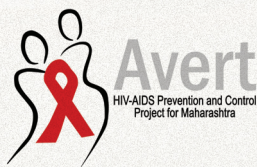


HIV Risk Behavioural Surveillance Survey

In Maharashtra

Wave V

Conducted for



USAID | INDIA
FROM THE AMERICAN PEOPLE



Survey conducted by **SRI-IMRB**



Jayant Kumar Banthia

Pr. Secretary & Commissioner (F.W.)



SAVE THE GIRL CHILD

GOVERNMENT OF MAHARASHTRA
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Message

Maharashtra has experienced a changing trend of HIV in the State. The concerted and relentless efforts by the Maharashtra State AIDS Control Society, Mumbai District AIDS Control Society, Avert Society and all the state lead partners have contributed in reducing the impact of HIV/AIDS on the community.

Public health programs, especially those necessitating change in practices, behavior, and attitude need to be studied incessantly. These study findings not only prompt timely action but are also expected to aid in identifying strategy for sustainability. Behavioral Surveillance Survey (BSS) is one of the standardized, tested and widely adopted scientific method to monitor behavior changes among the target groups and evaluate the performance of the programs.

I appreciate the efforts taken by Avert Society, supported by USAID in successfully completing Wave V of BSS. Avert Society has been undertaking the survey periodically since 2004 and it gives me immense pleasure to disseminate this report as a useful guide for program implementers.

Jayant Kumar Banthia
15/9/18
(Jayant Kumar Banthia)

REGISTER ALL BIRTHS AND DEATHS





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Foreword

India, with an estimated 2.27 million individuals infected with HIV, has the third largest epidemic in the world. Under the third phase of the Government of India's National AIDS Control Program (NACP-3), a massive roll out of HIV/AIDS programs was carried out throughout the country. The focus of NACP-3 is to reduce new infection of HIV by 60 to 80 percent in the country through prevention, care and treatment programs. The preventive interventions are primarily based on a behavior change strategy, fostering positive adaptation of behavior among the Most-at-Risk-Populations (MARPs), which include Female Sex Workers (FSW), Men having sex with Men (MSM) and Injecting Drug Users (IDU). It is therefore critical to measure key behavior change indicators so as to assess the efficacy of the program interventions and realign the strategy to meet the desired outcome.

The United States Agency for International Development (USAID)-funded Avert project supports the National AIDS Control Program and works in collaboration with the Maharashtra State AIDS Control Society (MSACS) and the Mumbai District AIDS Control Society (MDACS). The overarching goal of the Avert project is to demonstrate best practices in prevention programs for MARPs, community mobilization, and developing models in migrant and workplace interventions in five high prevalence districts.

As an endeavor to provide evidence for planning and evaluation of interventions, the Avert project with support from MSACS and MDACS, has been undertaking Behavioral Surveillance Surveys since 2004 among MARPs in its priority districts of Maharashtra. It has successfully completed the fifth Wave in 2009, providing behavioral trends for five years.

I appreciate the efforts taken by the Avert project in conducting this survey periodically and providing valuable information to program planners and implementers. I also thank MSACS and MDACS for extending their full support, without which this task could not have been accomplished.

Ms. Kerry Pelzman
Director
Office of Population, Health and Nutrition



Preface

Behavioral Surveillance Survey involves systematic collection, analysis and interpretation of behavior data essential for planning, implementing, monitoring & evaluating the interventions. It tracks behavior change over a period of time, which is the focus of preventive intervention strategies. Behavior change promotes positive behaviors that are appropriate to the local setting and provide environment that enable people to sustain these positive behaviors. Avert Society initiated the survey involving an external research agency in 2004; the periodic rounds of the survey accentuate the trend every year thereby indicating the paradigm in each of the intervention groups. This information has been utilized to delve into issues that need further exploration and re-strategizing. The BSS reports have been extensively used by programmers, and the current report will contribute to the reservoir of information.

The latest round of BSS 'Wave-V' was completed in 2009. The target groups of FSW, MSM & IDUs were surveyed in seven districts of Maharashtra; Aurangabad, Nagpur, Sangli, Satara, Solapur, Thane and Mumbai. These groups have been covered under the preceding rounds; Wave II, III & IV. This report provides a trend of the key indicators measured among these core groups over the past four rounds. The trend indicates a steady increase in levels of awareness about HIV, knowledge about male and female condoms and reported use of condoms consistently among the core groups.

Data was validated by the monitoring team from Avert Society, which ensured quality of the survey. The findings from the survey are instrumental to realign the program strategies to meet the desired outcome of containing the epidemic in these districts.

On behalf of Avert Society, I take this opportunity to sincerely thank NACO & USAID for their guidance and support. I would like to express my heartfelt gratitude to all the participants for sharing personal valuable information for the study. This study could not have been accomplished without the support of NGOs, their staff and peer educators from the field. I appreciate the efforts taken by the agency IMRB to complete the survey despite various challenges. Avert team has played a pivotal role in providing technical guidance, coordinating with the agency and successfully completing the survey in a short span of time. I extend my sincere appreciation for the team of Consultants, who monitored the field work and ensured quality data and the Community Advisory Board for their constant support. I also acknowledge the support provided by the finance, administration and technical team.

Ms. Smriti Acharya
Project Director
Avert Society

Avert Society - A joint project of NACO, Govt. of Maharashtra & USAID.

Regd. under the Societies Regn. Act, 1860, No. MAH/MUM/823/01/GBBSD Dt. 21-06-2001 & under Mumbai Public Trust Act, 1950, No. F-23205 (Mumbai) Dt.26-09-2001

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Executive Summary

Avert Society has conducted Behavioural Surveillance Survey (BSS) since 2004. The study collects quantitative information on the major indicators pertaining to knowledge and behavior of the high risk groups. The indicators relating to knowledge about HIV/AIDS, STIs, sexual behavior, injecting drug use, treatment seeking behavior, HIV testing and exposure to intervention were captured in the various rounds of BSS along with the qualitative information to explain the trends. This report summarizes the methods and the key findings of the survey conducted in 2009 and provided trend over the years.

Confidential face to face interviews were carried out with 6166 respondents in 7 districts of Maharashtra. Methods used were similar to the earlier waves of BSS. Groups included for the current wave were Brothel based sex workers; Non-brothel based sex workers, Men who have sex with men, Injecting Drug Users. The survey was undertaken by the Research agency with close supervision and support from Avert Society, MSACS, MDACS and its sub partners. 15 percent of data collected was validated by Avert Society and a Technical Resource Group provided inputs at various stages of the survey. This report summarizes the major findings of the survey.

Trends in knowledge and behavior appear to have stabilized in many of the groups surveyed. All groups had high levels of awareness, but an increased proportion also had

misconceptions about HIV/AIDS which needs to be targeted. The salient findings from each group are presented below:

Brothel Based Female Sex Workers (BB FSWs)

The socio demographic characteristics of BB FSWs were not very different compared to the earlier waves of BSS. The trend indicates more number of BB FSWs operating independently, with an increase in average number of clients. In terms of knowledge there has been a decline in awareness about STI, methods of HIV prevention and rejection of misconceptions. However, the knowledge that consistent condom use prevents HIV has increased, which corresponds with increased negotiation for condom use by BB FSWs. There has been an exponential increase in awareness about female condoms.

There is a marginal increase in number of non paying clients and marginal decline in paying clients as compared to earlier waves. The consistent condom use with non paying partner is relatively less; however, over the years the condom use with both paying and non paying partners has increased. Though reported cases of STI symptoms have marginally increased, there is a decline in those seeking service from qualified practitioners. Testing for HIV has shown a decline along with exposure to interventions.

Non Brothel Based Female Sex Workers (NBB FSWs)

The median age and literacy levels show a marginal increase in Wave V. Like BB FSWs, NBB FSWs also operate more independently and the preferred place for sexual activities has moved from hotels and lodges to clients' or their own residence. The comprehensive knowledge about HIV and STI has declined,

while the knowledge of consistent condom use as effective method of prevention has increased. This could have led to increased condom negotiation by NBB FSWs. More than three-fourth of the NBB FSWs are aware of female condoms, which is a marked improvement from the previous waves of BSS.

The average number of paying clients of NBB FSWs has reduced. Condom use during every sexual encounter has increased with both paying and non paying clients; however there is a huge variation in them. Less than one-third of NBB FSWs use condoms consistently with non paying partners. Condom negotiation by NBB FSWs is highest with occasional paying clients and has increased with all the partners over the years. There is no substantial variation in the proportion of NBB FSWs reporting STI symptoms from Wave IV. However, the respondents seeking treatment from qualified practitioners show an upsurge. Voluntary HIV testing has declined while exposure to intervention has marginally increased.

Men Having Sex with Men

Most of the MSM covered under the survey were between the age of 21 to 30 years, which was similar to previous waves of BSS. MSM reporting willing indulgence in sexual activity during their first encounter has increased, with more than half of them reporting 'manual sex' and 'anal sex'. There is a significant increase in knowledge on correct modes of HIV prevention. However MSM rejecting misconceptions and heard of STI has declined.

The average number of regular and non commercial male partners is almost the same, while commercial partners are almost double. MSM indulging in anal sex is high, but this proportion has marginally declined since the previous wave. The

consistent condom use with all types of partners has shown a remarkable increase, along with considerable reduction in STI symptoms reported by MSM. However treatment seeking for STI from qualified practitioner shows decline. MSM reporting HIV test taken and having undergone medical check up has increased.

Injecting Drug Users

The current Wave of BSS captured information from more literate IDUs, though most of them are employed as casual labourers. The proportion of IDUs starting injecting drugs at younger age has increased. The frequency of injecting drugs and needle sharing behaviour has declined since the past wave. Comprehensive knowledge about HIV has increased by more than two times, though misconceptions prevail. Most of the IDUs also reported consumption of alcohol and non injecting drugs.

Almost nine out of ten IDUs reported to ever have had sex, while less than two-thirds of them have had sex in past one year. Commercial partners are more than regular partners and have shown marginal increase; one-tenth of IDUs reported having sex with men. The consistency of condom use has increased with all types of partners and there is a sharp decline in IDUs reporting any one of the STI symptoms. Of those very few IDUs reporting STI symptoms, the proportion seeking treatment from qualified practitioner has also reduced. A very small proportion of IDUs reported to have taken HIV test, but this proportion has almost doubled since the Wave IV. The exposure of IDUs to various interventions has declined.



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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
BBSWs	Brothel Based Sex Workers
BSS	Behavioural Surveillance Survey
FHI	Family Health International
FSW-BB	Female sex workers- Brothel Based
FSW-NBB	Female sex workers-Non Brothel Based
HIV	Human Immune deficiency Virus
IDU	Injecting Drug Users
MDACS	Mumbai District AIDS Control Society
MSACS	Maharashtra State AIDS Control Society
MSM	Men who have Sex with Men
NACO	National AIDS Control Organization
NBBSWs	Non Brothel Based Sex Workers
NGO	Non Governmental Organization
PLHIV	People Living With HIV
PSUs	Primary Sampling Units
SPSS	Statistical Package for the Social Sciences
STI	Sexually Transmitted Infections
TB	Tuberculosis
USAID	United States Agency for International Development

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Introduction

Maharashtra is one of the high prevalent States for HIV infection in India. To control the concentrated epidemic of HIV in the State, MSACS, MDACS & Avert Society with other partners reach out to the target group with prevention intervention as per NACO directives. Provision of care & support services to the infected & affected also form a mainstay strategy in the State.

Avert Society, a joint project of NACO and USAID, formed in November 2001 to combat HIV/AIDS in the State of Maharashtra, aims to increase the use of effective and sustainable responses to reduce the transmission and mitigate the impact of STI, HIV and related infectious diseases in Maharashtra. One of the five project strategies of Avert Society is “increased availability and use of research and epidemiological data in advocacy and decision making in State HIV / AIDS programs”.

Avert Society has been conducting BSS in seven priority districts of the state since 2004 and completed Wave V in 2009.

The conceptual premises of Behavioural Surveillance Survey (BSS) is based on the classical HIV and STI serologic surveillance methods that comprise of repeated cross-sectional sentinel surveys of key population groups that affect the spread of HIV. The purpose of the BSS is to systematically monitor trends in HIV / STI risk behaviour over time.

The estimates obtained from BSS Wave V were used along with the estimates of the remaining districts in the State for arriving at State estimates.

Study Objective

The key objective of the study is to provide trends of knowledge & behaviour indicators so as to inform the program managers for the expansion of interventions leading to reduction in the transmission of HIV / AIDS and Sexually Transmitted Infections (STI) in the select districts of Maharashtra.

Indicators measured

Some of the key indicators measured through the survey:

1. Knowledge Indicators

- Knowledge about correct modes of HIV prevention
- Knowledge about correct and consistent use of condom as a method of prevention
- Misconceptions related to HIV / AIDS

2. Behavioural Indicators

- Average number of sexual clients
- Average number of paying and non paying clients in the previous one week
- Proportion of respondents who reported condom use during last sex with paying client and non paying client
- Proportion of respondents who reported consistent condom use with paying client and non paying client in the last one month
- Decision making authority for condom use with each of the clients
- Proportion of respondents who reported reasons for not using condom
- Awareness of female condom among FSWs

3. STI symptoms and treatment seeking behaviour

- Awareness about STIs
- Proportion of FSW who reported STI symptoms – Genital discharge, sore/ulcer in the previous one year
- STI treatment seeking behaviour

4. Voluntary HIV testing

- Proportion of respondents who have ever sought voluntary testing for HIV

5. Intervention Exposure Indicators

- Proportion of respondents who reported education on HIV/AIDS in the last year

6. Injecting Behaviour Indicators

- Proportion of male Injecting Drug Users who have shared needle in the last injection
- Proportion of male Injecting Drug Users who have access to sterile needles/ syringes when they injected in the last month

7. Stigma and Discrimination

- Proportion of respondents who perceived that they know of People Living With HIV
- Attitudes towards People Living With HIV

The other additional information which BSS obtained includes:

8. Socio-demographic characteristics

- Age
- Literacy
- Marital Status
- Occupation etc
- Age at first sex

Research Design

BSS Wave V covered core groups - BB FSW, NBB FSW, MSM and IDU from seven districts of Maharashtra which were also covered under previous Waves of BSS. The methodology adopted for BSS Wave V was finalized in consultation with the members of Technical Resource Group from NACO keeping it consistent with the methodology adopted for State BSS and across all the waves of BSS. The prime objective of this report is to provide trend of indicators over the years, across the waves.

Districts covered under the survey

- Mumbai
- Thane
- Sangli
- Satara
- Solapur
- Aurangabad
- Nagpur

Operational Definition:

- **Female Sex Workers- Brothel Based (FSW-BB)** – Female sex workers who operate from a brothel/ red light area and reported to have been paid for sex in cash by their paying clients (i.e. selling sex) at least once in the past one month.
- **Female Sex Workers-Non Brothel Based (FSW-NBB)** – Female sex workers who do not affiliate to a permanent place of operation and reported to have been paid in cash by their paying clients (i.e. selling sex) at least once in the past one month at defined sex access points.

- **Men who have sex with men (MSM)** – Men between the age of 18-49 years who have had manual, oral or anal sex with men in the past 12 months and can be identified at place of aggregation for cruising, soliciting or having sex or hanging out.
- **Injecting Drug Users (IDU)** – Men between the age of 18-49 years identified to have injected addictive drugs in the past three months for intoxication without medical advice.
- **Paying Clients** – Clients with whom FSWs have sex in exchange of money.
- **Non-paying client** – A sexual client who is or could be spouse or live-in sexual client and with whom FSW had sex without exchange of money.
- **Occasional paying client** – A sexual client who occasionally (i.e. not regularly) buys sex with money

Sample Size

Sample sizes required for each population sub-group included in the study was calculated on the basis of the following factors:-

1. The expected baseline value of key behavioural indicator (e.g. consistent condom usage with various partners)
2. Desirable magnitude of change that can be detected
3. Confidence Level
4. Statistical power and
5. Design effect

The following formula was used to determine the sample size for target groups for the BSS:

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

Where:

D = Design effect,

P1 = the estimated proportion at the time of the survey,

P2 = the proportion at some future date, such that the quantity (P2-P1) is the size of the magnitude of change that is desired to be detected;

$$P = (P1 + P2)/2$$

$$\Delta^2 = (P2 - P1)^2$$

Z_{1- α} = the z-score corresponding to the probability with which it is desired to be able to conclude that an observed change of size (P2 - P1) would not have occurred by chance;

Z_{1- β} = the z-score corresponding to the degree of confidence with which it is desired to be certain of detecting a change of size (P2 - P1) if one actually occurred.

For the BSS, the following assumptions have been made regarding these parameters:

1. Design effect: This adjusts for the use of sampling designs that are not simple random methods, e.g. cluster sampling.
2. The alpha level has been set at 0.05, corresponding to 95% confidence in the observed estimates.
3. The beta level has been set at 0.15, corresponding to 80% power.

Sample Size Achieved

Target Group	Mumbai	Sangli	Thane	Satara	Solapur	Aurangabad	Nagpur	Total
BBSWs	579	273	267	277	297	142*	250	2085
NBBSWs	485	119	268	176	262	337	207	1854
MSM	545	302	267	56	262	268	257	1957
IDU	270		270					
Total sample size								6166

* In Aurangabad there are no traditional brothels, these are 'Addas' also known as 'Mini Brothel' which are rented accommodations for sex work.

Sample size for the qualitative study

Focus Groups Discussions were carried out among all the respondent groups across all seven districts.

Respondent groups	Number of Groups
FSW	6
MSM	3
IDU	2

Sampling Design

Probability sampling method was used; the sampling strategy was kept consistent with that adopted for State BSS and previous waves of BSS for each of the target group.

Summary of sampling methodologies adopted

Population Sub-Group	Sampling Strategy
Female Sex Workers - Brothel based	Conventional Three Stage Cluster Sampling
Female Sex Workers - Non-Brothel based	Two Stage Time-Location Cluster Sampling
Men who have sex with men	Two Stage Time-Location Cluster Sampling
Injecting Drug Users	Two Stage Time- Location Cluster Sampling

Execution of the study

In order to design a probability-sampling plan, the following tasks were carried out:

- Defining Primary Sampling Units
- Developing Sampling Frame

Defining Primary Sampling Units (PSUs)

The PSUs were defined as 'any site or location where respondent group members congregate'. The operational

definition of primary sampling units (PSUs) for the different respondent groups are given below:

Operational Definition of PSUs for Different Respondent Groups

Sl. No.	Respondent Group	PSU
1	Brothel based sex workers	Brothels / red light areas
2	Non-brothel based sex workers	Streets, Cinema hall/ theatre, parks, transport terminus, restaurants / hotels and any other places where non-brothel based sex workers congregated for soliciting or entertaining their clients
3	MSM	Cruising sites like bus station, railway station, gardens, public toilets and other public places
4	IDUs	Foot path, railway station, bus terminus, other public places where IDUs commonly stay and cruise

Defining Sampling Frame

The mapping estimates from the ‘Mapping exercise’ undertaken by Avert Society were utilized in conjunction with the NGO project wise mapping estimates and mapping estimates from Synovate 2008 to develop the sampling frame for the study.

