client offered more money8	
		Other (Specify)96	
		Don't know98	

Condom use with 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	Yes1	
	husband or a male friend in past six months?	No2	409
407	Think about your most recent sexual intercourse with your husband or male partner. How many times did you have sexual intercourse with this person over the last 30 days? (Write "00" for none intercourse in past one month)	Number of times	
408	The last time you had sex with your husband or male friend staying together, did your sex partner use a condom?	Yes	408.2
408.1	Who suggested condom use that time?	Myself1	409
		My Partner2	409
		Don't know98	409
408.2	Why didn't your partner use a condom that time?	Not available	

Q. N.	Questions and Filters	Coding Categories	Skip to
409	How often did all of your non-paying partners	All of the time1	410
	use condoms over the last 12 months?	Most of the time2	
		Some of the time3	
		Rarely4	
		Never5	
		Did not have sexual intercourse in	410
		the last 12 months6	
409.1	Why didn't they use condom always?	Not available1	
		Too expensive2	
	(Multiple answers. DO NOT READ the	Partner objected3	
	possible answers)	I didn't like to use it4	
		Used other contraceptive5	
		Didn't think it was necessary6	
		Didn't think of it7	
		Other (Specify)96	
		Don't know98	

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

Q. N.	Questions and Filters	Coding Categories	Skip to
410	During the past one year, did you have sexual	Yes1	
	intercourse with a person other than your	No2	413
	client, husband/ male friend?		
411	Did he use condom when he had last sexual	Yes1	
	contact with you?	No2	411.2
411.1	Who suggested condom use at that time?	Myself1	412
		My Partner2	412
		Don't know98	412
411.2	Why didn't he use condom at that time?	Not available1	
		Too expensive2	
		Partner objected3	
		I didn't like to use4	
		Used other contraceptive5	
		Didn't think it was necessary6	
		Didn't think of it7	
		Other (Specify)96	
		Don't know98	
412	How often did your other partners use condom	All of the time1	413
	with you over the past 12 months?	Most of the time2	
		Some of the time3	
		Rarely4	
		Never5	
412.1	Why did you not use condom regularly with	Not available1	
	them?	Too expensive2	
		Partner objected3	
		I didn't like to use4	
	(Multiple answers. DO NOT READ the	Used other contraceptive5	
	possible answers)	Didn't think it was necessary6	
		Didn't think of it7	
		Other (Specify)96	
		Don't know98	

Q. N.	Questions and Filters	Coding Categories	Skip to
413	With whom did you have your last sexual	Client	
	intercourse?	Husband/male friend	
		Other male3	
		Others (Specify)96	

Condom Accessibility

Q. N.	Questions and Filters	Coding Categories	Skip to
414	Do you usually carry condoms with you?	Yes1	
		No2	415
414.1	At this moment, how many condoms do you		
	have at-hand with you?	Number	
	(Observe and write)		
415	Which places or persons do you know from	Health Post/ Health Center1	
	where/whom you can obtain condoms?	Pharmacy2	
		General retail store (Kirana Pasal)3	
		Private Clinic4	
	AL W. L. DO NOT DE LD (L	Paan shop5	
	(Multiple answers. DO NOT READ the	Hospital6	
	possible answers)	FPAN Clinic7	
		Peer/Friends	
		NGO/Health Workers/Volunteers9 Guest House/Hotel	
		Other (Specify) 96	
		Don't know98	
415.1	How long does it take for you to obtain a	Don't know98	
413.1	condom from your house or from your working		
	place?	Minutes	
416	How do you usually obtain condoms?	Always free of cost1	
	(Buy, obtain free of cost or both ways)	Purchase2	417
		Obtain both ways3	
		Condom never used4	418
416.1	From where do you often obtain free condoms?	Health Post/Health Center 1	
	,	Hospital2	
	(Multiple answers. DO NOT READ the	FPAN clinics	
	possible answers)	Peers/friends4	
		Community events5	
		NGO/Health	
		workers/Volunteers6	
		Others (Specify)96	
416.2	Which would be the most convenient place/s for	Health Post/Health Center 1	
	you to obtain free condoms?	Hospital2	
	ar with power prints	FPAN clinics	
	(Multiple answers. DO NOT READ the	Peers/friends4	
	possible answers)	Community events5	
		NGO/Health	
		workers/Volunteers	
		Others (Specify)96	1

