

**Integrated Bio-Behavioral Survey
among
Female Sex Workers
Pokhara Valley
Round II -2006**

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ABBREVIATIONS

AIDS	Acquired Immuno-Deficiency Syndrome
CREPHA	Center for Research on Environment, Health and Population Activities
DIC	Drop-In-Center
ELISA	Enzyme Linked Immuno Assay
FHI	Family Health International
FPAN	Family Planning Association of Nepal
FSW	Female Sex Worker
HIV	Human Immuno-Deficiency Virus
IBBS	Integrated Bio-Behavioral Survey
ID	Identification Number
IDU	Injecting Drug User
INF	International Nepal Fellowship
MSM	Men who have sex with men
NCASC	National Center for AIDS and STD Control
NGO	Non-Governmental Organization
NHRC	Nepal Health Research Council
NRCS	Nepal Red Cross Society
OE	Outreach Educator
PE	Peer Educator
PHSC	Protection of Human Subjects Committee
RPR	Rapid Plasma Regain
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infections
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 200 female sex workers (FSWs), both street and establishment based, in Pokhara. The IBBS was carried out during the months of January and February 2006. The survey measured HIV and syphilis prevalence among FSWs and variables which are associated with 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 FSWs in Pokhara from this study with findings from the 2004 study.

Method of the Study

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.”

Mapping

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 (CREPHA) were 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 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 Mahendrapool and Prithvichowk in Pokhara 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 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

- Forty percent of the FSWs in the study were born in Kaski district and 57% were born in other districts. A small proportion of respondents (3%) were born outside of Nepal.
- The median age of respondents was almost the same as in 2004 (21 years) and the ages of the sex workers ranged from 14–45 years. The FSWs included in the study represented most of the major castes/ethnic groups, with a slightly higher percentage of sex workers coming from the occupational castes.
- A large proportion of FSWs in the sample are in the teen ages (41% of the sex workers were less than 20 years), and 45% of the FSWs joined the sex trade less than a year ago, indicating that new girls were entering the sex business every year.
- Illiteracy was 36% among the respondents.
- Forty five percent of the respondents were either divorced or separated from their husbands. Fifteen percent of the married sex workers' husband had co-wife.

Sexual Behavior

- Sex at an early age was the prevalent practice among the study population. Like in the 2004 study, more than 50% of the sex workers had experienced sex by the time they were 15 –19 years old. Some had their first sexual experience even earlier.
- A little more than 50% of the sex workers reported that they served one client in an average per day. The mean number of clients served by the sex workers in one day was 1.6.
- 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 4.3.
- Sex workers are exposed to different kinds of violence in the hands of their clients. Around 31% of the sex workers had been subjected to forceful sex in the past year. Some of them had also been verbally/physically assaulted.
- Ten percent more sex workers than in the 2004 study reported using condoms in their last sexual act with a client. However, consistent condom use with clients in the past year was still low (37%). Reported consistent condom use with regular partners was highest at 51.5% and consistent condom use with husbands/male friends was lowest at 7%.

Availability of Condoms and Brand Names

- More than 60% of the sex workers had access to free condoms, which they mostly obtained from their clients and NGO/health workers/volunteers. They mentioned that it was convenient for them to have condoms from these sources.
- Pharmacies were the most common place where the sex workers preferred to purchase condoms.
- The three most popular brands of condoms among the sex workers were Number one, Dhaal and Panther.
- Radio, television and their friends/neighbors were the three most important sources of information about condoms for the sex workers.
- A significant proportion of the sex workers were aware of different messages relating to condom use like '*condom kina ma bhaye hunna ra*', '*Jhilke dai chha chhaina condom*', '*Yaun rog ra AIDS bata bachnalai rakhnu parchha sarbatra paine condom lai*' and '*Condom bata suraksha, youn swasthya ko raksha*'.

Awareness on HIV/AIDS

- Knowledge of HIV/AIDS among the sex workers in Pokhara was high. Almost all of them had heard about HIV/AIDS. As in 2004, radio was reported as the most important source of their information on HIV/AIDS.
- Overall 53% of the respondents correctly identified A, B and C as HIV preventive measures. However, 41.5% only rejected the common local misconception that mosquito bite transmitted HIV virus. Overall, only 25% of the respondents were aware of all the five major indicators of HIV transmission.
- More than half of the sex workers knew that they could have confidential HIV test in their community. However, only around 30% of them had been tested.

Reported STI and Treatment

- Knowledge of sex workers regarding STI symptoms had improved since 2004. Genital discharges, itching sensation in vagina and blisters and ulcers around vagina were the three most reported STI symptoms as understood by them.
- Around two fifths of the sex workers had experienced at least one symptom of STI in the past year.
- The majority of the sex workers had received counseling on avoiding STIs from the places that they had visited for treating STI symptoms. Most of them had been counseled to use condoms consistently.

- Slightly less than one-half of the sex workers had been experiencing at least one STI symptom during the survey period. Except for three, all sex workers had sought medical cure for the symptom/s.

HIV and Syphilis Prevalence

- HIV prevalence rate among the sex workers was the same as in the 2004 study. Out of 200 sex workers, 2% of them (4/200) were found to be HIV positive.
- Syphilis history (TPHA+ve with RPR –ve or RPR titre < 1:8), increased from 3.5% in 2004 to 8.0% in 2006 and current syphilis (TPHA+ve with /RPR titre = or > 1:8) increased from 2.0% in 2004 to 3.5% in 2006. However this increase in syphilis prevalence is not statistically significant at 5% significance level.
- The prevalence of untreated syphilis among sex workers less than 20 years old was 4.9% compared to 2.5% among those of 20 years old and above. Untreated syphilis was prevalent among 5.7% of illiterate sex workers and 5.1% of those sex workers who were in the sex trade for more than two years

Exposure to HIV/AIDS Prevention Activities

- Fifty percent of the sex workers had, at least once, met peer/outreach educators from the various HIV/AIDS related programs in Pokhara and 36% of sex workers had visited DICs. Twenty two percent of sex workers had ever visited STI clinic and 15% had at least once been to a VCT center.
- Of the sex workers who had met peer/outreach educators; these OEs/PEs were mostly from Nepal Red Cross Society (NRCS)/Kaski. The DICs that sex workers had visited were also mostly from NRCS/Kaski. The STI clinic run by *Siddhartha* club was mentioned most often as the place visited for STI services, and of the sex workers who had visited a VCT site, all but two had visited the VCT centers run by INF/Paluwa.
- The participation of the sex workers in HIV/AIDS awareness programs/community events was minimal with only 16% of them reporting to have ever been part of such events. Among them, almost 47% had participated in programs conducted by NRCS/Kaski.

Recommendations

- Young girls are entering the sex trade every year. Hence, 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. HIV/AIDS 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.
- Peer and outreach education should be continued at a larger scale to cover more sex workers. At the same time, more DICS, STI clinics and VCT centers should be operated to facilitate convenient access to the sex workers. Information about the existing facilities and the services should be disseminated at a wider scale.

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 Integrated Bio-behavioral Survey (IBBS) conducted in 2005 among FSWs in the Pokhara valley showed that 36% of FSWs had used condoms consistently in the past year with their clients (New ERA/SACTS/FHI 2005). The findings also showed that FSWs used condoms more consistently with a regular client (48%) than a non-paying partner (13%). This second round 2006 IBBS was undertaken to compare condom use practices and sexual behavior of the sex workers in the Pokhara 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 Pokhara valley and to assess their HIV/STI related risk

behaviors; and to analyze trends through comparison with data obtained from the 2004 IBBS in Pokhara valley.

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

Chapter 2.0: METHODOLOGY

2.1 Implementation of the Study

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

2.2 Study Population

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

2.3 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 Pokhara 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 400 – 450 sex workers were estimated in the Pokhara valley.

After estimating the number of sex workers in different locations, the study area was divided into different clusters. A cluster was defined as a location or group of two or more locations having a minimum of 20 estimated FSWs. In total 20 such clusters were defined in Pokhara Valley. From each clusters 10 FSWs were selected randomly for the interview to reach a sample of 200 FSWs.

2.4 Sample Size

The sample size for IBBS among FSWs in Pokhara Valley was estimated to be 200. This size was estimated to measure about 10% change in HIV prevalence among FSWs in Pokhara from the 2% 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 1.

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 Pokhara 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 like Nepal Red Cross Society (NRCS)/Kaski, INF/Paluwa Counseling Center, Siddhartha club, Naulo Ghumti and Green Pastures hospital run by INF. 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 locations 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.

To ensure the randomness in the selection of FSWs in the sample, 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. In each of the four areas within the cluster, the team tried to select sex workers randomly.

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.

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

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

Fieldwork for the study started on January 18, and continued up to February 21, 2006.

Refusal

All respondents participated voluntarily in the study. Some of the sex workers approached for the interview refused to take part in the study. Their refusal however was also carefully documented. Refusals were recorded at two stages: (1) at the time when they were approached at different locations; and (2) after their arrival at the study site, i.e., during the final stage of recruitment. Altogether 98 sex workers refused to take part in the study. Among them, 67 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 31 refused to take part in the survey after arriving at the study site. Their refusals were based on various grounds: 31 of them were not interested to take part in the study; 29 refused to be classified as sex workers; 20 were too busy; 8 had recently been to a clinic/VCT center; 5 were too scared of drawing blood for the test; 3 feared being exposed as a sex worker because of their participation in the study; one could not get her employer's permission to come to the clinic; and, one demanded her HIV test result immediately after the test.

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 on exposure to on going HIV/STI programs/services in the Pokhara valley. Inputs received from the field team 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 2). Apart from the structured questionnaire, questions related to STI symptoms were asked to the FSWs by a staff nurse to verify the occurrence of such symptoms in the past or during the survey (Annex 3). 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 two field teams.

There were two field teams for the Pokhara survey. Each field team included one male research assistant, one male supervisor, four female supervisor/interviewers, one staff nurse, one female lab technician, one runner and local motivators (as per need).

2.8 Recruitment and Training of Research Team

In two field teams a total of 8 female supervisors/interviewers, two research assistants two male supervisors, two staff nurses, two lab technicians and two runners were hired for the 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 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 Mahendrapool and Prithvichowk in Pokhara in order to cover those areas as outlined by the sampling procedure. These 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 in 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 the 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 (TPPA; 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

A total of 58 FSWs were provided syndromic treatment for STI as they went through the clinical procedure in the course of the study.

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 fridge in the field. Selected samples were transported to SACTS laboratory in Kathmandu every week in a cold box. The serum samples were stored at the SACTS laboratory at a temperature of –12 to -20°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. One researcher assistant and one field supervisor 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 member 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 4).

Since names and addresses of the interviewed FSWs 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 Red cross VCT, Siddhartha Club, and Government hospitals. Trained HIV/STI counselors distributed the test results two weeks after blood collection (Annex 5).

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 from February 21 to March 22, 2006. The respondents had to collect their test result within the specified date and they were not provided any incentive for collecting the test result. Out of the 200 sex workers tested for HIV and Syphilis, 14 (7%) turned up to receive their test result. Test results were provided by trained counselor in INF *Paluwa*.

2.13 Control of Duplication

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

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

2.14 Constraints in the Field Work

Ongoing political instability in the country created challenges in conducting the field work. During Nepal *bandhs* (strikes) most of the restaurants, discos and hotels closed, making it very difficult for the study team to approach sex workers based in these establishments. Similarly, there was no suitable environment for the female researchers to enter into 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 their employees to take part in the study. Employers were also found lying about their employees, keeping them in locked rooms, and not letting them speak to anyone representing any organization.

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

This chapter describes the socio demographic characteristics, sexual behavior of the female sex workers (FSWs), condom use practices, HIV/AIDS awareness, knowledge and participation in HIV/AIDS awareness activities, and prevalence of STIs and HIV.

A total of 200 sex workers, both establishment and street based participated in the study. The survey results showed that 40% of respondents were born in Kaski district and 57% were born in other districts of Nepal. The first round survey undertaken in 2004 had similar results. A small proportion of the respondents were born outside of Nepal (Table 1). Further, it was reported that about 40% of the sex workers had been living in Kaski district since their birth. The proportion of the sex workers reporting so was comparatively higher than 2004 study since the question covered the whole of Kaski district unlike in the first round (2004) when they were asked about the duration of their stay in Pokhara only. Table 1 summarizes the residential status of the sex workers and their birthplaces.

Table 1: Birthplace of Female Sex Workers and Duration of Their Stay in Pokhara Valley

Variables	2004		2006	
	N=200	%	N=200	%
Birth Districts				
Kaski	75	37.5	80	40.0
India	14	7.0	5	2.5
Brunei	1	0.5	0	0.0
Burma	0	0.0	1	0.5
Other Districts	110	55.0	114	57.0
No. of Months Living in Kaski District				
Since Birth	75	37.5	80	40.0
More than 120 months	22	11.0	20	10.0
61 months – 120 months	28	14.0	17	8.5
13 months – 60 months	26	13.0	40	20.0
Up to 12 months	49	24.5	43	21.5

3.1 Socio-Demographic Characteristics

The socio-demographic characteristics of the sex workers in the sample are summarized in Table 2. The age characteristics of the respondents did not differ much between the first (2004) and the second round of study (2006). The age of the sex workers ranged from 14 to 45 years with their mean age being 23.5 years (23.6 years in 2004).

A little more than one-third (34.5%) of the sex workers had attended 1-5 grade of schooling. Illiteracy was high (35.5%) and less than 2% of the respondents had attended SLC and higher level of studies

As regards their ethnic composition, 33.5% of the sex workers belonged to the Brahmin and Chhetri/Thakuri community. Tibeto-Burman communities (Tamang, Newar, Magar, Rai, Limbu and Gurung) made up 31% of the total sex workers while occupational caste groups made up 32.5% of them and the rest belonged to other castes.

A large proportion (72%) of sex workers reported to have been married at least once; the proportion of the sex workers reporting so was 69.5% in 2004. The reported mean age at the time of their first marriage was 15.8 years. The trend of divorcing or separating from husbands was also found common among them. The proportion of those reporting so had increased by eight percent since 2004 (Table 2).

