

National Integrated Biological and Behavioural Surveillance (IBBS) 2014-15

High Risk Groups



National AIDS Control Organisation

India's voice against AIDS Ministry of Health & Family Welfare, Government of India www.naco.gov.in



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December 2015



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FOREWORD

Evidence informed decision making is fundamental to India's successful response to HIV/AIDS epidemic. A robust surveillance system, tracking HIV epidemic in almost every district in the country, has been core to the evidence informed decision making under National AIDS Control Programme (NACP). This surveillance system has evolved over years capturing the progress of epidemic and guiding the responses at national, state as well as district level.

Considering the concentrated nature of HIV epidemic in India, National Integrated Biological and Behavioural Surveillance (IBBS) was formulated as a strategic focus to strengthen HIV surveillance among High Risk Groups and Bridge Population. India has a diverse epidemic in terms of HIV level, trends as well as drivers of the epidemic; National IBBS was designed to represent this diverse epidemic. It was implemented in six study groups comprising Female Sex Workers (FSWs), Men having Sex with men (MSM), Injecting Drug Users (IDUs), Transgender, Migrants and Currently Married Women in high outmigration districts with an adequate representation of high, moderate as well as low prevalence states.

Targeting an overall sample size of 1,38,400, the world's largest bio-behavioural surveillance has used latest information technology to efficiently implement the survey. Bio-behavioural data collection of national IBBS was implemented during October 2014 to November 2015. Behavioural interviews were done using Computer Assistant Personnel Interviewing (CAPI devices with android based applications and immediately transferred to a central server on real time basis. Blood specimen collection was done using Dried Blood Spot (DBS) method to ensure quality sample collections in the remotest places. The entire project was closely managed and supervised with Integrated IBBS Management System at state, regional and national level.

This national report provides a descriptive analysis of behaviour and biological data collected under National IBBS for the FSW, MSM and IDU population. The indicators presented in this report are comprehensive encompassing a wide array of, but not limited to, aspects like risk behaviours, HIV -related knowledge and practices, experiences of violence, stigma & discrimination, programme exposure as well as HIV prevalence. I hope that the report will provide an insight into the current status of HIV epidemic across various districts, states and regions of India and will be used by all programme managers for efficient review, modification and implementation of HIV/AIDS-related services.

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PREFACE

Indian epidemic has been best described as concentrated epidemic with significant regional variations; National IBBS was implemented in 31 States/UTs of the country in six risk groups with strategic focus to strengthen the HIV surveillance among HRG and bridge population. It aimed to generate representative estimate on risk behaviors and prevalence among risk groups to support planning and prioritization of programme efforts at district, state and national levels.

National IBBS, first nation wide community based bio-behavioural surveillance among HRG and bridge population, collected information on many key parameters of programmatic importance. It included Knowledge indicators related to HIV prevention, STI, Condom, HIV/AIDS services, risk profile and practices, HIV testing, Stigma & discrimination as well as exposure to HIV/AIDS services and community mobilization. Tools were translated into 16 languages and data collection was done using computer aided interviewing technique. Field work was monitored by eight reputed government public health institutes. Blood specimens collected during National IBBS were tested for HIV at 17 states- of-the- art DBS laboratories. This report aims to provide a descriptive analysis on a comprehensive set of indicators for core groups FSW, MSM and IDU. The report provides state wise behavioural estimates while HIV prevalence estimates has been provided for a state or a group of states.

National IBBS was successfully implemented with efforts and involvement of several organizations and individuals at different stages. First of all, we are grateful to all members of Technical Advisory Group to steer the whole process of planning, coordination, implementation and monitoring of the IBBS as well as for their advice in decision making in technical and operational areas. National Working Group (NWG), comprising members from development partners like CDC DGHA India, WHO India, FHI 360, Population Council and PHFI, worked relentlessly on developing guidelines, finalizing tools, coordinated with the institutes for implementing the survey, acted as master trainers, went frequently to field for supportive supervision and analyzed the data on almost on a real time basis. We acknowledge the efforts of NWG with gratitude. NACO's project management unit (PMU) worked intensively on 24*7 basis for day to day coordination of world's larges bio-behavioural surveillance, their immense interest and great assistance to National IBBS implementation are gratefully acknowledged. Special thanks goes to eight government public health institutes (AIIMS, New Delhi; NIHFW, New Delhi; NIMS, New Delhi; NARI, Pune; NICED, Kolkata; NIE, Chennai; PGIMER, Chandigarh; and RIMS, Imphal) that ensured national IBBS implementation of highest possible quality through intense training and monitoring. State AIDS Control Societies facilitated the national IBBS implementation in field and took active role in community engagement and ownership of the survey in the field; we congratulate all Project Directors of SACS for ensuring smooth implementation of National IBBS. Blood specimen collected under National IBBS was tested at 17 DBS laboratories within a very short period; we gratefully acknowledge the efforts put in by all staff of DBS laboratories. While national IBBS was mostly supported through domestic budget, complementary funding was also provided by CDC-DGHA India through FHI 360, PHFI and WHO India; funding support from

all development partners is sincerely acknowledged. Hard work of the data collection and their management in very challenging scenarios at various stages of field work was done by interviewers, laboratory technicians, team in-charges and domain coordinators; we gratefully appreciate for the efforts put in by all field team members. Last but not the least, credit goes to all the community leaders, members and respondents who owned the survey, spent their time to respond to the lengthy questionnaires with great patience.

The best possible efforts have been made in the analyzing, interpreting and writing this report in a very short time. However as always there may be scope of further improvements. We would welcome all suggestions to assist in future improvement of report.

I hope that information provided in this report would strengthen the HIV epidemic understanding of all stakeholders, including the programme managers, academicians as well as researchers. I am confident that up-to-date estimates provided here will contribute significantly to the planning and implementing effective and efficient responses to the HIV/AIDS epidemic in country.

Man Sh (Dr Neeraj Dhingra)

National Integrated Biological and Behavioural Surveillance (IBBS)

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Acronyms

AIDS	Acquired Immuno-Deficiency Syndrome
AIIMS	All India Institute of Medical Sciences, New Delhi
ART	Anti-retroviral Therapy
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy
BCC	Behaviour Change Communication
BSS	Behavioural Surveillance Survey
САВ	Community Advisory Board
CCS	Conventional Cluster Sampling
САРІ	Computer Assisted/Aided Personal Interview
CDC	Centers for Disease Control and Prevention
CI	Confidence Interval
CIS	Cluster Information Sheet
CL	Community Liaison
СМВ	Community Monitoring Board
CMW	Currently Married Women
COE	Centre of Excellence
CST	Care Support and Treatment
DBS	Dried Blood Spot
DAPCU	District AIDS Prevention and Control Unit
DIC	Drop in Center
EQAS	External Quality Assurance System
FHI	Family Health International

FRA	Field Research Agency
FSW	Female Sex Worker
GIS	Geographic Information System
GPS	Global Positioning System
НСТ	HIV Counseling and Testing
HIF	Hot Spot Information Format
HIV	Human Immuno-deficiency Virus
HRG	High Risk Group
IBBS	Integrated Biological and Behavioural Surveillance
ICTC	Integrated Counseling and Testing Centre
ICF	Informed Consent Form
ICMR	Indian Council of Medical Research
IDU	Injecting Drug Users
IEC	Information, Education and Communication
IIMS	Integrated Information Management System
LAC	Link ART Center
LT	Laboratory Technician
M&S	Monitoring and Supervision
MIG	Migrant
MSM	Men who have Sex with Men
NACO	National AIDS Control Organization
NACP	National AIDS Control Programme
NAEP	National Adolescent Education Programme
NARI	National AIDS Research Institute, Pune
NFHS	National Family Health Survey

NGO	Non-Governmental Organization
NICED	National Institute of Cholera and Enteric Diseases, Kolkata
NIE	National Institute of Epidemiology, Chennai
NIHFW	National Institute of Health and Family Welfare, New Delhi
NIMS	National Institute of Medical Statistics, New Delhi
NSEP	National Syringe Exchange Programme

Executive Summary

India has one of the world's largest and most robust HIV surveillance systems. Since 1998 this system has aided the national government to better monitor the trends, levels and burden of HIV among different population groups, and facilitated the delivery of an effective response to control the epidemic in the country.

The concentrated nature of the Indian HIV epidemic necessitates a strong surveillance among key populations/high risk groups (HRG) to facilitate an effective national response. With a view to strengthen the surveillance activities among HRGs, NACO implemented Integrated Biological and Behavioural Surveillance (IBBS) to generate evidence on risk behaviours among HRGs to support planning and prioritization of programme efforts at the district, state and national levels.

The National IBBS is the largest bio-behavioural study of its kind in the world and was implemented with technical support of eight leading Government Public Health Institutes of the country. It was implemented across six population groups comprising Female Sex Workers (FSW), Men who have Sex with Men (MSM), Injecting Drug Users (IDU), Transgender (TG), Migrants and Currently Married Women (CMW) in high outmigration districts. This report presents the findings from the IBBS among FSWs, MSM and IDUs.

The methodology adopted for the National IBBS was community based cross-sectional survey design using probability-based sampling. Blood specimens, under national IBBS, were collected using Dried Blood Spot (DBS) method. HIV testing approach adopted under IBBS was Unlinked Anonymous Testing with informed consent. DBS specimens were tested for HIV, following a Two Test Protocol at 16 DBS testing labs across the country. All positive and 2% of negative specimens were re-tested at the National AIDS Research Institute (NARI) under external quality assurance.

FSW Summary

A total of 27,007 FSW samples were analyzed across 73 domains in 28 States/Union Territories. The response rate among FSWs in the IBBS was 92%.

Profile of FSW: The median age of FSWs across most states was between 28 and 30 years, and nationally it was 30 years. However, median age in the northeast and eastern states was lower with a larger proportion of younger FSWs; whereas in most of the southern states, older FSWs were more predominant. About two third of FSWs at the national level were literate. Two third of FSWs were currently married, one fifth were separated, divorced or widowed and the remaining were unmarried. In general a higher proportion of FSWs in a majority of the northern, central and eastern states were currently married, compared with FSWs in other regions. Nationally, close to half of the FSWs were dependent on sex work for their income and among the remaining who had an additional source of income, the predominant occupation was 'labourer' followed by 'maid servant'.

Sexual behaviour: Median age at first sexual intercourse among FSWs was 18 years while

median age at initiation of commercial sex work was 22 years at the national level. Median duration in sex work was six years nationally, and ranged between 3 and 13 years across states.

The most frequently reported primary place of solicitation was home (33%), followed by rented room (20%), public places (16%), lodge / hotels (11%) and brothels (10%). In all states the predominant place of solicitation was home or rented room. In the northeast and west, a relatively higher proportion of FSWs reported lodge/ hotels as place of solicitation, higher than the national average and most other states. Brothel-based sex work was reported by more than half of the FSWs in West Bengal and a sizeable proportion in the states of Delhi and Maharashtra. In general, solicitation in public places was reported by a higher proportion of FSWs in the southern states, compared with the national average. Use of cell phones for contacting/ getting clients was reported by three fourth of FSWs whereas five percent reported contacting / getting clients through internet.

Over one half of the FSWs reported that the locality of sex work practice was only in urban areas (55%), while 30% reported both urban and rural areas and remaining 15% reported practicing only in rural areas. More than one fourth of FSWs in the states of Chhattisgarh, Jharkhand, Odisha, Assam, Manipur, Mizoram, Meghalaya, Tripura, Andhra Pradesh and Kerala reported that they practiced sex work only in rural areas.

Partner types and condom use: Over three fourth of FSWs reported having occasional clients (79%); among these FSWs, 94% reported condom use at the last sex act and 74% reported consistent condom use with this type of partner in the last one month. Eighty two percent of FSWs reported having regular clients; and among these

FSWs, 91% had used condom during the last sex act and 68% had used condom consistently in the last one month with this partner.

Sixty two percent of FSWs reported having a regular male partner, such as spouse, lover, boyfriend or other live-in sexual partner. Among these FSWs 55% reported using condom during the last sex act and 29% reported using condom consistently in the last three months with this partner.

Eighteen percent of FSWs reported having sex with a casual non-paying male partner, other than their regular male partner in the last one year. Among these 81% had used a condom during the last sex act and 49% had used condom consistently in the last three months with this partner.