Q. N.	Questions and Filters	Coding Categories	Skip to
	[Note: If response is "1" in Q416 Go to Q418		
417	From where do you often purchase condoms?	Pharmacy1	
		General retail store (Kirana Pasal)2	
	(Multiple answers. DO NOT READ the	Private clinic3	
	possible answers)	Pan Shop4	
		Others (Specify)96	
417.1	Which would be the most convenient place/s for	Pharmacy1	
	you to purchase condoms?	General retail store (Kirana Pasal)2	
		Private clinic3	
	(Multiple answers. DO NOT READ the	Pan Shop4	
	possible answers)	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	Yes1	
	partners force you to have sex with them against	No2	
	your wish?		
419	Did any person physically assault you (for any	Yes1	
	reason) in the past year?	No2	
420	In the past year, did any of your clients perform	Yes1	
	such act/s that you did not like?	No2	422
421	If yes, what were they?		
422	In the past year, did you have other type of	Yes1	
	sexual intercourse other than vaginal?	No2	501
	(INSTRUCTION TO INTERVIEWER:		
	Explain the other types of sexual intercourse		
	besides vaginal (such as oral, anal)		
422.1	If yes, what type of sexual act/s were they?	Oral1	
	(Multiple answers. DO NOT READ the	Anal2	
	possible answers)	Hand Sex3	
		Other (Specify)96	
422.2	What type of sexual contact did you have with	Oral1	
	your last client?	Anal2	
	(Multiple answers. DO NOT READ the	Hand Sex3	
	possible answers)	Vaginal4	
		Other (Specify)96	

5.0 AWARENESS OF HIV/AIDS

Q. N.	Questions and Filters	Coding C	ategories	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	Yes1	
	or who has died of AIDS?	No2	505
504	Do you have a close relative or close friend	Yes, a close relative1	
	who is infected with HIV or has died of AIDS?	Yes, a close fried2	
		No3	
505	Can people protect themselves from HIV by	Yes1	
	keeping sexual contact with only one	No2	
	uninfected faithful sex partner?	Don't know98	
506	Can people protect themselves from HIV,	Yes1	
	virus-causing AIDS, by using condom	No2	
	correctly in each sexual contact?	Don't know98	
507	Do you think a healthy-looking person can be	Yes1	
	infected with HIV?	No2	
		Don't know98	
508	Can a person get the HIV virus from mosquito	Yes1	
	bite?	No2	
		Don't know98	
509	Can a person get HIV by sharing a meal with	Yes1	
	an HIV infected person?	No2	
		Don't know98	
510	Can a pregnant woman infected with	Yes1	
	HIV/AIDS transmit the virus to her unborn	No2	512
	child?	Don't know98	512

Q. N.	Questions and Filters	Coding Categories	Skip to
511	What can a pregnant woman do to reduce the	Take Medication1	
	risk of transmission of HIV to her unborn	Other (Specify)96	
	child?	Don't know98	
512	Can a woman with HIV/AIDS transmit the	Yes1	
	virus to her new-born child through	No2	
	breastfeeding?	Don't know98	
513	Can people protect themselves from HIV virus	Yes1	
	by abstaining from sexual intercourse?	No2	
		Don't know98	
514	Can a person get HIV by holding an HIV	Yes1	
	infected person's hand?	No2	
		Don't know98	
515	Can a person get HIV, by using previously	Yes1	
	used needle/syringe?	No2	
		Don't know98	
516	Can blood transfusion from an infected person	Yes1	
	to the other transmit HIV?	No2	
		Don't know98	
517	Is it possible in your community for someone	Yes1	
	to have a confidential HIV test?	No2	
		Don't know98	
518	I don't want to know the result, but have you	Yes1	
	ever had an HIV test?	No2	601
519	Did you voluntarily undergo the HIV test or	Voluntarily1	
	because it was required?	Required2	
520	Please do not tell me the result, but did you	Yes1	522
	find out the result of your test?	No2	
521	Why did you not receive the test result?	Sure of not being infected1	
		Afraid of result2	
		Felt unnecessary3	
		Forgot it4	
		Other (Specify) 96	
522	When did you have your most recent HIV test?	Within last 12 months1	
	•	Between 1-2 years2	
		Between 2-4 years3	
		More than 4 yeas ago4	