Table 2: Socio-Demographic Characteristics of Female Sex Workers

Characteristics	2004		2006	
	N	%	N	%
Age of Respondent				
Less than 20	80	40.0	82	41.0
20 – 24	42	21.0	48	24.0
25 – 29	40	20.0	26	13.0
30 – 34	18	9.0	19	9.5
35 – 58	20	10.0	25	12.5
Mean/Median Age:	-	23.6/21.5	-	23.5/21.0
Range:		15-58		14-45
Total	200	100.0	200	100.0
Education				
Illiterate	74	37.0	71	35.5
Literate, no schooling	8	4.0	17	8.5
Grade 1 – 5	64	32.0	69	34.5
Grade 6 – 9	51	25.5	40	20.0
SLC and Above	3	1.5	3	1.5
Total	200	100.0	200	100.0
Ethnic/Caste Group				
Brahmin	16	8.0	13	6.5
Chhetri/Thakuri	42	21.0	54	27.0
Gurung	33	16.5	22	11.0
Magar	20	10.0	23	11.5
Tamang	12	6.0	10	5.0
Newar	6	3.0	5	2.5
Rai/Limbu	4	2.0	2	1.0
Damai/Sarki/Kami/Sunar	59	29.5	65	32.5
Other (Chaudhari, Sherpa, Giri/Sanyasi, etc.)	8	4.0	6	3.0
Total	200	100.0	200	100.0
Marital Status				
Married	60	30.0	47	23.5
Divorced/Separated	74	37.0	90	45.0
Widow	5	2.5	7	3.5
Never Married	61	30.5	56	28.0
Total	200	100.0	200	100.0
Age at First Marriage				
6 – 14	41	29.5	42	29.2
15 – 19	91	65.5	92	63.9
20 – 24	7	5.0	8	5.5
25 – 26	0	0.0	2	1.4
Mean/Median Age at First Marriage:	-	15.7/15.0	-	15.8/15.0
Total	139	100.0	144	100.0
Husband Has Co-wife				
Yes	20	33.3	7	14.9
No	40	66.7	40	85.1
Total	60	100.0	47	100.0
Living Status of FSW				
Currently Married Sex Workers Living With Husband/Male Friend	50	83.3	39	78.0
Unmarried Sex Workers Living With Male Friend	2	3.3	0	0.0
Dependents of Sex Workers				
Yes	123	61.5	131	65.5
No	77	38.5	69	34.5
Total	200	100.0	200	100.0
Total Number of Dependents (Adults + Children)				
One	45	36.6	40	30.5
2 – 3	58	47.2	54	41.2
4 and more	20	16.2	37	28.2
Mean Number of Dependents:	-	2.3	-	2.6
Total	123	100.0	131	100.0

Among the married sex workers, 14.9% of them reported that their husbands had a co-wife; 33.3% of them had reported so in the first round of the study. A total of 78% of the married sex workers were currently living with their husbands/male friends.

Almost two-thirds (65.5%) of the sex workers had dependent/s on their income from sex work, 41.2% of them had 2-3 such dependents (Table 2).

Table 3: Sexual Behavior of Female Sex Workers

Sexual Behavior	2004		2006	
	N	%	N	%
Duration of Sexual Exchange for Money				
6 – 12 months	86	43.0	89	44.5
13 – 24 months	43	21.5	47	23.5
25 – 36 months	27	13.5	29	14.5
37– 48 months	16	8.0	21	10.5
More than 48 months	28	14.0	14	7.0
Mean Months:	-	28.9	-	24.9
Total	200	100.0	200	100.0
Age at First Sexual Intercourse				
9 – 14	62	31.0	70	35.0
15 – 19	128	64.0	117	58.5
20 – 24	10	5.0	12	6.0
25	0	0.0	1	0.5
Mean/Median Age at First Sex:	-	15.6/15.0	-	15.5/15.0
Total	200	100.0	200	100.0
Working as a SW from the Interview Location				
Up to 6 months	39	19.5	23	11.5
7 – 12 months	60	30.0	74	37.0
13 – 24 months	41	20.5	43	21.5
25 – 36 months	21	10.5	27	13.5
37 – 48 months	14	7.0	19	9.5
More than 48 months	25	12.5	14	7.0
Total	200	100.0	200	100.0
Ever Worked as a SW in Other Places				
Yes	35	17.5	29	14.5
No	165	82.5	171	85.5
Total	200	100.0	200	100.0
Worked in India as a SW				
Yes	1	0.5	3	1.5
No	199	99.5	197	98.5
Total	200	100.0	200	100.0

The sex workers in the sample population had been involved in the sex trade for a period ranging from six months to four or more years. The mean number of months for which they were involved in the sex trade was 24.9 months; and 44.5% of them were carrying sex trade for less than a year, indicating that more sex workers are entering the sex business. In 2004, 43% of the sex workers had reported so. 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. Among the total sex workers, 48.5% had been involved in sex trade in Pokhara for less than a year.

Sex at an early age was the prevalent practice among the study population. A significant proportion (58.5%) of the sex workers had their first sexual contact at the age of 15-19 years. As high as 35% reported to have undergone the experience much earlier at 12-14 years of age. A total of 14.5% of sex workers (17.5% in 2004) said that they had worked as sex workers elsewhere while only three out of 200 sex workers reported that they had worked for some time in India as sex workers (Table 3).

3.2 Clients of Sex Workers

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 1-4 clients, with a mean of 1.6 clients served per day. The mean number of clients served each day by the sex workers was 1.4 in 2004. Slightly more than one-half of them (52.5%) reported that they entertained one client in an average per day. Nine percent of the sex workers also reportedly entertained 3-4 clients in a day.

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, on one week preceding the survey and on the last day that they had sexual contact. In this regard, almost half of the sex workers (49.5%) said that they had not seen any client on the previous day of the interview (63% in 2004). Thirty one percent of them had served one client on the previous day while 18.5% of them reportedly had 2-4 clients.

The mean number of clients entertained by the sex workers in the past week was 4.0, the same as reported in 2004. Fifty percent of them had served 2-4 clients and 28% of them had entertained 5-10 clients in the week preceding the survey.

The majority of sex workers (63.5%) have had sexual contact 1-2 days before the day of the interview while most of them (73%) had entertained one client on the day of last sexual act (76% reported so in 2004). The sex workers worked 4.6 days per week on average.

Table 4: Number of Clients Reported by Female Sex Workers

Number of Clients of Sex Workers	2004		2006	
	N=200	%	N=200	%
Average Number of Clients per Day				
One	142	71.0	105	52.5
Two	48	24.0	77	38.5
Three- Four	7	3.5	18	9.0
More than Four	3	1.5	0	0.0
Mean Clients per Day:	-	1.4	-	1.6
Number of Clients on the Previous Day				
None	126	63.0	99	49.5
One	43	21.5	62	31.0
Two	20	10.0	30	15.0
Three - Four	8	4.0	7	3.5
More than Four	3	1.5	2	1.0
Mean No. of Clients on the Previous Day:	-	0.6	-	0.8
Number of Clients in the Past Week				
0	35	17.5	22	11.0
One	35	17.5	15	7.5
Two	25	12.5	20	10.0
3 - 4	44	22.0	80	40.0
5 - 10	46	23.0	56	28.0
More than 10	15	7.5	7	3.5
Mean Number of Clients in the Past Week:	-	4.0	-	4.0
Time of Last Sexual Contact				
On the Day of Interview	15	7.5	7	3.5
1 - 2 Days Before	101	50.5	127	63.5
3 - 5 Days Before	44	22.0	43	21.5
6 and More Days Before	40	20.0	23	11.5

Table 4: Cont'd...

Number of Clients of Sex Workers	2004		2006	
	N=200	%	N=200	%
Number of Clients on the Day of Last Sexual Contact				
One	152	76.0	146	73.0
Two	35	17.5	44	22.0
3 – 7	13	6.5	10	5.0
Mean Number of Clients on that Day:	-	1.4	-	1.4
Average Number of Days Worked in a Week				
One	24	12.0	5	2.5
Two	28	14.0	19	9.5
Three	37	18.5	33	16.5
Four to Seven Days	111	55.5	143	71.5
Mean Number of Days Worked in a Week:	-	4.3	-	4.6

3.2.2 Types of Clients

As high as 57% sex workers reported that clients who visited them frequently were transport worker/drivers, similarly FSWs who reported their clients as police/army personnel, professionals, businessmen and migrant worker/wage laborers were 46%, 41%, 40.5% and 38% respectively. Among them, 18% of the sex workers had transport worker/driver as their last client. Others had their last sexual contact with migrant workers/wage laborers and professionals (16.5% each), businessmen (15%) and police/army personnel (14.5%) among other clients (Table 5).

Table 5: Types of Clients Reported by Female Sex Workers

Types of Clients	2004		2006	
	N=200	%	N=200	%
Occupation of Most Frequent Clients *				
Transport Worker/Driver	64	32.0	114	57.0
Policeman/Soldier	44	22.0	92	46.0
Service Holder/Officer/Doctor	54	27.0	82	41.0
Businessman	67	33.5	81	40.5
Migrant Worker/Wage Laborer	53	26.5	76	38.0
Foreign Employee	42	21.0	28	14.0
Student	26	13.0	25	12.5
Contractor	16	8.0	23	11.5
Hotel/Restaurant Owner	7	3.5	0	0.0
Tourist	5	2.5	0	0.0
Unemployed	4	2.0	0	0.0
Other (Guide, Guard, Politician, Restaurant Worker, etc.)	22	11.0	2	1.0
Don't Know	0	0.0	3	1.5
Occupation of Last Client				
Transport Worker/Driver	30	15.0	36	18.0
Migrant Worker/Wage Laborer	26	13.0	33	16.5
Service Holder/Officer/Doctor	22	11.0	33	16.5
Businessman	38	19.0	30	15.0
Policeman/Soldier	18	9.0	29	14.5
Contractor	5	2.5	13	6.5
Foreign Employee	24	12.0	12	6.0
Student	10	5.0	8	4.0
Unemployed	3	1.5	0	0.0
Hotel/Restaurant Owner	2	1.0	0	0.0
Tourist	1	0.5	0	0.0
Other (Guide, Guard, Politician, Restaurant Worker, etc.)	5	2.5	1	0.5
Don't Know	16	8.0	5	2.5

*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. Sex workers had, on average, 4.0 paying sex partners in the week preceding the survey. A majority (67%) of sex workers (46.5% in 2004) had reportedly not served any non-paying sex partners in the past week while 32.5% of them had provided service to 1-2 non-paying sex partners during the period. The mean number of non-paying partners as reported by the sex workers was 0.4, which was slightly less than in 2004 (0.6).

The mean number of both paying and non-paying sex partners in the previous week was 4.3 with 49.5% of sex workers serving 3-5 clients during the period. In 2004, the mean number of partners was 4.6 with 32% each of sex workers seeing 1-2 and 3-5 sex partners. The majority of the sex workers (80.5%) had their last sexual contact with their clients, 13% of them had their husband/male friends as their last sex partners.

Table 6: Sex Partners of Female Sex Workers

Sex Partners of Sex Workers	2004		2006	
	N=200	%	N=200	%
No. of Paying Sex Partners in the Past Week				
0	35	17.5	22	11.0
1 – 2	60	30.0	37	18.5
3 – 5	59	29.5	101	50.5
6 – 10	31	15.5	33	16.5
More than 10	15	7.5	7	3.5
Mean (Paying Partners in the Past Week):	-	4.0	-	4.0
No. of Non-Paying Sex Partners in the Past Week				
0	93	46.5	134	67.0
1 – 2	106	53.0	65	32.5
3	1	0.5	1	0.5
Mean (Non-Paying Partners in the Past Week):	-	0.6	-	0.4
No. of Paying and Non-Paying Sex Partners in the Past Week				
0	19	9.5	17	8.5
1 – 2	64	32.0	34	17.0
3 – 5	64	32.0	99	49.5
6 – 10	36	18.0	41	20.5
More than 10	17	8.5	9	4.5
Mean (Paying and Non-Paying Partners in the Past Week):	-	4.6	-	4.3
Last Sex Partner				
Client	-	-	161	80.5
Husband/Male friend	-	-	26	13.0
Other male	-	-	13	6.5

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 30.5% of the sex workers had been subjected to forceful sex with their clients in the past year. In the past year some of the sex workers (30%) had engaged in sex other than vaginal with their different partners (Table 7). Twenty nine percent of the sex workers also reported that they had had clients who refused to pay for sexual services on at least one occasion. The mean number of such incidents in the past six months was 3.8.

The sex workers were further asked if they had been forced to perform any sexual acts against their wishes in the past one year. Around 15% of them replied positively.

Masturbation (20/29) followed by oral sex (14/29) and anal sex (8/29) were reported as types of activities that they were forced to perform despite their unwillingness to do so in the past one year. Few respondents also reported to have been subjected to verbal torture and assaults (Table 7). Eleven percent had been physically assaulted at least once in the past year. All except one of the 200 sex workers had been engaged in vaginal sex in their sexual encounters with their last client.

Table 7: Types of Sex Practiced by Female Sex Workers

Type of Sex	2004		2006	
	N	%	N	%
Any Partner Forcibly Demanded Sex in the Past Year				
Yes	78	39.0	61	30.5
No	122	61.0	139	69.5
Total	200	100.0	200	100.0
Types of Sex Acts in the Past Year				
Oral Sex	13	6.5	17	8.5
Anal Sex	12	6.0	13	6.5
Masturbation	2	1.0	30	15.0
Only Vaginal	173	86.5	158	79.0
Total	200	*	200	*
Clients Refusing to Pay for Sexual Services				
Yes	73	36.5	58	29.0
No	127	63.5	142	71.0
Mean No. of Such Incidences in Past Six Months:	-	4.1	-	3.8
Total	200	100.0	200	100.0
Clients Performing Such Activities that the FSWs Disliked in the Past Year				
Yes	-	-	29	14.5
No	-	-	171	85.5
Total	-	-	200	100.0
Types of Activities Performed by Clients Which FSWs Disliked				
Masturbation	-	-	20	69.0
Oral Sex	-	-	14	48.3
Anal Sex	-	-	8	27.6
Burnt by Cigarette	-	-	3	10.3
Assaulted	-	-	2	6.9
Verbal Torture	-	-	2	6.9
Others	-	-	2	6.9
Total	-	-	29	*
Types of Sex with Last Client				
Masturbation	-	-	14	7.0
Oral Sex	-	-	2	1.0
Vaginal Sex	-	-	199	99.5
Total	-	-	200	*
Physically Assaulted by Any Person for Any Reason in the Past Year				
Yes	-	-	22	11.0
No	-	-	178	89.0
Total	-	-	200	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.

3.4 Income of Sex Workers

A range of income from sex work reported by the sex workers was calculated. The average income from the last sex with a client was Rs. 865 with a minimum of Rs. 50 to a maximum of Rs. 3,150 per sexual act (Table 8). Both cash and gifts received by the sex workers have been taken into account when calculating the total income from sex work. 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.