Data Collection tools

The tools for data collection on pre-determined indicators of risk-behaviour have been unvarying from year to year. Additional indicators as per NACO requirements were included in these Interview Schedules. The Schedules were available in ‘Hindi’ & ‘Marathi’ versions and only the additional questions had to be translated.

Data collection

The field work for the BSS wave IV started in the third week of September 2009 and ended in the last week of November

2009. Separate teams were allocated for the three regions namely Mumbai and Thane; Sangli, Satara and Solapur; and Aurangabad and Nagpur.

Data management and analysis

Data were entered using package with in-built features for inter-record checks and intra-record checks. The accuracy of the data entry was checked by verifying a sample of filled-in questionnaires. Range and consistency checks were carried out for values of all the variables. Data were also checked for “missing values” prior to beginning of the data analysis. For the analysis of data, SPSS 14 package was used.

Data weighing

Weighted analysis was done for each district for sampling. The following steps were carried out to achieve the sample weights:

- Step 1: Calculation of weights

The weights were determined by calculating the sampling probability using the Cluster Information Sheets.

- Step 2: Standardization of the weight

The weight assigned to each sample observation reflects its probability of selection in comparison with other sample observations. These standardized weights were used to arrive at estimates for the whole population from where the sample was drawn.

Brothel Based Sex Workers

Demographic profile:	
Median age	27.2 years
Literacy	56 percent
Marital status	40.8 percent ever married
Mean number of regular paying clients	4 clients in the past 7 days
Mean number of occasional paying clients	8 clients in the past 7 days
Mean number of non-paying clients	2 non-paying client in the past 7 days
Mean age at first sex	20.4 years

Overall 2085 Brothel Based Sex Workers (BBSWs) were interviewed for the fifth Wave of BSS. The socio demographic characteristics of the survey respondents were not very different compared to the earlier waves of BSS in Maharashtra. There was a slight increase in the median age in the current wave. The proportion of BBSWs who reported to be literate increased since Wave IV (30 percent). 45 percent respondents reported to have ever married in Wave II, which decreased to 39 percent in Wave III and increased to 46 percent in Wave IV and again dropped to 40.8 percent in the current Wave. As far as the mean age at first sex is concerned, there was an increase from 17 years in Wave IV to 20.4 years in Wave V.

The BBSWs were asked about consumption of alcohol and use of drugs. Over three-fourths (76.9 percent) of the respondents

reported to have never consumed alcoholic drinks. Among those who often consumed alcoholic beverages, about 2.3 percent reported to do so everyday and 14.4 percent at least once a week.

Overall, about 3.5 percent BBSWs reported to have injected drug / addictive substances in the past 12 months in Wave V which was higher than that reported in the earlier waves.

About 83.8 percent of the sex workers operated directly from brothels. This was higher than the proportion reported in Wave IV (70 percent). The proportion of BBSWs reporting to be operating through a madam has decreased in the current Wave to 21.7 percent from Wave IV (34 percent). The proportion of BBSWs who operate through a broker / pimp also declined in Wave V (8.5 percent) compared to the earlier Wave (10.3 percent).

The average number of clients visiting a sex worker on the last working day was 3.69. This was higher than 2.5 reported in Wave IV.

Findings from qualitative study

Depending upon the region and nature of work i.e. brothel based solicitation; some findings emerged from the qualitative probe.

- A common anxiety expressed was concern for the future of their children
- All the respondents reported that their circumstances forced them into this profession
- Their perspectives on marriage were rather unexpected. They seemed to have great faith in the institution of marriage and many of them felt that marriage would have given them

greater security and, perhaps, prevented them from entering the profession.

- They found it difficult to obtain even basic entitlements of citizens such as ration cards
- Savings for future was not a common practice. Far too many observed that there was not enough income to save from and whatever they managed to save was soon spent on their children.
- Many respondents considered mobile phones a hindrance and confined their use to make / receive personal (i.e. not professional) calls.

Some of the responses that bring out these sentiments have been presented below:

“If I had a husband then there would have been life time support for me; but now who will marry me. I often think whether I will ever become a wife.”

“No one has it. Someone had come to inform us on the ration cards but we have not got the cards till now although three years have passed. They say it has yet to come from their higher offices.”

“In case of emergency we take help from one-another or from project people. We do not leave customers even during our menses; if we don't work we suffer loss.”

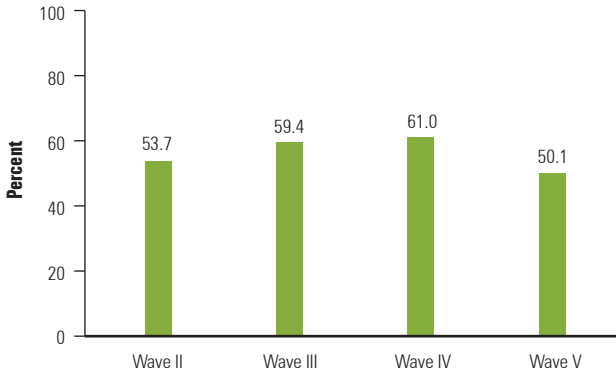
“Using a mobile has both positive and negative aspects. If they (clients) get our number they pass around and we get harassed. They talk in rough and abusive language with us. We use mobile phones only for personal calls.”

Knowledge Indicators

Knowledge about correct modes of HIV Prevention

About 99.2 percent BBSWs reported that they had heard about HIV/AIDS. To measure, knowledge about correct modes of HIV prevention, a composite index based on knowledge of three modes of prevention was developed i.e. i) abstinence of sex, ii) having uninfected faithful client, and iii) consistent condom use.

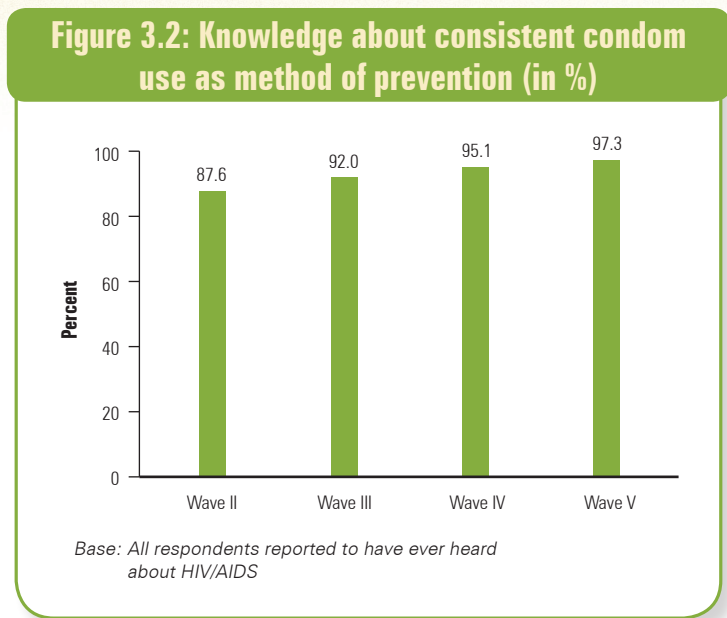
Figure 3.1: Knowledge about correct modes of HIV Prevention (in %)



Base: All respondents reported to have ever heard about HIV/AIDS

A comparison of the data of last four waves indicates that the proportion of respondents with knowledge of the correct modes of HIV prevention, that had been increasing consistently, though marginally, through Wave III (59.4 percent) and IV (61 percent) has significantly decreased to 50.1 percent in Wave V.

Knowledge about consistent condom use as method of prevention



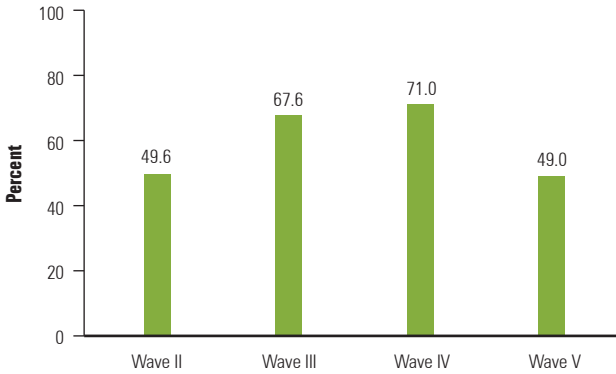
Consistent condom use is an important indicator of knowledge about correct modes of HIV prevention. There has been a small increase in the proportion of respondents who reported knowledge of consistent condom use as a means to prevent HIV/AIDS in Wave V (97.3 percent) in comparison to the earlier wave IV (95.1 percent).

Rejected Misconceptions about HIV/AIDS

The composite index to measure the extent of misconceptions about HIV transmission constitutes of incorrect responses to the following three questions:

- i. Can HIV transmit through mosquito bites
- ii. Can HIV transmit through sharing meals
- iii. Can a healthy looking person transmit HIV?

Figure 3.3: Proportion of respondents who rejected misconceptions regarding HIV/AIDS (in %)



Base: All respondents reported to have ever heard about HIV/AIDS

About 49 percent of the respondents did not have any misconceptions about HIV/AIDS, as they correctly answered the three questions. This proportion was lower than that reported in Wave IV (71 percent).

Findings from qualitative study

The discussions revealed that all the FSWs had a clear understanding of the means of prevention and transmission of HIV/AIDS. They all also expressed a common concern about protection from the disease. Some were of the view that an HIV infected FSW could lead a normal life with the help of medicine. Many also linked its symptoms to being similar to TB.

“An HIV infected person will have to face financial difficulties; the person will get weaker day by day which will be noticed later on.”

Behavioural Indicators

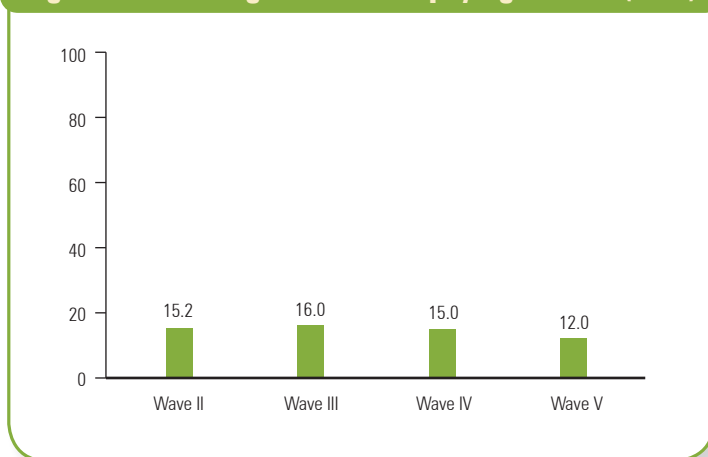
This sub section presents data on certain key behavioural indicators, which are:

- Number and types of sexual partners
- Condom use during last sexual contact with both paying and non paying clients
- Consistency of condom use in the past one month with both paying and non paying clients

Paying clients have been defined as those with whom SWs have had sex in exchange for money, while non paying clients include sexual partners who could be spouse or live-in client and with whom FSW had sex without exchange of money.

Average number of paying clients

Figure 3.4: Average Number of paying clients (FSW)



From the table above it can be seen that average number of paying clients reported by BBSWs in the past one week has declined from 15 in earlier Wave IV to 12 in Wave V. The average number of non-paying clients, on the other hand has increased in Wave V to 2 partners from 1 partner in earlier waves.

Condom use during last sex with paying clients and non paying clients

Overwhelming majority of the BBSWs (99.4 percent) reported using condoms during their last sex with the paying clients while only 54.1 percent of them reported to have used condoms with non-paying clients. The proportion of sex workers who reported condom use in the last sexual encounter has increased from 95% in Wave IV to 99.4% in Wave V.

Figure 3.5: Condom use during last sex with paying and non paying clients (in %)



Base: All respondents who have reported to have had sex with paying as well as non-paying clients in last month

The BBSWs who reported not to have used condom at their last engagements with non-paying client were asked for the reasons for not using. 'Religion prohibits' emerged as the major reason for non-use of condom with non-paying clients followed by objection from the partner.

Findings from qualitative study

The qualitative findings revealed certain details about the use of condoms by BBSWs, capturing their preferences and concerns.

It was found that all of them largely relied on the free condoms available from NGOs. Opinions on the quality of the free condoms varied from place to place. Those from Solapur thought that the free condoms were thicker and therefore more reliable, whereas respondents from Mumbai preferred the lubricated condoms available in the market. An interesting revelation was that some of the respondents were still too shy to ask for condoms at a shop.

“Condoms which are available in market are more lubricated compared to the ones we are provided by project people.”

“Free condoms are thicker and of good quality, and we are familiar with that condom, expiry is given on the pack that we get free of cost.”

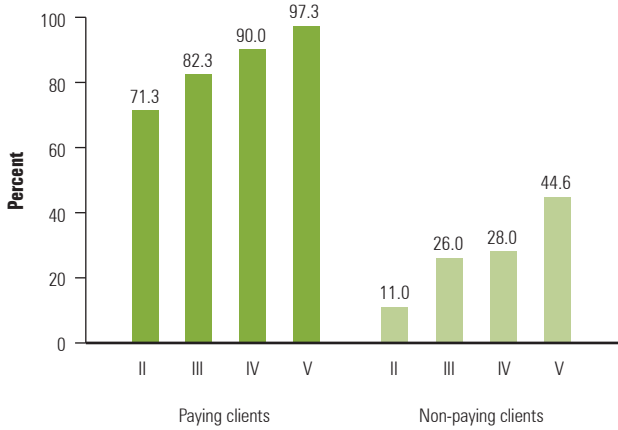
“We are a little scared to ask for condoms from shops directly as people may suspect us.”

“We do feel uncomfortable while asking for a condom at a shop but it is at times required, however we don't let ourselves face such a situation; we always keep condoms provided by the project people.”

Consistency in use of condoms with paying client and non paying client in the last one month

Consistency of condom use in the last one month was ascertained for both paying and non- paying clients. About 97.3 percent of BBSWs reported to have consistently used a condom every time in the last one month with the paying

Figure 3.6: Consistent condom use with paying clients and non paying clients in the last one month (in %)



Base: All respondents who have reported to have had sex with paying as well as non-paying clients in last one month

clients, which is an increase of more than 7 percent over BSS Wave IV [90 percent].

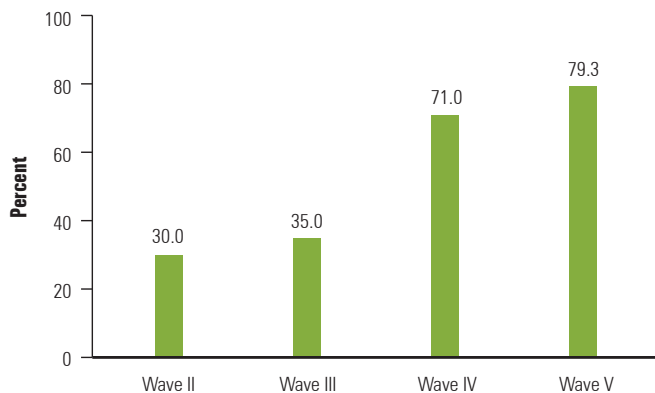
The proportion of BBSWs who reported using condoms consistently with non-paying clients was low. Only 44.6 percent reported to have consistently used condom with their non-paying partners, however this shows a significant increase over the proportion reported in Wave IV (28%).

Female condoms

All BBSWs were asked if they had ever heard of female condoms.

About three fourths replied that they have heard about female condoms. The proportion was higher in Wave V (79.3 percent) as compared to Wave IV (71 percent). Awareness level about female condoms, though increasing in successive waves, still remains relatively low at 79.3%.

Figure 3.7: Awareness about female condoms (in %)



Base: All respondents

Decision making authority for condom use with each of the clients

All the BBSWs who reported use of condom the last time with paying client and non paying client were asked about the decision making process to condom use.

Majority of the BBSWs (about 89.7 percent) in Wave V reported that the decision on condom use rested with them while having sex with their paying clients, both regular as well as occasional clients. This proportion was higher than Wave IV where about 85 percent of the brothel based sex workers reported to have decided to use condom themselves. This proportion was comparatively lower for non-paying partners in Wave V (83 percent) as compared to paying clients but was higher compared to earlier waves.

Findings from qualitative study

An attempt was made to ascertain the reasons for non use of condoms with the non paying client through a follow up qualitative study.

The reasons for not using condom with non paying clients are attributed to:

- a. trust that their non paying clients do not have multiple partners
- b. faith / belief that their non paying client always use condom elsewhere
- c. sex with paying client is for livelihood and sex with non paying client is for their sexual satisfaction

The BBSWs, though aware of different sexual practices, mostly admitted to indulge in only vaginal sex. Oral sex was considered more risky and was discussed only in a third person context.

“Some customers demand different types of sex i.e. French, and dog-shot, some others insist on sex without condoms. We do not agree to have sex without condom even if they pay Rs.1000 or more; we are now more careful.”

“We convince him that sex without condom carries high risk of getting infected with HIV virus which in turn may spread to others too. Hence it is necessary to use condoms. If he is drunk it is difficult to convince him to use of condom.”

Type of condoms used during last sex and source of procurement

BBSWs who reported to have used condom with their last paying client and non paying client were asked about the brand of condom used with the respective clients. Based on the response, the brands were categorized into free distribution brands, social marketing brands and retail brands. Majority of

the BBSWs (71.9 percent) in Wave V reported that they used freely distributed condoms irrespective of the type of clients, this was similar to what was observed in Wave IV.

About 97.6 percent BBSWs knew the places for procuring condoms. The sources of condom procurement were multiple and primarily included chemist shop (87.3 percent), NGO worker (80.0 percent), hospital (77.3 percent), Brothel owner (71.4 percent), peer educator (71.3 percent) etc. While none of the BBSWs had reported peer educator as source of procuring condoms in Wave II, one tenth reported so in Wave III and about one third (30 percent) reported so in Wave IV, this has increased to 71.3 percent in Wave V. Comparatively higher procurement of condoms from peer educator was reported in Wave V.

Findings from qualitative study

It was revealed that sometimes female condoms were resorted to when the clients insisted on sex without condoms, while some expressed painful experience on use of female condom.

“Female condoms make noise, and we feel pain during vigorous thrusts.”

In general, the awareness about proper use of condoms was high and almost all the respondents were aware of the right methods of using condoms.

“Tip of condom is required to be pressed so that air will be removed while putting the condom in place.”

“A condom bursts if it is expired, or at times when or even due to dryness. Occasionally it can also burst due to large / long organ size.”