6.0 PROMOTION OF CONDOM

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

Q. N.	Questions and Filters	Coding Categories	Skip to
603.1	Besides above messages have you seen, heard or	Yes1	
	read any other messages relating to STI/HIV/	No2	604
	AIDS Prevention or Condom Uses?		
603.2	What are they?		
604	During the past one-year what brand of condoms	1	
	did you use most of the time?	2	
	(Record first three)	3	

Knowledge and Participation in STI and HIV/AIDS Programs

Q. N.	Questions and Filters	Coding Categories	Skip to
605	Have you met or discussed or interacted with	Yes1	
	peer educators (pe) or outreach educators (oe)	No2	609
	in the last 12 months?	No response99	
606	When you met/discussed/interacted with PE or	Discussion on how HIV/AIDS	
	OE in what kind of activities were you	is/isn't transmitted1	
	involved?	Discussion on how STI is/isn't	
		transmitted2	
	(Multiple answers. DO NOT READ the	Regular/non-regular use of	
	possible answers)	condom3	
		Demonstration on using condom	
		correctly4	
		STI treatment/cure after	
		treatment5	
		Counseling on reducing number of	
		sex partner6	
		Training on HIV and STI, Condom	
		day, AIDS day, participation in	
		discussions and interaction	
		programs7	
		Others (Specify)96	
607	Do you know from which organization were	AMDA1	
	they?	GWP2	
		Trinetra3	
		WATCH4	
	(Multiple answers. DO NOT READ the	ICH5	
	possible answers)	NSARC6	
		NRCS7	
		INF/Paluwa8	
		Siddhartha Club9	
		CAC10	
		SACTS11	
		NFCC12	
		NAPN	
		SPARSHA	
		Others (Specify)96	
		Don't know98	

Q. N.	Questions and Filters	Coding Categories	Skip to
608	How many times have you been visited by	Once1	
	pe and/or oe in the last 12 months?	2-3 times2	
		4-6 times3	
		7-12 times4	
		More than 12 times5	
609	Have you visited or been to any drop in	Yes1	
	center (dic) in the last 12 months?	No2	613
C10	***	XX II	
610	When you went to the dic, in which	Went to collect condoms1	
	activities did you take part?	Went to learn the correct way	
		of using condom2	
	(Multiple answers. do not read the	Went to watch film on	
	possible answers)	HIV/AIDS3	
		Participated in discussion on	
		HIV transmission4	
		Participated in discussion on STI transmission5	
		Participated in training, interaction and discussion	
		programs on HIV/AIDS and STI6	
		Went to collect IEC materials7	
		Went for STI treatment8	
		Took friend with me9	
		Other (Specify) 96	
611	Do you know which organizations run	AMDA1	
011	those dics?	GWP2	
	those dies :	Trinetra3	
		WATCH4	
		ICH5	
		NSARC6	
	(Multiple answers. DO NOT READ the	NRCS7	
	possible answers)	INF/Paluwa8	
		Siddhartha Club9	
		CAC10	
		SACTS11	
		NFCC12	
		NAPN13	
		SPARSHA14	
		Others (Specify)96	
		Don't know98	<u> </u>
612	How many times have you visited dics	Once1	
	in the last 12 months?	2-3 times2	
		4-6 times3	
		7-12 times4	
		More than 12 times5	
613	Have you visited any sti clinic in the	Yes1	
	last 12 months?	No2	617