The weekly mean income of the sex workers from sex work was Rs. 2,805, with the incomes ranging from Rs. 300 to Rs. 10,000. The weekly mean income reported by

sex workers in 2004 was Rs. 2,745 and it ranged from Rs. 300 to Rs. 18,000. More than a quarter (28.5%) of sex workers had an income of between Rs. 1,000 to Rs. 2,000 per week, and more than two fifth of them (43.5%) had been earning Rs. 2,000- Rs. 5,000 per week. Some of the sex workers (11.5%) also reported having an income of Rs. 5,000 – Rs. 10,000 in a week (Table 8).

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

Income from Sex Work and Other Jobs	2004		2006	
	N	%	N	%
Income from Last Sex with Client				
0	11	5.5	0	0.0
Up to Rs. 100	20	10.0	9	4.5
Rs. 101 – Rs. 500	71	35.5	67	33.5
Rs. 501 – Rs. 1,000	48	24.0	58	29.0
Rs. 1001 – Rs. 1,500	19	9.5	31	15.5
Rs. 1501 – Rs. 2,000	19	9.5	24	12.0
Rs. 2000 and above	12	6.0	11	5.5
Range: Rs.	0 - 4,030		50 – 3,150	
Mean Income from Last Sex Work: Rs.	-	785	-	865
Total	200	100.0	200	100.0
Weekly Income from Sex Work				
Up to Rs. 1,000	55	27.5	33	16.5
Rs. 1,001 – Rs. 2,000	57	28.5	57	28.5
Rs. 2,001 – Rs. 3,000	35	17.5	35	17.5
Rs. 3,001 – Rs. 4,000	19	9.5	35	17.5
Rs. 4,001 – Rs. 5,000	10	5.0	17	8.5
Rs. 5,001 – Rs. 10,000	18	9.0	23	11.5
More than Rs 10,000	6	3.0	0	0.0
Range: Rs.	300-18,000		300 – 10,000	
Mean Weekly Income from Sex Work: Rs.	-	2,745	-	2805
Total	200	100.0	200	100.0
Have Other Jobs Besides Sex Work				
Yes	173	86.5	166	83.0
No	27	13.5	34	17.0
Total	200	100.0	200	100.0
Types of Part Time Job Besides Sex Work				
Waitress	78	45.1	104	62.7
Wage Laborer	44	25.4	30	18.1
Domestic Help	14	8.1	19	11.4
Retail Shops/Business	11	6.4	9	5.4
Owner of Restaurant	6	3.5	7	4.2
Dancer in Dance Restaurant	3	1.7	1	0.6
Worker in <i>Bhatti Pasa</i>	10	5.8	0	0.0
Peer Communicator in NGO	4	2.3	0	0.0
Owner of <i>Bhatti Pasa</i>	3	1.7	0	0.0
Service (Accountant, Peon, etc.)	1	0.6	0	0.0
Other	10	5.8	1	0.6
Total	173	*	166	*
Average Weekly Income from Other Sources Besides Sex Work				
0 (No Other Source)	27	13.5	34	17.0
Up to Rs. 500	97	48.5	89	44.5
Rs. 501- Rs. 1,000	56	28.0	59	29.5
Rs. 1001 – Rs. 1,500	6	3.0	10	5.0
Rs. 1501 – Rs. 2,000	5	2.5	2	1.0
Rs. 2,000 and above	9	4.5	6	3.0
Range Rs.	60 – 7,000		50 – 5,000	
Mean Weekly Rs.:	-	744	-	692
Total	200	100.0	200	100.0

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

The sex workers were also asked if they had been doing any other job besides sex work. A majority of the sex workers (83%) reported that they had another job as well. Most of them had been working as waitresses (62.7%) in different restaurants/hotels, some worked as daily wage laborers (18.1%) and domestic helpers (11.4%). Other

responses are shown in Table 8. The sex workers reported to have been making a substantial income from such jobs. The mean weekly income was Rs. 692 with their average income ranging from Rs. 50 to Rs. 5,000 per week. In 2004 also, a majority of sex workers (86.5%) had been doing other jobs and their reported mean weekly income was Rs 744.

3.5 Knowledge of Condoms among Sex Workers

All the sex workers had heard of condoms. Similar to 2004 survey results, the radio was the most popular source of information on condoms as mentioned by 94.5% of the sex workers. Television came up as the second most popular information source (87%); in 2004 pharmacies had been reported as the second important source of information by 88.5% of the sex workers. As a positive implication of the ongoing activities a significantly higher proportion of the sex workers than in 2004 reported that they had heard of condoms from sources like health workers/volunteers (23% more), billboard/signboards (17% more), street drama (16% more), community events (14.5% more) and NGOs and comic books (13% more). Conversation on condom use among neighbors and friends also seems to be gaining ground as a significant proportion (86%) of the sex workers reported to have heard of condoms from friend/neighbors (Table 9).

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

Source of Knowledge of Condoms	2004		2006	
	N=200	%	N=200	%
Sources of Knowledge of Condoms:				
Radio	185	92.5	189	94.5
Television	155	77.5	174	87.0
Friend/Neighbor	139	69.5	172	86.0
Pharmacy	177	88.5	157	78.5
Billboard/Signboard	89	44.5	123	61.5
NGOs	91	45.5	117	58.5
Newspaper/Poster	94	47.0	116	58.0
Hospital	123	61.5	100	50.0
Cinema Hall	68	34.0	76	38.0
Health Post/ Health Center	57	28.5	75	37.5
Health Worker/Volunteer	25	12.5	71	35.5
Street Drama	22	11.0	54	27.0
Community Event/Training	24	12.0	53	26.5
Comic Book	14	7.0	40	20.0
Community Workers	5	2.5	28	14.0
Video Van	8	4.0	24	12.0
Other	2	1.0	2	1.0

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 to the section 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

The reported use of a condom by sex workers in their last sexual encounter with a client was 75%, which was almost 10% more than 2004 survey results (64.5%). However, only 37% of the sex workers had been consistently using condoms with clients in the past year; the proportion of sex workers reporting so was 35.5% in 2004. Out of 150 sex workers who had used condom in last sex with client, 66% of them reported that they themselves had suggested using condoms (Table 10).

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

Condom Use by Female Sex Workers	2004		2006	
	N	%	N	%
Use of Condom with Client in the Last Sex				
Yes	129	64.5	150	75.0
No	71	35.5	50	25.0
Total	200	100.0	200	100.0
Condom Use Suggested by				
Myself	58	45.0	99	66.0
My partner	60	46.5	51	34.0
Joint decision	11	8.5	0	0.0
Total	129	100.0	150	100.0
Consistent Use of Condom with the Client in the Past Year				
Every time	71	35.5	74	37.0
Most of the time	67	33.5	84	42.0
Sometimes	17	8.5	17	8.5
Rarely	8	4.0	13	6.5
Never	37	18.5	12	6.0
Total	200	100.0	200	100.0
Have Regular Client in the Past Year				
Yes	153	76.5	134	67.0
No	47	23.5	66	33.0
Total	200	100.0	200	100.0
Consistent Use of Condom with Regular Clients in the Past Year				
Every time	73	47.7	69	51.5
Most of the time	27	17.6	40	29.8
Sometimes	12	7.8	13	9.7
Rarely	7	4.6	4	3.0
Never	34	22.2	8	6.0
Total	153	100.0	134	100.0
Use of Condom with Regular Client in the Last Sex				
Yes	-	-	98	73.1
No	-	-	36	26.9
Total	-	-	134	100.0
Condom Use Suggested by				
Myself	-	-	68	69.4
My partner	-	-	30	30.6
Total	-	-	98	100.0
Have Non-Paying Partner in Past Year				
Yes	136	68.0	57	28.5
No	64	32.0	143	71.5
Total	200	100.0	200	100.0
Consistent Use of Condom with Non-Paying Partner in the Past Year				
Every time	18	13.2	4	7.0
Most of the time	24	17.6	5	8.8
Sometimes	21	15.4	4	7.0
Rarely	10	7.4	3	5.3
Never	63	46.3	41	71.9
Total	136	100.0	57	100.0

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

3.6.2 Condom Use with Regular Client

Percentage of the sex workers who had clients visiting them on a regular basis was 67%. Similarly, 73.1% had reportedly used a condom in their last sexual act with a regular

client. In most of the cases (69.4%), the use of condom had been suggested by the sex workers themselves. However, only 51.5% of the sex workers had used condoms consistently in the past one year with regular clients; almost similar proportion of them (47.7%) had reported so in 2004 (Table 10).

3.6.3 Condom Use with Non-Paying Partners

About 29% of sex workers reported having non-paying sex partners in the year preceding the survey as compared to 68% in 2004. These non-paying partners were mostly their boyfriend, husband or cohabiting sex partner. Consistent use of condoms with non-paying partners in the past year was still lower (7%) than what was reported in 2004 (13.2%), indicating prevalence of sporadic condom use practices with non-paying partners (Table 10).

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

As high as 40% of the sex workers reportedly engaged in sexual acts with people other than their clients, husband or male friend in the past year. Condom use with such partners in the last sexual act was reported by 63.8% of them while only 38.8% of them had consistently used condoms in the past year. The sex workers themselves had suggested the use of condom in most of the cases (66.7%) (Table 11). Since this was a new section added to the questionnaire in 2006, data for 2004 survey was not available for comparative analysis.

Table 11: Condom Use with Partners Other than Clients, Husband and Male Friends

Condom Use by Female Sex Workers	2006	
	N	%
Have Sex with partner other than Client, Husband, Male Friend in the Past Year		
Yes	80	40.0
No	120	60.0
Total	200	100.0
Use of Condom with Partner other than Client, Husband, Male Friend in the Last Sex		
Yes	51	63.8
No	29	36.2
Total	80	100.0
Condom Use Suggested by		
Myself	34	66.7
My partner	17	33.3
Total	51	100.0
Consistent Use of Condom with Partner other than Client, Husband, Male Friend in the Past Year		
Every time	31	38.8
Most of the time	14	17.5
Sometimes	13	16.3
Rarely	3	3.8
Never	19	23.8
Total	80	100.0

3.7 Availability of Condoms and Their Brand Names

Sex workers were also asked whether they usually carried condoms with them. Thirty four percent of them replied positively. However, the majority of those who reported carrying condoms (57/68) did not have a condom with them when they were requested by the interviewers to show them. More than half (55%) of the sex workers said that they could get condoms within five minutes from the place of their work (sex work). A relatively less proportion of the sex workers (45.5%) had reported so in 2004. Only a few sex workers (12.5%) said that it took more than 15 minutes to get condoms; in 2004, 18.5% of them had reported so.

Similar to the 2004 study, a majority of the sex workers (92%) reported that they could get condoms from pharmacies. The general retail stores (58%) were mentioned as second in importance for obtaining condoms. Other places where they could reportedly get condoms were *Paan* shops (34%), NGO/health worker (30.5%). Hospitals that were the second highest reported source in 2004 (36%) were reported so by only 29% of the sex workers. A relatively higher proportion of sex workers than in 2004 reported *paan shop* (31.5% more), general retail store (26% more), and their peer/friends (21% more) as sources of condoms (Table 12).

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

Condom Acquisition	2004		2006	
	N	%	N	%
Carry Condom usually				
Yes	11	5.5	68	34.0
No	189	94.5	132	66.0
Total	200	100.0	200	100.0
No. of Condoms carried				
1	4	36.4	3	4.4
2	3	27.3	2	2.9
3 – 5	1	9.1	3	4.4
6 – 10	0	0.0	1	1.5
More than 10	1	9.1	2	2.9
Not carrying right now	2	18.2	57	83.8
Total	11	100.0	68	100.0
Time Needed to Obtain Condoms from Nearest Place				
Up to 5 minutes	91	45.5	110	55.0
6 – 10 minutes	48	24.0	47	23.5
11 – 15 minutes	15	7.5	12	6.0
16 – 20 minutes	12	6.0	10	5.0
21 and more minutes	25	12.5	15	7.5
Don't Know	9	4.5	6	3.0
Total	200	100.0	200	100.0
Places Where Condoms are Available				
Pharmacy	183	91.5	184	92.0
General Retail Store (Kirana Pasal)	64	32.0	116	58.0
Paan Shop	5	2.5	68	34.0
NGO/Health Workers/Volunteers	47	23.5	61	30.5
Peer/Friends	17	8.5	59	29.5
Hospital	72	36.0	58	29.0
Bar/Guest House/Hotel	19	9.5	43	21.5
Private Clinic	23	11.5	26	13.0
Health Post/ Health Center	16	8.0	14	7.0
FPAN Clinic	1	0.5	10	5.0
Other	4	2.0	6	3.0
Don't Know	9	4.5	6	3.0
Total	200	*	200	*
Brand Names of Condoms Used Most				
Number 1	94	47.0	154	77.0
Dhaal	22	11.0	82	41.0
Panther	39	19.5	54	27.0
Black Cobra	3	1.5	42	21.0
Kamasutra	48	24.0	26	13.0
Jodi	14	7.0	23	11.5
Brands Not Known	38	19.0	12	6.0
Not Used in the Past Year	36	18.0	12	6.0
Lili	0	0.0	11	5.5
Bhega	0	0.0	6	3.0
Saajan	4	2.0	0	0.0
Total	200	*	200	*

*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. Condoms available under the brand name of Number One was the most popular brand among 77% of them, its popularity had noticeably increased from 47% in 2004. The

other most used brands as mentioned by the sex workers were *Dhaal* (41%) and *Panther* (27%).

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. Sixty three percent of the sex workers reported that they obtained free condoms all the time, 16.5% of them purchased them and 14.5% of them obtained it both ways. Among those 155 sex workers who reported obtaining free condoms all the time or occasionally, 45.8% said that their clients brought condoms with them. As shown in Table 13, 41.3% of the sex workers also said that they obtained free condoms from NGO/health workers/volunteers. Peers/friends were reported as the next important sources by 34.2% of the sex workers. Other reported sources are shown in Table 13.

