## INTEGRATED BEHAVIOURAL and BIOLOGICAL ASSESSMENT

Repeated surveys to assess changes in behaviours and prevalence of HIV/STIs in populations at risk of HIV

ROUND 2 (2009-2010) National Summary Report
fhis60

# Integrated Behavioural and Biological Assessment 

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## Disclaimer

- These data represent the figures pertaining to populations at increased risk of HIV infection in the survey districts.
- Estimating state or national HIV prevalence is not possible from this data alone.
- Support for this study was provided by the Bill \& Melinda Gates Foundation through Avahan, its India AIDS Initiative. The views expressed herein are those of the author(s) and do not necessarily reflect the official policy or position of the Bill \& Melinda Gates Foundation or Avahan.

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First, we sincerely thank Dr. V.M. Katoch, the Secretary, Department of Health Research and Director General, Indian Council of Medical Research for his constant guidance and support throughout IBBA round two. We also thank Prof. Nirmal Kumar Ganguly, former Director General, Indian Council of Medical Research for his contributions during IBBA round one.

We gratefully acknowledge the immense help provided by the National AIDS Control Organization (NACO). We also thank State AIDS Control Societies (SACS) of Maharashtra, Tamil Nadu, Andhra Pradesh, Karnataka, Manipur, and Nagaland for their support during the two rounds of IBBA.

The Community Advisory Board (CAB) and Community Monitoring Board (CMB) members need a special word of appreciation as without their constant support and help it would have been impractical to carry out the survey. We also take this opportunity to acknowledge the support provided by all the local authorities in IBBA districts including health officials and police department.

The difficult task of implementing the field work was successfully carried out by six research agencies/institutions. Our heartfelt thanks are due to the staff associated with the IBBA at ACNielsen ORG-MARG Private Ltd, TNS India Private Ltd, GFK Mode, the Centre for Operations Research and Training (CORT), and the Regional Institute of Medical Science (RIMS) - Imphal and KRIPA - Kohima.

We would like to place on record our appreciation for the active involvement and contributions by the Bill \& Melinda Gates Foundation (BMGF) and their state lead partners.

Last, but not the least, we thank all of the participants of the survey for their cooperation without which completion of the IBBA would not have been possible.

## Preface

The Integrated Behavioural and Biological Assessment (IBBA) Round one carried out in the years 2005-07 emerged as a nationally important source of data for the revision of persons living with HIV/AIDS (PLHIV) estimation in India along with data from the HIV Sentinel Surveillance (HSS) and the National Family Health Survey (NFHS-3). Like IBBA Round one, the second round conducted in the years 2009-10 also provides information on important indicators such as types of sexual partners, condom use patterns with these sexual partners, knowledge, awareness and prevalence of HIV and STIs among the high-risk groups including female sex workers and their


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डॉ विश्व मोहन कटोच
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## Foreword

It is a matter of pride that a comprehensive response to HIV epidemic from the National AIDS Control Programme, NGOs and CBOs and International Organizations has made it possible to stem the rising trends of AIDS epidemic in India. 'Avahan, an India AIDS Initiative' was one of the largest intervention programmes among population most at risk of HIV infection implemented by Bill and Melinda Gates Foundation. A Network of ICMR Institutes under leadership of NARI and collaborating agencies, particularly FHI 360 completed one of the most challenging evaluation of this programme under Integrated Behavioural and Biological assessment survey conducted in two rounds. The report of the first round of survey was released earlier by Honourable Minister of Health and Family Welfare. The round two of the survey was completed in early 2010 and results of Round 2 are being released now. The report represents the work carried out in spite of enormous logistic challenges through an extensive collaboration among different agencies, community preparation and hard work put in by the staff of collaborating institutions. The significant achievements of the survey include feed back to the programme at the district level within 45 days of the completion of survey and wide dissemination of the results with stake holders through a series of meetings. The complete team that made IBBA possible deserves to be complemented for this unique achievement. I am optimistic that the findings of the survey as well as the documentation of the methods employed will guide future surveys among the vulnerable populations. This report along with the other publications arising from the IBBA will remain a very important resource for future surveys in such sensitive and vulnerable populations. I compliment all those involved in this massive effort and convey my best wishes for the success of future endevours in this direction.

(V.M. Katoch)

## Foreword

Avahan, the India AIDS Initiative, one of the largest HIV prevention programmes in the world was launched by the Bill \& Melinda Gates Foundation (BMGF) in the year 2003 among populations most at risk for HIV in six states with high HIV prevalence. With the aim of reducing the spread of HIV among the high-risk groups and stabilizing the epidemic in the general population, Avahan offered a package of services to high-risk populations similar to the NACO interventions. Avahan is implemented through 130 NGOs and a network of 7,000 peer educators.

The Integrated Behavioural and Biological Assessment (IBBA) implemented by the institutes of the Indian Council for Medical Research (ICMR) with technical support from FHI 360 formed a major component of the Avahan evaluation strategy. It is one of the largest surveys among the high-risk groups. The first round of the IBBA was carried out in the years 2005-07 and the second round in the years 2009-10. Two rounds of the IBBA involved collection of behavioural and biological data from approximately 52,000 respondents spanning six states and national highways. Every possible measure was adopted to ensure that the respondents who belong to vulnerable and marginalized populations were not exposed to any physical or social risk.

This report presents the major findings from both rounds of the IBBA among female sex workers (FSWs) and their clients, high-risk men who have sex with men (MSM), transgenders, injecting drug users (IDUs), and truckers. I hope that this information is useful for planners and policy makers and will further strengthen the HIV database. We are very happy to mention that we have made the round one data available to the scientific community and propose to do the same with round two data. The results of the surveys were also disseminated to stakeholders in a timely manner and published in peer reviewed journals.

For all of us involved in the IBBA, it was a unique learning experience. However, the success of the survey was the result of support received from the National AIDS Control Organization, State AIDS Control Societies, local administrations, research organizations/institutions, and Avahan partner NGOs. We hope that this report will be widely used as a resource material for future HIV surveys and prevention programmes and similar surveys in other socially and culturally sensitive areas.


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## List of Abbreviations

| AIDS | Acquired Immune Deficiency Syndrome |
| :---: | :---: |
| APSACS | Andhra Pradesh State AIDS Control Society |
| BMGF | Bill \& Melinda Gates Foundation |
| CMIS | Computerized Monitoring Information System |
| CORT | Centre for Operations Research and Training |
| CSPRO | Census and Survey Processing System |
| CT | Chlamydia trachomatis |
| DBS | Dry Blood Spot |
| DKA | Dual Kinetic Assay |
| EAG | Evaluation Advisory Group |
| ELISA | Enzyme Linked Immunosorbant Assay |
| FSW | Female Sex Worker |
| FSW-BB | Female Sex Worker - Brothel-based |
| FSW-SB | Female Sex Worker - Street-based |
| FSW-NBB | Female Sex Worker - Non-brothel-based |
| GUD | Genital Ulcer Disease |
| HCV | Hepatitis C Virus |
| HIV | Human Immunodeficiency Virus |
| HMSC | Health Ministry Screening Committee |
| HSV-2 | Herpes Simplex Virus type 2 |
| IBBA | Integrated Behavioural and Biological Assessment |
| ICMR | Indian Council of Medical Research |
| IDU | Injecting Drug User |
| IEC | Information, Education, and Communication |
| KHPT | Karnataka Health Promotion Trust |
| KSACS | Karnataka State AIDS Control Society |
| LDTD | Long Distance Truck Drivers or Truckers |
| MDACS | Mumbai District AIDS Control Society |
| MSACS | Maharashtra State AIDS Control Society |
| MSM | Men who have Sex with Men |
| MSW | Male Sex Worker |
| NACO | National AIDS Control Organization |
| NACP | National AIDS Control Programme |
| NARI | National AIDS Research Institute |
| NE | North-East |
| NG | Neisseria Conorrhoeae |
| NGO | Non-governmental Organization |
| NIE | National Institute of Epidemiology |


| NIMS | National Institute of Medical Statistics |
| :--- | :--- |
| NIN | National Institute of Nutrition |
| NS | North-South |
| NSACS | Nagaland State AIDS Control Society |
| NW | North-West |
| ORW | Outreach Worker |
| PSI | Population Services International |
| RDS | Respondent Driven Sampling |
| RDSAT | Respondent Driven Sampling Analysis Tool |
| RIMS | Regional Institute of Medical Sciences |
| RMRC | Regional Medical Research Centre |
| RPR | Rapid Plasma Reagin |
| SACS | State AIDS Control Society |
| SB | Street-based |
| SE | South-East |
| STD | Sexually Transmitted Disease |
| STI | Sexually Transmitted Infection |
| TMA | Transcription-mediated Amplification |
| TNSACS | Tamil Nadu State AIDS Control Society |
| TPHA | Treponema Palladium Hemaggutination Assay |
| USTT | Urine Specimen Transport Tube |
| VCT | Voluntary Counselling and Testing |

## Operational Definitions

The study population in the Integrated Behavioural and Biological Assessment (IBBA) was not defined uniformly across the different states due to the differences in focus of the interventions, local risk behaviours, and interest in covering those most at risk for HIV. The definitions for each of the key populations covered are as below:

Female Sex Workers: Any female, 18 years or older, either brothel-based (working/living/operating in brothels in red light/ brothel areas) or non-brothel-based (soliciting male clients on the street or in other non-brothel settings), who sold sex in exchange for cash at least once in the last one month.

Female Sex Workers - Brothel-based (Mumbai, Thane, and Pune, Maharashtra): Any female, 18 years or older, brothelbased (working/living/operating in brothels in red light/brothel areas) or soliciting within 100 meters of a brothel, who sold sex in exchange for cash at least once in the last one month.

Female Sex Workers - Street-based (Mumbai and Thane, Maharashtra): Any female, 18 years or older, non-brothel-based (soliciting male clients on the street or in other non-brothel settings), who sold sex in exchange for cash at least once in the last one month.

Bar Girls: Any female, 18 years or older, currently working in a bar in Mumbai, or living in Mumbai, and working in a bar in a neighbouring district.

High-Risk Men Who Have Sex with Men/Hijra (Andhra Pradesh): Any male or hijra, 18 years or older, who had any type of sex (oral, manual, or penetrative), paid or unpaid, with another male in the last one month.

High-Risk Men Who Have Sex with Men/Hijra (Pune, Maharashtra): Any male, identified at cruising points, 18 years or older, who had any type of sex (oral, manual, or penetrative) with another male in the last one month or any hijra, 18 years or older, identified at solicitation points who has sold sex in exchange for money in the last one month.

High-Risk Men Who Have Sex with Men/Male Sex Workers (Tamil Nadu): Any male, 18 years or older, who had anal sex with other males (in exchange for cash/kind) at least once in the last one month.

Hijra/Aravani-Transgender (Tamil Nadu): Any individual, 18-60 years, who self identifies as a hijra and exchanged any type of sex for cash/kind in the last one month.

Injecting Drug Users: Any man, 18 years or older, who has injected drugs for non-medical reasons at least once in the last six months.

Clients of Female Sex Workers: Any man, 18-60 years, recruited from solicitation points of FSW/s who have paid for sex from a female in the last one month.

Long Distance Truck Drivers: Any truck driver, 18 years and above, who takes consignments from one place to destinations located along the national highways traversing more than 800 kilometers one way before returning to the place of origin.

## Executive Summary

Background: The HIV epidemic in India is showing an overall declining trend. Estimated prevalence among the adult population in 2009 was $0.31 \%$ ( $0.25 \%-0.39 \%$ ) as against $0.32 \%$ in 2008, $0.34 \%$ in 2007, and $0.41 \%$ in 2000. States with high HIV prevalence in 2009 were: Manipur ( $1.40 \%$ ), Andhra Pradesh (0.90\%), Mizoram (0.81\%), Nagaland (0.78\%), Karnataka (0.63\%), and Maharashtra ( $0.55 \%$ ). HIV epidemic in India is still concentrated among the high-risk groups including female sex workers (FSWs) and their clients, men who have sex with men (MSM), injecting drug users (IDUs), and long distance truck drivers (LDTDs). The primary drivers of the epidemic in the country are unprotected paid sex with commercial partners and sharing of syringe/needles among injecting drug users.

To halt and reverse the spread of HIV, Avahan, the India AIDS Initiative, was launched in 2003 by the Bill \& Melinda Gates Foundation (BMGF). The first phase of Avahan has concluded in which the large-scale HIV intervention programme was implemented focusing on FSWs and their clients, MSM, hijras (transgender persons), and IDUs in about 83 districts in six high prevalence states in India and in 17 sites along the national highways. The programmatic interventions for the high-risk groups (HRGs) included outreach services by peer educators, provision of prevention commodities (condoms, needle and syringes), quality clinical services for prevention of STIs, community mobilization, and structural interventions to create an enabling environment for HIV prevention. At present, in its second phase, the Avahan programme is preparing to transition the intervention to the government and community representatives.

Integrated Behavioural and Biological Assessment (IBBA): The Integrated Behavioural and Biological Assessment is a significant component of the overall evaluation strategy of the Avahan programme. The first round of the IBBA was conducted between 2005 and 2007 and the second round between 2009 and 2010 in the six high prevalence states
of India among FSW and their clients, high-risk MSM, transgender, IDU and truckers. The premier institutes of the Indian Council of Medical Research (ICMR), which included the National AIDS Research Institute (NARI), the National Institute of Epidemiology (NIE), the National Institute of Medical Statistics (NIMS), the National Institute of Nutrition (NIN), and the Regional Medical Research Centre, Dibrugarh (RMRC) implemented the IBBA in partnership with research agencies/institutions. The National AIDS Research Institute coordinated the survey. The Karnataka Health promotion Trust (KHPT) was responsible for the IBBA in Karnataka. Overall technical support for IBBA was provided by FHI 360 .

The objectives of the IBBA were: a) to measure the major outcomes of HIV interventions funded by Avahan under the India AIDS Initiative; b) to make data available for estimating sizes of populations targeted by the Avahan programme and; c) to make information available to partner organizations under Avahan for modelling the impact of the intervention.

Methodology: The two rounds of IBBA were conducted in 29 districts from six high prevalence states including eight districts in Andhra Pradesh, five districts in Karnataka, six districts in Maharashtra, five districts in Tamil Nadu, two districts in Manipur and three districts in Nagaland. The time interval between two surveys was between 19 and 45 months for different groups. The target sample size was 400 per group, per district for FSW and their clients, high-risk MSM, IDU, and 500 per route category for truckers. In case of transgender in Tamil Nadu, a sample of 400 was selected from five districts combined. Overall, a total of 27,638 respondents were covered in $R_{1}$ and 24,459 respondents in R2. Conventional cluster sampling, time-location sampling and respondent driven sampling were the methods used for selection of respondents. Ethical clearance for the assessment was obtained from the ethical committees of participating ICMR institutes and from FHI 360's Protection of Human

Subjects Committee (PHSC). Informed consent was taken from the respondents before the administration of questionnaire and sample for biological tests and protection of confidentiality of respondents was given high priority. Intensive training was imparted to all field personnel associated with IBBA. Community preparation was an integral part of IBBA. Independent community advisory boards (CAB) and community monitoring boards (CMB) were formed in each district for each of the survey groups to protect the interest of the survey population. They also provided inputs related to the local context and helped in addressing problems which arose during the survey. Behavioural data for assessing socio-demographic characteristics, migration, sexual practices, awareness and knowledge of HIV and STIs was collected using a structured questionnaire. Blood and urine samples were collected by trained clinical staff and tested to estimate the prevalence of HIV and STIs. Double data entry was carried out using CSPro (version 3.1), first by the research agency and later by the state ICMR institutes. Data management in round one was done by a central level data management team at NIE while in round two data management was carried out at each of the state ICMR institutes. Analysis of the data was conducted using Statistical Package for Social Sciences (SPSS) version 15, using complex sample module and RDSAT (version 5.6) was used to analyze RDS data.

The major findings from two rounds of the IBBA for the different HRGs are presented in the subsequent sections. $R_{1}$ denotes round one, and $R_{2}$ is round two.

## Female Sex Workers

Female sex workers are a critical group in HIV/AIDS transmission and thus the focus for any HIV prevention program especially in concentrated epidemic settings. Estimating the size of this community accurately and gathering information about risk behaviour and collecting biological samples for estimation of HIV was a challenge. In IBBA, a total of 22,915 FSW/s (R1-11604, R2-11,311) in Andhra Pradesh, Tamil Nadu, Karnataka, Maharashtra, and Nagaland were interviewed. The respondents interviewed included females sex workers aged 18 years and above, either brothel or non-brothel based (street, lodge and home based FSW), who sold sex in exchange of money at least once in the past one month. Bar-based FSWs were covered as a separate group in Maharashtra. The following sections discuss in brief the key findings for the FSW groups surveyed.

Socio-demographic characteristics: The mean age of FSW surveyed in R2 ranged between 28 and 35 years, and a similar age pattern was observed in R1. Literacy level varied widely and the proportion of FSWs who could read and write ranged from $19 \%$ to $70 \%$ in R2 as compared to $14 \%$ to $61 \%$ in R1. Among the FSWs interviewed, a large majority were married and this proportion ranged from $64 \%$ to $98 \%$ in R2 and $52 \%$ to $98 \%$ in R1. The mean age when FSWs initiated sex work was between 21 and 29 years in both rounds of the IBBA.

Knowledge of HIV prevention methods: More than fourfifths of the respondents from Andhra Pradesh, Karnataka, and Tamil Nadu in both rounds of the IBBA were aware that consistent condom use could reduce the risk of contracting HIV and other STIs; whereas, in Maharashtra this proportion ranged from $64 \%$ to $97 \%$ in R2 and $28 \%$ to $82 \%$ in R1. The proportion of respondents who were aware that any healthy looking person may have HIV and that a person can't get HIV/AIDS through mosquito bites or sharing clothes and utensils varied widely and ranged between $18 \%$ and $80 \%$ in R2 as compared to R1 (between $8 \%$ and $65 \%$ ). Respondents with no incorrect beliefs were less in proportion in almost all states in both rounds.

HIV risk behaviours: FSWs surveyed reported having both paid clients as well as non-paid partners. More than $80 \%$ of the FSWs in R2 from Andhra Pradesh, Tamil Nadu, Karnataka, and Maharashtra reported having occasional clients and the trend was not very different from $\mathrm{R}_{1}$ (except in Nagaland-Dimapur; R1-100\%, R2-59\%). However, the proportion of FSWs reported to have regular clients ranged from $57 \%$ to $100 \%$ in R2 and $65 \%$ to $100 \%$ in R1. A higher proportion of respondents from Maharashtra and Tamil Nadu reported having regular clients than those from the other states. The proportion of FSWs who reported having regular non-paying male sexual partners (husbands, boyfriends, and live-in partners) ranged between $43 \%$ and $83 \%$ in R2 and $24 \%$ and $89 \%$ in R1. A declining trend in the reported proportion of respondents having non-paying partners was seen in Andhra Pradesh and Tamil Nadu compared to other states.

Condom use pattern: More than $90 \%$ of respondents in R2 in almost all states (except Nagaland) reported using condoms during last sex with occasional clients as against $80 \%$ and above in R1. A similar trend was observed in the case of consistent condom use with occasional clients in all states. However, the reported condom use during last
sexual act varied widely in the cases of both non-paying regular partners (R1-7\% to 64\%, R2-1.7\% to 52\%) and non-paying casual partners (R1-20\% to $100 \%$, R2-11\% to $100 \%$ ). The common trend observed was that a higher proportion of respondents from most states reported using condoms more often with non-paying casual partners than non-paying regular partners.

STI prevalence: FSWs were tested for STIs including syphilis, gonorrhoea, and chlamydia during R1 and R2, using the same testing algorithm. A declining trend was seen in the prevalence of any STIs in almost all states ranging from $7.6 \%$ to $50.2 \%$ in $\mathrm{R}_{1}$ and $2.7 \%$ to $31 \%$ in R2. FSWs from Maharashtra and Karnataka were seen to have higher prevalences of STIs than other states. Taken individually the prevalence of syphilis, Neisseria gonorrhoea and Chlamydia trachomatis was (R1-2.1\% to 51\%; R2-0.4\% to $17.9 \%$ ), (R1-0.0\% to $11.5 \%$, R2-0.0\% to $9.3 \%$ ) and (R1$0.9 \%$ to $22.6 \%$, R2-0.2\% to $19.5 \%$ ) respectively.

HIV prevalence: The prevalence of HIV among FSW/s ranged from $2.4 \%$ to $34.9 \%$ in R2 as against $2.8 \%$ to $26.3 \%$ in R1. In Tamil Nadu (R1-2.2\% to 12.5\%, R2-2.4\% to $8.8 \%$ ) and Karnataka (R1-9.7\%-33.9\%, R2-9.0\% to 27.3\%) a declining trend in prevalence of HIV was seen; whereas, in Maharashtra (R1-7\% to 38.7\%, R2-3.1\% to 34.9\%) and Andhra Pradesh (R1-8.0\% to 26.3\%, R2-6.5\% to 23.3\%), the trend was mixed. HIV prevalence in $\mathrm{R}_{2}$ in districts Mumbai (BB:R1-28.1\%,R2-34.9\%; SB-R1-19.2\%,R2-32.3\%) and Thane (BB:R1-18.6\%,R2;33.1\% SB-R1-7\%,R2-11.8\%) in Maharashtra increased compared to $\mathrm{R}_{1}$ for both brothel and non-brothel based FSWs. The highest prevalences in each of the aforesaid states in both rounds were reported among FSWs in the following districts: East Godavari in AP, Belgaum in Karnataka, Mumbai (BB) in Maharashtra, and Dharmapuri in Tamil Nadu. In Nagaland, compared to other states, the prevalence remained almost the same (R1-ויו.ויו-4\%, R2).

Coverage by services: A fair proportion of FSWs in all states reported to have received HIV prevention services (outreach contacts by peer educators or outreach workers, visits to NGO clinics, and having received condoms) from different Avahan and non-Avahan NGOs working in their respective districts. Except for Andhra Pradesh, improvement in coverage of services was seen in all other states, and the corresponding proportion in the different states ranged between $34 \%$ and $100 \%$ in R2 as against $20 \%$ and $95 \%$ in R1.

High-risk Men Who Have Sex with Men and Aravani (transgender)

## High-risk men who have sex with men

High-risk MSM are yet another group who play a major role in transmission of HIV. In IBBA, R1 and R2, a total of 8,615 (R1-4,735, R2-3,880) high-risk MSM were covered and the surveys gathered HIV and STI risk behaviour data and conducted biological tests for HIV and STIs in Andhra Pradesh, Maharashtra, and Tamil Nadu. The survey was also carried out in the state of Karnataka and the major findings for the R1 survey are presented in the Chapter 4. The operational definitions varied in each of the states and those high-risk MSM aged 18 years or older who had paid or unpaid sex (oral, anal or manual) with another man at least once in the past one month were interviewed. The following sections discuss in brief the key findings for the high-risk MSM groups surveyed.

Socio-demographic characteristics: The mean age of highrisk MSM in R1 and R2 ranged between 24 and 32 years. A majority of the high-risk MSM could read and write and this proportion ranged from $74 \%$ to $99 \%$ in R2 as against $58 \%$ to $91 \%$ in R1. The proportion of ever married highrisk MSM in R2 decreased (R2-18\% to 53\%) in almost all states when compared to R1 ( $18 \%$ to $62 \%$ ). High-risk MSM broadly identified themselves as panthis, kothis, double-deckers, bisexuals, and hijras in the three states depending on their sexual orientation.

Knowledge of STIs: More than $90 \%$ of high-risk MSM in R2 and $70 \%$ and above in R1 from the different states reported having heard of STIs. Among those who had heard of STIs, the proportion of MSM reported having knowledge of three or more STI symptoms ranged from $38 \%$ to $81 \%$ in Rr and $60 \%$ to $98 \%$ in R2. In all three states an increase in the level of awareness about STIs was seen in R2 compared to $\mathrm{R}_{1}$.

Knowledge of HIV and prevention methods: More than $90 \%$ of high-risk MSM in both rounds from the three states reported that they had heard of HIV/AIDS. Similarly, more than four-fifths of the respondents in Andhra Pradesh, Maharashtra, and Tamil Nadu were aware that consistent condom use could reduce the risk of contracting HIV. Furthermore, between $40 \%$ and $75 \%$ of high-risk MSM from the three states in $\mathrm{R}_{1}$ and $49 \%$ and $83 \%$ in R2 were also aware that any healthy looking person may have HIV and that a person could not get HIV/AIDS through mosquito bites or sharing clothes and utensils.

HIV risk behaviours: The proportion of high-risk MSM who reported having a main regular male partner varied widely from one state to the other and ranged from $18 \%$ to $83 \%$ in $\mathrm{R}_{1}$ and $49 \%$ to $100 \%$ in R2. High-risk MSM who reported having paid male/hijra (R1-12\% to 48\%, R2-6\% to $32 \%$ ) or female partners ( $\mathrm{R} 1-7 \%$ to $64 \%$, R2-0.0\% to $23 \%$ ) also varied widely across the three states. Consistent condom use with regular male partners ranged from 3\% to $52 \%$ in $\mathrm{R}_{1}$ and $20 \%$ to $95 \%$ in R 2 in the three states. Furthermore, less than $50 \%$ of high-risk MSM reported using condoms during every sexual act with regular female partners (R1-0\% to 41\%, R2-1.5\% to 32\%). High-risk MSM in Andhra Pradesh used condoms more consistently than high-risk MSM in Maharashtra or Tamil Nadu with the different partners.

STI prevalence: High-risk MSM were tested for STIs including syphilis, gonorrhoea, and chlamydia during R1 and R2, using the same testing algorithm. The prevalence of any STI (syphilis, NG, and CT) ranged between $1.8 \%$ and $12.9 \%$ in R2 as against $5.3 \%$ and $18.8 \%$ in R1. Syphilis was the major contributor for the high STI prevalence (any STI) and prevalence of NG and CT was less than $2 \%$ in the three states. High-risk MSM in Tamil Nadu had a higher prevalence of syphilis compared to other states.

HIV prevalence: The trend in HIV prevalence among highrisk MSM surveyed varied and ranged from $4.8 \%$ to $24.7 \%$ in R1 and $4.8 \%$ to $28.9 \%$ in R2. Prevalence of HIV was higher in Andhra Pradesh compared to other states. In R2, the highest HIV prevalence in Andhra Pradesh was reported in Hyderabad (R1-24.7\%, R2-28.9\%), followed by Guntur and East Godavari districts. In Tamil Nadu, Madurai ( $\mathrm{R}_{1}-22.3 \%, \mathrm{R}_{2}-14.4 \%$ ) had the highest prevalence, and lowest prevalence was reported in Salem ( $\mathrm{R}_{1-5} .5 \%$, R2-4.8\%). HIV prevalence in Maharashtra declined among high-risk MSM in Mumbai-Thane and Pune in R2 compared to R1 (Mumbai-Thane: R1-10.2\%, R2-6\%; Pune: R1-17.4\%, R2-8.2\%).

Coverage by services: Better service coverage was seen in R2 and a higher proportion of high-risk MSM from all three states in the past one year reported having received different HIV prevention services from Avahan and nonAvahan NGOs when compared with R1 for indicators: contacted by peer educator or outreach worker (R1-10\% to $95 \%$, R2-54\% to 100\%); received information on STI (R1-9\% to $93 \%$, R2-54\% to $100 \%$ ); received condoms
(R1-10\% to 93\%, R2-54\% to 100\%); and visited an NGO clinic (R1-5\% to 78\%, R2-53\% to 100\%).

## Aravani Group (transgender)

The respondents interviewed were individuals aged 18 to 60 years, who self identified as a hijra (transgender) and exchanged any type of sex for cash/kind in the past one month. About 404 aravanis in R1 and 403 in R2 from five districts of Tamil Nadu (Chennai, Coimbatore, Dharmapuri, Madurai, and Salem) were covered. The following sections discuss in brief the key findings for the aravanis surveyed.

Socio-demographic characteristics: Mean age of the aravanis in both rounds was identical ( 29 years). More than $90 \%$ of aravanis in R2 and 68\% in R1 could read and write. One-fourth of them reported to be married in both rounds. The mean age when aravanis entered the sex trade was reported to be 18 years in both rounds.

Knowledge of STI/HIV: Knowledge about STI and HIV was high. More than $95 \%$ of aravanis in R2 and $89 \%$ in R1 reported that they had heard of STIs. Those having knowledge of three or more symptoms of STIs was also high (above $80 \%$ in both rounds). Almost all the aravanis in both rounds reported that they had heard of HIV/AIDS and between $93 \%$ and $99 \%$ in R1 and R2 believed that HIV/AIDS could be prevented.

HIV risk behaviours and prevalence: Two-thirds of the respondents in both R1 and R2 reported having regular partners. The reported condom use during last sex with regular partners decreased marginally (R1-73\%, R2-61\%). As for every time condom use with regular partners a higher proportion of respondents did so in $\mathrm{R}_{2}$ than $\mathrm{R}_{1}$ ( $\mathrm{R}_{1}$ $34 \%$, R2-47\%). Ninety percent ( $90 \%$ ) of the aravanis in R2 and $74 \%$ in $\mathrm{R}_{1}$ also had paying male partners besides regular partners. Condom use was comparatively higher with paying male partners, and $61 \%$ of aravanis in R2 and $50 \%$ in R1 reported using condoms consistently. Prevalence of HIV among aravanis declined and was $9.8 \%$ in R2 as against $12 \%$ in R1.

Coverage by services: A higher proportion of aravanis in R2 than $\mathrm{R}_{1}$ reported to have been visited by a peer educator or outreach worker ( $\mathrm{R} 1-74 \%, \mathrm{R} 2-83 \%$ ), received condoms (R1-74\%, R2-81\%), or having received information on STIs (R1-74\%, R2-82\%). However a considerable decline was seen in the proportion of respondents reporting to have visited the NGO clinics (R1-75\%, R2-45\%).

## Injecting Drug Users

The two rounds of IBBA were carried out among IDUs in Maharashtra (Mumbai-Thane combined), Nagaland, and Manipur states in 2006-07 and 2009-10 respectively. A total of 2,075 IDU in R1 and 1,977 in R2 were interviewed. Men aged 18 years or older, who had injected drugs for non-medical reasons at least once in past six months, were interviewed. The following sections discuss in brief the key findings for the IDU groups surveyed.

Socio-demographic characteristics: In Maharashtra, a majority of the IDUs who participated were between 26 and 36 years of age, and a very similar age pattern was observed in both rounds with marginal change. IDU respondents from Manipur and Nagaland were between 20 and 30 years of age. More than $80 \%$ of IDUs in Manipur and Nagaland in both rounds could read and write; whereas, this proportion in Maharashtra was 38\% in R1 and $55 \%$ in R2.

Drug use pattern: More than $90 \%$ of respondents from Maharashtra (Mumbai-Thane) in both rounds reported injecting in public places. However, in Manipur and Nagaland injecting in public places was uncommon in R1, and in $\mathrm{R}_{2}$ one-third of the respondents reported to have injected in public places. Both in $\mathrm{R}_{1}$ and R 2 , heroin was the most commonly reported drug injected in Maharashtra and Manipur (R1-75\% to 98\%, R2-80\% to 98\%). However, in Nagaland, Spasmoproxivon was far more commonly used (R1-99\% to $100 \%$, R2-92\% to 97\%) than heroin or any other drug.

HIV risk behaviours: Use of pre-filled syringes during the last injecting episode was reported by fewer than $20 \%$ of respondents in R2 and 30\% in R1. IDUs ranging from $51 \%$ to $80 \%$ in R2 and $30 \%$ to $78 \%$ in R1 reported injecting with a brand new needle. Of the IDUs from Maharashtra and Nagaland, $15 \%$ to $20 \%$ reported to have injected with a needle/syringe used by others in the two IBBA rounds. This proportion in Manipur was less than $5 \%$ in R2 and between $7 \%$ and $15 \%$ in R1. Use of non-sterile injecting equipment was also seen in more than one-third of the respondents in the three states.

IDUs reported having both paid and non-paid female sexual partners. In Bishnupur, 18\% respondents in R2 and $14 \%$ in R1 reported having sex with FSW. This proportion was comparatively low in the other districts from Manipur and Nagaland ranging from 2\% to 6\%
in R1 and 3\% to $13 \%$ in R2. However, in Maharashtra between $27 \%\left(\mathrm{R}_{1}\right)$ and $34 \%\left(\mathrm{R}_{2}\right)$ of IDUs reported having had sex with FSW in the past year. Between $32 \%$ and $49 \%$ respondents in Manipur and $57 \%$ and $83 \%$ in Nagaland reported having non-paid regular female partners. This proportion in Maharashtra was $30 \%$ in R1 and $19 \%$ in R2. Condom use during last sex act with a non-paid regular female partner ranged from $28 \%$ to $55 \%$ in R2 and $17 \%$ to $55 \%$ in R1. Reported condom use with other non-paid female partners was comparatively higher and ranged between $41 \%$ and $81 \%$ in R2 as against $34 \%$ and $70 \%$ in $\mathrm{R}_{1}$ in the three states.

Knowledge and prevalence of STIs: Forty-eight percent of IDUs from Maharashtra in R2 and 37\% in R1 had heard of STI; whereas, in Manipur more than three-fourths of the IDUs in both rounds had heard of STIs. IDUs were tested for STIs including syphilis, gonorrhoea, and chlamydia during $\mathrm{R}_{1}$ and $\mathrm{R}_{2}$, using the same testing algorithm. Prevalence of any STI (syphilis, NG, and CT) among IDUs in both rounds was low in Maharashtra (R1-5.4\%, R2-8.7\%) and Manipur (Bishnupur: R1-7.4\%, R2-5.1\%; Churachandpur: R1-3.0\%, R2-4.9\%); whereas, a considerable proportion in Nagaland had STIs (Phek: R118.4\%, R2-26\%; Wokha: R1-29.7\%, R2-22.5\%).

Knowledge and prevalence of HIV: A high proportion of respondents (R1-above 90\%, R2-56\% to 97\%) in both rounds reported having heard of HIV but a considerable decline in the reported level was observed in R2. The prevalence of HIV among IDUs in Maharashtra declined from $16.5 \%$ in R1 to $14.8 \%$ in R2. In Nagaland the prevalence remained almost the same (less than 2\%); whereas, in Manipur there was an increase in HIV prevalence in Churachandpur district (R1-32.2\%, R2-39.9\%).

Prevalence of hepatitis C : Prevalence of hepatitis C in both rounds was high in Maharashtra and Manipur and ranged between $46 \%$ and $92 \%$ in R2 and $53 \%$ and $78 \%$ in R1. In Nagaland a marginal increase in prevalence was seen in both Phek (R1-5.4\%, R2-8.7\%) and Wokha (R1-16.7\%, R2-20.8\%).

Coverage by services: Better service coverage was seen in Maharashtra and Manipur; whereas, a marginal decline was seen in Nagaland. In Maharashtra the proportion of respondents reported having received different HIV prevention services from Avahan and non-Avahan NGOs ranged from $11 \%$ to $60 \%$ in R2 as against $20 \%$ to $54 \%$ in R1. The corresponding proportion in Manipur and

Nagaland ranged between $22 \%$ and $88 \%$ in R1 and $12 \%$ and $91 \%$ in R2.

## Clients of Female Sex Workers

Clients of sex workers, considered the bridge population, are an important group and IBBA is among the few surveys where information about clients of sex workers has been gathered. A total of 6,757 clients of sex workers in $\mathrm{R}_{1}$ and 4,803 in R2 were interviewed from Andhra Pradesh, Maharashtra, and Tamil Nadu. The survey was also carried out in the state of Karnataka and major findings for the $\mathrm{R}_{1}$ survey are presented in the Chapter 6. The respondents interviewed were males aged 18 to 60 years, recruited from solicitation points of FSW, who had paid for sex with a female sex worker at least once in the past one month. Few other alternative strategies of sampling were tested before selecting clients from solicitation points of FSWs. These included: recruitment from place of entertaining clients; intercept survey among all males at the FSW solicitation points; recruitment of clients through FSW; and respondent driven sampling approach. Finally, selection of clients was conducted from place of solicitation of FSW/s due to better response rates compared to other alternative approaches. The following sections discuss in brief the key findings for the clients surveyed.

Socio-demographic characteristics: The mean age of clients surveyed in R2 ranged between 28 and 32 years and was not very different from those surveyed in R1. A majority of the clients in both rounds could read and write ( $\mathrm{R}_{1-5} \mathrm{5} \%$ to $88 \%$, R2-57\% to $95 \%$ ). Clients surveyed were a mix of agricultural/non-agricultural labourers, businessmen, truck drivers, and semi-skilled labourers. Respondents in Andhra Pradesh were married; whereas, respondents in Maharashtra and Tamil Nadu were mostly unmarried.

HIV risk behaviours: More than three-fourths of the respondents in both IBBA rounds reported having occasional FSW partners; whereas, the proportion who reported having regular FSW partners differed across the states and ranged from $45 \%$ to $99 \%$ in R2 as against $20 \%$ to $86 \%$ in R1. The proportion of respondents having a main/steady female partner declined in R2 ( $47 \%$ to $76 \%$ ) when compared with $\mathrm{R}_{1}$ ( $48 \%$ to $86 \%$ ), and respondents also reported having sex with other non-paid partners than their spouse.

Condom use pattern: Consistent condom use with both occasional and regular FSW partners increased between the two rounds in all states. With occasional partners this
proportion ranged from $26 \%$ to $77 \%$ in R2 as against $19 \%$ to $64 \%$ in $\mathrm{R}_{1}$ in the three states; whereas, with regular FSW partners this proportion was between $16 \%$ and $68 \%$ in R1 and $18 \%$ and $81 \%$ in R2. Consistent condom use with main/steady female partners was very low and less than 5\% of respondents in R2 and between 0\% and 14\% in R1 reported using condoms consistently from Andhra Pradesh, Maharashtra, and Tamil Nadu.

STI prevalence: Clients were tested for STIs including syphilis, gonorrhoea, and chlamydia during R1 and R2, using the same testing algorithm. The prevalence of any STI (syphilis, NG, and CT) among clients of sex workers in the three states ranged from $3.5 \%$ to $10.6 \%$ in $\mathrm{R}_{1}$ and $1.1 \%$ to $12.2 \%$ in R2. In Andhra Pradesh prevalence of any STIs ranged from $0.1 \%$ to $3.1 \%$ in R2 and $4.4 \%$ to $10.6 \%$ in R1, which was comparatively lower than Maharashtra (R1-7.8\% to $9.7 \%$, R2-4.1\% to $12.2 \%$ ) and Tamil Nadu (R1-3.5\% to 5.9\%, R2-0.2\% to 8.4\%).

HIV prevalence: The trend in HIV prevalence among clients of sex workers surveyed varied and ranged from $0.7 \%$ to $11.7 \%$ in R2 as against $2 \%$ to $10.9 \%$ in R1. In Andhra Pradesh, the HIV prevalence ranged from $2.4 \%$ to $8.3 \%$ in R2 as against $2.8 \%$ to $9.6 \%$ in R1, and East Godavari (R1-8.3\%, R2-9.6\%) had the highest prevalence in both rounds. In Maharashtra, Yevatmal (R1-10.9\%, R2-11.7\%) had the highest prevalence in both rounds and the HIV prevalence in different districts ranged from 2.1\% to $11.7 \%$ in R2 and 6\% to $10.9 \%$ in R1. In Tamil Nadu, the HIV prevalence ranged from $0.7 \%$ to $10.2 \%$ in R2 and $2 \%$ to $4.2 \%$ in $\mathrm{R}_{1}$, and Madurai ( $\mathrm{R} 1-2.5 \%, \mathrm{R}_{2}-10.2 \%$ ) had the highest HIV prevalence.

Coverage by services: A high proportion of clients of sex workers from the three states in R1 and R2 reported having exposure (heard/seen/read) to advertisements on condoms (R1 and R2-above 80\%) and STIs (R1-40\% to $99 \%$, R2-45\% to $97 \%$ ). Comparatively, a very low proportion of respondents in R2 (6\% to 36\%) reported having heard/seen/read advertisements for the Key Clinics (Health clinics for high-risk men supported by Population Services International) for STI treatment when compared with Rı ( $7 \%$ to $84 \%$ ). Further, less than $5 \%$ of the respondents in both rounds reported to have visited the Key Clinics for STI treatment.

## Long Distance Truck Drivers

Two rounds of surveys ( $\mathrm{R}_{1}$ and $\mathrm{R}_{2}$ ) were conducted in six transshipment locations (Delhi, Ghaziabad, Bangalore,

Ahmedabad, Mumbai and Kolkata) in 2007 and 2009, respectively. LDTDs were covered from four route categories namely North-East (NE), North-West (NW), North-South (NS), and South-East (SE) in the national highways. Using two stage time-location cluster sampling respondents were selected A total of 2,066 LDTDs in R1 and 2,085 in R2 were interviewed. Those covered in IBBA were any long distance truck drivers, aged 18 years and above, who took consignment from one place to destinations located along the national highways travelling more than 800 kms one way before returning to the place of origin. The following sections discuss in brief the key findings for the truckers surveyed.

Socio-demographic and trucking characteristics: The mean age of the truck drivers was broadly similar in both rounds (between 32 and 35 years) and more than $80 \%$ of the truckers could read and write. Three-fourths of the respondents in both rounds were currently married (R1-73\% to 83\%, R2-71\% to 84\%). As in R1, most LDTDs in R2 also had been working as drivers for the last 8 to 10 years with the exception of the SE route where the majority of the respondents had been working for around 11 years. LDTDs spent between 10 and 13 days or less on one round trip, and a very similar trend was observed in both rounds with regard to the amount of time spent. LDTDs in R2 reported spending one to two days waiting at destination or transhipment location (TSL) for the next consignment as against two to three days in R1. A major shift was observed in the case of LDTDs from the SE who in R1 reported the shortest waiting time but in R2 reported spending four or more days.

Sexual behaviours: The mean age at first paid sex was 21 years for NE, NS, and SE, and 22 for NW in R1, which increased to 22 (NW and SE) and 23 years (NE and NS) in R2. The majority of the LDTDs reported having had sex with their wife in the last one month, but only a small proportion reported using condoms during last sex, ranging from $2 \%$ to $22 \%$ in R2 as against $6 \%$ to $19 \%$ in R1. Besides wives, truckers also had paid female partners (those women whom respondent had paid for sex in past 12 months) and non-paid female partners (those women with whom the respondent had sex but was not married to and did no pay cash in exchange for sex in past 12 months). Not much variation was observed in R2 in the proportion of respondents who reported having had sex with a paid female partner across the different route categories (R1-25\% to 30\%, R2-26\% to $29 \%$ ) with the exception of the SE route where a marked
decrease was seen. Those having non-paid female partners ranged from $18 \%$ to $22 \%$ in R 1 and $15 \%$ to $34 \%$ in R2.

Condom use pattern: Consistent condom use with a paid female partner seems to have increased between the two rounds (R1-64\% to 74\%, R2-66\% to 95\%) for all route categories except the NE. An increasing trend was observed in condom use during last sex act with a non-paid female partner, and this proportion ranged from $33 \%$ to $63 \%$ in R2 but was between $22 \%$ and $36 \%$ in R1. A similar trend followed for consistent condom use, and this proportion ranged from $32 \%$ to $50 \%$ in R2 as against $14 \%$ to $21 \%$ in R1. Across the different routes between the two rounds, a very small proportion of the respondents reported to have had anal sex with male/hijra partners (R1-1\% to 5\%, R2-0.6\% to $5 \%$ ). Consistent condom use during anal sex with male/ hijra partners varied from $14 \%$ to $74 \%$ in R1 in the different route categories as against $17 \%$ to $41 \%$ in R2.

Knowledge and prevalence of STIs: A majority of the truckers had heard of STIs ranging from $70 \%$ to $94 \%$ in R1 and $52 \%$ to $72 \%$ in R2. Among those who had heard of STIs, respondents who could correctly identify three of the most common symptoms of STIs ranged from $6 \%$ to $16 \%$ in R2 as against $5 \%$ to $58 \%$ in R1. Truckers were tested for STIs including syphilis, gonorrhoea, and chlamydia during $\mathrm{R}_{1}$ and $\mathrm{R}_{2}$, using the same testing algorithm. The prevalence of any STIs (syphilis, NG, and CT) among LDTDs in R1 ranged from $1.6 \%$ to $4.8 \%$ and $1 \%$ to $4.4 \%$ in R2. Across the different routes, with the exception of NE (R1-4.8\%, R2$4.4 \%$ ), the prevalence of any STIs was less than $2 \%$ in R2 and a decline in prevalence was seen $\mathrm{R}_{1}$ ( $1.6 \%$ to $3.6 \%$ ).

Knowledge and prevalence of HIV: Almost all the LDTDs had heard about HIV/AIDS in R1 and between $77 \%$ and $94 \%$ in R2. HIV prevalence among LDTDs declined marginally across all four routes ranging from $1.9 \%$ to $3.3 \%$ in R2 as against $2.4 \%$ to $6.8 \%$ in R1. Maximum decline was observed among those plying on SE ( $6.8 \%$ in R-1 and $3.3 \%$ in R-2). Overall the prevalence of HIV among LDTDs was low compared to other HRGs.

Coverage by services: A marginal improvement in visits to Khushi clinics (Health clinics for truckers supported by Transport Corporation of India Foundation) was seen in R2 ( $4 \%$ to $31 \%$ ) when compared to R1 ( $3 \%$ to $20 \%$ ) across the different routes. However, awareness about Khushi clinics decreased in R2 ( $21 \%$ to $56 \%$ ) when compared to Ri ( $38 \%$ to $58 \%$ ) in all three routes except NW (R1-36\%, R2-62\%) where a marked increase was seen in R2. LDTDs
contacted by peer educators ( $\mathrm{R}_{1}-2 \%$ to $15 \%$, R2- $10 \%$ to $35 \%$ ) or having reported to have received condoms ( $\mathrm{R}_{1}-3 \%$ to $10 \%$, R2-2\% to 19\%) were less in proportion in both IBBA rounds.

## Limitations of the study

Districts in the IBBA within each state were not selected randomly. Rather districts with the highest numbers of key populations were selected to represent different socio-cultural regions, in recognition of the diversity that exists between these strata, and to facilitate the goal of modelling Avahan's impact in different types of settings. For this reason, aggregation of data across districts will represent only those districts, and generalization to the state overall or even to all Avahan districts in the state would be challenging.

Sub-group analysis of sub-populations within a district may not be statistically viable or yield reliable estimates due to very small numbers within each sub-category.

A sample size of 400 was considered for most of the key populations at the district level. Though this size is adequate to provide sufficiently precise estimates for high prevalence indicators, such as condom use, it may be inadequate to accurately estimate other indicators such as HIV prevalence or STI prevalence at the district level.

## Implications of the findings

The findings from two rounds of IBBA have important implications for HIV prevention programs in India. The IBBA R1 estimates along with data from other sources such as National Family Health Survey (NFHS) and HIV Sentinel Surveillance (HSS) contributed to the revision of the estimated number of persons living with HIV in India. Furthermore, these not only provide data for modelling the impact of Avahan interventions on the HIV epidemic but also would inform programmatic decisions at the national level both for NACP III as well as planning for NACP IV. Also, the rigorous methodology evolved over the two rounds of IBBA can be used for carrying out similar surveys at the regional or national level. The various publications from IBBA data will also guide the different program and policies related to HIV prevention among high-risk populations in concentrated epidemic settings.

The prevalence of STIs among the different HRGs surveyed declined in most states between the two IBBA rounds. However, a mixed trend was observed with regard to prevalence of HIV. Among FSWs prevalence declined in

Tamil Nadu, Karnataka and Nagaland whereas the trend in Maharashtra and Andhra Pradesh was mixed with decline in most of the surveyed districts. In particular, HIV prevalence among brothel and street based FSW/s in Mumbai and Thane districts increased significantly which needs to be addressed by exploring reasons for the increase. Among MSM, clients and IDUs the prevalence declined only in Maharashtra. Among LDTDs, HIV prevalence declined across all routes. Also, inter-district variation was observed in the prevalence levels within a state. This information will be helpful in tailoring statewide interventions for prevention of HIV. Further, analysis on the determinants could also bring out important factors which need to be considered while designing programs for reduction of HIV and STIs.

There is an increase in condom use with commercial clients among FSW and high-risk MSM which suggests of a positive impact of the targeted HIV prevention interventions. However, condom use by HRGs with regular partners remains low in both rounds of IBBA. Innovative approaches for condom promotion with regular partners need to be integrated in the routine HIV prevention programs. This may go a long way in preventing transmission of HIV to the general population.

Coverage of HIV prevention program for HRGs also increased in most states. This is evident from the increase in the proportion of peer contacts, visit to NGO clinics and condoms received between the two IBBA rounds from Avahan and non-Avahan NGOs. This improved coverage may have contributed to the decline in prevalence of STIs and increased condom use and increased proportion in R2 of participants who had undergone HIV test.

Finally, IBBA has gathered comprehensive data on different behavioural and biological indicators among HRGs which could be used in setting targets and allocating resources for NACP IV.

This report represents the data collected in 29 districts in one of the largest survey covering population at high risk of HIV infection. The survey provides data on FSWs, highrisk MSM, transgender, IDUs, long distance truck drivers and clients of FSWs that may be valuable resource for future programmes. R1 data from IBBA is already in public domain and R2 data is now available at http://www.nariicmr.res.in/IBBAdataaccess.php. The publications from IBBA are available in evaluation/results supplements in AIDS and BMJ-STI journals published in the years 2008 and 2010 respectively.

## CHAPTER Introduction

1.1 Background: In 1986 the first case of HIV was identified in India and since then HIV has increased substantially. During the last decade a marked decline in both prevalence and incidence of HIV is evident. According to the recent estimates released by the National AIDS Control Organization, adult prevalence in 2009 was 0.31\% ( $0.25 \%-0.39 \%$ ), which was $0.34 \%$ in 2007 and $0.41 \%$ in 2000. The states with high prevalence in the country in 2009 were Manipur ( $1.40 \%$ ), Andhra Pradesh (0.90\%), Mizoram ( $0.81 \%$ ), Nagaland ( $0.78 \%$ ), Karnataka ( $0.63 \%$ ), and Maharashtra $(0.55 \%)^{(1)}$. HIV Sentinel Surveillance in 2007 recorded high prevalence among injecting drug users (IDUs) ( $7.2 \%$ ), men who have sex with men (MSM) ( 7.4 \%), female sex workers (FSWs) (5.1\%), and STI clinic attendees (3.6\%), which indicates the concentrated nature of the epidemic in the country ${ }^{(2)}$. Primary drivers of the epidemic in the country are unprotected paid sex/ commercial sex work, unprotected anal sex between men, and injecting drug use ${ }^{(3)}$. Continued surveillance and prevention programmes to curtail the spread of HIV among high-risk groups indicate a decline in HIV prevalence among FSWs and an increase in prevalence among MSM and IDUs. In addition to routine surveillance activities, special surveys are essential for tracking the impact of the prevention programmes in the abovementioned high-risk target groups. Moreover, effective prevention programmes targeting both high-risk and general population are vital to reduce the burden of HIV, and these programmes are a major focus of the National AIDS Control Programme (NACP-III) and the India AIDS Initiative, Avahan.
1.2 The India AIDS Initiative, Avahan: Avahan, the India AIDS Initiative, was launched by the Bill \& Melinda Gates Foundation in 2003 to curtail the spread of HIV in the country. The primary goals over the 10 years (2003-2013) were to build an HIV prevention model at scale and to disseminate the lessons learned within the country and worldwide. The first phase of Avahan (2003-08) is over, and during those initial years a large scale HIV intervention programme was implemented focusing on FSWs and their
clients, high-risk MSM, hijras (transgendered persons), and IDUs in 83 districts in six high prevalence states in India (Andhra Pradesh, Karnataka, Maharashtra, Tamil Nadu, Nagaland, and Manipur) and in 17 sites along the national highways. Avahan provides these key populations with a core package of services very similar to the targeted intervention package used by the National AIDS Control Programme. These include quality clinical services for reducing sexually transmitted infections, ensuring availability of prevention commodities (condoms, needles/syringes), condom promotion, behaviour change communication, community mobilization, and structural interventions to create an enabling environment for HIV prevention. In the ongoing second phase (2009-13), Avahan is preparing to hand over the programme to the government and other stakeholders associated since inception. The major challenges for Avahan in the second phase is to maintain the intensity of the programme; to address issues relating to coverage and uptake of services; maximize quality of clinical services; and develop better

## Box 1.1: IBBA districts and Avahan program coverage



The shaded areas represent IBBA districts and the red dots denote Avahan intervention sites in the high prevalence states.
1.3 Monitoring and Evaluation of the Avahan Project: The Integrated Behavioural and Biological Assessment (IBBA) represents a significant component of the overall evaluation strategy to measure and understand the impact of the Avahan intervention on HIV transmission dynamics among high-risk populations in India. In the IBBA, behavioural risk information was collected along with biological specimens, which were tested for various STIs, including HIV. The IBBA is designed to measure the effect of a high coverage HIV prevention intervention, by monitoring changes in risk behaviours and prevalence of STI/HIV. Data from the evaluation are being used to measure the costeffectiveness of the intervention, for modelling the impact of the intervention on HIV transmission in India, and to contribute to the larger information base for the programme planners in India to design effective interventions. The data will be used along with other data sources for projecting future epidemic trends. The information collected will also strengthen the NACP-III in India, as the Avahan intervention is carried out in close collaboration with the National AIDS Control Organization (NACO) and the State AIDS Control Societies (SACS).

In addition to IBBA data, Avahan also has established a routine monitoring system where data are gathered on standard indicators such as programme inputs and infrastructure, outreach, service utilization, and community engagement. Both manual and computerized systems support the integration of reporting from the grassroots level and from different partner agencies. A computerized management information system (CMIS) is also in place to facilitate data management. Avahan also supports special surveys that are conducted at specific time intervals by implementing partners or external agencies ${ }^{(5)}$.
1.4 IBBA: Objectives and Characteristics: The primary objective of the IBBA is to collect the necessary information for assessing the outcomes and impact of interventions in Avahan districts (Box 1.2). The first round of the IBBA was conducted in the year 2005-07, and the second round in the year 2009-10. The findings for the recent round are presented in this report. Similar to round one, the second round of the IBBA was also implemented in 29 districts in six states of India, and along four selected route categories of the national highways. The total sample size for the second round of the IBBA was 26,800 , and it covered high-risk populations (FSWs, high-risk MSM, hijras, and IDUs) and bridge populations (clients of FSWs, and truckers). Probability sampling approaches were used, and

Box 1.2: IBBA objectives

- To measure the major outcomes and impacts of HIV interventions funded by Avahan under the India AIDS Initiative;
- To make data available for estimating sizes of populations targeted by the Avahan project; and
- To make information available to a partner organizatioin under Avahan for modeling the impact of the intervention.
approaches differed (details given in Chapter 2) depending on the characteristics of the high-risk population. Geographical coverage of the IBBA in each district extended to the entire district, even when the Avahan intervention covered only a segment of the district (Tables 1.1 to 1.3). The first round of IBBA was not a true baseline assessment for Avahan since the programme was already active in most of the districts before the survey was conducted. Being a de facto baseline for the IBBA, there are limitations in using it as a baseline against which to measure change. However, changes in key variables/indicators over the multiple rounds of the IBBA are an important component in measuring the performance of Avahan.
1.5 IBBA Partners: Premier institutes of the Indian Council of Medical Research (ICMR) including the National AIDS Research Institute (NARI), Pune; the National Institute of Epidemiology (NIE), Chennai; the National Institute of Medical Statistics (NIMS), New Delhi; the National Institute of Nutrition (NIN), Hyderabad; and the Regional Medical Research Centre (RMRC), Dibrugarh implemented the IBBA in Maharashtra, Tamil Nadu, across national highways, Andhra Pradesh, Manipur, and Nagaland, respectively. The IBBA in Karnataka was conducted by the Karnataka Health Promotion Trust (KHPT) in partnership with St. Johns Medical College and T.T. Krishnamachari Blood Bank, Bangalore. The National AIDS Research Institute coordinated the conduct of the IBBA survey at the national level. IBBA data in round one was centrally managed and analyzed at the National Institute of Epidemiology, Chennai; whereas, it was decentralized in round two. FHI 360, New Delhi provided technical assistance for implementing the IBBA. Professional research agencies were hired by the ICMR Institutes to conduct the fieldwork. These included ACNielsen ORGMARG Private Ltd in Andhra Pradesh for both rounds; TNS

Table 1.1: Coverage of Avahan intervention for female sex workers by district

| District | Agencies implementing programmes | Month Avahan started | Intended Avahan coverage* | Month of IBBA Survey |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | Round 1 | Round 2 |
| Andhra Pradesh |  |  |  |  |  |
| Chittoor | APSACS, Avahan | Apr 2004 | 82\% | Jun 2006 | Sep 2009 |
| East Godavari | APSACS, Avahan | Jul 2004 | 14\% | Mar 2006 | Mar 2009 |
| Guntur | APSACS, Avahan | May 2004 | 68\% | May 2006 | Jul 2009 |
| Hyderabad | APSACS, Avahan | Jul 2004 | 17\% | Feb 2006 | Jun 2009 |
| Karimnagar | Avahan | Apr 2004 | 100\% | Nov 2005 | Aug 2009 |
| Prakasam | APSACS, Avahan | Sep 2004 | 77\% | Jun 2006 | May 2009 |
| Visakhapatnam | APSACS, Avahan | Sep 2004 | 44\% | May 2006 | Mar 2009 |
| Warangal | APSACS, Avahan | Jul 2004 | 59\% | Feb 2006 | Jul 2009 |
| Karnataka |  |  |  |  |  |
| Bangalore (Urban) | KSAPS, Avahan | Apr 2005 | 59\% | Jul 2006 | Feb 2009 |
| Belgaum | Avahan | Apr 2004 | 100\% | Oct 2005 | Jul 2008 |
| Bellary | Avahan | Aug 2004 | 100\% | Nov 2005 | Aug 2008 |
| Shimoga | Avahan | Apr 2004 | 100\% | Aug 2005 | Sep 2008 |
| Maharashtra |  |  |  |  |  |
| Kolhapur | MSACS, Avahan | Dec 2004 | 50\% | Mar 2006 | Jul 2009 |
| Mumbai BB | MDACS, Avert, Avahan | Oct 2004 | 50\% | Mar 2006 | Nov 2009 |
| Mumbai SB | MDACS, Avert, Avahan | Oct 2004 | 50\% | Apr 2006 | Nov 2009 |
| Mumbai BG | MDACS, Avahan | Oct 2004 | 85\% | Nov 2009 | Nov 2009 |
| Parbhani | MSACS, Avahan | Feb 2005 | 72\% | Nov 2006 | Oct 2009 |
| Pune BB | MSACS, Avahan | Dec 2004 | 35\% | Jun 2006 | Aug 2009 |
| Pune NBB | MSACS, Avahan | Dec 2004 | 100\% | Jun 2006 | Sep 2009 |
| Thane BB | MSACS, Avahan | Dec 2004 | 46\% | May 2006 | Jun 2009 |
| Thane SB | MSACS, Avahan | Oct 2004 | 100\% | Apr 2006 | July 2009 |
| Yevatmal | MSACS, Avahan | Feb 2005 | 100\% | May 2006 | Sep 2009 |
| Tamil Nadu |  |  |  |  |  |
| Chennai | TNSACS, APAC, Avahan | Jul 2004 | 21\% | Jul 2006 | Jul 2009 |
| Coimbatore | Avahan | Jul 2004 | 100\% | Jun 2006 | Aug 2009 |
| Dharmapuri | Avahan | Jul 2004 | 59\% | Apr 2006 | Mar 2009 |
| Madurai | TNSACS, APAC, Avahan | Jul 2004 | 40\% | Mar 2006 | Mar 2009 |
| Salem | Avahan | Jul 2004 | 100\% | Mar 2006 | Mar 2009 |
| Nagaland |  |  |  |  |  |
| Dimapur | OXFAM, NSACS, Avahan | Oct 2004 | 100\% | Feb 2006 | May 2009 |

[^0]Table 1.2: Coverage of Avahan intervention for high-risk men who have sex with men by district

| District | Agencies implementing programmes | Month Avahan started | Intended Avahan coverage* | Month of IBBA survey |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | Round 1 | Round 2 |
| Andhra Pradesh |  |  |  |  |  |
| East Godavari | Avahan | Oct 2005 | 100\% | April 2006 | Apr 2009 |
| Guntur | Avahan | Jan 2006 | 21\% | May 2006 | June 2009 |
| Hyderabad | APSACS | NA | 0\% | June 2006 | June 2009 |
| Visakhapatnam | Avahan | Apr 2006 | 17\% | May 2006 | April 2009 |
| Karnataka |  |  |  |  |  |
| Bangalore (Urban) | KSAPS, Avahan | Apr 2005 | 90\% | Jul 2006 | Jan 2010 |
| Maharashtra |  |  |  |  |  |
| Mumbai-Thane | MSACS, Avahan | Oct 2004 | 100\% | Jan 2007 | Dec 2009 |
| Pune | MSACS, Avahan | Dec 2004 | 100\% | Oct 2006 | Jan 2010 |
| Tamil Nadu |  |  |  |  |  |
| Chennai | APAC, Avahan | Jul 2004 | 33\% | Jul 2006 | Aug 2009 |
| Coimbatore | Avahan | Jul 2004 | 100\% | Jun 2006 | Aug 2009 |
| Madurai | Avahan | Jul 2004 | 100\% | Mar 2006 | Mar 2009 |
| Salem | Avahan | Jul 2004 | 100\% | Mar 2006 | Mar 2009 |

* Intended coverage is calculated based on territory division with other HIV prevention providers in the district and the size estimates of the "high-risk" populations in each territory within the district.