Anal sex and condom use: Among FSWs who had occasional clients, one fifth reported that they had anal sex with these clients in the last one month. Among them, 88% of FSWs reported condom use at the last anal sex and 64% reported consistent condom use during anal sex in the last one month. Similarly one fifth of FSWs who had regular clients, reported that they had anal sex in the last one month with such clients. Among these FSWs, 87% reported using condom during the last anal sex and 63% reported consistent condom use in the last one month with these clients.

Two-fifth of FSWs reported that they had obtained condoms from NGO peers, outreach workers or a drop-In center (DIC). Another 21% of FSWs reported that they had obtained condoms from clients and 12% had bought condoms from a drug store. More than one fifth of FSWs reported buying condoms from a drug store in the states of Haryana, Meghalaya, Mizoram and Tamil Nadu Alcohol and other Substance use: Close to one third of FSWs reported consuming alcohol in the last 12 months. Alcohol consumption was higher among FSWs in the northeastern states such as Manipur, Mizoram, Nagaland, and Arunachal Pradesh where more than 60% of FSWs reported consuming alcohol; while in Odisha and West Bengal more than fifty percent reported the same. Among FSWs who had consumed alcohol, 61% reported that they had consumed alcohol before or during sex; in a majority of the states, between 50% and 90% of the FSWs reported consuming alcohol before or during sex. Less than 2% of FSWs reported injecting drugs for non-medical reasons in the 12 months; among these FSWs nearly half reported that they had shared needles and syringes at the last injecting episode. A higher proportion of FSWs than the national average reported that they had injected drugs, in the states of Manipur (11%), Mizoram (15%), Puducherry (11%) and Gujarat (9%).

Self-Reported STI: Nearly one half of the FSWs reported that they had experienced one or more symptoms of STI in the last one year. A majority of these FSWs reported seeking treatment from either NGO (49%) or Government clinics (49%) for their last STI episode. Thirty percent or higher proportion of FSWs in the states of Himachal Pradesh, Mizoram and Meghalaya reported that they had not taken any action for the last episode of STI.

Stigma and Discrimination: More than one fourth (27%) of FSWs felt that they had been treated disrespectfully by their family, friends or neighbors because of being an FSW. About one fifth (21%) of FSWs had perceived that they had been treated differently in a health facility because of being an FSW. About 30% or higher proportion of FSWs in states such as Haryana, Madhya Pradesh, Jharkhand, Odisha, West Bengal, Arunachal Pradesh and Tamil Nadu

perceived that they had been treated differently in health care facilities because they were an FSW.

HIV testing: Eighty four percent of FSWs who had heard of HIV/AIDS, reported that they had ever tested for HIV; among these FSWs almost all (99%) reported that they had tested in the last 12 months. More than one third (36%) of the FSWs who had ever tested for HIV reported that they had voluntarily tested for HIV (went on their own) and 87% of FSWs reported that they had collected their test result when they last tested for HIV. The proportion of FSWs who had ever tested sof Rajasthan (67%), Jharkhand (58%), Arunachal Pradesh (53%) and Meghalaya (42%) while in all other states ranged between 70% and 95%.

Exposure to programme services: Nearly 90% of FSWs had been exposed to one or more HIV/ AIDS-related services during the 12 months preceding the IBBS. Except for states of Rajasthan, Arunachal Pradesh, Meghalaya and Kerala, over 80% of FSWs in all the states had been exposed to some HIV / AIDS related services.

Among FSWs who had received any HIV/ AIDS related services, 71% of FSWs reported that peer educators had met with them at least twice in the last month, 17% had received at least 40 condoms in the last month and 64% of FSWs had received a regular medical check-up (RMC) in the last three months preceding IBBS.

HIV Prevalence: HIV prevalence among FSWs at the national level was recorded as 2.2% (95% CI: 1.8 - 2.6). HIV prevalence among FSWs in Maharashtra was recorded as 7.4% (95% CI: 4.5 - 11.9) and 6.3% (95% CI: 4.1 - 9.5) in Andhra Pradesh. Other states with higher than five percent prevalence were the group

of states of Manipur, Mizoram and Nagaland where prevalence recorded was 5.9% (95% CI: 4.0 - 8.6), followed by FSWs in Karnataka with a similar HIV prevalence of 5.8% (95% CI: 4.0 - 8.2). All other groups of states recorded HIV prevalence less than 2%.

MSM Summary

The total sample of MSM analyzed was 23,081 across 61 domains in 24 States/UTs. The response rate among MSM in the IBBS was 85%.

Profile of MSM: The median age of respondents was 28 years nationally and ranged between 24 and 30 years across different states. States with high median age (30) among MSM were Goa, Gujarat, Karnataka and Tamil Nadu. In the majority of the states in the north, central and eastern regions, median age was relatively lower (24 or 25). The southern and western states had a greater share of the older MSMs. The proportion of literate MSM was 88% at the national level and in the vast majority of states the proportion of literates was more than 90%. The majority of MSM reported that they were never married (64%), while close to one third were currently married and less than 5% were widowed / divorced or separated. Currently married MSM comprised over one fourth of MSM in 13 states. At the national level, the main occupation reported by MSM was some type of labour work (34%), followed by other types of occupations such as business or public / private service. Sex work or being a masseur was reported by less than five percent of respondents. About 12% of MSM reported being students and 11% were unemployed.

Sexual behaviour: Nationally, the median age at first sexual experience among MSM was 16 years. Median age at initiation of sex with a male was 17 years. One third of the MSM reported having

their first sex with a male/hijra between 18 and 24 years and a similar proportion reported their first sex with a male was between 15 and 17 years. Nearly one half of MSM reported that they had ever sold sex (48%) to another male. Median age of initiating commercial sexual activity was 19 years and ranged largely between 18 and 20 years across a majority of the states. Median duration in sex work was 8 years.

More than half of the MSM self-identified as predominantly Kothi i.e. receptive partner (51%), followed by double decker (24%) and Panthi i.e. penetrative partner (19%). About six percent of MSM self-identified as bisexual. Self-identification as Kothi was more prevalent in states such as Tamil Nadu (66%), Puducherry (76%), Gujarat (71%), Nagaland (59%) and Chandigarh (56%). Panthi self-identification was reported by one third or higher proportion of MSM in Punjab, Madhya Pradesh, Uttar Pradesh, Jharkhand and Goa; in most other states less than one fourth reported the same.

Partners and Condom Use

Regular Male Partner: Over half of the MSM reported having a regular male partner (54%), defined as lover, boyfriend or live-in-partner, who is another male. Among those with regular male partners, 95% of MSM reported that they generally have penetrative (either insertive or receptive) sex with their regular male partner. About 82% of MSM reported condom use at last anal sex with a regular male partner and 50% of MSM reported having consistent condom use in the last one month.

Regular Hijra Partner: About 22% of MSM reported having a regular hijra partner and 92% had penetrative sex with this partner. Among these MSM, last time condom use was reported by 83% and consistent condom use in the last

month was reported by 54% of the MSM.

Paying Male Partner: About half of the MSM reported ever having a paying male partner (48%) to whom they sold sex. Among them 81% reported having a paying partner in the previous 12 months and the vast majority (95%) reported practicing penetrative sex with this partner in the previous 12 months. Nearly ninety percent of MSM reported condom use during last penetrative sex and more than half of the MSM nationally (55%) reported consistent condom use with their paying male partner, in the last month.

Paid Male Partner: About 27% of MSM reported ever having a paid male partner, from whom they had bought sex. Among these MSM, 73% had paid another male for sex in the last 12 months and 90% of them reported having penetrative sex with their paid male partner. Condom use at last penetrative sex with the paid male partner was reported by 87% and consistent use of condom in the last one month was reported by 51% of MSM.

Casual Male/ Hijra Partner: About 37% of MSM reported ever having sex with a casual male/hijra partner. Among these MSM, 86% reported having such a partner in the last 12 months; and among this subset of MSM, the vast majority (89%) reported having penetrative sex with the casual male/hijra partner. Eighty six percent of MSM who had penetrative sex with these partners, reported condom use at last penetrative sex and 54% reported consistent condom use in the last one month.

Female Partners: Close to half of the MSM across the country reported that they ever had vaginal sex with a female (48%) and among them 68% of MSM reported currently having a regular female partner. About 45% of MSM reported using condom at last sex with their regular female partner and one fourth reported consistent condom use in the last 12 months with this partner.

Paid female Partner: Of the MSM who ever had sex with a female, one fourth reported having paid for sex with a female; and among them nearly three fourth (72%) reported doing so in the last 12 months. Condom use at last sex with a paid female partner was reported by 86% and consistent use of condom in the last 12 months was reported by 57% of MSM.

Casual Female Partner: Among MSM who ever had sex with a female, 19% reported having a casual female partner such as lover, other than their regular female partner; among them about 69% reported having such a casual female partner in the last 12 months. Eighty two percent of MSM reported condom use at last sex act and 50% reported consistent condom use in the last 12 months with this partner.

Two fifths of MSM had obtained condoms from NGO/ TI outreach workers or peer educators (39%), while another one fourth bought condoms from a drug store / chemist (26%). In general, the proportion of MSM who had bought condoms from a drug store, was higher in many more northern and central states than the national average.

Alcohol, Drug use and Experience of Violence: Overall 51% of MSM reported consuming alcohol in the last 12 months. Among those who consumed alcohol, 56% reported using it before or during sex with a partner. In a number of states such as Punjab, Chhattisgarh, Odisha, West Bengal, Assam, Nagaland, Tripura, Andhra Pradesh and Tamil Nadu, between 60% and 87% of MSM reported consuming alcohol in last 12 months. Among those who reported consuming alcohol in last 12 months, between 50% and 65% of MSM had consumed alcohol before or during sex in the vast majority of states. About 3% of MSM reported injecting drugs in the last 12 months and among them, close to one half reported sharing needle and syringe (47%). Over 10% of MSM in Andhra Pradesh (12%) and Chandigarh (18%) reported injecting drug use in the last 12 months, higher than in any other state.

Self-Reported STIs: Over one fifth of MSM (21%) reported having one or more STI symptoms in the last 12 months. Among them, half of the MSM reported visiting a government facility (51%), two fifth reported taking advice from NGO clinics (46%) and one fifth reported visiting a private facility (21%) for treatment/ advice for the last episode of STI. The proportion of MSM who reported taking no action for the last STI episode was 6% at the national level and higher in West Bengal (25%), Nagaland (29%), and Tamil Nadu (17%), compared with all other states.

Stigma and Discrimination: Close to one fifth of MSM (17%) perceived that they were treated differently by those known to them due to their MSM status. About 13% of MSM across the country perceived that they were treated differently in a health facility because of being an MSM. This proportion was over one fifth in some northern and southern states including Delhi (29%), Chhattisgarh (21%), Andhra Pradesh (24%), Karnataka (23%) and Puducherry (26%).

HIV testing: Nearly all MSM (98%) who had heard of either HIV or AIDS reported that they were aware about places where HIV testing is available. More than three fourths of MSM (78%) at the national level reported ever testing for HIV. Among them almost all MSM (99%) reported testing in the last 12 months. Among this subset, 42% of MSM reported voluntary testing and nearly 88% of MSM had collected their HIV test result when tested last. States with considerably lower proportion of MSM who had ever tested for HIV were Himachal Pradesh (49%), Rajasthan (43%), Jharkhand (32%), Assam (59%), Tripura (57%) and Kerala (57%).

Exposure to programme services: Seventy eight percent of MSM at the national level reported that they had received one or more HIV/ AIDS services in the last 12 months. Among states such as Himachal Pradesh, Rajasthan, Jharkhand, Kerala & Tamil Nadu, a relatively lower proportion of MSM reported exposure to any HIV/ AIDS services in the last 12 months (between 47% and 75%). Sixty one percent of MSM nationally reported that a peer / outreach worker had visited them twice in the last month, 37% of MSM had received 40 condoms or more in the previous month and 55% had received regular medical checkup in the last three months.

HIV Prevalence: Prevalence of HIV among MSM recorded at the national level was 4.3% (95% CI: 3.7 – 5.1). MSM in the state of Andhra Pradesh recorded a HIV prevalence of 10.1% (95% CI: 7.4 - 13.8). Among the group of states, MSM in Gujarat and Goa recorded a prevalence of 6.8% (95% CI: 4.2-10.9) and in the West Bengal, Odisha, Jharkhand group, the HIV prevalence recorded was 6.7% (95% CI: 3.7-12.0). Other states where the HIV prevalence recorded among MSM was similar to the national prevalence was Maharashtra (4.9%: 95% CI: 3.3-7.4) and Karnataka (4.1%; 95% CI: 2.9-5.8). In all other states, and group of states, the HIV prevalence recorded was 3% or less.