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

Condom Acquisition	2006	
	N	%
Mode of Obtaining Condoms		
Always get free of cost	126	63.0
Purchase	33	16.5
Obtain both ways	29	14.5
Condom never used	12	6.0
Total	200	100.0
Free Condoms Usually Obtained From		
Client	71	45.8
NGO/Health workers/Volunteers	64	41.3
Peers/friends	53	34.2
Hotel/Lodge/Restaurant/Bhatti	10	6.4
FPAN clinics	2	1.3
Hospital	1	0.6
Community events	1	0.6
Others	4	2.6
Total	155	*
Most Convenient Place to Obtain Free Condom		
Client	67	43.2
NGO/Health workers/Volunteers	63	40.6
Peers/friends	47	30.3
Hotel/Lodge/Restaurant/Bhatti	9	5.8
FPAN clinics	2	1.3
Others	3	1.9
Total	155	*
Condoms Purchased from		
Pharmacy	53	85.5
General retail store (Kirana Pasal)	14	22.6
Pan Shop	4	6.5
Private clinic	1	1.6
Others	1	1.6
Total	62	*
Most Convenient Place to Purchase Condom		
Pharmacy	53	85.5
General retail store (Kirana Pasal)	10	16.1
Pan Shop	4	6.5
Total	62	*

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

With regards to their perception on what could be the most convenient sources to obtain free condoms, 43.2%/155 of the sex workers said that their clients could be a convenient source. A slightly smaller proportion, 40.6%/155, maintained that they could conveniently have free condoms from NGO/health workers/volunteers and 30.3%/155 maintained that they felt comfortable to get condoms from their peers/friends. Hotel/restaurants Family Planning Association of Nepal (FPAN) clinics

were other such places as mentioned by a smaller proportion of the sex workers (Table 13).

Among those sex workers who purchased condoms all the time or occasionally (62), a majority of them (85.5%) went to pharmacies to buy them. Some of them (22.6%) also got it from general retail stores and *paan* shops (6.5%). When asked about their opinion on the most convenient places for them to purchase condoms, a majority of 85.5%/62 sex workers said pharmacies were the best places while 16.1%/62 maintained that they could conveniently purchase condoms from retail shops (Table 13).

3.8 Knowledge of HIV/AIDS

Almost all (98%) of 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. Most of the sex workers reported that radio (95.4%), friends/relatives (88.8%) and television (86.7%) were the major sources of their information on HIV/AIDS. The ongoing HIV/AIDS prevention activities have been quite successful in reaching the target group with HIV/AIDS awareness messages as noticeably a higher proportion of the sex workers than in 2004 reported that their sources of knowledge on HIV/AIDS were billboard/signboard (21.4% more), street drama (19.4% more), comic book (13.8% more), community events/training (13.3% more), and health workers (11.3% more). The three most reported sources of information in 2004 were radio (88.8%), television (75.5%) and friends/relatives (68.9%) (Table 14).

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

Ever Heard of HIV/AIDS	2004		2006	
	N=200	%	N=200	%
Yes	196	98.0	196	98.0
HIV/AIDS Information Sources:				
Radio	174	88.8	187	95.4
Friends/Relatives	135	68.9	174	88.8
Television	148	75.5	170	86.7
Billboard/Signboard	79	40.3	121	61.7
People from NGOs	94	48.0	115	58.7
Pamphlet/Poster	108	55.1	110	56.1
Newspaper/Magazine	76	38.8	79	40.3
Workplace	73	37.2	75	38.3
Cinema Hall	53	27.0	73	37.2
Health Workers	43	21.9	65	33.2
Street Drama	17	8.7	55	28.1
Community Event/Training	22	11.2	48	24.5
Comic Book	14	7.1	41	20.9
Community Workers	10	5.1	30	15.3
School/Teacher	28	14.3	27	13.8
Video Van	6	3.1	23	11.7
Other Sources	7	3.6	1	0.5

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

3.8.1 Knowledge of HIV/AIDS among Female Sex Workers

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 66.5%, 77% and 80.5% respectively. In 2004, 33.5%, 31% and 84.5% 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 53% of the respondents correctly identified all three A, B and C as HIV preventive measures. Among them 79.5% knew that a healthy looking person can be infected with HIV and 77.5% rejected that sharing of meal with an HIV infected person transmitted HIV. Moreover, 41.5% rejected the common local misconception that mosquito bite transmitted HIV virus. Overall, only 25% of the respondents were aware of all the five major indicators of HIV transmission (Table 15).

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

Knowledge of Six Major Indicators on HIV/AIDS	2004		2006	
	N=200	%	N=200	%
A Can protect themselves through abstinence from sexual contact	67	33.5	133	66.5
B Can protect themselves through monogamous sexual contact	62	31.0	154	77.0
C Can protect themselves through condom use every time during sex	169	84.5	161	80.5
D A healthy-looking person can be infected with HIV	-	-	159	79.5
E A person can not get the HIV virus from mosquito bite	-	-	83	41.5
F Can not get HIV by sharing a meal with an HIV infected person	-	-	155	77.5
Knowledge of all the three (ABC)	19	9.5	106	53.0
Knowledge of all five major indicators – BCDEF of HIV/AIDS	-	-	50	25.0

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

Data for 2004 and 2006 are not comparable owing to differences in the questionnaire formats.

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 (143/200) replied positively. Of them, 15 sex workers had their close relative and 47 of them had their close friend who had suffered from HIV/AIDS or had succumbed to it (Table 16).

The sex workers' understanding of HIV/AIDS and its different modes of transmission were also tested with the help of certain questions. As seen in Table 16, more than 90% of the sex workers perceived that HIV could be transmitted through the transfusion of blood from an infected person to the other, using of pre-used needle/syringe and from an infected pregnant woman to her unborn child. A large proportion of them (84.5%) also mentioned that holding of an HIV infected person's hand did not pose threat for HIV transmission, and 70.5% of them reported that HIV/AIDS infected mother could transmit the virus to her child during breast feeding.

Among those 182 sex workers who said that an infected mother could transmit the virus to her unborn child, 64.3% of them expressed their unawareness of any measure to minimize such risk. Some of them (35.7%) 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.

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

Statements Related to HIV/AIDS	2006	
	N	%
Know Anyone Who is Infected with HIV or Who has Died of AIDS (n=200)	143	71.5
Have a close relative or close friend who is infected with HIV or has died of AIDS		
Close relative	15	10.5
Close friend	47	32.9
No relation	81	56.6
Total	143	100.0
Awareness on HIV/AIDS (n=200)		
A woman with HIV/AIDS can transmit the virus to her new-born child through breastfeeding	141	70.5
Can not get HIV by holding an HIV infected person's hand	169	84.5
A person can get HIV, by using previously used needle/syringe	193	96.5
Blood transfusion from an infected person to the other transmit HIV	195	97.5
A pregnant woman infected with HIV/AIDS can transmit the virus to her unborn child	182	91.0
Ways by which a pregnant woman can reduce the risk of transmission of HIV to her unborn child		
Take medicine	65	35.7
Don't Know	117	64.3
Total	182	100.0

Perception on HIV Test

As additional information to 2004 study, the sex workers were also asked various questions relating to HIV test. Encouragingly, more than one-half of them (59%) reported that it was possible for them to have a confidential HIV test in their community. However, less than one-third (29.5%) of the total 200 sex workers had ever undertaken the test. Thirty-six sex workers had taken up the test within last 12 months preceding the survey while 16 had done so 1-2 years before. There were seven of them who had undergone the test 2-4 years ago. Among the sex workers who had reportedly done the test, a majority (53/59) had taken the test of their own free will, while the rest had been either sent or advised for the test. Most of them (51/59) had got the test results while the others had not collected them because they did not feel it necessary to have the results, were scared to obtain it or were sure of not being infected (Table 17).

Table 17: Perception on HIV Test

Perception of HIV Test	2006	
	N	%
Confidential HIV Test Facility Available in the Community		
Yes	118	59.0
No	25	12.5
Don't Know	53	26.5
Never heard about HIV	4	2.0
Total	200	100.0
Ever had an HIV test		
Yes	59	29.5
No	137	68.5
Never heard about HIV	4	2.0
Total	200	100.0
Voluntarily underwent the HIV test or because it was required		
Voluntarily	53	89.8
Required	6	10.2
Total	59	100.0
Received HIV test result		
Yes	51	86.4
No	8	10.2
Total	59	100.0

Table 17: Cont'd...

Perception of HIV Test	2006	
	N	%
Reason for Not Receiving the Test Result		
Afraid of result	2	25.0
Felt unnecessary	2	25.0
Sure of not being infected	1	12.5
Forgot it	1	12.5
Others	2	25.0
Total	8	100.0
Most Recent HIV Test		
Within Last 12 months	36	61.0
Between 1-2 years	16	27.1
Between 2-4 years	7	11.9
Total	59	100.0

3.9 Access to FHI/Nepal Messages

From the time FHI started intervention programs in Nepal to bring awareness about HIV/AIDS among high-risk groups of people, various messages regarding the use of condoms for the prevention of AIDS were aired 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 along the Prithvi highway and roadside in Pokhara valley. In an effort to review the coverage 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. The figures are encouraging because they reveal that a larger proportion of the target population than shown by 2004 survey results were aware of different messages. For example, 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*" and "*Ramro sangha prayog gare jokhim huna dinna, bharpardo chhu santosh dinchhu jhanjat manna hunna*". Other responses are shown in Table 18.

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

Heard/Seen/Read the Following Messages/Characters in Past One Year	2004		2006	
	N=200	%	N=200	%
<i>Condom Kina Ma Bhaya Hunna Ra</i>	167	83.5	177	88.5
<i>Jhilke Dai Chha Chhaina Condom</i>	162	81.0	176	88.0
<i>Youn Rog Ra AIDS Bata Bachnalai Rakhnu Parchha Sarbatra Paine Condom Lai</i>	155	77.5	166	83.0
<i>Ramro Sangha Prayog Gare Jokhim Huna Dinna Bharpardo Chhu Santosh Dinchhu Jhanjat Manna Hunna</i>	140	70.0	161	80.5
<i>Condom Bata Suraksha, Youn Swasthya Ko Raksha</i>	136	68.0	152	76.0
<i>HIV/AIDS Bare Aajai Dekhi Kura Garau</i>	133	66.5	139	69.5
<i>Ek Apash Ka Kura</i>	-	-	58	29.0
<i>Maya Garaun Sadbhav Bandaun</i>	-	-	77	38.5
<i>Des Pardes</i>	-	-	25	12.5

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

The majority (95%) of the sex workers reported that these messages had made them understand that the use of condom prevented transmission of AIDS, 57.5% of them also said that these messages had made them aware that use of condom prevents STIs (Table 19).

Table 19: HIV Message Understood by Female Sex Workers

Information Derived from the Messages	2004		2006	
	N=200	%	N=200	%
Use Condom Against AIDS	183	91.5	190	95.0
Use Condom for Family Planning	101	50.5	98	49.0
Use Condom Against STI	90	45.0	115	57.5
Don't Know	3	1.5	4	2.0

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 sex workers and their perception towards it, they were asked about their understanding of STIs and if they had experienced any STI symptoms during the past year. For 67% of the sex workers, STI meant genital discharge and for 63% of them, itching sensation in vagina was indicative of STI; 50% of sex workers perceived that STI symptoms were blisters and ulcers around the vagina. In general, the understanding of STIs among the sex workers was higher than in 2004 (Table 20).

When asked about the STI symptoms that they had experienced in the past year, 40.5% of the sex workers reported to have had experienced at least one symptom. This was 6% less than in 2004. Some of the reported STI symptoms in this round were vaginal odor (23%), vaginal itching (22.5%), vaginal discharge (20.5%) and lower abdominal pain (20%). For treatment purpose, they had mostly visited private clinics (18.5%) and the FHI-supported clinic at *Siddhartha* club (16%) (Table 20).

Table 20: Reported STI and Treatment in the Past Year

Perception on STI, Reported STI Symptoms and Treatment	2004		2006	
	N	%	N	%
Understanding of STI				
White Discharge/Discharge of Pus/ <i>Dhatu</i> flow	65	32.5	134	67.0
Itching in Vagina	33	16.5	126	63.0
Blisters and Ulcers Around Vagina	37	18.5	100	50.0
HIV/AIDS	16	8.0	85	42.5
Lower Abdominal Pain	22	11.0	79	39.5
Syphilis (<i>Bhiringi</i>)/Gonorrhoea	5	2.5	35	17.5
Burning Sensation While Urinating	0	0.0	26	13.0
Swelling of Vagina	5	2.5	19	9.5
Pain in Vagina	0	0.0	16	8.0
Unusual Bleeding from Vagina	0	0.0	5	2.5
Don't know	96	48.0	30	15.0
Other (Fever, Weakness, Body itching)	5	2.5	5	2.5
Total	200	*	200	*
Types of STI Symptoms Experienced in the Past Year				
Vaginal Odor	47	23.5	46	23.0
Vaginal Itching	52	26.0	45	22.5
Vaginal Discharge	22	11.0	41	20.5
Lower Abdominal Pain	55	27.5	40	20.0
Painful Sex	42	21.0	34	17.0
Dysuria	24	12.0	23	11.5
Genital Ulcer or Sore	24	12.0	21	10.5
Polyuria	17	8.5	19	9.5
Genital Warts	0	0.0	11	5.5
Unusual Vaginal Bleeding (Discharge)	1	0.5	5	2.5
Other	2	1.0	3	1.5
Any of the Above Symptoms	92	46.0	81	40.5
None of the Above Symptoms	108	54.0	119	59.5
Total	200	*	200	*

Table 20: Cont'd...

Perception on STI, Reported STI Symptoms and Treatment	2004		2006	
	N	%	N	%
Places visited for Treatment of STI Symptoms in the Past Year				
Private Clinic	17	40.5	15	18.5
Siddhartha Club	0	0.0	13	16.0
Hospital	11	26.2	6	7.4
Pharmacy	8	19.0	6	7.4
WATCH	0	0.0	2	2.5
FPAN Clinic	0	0.0	1	1.2
Other	8	19.0	3	3.7
Did not go for treatment	50	54.3	39	48.1
Total	92	*	81	*
Received Counseling to Avoid the Problem from the Place of Treatment				
Yes	-	-	40	95.2
No	-	-	2	4.8
Total	-	-	42	100.0
Types of Counseling Received				
Use Condom	-	-	30	75.0
Reduce Number of Sexual Partners	-	-	18	45.0
Take Medicine Regularly	-	-	13	32.5
Others	-	-	1	2.5
Total	-	-	40	*

*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 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 in the previous round. Forty of the 42 (95.2%) sex workers who had sought medical cure for the STI symptoms had also received counseling for avoiding the problem. They were mostly counseled to consistently use condom in sexual acts (75%), and reduce number of their sex partners (45%). Some (32.5%) 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. A little less than one-half of them (48.5%) reported that they had experienced at least one of the STI symptoms shown in Table 21. Some of these symptoms were painful sex (25.5%), vaginal discharge (24.5%) lower abdominal pain (22.5%), vaginal odor (21%) and vaginal itching (20%). This was another new section added to the questionnaire this year so no data was available from the previous year for a comparative analysis.