Table 1.3: Coverage of Avahan intervention for injecting drug users by district

| District | Agencies implementing programmes | Month Avahan started | Intended Avahan coverage* | Month of IBBA survey |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | Round 1 | Round 2 |
| Maharashtra |  |  |  |  |  |
| Mumbai-Thane | MDACS | NA | NA | Mar 2007 | Nov 2009 |
| Manipur |  |  |  |  |  |
| Bishnupur | CSD, SIDA, MSACS, Avahan | Oct 2004 | 100\% | Jan 2006 | Apr 2009 |
| Churachandpur | AusAID, MSACS, Avahan | Apr 2005 | 87\% | Feb 2006 | Apr 2009 |
| Nagaland |  |  |  |  |  |
| Phek | NSACS, Avahan | Oct 2004 | 100\% | Mar 2006 | May 2009 |
| Wokha | NSACS, Avahan | Oct 2004 | 57\% | Apr 2006 | May 2009 |

[^1]Table 1.4: Coverage of Avahan intervention for truck drivers by route

| District | Agencies implementing programmes | Month Avahan started | Intended Avahan coverage* | Month of IBBA survey |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | Round 1 | Round 2 |
| National Highways |  |  |  |  |  |
| North-East | Avahan | Aug 2005 | 50\% | Jul 2007 | Sep 2009 |
| North-South | Avahan | Aug 2005 | 50\% | Jul 2007 | Sep 2009 |
| North-West | Avahan | Aug 2005 | 50\% | Jul 2007 | Sep 2009 |
| South-East | Avahan | Aug 2005 | 50\% | Jul 2007 | Oct 2009 |

*Intended coverage is calculated based on territory division with other HIV prevention providers in the district and the size estimates of the "high-risk" populations in each territory within the district.

India Private Ltd (Round 1 ) and the Centre for Operations Research and Training (CORT) (Round 2) in Maharashtra; TNS India Private Ltd (Round 1) and GFK Mode (Round 2) in Tamil Nadu; and ACNielsen ORG-MARG Private Ltd (Round 1 ) and the Centre for Operations Research and Training (CORT) (Round 2) for national highways. The surveys in the north-eastern states were carried out by the Kripa Foundation, Kohima and the Regional Institute of Medical Sciences (RIMS), Imphal.

The present report provides detailed findings for the IBBA round two, with comparisons to round one, conducted among the high-risk populations in Andhra Pradesh, Karnataka, Maharashtra, Tamil Nadu, Nagaland, and Manipur and truck drivers along national highways. The assessment seeks their present status on awareness, knowledge, and behaviour with regards to STI/HIV/ AIDS. A methodological overview of the IBBA survey is outlined in Chapter 2. Salient findings by state and highrisk category are described in subsequent chapters.

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## CHAPTER Methodology

The salient features of the IBBA survey design and methodology are described in this chapter. A team consisting of members from the Indian Council of Medical Research, Karnataka Health Promotion Trust, FHI 360, and Avahan designed the protocol for implementation of the IBBA survey. The protocol was fine-tuned based on the lessons learnt during the first round of the IBBA. The questionnaires for the survey were slightly modified to include additional information, and the formats for the high-risk populations across the districts and states in round two were similar.
2.1 Approval Process: Prior to starting the IBBA, clearance for the survey was obtained from the Health Ministry Screening Committee, Government of India. The IBBA protocol was also approved by the Scientific Advisory Committees of the participating ICMR institutes. Ethics committees from these institutions reviewed and approved the protocol, consent forms, study instruments, standard operating procedures, and field manuals. The Karnataka IBBA protocol was approved by St. John's Medical College Hospital Institutional Ethics Review Board, Bangalore. The protocol was also approved by the Protection of Human Subjects Committee of FHI 360.

### 2.2 Survey Coverage

2.2.1 IBBA districts: Based on the recommendation of the Avahan WHO Evaluation Advisory Group (EAG) for the IBBA, the survey was carried out in 29 districts out of 83 where Avahan was operating and four segments along the national highways. The districts were chosen purposively based on two key criteria: socio-cultural region and size of the high-risk population to have adequate representation and to ensure heterogeneity in terms of social, economic, and cultural characteristics. In each state, the capital district for the state was also included.
2.2.2 Respondent groups: The selection of high-risk populations to be covered in each district was based on the focus of Avahan and the overall HIV transmission dynamics of the region (Box 2.1). Coverage of FSWs was a priority in the four southern states (Andhra Pradesh, Tamil Nadu, Karnataka, and Maharashtra); whereas, in the north-eastern states, priority was given to IDUs. Data were collected for the entire district regardless of the various funding agencies supporting HIV prevention interventions in the district. The high-risk populations covered include FSWs, high-risk MSM, hijras, IDUs, clients of FSWs, and truckers.

Box 2.1: IBBA districts

| State and District | FSW | High-risk MSM | Hijra | IDU | Clients |
| :--- | :---: | :---: | :---: | :---: | :---: |
| Andruckers |  |  |  |  |  |
| Chittoor |  |  |  |  |  |
| East Godavari | $\checkmark$ |  |  |  |  |
| Guntur | $\checkmark$ |  |  |  |  |
| Hyderabad | $\checkmark$ | $\checkmark$ |  | $\checkmark$ |  |
| Karimnagar | $\checkmark$ | $\checkmark$ |  | $\checkmark$ |  |
| Prakasam | $\checkmark$ |  |  | $\checkmark$ |  |
| Visakhapatnam | $\checkmark$ |  |  |  |  |
| Warangal | $\checkmark$ |  |  | $\checkmark$ |  |
| Karnataka (4,400) | $\checkmark$ |  |  | $\checkmark$ |  |
| Bangalore | $\checkmark$ |  |  |  |  |


| State and District | FSW | High-risk MSM* | Hijra | IDU | Clients | Truckers |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Belgaum | $\checkmark$ | $\checkmark$ |  |  | $\checkmark$ |  |
| Bellary | $\checkmark$ | $\checkmark$ |  |  | $\checkmark$ |  |
| Mysore | $\checkmark$ | $\checkmark$ |  |  | $\checkmark$ |  |
| Shimoga | $\checkmark$ | $\checkmark$ |  |  | $\checkmark$ |  |
| Maharashtra (6,400) |  |  |  |  |  |  |
| Kolhapur | $\checkmark$ |  |  |  |  |  |
| Mumbai ** | $\checkmark \checkmark \checkmark$ |  |  |  | $\checkmark$ |  |
| Parbhani | $\checkmark$ |  |  |  | $\checkmark$ |  |
| Pune | $\checkmark \checkmark$ | $\checkmark$ |  |  | $\checkmark$ |  |
| Thane | $\checkmark \checkmark$ |  |  |  |  |  |
| Yevatmal | $\checkmark$ |  |  |  | $\checkmark$ |  |
| Mumbai-Thane |  | $\checkmark$ |  | $\checkmark$ |  |  |
| Tamil Nadu $(5,200)$ |  |  |  |  |  |  |
| Chennai | $\checkmark$ | $\checkmark$ |  |  | $\checkmark$ |  |
| Coimbatore | $\checkmark$ | $\checkmark$ |  |  |  |  |
| Dharmapuri | $\checkmark$ |  |  |  |  |  |
| Madurai | $\checkmark$ | $\checkmark$ |  |  | $\checkmark$ |  |
| Salem | $\checkmark$ | $\checkmark$ |  |  | $\checkmark$ |  |
| All five districts |  |  | $\checkmark$ |  |  |  |
| Nagaland (1,200) |  |  |  |  |  |  |
| Dimapur | $\checkmark$ |  |  |  |  |  |
| Phek |  |  |  | $\checkmark$ |  |  |
| Wokha |  |  |  | $\checkmark$ |  |  |
| Manipur (800) |  |  |  |  |  |  |
| Bishnupur |  |  |  | $\checkmark$ |  |  |
| Churachandpur |  |  |  | $\checkmark$ |  |  |
| Truckers (2,000) |  |  |  |  |  |  |
| North - East |  |  |  |  |  | $\checkmark$ |
| North - South |  |  |  |  |  | $\checkmark$ |
| North - West |  |  |  |  |  | $\checkmark$ |
| South - East |  |  |  |  |  | $\checkmark$ |

${ }^{* *}$ Two IBBA surveys among MSM $T$ in the state, one in Bangalore urban and another one combined survey in 4 other IBBA districts. The combined sample size in 4 districts is 550 .

* Mumbai FSWs consist of three groups, and Pune, Bangalore, and Thane FSWs consist of two groups each.


## Box 2.2: Behavioural indicators

- Number and types of sexual partners
- Condom use with different types of partners
- Practices related to condom use and safe sex
- Knowledge of STIs and STI care-seeking behaviors
- Knowledge and attitudes toward HIV/AIDS
- Drug and substance use
- Mobility and migration patterns influencing risk
- Perception of HIV and STI risk
- Exposure to Avahan and other HIV interventions

Box 2.3: Biological indicators

## All participants:

Syphilis serology
N.gonorrhoeae NAAT
C.trachomatis NAAT

Herpes simplex virus type 2 (HSV-2) serology ( $10 \%$ sample)
HIV serology
BED assay for early HIV infection

## IDUs only:

Hepatitis B virus (HBV) surface antigen
Hepatitis C virus (HCV) antibody
2.3 Key Areas of Inquiry: Key risk behaviours and STIs related to the spread of HIV were assessed. For the behavioural assessment (Box 2.2), face-to-face interviews using structured questionnaires were used. Keeping in view the requirement for modelling the impact of the Avahan intervention, different variables were selected. The questionnaire covered demographic variables, migration, sexual behaviour, condom use, types of partners, knowledge about HIV, and exposure to interventions. For the biological assessment (Box 2.3), prevalence of STIs including HIV was estimated. In addition, prevalence of hepatitis $B$ and $C$ were estimated in the IDU group.

### 2.4 Preparatory Activities

2.4.1 Pre-survey assessment: State level consultative discussions were held with local stakeholders including State AIDS Control Societies (SACS) and nongovernmental organizations (NGOs) working with highrisk populations. In each state, a participatory workshop was conducted with NGOs, including outreach workers and peer educators.
2.4.2 Research instruments and tools: ICMR, KHPT, and FHI 360 developed the survey instruments including questionnaires and consent forms, field guidelines, and laboratory standard operating procedures (SOPs). Guidelines for handling adverse events, and ensuring safety and confidentiality of data were also developed. All the questionnaires and manuals were translated into local languages and back-translated. The questionnaires were pre-tested in each state and reviewed by ICMR, KHPT, FHI 360 , and Avahan before finalization.
2.4.3 Community preparation: Community preparation, an integral part of the implementation of the IBBA, was carried out with the intent of understanding and addressing the concerns of stakeholders, gatekeepers, and community members. The survey established a Community Advisory Board and a Community Monitoring Board which were independent of the survey teams and their main role was protecting the high-risk populations. One Community Advisory Board was established for each high-risk population in each district to help and guide the survey team, to suggest mechanisms for avoiding adverse events, and to help address problems if and when they arose in a community sensitive manner. The Community Monitoring Board was composed of members of the highrisk populations who visited the areas where the survey was implemented, and the Community Monitoring Board
reported any complaints, concerns, or problems to the Community Advisory Board.

### 2.5 Ethical Issues and Consent Process

2.5.1 Informed consent: All respondents were informed of, and gave consent for each test that was to be performed on their blood and urine specimens. At the study sites, potential participants were selected as per the protocol and were informed about the purpose and procedures for the study and asked for consent. Participation was completely voluntary with the option to withdraw at any time.
2.5.2 Harm minimization measures: The high-risk populations involved in the IBBA are often marginalized and stigmatized. Protection of respondents in all phases of the assessment was given high priority. The ethical committees of the participating centres reviewed the conduct of the study periodically. The guidelines were strictly followed to protect the rights of respondents including confidentiality of the data. Questionnaires and biological testing were linked anonymously, meaning that the results were linked to the questionnaire, but the results could not be traced back to the individual.

### 2.6 Sampling

2.6.1 Sample size: The sample size of 400 per district was arrived at for each of the high-risk groups, except for truckers where the sample size was 500 per highway segment. The sample sizes were calculated for tracking changes in key risk behaviours over time and for looking for district level impact. With the exception of truck drivers, by definition, all respondents engaged in behaviours that put them at risk for HIV infection, either commercial sex, sex with multiple partners, or injecting drug use. The main protective behaviours of interest to Avahan included condom use and use of clean needles/ syringes and injecting equipment. The size of 400 allowed for detection of an absolute difference of $15 \%$ or more from the assumed value of $50 \%$ with $95 \%$ confidence ( $5 \%$ probability oftype I error), and $90 \%$ power ( $10 \%$ probability of type II error), for indicators such as consistent condom use, last time condom use, and use of clean needles. A design effect of 1.7 was assumed for cluster sampling and 1.5 for respondent driven sampling methods.
2.6.2 Sampling approaches: A probability sampling method was used in all groups and all districts. The choice of method for individual high-risk populations was dependent on the population being assessed.

Conventional cluster sampling was used for populations that were relatively stable (in terms of mobility) in that they were attached (even if temporarily) to a particular establishment. This was most often the case for brothel-based, home-based, and lodge-based FSWs. For populations that tended to be less stable, such as streetbased FSWs, high-risk MSM, hijras, and clients of FSW/s (because they were not associated with any particular site or establishment in a fixed manner or at fixed times), time-location cluster sampling was used.

Respondent driven sampling was used for populations where a substantial proportion did not congregate in identifiable locations and would have been missed if a venue-based sampling approach, such as conventional cluster sampling or time-location cluster sampling, was used.

A "take-all" approach was followed when the pre-survey assessment or sampling frame development suggested that there were fewer than 400 members of the high-risk population in that district.

Sampling approaches used for selection of respondents from different districts across the two rounds were similar except for Parbhani (Maharashtra) where respondent driven sampling was used in round one and a take-all approach followed in round two.
2.6.3 Mapping and sampling frame: For surveys where cluster sampling was used, non-governmental organizations and individuals working with high-risk populations were involved in the mapping of potential sites where members of the group could be sampled. First, the existing mapping information available from the lead partners in each of the state agencies was obtained. Mapping information was updated by visiting each site. During this process, inactive sites were excluded and new sites were added. Information was gathered at each site about the presence of high-risk population members on different days and times, as well as approximate numbers and patterns of mobility. This information was then used to develop a list of primary sampling units to serve as either a conventional cluster sampling frame or a timelocation sampling frame. The exercise was also carried out in areas that were not covered by Avahan.
2.6.4 Cluster sampling procedures: Selection of respondents for conventional cluster sampling/timelocation cluster sampling was done through a two-stage cluster sampling procedure. The primary sampling units
(clusters) were selected by systematic random sampling (without replacement), by probability proportional to size. In the selected clusters, respondents were chosen through simple random sampling using their dress code as labels. The information needed to calculate selection probabilities, weights, and non-response rates was recorded in the cluster information sheet.
2.6.5 Respondent driven sampling: Selection of respondents for respondent driven sampling was done through a system of peer recruitment involving initial identification of 6-8 diverse "seeds", who were members of the high-risk population, purposively selected from among various networks to participate in the survey. Each seed was issued three coupons to recruit members of the population who met the eligibility criteria and who were "known" to them (i.e., not strangers). Additional seeds were selected during the conduct of the survey if the earlier seeds did not succeed in developing active recruitment chains. Respondent driven sampling data were analyzed using the Respondent Driven Sampling Analysis Tool (RDSAT) program, with appropriate weighting and accounting for design effects. Validity of the estimates obtained through the respondent driven sampling depends upon the extent of networking amongst the respondents. Inability to cover different categories of the hidden population is the potential risk in this approach. If some categories of respondents are not identified in the RDS process, they remain unrepresented in the survey.

### 2.7 Implementation of Survey

2.7.1 Training: Intensive training was imparted to all field personnel in view of the sensitive nature of the behavioural questions and the fact that biological specimens were to be collected. One five-day training workshop was held to

Box 2.4: IBBA interview room

orient the various field staff on their specific roles. The medical officers were trained on syndromic management of STIs. In addition, all individuals involved in the IBBA were trained in community sensitization, harm minimization, good laboratory practices (GLP), biohazard, and the basics about HIV, AIDS, and STIs. A dry run of field activities was done to assess the skills of the team and to resolve problems before initiating field work.
2.7.2 Fieldwork: Multiple field teams were formed in each district. The teams consisted of a supervisor, community liaison staff, laboratory technician, interviewers, and a clinician. Data were collected through face-to-face interviews in a private location specifically set up for the interview and clinical examination in the vicinity of survey site (see Box 2.4 for a photo of a sample interview room).
2.7.3 STI referral and communicating results to participants: One major benefit to the participants of the IBBA was access to medical examination and treatment by a doctor. Participants with symptoms consistent with STIs were treated syndromically for STIs at the time of the survey. They were provided with referral cards containing only the participant's identification number and directed to visit a designated clinic. At the clinic, syphilis test results and STI care were provided, if any respondent chose to visit.
2.7.4 Monitoring: There were several layers of monitoring to ensure that the IBBA was conducted in strict adherence to the approved protocol. Researchers from NARI, the state ICMR institutes, KHPT, and FHI 360 were present in the field during the preparatory work, training, mapping, and conducting of the survey. Staff from the research agencies as well as NARI, ICMR, KHPT, and FHI 360 made frequent surprise visits to check quality and consistency of various aspects of fieldwork including sampling, selection of respondents, the consent process, clinical examinations by the doctors, biological sample collection by technicians, and storage/transport/ processing of samples at the field laboratories. Quality of the data collected in the field was checked on the spot for completeness. Inconsistencies were checked and corrected at the site itself by the field team.
2.8 Biological Component of IBBA: The Integrated Behavioural and Biological Assessment survey is unique in that biological indicators for risk of HIV infection have been measured for the first time in such a large survey. The biological indicators included in the survey were presence of sexually transmitted infections as diagnosed by serology
or nucleic acid amplification assay. Sero-prevalence of HIV infection was determined by using two test algorithms.

Laboratory network: Biological assays were carried out through a network of laboratories at three levels:

1. National level - National AIDS Research Institute, Pune (Box 2.5)

Box 2.5: IBBA central laboratory

2. State level - at each state ICMR Institute
3. District level

A small laboratory was established at field site during the survey period for the samples collection.

Transportation: The biological samples were transported from the site laboratory to the district lab and from district laboratory to the state laboratory, maintaining a cold chain (Box 2.6). In the state lab once the testing was completed the samples were sent to NARI every month for quality control and archiving. The detailed logistics of transport and storage are illustrated in Figure 2.1. Necessary monitoring and checks were instituted to ensure that samples were transported in appropriate conditions.

### 2.9 Biological Assays (Table 2.1):

Syphilis serology: The Rapid Plasma Reagin (RPR) test for syphilis antibodies was carried out in the district laboratory. An indirect heamagglutination test (TPHA) was used to confirm the results of the RPR rapid test for all RPR positive sera. TPHA was carried out in the state laboratories. Since RPR and TPHA assays were not validated on dried blood spot, Trepanostika TP recombinant (BioMerieux), a solid phase enzyme-linked immunoassay, was used for testing antitreponemal antibodies using dried blood spot in the survey in the north-eastern states of Nagaland and Manipur.

Box 2.6: Laboratory testing and storage protocol


Figure 2.1: Specimen flow chart


Table 2.1: Responsibilities and tests performed by level of laboratory

| Laboratory level | Responsibility | Assays performed |
| :---: | :---: | :---: |
| Site laboratory | - Collect, label, log, and transport biologic specimens (blood and urine) to the district laboratory. <br> - Aliquot 2 cc of urine into diagnostic test Urine Specimen Transport Tube (USTT). |  |
| District laboratory | - Aliquot, label, and log sera into three vials. <br> - Store and transport specimens in appropriate conditions. <br> - Perform syphilis serologic screening test. <br> - Return syphilis results under study ID number to referral clinics. | - Qualitative and quantitative RPR |
| State laboratory <br> NARI, Pune NIN, Hyderabad NIE, Chennai RMRC, Dibrugarh | - Store and transport specimens in appropriate conditions. <br> - Syphilis serologic screening and confirmatory testing. <br> - HIV antibody testing. <br> - HSV-2 serologic testing ( $10 \%$ random sample). <br> - Hepatitis B surface antigen and hepatitis C antibody testing. <br> - Complete laboratory data result forms per standard operating procedures. | - TPHA (if RPR is positive) <br> - Trepanostika (dried blood spots only) <br> - HIV-ו ELISA (screening) <br> - HIV $_{- \text {ו- }}^{\text {ELISA }}$ (confirmation if screening test is positive) <br> - HSV-2 <br> - Hepatitis B virus surface antigen EIA <br> - Anti-Hepatitis C virus EIA <br> - Chiron RIBA, if anti-HCV EIA is positive |
| Central laboratory NARI, Pune | - HIV antibody testing to estimate new infection in the previous six months. <br> - NG and CT detection by TMA amplification (GEN APTIMA). <br> - HIV-1 confirmatory test for discordant ELISA results. <br> - Genital ulcer pathogen antigen detection from swabs. <br> - Quality control for all assays. <br> - Repository of samples. <br> - Logistics and co-ordination. | - Aptima nucleic acid amplification assay for N. gonorrhoeae and C. trachomatis (at NARI and NIN only) <br> - HIV- Western Blot assay on discordant HIV results |

HIV sero-prevalence: Sero-prevalence of HIV infection was determined by using two test algorithms at the state laboratory (screening test: Microlisa - HIV by J. Mitra and Co. Pvt. Ltd.; confirmatory test: Genedia HIV ו/2 ELISA 3.0 by Greencross Life Sciences Corp). HIV serology was performed on the serum samples except for the states of Nagaland and Manipur where Dried Blood Spot (DBS) were collected due to logistics necessity.

HSV-2 serology: HSV-2 ELISA was performed on a $10 \%$ subset of all serum samples at the state laboratory using HerpSelect 2 ELISA IgG kits (Focus Diagnostics).

Hepatitis B surface Ag (HBsAg) ELISA: HBsAg ELISA was carried out on all DBS samples at the state laboratory
using Murex HbsAg Version 3 kits (Abbott Diagnostics) for the detection of hepatitis B surface antigen in DBS sample. This test was carried out only among injecting drug users.

Hepatitis C antibody ELISA: DBS samples from IDUs were tested for the presence of antibodies against hepatitis $C$ by EIA (Murex anti-HCV Version 4.0, Abbott Diagnostics).

Detection of $N$. gonorrhoeae and $C$. trachomatis in urine sample: Gen-Probe APTIMA Combo 2 for $N$. gonorrhoeae and C. trachomatis: The APTIMA Combo 2 ( $\mathrm{AC}_{2}$ ) Assay, a target amplification nucleic acid probe test that utilizes target capture for the in vitro quantitative detection and differentiation of ribosomal RNA (rRNA) from C. trachomatis
and/or $N$. gonorrhoeae was applied for urine samples from participants. The assay combines the technologies of target capture, Transcription-Mediated Amplification (TMA), and Dual Kinetic Assay (DKA). The chemiluminescent detection reaction for $C$. trachomatis signal has very rapid kinetics and has the "flasher" kinetic type. The chemiluminescent detection reaction for $N$. gonorrhoeae signal is relatively slower and has the "glower" kinetic type. Assay results are determined by a cut-off based on the total RLU and the kinetic curve type. Assay results are automatically interpreted by the APTIMA Combo 2 Assay software and presented as individual CT and GC test results. A test result may be a negative, equivocal, positive, or invalid.

While individual testing was done in IBBA round one for detection of NG and CT , in round two, following a review of the method and cost-effectiveness of conducting the amplification assay for detection of NG/CT, a Gen APTIMA pooling algorithm was developed. The pooling algorithm is a two-step testing procedure whereby urine specimens are first tested in pools of five in a single test unit. Specimens from pools which test negative are all considered negative. Specimens from positive pools are retested individually to determine which specimen(s) in the pool is (are) positive. An assessment of pooling strategy was performed by comparing individual assay results and results from pooled samples prior to implementation of round 2 of the IBBA in 2009.
2.10 Quality Control and Quality Assurance in the IBBA: Quality assurance for various laboratory tests consisted of training, site inspection, and documentation and proficiency testing (internal/external).

1. RPR tests done at the district laboratory were monitored by the state laboratory by retesting $10 \%$ of the serum samples tested at the district laboratories.
2. For the assays carried out in the state laboratories (TPHA, HIV-J Mitra, HIV-Genedia, HSV-2 ELISA, Trepanostika, HbsAg, Anti-HCV ELISA), 10\% randomly selected samples were retested on a separate aliquot at the central laboratory.
3. For Gen-Probe APTIMA Combo 2 assay, all positive samples and $5 \%$ of all negative urine samples were retested on a separate aliquot at NARI.

External quality control of the state laboratories was done by sending proficiency panels (blinded samples) for each assay at regular intervals. The state laboratories implement internal quality control by including known blinded positive and negative samples apart from the control specimens provided in the test kits.
2.11 Archives: All the serum samples after testing are stored at $-20^{\circ} \mathrm{C}$ while the serum vials for quality control are stored at $-70^{\circ} \mathrm{C}$ at NARI. For storage of IBBA samples, a separate sample tracking system was developed and all the samples were stored group-wise in a freezer room. All the hard copies of the test protocol are separated groupwise. The soft copies of all lab results were entered in a computer as per the Excel sheet developed by IBBA and all the data have been kept on CDs for back-up and longterm storage.
2.12 Data Management and Analysis: In view of the large volume of data generated, a Data Management Group consisting of representatives from all partner organizations (ICMR, KHPT, and FHI 360) was formed in round one to steer the data management activities of the IBBA under the overall leadership of the Director, NIE, Chennai. However, in round two data management was decentralized and state level analyses were carried out by state ICMR institutes. Processes followed for data entry and quality control checks were similar across the two rounds. Double data entry was carried out using CSPro (version 3.1) software. In the case of the IBBA carried out by the ICMR institutes, the first data entry was done by the research agency and the second independent data entry was done by the respective state ICMR institute. The double data entry for Karnataka IBBA data was carried out by KHPT. Accuracy was ensured by matching the two separately entered data files and correcting the mismatches. Inconsistencies in the data were sorted out through discussions and cross verification with original documents. The cleaned data were used for statistical analysis. SPSS (version 15.0) and RDSAT (version 5.6.0) software were used for data analysis. The early findings were discussed amongst the IBBA team members and also shared with external experts. Based on these consultations, mid-course corrections in the analysis plans and new strategies for revised data analysis were incorporated.

## CHAPTER

## Female Sex Workers

3.1 Introduction: The HIV epidemic in India is concentrated among the high-risk groups, and female sex workers are one of these high-risk or "key populations" targeted for preventive interventions due to their large number of sexual partners. They are also the main focus population for Avahan along with MSM and IDUs. The first round of the IBBA was conducted among the FSWs in the different states between August 2004 and November 2007 and the second round in the year 2009-10. As in round one, the survey in round two was also conducted in eight districts in Andhra Pradesh, five districts in Karnataka, six districts in Maharashtra, five districts in Tamil Nadu, and in Dimapur district in Nagaland. The surveys among FSW/s in round two were carried out between March 2009 and October 2009 in Andhra Pradesh and Tamil Nadu; June 2009 and December 2009 in Maharashtra; December 2006 and February 2009 in Karnataka; and February 2009 and July 2009 in Dimapur.
3.2 Mapping: A two-stage cluster sampling design was adopted (fixed-location and time-location clusters were the primary sampling units) for all districts and a total of 3,074 brothel-based (fixed-location) and 3,993 non-brothel-based (time-location) clusters were mapped in Andhra Pradesh, Maharashtra, and Tamil Nadu in round two across the survey districts. From among the mapped clusters, 1,034 brothel-based and 1,007 non-brothel-based clusters were selected for IBBA round two. In Karnataka, 41,114 clusters were mapped and 510 selected in round two of IBBA. Public places like parks, streets, cinema halls, bus stands, railway stations, etc. where FSWs solicit clients were considered as non-brothel-based sites. In all, during IBBA rounds one and two, a total of 22,915 FSW/s ( $\mathrm{R} 1-11,604, \mathrm{R}_{2}-11,31$ ו) were interviewed from the states of Andhra Pradesh, Tamil Nadu, Karnataka, Maharashtra, and Nagaland.
3.3 Participation Rates: The overall participation rate for FSWs was $79 \%$ in round one and $68 \%$ in round two. High participation rates could be achieved in both rounds one
and two in Karnataka (R1-85\% to 90\%, R2-92\% to 98\%) and Maharashtra (R1-45\% to 78\%, R2-62\% to 96\%). In a few of the districts in Andhra Pradesh (R1-63\% to $82 \%$, R2-45\% to $77 \%$ ) and Tamil Nadu (R1-61\% to $79 \%$, $\mathrm{R} 2-50 \%$ to $83 \%$ ) a marginal decline in participation rates was observed between the two rounds (Table 3.1). The sections which follow discuss the key findings related to sexual behaviour of FSWs and the prevalence of STI and HIV/AIDS.
3.4 HIV Prevention Services Received from Any Agency: Exposure to HIV prevention interventions was captured in both IBBA rounds through indicators related to provision of outreach services by peer educators, availability of condoms, exposure to promotional activities for increased condom usage, coverage, and quality clinical services for sexually transmitted infections. This particular section mainly focuses on three different services received by female sex workers in the states of Andhra Pradesh, Maharashtra, Karnataka, Tamil Nadu and Nagaland: (1) Contacted by peer educator/outreach worker (ORW); (2) Visit to NGO clinic; and (3) Received condom from peer educator/ORW.

In districts of Andhra Pradesh in round two, the proportion of FSW/s who reported having received any one of these services (ever contacted by peer/ORW, ever visited NGO clinic, and received condom from peer/ORW) ranged from $34 \%$ to $88 \%$. The corresponding proportions for districts in Maharashtra, Karnataka, and Tamil Nadu ranged from $34 \%$ to $100 \%, 73 \%$ to $97 \%$, and $75 \%$ to $99 \%$, respectively. In Dimapur more than 70\% of the FSW/s reported receiving any one of the aforesaid services. When compared to round one, better service coverage was observed in all states except a few districts in Andhra Pradesh where declines in service coverage were noted (Hyderabad, Vishakhapatnam, and Warangal) (Table 3.2; Summary Data Sheet F2).
3.5 Demographic Profile: This section presents information on the socio-demographic profile of the

Table 3.1: Participation rates by district for female sex workers

| State \& District | Round 1 |  | Round 2 |  |
| :---: | :---: | :---: | :---: | :---: |
|  | Completed questionnaire and biological specimen collection | Participation rate (\%) | Completed questionnaire and biological specimen collection | Participation rate (\%) |
| Andhra Pradesh |  |  |  |  |
| Chittoor | 401 | 80 | 398 | 52 |
| East Godavari | 422 | 71 | 401 | 77 |
| Guntur | 405 | 77 | 405 | 61 |
| Hyderabad | 399 | 63 | 401 | 50 |
| Karimnagar | 412 | 68 | 402 | 57 |
| Prakasam | 404 | 78 | 408 | 59 |
| Visakhapatnam | 411 | 80 | 409 | 74 |
| Warangal | 417 | 82 | 401 | 45 |
| Karnataka |  |  |  |  |
| Bangalore (Urban) | 673 | 85 | 750 | 94 |
| Belgaum | 360 | 85 | 396 | 92 |
| Bellary | 420 | 88 | 410 | 95 |
| Shimoga | 390 | 90 | 401 | 98 |
| Maharashtra |  |  |  |  |
| Kolhapur | 115 | 45 | 190 | 86 |
| Mumbai (BG) | 338 | $N A^{*}$ | 405 | NA |
| Mumbai (BB) | 407 | 78 | 395 | 75 |
| Mumbai (SB) | 394 | 69 | 385 | 72 |
| Parbhani | 367 | NA* | 303 | 93 |
| Pune (BB) | 404 | 50 | 403 | 71 |
| Pune (SB) | 257 | 75 | 266 | 94 |
| Thane (BB) | 401 | 74 | 384 | 62 |
| Thane (SB) | 394 | 68 | 395 | 72 |
| Yevatmal | 153 | 70 | 157 | 96 |
| Tamil Nadu |  |  |  |  |
| Chennai | 410 | 61 | 397 | 50 |
| Coimbatore | 410 | 64 | 400 | 62 |
| Dharmapuri | 408 | 62 | 406 | 83 |
| Madurai | 402 | 79 | 396 | 61 |
| Salem | 402 | 66 | 407 | 51 |
| Nagaland |  |  |  |  |
| Dimapur | 426 | $N A^{*}$ | 417 | NA |

Table 3.2: HIV prevention services received from by FSWs from any agency by district

| State \& District | Round 1 |  |  | Round 2 |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Contacted by a peer/ORW in the last month (\%) | Visited an NGO clinic in the last 3 months** (\%) | Received condom from peer/ORW in the last year (\%) | Ever contacted by peer/ORW (\%) | Ever visited NGO clinic (\%) | Received condoms from peer/ ORW (\%) |
| Andhra Pradesh |  |  |  |  |  |  |
| Chittoor | 90 | 83 | 90 | 71 | 61 | 70 |
| East Godavari | 93 | 78 | 92 | 84 | 72 | 82 |
| Guntur | 95 | 84 | 94 | 88 | 72 | 88 |
| Hyderabad | 67 | 45 | 61 | 50 | 43 | 50 |
| Karimnagar | NA | NA | 60 | 75 | 68 | 74 |
| Prakasam | 84 | 70 | 86 | 79 | 75 | 78 |
| Visakhapatnam | 86 | 59 | 90 | 56 | 34 | 55 |
| Warangal | 62 | 54 | 64 | 56 | 54 | 66 |
| Karnataka |  |  |  |  |  |  |
| Bangalore (Urban) | 87 | 69 | 78 | 84 | 73 | 73 |
| Belgaum | 95 | NA | 91 | 97 | 85 | 95 |
| Bellary | 91 | NA | 87 | 95 | 80 | 93 |
| Shimoga | 73 | NA | 55 | 97 | 89 | 86 |
| Maharashtra |  |  |  |  |  |  |
| Kolhapur | 33 | 23 | 35 | 100 | 96 | 95 |
| Mumbai (BG) | 66 | 55 | 63 | 76 | 64 | 71 |
| Mumbai (BB) | 36 | 24 | 41 | 65 | 57 | 60 |
| Mumbai (SB) | 28 | 22 | 30 | 74 | 54 | 63 |
| Parbhani | 31 | 20 | 33 | 84 | 72 | 79 |
| Pune (BB) | 65 | 35 | 7 | 72 | 65 | 71 |
| Pune (NBB) | 40 | 30 | 44 | 72 | 56 | 55 |
| Thane (BB) | 85 | 75 | 86 | 61 | 34 | 61 |
| Thane (SB) | 31 | 27 | 31 | 61 | 52 | 38 |
| Yevatmal | 83 | 63 | 86 | 94 | 89 | 92 |
| Tamil Nadu |  |  |  |  |  |  |
| Chennai | 30 | 30 | 30 | 79 | 75 | 78 |
| Coimbatore | 56 | 55 | 56 | 88 | 82 | 87 |
| Dharmapuri | 79 | 74 | 77 | 90 | 89 | 88 |
| Madurai | 73 | 69 | 7 | 99 | 99 | 99 |
| Salem | 71 | 69 | 65 | 81 | 81 | 81 |
| Nagaland |  |  |  |  |  |  |
| Dimapur | NA | NA | 23 | 71 | 78 | 76 |

[^2]FSW/s surveyed. The discussion is centred on age, literacy, marital status, current living status, and initiation into sex work. The mean age of FSWs covered in both IBBA rounds one and two ranged between 28 and 35 years. As in round one, FSWs from Karnataka and Tamil Nadu were older compared to FSWs from other states. Trends in literacy status varied by state between rounds one and two with decline in Dimapur (R1-61\%, R2-45\%) in the north-east and a marked increase in literacy level in some districts in Andhra Pradesh (Chittoor, Hyderabad, Karimnagar, and Warangal) and all districts in Tamil Nadu. In Karnataka, literacy level in Bellary (R1-34\%, R2-23\%) dropped in comparison to round one and in the rest of the districts a marginal increase was observed. The proportion of FSWs reported to be ever married was high and ranged from $59 \%$ to $98 \%$ in round one as against $64 \%$ to $98 \%$ in round two. Similar to round one, more than two-thirds of the FSWs in Andhra Pradesh and Tamil Nadu reported cohabitating with their sexual partners. In Karnataka this proportion ranged from $45 \%$ to $59 \%$ in round two and $26 \%$ to $48 \%$ in round one. The corresponding proportion in Maharashtra ranged from $39 \%$ to $64 \%$ in round two and was between $24 \%$ and $57 \%$ in round one. As compared to $41 \%$ of FSWs in round one, only $30 \%$ of those covered in Dimapur in round two reported cohabitating with their sexual partners. The mean age at which the FSWs initiated sex work ranged between 22 and 29 years in round two; however, in round one it was between age 21 and 28 years (Table 3.3; Summary Data Sheet F1).
3.6 Typology: As in round one, FSWs in round two also were both brothel-based and non-brothel-based in Andhra Pradesh; whereas, in Tamil Nadu and Karnataka FSWs were predominantly non-brothel-based. In Maharashtra, FSW/s were brothel, street (Mumbai, Thane), and barbased. Due to the large group size of these different typologies of FSWs in Maharashtra, each was treated as a separate survey group.
3.7 STI Knowledge: This section provides information about the awareness levels of FSWs about STIs and their knowledge of three or more STI symptoms in women. A higher proportion of FSWs in round two from most districts in Maharashtra ( $\mathrm{R}_{1}-43 \%$ to $83 \%$, R2-62\% to $96 \%$ ) and Tamil Nadu (R1-78\% to 93\%, R2-87\% to $100 \%$ ) were aware of STIs when compared with round one. In Karnataka, a marginal decline in the proportion of FSW/s who reported to have heard of STI was observed in Bangalore (urban) (R1-84\%, R2-79\%) since round one.

However, a marked increase in the proportion of FSW/s who had heard of STI was recorded in Bellary (R1-77\%, R2-88\%) and Shimoga (R1-66\%, R2-84\%). A similar trend followed in Andhra Pradesh and the level of awareness of STI declined in Chittoor (R1-96\%, R2-86\%), East Godavari (R1-97\%, R2-91\%), and Prakasham (R1-96\%, R2-84\%), but an increase in Karimnagar (R1-81\%, R2-92\%) was noted. In Dimapur, the reported level of awareness of FSWs about STI showed a declining trend since round one (R1-73\%, R2-50\%). Knowledge of STI was also assessed based on the ability of the FSW to correctly identify at least three of the six most common symptoms (i.e., lower abdominal pain, foul smelling vaginal discharge, burning on urination, genital ulcer/sore, swelling in the groin area, and genital itching). As in round one, among the FSW/s in Andhra Pradesh who had heard of STIs, more than $80 \%$ could correctly identify at least three of the most common STI symptoms in all districts. This proportion ranged from $76 \%$ to $94 \%$ in Tamil Nadu districts, $50 \%$ to $62 \%$ in Karnataka, and $46 \%$ to $96 \%$ in Maharashtra districts (as against $57 \%$ to $79 \%, 30 \%$ to $43 \%$, and $24 \%$ to $85 \%$, respectively, in round one). In districts such as Warangal, Kolhapur, Mumbai (BB), Parbhani, Pune (BB), Belgaum, and Bellary a marked increase was seen in the proportion of respondents having knowledge about three of the most common STI symptoms in round two than in round one. In contrast a sharp decline in knowledge levels was observed in East Godavari, Prakasham, and Thane ( BB and SB ). In Dimapur, also a declining trend was seen with respect to knowledge about three symptoms of STI from $37 \%$ in round one to $17 \%$ in round two (Summary Data Sheet F3).
3.8 HIV Awareness, Knowledge, and Risk Perception: The level of awareness among FSWs about HIV/AIDS remains high and was almost universal in round two. In both rounds one and two, from among the districts surveyed more than three-fourths of the respondents (except Dimapur-45\%) believed that HIV could be prevented with appropriate measures. Knowledge about HIV prevention methods shows that more than four-fifths of the respondents from Andhra Pradesh, Karnataka, and Tamil Nadu in both rounds one and two were aware that consistent condom use could reduce the risk of contracting HIV. In Maharashtra, this proportion varied and the proportion of respondents identifying consistent condom use as a method of reducing the risk of HIV ranged from $64 \%$ to $97 \%$ in round two as against $28 \%$ to $82 \%$ in round one.

Table 3.3: Demographic profile of participating female sex workers by district

| State \& District | $\begin{aligned} & \text { Mean } \\ & \text { age } \\ & \text { (years) } \end{aligned}$ |  | Mean age when started selling sex (years) |  | Can read and write (\%) |  | Ever married <br> (\%) |  | Living with sexua partner <br> (\%) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | R 1 | R 2 | R 1 | R 2 | R 1 | R 2 | R 1 | R 2 | R 1 | R 2 |
| Andhra Pradesh |  |  |  |  |  |  |  |  |  |  |
| Chittoor | 30 | 29 | 25 | 25 | 36 | 53 | 95 | 86 | 80 | 62 |
| East Godavari | 31 | 31 | 23 | 22 | 33 | 26 | 88 | 88 | 69 | 65 |
| Guntur | 31 | 31 | 25 | 25 | 39 | 37 | 96 | 97 | 77 | 72 |
| Hyderabad | 30 | 29 | 25 | 25 | 14 | 46 | 96 | 91 | 76 | 64 |
| Karimnagar | 29 | 30 | 23 | 26 | 22 | 42 | 89 | 86 | 73 | 66 |
| Prakasam | 29 | 30 | 24 | 24 | 32 | 43 | 96 | 9 | 79 | 70 |
| Visakhapatnam | 30 | 30 | 24 | 27 | 35 | 48 | 96 | 95 | 76 | 80 |
| Warangal | 29 | 30 | 21 | 26 | 21 | 42 | 81 | 90 | 74 | 80 |
| Karnataka |  |  |  |  |  |  |  |  |  |  |
| Bangalore (Urban) | 31 | 31 | 27 | 27 | 52 | 50 | 95 | 92 | 48 | 56 |
| Belgaum | 31 | 34 | 22 | 23 | 18 | 22 | 59 | 79 | 26 | 45 |
| Bellary | 31 | 32 | 22 | 23 | 34 | 23 | 61 | 85 | 33 | 59 |
| Shimoga | 32 | 33 | 26 | 28 | 39 | 44 | 91 | 97 | 48 | 55 |
| Maharashtra |  |  |  |  |  |  |  |  |  |  |
| Kolhapur | 30 | 31 | 24 | 26 | 23 | 31 | 85 | 81 | 45 | 45 |
| Mumbai (BG) | NA | NA | NA | NA | 39 | 48 | 83 | 88 | 57 | 54 |
| Mumbai (BB) | 30 | 31 | 22 | 23 | 15 | 27 | 80 | 86 | 33 | 39 |
| Mumbai (SB) | 31 | 32 | 24 | 24 | 28 | 19 | 90 | 86 | 46 | 54 |
| Parbhani | 32 | 32 | 25 | 26 | 14 | 28 | 88 | 92 | 43 | 64 |
| Pune (BB) | 29 | 28 | 22 | 22 | 23 | 24 | 63 | 79 | 24 | 44 |
| Pune (NBB) | 33 | 33 | 26 | 28 | 22 | 40 | 89 | 95 | 55 | 52 |
| Thane (BB) | 28 | 28 | 22 | 24 | 36 | 31 | 65 | 79 | 24 | 44 |
| Thane (SB) | 27 | 30 | 24 | 26 | 56 | 23 | 84 | 86 | 39 | 63 |
| Yevatmal | 28 | 30 | 24 | 24 | 22 | 33 | 86 | 92 | 34 | 40 |
| Tamil Nadu |  |  |  |  |  |  |  |  |  |  |
| Chennai | 33 | 34 | 28 | 28 | 33 | 66 | 97 | 97 | 67 | 72 |
| Coimbatore | 33 | 33 | 28 | 29 | 59 | 70 | 96 | 92 | 79 | 65 |
| Dharmapuri | 31 | 32 | 25 | 25 | 29 | 50 | 98 | 96 | 69 | 55 |
| Madurai | 32 | 34 | 26 | 28 | 45 | 56 | 97 | 92 | 76 | 71 |
| Salem | 33 | 35 | 28 | 29 | 29 | 51 | 98 | 98 | 76 | 64 |
| Nagaland |  |  |  |  |  |  |  |  |  |  |
| Dimapur | NA | NA | NA | NA | 61 | 45 | 65 | 64 | 41 | 30 |

BB=Brothel-based, SB=Street-based, NBB=Non-brothel-based NA-Not applicable

However, the proportion of respondents who were aware that any healthy looking person may have HIV and that a person could not get HIV/AIDS through mosquito bites or sharing clothes and utensils varied widely ranging from $8 \%$ to $65 \%$ in round one and $18 \%$ to $80 \%$ in round two. Among the districts surveyed, the reported proportion of respondents who felt they were at the risk of contracting HIV varied and ranged from $12 \%$ to $80 \%$ in round one and $4 \%$ to $77 \%$ in round two. In Karnataka, this proportion ranged from $43 \%$ to $56 \%$ in round two as against $21 \%$ to $29 \%$ in round one. In Maharashtra, between $21 \%$ and $73 \%$ of respondents in round one felt at risk for contracting HIV. This proportion in round two varied and in Yevatmal, Thane, Mumbai (BG), and Pune (NBB), $27 \%$ to $42 \%$ of respondents felt that they were at risk for HIV infection while in other districts more than $50 \%$ of the respondents reported feeling at risk. In Andhra Pradesh ( $\mathrm{R}_{1}-41 \%$ to $66 \%$, R2-4\% to $35 \%$ ) comparatively a lower proportion of respondents in round two viewed themselves at risk for HIV than other states. In Tamil Nadu between $12 \%$ and $40 \%$ of respondents in round one and $9 \%$ and $60 \%$ in round two reported feeling at risk (Summary Data Sheet F4).
3.9 Numbers of Clients: The reported mean number of clients on the "last day worked" in round two was highest in Yevatmal (4) and between 2 and 3 in all other districts. An overall increase in the mean number of clients entertained during a week was observed in round two when compared to round one in all districts in Andhra Pradesh except Vishakhapatanam. In contrast the number of clients entertained during the week reduced since round one in Tamil Nadu with the exception of Chennai. In Maharashtra the trend was mixed in round two and the number of clients entertained was highest in Yevatmal (18) and between 10 and 12 clients in all other districts. As compared to round one, in Karnataka, the reported mean number of clients entertained on the last day and last week in Bangalore and Belgaum declined. In contrast, Bellary in round two recorded an increase in the reported mean number of clients entertained both on the last day and last week. In Shimoga, no change was observed in clients entertained on the last day, but an increase was observed in the number of clients entertained during the last week (Summary Data Sheet F5).
3.10 Partner Types and Condom Use: The different types of partners/clients reported by FSW/s were categorized as occasional/regular and non-paying regular/casual partners. "Occasional" clients were defined as clients who
visited the FSW only once or on a few occasions and are not well known to her. Similarly, "regular" clients were defined as those who visit the FSW regularly/repeatedly and whom the FSW knows. With the exception of Dimapur in Nagaland where $59 \%$ of FSWs reported having occasional clients, in all other districts from Andhra Pradesh, Tamil Nadu, Karnataka, and Maharashtra more than $80 \%$ of the FSWs reported having occasional clients, and the trend was not very different from round one. A marginal increase in the proportion of respondents who reported having occasional clients was observed in districts of Andhra Pradesh and Tamil Nadu when compared with round one. In Karnataka, comparatively, the proportion of respondents who reported having occasional clients decreased in all districts (except Bellary) since round one. However, in Maharashtra except for Parbhani and Pune (NBB) where the proportion of FSWs who reported having occasional clients dropped in round two, in other districts it either remained the same or increased when compared with round one. Similarly, a high proportion of FSWs also reported having regular clients (R1-65\% to $100 \%$, R2-57\% to $100 \%$ ). In round two, the proportion who reported having regular clients varied and ranged from $57 \%$ to $99 \%$ in Andhra Pradesh, $78 \%$ to $98 \%$ in Maharashtra, $78 \%$ to $86 \%$ in Karnataka, and above $90 \%$ in Tamil Nadu. The proportion of FSWs who reported having regular clients decreased in round two in all districts in Karnataka and AP (except Praksham and East Godavari) when compared with round one; whereas, it increased for all districts in Maharashtra and Tamil Nadu (except for Thane-BB and Dharmapuri) (Summary Data Sheet F5).

Husbands, boyfriends, and live-in partners were the regular non-paying male sexual partners ( $\mathrm{R} 1-24 \%$ to $82 \%$, R2-43\% to $83 \%$ ). The proportion of FSWs in round two who reported having regular non-paying male sexual partners varied from $63 \%$ to $83 \%$ in Andhra Pradesh; $43 \%$ to $77 \%$ in Maharashtra; $53 \%$ to $63 \%$ in Karnataka; $66 \%$ to $82 \%$ in Tamil Nadu; and $75 \%$ in Dimapur (in Nagaland). In contrast, the proportion of FSWs who reported having non-paying casual partners was low in all districts and ranged from $8 \%$ to $33 \%$ in Andhra Pradesh; $1 \%$ to $10 \%$ in Maharashtra; $2 \%$ to $7 \%$ in Karnataka; and $8 \%$ to $16 \%$ in Tamil Nadu. In Dimapur, $19 \%$ of the FSWs reported having non-paying casual partners. A considerable decline in the proportion of FSWs who reported having casual partners was observed since round one in most districts (R1-0.4\% to 38\%, R2-0.7\% to 33\% ) (Summary Data Sheet F6).
3.10.1 Last time condom use: "Last time condom use" refers to the reported use of a condom with any type of partner during the last sex act. When compared to round one, an increase in the reported proportion of condom use (last time) was observed in round two. Condom use during last sexual act in round one ranged between $36 \%$ and $98 \%$ with occasional clients and $26 \%$ and $99 \%$ with regular clients. However, in round two more than $90 \%$ of respondents reported having used condoms during last sex act with their occasional client (except Dimapur$72 \%$ ) and regular clients (above $80 \%$ in Karnataka and $58 \%$ in Dimapur). With regular non-paying partners the reported condom use during last sex act decreased in
round two and ranged from $2 \%$ to $52 \%$ as against $7 \%$ to $64 \%$ in round one. On the other hand, condom use with non-paying casual partners varied widely in both rounds (R1-20\% to $100 \%$, R2-11\% to $100 \%$ ) and was towards a higher side than with regular non-paying partners. This proportion in round two ranged from $31 \%$ to $89 \%$ in Andhra Pradesh; $11 \%$ to $100 \%$ in Maharashtra; $66 \%$ to $89 \%$ in Karnataka; and $62 \%$ to $89 \%$ in Tamil Nadu. In Dimapur, $36 \%$ of respondents in round two reported having used condoms with regular non-paying partners; whereas, in the case of casual non-paying partners it was $51 \%$ (Figures 3.1-3.9; Summary Data Sheets F5 and F6).

Figure 3.1: Last time condom use with occasional clients
(Andhra Pradesh)


Figure 3.2: Last time condom use with regular clients


Figure 3.3: Last time condom use with occasional clients
(Maharashtra)


Figure 3.4: Last time condom use with regular clients
(Maharashtra)


Figure 3.5: Last time condom use with occasional clients
(Tamil Nadu)


Figure 3.6: Last time condom use with regular clients
(Tamil Nadu)


Figure 3.7: Last time condom use with occasional clients
(Karnataka)


Figure 3.8: Last time condom use with regular clients
(Karnataka)

3.10.2 Consistent condom use: "Consistent condom use" was defined as use of a condom at each sex act (every time) with any type of partner. Consistent condom use with occasional (R1-36\% to $99 \%$, R2-70\% to $100 \%$ ) and regular clients ( $\mathrm{R}_{1-15 \%}$ to $97 \%$, R2-61\% to 100\%) increased between the two IBBA rounds in almost all districts. With occasional clients in round two this proportion ranged from $70 \%$ to $97 \%$ in Andhra Pradesh; $75 \%$ to 100\% in Maharashtra; $84 \%$ to $89 \%$ in Karnataka; and $74 \%$ to $100 \%$ in Tamil Nadu. Consistent condom use with regular clients in Andhra Pradesh was above $75 \%$ in all districts (except Hyderabad$61 \%$ ). Similarly, it was above $80 \%$ for Maharashtra (except among bar girls in Mumbai, where it was 69\%) and between $72 \%$ and $100 \%$ in Tamil Nadu and Karnataka. In Dimapur consistent condom use in round two was low; it was $32 \%$
with occasional clients (as against $11 \%$ in round one) and $20 \%$ with regular clients ( $5 \%$ in round one). However, the scenario of consistent condom use with regular non-paying partners was dissimilar and varied widely among the districts ( $\mathrm{R} \mathbf{1}-1 \%$ to $58 \%$, R2-0.7\% to 42\%). In Dimapur, only $10 \%$ of respondents in round two reported using condoms every time during sex ( $4 \%$ in round one). Similarly a very small proportion of respondents from Andhra Pradesh in round two reported using condoms consistently with regular non-paying partners (less than 1\% in Hyderabad and Karimnagar and $4 \%$ to $29 \%$ in the rest of the districts). The corresponding proportion for Maharashtra, Karnataka, and Tamil Nadu in round two ranged from $9 \%$ to $32 \%$; $15 \%$ to $42 \%$; and $5 \%$ to $28 \%$, respectively (Figures 3.9-3.17; Summary Data Sheets F5 and F6).

Figure 3.9: Condom use with occasional and regular clients
(Nagaland)


Figure 3.10: Consistent condom use with occasional clients
(Andhra Pradesh)


Figure 3.11: Consistent condom use with regular clients
(Andhra Pradesh)


Figure 3.12: Consistent condom use with occasional clients
(Maharashtra)


Figure 3.13: Consistent condom use with regular clients
(Maharashtra)


Figure 3.14: Consistent condom use with occasional clients
(Tamil Nadu)


Figure 3.15: Consistent condom use with regular clients
(Tamil Nadu)


Figure 3.16: Consistent condom use with occasional clients
(Karnataka)


Figure 3.17: Consistent condom use with regular clients
(Karnataka)


Figure 3.18: History of STI symptoms
(Andhra Pradesh and Karnataka)


### 3.11 STIs/HIV

3.11.1 Proportion reporting STI symptoms: This subsection presents information about self-reported STI symptoms (current prevalence and prevalence during last 12 months preceding the survey). The reported proportion of FSWs suffering from at least one of the three STI symptoms (vaginal discharge, abdominal pain, or ulcer) declined in all districts in Andhra Pradesh (R1-52\% to $89 \%$, R2-19\% to 48\%), Karnataka (R1-36\% to 51\%, R2$34 \%$ to $43 \%$ ) and in most districts in Tamil Nadu (except Chennai and Salem) in round two when compared with round one. However, in Maharashtra, the proportion
of FSWs who reported suffering from STIs increased in round two for all districts except Kolhapur (R1-34\%, R2-31\%) and ranged from $15 \%$ to $34 \%$ in round one as against $23 \%$ to $48 \%$ in round two. In Dimapur, $79 \%$ of the FSWs in round one and $66 \%$ in round two reported having STI symptoms. Similarly, current prevalence of STIs among FSWs decreased in Andhra Pradesh (R1-33\% to $76 \%$, R2-10\% to 30\%), Karnataka (R1-29\% to 40\%, R2-12\% to 24\%), and Tamil Nadu (R1-2\% to 37\%, R2-6\% to $36 \%$ ) districts but increased marginally in Maharashtra (R1-9\% to 24\%, R2-12\% to 29\%) (Figures 3.18-3.21; Summary Data Sheet F3).

Figure 3.19: History of STI symptoms
(Maharashtra, Tamil Nadu and Nagaland)


Figure 3.20: Current STI symptoms
(Andhra Pradesh and Karnataka)


Figure 3.21: Current STI symptoms
(Maharashtra and Tamil Nadu)

3.11.2 Treatment seeking for most recent STI symptom: Among the respondents who reported having STI symptoms, a high proportion in most districts sought trained medical care (R1-54\% to $96 \%, \mathrm{R} 2-35 \%$ to $100 \%$ ). More than two-thirds of FSWs in round two from Andhra Pradesh, above 50\% from Maharashtra, $91 \%$ to 96\% from Karnataka, and above 95\% from Tamil Nadu reported to have sought trained care for the treatment of STIs. A high proportion also reported to have opted
3.11.3 Proportion ever tested for HIV: A higher proportion of respondents in round two than round one reported testing for HIV. As compared with round one, FSWs having undergone an HIV test varied across the districts in round two and ranged from $50 \%$ to $86 \%$ in Andhra Pradesh; $56 \%$ to $96 \%$ in Maharashtra; $60 \%$ to $77 \%$ in Karnataka; and $67 \%$ to $84 \%$ in Tamil Nadu. HIV testing was lowest in Dimapur in both rounds, and 29\% of FSW/s reported undergoing an HIV test in round two. A majority of the respondents reported collecting the test results in all states except a few districts in Maharashtra in round two, and a considerable increase was observed between the two rounds as depicted in the accompanying graphs (Figures 3.22-3.25; Summary Data Sheet F4).

Figure 3.22: Prior HIV testing status
(Andhra Pradesh)


Figure 3.23: Prior HIV testing status
(Maharashtra and Nagaland)


Figure 3.24: Prior HIV testing status
(Tamil Nadu)


Figure. 3.25: Prior HIV testing status


### 3.12 STI/HIV Prevalence

3.12.1 Prevalence of STI: Having "any STI" was defined as testing positive for any one or more of the following: reactive syphilis serology (rapid plasma reagin [RPR] positive (any titre) and treponema pallidum hemaggutination assay [TPHA] positive], positive N. gonorrhoeae or C. trachomatis NAT test. STI prevalence among FSW/s reduced compared to round one in all districts except East Godavari (R1-18.9\%, R2-26.9\%), Bangalore (urban) (R1-19.4\%, R2-19.9\%), Belgaum (R1-14.2\%, R2-15.5\%), and Bellary (R1-11.2\%, R2-12.9\%). The highest STI prevalence in round two was reported in Dimapur (R139.1\%, R2-31.0\%), followed by East Godavari (R1-18.9\%,

R2-26.9\%), Hyderabad, and Pune (BB) with a prevalence of $23.0 \%$ each. The lowest prevalence was reported in Coimbatore ( $\mathrm{R}_{1}-14.5 \%, \mathrm{R}_{2}-1.9 \%$ ) and Prakasham (R1-7.6\%, R2-3.2\%). The prevalence of any STI, in round two, in Andhra Pradesh ranged from $3.2 \%$ to $26.9 \%$, and the corresponding proportions in Maharashtra, Karnataka, and Tamil Nadu ranged from $5.1 \%$ to $20.9 \%, 7.5 \%$ to $19.9 \%$, and $1.9 \%$ to $5.6 \%$, respectively. Among FSWs, the individual prevalence of syphilis ( $\mathrm{R} 1-2.1 \%$ to $51 \%$, R2-0.4\% to $17.9 \%$,), N. Gonorrhoea (R1-0.0\% to 8\%, R2-0.0\% to $11.5 \%$ ) and C. Trachomatis (R1-0.9\% to 22.6\%, R2-0.2\% to 19.5\%) varied widely across the different districts (Figures 3.26-3.28; Summary Data Sheet F7).

Figure 3.26: STIs prevalence in FSWs (one or more of syphilis, $\boldsymbol{N}$. gonorrhoeae or C. trachomatis)

## (Andhra Pradesh)



Figure 3.27: STIs prevalence in FSWs (one or more of syphilis, N. gonorrhoeae or C. trachomatis)
(Maharashtra)


Figure 3.28: STIs prevalence in FSWs (one or more of syphilis, N. gonorrhoeae or C. trachomatis)
(Karnataka, Tamil Nadu and Nagaland)

3.12.2 HSV-2 antibody prevalence: HSV-2 estimates for both rounds one and two have been revised and unweighted estimates (except for Karnataka in R1 with weighted estimates) have been presented in the report. In Karnataka (in $\mathrm{R}_{1}$ ) all samples were tested for HSV-2, whereas, in the rest of the states for each district, an HSV-2 antibody test was performed on a random sample of $10 \%$ of stored serum specimens. In round two, the prevalence of HSV-2 ranged from $39 \%$ to $87.8 \%$ in Andhra Pradesh (as against $53.7 \%$ to $82.9 \%$ in round one) and $37.5 \%$ to $58.9 \%$ ( $31.7 \%$ to $75.6 \%$ in round one) in Tamil Nadu. This proportion in Maharashtra ranged from $50 \%$ to $100 \%$ in round one and was between $63 \%$ and $88.9 \%$ in round two. The highest sero-prevalence in Maharashtra was reported in Yevatmal, Pune (NBB), and Mumbai (BB) in round two. The HSV-2 sero-prevalence in Dimapur was $44.7 \%$ in round two as against $52.6 \%$ in round one. This proportion in Karnataka for R1 ranged from $59.7 \%$ to $83.8 \%$, and HSV-2 testing was not undertaken in R2 (Summary Data Sheet F7).
3.12.3 HIV prevalence: In Andhra Pradesh, FSWs in Karimnagar district had the lowest HIV prevalence (6.5\%) in round two, and the highest prevalence was reported in East Godavari ( $23.3 \%$ ). Prevalence of HIV among FSWs in Guntur, Hyderabad, Chittoor, Warangal, and Prakasham was below $15.0 \%$, and for the remaining districts HIV prevalence ranged between $18.0 \%$ and $23 \%$ in round two. However, in Andhra Pradesh when compared with round two, HIV prevalence in round one ranged from $8.0 \%$ to $26.3 \%$. A majority of the districts in Maharashtra had prevalence of HIV above $20.0 \%$ in round two with the exception of FSWs in Mumbai (BG), Parbhani, and Thane (SB). Prevalence of HIV in Mumbai ( $B B$ and $S B$ ) and Thane (BB) was above $30 \%$ in round two, and when compared with round one, HIV prevalence in those districts had increased. In Karnataka, compared to round one, a decline in HIV prevalence was observed in all districts, and the prevalence in round two ranged from $8.0 \%$ to $27.3 \%$ as against $9.7 \%$ to $33.9 \%$ in round one. Prevalence of HIV in Tamil Nadu was low compared to other states in round two, and ranged from $2.4 \%$ to $8.8 \%$; whereas, it was between $2.2 \%$ and $12.5 \%$ in round one. HIV prevalence in Dimapur was almost identical in both rounds (R1-1ו.6\%, R2-1ו.4) (Figures 3.29-3.31; Summary Data Sheet F7).