Sexually Transmitted Infections

This sub section explains the information gathered on the following indicators:

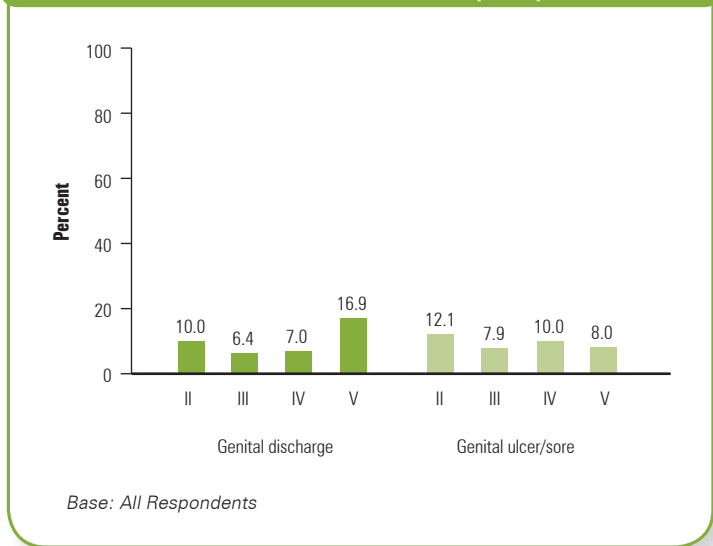
- Whether the respondents have heard about STIs,
- Whether they have ever self-reported STI symptoms

Awareness of STIs

Just over a half of the BBSWs reported to have heard about STIs (50.5 percent). This proportion was far lower than that reported in Wave IV (95 percent). From amongst those who were aware of STIs, about 91.7 percent reported that STIs can be prevented. More than two-third of the respondents in Wave V were aware of ulcerative symptoms of STI such as genital ulcers/sores among women (73.3 percent) and men (68.9 percent). About 74.4 percent BBSWs reported to be aware about genital urethral discharge as an STI symptom among women. About 71.2 percent BBSWs reported burning pain on urination as a major STI symptom among men and women known to them. Overall, the awareness levels about the STI symptoms of men and women has increased a little since Wave IV.

Experience of genital discharge/ulcer/sore in last 12 months

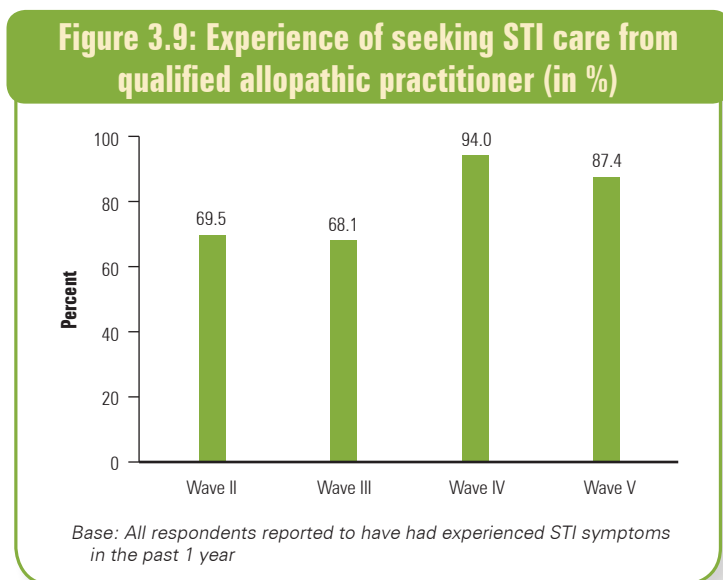
Figure 3.8: Experience of genital discharge/ulcer/sore in last 12 months (in %)



The BBSWs were asked if they had suffered from any of the STI symptoms in the past year. About 16.9 percent BBSWs reported having suffered from genital discharge. This was more than two times of what was reported in Wave IV (7 percent). A comparatively smaller proportion of respondents reported to have experienced genital ulcer/sore in Wave V (8.0 percent) as compared to in Wave IV (10 percent).

STI Treatment seeking behaviour

STI treatment seeking behaviour among those who had experienced STI symptoms in the past one year was assessed to gauge the proportion of those who sought treatment from qualified medical practitioners; private hospitals and government hospitals/clinics.



A decline is seen in the proportion of BBSWs who sought treatment from qualified allopathic practitioners in wave V [87.4 percent] as compared to Wave IV [94 percent].

The respondents openly discussed symptoms and gave their preference in treatment modes.

“No there is no difference in their treatment, all treatment are same, only difference is that in government hospital it takes more time compared to private doctors, because private doctors charge high money compared to government doctor, but they both (private or govt. doctors) behave with us in the same way..”

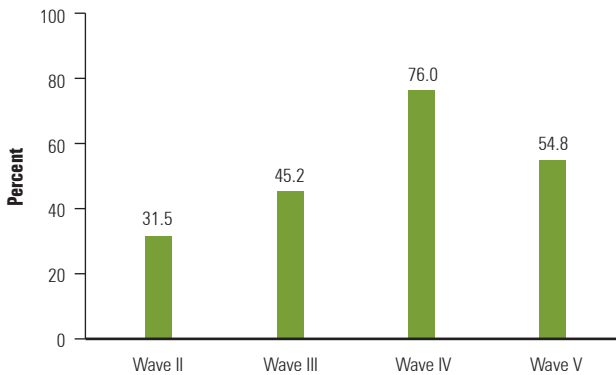
“We prefer allopathic treatment because it gives quick relief to our disease.”

HIV test taking practice

In order to measure the HIV testing behaviour among the brothel based sex workers, a composite index was taken comprised of:

- Ever voluntarily requested an HIV test
- Taken HIV test &
- Received the test result

Figure 3.10: Ever voluntarily requested a HIV test, taken the test and received the result (in %)



Base: All respondents ever tested for HIV/AIDS

The proportion of brothel based sex workers who reported having undertaken an HIV test and received the result had shown an increasing trend since Wave II and witnessed a significant rise from 31.5 percent in Wave II to 45.2 percent in Wave III to 76.0 percent in Wave IV. But this indicator declined in Wave V to 54.8 percent.

Findings from qualitative study

The qualitative rounds also sought to understand the respondents' perceptions related to HIV testing. Most of the FSWs felt comfortable about testing and claimed to be properly informed and counselled during the testing process.

“Doctors suggest us correct interval for testing HIV, checking blood etc. We go for testing twice a year or quarterly...No we do not hide our visit to doctors.”

“Doctors check us properly, make notes in files and take blood samples, they check for the virus in blood and give reports. They also, check our deficiency level by grading 200, 700 and if they notice the levels going below 200 they start medicine or take us again for CD4.”

“They counsel properly, keep the matter confidential, and suggest us to be normal.”

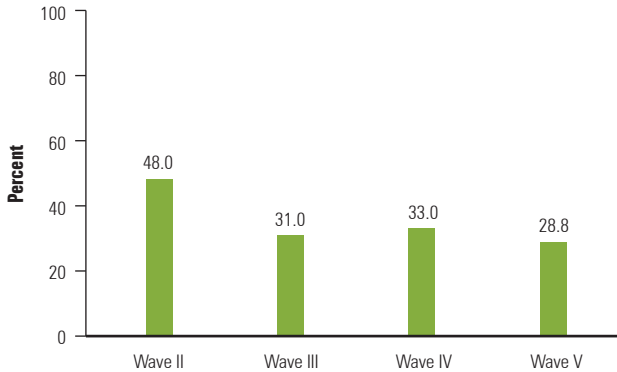
It is worth noting that some were so concerned about business being affected that they felt that HIV result could be kept a secret so that their business would not suffer.

“The business of an HIV infected person is not affected as long as it is not known to other people and even if they all come to know, the business will not get affected.”

Know of people living with HIV

All the BBSWs were asked if they knew of anyone who has HIV/AIDS; about one third of them reported to know people living with HIV/AIDS. This proportion has declined since Wave II (48.0 percent). However there was no considerable change between Wave III and Wave IV. The proportion of respondents who reported that they knew of anyone who was infected with HIV and died of AIDS declined in Wave V (28.8 percent) as compared to earlier waves.

Figure 3.11: Know of People living with HIV (in %)



Base : All respondents ever heard of HIV/AIDS

Stigma and discrimination

A series of questions were asked to the BBSWs to gauge the level of stigma and discrimination attached to HIV/AIDS. About nine tenths of the respondents (89.4 percent) reported that they would take the required care of PLHIV and about 84.9 percent reported that they would buy vegetables / food items from vendors who were infected with HIV/AIDS. About 83.4 percent said that HIV/AIDS infected female teacher can continue teaching in school.

There was a positive change in the attitude of the brothel based sex workers as more than 91.5 percent BBSWs reported that they would take necessary care of the HIV infected friend/ relative/ family member at home. 97.7 percent stated that they would take the HIV infected to a hospital.

Findings from qualitative study

For a sex worker stigma and discrimination related to their profession is a common phenomenon with which they have to cope. It is important to understand their own beliefs and stigmas about HIV and HIV infected persons.

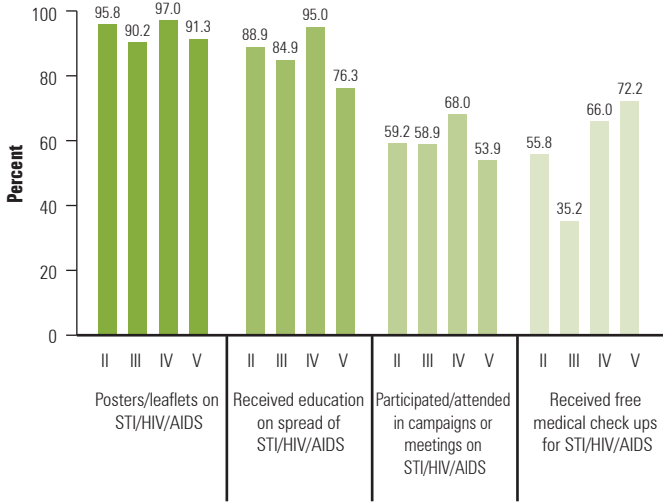
“Some think positively and will help the infected person, while some others think negatively and will keep the person away. Now everyone knows how HIV spreads hence they will not send the person away. Earlier people feared that they might get infected even by sharing meals with or touching an infected person, but now they donot do so because of higher awareness and more knowledge.”

“The society will ignore him, underestimate him, they won't share meal, everything will be arranged separately for him, either society or his family member will treat him the same, we try to give him all emotional support due his depressed state.”

Exposure to intervention

In order to understand the extent of exposure to HIV/AIDS messages/interventions, all BBSWs were asked if they had seen bill boards/ posters, and if they had received education on the spread of STI/HIV/AIDS and condom use, or had attended or participated in meeting/ campaign or ever got free medical checkups for STIs.

Figure 3.12: Exposure to interventions (in %)



Base: All Respondents

The data indicate that a higher proportion of BBSWs reported that they received free medical checkups for STI/HIV/AIDS in Wave V (72.2 percent) compared to what was reported in Wave IV (66 percent). However, for all other forms of exposure to interventions, there was a fall in the proportions as compared to wave IV. About 74.4 percent BBSWs reported that they received interpersonal education on condom use.

Findings from qualitative study

Awareness of various intervention programmes undertaken by the government was non-uniform. In general most of the BBSWs expressed gratitude towards peer educators from the NGOs who would help them in coping with many problems and educate them on many health related issues.

“ We share our feelings with NGO Peer Educators. They ask us about our difficulties, health, business, and also ask us what more they can do for us.”

“ No there is no treatment available for HIV/AIDS, because we are told by media and even we got knowledge from the project staff. It can be controlled but treatment is not available.”

Summary of findings:

Some of the positive trends observed during this wave of BSS are:

- Awareness regarding consistent condom use to prevent HIV/AIDS has increased in the current wave (97.3 percent) as compared to Wave IV (95.1 percent).
- An increased proportion of BBSWs has reported condom use in their last sexual encounter with paying clients as compared to Wave IV.
- The condom negotiation reported an increase compared to the earlier wave for paying clients.
- Awareness regarding female condoms has increased
- A positive attitudinal change is discerned in the large proportion of respondents reporting that they would take necessary care of an HIV infected friend/ relative/ family member.
- There has been an increase in the proportion of BBSWs who had received free medical checkups for STI/HIV/AIDS.

Some of the challenges that remain to be addressed by the program are:

- There has been a decline in the proportion of BBSWs aware about correct mode of HIV prevention in the current Wave.

- Proportion of respondents who rejected the misconceptions about HIV/AIDS was lower.
- Although an increase is reported in condom use in the last sexual encounter with paying clients there has been a decline in the proportion of BBSWs reporting condom use in the last sexual intercourse with non-paying clients.
- The condom negotiation of BBSWs with non-paying clients reported a decline as compared to the same with paying clients.
- More than half of the BBSWs reported to have heard about STIs but this proportion was lower than what was reported in the earlier Wave.
- There has been an increase in the proportion of BBSWs who reported to have experienced genital discharge.
- There has been a decline in the proportion of BBSWs who sought treatment from a qualified medical practitioner.
- The proportion of BBSWs who reported taking voluntary HIV test and received result for the same has fallen in the current Wave.
- There has been a decline in the proportion of BBSWs who received education on spread of STI/HIV/AIDS, participated/attended campaigns relating to STI/HIV/AIDS.

Non Brothel Based Sex Workers

Demographic profile:	
Median age	27.2 years
Literacy	70.7 percent
Marital status	53.1 percent ever married
Mean number of regular paying clients	4 clients in the past 7 days
Mean number of occasional paying clients	5 clients in the past 7 days
Mean number of non-paying clients	1 non-paying partner in the past 7 days
Mean age at first sex	18.5 years

Overall 1854 Non-Brothel Based Female Sex Workers (NBBSWs) were interviewed for the fifth Wave of BSS. The socio demographic characteristics of the respondents of the survey were not considerably different from those of the earlier waves of BSS in Maharashtra. The median age increased from 25 years in Wave II, to 27 years in Wave III to 30 years in Wave IV and decline in Wave V to 27.2 years.

The literacy rate increased by about 7 percent from Wave IV as compared to Wave V. 44 percent respondents reported to have ever married in Wave II, which increased to 53 percent (Wave III) and further to 73 percent (Wave IV) and declined in Wave V to 53.1 percent. As far as the mean age at first sex is concerned, no considerable change was observed. The

mean age at first commercial sex is concerned, there was an increase from 17 years in Wave IV to 23.03 years in Wave V.

About 43 percent of the NBBSWs had reported, in Wave IV, never to have alcoholic drinks. This proportion increased in the current wave to 69.6 percent. Among those who often consumed alcoholic beverages 14.2 percent reported to drink at least once a week. Only two percent of the NBBSWs reported to have injected drug/addictive substances in the past 12 months in Wave IV which increased to 5 percent in Wave V.

About one-fifth (17.7 percent) operate through broker/pimps whereas the others reported that they solicited clients from streets/restaurants (74.3 percent). In Wave V there is an increase in the proportion of NBBSWs who operate individually.

Resort / hotel / lodge were reported as the major place of sex activity by 81.4 percent of NBBSWs. This proportion was lower as compared to that in Wave IV (92 percent). Clients' residence and their own residence were also preferred place which was reported by 37.2 percent and 24.9 percent NBBSWs respectively, which were higher than that reported in Wave IV. Activities are moving away from public houses (hotels etc) to private homes.

Findings from qualitative study

Depending upon the region and nature of work; specific findings emerged from the qualitative probe.

Some of the NBBSWs from Solapur admitted that it was a conscious choice they had made after exploring other earning options and getting exploited. They felt that they would rather

pursue this trade openly instead of being sexually harassed in other professions.

“I don't feel sex-trade is a bad line, I take this business as other women go to offices and work for fixed hours. Just like that this is a business for me, I don't feel ashamed of it; it is the only means of survival for me and my family.”

In Aurangabad, the NBSSWs operated in a home based set up pushed by the lack of household earnings and poor marital relations.

“If husband were good and allowed us to work on farm etc, we would have never come to this profession. We take utmost care that they (husbands) do not doubt us when we are talking to someone, and do not suspect us of having affairs with other persons.”

Respondents also shared their concerns about their social security. Mostly they do not often have any savings and even if they manage to save some it gets spent for some contingencies such as children's benefit. Most of them lamented that they did not earn enough to save. Very few have savings in chit funds.

“We borrow money on interest and repay back after some time. We borrow money from the moneylender (Sahukar), who sits near the bidi factory.”

NBBSWs had different operating mechanism:

“We don't let our clients go. We go where they call us. They give us the address and accordingly we go there. Sometimes they ask to prepare tiffin for them, and we do that also and go where ever they call us. No one goes outside for customer solicitation. We contact them through mobile phones. Mobile phones work as main intermediaries between us and clients. Mobile phones help us contact our customers.”

Key Trends

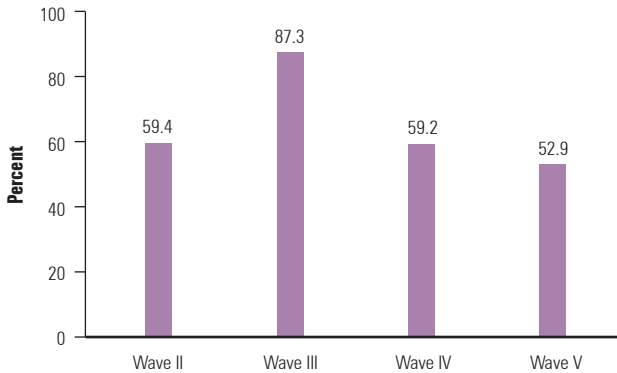
Knowledge Indicators

Knowledge about correct modes of HIV Prevention

About 99.7 percent NBBSWs workers reported that they have heard about HIV/AIDS.

To measure this particular indicator on the knowledge about correct modes of HIV prevention, a composite index of i) abstinence of sex, ii) having uninfected faithful client, and iii) consistent condom use was considered.

Figure 4.1: Knowledge about Correct Modes of HIV Prevention (in %)



Base: All respondents who have ever heard of HIV/AIDS

The proportion of NBBSWs reported to have correct knowledge about the modes of prevention of HIV has been declining since Wave III – from 87.3 percent in Wave III to 59.2% in Wave IV to 52.9% in Wave V.

Knowledge about consistent condom use as method of prevention

Consistent condom use was taken as one of the indicators of the knowledge of correct modes of HIV prevention.