Out of 97 sex workers who had been experiencing at least one STI symptom during the study period, a majority of them (94) had not sought any treatment. Among those few who had done so, all of them had sought treatment within less than a week of having experienced the symptom. Two of them had paid for the medicines while one had obtained it free of cost (Data not shown in the Table).

Table 21: Reported Existing STI Symptom/s and Treatment

Reported STI Symptoms and Treatment Among the Sex Workers	2006	
	N	%
Types of STI Symptoms Experiencing Currently		
Painful Sex	51	25.5
Vaginal Discharge	49	24.5
Lower Abdominal Pain	45	22.5
Vaginal Odor	42	21.0
Vaginal Itching	40	20.0
Dysuria	24	12.0
Polyuria	21	10.5
Genital Ulcer or Sore	9	4.5
Genital Warts	9	4.5
Unusual Vaginal Bleeding (Discharge)	5	2.5
Other	5	2.5
Any of the Above Symptoms	97	48.5
None of the Above Symptoms	103	51.5
Total	200	*
Went for Treatment for any of Above Symptoms		
Yes	3	3.1
No	94	96.9
Total	97	100.0

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

3.11 Use of Alcohol and Drugs

Series of questions were asked regarding the use of alcohol and oral and injecting drugs by the sex workers. As high as 75% sex workers had consumed alcohol during the past one month. Among them, 39.5% of the sex workers admitted that they took alcohol on a daily basis. Others drank less frequently (Table 22). At the same time 12.5% of the sex workers also reported taking drugs at least once in the past month. This seems to be a big change in 2006 as only 5% of the sex workers had reported so in 2004.

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

Consumption of Alcohol and Drugs	2004		2006	
	N=200	%	N=200	%
Consumption of Alcohol				
On a Daily Basis	68	34.0	79	39.5
2-3 Times a Week	0	0.0	46	23.0
Once a Week	35	17.5	12	6.0
Less than Once a Week	23	11.5	13	6.5
Never	74	37.0	50	25.0
Tried Any Types of Drugs				
Yes	10	5.0	25	12.5
No	190	95.0	175	87.5

Among the 200 sex workers, 28.5% said that they knew someone who injected drugs; 20% of them had reported so in 2004. The IDUs were related with the sex workers as their friend, relative, neighbor and client.

Thirteen sex workers also admitted that their sex partners including their clients were known to be IDUs. In 2004 also 14 sex workers had reported of having IDUs as sex partners (Table 23). The spouses of four of the married sex workers injected drugs while three of them had IDUs as their regular clients. Although none of the sex workers had a history of injecting drugs, five of them had at least once exchanged sex for money to buy drugs (Data not shown in Table).

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

Use of Injecting Drugs	2004		2006	
	N	%	N	%
Know Injecting Drug Users (IDUs)				
Yes	40	20.0	57	28.5
No	160	80.0	143	71.5
Total	200	100.0	200	100.0
Relationship with Known IDUs				
Friend	21	52.5	20	35.1
Local Boys	1	2.5	0	0.0
Relative	3	7.5	6	10.5
Client	9	22.5	12	21.1
Neighbor	6	15.0	19	33.3
Other	1	2.5	0	0.0
Total	40	*	57	*
Knowledge of Sex Partners Being IDUs				
Sex Partners Including Clients (n=200)	14	7.0	13	6.5

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

3.12 Exposure to STI/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/HIV/AIDS intervention is the mobilization of outreach and peer educators (OEs and PEs) for educating the target population on STI/HIV/AIDS and its preventive measures. Therefore, the sex workers were asked if they had met any OEs or PEs. In response, 50% reported that they had ever met or interacted. Among those 100 sex workers who had met the OEs/PEs, their meetings were mostly focused on interaction regarding STI/HIV/STI transmission methods (93%), and condom use (80%). The majority of sex workers (92/100) reportedly had met OEs/PEs from NRCS/Kaski. 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 45/100 of them had seen them from 4-12 times.

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

Peer Educator/Outreach Educator Visited to Female Sex Workers	2006	
	N	%
Met or discussed or interacted with Peer Educators (PE) or Outreach Educators (OE) in the Last 12 months		
Yes	100	50.0
No	100	50.0
Total	200	100.0
Activities Involved in with PE or OE		
Discussion on how HIV/AIDS is/isn't transmitted	93	93.0
Regular/non-regular use of condom	80	80.0
Discussion on how STI is/isn't transmitted	73	73.0
Demonstration on using condom correctly	66	66.0
Counseling on reducing number of sex partner	17	17.0
Training on HIV and STI, Condom day, AIDS day, participation in discussions and interaction programs	6	6.0
STI treatment/cure after treatment	5	5.0
Total	100	*
Organizations Represented by OE/PEs		
NRCS	92	92.0
INF/Paluwa	5	5.0
Siddhartha Club	4	4.0
GWP	2	2.0
WATCH	2	2.0
Others	2	2.0
Total	100	*
Number of Visits to PE or OE		
Once	28	28.0
2-3 times	27	27.0
4-6 times	14	14.0
7-12 times	7	7.0
More than 12 times	24	24.0
Total	100	100.0

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

3.12.2 Drop-in-Center

Drop-in-centers (DICs) are another important component of HIV prevention programs. The DICs not only provide a safe space for the target communities to socialize but are also the site for educational and counseling activities. About one third (72 out of 200) of sex workers reported having visited a DIC during the last year. They had mostly visited DICs to learn the correct ways of using condoms (70.8%), to watch film on HIV/AIDS (69.4%) and to participate in discussions on HIV/AIDS transmission (61.9%). Most of the sex workers (68/72) reported having visited DICs run by NRCS/Kaski. Among them, a total of 37.5% of the sex workers had visited different DICs more than four times in the past one year (Table 25).

Table 25: DIC Visiting Practice of Female Sex Workers

DIC Visiting Practice of Female Sex Workers	2006	
	N	%
DIC Visit in the Last 12 months		
Yes	72	36.0
No	128	64.0
Total	200	100.0
Activities Involved in at DIC		
Went to learn the correct way of using condom	51	70.8
Went to watch film on HIV/AIDS	50	69.4
Participated in discussion on HIV transmission	44	61.9
Participated in discussion on STI transmission	36	50.0
Went to collect condoms	34	47.2
Went to collect IEC materials	14	19.4
Participated in training, interaction and discussion programs on HIV/AIDS and STI	13	18.1
Took friend with me	6	8.3
Went for STI treatment	1	1.4
Total	72	*
Name of Organizations that Run DIC/s Visited by Them		
NRCS	68	94.4
WATCH	2	2.8
INF/Paluwa	1	1.4
Siddhartha Club	1	1.4
Others	1	1.4
Don't Know	1	1.4
	72	*
Number of Visits to the DICs		
Once	27	37.5
2-3 times	18	25.0
4-6 times	8	11.1
7-12 times	6	8.3
More than 12 times	13	18.1
Total	72	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 44 of them (22%) had visited a STI clinic in the past one year. These sex workers had been provided physical examination for STI identification (63.6%), were advised to use a condom during each sexual intercourse (54.5%) and to take complete and regular medicine (54.5%). Almost half of the sex workers who had visited the STI clinics (21 out of 44) had visited clinic run by *Siddhartha Club*. Other STI clinics visited by them are shown in Table 26. However, majority of these sex workers (61.4%) had visited such clinics just once (Table 26).

Table 26: STI Clinic Visiting Practice of Female Sex Workers

STI Clinic Visiting Practice of Female Sex Workers	2006	
	N	%
Visited any STI Clinic in the Last 12 months		
Yes	44	22.0
No	156	78.0
Total	200	100.0
Activities Involved in at STI Clinic		
Physical examination conducted for STI identification	28	63.6
Was advised to use condom in each sexual intercourse	24	54.5
Was advised to take complete and regular medicine	24	54.5
Blood tested for STI	19	43.2
Was suggested to reduce number of sexual partners	10	22.7
Took friend with me	5	11.4
Total	44	*
Name of Organizations that Run STI Clinic Visited by Them		
Siddhartha Club	21	47.7
Private Clinic	12	27.3
Hospital	4	9.1
Pharmacy	4	9.1
WATCH	2	4.5
Others	2	4.5
Total	44	*
Number of Visits to STI Clinics		
Once	27	61.4
2-3 times	15	34.1
4-6 times	0	0.0
7-12 times	1	2.3
More than 12 times	1	2.3
Total	44	100.0

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

3.12.4 VCT Centers

As seen in Table 27, only 30 of the 200 sex workers (15%) had visited Voluntary Counseling and Testing (VCT) centers during the past 12 months. 73.3% had undergone HIV testing and 60% had received pre-test counseling. Other kinds of activities that they participated in at the VCT centers are shown in Table 27. The VCT centers run by INF/*Paluwa* were reportedly visited by most of the sex workers (28/30). Many sex workers (17/30) had visited such VCT centers just once.

Table 27: VCT Visiting Practice of Female Sex Workers

VCT Visiting Practice of Female Sex Workers	2006	
	N	%
Visited VCT center in the Last 12 months		
Yes	30	15.0
No	170	85.0
Total	200	100.0
Activities Involved in at VCT Center		
Blood sample taken for HIV/AIDS test	22	73.3
Received pre-HIV/AIDS test counseling	18	60.0
Received HIV/AIDS test result	14	46.7
Received counseling on using condom correctly in each sexual intercourse	11	36.7
Took a friend with me	9	30.0
Received post HIV/AIDS test counseling	7	23.3
Got information on HIV/AIDS window period	3	10.0
Total	30	*
Name of the Organization that run the VCTs Visited by Them		
INF/Paluwa	28	93.3
Siddhartha Club	1	3.3
WATCH	1	3.3
Total	30	*
Number of Visits to VCTs		
Once	17	56.7
2-3 times	12	40.0
More than 12 times	1	3.3
Total	30	100.0

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

3.12.5 Participation in STI/HIV/AIDS Awareness Program

The reported participation of the sex workers in different STI/HIV/AIDS awareness raising program was minimal with only 16% of them reporting participation in activities in the 12 months preceding the survey. Some of the reported activities that these sex workers had been involved in were group discussions (65.6%), condom day celebration (31.3%), HIV/AIDS related training (28.1%) and workshops (25%). Among these sex workers, many (15/32) named NRCS/Kaski as the organization that mostly conducted such activities. Other organizations like *Mahila Uddar Samuha*, *INF/Paluwa* and *Siddhartha club* were also named by some sex workers (Table 28). A little more than two-fifths (14/32) of them had participated in such programs once. Among the rest, 13 of the sex workers had participated in such events 2-3 times

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

Participation in HIV/AIDS Awareness Program	2006	
	N	%
Ever Participated in HIV/AIDS Awareness Raising Program or Community Events in the Last 12 Months		
Yes	32	16.0
No	168	84.0
Total	200	100.0
Activities Participated in		
Group discussions	21	65.6
Condom Day	10	31.3
HIV/AIDS related training	9	28.1
HIV/AIDS related Workshops	8	25.0
AIDS Day	7	21.9
Street drama	4	12.5
Condom use demonstrations	4	12.5
Total	32	*
Name of the Organizations that Organized Such Activities		
NRCS	15	46.9
Mahila Uddar Samuha	6	18.8
INF/Paluwa	5	15.6
Siddhartha Club	4	12.5
Naulo Ghumti	3	9.4
AMDA	1	3.1
WATCH	1	3.1
Others	2	6.3
Don't know	2	6.3
	32	*
Frequency of Such Participation		
Once	14	43.8
2-3 times	13	40.6
4-6 times	2	6.3
7-12 times	2	6.3
More than 12 times	1	3.1
Total	32	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. Moreover HIV infected people are discriminated. Questions about the attitude of sex workers towards HIV positive people and their perception towards HIV/AIDS were included in the survey. It was encouraging to note that 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, 43% also mentioned that if they had a HIV positive member in the family, they would not mind talking about it to others.

Table 29: Stigma and Discrimination

Stigma and Discrimination	2006	
	N=200	%
Willing to take care of HIV positive male relative in the household		
Yes	187	93.5
No	11	5.5
Don't Know	2	1.0
Willing to take care of HIV positive female relative in the household		
Yes	189	94.5
No	9	4.5
Don't Know	2	1.0
Willing to maintain confidentiality of a HIV positive family member		
Yes	112	56.0
No	86	43.0
Don't Know	2	1.0

3.13 HIV and Syphilis Prevalence among Female Sex Workers

HIV prevalence rate among the sex workers had remained the same as in 2004 study. Out of 200 sex workers who participated in the study, 2% of the sex workers (4/200) were tested to be HIV positive. But the overall syphilis infection has increased. . Syphilis history (TPHA+ve with RPR –ve or RPR titre < 1:8), increased from 3.5% in 2004 to 8.0% in 2006 and current syphilis (TPHA+ve with RPR titre = or > 1:8) increased from 2.0% in 2004 to 3.5% in 2006. However this increase in syphilis prevalence is not statistically significant at 5% significance level. (Clinical Note: For prevalence study purpose, TPHA+/RPR- and 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)

Table 30 provides a detailed picture of the prevalence of HIV and syphilis for which tests were done among the FSWs taking part in the study.

Table 30: HIV and STI Prevalence among Female Sex Workers

STI Infection	2004		2006	
	(N=200)		(N=200)	
	N	%	N	%
HIV+ve	4	2.0	4	2.0
Syphilis History	7	3.5	16	8.0
Current Syphilis	4	2.0	7	3.5

3.14 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 untreated/current syphilis (TPHA+ve with RPR titre = or > 1:8) with demographic variables such as age, marital status and education of the respondents. The prevalence of untreated syphilis among FSWs less than 20 years old was 4.9% compared to 2.5% among the FSWs of 20 years old and above. The prevalence of untreated syphilis was high (5.7%) among the illiterate sex workers and sex workers who were in the sex trade for more than two years (5.1%).

In comparison to 2004 study, the present study (2006) found higher prevalence rate of both categories of syphilis history and current syphilis among the sex workers. The highest prevalence of syphilis history (TPHA+ve with RPR –ve or RPR titre < 1:8) ranged from (11%) among the sex workers 20 years old or above to 12.5% among the

illiterate sex workers in 2006 while in 2004 it ranged from 5.8% to 7.3%. Current syphilis (TPHA+ve with RPR titre = or > 1:8) prevalence rate was high among unmarried sex worker (7.1%) in 2006 (Table 31).