### 3.13 IBBA Mysore

The IBBA survey of FSWs at Mysore in round one was the first study before the IBBA was implemented for the other districts of Karnataka. The R1 survey was carried out during August 2004 and R2 in December 2006. Clusters were formed after estimating the number of FSW/s and by applying the capture and recapture method for selection of respondents. IBBA procedures and questionnaires in $\mathrm{R}_{1}$ were finalized after gaining experience in Mysore. For want of uniformity in the method, this report does not include data from Mysore in various tables and figures.

In all, 429 of the eligible $\mathrm{FSW} / \mathrm{s}$ in R 1 and 425 in R2 consented to participate in the survey, and completed the behavioural interview and gave both blood and urine samples. The mean age of the FSW/s was 30 years in R1 and 31 in R2. Only one-fourth of the FSWs in both R1 and R2 could read and write. A majority of the FSWs in Mysore (R1-95\%, R2-83\%) were ever married. Mean age at started selling sex was 26 years in $R_{1}$ and 25 in R2. All the FSWs interviewed in R1 were street-based as against $91 \%$ in R2.

The reported mean number of clients on a typical day was 2.5 and this average was 8 to 9 during a typical week in both rounds. In Mysore, $93 \%$ of the FSWs in R1 and $99 \%$ in R2 had occasional clients. The proportion having regular clients was $90 \%$ in R1 as against $73 \%$ in R2. Usage of condoms with occasional clients during the last sex act was $65 \%$ in $\mathrm{R}_{1}$ and $87 \%$ in $\mathrm{R}_{2}$. This proportion with regular clients was $52 \%$ and $73 \%$ in $\mathrm{R}_{1}$ and $\mathrm{R}_{2}$, respectively. Onefifth of the FSWs were using condoms consistently every time with both types of clients in $\mathrm{R}_{1}$; whereas, in R 2 this proportion varied and $67 \%$ of respondents used condoms consistently with occasional clients and $47 \%$ with regular clients. More than two-thirds of the FSWs (68\%) had regular non-commercial sexual partners in R1 which declined to $39 \%$ in R2. Consistent condom usage among them was $1 \%$ in $\mathrm{R}_{1}$, and increased to $27 \%$ in $\mathrm{R}_{2}$.

In $\mathrm{R}_{1}$, the proportion positive for syphilis was $24.8 \%$, and $5.4 \%$ of the FSWs tested positive for N. gonorrhoeae and $10.8 \%$ for $C$. trachomatis. This proportion in R2 was $11.4 \%, 5.5 \%$, and $7.8 \%$, respectively. Positives for any one or more of the STIs were $33.7 \%$ in R1 as against $21.4 \%$ in R2. Prevalence of HIV in FSWs of Mysore was $26 \%$ in R1 and 24.3 in R2. Almost similar proportions of respondents in both rounds (R1-32.6\%, R2-37.2\%) were HIV positive among "any STI" positive.

Figure 3.29: HIV prevalence in FSWs

## (Andhra Pradesh)



Figure 3.30: HIV prevalence in FSWs
(Maharashtra)


Figure 3.31: HIV prevalence in FSWs
(Karnataka, Tamil Nadu and Nagaland)


## CHAPTER <br> High-risk Men Who Have Sex with Men (MSM) and Hijra (Transgender)


#### Abstract

4.1 Introduction: Men who have sex with men (MSM) are yet another important "high-risk" community among whom prevalence of HIV/AIDS has been observed to increase over time. Given their high prevalence they are one of the target groups under Avahan and HIV prevention interventions under NACP-III. Similar to round one, data collection for IBBA round two was also carried out in four districts each in Andhra Pradesh (East Godavari, Guntur, Hyderabad, and Visakhapatnam) and Tamil Nadu (Chennai, Coimbatore, Madurai, and Salem); five districts in Karnataka (Bangalore-urban and the districts of Bellary, Belgaum, Shimoga, and Mysore combined together as one domain), and the Mumbai-Thane and Pune districts in Maharashtra. The round one survey for high-risk MSM was carried out between March 2006 and April 2007 and the round two survey during January 2009 and 2010. The survey covered high-risk MSM and hijra communities as "combined" groups in the districts of Andhra Pradesh, Karnataka, and in the Pune district of Maharashtra. The group covered at Mumbai-Thane (combined) was exclusively of the high-risk MSM category. In Tamil Nadu, the groups surveyed were both high-risk MSM and male sex workers (MSWs). Hijras (Transgender) were covered as a separate group in Tamil Nadu and hence reported separately. 4.2 Mapping: A two-stage cluster sampling design was adopted for all districts. Fixed-location and time-location clusters were the primary sampling units in East Godavari district. In all other districts, only time-location clusters were considered and recruitment of high-risk MSM for the survey was predominantly from public places. In IBBA rounds one and two a total of 8,615 high-risk MSM ( $\mathrm{R}_{1}-4,735, \mathrm{R}_{2}-3,880$ ) were interviewed (Figures 4.1 and 4.2). 4.3 Participation Rates: Overall, a total of $58 \%$ of the eligible respondents in round two consented to participate in the survey from Andhra Pradesh, Tamil Nadu, and Maharashtra as against $71 \%$ in round one. They completed the behavioural interview and gave biological (both blood and urine) samples. In round two, the participation rates ranged from $55 \%$ to $71 \%$ in Andhra Pradesh (R1-53\% to 78\%); $52 \%$ to $58 \%$ in Tamil Nadu (R1-64\% to 91\%); and $70 \%$ and $76 \%$ for Mumbai (R1-73\%) and Pune (R1-80\%) in


Figure 4.1: Type of locale where MSM were recruited
(Andhra Pradesh and Maharashtra)


Figure 4.2: Type of locale where MSM were recruited
(Karnataka and Tamil Nadu)


Table 4.1: Participation rates by district of high-risk MSM

| State \& District | Round 1 |  | Round 2 |  |
| :---: | :---: | :---: | :---: | :---: |
|  | Completed questionnaire and biological specimen collection | Participation rate (\%) | Completed questionnaire and biological specimen collection | Participation rate (\%) |
| Andhra Pradesh |  |  |  |  |
| East Godavari | 405 | 72 | 400 | 71 |
| Guntur | 407 | 78 | 404 | 67 |
| Hyderabad | 403 | 53 | 405 | 61 |
| Visakhapatnam | 406 | 71 | 399 | 55 |
| Karnataka |  |  |  |  |
| Bangalore (urban) | 310 | 56 | NA | NA |
| All 4 districts | 537 | 87 | NA | NA |
| Maharashtra |  |  |  |  |
| Mumbai-Thane | 400 | 73 | 373 | 70 |
| Pune | 253 | 80 | 279 | 76 |
| Tamil Nadu |  |  |  |  |
| Chennai | 406 | 64 | 403 | 58 |
| Coimbatore | 410 | 68 | 408 | 57 |
| Madurai | 402 | 91 | 406 | 52 |
| Salem | 403 | 75 | 403 | 52 |

[^3]Table 4.2: HIV prevention services received by high-risk MSM from any agency by district

| State \& District | Contacted by a peer/ORW last month (\%) |  | Visited an NGO clinic last 3 months (\%) |  | Received condom from peer/ORW (last year) (\%) |  | Received information on STI from peer/ ORW (last year) (\%) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | R 1 | R 2 | R 1 | R 2 | R 1 | R 2 | R 1 | R 2 |
| Andhra Pradesh |  |  |  |  |  |  |  |  |
| East Godavari | 77 | 76 | 48 | 75 | 76 | 76 | 76 | 75 |
| Guntur | 10 | 78 | 4 | 78 | 10 | 78 | 9 | 78 |
| Hyderabad | 52 | 82 | 22 | 81 | 52 | 82 | 45 | 80 |
| Visakhapatnam | 95 | 56 | 35 | 55 | 93 | 57 | 93 | 56 |
| Karnataka |  |  |  |  |  |  |  |  |
| Bangalore (urban) | 69 | NA | NA | NA | 67 | NA | 67 | NA |
| All 4 districts | 88 | NA | NA | NA | 85 | NA | NA | NA |
| Maharashtra |  |  |  |  |  |  |  |  |
| Mumbai-Thane | 57 | 50 | 22 | 44 | 67 | 56 | 59 | 54 |
| Pune | 40 | 59 | 6 | 49 | 47 | 59 | 40 | 60 |
| Tamil Nadu |  |  |  |  |  |  |  |  |
| Chennai | 58 | 84 | 55 | 70 | 59 | 85 | 59 | 85 |
| Coimbatore | 78 | 91 | 74 | 88 | 76 | 91 | 77 | 9 |
| Madurai | 62 | 100 | 58 | 99 | 61 | 100 | 63 | 100 |
| Salem | 60 | 92 | 61 | 87 | 63 | 92 | 64 | 92 |

NA-Not available
4.4 HIV Prevention Services Received from Any Agency: Services received from "any agency" were assessed based on four indicators: (1) contacted by peer/outreach worker (ORW) [in the last month], (2) visited the NGO clinic [in the last three months], (3) received condom from peer/ ORW [in the last year], and (4) received information on STI [last year]. As compared to round one, better service coverage was seen in round two and a higher proportion of high-risk MSM in Andhra Pradesh (R1-4\% to $95 \%$, R2-55\% to 82\%) and Tamil Nadu (R1-55\% to $78 \%$, R2-above $60 \%$ ) reported receiving any one of the aforesaid services from different agencies functional in the area. The corresponding proportion for Maharashtra was $44 \%$ to $60 \%$ in round two as against $6 \%$ to $67 \%$ in round one. The R1 estimates for Karnataka ranged between $65 \%$ and 90\% (Table 4.2; Summary Data Sheet M2).
4.5 Demographic Profile: The key demographic information considered for this report included age, literacy, marital status, and current living status. The mean age of respondents surveyed in Andhra Pradesh and

Maharashtra in round two ranged from 26 to 29 years, and it was 28 to 32 years in Tamil Nadu (also for Karnataka in $\mathrm{R}_{1}$ ). When compared to round one, a marginal increase in the mean age of respondents was seen in most districts except East Godavari, Hyderabad, and Madurai. The proportion of high-risk MSM who could read and write was also high in round two in all IBBA districts compared to round one, ranging from $74 \%$ to $99 \%$ as against $58 \%$ to $91 \%$ in round one. The proportion who reported as ever married in round two varied across the states and ranged from $27 \%$ to $53 \%$ in Andhra Pradesh; $18 \%$ to $41 \%$ in Tamil Nadu; and $22 \%$ and $23 \%$ for Pune and Mumbai, respectively, in Maharashtra. Also, the proportion of ever married decreased in all districts compared to round one in Andhra Pradesh and in Coimbatore and Madurai in Tamil Nadu. However, in Salem an increase in the proportion of ever married high-risk MSM was observed in round two. In Karnataka, the proportion of high-risk MSM ever married was $20 \%$ and $57 \%$, respectively, in Bangalore (urban) and in the rest of the four districts in R1. The respondents were also asked if they were living with a sex
partner. The proportion of MSM who were living with a sex partner was reported to be highest in Guntur (52\%) followed by East Godavari (49\%), and lowest in Madurai (16\%). In comparison to round one, an increase was observed in the proportion of high-risk MSM living with a sex partner in East Godavari, Chennai, and both districts in Maharashtra. Circumcision seems to be less common among high-risk MSM in all states, and a low proportion of high-risk MSM in both rounds (R1-1\% to $33 \%$, R2-2\% to $19 \%$ ) reported to be circumcised (Figures 4.3 and 4.4; Table 4.3; Summary Data Sheet M1).
4.6 Self-identification/Typology: High-risk MSM broadly identified themselves as panthis (masculine male sexual partners or any male who is masculine and seems to be a potential sexual (insertive) partner), kothis (a group that includes same-sex-attracted males of all ages whose gender behavioural traits are primarily feminine and are mostly receivers), double-deckers (refers to someone who penetrates as well as receives), bisexuals (highrisk MSM who do not have a specific identity related to their sexual orientation or behaviour, indulge in sexual acts with both male and female partners), and hijras (separate group of transgender and trans-sexual women
with a long tradition in India are called hijras in North India and aravanis in Tamil Nadu, South India.) in the different states depending on their sexual orientation. Similar to round one, a majority of the high-risk MSM in Tamil Nadu identified themselves as kothis, followed by panthis and double-deckers in round two. However the scenario in Andhra Pradesh between the two rounds has changed; there was decline in high-risk MSM who identified as bisexuals and considerable increase in those who identified themselves as kothi, panthi, and doubledecker. The groups surveyed in the two districts of Maharashtra were of mixed category and included mostly high-risk MSM who identified themselves as kothis and bisexuals. About $14 \%$ of high-risk MSM identified themselves as hijras in Pune and their proportion decreased in comparison to round one. Between $1 \%$ to $5 \%$ of respondents were identified as hijras across the four districts of Andhra Pradesh in round two, and their proportion has marginally increased in comparison to round one. In Karnataka high-risk MSM in Bangalore were dominated by kothis and hijras; whereas, in the remaining four districts they were mainly kothis and double-deckers in R1 (Figures 4.5 and 4.6).

Figure 4.3: Ever married and current living status of high-risk MSM
(Andhra Pradesh and Maharashtra)


Figure 4.4: Ever married and current living status of high-risk MSM
(Karnataka and Tamil Nadu)


Table 4.3: Demographic profile of participating high-risk MSM by district

| State \& District | Mean age (Years) |  | Can read and write(\%) |  | Ever married (\%) |  | Living with sex partner (\%) |  | Circumcised (\%) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | R 1 | R 2 | R 1 | R 2 | R 1 | R 2 | R 1 | R 2 | R 1 | R 2 |
| Andhra Pradesh |  |  |  |  |  |  |  |  |  |  |
| East Godavari | 30 | 27 | 74 | 81 | 47 | 41 | 46 | 49 | 4 | 2 |
| Guntur | 27 | 29 | 58 | 77 | 62 | 53 | 62 | 52 | 20 | 18 |
| Hyderabad | 28 | 26 | 76 | 83 | 30 | 27 | 29 | 29 | 19 | 8 |
| Visakhapatnam | 26 | 27 | 82 | 74 | 39 | 27 | 38 | 26 | 1 | 4 |
| Karnataka |  |  |  |  |  |  |  |  |  |  |
| Bangalore (urban) | 27 | NA | 79 | NA | 20 | NA | ND | NA | 11 | NA |
| All 4 districts | 31 | NA | 71 | NA | 57 | NA | 5 | NA | 19 | NA |
| Maharashtra |  |  |  |  |  |  |  |  |  |  |
| Mumbai-Thane | 24 | 26 | 89 | 97 | 19 | 23 | 18 | 22 | 33 | 19 |
| Pune | 25 | 26 | 91 | 94 | 17 | 22 | 15 | 22 | 21 | 7 |
| Tamil Nadu |  |  |  |  |  |  |  |  |  |  |
| Chennai | 27 | 29 | 84 | 99 | 18 | 19 | 15 | 19 | 11 | 7 |
| Coimbatore | 29 | 31 | 86 | 92 | 28 | 24 | 26 | 24 | 7 | 8 |
| Madurai | 29 | 28 | 80 | 89 | 27 | 18 | 17 | 16 | 7 | 7 |
| Salem | 29 | 32 | 62 | 83 | 28 | 41 | 24 | 37 | 7 | 4 |

Figure 4.5: Self-identification of high-risk MSM
(Andhra Pradesh and Maharashtra)


Figure 4.6: Self-identification of high-risk MSM
(Karnataka and Tamil Nadu)


Figure 4.7: High-risk MSM wanted to use a condom but did not use it - last month
(Andhra Pradesh and Maharashtra)

4.7 Condom Use: The proportion of high-risk MSM who wanted to use a condom but did not use during last sex varied across the district surveyed and ranged from $3 \%$ to $51 \%$. The highest proportion was reported by respondents from

Salem and the lowest from Vishakhapatnam. The reason for not using a condom most commonly mentioned by high-risk MSM were partner did not want, condom not available, and trusting the partner in the four states (Figures 4.7 to 4.10 ).

Figure 4.8: High-risk MSM wanted to use a condom but did not use it - last month
(Karnataka and Tamil Nadu)


Figure 4.9: Reasons given by high-risk MSM for not using a condom
(Andhra Pradesh and Maharashtra)


Figure 4.10 Reasons given by high-risk MSM for not using a condom
(Karnataka and Tamil Nadu)

4.8 STI Knowledge: STI knowledge was assessed based on the ability of the respondent to correctly identify at least three of the seven most common symptoms associated with STIs including: genital or anal ulcer/sore, discharge from rectum, pain during defecation, burning pain on urination, urethral discharge, swelling in groin area, and cannot retract foreskin. In IBBA round two, almost $90 \%$ of high-risk MSM in all districts except Vishakhapatnam (57\%) and Pune (75\%) had heard of STIs as against $74 \%$ to $99 \%$ in round one. Among those who had heard of STIs, a high proportion of high-risk MSM reported having knowledge of three or more STI symptoms in all districts with estimates ranging from $60 \%$ to $98 \%$ in round two; whereas, it was between $38 \%$ and $81 \%$ in round one. In R1, from Karnataka $47 \%$ of high-risk MSM in Bangalore and $76 \%$ in rest of the districts had heard of STI, but $30 \%$ and less knew of three or more symptoms of STIs (Summary Data Sheet M3).
4.9 HIV/AIDS Awareness, Knowledge, and Risk Perception: This section details information regarding knowledge, risk perception, and HIV testing status of high-risk MSM. Knowledge about HIV among high-risk MSM in the districts surveyed was high and more than $90 \%$ of MSM (except for MSM in Bangalore in $\mathrm{R}_{1}$ ) in both rounds reported that they had heard of HIV/AIDS. Knowledge of HIV prevention methods was also high among the high-risk MSM surveyed in both rounds with more than four-fifths of the respondents in Andhra Pradesh and Tamil Nadu being aware that consistent condom use could reduce the risk of contracting HIV. In Maharashtra, this proportion in round two was $79 \%$ for Mumbai-Thane; whereas, it was $69 \%$ in round one. In Pune, a similar proportion of respondents ( $85 \%$ ) reported having knowledge of HIV prevention methods. This proportion in Karnataka in $\mathrm{R}_{1}$ was $47 \%$ for Bangalore and $54 \%$ for rest of the districts. Further, between $40 \%$ and $75 \%$ of respondents in round one and $49 \%$ to $83 \%$ of respondents in round two from Andhra Pradesh, Tamil Nadu, and Maharashtra were aware that any healthy looking person may have HIV and that a person could not get HIV/AIDS through mosquito bites or sharing clothes and utensils. The corresponding proportion for Karnataka in R1 was $32 \%$ in Bangalore and $25 \%$ in other districts (Summary Data Sheet M4).
4.10 Regular Partners: In general, the trend suggests that between the two IBBA rounds, the proportion of MSM who reported having regular male partners increased (R1-18\% to $83 \%$, R2-49\% to $100 \%$ ) in most districts surveyed (except Vishakhapatnam, Coimbatore, and

Salem). Among the states, the proportion of high-risk MSM who reported having regular male partners in round two ranged from $49 \%$ to $70 \%$ in Andhra Pradesh and 67\% to $100 \%$ in Tamil Nadu. In Maharashtra, $60 \%$ of highrisk MSM in Mumbai and $55 \%$ of high-risk MSM in Pune reported having regular male partners. This proportion in Karnataka was almost $40 \%$ in R1. The reported condom use (last time) with regular male partner varied widely in round two ( $62 \%$ to $98 \%$ ) when compared to round one ( 60 to $88 \%$ ), and this proportion ranged from $70 \%$ to $93 \%$ in Andhra Pradesh; it was above $90 \%$ in Maharashtra, between $62 \%$ to $98 \%$ in Tamil Nadu, and above $80 \%$ in Karnataka (in R1). Consistent condom use with regular male partners also increased across most of the districts (except Chennai and Salem) in the three states and ranged from $28 \%$ to $95 \%$ in round two as against $3 \%$ to $52 \%$ in round one. In all the districts covered in round two, consistent condom use was reported to be highest in Madurai (95\%) followed by Pune and Vishakhapatnam ( $92 \%$ each) and lowest in Salem (20\%). In Karnataka (in $\mathrm{R}_{1}$ ) consistent condom use was $73 \%$ and $56 \%$ in Bangalore (urban) and the rest of the districts, respectively (Summary Data Sheet M5).
4.11 Paying Male Partners: Male partners who paid the respondent to have sex with him were defined as paying male partners. As compared to round one, the proportion of high-risk MSM who reported having paying male partners increased (R1-26\% to 90\%, R2-28\% to 100\%) in almost all districts surveyed, and in round two it ranged from $28 \%$ to $64 \%$ in districts of Andhra Pradesh; $78 \%$ to $100 \%$ in Tamil Nadu; and $40 \%$ in Mumbai and $64 \%$ in Pune. Condom use during last sex preceding the survey with a paying male partner remained high in both rounds (R1-73\% to 92\%, R2$78 \%$ to $98 \%$ ). It was reported to be highest in Coimbatore and Madurai ( $98 \%$ each) and lowest in Mumbai-Thane (78\%) in round two (Figure 4.11; Summary Data Sheet M5).
4.12 Paid Male/Hijra Partners: Male/hijra sexual partners to whom the respondent paid to have sex were defined as paid male/hijra partners. In most of the districts, except Vishakhapatnam, Madurai and Salem, the proportion of high-risk MSM reported to have paid male/hijra partners varied and ranged from $4 \%$ to $45 \%$ in round two as against $12 \%$ to $49 \%$ in round one. Consistent condom use with paid male/hijra partners in round two increased in all districts when compared with round one and within states ranged from 86\% to $98 \%$ in Andhra Pradesh; $17 \%$ to $91 \%$ in Tamil Nadu; and it was 36\% (Mumbai-Thane) and 82\% (Pune) in Maharashtra (Figure 4.12; Summary Data Sheet M6).
4.13 Paid Female Partners: Less than two percent of highrisk MSM in round two reported having paid female partners in Andhra Pradesh (except Vishakhapatnam -- 23\%) and Tamil Nadu. In Maharashtra, 6\% of high-risk MSM in Mumbai-Thane and 20\% in Pune reported having paid female partners. When compared with round two, the proportion of high-risk MSM who reported having paid female partners was comparatively higher in round one and ranged from $7 \%$ to $64 \%$ in the different districts (Summary Data Sheet M6).
4.14 Non-commercial Male/Hijra Partners: The proportion of respondents who reported having other non-
commercial male/hijra partners ranged from $21 \%$ to $98 \%$ in round two; whereas, this proportion was between $34 \%$ and $89 \%$ in round one. The districts where a majority of the respondents reported having other non-commercial partners were Madurai ( $98 \%$ ), Guntur ( $97 \%$ ), and East Godavari ( $95 \%$ ). A huge variation was observed in the reported proportion of consistent condom use with non-commercial male/hijra partners in the different IBBA rounds (R1-1\% to 79\%, R2-23\% to $100 \%$ ) as depicted in the graphs (Figure 4.13; Summary Data Sheet M7).

Figure 4.11: Condom use with paying male partners (last time)


Figure 4.12: Consistent condom use with paid male/hijra partners


Figure 4.13: Consistent condom use with non-commercial male/hijra partners


Figure 4.14: Reported STI symptoms by high-risk MSM - last year and current (Andhra Pradesh and Maharashtra)


■ Last year STI symptom ■ Current STI symptom

Figure 4.15: Reported STI symptoms by high-risk MSM - last year and current


### 4.15 STIs/HIV

4.15.1 Proportion reporting STI symptoms: Selfreported prevalence of STIs was recorded in the IBBA and a similar proportion of respondents in both rounds (R1-2\% to $18 \%$, R2-0.7\% to 18\%) (except for high-risk MSM in Karnataka [34\%] for $\mathrm{R}_{1}$ ) reported suffering from STI symptoms. In Andhra Pradesh (round two), only high-risk MSM from Vishakhapatnam (1.5\%) and East Godavari (2.4\%) reported having STI symptoms. Similarly, in Tamil Nadu 0.7\% to 5\% of high-risk MSM reported suffering from STIs, and in Maharashtra 4\% of MSM in Pune and $18 \%$ in Mumbai reported STI symptoms. The proportion of high-risk MSM reported to be suffering from STIs during the survey (current) was low in all the districts and less than five percent of high-risk MSM in round two reported having symptoms
of STI as against 1\% to $20 \%$ in round one (Figures 4.14 and 4.15; Summary Data Sheet M3).
4.15.2 Proportion ever tested for HIV: A higher proportion of respondents in round two ( $61 \%$ to $98 \%$ ) than round one ( $4 \%$ to $57 \%$ ) reported having undergone HIV testing. This proportion in the different states in round two ranged from 61\% to 84\% in Andhra Pradesh and 83\% to 98\% in Tamil Nadu. In Mumbai and Pune, the proportion who undertook HIV testing was between $62 \%$ and $78 \%$, respectively. This proportion for high-risk MSM in Karnataka for Ri was 19\% and $33 \%$, respectively, for Bangalore (urban) and the rest of the districts. Among the respondents who undertook the HIV test, a majority also reported collecting the test results and a marked increase was seen in this proportion in round two when compared to round one (Figures 4.16 and 4.17) (Summary Data Sheet M4).

Figure 4.16: Prior history of HIV testing of high-risk MSM
(Andhra Pradesh and Maharashtra)


Figure 4.17: Prior history of HIV testing of high-risk MSM
(Karnataka and Tamil Nadu)


Figure 4.18: STIs prevalence among high-risk MSM (one or more of syphilis, $\mathbf{N}$. gonorrhoeae or C. trachomatis)


Figure 4.19: HIV prevalence among high-risk MSM


### 4.16 STIs/HIV Prevalence

4.16.1 Prevalence of STIs: Having "any STI" was defined as being positive in laboratory tests for any one or more of the following: reactive syphilis serology (RPR positive [any titre] and TPHA positive), positive $N$. gonorrhoeae or $C$. trachomatis test from urine specimens. A marginal decrease in the prevalence of STI in round two among high-risk MSM was observed in all three states since round one with the exception of Guntur (9.4\%) where an increase was noted. For high-risk MSM in Karnataka in R , prevalence was $12.5 \%$ and $11.9 \%$, respectively, for Bangalore (urban) and the rest of the districts. The prevalence of any STI in round two ranged from 6.6\% to 12.9\% in Andhra Pradesh and 2.2\% to 9.9\% in Tamil Nadu. In Maharashtra, the reported prevalence for Mumbai and Pune was $1.8 \%$ and $5.4 \%$, respectively. In round one, the
prevalence of any STI ranged between $5.3 \%$ and $18.8 \%$. Among the different states the individual prevalence of syphilis (R1-3.5\% to $17.8 \%$, R2-0.5\% to $12.6 \%$ ), NG (R1-0.0\% to 0.9\%, R2-0.0\% to 0.5\%) and CT (0.3\% to 4.4\%, R2-0.0\% to 4.3\%) in both rounds was low (Figure 4.18; Summary Data Sheet M8).
4.16.2 HSV-2 antibody prevalence: For each district, HSV-2 antibody was determined on a random sample of $10 \%$ of stored serum specimens. HSV-2 estimates for round one have been revised and un-weighted estimates for both rounds one and two are presented in this report. The comparison of estimates between the two rounds shows that the prevalence of HSV -2 in round two in most districts in Andhra Pradesh (except Guntur and Hyderabad), Maharashtra, and Tamil Nadu decreased (R1-24.4\% to $76.2 \%$, R2-17.5\% to $69 \%$ ). The round two estimates for

HSV-2 ranged from 38.1\% to 69\% in Andhra Pradesh and $19.6 \%$ to $28.6 \%$ in Tamil Nadu. The corresponding proportion in Maharashtra was $17.5 \%$ for Mumbai and $30 \%$ for Pune (Summary Data Sheet M8).
4.16.3 HIV prevalence: The prevalence of HIV varies considerably in the three states and a declining trend was seen in round two in most districts since round one with the exception of Guntur, Hyderabad, Chennai, and Coimbatore. The highest prevalence of HIV in round two was reported from Hyderabad (28.9\%) in Andhra Pradesh followed by Guntur and East Godavari districts, which had similar prevalence (20.8\%). The lowest prevalence was reported from Salem (4.8\%) in Tamil Nadu. HIV prevalence in Andhra Pradesh ranged between $4.9 \%$ and $28.9 \%$ in round two as against $9.3 \%$ and $24.7 \%$ in round one. In Tamil Nadu, prevalence of HIV was low in all districts (except Madurai) in round one and ranged from $4.8 \%$ to $22.3 \%$; whereas, in round two it ranged from $4.8 \%$ to $14.4 \%$. HIV prevalence among respondents in MumbaiThane and Pune was $10.2 \%$ and $17.4 \%$, respectively, in round one which declined in round two to $6 \%$ in MumbaiThane and $8.2 \%$ in Pune. The prevalence was $19.5 \%$ in Bangalore (urban) and $13.8 \%$ in the rest of the districts in Karnataka for round one (Figure 4.19; Summary Data Sheet M8).
4.17 Tamil Nadu: Aravani Group (Transgender): About 404 aravanis in round one and 403 in round two from five districts of Tamil Nadu (Chennai, Coimbatore, Dharmapuri, Madurai, and Salem) were covered in both rounds ofthe IBBA survey. Their identity, sexual orientation, stigmatization, and isolated status often restrict access to information about their sexual behaviour and practices. Surveys like the IBBA are an opportunity to understand this community to address the HIV prevention policy and programmatic needs for ensuring better access, care, and support for HIV prevention. In Tamil Nadu, for the last few years, HIV prevention programmes for this community are run by various organizations. Avahan has also targeted this community with the objective of scaling up of HIV/AIDS prevention. A two-stage cluster sampling design was adopted. Fixed-location and time-location clusters were the primary sampling units.

The mean age of the aravanis in the districts surveyed in both rounds was identical ( 29 years). More than $90 \%$ of aravanis in round two and $68 \%$ in round one were literate. One-fourth of them reported to be married in both rounds.

However, only $7.6 \%$ of aravanis reported cohabiting with their sexual partners in round two as against $18 \%$ in round one. The mean age when they entered the sex trade was reported to be 18 years in both rounds. Five percent of aravanis in round one and $12 \%$ in round two were circumcised.

Aravanis identified themselves as aqua (not undergone castration and who wears women's or men's attire) and nirvana (undergone castration and are in women's attire). Forty-two percent of this study population in round two had identified themselves as nirvana as against $63 \%$ in round one, and the others were aqua (Figure 4.20).

Services received from "any agency" were assessed based on four indicators as in the case of MSM groups (Section 4.4). A higher proportion of aravanis in round two than round one reported to have been visited by a peer/ ORW (R1-74\%, R2-83\%), received condoms (R1-74\%, R2-81\%), or having received information on STIs (R1-74\%, R2-82\%). However, a considerable decline was seen in the proportion of respondents who reported to have visited the NGO clinics (R1-75\%, R2-45\%).

More than $95 \%$ of aravanis in round two and $89 \%$ in round one reported that they had heard of STIs. Those having knowledge of three or more symptoms of STIs was also high (above $80 \%$ in both rounds). Less than $5 \%$ of the aravanis, in both round one and two, reported to have suffered from STIs in the last one year and also had
who reported having undergone HIV tests almost doubled between the two rounds.

Two-thirds of the respondents in both rounds one and two reported having regular partners. The reported condom use during last sex with regular partners decreased marginally (R1-73\%, R2-61\%) in round two; whereas, every time condom use with the regular partners was reported by a higher proportion of respondents in round two than one (R1-34\%, R2-47\%). Ninety percent of the aravani in round two and $74 \%$ in round one also had paying male
partners besides regular partners. The reported every time condom use was comparatively higher with paying male partners than with regular partners, and $61 \%$ of aravanis in round two and $50 \%$ in round one reported using condoms consistently. Less than $2 \%$ of the aravanis reported having paid male/hijra partners. The reported condom use with these partners was high in both rounds (above 85\%). Two-fifths of the respondents had other non-commercial male/hijra partners and the reported every time condom use was above $52 \%$ in round two and $20 \%$ in round one (Figures 4.21 and 4.22).

Figure 4.20: Aravani - Typology


Figure 4.21: Type of sexual partners


Figure 4.22: Condom use with different type of partners


Positivity of reactive syphilis serology among the aravanis was $16.6 \%$ in round one and $4.2 \%$ in round two. None of the respondents tested positive for $N$. gonorrhoeae or C. trachomatis. Prevalence of HSV-2 ( $10 \%$ sample) antibody was $46.2 \%$ in round one and $42.9 \%$ in round two. Prevalence of HIV declined and was $9.8 \%$ in round
two as against $12 \%$ in round one. HIV positive among those positive for any STI (positive for reactive syphilis serology, N. Gonorrhoeae, or C. Trachomatis - one or more) shows a declining trend and was $8.3 \%$ in round two as against $30.9 \%$ in round one. Detailed results are given in Summary Data Sheets $\mathrm{H}_{1}$ to H8.

## CHAPTER

## Injecting Drug Users

5.1 Introduction: HIV among injecting drug users (IDUs) continues to show an increasing trend and in states like Maharashtra, Manipur, Tamil Nadu, Punjab, and Delhi, the estimated prevalence of HIV among IDUs was above $10 \%$ (NACO, 2007). The IBBA round one and two surveys were conducted among IDUs from Maharashtra (Mumbai-Thane combined) and the north-east (Churachandpur and Bishnupur in Manipur; Phek and Wokha in Nagaland). The round one survey, which was initiated in January 2006, was completed in all states by August 2007. To assess changes in the pattern of high-risk sexual behaviour and STI/HIV prevalence, the IBBA was repeated after a gap of two years. The round two surveys were carried out between November 2009 and February 2010 in Maharashtra and between April and June 2009 in both the districts of Manipur and between May and July 2009 in Nagaland. The sample size for each district was approximately 400 and respondent driven sampling was the method used to sample eligible respondents. A total of 2,075 IDUs in round one and 1,977 in round two were interviewed in the IBBA. The number of seeds recruited at each site is shown in Table 5.1.

Table 5.1: Seeds recruited by district

| State and District | Number of seeds |  |
| :---: | :---: | :---: |
|  | R1 | R2 |
| Maharashtra |  |  |
| Mumbai-Thane | 37 | 21 |
| Manipur | 8 |  |
| Bishnupur | 6 | 4 |
| Churachandpur | 9 | 4 |
| Nagaland | 9 | 8 |
| Phek |  | 6 |
| Wokha |  |  |

5.2 HIV Prevention Services: Services received from "any agency" during the past six months were assessed based on five indicators: (1) contacted by NGO/programme worker, (2) given information on STI/HIV/AIDS, (3) visited
the NGO clinic, (4) received condoms, and (5) received needles/syringes (Table 5.2). In Maharashtra, the reported proportion of IDUs having received any of these services ranged from $11 \%$ to $60 \%$ as against $20 \%$ to $54 \%$ in round one. Considerable improvement in service coverage was observed in Maharashtra in round two when compared to round one, except the proportion of IDUs reported to have received condoms ( $\mathrm{R}_{1}-20 \%$, $\mathrm{R} 2-11 \%$ ). In the north-east, the service coverage improved in all districts in round two in Manipur and Nagaland, except Wokha (R1-22\% to 32\%, R2-12\% to $17 \%$ ) where a considerable drop was observed in the proportion of respondents reported to have received the aforesaid services. In Bishnupur, the service coverage ranged from $41 \%$ to $56 \%$ in round one, and it was between $48 \%$ and $64 \%$ in round two. The corresponding proportions for Churachandpur varied between $37 \%$ and $88 \%$ in round one and $51 \%$ to $96 \%$ in round two. Similarly the service coverage in Phek ranged from $34 \%$ to $49 \%$ in round one and $78 \%$ to $86 \%$ in round two (Summary Data Sheet D16).
5.3 Demographic Profile: This section presents information about demographic profiles of IDUs surveyed and the discussion is centred on the indicators age, literacy, marital status, and occupation. In Maharashtra, a majority of the IDUs who participated were between 26 and 36 years in age and a very similar age pattern was observed in both rounds with marginal change in the age distribution. IDUs from the north-east who participated in the survey in rounds one and two were between 20 and 30 years in age. Literacy level among IDUs from Maharashtra in round two improved when compared to round one, and $55 \%$ of respondents reported that they could read and write and only $6 \%$ reported being unemployed in round two as compared to $22 \%$ in round one. However, more than $90 \%$ of respondents from Manipur in both rounds reported that they could read and write, and the proportion reported to be unemployed was 26\% in Bishnupur and 56\% in Churachandpur. In Nagaland, more than four-fifths of the respondents in both districts reported that they could read and write, and marginal improvement in the level of literacy was observed in round
two when compared to round one. Unemployed respondents decreased in Phek (R1-48\%, R2-24\%), but the scenario in Wokha (R1-63\%, R2-64\%) remained the same with a high proportion of respondents reported to be unemployed in both rounds (Table 5.3, Summary Data Sheet DI).
5.4 Frequency of Injection: The respondents were asked about the injection use patterns and were segregated into four groups: those injecting at least once daily; at least once weekly; at least once monthly; and less than once during a month. Similar to round one, a higher proportion of respondents from Mumbai-Thane and Churachandpur in round two also reported injecting drugs on a daily basis than respondents from other districts. However, a shift in
the drug use pattern was observed in Bishnupur and Phek in round two with a higher proportion of respondents reported to have injected drugs at least once weekly than round one. In Wokha, a larger proportion of respondents reported injecting infrequently in round two than in round one where a higher proportion reported injecting frequently on a daily or weekly basis. A reduction in the proportion of respondents who reported to have injected drugs on a daily basis was observed in round two in all districts except Churachandpur where the proportion of respondents who reported to have used drugs on a daily basis was still high (Figure 5.1). (Summary Data Sheet D6).

Table 5.2: Coverage of IDUs by HIV prevention services received from any agency (last 6 months)

| State \& District | Contacted by NGO/programme worker (\%) ${ }^{*}$ |  | Given information on STI/HIV/AIDS (\%) |  | Visited the NGO clinic <br> (\%)* |  | Received condoms (\%) ${ }^{*}$ |  | Received needles/ syringes (\%) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | R 1 | R 2 | R 1 | R 2 | R 1 | R 2 | R 1 | R 2 | R 1 | R 2 |
| Maharashtra |  |  |  |  |  |  |  |  |  |  |
| Mumbai-Thane | 36 | 50 | 35 | 53 | NA | NA | 20 | 11 | 54 | 60 |
| Manipur |  |  |  |  |  |  |  |  |  |  |
| Bishnupur | 56 | 58 | 48 | 50 | 45 | 48 | 41 | 53 | 52 | 64 |
| Churachandpur | 52 | 51 | 37 | 64 | 69 | 9 | 48 | 67 | 88 | 96 |
| Nagaland |  |  |  |  |  |  |  |  |  |  |
| Phek | 49 | 80 | 46 | 79 | 48 | 86 | 47 | 78 | 34 | 80 |
| Wokha | 30 | 17 | 22 | 13 | 27 | 12 | 32 | 17 | 30 | 15 |

*Based on subset of respondents applicable for that analysis.
NA-Not available

Table 5.3: Demographic profile of participating IDUs

| State \& District | Current age distribution (years) (\%) |  |  |  |  |  |  |  |  |  | Can read and write (\%) |  | Ever married (\%) |  | Unemployed (\%) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 18-20 |  | 21-25 |  | 26-30 |  | 31-35 |  | 36 or above |  |  |  |  |  |  |  |
|  | R 1 | R2 | R 1 | R2 | R 1 | R2 | R 1 | R2 | R 1 | R2 | R1 | R 2 | R1 | R2 | R1 | R 2 |
| Maharashtra |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mumbai-Thane | 4 | 3 | 21 | 19 | 21 | 31 | 22 | 17 | 33 | 30 | 38 | 55 | 42 | 44 | 22 | 6 |
| Manipur |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bishnupur | 17 | 5 | 40 | 33 | 21 | 32 | 14 | 18 | 8 | 13 | 96 | 94 | 30 | 39 | 41 | 26 |
| Churachandpur | 11 | 3 | 37 | 20 | 32 | 36 | 14 | 26 | 6 | 15 | 92 | 96 | 31 | 56 | 38 | 56 |
| Nagaland |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Phek | 43 | 28 | 35 | 41 | 19 | 21 | 2 | 6 | 2 | 3 | 91 | 95 | 12 | 22 | 48 | 24 |
| Wokha | 23 | 8 | 35 | 29 | 29 | 32 | 9 | 16 | 4 | 15 | 80 | 86 | 26 | 43 | 63 | 64 |

5.5 Place of Injection: Respondents were asked about the place where they injected most commonly in round two. However in round one two most common places were enquired. More than $90 \%$ of respondents from MumbaiThane in both rounds one and two reported that they inject in public places including bus terminals, public toilets, in the street or in a park, or in any other open space like railway tracks. In the north-east injecting in public places was reported by only a small proportion of respondents in round one; whereas, in round two one-third of the respondents reported to have injected in public places. In addition, the other preferred places for injecting drugs were their own home or the home of their injecting partner (Figure 5.2; Summary Data Sheet D5).
5.6 Age at First Using Drugs and First Injecting Drugs: In all districts surveyed in rounds one and two, it was observed that drug use was initiated at a younger age (below 20 years); whereas, initiation of injecting drugs was slightly delayed and reported to be after age 20 years. A considerable decline in the age at starting drugs was observed among those less than 20 years of age in round two as compared to round one in most districts. Age at starting first injection use in most districts was reported to be between the age of 19 and 26 years. In Maharashtra, half of the respondents in round two reported to have started injecting drugs after age 26 years. The corresponding proportion for Bishnupur, Churachandpur, and Wokha was $21 \%, 26 \%$, and $42 \%$. However a different trend was
observed in Phek with a higher proportion of respondents reported to have initiated injecting drugs in the age group $17-21$ years in round two. A majority of the drug users transitioned from drug use to injecting drug use within a period of one or two years as reported by respondents in the districts surveyed. The duration between first drug use and first injecting drug use in round two depicts that 20\% of respondents in Maharashtra reported to have initiated injecting drug use within the first year of starting drug use. The corresponding proportion for Bishnupur and Phek in the same duration was $47 \%$ and $50 \%$. Almost one-third of the respondents in Bishnupur and Churachandpur reported that drug use and use of injectable drugs started simultaneously (Figures 5.3 and 5.4; Summary Data Sheets D2, D3, and D4).
5.7 Types of Drugs Injected: In Round one of the survey, the respondents were asked about three most frequently injected drugs in the past one year. However, in Round II information about only the most commonly used drugs was enquired. Both in rounds one and two, heroin was the most commonly reported drug injected in Maharashtra and Manipur (R1-75\% to 98\%, R2-80\% to 98\%). However, in Nagaland, Spasmoproxivon was far more commonly used (R1-99\% to $100 \%$, R2-92 to $97 \%$ ) than heroin or any other drug. Only a small proportion of respondents (less than 2\%) mentioned injecting other drugs such as Fortwin, Nitrazipam, or Diazipam (Figure 5.5; Summary Data Sheet D5).

Figure 5.1: Frequency of injections among IDUs


Figure 5.2: Most common places for injection


■ Respondent's house Injecting partner's house ■ Dealers' house - Open space

Figure 5.3: Age at first injection drug use


Figure 5.4: Duration between first drug use and first injecting drug use (in months)


Figure 5.5: Most commonly reported drugs injected by IDUs (last year)


Figure 5.6: Use of non-sterile injecting equipments during last injecting episode

5.8 Injecting/Sharing Practices: This section provides information on use of non-sterile injecting equipments, one of the main causes for increased risk of HIV exposure among IDUs. The respondents were asked about injecting practices during their last injecting incident. Use of prefilled syringes was not commonly reported, and fewer than $20 \%$ of respondents in round two and $30 \%$ in round one reported using a needle that they took from someone else after that person injected with it the last time they injected. Respondents also reported passing the needle/syringe to others after injecting themselves ( $\mathrm{Rr}_{1}$ $13 \%$ to $40 \%$, R2-1.9\% to $23.2 \%$ ). Use of a needle/syringe exclusively by the respondent was also inquired about and respondents in round two who reported using a needle/ syringe exclusively were $46 \%$ in Mumbai-Thane, 13.9\% for

Phek, and $23.2 \%$ for Wokha. This proportion in round one for these districts was $33 \%, 28 \%$, and $54 \%$, respectively. In Manipur, the corresponding proportion in round two was $15.2 \%$ for Bishnupur and $29.8 \%$ for Churachandpur as against $16 \%$ and $60 \%$ in round one. A large proportion of respondents, ranging from $51 \%$ to $80 \%$ in round two, as against $30 \%$ to $78 \%$ in round one, reported to have injected with a brand new needle. Use of common containers and injecting equipment was also commonly observed among IDUs. In round two in Maharashtra, 93\% of respondents reported using common containers. This proportion in districts from Manipur and Nagaland ranged from $41 \%$ to $57 \%$ in round one, but a declining trend was seen in round two with the estimated proportion ranging from $25 \%$ to $52 \%$. Use of common injecting equipment
among IDUs in the north-east reduced in round two ( $13 \%$ to $35 \%$ ) as compared to round one ( $35 \%$ to $60 \%$ ), and a lower proportion of respondents reported using common injecting equipment (Figure 5.6; Summary Data Sheets D7 and D8).
5.9 Sexual Risk: To assess the sexual risk behaviour, IDUs were asked about commercial and non-commercial partners they had in the past one year preceding the survey. In most of the districts, in round one, a considerable proportion of IDUs reported not being sexually active; whereas, this proportion in round two declined. Only $26 \%$ of respondents in round two in Maharashtra reported having no partners as against $48 \%$ in round one. The corresponding proportion in the north-east ranged from $16 \%$ to $54 \%$ in round one and $3 \%$ to $30 \%$ in round two. More than one-third of the IDUs from the north-east in round two had regular partners, and this proportion had increased since round
one ( $\mathrm{R} 1-22 \%$ to $32 \%$, R2-35\% to $44 \%$ ). IDUs from Phek (R1-33\%, R2-49\%) and Wokha (R1-38\%, R2-31\%) in both rounds reported having both regular and non-regular partners. The trend in Maharashtra differed and $42 \%$ of respondents in round two reported having only paid partners as against $20 \%$ in round one. A similar pattern followed in Bishnupur with $24 \%$ of respondents having only paid partners in round two.

Condom use with non-paid main regular female/casual partners was assessed, and the proportion reported to have used condoms during last sex act with a non-paid regular female partner varied widely and ranged from $28 \%$ to $55 \%$ in round two and was between $17 \%$ and $55 \%$ in round one. The reported condom use with casual partners seems to have increased marginally since round one ( $\mathrm{RT}-34 \%$ to $70 \%$ ) in most districts and ranged between $41 \%$ and $81 \%$ in round two (Figures 5.7 and 5.8; Summary Data Sheets $D_{10}, D_{11}$, and $\left.D_{12}\right)$.

Figure 5.7: IDU had Commercial and Regular Partners (last year)


Figure 5.8: IDUs reporting last time condom use with other non-paid female partners

5.10 STI Knowledge: STI knowledge was assessed based on the ability of the IDU to correctly identify at least three of the six most common STI symptoms (urethral discharge, burning/pain on urination, genital ulcer/sore, swelling in groin area, warts around genital area, and cannot retract foreskin). In Maharashtra $48 \%$ of the IDUs in round two and $37 \%$ in round one had heard of STIs; among them only $9 \%$ in round two and $4 \%$ in round one could correctly identify at least three of the most common STI symptoms. More than three-fourths of the IDUs in Manipur in both rounds had heard of STIs; among them, $11 \%$ ( $\mathrm{R}_{1}$ ) and $18 \%$ (R2) of IDUs in Bishnupur and $19 \%$ ( $\mathrm{R}_{1}$ ) and $47 \%$ (R2) in Churachandpur could correctly identify at least three symptoms. In Nagaland, as compared to round one (R1-Phek-78\%; Wokha-45\%) knowledge levels seem to have improved in round two, and $91 \%$ in Phek and $54 \%$ in

Wokha had heard of STIs. The proportion of respondents in round two who could correctly identify three or more symptoms was $32 \%$ in Phek ( $0.7 \%$ in round one) and $13 \%$ in Wokha ( $2 \%$ in round one) (Figure 5.9; Summary Data Sheet D13).
5.11 Proportion Reporting STI Symptoms: The proportion of respondents who reported to be suffering from any STI symptoms (urethral discharge, ulcer, swelling, burning pain, or cannot retract foreskin) in the year preceding the survey ranged from $7 \%$ to $30 \%$ in round one and $4 \%$ to $12 \%$ in round two. Out of those who reported suffering from STIs in round two, less than 10\% from Maharashtra, $45 \%$ in Churachandpur, and $79 \%$ in Bishnupur reported having sought trained care in round two, and this proportion in round one was comparatively lower (Figure 5.10; Summary Data Sheet D13).

Figure 5.9: Knowledge about STIs
-


Figure 5.10: IDUs reported STI symptoms

5.12 HIV/AIDS Awareness: While more than $90 \%$ of respondents in round one reported to have heard of HIV, it varied in round two ( $56 \%$ and $97 \%$ ). This proportion in round two was $70 \%$ in Mumbai-Thane, $88 \%$ in Bishnupur, $97 \%$ in Churachandpur, $96 \%$ in Phek, and 56\% in Wokha. In round two, between $33 \%$ and $64 \%$ of IDUs reported feeling at risk of being infected with HIV; whereas, only $20 \%$ to $41 \%$ reported so in round one (Summary Data Sheet D15).
5.13 Proportion Ever Tested for HIV: A higher proportion of respondents in round two ( $10 \%$ to $54 \%$ ) than round one ( $6 \%$ to $26 \%$ ) reported having undergone an HIV test. This proportion in round two was highest in Churachandpur (54\%) and lowest in Wokha (10\%) (Figure 5.1ו; Summary Data Sheet D15).

### 5.14 STIs/HIV Prevalence

5.14.1 Prevalence of STIs: Having "any STI" was defined as being positive in laboratory tests for any one or more of the following: reactive syphilis serology (RPR positive [any titre] and TPHA positive), positive N. Gonorrhoeae, or positive C. trachomatis NAT test. The estimated STI prevalence, in Maharashtra, was $5.4 \%$ in round one and $8.7 \%$ in round two. The prevalence in Manipur was $5 \%$ for both districts in round two but varied in round one ( $7.4 \%$ in Bishnupur and 3\% in Churachandpur). In Nagaland, the prevalence of STI in Phek was comparatively higher in round two (26\%) than round one (18.4\%); whereas' in Wokha a reduction was seen in round two (22.5\%) since
round one ( $29.7 \%$ ). The individual prevalence of NG was less than 2\% in both rounds. Prevalence of CT in Nagaland ranged between $5.6 \%$ and $12.5 \%$ in the two rounds and prevalence in Wokha had reduced to half in round two since round one. Among the three STIs, syphilis was the predominant one in all the districts and ranged from $2.7 \%$ to $16.6 \%$ in round two as against $0.9 \%$ to $19.5 \%$ in round one (Figure 5.12; Summary Data Sheet D17).
5.14.2 HIV prevalence: The prevalence of HIV among IDUs in Maharashtra was $16.5 \%$ in round one and $14.8 \%$ in round two. In Manipur, a higher prevalence than round one was noted in Churachandpur (R1-32.2\%, R2-39.9\%). HIV prevalence in Nagaland was similar in both rounds and was less than $2 \%$ in the surveyed districts (Figure 5.13).
5.14.3 Hepatitis B and hepatitis C: Prevalence of hepatitis $B$ among IDUs in the north-eastern districts in round two ( $7.5 \%$ to $11.6 \%$ ) was higher than in round one ( $4.8 \%$ to $6.8 \%$ ). In Mumbai-Thane, the prevalence was $10.8 \%$ in round one and $8.3 \%$ in round two.

The prevalence of hepatitis C in both round one and two was comparatively higher than hepatitis B in Maharashtra and Manipur and ranged between $46 \%$ and $92 \%$ in round two and $53 \%$ and $78 \%$ in round one. In Nagaland, when compared to round one, a marginal increase was seen in the prevalence of hepatitis C in both Phek ( $\mathrm{R} 1-5.4 \%$, R2-8.7\%) and Wokha (R1-16.7\%, R2-20.8\%) (Summary Data Sheet D17).

Figure 5.11: IDUs reported ever had undergone HIV test


Figure 5.12: STI prevalence among IDUs
(one or more of syphilis, gonorrhoeae or clamydia)


Figure 5.13: HIV prevalence among IDUs


## CHAPTER

## Clients of Female Sex Workers

6.1 Introduction: Clients of female sex workers are an important target population and very few studies undertaken in the past have reliable and representative data to consider for planning and implementation of programmes for HIV prevention among this group. Considered as the bridge population, clients of sex workers play a major role in the spread of the HIV infection from a small group of sex workers to the larger number of sexual partners including their spouses, and regular and casual sex partners. In IBBA rounds one and two, data from clients of female sex workers were collected from five districts of Andhra Pradesh, four districts of Maharashtra, Karnataka, and three districts of Tamil Nadu. The data collection for the IBBA round one survey which started in October 2006 was completed by December 2007 in all states, and the survey for the IBBA round two was carried out between April and September 2009 in Andhra Pradesh, October 2009 and January 2010 in Maharashtra, and June and September 2009 in Tamil Nadu. In Karnataka, the round one survey was carried out between September and December 2007. The sample size for each district was approximately 400 and time-location cluster sampling was the method used to sample eligible respondents at female sex workers' solicitation sites, with clients being identified by the interview team with the help of sex workers, community liaisons, pimps, and other key informants in the area.
6.2 Participation Rates: A total of 6,757 clients of sex workers in round one and 4,803 in round two were interviewed. The overall participation rate was $43 \%$ in round one and $49 \%$ in round two. The participation rates in round one ( $24 \%$ to $51 \%$ ) and two ( $32 \%$ to $65 \%$ ) varied across the surveyed districts, and in round two ranged from $39 \%$ to $63 \%$ in Andhra Pradesh, $32 \%$ to $59 \%$ in Tamil Nadu, and $46 \%$ to $65 \%$ in Maharashtra. This proportion in Karnataka for round one ranged from $68 \%$ to $89 \%$ (Table 6.1).
6.3 Exposure to Prevention Programmes: A high proportion of clients of sex workers in most districts in rounds one and two reported having exposure (heard/seen/read) to
advertisements on condoms ( R 1 and $\mathrm{R2}$-above $80 \%$ ) and STIs (R1-40\% to 99\%, R2-45\% to 97\%). Comparatively a very low proportion of respondents in round two ( $6 \%$ to $36 \%$ ) reported having heard/seen/read advertisements on the Key clinic for STI treatment when compared with round one ( $7 \%$ to $84 \%$ ). Further, less than $5 \%$ of the respondents in both rounds reported to have visited the Key clinics for STI treatment.

The state-wide trend depicts that in Andhra Pradesh, a higher proportion of clients in round one (above 95\%) than round two (above 80\%) reported having heard/seen/read advertisement on condoms. The proportion of respondents having information on STIs (R1-93\% to 99\%, R2-52\% to 88\%) and Key clinics (R1-34\% to 83\%, R2-11\% to 28\%) declined marginally in round two compared to round one.

In Tamil Nadu the proportion of respondents having heard/ seen/read advertisement on condoms ( $\mathrm{R} 1-79 \%$ to $92 \%$, R2-95\% to $100 \%$ ) and STIs (R1-45\% to 86\%, R2-68\% to $96 \%$ ) increased compared to round one. In contrast, the
between 28 and 32 years. A majority of the clients interviewed were literate (R1-58\% to 88\%, R2-57\% to 95\%) and the proportion of clients who could read and write in round two ranged from $65 \%$ to $95 \%$ in Andhra Pradesh; $57 \%$ to $87 \%$ in Maharashtra; and $89 \%$ to $95 \%$ in Tamil Nadu. Between $69 \%$ and $81 \%$ respondents from Karnataka in R1 were literate. Respondents in the client survey represented men in different occupations, which varied significantly, and districts in Tamil Nadu were dominated by non-agricultural labourers and businessmen in both rounds. However, in Andhra Pradesh, Karnataka (Rı only), and Maharashtra there was a mix of agricultural and nonagricultural labourers, businessmen, truck drivers, and semi-skilled labourers. Further, most of the respondents in both IBBA rounds in all states were either married and living with their spouses or unmarried and reported having either a steady/unsteady partner (Table 6.3; Figures 6.16.4; Summary Data Sheet $\mathrm{C}_{1}$ ).
6.5 Occasional and Regular FSW Partners of Clients: The respondents were asked about their regular (women whom they bought sex from repeatedly and whom they recognized well) and occasional (women whom they bought sex from
only once or twice and whom they would not know or recognize) FSW partners. A majority of the clients reported having both occasional and regular FSW partners and interstate variation was observed in the proportion of clients who reported having exclusively occasional or regular FSW partners. In Andhra Pradesh and Maharashtra a considerable proportion of clients reported having exclusively occasional FSW partners; whereas, only a small proportion reported so in Tamil Nadu (Figures 6.5-6.6).

More than three-fourths of the respondents in both IBBA rounds reported having occasional FSW partners; whereas, the proportion who reported having regular FSW partners differed across the states since round one (R1-12\% to 86\%, R2-45\% to 99\%). In Andhra Pradesh, $45 \%$ to $84 \%$ of respondents in round two reported having regular FSW partners as against $59 \%$ to $86 \%$ in round one. The corresponding proportion in Maharashtra ranged from $20 \%$ to $79 \%$ in round one and $49 \%$ to $65 \%$ in round two. However, in Tamil Nadu, compared to the other states an increase in the proportion of clients ( $\mathrm{R} 1-66 \%$ to $76 \%$, R2-94\% to $99 \%$ ) who reported having regular FSW partners was noted. In Karnataka, clients having regular FSW partners in R1 ranged from $12 \%$ to $54 \%$ (Summary Data Sheet C5).