Q. N.	Questions and Filters	Coding Categories	Skip to
614	When you visited such sti clinic in	Blood tested for STI	-
	what activities were you involved?	Physical examination conducted for	
	•	STI identification2	
	(Markingle engagere DO NOT DE AD the	Was advised to use condom in each	
	(Multiple answers. DO NOT READ the	sexual intercourse3	
	possible answers given below)	Was advised to take complete and	
		regular medicine4 Was suggested to reduce number of	
		sexual partners5	
		Took friend with me	
		Other (Specify)96	
615	Do you know which organizations run	AMDA/STI1	
010	those sti clinics?	NSARC2	
	those strenmes.	NRCS3	
		INF/Paluwa4	
	(Multiple answers. DO NOT READ the	Siddhartha Club5	
	possible answers)	SACTS6	
		NFCC7	
		WATCH8	
		Others (Specify)96	
		Don't know98	
616	How many times have you visited ati	Once1	
010	How many times have you visited sti clinic in the last 12 months?	2-3 times	
	crime in the last 12 months:	4-6 times	
		7-12 times4	
		More than 12 times5	
617	Have you visited any voluntary	Yes1	
017	counseling and testing (vct) centers in	No2	621
	the last 12 months?	1102	021
618	When you visited such vct center in	Received pre-HIV/AIDS test	
	what activity were you involved?	counseling1	
		Blood sample taken for HIV/AIDS	
		test2	
		Received post HIV/AIDS test	
		counseling3	
	(Multiple answers. DO NOT READ the	Got information on HIV/AIDS	
	possible answers)	window period4	
		Received HIV/AIDS test result5	
		Received counseling on using	
		condom correctly in each sexual	
		intercourse6	
		Took a friend with me	
		Other (Specify)96	

Do you know which organizations run those veti centers?	Q. N.	Questions and Filters	Coding Categories	Skip to
those veti centers?	619	Do you know which organizations run		_
Multiple answers. DO NOT READ the possible answers Sidhartha Club 5 5 5 5 5 5 5 5 5			NSARC2	
Multiple answers. DO NOT READ the possible answers Sidhartha Club 5 5 5 5 5 5 5 5 5			NRCS3	
Siddhartha Club 5 5 8ACTS 6 6 NFCC 7 WATCH 8 8 0 0 0 0 0 0 0 0		AC MAIL DO NOT DE AD A		
SACTS				
NFCC		possible answers)		
WATCH				
Others (Specify)				
Don't know 98				
For how many times have you visited vet center in the last 12 months?				
vct center in the last 12 months? 2-3 times 2-4 to times 3-7 to times 4-7 to times 4	620	For how many times have you visited	i	
Have you ever participated in hiv/aids awareness raising program or community events in the last 12 months? Yes	020			
T-12 times		vet center in the fast 12 months?		
More than 12 times				
Have you ever participated in hiv/aids awareness raising program or community events in the last 12 months? No				
awareness raising program or community events in the last 12 months? No			More than 12 times5	
awareness raising program or community events in the last 12 months? No	621	Have you ever participated in hiv/aids	Yes1	
Community events in the last 12 months?		awareness raising program or	No2	701
When you participated in such events in what activities were you involved?		community events in the last 12		
In what activities were you involved?		months?		
Condom Day 3 3 1 1 1 1 1 1 1	622	When you participated in such events	Street drama1	
Condom Day 3 3 1 1 1 1 1 1 1		in what activities were you involved?	AIDS Day2	
Multiple answers. DO NOT READ the possible answers Video Shows		·		
Croup discussions 5 Talk programs 6 HIV/AIDS related training 7 HIV/AIDS related Workshops 8 Condom use demonstrations 9 Others (Specify) 96		(Multiple answers, DO NOT READ the	Video Shows4	
Talk programs		· · =		
HIV/AIDS related training		possible answers)		
HIV/AIDS related Workshops8 Condom use demonstrations				
Condom use demonstrations				
Others (Specify) 96				
Do you know which organizations organized those activities?				
Organized those activities? GWP	623	Do you know which organizations		
(Multiple answers. DO NOT READ the possible answers given below) (Multiple answers given below) (Multiple answers. DO NOT READ the possible answers given below) CAC				
(Multiple answers. DO NOT READ the possible answers given below) (Multiple answers. DO NOT READ the possible answers given below)				
(Multiple answers. DO NOT READ the possible answers given below) ICH				
NSARC		ar was no women as		
NRCS		' =		
INF/Paluwa		possible answers given below)		
Siddhartha Club				
CAC				
SACTS 11 NFCC 12 NAPN 13 Sparsa 14 Others (specify) 96 Don't know 98				
NFCC 12 NAPN 13 Sparsa 14 Others (specify) 96 Don't know 98				
NAPN				
Sparsa				
Others (specify)			_	
Don't know				
624 How many times have you participated in such activities in the last 12 months? 624 How many times have you participated 2-3 times 2 4-6 times 3 7-12 times 4				
in such activities in the last 12 months? 2-3 times	624	How many times have you participated		
months? 4-6 times			2-3 times2	
7-12 times4				
			More than 12 times5	