Table 31: Association between STIs and Demographic Behavioral Variables

Variables	2004			2006		
	N=200	Syphilis History	Current Syphilis	N=200	Syphilis History	Current Syphilis
		n(%)	n(%)		n(%)	n(%)
Age						
< 20 years old	80	0 (0.0)	2 (2.5)	82	3 (3.7)	4 (4.9)
= or > 20 years old	120	7 (5.8)	2 (1.1)	118	13 (11.0)	3 (2.5)
Educational Level						
Illiterate/ no Schooling	82	6 (7.3)	2 (2.4)	88	11 (12.5)	5 (5.7)
Grades 1 to 10 and above SLC	118	1 (0.8)	2 (1.7)	112	5 (4.5)	2 (1.8)
Marital Status						
Ever married	139	7 (5.0)	3 (2.2)	144	14 (9.7)	3 (2.1)
Never married	61	0 (0.0)	1 (1.6)	56	2 (3.6)	4 (7.1)
Years Worked as Sex Worker						
<2 years	114	2 (1.8)	3 (2.6)	122	5 (4.1)	3 (2.5)
> = 2 years	86	5 (5.8)	1 (1.2)	78	11 (14.1)	4 (5.1)

Prevalence of Syndromes

There was weak association between the reported STI symptoms and the clinical diagnosis/examination. During the survey, all the sex workers were asked whether they had any currently perceived STI symptoms. In response 48.5% (97/200) reported that they were suffering from symptoms that they believed to be evidence of STIs. A total of 7.2% of the sex workers who reported that they had some STI symptoms had a history of syphilis after clinical examination and 4.1% of sex workers were found to be suffering from syphilis that required treatment. Among the 103 of 200 sex workers who did not report any STI symptoms, 3 were found to be suffering from untreated syphilis (Table 32)

Table 32: Reported STI Symptoms and Measured Clinical Diagnosis for Current Syphilis

Variables	2004			2006		
	N=200	Syphilis History	Current Syphilis	N=200	Syphilis History	Current Syphilis
		n(%)	n(%)		n(%)	n(%)
Painful sex	59	1 (1.7)	1 (1.7)	51	2 (3.9)	4 (7.8)
Abdominal pain	60	1 (1.7)	0 (0.0)	45	2 (4.4)	2 (4.4)
Vaginal itching	36	2 (5.6)	0 (0.0)	40	5 (12.5)	1 (2.5)
Vaginal odor	34	1 (2.9)	0 (0.0)	42	4 (9.5)	1 (2.4)
Vaginal discharge	25	0 (0.0)	0 (0.0)	49	2 (4.1)	2 (4.1)
Dysuria	24	1 (4.2)	0 (0.0)	24	3 (12.5)	2 (8.3)
Polyuria	17	0 (0.0)	0 (0.0)	21	1 (4.8)	1 (4.8)
Genital ulcers	13	1 (7.7)	0 (0.0)	9	2 (22.2)	1 (11.1)
Unusual vaginal bleeding (discharge)	4	0 (0.0)	0 (0.0)	5	0 (0.0)	0 (0.0)
Genital warts	2	0 (0.0)	0 (0.0)	9	1 (11.1)	0 (0.0)
Others	3	0 (0.0)	0 (0.0)	5	1 (20.0)	1 (20.0)
Any of the above symptoms	101	2 (2.0)	1 (1.0)	97	7 (7.2)	4 (4.1)
None of the above symptoms	99	5 (5.1)	3 (3.0)	103	9 (8.7)	3 (2.9)

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

There is little association between HIV and socio-demographic or risk behavior variables such as duration of sex work and sex work in India. 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 5% level of significance.

Tables 33 show that HIV is associated with illiterate sex worker. All the HIV-infected sex workers were married. However, there was no relationship between the syphilis infection and sex workers going to India. None of the respondents with current syphilis had HIV while two of the 16 sex workers with syphilis history were HIV positive. However, two of the four respondents with HIV never had syphilis infection. 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.

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

Variables	2004			2006		
	N=200	HIV	%	N=200	HIV	%
Age						
<20 years old	80	1	1.3	82	0	0.0
>=20 years old	120	3	2.5	118	4	3.4
Educational Level						
Illiterate and literate with no schooling	82	1	1.2	88	3	3.4
Schooling (Grades 1 to 10 and above SLC)	118	3	2.5	112	1	0.9
Marital Status						
Ever Married	139	3	2.2	144	4	2.8
Never married	61	1	1.6	56	0	0.0
Years of Sex Work						
<2 years	114	2	1.8	122	2	1.6
>=2 years	86	2	2.3	78	2	2.6
Sex Work in India						
Yes	1	0	0.0	3	0	0.0
No	199	4	2.0	197	4	2.0
Syphilis Infection						
Current Syphilis	4	0	0.0	7	0	0.0
Syphilis History	7	1	14.3	16	2	12.5
No infection of Syphilis	189	3	1.6	177	2	1.1

Chapter 4.0: CONCLUSIONS AND RECOMMENDATIONS

4.1 Conclusions

This study was conducted among 200 female sex workers in Pokhara. The main objective of the study was to measure the prevalence of HIV and Syphilis among the sex workers and to measure their sexual behaviors and demographic characteristics.

- The study found that HIV prevalence rate among the sex workers was 2% (4/200) which was same as in 2004 study. Syphilis history (TPHA+ve with RPR –ve or RPR titre < 1:8), increased from 3.5% in 2004 to 8.0% in 2006 and current syphilis (TPHA+ve and RPR titre = or > 1:8) increased from 2.0% in 2004 to 3.5% in 2006. However this increase in syphilis prevalence is not statistically significant at 5% significance level.
- Forty percent of the FSWs in the study were born in Kaski district and 57% were born in other districts. A small proportion of respondents (3%) were from outside of Nepal.
- Like in 2004 study, a considerable proportion of the sex workers were quite young (41% of the sex workers were less than 20 years). At the same time, 45% of the sex workers had joined the sex trade less than a year ago, indicating that new girls were entering the sex business every year
- The sex workers included in the study represented most of the major castes/ethnic groups, with a slightly higher percentage of sex workers coming from the occupational castes.
- 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 4.3.
- Sex workers were exposed to different kinds of violence in the hands of their clients. Around 31% of the sex workers had been subjected to forceful sex in the past year. Some of them had also been verbally/physically assaulted.
- Ten percent more sex workers than in the 2004 study reported to have used condom in their last sexual act with a client. However, only 37% of sex workers reported consistent condom use with clients in the past year, the highest use being with regular clients (51.5%). 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.
- More than 60% of the sex workers had access to free condoms, which they mostly obtained from their clients and NGO/health workers/volunteers. They mentioned that it was convenient for them to have condoms from these sources.

- The three most popular brands of condoms among the sex workers were Number one, Dhaal and Panther.
- Overall 53% of the respondents correctly identified all three A, B and C as HIV preventive measures. However, 41.5% only rejected the common local misconception that mosquito bite transmitted HIV virus. In total, only 25% of the respondents were aware of all five major indicators of HIV transmission.
- The prevalence of untreated syphilis among FSWs less than 20 years old was 4.9% compared to 2.5% among the FSWs of 20 years old and above. The prevalence of untreated syphilis was high (5.7%) among the illiterate sex workers and sex workers who were in the sex trade for more than two years (5.1%).
- Little less than one-half of the sex workers had been experiencing at least one STI symptom during the survey period. Among them only three had sought treatment for the symptom/s.
- Fifty percent of the sex workers had at least once met peer/outreach educators among the various HIV/AIDS related activities in Pokhara; 36% had visited DICs; 22% had ever visited an STI clinic; and 15% had at least once been to VCT centers.
- The participation of the sex workers in HIV/AIDS awareness programs/community events was minimal with only 16% of them reporting to have ever been part of such events. Among them, almost 47% had participated in programs conducted by NRCS/Kaski.

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 should not be interpreted as low risk among sex workers in Pokhara because a significant proportion of sex workers in the sample had been exposed to risk behavior for only a short period of time. More than two-fifths (45%) of the 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 and 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 is a multi dimensional problem. HIV/AIDS awareness and education program should be launched not just for most at risk groups, but should be equally focused on the general population especially the transport workers/driver, professional groups, police/army personnel 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. This indicates that the respondents trust these partners and consider it safe to have unprotected sex with them. Thirty two percent respondents also said that they had

been using other contraceptives and hence did not use condom consistently. Such responses further indicate that the respondents 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 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 receive 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.

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ANNEX - 1

Basic equation used in sample design

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

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

ANNEX - 2

CONFIDENTIAL

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

FSW Questionnaire

Namaste! My name is, I am here from New ERA to collect data for a research study. During this data collection I will ask you some personal questions that will be about sexual behavior, use and promotion of condoms, STI/HIV/AIDS and drugs. We will also take your blood and cervical swab samples for laboratory testing. If it is determined that you have any STI symptoms, we will provide treatment free of charge.

All collected information will be strictly treated as confidential. Nobody will know whatever we talk about because your name will not be mentioned on this form and collected blood and cervical swab samples. Study results will be used only for program designing, monitoring and evaluation. This interview will take about 40 to 60 minutes.

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

Would you be willing to participate?

- 1. Yes 2. No

Signature of Interviewer: _____ Date: 2062/___/___

Name of interviewer: _____ Code No. of Interviewer:

--	--	--	--	--

Date of Interview: 2062/_____/_____

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

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

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

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

- 1. Yes 2. No (Continue Interview)

↓
When?

_____ Days ago (**STOP INTERVIEW**)

1.0 GENERAL INFORMATION

Q. N.	Questions and Filters	Coding Categories	Skip to
101	Respondent ID No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
101.1	Write down how you made contact?	_____ _____ _____	
102	Type of Sex Work Establishment SWs were based	Disco.....1 Dance Restaurant.....2 Cabin Restaurant3 Call Girl.....4 Massage Parlor5 Bhatti Pasal.....6 House Settlement.....7 Street.....8 Garment/Carpet Factory9 Squatter.....10 Other (Specify)_____96	
103	Interview Starting Time Interview Completion Time	_____ _____	
104	Where were you born?	District _____ VDC/Municipality _____ Ward No. <input type="text"/> <input type="text"/> Village/Tole _____	
105	Where do you live now? (Name of Current Place of Residence)	District: _____ VDC/Municipality: _____ Ward No. <input type="text"/> <input type="text"/> Village/Tole: _____	
106	How long have you been living continuously at this location?	Month <input type="text"/> <input type="text"/> <input type="text"/> Always (since birth)0	201
107	Before you moved here, where did you live?	Districts: _____ VDC/Municipality: _____ Ward No. <input type="text"/> <input type="text"/> Village/Tole: _____	

2.0 PERSONAL INFORMATION

Q. N.	Questions and Filters	Coding Categories	Skip to
201	How old are you?	Age <input type="text"/> <input type="text"/> (write the completed years)	
202	What is your caste? (Specify Ethnic Group/Caste)	Ethnicity/Caste _____ (Specify) Code No. <input type="text"/> <input type="text"/>	
203	What is your educational status? (Circle '0' if illiterate, '19' for the literate without attending the school, and write exact number of the passed grade)	Illiterate0 Literate.....19 Grade <input type="text"/> <input type="text"/> (write the completed grade)	

Q. N.	Questions and Filters	Coding Categories	Skip to
204	What is your present marital status?	Married 1 Divorced/Permanently separated 2 Widow 3 Never married 4	204.2 204.3
204.1	How old were you when you got divorced/separated/widowed?	Age <input type="text"/> <input type="text"/> (write the completed years)	204.3
204.2	Are you presently living with your husband?	Yes 1 No 2	205
204.3	Who are you living with now? (Multiple Responses)	Male friend 1 Relatives 2 Other females 3 Children 4 Alone 5 Others (Specify) _____ 96	
	[Note: If answer in Q. 204 is 'never married' Go to Q. 207]		
205	At what age were you married for the first time?	Years old <input type="text"/> <input type="text"/> (Write Complete Years)	
	[Note: If answer in Q. 204 is ' Divorced/Permanently Separated ' or ' Widow ' Go to Q. 207]		
206	Does your husband have co-wife now?	Yes 1 No 2	
207	Are there people who are dependent on your income?	Yes 1 No 2	208
207.1	How many are dependent on your income?	Adults <input type="text"/> <input type="text"/> Children <input type="text"/> <input type="text"/>	
208	How long have you been exchanging sexual intercourse for money or other things? (if answer is less than 6 months stop interview)	Months <input type="text"/> <input type="text"/> <input type="text"/> Don't know 98	
208.1	Did you have any sexual intercourse during past 12 months?	Yes 1 No 2	STOP INTERVIEW
209	How many months have you been working here as a sex worker at this place?	Months <input type="text"/> <input type="text"/> <input type="text"/>	
210	Where else have you worked as a sex worker? (For example: Bhatti shop, Cabin Restaurant, Discotheques etc.)	Type of establishment Location _____ _____ _____	
211	Have you ever been engaged in this profession in other locations?	Yes 1 No 2	213
211.1	Where did you work? (List all the places mentioned by the respondent)	District VDC/Municipality Village/Tole _____ _____ _____	
212	In the past one-year have you followed this profession in other locations also?	Yes 1 No 2	213

Q. N.	Questions and Filters	Coding Categories	Skip to
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.....1 No2	216
213.1	Where did you work in India? (List all the locations worked in India).	Name of Places Name of Nearby City _____ _____ _____	
214	In total, for how many months did you work as a sex worker in India?	Months <input type="text"/> <input type="text"/> <input type="text"/>	
215	Were you coerced to go there or you went there on your free will?	Coerced.....1 On my own2	
216	What is your average weekly income from commercial sex? [Note: If there is '0' in both cash and gift equivalent, probe for the reasons]	Cash _____ Rs. Gift equivalent to _____ Rs. Total _____ Rs. Others (Specify) _____ 96	
217	Do you have any other work besides sex work?	Yes.....1 No2	218
217.1	What do you do?	_____ _____	
217.2	What is your average weekly income from the above-mentioned sources?	_____ Rupees	
218	Have you ever encountered any client who refuses to give money after having sex?	Yes.....1 No2	301
218.1	How many such incidents have occurred in the past six months?	Times <input type="text"/> <input type="text"/>	