Findings from qualitative study

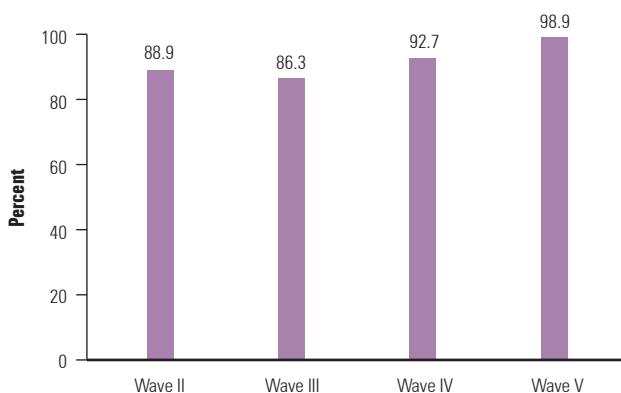
The discussions revealed that the NBBSWs had a clear understanding of the means of prevention and transmission of HIV/AIDS. They also expressed a common concern about protection from the disease.

“There are no symptoms as such, but we can guess if a person has HIV / AIDS by his weight loss, continuous cough and running temperature frequently.”

Some were of the view that an HIV infected FSW could lead a normal life with the help of medicines. Many also linked its symptoms to being similar to those of TB.

“HIV and TB are closely related, after HIV test we get tested for TB and in case of suspicion we are asked to get x-ray done.”

Figure 4.2: Knowledge about consistent condom use (in %)



Base: All respondents who have ever heard about HIV/AIDS

There has been an increase in the prevalence of knowledge about consistent condom use from Wave IV to Wave V. The knowledge about consistent condom use as a preventive

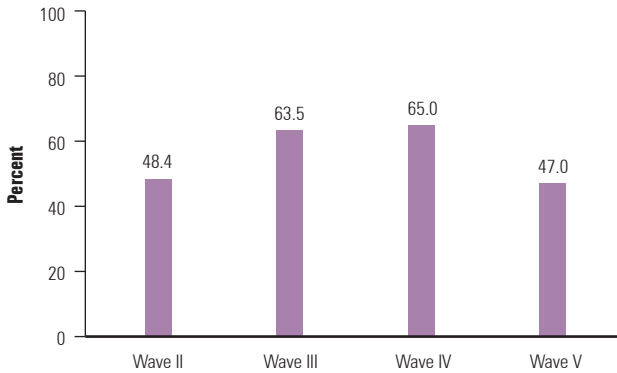
measure was reported by 98.9 percent NBBSWs in Wave V which was higher than that in Wave IV (92.7 percent).

Rejected Misconceptions about HIV/AIDS

The composite index to measure the extent of misconceptions about HIV transmission constitutes of incorrect responses to the following three questions:

- i. Can HIV transmit through mosquito bites
- ii. Can HIV transmit through sharing meals
- iii. Can a healthy looking person transmit HIV?

Figure 4.3: Proportion of respondents who rejected misconception regarding HIV/AIDS (in %)



Base: All respondents who have ever heard about HIV/AIDS

The data indicate that there was a decline in the proportion of respondents who rejected two most common misconceptions regarding HIV/AIDS transmission and who accepted that a healthy looking person can transmit HIV/AIDS in Wave V (47 percent) as compared to what was observed in Wave IV (65 percent).

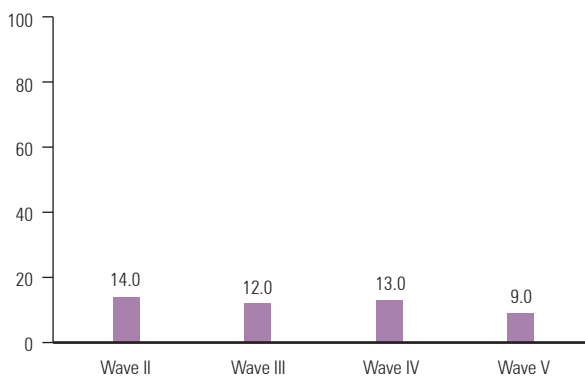
Behavioural Indicators

This sub section explains the behaviour of the non-brothel based sex workers with regard to condom use. The key indicators presented in this section are as follows:

- Number and Type of partners
- Pattern of condom use during last sexual contact with various types of clients
- Consistency of condom use in the past one month with various types of clients.

Average number of paying clients

Figure 4.4: Average Number of paying clients (FSW)



Base: All respondents who have reported to have had sex with paying as well as non-paying clients

On an average, the NBBSWs reported having 9 paying clients in the past seven days in Wave V, which was less than that reported in Wave IV.

Condom use during last sex with paying clients and non paying clients

Figure 4.5: Condom Use during last sex with paying and non-paying clients



Base: All respondents who have reported to have had sex with paying as well as non-paying

Almost all the NBBSWs (98.9 percent) used condom at the last sex with the paying clients while only 49.3 percent reported using condom with non-paying clients during the last sexual encounter. This marks a slight increase in the proportion of sex workers who reported condom use in the last sexual encounter in Wave V as compared to that in Wave IV (98 percent). Higher proportion of sex workers reported to use condom with non-paying clients in Wave V (49.3 percent) compared to Wave IV (45 percent).

Decision making authority for condom use with each type of clients

All the NBBSWs who reported condom use during last sexual encounter with paying client (regular as well as occasional)

and non-paying clients were asked about the decision making process for condom use.

About four-fifth (82.8 percent) reported that they themselves took the decision about using condom with their regular paying clients, this proportion reduced to 86.2 percent with occasional paying clients and further down to about 79.2 percent for non paying clients. It must be noted that the NBBSWs' decision making authority on condom use has increased as compared to what was reported in Wave IV (59 percent).

Type of condoms used during last sex and source of procurement

All the NBBSWs who reported to have used condom with their last paying client and non paying client were asked about the brand of condom used with the respective clients. The brands were categorized into:

- Freely distributed condoms
- Social marketing brands
- Retail brands

About 49.8 percent NBBSWs reported that they used freely distributed condoms irrespective of type of clients in Wave V. This has marginally increased from the earlier Wave IV (48 percent). The use of social marketing brands of condom decreased in Wave V (10.4 percent) as compared to wave IV (37 percent). About 37.5 percent respondents reported that they used branded condoms in the last sexual encounter with clients.

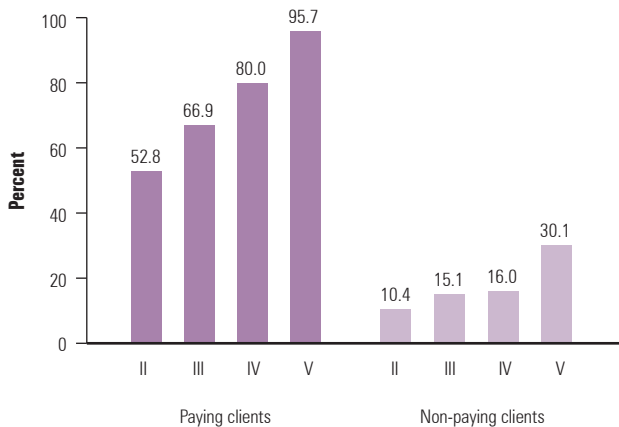
All the NBBSWs who reported to have used condom with the last paying client, were asked about the source of procuring the condom.

Though sources of procuring condoms are varied, health workers and clinics as source of procuring condom has increased from 25 percent in Wave IV to 61.5 percent in Wave V. There has been increase in condom procurement in Wave V from peer educators (68.5 percent) as compared to Wave IV (15 percent). Chemist shop (93.1 percent) and NGO worker (77.8 percent) were reported as the main sources of procuring condoms by NBBSWs.

Consistency in use of condoms with paying client and non paying client in the last one month

The frequency of condom use in the last one month was assessed in order to understand how consistently the non-brothel based sex workers use condoms with both types of clients. About 95.7 percent of the NBBSWs reported consistent condom use in the last one month with paying client which was significantly higher than that reported in Wave IV (80 percent).

Figure 4.6: Consistent condom use with paying clients and non paying clients in the last one month (in %)



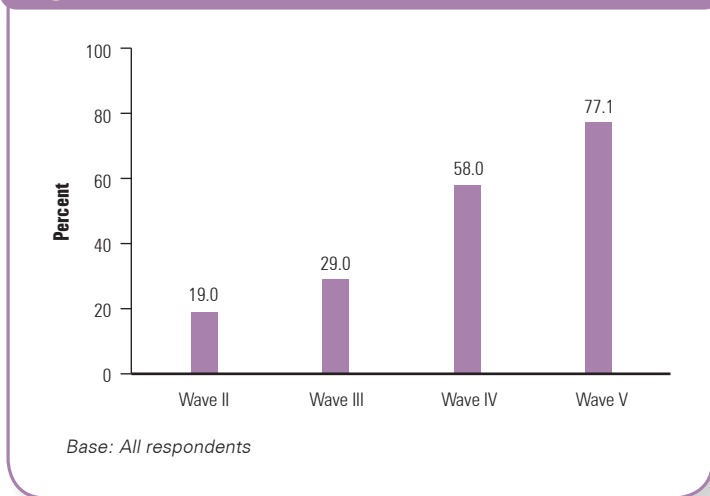
Base: All respondents who have reported to have had sex with paying as well as non-paying

However, for non-paying partner this proportion was lower with only about 30.1 percent sex workers reporting consistent condom use with non-paying clients. But the proportion of NBBSWs who reported consistent condom use with non-paying clients was higher in Wave V (30.1 percent) as compared to Wave IV (16 percent).

Resistance from client and religion prohibits were reported as the major reasons for non-use of condom during last sex irrespective of the type of client. This emphasizes the need to improve the condom negotiation skills of the NBBSWs. Apart from resistance from the client; less pleasure due to condom use was also reported as the reason for not using condom.

Female condoms

Figure 4.7: Awareness about female condoms (in %)



The awareness about female condom has significantly increased. In Wave IV 58 percent had reported to be aware; this proportion has increased to 77.1% in Wave V.

Findings from qualitative study

The qualitative findings revealed that all of them largely relied on the free condoms available from NGOs. The non-brothel based FSWs also expressed their fears about hiding the condoms from their family members.

“We keep condom with us everywhere we go and keep it in safe place so that no one can see at home.”

Findings from qualitative study

Female condoms were also discussed in the qualitative follow up study. Sometimes sex workers resorted to use of female condoms when the clients insisted on sex without condoms.

“Yes, we have used it (female condoms) because when some customer insists on having sex without condom we use female condom; the customer does not get to know about it. It is inserted by folding it in eight shape.”

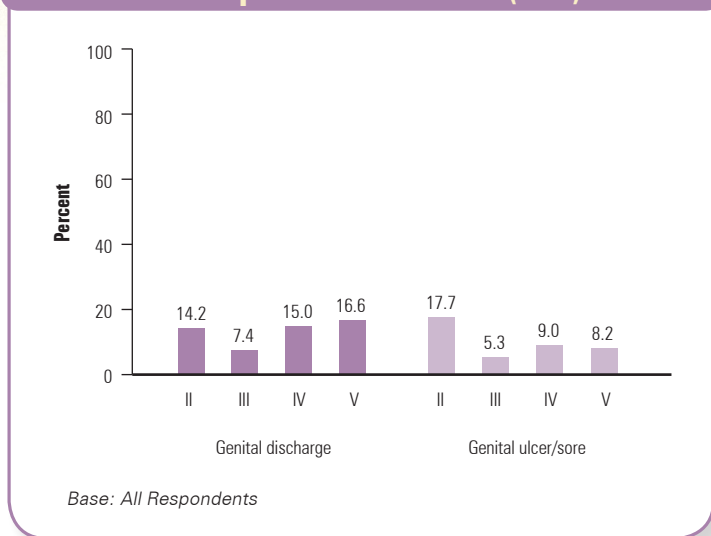
Sexually Transmitted Infections

Awareness of STIs

At an aggregate level, about 46.5 percent NBBSWs reported that they had heard about Sexually Transmitted Infections (STIs) in Wave V. This is considerably lower than that reported in Wave IV (88 percent). From all those who were aware about STIs, about 89.5 percent respondents reported that STIs can be prevented. At an aggregate level, the most common symptoms of STI among women were reported to be lower abdominal pain (79.9 percent) and genital/urethral discharge (75.3 percent) and for men genital/urethral discharge (64.3 percent) and genital sore/ulcer (66.3 percent).

Experience of genital discharge/ulcer/sore in previous 12 months

Figure 4.8: Experience of genital discharge/ulcer/sore in previous 12 months (in %)



There was a slight increase in the proportion of respondents experiencing genital discharge in the past 12 months in Wave V (16.6 percent) On the other hand, there was a decline in the proportion of NBBSWs who reported genital ulcer/sores in the previous 12 months in Wave V (8.2 percent) compared to 9% reported in Wave IV.

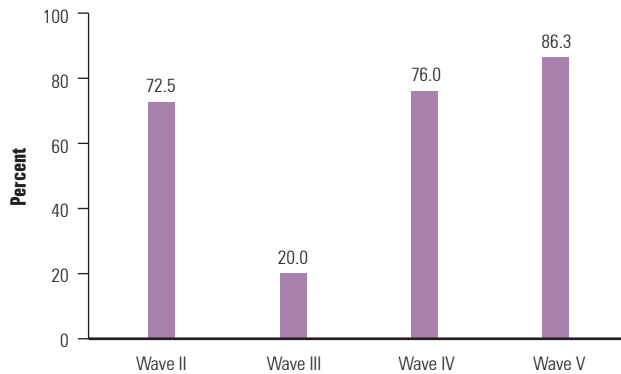
STI care seeking behaviour

Treatment seeking behaviour

STI care seeking behaviour among those who have experienced STI symptoms in the past one year had been discussed for the following indicator. There was a significant improvement in the STI care seeking behaviour among the Non-Brothel Based Sex Workers who reported to have experienced STI symptoms in the past 12 months.

About 86.3 percent NBBSWs reportedly sought treatment from qualified allopathic doctors in Wave V against 76% in Wave IV.

Figure 4.9: Experience of seeking STI care from qualified allopathic practitioner (in %)



Base: All respondents reported to have experienced STI symptoms in the past 1 year

Findings from qualitative study

Awareness about symptoms of STD was probed in qualitative rounds. The respondents freely discussed symptoms and shared their preferences in treatment modes. It was found that many NBBSWs avoided going to private doctors as there were more risks of their getting exposed.

“Once I went with my husband to a private doctor when I was facing such problems. But the doctor asked some questions to my husband; I feel scared of being asked same questions. Hence I started visiting to govt. hospital.”

“In private clinics we can't talk freely with the doctors and the doctors also may come to know about us. In government hospitals the fee is also less compared to private.”

“Yes, we do face such problems like itching during sex, inflammation etc. so we immediately go for check up and testing. We go to the clinics for check up and follow the instructions given by them. We take care of our health first and then see the rest.”

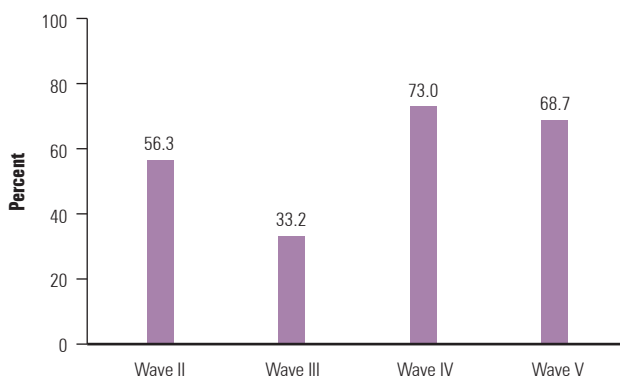
HIV testing behaviour

In order to measure the HIV testing behaviour among the brothel based sex workers, a composite index was taken comprised of:

- Ever voluntarily requested an HIV test
- Taken HIV test &
- Received the result

Seeking voluntary HIV tests

Figure 4.10: Ever voluntarily requested a HIV test, taken the test and received the result (in %)



Base: All respondents ever heard of HIV/AIDS

The proportion of NBBSWs who reported having undertaken an HIV test and received the result had shown an increasing trend since Wave II and witnessed a significant rise from 33.2 percent in Wave III to 73 percent in Wave IV. The proportion slightly declined in the current Wave to 68.7 percent.

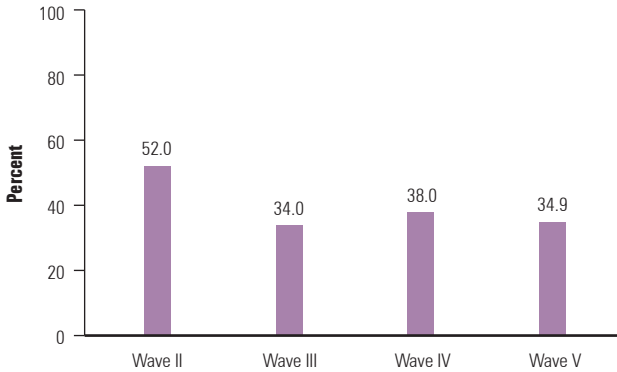
Findings from qualitative study

The qualitative rounds also sought to understand their perceptions related to HIV testing. Most of the FSWs felt comfortable about testing and claimed to be properly informed and counselled during the testing process.

“Yes, if she starts treatment immediately and follow the instruction given by doctors she will gain ten more years in her life. And if she gets tense will die within two years.”

Know of people living with HIV

Figure 4.11: Know of people living with HIV (in %)



Base: All respondents ever heard of HIV/AIDS

About 34.9 percent of the NBBSWs reported to know people living with HIV/AIDS. This proportion had declined from Wave II to Wave III (34 percent) and Wave IV. The proportion of Non-Brothel Based Sex Workers who know of PLHIV increased by 4 percent across Wave III and IV. This proportion reported a decline in Wave V to 34.9 percent as compared to earlier two waves.

Stigma and discrimination

The presence of stigma and discrimination among the non-brothel based sex workers were measured from the following indicators:

Attitudes towards people living with HIV

In order to gauge attitude of the NBBSWs towards PLHIV, all were initially asked whether they knew anyone infected with HIV or who had died of AIDS. They were also asked to respond to questions aimed at gauging their attitude towards PLHIV. About 8.9 percent NBBSWs reported that they knew of a close relative who was infected with HIV and about 8.5 percent reported that they had a close relative who died due to HIV infection.

The results indicate improvement in the attitude towards PLHIV where there is no physical contact with PLHIV. About 90.1 percent sex workers reported that they will take necessary care of PLHIV which was slightly lower than that reported in Wave IV (96 percent). Slightly more than 85 percent respondents reported that they could purchase vegetable from HIV infected shopkeeper and that a female teacher infected with HIV should be allowed to teach in school. But, more than half of the respondents (58 percent) reported that they would mind shaking hands with HIV infected friend, neighbour and relative.