7.0 STI (SEXUALLY TRANSMITTED INFECTION)

Q. N.	Questions and Filters	Coding Co	ategories	Skip to
701	Which diseases do you understand by STI?	White Discharge/I		Ī
		Pus/Dhatu flow		
		Itching around Va	gina2	
	(Multiple answers. DO NOT READ the	Lower Abdominal		
	possible answers)	Syphilis (Bhiringi))/Gonorrhea4	
		HIV/AIDS		
		Burning Sensation	while	
		Urinating	6	
		Swelling of Vagin	a7	
		Pain in Vagina	8	
		Unusual Bleeding	from Vagina.9	
		Ulcer or sore arour	nd Vagina10	
		Don't know	98	
		Other (Specify)	96	
702	Do you currently have any of the following sympt	toms?		
	Symptoms	Yes	No	
	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			
703	Have you gone through medical treatment for	Yes	1	
	any of these symptoms?	No	2	710
703.1	If yes, for how long did you wait to go for the			
	treatment?	Week		
	(Write '00' if less than a week)			
704	Where did you go for the treatment?	Private Clinic		
		AMDA Clinic		
	(Multiple answers. DO NOT READ the	NFCC		
	possible answers)	SACTS		
		FPAN Clinic		
		Health Post/ Health		
		Hospital		
		Pharmacy		
		Self Treatment (Sp	• /	
		Others (Specify) _	96	

Q. N.	Questions and Filters	Coding C	ategories	Skip to
705	For which symptoms did you get treatment?			
	Specify the treatment.			
	Symptoms	Treat	ment	
	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		700
707	D'.11(-) 11 (1 1' -) 10 - 10	No Yes I obtained all		709
707	Did you obtain all the medicine prescribed?	I obtained some by		709
		I obtained some but I obtained none		709 709
708	Did you take all of the medicine prescribed?	Yes		709
708	Did you take all of the medicine prescribed?			709
708.1	If not, why did you not take all of the medicine	No		
700.1	prescribed?	Forgot to take1 Felt cured2		
	preserioed.	Medicine did not v		
		Others (Specify)_		
709	How much did you pay for the medicine that you	Rs.		
	took?			
	[If not paid mention the reasons]	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	4
	8. Vaginal bleeding (unusual)	1	2	4
	9. Unusual heavy, foul smelling vaginal	1	2	
	discharge	_	_	4
	10. Genital Warts	1	2	4
	96. Others (Specify)	1	2	
	(If answer is "No" to all in Q. No. 710, Go to			
	Q. No. 801)			

Q. N.	Questions and Filters	Coding C	Skip to	
711	Have you gone through medical treatment for			
	any of these symptoms in the past year?			
	Symptoms	Yes	No	
	1. Pain in the lower abdomen	1	2	
	2. Pain during urination	1	2	
	3. Frequent urination	1	2	
	4. Pain during sex	1	2	
	5. Ulcer or sore in the genital area	1	2	
	6. Itching in or around the vagina	1	2	
	7. Vaginal odor or smell	1	2	
	8. Vaginal bleeding (unusual)	1	2	
	Unusual heavy vaginal discharge and foul vaginal discharge	1	2	
	10. Genital Warts	1	2	
	96. Others (Specify)	1	2	
	(If answer is "No" to all in Q. No. 711, Go to Q. No. 801)			
712	Where did you go for the treatment?	Private Clinic AMDA Clinic		
	(Multiple answers. Do not read the possible	NFCC		
	answers).	SACTS		
		FPAN Clinic		
		Health Post/ Healtl	n Center6	
		Hospital	7	
		Pharmacy		
		Self Treatment (Sp	ecify)9	801
		Others (Specify)	.96	
713	Did anyone from the place where you went for	Yes	1	
	treatment counsel you about how to avoid the problem?	No	2	801
713.1	What did he/she tell you?	Told me to use con	dom1	
	(Multiple answers, DONOT READ the	Told me to reduce		
	possible answers)	sexual partners	2	
		Others (Specify) _		