3.0 INFORMATION ON SEXUAL INTERCOURSE

Q. N.	Questions and Filters	Coding Categories	Skip to
301	How old were you at your first sexual intercourse?	Year's old <input type="text"/> <input type="text"/> Don't know/Can't recall98	
302	Among all of your partners, how many of them had sex with you in exchange for money in the past week?	Number <input type="text"/> <input type="text"/> Don't know98	
303	Among all of your partners, how many of them had sex with you without paying any money in the past week? (Include sexual contacts with spouse and live-in sexual partners)	Number <input type="text"/> <input type="text"/> Don't know98	
304	With how many different sexual partners in total have you had sex during the past week? (Note: Check total number of partners in Q. 302 + Q. 303 to match with Q 304)	Number <input type="text"/> <input type="text"/> Don't know98	

Q. N.	Questions and Filters	Coding Categories	Skip to
305	Usually, how many clients visit you in a day?	Number <input type="text"/>	
305.1	With how many clients did you have sexual intercourse yesterday?	Number <input type="text"/>	
305.2	With how many clients did you have sexual intercourse in the past week?	Number <input type="text"/> <input type="text"/>	
306	In the past month, with which profession's client did you mostly have sex? (Encircle three most reported types of client. DO NOT READ the possible answers)	Bus, truck or tanker worker1 Taxi, jeep, microbus or minibus worker.....2 Industrial/wage worker3 Police4 Soldier/Army.....5 Student6 Rickshawala7 Service holder.....8 Businessmen..... 9 Mobile Businessmen.....10 Others (Specify)96 Don't know98	
306.1	With which profession's client did you have your last sexual intercourse?	Bus, truck or tanker worker1 Taxi, jeep, microbus or minibus worker.....2 Industrial/wage worker3 Police4 Soldier/Army.....5 Student6 Rickshawala7 Service holder.....8 Businessmen..... 9 Mobile Businessmen.....10 Others (Specify)96 Don't know98	
307	How many days in a week (on an average) do you work as a sex worker?	Days <input type="text"/>	
308	When did you have the last sexual intercourse with a client? (Write '00' if Today)	Days before <input type="text"/> <input type="text"/>	
309	How many people did you have sexual intercourse with on that day?	Number <input type="text"/>	
310	How much rupees or other items did the last client pay you? (Note: If there is "00" in both cash and gift equivalent, mention the reasons)	Cash _____ Rs. Gift equivalent to _____ Rs. Total _____ Rs. Reason _____	

4.0 USE OF CONDOM AND INFORMATION ON SEX PARTNERS

Condom use with Clients

Q. N.	Questions and Filters	Coding Categories	Skip to
401	The last time you had sex with your client, did he use a condom?	Yes.....1 No2	401.2
401.1	Who suggested condom use at that time?	Myself.....1 My Partner2 Don't know98	402 402 402
401.2	Why didn't your client use a condom at that time? (Multiple answers. DO NOT READ the possible answers)	Not available1 Too expensive2 Partner objected3 I didn't like to use it4 Used other contraceptive5 Didn't think it was necessary6 Didn't think of it7 Client offered more money8 Other (Specify) _____96 Don't know98	
402	How often did your clients use condom over the past 12 months?	All of the time1 Most of the time2 Some of the time3 Rarely.....4 Never5	403
402.1	Why didn't your client use condom always? Multiple answers. DO NOT READ the possible answers)	Not available1 Too expensive2 Partner objected3 I didn't like to use it4 Used other contraceptive5 Didn't think it was necessary6 Didn't think of it7 Client offered more money8 Other (Specify) _____96 Don't know98	

Condom use with Regular Client

Q. N.	Questions and Filters	Coding Categories	Skip to
403	Do you have any client who visits you on regular basis?	Yes.....1 No2	406
404	Did your regular client use condom in the last sexual contact with you?	Yes.....1 No2	404.2
404.1	Who suggested condom use at that time?	Myself.....1 My Partner23 Don't know98	405 405 405

Q. N.	Questions and Filters	Coding Categories	Skip to
404.2	Why didn't your regular client use a condom at that time?	Not available1 Too expensive2 Partner objected3 I didn't like to use it4 Used other contraceptive5 Didn't think it was necessary6 Didn't think of it7 Client offered more money8 Other (Specify) _____96 Don't know98	
405	How often did your regular clients use condom with you over the past 12 months?	All of the time1 Most of the time2 Some of the time3 Rarely.....4 Never5	406
405.1	Why didn't they use condom always? (Multiple answers. DO NOT READ the possible answers)	Not available1 Too expensive2 Partner objected3 I didn't like to use it4 Used other contraceptive5 Didn't think it was necessary6 Didn't think of it7 Client offered more money8 Other (Specify) _____96 Don't know98	

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

Q. N.	Questions and Filters	Coding Categories	Skip to
406	Did you have sexual intercourse with your husband or a male friend in past six months?	Yes.....1 No2	409
407	Think about your most recent sexual intercourse with your husband or male partner. How many times did you have sexual intercourse with this person over the last 30 days? (Write "00" for none intercourse in past one month)	Number of times <input type="text"/> <input type="text"/> Don't know98	
408	The last time you had sex with your husband or male friend staying together, did your sex partner use a condom?	Yes.....1 No2	408.2
408.1	Who suggested condom use that time?	Myself.....1 My Partner2 Don't know98	409 409 409
408.2	Why didn't your partner use a condom that time?	Not available1 Too expensive2 Partner objected3 I didn't like to use it4 Used other contraceptive5 Didn't think it was necessary6 Didn't think of it7 Other (Specify) _____96 Don't know98	

Q. N.	Questions and Filters	Coding Categories	Skip to
409	How often did all of your non-paying partners use condoms over the last 12 months?	All of the time1 Most of the time2 Some of the time3 Rarely.....4 Never5 Did not have sexual intercourse in the last 12 months6	410 410
409.1	Why didn't they use condom always? (Multiple answers. DO NOT READ the possible answers)	Not available1 Too expensive2 Partner objected3 I didn't like to use it4 Used other contraceptive5 Didn't think it was necessary6 Didn't think of it7 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 intercourse with a person other than your client, husband/ male friend?	Yes.....1 No2	413
411	Did he use condom when he had last sexual contact with you?	Yes.....1 No2	411.2
411.1	Who suggested condom use at that time?	Myself.....1 My Partner.....2 Don't know98	412 412 412
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 with you over the past 12 months?	All of the time1 Most of the time2 Some of the time3 Rarely.....4 Never5	413
412.1	Why did you not use condom regularly with them? (Multiple answers. DO NOT READ the possible answers)	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	

Q. N.	Questions and Filters	Coding Categories	Skip to
413	With whom did you have your last sexual intercourse?	Client..... 1 Husband/male friend..... ..2 Other male..... ..3 Others (Specify)......96	

Condom Accessibility

Q. N.	Questions and Filters	Coding Categories	Skip to
414	Do you usually carry condoms with you?	Yes..... 1 No2	415
414.1	At this moment, how many condoms do you have at-hand with you? (Observe and write)	Number <input type="text"/> <input type="text"/>	
415	Which places or persons do you know from where/whom you can obtain condoms? (Multiple answers. DO NOT READ the possible answers)	Health Post/ Health Center 1 Pharmacy2 General retail store (Kirana Pasal) ...3 Private Clinic.....4 Paan shop5 Hospital.....6 FPAN Clinic.....7 Peer/Friends8 NGO/Health Workers/Volunteers...9 Guest House/Hotel 10 Other (Specify)..... 96 Don't know98	
415.1	How long does it take for you to obtain a condom from your house or from your working place?	Minutes <input type="text"/> <input type="text"/>	
416	How do you usually obtain condoms? (Buy, obtain free of cost or both ways)	Always free of cost..... 1 Purchase.....2 Obtain both ways.....3 Condom never used.....4	417 418
416.1	From where do you often obtain free condoms? (Multiple answers. DO NOT READ the possible answers)	Health Post/Health Center... ..1 Hospital.....2 FPAN clinics.....3 Peers/friends.....4 Community events.....5 NGO/Health workers/ Volunteers.....6 Others (Specify)......96	
416.2	Which would be the most convenient place/s for you to obtain free condoms? (Multiple answers. DO NOT READ the possible answers)	Health Post/Health Center... ..1 Hospital.....2 FPAN clinics.....3 Peers/friends.....4 Community events.....5 NGO/Health workers/ Volunteers.....6 Others (Specify)..... 96	

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

Type of Sex Practices

Q. N.	Questions and Filters	Coding Categories	Skip to
418	During the past one-year, did any of your sexual partners force you to have sex with them against your wish?	Yes.....1 No.....2	
419	Did any person physically assault you (for any reason) in the past year?	Yes.....1 No.....2	
420	In the past year, did any of your clients perform such act/s that you did not like?	Yes.....1 No.....2	422
421	If yes, what were they?	_____ _____	
422	In the past year, did you have other type of sexual intercourse other than vaginal? (INSTRUCTION TO INTERVIEWER: Explain the other types of sexual intercourse besides vaginal (such as oral, anal))	Yes.....1 No.....2	501
422.1	If yes, what type of sexual act/s were they? (Multiple answers. DO NOT READ the possible answers)	Oral.....1 Anal.....2 Hand Sex.....3 Other (Specify)_____96	
422.2	What type of sexual contact did you have with your last client? (Multiple answers. DO NOT READ the possible answers)	Oral.....1 Anal.....2 Hand Sex.....3 Vaginal.....4 Other (Specify)_____96	

5.0 AWARENESS OF HIV/AIDS

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

Knowledge, Opinion and Misconception about HIV/AIDS

Q. N.	Questions and Filters	Coding Categories	Skip to
503	Do you know anyone who is infected with HIV or who has died of AIDS?	Yes.....1 No2	505
504	Do you have a close relative or close friend who is infected with HIV or has died of AIDS?	Yes, a close relative.....1 Yes, a close friend2 No3	
505	Can people protect themselves from HIV by keeping sexual contact with only one uninfected faithful sex partner?	Yes.....1 No2 Don't know98	
506	Can people protect themselves from HIV, virus-causing AIDS, by using condom correctly in each sexual contact?	Yes.....1 No2 Don't know98	
507	Do you think a healthy-looking person can be infected with HIV?	Yes.....1 No2 Don't know98	
508	Can a person get the HIV virus from mosquito bite?	Yes.....1 No2 Don't know98	
509	Can a person get HIV by sharing a meal with an HIV infected person?	Yes.....1 No2 Don't know98	
510	Can a pregnant woman infected with HIV/AIDS transmit the virus to her unborn child?	Yes.....1 No2 Don't know98	512 512
511	What can a pregnant woman do to reduce the risk of transmission of HIV to her unborn child?	Take Medication.....1 Other (Specify)_____96 Don't know98	

Q. N.	Questions and Filters	Coding Categories	Skip to
512	Can a woman with HIV/AIDS transmit the virus to her new-born child through breastfeeding?	Yes.....1 No2 Don't know98	
513	Can people protect themselves from HIV virus by abstaining from sexual intercourse?	Yes.....1 No2 Don't know98	
514	Can a person get HIV by holding an HIV infected person's hand?	Yes.....1 No2 Don't know98	
515	Can a person get HIV, by using previously used needle/syringe?	Yes.....1 No2 Don't know98	
516	Can blood transfusion from an infected person to the other transmit HIV?	Yes.....1 No2 Don't know98	
517	Is it possible in your community for someone to have a confidential HIV test?	Yes.....1 No2 Don't know98	
518	I don't want to know the result, but have you ever had an HIV test?	Yes.....1 No2	601
519	Did you voluntarily undergo the HIV test or because it was required?	Voluntarily.....1 Required2	
520	Please do not tell me the result, but did you find out the result of your test?	Yes.....1 No2	522
521	Why did you not receive the test result?	Sure of not being infected.....1 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 years ago.....4	

6.0 PROMOTION OF CONDOM

Q. N.	Questions and Filters	Coding Categories		Skip to
601	In the past one-year have you seen, read or heard any advertisements about condoms from the following sources? (READ THE FOLLOWING LIST)			
	Sources of Information	Yes	No	
	1. Radio	1	2	
	2. TV	1	2	
	3. Pharmacy	1	2	
	4. Health Post/ Health Center	1	2	
	5. Hospital	1	2	
	6. Health Workers/Volunteers	1	2	
	7. Friends/Neighbors	1	2	
	8. NGOs	1	2	
	9. Newspapers/Posters	1	2	
	10. Video Van	1	2	
	11. Street Drama	1	2	
	12. Cinema Hall	1	2	
	13. Community Event/Training	1	2	
	14. Bill Board/Sign Board	1	2	
	15. Comic Book	1	2	
16. Community Workers	1	2		
96. Others (Specify) _____	1	2		
602	What message did you get from the advertisement? (Multiple answers. DO NOT READ the possible answers)	<i>Condoms should be used to avoid HIV/AIDS1</i> <i>Condoms should be used to avoid STI.....2</i> <i>Condoms should be used for family planning, other family planning messages3</i> <i>Other (Specify)96</i>		
603	In the past one-year, have you ever seen, heard or read following messages?			
		Yes	No	
	<i>Messages/Characters</i>			
	1. Jhilke Dai Chha Chhaina Condom	1	2	
	2. Condom Kina Ma Bhaya Hunna Ra	1	2	
	3. Youn Rog Ra AIDS Bata Bachnalai Rakhnu Parchha Sarbatra Paine Condom Lai	1	2	
	4. Ramro Sanga Prayog Gare Jokhim Huna Dinna Bharpardo Chhu Santosh Dinchhu Jhanjhat Manna Hunna	1	2	
	5. Condom Bata Surakchhya, Youn Swasthya Ko Rakchhya AIDS Ra Younrog Bata Bachna Sadhai Condom Ko Prayog Garau	1	2	
	6. HIV/AIDS Bare Aajai Dekhee Kura Garau	1	2	
	7. Ek Apas Ka Kura	1	2	
	8. Maya Garaun Sadbhav Badaun	1	2	
	9. Des Pardes	1	2	
96. Others (Specify) _____	1	2		