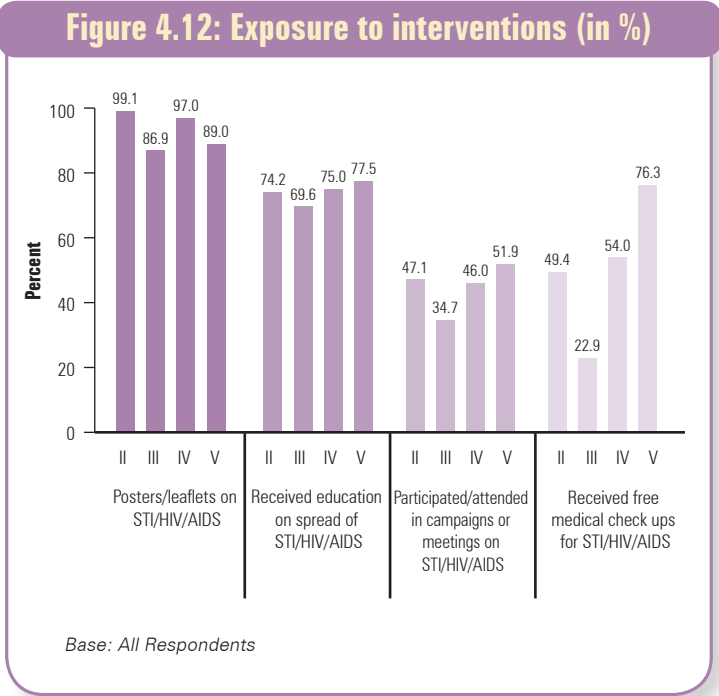
Findings from qualitative study

Stigma and discrimination related to their profession is a common phenomenon with which the FSWs have to cope. In addition, it was important to understand their own beliefs and stigmas in relation to HIV and HIV infected persons.

“The person will be in depression, and will think of death at all the time; the society is responsible for this.”

Exposure to intervention

In order to understand the extent of exposure to HIV/AIDS messages/interventions, all the NBBSWs with awareness of HIV/AIDS were asked relevant questions whether they have seen bill boards/ posters, received education on the spread of STI/HIV/AIDS and condom use, attended or participated in meeting/ campaign or got free medical checkups for STIs.



Most of the NBBSWs, about 89 percent reported to have seen billboards/ posters/ leaflets related to HIV/AIDS. The proportion of non-brothel based sex workers reported to have participated in/ attended meetings / campaigns and received free medical checkups for STIs increased (51.9 percent and 76.3 percent respectively) in Wave V compared to those in Wave IV (46 percent & 54 percent respectively). More than three-fourths reported to have been educated by someone

on spread of STI/HIV/AIDS (77.5%) which was higher than that reported in Wave IV. About 79.6 percent respondents reported that they received interpersonal communication on condom use.

Summary of findings:

Some of the positive trends observed during this Wave of BSS are:

- The knowledge about consistent condom use as a mode to prevent HIV/AIDS has increased from the past waves.
- There has been an increase in the proportion of sex workers who reported condom use in the last sexual encounter with both paying & non-paying clients.
- The decision making authority of the NBBSWs on condom use improved in the current Wave as compared to Wave IV.
- There has been a rise in the consistent condom use (in last one month) with paying & non-paying clients in the current Wave compared to the earlier waves.
- There was increase in the awareness about female condoms in the wave V (77.1%) compared to wave IV (58%).
- Seeking treatment from qualified practitioners increased in Wave V (86.3%) as compared to Wave IV (76%).
- The proportion of non-brothel based sex workers reported to have participated/ attended in meetings / campaigns and received free medical checkups for STIs has increased in Wave V compared to Wave IV.

Some of the challenges that remain to be addressed by the program are:

- There has been a fall in the proportion of NBBSWs who reported to have correct knowledge about the modes of prevention of HIV.

- There has been a decline in the proportion of respondents who rejected two most common misconceptions regarding HIV/AIDS and who accepted that a healthy looking person can transmit HIV/AIDS. Misconceptions about HIV seem to be getting more prevalent.
- The awareness regarding STIs among the NBBSWs has decreased in the current Wave (46.5%) as compared to Wave IV (88 percent).
- There was a slight decline in the proportion of NBBSWs who have taken HIV test and received the results in Wave V (68.7 percent) as compared to Wave IV (73 percent).

Men Who Have Sex With Men

Demographic profile:	
Median age	25.9 years
Literacy	95.8 percent
Occupation	83.2 percent of the respondents were employed.
Marital status	29.9 percent married
Mean age at first sex	17.3 years

Overall 1957 Men Who Have Sex with Men (MSM) were interviewed for the fifth wave of BSS. The proportions of various age groups have more or less remained the same across the waves with the highest proportion of respondents in Wave V being from the age group of 21-30 years.

There has been marginal decrease in literacy rate of MSM since wave IV (95% in Wave IV and 93.8 % in Wave V). About 36.5 percent MSM reported that they were ever married and median age at marriage was 22 years. It was reported that more than half of the MSM are employed full time while more than one-tenth (13.9 percent) are self-employed.

The median age at first sex with male partner was 16.5 years. It was found that the median age of the first male partner was found to be 2-3 years more than the median age of the MSM. The median age of the first partner is 19 years. Majority of MSM (55.9 percent) reported that their first male partners were their friends. More than half of the MSM reported that

their first sexual experience was 'manual sex' (68.5 percent), followed by 'anal sex' (65.3 percent). This proportion was higher than that reported in Wave IV (53 percent). About 80 percent of the respondents reported that they participated willingly in their first sexual experience while the proportion reporting forced sex declined in the current Wave to 14.3 percent as compared to 18 percent in Wave IV.

A small proportion of respondents reported that they do not drink alcohol (0.9 percent). From those who reported that they consume alcohol, about 60.6 percent reported that they had not consumed alcoholic drink in the last 4 weeks. The proportion of MSM who reported to have alcohol everyday reduced to 4.6 percent (Wave V) from 7 percent (Wave IV). Overall, Injecting Drug Use in the past 12 months was reported by 0.9 percent of the MSM in Wave V.

Findings from qualitative study

From the follow up qualitative study, it was revealed that the life of the MSM underwent tremendous change due to marriage. Some of them became more responsible while some had to give up their dreams for supporting their family.

“ Yes, my life got changed completely from the very time I got married. I was king of my life earlier but now I have to go as per my wife's directions. ”

“ In bachelor hood I used to see dream that I will continue my study and I will become something in my life. But due to my marriage my life moved on to a new mode. ”

They were also asked about the various kinds of social entitlements that they had. MSM reported that they had insurance to cover them for any casualty.

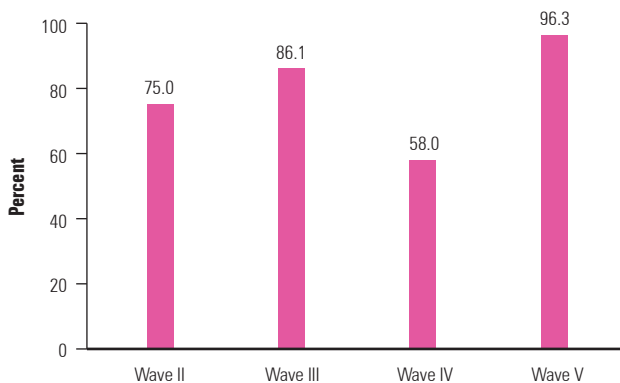
“If something happens to us, our family will get the money. We have kids, they should get something if we die.”

Knowledge Indicators

Knowledge about correct modes of HIV Prevention

Almost all the MSM, about 99.5% reported that they have heard about HIV/AIDS.

Figure 5.1: Knowledge about Correct Modes of HIV Prevention (in %)

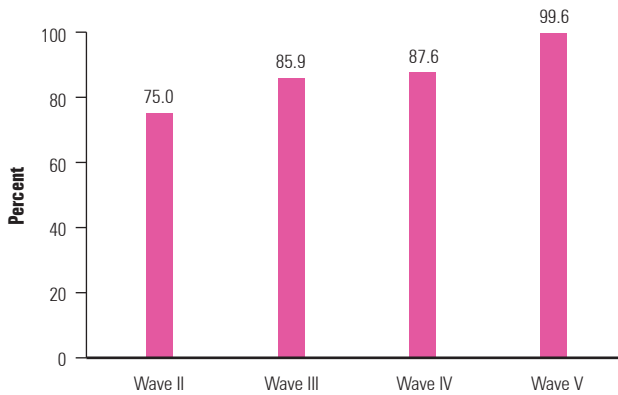


Base: All respondents who have ever heard of HIV/AIDS

To measure knowledge on correct modes of HIV Prevention, a composite index based on knowledge of three modes of prevention was developed i.e. i) abstinence of sex, ii) having uninfected faithful client, and iii) consistent condom use. There has been a decline in the proportion of MSM who reported to have correct knowledge about the modes of prevention of HIV in Wave IV (58.0 percent) from Wave III (86.1percent). This proportion has increased significantly to 96.3 percent in Wave V.

Knowledge about consistent condom use as method of prevention

Figure 5.2: Knowledge about consistent condom use (%)



Base: All respondents

Consistent condom use is one of the most important indicators for HIV prevention. There has been an increase in the knowledge about consistent condom use from Wave IV to Wave V. The knowledge about consistent condom use as mode of prevention of HIV/AIDS was reported by 99.6 percent MSM in Wave V which was higher than that reported in Wave IV (87.6 percent).

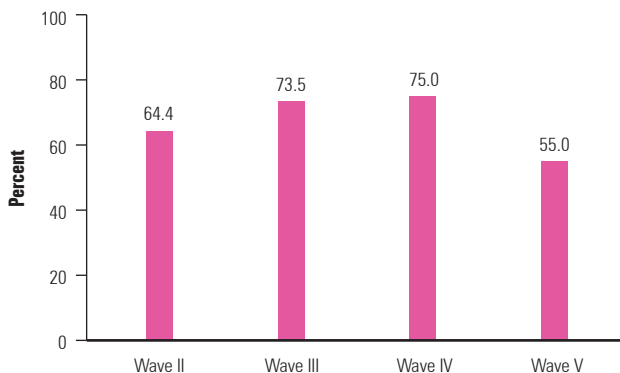
Rejected Misconceptions about HIV/AIDS

The composite index on misconception about HIV transmission shows a decline from 75 percent in Wave IV to 55 percent in Wave V.

Behavioural Indicators

This sub section explains the behaviour of the Men Having Sex with Men pertaining to the number and types of sexual

Figure 5.3: proportion of respondents who rejected misconceptions regarding HIV/AIDS (in %)



Base: All respondents who have ever heard about HIV/AIDS

partners and condom use behaviour with different partners. The key indicators presented in this section with regard to condom usage behaviour are as follows:

- Number and type of partners
- Pattern of condom use during last sexual contact with various types of partners
- Consistency of condom use in the past one month with various types of partners.

Average number of commercial partners

The partners of MSM can be categorized into regular male partners, commercial male partners and non-commercial non-regular male partners.

On an average, there were about 5 regular male partners, 8 commercial male partners and about 5 non-regular non-commercial male partners in past one month with whom the respondents had manual/oral/anal sex.

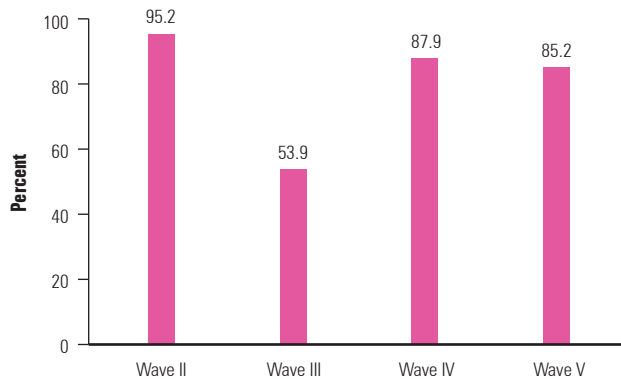
Condom Use

In order to understand the behaviour of the Men Who Have Sex with Men, their condom use during last sex and consistency of use with different partners was explored.

The respondents were asked about the commercial partners with whom they had mutual masturbation, oral sex and anal sex in the past 30 days. While 'mutual masturbation' and 'oral sex' are still regarded as 'safe sex' from the HIV transmission point of view, the data shows that MSM interviewed preferred to have 'anal sex' with most of their commercial partners.

Anal Sex with more than one man in last one month

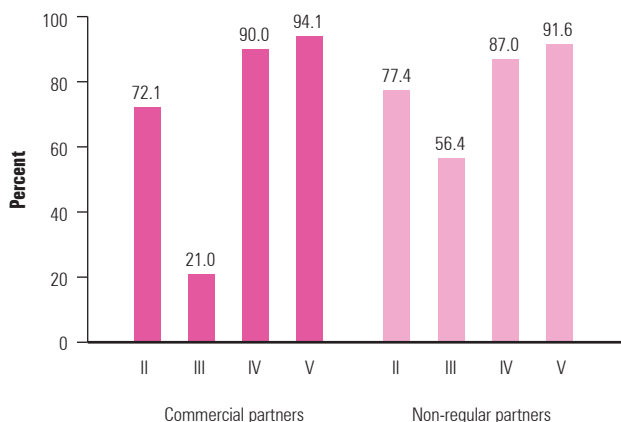
Figure 5.4: Anal sex with more than one man in last one month



The MSM respondents reporting anal sex with more than one partner in last one month has declined from 95.2 percent in Wave II to 85.2 percent in Wave V. There has been a marginal decline approximately by 2.5 percent since wave IV.

Condom use during last sex with Commercial and non-regular partners

Figure 5.5: Condom use during last sex with commercial and non-regular partners (in %)



Base: All respondents who have reported to have sex with paying as well as non-paying clients

Almost 94.1 percent men who have sex with men used condom at the last sex with the commercial partners which was higher than that reported in Wave IV (90 percent). There has been a consistent rise in the proportion of respondents who reported condom use in the last sex with non-regular partners since Wave III. About 91.6 percent MSM reported to have used condom during last sexual encounter with non-regular partners which was higher than Wave IV (87 percent).

Type of condoms used during last sex and source of procurement

All MSM who reported to have used condom with their last paying client and non paying client were asked about the brand of condom used with the respective clients.

The brands were categorized into the following:

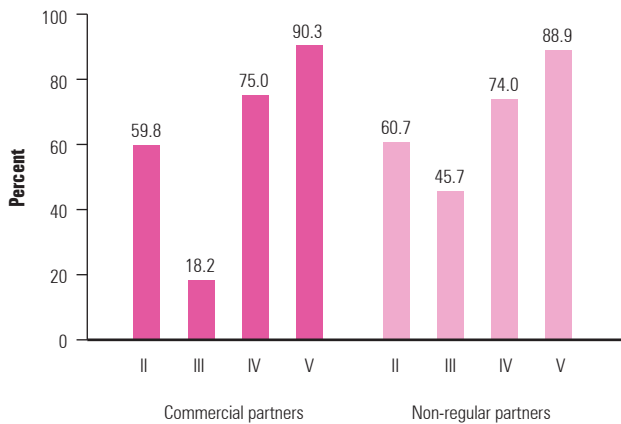
- Freely distributed condoms
- Social marketing brands
- Retail brands

About 51.7 percent MSM reported in Wave V that they used freely distributed condoms irrespective of type of their male partners. Branded condoms was preferred during last sexual encounter by 29.8 percent respondents. Majority of MSM reported to know at least one source of procuring male condoms.

Friends were the major conduit for procuring condoms, as reported by 64.1 percent respondents. Apart from friends, other sources of procuring condoms were condom vending machine (51.2 percent), Family Planning Centres (50.9 percent) and health workers/ clinics (49.8 percent).

Consistent condom use with commercial and non-regular partners in the last six months

Figure 5.6: Consistent condom use with commercial and non-regular partners in the last six month (in %)



Base: All respondents who have had sex with commercial as well as non regular partners

How consistently MSM use condom with commercial and non-regular partners was measured by the frequency of condom use in the last six months. About 90.3 percent reported consistent condom use in the last six months with their commercial partners. This proportion has increased in Wave V as compared to Wave IV (75 percent).

However, this proportion was lower for the non-regular partners where about 88.9 percent MSM reported consistent condom use in this Wave. It was 74 percent in Wave IV.

Those who did not use condom at the last sex with their male commercial and non-regular partners were asked for the reasons for not using condom. Resistance from partner was reported as the major reason reported by about 21.9 percent respondents. About 22.8 percent reported that they did not use condoms because they did not like using condoms. In case of non-use of condoms with commercial partners, 22.8 percent reported disliking condom.

Findings from qualitative study

Condom awareness is found to be very high.

“Condom is usually used to keep oneself away from HIV, AIDS. Secondly it is used for family planning or to be away from hidden sexual diseases.”

MSM reported that reason for visiting health centers/hospitals for obtaining condoms was that they also received advices and information about HIV/AIDS.

“My best friend luckily took me to health centre. There one officer advised me to take precaution and informed me that it is not bad to keep relationship with male but use condom to keep AIDS away and also to protect your partner. From that time I came to know that it should be used. They gave it to me free of cost.”

Another MSM reported that educated people carried condoms with them.

“College guys have condoms, rich people and also educated people bring it with them. We don't know from where they come from but we usually keep and if we don't have then we tell them to bring. Usually educated people take it along and illiterate do not.”

An attempt was made to ascertain the factors contributing to inconsistent use of condom through the qualitative follow up study.

The analysis of the responses of the MSM who participated in the follow up study indicates that factors such as age, ability to perform at sex activity, money earned, physical appearance are considered when MSM do not use condom. Condoms are seldom used if the partner happens to be college going and aged around 17-19 years.

Findings from qualitative study

From the follow up qualitative study, it was learnt that money was motive behind continuing relationship with a partner. Another important factor is dominance i.e. who is in-charge in the relationship.

“They give importance to money and not to us. If we have money only then the partner remains with us. Money is the reason.”

“We are like free birds. If the partner is under us, only then the relationship lasts. We don't like to be under anyone.”

In Sangli, MSM reported that they tried various tactics to persuade customers to use condom in case the customer insists to have sex without condom.

“We inform him that it prevents the chances of contracting diseases including HIV. For instance if I have any disease it will not affect you and vice versa. We all want to live longer, so we better use condoms. We also say that using condom is more fun as it increases stamina. If after all this he (client) doesn't listen then we do not use.”

MSM in Sangli and Mumbai reported that they preferred condoms from NGOs as condoms provided by government were believed to be delicate.

“50% of them tear. One has to use 2-3 at one time. Condoms tear many times. The condom provided by the project was good. That black one.”

“Initially we used to buy... Now we buy from our organization only...”