Table 6.1: Participation rates by district for clients of FSWs

| State \& District | Round 1 |  | Round 2 |  |
| :---: | :---: | :---: | :---: | :---: |
|  | Completed questionnaire and biological specimen collection | Participation rate (\%) | Completed questionnaire and biological specimen collection | Participation rate (\%) |
| Andhra Pradesh |  |  |  |  |
| East Godavari | 409 | 28 | 401 | 44 |
| Guntur | 401 | 24 | 406 | 63 |
| Hyderabad | 406 | 32 | 400 | 39 |
| Visakhapatnam | 402 | 31 | 406 | 46 |
| Warangal | 402 | 33 | 403 | 45 |
| Karnataka |  |  |  |  |
| Bangalore | 678 | 68 | NA | NA |
| Belgaum | 408 | 76 | NA | NA |
| Bellary | 424 | 84 | NA | NA |
| Shimoga | 426 | 89 | NA | NA |
| Maharashtra |  |  |  |  |
| Mumbai | 394 | 49 | 371 | 54 |
| Parbhani | 404 | 51 | 395 | 62 |
| Pune | 401 | 44 | 404 | 65 |
| Yevatmal | 399 | 53 | 400 | 46 |
| Tamil Nadu |  |  |  |  |
| Chennai | 406 | 42 | 408 | 32 |
| Madurai | 401 | 35 | 402 | 59 |
| Salem | 396 | 36 | 407 | 58 |

[^4]Table 6.2: Exposure to interventions

| State \& District | Heard/seen/read advertisement on condoms (last 6 months) (\%) |  | Heard/seen/read advertisement on STI (last 6 months) (\%) ${ }^{*}$ |  | Heard/seen/read advertisement on Key clinic (last 6 months) (\%) |  | Ever visited Key clinic for STI treatment (\%) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | R 1 | R 2 | R 1 | R 2 | R 1 | R 2 | R 1 | R 2 |
| Andhra Pradesh |  |  |  |  |  |  |  |  |
| East Godavari | 100 | 90 | 95 | 59 | 34 | 16 | 2 | 4.4 |
| Guntur | 100 | 84 | 98 | 68 | 75 | 11 | 2 | - |
| Hyderabad | 100 | 97 | 99 | 81 | 68 | 26 | 0.5 | 0.1 |
| Visakhapatnam | 96 | 84 | 93 | 52 | 83 | 28 | 7 | 0.4 |
| Warangal | 97 | 88 | 93 | 69 | 60 | 20 | 1 | 0.4 |
| Karnataka |  |  |  |  |  |  |  |  |
| Bangalore | 93 | NA | 58 | NA | 40 | NA | 2 | NA |
| Belgaum | 90 | NA | 45 | NA | 22 | NA | 0.2 | NA |
| Bellary | 93 | NA | 66 | NA | 41 | NA | 0.3 | NA |
| Shimoga | 94 | NA | 65 | NA | 39 | NA | 0.2 | NA |
| Maharashtra |  |  |  |  |  |  |  |  |
| Mumbai | 85 | 98 | 82 | 75 | 67 | 14 | 0.3 | 0.1 |
| Parbhani | 89 | 93 | 40 | 45 | 7 | 6 | $\bigcirc$ | 0.2 |
| Pune | 99 | 99 | 76 | 45 | 54 | 15 | 0.3 | $\bigcirc$ |
| Yevatmal | 95 | 98 | 57 | 46 | 21 | 8 | 0.3 | $\bigcirc$ |
| Tamil Nadu |  |  |  |  |  |  |  |  |
| Chennai | 79 | 95 | 45 | 96 | 36 | 36 | 0.1 | $\bigcirc$ |
| Madurai | 96 | 99 | 86 | 97 | 84 | 25 | 1 | NA |
| Salem | 92 | 100 | 51 | 68 | 37 | 1.9 | 0.1 | 72 |

NA-Not available
Figure 6.1: Occupation of clients
(Andhra Pradesh and Karnataka)


- Student
- Non-agricultural/casual labour
- Petty or large businessman/shop owner

Senice (Govt/Pvt)
Service (Govt / Pvt. )

- Others
- Bus/Truck drivers/helpers/Other transport workers

[^5]Figure 6.2: Occupation of clients
(Maharashtra and Tamil Nadu)


- Student
Nenty ogricultura/casual labour
Sty or large businessman/shop owner
- Others (Govt./Pvt.)
- 
- Agricultural labour/Cultivator
- Skilled/semi-skilled labour
- Bus/Truck drivers/helpers/Other transport workers
- Domestic servant

Figure 6.3: Marital status and living status of clients
(Andhra Pradesh)


Figure 6.4: Marital status and living status of clients
(Maharashtra and Tamil Nadu)


- Married living with partner Unmarried not having steady partner
- Unmarried having steady partner $\quad$ Married not living with partner

Table 6.3: Demographic profile of participating clients by district

| State \& District | Mean age (years) |  | Can read and write (\%) |  | Ever married (\%) |  | Living with sex partner (\%) |  | Mean age when started having paid sex (years) |  | Circumcised (\%) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | R 1 | R 2 | R 1 | R 2 | R 1 | R 2 | R 1 | R 2 | R 1 | R 2 | R 1 | R 2 |
| Andhra Pradesh |  |  |  |  |  |  |  |  |  |  |  |  |
| East Godavari | 30 | 30 | 58 | 65 | 72 | 72 | 96 | 64 | 20 | 20 | 5 | 14 |
| Guntur | 31 | 31 | 63 | 70 | 78 | 74 | 89 | 70 | 19 | 22 | 22 | 23 |
| Hyderabad | 31 | 29 | 80 | 89 | 68 | 67 | 91 | 62 | 20 | 22 | 11 | 10 |
| Visakhapatnam | 28 | 30 | 79 | 78 | 62 | 63 | 94 | 57 | 19 | 22 | 22 | 6 |
| Warangal | 30 | 29 | 88 | 95 | 74 | 60 | 96 | 43 | 19 | 23 | 16 | 12 |
| Karnataka |  |  |  |  |  |  |  |  |  |  |  |  |
| Bangalore | 31 | NA | 81 | NA | 62 | NA | 66 | NA | 22 | NA | 13 | NA |
| Belgaum | 30 | NA | 76 | NA | 64 | NA | 68 | NA | 21 | NA | 13 | NA |
| Bellary | 39 | NA | 70 | NA | 66 | NA | 70 | NA | 20 | NA | 12 | NA |
| Shimoga | 32 | NA | 76 | NA | 62 | NA | 66 | NA | 22 | NA | 11 | NA |
| Maharashtra |  |  |  |  |  |  |  |  |  |  |  |  |
| Mumbai | 30 | 31 | 85 | 57 | 47 | 63 | 57 | 49 | 19 | 22 | 37 | 53 |
| Parbhani | 27 | 29 | 69 | 87 | 54 | 65 | 92 | 62 | 20 | 20 | 21 | 22 |
| Pune | 28 | 28 | 87 | 85 | 49 | 60 | 89 | 51 | 22 | 21 | 9 | 13 |
| Yevatmal | 29 | 30 | 81 | 83 | 61 | 67 | 90 | 63 | 21 | 22 | 26 | 21 |
| Tamil Nadu |  |  |  |  |  |  |  |  |  |  |  |  |
| Chennai | 32 | 32 | 64 | 95 | 65 | 74 | 86 | 73 | 22 | 22 | 4 | 4 |
| Madurai | 28 | 32 | 81 | 90 | 50 | 66 | 98 | 65 | 21 | 22 | 6 | 6 |
| Salem | 32 | 28 | 78 | 89 | 62 | 52 | 85 | 50 | 23 | 21 | 8 | 3 |

NA-Not available

Figure 6.5: Type of FSW partners of clients
(Andhra Pradesh and Karnataka)


Figure 6.6: Type of FSW partners of clients
6.6 Frequency of Buying Sex: The average number of commercial sex acts as reported by respondents in round two ranged from 2 to 7 during a month and 6 to 27 in six months, and wide variations were observed across the different states. Among the states, the lowest numbers of commercial sex acts in the defined time period were reported by clients from Maharashtra followed by Andhra Pradesh and Tamil Nadu. In districts of Andhra Pradesh, the reported sex acts in the past month ranged from 2-5 and it was $12-18$ during the past six month period. Similarly for Tamil Nadu, the reported number of commercial sex acts in the said duration ranged from 4-7 (past month) and 20-26 (past six months). In Maharashtra, the average number of reported sex acts was 2-3 in a month and 7 ווin six months (Figures 6.7-6.8).
6.7 Type of Sex Workers Normally Frequented: The clients captured in the IBBA were those who normally picked up sex workers on the street or in brothels. The trend in both rounds was very similar with respect to the location where clients usually picked up sexworkers. In Tamil Nadu, similar to round one, respondents were dominated by clients of street-based sex workers. The respondents in Parbhani and Yevatmal in Maharashtra were almost exclusively clients of brothel-based sex workers, while the districts of Andhra Pradesh and Karnataka (R1) had more of a mix of clients of brothel-, home-, and street-based sex workers (Figures 6.9-6.10). It is important to keep in mind that the distribution of clients in this study does not necessarily represent the mix of clients in the district. It was limited by the types of solicitation points in the sampling frame.

Figure 6.7: Number of commercial sex acts reported by clients in Andhra Pradesh (during the last month and last 6 months)


Figure 6.8: Number of commercial sex acts reported by clients in Maharashtra and Tamil Nadu (during the last month and last 6 months)


- Lastone month ■ Last six months

Figure 6.9: Location where clients usually pick up FSWs (Andhra Pradesh and Karnataka)


Figure 6.10: Location where clients usually pick up FSWs


### 6.8 Clients as a Bridge Population

6.8.1 Bridging from commercial to non-commercial partners: The transmission of HIV from a high-risk population to a low-risk population depends on the behaviour of the individual, and most clients surveyed in both rounds of the IBBA were not limited to commercial partners but also had spouses and other regular and occasional partners. The proportion of respondents who reported having had a main/steady female partner in round two ranged from $47 \%$ to $72 \%$ in Andhra Pradesh; $64 \%$ to $73 \%$ in Maharashtra; and $66 \%$ to $76 \%$ in Tamil Nadu. Compared to round one ( $48 \%$ to $86 \%$ ) in most districts the proportion of respondents who reported having had a main steady partner declined in round two ( $47 \%$ to $76 \%$ ). Further, respondents also reported having sex with other non-paid partners than their spouse. The proportion of respondents in round two who reported having sex with other non-paid partners was highest in Salem (32\%) and lowest in Madurai (0.4\%), both in Tamil Nadu. While a higher proportion of respondents in round one reported having sex with other non-paid partners, a decline was observed in round two in Andhra Pradesh (R1-21\% to 51\%, R2-19\% to 31\%), Maharashtra (R1-14\% to 36\%, R2-9\% to 17\%), and Tamil Nadu (R1-14\% to $37 \%$, R2-0.4\% to $32 \%$ ). The proportion of clients from Karnataka who reported having main steady partners in R1 was almost $70 \%$; whereas, those having other nonpaid partners ranged from 8\% to 25\% (Figures 6.11-6.12; Summary Data Sheet C5, C6).
6.8.2 Bridging from males to males: While only a small proportion of clients in round one ( $1 \%$ to $16 \%$ ) reported having male/hijra partners, the proportion in round two increased considerably ( $5 \%$ to $38 \%$ ). In round two, the
proportion of respondents who reported having male/hijra partners ranged from $1.6 \%$ to $21 \%$ in Andhra Pradesh; 6\% to $21 \%$ in Maharashtra; and $26 \%$ to $38 \%$ for Tamil Nadu. In Karnataka with the exception of Bangalore (14\%) in rest of the districts in R1 less than 5\% of respondents reported having male/hijra partners (Figure 6.13; Summary Data Sheet C7).

### 6.9 Clients and Condom Use with Commercial Partners

6.9.1 Condom use with occasional commercial partners: Among the respondents who reported having occasional FSW partners, $70 \%$ to $80 \%$ respondents from Andhra Pradesh in round two reported using condoms every time during sex and this proportion had increased since round one ( $19 \%$ to $38 \%$ ). The corresponding proportion in Maharashtra varied and ranged from $36 \%$ to $75 \%$ in round two as against $23 \%$ to $64 \%$ in round one. In Tamil Nadu, the proportion of respondents who reported using condoms every time during sex ranged from $26 \%$ to $65 \%$ in round two and was between $30 \%$ and $50 \%$ in round one. This proportion in Karnataka in round one ranged from $41 \%$ to $50 \%$ (Figures 6.14-6.15; Summary Data Sheet C5).
6.9.2 Condom use with regular commercial partners: The proportion of respondents who reported using a condom every time during sex with regular commercial partners in Andhra Pradesh ranged from $55 \%$ to $81 \%$ in round two as against $16 \%$ to $26 \%$ in round one. In Maharashtra, less than $60 \%$ of the respondents in almost all districts except Pune in rounds one and two reported using a condom every time during sex. Consistent condom use in districts of Tamil Nadu varied and this proportion ranged from $18 \%$ to $54 \%$ in round two as compared with $15 \%$ to $26 \%$ in round one. In Karnataka, every time condom use with regular FSW/s was reported by $33 \%$ to $51 \%$ of respondents in round one (Figures 6.16-6.17; Summary Data Sheet C5).

Figure 6.11: Type of sexual partners of clients

## (Andhra Pradesh and Karnataka)



Figure 6.12: Type of sexual partners of clients
(Maharashtra and Tamil Nadu)


Figure 6.13: Clients reporting sex with male/hijra


Figure 6.14: Condom use with occasional FSWs by clients
(Andhra Pradesh and Karnataka)


Figure 6.15: Condom use with occasional FSWs by clients
(Maharashtra and Tamil Nadu)


Always used condoms ■ Sometimes used condoms $\square$ Never used condoms

Figure 6.16: Condom use with regular FSWs by clients
(Andhra Pradesh and Karnataka)


Figure 6.17: Condom use with regular FSWs by clients
(Maharashtra and Tamil Nadu)


- Aways used condoms
- Sometimes used condoms

Never used condoms
6.9.3 Reasons for not using condoms: As in round one, respondents who didn't use condoms mentioned "nonavailability of condoms", "do not like using condoms", "partner didn't want", and "thought of but did not remember using it" as the main reasons for not using condoms in the states of Andhra Pradesh, Karnataka, and Tamil Nadu. In addition to the reasons mentioned above, respondents from Maharashtra also reported "never having seen a condom" as a reason for not using a condom during sex (Figures 6.18-6.19).
6.10 Self-reported STIs and Treatment Seeking Behaviour: Less than one-third of the respondents in round one and almost one-fifth in round two from Andhra Pradesh reported suffering from STIs with any of these symptoms,
such as any urethral discharge, ulcer, swelling, burning pain, or cannot retract foreskin. The corresponding proportion for Maharashtra and Tamil Nadu in round two ranged from $26 \%$ to $38 \%$ and $3.2 \%$ to $22.5 \%$, respectively, as against $21 \%$ to $53 \%$ (Maharashtra) and $5 \%$ to $12 \%$ (Tamil Nadu) in round one. In Karnataka, the reported proportion was $16 \%$ to $33 \%$ in round one. Among those who reported suffering from STIs, a majority sought trained care for treatment of STIs. The proportion reported to have sought trained care ranged from $40 \%$ to $92 \%$ in Andhra Pradesh, $39 \%$ to $53 \%$ in Maharashtra, and $35 \%$ to $71 \%$ in Tamil Nadu. The corresponding proportion in round one for the different states ranged between $7 \%$ and $90 \%$ (Figures 6.20-6.22; Summary Data Sheet C3).

Figure 6.18: Reasons cited by clients for not using condoms with any FSWs (last time)
(Andhra Pradesh and Karnataka)


Figure 6.19: Reasons cited by clients for not using condoms with any FSWs (last time)
(Maharashtra and Tamil Nadu)


Condom not available
Do not like using condom
Partner did not want
Others

- FSW did not have condom Thought of but did not remembe
Never heard or seen a condom
- Condom cost too much

Used other contraceptive

- Used condom everytime

Figure 6.20: STI symptoms reported by clients (last year)


Figure 6.21: STI symptoms reported by clients (last year)


Figure 6.22: STI symptoms reported by clients (last year)

6.11 HIV/AIDS Awareness and Testing: This section details clients' information regarding knowledge, risk perception, and HIV testing status. Awareness about HIV/AIDS was found to be high in all districts surveyed ranging between $90 \%$ and $100 \%$ in both rounds. When compared to round one, the proportion of respondents who reported to have felt at risk of being infected with HIV in Andhra Pradesh (R1-22\% to 60\%, R2-1.8\% to 13\%) and Tamil Nadu (R1-7\% to $46 \%, R_{2}-6 \%$ to $15 \%$ ) in round two was low. In contrast, the proportion of respondents in Maharashtra who felt at risk of contracting HIV increased marginally in round two ( $28 \%$ to $64 \%$ ) when compared with round one ( $41 \%$ to $65 \%)$. This proportion in Karnataka in round one ranged
from $7 \%$ to $13 \%$. Among those who had heard of HIV/ AIDS, in round two, 27\% to 49\% in Andhra Pradesh, $14 \%$ to $27 \%$ in Maharashtra, and $22 \%$ to $37 \%$ in Tamil Nadu reported to have undergone HIV testing. As compared to round one ( $8 \%$ to $32 \%$ ), in all districts a considerable increase was observed in the proportion of respondents who reported to have undergone HIV testing in round two ( $14 \%$ to $49 \%$ ). In Karnataka, between $13 \%$ and $17 \%$ of respondents in round one reported having undergone HIV testing. A majority of the respondents also reported collecting the test results, and a sharp increase was observed between the two rounds (Figures 6.23-6.24; Summary Data Sheet C4).

Figure 6.23: Clients reporting ever had undergone an HIV test and collecting the result
(Andhra Pradesh and Karnataka)


Figure 6.24: Clients reporting ever had undergone a HIV test and collecting the result
(Maharashtra and Tamil Nadu)


### 6.12 STIs/HIV Prevalence

6.12.1 Prevalence of STIs: Having "any STI" was defined as being positive in laboratory tests for any one or more of the following: reactive syphilis serology (RPR positive [any titre] and TPHA positive), positive N. Gonorrhoeae, or positive C. trachomatis NAT test. The STI prevalence among clients of sex workers was low in round one (3.5\% to $10.6 \%$ ) and had further declined for most districts in round two ( $1.1 \%$ to $5.1 \%$ ) except in Chennai (R1-5.9\%, R2-8.4\%) and Mumbai (R1-8.8\%, R2-12.2\%) where a marginal increase was noted between the two rounds. In Karnataka, prevalence of any STI ranged between $4.2 \%$ and $7.2 \%$ in R1. Among the states, STI prevalence in round two varied from $0.1 \%$ to $3.1 \%$ in Andhra Pradesh; $4.1 \%$ to $12.2 \%$ in Maharashtra; and $0.4 \%$ to $8.4 \%$ in districts of Tamil Nadu (Figure 6.25). Prevalence of $N$. Gonorrhoeae or C. trachomatis in both rounds one and two was found to be less than $2 \%$ (except Mumbai-CT-R1-4.5\%, R2-6.8\%). Among the three types of STIs, syphilis was the predominant one in all states (R1-3.1\% to $10.1 \%$, R2-0.3\% to $8.4 \%$ ) (Figure 6.25; Summary Data Sheet C8).
6.12.2 HSV-2 prevalence: For each district, HSV-2 antibody was determined on a random sample of $10 \%$ of stored serum specimens and un-weighted estimates have been presented. The comparison of estimates between the two rounds (R1-9.7\% to 80.4\%, R2-8.9\% to 39\%) shows that the prevalence of HSV-2 in round two decreased for most districts except Warangal where a considerable increase
was observed. In round two, the prevalence of HSV-2 antibodies varied from $21.9 \%$ to $39 \%$ in Andhra Pradesh, $8.9 \%$ to $26.7 \%$ in Tamil Nadu, and between $12.5 \%$ and $29.3 \%$ in Maharashtra (Summary Data Sheet C8).
6.12.3 HIV prevalence: The trend of HIV prevalence among clients of sex workers varied widely in round two and ranged from $0.7 \%$ in Salem to $11.7 \%$ in Yevatmal. In districts of Andhra Pradesh, when compared to round one, HIV prevalence increased in East Godavari (R1-8.3\%, R2-9.6\%), Guntur (R1-6.6\%, R2-7.1\%), and Hyderabad (R1-2.4\%, R2-3.7\%); whereas, it decreased in Vishakhapatnam (R1-8\%, R2-5.1\%) and Warangal (R1-6.7\%, R2-2.8\%). HIV prevalence in Andhra Pradesh ranged from $2.8 \%$ to $7.1 \%$ in round two as against $2.4 \%$ to $8.3 \%$ in round one. The corresponding proportion in Maharashtra ranged from $2.1 \%$ to $11.7 \%$ in round two when compared with $6 \%$ to $10.9 \%$ in round one. The highest HIV prevalence in Maharashtra was reported in Yevatmal (R1-10.9\%, R2-11.7\%) and the lowest in Parbhani (R1-6.4\%, R2-2.1\%). In Tamil Nadu, when compared to round one ( $2 \%$ to $4.2 \%$ ), HIV prevalence in round two ranged from $0.7 \%$ to $10.2 \%$. A considerable increase in HIV prevalence was seen in Chennai (R1-2\%, R2-8.5\%) and Madurai (R1-2.5\%, R2-10.2\%). In Karnataka, HIV prevalence in round one ranged from $2.4 \%$ to $6.2 \%$. Similar to round one, a higher prevalence of HIV among those with "any STIs", was observed in many of the surveyed districts across states, and was indicative of a positive relationship between HIV and having an STI (Figure 6.26; Summary Data Sheet C8).

Figure 6.25: STI prevalence among clients (one or more of Syphilis, gonorrhoeae or clamydia)


Figure 6.26: HIV prevalence in clients


## CHAPTER

## Long Distance Truck Drivers

7.1 Introduction: In addition to clients of sex workers, long distance truck drivers (LDTDs) are also considered as part of the bridge population who play a major role in the spread of the HIV infection into the general population because of their high mobility, longer duration of stay away from home, and multitude of sexual partners. As in round one, the survey for round two was also conducted among LDTDs who take shipping consignments from one place to destinations located along the national highways traversing more than 800 kms one way before returning to the place of origin on four route categories: North-East (NE), North-South (NS), North-West (NW), and SouthEast (SE). The IBBA round one survey was undertaken in 2007 (June to September), and the survey for round two took place between September 2009 and January 2010.
7.2 Mapping: A comprehensive Pre-Survey Assessment (PSA) was undertaken in a phased manner in round one to identify and select the transport locations and to understand the local transport dynamics from the point of view of availability of drivers and business cycles of the transport offices that dispatch trucks of a particular route category.

The first phase involved gathering information about the transport locations, from secondary sources such as directories of transporters, unions, and reports of nongovernment organizations working in the area. In the second phase of PSA-2, macro-level site information was collected by visiting the sites and interacting with local stakeholders, gatekeepers, and community members. In this phase detailed information about the transshipment location (TSL) and satellite sites was also gathered and the whole TSL was mapped to give an overview of the location. The last phase was mainly undertaken to prepare a sampling frame of those transport establishments (TE) that transship goods to and from the TSL to destinations more than 800 kms away on selected route categories.

In round two a similar process was followed as in round one (except phase one), and the same TSLs were selected with the exception of Kandla as very few interviews were
completed at this TSL during round one and hence it was dropped in round two.
7.3 Participation Rates: A total of 2,066 LDTDs in round one and 2,085 in round two were interviewed, and the overall participation rate in round two was $76 \%$ as against $96 \%$ in round one across the different routes surveyed. In IBBA round two, 2,730 LDTDs were approached, out of whom 2,085 consented to participate in the survey and completed the behavioral interview and gave both biological (blood and urine) samples. The participation rate in round two across the different routes ranged from $65 \%$ to $94 \%$ as against $95 \%$ to $100 \%$ in round one (Table 7.1).
7.4 Extent of Avahan Coverage: The Avahan programme works with the transport owners and brokers to create a more supportive environment for encouraging safe behaviours among the trucking population. The Transport Corporation of India Foundation (TCIF), a social sector wing of a major cargo transport company, Transport Corporation of India is the lead partner (LP) that manages the project and offers support for advocacy, capacity building, community mobilization, and inter-personal communication.

The Avahan programme has a mandate to reach out to longdistance truck drivers plying along the national highways. This intervention which was initiated in 2004 is referred to as the "Kavach" (a Hindi word meaning protection or shield) programme, which is a comprehensive integrated approach for reducing HIV/STI transmission among longdistance truckers along the national highways by: providing diagnosis and treatment of STIs through project clinics; adopting behaviour change communication strategies to encourage the trucking population to adopt safer sexual behaviours and practices; and promoting condom use among the target population.

The high mobility of long distance truckers was the reason for establishing Khushi clinics (a word meaning happiness) overseen by Project Kavach at 36 truck halt points. This intervention was redesigned in 2006 and
is currently operational at 15 major truck halt points in nine Indian states. These sites were selected with the aim of reaching long distance truckers and crew members nationwide through clinics, peer education, and condom distribution. In order to follow up with a trucker who has been served by a Khushi clinic, the project provided a "Khushi passport" - a diary recording their medical history, diagnosis, and medication, which the trucker could produce at any project clinic to avail services.
7.4.1 HIV prevention services received from Khushi clinic: Services received from Khushi clinics were assessed based on the following indicators: contacted by peer/outreach worker (ORW) [in the last month, last year]; visits to Khushi clinic [in the last year]; and received condom from peer/ ORW [in the last year]. A higher proportion of respondents in R2 than R1 reported receiving HIV prevention services from the Khushi clinics. More than half of the respondents in both IBBA rounds from NE (R1-55\%, R2-50\%) and NS (R1-58\%, R2-56\%) had heard of Khushi clinics. However, variation in the proportion of truckers having heard of Khushi clinics was seen along NW (R1-36\%, R2- 62\%) and SE (R1-38\%, R2-21\%) routes. More respondents from NS (R1-15\%, R2-35\%) and NW (R1-8\%, R2-32\%) reported
having been contacted by peer educators from Khushi clinics in the last one year than respondents plying on SE (R1-2\%, R2-10\%) or NE (R1-5\%, R2-25\%). Between 3\% and $10 \%$ respondents in R1 and 2\% and 19\% in R2 reported having received condoms from peer educators. As compared to R 1 , an increase in proportion of respondents having visited Khushi clinics was also observed in R2 across all four routes (R1-3\% to 20\%, R2- $4 \%$ to $31 \%$ ) (Table 7.2; Summary Data Sheet T2).
7.5 Demographic Profile: The key demographic information considered for this report included age, literacy, and marital status of the respondent. The mean age of the truck drivers was broadly similar across the four routes surveyed ( 32 to 35 years) and a marginal increase in mean age was seen in round two compared to round one. The proportion of truck drivers who could read and write was high in both rounds (above 80\%). Similar to round one, three-fourths of the respondents in round two also were currently married. The proportion of currently married LDTDs ranged from $71 \%$ to $84 \%$ for the different route categories, and there was not much difference in the trends between the two rounds (R1-73\% to 83\%) (Table 7.3; Summary Data Sheet $\mathrm{T}_{1}$ ).

Table 7.1: Participation rates by routes for truck drivers

| Route and TSL | Round 1 |  | Round 2 |  |
| :---: | :---: | :---: | :---: | :---: |
|  | Completed questionnaire \& biological specimen collection | Participation rate (\%) | Completed questionnaire \& biological specimen collection | Participation rate (\%) |
| North-East |  |  |  |  |
| Ghaziabad Transport nagar, UP | 415 | 97 | 278 | 75 |
| Sanjay Gandhi Transport nagar, Delhi | 083 | 99 | 246 | 77 |
| North-South |  |  |  |  |
| Nelemangala, Bangalore | 273 | 95 | 374 | 69 |
| Ghaziabad Transport nagar, UP | 146 | 99 | 55 | 92 |
| Sanjay Gandhi Transport nagar, Delhi | 120 | 98 | 109 | 94 |
| North-West |  |  |  |  |
| Narol Chowkadi, Ahmedabad | 105 | 99 | 52 | 79 |
| Ghaziabad Transport nagar, UP | 143 | 100 | 21 | 70 |
| Sanjay Gandhi Transport nagar, Delhi | 126 | 95 | 63 | 89 |
| Gandhidham Transport nagar, Kandla | 046 | 100 | NA | NA |
| Kalamboli Transport nagar, Mumbai | 094 | 95 | 390 | 86 |
| South-East |  |  |  |  |
| Territybazar, Kolkata | 504 | 98 | 442 | 72 |
| Nelemangala, Bangalore | 009 | 100 | 55 | 65 |

Table 7.2: HIV prevention services received from Khushi clinic by route

| Route | Heard of Khushi clinic (\%) |  | Contacted by peer/ORW (\%) |  |  |  | Received condom from peer/ORW (last year) (\%) |  | Visited Khushi clinic (last year) (\%) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Last year |  | Last month |  |  |  |  |  |
|  | R 1 | R 2 | R 1 | R 2 | R 1 | R 2 | R1 | R 2 | R 1 | R 2 |
| National Highways |  |  |  |  |  |  |  |  |  |  |
| North-East | 55 | 50 | 5 | 25 | 2 | 6 | 6 | 12 | 14 | 21 |
| North-South | 58 | 56 | 15 | 35 | 6 | 5 | 10 | 7 | 20 | 21 |
| North-West | 36 | 62 | 8 | 32 | 2 | 12 | 4 | 19 | 11 | 31 |
| South-East | 38 | 21 | 2 | 10 | 1 | 2 | 3 | 2 | 3 | 4 |

Table 7.3: Demographic profile of participating truck drivers by route

| Route | Mean <br> (years) |  | Can read and write (\%) |  | Currently married (\%) |  | Mean duration of working as driver (months) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | R 1 | R 2 | R 1 | R 2 | R 1 | R 2 | R 1 | R 2 |
| National Highways |  |  |  |  |  |  |  |  |
| North-East | 32 | 33 | 83 | 87 | 75 | 74 | 117 | 116 |
| North-South | 31 | 32 | 90 | 96 | 75 | 7 | 11 | 119 |
| North-West | 30 | 32 | 88 | 87 | 73 | 74 | 96 | 102 |
| South-East | 34 | 35 | 83 | 95 | 82 | 84 | 129 | 134 |

7.6 Nativity: In the IBBA information was collected about the native place and current residence of the respondents in terms of district and state details. Native place was referred to in this study as the place in which the respondent was born or was connected to, though he may not be living in that place continuously. Similar to round one, in the NE, LDTDs in round two were predominately from the states of Uttar Pradesh (63.6\%) followed by Bihar/Jharkhand (12.9\%). The proportion of truck drivers belonging to Uttar Pradesh has increased and a considerable decrease was seen in respondents belonging to Bihar in round two. The nativity of LDTDs travelling in the NS route was more varied, and the scenario seems to have changed in round two with an increase in the proportion of truck drivers from the states of Uttar Pradesh (26.8\%), Gujarat/Maharashtra (12.1\%), and Rajasthan ( $10.5 \%$ ) as against a higher proportion from Uttar Pradesh, Haryana, Rajasthan, and Punjab in round one. A similar nativity pattern was observed in the NW where respondents were predominantly natives of Uttar Pradesh (47.7\%), Bihar ( $12.7 \%$ ), and Rajasthan (12.5\%). However, LDTDs from the SE route were largely natives
of Andhra Pradesh (66.5\%) and Tamil Nadu ( $15.1 \%$ ) as was also seen in round one with a small proportion also belonging to Rajasthan (6.2\%) (Table 7.4).
7.7 Work Profile and Mobility: The duration of working as a truck driver varied between the four routes. Similar to observations from round one, the mean duration estimated for round two also showed that most of the respondents had been working as drivers for the last 8 to 10 years except in SE where it was around 11 years. Respondents in the SE route had longer work experience than truck drivers from the other three routes. A majority of respondents in NE, NS, and NW routes have been driving for 4 to 8 years; whereas, it is more than 12 years for the SE route. The proportion of LDTDs in different time periods has not changed much in between the two rounds for each of the routes (Figure 7.1; Summary Data Sheet $\mathrm{T}_{1}$ ).

LDTDs spent between 10 and 13 days or less in one round trip (which included driving to the destination, stay at the TSL for unloading and reloading the next consignment, and driving back to the place of origin), and a very similar trend was observed in both rounds with regard to the
amount of time spent. Among the four routes, in the NE and NS a majority of the LDTDs spent between 10 and 12 days or more in one round trip; whereas, LDTDs from SE and NW took less than 10 days or between 10 and 12 days as depicted in Figure 7.2.

Information was also collected on hours spent at destination city or transshipment location before embarking on return journey to the origin city. As compared to round one, most of the respondents in round two reported spending one to two days waiting at destination/TSL for the next consignment as against two to three days in round one. A wide variation was also observed in time spent at the transshipment location between the two rounds as depicted in the graph. The waiting period at TSL generally depends upon peak and lean business cycles. The proportion of truck drivers reporting a waiting period of four and more days increased for SE in round two, which had the lowest reported waiting time in round one (Figure 7.3).
7.8 Sexual Behaviour with Female, Male, and Hijra Partners: The mean age at first paid sex was 21 years for NE, NS, and SE and 22 years for NW in round one, which increased to 22 years (NW and SE) and 23 years ( $N E$ and $N S$ ) in round two (Summary Data Sheet $\mathrm{T}_{1}$ ). The respondents were asked about four different types of sex
partners - wife, paid female sex partner, non-paid female sex partner, and male or hijra sex partner. The paid female partner was defined as women whom the respondent had paid cash in exchange for having sex in past 12 months. A non-paid female partner was defined as women with whom respondent had sex but was not married to and did not pay cash in exchange for sex in past 12 months. Condom use with these sex partners was assessed. Last time condom use was the reported use of a condom with any type of partner during the last sex act. Consistent condom use was defined as use of a condom at each sex act (every time) with any type of partner.
7.8.1 Wife: When compared with round one, the proportion of LDTDs who reported to have had sex with their wife in the last one month increased in the NE (R1-85\%, R2-92\%) but decreased in the SE (R1-98\%, R2-89\%) route category. In the NS and NW not much variation was observed between the two rounds. The condom use in last sex act with wife was low in both rounds and ranged between $2 \%$ and $22 \%$ in round two across all routes as against $6 \%$ and $19 \%$ in round one. Consistent condom use with wife was also very low and further decreased in round two when compared with round one (R1-0.5\% to 5\%, R2-0\% to 3\%) (Figures 7.47.5; Summary Data Sheet $\mathrm{T}_{5}$ ).

Figure 7.1 Duration of working as a Truck Driver


Figure 7.2 Number of days taken for a round trip


Figure 7.3: Time spent at destination

7.8.2 Paid female partners: The mean number of paid female partners reported by LDTDs in round two reduced for all route categories except NE (R1-5, R2-7) where a substantial increase was observed. However, not much variation was observed in the proportion of respondents who reported having had sex with a paid female partner in the last 12 months across the different route categories since round one (R1-25\% to $30 \%$, R2-26\% to 29\%) with the exception of the SE route where a marked decrease was seen. In the SE in round one, $44 \%$ of LDTDs reported having had sex with paid female partners as against $14 \%$ in round two. Last time condom use with paid female partner was high in both rounds and improved further in round two ranging from $75 \%$ to $96 \%$ as against $73 \%$ to $92 \%$ in round one. Consistent condom use also increased between the two rounds (R1-64\% to 74\%, R2-66\% to 95\%) for all route categories except the NE (Figures 7.47.5; Summary Data Sheet T6).
7.8.3 Non-paid female partners: LDTDs reported having one or two non-paid female partners across the different route categories and not much variation was observed since round one. The proportion of respondents who reported having non-paid female partners in the last one year ranged from $15 \%$ to $34 \%$ in round two as compared to $18 \%$ to $22 \%$ in round one. An increasing trend was observed in condom use during last sex act with a non-paid female partner, and this proportion ranged from $33 \%$ to $63 \%$ in round two but was between $22 \%$ and $36 \%$ in round one. A similar trend followed across the different route categories for consistent condom use, and this proportion ranged from $32 \%$ to $50 \%$ in round two as against $14 \%$ to $21 \%$ in round one (Figures 7.4-7.5; Summary Data Sheet T7).
7.8.4 Male/hijra partners: While the mean number of hijra partners of LDTDs in round two increased (except NW), the number of male partners decreased when compared with round one among those who reported having a male/ hijra partner. In round two, the reported mean number of male partners was just 1 ; whereas, the number of hijra partners varied between 2 and 3 across the different routes, and the highest was reported in the NE (2.6\%). Across the different routes between the two rounds ( $\mathrm{R}_{1}-1 \%$ to $5 \%$, R2$0.6 \%$ to $5 \%$ ) a very small proportion of the respondents reported to have had anal sex with male/hijra partners. Consistent condom use during anal sex with male/hijra partners varied from $14 \%$ to $74 \%$ in round one in the different route categories as against $17 \%$ to $41 \%$ in round two (Figures 7.4-7.5; Summary Data Sheet T8).
7.9 STI Knowledge: Among the different routes covered, the highest proportion of respondents had heard of STIs in the NW ( $72 \%$ ) followed by the NE, NS, and SE at 68\%, $53 \%$, and $52 \%$, respectively. When compared with round one ( $\mathrm{R}_{1}-70 \%$ to $94 \%$ ), a considerable decrease in the level of awareness about STIs was observed (R2-52\% to 72\%). STI knowledge was assessed based on the ability of the truck drivers to correctly identify at least three of the five most common symptoms: urethral discharge, genital ulcers or sores, swelling in groin (scrotal) area, burning pain on urination, cannot retract foreskin. The proportion of LDTDs who could correctly identify three of the most common symptoms of STIs ranged from $6 \%$ to $16 \%$ in round two as against $5 \%$ to $58 \%$ in round one. A marked change in the knowledge levels of respondents was observed in the SE route where $58 \%$ of LDTDs reported having knowledge about STI symptoms in round one as against $16 \%$ in round two (Summary Data Sheet T3).
7.10 HIV Awareness, Knowledge and Risk Perception: Almost all the LDTDs had heard about HIV/AIDS in round one as against $77 \%$ to $94 \%$ in round two indicating a marginal decline in the level of awareness about HIV/ AIDS. Further, a very low proportion of LDTD in both rounds reported feeling at risk of being infected with HIV (R1-5\% to $17 \%$, R2-5\% to $12 \%$ ). Data from both rounds showed that a few of the LDTDs have undergone HIV test anytime in the past. Similar to round one, higher proportion of respondents in round two from SE route had undertaken HIV test (R1-34\%, R2-35\%) than those plying on other routes (NE-R1-9\%, R2-16\%; NW-R1-12\%, R2-15\%; and least by NS-R1-15\%, R2-6\%) (Summary Data Sheet T4).

### 7.11 Self-reported STIs

7.11.1 Proportion reporting STI symptoms: The proportion of LDTDs from the different route categories reporting suffering from STIs and having symptoms such as urethral discharge, ulcer, swelling, burning pain, or cannot retract foreskin in the past one year ranged from $3 \%$ to $20 \%$ in round two as against $5 \%$ to $15 \%$ in round one (Figure 7.6 ; Summary Data Sheet $\mathrm{T}_{3}$ ).
7.11.2 Treatment seeking for most recent STI: Treatment seeking behaviour seems to have changed between the two rounds, and above $40 \%$ of the LDTDs on all routes opted for trained care (Avahan, other NGO, government, or private doctors/clinics) for the treatment of STIs. However, only $3 \%$ to $11 \%$ of respondents reported adopting

Figure 7.4: Last time condom use with wife, paid female partner, non-paid female partner, and male/hijra partner


Figure 7.5: Consistent condom use with wife, paid female partner, non-paid female partner, and male/hijra partner


Figure 7.6 History of STI Symptoms reported by Truck Drivers (last year)


Figure 7.7 STI Prevalence in Truck Drivers (one or more of Syphilis, N. Gonorrhoea, or C. Trachomatis)


Figure 7.8 HIV Prevalence in Truck Drivers

additional preventive measures for the prevention of STIs (Summary Data Sheet T3).

### 7.12 STIs/HIV Prevalence

7.12.1 Prevalence of STI: Having "any STI" was defined as testing positive for any one or more of the following: reactive syphilis serology (rapid plasma reagin [RPR] positive [any titre] and treponema pallidum hemaggutination assay [TPHA] positive), positive $N$. gonorrhoeae or $C$. trachomatis NAT test. The prevalence of any STI among LDTDs in round one ranged from $1.6 \%$ to $4.8 \%$ and $1 \%$ to $4.4 \%$ in round two. A very small proportion of LDTDs had STIs, and the individual prevalence of NG (R1-0.0\% to 0.4\%, R2-0.0\% to $0.3 \%$ ), CT (R1-0.0\% to 0.9\%, R2-0.6\% to 0.9\%), and syphilis (R1-1.2\% to $3.7 \%$, R2-0.2\% to $3.7 \%$ ) varied across the different route categories and also not much variation was observed in the prevalence of NG and CT between the two rounds (Figure 7.7; Summary Data Sheet Tg).
7.12.2 HSV-2 antibody prevalence: For each route, an HSV-2 antibody test was performed on a random sample of $10 \%$ of stored serum specimens. Unweighted HSV-2 estimates for both rounds one and two are presented in the report. The prevalence of HSV-2 ranged from $18.8 \%$ to $44.4 \%$ in round two as against $12.9 \%$ to $38.7 \%$ in round one. Similar to round one, the HSV-2 sero-prevalence in the SE was highest ( $\mathrm{Rl}_{1-38.7 \%, ~ R 2-44.4 \%) ~ a m o n g ~ a l l ~ f o u r ~}^{\text {a }}$ routes (Summary Data Sheet Tg).
7.12.3 HIV prevalence: Among LDTDs, HIV prevalence in round two ranged from $1.9 \%$ to $3.3 \%$ as against $2.4 \%$ to $6.8 \%$ in round one. A decreasing trend in HIV prevalence can be noted across all four routes, and the prevalence in the SE route in round two reduced to half when compared with round one (Figure 7.8; Summary Data Sheet Tg).
Table F1: Demographic profile of FSWs

| State \& District | No. of respondents |  | Mean age (years) |  | Can read and write (\%) |  | Ever married (\%) |  | Living with sex partner <br> (\%) |  | Mean age at first selling sex (years) |  | Typology (public place) (\%) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Andhra Pradesh |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Chittoor | 401 | 398 | 30 | 29 | 36 | 53 | 95 | 86 | 80 | 62 | 25 | 25 | 37 | 64 |
|  |  |  | (29.2-30.5) | (28.1-30.6) | (28.9-43.3) | (43.3-62.7) | (92.2-97.2) | (75.7-9.7.8) | (74.6-83.9) | (53.9-69.9) | (24.1-25.2) | (24.4-26.5) | (28.1-47.3) | (51.9-75.0) |
| East Godavari | 422 | 401 | 31 | 31 | 33 | 26 | 88 | 88 | 69 | 65 | 23 | 22 | 47 | 69 |
|  |  |  | (29.9-31.2) | (29.4-31.9) | (25.7-40.6) | (20.4-33.4) | (80.4-92.9) | (81.8-91.7) | (63.0-74.6) | (57.0-72.4) | (22.3-23.5) | (21.0-23.3) | (35.6-58.0) | (57.5-78.6) |
| Guntur | 405 | 405 | 31 | 31 | 39 | 37 | 96 | 97 | 77 | 72 | 25 | 25 | 41 | 77 |
|  |  |  | (30.0-31.5) | (28.7-32.2) | (30.8-47.0) | (24.9-51.5) | (92.6-97.2) | (93.6-98.2) | (70.8-82.4) | (56.1-84.1) | (24.0-25.2) | (23.4-26.5) | (31.2-51.3) | (66.5-84.7) |
| Hyderabad | 399 | 401 | 30 | 29 | 14 | 46 | 96 | 91 | 76 | 64 | 25 | 25 | 88 | 79 |
|  |  |  | (29.7-31.0) | (27.8-30.9) | (9.3-19.3) | (34.0-59.1) | (92.0-97.6) | (84.9-95.1) | (67.5-82.6) | (49.9-77.1) | (24.8-26.1) | (23.0-25.9) | (76.5-94.1) | (72.0-84.9) |
| Karimnagar | 412 | 402 | 29 | 30 | 22 | 42 | 89 | 86 | 73 | 66.3 | 23 | 26 | 62 | 82 |
|  |  |  | (28.5-29.6) | (29.0-31.3) | (15.2-31.1) | (34.5-49.9) | (82.5-93.3) | (76.4-92.1) | (66.8-79.1) | (57.3-74.3) | (22.5-23.5) | (24.5-26.6) | (50.3-72.6) | (74.2-88.3) |
| Prakasham | 404 | 408 | 29 | 30 | 32 | 43 | 96 | 91 | 79 | 70 | 24 | 24 | 46 | 74 |
|  |  |  | (28.5-29.7) | (28.8-31.6) | (26.0-38.5) | (32.4-53.4) | (93.2-97.7) | (83.2-94.5) | (74.1-83.0) | (61.0-78.0) | (23.4-24.4) | (23.3-25.3) | (37.2-55.7) | (58.0-85.7) |
| Visakhapatnam | 411 | 409 | 30 | 30 | 35 | 48 | 96 | 95 | 76 | 80 | 24 | 27 | 50 | 51 |
|  |  |  | (29.2-30.6) | (28.6-31.1) | (29.2-41.9) | (38.0-59.0) | (92.8-97.7) | (9.1-97.1) | (70.3-80.6) | (73.3-85.3) | (23.0-24.0) | (25.0-28.2) | (39.3-60.5) | (37.4-63.8) |
| Warangal | 417 | 401 | 29 | 30 | 21 | 42 | 81 | 90 | 74 | 80 | 21 | 26 | 56 | 99 |
|  |  |  | (28.0-29.3) | (28.9-31.6) | (16.1-26.1) | (30.5-53.9) | (69.0-88.7) | (83.2-94.5) | (64.8-81.0) | (72.5-86.3) | (20.5-21.4) | (25.1-27.0) | (43.8-68.1) | (96.6-99.5) |
| Karnataka |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bangalore (Urban) | 673 | 750 | 31 | 31 | 52 | 50 | 95 | 92 | 48 | 56 | 27 | 27 | 80 | 67 |
|  |  |  | (29.8-31.4) | (29.8-31.2) | (46.9-57.6) | (46.0-54.7) | (92.4-96.2) | (89.1-93.9) | (42.3-54.3) | (51.0-59.9) | (26.0-27.5) | (25.9-26.9) | (75.8-84.1) | (59.2-72.0) |
| Belgaum | 360 | 412 | 31 | 34 | 18 | 22 | 59 | 79 | 26 | 45 | 22 | 23 | 39 | 65 |
|  |  |  | (30.26-32.32) | (32.6-34.6) | (13.9-22.5) | (17.6-27.0) | (51.3-66.1) | (73.0-84.4) | (20.6-31.0) | (38.6-50.7) | (21.3-23.4) | (22.2-24.1) | (29.0-48.9) | (55.0-73.6) |

Table F1: Demographic profile of FSWs

| State \& District | No. of respondents |  | Mean age (years) |  | Can read and write (\%) |  | Ever married (\%) |  | Living with sex partner <br> (\%) |  | Mean age at first selling sex (years) |  | Typology (public place) <br> (\%) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Bellary | 420 | 417 | 31 | 32 | 34 | 23 | 61 | 85 | 33 | 59 | 22 | 23 | 32 | 38 |
|  |  |  | (29.0-31.9) | (30.3-32.7) | (32.0-46.1) | (18.4-29.1) | (50.4-70.8) | (79.7-89.2) | (26.5-39.2) | (50.7-66.5) | (21.3-23.3) | (22.1-23.7) | (24.7-40.7) | (28.6-48.0) |
| Shimoga | 390 | 408 | 32 | 33 | 39 | 44 | 9 | 97 | 48 | 55 | 26 | 28 | 41 | 49 |
|  |  |  | (30.7-32.4) | (32.5-34.2) | (32.0-46.1) | (38.3-48.9) | (86.6-94.6) | (94.0-98.4) | (43-2-53.4) | (49.7-59.4) | (25.3-26.8) | (27.2-22.5) | (31.6-50.2) | (39.5-58.4) |
| Maharashtra |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Kolhapur | 115 | 190 | 30 | 31 | 23 | 31 | 85 | 81 | 45 | 45 | 24 | 26 | 64 | 63 |
|  |  |  | (27.0-33.3) | (28.5-33.5) | (15.2-32.2) | (24.8-38.1) | (69.0-93.7) | (69.7-88.8) | (33.6-57.4) | (35.2-54.7) | (21.6-26.9) | (23.0-27.9) | (40.9-82.5) | (44.8-78.4) |
| Mumbai (BG) | 338 | 405 | NA | NA | 39 | 48.2 | 83 | 87.8 | 57 | 53.9 | NA | NA | NA | NA |
|  |  |  |  |  | (32.4-45.5) | (42.2-53.0) | (76.3-88.1) | (83.9.91.0) | (49.6-63.2) | (47.9-59.4) |  |  |  |  |
| Mumbai (BB) | 407 | 395 | 30 | 31 | 15 | 27 | 80 | 86 | 33 | 39 | 22 | 23 | - | $\bigcirc$ |
|  |  |  | (29.5-31.0) | (30.3-32.6) | (10.6-20.2) | (20.1-24.8) | (71.7-86.3) | (80.5-90.3) | (25.7-40.8) | (32.4-46.3) | (21.1-22.1) | (22.5-23.9) |  |  |
| Mumbai (SB) | 394 | 385 | 31 | 32 | 28 | 19 | 90 | 86 | 46 | 54 | 24 | 24 | 100 | 100 |
|  |  |  | (30.6-32.1) | (30.6-33.6) | (21.5-34.4) | (13.4-26.8) | (84.6-93.1) | (79.7-90.5) | (38.6-53.2) | (45.9-61.4) | (23-4-24.8) | (23.2-25.5) |  |  |
| Parbhani | 367 | 303 | 32 | 32 | 14 | 28 | 88 | 92 | 43 | 64 | 25 | 26 | 30 | 35 |
|  |  |  | (30.9-32.6) | (31.2-32.9) | (10.9-18.3) | (24.2-33.0) | (83.4-92.7) | (82.6-96.6) | (37.0-49.6) | (48.7-77.5) | (24.2-25.4) | (25.7-26.9) | (30.1-43.6) | (18.2-56.5) |
| Pune (BB) | 404 | 403 | 29 | 28 | 23 | 24 | 63 | 79 | 24 | 44 | 22 | 22 | $\bigcirc$ | $\bigcirc$ |
|  |  |  | (28.7-30.0) | (26.5-28.5) | (17.2-29.1) | (17.7-32.4) | (55.2-70.1) | (71.3-84.6) | (19.1-30.0) | (36.5-52.6) | (21.1-22.2) | (20.8-23.4) |  |  |
| Pune (NBB) | 257 | 266 | 33 | 33 | 22 | 40 | 89 | 95 | 55 | 52 | 26 | 28 | 73 | 84 |
|  |  |  | (31.0-34.9) | (31.7-34.2) | (17.5-27.7) | (34.3-46.3) | (81.8-93.2) | (91.6-96.7) | (49.3-61.0) | (44.8-59.0) | (24.0-27.7) | (26.9-28.9) | (61.4-82.4) | (58.6-94.7) |
| Thane (BB) | 401 | 384 | 28 | 28 | 36 | 31 | 65 | 79 | 24 | 44 | 22 | 24 | $\bigcirc$ | $\bigcirc$ |
|  |  |  | (27.1-28.3) | (27.1-29.8) | (30.4-41.5) | (23.9-38.3) | (58.7-70.3) | (72.4-84.3) | (19.8-30.0) | (36.9-51.6) | (21.5-22.5) | (22.1-25.3) |  |  |
| Thane (SB) | 394 | 395 | 27 | 30 | 56 | 23 | 84 | 86 | 39 | 63 | 24 | 26 | 100 | 100 |
|  |  |  | (26.4-27.6) | (28.7-31.5) | (47.3-63.5) | (15.2-32.1) | (78.1-89.2) | (79.3-91.4) | (33.3-45-4) | (54.0-70.2) | (23.1-24.1) | (24.9-27.6) |  |  |
| Yevatmal | 153 | 157 | 28 | 30 | 22 | 33 | 86 | 92 | 34 | 40 | 24 | 24 | 2 | 16 |
|  |  |  | (24.5-31.6) | (28.0-31.5) | (18.1-26.9) | (3.9-25.4) | (72.0.93.9) | (86.6-95.8) | (23.1-46.8) | (31.2-48.5) | (21.3-26.3) | (22.4-25.9) | (0.3-11.4) | (4.6-42.5) |
| Tamil Nadu |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Chennai | 410 | 397 | 33 | 34 | 33 | 66 | 97 | 97 | 67 | 72 | 28 | 28 | 91 | 96 |
|  |  |  | (32.4-33.7) | (32.6-34.5) | (26.8-40.1) | (59.7-72.1) | (94.4-98.4) | (93.8-98.9) | (60.1-72.9) | (65.5-77.0) | (27.7-28.8) | (27.7-29.2) | (84.6-94.8) | (9.18-98.2) |
| Coimbatore | 410 | 400 | 33 | 33 | 59 | 70 | 96 | 92 | 79 | 65 | 28 | 29 | 93 | 99 |
|  |  |  | (32.0-33.3) | (31.6-34.4) | (53.4-64.8) | (63.0-76.2) | (92.5-98.3) | (87.4-95.7) | (72.6-84.0) | (57.7-72.0) | (27.2-28.4) | (27.9-30.1) | (87.5-95.9) | (95.3-99.7) |

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| State \& District | No. of respondents |  | Mean age (years) |  | Can read and write (\%) |  | Ever married (\%) |  | Living with sex partner <br> (\%) |  | Mean age at first selling sex (years) |  | Typology (public place) <br> (\%) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | RI | RII | RI | RII | RI | RII | RI | RII | R1 | RII | RI | RII | RI | RII |
| Dharamapuri | 408 | 406 | 31 | 32 | 29 | 50 | 98 | 96 | 69 | 55 | 25 | 25 | 85 | 93 |
|  |  |  | (30.6-31.8) | (30.6-33.4) | (24.0-34.8) | (39.5-59.6) | (95.5-98.8) | (92.0-97.8) | (61.0-76.1) | (43.9-65.0) | (24.8-25.8) | (24.3-25.9) | (76.0-9.1) | (80.8-97.6) |
| Madurai | 402 | 396 | 32 | 34 | 45 | 56 | 97 | 92 | 76 | 7 | 26 | 28 | 92 | 94 |
|  |  |  | (31.3-32.6) | 33.0-35.6) | (36.0-54.7) | (46.1-65.8) | (93.4-98.4) | (71.9-98.3) | (69.4-82.0) | (61.0-78.7) | (25.1-26.2) | (26.2-28.7) | (87.0-95.5) | (81.6-98.0) |
| Salem | 402 | 407 | 33 | 35 | 29 | 51 | 98 | 98 | 76 | 64 | 28 | 29 | 83 | 100 |
|  |  |  | (32.3-33.6) | (32.8-37.2) | (24.2-35.1) | (35.7-63.5) | (95.7-99.2) | (88.7-99.5) | (69.9-80.7) | (48.3-77.7) | (27.6-28.8) | (26.9-30.9) | (73.7-90.1) | (98.4-9.9) |
| Nagaland |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dimapur | 426 | 417 | NA | NA | 61 | 45 | 65 | 64.3 | 41 | 30 | NA | NA | NA | NA |
|  |  |  |  |  | (55.0-67.0) | (38.7-51.5) | (59.4-7.9) | (58.4-70.8) | (36.7-46.4) | (25.1-35.5) |  |  |  |  |

[^6]Table F2: Services received from any agency

Table F2: Services received from any agency

| State \& District | No. of respondents |  | RI-Received any services |  |  |  |  |  | RII-Received any services |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Contacted by PE or ORW (\%) |  | Visited NGO clinic (\%) |  | Received condoms from PE/ORW (\%) |  | Ever Contacted by PE/ORW (\%) | Ever visited NGO clinic (\%) | Received condoms from PE/ORW (\%) |
|  |  |  | Last year | Last month | Last year | Last 3 months | Last year | Last year |  |  |  |
|  | RI | RII | RI |  | RI |  | RI | RI | RII | RII | RII |
| Shimoga | 390 | 408 | 94 | 73 | 49 | NA | 55 | 68 | 97 | 89 | 86 |
|  |  |  | (91.0-96.0) | (66.0-78.3) | (41.7-55.5) |  | (48.9-61.5) | (60.8-73.8) | (93.5-98.9) | (84.5-92.6) | (82.0-89.0) |
| Maharashtra |  |  |  |  |  |  |  |  |  |  |  |
| Kolhapur | 115 | 190 | 34 | 33 | 31 | 23 | 35 | 36 | 100 | 96 | 95 |
|  |  |  | (23.7-45.8) | (22.4-45.7) | (21.5-43.2) | (14.3-33.9) | (24.1-47.3) | (25.8-46.9) | (96.2-99.9) | (9.7-98.4) | (92.0-97.3) |
| Mumbai (BG) | 338 | 405 | 70 | 66 | 54 | 55 | 63 | 59 | 76 | 64 | 71 |
|  |  |  | (65.0-77.1) | (61.3-73.7) | (46.4-61.9) | (48.2-62.2) | (54.5-69.0) | (51.1-66.4) | (72.7-82.0) | (60.8-71.5) | (66.0-77.1) |
| Mumbai (BB) | 407 | 395 | 30 | 36 | 35 | 24 | 41 | 33 | 65 | 57 | 60 |
|  |  |  | (23.0-38.0) | (28.7-44.2) | (28.5-42.4) | (18.7-30.8) | (33.5-49.0) | (26.2-40.0) | (56.7-7.9) | (48.7-64.1) | (52.3-67.6) |
| Mumbai (SB) | 394 | 385 | 26 | 28 | 29 | 22 | 30 | 25 | 74 | 54 | 63 |
|  |  |  | (19.9-32.9) | (21.7-35.6) | (22.2-36.4) | (16.2-28.6) | (23.7-38.3) | (18.8-31.7) | (64.0-81.8) | (43-4-63.3) | (52.1-72.1) |
| Parbhani | 367 | 303 | 32 | 31 | 26 | 20 | 33 | 28 | 84.2 | 72.3 | 78.5 |
|  |  |  | (26.0-38.1) | (25.7-38.6) | (20.1-32.5) | (14.2-24.9) | (28.1-40.9) | (23.0-33.2) | (73.1-91.2) | (51.2-86.6) | (66.7-87.0) |
| Pune (BB) | 404 | 403 | 70 | 65 | 51 | 35 | 71 | 67 | 72 | 65 | 71 |
|  |  |  | (63.1-75.7) | (58.2-71.3) | (43.5-57.9) | (28.7-41-3) | (64.6-77.0) | (59.8-72.8) | (63.9-78.7) | (57.3-72.4) | (62.9-77.8) |
| Pune (NBB) | 257 | 266 | 40 | 40 | 40 | 30 | 44 | 41 | 72 | 56 | 55 |
|  |  |  | (31.7-49.0) | (31.4-48.7) | (31.2-48.9) | (22.9-39.0) | (35.0-53.3) | (31.8-49.8) | (63.5-78.5) | (47.2-63.9) | (45.6-63.9) |
| Thane (BB) | 401 | 384 | 85 | 85 | 81 | 75 | 86 | 82 | 61 | 34 | 61 |
|  |  |  | (80.7-89.1) | (80.6-89.0) | (76.2-85.0) | (69.4-79.4) | (82.1-90.0) | (77.4-86.4) | (53.1-68.0) | (27.0-40.9) | (53.6-68.9) |
| Thane (SB) | 394 | 395 | 31 | 31 | 30 | 27 | 31 | 30 | 61 | 52 | 38 |
|  |  |  | (23.0-40.4) | (22.9-40.8) | (22.4-39.9) | (20.5-34.9) | (22.9-40.8) | (22.5-38.0) | (50.9-70.5) | (42.0-62.6) | (28.3-48.3) |
| Yevatmal | 153 | 157 | 83 | 83 | 69 | 63 | 86 | 56 | 94 | 89 | 92 |
|  |  |  | (76.9-87.7) | (71.0-90.7) | (42.8-87.2) | (42.5-80.3) | (70.8-94.2) | (47-4-64.6) | (89.3-97.0) | (80.1-94.4) | (87.7-95.3) |

Table F2: Services received from any agency

| State \& District | No. of respondents |  | RI-Received any services |  |  |  |  |  | RII-Received any services |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Contacted by PE or ORW (\%) |  | Visited NGO clinic (\%) |  | Received condoms from PE/ORW (\%) <br> Last year | Receivedinformation onSTI from Peer/ORW (\%)Last year | Ever Contacted by PE/ORW (\%) | Ever visited NGO clinic (\%) | Received condoms from PE/ORW (\%) |
|  |  |  | Last year | Last month | Last year | Last 3 months |  |  |  |  |  |
|  | RI | RII | RI |  | RI |  | RI | RI | RII | RII | RII |
| Tamil Nadu |  |  |  |  |  |  |  |  |  |  |  |
| Chennai | 410 | 397 | 30 | 30 | 30 | 30 | 30 | 30 | 79 | 75 | 78 |
|  |  |  | (22.6-39.4) | (22.5-39.2) | (22.6-39.4) | (22.1-38.7) | (22.6-39.3) | (22.8-39.5) | (71.4-84.9) | (67.2-81.9) | (69.7-83.9) |
| Coimbatore | 410 | 400 | 58 | 56 | 58 | 55 | 56 | 57 | 88 | 82 | 87 |
|  |  |  | (51.2-64.5) | (48.8-62.0) | (51.5-64.7) | (48.6-61.9) | (49.7-62.9) | (50.3-63.8) | (82.5-99.9) | (73.5-87.6) | (81.2-90.8) |
| Dharamapuri | 408 | 406 | 78 | 79 | 76 | 74 | 77 | 75 | 90 | 89 | 88 |
|  |  |  | (71.6-82.9) | (73.1-84.0) | (69.2-81.3) | (67.1-79.1) | (70.6-82.0) | (68.7-80.4) | (84.3-93.7) | (84.3-93.0) | (80.7-93.1) |
| Madurai | 402 | 396 | 80 | 73 | 75 | 69 | 7 | 72 | 99 | 99 | 99 |
|  |  |  | (73.1-85.4) | (65.0-79.1) | (67.2-81.1) | (60.8-76.5) | (62.0-78.1) | (64.7-78.7) | (97.1-99.4) | (97.1-99.4) | (97.0-99.3) |
| Salem | 402 | 407 | 69 | 7 | 71 | 69 | 65 | 70 | 81 | 81 | 81 |
|  |  |  | (60.2-76.5) | (62.1-77.9) | (63.0-78.3) | (60.0-76.0) | (56.5-73.2) | (61.8-77.3) | (66.1-90.2) | (65.7-89.9) | (65.9990.0) |
| Nagaland |  |  |  |  |  |  |  |  |  |  |  |
| Dimapur | 426 | 417 | 25 | NA | 22 | NA | 21 | 24 | 7 | 78 | 76 |
|  |  |  | (19.9-29.1) |  | (17.2-26.5) |  | (16.5-25.0) | (19.0-28.5) | (64.8-75.8) | (74.5-8.5) | (70.4-80.5) |