IDU Summary

The total sample of IDU analyzed was 19,902 across 53 domains in 29 states. The response rate among IDUs in the IBBS was 90%.

Profile of IDU: The median age of respondents was 30 years nationally and ranged between 24 and 35 years across different states. Overall close to (47%) of the IDUs surveyed were between

ages 25 to 34 years followed by those who were 35 to 44 years group (23%). Over one-fifth (21%) of respondents were between the age group of 18 and 24 years while those over 45 years represented a smaller proportion (8%) of the overall sample. A higher proportion of the IDU were younger in many of the north-eastern states such as Arunachal Pradesh, Assam, Meghalaya, Mizoram, Nagaland, Sikkim, and Tripura. A majority of IDU across the country were literate (84); in general, literacy was higher among IDU in the northeast and lower among some of the northern states such as Uttar Pradesh, Rajasthan, Bihar, etc.

Nationally, 43% of IDUs reported that they were currently married and forty eighty percent were unmarried. About 8% of IDUs at the national level were widowed / divorced or separated. However, in the states of Delhi, Goa, Gujarat and Mizoram, between 18% and 35% of respondents reported that they were widowed, divorced, or separated. Nineteen percent of IDUs were unemployed and four-fifths (39%) were working as laborers. Close to 10% of IDUs were engaged in petty business/ small shop while another 12% were engaged in other work such as service, large business, hotel staff, drug dealers etc. Four percent of the respondents reported to be students.

Injecting Drug Use practices: Nationally, the median age at initiation of drug use among IDUs was 19 years. Close to three fourth (76%) of IDUs started drug use by means of non-injecting forms; more than half (61%) had started with oral drug use or smoking form, another 16% by sniffing/chasing and one fourth (23%) had started by injecting method. Median age at debut of injecting drug use was 22 years. One tenth of respondents initiated injecting drug use between 15-17 years, another 34% between ages 18-21 years and remaining respondents (over one half) had initiated injecting drug use after the

age of 22 years. Most of the states had similar pattern of age at initiation of injecting drug use, with IDUs in the 18-21 year age group being the predominant age for initiation into injecting drug use.

The median duration of engagement in injecting behavior was six years; about 60% of respondents had been injecting for more than five years. The states of Delhi, Rajasthan, Chandigarh, Jharkhand, Tripura and Maharashtra had a higher proportion of IDUs (more than 70%) who had engaged in injecting drug use for more than five years and the median duration of injecting behavior in these states was 8 years or higher.

Type of Drugs: Over one third of the respondents injected Heroin followed by Buprenorphine. Between 7% and 11% of IDU had injected Pentazocine, Spasmoproxyvyon, Brown Sugar or sedatives/hypnoticdrugs such as Diazepam/ Calmpose, Nitrazepam/ Clonazepam/ Avil/ Phenargan.

Among the northeastern states, Heroin and Spasmoproxyvyon were the predominant drugs. In the northern states, brown sugar, Buprenorphine or Diazepam/ Calmpose, Nitrazepam/ Clonazepam/ Avil/ Phenargan were the most commonly injected drugs; in eastern states of Bihar, Jharkhand, Odisha and West Bengal, the most common type of drugs injected were Buprenorphine and Pentazocine; and in the western states, Heroin and Brown sugar were the most common type of drugs injected.

Injecting Practices: The median number of times drugs were injected, on last injecting day, was 2 times; around two thirds of IDUs had injected once or twice and close to one fourth (24%) injected three times or more times on the last day they injected. Nationally 15% of IDUs had shared

needles / syringes at the time of last injecting episode and 20% had shared needle/syringes in last three months.

Source of Needle / syringe: About half the IDUs had obtained a new needle/ syringe from NGO peer/ outreach worker/drop in center (46.3%); 30% from chemist/hospital and 5% from friends or fellow drug users. NGO out-reach worker/peer educator/drop in center were the main source of new needles & syringes in most of the states.

Places of Injecting: Two fifth of IDUs had injected in their homes, while one fifth had injected in streets/ park locations in the last three months. About 11% had injected in abandoned buildings and close to 15% had injected in other public locations such as hospital, cinema hall, bus terminus, etc. and other places.

Other Injecting behaviors: Eighty three percent of IDUs had injected in a group during last injecting episode. About 11% of IDUs had been to prison for drug use related activity in the last year and about 8% reported that their female regular partner (spouse/ girlfriend/live-in partner) also injected drugs.

Needle/ Syringe disposal practices: The most common needle/ syringe disposal method was throwing in a dustbin (30%) or around the injecting sites (26%). Another one fifth of IDUs had returned the used needle/syringe to the needle syringe exchange programme (NSEP) and 13% had buried or burnt the needle/syringe.

Sexual Behaviors, Partners and Condom Use: Over 80% of IDUs at the national level reported ever having sex with a female. The median age at first sex among IDUs was 20 years. A majority of IDUs had their first sex between 18 and 24 years (61%). Seventy percent of IDUs who had sex with a female had a regular female sexual partner; Condom use at the last sex act with a regular female partner was practiced by 41% of IDUs and consistent condom use was practiced by 16%.

Among IDUs who had sex with a female, less than one third of IDUs had ever paid a female for sexual intercourse (32%). Seventy seven percent had used condom at the last sex act with a paid female partner and about half the IDUs had practiced consistent condom use in the last 12 months with this partner.

More than one fourth of IDUs (28%) had a casual female partner and over half reported condom use at the last sex act and 29% reported consistent condom use with this partner.

About 7% of IDUs ever had anal sex with a male/ hijra. The practice of anal sex with a male / hijra was reported by a higher proportion of IDUs in the northern and central states. Among these IDUs, 37% reported having anal sex with the male/ hijra in the last 12 months. Around one half of the IDUs reported condom use at the last sex act with a male / hijra (45%) and 36% reported practicing consistent condom use with this partner.

Self-reported STI: Overall about 16% of IDUs reported having one or more STI symptoms in the previous year. In the states of Delhi, Haryana, Uttarakhand, Jammu & Kashmir and Gujarat, between one fourth and two fifth of IDUs reported having had one or more STI symptoms in the last year. Close to two third of IDUs had sought treatment for the last STI episode at an NGO run clinic (34%) or Government facility (30%); 10% of IDUs had also sought treatment from traditional or alternative

practitioners. About 17% of IDUs had not taken any action for the last STI symptom.

Stigma and Discrimination: About one half of the IDUs perceived that they were treated disrespectfully by family, friends, neighbors etc (46%) and one fourth of IDUs perceived that they had been treated differently in a health facility because of being an IDU.

HIV Testing: Over 90% of IDUs, who reported hearing of HIV or AIDS, were aware about places where they could get HIV testing. Sixty five percent of IDUs had ever tested for HIV in their lifetime; and among these IDUs, 92% had tested in the last 12 months. Among those who tested, about 40% of IDUs reported that they had tested for HIV on their own (voluntarily) and were not referred by anyone; and 87% of IDUs who had ever tested for HIV reported that they had collected their HIV test result. The proportion of IDUs who ever tested for HIV was one third or less in states of Himachal Pradesh (33%), Uttar Pradesh (30%) and Bihar (29%); in some other states such as Haryana, Jharkhand, Sikkim, Karnataka and Kerala between 35% and 42% had ever tested for HIV.

Exposure to services: Eighty one percent of IDUs had been exposed to at least one of the HIV/AIDS related services during the 12 months prior to the survey. About seventy three percent of IDUs had received new needles/syringes from PE or ORW, while 58% had received information on STI/HIV; 32% had received OST services, 35% had received referral services and 25% had received abscess management services in the last 12 months preceding the IBBS. Eighty percent of IDUs had been contacted at least twice by PE/ORW in the last month; and thirty one percent of IDUs had received 30 new needles / syringes in the last month. Less than one third of IDUs had

received at least 10 condoms (31%) in last the month.

HIV Prevalence: The prevalence of HIV recorded among IDUs at the national level was 9.9% (95% CI: 9.0-10.9). In the group of states of Bihar, Uttar Pradesh and Uttarakhand, the recorded prevalence among IDUs was 27.2% (95% CI: 23.6- 31.2). Closely following was the state group of Delhi and Rajasthan, where HIV prevalence recorded among IDU was 21.8% (95% CI: 15.7-29.4). Other states/ state groups where HIV prevalence was more than 10% were: the state group of Chhattisgarh and Madhya Pradesh which recorded HIV prevalence of 13.6% (95% CI: 10.5—17.5); and state of Manipur where HIV prevalence recorded was 12.1% (95% CI: 9.7 - 15.0).

Other states / state groups had a similar HIV prevalence as the national average. HIV prevalence recorded among the IDUs in the state of Mizoram was 10% (95% CI: 7.2 - 13.8), and was followed by the state group Odisha, Jharkhand and West Bengal where HIV prevalence recorded was 9.7% (95% CI: 6.2-14.8) and state group of Punjab and Chandigarh where prevalence of HIV recorded was 9.7% (95% CI: 6.6-14.2). Another state group with HIV prevalence higher than five percent was Haryana, Himachal Pradesh and Jammu &Kashmir (7.3%; 95% CI: 5.4-9.7). Among all other states / group of states, the prevalence was less than five percent.



Introduction

Chapter 1 Introduction

India's response to the HIV epidemic was launched in 1987 with the constitution of the National AIDS committee. In 1992, the National AIDS Control Organisation (NACO) was established and a comprehensive National AIDS Control Programme (NACP-I) was launched. Three phases of NACP (I, II and III) have been implemented since 1992 and presently NACP phase IV is in progress. India's initial response has been inclusive of focused interventions for the key populations or high risk groups (HRGs) such as female sex workers (FSW), men who have sex with men (MSM), transgender (TG) and persons who inject drugs (PWID) or injecting drug users (IDU), based on the understanding about the concentrated nature of the HIV epidemic in the country. During different phases of the programme, the focus shifted from raising HIV/AIDS awareness to behavior change with a comprehensive care, support & treatment (CST) services , from a national response to a more decentralized response and to increasing involvement of community representatives including that from key population as well as networks of people living with HIV/AIDS (PLHIV).

1.1 Evolution of the National AIDS Control Programme

The first phase of National AIDS Control Programme (NACP-I), was implemented between 1992 and 1999, with an objective to combat the Human Immuno-deficiency Virus (HIV) infection and Acquired Immuno-Deficiency Syndrome (AIDS) in the initial stage itself. The first phase focused on awareness generation, setting up surveillance systems for monitoring the HIV epidemic, taking measures to ensure access to safe blood and preventive services for high risk group populations. An important focus of NACP I was instituting the annual sentinel surveillance system to help monitor trends in HIV prevalence. The programme also initiated institutionalization of response to the epidemic at the state level with creation of State AIDS Cells in the Directorate of Health Services in states and union territories.

The second phase of the programme, NACP II was launched towards the end of 1999 with two key objectives: 1) To reduce the spread of HIV infection in India; 2)To increase the country's capacity to respond to HIV/ AIDS over time. The programme were considerably scaled up during NACP II including: i) interventions targeted among commercial FSWs, MSM, TG and IDU to facilitate changes in behaviors; ii) increased number of licensed blood banks and establishment of National Blood Policy; and iii) strengthening of the HIV sentinel surveillance. New initiatives during this phase included the adoption of National AIDS Prevention and Control Policy, launch of the National Adolescent Education Programme (NAEP), introduction of HIV counselling and testing and Programme for Prevention of Parent to Child Transmission (PPTCT), launch of the National Anti-Retroviral Treatment (ART) programme, formation of an inter-ministerial group for mainstreaming and setting up of National Council on AIDS chaired by the Prime Minister of India. Under NACP II the use of society model for state level implementation was institutionalized, and State AIDS Control Societies (SACS) were registered for effective programme management.

NACP phase III, launched in July 2007, aimed at "Halting and reversing the epidemic" before the end of the project period. The programme became well-evolved and grounded on strong policies, programmes, with extensive operational guidelines, rules and norms. During NACP III prevention efforts among HRG and general population were scaled up and integrated with care, support and treatment (CST) services. Strategic Information Management and Institutional strengthening activities were taken up to provide the required technical, managerial and administrative support for implementation at the national, state and district levels. State Training and Resource Centres (STRC) were set up to help state implementation units and functionaries. The decentralization process started under NACP II was further strengthened to better reach populations at the district and sub-district levels through District AIDS Prevention and Control Units (DAPCUs). NACP-III explicitly institutionalized an evidence-based programming approach, and created a Strategic Information Management Unit (SIMU).Technical Support Units (TSUs) were also established at the national and state levels to strengthen the technical capacity and programme monitoring.