Sexually Transmitted Infections

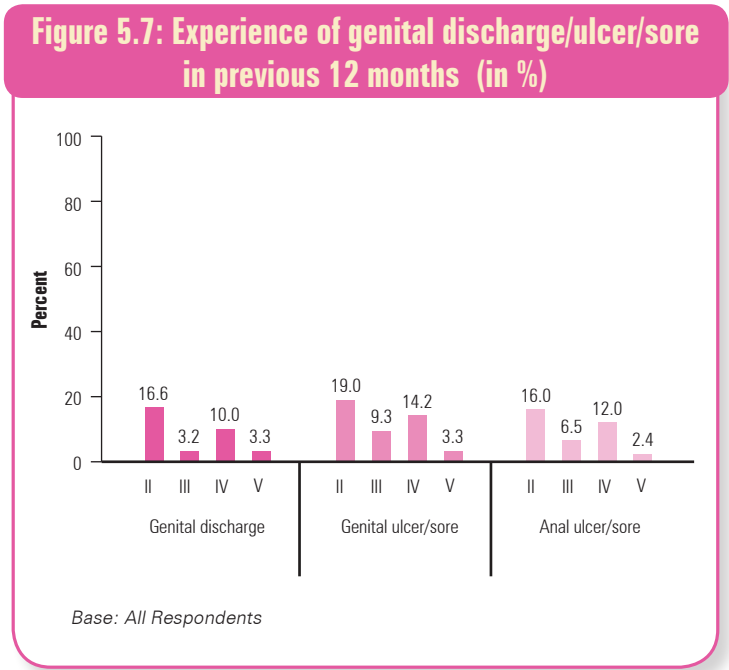
Awareness of STIs

At the aggregate level, 45.8 percent of the MSM reported be aware about STIs in Wave V, which was significantly lower than that reported in Wave IV (86 percent). All the respondents who were aware of STIs were asked whether STI could be prevented and about 97.5 percent respondents affirmed that it could be prevented.

About 66.7 percent respondents reported about burning pain during urination as symptoms of STI in women, followed by

genital discharge (65 percent) in Wave V. About 62.6 percent respondents in Wave V reported that they were aware about genital ulcer/ sores as compared to 67 percent in Wave IV. There was higher awareness of STI symptoms of men compared to those of women. Nearly 80 percent MSM were aware about genital discharge and burning sensation during urination as STI symptoms among men.

Experience of genital discharge/ulcer/sore in previous 12 months



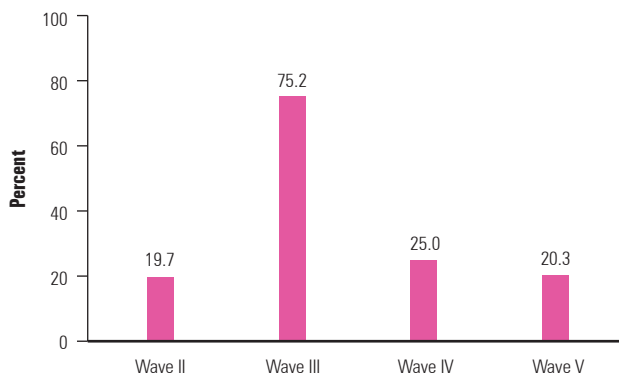
A decline is observed in the proportion of MSM who suffered from genital discharge from 10.0 percent in Wave IV to 3.3 percent in Wave V. Similar decline was reported in case of genital ulcer/sores and anal ulcers/sores. About 3.3 percent MSM reported having suffered from genital discharge.

Treatment seeking behaviour

STI care seeking behaviour among those who have experienced STI symptoms in the past one year has been discussed in the indicator below. There has been a significant decline in the STI care seeking behaviour among the MSM who reported to have experienced STI symptoms in the past 12 months.

STI care seeking behaviour

Figure 5.8: Experience of seeking STI care from qualified allopathic practitioner (in %)



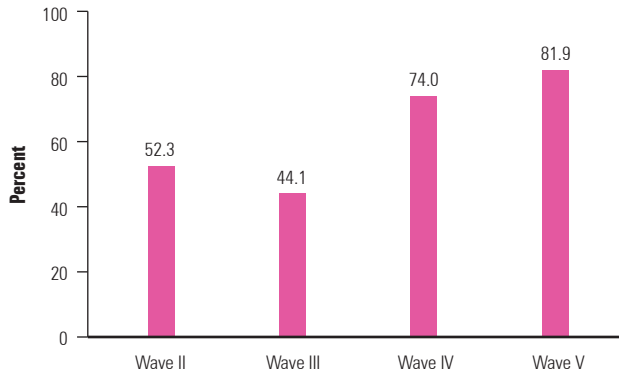
Base: All respondents reported to have had experienced STI symptoms in the past 1 year

About 20.3 percent MSM who experienced STI symptoms in the past 12 months reported that they sought treatment from qualified allopathic practitioners. This proportion reported in Wave V is higher than that reported in Wave IV (25 percent). About 13 percent MSM reported that they either went to traditional healer, or they took medicine through prescription or home based medicine and did not approach any qualified medical practitioner.

HIV testing behaviour

Seeking voluntary HIV tests

Figure 5.9: Ever voluntarily requested a HIV test, taken the test and received the result (in %)



Base: All respondents ever taken HIV test

The proportion of MSM who reported having undertaken an HIV test and received the result has shown an increasing trend since Wave III and witnessed a significant rise from 44.1 percent in Wave III to 74 percent in Wave IV and 81.9 percent in Wave V. More than four fifths (85 percent) of the MSM had reported that they knew a place where one could have HIV test done in Wave IV, which registered an increase in Wave V (91.5 percent).

Findings from qualitative study

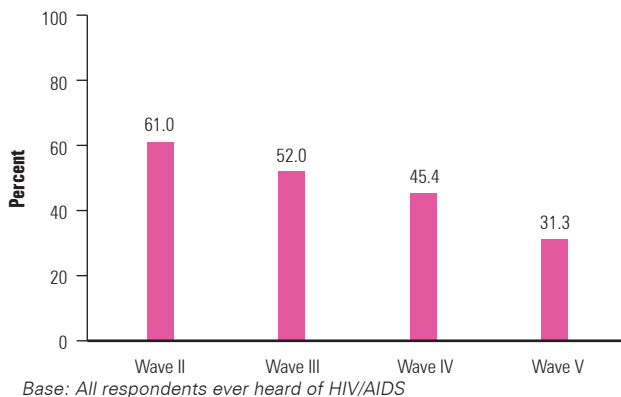
MSM expected doctors to keep their identities secret. They preferred hospitals/clinics etc which were far from their place of residence so that their identities will not be known.

“Yes, I feel it should be kept secret but they don't. I had a problem of mul vyad (hemorrhoids). I went to a doctor and thought he should not tell anyone but he brought 4 more doctors and showed them in civil hospital.”

“The doctor was very far from my place so obviously it will be a secret...”

Know of people living with HIV

Figure 5.10: Know of People Living with HIV (in %)



About 31.3 percent of the MSM knew people who are infected with HIV/AIDS and this proportion declined since Wave II (61 percent) in Wave III (52 percent) and Wave IV (45.4 percent).

Stigma and discrimination

The presence of stigma and discrimination among men who have sex with men were measured from the following indicator:

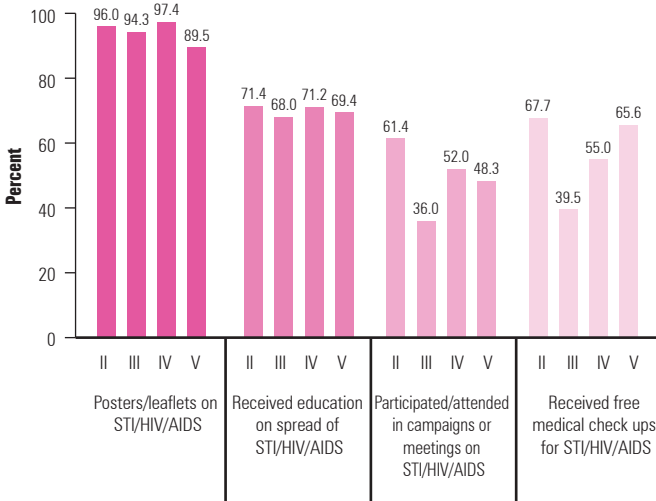
Attitudes towards people living with HIV

In order to gauge attitude of the MSM towards PLHIV, all were initially asked whether they knew anyone infected with HIV or who had died of AIDS. Further they were asked to respond to the questions, which reveal their attitude towards PLHIV. The results indicate a positive attitude among the MSM towards the PLHIV, wherein 94.7 percent respondents showed positive attitude towards taking necessary care of the PLHIV.

Exposure to intervention

In order to understand the extent of exposure to HIV/AIDS messages/interventions, all the MSM were asked relevant questions regarding awareness about HIV/AIDS/STIs and whether they have seen bill boards/ posters, received education on the spread of STI/HIV/AIDS and condom use, attended or participated in meeting/ campaign or got free medical check ups for STIs. About 98 percent MSM reported to have been exposed to specific prevention interventions.

Figure 5.11: Exposure to interventions (in %)



Base: All Respondents

Most of the MSMs, about 89.5 percent reported to have seen billboards/ posters/ leaflets related to HIV/AIDS, which was comparatively lower than earlier waves (94.3 percent in Wave III and 97.4 percent in Wave IV). The proportion of MSM reported to have participated in/ attended meetings/ campaigns for STIs decreased to 48.3 percent in Wave V from 52.0 percent in Wave IV. Increase was reported in the proportion of MSM who have received free medical checkups for STI/ HIV/AIDS in Wave V (65.6 percent) as compared to Wave IV (55 percent). About 68.8 percent MSM reported that they received interpersonal communication on condom use.

Summary of findings:

Some of the positive trends observed during this wave of BSS are:

- The knowledge on modes of HIV prevention has shown a considerable increase in the current wave (96.3 percent).
- There has been an increase in the proportion of MSM aware of consistent condom usage as a mode of prevention.
- Condom use in the last sexual encounter with commercial and non-regular partners increased in the current wave as compared to earlier waves.
- Consistent condom use in the last six months with commercial and non-regular partners showed an increase.
- Majority of the MSM who were aware about STI were also aware that it can be prevented.
- There has been an increase in the proportion of MSM who ever took voluntary HIV test and received results.
- There was reported increase in the proportion of MSM who have received free medical checkups for STI/ HIV/AIDS in Wave V.

Some of the challenges that remain to be addressed by the program are:

- A considerably higher proportion of MSM are reported to harbour misconceptions about HIV/AIDS in Wave V.
- A significant decline is observed in awareness among MSM about STIs in Wave V compared to the earlier waves.
- There was a decline in the proportion of MSM who have received interpersonal education for STI/HIV/AIDS.

Injecting Drug Users (IDUs)

Demographic profile:	
Median age	26 years
Literacy	89 percent
Occupation	68.5 percent of the respondents were employed.
Marital status	28.8 percent ever married
Mean age at first sex	21 years
Median age when started injecting drugs	22.84 years

In Wave V 89 percent of the IDUs reported as literate, which is a huge leap from 58 percent reported in Wave IV. About 28.8 percent respondents were ever married and nearly half of the respondent (49.1 percent) are in the age group of 22-25 years. About 36.4 percent respondents in Wave V reported to be living with parents.

About 9.6 percent of IDUs reported that they worked as non-agricultural and casual labourers. In Wave V, around 30 percent of IDUs reported that they were unemployed/not working.

89.9 percent of IDUs reported that they ever had sexual encounter. The proportion of IDUs who had first sex at 19-21 years increased since Wave III from 27 percent to 65 percent in Wave IV but decreased in Wave V to 51.7 percent.

Around two thirds (71.7 percent) of the respondents reported that they consumed non-injecting drugs. Almost three fourths of all the respondents (81.8 percent) reported to have ever consumed alcohol. Among those who reported to have ever consumed alcohol, about 36.4 percent reported to consume alcohol once a week.

Trends

All the IDUs were asked about the age at which they started using addictive drugs. Nearly one-third (29.3 percent) of the IDUs reported to have started injecting the addictive drugs in the age group of 18-21 years. About 5.6 percent reported that they started injecting drugs when they were less than 18 years in Wave V.

Knowledge Indicators

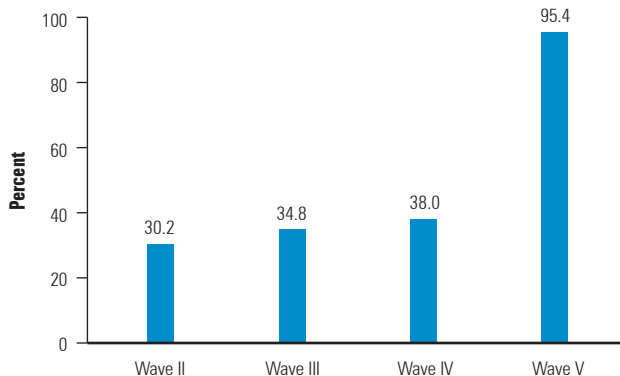
This sub section presents data on the knowledge of HIV/AIDS prevention methods and misconceptions in the minds of the IDUs about its prevention.

Knowledge about correct modes of HIV Prevention

There existed universal awareness among the IDUs about HIV/AIDS, as 96.2 % respondents reported that they had heard about HIV/AIDS. To measure knowledge on correct modes of HIV prevention, the composite index based on knowledge of three modes of prevention was developed i.e. i) abstinence of sex, ii) having uninfected faithful client, and iii) consistent condom use.

The proportion of respondents with knowledge on correct modes of prevention that had remained consistent over the past three waves, and shows an exponential increase in Wave V from 38 to 95.4 percent.

Figure 6.1: Knowledge about Correct Modes of HIV Prevention (in %)

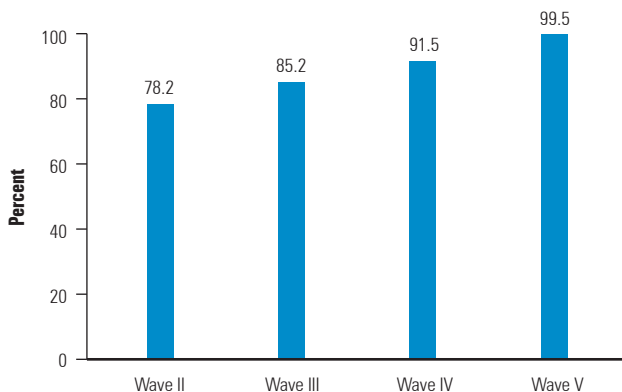


Base: All respondents who have ever heard of HIV/AIDS

More than one fifth (23%) of the IDUs reported switching to non-injecting drugs and avoiding sharing of injecting equipment to prevent HIV.

Knowledge about consistent condom use as method of prevention

Figure 6.2: Knowledge about consistent condom use (in %)



Base: All respondents who have ever heard about HIV/AIDS

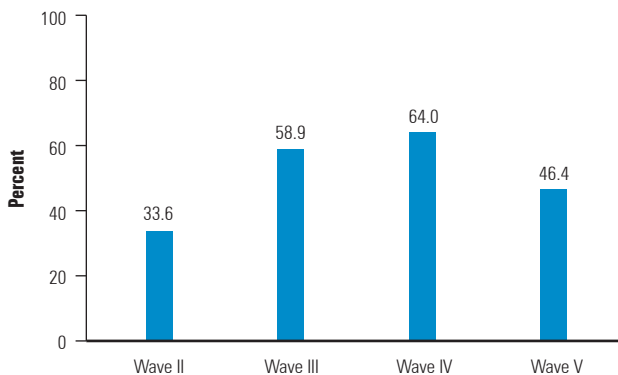
Consistent condom use was taken as one of the indicators of correct modes of HIV prevention. There has been consistent increase in the proportion of respondents with knowledge about consistent condom use from Wave II to Wave V. The knowledge about consistent condom use as mode of prevention of HIV/AIDS was reported by 99.5 percent of the IDUs in Wave V which was higher than that reported in Wave IV (91.5 percent).

Rejected misconceptions related to HIV/AIDS transmission

The composite index to measure the prevalence of misconceptions about HIV transmission constitutes of incorrect responses to the following three questions:

- i. Can HIV transmit through mosquito bites
- ii. Can HIV transmit through sharing meals
- iii. Can a healthy looking person transmit HIV

Figure 6.3: Proportion of respondents who rejected misconceptions regarding HIV/AIDS (in %)



Base: All respondents who have ever heard about HIV/AIDS

The data indicate an increase in misconceptions in Wave V with only 46.4 percent answering all the three questions correctly.

Awareness about modes of HIV/AIDS transmission

Apart from asking about awareness of correct knowledge of HIV transmission, all the IDUs were asked whether they were aware of other modes of transmission such as infection through needle / syringe, infected mother to child at birth and through breast feeding. Awareness that HIV is transmitted through infected needles and syringes was reported by 99 percent IDUs in wave V which was higher as compared to earlier wave IV (82 percent). 90.9 percent of IDU respondents were aware of vertical transmission of HIV from mother to child while 76.8 percent stated breast feeding could also transmit HIV these indicators have declined as compared to previous waves.

The knowledge indicator on prevention of HIV by avoiding injecting drugs and avoiding sharing of injections was reported by 96.5 percent IDUs.

Behavioural Indicators

This sub section explains the behaviour of the IDUs in three areas:

- i. Drug use and needle sharing,
- ii. Number and types of sexual partners, and
- iii. Condom use with different partners.

Drug usage behaviour

Frequency of injecting drugs

The frequency of injecting drugs reported by the IDUs decreased in Wave V as compared to Wave IV as about 44.5

percent respondents reported to have injected drugs 1-3 times a day in the past one month in Wave V as compared to 48 percent in wave IV, while about fourth-fifth (80 percent) had reported so in Wave III.

Type of drugs injected

47 percent of the respondents reported that they had brown sugar. 44 percent reported that they had injected crack, heroin and cocaine together. About 39.4 percent IDUs reported to have injected other addictive substance such as heroin, drug cocktails (44.9 percent) and brown sugar (41.4 percent) in the past one month.

Needle/syringe sharing behaviour

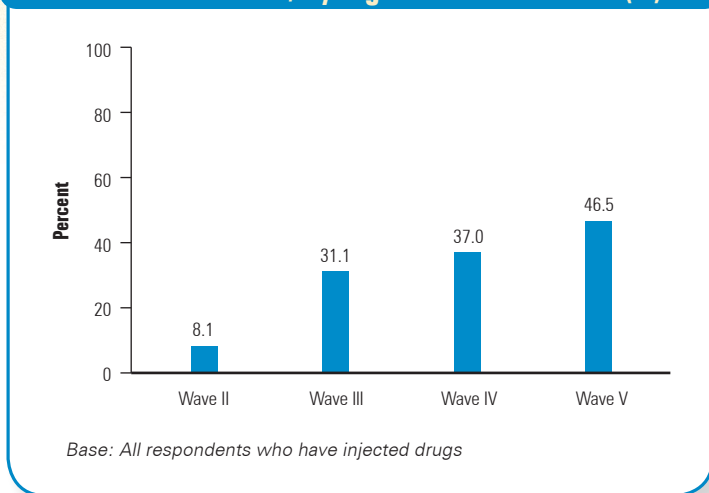
About 46.5 percent respondents, reported to have shared the needle/syringe the last time they injected drugs. This was higher compared to Wave IV (45 percent).