" The round one data for Hyderabad, Karimnagar, Warangal and Karnataka, given under last year represent last six months only
Table F3: STI knowledge and treatment seeking behaviors

| State \& District | No. of respondents |  | Ever heard of STIs (\%) |  | Knowledge of 3 or more STI symptoms (\%) ${ }^{*}$ |  | Vaginal discharge, abdominal pain or ulcer (last year) (\%) |  | Sought trained care for most recent STI symptom (\%)* |  | Took preventive meaures for most recent STI symptom (\%)* |  | Had any one of the STI symptoms (Current) (\%) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Andhra Pradesh |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Chittoor | 401 | 398 | 96 | 86 | 97 | 95 | 85 | 26 | 89 | 83 | 62 | 63 | 59 | 15 |
|  |  |  | (92.9-97.5) | (80.0-90.5) | (93.8-98.1) | (90.1-97.3) | (80.5-88.7) | (20.5-32.5) | (83.3-92.8) | (7.2-90.1) | (53.6-68.9) | (48.0-76.2) | (53.1-64.5) | (9.9-20.9) |
| East Godavari | 422 | 401 | 97 | 91 | 90 | 75 | 78 | 33 | 88 | 96 | 80 | 65 | 63 | 21 |
|  |  |  | (94.0-98.1) | (85.7-94.5) | (84.7-93.2) | (67.9-80.9) | (70.1-84.2) | (27.1-39.7) | (79.2-92.8) | (91.2-98.2) | (72.3-86.1) | (52.8-75.1) | (54.9-69.9) | (16.0-27.5) |
| Guntur | 405 | 405 | 97 | 97 | 83 | 96 | 88 | 35 | 92 | 90 | 79 | 67 | 76 | 15 |
|  |  |  | (94.8-98.5) | (91.3-98.6) | (78.0-87.1) | (92.2-98.4) | (84.2-91.3) | (22.9-49.0) | (88.3-95.1) | (75.9-96.2) | (73.0-83.8) | (44.7-83.7) | (70.1-81.1) | (8.5-23.6) |
| Hyderabad | 399 | 401 | 88 | 93 | 80 | 90 | 52 | 36 | 80 | 66 | 52 | 50 | 35 | 22 |
|  |  |  | (82.7-91.3) | (85.7-96.8) | (73.6-85.6) | (85.0-93.8) | (43.9-59.0) | (22.7-51.0) | (69.9-87.4) | (27.9-91.0) | (42.9-61.9) | (23.6-76.8) | (28.5-41.2) | (10.3-41.1) |
| Karimnagar | 412 | 402 | 81 | 92 | 81 | 93 | 76 | 48 | 78 | 81 | 45 | 57 | 65 | 30 |
|  |  |  | (75.5-85.2) | (87.2-95.6) | (74.5-86.8) | (89.4-95.8) | (69.6-81.9) | (40.0-55.3) | (66.2-86.2) | (68.5-89.0) | (35.5-55.0) | (42.7-69.4) | (57.0-72.1) | (22.3-40.0) |
| Prakasham | 404 | 408 | 96 | 84 | 91 | 82 | 68 | 19 | 95 | 73 | 65 | 74 | 50 | 10 |
|  |  |  | (93.2-97.9) | (73.3-91.3) | (87.1-94.2) | (71.3-89.2) | (62.9-73.5) | (13.5-27.0) | (90.2-97.2) | (48.1-88.5) | (57.8-70.9) | (48.9-89.3) | (44.0-55.7) | (5.4-16.7) |
| Visakhapatnam | 411 | 409 | 99 | 92 | 93 | 87 | 54 | 41 | 95 | 64 | 74 | 28 | 33 | 29 |
|  |  |  | (97.4-99.6) | (86.6-95.7) | (88.8-96.1) | (81.9-97) | (47.0-59.9) | (32.0-50.1) | (90.8-97.1) | (55.0-72.2) | (65.8-80.7) | (19.7-37.3) | (26.8-39.6) | (21.7-37.9) |
| Warangal | 417 | 401 | 91 | 89 | 66 | 93 | 89 | 25 | 88 | 81 | 60 | 51 | 75 | 10 |
|  |  |  | (86.1-94.5) | (82.8-93.2) | (58.2-73.3) | (89.0-95.9) | (84.4-92.7) | (17.6-33.2) | (82.4-92.0) | (70.4-88.6) | (50.7-68.6) | (36.0-66.3) | (67.8-81.0) | (5.9-16.4) |
| Karnataka |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bangalore (Urban) | 673 | 750 | 84 | 79 | 43 | 50 | 51 | 34 | 94 | 93 | 79 | 42 | 40 | 12 |
|  |  |  | (80.3-87.0) | (73.6-83.0) | (37.8-47.2) | (43.2-56.0) | (45.0-57.0) | (29.7-37.9) | (90.6-96.6) | (87.9-95.9) | (73.4-83.7) | (35.7-49.0) | (34.2-45.2) | (9.7-15.2) |
| Belgaum | 360 | 412 | 86 | 85 | 37 | 61 | 36 | 39 | 91 | 96 | 81 | 70 | 29 | 21 |
|  |  |  | (81.6-88.7) | (79.3-89.1) | (29.4-44.5) | (54.8-67.5) | (30.3-42.5) | (33.4-44.2) | (82.3-95.6) | (91.7-98.3) | (71.7-88.1) | (62.5-77.3) | (23.5-34.5) | (17.3-25.8) |
| Bellary | 420 | 417 | 77 | 88 | 30 | 62 | 46 | 34 | 82 | 94 | 69 | 79 | 36 | 20 |
|  |  |  | (70.7-82.7) | (83.5-9.1) | (24.3-36.3) | (54.5-69.5) | (40.0-52.0) | (29.4-39.3) | (74.0-88.3) | (88.7-96.6) | (59.8-76.3) | (71.3-84.5) | (30.4-42.1) | (16.5-24.3) |
| Shimoga | 390 | 408 | 66 | 84 | 36 | 59 | 39 | 43 | 80 | 91 | 77 | 68 | 30 | 24 |
|  |  |  | (60.8-7.7.4) | (80.2-87.2) | (29.3-42.2) | (51.5-65.2) | (33.1-44.1) | (37.3-49.4) | (71.7-85.6) | (86.6-94.4) | (69.1-84.0) | (59.3-74.8) | (24.9-35.4) | (20.0-29.1) |

Table F3: STI knowledge and treatment seeking behaviors

| State \& District | No. of respondents |  | Ever heard of STIs (\%) |  | Knowledge of 3 or more STI symptoms (\%)*** |  | Vaginal discharge, abdominal pain or ulcer (last year) (\%) |  | Sought trained care for most recent STI symptom (\%)* |  | Took preventive meaures for most recent STI symptom (\%)* |  | Had any one of the STI symptoms (Current) (\%) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Maharashtra |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Kolhapur | 115 | 190 | 51 | 96 | 24 | 86 | 34 | 31 | 80 | 98 | 67 | 90 | 14 | 12 |
|  |  |  | (39.3-63.2) | (92.4-98.2) | (12.9-39.5) | (79.4-90.4) | (24.9-44.3) | (24.6-37.1) | (65.1-88.9) | (90.5-99.7) | (50.0-80.0) | (82.1-94.2) | (9.0-21.0) | (7.9-18.0) |
| Mumbai (BG) | 338 | 405 | 64 | 88.4 | 60 | 54.3 | 27 | 38 | 83 | 80.4 | 46 | 1.7 | 24 | 20.2 |
|  |  |  | (56.8-77.6) | (86.2-92.2) | (52.6-67.6) | (49.0.63.1) | (23.8-33.9) | (32.4-43.9) | (76.5-97.3) | (67.0.88.7) | (29.6-63.0) | (0.0-4.1) | (24.0-33.9) | (16.0-24.4) |
| Mumbai (BB) | 407 | 395 | 67 | 81 | 56 | 94 | 22 | 33 | 67 | 73 | 48 | 35 | 14 | 28 |
|  |  |  | (58.9-73.8) | (75.3-86.0) | (45.1-66.0) | (87.5-97.5) | (16.3-27.7) | (26.3-39.9) | (52.1-79.0) | (62.3-81.9) | (33.7-62.9) | (25.0-45.4) | (9.7-18.8) | (21.9-35.0) |
| Mumbai (SB) | 394 | 385 | 55 | 69 | 85 | 85 | 16 | 33 | 63 | 61 | 70 | 23 | 9 | 29 |
|  |  |  | (46.3-63.1) | (58.0-78.9) | (78.6-89.7) | (75.6-89.3) | (12.7-21.1) | (24.7-42.7) | (45.9-77.5) | (44.6-74.7) | (53.6-82.1) | (11.0-41.5) | (5.8-12.8) | (21.0-39.3) |
| Parbhani | 367 | 303 | 83 | 90 | 34 | 96 | 22 | 48 | 63 | 87 | 48 | 46 | 16 | 28 |
|  |  |  | (77.0-87.2) | (82.8-94.1) | (28.8-40.8) | (91.6-97.7) | (18.2-27.2) | (37.1-58.8) | (44.7-78.4) | (70.6-94.8) | (29.2-85.1) | (36.1-55.3) | (12.0-20.1) | (23.0-34.5) |
| Pune (BB) | 404 | 403 | 70 | 62 | 49 | 78 | 24 | 39 | 69 | 85 | 88 | 61 | 10 | 23 |
|  |  |  | (61.6-76.9) | (53.9-69.6) | (41.4-56.1) | (68.2-85.2) | (18.2-30.0) | (31.3-47.0) | (55.2-79.7) | (75.7-90.7) | (76.3-94.0) | (47.8-73.0) | (6.5-14.5) | (16.4-30.7) |
| Pune (NBB) | 257 | 266 | 65 | 69 | 63 | 69 | 25 | 31 | 70 | 77 | 70 | 15 | 12 | 25 |
|  |  |  | (56.5-73.3) | (60.0.76.0) | (53.8-7.5) | (57.8-77.5) | (20.3-30.2) | (23.6-40.0) | (54.8-82.2) | (68.3-83.6) | (55.9-81.6) | (8.1-25.0) | (8.3-16.1) | (20.1-30.6) |
| Thane (BB) | 401 | 384 | 78 | 82 | 80 | 46 | 23 | 24 | 59 | 88 | 46 | 40 | 18 | 13 |
|  |  |  | (72.4-82.0) | (75.1-87.9) | (74.3-84.9) | (38.1-53.3) | (18.4-28.9) | (18.0-30.0) | (46.9-70.0) | (78.3-94.0) | (33.8-58.3) | (26.0-55.7) | (13.9-23.5) | (9.4-17.0) |
| Thane (SB) | 394 | 395 | 71 | 66 | 84 | 46 | 15 | 23 | 54 | 50 | 36 | 1.1 | 10 | 29 |
|  |  |  | (62.6-77.9) | (55.9-75.4) | (78.2-88.3) | (37.0-55.7) | (10.3-20.5) | (16.7-30.0) | (41.7-65.9) | (34.5-64.6) | (26.2-46.9) | (0.3-4.3) | (6.3-14.8) | (19.0-40.0) |
| Yevatmal | 153 | 157 | 43 | 89 | 29 | 88 | 32 | 45 | 76 | 90 | 69 | 7 | 15 | 25 |
|  |  |  | (35.3-51.3) | (83.1-93.2) | (21.4-37.5) | (81.5-92.3) | (26.6-38.0) | (37.9-51.5) | (57.9-87.4) | (81.1-95) | (54.1.-84.3) | (61.1-79.9) | (9.3-23.3) | (18.5-32.5) |
| Tamil Nadu |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Chennai | 410 | 397 | 78 | 96 | 76 | 77 | 7 | 18 | 66 | 99 | 68 | 94 | 2 | 6 |
|  |  |  | (70.6-84.6) | (90.5-98.2) | (70.2-81.6) | (70.8-81.4) | (4.3-10.8) | (13.5-23.8) | (48.6-80.1) | (95.3-99.9) | (49.9-82.2) | (84.4-97.6) | (1.1-3.7) | (3.7-9.7) |


| State \& District | No. of respondents |  | Ever heard of STIs (\%) |  | Knowledge of 3 or more STI symptoms (\%)*****) |  | Vaginal discharge, abdominal pain or ulcer (last year) (\%) |  | Sought trained care for most recent STI symptom (\%)* |  | Took preventive meaures for most recent STI symptom (\%)* |  | Had any one of the STI symptoms (Current) (\%) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Coimbatore | 410 | 400 | 90 | 90 | 79 | 76 | 44 | 28 | 93 | 94 | 81 | 74 | 18 | 14 |
|  |  |  | (85.4-92.8) | (85.2-93.2) | (72.3-84.5) | (68.2-81.8) | (38.0-49.8) | (22.0-35-4) | (86.8-96.8) | (87.7-97.2) | (74.1-86.5) | (64.0-81.6) | (13.9-22.9) | (8.0-24.6) |
| Dharamapuri | 408 | 406 | 90 | 87 | 57 | 85 | 72 | 43 | 95 | 96 | 89 | 74 | 37 | 36 |
|  |  |  | (86.3-93.3) | (81.1-97.1) | (49.6-64.5) | (76.7-90.0) | (65.9-77.6) | (33.9-53.2) | (90.7-97.2) | (84.8-99.2) | (79.2-94.4) | (61.3-84.3) | (30.5-45.1) | (27.4-45-4) |
| Madurai | 402 | 396 | 93 | 100 | 58 | 94 | 57 | 23 | 88 | 100 | 79 | 55 | 25 | 15 |
|  |  |  | (90.5-95-4) | (98.5-99.9) | (49.1-66.1) | (86.4-97.5) | (50.3-64.2) | (15.8-31.5) | (82.3-92.4) | (100.0-100.0) | (72.1-85.1) | (38.4-70.8) | (19.1-31-4) | (9.9-22.5) |
| Salem | 402 | 407 | 84 | 92 | 64 | 63 | 45 | 48 | 94 | 98 | 80 | 84 | 25 | 23 |
|  |  |  | (78.6-89.0) | (70.4-98.1) | (56.0-72.0) | (45.3-77.3) | (37.1-53.3) | (33.3-63.4) | (87.3-97.1) | (93.7-99.3) | (72.1-86.4) | (68.9-92.7) | (19.1-32.1) | (11.9-40.7) |
| Nagaland |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dimapur | 426 | 417 | 73 | 50 | 37 | 17 | 79 | 66 | 64 | 35 | 82 | 37 | 67 | . |
|  |  |  | (68.1-78.2) | (45.3-57.9) | (30.6-42.8) | (11.9-24.8) | (73.9-83.1) | (61.1-7.7.2) | (57.5-69.1) | (25.2-42.7) | (76.4-85.4) | (31.5-47.7) | (61.7-72.5) |  |

" Based on subset of respondents applicable for that analysis

* Of the six symptoms, viz., lower abdominal pain, foul smelling vaginal discharge, burning on urination, genital ulcer/sore, swelling in groin area and itching in genital area
Table F4: HIV/AIDS awareness and knowledge

| State \& District | No. of respondents |  | Ever heard of HIV/AIDS <br> (\%) |  | Knowledge of HIV prevention method (\%)** |  | No incorrect beliefs about HIV/AIDS transmission (\%) |  | Believe HIV/AIDS can be prevented (\%) * |  | Feel at risk of being infected by HIV/AIDS (\%)* |  | Ever taken HIV test (\%)* |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Andhra Pradesh |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Chittoor | 401 | 398 | 98 | 94 | 94 | 82 | 10 | 36 | 97 | 87 | 63 | 4 | 48.6 | 7 |
|  |  |  | (95.1-98.9) | (87.4-97.5) | (90.5-96.7) | (75.8-86.8) | (7.3-14.2) | (28.1-44.0) | (94.3-98.4) | (81.6-9.1.1) | (55.6-69.1) | (2.0-6.4) | (42.3-55.2) | (63.3-76.9) |
| East Godavari | 422 | 401 | 100 | 97 | 94 | 80 | 18 | 32 | 94 | 83 | 56 | 35 | 61.8 | 73 |
|  |  |  | (98.6-100) | (94.7-98.5) | (90.2-95.7) | (67.1-89.2) | (13.2-25.1) | (25.5-39.6) | (9.3-96.4) | (68.2-91.8) | (46.1-65.6) | (28.5-42.8) | (52.0-70.7) | (65.3-79.2) |
| Guntur | 405 | 405 | 100 | 100 | 93 | 96 | 17 | 33 | 93 | 97 | 47 | 8 | 69.5 | 86 |
|  |  |  | (98.5-100) | (96.6-9.9.9) | (89.5-95.4) | (91.5-98.4) | (13.0-21.2) | (22.8-45.9) | (89.7-95.8) | (9.9-988) | (411.5-53.2) | (5.0-13.2) | (63.3-74.7) | (79.1-90.9) |
| Hyderabad | 399 | 401 | 93 | 92 | 77 | 85 | 18 | 36 | 83 | 92 | 38 | 12 | 34.9 | 77 |
|  |  |  | (87.8-96.3) | (85.9-95.8) | (70.3-83.0) | (78.1-89.7) | (12.5-26.0) | (26.6-45-4) | (76.1-88.2) | (88.9-94.7) | (30.3-46.1) | (7.3-17.8) | (27.4-43.3) | (69.6-83.4) |
| Karimnagar | 412 | 402 | 96 | 100 | 82 | 90 | 13 | 27 | 87 | 90 | 41 | 8 | 45.6 | 75 |
|  |  |  | (92.7-97.4) | (97.8-100) | (76.9-86.6) | (83.9-93.3) | (9.4-77.0) | (21.2-32.6) | (82.4-90.7) | (84.3-93.8) | (33.0-50.2) | (4.7-12.9) | (37.5-54.0) | (68.7-79.8) |
| Prakasham | 404 | 408 | 98 | 93 | 98 | 80 | 13 | 28.7 | 100 | 86 | 66 | 14 | 37 | 65 |
|  |  |  | (95.9-9.9) | (83.9.97.2) | (95.2-98.7) | (67.1-88.7) | (9.6-17.4) | (19.4-40.3) | (99.1-100) | (75.7-92.7) | (58.9-72.1) | (8.6-22.5) | (32.0-42.2) | (53.2-74.6) |
| Visakhapatnam | 411 | 409 | 100 | 85 | 98 | 64 | 26 | 35 | 98 | 76 | 70 | 25 | 56.7 | 50 |
|  |  |  | (9.9.0-100) | (64.1-94.8) | (96.2-98.9) | (51.4-75.6) | (21.4-32.2) | (27.3-43.0) | (97.1-9.9.2) | (69.4-81.6) | (63.8-74.6) | (19.0-32.9) | (51.2-62.0) | (39.8-60.0) |
| Warangal | 417 | 401 | 97 | 97 | 84 | 88 | 19 | 44 | 91 | 91 | 58 | 6 | 67.3 | 81 |
|  |  |  | (89.8-99.0) | (93.4-98.2) | (77.6-88.4) | (81.4-92.0) | (14.0-25.2) | (31.3-57.9) | (86.2-93.8) | (84.3-94.9) | (48.9-67.0) | (2.7-10.6) | (59.4-74.3) | (74.4-86.6) |
| Karnataka |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bangalore (Urban) | 673 | 750 | 98 | 93 | 90 | 73 | 50 | 29 | 93 | 81 | 29 | 43 | 38 | 67 |
|  |  |  | (96.0-98.6) | (88.6-95.7) | (86.8-92.7) | (67.9-77.9) | (44.1-55.0) | (24.5-33.6) | (89.2-94.9) | (76.5-84.8) | (24.1-33.7) | (39.3-47.6) | (31.7-45.0) | (61.9-71.4) |
| Belgaum | 360 | 412 | 97 | 99 | 85 | 90 | 21 | 18 | 88 | 92 | 28 | 52 | 34 | 60 |
|  |  |  | (94.2-98.5) | (96.3-99.4) | (80.4-87.8) | (86.0-93.2) | (16.7-25.9) | (14.0-23.3) | (83.3-90.9) | (87.6-94.5) | (23.9-33.2) | (46.6-57.5) | (27.8-40.4) | (54.4-64.4) |
| Bellary | 420 | 417 | 96 | 99 | 79 | 94 | 19 | 20 | 83 | 95 | 24 | 56 | 20 | 66 |
|  |  |  | (92.7-97.3) | (98.1-9.9) | (73.6-82.8) | (91.4-96.1) | (14.0-24.3) | (15.5-24.6) | (77.6-87.1) | (92.3-96.8) | (19.8-27.7) | (49.8-61.1) | (15.1-25.1) | (60.4-7.1.1) |
| Shimoga | 390 | 408 | 90 | 98 | 67 | 88 | 26 | 19 | 75 | 91 | 21 | 53 | 22 | 62 |
|  |  |  | (86.8-92.7) | (95.5-98.6) | (61.1-7.7) | (84.4-90.9) | (20.8-31.1) | (15.2-24.0) | (69.4-80.2) | (87.0-93.3) | (17.1-25.2) | (48.5-58.1) | (17.9-25.8) | (56.4-66.8) |

Table F4: HIV/AIDS awareness and knowledge

| State \& District | No. of respondents |  | Ever heard of HIV/AIDS(\%) |  | Knowledge of HIV prevention method (\%)*** |  | No incorrect beliefs about HIV/AIDS transmission (\%) ${ }^{* * *}$ |  | Believe HIV/AIDS can be prevented (\%) " |  | Feel at risk of being infected by HIV/AIDS (\%)* |  | Ever taken HIV test (\%)* |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Maharashtra |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Kolhapur | 115 | 190 | 83 | 98 | 46 | 94 | 9 | 26 | 57 | 96 | 72 | 70 | 16.5 | 96 |
|  |  |  | (75.0-88.2) | (94.5-99.2) | (39.2-53.1) | (89.9-96.7) | (5.1-14.3) | (19.4-34.7) | (49.9-63.5) | (92.4-98.2) | (55.3-84.5) | (61.0-77.7) | (11.2-23.8) | (91.9-97.9) |
| Mumbai (BG) | 338 | 405 | 96 | 98 | 49 | 75 | 14.1 | 59 | 51 | 78 | 21 | 41 | 35 | 75 |
|  |  |  | (93.9-98.2) | (95..1-9.4) | (45.0-56.9) | (71.0-80.5) | (10.6-18.1) | (54.6-65.3) | (46.1-58.6) | (72.7-82.6) | (16.0-27.5) | (34.2-46.6) | (30.1-42.1) | (71.2-81.2) |
| Mumbai (BB) | 407 | 395 | 86 | 99 | 34 | 97 | 17 | 47 | 40 | 98 | 52 | 77 | 19.4 | 94 |
|  |  |  | (75.5-91.9) | (96.7-99.3) | (27.2-41.1) | (94.4-98.0) | (11.9-24.4) | (40.0-54.7) | (32.7-47.5) | (96.3-99.0) | (39.1-64.6) | (70.1-82.4) | (14.0-26.3) | (90.3-96.3) |
| Mumbai (SB) | 394 | 385 | 86 | 100 | 28 | 86 | 8 | 42.9 | 33 | 86 | 73 | 65 | 20.5 | 88 |
|  |  |  | (79.5-90.5) | (98.7-100.0) | (22.8-34.8) | (72.1-87.2) | (5.1-12.4) | (34.3-52.1) | (26.5-40.3) | (78.1-91.3) | (58.6-83.4) | (55.9-72.6) | (15.6-26.4) | (80.3-92.9) |
| Parbhani | 367 | 303 | 96 | 97 | 62 | 91 | 37 | 21 | 64 | 95 | 67 | 64 | 9.9 | 82 |
|  |  |  | (93.4-97.5) | (94.4-98.4) | (56.2-68.0) | (83.9-95.6) | (31.9-42.3) | (13.7-31.0) | (56.9-70.8) | (87.8-98.0) | (59.9-74.1) | (59.6-68.8) | (6.8-13.9) | (77.0-86.4) |
| Pune (BB) | 404 | 403 | 96 | 95 | 62 | 81 | 40 | 49 | 65 | 85 | 65 | 58 | 29.8 | 76 |
|  |  |  | (92.4-97.4) | (89.5-97.9) | (54.7-68.2) | (72.1-87.2) | (33.3-47.1) | (40.9-57.1) | (57.9-70.7) | (76.0-90.7) | (53.0-74.7) | (49.6-65.6) | (22.3-38.7) | (68.1-82.3) |
| Pune (NBB) | 257 | 266 | 92 | 98 | 37 | 66 | 11 | 20 | 40 | 68 | 73 | 42 | 21.8 | 72 |
|  |  |  | (87.4-95.3) | (95.6-98.9) | (31.0-43.4) | (58.2-73.3) | (7.8-16.1) | (15.2-24.8) | (33.1-47.5) | (60.3-75.2) | (62.8-80.7) | (34.6-49.2) | (17.2-27.2) | (65.8-77.8) |
| Thane (BB) | 401 | 384 | 98 | 96 | 60 | 66 | 46 | 22 | 61 | 69 | 39 | 38 | 25.7 | 59 |
|  |  |  | (95.1-98.9) | (89.0-98.8) | (53.9-65.5) | (57.9-72.7) | (39.8-51.6) | (17.0-28.3) | (55.3-67.0) | (61.2-75.7) | (32.0-47.2) | (31.2-45-7 | (21.1-30.9) | (51.6-66.0) |
| Thane (SB) | 394 | 395 | 98 | 97 | 82 | 64 | 65 | 21 | 84 | 66 | 25 | 27 | 29.2 | 56 |
|  |  |  | (94.4-99.0) | (90.1-98.8) | (77.0-86.0) | (52.1-73.6) | (59.1-70.6) | (14.5-35.7) | (79.3-87.6) | (54.4-75.6) | (18.8-33.2) | (21.1-33.7) | (23.5-35.5) | (46.5-65.7) |
| Yevatmal | 153 | 157 | 82 | 94 | 35 | 90 | 11 | 18.5 | 43 | 97 | 52 | 73 | 13.1 | 85 |
|  |  |  | (74.7-87.1) | (88.5-96.6) | (28.3-43.0) | (84.4-94.3) | (7.8-813.9) | (12.9-25.8) | (32.3-54.8) | (90.8-98.8) | (34.9-68.4) | (65.1-79.0) | (8.1-20.4) | (77.3-90.0) |
| Tamil Nadu |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Chennai | 410 | 397 | 97 | 99 | 94 | 95 | 59 | 76 | 97 | 96 | 12 | 15 | 18.9 | 74 |
|  |  |  | (93.4-98.5) | (95.9-99.5) | (90.7-96.4) | (89.4-97.6) | (52.0-65.8) | (69.9-80.8) | (95.1-98.5) | (90.4-98.6) | (8.4-16.9) | (11.6-20.3) | (14.3-24.7) | (65.7-80.1) |
| Coimbatore | 410 | 400 | 93 | 97 | 88 | 91 | 28 | 31 | 94 | 94 | 20 | 9 | 38.1 | 80 |
|  |  |  | (89.6-95.7) | (94.6-98.6) | (82.9-9.91) | (87.8-94.0) | (22.7-34.1) | (23.3-40.3) | (90.1-96.3) | (91.1-96.0) | (15.7-24.9) | (5.2-15.3) | (32.8-43.8) | (73.2-85.2) |

Table F4: HIV / AIDS awareness and knowledge

| State \& District | No. of respondents |  | Ever heard of HIV/AIDS(\%) |  | Knowledge of HIV prevention method (\%)*** |  | No incorrect beliefs about HIV/AIDS transmission (\%) ${ }^{* * *}$ |  | Believe HIV/AIDS can be prevented (\%) * |  | Feel at risk of being infected by HIV/AIDS (\%)* |  | Ever taken HIV test (\%)* |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Dharamapuri | 408 | 406 | 93 | 95 | 84 | 88 | 33 | 35 | 91 | 93 | 12 | 60 | 21.4 | 67 |
|  |  |  | (89.6-94.9) | (91.0-96.8) | (79.7-88.2) | (82.4-9.7.4) | (26.8-38.6) | (28.2-43.4) | (87.2-93.9) | (87.9-96.0) | (8.6-17.3) | (52.0-68.3) | (16.3-27.7) | (57.4-75.5) |
| Madurai | 402 | 396 | 97 | 100 | 88 | 99 | 37 | 80 | 91 | 100 | 40 | 15 | 40.4 | 84 |
|  |  |  | (94.5-98.5) | (97.2-99.9) | (82.8-91.5) | (97.1-99.7) | (28.8-38.6) | (71.4-86.2) | (86.5-94.0) | (98.6-99.9) | (31.0-50.1) | (7.1-29.5) | (34.2-46.8) | (76.8-88.9) |
| Salem | 402 | 407 | 92 | 92 | 87 | 88 | 39 | 35 | 95 | 98 | 34 | 20 | 22.1 | 81 |
|  |  |  | (86.7-95.3) | (70.1-93.8) | (81.3-91.2) | (70.5-95.8) | (31.4-46.8) | (22.1-50.5) | (90.4-97.1) | (94.2-99.1) | (27.5-41.5) | (13.3-28.1) | (16.7-28.8) | (66.0-90.3) |
| Nagaland |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dimapur | 426 | 417 | 87 | 89 | 55 | 44 | 17 | 18 | 71 | 45 | 80 | 72 | 8.8 | 29 |
|  |  |  | (83.3-91.3) | (86.6-92.2) | (49.9-60.6) | (36.7-49.4) | (13.4-20.4) | (13.4-23.7) | (65.3-76.5) | (38.2-50.9) | (74.3-84.2) | (68.1-77.3) | (6.6-12.8) | (25.0-35.3) |

" Based on subset of respondents applicable for that analysis

* Defined as number of respondents identifying consistent condom use as a method of reducing the risk of contracting HIV
*Defined as number of respondents who correctly reject two most common local misconceptions about AIDS transmission and prevention and who know that a healthy
Table F5: Sexual history, condom use with occasional and regular male clients

| State \& District | No. of respondents |  | Mean number of clients in last day |  | Mean number of clients in last week |  | Occasional clients (\%) |  |  |  |  |  | Regular clients (\%) |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Had occasional clients |  |  |  | Condom use" |  |  |  | Had regular clients |  | Condom use* |  |  |  |
|  |  |  | Last time | Consistent |  | Last time |  | Consistent |  |  |  |
|  | RI | RII |  |  | RI | RII | RI | RII | RI | RII | RI | RII | R | RII | RI | RII | RI | RII | RI | RII |
| Andhra Pradesh |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Chittoor | 401 | 398 | 2.5 | 2.1 |  |  | 10.1 | 10.6 | 99 | 100 | 85 | 99 | 36 | 84 | 100 | 72 | 64 | 98 | 15 | 88 |
|  |  |  | (2.4-2.6) | (1.9-2.30) | (9.6-10.6) | (9.7-17.4) | (97.2-99.4) |  | (79.8-88.6) | (97.6-99.5) | (30.4-42.2) | (77.2-89.2) | (98.2-100) | (63.4-79.8) | (56.8-7.1) | (95.0-98.9) | (11.5-19.1) | (81.2-92.5) |
| East Godavari | 422 | 401 | 2.9 | 2.8 | 10.9 | 12.5 | 93 | 95 | 93 | 99 | 82 | 97 | 94 | 97 | 89 | 99 | 76 | 96 |
|  |  |  | (2.7-3.0) | (2.5-3.1) | (10.2-10.7) | (11.2-13.7) | (85.9-96.9) | (90.1-97.9) | (88.3-95.8) | (97.1-99.4) | (75.4-87.1) | (94.6-98.6) | (89.2-96.5) | (94.4-98.4) | (84.1-92.8) | (97.8-99.7) | (69.4-81.6) | (9.1.8-98.1) |
| Guntur | 405 | 405 | 2.9 | 2.4 | 11.4 | 12.5 | 98 | 100 | 95 | 100 | 85 | 83 | 100 | 76 | 92 | 99 | 85 | 85 |
|  |  |  | (2.8-3.1) | (2.0-2.9) | (10.8-12.0) | (8.3-16.6) | (95.0-98.8) |  | (91.8-97.4) | (98.2-99.8) | (79.6-89.1) | (74.4-88.9) | (98.7-100) | (62.4-85.9) | (88.5-94.9) | (95.9-99.7) | (79.5-89.1) | (76.7-90.2) |
| Hyderabad | 399 | 401 | 1.7 | 1.8 | 5.4 | 9.5 | 93 | 98 | 95 | 96 | 56 | 70 | 81 | 57 | 92 | 94 | 64 | 61 |
|  |  |  | (1.6-1.8) | (1.6-2.0) | (5.1-5.7) | (9.0-10.05) | (89.3-95.6) | (95.8-99.1) | (90.8-97.1) | (92.6-98.0) | (47.1-63.8) | (60.8-77.8) | (71.1-88.5) | (44.7-68.6) | (87.2-94.8) | (89.1-96.9) | (54.6-72.8) | (51.8-69.4) |
| Karimnagar | 412 | 402 | 2.1 | 2.1 | 5.9 | 9.7 | 88 | 100 | 91 | 95 | 73 | 75 | 100 | 81 | 85 | 93 | 63 | 76 |
|  |  |  | (2.0-2.2) | (1.9-2.2) | (5.5-6.3) | (9.0-10.3) | (83.4-92.2) | (97.5-99.9) | (86.6-94.1) | (91.7-97.0) | (65.9-79.2) | (68.8-80.4) | (98.9-100) | (75.3-85.8) | (79.0-88.9) | (88.7-96.2) | (56.7-68.4) | (69.2-81.8) |
| Prakasham | 404 | 408 | 2.6 | 2.4 | 12.1 | 13.2 | 100 | 86 | 81 | 96 | 40 | 96 | 97 | 99 | 64 | 92 | 17 | 90 |
|  |  |  | (2.6-2.8) | (2.1-2.7) | (11.5-12.8) | (10.4-15.9) | (98.8-100) | (65.4-95.0) | (76.7-85.1) | (92.6-98.3) | (35.1-44.9) | (91.5-97.7) | (93.3-98.5) | (96.9-99.4) | (56.1-7.4) | (83.5-96.4) | (13.2-22.1) | (81.6-95.2) |
| Visakhapatnam | 411 | 409 | 3 | 2.1 | 11.3 | 8.7 | 99 | 97 | 94 | 97 | 89 | 85 | 97 | 82 | 94 | 92 | 81 | 77 |
|  |  |  | (2.9-3.1) | (1.9-2.3) | (10.7-12.0) | (8.1-9.2) | (97.6-99.6) | (94.0-98.3) | (90.4-96.0) | (94.7-98.5) | (84.6-92.3) | (79.6-89.3) | (94.5-98.3) | (63.4-91.8) | (89.7-96.3) | (88.0-94.5) | (76.1-85.0) | (70.2-81.9) |
| Warangal | 417 | 401 | 2.2 | 2.2 | 7 | 9.4 | 100 | 100 | 89 | 99 | 85 | 76 | 100 | 70 | 84 | 95 | 79 | 76 |
|  |  |  | (2.1-2.4) | (2.0-2.4) | (6.6-7.4) | (8.5-10.2) | (99.2-100) | (99.1-100) | (83.7-93.2) | (95.6-99.7) | (78.3-89.8) | (67.5-83.0) | (98.8-100) | (52.2-82.6) | (78.1-89.3) | (89.6-97.5) | (71.4-85.0) | (68.9-81.3) |
| Karnataka |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bangalore (Urban) | 673 | 750 | 2.6 | 1.9 | 9.9 | 8.1 | 98 | 91 | 92 | 94 | 78 | 86 | 88 | 78 | 75 | 84 | 59 | 79 |
|  |  |  | (2.5-2.8) | (1.8-2.0) | (9.1-10.7) | (7.4-8.8) | (95.8-99.1) | (87.5-92.9) | (89.0-93.8) | (91.7-95.5) | (73.6-82.1) | (82.3-88.6) | (84.1-91.0) | (73.7-81.8) | (70.3-78.8) | (79.3-87.5) | (54.1-64.4) | (74.4-82.9) |
| Belgaum | 360 | 412 | 3.2 | 2.6 | 15 | 12.8 | 100 | 99 | 96 | 97 | 90 | 89 | 97 | 83 | 84 | 88 | 77 | 79 |
|  |  |  | (2.9-3.6) | (2.42.8) | (12.6-17.4) | (1.19-13.7) | (98.4-99.9) | (97.1-99.5) | (92.2-97.9) | (94.6-98.0) | (85.2-93.0) | (85.1-92.1) | (94.0-98.6) | (78.3-87.2) | (79.2-88.3) | (84.1-9.1.4) | (71.4-82.2) | (74.3-82.9) |
| Bellary | 420 | 417 | 2.6 | 3.5 | 11.9 | 16.3 | 90 | 96 | 83 | 97 | 79 | 89 | 97 | 79 | 76 | 93 | 66 | 84 |
|  |  |  | (2.0-3.0) | (2.8-4.2) | (9.6-14.3) | (13.6-18.9) | (82.5-94.0) | (92.9-97.8) | (75.9-88.1) | (93.5-98.1) | (73.7-83.2) | (84.9-92.3) | (94.2-98.9) | (75.3-82.3) | (70.7-81.1) | (88.9-95.2) | (60.6-71.7) | (79.2-88.0) |
| Shimoga | 390 | 408 | 1.9 | 1.9 | 5.4 | 9 | 96 | 83 | 75 | 92 | 57 | 84 | 98 | 86 | 69 | 83 | 51 | 77 |
|  |  |  | (1.7-2.0) | (1.8-2.1) | (4.8-6.1) | (8.5-9.6) | (93.1-97.6) | (78.5-86.9) | (69.4-80.0) | (87.9-94.4) | (50.2-63.0) | (78.4-88.1) | (95.4-99.1) | (81.8-89.6) | (62.3-75.1) | (78.2-86.9) | (44.3-57.4) | (71.3-81.5) |

Table F5: Sexual history, condom use with occasional and regular male clients

| State \& District | No. of respondents |  | Mean number of clients in last day |  | Mean number of clients in last week |  | Occasional clients (\%) |  |  |  |  |  | Regular clients (\%) |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Had occasional clients |  |  |  | Condom use* |  |  |  | Had regular clients |  | Condom use* |  |  |  |
|  |  |  | Last time | Consistent |  | Last time |  | Consistent |  |  |  |
|  | RI | RII |  |  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Maharashtra |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Kolhapur | 115 | 190 | 3.6 | 2.4 |  |  | 12.1 | 10.5 | 95 | 100 | 88 | 100 | 93 | 99.5 | 77 | 95 | 98 | 99 | 89 | 99 |
|  |  |  | (2.1-4.9) | (2.1-2.6) | (5.6-18.5) | (9.62-11.3) | (87.8-97.8) |  | (81.0-92.7) |  | (77.9-97.8) | (96.6-9.9.9) | (67.5-83.7) | (91.8-97.3) | (92.9-99.3) | (96.2-9.9.9) | (69.4-96.4) | (96.4-99.9) |
| Mumbai (BG) | 338 | 405 | NA | NA | 4.9 | NA | 79 | 87 | 93 | 96.3 | 83 | 75.3 | 88 | 98 | 85 | 93 | 79 | 69 |
|  |  |  |  |  | (4.1-5.7) |  | (69.9-87.0) | (83.1-90.6) | (87.4-98.6) | (92.5-98.3) | (83.0-95.1) | (67.6-82.6) | (81.9-93.8) | (94.7-99.4) | (77.9-92.6) | (89.5-94.6) | (72.2-86.5) | (61.7-75.1) |
| Mumbai (BB) | 407 | 395 | 3 | 2.8 | 12.8 | 12 | 91 | 95 | 97 | 100 | 78 | 97 | 76 | 79 | 93 | 100 | 75 | 94 |
|  |  |  | (2.8-3.2) | (2.5-3.1) | (11.7-13.9) | (10.57-13.49) | (83.2-95.5) | (89.2-97.8) | (93.8-98.4) | (97.2-99.9) | (70.8-84.5) | (91.9-98.8) | (68.1-83.1) | (72.9-84.7) | (83.2-97.1) | (98.3-100.0) | (66.3-81.7) | (89.7-97.0) |
| Mumbai (SB) | 394 | 385 | 2.2 | 2.3 | 8.6 | 11.3 | 90 | 96 | 97 | 100 | 72 | 99 | 69 | 82 | 94 | 100 | 56 | 98 |
|  |  |  | (2.1-2.3) | (2.1-2.5) | (8.0-9.2) | (9.84-12.75) | (85.1-93.7) | (92.3-97.9) | (94.5-98.8) | (98.4-99.8) | (62.8-79.2) | (97.7-99.6) | (61.3-75.4) | (70.5-90.1) | (87.3-97.2) | (98.7-100.0) | (45.0-66.2) | (95.2-99.0) |
| Parbhani | 367 | 303 | 2 | 2.6 | 9 | 11.08 | 93 | 88 | 93 | 99 | 88 | 98 | 70 | 97 | 91 | 99 | 84 | 99 |
|  |  |  | (2.1-2.4) | (1.8-3.5) | (8.0-9.6) | (6.44-15.71) | (89.9-96.4) | (80.4-93.5) | (90.2-96.4) | (97.7-99.8) | (83.9-92.8) | (95.8-99.2) | (64.7-74.0) | (95.3-98.5) | (85.5-96.5) | (97.9-99.8) | (75.7-90.5) | (97.0-99.4) |
| Pune (BB) | 404 | 403 | 2.8 | 2.3 | 12 | 11.6 | 99 | 97 | 98 | 100 | 96 | 9 | 76 | 78 | 9 | 99 | 95 | 97 |
|  |  |  | (2.6-2.9) | (2.0-2.5) | (11.3-12.8) | (9.95-13.15) | (98.1-9.9.7) | (85.9-99.5) | (96.1-9.92) |  | (93.2-98.0) | (93.4-99.7) | (67.7-83.2) | (71.4-82.9) | (97.9-9.9) | (95.8-99.8) | (91.4-97.5) | (90.9-98.8) |
| Pune (NBB) | 257 | 266 | 2.2 | 1.9 | 9.2 | 10 | 98 | 90 | 97 | 98 | 87 | 93 | 75 | 86 | 98 | 96 | 84 | 90 |
|  |  |  | (1.9-2.3) | (1.7-2.1 | (8.6-9.8) | (8.29-11.57) | (94.3-9.9) | (77.3-95.8) | (94.4-98.6) | (94.7-99.5) | (82.1-97.1) | (89.4-95.8) | (67.8-80.6) | (87.3-89.6) | (94.7-99.2) | (91.3-97.8) | (77.9-89.2) | (85.8-92.2) |
| Thane (BB) | 401 | 384 | 2.7 | 2.9 | 9.4 | 12.7 | 98 | 97 | 99 | 100 | 99 | 99 | 97 | 89 | 98 | 98 | 97 | 96 |
|  |  |  | (2.6-2.9) | (2.7-3.2 | (8.8-9.9) | (11.49-13.86) | (95.1-99.4) | (9.5-98.8) | (97.4-99.7) |  | (95.9-9.9.6) | (96.4-9.5) | (94.2-98.4) | (82.7-92.9) | (99.5-99.2) | (94.8-9.9.4) | (94.0-98.1) | (92.9-98.2) |
| Thane (SB) | 394 | 395 | 2 | 2.3 | 7.4 | 11 | 96 | 96 | 98 | 99 | 98 | 83 | 87 | 89 | 98 | 99 | 92 | 83 |
|  |  |  | (1.9-2.1) | (2.0-2.6) | (7.0-7.8) | (9.71-12.18) | (93.3-98.2) | (91.6-97.9) | (93.7-9.9) | (97.2-99.7) | (93.5-9.9) | (67.0-9.7) | (81.2-90.9) | (84.8-92.3) | (96.1-99.3) | (98.4-99.7) | (86.3-95.1) | (65.7-92.1) |
| Yevatmal | 153 | 157 | 4.4 | 4.1 | 18.7 | 18.1 | 99 | 99 | 96 | 99 | 95 | 99 | 65 | 93 | 96 | 99 | 87 | 98 |
|  |  |  | (3.3-5.2) | (3.5-4.7) | (15.2-21.7) | (9.61-11.3) | (98.0-99.8) | (95.6-99.9) | (93.1-97.8) | (95.6-99.6) | (90.5-97.1) | (95.6-99.6) | (56.9-71.8) | (87.1-96.3) | (92.5-97.9) | (95.4-99.6) | (76.2-93.2) | (94.5-99.3) |

## INTEGRATED BEHAVIOURAL and BIOLOGICAL ASSESSMENT (ROUND 2, 2009-2010), NATIONAL SUMMARY REPORT

Table F5: Sexual history, condom use with occasional and regular male clients

| State \& District | No. of respondents |  | Mean number of clients in last day |  | Mean number of clients in last week |  | Occasional clients (\%) |  |  |  |  |  | Regular clients (\%) |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Had occasional clients |  |  |  | Condom use* |  |  |  | Had regular clients |  | Condom use* |  |  |  |
|  |  |  | Last time | Consistent |  | Last time |  | Consistent |  |  |  |
|  | RI | RII |  |  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Tamil Nadu |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Chennai | 410 | 397 | 1.8 | 2.03 |  |  | 5.6 | 7 | 85 | 98 | 96 | 9 | 91 | 95 | 92 | 95 | 95 | 95 | 91 | 87 |
|  |  |  | (1.8-1.9) | (1.9-2.2) | (5.3-5.9) | (6.5-7.4) | (78.6-89.5) | (95.1-99.0) | (91.6-97.6) | (98.2-99.7) | (85.9-94.5) | (90.2-96.9) | (87.2-94.5) | 92.9-97.0) | (91.3-97.1) | (9.1-296.7) | (86.3-93.9) | (82.9-91.3) |
| Coimbatore | 410 | 400 | 2 | 1.9 | 6.1 | 4.8 | 80 | 97 | 93 | 99 | 41 | 96 | 98 | 99 | 86 | 99 | 42 | 93 |
|  |  |  | (1.9-2.1) | (1.8-2.0) | (5.7-6.4) | (4.2-5.3) | (74.3-84.7) | (94.0-98.4) | (89.2-95.9) | (96.4-99.4) | (35.2-46.9) | (93.1-97.6) | (96.3-99.4) | ) (96.1-99.6) | (82.5-89.7) | (95.8-99.4) | (35.9-48.8) | (89.5-95.8) |
| Dharamapuri | 408 | 406 | 2.7 | 2 | 10.4 | 6.2 | 96 | 85 | 95 | 91 | 69 | 74 | 100 | 93 | 97 | 89 | 67 | 72 |
|  |  |  | (2.6-2.9) | (0.1-1.7) | (9.6-11.2) | (5.2-7.2) | (93.3-97.4) | (78.6-90.0) | (91.2-97.0) | (84.3-94.4) | (63.1-73.9) | (66.5-79.9) | (98.8-100) | (86.7-95.9) | (95.1-98.7) | (83.0-93.3) | (60.5-73.0) | (63.5-79.0) |
| Madurai | 402 | 396 | 2 | 2 | 5.6 | 5.2 | 80 | 92 | 84 | 100 | 70 | 100 | 96 | 97 | 85 | 100 | 64 | 100 |
|  |  |  | (1.9-2.1) | (0.08-1.9) | (5.2-6.0) | (4.6-5.8) | (73.1-86.1) | (85.5-95.3) | (78.4-89.2) | (99.6-100.0) | (63.9-76.4) | (99.5-100.0) | (92.4-98.0) | (93.2-98.7) | (77.9-90.0) | (99.7-100.0) | (56.3-7.1.1) | (9.2-9-9.9) |
| Salem | 402 | 407 | 2.2 | 1.6 | 7.5 | 4.4 | 78 | 100 | 93 | 99 | 79 | 95 | 94 | 100 | 87 | 98 | 66 | 87 |
|  |  |  | (2.1-2.3) | (0.07-1.5) | (7.1-8.0) | (3.7-5.1) | (69.9-84.1) | (98.7-100.0) | (87.0-96.4) | (96.7-99.7) | (72.1-84.2) | (90.6-97.1) | (89.6-96.9) | (98.4-9.9) | (80.9-9.9) | (95.0-98.7) | (58.3-73.3) | (79.5-91.7) |
| Nagaland |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dimapur | 426 | 417 | 1.9 | NA | 6.2 | NA | 100 | 59 | 36 | 72 | 11 | 32 | 99 | 94 | 26 | 58 | 5 | 20 |
|  |  |  | (1.8-2.0) |  | (5.8-6.7) |  | (99.0-100) | (52.0-64.9) | (31.2-41.5) | (64.6-77.9) | (8.4-5.1) | (25.3-38.6) | (97.6-99.6) | ) (90.8-96.2) | (21.7-30.9) | (52.5-64.5) | (3.6-7.3) | (15.5-25.3) |

[^7]Table F6: Condom use with non-paying sexual partners

| State \& District | No. of respondents | Regular non paying partner (\%) |  |  |  |  |  |  | Other non paying partners (\%) |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Had regular non-paying partner |  |  | Condom use" |  |  |  | Had other non paying casual partners |  | Condom use" |  |
|  |  |  |  |  | Last time |  | Consistent |  |  |  |  |  |
|  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Andhra Pradesh |  |  |  |  |  |  |  |  |  |  |  |  |
| Chittoor | 401 | 398 | 80 | 63 | 9 | 17 | 1 | 11 | 14 | 24 | 44 | 61 |
|  |  |  | (75.3-84.4) | (54.8-69.8) | (6.2-14.0) | (10.3-27.6) | (0.1-5.7) | (5.0-22.3) | (10.9-18.9) | (19.5-29.9) | (29.2-61.0) | (45.3-75.2) |
| East Godavari | 422 | 401 | 70 | 66 | 28 | 34 | 17 | 29 | 15 | 8 | 84 | 89 |
|  |  |  | (63.5-75.0) | (57.9-73.2) | (17.3-40.7) | (21.4-49.6) | (11.0-25.9) | (16.9-46.0) | (9.5-22.1) | (5.3-12.3) | (69.9-92.3) | (73.6-95.7) |
| Guntur | 405 | 405 | 78 | 81 | 29 | 21 | 15 | 5 | 16 | 32 | 86 | 83 |
|  |  |  | (71.5-82.9) | (73.6-87.3) | (21.4-38.8) | (8.6-44.1) | (10.7-20.7) | (2.7-10.4) | (12.6-21.3) | (20.5-46.7) | (74.9-92.6) | (66.6-92.4) |
| Hyderabad | 399 | 401 | 78 | 65 | 7 | 8 | 4 | 0.7 | 10 | 18 | 52 | 37 |
|  |  |  | (70.4-83.6) | (50.3-77.1) | (4.4-12.3) | (4.5-12.4) | (2.3-7.7) | (0.2-2.1) | (7.0-14.8) | (12.2-25.6) | (32.5-71.5) | (24.8-50.2) |
| Karimnagar | 412 | 402 | 82 | 65 | 17 | 10 | 9 | 0.7 | 38 | 33 | 46 | 70 |
|  |  |  | (76.4-87.2) | (56.5-73.2) | (12.3-23.0) | (6.7-15.2) | (5.5-14.9) | (0.2-2.6) | (29.8-48.0) | (27.8-38.8) | (30.4-63.3) | (58.8-79.6) |
| Prakasham | 404 | 408 | 80 | 69 | 10 | 11 | 1 | 9 | 18 | 11 | 30 | 69 |
|  |  |  | (74.8-84.0) | (59.1-77.1) | (6.7-14.1) | (5.9-919.2) | (0.1-4.0) | (4.7-17.4) | (14.5-23.2) | (7.1-16.1) | (19.7-43.1) | (44.7-85.6) |
| Visakhapatnam | 411 | 409 | 74 | 83 | 25 | 20 | 8 | 4 | 17 | 20 | 64 | 31 |
|  |  |  | (67.4-78.8) | (76.6-87.6) | (19.2-31.8) | (8.2-41.4) | (4.9-33.4) | (2.3-8.0) | (12.3-22.3) | (14.2-26.2) | (44.2-80.3) | (18.7-46.8) |
| Warangal | 417 | 401 | 76 | 81 | 16 | 1.7 | 2 | 1.5 | 36 | 23 | 57 | 54 |
|  |  |  | (67.3-83.2) | (73.0.86.5) | (11.0-22.7) | (0.7-4.6) | (0.9-4.3) | (0.5-4.3) | (28.2-45-4) | (16.7-31.8) | (44.9-68.6) | (40.6.67.1) |
| Karnataka |  |  |  |  |  |  |  |  |  |  |  |  |
| Bangalore (Urban) | 673 | 750 | 69 | 63 | 19 | 22 | 14 | 15 | 12 | 7 | 41 | 70 |
|  |  |  | (62.4-74.2) | (57.7-68.1) | (14.2-25.3) | (18.2-26.7) | (9.4-18.9) | (1) | (8.6-16.2) | (5.1-9.4) | (27.8-56.5) | (53.7-82.7) |
| Belgaum | 360 | 412 | 54 | 57 | 46 | 52 | 36 | 42 | 9 | 6 | 65 | 88 |
|  |  |  | (47.2-60.6) | (50.7-62.2) | (38.1-54.7) | (45.5-57.9) | (27.8-44.2) | (35.5-48.9) | (6.1-12.7) | (3.9-9.9) | (49.0-77.4) | (66.8-96.3) |
| Bellary | 420 | 417 | 66 | 53 | 53 | 41 | 44 | 29 | 19 | 2 | 71 | 89 |
|  |  |  | (59.9-71.4) | (46.5-60.0) | (44.9-61.0) | (31.9-50.2) | (35.6-53.6) | (22.5-37.5) | (14.3-24.7) | (0.9-3.7) | (60.3-80.4) | (49.5-98.6) |
| Shimoga | 390 | 408 | 72 | 62 | 38 | 22 | 22 | 13 | 21 | 5 | 57 | 66 |
|  |  |  | (66.4-76.6) | (56.9-66.3) | (31.1-45.0) | (18.1-27.4) | (17.2-27.0) | (9.6-18.0) | (17.0-25.8) | (3.4-8.2) | (42.3-70.4) | (41.4-83.6) |


| State \& District | No. of respondents <br> RI | Regular non paying partner (\%) |  |  |  |  |  |  | Other non paying partners (\%) |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Had regular non-paying partner |  |  | Condom use* |  |  |  | Had other non paying casual partners |  | Condom use ${ }^{\text {\# }}$ <br> Last time |  |
|  |  |  |  |  | Last time |  | Consistent |  |  |  |  |  |
|  |  | RII | RI | RII | R | RII | RI | RII | RI | RII | R | RII |
| Maharashtra |  |  |  |  |  |  |  |  |  |  |  |  |
| Kolhapur | 115 | 190 | 55 | 53 | 32 | 39 | 29 | 32 | 4 | 1.6 | 20 | 100 |
|  |  |  | (46.2-63.1) | (44.6-61.6) | (21.7-43.9) | (30.9-47.0) | (20.2-38.7) | (23.4-41.3) | (1.7-10.6) | (0.6-4.4) | (3.8-61.1) | (100.0-100.0) |
| Mumbai (BG) | 338 | 405 | 68 | 77.4 | 27 | 24.1 | 19 | 11.8 | 8 | 10.2 | 80 | 42.5 |
|  |  |  | (61.6-75.5) | (73.1-82.1) | (21.8-35.8) | (18.6-30.4) | (13.8-26.4) | (7.8-17.3) | (4.2-13.4) | (6.9-12.5) | (53.9-95.0) |  |
| Mumbai (BB) | 407 | 395 | 24 | 43 | 44 | 21 | 14 | 16 | 1 | 1 | 76 | 62 |
|  |  |  | (18.3-30.7) | (35.9-50.0) | (31.5-56.6) | (14.0-30.9) | (7.4-25.1) | (9.7-24.6) | (0.5-4.3) | (0.4-2.6) | (28.7-96.1) | (19.9-9.7) |
| Mumbai (SB) | 394 | 385 | 38 | 56 | 35 | 17 | 13 | 9 | 1 | 0.8 | 56 | 11 |
|  |  |  | (30.3-45.3) | (48.9-63.4) | (25.1-45.9) | (10.5-26.2) | (7.5-20.2) | (4.5-15.9) | (0.4-4.3) | (0.2-3.4) | (9.8-94.0) | (1.0-60.9) |
| Parbhani | 367 | 303 | 46 | 65 | 49 | 42 | 39 | 32 | 4 | 4 |  | 77 |
|  |  |  | (40.2-53.1) | (50.3-76.8) | (40.2-57.9) | (32.1-52.2) | (27.9-48.1) | (23.0-41.8) | (2.1-6.2) | (2.4-7.6) |  | (46.7-92.7) |
| Pune (BB) | 404 | 403 | 33 | 47 | 32 | 25 | 27 | 10 | $\bigcirc$ | 1.8 | NA | 44 |
|  |  |  | (27.2-39.7) | (39.0-55.0) | (23.5-42.4) | (16.0-37.8) | (19.0-37.4) | (5.5-17.0) | (0.0-0.8) | (0.7-4.1) |  | (12.1-81.8) |
| Pune (NBB) | 257 | 266 | 44 | 59 | 23 | 22 | 19 | 13 | 0.4 | 5 | 100 | 50 |
|  |  |  | (37.9-51.0) | (51.7-66.0) | (14.6-33.8) | (16.6-29.3) | (13.1-27.5) | (8.5-20.4) | (0.0-3.1) | (2.2-12.0) | (100.0-100.0) | (18.4-81.6) |
| Thane (BB) | 401 | 384 | 36 | 46 | 64 | 39 | 58 | 24 | 1 | 0.8 | 100 | 100 |
|  |  |  | (30.4-41.7) | (38.6-53.5) | (55.3-72.6) | (29.0-51.0) | (48.2-66.6) | (15.1-35.4) | (0.3-3.7) | (0.3-2.4) |  |  |
| Thane (SB) | 394 | 395 | 42 | 64 | 33 | 12 | 19 | 9 | 0.5 | 0.7 | 100 | 55 |
|  |  |  | (36.0-49.0) | (55.9-7. 1 ) | (25.1-41.8) | (7.8-19.4) | (12.2-29.1) | (5.3-14.9) | (0.1-1.5) | (0.3-2.2) |  | (13.0-9.1.1) |
| Yevatmal | 153 | 157 | 39 | 43 | 25 | 36 | 19 | 24 | 3 | 1.3 | 25 | 50 |
|  |  |  | (25.2-53.9) | (34.1-51.7) | (20.2-31.5) | (25.7-47.4) | (14.2-24.1) | (15.3-35.3) | (1.1-6.0) | (0.4-4.4) | (2.0-84.2) | (5.8-94.2) |
| Tamil Nadu |  |  |  |  |  |  |  |  |  |  |  |  |
| Chennai | 410 | 397 | 64 | 77 | 12 | 10 | 6 | 5 | 5 | 7 | 48 | 78 |
|  |  |  | (57.1-70.1) | (71.6-82.3) | (8.2-17.3) | (6.2-15.0) | (3.4-10.0) | (3.3-8.7) | (3.1-9.0) | (4.4-1.7) | (22.0-75.4) | (56.3-90.8) |
| Coimbatore | 410 | 400 | 83 | 66 | 33 | 18 | 8 | 12 | 8 | 9 | 61 | 62 |
|  |  |  | (78.2-86.8) | (59.0-73.1) | (27-3-39.8) | (10.9-27.1) | (5.1-12.0) | (6.1-21.3) | (5.2-11.9) | (4.6-15.6) | (42.0-76.7) | (24.4-89.1) |

Table F6: Condom use with non-paying sexual partners

| State \& District | No. of respondents | Regular non paying partner (\%) |  |  |  |  |  |  | Other non paying partners (\%) |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Had regular non-paying partner |  |  | Condom use* |  |  |  | Had other non paying casual partners |  | Condom use ${ }^{\text {\# }}$ |  |
|  |  |  |  |  | Last time |  | Consistent |  |  |  |  |  |
|  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Dharamapuri | 408 | 406 | 78 | 75 | 46 | 26 | 23 | 25 | 13 | 8 | 84 | 73 |
|  |  |  | (72.8-82.0) | (65.2-81.9) | (37.9-53.6) | (18.9-35.0) | (16.3-31.2) | (14.6-38.6) | (9.0-17.5) | (4.6-13.1) | (69.9-92.0) | (49.3-88.2) |
| Madurai | 402 | 396 | 77 | 82 | 32 | 30 | 16 | 28 | 20 | 11 | 80 | 89 |
|  |  |  | (70.0.82.7) | (74.4-87.6) | (23.7-41.5) | (77.3-45.5) | (9.6-25.8) | (16.3-44.7) | (13.9-28.5) | (6.2-19.5) | (64.8-89.8) | (51.6-98.4) |
| Salem | 402 | 407 | 78 | 66 | 32 | 29 | 13 | 9 | 19 | 16 | 68 | 79 |
|  |  |  | (70.6-83.8) | (46.4-81.3) | (24.9-40.9) | (17.7-43.5) | (8.0-21.3) | (3.9-17.7) | (13.4-25.4) | (7.1-31.5) | (53.4-80.2) | (43.9-94.5) |
| Nagaland |  |  |  |  |  |  |  |  |  |  |  |  |
| Dimapur | 426 | 417 | 89 | 75 | 13 | 36 | 4 | 10 | 37 | 19 | 33 | 51 |
|  |  |  | (85.6-91.6) | (69.7-79.8) | (9.9-16.5) | (25.9-39.5) | (2.5-6.4) | (5.4-12.0) | (31.8-42.2) | (13.9-23.8) | (22.4-45.0) | (36.9-72.8) |