NACP IV (2012-17) aims to consolidate the gains made till now and accelerate the process of reversal and further strengthen the epidemic response. The key strategies of NACP IV are: intensifying and consolidating prevention services, focusing on HRGs and other vulnerable groups; increasing access and promoting comprehensive care, support and treatment services; expand the Information Education and Communication (IEC) and focus on behavior change and demand generation; build capacities at the national, state and district levels and at facilities; and strengthen strategic information management systems. The package of services under NACP IV includes a comprehensive array of prevention and treatment services, delivered through strong, decentralized structures and guided by efficient, evidence oriented strategic information management services (Box 1.1).

Box 1.1: Package of Services offered under NACP IV

Prevention Services

- Targeted Interventions for HRGs and Bridge Population (FSWs, MSM, TGs, IDUs, Truckers & Migrants)
- Needle-Syringe Exchange Programme (NSEP) and Opioid Substitution Therapy (OST) for IDUs
- Link Worker Scheme (LWS) for HRGs and vulnerable population in rural areas
- Prevention & Control of Sexually Transmitted Infections/Reproductive Tract Infections (STI/RTI)
- Blood Safety
- HIV Counseling & Testing Services
- Prevention of Parent to Child Transmission
- Condom promotion
- Information, Education & Communication (IEC) & Behavior Change Communication (BCC)
- Social Mobilization, Youth Interventions and Adolescent Education Programme
- Mainstreaming HIV/AIDS response
- Work Place Interventions
- Social protection for marginalized populations

Care and Treatment Services

- Laboratory services for CD4 Testing and other investigations
- Free First line & second line Anti-Retroviral Treatment (ART) through ART centres and Link ART Centres (LACs), Centres of Excellence (COE) & ART plus Centres.
- Pediatric ART for children
- Early Infant Diagnosis for HIV exposed infants and children below 18 months
- HIV-TB Coordination (Cross referral, detection and treatment of co-infections)
- Treatment of Opportunistic Infections
- Drop-in Centres for PLHIV networks

1.2 Targeted Interventions

The HIV epidemic in India is driven by high risk behaviors such as unprotected sexual intercourse (heterosexual or same sex) and injecting drug use. Given this, the epidemic is largely concentrated among subgroups who engage in such high risk behaviors, referred to as key populations or high risk groups (HRG). The core HRGs in India are FSWs, MSM, TG, and IDU. HRGs are at high risk of contracting as well as spreading HIV infection to other population groups. Besides HRGs, two other population groups, long distance truckers and migrant workers, play a key role in the spread of HIV infection from HRGs to the general population. These populations, due to the nature of their work and mobility, sexually active age as well as separation from regular partners for extended periods of time are predisposed to come in contact with HRGs and constitute major proportion of the clients of sex workers. Since these groups serve as conduits of infection from HRGs to general population, they are also known as bridge populations.

Box 1.2: Services offered under Targeted Interventions

TI projects provide a package of prevention, support and linkage services through outreach based service delivery model. The specific services offered to TIs include:

- Behavior change communication
- Condom promotion and distribution; free as well as through social marketing
- Screening and treatment for Sexually Transmitted Infections
- Linkages to Integrated Counseling and Testing Centers for HIV counseling and testing
- Linkages to care and support services for HIV positive HRG
- Creating an enabling environment through community involvement and participation
- Community mobilization and ownership building
- Specific for IDU distribution of clean needles and syringes, abscess prevention and management, Opioid substitution therapy, and linkage with detoxification and rehabilitation services

Given this type of epidemic pattern, prevention efforts have been targeted towards HRGs and bridge population to reduce new HIV infections and prevent transmission to low risk population. The focused prevention programmes among HRGs and bridge groups supported under NACP are termed as Targeted Interventions (TI). Targeted interventions provide HRGs and bridge groups with information, means and skills to prevent HIV transmission and improve access to care, support and treatment services. The programme aims to cover at least 90% of the estimated HRG and bridge populations with a range of guality HIV prevention services (Box 1.2). In the year 2014-15, there were 1840 TI projects supported across the country.

1.3 Strategic Information Management System

Over the years, NACP has built robust monitoring systems including large scale data collection. During NACP III a single national monitoring and evaluation framework was established. As programme evolved from NACP III to NACP IV, nationwide strategic information management system (SIMS) was established to provide strategic information for programme monitoring and evaluation. The system provides high quality of smart data through functions of surveillance, programme, monitoring and research for informed decision making.

HIV surveillance is one of the vital components of the evidences based response to HIV/ AIDS epidemic in India. India has the credit of establishing HIV surveillance systems even before detection of any HIV case in country. In the three decade long journey of HIV surveillance in India, the system has gone through a remarkable development both in terms of coverage, processes and implementing structure.

HIV sentinel surveillance (HSS) is the core component of HIV surveillance under NACP. It was first initiated in 1994 and then formalized as annual HIV Sentinel Surveillance (HSS) across the country to monitor the trends, levels and burden of HIV among different population groups in the country and craft effective responses to control HIV/AIDS. Over the years, the numbers of sentinel sites were increased from 178 in

1998 to 1359 in 2010-11. The population groups monitored under HSS include pregnant women attending antenatal clinics (ANC), patients attending Sexually Transmitted Diseases Clinics (STD), FSWs, MSMs, IDUs, Single Male Migrants and Long Distance Truckers (LDTs). The national exercise of sentinel surveillance is implemented through coordination, support and supervision by National Institute of Health and Family Welfare, New Delhi as the national nodal agency and six regional public health institutions in the country. Thirteen national reference Laboratories and a network of 117 testing labs provide laboratory support to HSS. Entire process of testing samples under HSS is subject to external quality assurance system (EQAS) with re-testing of all positives and 2-5% of negative specimen at reference labs.

Another component of surveillance has been through Behavioural Surveillance Surveys (BSS) to monitor trends in knowledge, awareness, and behaviours related to HIV/AIDS among different risk groups. The national BSS of 2001 and 2006 collected behavioural data at the state-level. Third wave of BSS was implemented in 2009 in six states as a part of Mid-Term Review of NACP-III. It covered Brothel-based FSWs, Nonbrothel based FSW, Men who have Sex with Men (MSM), Injecting Drug Users (IDUs), Single Male Migrants (SMM), Youth 15-24 years old (Urban and Rural) & Male & Female in General Population (Urban and Rural) 15-49 years.

1.4 Integrated Biological and Behavioural Surveillance (IBBS)

In 2009 a review of the HIV surveillance system in the country was organized by NACO to strengthen high risk group (HRG) surveillance activities. Given the low prevalence among general population and concentrated nature of the Indian HIV epidemic, surveillance among HRGs, is central to an effective national response for controlling HIV/AIDS. It was observed that biological surveillance through HIV Sentinel Surveillance& behavioural surveillance through BSS were done separately. Periodicity with which they were conducted, geographical unit of study and population covered did not match, leaving no scope for linking behaviours with HIV outcomes, for better understanding of vulnerabilities and risk profiles.

A specific recommendation from the review was to have a new strategy termed second generation surveillance which includes collecting information on risk behaviors in addition to HIV prevalence among risk groups. Such Integrated Biological and Behavioural Surveillance (IBBS) would make it possible to examine the factors that drive the HIV epidemic, including comparison of data on prevalence and risk behaviors.

With the purview to strengthen the surveillance system and make programme implementation more evidence based, a key strategy under NACP IV was to implement National IBBS among HRG and other bridge populations. It was envisaged that information from the National IBBS would strengthen the explanatory power of HIV prevalence trends through a better understanding of the determinants of HIV/ AIDS infection, leading to focused targeting of prevention interventions towards the sub-groups with the highest risk.

The design of National IBBS was built on NACO's experiences and learning from planning, implementing and participating in other large scale surveys such as the national BSS, the third round of the National Family Health Survey (NFHS-3) which included an HIV prevalence estimate, other small scale bio-behavioural surveillance surveys and the HIV Sentinel Surveillance system (HSS) among HRGs. Along with this, consultations with national and international experts contributed to the design and finalization of methodologies. The main survey phase of national IBBS was implemented between 2014 – 2015. Blood specimen & behavioural information were collected from FSW, MSM, TG, IDU, male migrants and currently married women from high outmigration states.

The national IBBS in India is a key milestone for the national programme and uniquely positioned as one of the largest bio-behavioural surveys among HRGs in the world. The learning from IBBS are two fold: data from IBBS will contribute to an increased knowledge base / understanding of the HIV epidemiology among HRGs in the context of concentrated epidemics and subsequently more informed decision making; and successful implementation of IBBS at such a large scale offers tremendous opportunity for to learn lessons on an spectrum of issues including, technical/ methodological, planning, executing, monitoring and on the use of technologies, for countries in the Asia Pacific and other regions.

1.5 Objectives of National IBBS

The goal of the National IBBS is to generate evidence on risk behaviors among risk groups to support planning and prioritization of programme efforts at district, state and national levels. The specific objectives are:

- To analyse and understand HIV related behaviours and HIV prevalence among key risk groups in different regions, by linking behaviours with biological findings
- To measure and estimate the change in HIV related risk behaviours and HIV prevalence among key risk groups, between baseline and end line for NACP - IV

There are a number of applications of the outputs from the national IBBS; some of the key applications of the IBBS data include: better characterization of epidemics and vulnerabilities at district and state levels; programme planning based on evidences; estimation of HIV, epidemic modeling and programme evaluation.


Methodology

Chapter 2 Methodology

2.1 Respondent Groups

The core IBBS respondent groups which are focused in the current report are Female Sex Workers (FSWs), Men having Sex with Men (MSM) and Injecting Drug Users (IDUs), the operational definition of these risk groups used for IBBS were as follows:

Box 2.1: Operational definitions of respondent groups							
Group	Operational Definition						
Female Sex Worker (FSWs)	Women, aged 15 years or more, who engaged in consensual sex in exchange of money/payment in kind in the last one month						
Men who have sex with men (MSM)	Men, aged 15 years or more, who had anal or oral sex with a male/ hijra partner in the last one month						
Injecting Drug Users (IDUs)	Men, aged 15 years or more, who has used any psychotropic (addictive/mind altering) substance or drug for recreational or non-medical reasons through injections, at least once in the last 3 months						

2.2 Study Design

The goals and objectives of the IBBS called for generating robust and representative estimates for HIV related behavioural risk and biological indicators across different geographical regions of the country. Therefore the preferred methodology was a probability based study design which provides representative estimates for behavioural and biological indicators, at the different levels as per the objectives.

2.2.1 Survey unit

The basic unit of survey under IBBS was a domain, a geographical unit for which representative estimates were generated for each risk group. A single district was the basic domain and called independent domain. Where a single district did not have an adequate number of HRG to meet the sample size then neighboring districts were grouped to form a 'Domain' and such domains were referred to as composite domains.

2.2.2 Sample size

Sample size for IBBS was calculated to be able to track changes over time for key risk behaviors and HIV prevalence, using the following formula:

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

The sample size at the domain level was calculated keeping in mind the expected baseline value of key behavioural indicators (e.g., consistent condom use with various partner types), the magnitude of change to be detected, confidence level, statistical power and design effect.

	Box 2.2: IBBS sample sizes for key HRG population										
Core Group	Indicator	Expected baseline value	Change to be Detected	% in denominator	Design Effect	Required sample size					
BEHAVIOURAL (Power= 90% i.e. Beta=1.282)											
FSW	Consistent condom use with clients	50%	15 percentage points	ALL	1.7	385					
MSM	Consistent condom use with regular partners	50%	15 percentage points	ALL	1.7	385					
IDU	Consistent use of clean needle/ syringe	50%	15 percentage points	ALL	1.7	385					
	В	IOLOGICAL (Powe	er= 80% i.e. Beta=	0.84)							
FSW (High prevalence)	HIV prevalence	6%	3 percentage points	ALL	1.7	1271					
FSW (Low prevalence)	HIV prevalence	2%	1 percentage point	ALL	1.7	3936					
MSM	HIV prevalence	5%	2.5 percentage points	ALL	1.7	1537					
IDU	HIV prevalence	7%	3.5 percentage points	ALL	1.7	1080					

Sample size for HRG was calculated based on the following parameters: expected base line value of 50 percent for condom use with commercial partner, the desired level of change to be detected between two rounds of survey was 15 percent, alpha level of 0.05 corresponding to 95% confidence level, beta at 1.282 corresponding to 90% power, and a design effect of 1.7 to adjust for sampling design not based on simple random sampling methods. The exact sample size calculated to measure differences between groups and changes over time was 385, which was rounded off to 400 for each group per domain. This sample size was appropriate for estimates of all behavioural indicators at the domain level (Box 2.2).