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	Everyday1	
	drinks containing alcohol?	2-3 times a week2	
		At least once a week3	
		Less than once in a week4	
		Never5	
		Don't know98	
802	Some people take different types of drugs.	Yes1	
	Have you also tried any of those drugs in the	No2	
	past 30 days?	Don't know98	
	(Ganja, Bhang, Nitroson, Nitrovet E.)		

Q. N.	Questions and Filters	Coding Categories	Skip to
803	Some people inject drugs using a syringe. Have	Yes1	-
	you ever-injected drugs?	No2	809
	(Do not count drugs injected for medical	Don't know98	809
	purpose or treatment of an illness)		
804	Have you injected drugs in last 12 months?	Yes1	
	(Do not count drugs injected for medical	No2	809
	purposes or treatment of an illness)	Don't know98	809
805	Are you currently injecting drugs?	Yes1	
	The year currently injecting arage.	No2	809
806	Think about the last time you injected drugs.	Yes1	
	Did you use a needle or syringe that had	No2	
	previously been used by someone else?	Don't know98	
807	Think about the time you injected drugs during	Every Time1	
	the past one month. How often was it with a	Almost Every Time2	
	needle or syringe that had previously been used	Sometimes3	
	by someone else?	Never4	
		Don't Know98	
808	Usually how do you obtain a syringe/needle?	My friend/relative give it to me	
	Sound in the year estant a synnight needed.	after use1	
		Unknown person give it to me2	
		I pick it up from a public place	
		used and left by others3	
		I pick it up from a public place	
		where I leave my syringes4	
		I use a new needle/syringe given	
		by NGO/volunteer5	
		I purchase a new needle/syringe 6	
		Others (Specify)96	
809	Have you ever exchanged sex for drugs?	Yes1	
007	Thave you ever exchanged sex for drugs.	No	
810	Have you ever exchanged sex for money so	Yes 1	
010	that you can buy drug?	No2	
811	To your knowledge, have any of your sex	Yes	
011	partners injected drugs?	No	812
811.1	(For Married SW only) Does your husband	Yes 1	012
011.1	inject drug? (Check with Q. 204)	No	
	inject drug: (Check with Q. 204)	Don't know	
811.2	(For female having regular client) Did your	Yes1	
011.2	regular client inject drug? (Check with Q. 403)	No	
	regular chefit inject drug? (Check with Q. 403)	Don't know	
811.3	(For all) Do you know any of your client ever	Yes1	
011.3	injecting drugs?	No	
	injecting drugs:	Don't know98	
812	Do you know anyone who injects drugs?	Yes1	
012	Do you know anyone who injects drugs?	No	901
812.1	If yes, how are you related to her/him?	Client	701
012.1	in yes, now are you related to her/filling	Friend2	
		Family3	
		Relative4	
		Other (Specify) 96	

9.0 STIGMA AND DISCRIMINATION

Q. N.	Questions and Filters	Coding Categories	Skip to
901	If a male relative of yours gets HIV, would you	Yes1	
	be willing to take care of him in your	No2	
	household?	Don't know98	
902	If a female relative of yours gets HIV, would	Yes1	
	you be willing to take care of her in your	No2	
	household?	Don't know98	
903	If a member of your family gets HIV, would	Yes1	
	you want it to remain a secret?	No2	
		Don't know98	