[^8]Table F7: Prevalence of HIV and STIs

| State \& District | No. of respondents |  | HIV (\%) |  | HSV 2 Antibody (\%) ${ }^{\text {a }}$ |  | Reactive syphillis serology (\%) ${ }^{* *}$ |  | N. gonorrhea (\%) |  | C. trachomatis (\%) |  | Have any STI (+ve for syphilis, gonorrhoeae) (\%) |  | HIV among 'any STI' positive (\%) |  | HIV among 'any STI' negative (\%) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Andhra Pradesh |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Chittoor | 401 | 398 | 8 | 10.5 | 80 | 52.5 | 10.3 | 3.4 | 2.5 | 3.2 | 3.1 | 0.5 | 14.4 | 6.9 | 12.2 | 16.2 | 7.3 | 10.1 |
|  |  |  | (5.3-12.0) | (6.4-17.0) | (67.0-93.0) | (36.0-69.0) | (6.5-16.1) | (1.8-6.4) | (1.2-5.1) | (1.2-8.0) | (1.4-6.8) | (0.1-2.1) | (9.9-20.4) | (3.6-12.7) | (5.7-24.3) | (5.8-37.8) | (4.4-12.0) | (5.8-16.9) |
| East Godavari | 422 | 401 | 26.3 | 23.3 | 81.4 | 78 | 15 | 17.9 | 1.2 | 2.2 | 3.2 | 10.3 | 18.9 | 26.9 | 34.9 | 24.4 | 24.2 | 22.9 |
|  |  |  | (20.5-32.9) | (16.2-32.2) | (69.0-94.0) | (65.0-91.0) | (10.4-21.0) | (9.2-32.2) | (0.5-2.8) | (1.1-4.3) | (1.7-6.1) | (6.7-15.5) | (13.7-25.5) | (17.3-39.3) | (23.1-49.0) | (12.7-41.6) | (17.9-31.9) | (15.1-33.1) |
| Guntur | 405 | 405 | 21.3 | 8.4 | 82.9 | 70.7 | 8.6 | 2.9 | 1.3 | $\bigcirc$ | 1.7 | 0.7 | 11.1 | 3.6 | 30.6 | 17.1 | 20.1 | 8.1 |
|  |  |  | (16.8-26.6) | (5.2-13.4) | (71.0-95.0) | (56.0.85.0) | (5.9-12.3) | (1.5-5.7) | (0.5-3.0) |  | (0.8-3.5.5) | (0.2-2.4) | (8.2-14.8) | (1.9-6.9) | (17.8-47.3) | (6.8-37.2) | (15.3-26.1) | (4.8-13.1) |
| Hyderabad | 399 | 401 | 14.3 | 9.6 | 77.5 | 87.8 | 17.4 | 6.7 | 6.4 | 11.5 | 6.5 | 8.2 | 24.1 | 23.1 | 21.4 | 15.7 | 12.1 | 7.8 |
|  |  |  | (9.8-20.4) | (5.7-715.7) | (64.0.91.0) | (77.0-98.0) | (11.9-24.7) | (4.3-10.3) | (3.9-10.3) | (6.1-20.7) | (4.0-10.6) | (5.4-12.3) | (18.0-31.6) | (15.6-32.9) | (12.5-34.1) | (8.4-27.4) | (7.4-9.9.0) | (3.4-16.6) |
| Karimnagar | 412 | 402 | 21.1 | 6.5 | 65.1 | 65.9 | 6.4 | 3.6 | 1.6 | 1 | 3 | 0.9 | 10.2 | 5.2 | 38 | 18 | 19.2 | 5.9 |
|  |  |  | (14.1-30.4) | (4.2-10.1) | (50.0-80.0) | (51.0-81.0) | (4.0-9.9) | (1.6-8.0) | (0.7-3.5) | (0.4-2.4) | (1.8-5.1) | (0.3-2.8) | (7.3-14.2) | (2.8-9.5) | (24.0-54.3) | (4.8-49.0) | (11.9-29.5) | (3.6-9.6) |
| Prakasham | 404 | 408 | 17.1 | 13.4 | 53.7 | 61 | 5.2 | 3.2 | 0.2 | $\bigcirc$ | 3.4 | 0.2 | 7.6 | 3.2 | 14.1 | 77 | 10.8 | 11.3 |
|  |  |  | (7.3-16.4) | (7.6-22.7) | (38.0-70.0) | (45.0-77.0) | (2.9-8.9) | (1.2-8.3) | (0.0-1.2) | $\bigcirc$ | (1.8-6.5) | (0.0-1.2) | (5.0-11.3) | (1.2-8.4) | (5.8-30.6) | (39.7-94.6) | (7.0-16.3) | (5.6-21.3) |
| Visakhapatnam | 411 | 409 | 14.2 | 18.2 | 57.1 | 58.5 | 7 | 4.7 | 1.4 | 1.9 | 3.6 | 2.9 | 11.2 | 7.7 | 27.2 | 33.1 | 12.6 | 16.9 |
|  |  |  | (10.0-19.8) | (7.9-36.6) | (42.0-73.0) | (43.0-74.0) | (4.8-10.3) | (2.4-9.1) | (0.5-3.5) | (0.8-4.5) | (2.0-6.5) | (1.6-5.3) | (7.9-95.6) | (4.7-12.3) | (14.7-44.6) | (13.6-60.8) | (8.1-18.9) | (6.3-38.3) |
| Warangal | 417 | 401 | 10.8 | 15 | 61.9 | 39 | 10.2 | 1.5 | 1.9 | 1.9 | 2.9 | 1 | 12.5 | 3.5 | 38.4 | 1.9 | 6.9 | 15.4 |
|  |  |  | (7.0-16.2) | (4.6-38.9) | (47.0-77.0) | (23.0-55.0) | (6.4-15.8) | (0.4-5.0) | (0.9-4.1) | (0.7-5.0) | (1.6-5.4) | (0.2-4.8) | (8.3-18.3) | (1.6-7.4) | (23.4-55.9) | (0.2-13.7) | (4.0-11.6) | (4.7-40.5) |
| Karnataka |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bangalore (Urban) | 673 | 750 | 12.7 | 8 | 68.6 | NA | 12.6 | 9.5 | 3.6 | 3.2 | 6.5 | 12 | 19.4 | 19.9 | 18 | 8.2 | 11.4 | 8 |
|  |  |  | (9.1-17.3) | (5.7-11.2) | (63.5-73.3) |  | (9.3-16.7) | (7.4-12.1) | (1.8-7.0) | (2.1-4.8) | (4.3-9.6) | (9.4-15.0) | (15.6-23.8) | (16.9-23.3) | (8.2-35.2) | (4.6-14.2) | (7.6-16.7) | (5.4-11.7) |
| Belgaum | 360 | 412 | 33.9 | 27.3 | 83.8 | NA | 8 | 12.4 | 4.2 | 2 | 6.1 | 3.8 | 14.2 | 15.5 | 48.7 | 38.8 | 31.5 | 25.1 |
|  |  |  | (28.0-40.4) | (22.5-32.7) | (77.9-88.4) |  | (4.2-14.6) | (9.2-16.5) | (2.0-8.9) | (0.9-4.3) | (3.9-9.6) | (2.1-6.7) | (9.5-20.6) | (12.0-19.8) | (33.8-63.8) | (27.4-5.6) | (25.2-38.4) | (20.3-30.7) |
| Bellary | 420 | 417 | 15.7 | 14.1 | 70.8 | NA | 5.2 | 7.7 | 2.8 | 3.6 | 4.1 | 4.6 | 11.2 | 12.9 | 26.5 | 16.7 | 14.3 | 13.7 |
|  |  |  | (11.7-20.6) | (10.9-18.1) | (64.0.76.7) |  | (2.9-9.0) | (5.4-117.1) | (1.5-5.2) | (1.9-6.7) | (2.2-7.6) | (2.7-7.8) | (8.0-15.6) | (10.0-16.5) | (12.1-48.5) | (9.2-28.6) | (10.2-19.7) | (10.0-18.6) |
| Shimoga | 390 | 408 | 9.7 | , | 59.7 | NA | 4 | 3.8 | 1.3 | 1.3 | 5.3 | 2.8 | 10.4 | 7.5 | 22.1 | 10.8 | 8.2 | 8.8 |
| $\square$ |  |  | (6.8-13.6) | (6.2-12.8) | (53.3-65.8) |  | (2.1-7.4) | (2.2-6.5) | (0.6-2.9) | (0.4-4.2) | (3.6-7.7) | (1.4-5.4) | (7.6-13.9) | (4.9-911.2) | (10.5-40.8) | (3.7-27.4) | (5.8-1.6) | (5.9-12.9) |

Table F7: Prevalence of HIV and STIs

| State \& District | No. of respondents |  | HIV (\%) |  | HSV 2 Antibody (\%) ${ }^{*}$ |  | Reactive syphillis serology (\%) ${ }^{\text {*** }}$ |  | N. gonorrhea (\%) |  | C. trachomatis (\%) |  | Have any STI (+ve for syphilis, gonorrhoeae) (\%)" |  | HIV among 'any STI' positive (\%) |  | HIV among 'any STI' negative (\%) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Maharashtra |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Kolhapur | 115 | 190 | 33 | 27.4 | 83.3 | 75 | 27 | 3.2 | 4.3 | 0.5 | 5.2 | 2.1 | 30.4 | 5.8 | 40 | 45.5 | 30 | 26.3 |
|  |  |  | (24.4-43.0) | (20.9-34.9) | (58.6-108.1) | (54.2-95.7) | (19.0-36.8) | (1.4-7.0) | (1.9-9.5) | (0.1-3.0) | (2.6-10.1) | (1.0-4.6) | (22.2-40.1) | (3.0-10.9) | (24.0-58.5) | (23.4-69.4) | (21.0-40.0) | (20.1-33.5) |
| Mumbai (BG) | 338 | 405 | 5.9 | 3.1 | 50 | 63 | 2.1 | 3.1 | 2.3 | 0.4 | 7 | 1.4 | 10 | 5.1 | NA | NA | NA | NA |
|  |  |  | (3.8-8.2) | (1.7-4.7) | (33.0.67.0 | (48.5-77.5) | (0.8-3.8) | (1.8-4.9) | (0.6-4.1) | (0.0-0.01) | (4.3-10.5) | (0.3-3.3) | (6.9-14.3) | (3.2-7.8) |  |  |  |  |
| Mumbai (BB) | 407 | 395 | 28.1 | 34.9 | 87.8 | 86.6 | 13 | 7.9 | 9.3 | 5.9 | 8.5 | 4.1 | 25.3 | 16.6 | 40.5 | 48.9 | 23.9 | 32.1 |
|  |  |  | (22.2-34.8) | (28.0-42.5) | (77.3-97.3) | (76.3-96.9) | (9.3-17.9) | (5.3-11.7) | (6.5-13.2) | (3.4-10.0) | (5.6-12.5) | (2.2-7.4) | (20.0-31.5) | (12.2-22.1) | (29.9-52.1) | (34.0-64.1) | (17.9-31.0) | (24.7-40.6) |
| Mumbai (SB) | 394 | 385 | 19.2 | 32.3 | 70.2 | 85.0 | 14.6 | 11.5 | 8 | 5.1 | 8.2 | 4.4 | 26.6 | 19.9 | 33.4 | 46.3 | 14 | 28.8 |
|  |  |  | (13.7-26.2) | (25.2-40.3) | (54.8-85.7) | (73.4-96.5) | (10.6-19.7) | (7.5-17.1) | (4.8-13.0) | (2.9-8.8) | (5.4-12.2) | (2.5-7.4) | (20.6-33.6) | (14.9-26.1) | (22.6-46.3) | (34.2-58.8) | (9.4-20.5) | (20.4-39.0) |
| Parbhani | 367 | 303 | 16.1 | 14.9 | 52.2 | 80.6 | 11.5 | 10.2 | 1.9 | $\bigcirc$ | 2 | 1 | 13.2 | 11.2 | 33.9 | 23.5 | 12.1 | 13.8 |
|  |  |  | (11.9-20.6) | (7.4-27.5) | 50.0-100.0 | (65.9-95.3) | (8.4-15.2) | (4.9-20.0) | (0.2-1.9) | 0 | (0.9-3.0) | (0.2-3.9) | (9.8-17.3) | (5.2-22.5) |  | (11.7-41.6) |  | (6.6-26.5) |
| Pune (BB) | 404 | 403 | 38.7 | 20.3 | 80.9 | 65.8 | 32.8 | 14.6 | 5.2 | 1.2 | 5.8 | 8.2 | 40.2 | 23.1 | 47 | 23.9 | 33.1 | 19.4 |
|  |  |  | (31.3-46.5) | (14.7-27.4) | (69.2-92.5) | (50.7-81.0) | (25.6-40.9) | (9.6-21.5) | (3.2-8.5) | (0.5-3.1) | (3.8-9.0) | (4.8-13.6) | (33.0-47.9) | (15.5-28.5) | (33.7-60.7) | (14.0-37.7) | (25.8-41.3) | (13.1-27.7) |
| Pune (NBB) | 257 | 266 | 37 | 21.8 | 96.2 | 88.9 | 39.7 | 12.4 | 7.8 | 0.8 | 8.6 | 4.9 | 50.2 | 17.8 | 42.6 | 25.5 | 31.3 | 21.2 |
|  |  |  | (31.4-42.9) | (15.7-29.5) | (88.2-101.2) | (76.2-102.5) | (33.8-45.9) | (7.9-19.0) | (4.1-14.3) | (0.2-3.0) | (5.2-13.7) | (2.8-8.6) | (43.9-56.5) | (13.0-23.1) | (34.1-51.6) | (14.8-40.3) | (23.4-40.3) | (14.7-29.6) |
| Thane (BB) | 401 | 384 | 18.6 | 33.1 | 35.9 | 81.5 | 9.1 | 10.3 | 0.9 | 5.2 | 3.6 | 7 | 12.7 | 20.7 | 57.7 | 50.2 | 12.9 | 28.7 |
|  |  |  | (13.9-24.4) | (26.2-40.9) | (20.1-51.6) | (68.6-94.5) | (5.9-13.8) | (6.5-16.1) | (0.2-3.7) | (3.1-8.8) | (1.9-6.8) | (4.2-11.4) | (8.9-17.7) | (15.5-27.3) | (39.3-74.2) | (34.6-65.8) | (8.8-18.5) | (21.4-37.2) |
| Thane (SB) | 394 | 395 | 7 | 11.8 | 58.3 | 74.4 | 4.7 | 8.6 | 4.9 | 4.1 | 14.2 | 10.4 | 20.7 | 20.9 | 17.5 | 11.4 | 4.3 | 11.8 |
|  |  |  | (4.1-1.9) | (7.8-17.4) | (41.4-75.2) | (60.8-88.0) | (2.4-9.0) | (4.4-16.0) | (2.3-10.4) | (2.0-8.1) | (8.4-23.1) | (6.6-16.0) | (13.7-30.1) | (13.2-31.6) | (8.2-33.3) | (4.8-24.8) | (2.0-9.2) | (7.4-18.4) |
| Yevatmal | 153 | 157 | 37.3 | 26.8 | 100 | 87.5 | 51 | 15.3 | 4.6 | 0.6 | 8.5 | 1.9 | 57.5 | 17.2 | 45.5 | 48.1 | 26.2 | 22.3 |
|  |  |  | (25.1-51.2) | (19.1-36.1) |  | (69.2-2-10.5.7) | (42.3-59.6) | (10.6-21.5) | (1.7-11.6) | (0.1-4.4) | (3.2-20.4) | (0.6-5.8) | (49.2-65.4) | (12.3-23.5) | (29.0-63.0) | (30.9-65.8) | (15.6-40.5) | (14.7-32.3) |


| State \& District | No. of respondents |  | HIV (\%) |  | HSV 2 Antibody (\%)* |  | Reactive syphillis serology (\%) |  | N. gonorrhea (\%) |  | C. trachomatis (\%) |  | Have any STI (+ve for syphilis, gonorrhoeae) (\%) |  | HIV among 'any STI' positive (\%) |  | HIV among 'any STI' negative (\%) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Tamil Nadu |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Chennai | 410 | 397 | 2.2 | 2.4 | 31.7 | 37.5 | 11.3 | 0.8 | 0.3 | 0.0 | 1.8 | 2.8 | 12.6 | 3.6 | 3.1 | 33.9 | 2.1 | 1.2 |
|  |  |  | (1.0-5.1) | (1.1-5.2) | (16.8-46.5) | (24.4-50.5) | (7.2-17.2) | (0.3-2.1) | (0.1-1.3) |  | (0.7-4.5) | (1.1-6.5) | (8.5-18.4) | (1.8-7.1) | (1.0-9.3) | (9.3-72.0) | (0.8-5.1) | (0.5-3.0) |
| Coimbatore | 410 | 400 | 6.3 | 6.3 | 56.1 | 58.9 | 11.9 | 0.4 | 2.2 | 0.0 | 2.4 | 1.7 | 14.5 | 1.9 | 13.9 | 2.4 | 5 | 6.4 |
|  |  |  | (3.5-17.0) | (3.6-10.8) | (40.2-71.9) | (45.6-72.2) | (8.5-16.6) | (0.1-1.3) | (0.8-5.6) |  | (1.1-5.1) | (0.9-3.3) | (10.6-19.7) | (1.0-3.6) | (5.5-31.0) | (0.3-16.7) | (2.8-8.9) | (3.7-11.0) |
| Dharamapuri | 408 | 406 | 12.4 | 8.8 | 75.6 | 48.2 | 10.7 | 4.2 | 0.5 | 0.0 | 4.3 | 1.5 | 14 | 5.6 | 14.5 | 33.1 | 12.1 | 7.4 |
|  |  |  | (7.9-18.9) | (5.3-14.2) | (61.8-89.3) | (34.7-61.7) | (7.9-14.3) | (2.1-8.3) | (0.1-1.6) |  | (2.3-7.8) | (0.7-3.0) | (10.8-18.0) | (3.0-10.1) | (6.9-28.0) | (12.0-64.3) | (7.2-19.4) | (4.1-12.7) |
| Madurai | 402 | 396 | 4.3 | 8.3 | 48.8 | 58.2 | 11.1 | 2.4 | $\bigcirc$ | 0.0 | 0.9 | 0.3 | 11.9 | 2.7 | 5 | 0.0 | 4.2 | 8.6 |
|  |  |  | (2.6-6.9) | (3.7-17.6) | (32.8-64.7) | (44.7-71.6) | (6.3-18.8) | (0.9-6.5) | (0.0-0.8) |  | (0.4-2.4) | (0.1-0.7) | (7.1-19.5) | (1.1-6.6) | (1.5-15.6) |  | (2.5-7.0) | (3.8-18.1) |
| Salem | 402 | 407 | 12.5 | 6.7 | 72.5 | 53.6 | 7.5 | 3.1 | 1.7 | 1 | 3.7 | 0.7 | 10.8 | 4.7 | 26.6 | 42.5 | 10.8 | 5 |
|  |  |  | (8.4-18.2) | (3.9-11.3) | (58.0-86.9) | (40.0-67.0) | (4.4-12.5) | (1.4-6.4) | (0.3-9.2) | (0.2-4.0) | (1.5-8.7) | 0.2-1.8) | (6.8-16.8) | (2.5-8.4) | (9.9-54.3) | (17.8-7.7.7) | (7.0-16.3) | (2.8-8.6) |
| Nagaland |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dimapur | 426 | 417 | 11.6 | 11.4 | 52.6 | 44.7 | 22.1 | 12.7 | 4.6 | 6.6 | 22.6 | 19.5 | 39.1 | 31 | 20.6 | 31.8 | 8.6 | 8 |
|  |  |  | (8.8-15.1) | (7.9-15.0) | (39.2-66.0) | (29.9-59.4) | (18.1-26.3) | (9.6-15.7) | (2.7-6.7) | (3.9-9.5) | (18.3-27.1) | (14.8-24.5) | (34.3-44.1) | (26.0-35.8) |  | (10.4-33.0) |  | (4.3-11.5) |

Un-weighted estimates based on a random sample of $10 \%$ of sera specimens selected for HSV-2 testing (except for Karnataka where weighted estimates for R1 are presented Ret RPR positive (any titre) and TPHA positive

[^9]Table M1: Demographic profile of MSM/Transgenders

| State \& District | No. of respondents |  | Mean age (years) |  | Can read and write (\%) |  | Ever married (\%) |  | Living with sex partner (\%) |  | Circumcised (\%) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Andhra Pradesh |  |  |  |  |  |  |  |  |  |  |  |  |
| East Godavari | 405 | 400 | 30 | 27 | 74 | 81 | 47 | 41 | 46 | 49 | 4 | 2 |
|  |  |  | (28.7-30.5) | (25.9-28.6) | (66.4-80.5) | (71.1-87.3) | (40.5-54.1) | (29.7-53.2) | (39.3-52.9) | (36.7-61.7) | (2.5-7.6) | (1.1-4.6) |
| Guntur | 407 | 404 | 27 | 29 | 58 | 77 | 62 | 53 | 62 | 52 | 20 | 18 |
|  |  |  | (26.6-28.0) | (27.2-30.4) | (50.2-65.5) | (69.9-82.8) | (55.1-68.1) | (42.8-62.7) | (55.6-67.8) | (41.7-61.7) | (14.9-26.4) | (9.7-31.2) |
| Hyderabad | 403 | 405 | 28 | 26 | 76 | 83 | 30 | 27 | 29 | 29 | 19 | 8 |
|  |  |  | (27.0-28.5) | (25.2-27.0) | (71.3-81.0) | (77.3-86.7) | (23.8-36.2) | (20.8-33.6) | (23.4-36.1) | (22.7-36.1) | (14.1-24.4) | (5.3-12.3) |
| Visakhapatnam | 406 | 399 | 26 | 27 | 82 | 74 | 39 | 27 | 38 | 26 | 1 | 4 |
|  |  |  | (24.8-26.2) | (24.7-29.2) | (75.5-86.7) | (61.6-83.2) | (31.5-46.7) | (77.8-38.7) | (31.2-46.1) | (17.3-38.1) | (0.5-2.9) | (1.6-7.9) |
| Maharashtra |  |  |  |  |  |  |  |  |  |  |  |  |
| Mumbai-Thane | 400 | 373 | 24 | 26 | 89 | 97 | 19 | 23 | 18 | 22 | 33 | 19 |
|  |  |  | (23.4-24.3) | (24.7-27.0) | (84.1-92.2) | (90.7-98.9) | (13.8-24.9) | (15.2-34.0) | (13.2-23.9) | (13.6-32.4) | (26.2-40.2) | (11.9-28.0) |
| Pune | 253 | 279 | 25 | 26 | 91 | 94 | 17 | 22 | 15 | 22 | 21 | 7 |
|  |  |  | (24.2-25.9) | (23.9-25.2) | (85.4-94.5) | (91.1-96.4) | (12.1-22.4) | (16.9-27.8) | (10.6-20.8) | (17.2-27.4) | (13.4-31.3) | (4.7-10.9) |
| Tamil Nadu |  |  |  |  |  |  |  |  |  |  |  |  |
| Chennai | 406 | 403 | 27 | 29 | 84 | 99 | 18 | 19 | 15 | 19 | 11 | 7 |
|  |  |  | (26.2-27.4) | (27.6-29.7) | (78.3-87.7) | (95.7-9.9) | (13.3-24.7) | (13.8-24.3) | (10.9-20.3) | (13.7-25.1) | (6.1-18.6) | (4.6-10.6) |
| Coimbatore | 410 | 408 | 29 | 31 | 86 | 92 | 28 | 24 | 26 | 24 | 7 | 8 |
|  |  |  | (28.5-30.0) | (29.5-32.7) | (81.1-89.9) | (84.5-95.9) | (23-4-33.2) | (17.4-32.4) | (21.9-30.9) | (16.9-32.0) | (4.3-10.5) | (4.3-14.9) |
| Madurai | 402 | 406 | 29 | 28 | 80 | 88.6 | 27 | 18 | 17 | 16 | 7 | 7 |
|  |  |  | (28.7-30.3) | (26.0-29.4) | (73.8-85.6) | (82.5-92.8) | (19.1-35.8) | (12.4-25.5) | (11.1-26.2) | (10.2-22.8) | (4.6-10.9) | (4.7-11.2) |
| Salem | 403 | 403 | 29 | 32 | 62 | 83 | 28 | 41 | 24 | 37 | 7 | 4 |
|  |  |  | (27.6-29.4) | (29.4-34.5) | (52.1-7.4) | (72.4-90.3) | (20.0-37.2) | (22.7-61.8) | (16.3-33.2) | (19.5-58.2) | (4.0-10.6) | (1.3-10.4) |
| Karnataka |  |  |  |  |  |  |  |  |  |  |  |  |
| Bangalore | 303 | NA | 27 | NA | 79 | NA | 20 | NA | NA | NA | 11 | NA |
|  |  |  | (26.6-28.4) |  | (70.5-85.5) |  | (14.6-27.0) |  |  |  | (6.5-16.9) |  |
| MSM T in 4 Districts (Belgaum, Bellary, Mysore, Shimoga) | 537 | NA | 31 | NA | 7 | NA | 57 | NA | 5 | NA | 19 | NA |
|  |  |  | (30.0-32.6) |  | (66.5-75.5) |  | (50.8-62.2) |  | (2.9-7.1) |  | (14.6-24.4) |  |

NA-Not available
Table M2: Services received from any agency

| State \& District | No. of respondents |  | Peer contacts |  |  |  | Visits to NGO clinics |  |  |  | Received condoms from Peer/ORW in last year (\%) |  | Received information on STIs from Peers/ ORW in last year (\%) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Contacted by Peer/ ORW in last month (\%) |  | Contacted by Peer/ ORW in last year (\%) |  | Visited a NGO clinic in last 3 months (\%) |  | Visited a NGO clinic in last year (\%) |  |  |  |  |  |
|  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Andhra Pradesh |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| East Godavari | 405 | 400 | 77 | 76 | 79 | 77 | 48 | 75 | 55 | 76 | 76 | 76 | 76 | 75 |
|  |  |  | (69.4-82.7) | (66.2-84.2) | (71.8-84.2) | (66.3-84.3) | (42.9-54.2) | (65.4-83.3) | (48.6-61.4) | (65.5-83.5) | (70.0.81.7) | (65.3-83.6) | (70.0-81.4) | (65.1-83.4) |
| Guntur | 407 | 404 | 10 | 78 | 10 | 78 | 4 | 78 | 5 | 78 | 10 | 78 | 9 | 78 |
|  |  |  | (5.7-15.7) | (70.3-84.1) | (5.9-16.0) | (70.4-84.2) | (1.7-7.6) | (70.3-84.0) | (2.6-9.1) | (70.3-84.0) | (5.8-16.1) | (70.1-84.0) | (5.3-14.6) | (70.2-84.0) |
| Hyderabad | 403 | 405 | 52 | 82 | 52 | 82 | 22 | 81 | 28 | 69 | 52 | 82 | 45 | 80 |
|  |  |  | (41.6-61.8) | (76.4-87.0) | (41.8-62.6) | (76.5-87.1) | (15.0-32.3) | (76.1-84.4) | (19.2-39.7) | (63.3-73.3) | (41.1-61.7) | (76.3-86.9) | (35.0-55.4) | (74.1-84.0) |
| Visakhapatnam | 406 | 399 | 95 | 56 | 95 | 57 | 35 | 55 | 42 | 55 | 93 | 57 | 93 | 56 |
|  |  |  | (90.8-96.8) | (44.6-66.8) | (90.8-96.8) | (45.4-67.5) | (28.7-42.0) | (43.1-65.5) | (35.2-49.6) | (43.1-65.5) | (89.0-95.3) | (45.2-67.3) | (89.5-95.5) | (44.4-66.6) |
| Maharashtra |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mumbai-Thane | 400 | 373 | 57 | 50 | 60 | 54 | 22 | 44 | 39 | 53 | 67 | 56 | 59 | 54 |
|  |  |  | (51.0-62.3) | (36.1-63.8) | (53.4-67.0) | (40.2-67.5) | (17.3-28.4) | (31.4-58.3) | (31.9-46.8) | (45.6-60.4) | (60.7-73.5) | (42.2-69.0) | (51.8-66.3) | (39.9-97.3) |
| Pune | 253 | 279 | 40 | 59 | 46 | 60 | 6 | 49 | 8 | 53 | 47 | 59 | 40 | 60 |
|  |  |  | (31.9-47.7) | (52.5-65.5) | (37.3-544) | (53.5-66.5) | (2.8-12.3) | (41.6-56.0) | (3.6-14.8) | (45.6-60.4) | (38.2-55.3) | (51.8-65.4) | (32.0-49.2) | (52.5-66.8) |
| Tamil Nadu |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Chennai | 406 | 403 | 58 | 84 | 59 | 84 | 55 | 70 | 60 | 63 | 59 | 85 | 59 | 85 |
|  |  |  | (51.8-64.5) | (76.8-89.2) | (52.7-65.7) | (77.3-89.6) | (48.9-61.5) | (61.7-77.1) | (53.5-66.4) | (54.9-7.2) | (52.2-65.7) | (79.8-88.9) | (52.3-64.9) | (78.6-89.5) |
| Coimbatore | 410 | 408 | 78 | 91 | 78 | 91 | 74 | 88 | 78 | 88 | 76 | 91 | 77 | 91 |
|  |  |  | (72.1-83.0) | (84.7-95.1) | (71.9-82.9) | (84.7-95.1) | (68.5-79.6) | (79.5-93.8) | (72.1-83.0) | (79.4-93.7) | (69.9-81.7) | (84.8-95.2) | (70.6-81.7) | (84.8-95.2) |
| Madurai | 402 | 406 | 62 | 100 | 64 | 100 | 58 | 99 | 66 | 100 | 61 | 100 | 63 | 100 |
|  |  |  | (51.9-72.1) |  | (53.4-73.5) |  | (47.5-67.7) | (97.7-99.8) | (55.-3-75.4) | (97.9-100.0) | (51.2-70.5) | (98.1-99.9) | (52.0-72.2) | (97.9-100.0) |
| Salem | 403 | 403 | 60 | 92 | 64 | 92 | 61 | 87 | 64 | 90 | 63 | 92 | 64 | 92 |
|  |  |  | (48.4-69.7) | (85.3-95.6) | (52.0-74.0) | (85.3-95.6) | (49.3-77.0) | (77.5-92.5) | (51.9-74.0) | (81.5-94.2) | (51.6-73.8) | (85.0-95.5) | (51.9-74.0) | (85.3-95.6) |

Table M2: Services received from any agency

| State \& District | No. of respondents |  | Peer contacts |  |  |  | Visits to NGO clinics |  |  |  | Received condoms from Peer/ORW in last year (\%) |  | Received information on STIs from Peers/ ORW in last year (\%) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Contacted by Peer/ ORW in last month (\%) |  | Contacted by Peer/ ORW in last year (\%) |  | Visited a NGO clinic in last 3 months (\%) |  | Visited a NGO clinic in last year (\%) |  |  |  |  |  |
|  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Karnataka |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bangalore | 303 | NA | 69 | NA | NA | NA | NA | NA | 48 | NA | 67 | NA | 67 | NA |
|  |  |  | (61.7-75.4) |  |  |  |  |  | (38.1-57.4) |  | (59.7-73.3) |  | (62.5-76.4) |  |
| MSM T in 4 Districts (Belgaum, Bellary, Mysore, Shimoga) | 537 | NA | 88 | NA | 90 | NA | NA | NA | 68 | NA | 85 | NA | NA | NA |
|  |  |  | (81.6-91.8) |  | (84.3-93.7) |  |  |  | (62.2-74.0) |  | (79.9-89.1) |  |  |  |

NA-Not available
Table M3: STI knowledge and treatment seeking behaviors

| State \& District | No. of respondents |  | Ever heard of STls (\%) |  | Knowledge of 3 or more STI symptoms (\%)*** |  | Had anyone of the symptoms during last year (\%) |  | Sought trained care for most recent STI symptom (\%) |  | Took preventive meaures for most recent STI symptom (\%) |  | Had any one of the STI symptoms (current) (\%) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Andhra Pradesh |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| East Godavari | 405 | 400 | 94 | 9 | 68 | 98 | 12 | 2.4 | 81 | - | 85 | - | 8 | 0.1 |
|  |  |  | (90.4-96.3) | (86.2-94.7) | (62.1-74.3) | (95.0-99.0) | (7.3-18.9) | (0.4-14.1) | (64.1-90.9) |  | (68.9-93.8) |  | (4.4-15.3) | (0.0-0.7) |
| Guntur | 407 | 404 | 82 | 92 | 59 | 96 | 11 | 0.0 | 77 | - | 55 | - | 2 | 0.6 |
|  |  |  | (78.2-86.1) | (86.6-95.5) | (53.0-65.5) | (92.1-97.6) | (7.6-16.1) |  | (59.7.87.8) |  | (41.2-68.8) |  | (1.1-4.1) | (0.1-3.7.7) |
| Hyderabad | 403 | 405 | 85 | 93 | 69 | 96 | 11 | 0.0 | 73 | - | 62 | - | 3 | 0.9 |
|  |  |  | (80.1-89.4) | (88.4-95.7) | (59.6-76.4) | (89.7-98.2) | (7.4-16.7) |  | (56.4-85.4) |  | (48.0-74.3) |  | (1.9-6.2) | (0.2-3.8) |
| Visakhapatnam | 406 | 399 | 9 | 57 | 70 | 88 | 9 | 1.5 | 100 | - | 94 | - | 1 | 0.7 |
|  |  |  | (97.8-99.7) | (45.1-67.6) | (62.7-76.4) | (77.3-93.8) | (6.2-12.4) | (0.6-3.7) | (99.2-100) |  | (76.8-98.7) |  | (0.2-3.2) | (0.2-2.4) |
| Maharashtra |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mumbai-Thane | 400 | 373 | 89 | 87 | 53 | 60 | 14 | 18 | 75 | - | 68 | - | 5 | 4 |
|  |  |  | (84.6-92.3) | (74.3-94.2) | (45.4-59.6) | (49.1-69.7) | (10.1-19.2) | (12.0-27.1) | (56.6-87.5) |  | (51.7-81.0) |  | (2.7-8.5) | (1.3-10.8) |
| Pune | 253 | 279 | 81 | 75 | 38 | 93 | 18 | 4 | 65 | - | 78 | - | 5 | 0.4 |
|  |  |  | (76.6-84.8) | (66.5-81.2) | (32.1-44.4) | (87.5-95.9) | (13.9-23.5) | (2.2-7.0) | (46.0.80.5) |  | (64.5-87.7) |  | (2.7-8.2) | (0.0-2.6) |
| Tamil Nadu |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Chennai | 406 | 403 | 91 | 92 | 74 | 84 | 4 | 5 | 77 | - | 66 | - | 2 | $\bigcirc$ |
|  |  |  | (86.6-94.5) | (87.5-94.3) | (66.9-79.3) | (78.1-88.1) | (2.2-6.5) | (2.9-9.9) | (53.5-90.4) |  | (43.6.83.4) |  | (0.9-4.4) | $\bigcirc$ |
| Coimbatore | 410 | 408 | 91 | 100 | 81 | 95 | 2 | 1.8 | 83 | - | 26 | - | 1 | 0.3 |
|  |  |  | (86.8-94.1) |  | (73.4-86.3) | (88.3-97.9) | (1.1-3.8) | (0.7-4.4) | (49.7-96.0) |  | (8.1-59.3) |  | (0.4-2.3) | (0.1-1.4) |
| Madurai | 402 | 406 | 74 | 100 | 49 | 96 | 15 | 2.5 | 93 | - | 60 | - | 6 | 2.6 |
|  |  |  | (61.0.83.6) | (97.9-100.0) | (40.1-57.9) | (87.9-98.8) | (10.6-20.3) | (0.7-8.6) | (81.0-97.8) |  | (39.2-77.7) |  | (3.8-8.6) | (0.8-8.4) |
| Salem | 403 | 403 | 92 | 98 | 61 | 79 | 13 | 0.7 | 88 | - | 93 | - | 4 | 4 |
|  |  |  | (84.1-96.2) | (95.9-99.0) | (54.3-68.0) | (62.3-89.6) | (8.4-20.9) | (0.2-2.2) | (71.7-95.1) |  | (78.4-97.9) |  | (1.9-6.83) | (1.6-9.2) |

Table M3: STI knowledge and treatment seeking behaviors

| State \& District | No. of respondents |  | Ever heard of STIs (\%) |  | Knowledge of 3 or more STI symptoms (\%)* |  | Had anyone of the symptoms during last year (\%) |  | Sought trained care for most recent STI symptom (\%) |  | Took preventive meaures for most recent STI symptom (\%) |  | Had any one of the STI symptoms (current) (\%) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Karnataka |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bangalore | 303 | NA | 47 | NA | 30 | NA | 7 | NA | 95 | NA | 56 | NA | 1 | NA |
|  |  |  | (36.6-58.0) |  | (14.8-50.3) |  | (4.0-1.17) |  | (80.8-99.0) |  | (32.2-77.6) |  | (0.6-3.1) |  |
| MSM T in 4 Districts (Belgaum, Bellary, Mysore, Shimoga) | 537 | NA | 76 | NA | 27 | NA | 34 | NA | 78 | NA | 68 | NA | 20 | NA |
|  |  |  | (70.1-81.7) |  | (22.9-31.4) |  | (29.2-39.1) |  | (70.6-84.2) |  | (59.2-75.4) |  | (15.0-26.1) |  |

[^10]Table M4: HIV/AIDS awareness and knowledge

| State \& District | No. of respondents |  | Ever heard of HIV/AIDS <br> (\%) |  | Knowledge of HIV prevention method (\%)* |  | No incorrect beliefs about HIV/AIDS transmission (\%)*******) |  | Believe HIV/AIDS can be prevented (\%)" |  | Feel at risk of being infected with HIV/ AIDS (\%)* |  | Ever taken HIV test (\%)* |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Andhra Pradesh |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| East Godavari | 405 | 400 | 99 | 100 | 93 | 89 | 51 | 51 | 95 | 93 | 90 | 2 | 15 | 81 |
|  |  |  | (98.1-99.8) | (98.1-99.9) | (89.6-95.8) | (83.2-92.8) | (45.5-57.0) | (37.9-64.4) | (91.2-97.2) | (88.1-95.4) | (84.7-93.5) | (0.9-5.5) | (10.7-19.5) | (71.4-87.4) |
| Guntur | 407 | 404 | 100 | 100 | 82 | 98 | 40 | 56 | 86 | 98 | 63 | 5 | 15 | 84 |
|  |  |  | (98.8-100) | (97.9-100.0) | (76.1-86.1) | (94.3-99.2) | (33.6-45.9) | (45.0-66.9) | (82.4-89.4) | (94.3-99.5) | (55.7-69.2) | (2.8-10.0) | (10.5-21.1) | (75.1-90.3) |
| Hyderabad | 403 | 405 | 100 | 100 | 86 | 95 | 42 | 72 | 87 | 95 | 70 | 5 | 14 | 78 |
|  |  |  | (99.2-100) |  | (79.6-96) | (90.7-97.2) | (37.0-46.7) | (61.5-80.6) | (80.1-92.0) | (91.1-97.5) | (60.5-78.0) | (2.6-9.9) | (10.3-19.4) | (70.6-83.7) |
| Visakhapatnam | 406 | 399 | 99 | 93 | 96 | 88 | 69 | 62 | 96 | 97 | 99 | 6 | 4 | 61 |
|  |  |  | (95.1-99.6) | (85.2-96.6) | (92.0-97.8) | (80.3-93.3) | (63.8-74.2) | (49.9-73.0) | (92.6-98.1) | (94.8-98.7) | (96.4-99.6) | (1.4-20.5) | (2.4-8.0) | (47-9-7.1.8) |
| Maharashtra |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mumbai-Thane | 400 | 373 | 99 | 98 | 69 | 79 | 53 | 61 | 70 | 81 | 90 | 40 | 57 | 62 |
|  |  |  | (96.4-99.6) | (96.0-99.4) | (61.9-74.5) | (64.5-88.3) | (46.0-59.0) | (49.0-72.3) | (63.6-76.6) | (66.1-90.0) | (84.3-93.5) | (29.5-51.7) | (48.6-64.5) | (49.4-72.8) |
| Pune | 253 | 279 | 99 | 98 | 85 | 85 | 55 | 74 | 86 | 86 | 70 | 46 | 48 | 78 |
|  |  |  | (96.0-9.9.7) | (93.5-99.1) | (78.2-89.9) | (78.7-89.6) | (48.6-61.9) | (66.1-80.3) | (78.4-90.7) | (81.6-90.1) | (64.3-75.8) | (39.3-51.9) | (39.3-56.8) | (71.0-83.0) |
| Tamil Nadu |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Chennai | 406 | 403 | 99 | 99 | 99 | 90 | 75 | 73 | 100 | 95 | 88 | 42 | 47 | 83 |
|  |  |  | (97.9-9.9.8) | (98.1-99.7) | (97.8-99.7) | (84.6-94.0) | (69.7-79.6) | (64.9-79.1) | (98.5-100) | (88.2-97.6) | (82.6-91.2) | (33.9-5.1) | (39.6-55.0) | (76.9-88.0) |
| Coimbatore | 410 | 408 | 99 | 100 | 93 | 100 | 53 | 49 | 95 | 100 | 83 | 15 | 40 | 93 |
|  |  |  | (97.3-99.5) |  | (88.6-95.7) |  | (45.6-59.8) | (41.6-57.0) | (90.2-97.1) |  | (77.5-87.5) | (9.9-21.1) | (34.0-45.5) | (86.1-96.9) |
| Madurai | 402 | 406 | 90 | 100 | 89 | 99 | 57 | 83 | 88 | 100 | 95 | 74 | 27 | 98 |
|  |  |  | (73.1-96.5) | (97.9-100.0) | (83.9-92.5) | (96.4-9.9.8) | (48.2-59.8) | (75.0-88.6) | (71.3-95.3) |  | (92.4-97.1) | (67.4-80.2) | (21.0-35.0) | (95.3-99.2) |
| Salem | 403 | 403 | 97 | 100 | 96 | 99 | 48 | 80 | 99 | 100 | 80 | 12 | 46 | 90 |
|  |  |  | (88.4-99.3) | (97.8-99.9) | (88.6-98.7) | (99.7-99.8) | (36.8-59.0) | (63.5-90.6) | (96.6-9.9.8) | (97.8-99.9) | (70.5-87.1) | (6.7-21.8) | (37.4-54.5) | (69.8-97.1) |

Table M4: HIV/AIDS awareness and knowledge

| State \& District | No. of respondents |  | Ever heard of HIV/AIDS <br> (\%) |  | $\begin{gathered} \text { Knowledge of HIV } \\ \text { prevention method (\%)** } \end{gathered}$ |  | No incorrect beliefs about HIV/AIDS transmission (\%) ${ }^{* * *}$ |  | Believe HIV/AIDS can be prevented (\%)" |  | Feel at risk of being infected with HIV/ AIDS (\%)" |  | Ever taken HIV test (\%) ${ }^{\text {¢ }}$ |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Karnataka |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bangalore | 303 | NA | 67 | NA | 47 | NA | 32 | NA | 79 | NA | 16 | NA | 19 | NA |
|  |  |  | (57.8-75.7) |  | (36.3-57.0) |  | (19.6-46.9) |  | (68.1-86.7) |  | (5.9-35.3) |  | (11.4-28.7) |  |
| MSM T in 4 Districts (Belgaum, Bellary, Mysore, Shimoga) | 537 | NA | 89 | NA | 54 | NA | 25 | NA | 74 | NA | 20 | NA | 33 | NA |
|  |  |  | (84.4-92.2) |  | (48.6-58.9) |  | (20.0-30.6) |  | (67.8-79.7) |  | (16.3-24.5) |  | (27.2-38.6) |  |

"Based on subset of respondents applicable for that analysis HIV
Defined as number of respondents who correctly reject two most common local misconceptions about AIDS transmission and prevention and who know that a healthy
Table M5: Sexual history and condom use with main regular partners and paying male partners

| State \& District | No. of respondents |  | Had main regular Male partner |  | Condom use with main regular male partner (\%) |  |  |  | Had paying male partner (\%) |  | Condom Use <br> Last time (\%) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Last time | Consistent |  |  |  |  |  |
|  | RI | RII |  |  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Andhra Pradesh |  |  |  |  |  |  |  |  |  |  |  |  |
| East Godavari | 405 | 400 | 52 | 70 | 77 | 87 | 8 | 73 | 35 | 28 | 90 | 96 |
|  |  |  | (39.1-63.8) | 56.5-80.7) | (67.4-85.0) | (80.6-91.8) | (4.5-33.5) | (60.4-82.1) | (26.9-44.3) | (16.7-44.0) | (78.8-95.2) | (82.9-9.9.2) |
| Guntur | 407 | 404 | 18 | 49 | 63 | 84 | 26 | 72 | 26 | 39 | 75 | 89 |
|  |  |  | (9.9-29.3) | (40.4-57.7) | (48.4-76.2) | (73.7-90.1) | (15.7-40.8) | (60.2-80.7) | (20.9-31.8) | (30.3-48.9) | (64.2-82.8) | (80.4-94.2) |
| Hyderabad | 403 | 405 | 34 | 63 | 70 | 70 | 14 | 52 | 36 | 64 | 92 | 92 |
|  |  |  | (23.4-45.3) | (58.1-67.6) | (59.8-78.4) | (58.9-78.9) | (7.4-23.7) | (40.9-63.5) | (28.8-44.5) | (56.1-7.7.3) | (82.2-96.5) | (87.0-94.7) |
| Visakhapatnam | 406 | 399 | 78 | 61 | 88 | 93 | 3 | 92 | 90 | 48 | 91 | 90 |
|  |  |  | (70.4-83.9) | (49.2-71.9) | (80.3-93.0) | (85.8-96.5) | (1.4-5.5) | (84.4-95.6) | (85.7-92.5) | (36.5-59.3) | (86.1-94.7) | (81.4-95.1) |
| Maharashtra |  |  |  |  |  |  |  |  |  |  |  |  |
| Mumbai -Thane | 400 | 373 | 51 | 60 | 70 | 91 | 47 | 57 | 37 | 40 | 86 | 78 |
|  |  |  | (42.5-58.9) | (47.2-71.6) | (62.4-76.5) | (83.2-95.4) | (39.5-54.5) | (40.3-71.6) | (31.0-43.0) | (28.4-52.4) | (77.1-9.1.1) | (50.9-92.4) |
| Pune | 253 | 279 | 46 | 55 | 60 | 94 | 52 | 92 | 60 | 64 | 74 | 96 |
|  |  |  | (27.1-65.9) | (48.4-61.8) | (46.5-71.3) | (88.1-96.6) | (38.3-64.9) | (87.0-94.6) | (49.7-68.9) | (57.3-69.8) | (59.4-85.0) | (90.7-98.4) |
| Tamil Nadu |  |  |  |  |  |  |  |  |  |  |  |  |
| Chennai | 406 | 403 | 72 | 78 | 75 | 62 | 38 | 28 | 62 | 78 | 83 | 84 |
|  |  |  | (58.0-82.0) | (70.6-83.6) | (65.9-81.7) | (52.7-69.8) | (29.4-47.1) | (19.9-37.8) | (55.3-67.3) | (71.0-84.0) | (74.1-89.6) | (76.7-89.8) |
| Coimbatore | 410 | 408 | 83 | 67 | 78 | 98 | 24 | 41 | 49 | 100 | 84 | 98 |
|  |  |  | (75.9-88.6) | (58.8-73.4) | (73.0-83.0) | (95.3-99.0) | (18.8-29.1) | (31.5-51.7) | (43.2-54.8) |  | (77.2-89.0) | (95.9-98.7) |
| Madurai | 402 | 406 | 74 | 100 | 68 | 94 | 41 | 95 | 62 | 100 | 83 | 98 |
|  |  |  | (53.9-87.8) |  | (55.0-79.0) | (87.6-97.2) | (30.2-51.9) | (88.9-98.1) | (52.3-70.8) | (99.5-100.0) | (76.0-88.6) | (91.3-99.6) |
| Salem | 403 | 403 | 80 | 78 | 66 | 89 | 29 | 20 | 57 | 96 | 73 | 97 |
|  |  |  | (66.9-88.7) | (54.8-91.2) | (56.3-74.5) | (77.4-95.1) | (21.3-38.6) | (10.9-32.6) | (40.7-72.0) | (91.4-98.4) | (62.3-81.8) | (90.6-9.9.1) |

Table M5: Sexual history and condom use with main regular partners and paying male partners

| State \& District | No. of respondents |  | Had main regular Male partner |  | Condom use with main regular male partner (\%) |  |  |  | Had paying male partner (\%) |  | Condom Use Last time (\%) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Last time | Consistent |  |  |  |  |  |
|  | RI | RII |  |  | RI | RII | RI | RII | R1 | RII | RI | RII | RI | RII |
| Kamataka |  |  |  |  |  |  |  |  |  |  |  |  |
| Bangalore | 303 | NA | 41 | NA | 80 | NA | 73 | NA | NA | NA | NA | NA |
|  |  |  | (31.8.50.1) |  | (67.7.88.1) |  | (60.5.82.8) |  |  |  |  |  |
| MSM T in 4 Districts (Belgaum, Bellary, Mysore, Shimoga) | 537 | NA | 40 | NA | 87 | NA | 56 | NA | NA | NA | NA | NA |
|  |  |  | (35.1-44.1) |  | (81.6-99.1) |  | (47.9-62.9) |  |  |  |  |  |

" Based on subset of respondents applicable for that analysis
Main regular Sexual partner: Spouse/lover/boyfriend/Hijra
NA-Not available
Table M6: Condom use with paid male/hijra partner and paid female sexual partners

| State \& District | No. of respondents |  | Paid male/hijra partners |  |  |  |  |  | Paid female partners (\%) |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Ever had paid male/hijra partners (\%) |  | Condom use (\%)* |  |  |  | Ever had paid female partners |  | Condom use (past month) |  |
|  |  |  |  |  | Last time |  | Consistent |  |  |  | Consistent* |  |
|  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Andhra Pradesh |  |  |  |  |  |  |  |  |  |  |  |  |
| East Godavari | 405 | 400 | 48 | 18 | 83 | 91 | 13 | 86 | 40 | 0.7 | 15 | - |
|  |  |  | (39.7-56.4) | (9.1-31.5) | (71.8-90.3) | (67.5-97.9) | (7.4-21.9) | (60.9-96.0) | (34.1-45.6) | (0.3-1.6) | (8.0-27.3) |  |
| Guntur | 407 | 404 | 46 | 6 | 70 | 98 | 40 | 98 | 64 | 1.3 | 43 | - |
|  |  |  | (39.7-52.7) | (3.5-9.9) | (60.1-79.0) | (83.5-99.7) | (33.6-46.8) | (83.5-99.7) | (56.6-70.0) | (0.3-5.7) | (34.9-52.2) |  |
| Hyderabad | 403 | 405 | 46 | 13 | 50 | 98 | 18 | 91 | 32 | 0.2 | 23 | - |
|  |  |  | (35.8-56.9) | (8.8-19.9) | (36.9-63.9) | (92.8-99.6) | (10.1-28.8) | (79.4-96.3) | (24.9-39.5) | (0.0-1.7) | (13.3-37.9) |  |
| Visakhapatnam | 406 | 399 | 31 | 45 | 93 | 95 | 1 | 95 | 28 | 23 | 5 | - |
|  |  |  | (25.4-38.0) | (33.7-56.6) | (87.5-95.8) | (84.2-98.6) | (0.3-5.3) | (84.0-98.3) | (21.9-34.0) | (13.9-34.3) | (1.7-1.3) |  |
| Maharashtra |  |  |  |  |  |  |  |  |  |  |  |  |
| Mumbai-Thane | 400 | 373 | 25 | 8 | 82 | 50 | 68 | 36 | 20 | 6 | 76 | - |
|  |  |  | (18.6-32.2) | (3.9-16.2) | (66.8-9.7.6) | (24.9-75.5) | (52.1-80.6) | (7.8-78.8) | (14.4-27.0) | (2.5-14.1) | (56.2-88.7) |  |
| Pune | 253 | 279 | 49 | 12 | 88 | 91 | 84 | 82 | 24 | 20 | 87 | - |
|  |  |  | (39.0-59.8) | (8.3-16.5) | (78.4-93.3) | (75.0-97.1) | (76.1-90.2) | (66.4-9.1.1) | (17.4-32.4) | (15.3-25.0) | (67.0-95.8) |  |
| Tamil Nadu |  |  |  |  |  |  |  |  |  |  |  |  |
| Chennai | 406 | 403 | 19 | 11 | 81 | 90 | 58 | 15 | 19 | 1.3 | 38 | - |
|  |  |  | (13.7-24.7) | (7.1-17.2) | (57.0-93.1) | (64.3-97.8) | (38.1-74.8) | (6.1-30.5) | (13.0-26.2) | (0.5-3.4) | (22.9-54.8) |  |
| Coimbatore | 410 | 408 | 12 | 4 | 75 | 94 | 40 | 66 | 7 | 0.5 | 41 | - |
|  |  |  | (8.3-16.5) | (2.3-7.6) | (53.1-88.6) | (66.8-99.2) | (21.1-62.3) | (38.8-85.6) | (4.5-10.9) | (0.1-1.9) | (19.1-67.8) |  |
| Madurai | 402 | 406 | 22 | 32 | 63 | 91 | 38 | 91 | 6 | 0 | 64 | - |
|  |  |  | (14.7-32.3) | (21.5-43.4) | (39.4-81.7) | (75.5-96.8) | (22.4-56.8) | (75.5-96.8) | (3.6-8.5) | 0 | (42.3-81.6) |  |
| Salem | 403 | 403 | 16 | 17 | 59 | 95 | 39 | 17 | 17 | 1 | 29 | - |
|  |  |  | (10.2-23.9) | (5.4-43.1) | (41.3-74.0) | (77.9-99.1) | (22.4-58.6) | (4.0-48.9) | (10.6-26.3) | (0.4-2.4) | (16.4-45.1) |  |
| Karnataka |  |  |  |  |  |  |  |  |  |  |  |  |
| Bangalore | 253 |  | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| MSM T in 4 Districts (Belgaum, Bellary, Mysore, Shimoga) | 537 |  | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |

\# Based on subset of respondents available for that analysis
Paid male/Hijra partners-Male/Hijras to whom the respondent had paid to have anal intercourse with them Paid female partners-Respondents paid to females to have sex
Table M7: Condom use with other non-commercial male partners and female sexual partners

| State \& District | No. of respondents |  | Other non-commercial male/hijra parters (\%) |  |  |  |  |  | Main regular female partner (\%) |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Had other non commercial male/ hijra partners |  | Condom use" |  |  |  | Had main regular female partners |  | Living with femalepartner |  | Condom use* |  |  |  |
|  |  |  | Last time | Consistent |  | Last tim |  | Consistent |  |  |  |
|  | RI | RII |  |  | Ri | RII | Ri | RII |  |  | Ri | RII | RI | RII | Ri | RII | RI | RII | RI | RII |
| Andhra Pradesh |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| East Godavari | 405 | 400 | 89 | 95 | 76 | 87 | 7 | 80 | 53 | 50 | 82 | 84 | 19 | 14 | 4 | 13 |
|  |  |  | (83.4.92.3) | (91.8-97.5) | (6.3.-8.2.2) | (80.0.99.5) | (3.5-11.9) | (70.4.86.6) | (45.1-60.0) | (37.3-61.8) | (73.7.78.7) | (68.7-92.3) | (13.3-26.3) | (5.7-29.4) | (1.8.8.6) | (5.4-29.3) |
| Gunt | 407 | 404 | 88 | 97 | 69 | 95 | 32 | 75 | 66 | 58 | 89 | 91 | 7 | 14 | 3 | 12 |
|  |  |  | (83.4-90.8) | (93.1.98.8) | (61.6-75.4) | (912.297.6) | (25.5-39.4) | (63.4.88.9) | (59.2.77.7) | (499.0.67.3) | (88.3-993.3) | (82.3-95.2) | (3.8-11.1) | (8.2-22.8) | (1.3-5.1) | (6.4-20.0) |
| Hyderabad | 403 | 405 | 89 | 94 | 78 | 94 | 15 | 76 | 34 | 30 | 80 | 90 | 7 | 16 | 1 | 8 |
|  |  |  | (85.2.99.7) | (89.5.969.2) | (71.7.83.6) | (90.0.96.4) | (8.0-25.3) | (69.7.88.7) | (75.5. | (24.0-36.8) | (70.6.8.7.6) | (82.594.8) | (3.8-13.8) | (8.1-28.6) | (0.2-3.8) | (3.6-15.6) |
| Viskhhapatnam | 406 | 399 | 95 | 93 | 88 | 90 | 1 | 90 | 51 | 38 | 76 | 65 | 24 | 32 | $\bigcirc$ | 32 |
|  |  |  | (91.6-97.5) | (85,3.96.4) | (82.4-92.3) | (81.494.8) | (0.2-2.1) | (81.8-95.2) | (43.9.97.9) | (28.9-47-3) | (65.6.-8.8) | (51.7.76.8) | (16.2-34.6) | (21.4-45.7) | (0.0-1.3) | (21.0-45.0) |
| Maharashtra |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mumbai:Thane | 400 | 373 | 58 | 74 | 80 | 79 | 56 | 55 | 33 | 39 | 40 | 50 | 42 | 50 | 31 | 25 |
|  |  |  | (51.4.64.8) | (63.1.83.0) | (72.9.86.0) | (64.2-88.4) | (48.3-63.1) | (38.470.9) | (26.7-40.0) | (27.9.50.6) | (29.3.551.2) | (29,1-77.3) | (30.4-55.3) | (31.3-69.4) | (21.2-42.9) | (11.1-45.8) |
| Pune | 253 | 279 | 34 | 56 | 91 | 94 | 79 | 87 | 30 | 29 | 43 | 60 | 49 | 49 | 41 | 31 |
|  |  |  | (27.7-40.9) | (49,7.62.6) | (82.7-95.2) | (86.5-97.1) | \|(66.2.88.2) | (79.8.992.3) | (22.2-39.3) | (23.434.7) | (33.9.53.4) | (48.9.70.2) | (34.7.62.9) | (37.4-60.2) | (28.454.4) | (20.5-44.5) |
| Tamil Nadu |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Chennai | 406 | 403 | 34 | 48 | 72 | 80 | 25 | 37 | 12 | 16 | 28 | 87 | 52 | 11 | ${ }^{21}$ | 6 |
|  |  |  | (27.8-4.3) | (40.3-5.5.2) | (59.0.8.7.7) | (69.2.-87.9) | (16.7-36.6) | 28.0-47.1 | (8.1-18.1) | (11.2-21.7) | (15.0-4.8.8) | (71.7-94.4) | (29.8-73-4) | (4.1-26.4) | (6.4.51.8) | (1.2-22.9) |
| Coimbatore | 410 | 408 | 67 | 21 | 84 | 97 | 22 | 31 | 26 | 23 | 69 | 100 | 23 | 22 | 7 | 1.5 |
|  |  |  | (59.1.74.5) | (15.5-26.9) | (77.589.0) | (80.8-99.5) | (16.9-28.1) | (20.3-43.7) | (21.430.6) | (16.5-3.4) | (59.8-7.9.9) | (97.0.99.9) | (14.934.0) | (12.2-36.7) | (2.9-16.3) | (0.4-6.1) |
| Madurai | 402 | 406 | 70 | 98 | 68 | 100 | 40 | 100 | 8 | 17 | 52 | 81 | 23 | 17 | 6 | 8 |
|  |  |  | (63.4-76.1) | (93.8.99.4) | (54-3-7.5) | (98.1-9.9) | (28.9.5.5.5) | (98.1.99.9) | (5.1-1.9) | (11.0-24.0) | (34.0.68.8) | (57.7-92.8) | (12.3-37.8) | (7.434.6) | (2.3-15.7) | (2.2-26.8) |
| Salem | 403 | 403 | 63 | 61 | 70 | 98 | 23 | 23 | 21 | 30 | 50 | 99 | 45 | 11 | 16 | 1.5 |
|  |  |  | (51.8.73.3) | (42.9-7.6.1) | (55.8.81.8) | (94.1-99.4) | (14.0.35.2) | (9.7-44.8) | (14.4-30.2) | (14.8.50.7) | (23.4.47.1) | (94.6-99.6) | (19.9.972.7) | (3.5-31.4) | (4.1-46.2) | (0.37. 2 ) |

## Table M7: Condom use with other non-commercial male partners and female sexual partners

| State \& District | No. of respondents |  | Other non-commercial male/hijr parters (\%) |  |  |  |  |  | Main regular female partner (\%) |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Had other non commercial male hijra partners |  | Condom use" |  |  |  | Had main regular female partners |  | Living with femalepartner |  | Condom use* |  |  |  |
|  |  |  | Last time | Consistent |  | Last time |  | Consistent |  |  |  |
|  | R1 | RII |  |  | RI | RII | RI | RII |  |  | R1 | RII | RI | RII | R1 | RII | R1 | RII | R1 | RII |
| Kamataka |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bangalore | 303 |  | NA | NA | NA | NA | NA | NA | 10 | NA | NA | NA | 21 | NA | 16 | NA |
|  |  |  |  |  |  |  |  |  | (6.0-16.3) |  |  |  | (10.5.38.2) |  | (6.8-32.0) |  |
| MSM T in 4 Districts (Belgaum, Bellary, Mysore, Shimoga) | 537 |  | NA | NA | NA | NA | NA | NA | 4 | NA | NA | NA | 13 | NA | 10 | NA |
|  |  |  |  |  |  |  |  |  | (2.6.5.7) |  |  |  | (9.3-17.5) |  | (6.8-5.5.1) |  |