The sample size with sufficient power (80%) required for providing a reliable estimate of HIV

prevalence was more than 400 and varied for high prevalence and low prevalence geographies (Box 4.2). Therefore, at the time of analysis, results of HIV prevalence have been provided at the aggregated level - for individual states or for a group of states - grouped if they were contiguous geographic region of the country and if they belonged to a group of states having similar prevalence.

2.2.3 Identification and selection of Districts

Districts were selected randomly for inclusion in the IBBS. To ensure that the required sample size could be reached, it was stipulated that each potential domain/ district should be estimated to have at least 800 high risk group members for FSW and MSM and at least 600 for IDU, given the smaller size of IDU population. At the first step, districts across the country were stratified into three groups; low, medium and high volume based on size of the key population groups (Box 2.3). For this, data on population size was sourced from mapping exercises conducted across the country and/ or the needs assessment exercises conducted by the targeted intervention NGOs at the district level.

Since it was not operationally feasible to conduct the survey in districts where estimates of risk group was low, the lower strata districts were largely not included. The exceptions were if some of these districts could be combined with nearby districts to form a composite domain.

Domains were defined such that, each district having an estimated 800 members for FSW and MSM or 600 for IDU, on its own, became an independent domain; or if the estimated population size was lower, then it was combined with other contiguous districts to form a composite domain. A sampling frame of finalized domains, including independent and composite domains, was developed for each key population group, state wise. To ensure representation of different socio-cultural regions, domains within each state were grouped into regions, based on natural divisions (socio-cultural regions as per census, or administrative divisions). One domain from each region was then randomly selected. Other specific districts having programmatic or epidemiological importance were purposively selected to be included. However the estimates from these districts were not included in

aggregate state/ or national representative estimates.

2.2.4 Sampling Design

The sampling method used to sample HRGs in the IBBS was cluster sampling method. Cluster sampling method is the most appropriate approach for sampling groups such as FSWs, MSM and IDUs, who are hard-to-reach and for whom a listing of members of the population is not available. Cluster sampling allows for using probability based method to sample HRGs from hotspots or "any identifiable location where respondent group members congregate" or "are known to be associated with".

Two different types of cluster sampling methods were applied during IBBS:

- a) Convention cluster sampling (CCS) was used to recruit risk group members from conventional clusters which were sites or establishments (such as homes, brothels etc) to which the HRG members were affiliated with and could be found at these sites at any time of day. FSWs/MSM/IDUs who were based out of brothels or homes were sampled using this approach.
- b) Time location cluster sampling (TLCS) was used to recruit the more mobile HRGs from time location clusters (TLC). Each hotspot was made into four clusters, called peak day-peak time, peak day-lean time, lean

Box 2.3: Stratification by Size of Risk Group										
Risk Group	Upper strata	Middle strata	Lower strata							
FSW	>= 800	400 – 799	< 400							
MSM	>= 800	400 – 799	< 400							
IDU	>= 600	300 – 599	< 300							

day-lean time or lean day-peak time, based on the data collected during sampling frame development exercise. The creation of four clusters allowed for capturing different types of HRG based on days and time when the members operated from these locations. Mobile HRGs such as street based FSWs, MSM or IDUs were sampled using this method.

2.3 Phases of the IBBS

In all the selected domains, IBBS field work was implemented in three main phases: a) presurveillance assessment b) sampling frame development and c) Behavioural and biological data collection.

2.3.1 Phase I - Pre-Surveillance Assessment

A Pre-Survey Assessment (PSA) was conducted as a first step of IBBS in all the districts that were identified through the process of domain selection as described earlier. Pre-surveillance assessment was conducted as a large scale qualitative study or formative assessment to support the implementation of other stages of IBBS.

The main objectives of the PSA were to examine the feasibility of implementing the survey in selected domains, understanding the background characteristics of study population in a domain and sensitization of key population prior to the survey. The key activities conducted during PSA were: collecting data available from SACS and Targeted Interventions (TIs), desk review of programmatic documents and literature, primary data collection including key informant interviews (KII) and facilitated group discussions in the selected domains and analyzing and compilation of data collected. Field work for PSA was conducted between May and September 2013 in 209 domains across 31 states for HRG groups.

The key components of activities under PSA were: assessment of size of HRG in selected domains; assessment of predominant typologies for the risk groups to support the finalization of sampling methodologies; sensitization of local communities and NGO working with risk groups to facilitate their cooperation; and feasibility assessment for conducting the surveys in the domain including issues of languages spoken, availability of space for interview, and blood collection etc. The PSA helped to arrive at the final selection of districts where next phases of IBBS were carried out.

2.3.2 Phase 2 - Sampling Frame Development (SFD)

In the next phase; sampling frame development was carried out in all domains, finalized after

Box 2.4: Coverage during PSA										
Indicator	FSWs	MSMs	IDUs							
No of Domains	81	67	61							
No of KII's Completed	640	529	484							
Presence of HRGs/Vulnerable pop areas with Non-TI	56	46	47							
Number of KII's from Non TI's area	196	140	134							
Total Group Discussions done	204	166	160							
Supervisory Visits made	63	51	45							

PSA, to develop a universe of hotspots or locations where HRG congregate or solicit for partners / clients.

Sampling frame development process involved three major steps:

At the first step, information on hotspots was collected from the SACS and TIs. The definition of hotspots varied somewhat based on the specific study group; for FSWs, it referred to solicitation points (places where FSWs pick up their clients), while for MSM and TG it could be a solicitation place or cruising site (where MSM / TG pick up their partners); and for IDU, places of injection or where they congregate with other IDUs.

At the second step, a rapid field assessment was conducted to confirm the operational status of the hotspot and update or collect the secondary information about the hotspot. This rapid field assessment covered the entire domain and all potential hotspots. Besides the existing / known hotspots, the rapid assessment included identification and visiting of new hotspots or those that were not listed previously. These steps ensured that the domain was comprehensively covered and maximum number of hotspots were included in the sampling frame. In each hotspot visited, information on the number of HRG group members who visit the location, the details of when they would be available, either at peak or lean times of operations and numbers which would be available at each time frame etc were collected and entered on a web-based format.

The information collected and entered was used to develop a sampling frame of primary sampling units, or clusters. Based on the hotspot data collected, conventional clusters and time location clusters (TLC) were formed. Hotspots or sites such as homes, rented room, and brothels were listed as conventional clusters. Other public placed based sites such as parks, street corners, bus stops, lodges, highways, vehicle etc were each broken up into the four time location clusters: peak day-peak time, peak day-lean time, lean day- peak time and lean day-lean time.

Some of the unique aspects of the sampling frame development exercise conducted during IBBS included: collection of information from key informants who were HRG and non HRG, developing hand drawn maps of all the hotspots / clusters and digitizing them for main field work, comprehensive coverage of the hotspots in a domain including areas that were not covered by the interventions; and identification of new hotspots not listed earlier by the programme and including them in the sampling frame.

2.3.3 Phase 3- Bio-Behavioural Data Collection

Using the sampling frame of conventional or time location clusters (primary sampling units), clusters were selected using probability proportionate to size (PPS) method. During field work for data collection, respondents were randomly sampled from these selected conventional or TLCs, after listing the members at the cluster. Information on number of eligible respondents found at the cluster, the number approached, the number selected and number who refused to participate were documented in a Cluster Information Sheet (CIS). This information was used at the time of analysis to calculate response rate, selection probabilities and weights for analysis.

The Field Research Agency (FRA) in the domain set up temporary venue/s near the vicinity of hotspots for interview and specimen collection. The selected respondents were brought to this private venue where questionnaires were administered in utmost privacy and blood samples were collected after getting informed consent. The blood samples were collected using dried blood spot (DBS) method. The DBS specimens were temporarily stored in the field before they were transported to the designated DBS laboratories where they were tested for HIV.

2.4 Ethical Issues and Respondent protection measures

A process of written informed consent was employed in the national IBBS. All participants were given simple and clear information regarding the risks and benefits of participating in the national IBBS through informed consent form (ICF). Respondents were informed about the voluntary nature of participation, the behavioural data and biological specimen collection, compensation for participants' time spent during the survey (Rs. 200 including transportation) and how respondents can get their HIV status if they wanted. The ICF emphasized that participation was voluntary and should participants decide to withdraw or not participate from the IBBS at any time, their decision would not affect any services they would otherwise receive from the NGOs or clinics. Respondents were informed that HIV test results would not be provided back to them and that they would be referred to a clinic if they wanted to know their HIV status.

A number of respondent protection measures were incorporated and implemented in IBBS.

- a. An IBBS Coordination Unit was constituted at each SACS under the leadership of Project Director/Additional Project Director, which facilitated and coordinated the field work and supported in the management of challenges during field work.
- b. High quality equipment was used for blood sample collection. A high quality clean,

sterile and completely safe single use, autoretractable disposable lancet was used for collecting blood sample through finger prick. This helped to avoid any chance of infection and considerably reduced pain during sample collection.

- c. Adequate sensitization & training of research personnel was ensured due to the sensitive nature of the behavioural questionnaire and the marginalized nature of the study populations. All field teams were provided appropriate training in standards of conduct, emphasizing on respect & empathy for the community, protection of confidentiality, and ensuring voluntary participation of respondents.
- Community involvement was operationalized d. through 'community preparation' as a means of safeguarding community interests as well as ensuring community monitoring mechanism in IBBS. Community Advisory Boards (CAB), comprising risk group community members, members from SACS, and other key stakeholders in the domain; and community monitoring board (CMB), comprising of risk group population members were formed in each IBBS domain. The CAB's role was to safequard community interests and concerns and help address / resolve any adverse events that occurred during the implementation of IBBS. The CMB members ensured that field level procedures were implemented in an ethical manner and all respondent protection measures were followed during execution of the surveys. CMB members were also the key persons who reported adverse events that occurred. During the data collection phase, community members were also engaged as Community liaison's (CL) to facilitate field work and alleviate the concerns of

respondent groups, about participation in IBBS.

- e. A system for adverse events management was established. Any event or situation that could affect or cause harm (mental, social, or physical) to anyone involved in the IBBS or compromise the quality of data or adherence to IBBS protocol was considered an adverse event. Systems were put in place to facilitate quick reporting of such events, to local stakeholders and community structures to facilitate timely resolution. Corrective actions were taken immediately with the active engagement of community structures (CAB, CMB etc) to facilitate immediate resolution of issues.
- f. Data confidentiality: All field personnel involved under IBBS took "Data Oath" Confidentiality to facilitate confidentiality as per the protocol. IBBS data was anonymous and could not be linked to any respondent. All documents and specimens were labeled only with a unique respondent number. Only consent forms were signed by the respondents but they were retained separately and could not be linked back to any other IBBS documents or data. All questionnaires and biological specimen were labeled with the unique respondent numbers. All safequards to avoid collection of any identifiers were taken. The study data was accessible to limited authorized personnel based on their role in the survey. All study documents were maintained in closed folders or envelopes and in locked cabinets when not actively used. Electronic files were maintained with password protection and were accessible to only those directly involved in data management and analysis.

2.5 Implementation

2.5.1 Implementation Structure

NACO constituted а Technical Advisory Group (TAG) comprising of senior staff from NACO, regional public health institutes, and development partners to provide quidance on all policies, technical issues and strategies to ensure smooth implementation. National Working group (NWG) comprising members from an inter-disciplinary and interagency team from within NACO and different development partners was set up; this team worked on developing methodologies, guidelines, procedures required to undertake the survey.

Eight regional institutes (RI) were designated as nodal institutes for technical support during implementation of IBBS (Figure 2.1). These institutes were: National Institute of Epidemiology (NIE) in Chennai, National AIDS Research Institute (NARI) in Pune, National Institute of Medical Statistics (NIMS) in New Delhi, All India Institute for Medical Science (AIIMS) in New Delhi, National Institute of Cholera and Enteric Diseases (NICED) in Kolkata, Post Graduate Institute of Medical Education and Research (PGIMER) in Chandigarh, National Institute of Health and Family Welfare (NIHFW) in New Delhi, and Regional Institute of Medical Sciences (RIMS) in Imphal.