About 24.8 percent IDUs reported that they share needle / syringe every time or most of the times while around 46.5 percent reported to have never shared the needle/syringe in Wave V. Percentage of respondents reporting to have never shared needles/syringes is higher in Wave V.

The IDUs were asked with whom they share needle/syringe. Majority of respondents reported that they shared needles with friends (77.1 percent) followed by co- workers (32.4 percent) and professional injectors (56.2 percent). On an average, the IDUs share needles with 3-5 partners.

Majority of IDUs reported that they clean the needle/syringe that had been used previously. About 35.2 percent reported to have cleaned the shared needles/syringes every time, or most of the times in the last one month in the current Wave which was lower compared to Wave IV (77percent).

Figure 6.4: Percentage of IDUs Reporting to Have Never Shared the Needle / Syringe in the Last Month (%)



About 46.5 percent IDUs reported that they had never shared the injecting equipment in the past one-month. This proportion increased in Wave V as compared to Wave IV (37 percent).

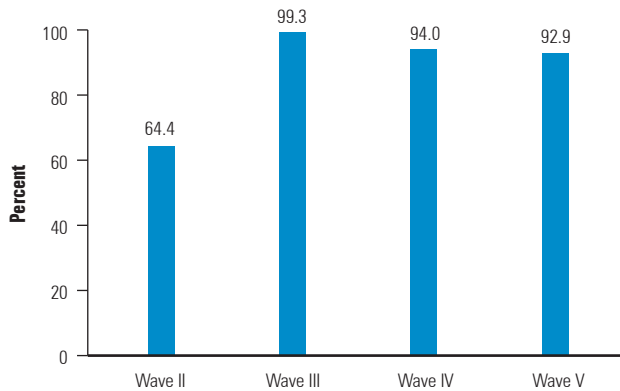
The frequency of using cleaned unused needles / syringes were asked from the injecting drug users (IDUs). About one-third (16.2 percent) of the IDUs reported to have employed unused / clean needles/ syringes every time in Wave V.

Awareness of Availability of New/Unused Needles/Syringes

All the IDUs were asked whether they knew the source of sterile, unused needles / syringes and whether they could obtain the same. About 92.9 percent respondents reported in Wave V that they were aware of places from where they could obtain new/unused/ needles/syringes. All the IDUs reported that they were aware of a source where they could obtain sterile/unused needles/syringes. This was similar to the findings of Wave IV (94 percent). Pharmacist/ chemist

were reported by 78.8 percent IDUs as a source of obtaining new needles/syringes. This proportion was higher in Wave V as compared to Wave IV (46 percent). Apart from pharmacist/chemist, drug dealer was another major source quoted by 41.3 percent IDUs.

Figure 6.5: Percentage of IDUs having access to sterile needles through pharmacies or needle exchange programs (%)



Base: All respondents who have injected drugs

All the IDUs were asked about treatment for drug use and over four-fifth (88.9 percent) of them reported to have never received treatment. This was higher than that reported in Wave IV (79 percent). From all those who reported that they have ever received treatment were asked about the type of treatment; detoxification (68.2 percent), treatment for abscess (18.2 percent), counseling (68.2 percent) and drug substitution (4.5 percent). The proportion going for counseling has reduced as compared to earlier wave (44 percent).

Sexual behaviour

Most of the IDUs interviewed in Wave IV (93%) reported to be sexually active; this proportion increased in the subsequent Waves III & IV. 89.9 percent of IDUs interviewed reported that they ever had sexual encounter. The proportion of IDUs who had first sex at 19-21 years has increased since Wave III though mean and median age at first sex have remained same as Wave III. About 81.8 percent IDUs reported that they had non regular/ non commercial female partners in the previous 12 months. About 96.1 percent IDUs reported to have had sex with commercial female partners in the past 12 months.

Findings from qualitative study

Peer pressure abets a person to try out drugs for the first time. The impact of the potency of the drug is slowly lost over time when taken orally and they graduate to intravenous drugs to get a better and quicker impact of the drug.

“I used to do (hamali) at Bandra Station... I used to enjoy life, then once one of my friends asked me to dope... He wanted me to experience this feeling”

The qualitative survey revealed that IDUs tend to introduce their non IDU friends to injecting drug use. It was observed that there was a sense of resignation and vendetta against the society for the rejection that the IDUs are subjected to. Most of the IDUs, instead of trying to fit into the society and the norms, usually withdraw to live as outliers/outlaws and grow their network by introducing more people to drugs.

“He will influence more people to use drugs because he thinks he has nothing to do with society and other people”

It is important to note that among most of the IDUs, there is a palpable sense of helplessness about their addiction. They realize that it is not good for them but are unable to do anything about it.

“ My life is fully ruined as I am addicted to drugs...I get quickly intoxicated through injectable drugs...I don't know what to do ”

Most of the IDUs are able to purchase the syringes and needles easily from medical shops. Sometimes they go to a medical store, not known to them and buy the syringe on the pretext of taking a tetanus injection.

“ Yes, the medical shop keepers give it to us easily ”
“ I used to take someone else's syringes and then used to do it... take their stuff ”

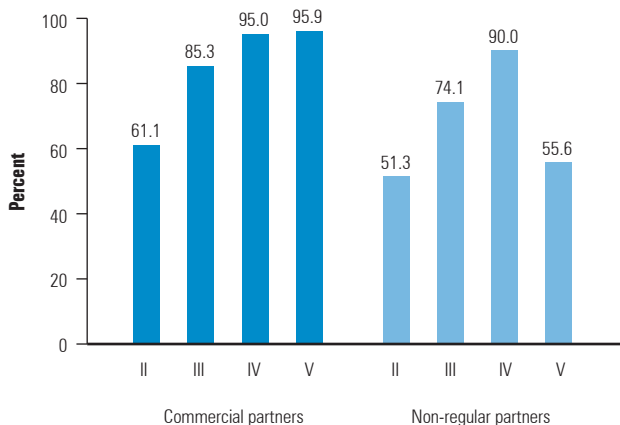
Average number of partners

About 89.9 percent of IDUs reported that they ever had sexual encounter. On an average, all respondents who had regular female partners were asked if they had sex with their regular partners in the last 12 months. 70.1 percent reported to have had sex at least once in the one year prior to the survey. Mean number of regular partners of the respondents in the current Wave was 1.4 and of commercial partners 2.9. The mean number of reported non-regular partner was 1.6. About 13 percent respondents (males) reported that they had sexual relationship with a male partner.

Condom Use

Condom use during last sex with Commercial and non-regular partners

Figure 6.6: Condom Use during last sex with commercial and non-regular partners (%)

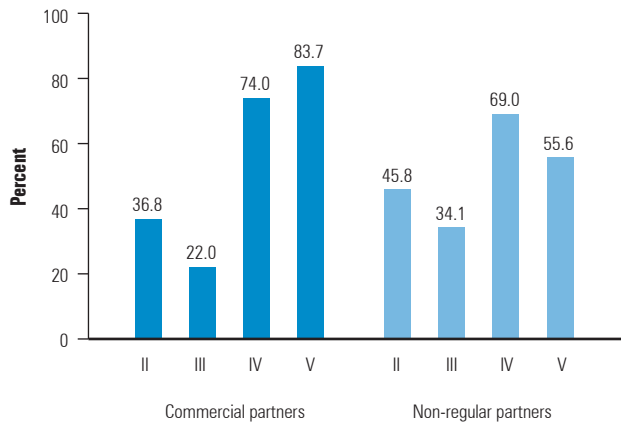


Base: All Respondents who have had sex with paying as well as non regular partner

Overall condom use with commercial partners is observed to be higher as compared to their use with non-regular partners. Almost 55.6 percent of IDUs reported condom use during last sex with non-regular partners and 95.9 percent reported condom usage with commercial partners. These figures show slight decline from the previous Wave where about 95 percent reported condom use with commercial partners during last regular sex. There was a decline in condom use during last sexual encounter with non-regular partners in the current Wave (78.5 percent) as compared to Wave IV (90 percent).

Consistent condom use with commercial and non-regular partners in the last six months

Figure 6.7: Consistent condom use with commercial and non-regular partners (in %)



Base: All respondents who have had reported to have sex with commercial as well as non regular

About 83.7 percent of the IDUs reported consistent condom use in last six months with the commercial partners. The proportion of IDUs who reported consistent condom use has significantly increased in Wave V from Wave IV (74 percent).

However, this proportion was lower for the non-regular partners where about 55.6 percent IDUs reported consistent condom use. The proportion of IDUs who reported consistent condom use with non regular partners was lower in Wave V (55.6 percent) as compared to Wave IV (69 percent).

Findings from qualitative study

The IDUs reported that they do not have any drive left in them to have sex. The drug addiction suppresses the desire to have sex. They often indulge in sex in exchange of syringes or drugs. The focal point in life was stated to be to get high.

“ Now-a-days we don't wish to have sex that frequently... because of this addiction the desire has been suppressed and it more or less does not exist at all ”

They have a higher preference towards female partners who are IDUs themselves. It is easier for them to relate to IDU partners. It is important to note that since their sexual partners are also IDUs, the chances of contracting HIV increases.

“ I prefer drugs to indulging in sex, because I feel she is at my level for drug addiction ”

However it was reported that they used condom only if they were conscious enough to use. Most often they tend to have sex in an intoxicated state. This leads to the risk of not remembering to use a condom.

Even the female partner only urges him to wear a condom if she is not intoxicated. With both partners being intoxicated the chances of using a condom are low. The condoms are mostly procured from the NGO. They were aware of both male and female condoms.

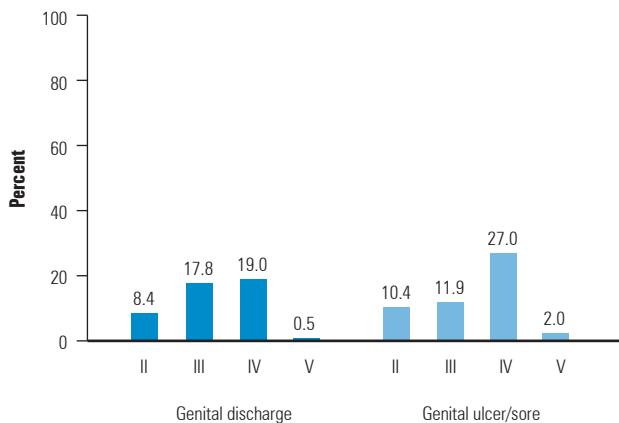
“ I indulge in sex when I am intoxicated. If I am attentive while indulging in sex I will use condom else I won't. If my partner is aware she tells me, else we have sex without condom. ”

Sexually Transmitted Infections

About 29.3 percent respondents reported that they were aware about STIs. All those who were aware about STIs were asked whether STIs can be prevented and 100 percent IDUs reported that STIs can be prevented. More than half of the IDUs were aware about genital discharge (60.3 percent) and genital sores/ulcers (67.2 percent) as the symptoms of STIs in women in the current wave. A slightly higher proportion of respondents reported awareness about STI symptoms in men which include genital discharge (89.7 percent), genital sores/ ulcers (82.8 percent). This sub section explains the information gathered on the following indicators:

Experience of genital discharge/ulcer/sore in previous 12 months

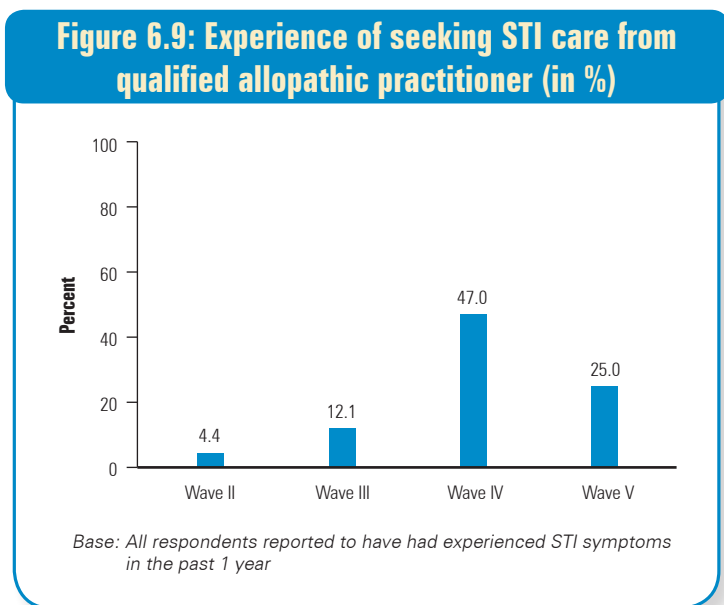
Figure 6.8: Experience of genital discharge/ulcer/sore in previous 12 months (in %)



All respondents: Base

A very small proportion of respondents have reported to experience genital discharge (0.5 percent) and genital ulcers/sores (2 percent) in the current Wave. This marks a significant decline from from Wave IV, when these proportions were 19% and 27% respectively.

Treatment seeking behaviour



About 25 percent of the IDUs who experienced STI symptoms in the past 12 months reported to have sought treatment from qualified medical practitioners. This proportion was considerably lower than that in Wave IV (47 percent).

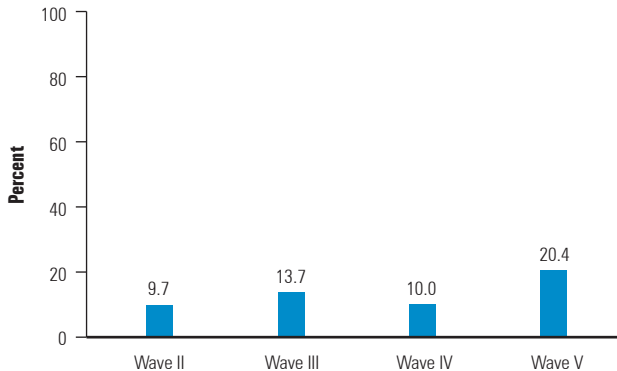
HIV testing behaviour

In order to measure the HIV testing behaviour among the brothel based sex workers, a composite index was taken which included:

- Ever voluntarily requested a HIV test
- Taken HIV test &
- Received the result

Seeking voluntary HIV tests

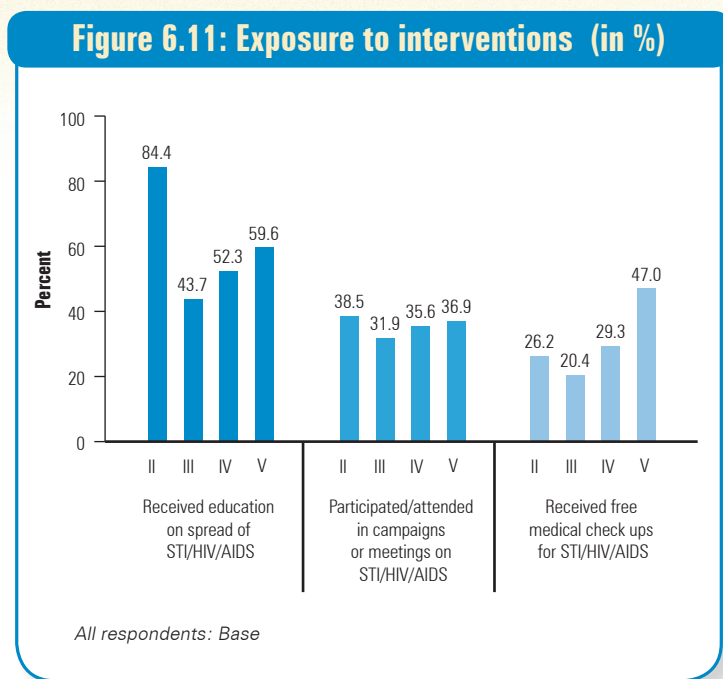
Figure 6.10: Ever voluntarily requested a HIV test, taken the test and received the result (in %)



Base: All respondents ever heard of HIV/AIDS

The proportion of IDUs who reported having undertaken an HIV test and received the result varies from 9.7 to 13.7 in last three waves, which has increased two folds to 20.4 percent in Wave V.

Exposure to intervention



In order to understand the extent of exposure to HIV/AIDS messages/interventions, all the IDUs were asked relevant questions regarding awareness about HIV/AIDS/STIs. About 36.9 percent reported to have participated in campaigns in wave V which was higher compared to Wave IV (35.6 percent). The proportion who received free medical checkups for STI/ HIV/AIDS increased to 47 percent in Wave V as compared to 29.3 percent in Wave IV. There was reported increase in the proportion of IDUs who have been educated by someone on spread of STI/HIV/AIDS in wave V (59.6 percent) compared to Wave IV (52.3 percent).

Summary of findings:

Some of the positive trends observed during this wave of BSS are:

- A significant increase has been observed in knowledge of correct modes of HIV prevention in the current wave (95.4 percent).
- Knowledge about consistent condom use as a mode of HIV/AIDS prevention has been reported by a very high proportion of respondents (99.5 percent) in the current wave.
- Awareness that HIV is transmitted through infected needles and syringes was reported by 96.5 percent IDUs in wave V which was higher as compared to earlier waves.
- The proportion of IDUs reporting that they have never shared needle/ syringe in the last month was significantly higher in current wave.
- Even though the findings show a decline in condom use during last sex with non-regular and commercial partners, consistent use of condom with the partners shows an increase in the current wave.
- The proportions of IDUs who voluntarily requested an HIV test and received results have increased from 10 percent in Wave IV to 20.4 percent in the current wave.

Some of the challenges that remain to be addressed by the program are:

- In the current wave there has been a decline in the awareness regarding misconceptions related to HIV/AIDS transmission as compared to earlier wave (46.4% percent in Wave V as against 64.0 percent in Wave IV).
- Percentage of IDUs having access to sterile needles through pharmacies or needle exchange programs has decreased marginally in the current wave.
- The proportions of IDUs reported to have used condom during last sex with non-regular and a commercial partner has shown a decline from the earlier wave.

Summary of Findings from BSS Wave V & Recommendations:

Knowledge on HIV & STI

- Universal level of awareness about HIV/AIDS among BBSWs, NBBSWs and MSM. The proportion of IDUs heard about HIV/AIDS was lower compared to other categories.
- Knowledge on correct modes of prevention of HIV has increased among the MSM & IDUs but declined among BBSWs and NBBSWs.
- The knowledge of correct and consistent condom use as a method of prevention of transmission has increased across all categories and is more than 90 percent for all categories.
- There was a decline in the proportion of respondents not having any misconceptions about HIV/AIDS transmission across all categories. In the current wave, more than 45 percent of respondents from all categories reported that they had misconceptions.
- Awareness about female condoms has increased among the female sex workers. About 75 percent BBSWs & NBBSWs reported that they were aware about female condoms.
- Awareness of STIs has declined in current wave for all categories. The proportion of female sex workers aware of STIs was higher as compared to MSM & IDUs.