[^11]Table M8: Prevalence of HIV and STIs

| State \& District | No. of respondents |  | HIV (\%) |  | HSV 2 Antibody (\%) |  | Reactive syphillis serology (\%) ${ }^{* / *}$ |  | N. gonorrhea (\%) |  | C. trachomatis (\%) |  | Had any STI <br> (+ve for syphilis, <br> gonorhea or <br> trachomatis, one or <br> more) (\%)"** |  | $\begin{aligned} & \text { HIV among 'any STI' } \\ & \text { positive (\%) } \end{aligned}$ |  | HIV among 'any STI' negative (\%) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Andhra Pradesh |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| East Godavari | 405 | 400 | 22.2 | 20.8 | 76.2 | 50 | 13 | 5 | $\bigcirc$ | - | 1 | 1.5 | 13.9 | 6.6 | 44.3 | 60.1 | 18.6 | 18.1 |
|  |  |  | (16.4-29.4) | (13.7-30.4) | (0.63-0.90) | (33.8-66.1) | (8.0-20.2) | (2.8-8.8) | (0.0-0.8) |  | (0.3-3.1) | (0.3-7.2) | (8.9-21.2) | (3.7-11.3) | (32.2-57.2) | (34.8-81.0) | (12.7-26.5) | (10.8-28.7) |
| Guntur | 407 | 404 | 13.1 | 20.8 | 33.3 | 69 | 3.5 | 8.6 | 0.4 | 0.1 | 1.4 | 0.8 | 5.3 | 9.4 | 37.1 | 60.6 | 11.8 | 16.7 |
|  |  |  | (9.4-18.0) | (14.4-29.1) | (0.18-0.48) | (54.4-83.6) | (1.9-6.4) | (5.0-14.2) | (0.1-1.9) | (0.0-0.6) | (0.5-4.0) | (0.1-5.6) | (3.0-9.2) | (5.6-15.3) | (19.2-59.5) | (34.3-81.9) | (8.3-16.4) | (10.6-25.3) |
| Hyderabad | 403 | 405 | 24.7 | 28.9 | 58.5 | 62.5 | 15.7 | 12.6 | 0.9 | 0.5 | 2 | 0.2 | 18.3 | 12.9 | 43.7 | 46.8 | 20.4 | 26.3 |
|  |  |  | (18.7-31.7) | (21.8-37.2) | (0.43-0.74) | (46.8-78.1) | (11.6-20.9) | (7.4-20.8) | (0.3-2.7) | (0.1-3.1) | (0.8-4.6) | (0.0-0.9) | (14.6-22.6) | (7.5-27.1) | (30.8-57.6) | (28.0-66.6) | (15.6-26.2) | (19.6-34.3) |
| Visakhapatnam | 406 | 399 | 9.3 | 4.9 | 41.5 | 38.1 | 5.6 | 1.9 | 0.5 | 0.1 | 1.2 | 4.3 | 7.2 | 6.4 | 52.6 | 8.4 | 5.9 | 4.6 |
|  |  |  | (6.0-14.1) | (2.6-9.0) | (0.26-0.57) | (22.7-53.4) | (2.9-10.3) | (1.0-3.7) | (0.1-2.1) | (0.0-0.5) | (0.5-2.8) | (0.8-20.0) | (4.2-11.9) | (2.0-18.4) | (32.4-71.9) | (1.8-31.3) | (3.6-9.7) | (2.3-8.9) |
| Maharashtra |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mumbai-Thane | 400 | 373 | 10.2 | 6 | 42 | 17.5 | 6.5 | 0.5 | 0.3 | $\bigcirc$ | 4.4 | 1.2 | 10.8 | 1.8 | 16.8 | 1.8 | 9.5 | 6.1 |
|  |  |  | (7.1-14.5) | (1.9-17.4) | (26.0-57.0) | (5.1-29.8) | (4.0-10.4) | (0.1-2.0) | (0.1-1.3) |  | (2.2-8.5) | (0.2-8.0) | (7.4-75.4) | (0.4-7.1) | (6.5-36.9) | (0.2-17.3) | (6.4-13.8) | (1.9-17.8) |
| Pune | 253 | 279 | 17.4 | 8.2 | 48 | 30 | 14.6 | 5 | 0.4 | - | 2 | 0.4 | 16.6 | 5.4 | 52.4 | 33.3 | 10.4 | 6.8 |
|  |  |  | (12.8-23.2) | (5.4-12.4) | (29.0-68.0) | (12.6-47-4) | (9.7-21.4) | (2.9-8.5) | (0.1-3.0) |  | (0.7-5.4) | (0.1-2.5) | (11.6-23.2) | (2.9-9.7) | (42.1-62.5) | (15.8-57.2) | (6.5-16.3) | (4.2-10.8) |
| Tamil Nadu |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Chennai | 406 | 403 | 4.8 | 10.9 | 33 | 28.6 | 12.9 | 9.9 | 0.3 | - | 0.7 | - | 13.8 | 9.9 | 18.6 | 94.4 | 2.5 | 1.8 |
|  |  |  | (2.9-7.8) | (6.6-17.5) | (28.4-37.6) | (16.4-40.7) | (8.6-18.7) | (5.7-16.6) | (0.0-2.1) |  | (0.1-4.9) |  | (9.5-9.8) | (5.7-16.6) | (10.8-30.2) | (84.8-98.1) | (1.3-5.5) | (0.9-3.6) |
| Coimbatore | 410 | 408 | 6.5 | 11.1 | 27.8 | 26.8 | 14.5 | 6.3 | 0 | 0.3 | 0.8 | 0.9 | 15.1 | 7.1 | 16.3 | 27.4 | 4.7 | 9.9 |
|  |  |  | (4.4-9.3) | (6.9-17.6) | (23.4-32.1) | (14.8-38.8) | (11.0-18.8) | (3.8-10.2) | (0.0-0.8) | (0.1-1.2) | (0.2-3.1) | (0.3-2.7) | (11.3-9.8.8) | (4.5-17.1) | (9.1-27.5) | (9.6-57.3) | (2.9-7.6) | (83.4-94.3) |
| Madurai | 402 | 406 | 22.3 | 14.4 | 43.9 | 25 | 17.8 | 6.6 | $\bigcirc$ | 0.2 | 1.1 | 1.3 | 18.8 | 7.9 | 39.5 | 68.2 | 18.3 | 9.8 |
|  |  |  | (13.1-35.3) | (8.3-23.8) | (28.0.59.7) | (13.3-36.7) | (13.0-23.9) | (2.7-75.4) | (0.0-0.8) | (0.1-0.8) | (0.4-2.9) | (0.3-4.8) | (14.0-24.8) | (3.6-16.4) | (26.5-54.2) | (33.5-90.1) | (8.2-36.1) | (5.3-17.5) |
| Salem | 403 | 403 | 5.5 | 4.8 | 24.4 | 19.6 | 12.2 | 1.9 | $\bigcirc$ | $\bigcirc$ | 0.3 | 0.3 | 12.4 | 2.2 | 14.9 | 3 | 4.1 | 4.9 |
|  |  |  | (2.7-10.8) | (2.2-10.2) | (10.7-38.1) | \|(8.9-30.4) | (7.8-18.6) | (0.8-4.3) | (0.0-0.8) |  | (0.1-1.0) | (0.1-2.2) | (8.0-18.8) | (1.0-4.8) | (5.9-32.8) | (0.6-13-4) | (2.1-7.9) | (2.2-10.4) |

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| State \& District | No. of respondents |  | HIV (\%) |  | HSV 2 Antibody (\%) ${ }^{\text {* }}$ |  | Reactive syphillis serology (\%) ${ }^{\text {ºs }}$ |  | N. gonorrhea (\%) |  | C. trachomatis (\%) |  | Had any STI (+ve for syphilis, gonorrhea or trachomatis, one or more) (\%) ${ }^{* \pi}$ |  | HIV among 'any STI positive (\%) |  | HIV among 'any STI' negative (\%) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Karnataka |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bangalore | 303 |  | 19.5 | NA | 36.7 | NA | 12 | NA | 0.6 | NA | 1.5 | NA | 12.5 | NA | 41.4 | NA | 16.3 | NA |
|  |  |  | (13.8-26.7) |  | (30.3-43.6) |  | (6.8-20.1) |  | (0.1-2.4) |  | (0.5-4.7) |  | (7.4-20.2) |  | (21.4-64.7) |  | (10.3-24.9) |  |
| MSM T in 4 Districts (Belgaum, Bellary, Mysore, Shimoga) | 537 |  | 13.8 | NA | NA | NA | 12.8 | NA | 0.4 | NA | 0.9 | NA | 11.9 | NA | 36.9 | NA | 10.7 | NA |
|  |  |  | (10.4-18.0) |  |  |  | (9.7-16.7) |  | (0.1-1.5) |  | (0.3-2.3) |  | (9.2-15.2) |  | (25.5-49.8) |  | (7.6-14.7) |  |

[^12]Table H1: Demographic profile


* Chennai, Coimbatore, Dharmapuri, Madurai and Salem

Table H2: General sexual behavior

\# Based on subset of respondents applicable for that analysis
Table H3: Services received from any agency

Table H4: STI knowledge and treatment seeking behaviors

| State \& District | No. of respondents |  | Ever heard of STIs (\%) |  | Knowledge of 3 or more STI symptoms" (\%) |  | Had anyone of the symptoms last year (\%) |  | Sought trained care for most recent STI symptom (\%) |  | Took preventive measures for most recent STI symptom (\%) |  | $\begin{aligned} & \text { Had any of three } \\ & \text { symptoms (Current) } \\ & (\%) \end{aligned}$ |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | R1 | RII | R1 | Rll | R1 | RIl | R1 | RII | R1 | RII | R1 | RIl | R1 | RII |
| TN 5 districts Aravani | 404 | 403 | 89 | 95.9 | 80 | 88.3 | 2 | 5 | 68 | 100 | 41 | 46.1 | 2 | 4.3 |
|  |  |  | (83,6-99.2) | (92.1.97.9) | (72.3-86.4) | (83.1.92.1) | (1.15.5.5) | (2.59.7) | (19.8.95.0) |  | (17.0-70.9) | (18.17769) | (0.5-4.9) | (1.9.9.5) |

[^13]Table H5: HIV/AIDS awareness and knowledge

Table H6: Sexual history and condom use with main regular partners and paying male partners

\# Based on subset of respondents applicable for that analysis
Main regular Sexual partner: Spouse/lover/boyfriend/Hijra
Paying male partners-Commercial male partners who paid
Paying male partners-Commercial male partners who paid respondent to have sex with him
Table H7: Condom use with paid male/hijra partner and other non-commercial male partners

"Based on subset of respondents applicable for that analysis
Paid male/Hijra partners- Male/Hijras to whom the respondent had paid to have anal intercourse with them
Table H8: Prevalence of HIV and STIs

| State \& District | No. of respondents |  | HIV (\%) |  | HSV 2 Antibody* (\%) |  | Reactive syphillis serology (\%)** |  | N. gonorrhea (\%) |  | C. trachomatis (\%) |  | Have any STI (\%) ${ }^{\text {**** }}$ |  | HIV among any STI positive (\%) | HIV among any STI negative (\%) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | RI | RII | RI | RII | RI | RII | RI | RII | R | RII | RI | RII | R | RII | RI | RI |
| TN 5 districts Aravani | 404 | 403 | 12 | 9.8 | 46.2 | 42.9 | 16.6 | 4.2 | $\bigcirc$ | $\bigcirc$ | 0 | $\bigcirc$ | 16.6 | 4.2 | 30.9 | 8.3 |
|  |  |  | (7.8-18.0) | (6.3-15.1) | (38.4-54.2) | (29.5-56.2) | (11.5-23.4) | (2.5-7.1) | (0.0-0.8) |  | (0.0-0.8) |  | (11.5-23.4) | (2.5-7.1) | (14.7-53.6) | (5.1-13.0) |

* Un-weighted estimates based on a random sample of $10 \%$ of sera specimens selected for HSV-2 testing
*** RPR positive (any titre) and TPHA positive
*** Positive for reactive syphilis serology, N. gonorrhoeae or C.trachomatis (one or more)


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| State \& District | No. of respondents |  | Age (years) (\%) |  |  |  |  |  | Can read and write <br> (\%) |  | Ever married <br> (\%) |  | Unemployed <br> (\%) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | $<20$ |  | 20-30 |  | Above 30 |  |  |  |  |  |  |  |
|  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Maharashtra |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mumbai-Thane | 376 | 327 | 2 | 3 | 43 | 47 | 55 | 50 | 38 | 55 | 42 | 44 | 22 | 6 |
|  |  |  | (0.9-3.0) | (1.4-4.4) | (37.8-51.2) | (40.4-52.9) | (47.0-60.4) | (44.2-56.7) | (32.3-44.5) | (48.2-60.3) | (34.9-49.2) | (36.9-50.5) | (16.6-31.1) | (2.5-8.0) |
| Manipur |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bishnupur | 420 | 410 | 9 | 2.5 | 68 | 67 | 23 | 31 | 96 | 94 | 30 | 39 | 41 | 26 |
|  |  |  | (5.6-12.2) | (0.5-4.8) | (62.8-73.2) | (62.1-7.9) | (18.3-28.3) | (25.7-35.6) | (93.5-97.8) | (91.8-96.2 | (24.9-35.2) | (33.5-44.6) | (36.1-46.3) | (21.3-30.7) |
| Churachandpur | 419 | 411 | 5 | 1.6 | 75 | 58 | 20 | 41 | 92 | 96 | 31 | 56 | 38 | 56 |
|  |  |  | (2.9-7.1) | (0.4-2.9) | (70.2-78.8) | (52.3-62.5) | (16.5-24.5) | (36.0-46.2) | (87.9-94.1) | (94.1-98.0) | (26.2-36.1) | (50.7-61.4) | (33.8-44.4) | (50.8-60.8) |
| Nagaland |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Phek | 440 | 418 | 26 | 16 | 70 | 75 | 3 | 10 | 91 | 95 | 12 | 22 | 48 | 24 |
|  |  |  | (21.2-31.5) | (11.6-19.9) | (64.9-75.2) | (70.0-79.0) | (1.8-5.7) | (7.1-12.7) | (88.8-93.9) | (92.3-96.5) | (8.5-15.3) | (17.9-26.9) | (42.8-52.4) | (19.5-28.9) |
| Wokha | 420 | 411 | 13 | 6 | 74 | 63 | 13 | 31 | 80 | 86 | 26 | 43 | 63 | 64 |
|  |  |  | (8.7-17.3) | (3.4-9.1) | (69.3-79.3) | (57.3-67.6) | (9.3-16.5) | (26.8-36.1) | (75.4-84.5) | (83.00-89.3) | (21.5-30.4) | (38.3-48.0) | (60.9-70.5) | (59.8-70.0) |

Table D2: Age at starting first drug use

| State \& District | No. of respondents |  | Age at starting first drug use (years) (\%) |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | 20 or below |  | 21-25 |  | 26-30 |  | 31-35 |  | 36 and above |  |
|  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Maharashtra |  |  |  |  |  |  |  |  |  |  |  |  |
| Mumbai-Thane | 376 | 327 | 55 | 43 | 19 | 21 | 10 | 19 | 9 | 9 | 6 | 8 |
|  |  |  | (47.6-61.6) | (37.5-48.9) | (14.3-25.5) | (17.0-25.8) | (7.0-14.6) | (14.2-25) | (4.2-14.0) | (5.7-1.8) | (2.3-10.8) | (4.1-1.5) |
| Manipur |  |  |  |  |  |  |  |  |  |  |  |  |
| Bishnupur | 420 | 410 | 62 | 53 | 23 | 30 | 10 | 12 | 3 | 2 | 1 | 1.7 |
|  |  |  | (57.2-66.8) | (47.6-58.9) | (19.3-27.0) | (25.4-35.0) | (7.5-13.1) | (8.5-15.1) | (1.1-5.3) | (1.0-3.8) | (0.5-2.4) | (0.7-2.4) |
| Churachandpur | 419 | 411 | 57 | 46 | 32 | 29 | 9 | 14 | 2 | 5 |  | 0.9 |
|  |  |  | (51.1-62.6) | (41.4-50.7) | (27.1-37.9) | (24.5-34.1) | (5.6-1ו.7) | (10.2-17.7) | (0.6-3.7) | (2.4-7.0) |  | (0.0-2.0) |
| Nagaland |  |  |  |  |  |  |  |  |  |  |  |  |
| Phek | 440 | 418 | 85 | 60 | 10 | 25 | 3 | 7 | 0.2 | 1.7 | 1 | 0.3 |
|  |  |  | (80.5-87.7) | (54.7-65.0) | (8.0-13.6) | (20.9-29.3) | (1.4-5.5) | (5.2-10.10 | (0.0-0.6) | (0.8-2.6) | (0.4-2.9) | (0.0-0.7) |
| Wokha | 420 | 411 | 86 | 49 | 13 | 31 | 1 | 13 | 0.1 | 5 |  | 1.4 |
|  |  |  | (81.7-88.4) | (44.4-53.4) | (10.2-16.7) | (26.2-35.2) | (0.4-1.9) | (9.6-16.5) | (0.1-0.4) | (2.9-7.1) |  | (0.3-2.7) |

Table D3: Age at starting first injection use

| State \& District | No. of respondents |  | Age at starting first injection (years) (\%) |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | 16 or below |  | 17-18 |  | 19-21 |  | 22.25 |  | 26 and above |  |
|  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Maharashtra |  |  |  |  |  |  |  |  |  |  |  |  |
| Mumbai-Thane | 376 | 327 | 5 | 7 | 5 | 4 | 12 | 14 | 18 | 24 | 61 | 50 |
|  |  |  | (1.7-6.2) | (4.1-10.5) | (2.4-7.2) | (2.7-7.1) | (8.4-16.7) | (10.3-18.4) | (12.7-22.7) | (19.0-28.9) | (54.5-68.1) | (44.0-56.6) |
| Manipur |  |  |  |  |  |  |  |  |  |  |  |  |
| Bishnupur | 420 | 410 | 6 | 5 | 16 | 11 | 30 | 34 | 23 | 29 | 25 | 21 |
|  |  |  | (3.8-9.3) | (3.5-7.5) | (11.8-19.6) | (7.6-14.4) | (26.0-35.0) | (29.6-40.0) | (19.2-27.4) | (24.0-33.3) | (19.9-29.3) | (16.3-24.2) |
| Churachandpur | 419 | 411 | 9 | 11.7 | 18 | 8.7 | 29 | 22.4 | 27 | 30.7 | 17 | 26 |
|  |  |  | (6.5-12.1) | (8.5-14.8) | (13.8-1.2) | (5.9-11.7) | (23.9-33.9) | (17.8-26.4) | (22.5-32.8) | (26.1-35.5) | (13.3-22.1) | (21.8-31.1) |
| Nagaland |  |  |  |  |  |  |  |  |  |  |  |  |
| Phek | 440 | 418 | 15 | 7 | 33 | 21 | 33 | 34 | 11 | 23 | 8 | 13 |
|  |  |  | (12.0-18.8) | (4.4-9.5) | (27.6-37.0) | (17.1-25.5) | (28.5-38.1) | (29.1-39.2) | (8.3-3.9) | (18.9-27.8) | (5.3-11.5) | (10.0-16.0) |
| Wokha | 420 | 411 | 8 | 1.2 | 22 | 6 | 29 | 16 | 28 | 34 | 13 | 42 |
|  |  |  | (5.6-10.9) | (0.3-2.0) | (17.3-26.9) | (3.6-9.0) | (24.1-32.8) | (12.5-20.1) | (23.8-32.8) | (29.7-39.4) | (10.2-16.5) | (36.7-47.3) |

Table D4: Duration between first drug use and first injecting drug use

| State \& District | No. of respondents |  | Duration (months) (\%) |  |  |  |  |  |  |  |  |  | Started with <br> injecting <br> $(\%)$ <br> R II |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | 12 or below |  | 13-24 |  | 25-36 |  | 37-48 |  | 49 or above |  |  |
|  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |  |
| Maharashtra |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mumbai-Thane | 376 | 327 | 13 | 20 | 12 | 14 | 6 | 11 | 6 | 9 | 62 | 39 | $\bigcirc$ |
|  |  |  | (9.1-18.0) | (15.0-24.3) | (7.2-17.0) | (10.7-17.8) | (3.7-8.4) | (7.3-14.7) | (2.3-8.5) | (5.6-13.5) | (55.5-70.3) | (32.9-45.7) | - |
| Manipur |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bishnupur | 420 | 410 | 58 | 47 | 14 | 12 | 6 | 8 | 6 | 4 | 17 | 6 | 24 |
|  |  |  | (52.7-62.7) | (41.7-52.3) | (10.1-17.5) | (9.1-175.6) | (3.8-7.8) | (4.8-11.6) | (3.4-8.3) | (1.9-5.6) | (13.6-21.2) | (3.6-7.9) | (19.4-27.8) |
| Churachandpur | 419 | 411 | 66 | 27 | 14 | 16 | 4 | 9 | 4 | 6 | 12 | 11 | 31 |
|  |  |  | (60.5-70.3) | (22.5-30.6) | (10.3-17.0) | (11.5-19.7) | (2.8-5.4) | (6.9-11.8) | (2.5-6.4) | (4.0-9.3) | (8.6-16.4) | (8.5-15.3) | (25.6-35.5) |
| Nagaland |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Phek | 440 | 418 | 56 | 52 | 10 | 21 | 12 | 5 | 8 | 1.4 | 14 | 9 | 11 |
|  |  |  | (50.7-62.2) | (46.9-57.1) | (6.9-12.5) | (16.8-25.9) | (9.4-15.5) | (3.3-7.9) | (5.8-10.9) | (0.6-2.6) | (10.5-16.9) | (5.9-12.8) | (7.9-33.6) |
| Wokha | 420 | 411 | 16 | 20 | 14 | 16 | 16 | 12 | 13 | 14 | 40 | 38 | $\bigcirc$ |
|  |  |  | (12.5-19.4) | (15.7-24.5) | (11.2-18.0) | (12.7-20.1) | (12.4-20.1) | (8.9-14.8) | (9.9-17.0) | (10.0-17.0) | (35.0-45-3) | (33.6-43.3) | - |

Table D5: Most commonly injected drugs and place of injection

| State \& District | No. ofrespondents |  | Most common injecting drugs (\%) |  |  |  |  |  |  |  |  | Most common place of injection |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Heroin |  | Spasmo-proxivon |  | Nitrazipum/ Diazepum |  | Fortwin \& Morphine |  | Other | Respondent's house |  | Injecting partner'shouse |  | Dealers' house |  | Open space |  |
|  | RI | RII | RI | RII | RI | RII | R1 | RII | RI | RII | RII | RI | Rll | RI | RII | R1 | all | RI | RII |
| Maharashtra |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mumbai-Thane | 376 | 327 | 99 | 80 | $\bigcirc$ | $\bigcirc$ | 6 | 1 | 3 | $\bigcirc$ | - | 5 | 7 | 4 | $\bigcirc$ | 2 | 2 | 95 | 91 |
|  |  |  | (98.6-99.8) | (74.9.-86.5) | (0.0-0.8) | (0.0-0.4) | (3.7.8.0) | (0.0-0.9) | (2.0-5.0) | (0.0.0.4) |  | (2.1.7.1) | (2.0-17.1) | (0.9.7.4) | (0.0.0.0) | (0.5-4.4) | (0.6-3.1) | (92.2-97.9) | (81.095.9) |
| Manipur |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bishnupur | 420 | 410 | 75 | 93 | 54 | 8 | 5 | - | 6 | - | - | 48 | 20 | 23 | 3 | 44 | 41 | 31 | 36 |
|  |  |  | (69.5.-8. 4) | (89.4.99.3) | (46.7.60.0) | (4.7-10.6) | (2.9.6.8) |  | (4.2.8.8) |  |  | (42.3.53.0) | (16.5-25.2) | (19.0.28.2) | (1.6-4.6) | (39.6.50.9) | (35.3-4.5.5) | (25.0-35.9) | (30.0-40.9) |
| Churachandpur | 419 | 411 | 98 | 98 | 66 | 1.9 | 14 | - | 14 | - | - | 60 | 53 | 8 | 2 | 80 | 9 | 4 | 36 |
|  |  |  | (96.5-99.4) | (97.9-100.0) | (60.8-7.4) | (0.0.2.1) | (10.6-18.1) |  | (10.8.17.2) |  |  | (54.7-65.4) | ) (4.6.8.58.10 | (5.4-10.9) | (0.7-4.2) | (74.3-8.5.2) | ( (6.9-12.5) | (2.1-6.2) | (30.4-40.9) |
| Nagaland |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Phek | 440 | 418 | 9 | 0.4 | 100 | 97 | 13 | 0.3 | 3 | 0.2 | 2.6 | 76 | 49 | 34 | 28 | 1 | 0.4 | 24 | 23 |
|  |  |  | (6.7-71.5) | (0.0-0.6) | (99.5-100.0) | (95.4-98.5) | (9.8-16.1) | (0.0.0.5) | (1.2-3.2) | (0.0-0.4) | (1.0-4.0) | (72.0-8.7) | ) (43.8.53.8) | (28.8.38.6) | (22.6-30.7) | (0.0-1.3) | (0.0.0.8) | (18.8-27.2) | (19.7-28.6) |
| Wokha | 420 | 411 | 1 | 0.8 | 99 | 92 | 6 | 1.6 | 1 | - | 5 | 82 | 54 | 48 | 14 | 8 | 0.2 | 6 | 32 |
|  |  |  | (0.2-2.2) | (0.0-1.8) | (98.1-99.9) | (89,1-95.3) | (3.5-7.8) | (0.0.3.6) | (0.3-2.8) |  | (2.9.8.0) | (78.5.86.3) | (48.3.5.9.9) | (42.6.52.2) | (10.3-17.7) | (5.7-10.9) | (0.0.0.4) | (4.19.3) | (27.1.37.9) |

Table D6: Frequency of injecting drugs

| State \& District | No. of respondents |  | Frequency of injecting (\%) |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Less than once a month |  | At least once monthly |  | At least once weekly |  | At least once daily |  |
|  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Maharashtra |  |  |  |  |  |  |  |  |  |  |
| Mumbai-Thane | 376 | 327 | 5 | 14 | 10 | 20 | 22 | 18 | 62 | 48 |
|  |  |  | (2.0-12.0) | (9.2-18.2) | (7.1-15.6) | (15.0-26.3) | (13.2-24.6) | (13.6-23.3) | (55.9-7.7) | (40.9-54.0) |
| Manipur |  |  |  |  |  |  |  |  |  |  |
| Bishnupur | 420 | 410 | 31 | 24 | 31 | 26 | 7 | 29 | 31 | 22 |
|  |  |  | (25.9-36.1) | (18.2-28.1) | (26.2-35.9) | (21.2-31.5) | (5.0-9.4) | (24.1-33.3) | (25.8-36.4) | (17.3-27) |
| Churachandpur | 419 | 411 | 6 | 0.7 | 10 | 3 | 8 | 10 | 76 | 86 |
|  |  |  | (2.5-9.7) | (0.2-1.3) | (7.0-13.7) | (1.5-4.6) | (5.0-11.6) | (6.9-13.4) | (70.5-80.8) | (82.6-89.9) |
| Nagaland |  |  |  |  |  |  |  |  |  |  |
| Phek | 440 | 418 | 22 | 12 | 29 | 19 | 12 | 52 | 37 | 17 |
|  |  |  | (17.9-26.6) | (8.3-15.3) | (23.5-32.7) | (14.8-23.2) | (8.6-14.7) | (46.7-57.3) | (31.1-44.7) | (12.4-21.8) |
| Wokha | 420 | 411 | 6 | 13 | 6 | 37 | 45 | 23 | 43 | 25.6 |
|  |  |  | (4.2-8.7) | (9.8-16.7) | (4.1-8.3) | (30.7-42.6) | (39.4-49.8) | (19.1-27.4) | (37.8-47.7) | (20.3-30.9) |

Table D7: Injection practices at last injecting incident

| State \& District | No. of respondents |  | Injection practice |  |  |  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Used of pre-filled syringe |  | Used a common container |  | Passed needle/ syringe to others after injection |  | Injected with needle/ syringe after others injected with it |  | Injected with needle/ syringe exclusively used by respondent) |  | Injected with fresh brand new needle |  | Shared other injecting equipments |  |
|  |  |  | (\%) |  | (\%) |  | (\%) |  | (\%) |  | (\%) |  | (\%) |  | (\%) |  |
|  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Maharashtra |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mumbai-Thane | 376 | 327 | 2 | 8 | 54 | 93 | 24 | 18 | 16 | 14 | 33 | 46 | 50 | 51 | 40 | 68 |
|  |  |  | (0.8-2.8) | (5.1-10.9) | (45.1-59.8) | (89.7-95.8) | (18.1-29.0) | (13.4-23.2) | (11.3-20.1) | (9.7-18.5) | (26.7-38.4) | (40.7-53.2) | (45.8-58.8) | (44.2-58.4) | (33.3-46.7) | (61.8-74.2) |
| Manipur |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bishnupur | 420 | 410 | 14 | 1.7 | 41 | 24.8 | 13 | 1.9 | 7 | 4.5 | 16 | 15.2 | 78 | 80.2 | 35 | 12.7 |
|  |  |  | (11.2-17.6) | (0.6-2.9) | (36.5-46.7) | (20.3-29.5) | (9.8-15.8) | (0.8-3.3) | (4.7-9.3) | (2.3-7.2) | (12.8-19.2) | (11.7-18.9) | (73.8-81.2) | (76.0-84.4) | (30.3-39.1) | (9.7-715.7) |
| Churachandpur | 419 | 411 | 21 | 2.9 | 51 | 32.1 | 15 | 5.3 | 15 | 3.7 | 60 | 29.8 | 43 | 65.5 | 60 | 22.6 |
|  |  |  | (16.4-26.2) | (1.2-5.5) | (45.9-56.5) | (26.9-36) | (12.1-19.1) | (2.9-7.9) | (11.1-18.3) | (1.9-5.5.6) | (55.2-65.6) | (24.9-34.8) | (38.4-49.5) | (60.4-70.3) | (55.1-66.0) | (18.5-26.8) |
| Nagaland |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Phek | 440 | 418 | 30 | 16.6 | 56 | 50.7 | 28 | 13.9 | 19 | 19.6 | 28 | 11.3 | 58 | 70 | 45 | 35 |
|  |  |  | (25.0-34.2) | (13.0-21.1) | (50.8-61.5) | (45.5-56.3) | (23.7-32.6) | (10.0-17.5) | (15.1-23.3) | (15.5-23.7) | (23.3-32.3) | (8.5-15.4) | (51.6-63.2) | (65.0-74.7) | (39.6-49.6) | (30.6-39.8) |
| Wokha | 420 | 411 | 30 | 10.3 | 57 | 33.5 | 40 | 23.2 | 20 | 15.7 | 54 | 21.3 | 30 | 64.6 | 47 | 30.5 |
|  |  |  | (25.2-34.5) | (7.7-13.6) | (5.5-63.1) | (28.8-39.4) | (34.8-44.6) | (19.3-28.1) | (15.5-24.6) | (11.9-19.6) | (47.7-60.3) | (17.2-25.7) | (24.8-35.2) | (58.8-70.0) | (41.2-51.6) | (25.8-36.0) |

Table D8: General injecting practices

| State \& District | No. of respondents |  | Never use a pre-filed syringe (\%) |  | Never use a common container (\%) |  | Never inject with a needle/syringe after others injected with it (\%) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | ${ }_{\text {R1 }}$ | RII | RI | RII | ${ }_{\text {Rl }}$ | RII | R1 | RII |
| Maharashtra |  |  |  |  |  |  |  |  |
| Mumbai-Thane | 376 | 327 | 66 | 62 | 34 | 0.7 | 49 | 50 |
|  |  |  | (61.9-74.3) | (55.0.68.0) | (26.7-41.7) | (0.0-1.0) | (42.1-56.0) | (42.-5.56.2) |
| Manipur |  |  |  |  |  |  |  |  |
| Bishnupur | 420 | 410 | 32 | 37.1 | 26 | 22.8 | 43 | 52.9 |
|  |  |  | (27.1-37.7) | (30.7-43.2) | (21.8.30.5) | (17.5-27.1) | (37.5-48.7) | (47.2.5.8.1) |
| Churachandpur | 419 | 411 | 39 | 25.7 | 5 | 13.5 | 22 | 22.5 |
|  |  |  | (34-0-4.0) | (21.2-30.0) | (2.7-9.3) | (9.9.97.2) | (16.7-26.6) | (18.1.27.2) |
| Nagaland |  |  |  |  |  |  |  |  |
| Phek | 440 | 418 | 24 | 48.2 | 9 | 14.2 | 37 | 47.9 |
|  |  |  | (19.2.-27.7) | (42.8.52.6) | (6.3-12.2) | (10.4-17.7) | (31.3-41.8) | (42.5.52.6) |
| Wokha | 420 | 411 | 17 | 61.8 | 7 | 43.7 | 20 | 51.2 |
|  |  |  | (13.0.20.9) | (57.0.66.8) | (4.6-10.0) | (38.4-4.9) | (16.5-25.0) | (46.1.56.6) |

Table D9: Treatment seeking behaviour (last year)

| State \& District | No. of respondents |  | Treatment taken for drug use (\%) |  | Treatment (\%) |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | For abscess | For overdose |  | Drug substitution |  | Counseling |  | Detox |  |
|  | RI | RII |  |  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Maharashtra |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mumbai-Thane | 376 | 327 | 23 | 18 | 7 | 9 | 6 | 4 | 4 | 10 | 18 | 14 | 15 | 2 |
|  |  |  | (18.6-28.9) | (13.4-24.0) | (4.3.-8.8) | (4.8-13.5) | (4.0.8.3) | (1.3-7.5) | (2.4-6.3) | (6.3-14.8) | (13.8-22.2) | (9.9-20.0) | (10.9-19.6) | (0.8-3.3) |
| Manipur |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bishnupur | 420 | 410 | 15 | 21 | 4 | 0.8 | 1 | 2 | 8 | 10 | 7 | 16 | 6 | 10 |
|  |  |  | (10.9-17.7) | (16.7-24.9) | (2.1-5.9) | (0.2-1.5) | (0.1-1.2) | (1.0-3.1) | (5.3-10.3) |  | (4.6-9.1) |  | (3.8-8.6) | (7.2-13.3) |
| Churachandpur | 419 | 411 | 25 | 29 | 4 | 5 | 4 | 8 | 9 | 17 | 19 | 18 | 22 | 10.3 |
|  |  |  | (20.8-30.1) | (23.3-33.4) | (1.8-6.0) | (2.5-7.4) | (1.7-5.7) | (4.9-11.4) | (5.9-12.2) | (13.1-20.8) | (14.5-22.5) | (13.8-21.6) | (17.6-26.6) | (6.9-13.4) |
| Nagaland |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Phek | 440 | 418 | 4 | 46 | 0.2 | 9 | 2 | 4 | $\bigcirc$ | 34 | 1 | 45 | 0.4 | 3 |
|  |  |  | (2.2-5.4) | 38.3-52.4) | (0.0-0.2) | (5.3-11.6) | (1.1-3.1) | (2.3-5.8) | (0.0-0.8) | (27.7-39.5) | (0.0-1.1) | (36.7-51.9) | (0.0-1.0) | (1.2-3.9) |
| Wokha | 420 | 411 | 8 | 5 | 4 | 0.5 | 2 | 0.7 | 2 | 2.3 | 3 | 3.2 | 3 | 0.7 |
|  |  |  | (5.7-10.0) | (3.3-7.2) | (2.2-5.2) | (0.0-0.6) | (1.2-3.6) | (0.0-1.6) | (1.2-3.8) | (1.1-3.5) | (1.8-4.3) | (1.7-4.9) | (2.0-5.1) | (0.0-1.1) |

Table D10: Sexual practices with female sex workers

| State \& District | No. of respondents |  | Ever had sex with a female |  | Had sex with a female last year |  | Ever had sex with FSW |  | Had sex with a FSW (last year) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | (\%) |  | (\%) |  | (\%) |  | (\%) |  |
|  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Maharashtra |  |  |  |  |  |  |  |  |  |  |
| Mumbai-Thane | 376 | 327 | 83 | 92 | 58 | 55 | 51 | 57 | 27 | 34 |
|  |  |  | (78.2-90.2) | (87.6-96.1) | (50.8-66.8) | (48.0-62.5) | (43.6-58.3) | (49.4-64.5) | (21.3-32.7) | (27.4-40.7) |
| Manipur |  |  |  |  |  |  |  |  |  |  |
| Bishnupur | 420 | 410 | 65 | 79 | 46 | 64 | 30 | 45 | 14 | 18 |
|  |  |  | (58.7-70.3) | (74.5-84.1) | (40.9-52.3) | (58.5-69.2) | (26.0-35.2) | (39.1-49.5) | (10.9-17.3) | (14.1-21.7) |
| Churachandpur | 419 | 411 | 75 | 90 | 59 | 61 | 8 | 19 | 6 | 13 |
|  |  |  | (69.6-80.3) | (86.7-93.0) | (53.8-64.8) | (55.6-66.0) | (4.8-1ו.7) | (15.5-23.4) | (2.5-8.9) | (9.6-15.7) |
| Nagaland |  |  |  |  |  |  |  |  |  |  |
| Phek | 440 | 418 | 78 | 92 | 73 | 85 | 3 | 6 | 2 | 3 |
|  |  |  | (72.4-82.7) | (88.7-99.3) | (66.6-77.4) | (81.3-88.7) | (1.8-4.3) | (3.3-8.5) | (0.8-2.9) | (1.6-4.4) |
| Wokha | 420 | 411 | 89 | 91 | 86 | 73 | 5 | 12 | 4 | 7 |
|  |  |  | (85.5-92.8) | (88.1-94.4) | (82.1-90.0) | (68.3-77.7) | (3.5-7.0) | (9.1-15.3) | (2.2-5.3) | (4.7-9.1) |

Table D11: Sexual practices with regular female partners

| State \& District | No. of respondents |  | Had non-paid regular female partner |  | Condom used with non-paid regular female partner (last time) |  | Had sex with other non-paid female partner |  | Condom used with other non-paid female partner (last time)" |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | (\%) |  | (\%) |  | (\%) |  | (\%) |  |
|  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Maharashtra |  |  |  |  |  |  |  |  |  |  |
| Mumbai-Thane | 376 | 327 | 30 | 19 | 17 | 27.5 | 5 | 8 | . | 56.2 |
|  |  |  | (24.0-36.6) | (14.9-25.1) | (3.3-26.6) | (5.6-39.3) | (2.1-6.5) | (5.6-11.6) |  |  |
| Manipur |  |  |  |  |  |  |  |  |  |  |
| Bishnupur | 420 | 410 | 35 | 49 | 29 | 45 | 6 | 8 | 70 | 74 |
|  |  |  | (29.4-40.1) | (44.0-55.1) | (13.7-41.4) | (35.6-51.8) | (3.8-8.5) | (5.8-10.7) | (64.3-92.3) | (42.9-100.0) |
| Churachandpur | 419 | 411 | 32 | 41 | 32 | $4^{2}$ | 34 | 17 | 34 | 48 |
|  |  |  | (27.3-37.3) | (36.3-46.3) | (20.2-42.9) | (36.5-58.5) | (29.3-38.8) | (13.3-21.5) | (15.7-47.2) | (16.1-66.7) |
| Nagaland |  |  |  |  |  |  |  |  |  |  |
| Phek | 440 | 418 | 57 | 83.2 | 32 | 55.3 | 51 | 50 | 67 | 81 |
|  |  |  | (50.8-62.8) | (78.9-86.4) | (26.7-38.7) | (48.2-65.5) | (45.8-56.7) | (44.7-55.8) | (60.0-76.3) | (74.2-88.2) |
| Wokha | 420 | 411 | 73 | 67 | 40 | 30 | 50 | 29 | 56 | 40.9 |
|  |  |  | (67.4-77.4) | (62.5-72.7) | (34.2-47.1) | (19.6-33.8) | (44.0-55.7) | (24.8-34.0) | (45.-4-67.4) | (26.8-64.9) |

\# Based on subset of respondents applicable for that analysis
Table D12: Sexual practices with regular male partners

Table D13: STI knowledge

| State \& District | No. of respondents |  | Ever heard of any STIs |  | Knowledge of 3 or more STI symptoms* |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | (\%) |  | (\%) |  |
|  | RI | RII | RI | RII | RI | RII |
| Maharashtra |  |  |  |  |  |  |
| Mumbai-Thane | 376 | 327 | 37 | 48 | 4 | 9 |
|  |  |  | (30.5-43.0) | (40.3-55.9) | (2.2-6.0) | (2.8-16.3) |
| Manipur |  |  |  |  |  |  |
| Bishnupur | 420 | 410 | 88 | 82 | 11 | 18 |
|  |  |  | (84.6-91.2) | (77.1-87.3) | (7.3-13.6) | (13.9-21.2) |
| Churachandpur | 419 | 411 | 75 | 70 | 19 | 47 |
|  |  |  | (69.7-79.2) | (65.1-75.7) | (12.7-24.1) | (41.0-53.5) |
| Nagaland |  |  |  |  |  |  |
| Phek | 440 | 418 | 78 | 91 | 0.7 | 32 |
|  |  |  | (73.0.82.1) | (87.6-93.0) | (0.6-3.7) | (27.8-38.0) |
| Wokha | 420 | 411 | 45 | 54 | 2 | 13 |
|  |  |  | (39.6-50.2) | (48.7-59.6) | (0.0-3.9) | (8.8-20.6) |

* Urethral discharge, burning pain on urination, genital ulcers/sores, swellings in groin area, warts around genital area and cannot retract foreskin
Table D14: Treatment seeking behaviour for most recent STI

| State \& District | No. of respondents |  | Urethral discharge, ulcer, swelling, burning pain or cannot retract foreskin (last year) (\%) |  | Sought trained care for treatment of STI(\%)* |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | RI | RII | RI | RII | RI | RII |
| Maharashtra |  |  |  |  |  |  |
| Mumbai-Thane | 376 | 327 | 22 | 12 | 7 | 5 |
|  |  |  | (16.0-27.0) | (8.7-18.5) | (4.5-9.3) | (2.5-11.0) |
| Manipur |  |  |  |  |  |  |
| Bishnupur | 420 | 410 | 30 | 4 | 32 | 79 |
|  |  |  | (25.9-34.3) | (2.7-6.4) | (17.9-47.2) | (66.7-100.0) |
| Churachandpur | 419 | 411 | 7 | 7 | 50 | 45 |
|  |  |  | (3.9-10.8) | (4.1-17.2) | (0.0-87.5) | - |
| Nagaland |  |  |  |  |  |  |
| Phek | 440 | 418 | 12 | 5 | 30 | - |
|  |  |  | (8.5-14.7) | (2.7-7.2) | (16.2-47.1) |  |
| Wokha | 420 | 411 | 9 | - | 41 | - |
|  |  |  | (6.8-12.3) |  | (0.0-86.1) |  |

[^14]Table D15: HIV awareness and knowledge

| State \& District | No. of respondents |  | Ever heard of HIV/AIDS (\%) |  | Feel at risk of being infected with HIV/ AIDS* (\%) |  | Ever undergone HIV test* (\%) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | RI | RII | RI | RII | RI | RII | RI | RII |
| Maharashtra |  |  |  |  |  |  |  |  |
| Mumbai-Thane | 376 | 327 | 87 | 70 | ${ }^{21}$ | 46.5 | 15 | 41.6 |
|  |  |  | (80.4-93.1) | (62.5-75.8) | (15.8-24.6) | (38.9-53.0) | (10.3-18.6) | (34.7-48.6) |
| Manipur |  |  |  |  |  |  |  |  |
| Bishnupur | 420 | 410 | 100 | 88 | 41 | 46 | 18 | 42 |
|  |  |  | (98.9-100) | (84.3-91.5) | (35.7-45.9) | (40.6-51.1) | (13.8-22.1) | (36.5-47.7) |
| Churachandpur | 419 | 411 | 100 | 97 | 40 | 64 | 26 | 54 |
|  |  |  | (99.2-100) | (94.2-9.9.1) | (35.3-46.2) | (58.7-68.6) | (21.1-30.5) | (48.4-59.0) |
| Nagaland |  |  |  |  |  |  |  |  |
| Phek | 440 | 418 | 96 | 96 | 23 | 41 | 6 | 36 |
|  |  |  | (93.5-98.7) | (93.7-97.7) | (18.0-26.5) | (35.1-45.6) | (3.5-8.1) | (30.9-41.0) |
| Wokha | 420 | 411 | 89 | 56 | 20 | 33 | 8 | 10 |
|  |  |  | (84.7-92.5) | (50.6-61.3) | (16.6-24.6) | (27.1-37.7) | (5.4-10.8) | (7.5-13.6) |

\# Based on subset of respondents applicable for that analysis
Table D16: Services received from any agency

| State \& District | No. of respondents |  | Contacted by Peer/ORW (\%)* |  | Given information on STI/ HIV/AIDS (\%)* |  | Visited the NGO clinic (\%)" |  | Received condoms (\%)* |  | Received needles/syringes (\%)* |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | RI | RII | RI | RII | RI | RII | RI | RII | RI | R II | RI | RII |
| Maharashtra |  |  |  |  |  |  |  |  |  |  |  |  |
| Mumbai-Thane | 376 | 327 | 36 | 50.3 | 35 | 53 | NA | NA | 20 | 11 | 54 | 60 |
|  |  |  | (28.7-41.7) | (43.5-56.7) | (27.7-41.6) | (44.7-59.0) |  |  | (14.3-24.1) | (6.9-97.3) | (43.8-59.9) | (52.2-66.8) |
| Manipur |  |  |  |  |  |  |  |  |  |  |  |  |
| Bishnupur | 420 | 410 | 56 | 58 | 48 | 50 | 45 | 48 | 41 | 53 | 52 | 64 |
|  |  |  | (51.6-63.3) | (52.5-64.6) | (43.1-54.2) | (42.7-55.4) | (38.8-52.3) | (42.1-53.5) | (33.5-45.3) | (46.8-58.4) | (44.5-58.7) | (57.8-69.7) |
| Churachandpur | 419 | 411 | 52 | 51 | 37 | 64 | 69 | 91 | 48 | 67 | 88 | 96 |
|  |  |  | (45.7-56.9) | (46.3-56.6) | (29.6-42.2) | (58.9-68.9) | (62.6-74.4) | (88.3-93.3) | (42.4-54.5) | (62.2-72.2) | (83.4-93.1) | (92.6-98.0) |
| Nagaland |  |  |  |  |  |  |  |  |  |  |  |  |
| Phek | 440 | 418 | 49 | 80 | 46 | 79 | 48 | 86 | 47 | 78 | 34 | 80 |
|  |  |  | (39.9-56.6) | (75.1-84.5) | (40.8-55.9) | (74.6-83.6) | (37.4-52.8) | (82.1-89.4) | (36.9-54.0) | (73.5-82.8) | (24.5-39.2) | (74.9-84.9) |
| Wokha | 420 | 411 | 30 | 17 | 22 | 13 | 27 | 12 | 32 | 17 | 30 | 15 |
|  |  |  | (23.9-34.3) | (12.9-20.9) | (17.1-27.0) | (10.3-17.4) | (21.5-32.3) | (9.1-1-5.7) | (25.4-35.6) | (13.2-21.5) | (24.4-34.9) | (12.4-19.3) |

\# Based on subset of respondents applicable for that analysis
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| State \& District | No. of respondents |  | HIV (\%) |  | HSV-2 antibody ${ }^{\text {a }}$ (\%) |  | Reactive syphilis serology ${ }^{\text {win }}$ (\%) |  | N. gonorrhoeae (\%) |  | C. trachomatis (\%) |  | Hepatitis B (\%) |  | Hepatitis C (\%) |  | Any STI ${ }^{\text {asam }}$ (\%) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Maharashtra |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mumbai-Thane | 376 | 327 | 16.5 | 14.8 | 28.8 | 35.3 | 4.9 | 8.3 | - | $\bigcirc$ | 0.7 | 0.8 | 10.8 | 8.3 | 52.9 | 51.7 | 5.4 | 8.7 |
|  |  |  | (11.3-19.9) | (11.0-20.8) | (12.0-74.5) | (18.4-52.2) | (2.5-8.1) | (4.2-12.9) |  |  | (0.1-1.4) | (0.0-1.2) | (7.4-15.5) | (5.8-15.6) | (46.5-61.0) | (43.5-58.5) | (3.0-8.6) | (4.7-13.1) |
| Manipur |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bishnupur | 420 | 410 | 23.1 | 16.2 | 2 | 14.9 | 5.7 | 4.1 | 0.3 | - | 1.7 | 1 | 6.3 | 9.7 | 55.9 | 45.7 | 7.4 | 5.1 |
|  |  |  | (18.0-27.8) | (12.4-19.9) | (0.0-5.9) | (4.3-25.4) | (3.5-8.0) | (2.4-5.9) | (0.0-0.5) |  | (0.9-2.8) | (0.1-2.2) | (4.5-8.4) | (6.7-13.9) | (50.2-61.8) | (40.2-52.2) | (5.1-10.0) | (3.1-7.1) |
| Churachandpur | 419 | 411 | 32.2 | 39.9 | 21.6 | 17.8 | 0.9 | 2.7 | 0 | 0.7 | 2.1 | 1.9 | 5.8 | 11.6 | 77.6 | 92.2 | 3 | 4.9 |
|  |  |  | (27.4-37.4) | (35.3-45.6) | (7.7-35.5) | (6.1-29.3) | (0.3-1.5) | (1.3-4.2) | (0.0-0.8) | (0.0-0.1) | (0.9-3.4) | (0.7-3.4) | (2.8-9.2) | 8.6-14.7) | (73.7-83.0) | (89.8-94.8) | (1.6-4.5) | (3.0-7.2) |
| Nagaland |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Phek | 440 | 418 | 1.1 | 1 | 14.5 | 8.5 | 7.4 | 13.9 | 0.6 | 2 | 11.4 | 12.5 | 4.8 | 7.5 | 5.4 | 8.7 | 18.4 | 26 |
|  |  |  | (0.0-2.6) | (0.3-1.9) | (4.9-24.1)) | (0.2-16.77) | (5.4-9.9) | (10.0-18.7) | (0.0-0.8) | (0.7-3.5) | (8.2-74.9) | (9.1-15.7) | (2.9-6.9) | (4.7-10.10 | (3.0-7.4) | (5.6-11.8) | (14.7-22.5) | (21.3-30.9) |
| Wokha | 420 | 411 | 1.8 | 2.1 | 21.1 | 11.1 | 19.5 | 16.6 | 1.6 | 1.3 | 11 | 5.6 | 6.8 | 8.6 | 16.7 | 20.8 | 29.7 | 22.5 |
|  |  |  | (0.6-3.4) | (0.06-4.0) | (7.4-34.6) | (1.5-20.6) | (15.4-23.6) | (13.0-20.0) | (0.3-3.0) | (0.2-3.1) | (7.6-13.5) | (3.4-7.9) | (4.9.9.2) | (6.1-1.1) | (12.6-20.8) | (16.8-25.0) | (24.9-34.2) | (18.4-26.3) |

* Un-weighted estimates based on a random sample of $10 \%$ of sera specimens selected for HSV-2 testing ** RPR positive (any titre) and TPHA positive

[^15]Table C1: Demographic profile of clients of sex workers

| State \& District | No. of respondents |  | Mean age (years) |  | Can read and write |  | Ever married |  | Living with sex partner |  | Mean age when started having paid sex |  | Circumcised |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | (\%) | (\%) |  | (\%) |  | (\%) |  | (\%) |  |
|  | RI | RII |  |  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Andhra Pradesh |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| East Godavari | 409 | 401 | 30 | 30 | 58 | 65 | 72 | 72 | 96 | 64 | 20 | 20 | 5 | 14 |
|  |  |  | (29.2-30.8) | (28.9-31.0) | (50.6-65.7) | (58.5-70.6) | (63.2-79.4) | (63.6-78.4) | (9.9-97.6) | (56.4-70.9) | (20.0-20.6) | (19.7-20.9) | (2.6-8.5) | (10.2-19.1) |
| Guntur | 401 | 406 | 31 | 31 | 63 | 70 | 78 | 74 | 89 | 70 | 19 | 22 | 22 | 23 |
|  |  |  | (30.4-32.1) | (29.4-32.0) | (56.4-69.5) | (61.3-77.7) | (72.2-83.1) | (68.4-80.3) | (82.4-93.7) | (62.1-76.7) | (19.0-20.1) | (21.2-23.3) | (17.1-28.5) | (14.8-33.8) |
| Hyderabad | 406 | 400 | 31 | 29 | 80 | 89 | 68 | 67 | 91 | 62 | 20 | 22 | 11 | 10 |
|  |  |  | (29.7-31.3) | (27.3-29.9) | (70.4-87.3) | (78.1-94.7) | (59.5-76.4) | (46.6-83.1) | (83.1-95.2) | (40.0-80.5) | (19.7-20.1) | (20.8-23.2) | (6.7-18.6) | (5.0-19.4) |
| Visakhapatnam | 402 | 406 | 28 | 30 | 79 | 78 | 62 | 63 | 94 | 57 | 19 | 22 | 22 | 6 |
|  |  |  | (27.4-28.6) | (29.0-31.6) | (72.9-83.5) | (70.5-83.3) | (53.8-69.7) | (53.6-7.7.7) | (88.6-96.7) | (48.7-65.5) | (19.2-19.7) | (21.4-22.6) | (17.8-27.1) | (3.6-10.2 |
| Warangal | 402 | 403 | 30 | 29 | 88 | 95 | 74 | 60 | 96 | 43 | 19 | 23 | 16 | 12 |
|  |  |  | (28.8-30.5) | (27.6-30.3) | (81.8-92.8) | (9.4-97.0) | (61.9-83.5) | (50.8-67.8) | (88.6-98.8) | (32.7-54.5) | (19.2-19.7) | (21.7-24.3) | (10.0-24.6) | (7.6-18.3) |
| Maharashtra |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mumbai | 394 | 371 | 30 | 31 | 85 | 57 | 47 | 63 | 57 | 49 | 19 | 22 | 37 | 53 |
|  |  |  | (28.8-30.4) | (29.09-32.5) | (80.4-88.9) | (46.9-67.1) | (40.4-54.1) | (53.3-72.1) | (48.5-65.1) | (38.9-59.4) | (19.0-19.7) | (21.0-22.7) | (30.1-44.9) | (42.9-62.1) |
| Parbhani | 404 | 395 | 27 | 29 | 69 | 87 | 54 | 65 | 92 | 62 | 20 | 20 | 21 | 22 |
|  |  |  | (26.4-27.8) | (27.2-29.6) | (63.0-74.2) | (81.3-91.4) | (47.1-60.7) | (55.1-73.4) | (86.1-94.9) | (51.9-70.4) | (19.7-20.4) | (19.3-20.6) | (15.9-27.0) | (15.7-30.8) |
| Pune | 401 | 404 | 28 | 28 | 87 | 85 | 49 | 60 | 89 | 51 | 22 | 21 | 9 | 13 |
|  |  |  | (27.2-28.8) | (27.2-29.1) | (82.0-91.2) | (80.0-89.4) | (42.6-55.3) | (51.0-67.9) | (82.3-92.9) | (41.7-60.1) | (21.2-22.1) | (20.0-21.1) | (5.5-13.3) | (8.4-20.2) |
| Yevatmal | 399 | 400 | 29 | 30 | 81 | 83 | 61 | 67 | 90 | 63 | 21 | 22 | 26 | 21 |
|  |  |  | (28.4-29.9) | (28.8-30.8) | (75.4-85.7) | (77.2-87.5) | (54.1-67.0) | (58.8-74.7) | (84.1-93.4) | (54.5-71.4) | (21.0-21.8) | (20.8-22.2) | (21.0-32.7) | (14.4-28.6) |
| Tamil Nadu |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Chennai | 406 | 408 | 32 | 32 | 64 | 95 | 65 | 74 | 86 | 73 | 22 | 22 | 4 | 4 |
|  |  |  | (31.6-33.3) | (30.6-34.3) | (57.2-70.7) | (86.1-97.9) | (58.8-71.2) | (64.1-81.3) | (80.6-90.2) | (63.9-81.2) | (21.6-22.5) | (21.1-22.1) | (2.0-6.7) | (2.1-5.7) |
| Madurai | 401 | 402 | 28 | 32 | 81 | 90 | 50 | 66 | 98 | 65 | 21 | 22 | 6 | 6 |
|  |  |  | (27.7-29.4) | (30.4-33.9 | (75.2-85.4) | (84.2-94.0) | (43.3-56.5) | (55.1-74.7) | (94.7-99.2) | (54.8-74.4) | (21.0-21.7) | (21.5-23.2) | (4.0-8.7) | (3.6-9.2) |
| Salem | 396 | 407 | 32 | 28 | 78 | 89 | 62 | 52 | 85 | 50 | 23 | 21 | 8 | 3 |
|  |  |  | (31.4-32.9) | (26.7-28.9) | (72.0.82.7) | (83.0-93.2) | (54.0-68.5) | (41.5-61.8) | (78.5-89.8) | (39.9-60.2) | (22.4-23.3) | (20.6-21.7) | (5.2-11.9) | (1.8-6.4) |

Table C1: Demographic profile of clients of sex workers

| State \& District | No. of respondents |  | Mean age (years) |  | Can read and write |  | Ever married |  | Living with sex partner |  | Mean age when started having paid sex |  | Circumcised |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | (\%) | (\%) |  | (\%) |  | (\%) |  | (\%) |  |
|  | RI | RII |  |  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Karnataka |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bangalore | 678 | NA | 31 | NA | 81 | NA | 61 | NA | 14 | NA | 22 | NA | 13 | NA |
|  |  |  | (30.5-31.8) |  | (75.2-85.1) |  | (55.2-65.5) |  | (9.5-18.8) |  | (21.7-22.4) |  | (8.8-18.4) |  |
| Belgaum | 407 | NA | 30 | NA | 76 | NA | 60 | NA | 18 | NA | 21 | NA | 13 | NA |
|  |  |  | (28.7-30.3) |  | (70.5-80.3) |  | (54.5-66.0) |  | (12.0-26.4) |  | (20.7-21.4) |  | (9.3-77.4) |  |
| Bellary | 422 | NA | 29 | NA | 69 | NA | 65 | NA | 14 | NA | 20 | NA | 12 | NA |
|  |  |  | (27.8-29.4) |  | (63.1-75.2) |  | (57.3-71.7) |  | (7.1-25.3) |  | (19.9-20.4) |  | (8.2-17.3) |  |
| Shimoga | 426 | NA | 32 | NA | 76 | NA | 61 | NA | 15 | NA | 22 | NA | 11 | NA |
|  |  |  | (30.8-32.5) |  | (69.9-81.0) |  | (53.7-67.2) |  | (10.1-20.6) |  | (21.4-22.2) |  | (7.6-15.3) |  |