Each RI was allocated 2 to 4 states and were responsible for training, supervision, data management, data analysis, and co-ordination of field activities in the allotted states. One Field Research Agency (FRA) was contracted and placed under each RI to carry out data collection activities. IBBS was supported by a network of national and state reference laboratories to manage the extensive testing requirements. Dried Blood Spot (DBS) samples obtained from survey participants were shipped to one of the 16 designated laboratories where DBS samples were tested for presence of HIV antibody.

The State AIDS Control Societies (SACS) facilitated and coordinated IBBS field work activities and supported problem resolution, including addressing adverse events reported by community, during IBBS implementation (Figure 2.2).

2.5.2 Tools, Translation and Pretesting

More than 20 different tools and formats were developed and used during IBBS (Box 2.5). All Questionnaires, SFD Formats and ICF were prepared in English and translated into 15 different languages of Assamese, Bengali, Gujarati, Hindi, Kannada, Khashi, Malayalam, Manipuri, Marathi, Mizo, Nagamese, Oriya, Punjabi, Tamil and Telugu. Tools used in SFD, Questionnaires and ICF were pretested using standard protocols, after training. Pre-testing was conducted in 15 languages in 17 states using hard copy of tools as well as in the Computer Assisted Personal Interview (CAPI) methods.









Box 2.5: Tools Used during IBBS

SFD

Bio-Behavioural Survey

Others

3. External Observer Checklist for

4. DBS Specimen Verification

5. Pre-testing Feedback Format

Checklist at Labs

6. Process Documentation

Formats & Tools

1. HR Screening Tool

Trainings

2. Training Report Format

- 1. Pre-SFD Preparedness Checklist
- 2. Micro-Planning Tool
- 3. Domain Information Register
- 4. Domain Tracking sheet
- 5. Informed Consent Form
- 6. Hot Spot Information Format (HIF)-HRG
- 7. Village Information Format (VIF)-CMW
- 8. Site Information Format (SIF)-MIG
- 9. CAB/CMB/CL List Format
- 10. SFD Closure Checklist
- 11. SFD Monitoring Checklist & Quick Online Feedback (QOF)

- 1. Pre-Survey Preparedness Checklist
- 2. Domain Information Register
- 3. Interview venue Registration
- 4. Respondent Listing Sheet
- Respondent Screening Tool (MIG)
- 6. House-listing Tool (CMW)
- 7. Informed Consent & Assent Forms
- 8. Questionnaires: 6 types & 16 languages
- 9. Interviewer Log Sheet
- 10. Lab Technician Log Sheet
- 11. Referral Slip
- 12. Cluster Information Sheet
- 13. Sample Transportation Sheet

2.5.3 HIV Testing Protocols and Quality Assurance

Under the IBBS, blood samples were collected from the respondents who consented to give blood samples and questionnaire administrations. After the completion of the interview, the interviewer accompanied the respondent to the Laboratory Technician (LT) who collected blood on a filter paper using finger prick method or Dried Blood Spot (DBS) method. These DBS samples were shipped to the 16 select laboratories where they were tested for the presence of HIV antibody.

The standard HIV testing protocol used in IBBS was 'Two Test Protocol' – All specimens were tested by first test and only reactive specimens were subjected to the second test; only those specimen who were reactive in first as well as second test were labelled as "Positive" in final results. Only validated ELISA tests were used for HIV testing.

National AIDS Research Institute (NARI), Pune, was the Apex Laboratory for IBBS and was responsible for guality assurance procedures and EQA (External Quality Assessment), including proficiency assessment of testing labs through panel testing and retesting. NARI also validated the HIV testing kits and distributed them to DBS testing laboratories for further use and conducted training for all the 16 DBS testing labs on testing procedures. Retesting of all positives and 2% negative samples was done at the Apex Lab. Other measures that were taken for guality assurance included development of uniform Standard Operating Procedures (SOP), training of staff on DBS specimen collection, storage, transportation and testing procedures.

2.5.4 Behavioural and Biological Parameters in IBBS

Indicators for the IBBS were selected based on usefulness and application, in consultation with NACO programme divisions and national level experts. Appropriate questionnaires were developed through which information of high value and high quality could be obtained. Key indicators on which data were collected in IBBS are as listed below:

- Behavioural Indicators:
 - a. Knowledge indicators related to HIV prevention, STI, Condom, HIV/AIDS services
 - b. Risk profile and practices
 - c. Sexual behaviors and condom use with different types of partners
 - d. Risk perception, HIV testing, Stigma & discrimination
 - e. Exposure to HIV/AIDS services and community mobilization
 - f. Injecting practices for IDU
- Biological Indicators

 A. HIV

2.5.5 Trainings

Multiple layers of training were conducted throughout the course of IBBS (Box 2.6). Close to three thousand five hundred individuals were trained through cascade of training. Training for pre-testing was conducted in three batches and 105 members were trained. One national level training of trainers (TOT) was conducted where 120 members from across the regional institutes, research agencies and others were trained. One national level training for 58 members was conducted on the IT component in addition to one specialized core expert training for 38 regional level trainers. Seven sessions of regional level training lasting 7 days each were conducted at each regional institute and a total of 353 individuals who would conduct state level training were trained by those trained at the national level. A 2 week field level training programme was conducted in each state where IBBS was implemented. A total of 38 batches of training were conducted and 2225 field based staff and state level monitors were trained. Refresher trainings were organized for the field team at the end of SFD phase and before initiation of main data collection phase to ensure that field teams are fully aware of protocols to be followed during bio-behavioural data collection.

Box 2.6: Number of persons trained through different trainings conducted under National IBBS, 2014-15							
Pretesting training	105						
National TOT	120						
Core Expert training	38						
National IT training	58						
Regional TOT	353						
Project Management training	55						
Migrants and CMW training	63						
State Level field training	2,225						
TI sensitization	575						
Laboratory training	40						

2.5.6 Monitoring and Supervision (M&S)

Monitoring and Supervision activities were conducted at various levels -internal/external, national/ regional/ state/ domain. These mechanisms ensured the quality of the SFD and field survey activities. Internal monitoring and supervision were done by the various staff within the Field Research Agency (FRA) to ensure adherence to guidelines and smooth implementation of the survey. External monitoring was done by the nodal institutes and the NWG to make sure that guidelines and protocols were followed. Field work was supervised by the representatives from SACS, RIs, Development Partners (WHO, CDC, FHI360, Population Council and PHFI) as well as NACO. All field teams were visited within the first week of the SFD and within the first 15 days of the commencement of the main survey. Web-based systems were used for effective monitoring. A supervision format was used for ensuring quality of the various processes.

All processes including training, human resource management (recruitment, training, dropout, retraining), logistics, consumables, equipment (procurement, stock out alerts), field preparedness, community preparation, field progress monitoring (SFD and Field Survey), respondents recruitment at cluster as well as venue, interview and blood sample collection techniques, adverse events, laboratory process monitoring, and post survey activities, were included in the monitoring and supervision framework.

2.5.7 Integrated Information Management System (IIMS)

IIMS was developed for IBBS as a comprehensive project management package which could be used as an online or as an offline application for sampling frame development, survey data, and SMS reporting. It was designed to serve throughout the entire project management cycle of IBBS including the data management phase. IIMS included a web based application, mobile / tablet application, SMS facility, hotline, email and GIS applications. IIMS used a web-based central cloud server and a central database.

IIMS system had multiple layers of security;

secure login-based access, based on user IDs and passwords sent by email or SMS on registration, role-based access so as to restrict access to data by geography and functions. Various constituent modules of IIMS were: Administration, Sampling frame development, Survey module, M&S, Training, Field work and supervision, Laboratory, Adverse event management, Grievance redressal, and Reports module (Figure 2.3). Some unique features of IIMS include auto-generation and emailing of scheduled reports to the relevant stakeholders and email / SMS based alerts on key issues to the appropriate stakeholders. Eighteen different roles were defined within the system, including four levels of system administrators; super administration, NACO administration, RI administration, and FRA state administration.





2.5.8 Computer Assisted Personal Interviews (CAPI)

CAPI based data entry was used in IBBS, during sampling frame development and main field work. All tablets had pre-installed software in 16 languages. CAPI internet connection was provided to field teams, through different mobile service providers to ensure network coverage across different geographies and remote locations. The GPS Coordinate was captured by the application. The data was submitted





to the server if connectivity was available or stored locally and then transferred at a later time, when connectivity was available. The data storage within the tablet device and data synchronization was done in encrypted form.

Data was entered into the CAPI / tablet device at the time of interview. The CAPI was loaded with skips and validations to minimize data entry errors. Help texts and investigator manual were integrated within the CAPI applications.

2.5.9 Data Management, weighting and Analysis

All data management activities for IBBS were done using the IIMS. Data entered by investigators was reviewed and finalized by regional institutes. The final data was then downloaded and analyzed using SPSS. Since the IBBS used cluster sampling approach, weights were applied to the dataset during analysis to generate representative estimates. Since clusters were selected using PPS, the weighting protocol addressed the differential probabilities of selection.

Information required for calculating weights was collected through the Cluster Information Sheet (CIS) during field work, where number of respondents approached, consented and interviewed were documented. This information was used to calculate domain level weights to be used for analysis. Domain level weights were calculated in two steps: first step was calculation of the selection probabilities of clusters; and second step was calculation of the selection probabilities of individual respondents. The weights were normalized to allow the observations to be equal to the sample size. The standardized weight was calculated taking into account the total survey sample size, using the general standardized weight calculation.

Based on the design for selection of domains, weights for state, regional and national analysis were calculated and applied as required. Finally analysis of the IBBS data was conducted using Statistical Package for Social Sciences (SPSS). Analysis of all behavioural indicators were conducted at the state level; whereas for HIV estimates the analysis was primarily restricted to regional and national level, due to the sample size requirements for generating valid estimates (with 80% power). The focus of the first level of analysis was to generate univariate estimates for all key behavioural indicators and for HIV prevalence.

The sample size (N) provided in all the tables of this report are unweighted counts at the state and national level. However the proportions / estimates provided in all tables are weighted. State estimates have been weighted using state level weights and national estimates have been weighted using national level weights.

2.6 Scope of the Report

The IBBS is a complex study owing to the sensitive nature of groups covered, the collection of biological samples, and the large scale at which it was implemented. The study among HRGs was completed by the end of September 2015 and within a short time a large amount of data was analyzed using a complex set of steps in a very rapid manner. This was mainly done since NACO felt it was important to generate and disseminate the information on the key parameters from the IBBS as early as possible.

The current analysis and report is meant to describe the findings on a comprehensive set of indicators for core groups of FSW, MSM and IDU. It should be noted that in this report, the data presented for Andhra Pradesh refers to undivided Andhra Pradesh that is for Andhra Pradesh and Telangana together.

The following points are to be borne in mind while interpreting data from IBBS:

- The IBBS provides data on the current situation of risk behaviors and prevalence of HIV across a large number of geographic areas in traditionally high as well as low prevalence states of the country through a probability based design. Therefore estimates from IBBS are representative of larger geographies than that covered by previous studies, including areas where few or hardly any studies among HRG have been conducted previously.
- Straightforward comparison of findings between IBBS and other studies are not recommended. The methodologies used during IBBS are considerably different from other Behavioural or bio-Behavioural studies conducted previously. Since IBBS has a biological component, this has implications for respondent recruitment and participation and therefore the findings cannot be compared with purely Behavioural studies such as BSS. Further the scale and scope of the IBBS was much larger than previous studies which makes direct comparisons difficult.
 - The methodology for domain selection in IBBS was by random selection of eligible domains in each state to have state level representative data for Behavioural indicators.
 - The operational definition or eligibility criteria for inclusion of HRG respondents was specific to IBBS and may be different than other studies, in terms of age and behavior criteria.
 - o The sampling method used was probability based sampling to get

domain level representative Behavioural estimates

 Definitions of key Behavioural indicators
 – condom use, injection practices etc, as per IBBS questionnaire may vary from other similar studies

2.7 Outline of the Report

This report presents the preliminary provisional results for National IBBS among the HRG group: based primarily on univariate analysis. The remainder of this report is organized in the following manner: Chapter three presents the findings for FSWs, chapter four for MSM and Chapter five for IDUs. Within the chapter for each HRG group, the key findings are presented in the following order: first comes the key sociodemographic characteristics, followed by general sexual behaviors of each core group, HIV/ AIDS related risk and safe behaviour practices -such as condom use among FSW and MSM, and injecting practices among IDU; use of alcohol or drugs among FSW and MSM, experience of violence, self-reported prevalence of STIs/ RTIs and treatment seeking behaviour for same, HIV / AIDS knowledge, HIV testing and ART awareness; and exposure to HIV/AIDS prevention programme. The last section in each chapter presents HIV prevalence at the regional and national level.