™ Thank You. ഈ

ANNEX – 4

CONFIDENTIAL

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

Female Clinical/Lab Checklist

Respondent ID Number:		Date: 2062//_	
Name of Clinician :			
Name of Lab Technician:		-	
(A) Clinical Information	(B)	Specimen collection	
		Yes	No
Weight:Kg	Pre test counseled	1	2
B.P. :mm of Hg	Blood Collected for HIV & Syphilis	1	2
Pulse :° Temperature :°	Date & place for Fpost-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 Info	ormation		
101. Has any of your sexual parts	ner had urethral discharge in th	ne past 3 months?	
 Yes No Don't know 			

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

<u> Ionth</u>
No
No
No
No

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

- 103. Do you now have or have you had in the past month any sores or ulcer on or near your genitals?
 - 1. Yes [If yes, Refer]
 - 2. No
- 104. Has any of your sexual partner had sore around genital areas in the past 3 months?
 - 1. Yes [If yes, Refer]
 - 2. No
 - 98. Don't know

ANNEX – 5

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

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

Sponsor : Family Health International, Nepal and USAID, Nepal

Principal Investigator : Asha Basnyat, Country Director

Address : Family Health International/Nepal, GPO BOX 8803,

Gairidhara, Kathmandu, Nepal, Email: asha@fhi.org.np

Introduction to Research

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

General Information about the Research

Study participants will be selected randomly. In total 500 women like you are selected for interview. We will ask you some questions and then ask you to provide blood samples. We will draw 7-10 ml blood by 10 ml disposable syringe from your vein. If it is determined that you have any symptoms that are consistent with an STI, we will provide treatment free of charge. The diagnosis and treatment of this type of disease will be done on the basis of National STI Case Management Guidelines.

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

Your Part in the Research

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

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

Your name will neither be recorded on blood sample nor in the questionnaire. All the questionnaire and sample will be labeled with a code number. Syphilis and HIV will be examined from your blood sample. Syphilis and HIV test will be done in Kathmandu by SACTS. If you wish we could provide you syphilis and HIV test results about a month after the completion of the fieldwork. Your part in the research will last approximately one hour.

Possible Risks

The risk of participating in this study is the minor discomfort due to bleeding bruising during blood drawing. Since your name has not been recorded anywhere, no one will be able to know that this laboratory test report belongs to you. Some of the questions we ask might put you in trouble or make you feel uncomfortable to answer them. You are free not to answer

such questions and also to withdraw yourself from participating the research process at any time you like to do so. You might feel some mental stress after getting your test results. But you will get proper pre and post test counseling on HIV and STI through a qualified counselor.

Possible Benefits

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

If You Decide Not to Be in the Research

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

Confidentiality

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

Payment

We will not pay you for your participation but you will be given vitamin for one month, small gift, condom and some reading materials about HIV/AIDS and STI as compensation for your participation in the research. Moreover, we will provide you local transportation or reimburse local transportation cost when you come to the study center for interview and for providing biological sample.

Leaving the Research

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

If You Have a Questions about the Study

If you have any questions about the research, call

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

Siddhartha Man Tuladhar, New ERA, Kalopool, Kathmandu, Nepal, Phone: 01-4413603. *Laxmi Bilas Acharya*, Family Health International (FHI), Gairidhara, Kathmandu, Phone: 01-4427540.

Research Related Injuries

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

Your rights as a Participant

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

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

VOLUNTEER AGREEMENT

The above document describing the benefits, risks and pre "Integrated Bio-behavioral survey (IBBS) among female sex has been read and explained to me. I have been given an opabout the research answered to my satisfaction. I agree to par	workers in Kathmandu Valley' poortunity to have any questions
Signature or mark of volunteer	Date
If volunteers cannot read the form themselves, a witness n	nust sign here:
I was present while the benefits, risks and procedures we questions were answered and the volunteer has agreed to take	
Signature of witness	Date
I certify that the nature and purpose, the potential benefits, as participating in this research have been explained to the above	•
Signature of Person Who Obtained Consent	Date

 $\label{eq:ANNEX-6} \textbf{Dates and Places of Counseling Performed to FSWs}$

Name of SiteDate of CounselingTotal No. of Study ParticipantsAttended in Post-test CounselingKathmanduFebruary 24,2006 to May 12, 2006 in VCT run by SACTS50062 (12.4%)