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

Knowledge and Participation in STI and HIV/AIDS Programs

Q. N.	Questions and Filters	Coding Categories	Skip to
605	Have you met or discussed or interacted with Peer Educators (PE) or Outreach Educators (OE) in the last 12 months?	Yes.....1 No2 No response99	609
606	When you met/discussed/interacted with PE or OE in what kind of activities were you involved? (Multiple answers. DO NOT READ the possible answers)	Discussion on how HIV/AIDS is/isn't transmitted..1 Discussion on how STI is/isn't transmitted.....2 Regular/non-regular use of condom.....3 Demonstration on using condom correctly.....4 STI treatment/cure after treatment.....5 Counseling on reducing number of sex partner.....6 Training on HIV and STI, Condom day, AIDS day, participation in discussions and interaction programs.....7 Others (Specify).....96	
607	Do you know from which organization were they? (Multiple answers. DO NOT READ the possible answers)	AMDA.....1 GWP2 Trinetra3 WATCH4 ICH5 NSARC6 NRCS7 INF/Paluwa8 Siddhartha Club.....9 CAC.....10 SACTS11 NFCC12 NAPN13 SPARSHA14 Others (Specify)96 Don't know98	
608	How many times have you been visited by PE and/or OE in the last 12 months?	Once1 2-3 times2 4-6 times3 7-12 times4 More than 12 times.....5	

Q. N.	Questions and Filters	Coding Categories	Skip to
609	Have you visited or been to any drop in center (DIC) in the last 12 months?	Yes.....1 No.....2	613
610	When you went to the DIC, in which activities did you take part? (Multiple answers. DO NOT READ the possible answers)	Went to collect condoms.....1 Went to learn the correct way of using condom..... 2 Went to watch film on HIV/AIDS.. 3 Participated in discussion on HIV transmission... .. 4 Participated in discussion on STI transmission... .. 5 Participated in training, interaction and discussion programs on HIV/AIDS and STI..... 6 Went to collect IEC materials7 Went for STI treatment.....8 Took friend with me..... 9 Other (Specify)..... 96	
611	Do you know which organizations run those DICs? (Multiple answers. DO NOT READ the possible answers)	AMDA 1 GWP2 Trinetra3 WATCH4 ICH5 NSARC6 NRCS7 INF/Paluwa8 Siddhartha Club.....9 CAC.....10 SACTS11 NFCC12 NAPN.....13 SPARSHA14 Others (Specify)96 Don't know98	
612	How many times have you visited DICs in the last 12 months?	Once1 2-3 times2 4-6 times3 7-12 times4 More than 12 times.....5	
613	Have you visited any STI clinic in the last 12 months?	Yes.....1 No.....2	617
614	When you visited such STI clinic in what activities were you involved? (Multiple answers. DO NOT READ the possible answers given below)	Blood tested for STI..... 1 Physical examination conducted for STI identification.2 Was advised to use condom in each sexual intercourse.....3 Was advised to take complete and regular medicine.....4 Was suggested to reduce number of sexual partners.....5 Took friend with me6 Other (Specify)..... 96	

Q. N.	Questions and Filters	Coding Categories	Skip to
615	Do you know which organizations run those STI clinics? (Multiple answers. DO NOT READ the possible answers)	AMDA /STI.....1 NSARC2 NRCS3 INF/Paluwa4 Siddhartha Club.....5 SACTS6 NFCC7 WATCH.....8 Others (Specify).....96 Don't know98	
616	How many times have you visited STI clinic in the last 12 months?	Once1 2-3 times2 4-6 times3 7-12 times4 More than 12 times.....5	
617	Have you visited any Voluntary Counseling and Testing (VCT) centers in the last 12 months?	Yes.....1 No2	621
618	When you visited such VCT center in what activity were you involved? (Multiple answers. DO NOT READ the possible answers)	Received pre-HIV/AIDS test counseling.....1 Blood sample taken for HIV/AIDS test.....2 Received post HIV/AIDS test counseling.....3 Got information on HIV/AIDS window period.....4 Received HIV/AIDS test result...5 Received counseling on using condom correctly in each sexual intercourse.....6 Took a friend with me.....7 Other (Specify).....96	
619	Do you know which organizations run those VCTI centers? (Multiple answers. DO NOT READ the possible answers)	AMDA.....1 NSARC2 NRCS3 INF/Paluwa4 Siddhartha Club.....5 SACTS6 NFCC7 WATCH.....8 Others (Specify).....96 Don't know98	
620	For how many times have you visited VCT center in the last 12 months?	Once1 2-3 times2 4-6 times3 7-12 times4 More than 12 times.....5	
621	Have you ever participated in HIV/AIDS awareness raising program or community events in the last 12 months?	Yes.....1 No2	701

Q. N.	Questions and Filters	Coding Categories	Skip to
622	When you participated in such events in what activities were you involved? (Multiple answers. DO NOT READ the possible answers)	Street drama.....1 AIDS Day2 Condom Day3 Video Shows.....4 Group discussions5 Talk programs6 HIV/AIDS related training7 HIV/AIDS related Workshops ..8 Condom use demonstrations.....9 Others (Specify) _____ .96	
623	Do you know which organizations organized those activities? (Multiple answers. DO NOT READ the possible answers given below)	AMDA1 GWP.....2 TRINETRA3 WATCH.....4 ICH.....5 NSARC.....6 NRCS7 INF/Paluwa8 Siddhartha Club9 CAC.....10 SACTS11 NFCC12 NAPN.....13 Sparsa.....14 Others (Specify) _____ .96 Don't know98	
624	How many times have you participated in such activities in the last 12 months?	Once1 2-3 times2 4-6 times3 7-12 times4 More than 12 times.....5	

7.0 STI (SEXUALLY TRANSMITTED INFECTION)

Q. N.	Questions and Filters	Coding Categories	Skip to
701	Which diseases do you understand by STI? (Multiple answers. DO NOT READ the possible answers)	<i>White Discharge/Discharge of Pus/Dhatu flow1</i> <i>Itching around Vagina.....2</i> <i>Lower Abdominal Pain.....3</i> <i>Syphilis (Bhiringi)/Gonorrhoea...4</i> <i>HIV/AIDS.....5</i> <i>Burning Sensation while Urinating.....6</i> <i>Swelling of Vagina.....7</i> <i>Pain in Vagina.....8</i> <i>Unusual Bleeding from Vagina .9</i> <i>Ulcer or sore around Vagina...10</i> <i>Don't know98</i> <i>Other (Specify) _____96</i>	

Q. N.	Questions and Filters	Coding Categories	Skip to
702	Do you currently have any of the following symptoms?		
	Symptoms	Yes	No
	1. Pain in the lower abdomen	1	2
	2. Pain during urination	1	2
	3. Frequent urination	1	2
	4. Pain during sex	1	2
	5. Ulcer or sore in the genital area	1	2
	6. Itching in or around the vagina	1	2
	7. Vaginal odor or smell	1	2
	8. Vaginal bleeding (unusual)	1	2
	9. Unusual heavy, foul smelling vaginal discharge	1	2
	10. Genital Warts	1	2
	96.Others (Specify) _____	1	2
(If answer is "No" to all in the Q. No. 702 Go to Q. 710)			
703	Have you gone through medical treatment for any of these symptoms?	Yes.....1 No2	710
703.1	If yes, for how long did you wait to go for the treatment? (Write '00' if less than a week)	Week <input type="text"/> <input type="text"/>	
704	Where did you go for the treatment? (Multiple answers. DO NOT READ the possible answers)	Private Clinic1 AMDA Clinic2 NFCC3 SACTS.....4 FPAN Clinic.....5 Health Post/ Health Center6 Hospital.....7 Pharmacy8 Self Treatment (Specify).....9 Others (Specify)96	
705	For which symptoms did you get treatment? Specify the treatment.		
	Symptoms	Treatment	
	1. Pain in the lower abdomen		
	2. Pain during urination		
	3. Frequent urination		
	4. Pain during sex		
	5. Ulcer or sore in the genital area		
	6. Itching in or around the vagina		
	7. Vaginal odor or smell		
	8. Vaginal bleeding (unusual)		
	9. Unusual heavy, foul smelling vaginal discharge		
	10. Genital Warts		
96. Others (Specify) _____			
706	Did you receive a prescription for medicine?	Yes1 No2	709
707	Did you obtain all the medicine prescribed?	Yes I obtained all of it1	709
		I obtained some but not all2	
		I obtained none3	

Q. N.	Questions and Filters	Coding Categories	Skip to
708	Did you take all of the medicine prescribed?	Yes1 No2	709
708.1	If not, why did you not take all of the medicine prescribed?	Forgot to take1 Felt cured.....2 Medicine did not work properly 3 Others (Specify)_____96	
709	How much did you pay for the medicine that you took? [If not paid mention the reasons]	Rs. _____ Reason _____	
710	Did you have any of the following symptoms in the past year?		
	Symptoms	Yes	No
	1. Pain in the lower abdomen	1	2
	2. Pain during urination	1	2
	3. Frequent urination	1	2
	4. Pain during sex	1	2
	5. Ulcer or sore in the genital area	1	2
	6. Itching in or around the vagina	1	2
	7. Vaginal odor or smell	1	2
	8. Vaginal bleeding (unusual)	1	2
	9. Unusual heavy, foul smelling vaginal discharge	1	2
	10. Genital Warts	1	2
	96. Others (Specify) _____	1	2
(If answer is "No" to all in Q. No. 710, Go to Q. No. 801)			
711	Have you gone through medical treatment for any of these symptoms in the past year?		
	Symptoms	Yes	No
	1. Pain in the lower abdomen	1	2
	2. Pain during urination	1	2
	3. Frequent urination	1	2
	4. Pain during sex	1	2
	5. Ulcer or sore in the genital area	1	2
	6. Itching in or around the vagina	1	2
	7. Vaginal odor or smell	1	2
	8. Vaginal bleeding (unusual)	1	2
	9. Unusual heavy vaginal discharge and foul vaginal discharge	1	2
	10. Genital Warts	1	2
	96. Others (Specify) _____	1	2
(If answer is "No" to all in Q. No. 711, Go to Q. No. 801)			

Q. N.	Questions and Filters	Coding Categories	Skip to
712	Where did you go for the treatment? (Multiple answers. Do not read the possible answers).	Private Clinic1 AMDA Clinic2 NFCC3 SACTS.....4 FPAN Clinic.....5 Health Post/ Health Center6 Hospital.....7 Pharmacy8 Self Treatment (Specify)_____9 Others (Specify)_____96	801
713	Did anyone from the place where you went for treatment counsel you about how to avoid the problem?	Yes.....1 No2	801
713.1	What did he/she tell you? (Multiple answers, DONOT READ the possible answers)	Told me to use condom1 Told me to reduce number of sexual partners2 Others (Specify) _____96	

8.0 USE OF DRUGS AND INJECTION

Q. N.	Questions and Filters	Coding Categories	Skip to
801	During the last 30 days how often did you have drinks containing alcohol?	Everyday1 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. Have you also tried any of those drugs in the past 30 days? (Ganja, Bhang, Nitroson, Nitrovet E.)	Yes1 No2 Don't know98	
803	Some people inject drugs using a syringe. Have you ever-injected drugs? (Do not count drugs injected for medical purpose or treatment of an illness)	Yes1 No2 Don't know98	809 809
804	Have you injected drugs in last 12 months? (Do not count drugs injected for medical purposes or treatment of an illness)	Yes1 No2 Don't know98	809 809
805	Are you currently injecting drugs?	Yes1 No2	809
806	Think about the last time you injected drugs. Did you use a needle or syringe that had previously been used by someone else?	Yes1 No2 Don't know98	
807	Think about the time you injected drugs during the past one month. How often was it with a needle or syringe that had previously been used by someone else?	Every Time1 Almost Every Time2 Sometimes.....3 Never4 Don't Know98	

Q. N.	Questions and Filters	Coding Categories	Skip to
808	Usually how do you obtain a syringe/needle?	My friend/relative give it to me after use1 Unknown person give it to me...2 I pick it up from a public place used and left by others3 I pick it up from a public place where I leave my syringes4 I use a new needle/syringe given by NGO/volunteer5 I purchase a new needle/syringe6 Others (Specify)_____96	
809	Have you ever exchanged sex for drugs?	Yes.....1 No2	
810	Have you ever exchanged sex for money so that you can buy drug?	Yes.....1 No2	
811	To your knowledge, have any of your sex partners injected drugs?	Yes.....1 No2	812
811.1	(For Married SW only) Does your husband inject drug? (Check with Q. 204)	Yes.....1 No2 Don't know.....98	
811.2	(For female having regular client) Did your regular client inject drug? (Check with Q. 403)	Yes.....1 No2 Don't know.....98	
811.3	(For all) Do you know any of your client ever injecting drugs?	Yes.....1 No2 Don't know.....98	
812	Do you know anyone who injects drugs?	Yes.....1 No2	901
812.1	If yes, how are you related to her/him?	Client.....1 Friend.....2 Family.....3 Relative.....4 Other (Specify)_____96	

9.0 STIGMA AND DISCRIMINATION

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

☞ Thank You. ☞

ANNEX – 3

CONFIDENTIAL

**INTEGRATED BIO-BEHAVIORAL SURVEY (IBBS)
AMONG FEMALE SEX WORKERS IN POKHARA 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 : _____	Date & place for post-test results given	1	2
Temperature : _____ ° F	Condom given	1	2
	Vitamins given	1	2
	Gift given	1	2
	IEC materials given	1	2

1.0 Syndromic Treatment Information

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

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

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

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

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

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

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

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

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

ANNEX - 4

Family Health International (FHI), Nepal

Consent Form for Female Sex Workers

Title: **Integrated Bio-behavioral survey (IBBS) among female sex workers in Pokhara 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 200 women like you are selected for interview. We will ask you some questions and then ask you to provide blood samples. We will draw 7-10 ml blood by 10 ml disposable syringe from your vein. If it is determined that you have any symptoms that are consistent with an STI, we will provide treatment free of charge. The diagnosis and treatment of this type of disease will be done on the basis of National STI Case Management Guidelines.

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

Your Part in the Research

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

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

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

Possible Risks

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

time you like to do so. You might feel some mental stress after getting your test results. But you will get proper pre and post test counseling on HIV and STI through a qualified counselor.

Possible Benefits

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

If You Decide Not to Be in the Research

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

Confidentiality

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

Payment

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

Leaving the Research

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

If You Have a Questions about the Study

If you have any questions about the research, call

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

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

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

Research Related Injuries

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

Your rights as a Participant

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

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

VOLUNTEER AGREEMENT

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

Signature or mark of volunteer

Date

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

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

Signature of witness

Date

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

Signature of Person Who Obtained Consent

Date

ANNEX - 5

Dates and Places of Counseling Performed to FSWs

Name of Site	Date of Counseling	Total No. of Study Participants	Attended in Post-test Counseling
Pokhara	February 21, 2006 to March 22, 2006 in VCT run by INF Paluwa	200	14 (7.0%)

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