Behaviour & Condom Usage

- The average number of paying clients in the last seven days of BBSWs and NBBSWs declined from the earlier wave and was reported around 12 and 9 clients respectively.

- Condom use during last sexual encounter with paying / commercial partners reported an increase for all categories except IDUs.
- Condom use during last sexual encounter with non-paying/ non-regular partner increased for MSM and NBBSWs but declined for other core groups viz. BBSWs and IDUs.
- FSWs' decision making authority for condom use is indicated to have increased in the current wave for both BBSWs & NBBSWs.
- There was an increase in consistency of condom usage for all categories in Wave V. More than 90 percent female sex workers reported the using condoms with paying clients. Nearly 85 percent MSM & IDUs reported consistent use of condom with commercial partners.
- Consistency of condom usage was lower with non-paying or non-regular partners as compared to paying/ commercial partners. The proportion reporting consistent condom usage with non-regular partners was higher in case of MSM & IDUs as compared to female sex workers.
- The percentage of IDUs reporting to have shared the needle/ syringe last time they injected drugs has increased in comparison to earlier waves.
- The proportion of IDUs reporting to have never shared injecting equipment in the last one month has increased by 10 percent in the current wave as compared to Wave IV.

Reported cases of STI & Treatment seeking behaviour

- The proportion of respondents reporting experience of STI symptoms is low for MSM & IDUs as compared to that among female sex workers. Experience of genital discharge

has increased from the earlier wave for FSWs – BB FSWs and NBB FSWs.

- More than 85 percent female sex workers reported that they sought treatment from qualified medical practitioners. This proportion was lower in case of MSM & IDUs.
- Proportion of respondents seeking treatment from qualified medical practitioners was higher for NBBSWs and MSM but lower for BBSWs and IDUs compared with the proportions obtained in Wave IV.

HIV testing practices

- The proportion of respondents reported taking voluntary HIV test and receiving results was higher for MSM & IDUs but lower in case of female sex workers.
- A higher proportion of MSM reported to have taken HIV test among all categories of respondents.

Stigma and Discrimination

- The proportion of respondents knowing people living with HIV was lower across all categories as compared to earlier waves.
- A higher proportion of respondents showed positive attitude towards PLHIV among all categories like FSWs, MSM and IDUs.

Exposure to intervention

- The exposure to intervention in the form of receiving education on spread of STI/HIV/AIDS has increased over the years for all categories except IDUs
- A higher proportion of NBBSWs and IDUs reported that they had participated in campaigns and meetings as compared to MSM & BBSWs.

Recommendations

- From the trends above, it can be seen that there exists a gap between knowledge and practice across all categories. This gap can be narrowed only through more effective intervention.
- Targeted interventions should focus on transforming the condom use behaviour with non-paying partners in case of female sex workers because consistent condom use continues to be low.
- The awareness about STIs is lower as compared to awareness about HIV/AIDS. As such, interventions should target at enhancing knowledge about STIs, which in turn would also impact the practice relating to it.
- In spite of the increase in the treatment seeking behaviour from qualified medical practitioners, it is still at a low level for all categories. Strengthening STI care services could be a step that can be taken in this regard.
- Interpersonal communication with regard to HIV/AIDS/STI should be enhanced which would increase the knowledge levels and reduce the misconceptions at the same time.
- Targeted interventions should focus to bring down the sharing of injecting equipment in order to reduce the high risk pertaining to this behaviour.

BSS Indicators (Comparison–Wave II, Wave III, Wave IV and Wave V) at a glance (95 percent CI)

Sl. No.	Core indicators	FSW-BB						FSW-NBB						MSM						IDU													
		Wave-II	Wave-III	Wave-IV	Wave-V	Wave-II	Wave-III	Wave-IV	Wave-V	Wave-II	Wave-III	Wave-IV	Wave-V	Wave-II	Wave-III	Wave-IV	Wave-V	Wave-II	Wave-III	Wave-IV	Wave-V												
1	Percent of resp who identifies consistent condom use as a method of reducing the risk of contracting HIV	87.6	92	95.1	97.3	88.9	86.3	92.7	98.9	75	85.9	87.6	99.6	78.2	85.2	91.5	99.7	(85.6 – 89.6)	(90.51 – 93.48)	(94.2 – 96.0)	(96.6 – 98.0)	(87.0 – 90.8)	(84.43 – 88.16)	(91.9 – 94.1)	(98.4 – 99.4)	(72.4 – 77.6)	(84.00 – 87.79)	(86.2 – 89.8)	(99.3 – 99.9)	(72.4 – 84.0)	(83.27 – 87.12)	(86.7 – 95.3)	(99.1 – 100.0)
2		Percent of resp with correct knowledge of HIV prevention (Abstaining from sex, having uninfected faithful partner, and consistent condom use)	53.7	59.4	61	50.1	59.4	87.3	59.2	52.9	75	86.1	58	96.3	30.2	34.8	38	95.4	(50.36 – 57.04)	(56.74 – 62.05)	(58.3 – 63.7)	(48.0 – 52.2)	(56.23 – 62.57)	(85.4 – 89.1)	(56.1 – 61.9)	(50.6 – 55.2)	(72.38 – 77.62)	(84.2 – 87.9)	(55.3 – 60.7)	(95.5 – 97.1)	(20.71 – 36.39)	(32.22 – 37.37)	(82.1 – 43.9)
3	Percent of resp who rejected the two most common local misconceptions about AIDS transmission and who knew that a health looking person can transmit AIDS		49.6	67.6	71	49	48.4	63.5	65.0	47	64.4	73.5	75.0	55.0	33.6	58.9	64	46.4	(46.12 – 53.08)	(65.07 – 70.12)	(68.4 – 73.6)	(46.9 – 51.1)	(44.83 – 51.97)	(60.89 – 66.10)	(62.2 – 67.8)	(44.7 – 49.3)	(61.28 – 67.52)	(71.11 – 75.88)	(72.7 – 77.3)	(52.8 – 57.2)	(24.34 – 42.86)	(56.24 – 61.55)	(58.2 – 69.8)
4		Percent of sex workers who reported using a condom with their most recent client	79	97.6	95	99.4	69.6	97.3	98	98.9									(76.75 – 81.25)	(96.74 – 98.45)	(94.1 – 95.9)	(99.0 – 99.8)	(66.86 – 72.34)	(96.39 – 98.20)	(97.4 – 98.6)	(98.4 – 99.4)							
5	Percent of sex workers who reported always using a condom with every clients during the previous month		71.3	82.3	90	97.3	52.8	66.9	80	95.7									(68.67 – 73.93)	(80.23 – 84.36)	(88.7 – 91.3)	(96.5 – 98.1)	(49.39 – 56.21)	(64.35 – 69.44)	(78.2 – 81.8)	(94.7 – 96.7)							

6	Percent of sex workers who reported using a condom with their most recent non-paying partner	32.4 (20.75 – 43.85)	54.1 (51.4 – 56.7)	60 (56.2 – 63.8)	54.1 (49.0 – 59.2)	23.7 (12.85 – 34.55)	34.2 (31.6 – 36.7)	45 (41.7 – 48.3)	49.3 (44.8 – 53.8)										
7	Percent of sex workers who reported always using a condom with every non-paying clients during in the previous month	11 (6.57 – 16.43)	26 (23.6 – 28.3)	28 (24.5 – 31.5)	44.6 (39.5 – 49.7)	10.4 (0.0 – 22.13)	15.1 (13.1 – 17.0)	16 (13.6 – 18.4)	30.1 (27.4 – 35.6)										
8	Percent of sex workers who reported having injected drugs at least once in previous 12 months	0.8 (0.3 – 1.3)	1.1 (0.507 – 1.692)	1 (0.58 – 1.42)	3.5 (2.7 – 4.3)	2 (1.1 – 2.9)	0.6 (0.151 – 1.048)	2 (1.37 – 2.63)	5.0 (4.0 – 6.0)										
9	Genital discharge in the last 12 months	10 (8.2 – 11.8)	6.4 (5.059 – 7.740)	7 (5.9 – 8.1)	16.9 (15.3 – 18.5)	14.2 (12.1 – 16.3)	7.4 (5.968 – 8.831)	15.0 (13.4 – 16.6)	16.6 (14.9 – 18.3)	16.6 (14.2 – 19.0)	3.2 (2.225 – 4.174)	3.2 (2.225 – 4.174)	10.0 (8.3 – 11.7)	10.0 (8.3 – 11.7)	8.4 (4.5 – 12.3)	17.8 (15.72 – 19.87)	19 (14.2 – 23.8)	0.5 (0.0 – 1.0)	
10	Genital ulcer/sore in previous 12 months	12.1 (10.1 – 14.1)	7.9 (6.426 – 9.373)	10 (8.7 – 11.3)	8 (6.8 – 9.2)	17.7 (15.420.0)	5.3 (4.069 – 6.530)	9 (7.72 – 10.28)	8.2 (7.0 – 9.4)	19 (16.5 – 21.5)	9.3 (7.716 – 10.88)	14.2 (12.3 – 16.1)	14.2 (12.3 – 16.1)	3.3 (2.6 – 5.8)	10.4 (6.1 – 14.7)	11.9 (10.13 – 13.66)	27 (21.6 – 32.4)	2 (1.9 – 6.9)	
11	Proportion of respondents seeking STI care from qualified allopathic practitioner	69.5 (64.3 – 74.7)	68.1 (65.5 – 70.6)	94 (91.6 – 96.4)	87.4 (84.7 – 90.1)	72.5 (68.3 – 76.7)	20 (18.7 – 25.0)	76 (72.7 – 79.3)	86.3 (83.6 – 89.0)	19.7 (14.3 – 25.1)	75.2 (72.8 – 77.5)	25.0 (33.1)	25.0 (18.1 – 23.1)	20.3 (18.1 – 23.1)	4.4 (0.0 – 10.0)	12.1 (10.32 – 13.87)	47 (38.0 – 56.0)	25.0 (0.0 – 53.3)	
12	Anal ulcer/sore in the last 12 months									16 (13.6 – 18.4)	6.5 (5.149 – 7.850)	12.0 (10.2 – 13.8)	2.4 (1.7 – 3.1)						

13	Percent of respondents who reported anal sex with more than one other man in previous one month												95.2	53.9	87.9	85.2				
													(94.39 – 96.1)	(51.20 – 56.59)	(86.2 – 89.8)	(83.6 – 86.8)				
14	Percent of respondents who reported condom use at last anal sex with a non-regular male partner												77.4	56.4	87	91.6				
													(74.82 – 79.98)	(50.2 – 58.9)	(84.9 – 89.1)	(89.5 – 93.7)				
15	Percent of respondents who used a condom every time they had anal sex with a non-regular partners over previous six months												60.7	70.3	74	88.9				
													(57.3 – 64.1)	(67.8 – 72.7)	(71.2 – 76.8)	(86.5 – 91.3)				
16	Percent of respondents who reported condom use at previous anal sex with a commercial male partner												72.1	21	90	94.1				
													(68.52 – 75.68)	(18.8 – 23.1)	(86.5 – 93.6)	(92.6 – 95.6)				
17	Percent of respondents who used a condom every time they had anal sex with a commercial partners over previous six months												59.8	18.2	75	90.3				
													(55.5 – 64.1)	(16.9 – 20.0)	(69.9 – 80.1)	(88.4 – 92.2)				
18	Proportion of respondents having non-regular/non-commercial female partner in previous 12 months												12.8	30	32	11.6				
													(8.1 – 17.5)	(27.5 – 32.4)	(26.3 – 37.7)	(6.7 – 16.5)				

19	Percent of respondents who reported condom use on the last occasion they had sex with non-regular/non-commercial female partner		51.3	74.1	90	55.6
			(28.82 – 73.78)	(71.7 – 76.4)	(61.4 – 98.6)	(56.1 – 100.0)
20	Percent of respondents who used a condom every time they had sex with a non-regular female partners/non-commercial over previous six months		45.8	34.1	69	55.6
			(31.4 – 60.2)	(31.5 – 36.6)	(61.1 – 76.9)	(56.2 – 100.0)
21	Percent of respondents who had sex with a commercial sex worker in previous 12 months		24.2	38.2	50	50.8
			(18.2 – 30.2)	(35.5 – 40.8)	(43.9 – 56.1)	(43.2 – 58.4)
22	Proportion of respondents having more than one commercial female partner in previous 12 months					
23	Percent of respondents who reported condom use on the last occasion they had sex with commercial partner		61.1	85.3	95	95.9
			(46.69 – 75.51)	(83.3 – 87.2)	(91.3 – 98.8)	(86.1 – 98.1)
24	Percent of respondents who used a condom every time they had anal sex with commercial partners over previous six months		36.8	22	74	83.7
			(17.1 – 56.5)	(19.7 – 24.2)	(61.5 – 86.5)	(76.9 – 92.9)

25	Percent of respondents who had ever voluntarily requested a HIV test, received the test and received their result	31.5 (28.7 – 34.3)	45.2 (42.2 – 47.8)	76 (73.3 – 78.7)	54.8 (52.7 – 56.9)	56.3 (53.3 – 59.3)	33.2 (30.6 – 35.7)	73.0 (70.3 – 75.7)	68.7 (66.6 – 70.8)	52.3 (49.1 – 55.5)	44.1 (41.4 – 46.7)	74.0 (71.6 – 76.4)	81.9 (80.2 – 83.6)	9.7 (5.6 – 13.8)	10 (11.83 – 15.56)	13.6 (9.8 – 18.2)	20.4 (15.6 – 25.2)
26	Seen billboards/posters/leaflets on STI/HIV/AIDS in previous 12 months	95.8 (94.6 – 97.0)	90.2 (88.57 – 91.82)	97 (96.3 – 97.7)	91.3 (90.1 – 92.5)	99.1 (98.5 – 99.7)	86.9 (85.06 – 88.73)	97.0 (96.2 – 97.8)	89 (87.6 – 90.4)	96 (94.7 – 97.3)	94.3 (93.02 – 95.57)	97.4 (96.1 – 97.9)	89.5 (86.9 – 93.3)				
27	Been approached for education on spread of STI/HIV/AIDS in previous 12 months	88.9 (87.0 – 90.8)	84.9 (82.95 – 86.84)	95 (94.1 – 95.9)	76.3 (74.5 – 78.1)	74.2 (71.4 – 77.0)	69.6 (67.11 – 72.08)	75.0 (73.1 – 76.9)	77.5 (75.6 – 79.4)	71.4 (68.5 – 74.3)	68 (65.47 – 70.52)	71.2 (68.5 – 73.5)	69.4 (58.1 – 72.4)	84.4 (79.3 – 89.5)	43.7 (41.02 – 46.37)	52.3 (45.9 – 58.1)	59.6 (48.5 – 60.5)
28	Attended/participated in campaigns or meetings on STI/HIV/AIDS in previous 12 months	59.2 (56.2 – 62.2)	58.9 (56.24 – 61.55)	68 (66.0 – 70.0)	53.9 (51.8 – 56.0)	47.1 (44.0 – 50.2)	34.7 (32.12 – 37.27)	46.0 (43.1 – 48.9)	51.9 (49.6 – 54.2)	61.4 (58.3 – 64.5)	36 (33.40 – 38.59)	52.0 (49.3 – 54.7)	48.3 (38.3 – 50.7)	38.5 (31.7 – 45.3)	31.9 (29.38 – 34.41)	35.6 (30.2 – 41.8)	36.9 (36.3 – 48.1)
29	Received free medical check ups for STI/HIV/AIDS in previous 12 months	55.8 (52.8 – 58.8)	35.2 (32.61 – 37.78)	66 (64.0 – 68.0)	72.2 (70.3 – 74.1)	49.4 (46.3 – 52.5)	22.9 (20.62 – 25.17)	54.0 (51.1 – 56.9)	76.3 (74.4 – 78.2)	67.7 (64.7 – 70.7)	39.5 (36.85 – 42.14)	55.0 (52.3 – 57.7)	65.6 (53.4 – 68.7)	26.2 (20.1 – 32.3)	20.4 (18.21 – 22.58)	29.3 (23.5 – 34.5)	47 (40.4 – 52.4)
30	Proportion of respondents who reported sharing injecting equipment the last time they injected drugs													33.6 (24.34 – 42.86)	40.7 (38.04 – 43.35)	45 (39.0 – 51.0)	52.7 (46.7 – 58.7)
31	Proportion of respondents who reported never sharing injecting equipment during any episode of injection in the last month													8.1 (4.98 – 11.22)	31.1 (28.5 – 33.6)	37 (31.1 – 42.9)	46.5 (41.3 – 53.3)

32	Proportion of respondents reported having access to sterile needles through pharmacies or needle exchange programs	30	(27.8 – 32.2)	35	(33.2– 36.8)	71	(69.1 – 72.9)	79.3	79.3	19	(17.1 – 20.9)	29	(26.8 – 31.2)	58	(55.8 – 60.2)	77.1	77.1	99.3	(98.81 – 99.78)	94	(91.1 – 96.9)	92.9	(90.7 – 96.5)
		64.4	(57.63 – 71.17)	51.3	51.3	74.1	74.1	(71.7 – 76.5)	(71.7 – 76.5)	81.2	81.2	(76.2 – 86.8)	(76.2 – 86.8)	64.4	(43.38– 59.22)	51.3	51.3	56.2	56.2	64.4	(57.63 – 71.17)	94	(91.1 – 96.9)
33	Proportion of respondents who reported sharing equipment in any high equipment sharing situation at least once in the month	30	(27.8 – 32.2)	35	(33.2– 36.8)	71	(69.1 – 72.9)	79.3	79.3	19	(17.1 – 20.9)	29	(26.8 – 31.2)	58	(55.8 – 60.2)	77.1	77.1	99.3	(98.81 – 99.78)	94	(91.1 – 96.9)	92.9	(90.7 – 96.5)
		64.4	(57.63 – 71.17)	51.3	51.3	74.1	74.1	(71.7 – 76.5)	(71.7 – 76.5)	81.2	81.2	(76.2 – 86.8)	(76.2 – 86.8)	64.4	(43.38– 59.22)	51.3	51.3	56.2	56.2	64.4	(57.63 – 71.17)	94	(91.1 – 96.9)
34	Awareness of Female Condom	30	(27.8 – 32.2)	35	(33.2– 36.8)	71	(69.1 – 72.9)	79.3	79.3	19	(17.1 – 20.9)	29	(26.8 – 31.2)	58	(55.8 – 60.2)	77.1	77.1	99.3	(98.81 – 99.78)	94	(91.1 – 96.9)	92.9	(90.7 – 96.5)
		64.4	(57.63 – 71.17)	51.3	51.3	74.1	74.1	(71.7 – 76.5)	(71.7 – 76.5)	81.2	81.2	(76.2 – 86.8)	(76.2 – 86.8)	64.4	(43.38– 59.22)	51.3	51.3	56.2	56.2	64.4	(57.63 – 71.17)	94	(91.1 – 96.9)