NA-Not available
Table C2: Exposure to services provided by any agency

| State \& District | No. of respondents |  | Heard/seen/read advertisement on condoms (last 6 months) |  | Heard/seen/read advertisement on STI (last 6 months) |  | Heard/seen/read advertisement on Key Clinic* (last 6 months) |  | Ever visited Key Clinic for STI treatment |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | (\%) |  | (\%) |  | (\%) |  | (\%) |  |
|  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Andhra Pradesh |  |  |  |  |  |  |  |  |  |  |
| East Godavari | 409 | 401 | 100 | 90 | 95 | 59 | 34 | 16 | 2 | 4.4 |
|  |  |  | (98.9-100) | (85.4-92.5) | (9.9-97.4) | (52.7-64.1) | (25.7-42.9) | (11.1-21.9) | (0.5-4.5) | (2.1-9.0) |
| Guntur | 401 | 406 | 100 | 84 | 98 | 68 | 75 | 11 | 2 | - |
|  |  |  | (98.4-100) | (75.2-90.6) | (94.6-98.9) | (57.8-76.4) | (69.1-80.3) | (6.9-18.3) | (0.9-4.6) | - |
| Hyderabad | 406 | 400 | 100 | 97 | 99 | 81 | 68 | 26 | 0.5 | 0.1 |
|  |  |  | (98.8-100) | (92.7-98.7) | (96.8-99.4) | (75.2-85.6) | (59.6-74.9) | (14.8-41.4) | (0.2-1.8) | (0.0-0.3) |
| Visakhapatnam | 402 | 406 | 96 | 84 | 93 | 52 | 83 | 28 | 7 | 0.4 |
|  |  |  | (92.1-97.4) | (77.4-89.4) | (89.6-95.0) | (45.3-59.41 | (77.6-87.9) | (19.0-38.3) | (3.8-11.6) | (0.1-2.8) |
| Warangal | 402 | 403 | 97 | 88 | 93 | 69 | 60 | 20 | - | 0.4 |
|  |  |  | (86.4-99.3) | (74.8-94.4) | (85.5-97.0) | (56.2-80.1) | (50.7-69.0) | (10.4-35.6 | (0.2-2.5) | (0.1-2.1) |
| Maharashtra |  |  |  |  |  |  |  |  |  |  |
| Mumbai | 394 | 371 | 85 | 98 | 82 | 75 | 67 | 14 | 0.3 | 0.1 |
|  |  |  | (80.7-89.0) | (92.8-99.4) | (76.3-86.0) | (66.8-81.0) | (60.5-72.5) | (8.5-22.1) | (0.1-1.4) | (0.0.0.9) |
| Parbhani | 404 | 395 | 89 | 93 | 40 | 45 | 7 | 6 | $\bigcirc$ | 0.2 |
|  |  |  | (84.4-92.0) | (87.4-96.2) | (33.9-46.7) | (35.8-55-4) | (4.3-10.8) | (2.8-11.4) | (0.0-0.8) | (0.0-1.1) |
| Pune | 401 | 404 | 99 | 99 | 76 | 45 | 54 | 15 | 0.3 | $\bigcirc$ |
|  |  |  | (86.7-99.6) | (97.3-99.7) | (69.9-80.9) | (34.0-56.7) | (46.7-60.5) | (9.9-21.5) | (0.0-2.1) | $\bigcirc$ |
| Yevatmal | 399 | 400 | 95 | 98 | 57 | $(46$ | 21 | 8 | 0.3 | $\bigcirc$ |
|  |  |  | (97.2-97.7) | (95.6-98.9) | (49.9-63.0) | (39.0-53.9) | (16.4-27.0) | (4.4-13.2) | (0.0-1.8) | - |
| Tamil Nadu |  |  |  |  |  |  |  |  |  |  |
| Chennai | 406 | 408 | 79 | 95 | 45 | 96 | 36 | 36 | 0.1 | 0 |
|  |  |  | (74.1-83.3) | (86.2-98.4) | (39.5-51.2) | (93.1-97.8) | (30.0-41.9) | (28.3-44-3) | (0.0-1.0) | $\bigcirc$ |
| Madurai | 401 | 402 | 96 | 99 | 86 | 97 | 84 | 25 | 1 | NA |
|  |  |  | (93.1-97.9) | (96.0-99.6) | (81.6-89.3) | (92.8-98.3) | (77.6-88.5) | (17.8-33.0) | (0.3-2.5) |  |
| Salem | 396 | 407 | 92 | 100 | 51 | 68 | 37 | 1.9 | 0.1 | 0.4 |
|  |  |  | (87.5-94.3) | (99.5-100.0) | (43.7-58.6) | (58.2-76.4) | (32.1-42.3) | (0.8-4.1) | (0.0-0.7) | (0.1-1.2) |

Table C2: Exposure to services provided by any agency

| State \& District | No. of respondents |  | Heard/seen/read advertisement on condoms (last 6 months) |  | Heard/seen/read advertisement on STI (last 6 months) |  | Heard/seen/read advertisement on Key Clinic* (last 6 months) |  | Ever visited Key Clinic for STI treatment |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | (\%) |  | (\%) |  | (\%) |  | (\%) |  |
|  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Karnataka |  |  |  |  |  |  |  |  |  |  |
| Bangalore | 678 | NA | 93 | NA | 58 | NA | 40 | NA | 2 | NA |
|  |  |  | (89.9-95.1) |  | (51.9-63.6) |  | (34.4-45-9) |  | (0.7-2.9) |  |
| Belgaum | 407 | NA | 90 | NA | 45 | NA | 22 | NA | 0.2 | NA |
|  |  |  | (86.4-93.3) |  | (39.7-49.7) |  | (17.3-27.9) |  | (0.0-1.4) |  |
| Bellary | 422 | NA | 93 | NA | 66 | NA | 41 | NA | 0.3 | NA |
|  |  |  | (89.5-95.2) |  | (57.6-72.5) |  | (33.2-45-9) |  | (0.1-1-.3) |  |
| Shimoga | 426 | NA | 94 | NA | 65 | NA | 39 | NA | 0.2 | NA |
|  |  |  | (90.5-95.7) |  | (59.1-70.1) |  | (32.8-45.9) |  | (0.0-1.4) |  |

[^16]Table C3: Treatment seeking behaviour for most recent STI

| State \& District | No of respondents |  | Any of Urethral discharge, ulcer, swelling, burning pain or cannot retract foreskin (last year) (\%) |  | Action taken for the most recent symptom (\%)* |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Trained care | Took preventive measures |  |
|  | RI | RII |  |  | RI | RII | RI | RII | RI | RII |
| Andhra Pradesh |  |  |  |  |  |  |  |  |
| East Godavari | 409 | 401 | 29 | 11 | 86 | 75 | 89 | 62 |
|  |  |  | (23.1-35.7) | (7.8-15.2) | (75.4-92.7) | (50.9-89.8) | (78.3-94.5) | (40.4-79.3) |
| Guntur | 401 | 406 | 28 | 10 | 76 | 40 | 70 | 32 |
|  |  |  | (21.9-34.7) | (6.0-15.8) | (67.4-83.6) | (19.8-65.1) | (58.9-79.2) | (15.4-54.1) |
| Hyderabad | 406 | 400 | 12 | 15 | 39 | 92 | 37 | 88 |
|  |  |  | (8.1-17.5) | (9.9-22.3) | (23.5-57.4) | (74.6-97.8) | (21.7.55.0) | (61.8-97.1) |
| Visakhapatnam | 402 | 406 | 31 | 20 | 76 | 70 | 57 | 50 |
|  |  |  | (25.3-37.0) | (14.6-26.3) | (62.4-85.1) | (50.5-84.1) | (44.1-68.6) | (30.8-68.7) |
| Warangal | 402 | 403 | 32 | 13 | 86 | 50 | 68 | 24 |
|  |  |  | (23.6-41.1) | (6.8-24.1) | (78.2-9.9) | (18.8-81.5) | (56.8-78.0) | (9.5-49.1) |
| Maharashtra |  |  |  |  |  |  |  |  |
| Mumbai | 394 | 371 | 53 | 29 | 45 | 53 | 15 | 79 |
|  |  |  | (45.6-58.9) | (20.4-39.9) | (36.3-53.5) | (33.1-72.4) | (9.3-22.3) | (61.2-89.8) |
| Parbhani | 404 | 395 | 36 | 28 | 55 | 52 | 66 | 54 |
|  |  |  | (30.2-42.8) | (20.1-37.8) | (44.6-64.7) | (32.8-69.9) | (56.0-75.4) | (35.0-72.0) |
| Pune | 401 | 404 | 21 | 26 | 40 | 46 | 77 | 47 |
|  |  |  | (16.5-26.4) | (19.4-34.7) | (29.7-51.7) | (32.8-60.4) | (64.2-86.7) | (32.1-62.1) |
| Yevatmal | 399 | 400 | 51 | 38 | 54 | 39 | 48 | 48 |
|  |  |  | (45-4-57.3) | (30.5-45.7) | (46.5-61.8) | (28.2-51.2) | (40.9-55.9) | (37.1-58.1) |
| Tamil Nadu |  |  |  |  |  |  |  |  |
| Chennai | 406 | 408 | 5 | 3.2 | 7 | 35 | 8 | 16 |
|  |  |  | (3.0-9.1) | (1.2-8.4) | (1.3-29.4) | (7.7-77.4) | (1.6-30.5) | (3.0-52.8) |
| Madurai | 401 | 402 | 12 | 1.8 | 53 | - | 52 | $\bigcirc$ |
|  |  |  | (8.7-16.0) | (0.3-17.2) | (34.6-71.2) | $\bigcirc$ | (36.2-67.2) | $\bigcirc$ |
| Salem | 396 | 407 | 5 | 22.5 | 90 | 7 | 68 | 96 |
|  |  |  | (3.2-7.6) | (15.8-30.8) | (67.1-97.4) | (57.4-81.5) | (37.4-88.3) | (81.5-99.2) |

Table C3: Treatment seeking behaviour for most recent STI

| State \& District | No of respondents |  | Any of Urethral discharge, ulcer, swelling, burning pain or cannot retract foreskin (last year) (\%) |  | Action taken for the most recent symptom (\%)* |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Trained care | Took preventive measures |  |
|  | RI | RII |  |  | RI | RII | RI | RII | RI | RII |
| Karnataka |  |  |  |  |  |  |  |  |
| Bangalore | 678 | NA | 33 | NA | 61 | NA | 49 | NA |
|  |  |  | (27.2-38.5) |  | (52.0-68.4) |  | (40.2-58.5) |  |
| Belgaum | 407 | NA | 26 | NA | 43 | NA | 51 | NA |
|  |  |  | (21.1-32.1) |  | (32.2-54.8) |  | (41.8-60.7) |  |
| Bellary | 422 | NA | 18 | NA | 67 | NA | 52 | NA |
|  |  |  | (13.9-23.6) |  | (56.8-76.3) |  | (41.9-62.3) |  |
| Shimoga | 426 | NA | 16 | NA | 19 | NA | 29 | NA |
|  |  |  | (12.2-20.2) |  | (10.7-30.7) |  | (18.3-41.9) |  |

NA-Not available
Table C4: HIV/AIDS awareness and knowledge

| State \& District | No. of respondents |  | Ever heard of HIV/AIDS (\%) |  | Feel at risk of being infected with HIV/ AIDS" (\%) |  | Ever undergone HIV test* (\%) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | RI | RII | RI | R II | RI | RII | RI | RII |
| Andhra Pradesh |  |  |  |  |  |  |  |  |
| East Godavari | 409 | 401 | 100 | 100 | 22 | 10 | 15 | 46 |
|  |  |  | (99.2-100) | (98.4-99.9) | (14.7-32.8) | (6.2-15.2) | (9.8-21.4) | (39.5-52.5) |
| Guntur | 401 | 406 | 100 | 98 | 56 | 1.8 | 26 | 37 |
|  |  |  | (99.2-100) | (90.0-99.5) | (49.2-61.8) | (0.8-4.3) | (21.6-31.3) | (31.5-42.1) |
| Hyderabad | 406 | 400 | 100 | 100 | 60 | 4 | 14 | 49 |
|  |  |  | (99.2-100) |  | (49.1-69.3) | (1.6-7.8) | (9.9-19.3) | (34.8-63.5) |
| Visakhapatnam | 402 | 406 | 99 | 100 | 55 | 13 | 26 | 27 |
|  |  |  | (97.5-99.7) | (98.5-100.0) | (48.3-61.3) | (9.2-17.4) | (20.6-33-3) | (23.2-32.0) |
| Warangal | 402 | 403 | 98 | 100 | 57 | 9 | 32 | 43 |
|  |  |  | (93.8-99.7) |  | (43.5-69.6) | (4.6-17.7) | (26.2-38.3) | (34.7-52.1) |
| Maharashtra |  |  |  |  |  |  |  |  |
| Mumbai | 394 | 371 | 93 | 100 | 28 | 65 | 12 | 27 |
|  |  |  | (88.8-95.4) |  | (21.4-35.9) | (55.9-72.6) | (8.3-16.3) | (19.8-35.3) |
| Parbhani | 404 | 395 | 81 | 100 | 64 | 61 | 8 | 14 |
|  |  |  | (74.6-85.7) |  | (56.5-70.6) | (51.2-70.7) | (4.9-12.1) | (7.2-25.7) |
| Pune | 401 | 404 | 99 | 100 | 32 | 39 | 11 | 25 |
|  |  |  | (96.7-99.4) |  | (27.7-36.4) | (30.6-48.9) | (7.6-14.9) | (15.4-38.3) |
| Yevatmal | 399 | 400 | 98 | 100 | 40 | 41 | 8 | 19 |
|  |  |  | (94.7-99.0) |  | (34.0-46.7) | (32.3-49.9) | (5.7-12.0) | (14.0-25.0) |
| Tamil Nadu |  |  |  |  |  |  |  |  |
| Chennai | 406 | 408 | 97 | 100 | 7 | 11 | 8 | 22 |
|  |  |  | (95.1-98.4) |  | (5.1-10.6) | (6.4-18.4) | (5.1-1.9) | (16.0-29.1) |
| Madurai | 401 | 402 | 99 | 100 | 46 | 6 | 9 | 37 |
|  |  |  | (96.0-9.9.5) |  | (40.0-51.1) | (3.4-17.3) | (6.1-12.9) | (25.6-49.9) |
| Salem | 396 | 407 | 98 | 100 | 14 | 15 | 9 | 31 |
|  |  |  | (96.4-99.3) |  | (8.2-22.8) | (9.5-23.4) | (5.7-12.8) | (21.8-41.2) |

Table C4: HIV/AIDS awareness and knowledge

| State \& District | No. of respondents |  | Ever heard of HIV/AIDS (\%) |  | Feel at risk of being infected with HIV/ AIDS* (\%) |  | Ever undergone HIV test* (\%) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | RI | RII | RI | R II | RI | RII | RI | RII |
| Karnataka |  |  |  |  |  |  |  |  |
| Bangalore | 678 | NA | 90 | NA | 13 | NA | 17 | NA |
|  |  |  | (85.5-92.4) |  | (9.2-17.5) |  | (13.1-20.8) |  |
| Belgaum | 407 | NA | 91 | NA | 11 | NA | 16 | NA |
|  |  |  | (86.6-93.8) |  | (7.8-14.6) |  | (12.6-20.8) |  |
| Bellary | 422 | NA | 96 | NA | 11 | NA | 17 | NA |
|  |  |  | (93.4-97.7) |  | (7.5-15.2) |  | (12.5-21.8) |  |
| Shimoga | 426 | NA | 95 | NA | 7 | NA | 13 | NA |
|  |  |  | (92.5-96.9) |  | (4.9-11.0) |  | (10.2-16.9) |  |

[^17]Table C5: Sexual history, condom use with occasional and regular FSWs

| State \& District | No. of respondents |  | Mean number of FSWs (last 6 months) |  |  |  | Occasional FSW (\%) |  |  |  |  |  | Regular FSW (\%) |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Occasional |  | Regular |  | Had occasional FSWs |  | Condom use" |  |  |  | Had Regular FSW |  | Condom use* |  |  |  |
|  |  |  | Last time | Consistent |  | Last time |  | Consistent |  |  |  |
|  | RI | RII |  |  | RI | RII |  |  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Andhra Pradesh |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| East Godavari | 409 | 401 | 3.2 | 6.9 |  |  | 1.6 | 2.6 | 98 | 96 | 74 | 84 | 38 | 77 | 80 | 84 | 73 | 77 | 26 | 68 |
|  |  |  | (2.9-3.4) | (6.00-7.80) | (1.5-1.8) | (2.1-3.0) | (95.1-99.5) | (93.1-97.8) | (66.3-80.7) | (79.5-86.9) | (29.6-46.3) | (72.4-81.9) | (73.5-85.8) | (78.3-88.6) | (63.6-80.2) | (69.7-82.8) | (18.4-35.8) | (60.7-74.2) |
| Guntur | 401 | 406 | 5.8 | 6.14 | 1.7 | 3.2 | 100 | 100 | 72 | 87 | 28 | 77 | 63 | 69 | 66 | 83 | 24 | 81 |
|  |  |  | (5.4-6.3) | (5.11-7.17 | (1.5-1.9) | (2.4-3.9) | (99.2-100) | (98.4-9.9.9) | (65.5-77.2) | (79.6-9.7) | (23.1-34.0) | (69.2-83.3) | (56.9-67.9) | (59.7-77.0) | (59.2-72.6) | (73.8-89.6) | (18.3-30.8) | (72.7-84.2) |
| Hyderabad | 406 | 400 | 6 | 6.2 | 1.6 | 1.2 | 100 | 99 | 83 | 92 | 19 | 72 | 59 | 70 | 90 | 81 | 16 | 71 |
|  |  |  | (5.5-6.6) | (5.3-7.1) | (1.3-1.9) | (0.5-1.9) | (99.2-100) | (97.8-99.8) | (73.6-89.3) | (84.1-96.2) | (13.6-25.6) | (66.4-76.6) | (48.6-68.0) | (63.9-74.8) | (81.5-94.3) | (70.2-89.1) | (10.9-22.9) | (65.2-76.5) |
| Visakhapatnam | 402 | 406 | 3.7 | 5.2 | 1.3 | 1.08 | 100 | 98 | 73 | 88 | 27 | 70 | 69 | 45 | 69 | 72 | 23 | 55 |
|  |  |  | (3.5-3.9) | (4.6-5.7) | (1.2-1.5) | (0.82-1.3) | (99.2-100) | (95.7-99.0) | (66.9-77.9) | (82.2-92.7) | (22.0-33.4) | (62.6-76.8) | (63.6-74.2) | (37.7-53.1) | (62.1-75.2) | (64.9-78.0) | (16.7-31.1) | (45-4-64.2) |
| Warangal | 402 | 403 | 7.4 | 7.1 | 4.3 | 2.1 | 100 | 98 | 72 | 94 | 19 | 80 | 86 | 79 | 72 | 83 | 16 | 64 |
|  |  |  | (6.6-8.2) | (6.0-8.2) | (3.3-5.3) | (1.8-2.4) | (99.2-100) | (91.4-99.3) | (65.5-77.6) | (91.4-96.4) | ) (12.5-27.0) | (72.2-85.4) | (76.3-92.1) | (7.8-84.7) | (57.4-83.1) | (62.0-93.8) | (10.5-24.9) | (47.3-77.5) |
| Maharashtra |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mumbai | 394 | 371 | 4 | 3.2 | 2.1 | 0.69 | 96 | 89 | 79 | 91 | 23 | 49 | 79 | 47 | 80 | 66 | 25 | 26 |
|  |  |  | (3.6-4.5) | (2.85-3.54) | (1.7-2.6) | (0.54-0.84) | (90.7-97.9) | (83.5-93.0) | (72.5-84.4) | (84.0-94.8) | (18.2-29.4) | (39.4-58.0) | (73.2-83.8) | (37.4-57.0) | (73.8-84.9) | (52.1-77.5) | (18.6-31.7) | (77.8-37.1) |
| Parbhani | 404 | 395 | 4.8 | 3.4 | 1.2 | 1.3 | 91 | 89 | 83 | 85 | 64 | 36 | 49 | 65 | 72 | 75 | 50 | 27 |
|  |  |  | (4.2-5.3) | (2.94-3.93) | (0.9-1.5) | (1.06-1.64) | (87.0-93.9) | (81.1-93.6) | (76.8-87.1) | (78.5-89.3) | (57.3-70.5) | (25.6-47.9) | (41.7-55.9) | (54.2-73.8) | (62.3-79.8) | (65.0-83.2) | (38.6-60.8) | (16.9-40.3) |
| Pune | 401 | 404 | 5.1 | 3.51 | 0.3 | 1.11 | 90 | 89 | 77 | 92 | 60 | 38 | 20 | 49 | 81 | 76 | 68 | 40 |
|  |  |  | (4.5-5.7) | (2.95-4.06) | (0.3-0.4) | (0.78-1.43) | (86.0.92.2) | (81.5-93.2) | (72.5-81.5) | (87.2-94.9) | (54.4-65.0) | (29.1-47.8) | (16.5-24.6) | (39.3-59.6) | (66.9-90.2) | (49.0-9.3) | (52.4-80.6) | (26.9.55.4) |
| Yevatmal | 399 | 400 | 3.6 | 4.64 | 1.2 | 1.58 | 89 | 82 | 60 | 93 | 32 | 75 | 61 | 49 | 54 | 81 | 30 | 60 |
|  |  |  | (3.2-3.9) | (3.72-5.56) | (1.0-1.3) | (1.14-2.01) | (83.5-92.9) | (72.9-88.5) | (54.0-65.7) | (87.3-96.2) | (26.3-38.5) | (67.5-81.8) | (54.4-67.0) | (40.8-57.5) | (46.1-62.5) | (70.2-88.9) | (23.6-38.4) | (47.9-70.7) |
| Tamil Nadu |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Chennai | 406 | 408 | 3.8 | 4.7 | 2.6 | 8.16 | 97 | 85 | 60 | 78 | 30 | 26.2 | 76 | 94 | 53 | 83 | 23 | 18 |
|  |  |  | (3.4-4.2) | (3.9.-5.4) | (2.3-2.8) | (7.4-8.8) | (93.2-98.9) | (76.9-89.9) | (53.9-66.2) | (70.1-84.5) | (24.8-36.2) | (18.2-36.0) | (70.1-81.8) | (9.0-96.4) | (45.8-59.8) | (76.8-88.2) | (17.3-29.3) | (11.3-26.9) |
| Madurai | 401 | 402 | 2.4 | 1.7 | 1.7 | 7.1 | 90 | 75 | 54 | 71 | 32 | 55 | 66 | 99 | 48 | 91 | 26 | 54 |
|  |  |  | (2.2-2.7) | (1.3-2.1) | (1.5-1.9) | (6.3-7.9) | (87.0-93.1) | (59.7-89.1) | (48.2-59.6) | (58.5-81.2) | (26.0-38.7) | (44.0-65.4) | (60.3-70.4) | (97.4-99.7) | (40.3-56.8) | (81.0-96.3) | (19.3-34.3) | (41.9-65.0) |
| Salem | 396 | 407 | 7 | 4.9 | 3.1 | 3.5 | 98 | 100 | 77 | 92 | 50 | 65 | 70 | 99 | 54 | 68 | 15 | 37 |
|  |  |  | (6.6-7.5) | (4.03-5.9) | (2.8-3.4) | (3.0-4.1) | 95.7-99.0) | -0-100.0) | (71.3-82.6) | 85.7-96.1) | (42.8-56.5) | (54.9-74.3) | (60.3-78.6) | 96.0-9.95 | (44.3-62.6) | (58.1-76.8) | (10.0-21 | (28.5-46. |

Table C5: Sexual history, condom use with occasional and regular FSWs

| State \& District | No. of respondents |  | Mean number of FSWs (last 6 months) |  |  |  | Occasional FSW (\%) |  |  |  |  |  | Regular FSW (\%) |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Occasional |  | Regular |  | Had occasional FSWs |  | Condom use" |  |  |  | Had Regular FSW |  | Condom use* |  |  |  |
|  |  |  | Last time | Consistent |  | Last time |  | Consistent |  |  |  |
|  | RI | RII |  |  | RI | RII |  |  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Karnataka |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bangalore | 678 | NA | 3.9 | NA |  |  | 0.8 | NA | 88 | NA | 68 | NA | 48 | NA | 42 | NA | 65 | NA | 51 | NA |
|  |  |  | (3.5-4.2) |  | (0.6-1.1) |  | (83.9-90.5) |  | (61.7-72.9) |  | (41.5-53.7) |  | (37.5-46.9) |  | (57.2-72.5) |  | (42.7-59.6) |  |
| Belgaum | 407 | NA | 3.2 | NA | 0.3 | NA | 86 | NA | 68 | NA | 50 | NA | 24 | NA | 57 | NA | 43 | NA |
|  |  |  | (2.9-3.5) |  | (0.2-0.4) |  | (87.1-90.2) |  | (61.0-74.4) |  | (42.7-56.7) |  | (19.3-29.8) |  | (46.9-66.8) |  | (33.0-54.7) |  |
| Bellary | 422 | NA | 3.5 | NA | 0.7 | NA | 98 | NA | 55 | NA | 41 | NA | 54 | NA | 49 | NA | 33 | NA |
|  |  |  | (3.1-3.8) |  | (0.6-0.8) |  | (95.7-98.7) |  | (48.5-61.6) |  | (34.7-47.2) |  | (45.2-62.4) |  | (39.8-57.8) |  | (26.1-40.8) |  |
| Shimoga | 426 | NA | 2.8 | NA | 0.1 | NA | 95 | NA | 65 | NA | 41 | NA | 12 | NA | 58 | NA | 42 | NA |
|  |  |  | (2.5-3.0) |  | (0.1-0.2) |  | (92.0-96.7) |  | (58.8-70.6) |  | (34.3-47.2) |  | (8.9-95.6) |  | (43.2-72.0) |  | (27.8-58.0) |  |

[^18]Table C6: Condom use with non-paid sexual partners

| State \& District | No. of respondents |  | Main/steady female partner (\%) |  |  |  | Other non-paid female partners (\%) |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Had main/steady partner |  | Consisten Condom use* |  | Had sex with other non paid partners |  | Condom use (last time)" |  |
|  | R1 | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Andhra Pradesh |  |  |  |  |  |  |  |  |  |  |
| East Codavari | 409 | 401 | 78 | 68 | 1 | 3 | 49 | 29 | 51 | 51 |
|  |  |  | (68.6.84.8) | (61.474.0) | (0.4-3.4) | (1.6-5.5) | (41.3.57.3) | (22.436.1) | (43.1.59.7) | (40.9.66.3) |
| Guntur | 401 | 406 | 74 | 72 | - | 5 | 45 | 25 | 44 | 47 |
|  |  |  | (65.9.9.3) | (64.5.78.5) | (0.0.0.8) | (1.9-14.4) | (40.0.50.9) | (19.9-3.1.8) | (34.4-53.3) | (28.9.66.1) |
| Hyderabad | 406 | 400 | 66 | 65 | $\bigcirc$ | 1.1 | 34 | 29 | 28 | 27 |
|  |  |  | (58.9.72.8) | (43.3.8. ${ }^{\text {P }}$ ) | (0.0.0.8) | (0.2-7.8) | (25.4.43.0) | (22.2-37.5) | (15.7-44.5) | (12.7-4.5.5) |
| Visakhapatnam | 402 | 406 | 83 | 60 | 4 | 1.7 | ${ }^{21}$ | 31 | 49 | 53 |
|  |  |  | (77.3.86.9) | (52.1.67.0) | (1.7.9.9) | (0.7.3.8) | (16.4-27.3) | (25.6-37.5) | (37.0.60.4) | (40.5.65.5) |
| Warangal | 402 | 403 | 86 | 47 | 1 | 0.7 | 51 | 19 | 59 | 57 |
|  |  |  | (80.1.99.0) | (36.8.56.8) | (0.43.4) | (0.2-2.7) | (38.4-63.6) | (13.1-27.5) | (49,8.68.3) | (43.7.68.9) |
| Maharshtra |  |  |  |  |  |  |  |  |  |  |
| Mumbai | 394 | 371 | 48 | 64 | 9 | 1.2 | 14 | 13 | 51 | 43 |
|  |  |  | (41.9-54.5) | (54.472.5) | (4.1-17.3) | (0.3-4.0) | (10.1-18.5) | (7.2-20.8) | (34.9.67.4) | (17.6-72.6) |
| Parbhani | 404 | 395 | 70 | 73 | 13 | 1.9 | 26 | 15 | 31 | 14 |
|  |  |  | (63, 2-76.3) | (63.4.80.4) | (8.6-18.5) | (0.7.5.3) | (20.2-32.8) | (9.8-23.0) | (19.2-459) | (7.2-25.7) |
| Pune | 401 | 404 | 63 | 69 | 5 | 3 | 18 | 9 | 59 | 14 |
|  |  |  | (57.7.67.8) | (60.476.1) | (2.8-9.0) | (1.7-6.1) | (14.1-23.4) | (5.016.4) | (47.3-70.4) | (4.7.35.5) |
| Yevatmal | 399 | 400 | 76 | 70 | 7 | 5 | 36 | 17 | 27 | 37 |
|  |  |  | (70.2.80.8) | (67.1-77.4) | (4.1-12.5) | (2.2-11.3) | (30.9-4.8) | (11.5-24.6) | (19.3.36.0) | (18.8.58.9) |
| Tamil Nadu |  |  |  |  |  |  |  |  |  |  |
| Chennai | 406 | 408 | 62 | 76 | 2 | 0.6 | 14 | 1.9 | 55 | 79 |
|  |  |  | (55.4.67.8) | (67.7.-8.5) | (0.9.6.5) | (0.1-4.3) | (9.5-2.7.5) | (0.8-4.3) | (42.3.6.6.2) | (38.7.95.6) |
| Madurai | 401 | 402 | 66 | 66 | 14 | 0.3 | 37 | 0.4 | 42 | $\bigcirc$ |
|  |  |  | (59.6-7.7.7) | (55.5.74.8) | (9.4-19.9) | (0.1-1.3) | (30.5-43.0) | (0.1-1.9) | (32.9.51.4) | - |
|  | 396 | 407 | 58 | 70 | 8 | 0.4 | 17 | 32 | 7 | 31 |
|  |  |  | (50.7.6.5.5) | (59.9.97.7) | (4.5-12.5) | (0.1-1.2) | (12.8-21.4) | (23.7-41.0) | (57.9.8.7.6) | (16.8-49.5) |

Table C6: Condom use with non-paid sexual partners

\# Based on subset of respondents available for that analysis
Main steady female partner-The partner like spouse/girlfriend for whom the respondent do not pay to have sex
Other non-paid female partners-Female partners other than main/steady partner and female sex workers with whom casually had sex with and did not pay NA-Not available
Table C7: Condom use with male/hijra sexual partners

| State \& District | No. of respondents |  | Male/hijra sexual partner (\%) |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Had anal sex with male/hijra partner |  | Condom use |  |  |  |
|  |  |  | Last time* | Consistent* |  |
|  | RI | RII |  |  | RI | RII | RI | RII | RI | RII |
| Andhra Pradesh |  |  |  |  |  |  |  |  |
| East Godavari | 409 | 401 | 1 | 21 | 100 | 74 | 28 | 72 |
|  |  |  | (0.5-3.7) | (15.9-27.8) | (66.5-100) | (58.9-84.2) | (8.8-60.7) | (58.0.83.3) |
| Guntur | 401 | 406 | 4 | 20 | 81 | 91 | 19 | 89 |
|  |  |  | (2.5-7.1) | (12.0-30.5) | (55.9-93.1) | (74.1-97.0) | (4.1-55.5) | (72.2-96.0) |
| Hyderabad | 406 | 400 | 1 | 5 | 56 | 98 | 56 | 58 |
|  |  |  | (0.3-2.9) | (1.7-12.4) | (9.6-94.0) | (91.6-99.7) | (9.6-94.0) | (27.8-83.5) |
| Visakhapatnam | 402 | 406 | 16 | 8 | 50 | 7 | 19 | 71 |
|  |  |  | (11.6-21.7) | (4.2-13.1) | (32.8-68.0) | (44.6-88.2) | (7.0-41.0) | (44.6-88.2) |
| Warangal | 402 | 403 | 6 | 1.6 | 29 | 100 | 1 | 100 |
|  |  |  | (1.9-16.0) | (0.6-4.0) | (4.7-76.7) | (0.0-100.0) | (0.1-9.7) | (0.0-100.0) |
| Maharashtra |  |  |  |  |  |  |  |  |
| Mumbai | 394 | 371 | 16 | 7 | 78 | 18 | 16 | 17 |
|  |  |  | (11.2-21.7) | (4.2-12.4) | (64.0-87.6) | (6.8-39.3) | (7.2-32.0) | (6.0-38.3) |
| Parbhani | 404 | 395 | 10 | 21 | 23 | 17 | 13 | 0.3 |
|  |  |  | (7.0-14.4) | (14.0-30.5) | (11.5-40.2) | (3.8-52.3) | (5.2-29.1) | (0.0-2.4) |
| Pune | 401 | 404 | 5 | 8 | 82 | 69 | 88 | 44 |
|  |  |  | (3.2-7.8) | (4.8-12.8) | (57.7-93.6) | (51.1-82.3) | (67.9-96.4) | (26.2-63.8) |
| Yevatmal | 399 | 400 | 5 | 6 | 6 | 25 | 6 | 12 |
|  |  |  | (2.8-8.2) | (3.1-12.1) | (1.3-22.0) | (9.9-50.5) | (1.3-22.0) | (3.3-34.1) |
| Tamil Nadu |  |  |  |  |  |  |  |  |
| Chennai | 406 | 408 | 3 | 33 | 30 | 64 | 25 | 15 |
|  |  |  | (1.7-5.8) | (25.4-42.5) | (11.1-59.4) | (46.6-77.6) | (7.5-58.0) | (7.5-27.8) |
| Madurai | 401 | 402 | 13 | 38 | 39 | 94 | 15 | 71 |
|  |  |  | (9.7-7.7.6) | (28.5-48.1) | (25.3-54.1) | (85.4-97.7) | (6.8-28.8) | (58.2-80.6) |
| Salem | 396 | 407 | 7 | 26 | 85 | 47 | 51 | 27 |
|  |  |  | (3.5-13.5) | (17.5-35.6) | (57.9-95.8) | (27.3-68.1) | (36.4-65.4) | (11.1-52.7) |

Table C7: Condom use with male/hijra sexual partners

| State \& District | No. of respondents |  | Male/hijra sexual partner (\%) |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Had anal sex with male/hijra partner |  | Condom use |  |  |  |
|  |  |  | Last time* | Consistent* |  |
|  | RI | RII |  |  | RI | RII | RI | RII | RI | RII |
| Karnataka |  |  |  |  |  |  |  |  |
| Bangalore | 678 | NA | 14 | NA | 64 | NA | 56 | NA |
|  |  |  | (9.4-19.5) |  | (44.2-80.2) |  | (37.1-73.0) |  |
| Belgaum | 407 | NA | 2 | NA | 40 | NA | 29 | NA |
|  |  |  | (0.9-6.4) |  | (16.1-69.0) |  | (6.3-70.9) |  |
| Bellary | 422 | NA | 3 | NA | 41 | NA | 25 | NA |
|  |  |  | (1.6-6.6) |  | (15.4-72.7) |  | (6.6-61.9) |  |
| Shimoga | 426 | NA | 2 | NA | 25 | NA | 25 | NA |
|  |  |  | (0.6-3.2) |  | (3.6-74.9) |  | (3.6-74.9) |  |

[^19]Table C8: Prevalence of HIV/STIs

| State \& District | $\begin{gathered} \text { No. of } \\ \text { respondents } \end{gathered}$ |  | HIV (\%) |  | HSV-2 antibody ${ }^{\text {(\%) }}$ |  | Reactive syphilis <br> seriology <br> $(\%)$ |  | N. gonorthoeae (\%) |  | C. trachomatis (\%) |  | Any STI (+ve for syphilis, gonorihoeae trachomatis, one or more) |  | HIV among 'any STI'positive (\%) |  | HIV among 'any STI'negative (\%) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Rl | RII | RI | RII | Rl | RII | Ri | RII | R1 | RII | RI | RII | R1 | RII | RI | RII | RI | RII |
| dhra Pradesh |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| st Godavari | 409 | 401 | 8.3 | 9.6 | 48.7 | 29.2 | 4.8 | 2 | - | 。 | 0.9 | 1.6 | 5.5 | 3.1 | 20.9 | 19.4 | 7.6 | 9.2 |
|  |  |  | (5.4-12.6) | (5.4-16.4) | (32.8-64.7) | (14.7-43.8) | (2.97.9) | (0.9-4.4) | (0.0.0.8) |  | (0.3-2.6) | (0.46.8) | (3.5.8.7) | (1.3.7.7) | (9.5-39.9) | (4.5.5.5.2) | (4.6-12.2) | (4.9-16.6) |
| Cuntur | 401 | 406 | 6.6 | 7.1 | 73.1 | 39 | 10.1 | 1.1 | - | - | 0.8 | - | 10.6 | ${ }^{1.1}$ | 5.9 | - | 6.7 | 7.2 |
|  |  |  | (4.2-10.2) | (3.6-13.7) | (59.0.87.3) | (23.454.6) | (7.2-14.0) | (0.43-3) | (0.0.0.8) |  | (0.2-3.8) | (0.0.0.2) | (7.6-14.4) | (0.4-3.2) | (1.7-18.8) |  | (4.3-10.3) | (3.6-14.0) |
| Hyderabad | 406 | 400 | 2.4 | 3.7 | 41.4 | 21.9 | 3.1 | 0.8 | $\bigcirc$ | - | 2.1 | 0.3 | 4.4 | 1.1 | 26.2 | 14.5 | 1.3 | 3.6 |
|  |  |  | (1.2-4.8) | (1.0.12.2) | (25.7.57.2) | (8.7-35.1) | (1.8-5.3) | (0.3-2.6) | (0.0.0.8) |  | (0.7-6.1) | (0.1-0.9) | (2.6-7.3) | (0.43.0) | (9.5-54.7) | (4.-39.6) | (0.5-3.1) | (0.9-12.8) |
| Visakhapatnam | 402 | 406 | 8 | 5.1 | 80.4 | 29.2 | 3.4 | 1.3 | 1.3 | 。 | 0.4 | 0.3 | 4.4 | 1.6 | 28.2 | 5.4 | 7.1 | 5.1 |
|  |  |  | (5.0-12.6) | (2.4-10.3) | (67.8.93.1) | (14.7-43.8) | (1.9.5.9) | (0.4-4.4) | (0.5-3.5) |  | (0.1-2.7) | (0.0.1.8) | (2.6.7.7) | (0.54.6) | (12.1.52.8) | (0.6-34.9) | (4.1-1.1.9) | (2.3-10.6) |
| Warangal | 402 | 403 | 6.7 | 2.8 | 22.5 | 39 | 5.5 | 0.1 | 1.6 | - | 0.4 | - | 6.7 | 0.1 | 83.6 | $\bigcirc$ | 1.2 | 2.8 |
|  |  |  | (2.7-16.1) | (1.3-5.7) | (0.08-36.0) | (23.454.6) | (1.8-15.6) | (0.0.0.6) | (0.4.6.8) |  | (0.1-1.2) |  | (2.7.75.9) | (0.0.0.7) | (53.9.95.7) |  | (0.5-2.7) | (1.3.5.8) |
| Maharashtra |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mumbai | 394 | 371 | 9.1 | 5.7 | 34 | 29.3 | 3.9 | 6.2 | 0.9 | 0.5 | 4.5 | 6.8 | 8.8 | 12.2 | 12.8 | 3.2 | 8.7 | 6 |
|  |  |  | (6.1-17.3) | (2.9-10.9) | (19.5-48.6) | (14.7-43.8) | (1.97-7) | (3.1-11.9) | (0.3-2.3) | (0.2-1.5) | (2.6-7.9) | (1.9-21.8) | (5.912.9) | (5.6-24.5) | (4.8-29.6) | (0.8-12.2) | (5.6-13.4) | (2.9-11.9) |
| Parbhani | 404 | 395 | 6.4 | 2.1 | 13.9 | 12.5 | 4 | 5.1 | 0.7 | $\bigcirc$ | 3.6 | - | 7.9 | 5.1 | 8.2 | 20.6 | 6.3 | 1.1 |
|  |  |  | (3.6-11.1) | (0.7-6.0) | (0.03-24.7) | (1.7-23.2) | (1.6-9.7) | (2.3-11.1) | (0.2-3.4) |  | (1.7.7.6) |  | (4.5-3.5) | (2.3-11.1) | (1.7.3.5) | (2.9.69.3) | (3.4-11.2) | (0.5-2.4) |
| Pune | 401 | 404 | 6 | 5.7 | 20.9 | 13.3 | 6 | 2.7 | 0.1 | ${ }^{1.1}$ | 3 | 0.3 | 7.8 | 4.1 | 15.4 | 31.5 | 5.2 | 4.6 |
|  |  |  | (3.79.97) | (3.59.9) | (0.08-33.6) | (3.023.6) | (3.6-9.8) | (1.45.0) | (0.0.0.4) | (0.2-4.8) | (1.3-6.4) | (0.1-0.9) | (5.0-12.0) | (2.3.7.1) | (6.4-32.8) | (9.9.65.9) | (2.9.9.0) | (2.7.7.7) |
| Yevatmal | 399 | 400 | 10.9 | 1.7 | 27.4 | 22.5 | 7.8 | 4.5 | 0.9 | 0.1 | 1.6 | 0.8 | 9.7 | 5.3 | 32.9 | 39.6 | 8.5 | 10.1 |
|  |  |  | (8.0-14.7) | (7.417.9) | (14.7-40.1) | (8.9-36.0) | (4.9-12.0) | (2.4-8.3) | (0.3-2.6) | (0.0.0.5) | (0.6-4.5) | (0.2-3.4) | (6.5-14.3) | (3.0.9.3) | (17.4.53.3) | (17.3-67.3) | (5.9-12.2) | (5.9-16.7) |
| Tamil Nadu |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Chennai | 406 | 408 | 2 | 8.5 | 24.3 | 26.7 | 4.7 | 8.4 | $\bigcirc$ | - | 1.2 | - | 5.9 | 8.4 | 10.1 | 100 | 1.5 | 0.1 |
|  |  |  | (1.0-3.9) | (4.6-15.2) | (10.6-3.8.1) | (14.8.38.7) | (2.8-7.7) | (4.5-5.5.2) | (0.0.0.8) |  | (0.4-3.6) |  | (3.6-9.3) | (4.5-5.5.2) | (2.6-32.0) |  | (0.7.3.2) | (0.0-0.6) |
| Madurai | 401 | 402 | 2.5 | 10.2 | 9.7 | 21.4 | 3.5 | 1.4 | - | - | - | 0.6 | 3.5 | 2 | 10.6 | 71.4 | 2.2 | 9 |
|  |  |  | (1.1-5.7) | (2.5-33.5) | (0.0-19.2) | (1.0-32.5) | (1.9.6.2) | (0.4-4.6) | (0.0.0.8) |  | (0.0.0.8) | (0.2-2.1) | (1.9.6.2) | (0.8.5.0) | (1.4-49.5) | (29.6.993.7) | (0.9.9.5) | (1.835.3) |
| Salem | 396 | 407 | 4.2 | 0.7 | 30 | 8.9 | 3.5 | 0.3 | - | - | 1 | 0.1 | 4.3 | 0.4 | 18.9 | 18.1 | 3.5 | 0.6 |
|  |  |  | (2.0-8.6) | 0.2-2.7) | 5,1-44.8) | (1.2-16.6) | (1.9-6.4) | 0.1-0.7) | (0.0.0.8) |  | (0.4-2 | (0.0.0.7) | (2.5.7.3) | 0.2.2. 0 | (7.739 | (2.4-66 | (1.57.9) | (0.1-2.8) |

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| State \& District | No. of respondents |  | HIV (\%) |  | HSV-2 antibody ${ }^{\text {a }}$ (\%) |  | Reactive syphilis serology (\%) |  | N. gonorrhoeae (\%) |  | C. trachomatis (\%) |  | Any STI (+ve for syphilis, gonorrhoeae, trachomatis, one or more) ${ }^{\text {ntat }}$ (\%) |  | HIV among 'any STI' positive (\%) |  | HIV among 'any STI' negative (\%) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| Karnataka |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bangalore | 678 | NA | 2.4 | NA | NA | NA | 3.8 | NA | 0.6 | NA | 3 | NA | 6.8 | NA | 12.9 | NA | 1.6 | NA |
|  |  |  | (1.3-4.5) |  |  |  | (2.4-6.1) |  | (0.2-1.4) |  | (1.8-5.0) |  | (4.8-9.7) |  | (4.3-32.9) |  | (0.8-3.4) |  |
| Belgaum | 407 | NA | 6.2 | NA | NA | NA | 4.2 | NA | $\bigcirc$ | NA | 1.4 | NA | 5.2 | NA | 19.5 | NA | 5.5 | NA |
|  |  |  | (4.1-9.3) |  |  |  | (2.5-7.2) |  | 0.9 |  | (0.5-3.8) |  | (3.2-8.2) |  | (6.8-44.7) |  | (3.5-8.5) |  |
| Bellary | 422 | NA | 6 | NA | NA | NA | 5.8 | NA | (0.2-4.7) | NA | 1.7 | NA | 7.2 | NA | 19.4 | NA | 5 | NA |
|  |  |  | (3.4-10.6) |  |  |  | (3.8-8.8) |  | 0.5 |  | (0.8-3.7) |  | (5.1-10.1) |  | (7.9-40.3) |  | (2.8-8.9) |  |
| Shimoga | 426 | NA | 3 | NA | NA | NA | 3.1 | NA | (0.1-2.1) | NA | 0.6 | NA | 4.2 | NA | $\bigcirc$ | NA | 3.1 | NA |
|  |  |  | (1.5-6.1) |  |  |  | (1.0-9.2) |  |  |  | (0.2-1.9) |  | (1.8-9.5) |  | - |  | ()7.5-6.3 |  |

[^20]Table T1: Demographic profile LDTDs

| Route | No. of respondents |  | Mean age (years) |  | Can read and write (\%) |  | Ever married (Currently married) (\%) |  | Mean age when started having paid sex (years) |  | Mean Duration of working as driver (months) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| National Highways |  |  |  |  |  |  |  |  |  |  |  |  |
| North-East | 498 | 524 | 32 | 33 | 83 | 87 | 75 | 74 | ${ }^{21}$ | 23 | 117 | 116 |
|  |  |  | (31.1-32.5) | (32.1-34.7 | (77.9-86.6) | (81.0-97.6) | (70.2-80.0) | (66.2-80.8) | (20.7-22.2) | (21.9-23.4) | (108.8-124.7) | (102.5-129.9) |
| North-South | 540 | 538 | 31 | 32 | 90 | 96 | 75 | 71 | 21 | 23 | 11 | 119 |
|  |  |  | (30.8-32.1) | (30.0-33.5) | (84.9-93.0) | (91.8-98.1) | (68.1-80.7) | (63.8-77.6) | (20.0-21.2) | (22.2-23-4) | (104.5-118.3) | (102.7-134.6) |
| North-West | 515 | 526 | 30 | 32 | 88 | 87 | 73 | 74 | 22 | 22 | 96 | 102 |
|  |  |  | (29.5-30.8) | (30.6-34.0) | (82.6-91.1) | (77.9-92.8) | (64.0-79.7) | (65.6-80.2) | (20.6-22.3) | (21.6-23.2) | (89.5-103.0) | (88.8-114.8) |
| South-East | 513 | 497 | 34 | 35 | 83 | 95 | 82 | 84 | 21 | 22 | 129 | 134 |
|  |  |  | (33.2-34.6) | (33.0-37.0) | (75.7-87.9) | (90.0-97.1) | (77.6-86.1) | (87.4-88.9) | (20.5-21.5) | (20.5-22.8) | (121.5-136.7) | (110.5-157.3) |

## Table T2: Exposure to services provided by any agency

| Route | No. of respondents |  | Heard of Khushi Clinic" (\%) |  | Contacted by a Peer/ORW" last year (\%) |  | Contacted by a Peer/ORW Last month (\%) |  | Received condom from Peer/ ORW (last year) (\%) |  | Visited Khushi clinic (last year) (\%) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| National Highways |  |  |  |  |  |  |  |  |  |  |  |  |
| North-East | 498 | 524 | 55 | 50 | 5 | 25 | 2 | 6 | 6 | 12 | 14 | 21 |
|  |  |  | (48.8-60.5) | (42.7-58.1) | (3.0-7.6) | (19.1-32.9) | (1.1-4.6) | (4.4-9.1) | (3.6-9.4) | (7.9-16.6) | (10.7-18.6) | (16.1-27.7) |
| North-South | 540 | 538 | 58 | 56 | 15 | 35 | 6 | 5 | 10 | 7 | 20 | 21 |
|  |  |  | (52.8-63.6) | (49.4-62.5) | (10.6-19.7) | (28.7-41.7) | (3.7-10.0) | (3.1-7.3) | (6.4-13.8) | (4.4-11.2) | (14.8-25.2) | (16.5-26.3) |
| North-West | 515 | 526 | 36 | 62 | 8 | 32 | 2 | 12 | 4 | 19 | 11 | 31 |
|  |  |  | (28.6-43.6) | (53.9-70.1) | (4.5-13.0) | (23.8-41.5) | (0.9-3.3) | (6.8-18.7) | (2.1-6.7) | (12.3-27.1) | (7.0-16.6) | (22.5-40.4) |
| South-East | 513 | 497 | 38 | 21 | 2 | 10 | 1 | 2 | 3 | 2 | 3 | 4 |
|  |  |  | (32.6-44.6) | (14.3-29.9) | (1.0-5.6) | (5.9-17.4) | (0.4-3.3) | (0.9-5.5) | (1.4-4.5) | (0.9-6.1) | (2.1-5.2) | (1.0-1ו.1) |

* Khushi Clinic-Avahan supported STI franchise
Table T3: Treatment seeking behaviour for most recent STI

| Route | No. of respondents |  | Ever heard of any STIs (\%) |  | Knowledge of 3 or more STI symptoms" (\%) |  | Urethral discharge, ulcer, swelling, burning pain or cannot retract foreskin (Last year) (\%) |  | Action taken for the most recent symptom (\%)* |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | From trained care | Took preventive measures |  |  |  |
|  | RI | RII |  |  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| National Highways |  |  |  |  |  |  |  |  |  |  |  |  |
| North-East | 498 | 524 | 74 | 68 |  |  | 5 | 11 | 8 | 20 | 24 | 43 | 4 | 1.2 |
|  |  |  | (68.1-78.5) | (60.2-74.6) | (2.9-9.1) | (5.7-21.2) | (5.4-11.4) | (15.2-26.0) | (12.7-40.9) | (28.1-59.5) | (0.9-17.1) | (0.2-7.9) |
| North-South | 540 | 538 | 78 | 53 | 9 | 6 | 9 | 7 | 23 | 43 | - | 3 |
|  |  |  | (72.3-83.4) | (43.9-61.0) | (6.0-13.3) | (3.7-9.0) | (5.5-13.2) | (4.8-11.0) | (10.9-41.8) | (26.9-60.4) |  | (0.5-11.2) |
| North-West | 515 | 526 | 70 | 72 | 5 | 11 | 13 | 15 | 22 | 44 | - | $\bigcirc$ |
|  |  |  | (64.6-75.2) | (63.9-79.6) | (2.9-8.7) | (4.3-24.9) | (9.2-18.3) | (9.0-22.5) | (11.7-37.3) | (24.3-66.5) |  | $\bigcirc$ |
| South-East | 513 | 497 | 94 | 52 | 58 | 16 | 5 | 3 | 38 | 72 | $\bigcirc$ | 11 |
|  |  |  | (92.5-95.8) | (43.0.61.0) | (54.6-61.1) | (10.2-24.8) | (3.0-7.3) | (1.4-6.9) | (21.8-56.4) | (33.4-93.0) |  | (1.3-50.5) |

* Based on a subset of respondents applicable for that analysis
* Of the 5 symptoms, viz., urethral discharge, genital ulcers or sores, swelling in groin (scrotal) area, burning pain on urination, cannot retract foreskin.
Table T4: HIV/AIDS awareness and knowledge

| Route | No. of respondents |  | Ever heard of HIVAIDS (\%) |  | Feel at risk of being infected with HIV/AIDS" (\%) |  | Ever undergone HIV tests (\%) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | R1 | RII | Ri | RII | RI | RII | R1 | RII |
| National Highways |  |  |  |  |  |  |  |  |
| North-East | 498 | 524 | 99 | 92 | 5 | 11 | 9 | 16 |
|  |  |  | (98.4-99.9) | (86.1-95.7) | (3.2-8.1) | (7.2-17.6) | (6.2-12.6) | (10.5-23.3) |
| North-South | 540 | 538 | 98 | 94 | 17 | 1.5 | 15 | 6 |
|  |  |  | (92.5-99.7) | (90.9.96.3) | (11.4-24.3) | (0.8.3.0) | (9.8-22.1) | (3.710.7) |
| North-West | 515 | 526 | 98 | 94 | 8 | 12 | 12 | 15 |
|  |  |  | (94.8-99.2) | (84.8-97.9) | (5.6-12.3) | (7.1-20.2) | (8.1-18.0) | (9.7-22.5) |
| South-East | 513 | 497 | 100 | 77 | 12 | 5 | 34 | 35 |
|  |  |  | (0.0-100) | (68.9.83.6) | (7.9-18.6) | (1.5-5.5.4) | (30.0.37.3) | (25.6-46.4) |

\# Based on a subset of respondents applicable for that analysis
Table T5: Sexual history, condom use with wife

| Route | No. of respondents |  | Wife sexual partner (\%) |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Had sex with wife in last one month |  | Condom use |  |  |  |
|  |  |  | Last time* | Consistent* |  |
|  | RI | RII |  |  | RI | RII | RI | RII | RI | RII |
| National Highways |  |  |  |  |  |  |  |  |
| North-East | 498 | 524 | 85 | 92 | 12 | 22 | 5 | 3 |
|  |  |  | (80.4-89.3) | (86.5-95.3) | (8.2-16.8) | (15.5-29.3) | (3.1-9.3) | (1.1-7.1) |
| North-South | 540 | 538 | 91 | 92 | 16 | 11 | 3 | 1.3 |
|  |  |  | (83.9-94.8) | (87.0-94.8) | (10.4-23.2) | (7.0-16.8) | (1.3-5.8) | (0.4-3.9) |
| North-West | 515 | 526 | 88 | 87 | 19 | 13 | 5 | 0.9 |
|  |  |  | (82.5-92.2) | (76.3-93.3) | (13.7-25.3) | (7.5-20.8) | (2.1-10.0) | (0.3-2.8) |
| South-East | 513 | 497 | 98 | 89 | 6 | 2 | 0.5 | - |
|  |  |  | (97.2-99.0) | (81.1-94.3) | (3.9-8.3) | (0.7-7.3) | (0.2-1.3) |  |

"Based on a subset of respondents applicable for that analysis
Table T6: Sexual history, condom use with paid female sexual partners

\# Based on a subset of respondents applicable for that analysis
Table T7: Sexual history, condom use with non-paid sexual partners

\# Based on a subset of respondents applicable for that analysis

## Table T8: Sexual history, condom use with male/hijra sexual partners

| Route | No. of respondents |  | Mean number of male partners |  | Mean number of hijra partners |  | Male/Hijra sexual partner (\%) |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Had anal sex with male/hijra partner |  |  |  | Condom use |  |  |  |
|  |  |  | Last time ${ }^{\text {\# }}$ | Consistent* |  |
|  | RI | RII |  |  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| National Highways |  |  |  |  |  |  |  |  |  |  |  |  |
| North-East | 498 | 524 | 1.2 | 0.7 |  |  | 1 | 2.6 | 1 | 4 | 50 | 43 | 50 | 32 |
|  |  |  | (0.7-1.7) | (-.21-1.7) | (1.0-1.0) | (1.7-3.6) | (0.6-2.3) | (1.8-7.1) | (19.2-80.3) | (16.2-74.6) | (19.2-80.3) | (10.9-64.6) |
| North-South | 540 | 538 | 3.3 | 0.1 | 2.9 | 2.08 | 2 | 3 | 77 | 52 | 74 | 41 |
|  |  |  | (1.9-4.7) | (-.09-0.4) | (0.9-4.9) | (0.6-3.5) | (0.8-3.6) | (1.0-6.3) | (48.9-92.0) | (13.9-87.9) | (45.3-90.5) | (11.0-80.1) |
| North-West | 515 | 526 | 2.5 | 1.2 | 4 | 1.4 | 5 | 5 | 20 | 21 | 14 | 17 |
|  |  |  | (1.4-3.6) | (0.47-2.05) | (-1.6-9.6) | (0.3-2.5) | (2.0-10.0) | (2.6-10.0) | (4.6-56.0) | (5.6-54.7) | (2.3-51.6) | (3.4-53.1) |
| South-East | 513 | 497 | 2.3 | $\bigcirc$ | 1 | 2 | 1 | 0.6 | 17 | - | 17 | $\bigcirc$ |
|  |  |  | (-6.5-17.2) | 0 | (1.0-1.0) | (2.0-2.0) | (0.6-2.2) | (0.1-3.9) | (6.9-34.9) |  | (6.9-34.9) |  |

\# Based on a subset of respondents applicable for that analysis
Table T9: Prevalence of HIV/STIs

| Route | No. of respondents |  | HIV (\%) |  | HSV-2 antibody* (\%) |  | Reactive syphilis serology" (\%) |  | N.gonorrhoeae (\%) |  | C. trachomatis (\%) |  |  |  | HIV among "any <br> STI" positive (\%) |  | HIV among "any STI" negative (\%) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII | RI | RII |
| National Highways |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| North-East | 498 | 524 | 3.1 | 2.5 | 16.1 | 26.5 | 3.7 | 3.7 | 0.3 | 0.3 | 0.9 | 0.7 | 4.8 | 4.4 | 6.4 | 0.0 | 3 | 2.6 |
|  |  |  | (1.6-5.9) | (1.3-4.7) | (6.7-25.5) | (13.7-39.3) | (2.3-5.9) | (1.2-10.9) | (0.0-2.2) | (0.0-2.5) | (0.2-3.7) | (0.2-2.3) | (3.0-7.6) | (1) | (0.9-34.6) |  | (1.6-5.5) | (1.4-4.9) |
| North-South | 540 | 538 | 2.4 | 2.2 | 20 | 18.8 | 3.2 | 1.3 | 0.4 | 0.0 | 0.0 | 0.6 | 3.6 | 1.9 | 0.0 | 19 | 2.5 | 1.9 |
|  |  |  | (1.3-4.4) | (1.1-4.5) | (7.8-32.1) | (7.9-29.7) | (1.6-6.4) | (0.6-2.9) | (0.1-2.2) |  |  | (0.1-2.9) | (1.9-6.8) | (0.9-4.0) |  | (5.1-51.7) | (1.4-4.6) | (0.8-4.1) |
| North-West | 515 | 526 | 3.8 | 1.9 | 12.9 | 23 | 3 | 1.3 | 0.0 | 0.0 | 0.0 | 0.8 | 3 | 2.1 | 9.8 | 0.0 | 3.6 | 1.9 |
|  |  |  | (2.3-6.1) | (1.0-3.6) | (4.3-21.4) | (11.2-34.9) | (1.5-5.9) | (0.4-4.0) | (0.0-0.2) |  | (0.0-0.2) | (0.2-3.3) | (1.5-6.0) | (0.9-5.0) | (2.1-35.2) |  | (2.1-6.0) | (1.0-3.7) |
| South-East | 513 | 497 | 6.8 | 3.3 | 38.7 | 44.4 | 1.2 | 0.2 | 0.0 | 0.0 | 0.4 | 0.9 | 1.6 | 1 | 25 | 6 | 6.3 | 3.3 |
|  |  |  | (4.5-9.7) | (1.6-6.7) | (20.5-56.8) | (29.3-59.5) | (0.5-2.6) | (0.0-0.6) |  |  | (0.1-1.1) | (0.3-2.1) | (0.8-2.9) | (0.5-2.2) | (11.4-46.3) | (0.8-344) | (4.2-9.6) | (1.6-6.7) |

[^21]
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## Details of key IBBA publications

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[^0]:    * Intended coverage is calculated based on territory division with other HIV prevention providers in the district and the size estimates of the "high-risk" populations in each territory within the district.

[^1]:    * Intended coverage is calculated based on territory division with other HIV prevention providers in the district and the size estimates of the "high-risk" populations in each territory within the district.

[^2]:    NA-Not available
    ** R1 data for Hyderabad, Karimnagar, Warangal, and Karnataka given under last year represent last six months.

[^3]:    NA-Not available

[^4]:    NA-Not available

[^5]:    - Domestic servant

[^6]:    Note: All types of female sex workers included unless otherwise indicated
    BB-Brothel Based; SB-Street Based; NBB-Non-Brothel Based BB-Brothel Based;
    NA-Not applicable

[^7]:    Based on subset of responden visited the respondent only once or a few times and the respondent do not remember them Regular Clients-Clients who visited the respondent regularly/repeatedly and respondent knows them

    NA-Not applicable

[^8]:    Based on subset of respondents applicable for that analysis
    Regular non-paying male partner-Husband, boyfriend or live-in-partner

[^9]:    Nath Positive for reactive syphilis serology, N. gonorrhoeae or C. trachomatis (one or more)
    NA-Not available

[^10]:    Of the 7 symptoms, viz., Genital/anal ulcer/sore, discharge from rectum, pain during defecation, burning/pain on urination, urethral discharge, swelling in groin area, and cannot retract foreskin. - Estimates not presented due to small base

[^11]:    \# Based on subset of respondents available for that analysis
    NA-Not available
    Non-commercial male/Hijra partners-Other than the regular non-paying partners Main regular female partner-Regular female partners

[^12]:    * Un-weighted estimates based on a random sample of $10 \%$ of sera specimens selected for HSV-2 testing
    **** Positive for reactive syphilis serology, N. gonorrhoeae or C.trachomatis (one or more)

[^13]:    *Of the 7 symptoms, viz., Genital/anal ulcer/sore, discharge from rectum, pain during defecation, burning/pain on urination, urethral discharge, swelling in groin area, and cannot retract foreskin.
    " Based on subset of respondents applicable for that analysis
    " Of the 7 symptoms, viz., Genital/anal ulcer/sore, discharge fron

[^14]:    " Based on subset of respondents applicable for that analysis

    - Estimates could not be calculated in RDSAT

[^15]:    ****" Positive for reactive syphilis serology, N. gonorrhoeae or C. trachomatis (one or more)

    - Estimate could not be calculated by RDSAT

[^16]:    NA-Not available
    Key clinic-Avahan supported STI franchise

[^17]:    \# Based on subset of respondents available for that analysis
    NA-Not available

[^18]:    " Based on subset of respondents available for that analysis
    Occasional FSWS-Clients who visited the FSW only once or a few times and did not remember their faces
    Regular FSWs-Clients who visited the FSW regularly/repeatedly and knows them
    NA-Not available

[^19]:    \# Based on subset of respondents available for that analysis
    NA-Not available

[^20]:    NA-Not available

    * Un-weighted estimates based on a random sample of $10 \%$ of sera specimens selected for HSV-2 testing
    *" RPR positive (any titre) and TPHA positive
    ? Positive for reactive syphilis serology, N. gonorrhoeae or C.trachomatis (one or more)

[^21]:    Un-weighted estimates based on a random sample of $10 \%$ of sera specimens selected for HSV-2 testing
    RPR positive (any titre) and TPHA positive