Female Sex Workers

Chapter 3 Female Sex Workers

Female Sex Workers (FSWs) are one of the core high risk groups (HRG) in India, covered by Targeted Interventions (TIs) as part of the HIV preventions programme implemented under National AIDS Control Programme (NACP). FSW are those women who engage in consensual sex for money or payment in kind, as their principal means of livelihood. Due to their sexual behaviors FSW are at high risk of acquiring sexually transmitted infections (STIs), including HIV/ AIDS. With an estimated size of 8.68 lakhs¹ (0.868 million), FSW are the largest HRG covered under the National AIDS Control Programme in India. Operational definition of FSW in IBBS was Women, aged 15 years or more, who engaged in consensual sex in exchange for money/payment/ in kind, in the last one month.

IBBS field work was implemented at 73 randomly selected domains across 28 states/UTs (Table 3.1). Overall, a total of 27,007 FSW completed behavioural interview and also gave the blood samples which were later tested at labs.

Nationally, response rate for IBBS among FSWs was 92%. In almost all states response rate was higher than 90% with the exception of Andhra Pradesh (84%), Kerala (82%), Maharashtra (83%) and West Bengal (86%). State wise sample size achieved and response rate are presented in Table 3.1. Domains which were purposively selected at the design stage were not considered for the analysis presented in this report. The N provided in all the tables are un-weighted counts of sample in each state.

3.1 Respondent characteristics

HIV related risk and behaviors are known to vary by the socio-demographic characteristics of the risk group, including factors such as age, marital status etc.

Table 3.1: Sample Size and Response Rate, FSW National IBBS, India 2014-2015

State	No. of Domains	Achieved Sample Size	Response Rate
North			
Chandigarh	1	396	99.5
Delhi	2	800	99.4
Haryana	4	1,368	94.5
Himachal Pradesh	2	803	96.6
Punjab	1	396	99.3
Rajasthan	3	1,139	90.6
Uttarakhand	2	770	93
Central			
Chhattisgarh	3	1,140	94.9
Madhya Pradesh	3	1,186	90.4
Uttar Pradesh	4	1,586	93.3
East			
Jharkhand	4	1,370	95.8
Odisha	3	1,198	99
West Bengal	3	965	86.1

¹ Annual Report 2013-14, Dept of AIDS Control, Ministry of Health & Family Welfare, Govt. of India.

State	No. of Domains	Achieved Sample Size	Response Rate
Northeast			
Arunachal Pradesh	3	1,173	93.9
Assam	3	1,213	91.3
Manipur	2	575	95.7
Meghalaya	1	404	96.2
Mizoram	1	354	98.1
Nagaland	1	399	99.3
Tripura	2	677	93.8
West			
Goa	2	766	94.1
Gujarat	3	1,216	95.4
Maharashtra	4	1,349	83.4
South			
Andhra Pradesh	4	1,493	84
Karnataka	4	1,534	94.4
Kerala	3	871	82.4
Puducherry	1	389	97.8
Tamil Nadu	4	1,477	90.7
India	73	27,007	92.4

Table 3.1: Sample Size and Response Rate, FSW National IBBS, India 2014-2015 (contd...)

HIV prevention programme can benefit from understanding the characteristics of FSW and the variations that exist across different geographies of the country. Such information can be used by the programme to develop more targeted approaches and strategies to reach the sub-groups based on basic characteristics. Additionally, understanding the basic characteristics of the population surveyed can help with interpretation of other findings from the IBBS, such as which sub-groups are represented more or less and therefore the relevance of the findings.

Information on the basic demographic characteristics was collected from all respondents, including age, literacy status, marital status, sources of income other than sex work and status on whether they live alone or with family etc. The current section describes these profile characteristics of FSW across different states in the country.

3.1.1 Respondent Age

Median age of FSWs at the national level was 30 years (Table 3.2). Median age in the northern states ranged between 27 in Rajasthan and 32 in Chandigarh. In all the east and northeast states, median age of FSW was lower than the national average, with the exception of Tripura. Among western states, median age of FSW ranged between 30 and 31 years. In the south, median age of FSW was relatively higher in Tamil Nadu (35), Puducherry (35) and Kerala (43) than in Andhra Pradesh (31) and Karnataka (30) as well as to national average.

Overall less than one percent of FSW reported age between 15 and 17 years. A majority of the FSWs were between the ages 25 to 34 years (49%) or 35 to 44 (28%) years. Less than one fifth of FSW reported age between 18 to 24 years (17%) and about 6% reported that they were 45 years or older.

A larger proportion of FSWs in Meghalaya (44%) and Odisha (37%) were between 18 and 24 years, than all other states. Respondents in the 15 to 17 year age group comprised less than one percent of FSWs in a majority of the states; in states such as Delhi, Madhya Pradesh, and Odisha and in a number of northeastern states such as Assam, Manipur, Meghalaya and Mizoram between 1 and 4% of respondents were between the ages 15 and 17 years. In general, the proportion of FSW between 18 and 24 years comprised more than one fourth of the sample among the all states in northeast except Tripura, among all states in the east, Chhattisgarh and Rajasthan. In all states in the western and southern region and in Punjab and Chandigarh, the proportion of FSW between 18 and 24 years ranged between 2% and 15% (Table 3.2).

In a majority of the states a predominant proportion of FSWs were in the 25 to 34 year age group (45-65%). The exceptions to this were the states of Meghalaya, Kerala, and Tamil Nadu. In

Kerala and Tamil Nadu majority of FSWs (60% or higher proportion) were older than 35+ years, and in Meghalaya majority (48%) of FSWs were younger than 25 years. In general, states in the eastern and northeast regions had a larger proportion of FSWs in the age group of 15 and 34 years compared with states in the other regions; and states in the southern and northern regions had a larger proportion of FSWs older than 25 years (Table 3.2).

Charles .		Age		Age Gr	oup of FSW	(%)		Literacy* (%)
State	N	Median	15-17	18-24	25-34	35-44	45+	Literate
North								
Chandigarh	396	32.0	0.0	4.6	51.8	39.7	3.9	85.4
Delhi	800	29.0	1.3	22.1	50.2	21.8	4.7	69.2
Haryana	1,368	28.0	0.1	20.4	57.3	20.9	1.3	88.1
Himachal Pradesh	803	32.0	0.0	8.6	59.2	28.1	4.1	92.3
Punjab	396	32.0	0.0	14.8	45.5	36.9	2.9	86.5
Rajasthan	1,139	27.0	0.4	33.7	51.8	13.5	0.6	70.8
Uttarakhand	770	30.0	0.0	14.3	50.6	30.5	4.6	68.1
Central								
Chhattisgarh	1,140	28.0	0.5	24.5	51.6	21.7	1.7	67.6
Madhya Pradesh	1,186	30.0	1.2	16.2	51.3	25.9	5.4	47.8
Uttar Pradesh	1,586	30.0	0.0	13.7	59.4	22.3	4.5	69.3
East								
Jharkhand	1,370	28.0	0.7	30.2	48.1	18.5	2.5	50.1
Odisha	1,198	25.0	2.0	37.0	44.7	14.0	2.3	59.7
West Bengal	965	28.0	0.3	25.9	50.0	19.8	4.0	33.6
Northeast								
Arunachal Pradesh	1,173	28.0	0.6	25.9	65.7	7.4	0.4	80.7
Assam	1,213	28.0	1.2	26.4	59.8	12.4	0.3	81.5

Table 3.2 Respondent Age and Literacy, FSW National IBBS, India 2014-15

Charles	N	Age		Age Gr	oup of FSW	(%)		Literacy* (%)
State	N	Median	15-17	18-24	25-34	35-44	45+	Literate
Manipur	575	28.0	3.3	29.8	46.5	18.9	1.5	66.3
Meghalaya	404	25.0	3.5	44.0	43.7	8.5	0.2	82.4
Mizoram	354	26.0	4.3	33.9	52.9	7.9	1.0	99.7
Nagaland	399	28.0	0.4	28.6	56.8	13.6	0.5	71.0
Tripura	677	30.0	0.0	17.0	55.8	23.4	3.8	83.6
West								
Goa	766	30.0	0.0	12.2	53.7	32.1	1.9	56.3
Gujarat	1,216	31.0	0.0	5.7	59.4	33.0	1.8	86.2
Maharashtra	1,349	30.0	0.1	12.1	55.5	27.3	4.9	59.9
South								
Andhra Pradesh	1,493	31.0	0.2	13.3	52.9	31.3	2.4	53.0
Karnataka	1,534	30.0	0.0	7.1	52.4	33.8	6.7	37.4
Kerala	871	43.0	0.0	1.5	12.8	41.3	44.3	80.3
Puducherry	389	35.0	0.1	5.1	44.6	40.2	9.9	79.0
Tamil Nadu	1,477	35.0	0.0	5.7	33.5	49.2	11.6	71.4
India	27,007	30.0	0.4	16.8	49.2	28.0	5.5	64.7

Table 3.2 Respondent Age and Literacy, FSW National IBBS, India 2014-15 (contd...)

*Literate was defined as those who can read and write

3.1.2 Literacy Status

FSW respondents were asked if they could read, write or do both. For the current analysis literacy was defined as the ability to read and write. Overall, 65% of the FSW respondents at national level were literate (Table 3.2). There was considerable state-wise variation in the literacy levels among FSWs, ranging between 34% in West Bengal and 100% in Mizoram.

Literacy levels in the majority of the northeastern states were higher than most other states, ranging between 66% in Manipur and

100% in Mizoram. More than 85% of FSWs were literate in states of Gujarat, Haryana, Himachal Pradesh, Punjab and Chandigarh. The proportion of FSWs who were literate was relatively lower among states in the central and eastern regions and ranged between 34% in West Bengal and 69% in Uttar Pradesh. Among the western states, a higher proportion of FSWs in Gujarat (86%) were literate compared with Maharashtra (60%) or Goa (56%). Among the southern states the proportion of FSW who were literate was higher in Tamil Nadu, Puducherry and Kerala (70% or more) compared with Andhra Pradesh (53%) and Karnataka (37%).

3.1.3 Marital Status

All FSW reposndents were asked of their current marital status, if they had never married, were currently married, or were widowed, divorced or separated. Overall, two third (66%) of the FSWs at the national level reported that they were currently married while one fifth were either separated, divorced or widowed (Table 3.3). The proportion of FSWs who reported that they had never married was 14% at the national level.

There were wide inter-state variations in marital status of FSW. Among the north-eastern states, the proportion of currently married FSWs was higher in Assam (73%) and Tripura (79%), but lower in the other states. The proportion of currently married FSWs was higher in northern states of Uttarakhand (88%), Himachal Pradesh (87%), Punjab (82%), Chandigarh (85%) and in all states of the central region (79% - 82%). Among the states in the west and south, a higher proportion of FSWs were currently married in the states of Gujarat (87%) and Andhra Pradesh (75%) compared with all other states in these two regions (Table 3.3).

Compared with states in other regions, a higher proportion of FSWs in most of the northeastern states reported that they had never married, ranging between 28% in Manipur and 71% in Arunachal Pradesh. The exceptions to this were Assam (12%) and Tripura (2%) where the proportion of never married FSWs was considerably lower.

Other states where more than one fifth of FSWs reported that they had never married were Delhi, Rajasthan, Odisha, Goa and Karnataka (between 23% and 36%). In a majority of other states the proportion of never married FSW comprised less than 15% of the sampled FSWs.

Close to half of the FSWs in West Bengal, Manipur, Mizoram, Kerala, and Puducherry reported that they were separated, widowed or divorced (45% to 52%), higher than all other states/UTs. Other states where this proportion was relatively high (between 20% and 34%) included Arunachal Pradesh, Meghalaya, Nagaland and Tripura in the northeast, Goa and Maharashtra in the west and Karnataka and Tamil Nadu in the south. In most other states the proportion of separated, widowed or divorced FSW was close to 15% or less (Table 3.3).

		Ма	arital status	* (%)	Living with* (%)			
State	N	Never married	Currently Married	Separated/ Widowed/ Divorced	Alone	Family/ Spouse	Others**	
North								
Chandigarh	396	1.8	84.6	13.3	0.8	88.6	10.4	
Delhi	800	23.0	68.2	8.0	5.7	73.8	20.5	
Haryana	1,368	14.8	73.6	11.0	5.7	89.4	4.8	
Himachal Pradesh	803	7.0	86.6	5.9	2.6	95.0	2.4	
Punjab	396	11.2	82.0	6.8	3.0	79.0	17.9	
Rajasthan	1,139	36.3	55.4	7.5	6.9	86.2	6.9	

Table 3.3 Marital status and Living arrangement, FSW National IBBS, India 2014-15

		Ма	arital status	* (%)	Living with* (%)		
State	N	Never married	Currently Married	Separated/ Widowed/ Divorced	Alone	Family/ Spouse	Others**
Uttarakhand	770	5.1	87.5	7.4	2.6	94.9	2.4
Central							
Chhattisgarh	1,140	9.2	78.8	11.2	8.1	86.3	5.4
Madhya Pradesh	1,186	8.9	79.5	11.5	7.1	91.4	1.5
Uttar Pradesh	1,586	8.7	82.2	8.6	7.3	88.5	4.2
East							
Jharkhand	1,370	15.7	72.9	11.3	8.2	89.5	2.2
Odisha	1,198	28.3	65.5	6.2	2.7	95.8	1.4
West Bengal	965	7.9	40.3	51.8	45.6	36.3	18.0
Northeast							
Arunachal Pradesh	1,173	70.9	4.8	24.2	41.9	38.3	19.9
Assam	1,213	12.4	73.2	14.4	5.0	93.4	1.6
Manipur	575	27.8	22.8	49.4	11.3	75.8	12.8
Meghalaya	404	35.9	41.0	23.1	16.2	76.5	7.3
Mizoram	354	48.0	7.6	44.4	16.1	74.5	9.5
Nagaland	399	36.0	36.2	27.6	16.6	62.1	21.0
Tripura	677	1.7	78.5	19.8	7.2	86.4	6.4
West							
Goa	766	27.4	46.9	25.7	37.3	40.0	22.6
Gujarat	1,216	4.8	86.6	8.4	8.7	88.0	3.1
Maharashtra	1,349	17.2	55.3	27.5	21.1	43.0	35.9
South							
Andhra Pradesh	1,493	8.9	75.2	15.9	17.0	70.9	12.1
Karnataka	1,534	22.7	47.2	30.1	13.7	76.7	9.6
Kerala	871	9.9	41.9	48.2	24.1	69.8	6.1
Tamil Nadu	1,477	4.7	65.3	29.3	23.2	71.0	5.8
Puducherry	389	4.2	46.8	49.0	36.1	55.0	8.9
India	27.007	13.7	66.3	19.7	14.7	74.5	10.8

Table 3.3 Marital status and Living arrangement, FSW National IBBS, India 2014-15 (contd...)

*Totals may not add to 100% due to other or missing responses; **Others include those living with sex workers, male or female friends

3.1.4 Living status

All FSW in IBBS were asked about their living situation to asses if they were living alone, with family or others. Understanding the living situation of the FSW may be indicative of their vulnerability and / or their practice of risky behaviors. The majority of FSW at the national level reported living with either a spouse or their family (75%), about 15% reported living alone and 11% reported living with others (Table 3.3).

A similar pattern as the national scenario was found in a majority of the states across the country. The exceptions were West Bengal (46%), Arunachal Pradesh (42%), Goa (37%) and Puducherry (36%) where between one third and one half of the FSWs reported that they were living alone. In Kerala and Tamil Nadu close to one fourth of the FSWs reported that they were living alone. Among the states in the north and central regions about 10% of FSW reported living alone (Table 3.3).

Compared to the above, a smaller proportion of FSW in all states reported living with other male partners, sex workers, or others with the exception for Maharashtra where 36% of respondents reported living with 'others' such as other male partners or sex workers/female friends. In some states such as Delhi, Punjab, Arunachal Pradesh, Nagaland, and Goa the proportion of FSW who reported living with others was close to one fifth of the sample. In a majority of other states this proportion was less than 15%, closer to the national average of 11% (Table 3.3).

3.1.5 Sources of Income other than sex work

All FSWs in IBBS were asked if they had any other source of income other than sex work. Slightly less than half (46%) of respondents at the national level reported sex work as their only source of income (Table 3.4). Common income sources other than sex work were nonagricultural or agricultural labour (20%) or maid servant (11%). About 17% of FSWs reported having other sources of income (petty business, small scale industries or service). All other income sources (bar girl, beauty/ massage parlour, or hotel staff) were reported by only 5% of FSW, nationally.

The scenario of sex work being the main source of income among FSWs was largely similar to the national scenario in a majority of states. In West Bengal, a vast majority (91%) of FSWs did not have any other source of income; similarly a majority of FSWs in Delhi (75%), Chandigarh (65%) and in northeastern states such as Nagaland (72%) and Mizoram (67%) did not have any other source of income. Among the states in northern region, the proportion of FSW who reported that they did not have any income source other than sex work, ranged between 39% in Uttarakhand to 75% in Delhi. Over 40% of FSWs in the states of Uttar Pradesh, Odisha, Manipur, Gujarat, Maharashtra and Tamil Nadu reported no other source of income other than sex work (Table 3.4).

More than 30% of FSWs in the states of Chhattisgarh, Madhya Pradesh, Jharkhand, Odisha, Assam, Andhra Pradesh and Karnataka reported having income from working as a labourer (agricultural/non-agricultural) other than income from sex work. About 20-24% of FSWs from Uttarakhand, Manipur, Meghalaya, Tripura, Gujarat, Kerala and Puducherry reported income source through labour. Around one fifth or more (19-30%) of FSWs in Punjab, Meghalaya, Goa, Maharashtra, Kerala and Puducherry reported income from working as a maid servant. In the states of Delhi, Uttarakhand, Chandigarh, Uttar Pradesh, Jharkhand, Tripura, Andhra Pradesh & Tamil Nadu between 10 and 17% of FSW reported income source from working as a maid servant (Table 3.4).

		Other sources of Income* (%)								
State	N	None	Labourer**	Maid servant	Bar Girl	Beauty/ Massage Parlour	Hotel Staff	Others#		
North										
Chandigarh	396	65.3	0.8	11.6	0.0	6.5	0.0	15.3		
Delhi	800	75.0	0.3	10.1	2.1	2.4	0.2	9.8		
Haryana	1,368	41.6	14.3	7.5	1.7	11.7	1.0	21.9		
Himachal Pradesh	803	47.8	10.3	7.1	0.4	9.3	0.0	25.0		
Punjab	396	49.3	10.3	20.3	2.3	4.3	0.0	13.4		
Rajasthan	1,139	48.9	15.4	7.5	1.4	3.4	0.9	22.3		
Uttarakhand	770	39.1	22.3	11.6	0.7	3.9	0.7	21.5		
Central										
Chhattisgarh	1,140	20.5	50.4	9.3	0.0	2.0	0.9	16.8		
Madhya Pradesh	1,186	21.9	40.9	6.7	0.1	1.4	1.3	27.6		
Uttar Pradesh	1,586	51.2	11.3	9.8	0.2	5.7	0.3	21.5		
East										
Jharkhand	1,370	15.3	52.6	12.3	0.5	4.0	0.3	14.9		
Odisha	1,198	40.6	37.0	4.6	0.0	0.1	0.9	16.8		
West Bengal	965	91.3	1.6	2.4	0.0	0.1	0.1	4.5		
Northeast										
Arunachal Pradesh	1,173	37.7	18.8	3.0	2.8	9.3	9.8	18.5		
Assam	1,213	34.6	51.7	1.9	0.0	1.1	2.9	7.8		
Manipur	575	42.3	24.3	3.6	0.2	0.2	2.3	27.0		
Meghalaya	404	32.9	24.4	19.4	5.3	0.9	0.4	16.7		
Mizoram	354	66.8	2.1	1.2	0.0	6.2	0.2	23.4		
Nagaland	399	71.8	3.8	6.1	2.8	2.9	0.5	12.1		
Tripura	677	50.3	20.0	10.3	0.0	0.3	1.3	17.8		
West										
Goa	766	10.0	4.3	30.1	6.0	10.0	5.0	34.6		
Gujarat	1,216	45.0	22.5	2.3	0.7	6.6	4.6	18.2		

Table 3.4 Sources of Income other than Sex work, FSW National IBBS, India 2014-2015

				Other sourc	es of Ind	come* (%)		
State	N	None	Labourer**	Maid servant	Bar Girl	Beauty/ Massage Parlour	Hotel Staff	Others#
Maharashtra	1,349	49.2	9.5	28.8	1.6	1.7	0.4	8.5
South								
Andhra Pradesh	1,493	34.2	33.3	9.5	0.0	0.8	3.5	18.7
Karnataka	1,534	22.2	45.9	4.6	0.1	3.3	1.7	22.2
Kerala	871	37.9	20.6	28.6	0.0	1.0	1.1	10.7
Puducherry	389	28.8	23.8	20.5	1.4	1.0	2.6	21.7
Tamil Nadu	1,477	41.7	8.1	16.9	0.1	1.3	7.1	24.8
India	27,007	46.4	19.9	10.8	0.7	2.9	2.1	17.2

Table 3.4 Sources of Income other than Sex work, FSW National IBBS, India 2014-2015 (contd...)

* Total may not add to 100% due to missing responses; ** Labourer include both of agricultural/non-agricultural labourer #Others include those earning income through petty business, working in small-scale industry or service

Similar to the national scenario, a small proportion of FSWs (0-3%) reported income source from working as a bar girl in a majority of the states, except Goa (6%) and Meghalaya (5%). In Haryana, 12% of respondents reported having income source through working in beauty/massage parlour. In the rest of the northern states, between 4 and 9% of FSW reported that other income source was from beauty/massage parlours. Other states where a similar proportion of FSWs reported other income source from working in beauty / massage parlours were Uttar Pradesh, Jharkhand, Arunachal Pradesh, Mizoram, Goa & Gujarat (4-10%). In the rest of the states, less than 3% of respondents reported other income from beauty/massage parlours. Working as hotel staff was reported by 4% to 10% of FSWs in the states of Arunachal Pradesh, Goa, Gujarat, Andhra Pradesh and Tamil Nadu. In rest of the states less than 3% of the respondents reported any income source from work as hotel staff (Table 3.4).

Between 5% of FSWs in West Bengal and 35% in Goa reported other sources of income, including some type of petty business, small scale industries or working in private or public service. Close to one fourth of FSW reported such other sources of income in states of Himachal Pradesh, Madhya Pradesh, Manipur, Mizoram, Karnataka and Tamil Nadu. In a majority of the states in the north, central and western regions, the proportion of FSW who reported other sources of income was higher than the national average, with the exception of Delhi (10%), Punjab (13%), Chandigarh (15%) and Maharashtra (9%) (Table 3.4).

3.2 Sexual Behavior and Sex Work Practice

All FSWs were asked questions related to sexual risk behaviors and practice of sex work, which put them at increased risk for HIV infection. Understanding the onset of sexual behavior, initiation into sex work, places where FSW solicit their clients and other sex work practices provides insights for better understanding of the epidemiology and risk of HIV among FSW.

IBBS also enquired about FSW's practices related to using mobile and internet to contact their clients, which can help to better understand the newer forms of solicitation among FSW. IBBS questionnaire also included questions about the locality of sex work practice (rural, urban or both). Having knowledge about the geographic patterns and the variations in the places of solicitation or entertainment and other sex work practices would be beneficial to HIV prevention programme for better targeting and improving reach and coverage. This section presents findings from these key indicators: age at sexual initiation and age of initiation into sex work, places where FSW solicit clients, where they entertain clients and use of mobile and internet for contacting clients.

3.2.1 Age at first sex

Median age at first sexual intercourse among FSW was 18 years at the national level and across states ranged between 15 years in West Bengal and 20 years in Puducherry (Table 3.5). In all the eastern states and in the majority of the northeastern states median age at first sex was less than the national average. In the south and west, median age at first sex among FSW was equal to or higher than the national average with the exception of Andhra Pradesh (17 years) and Karnataka (17 years).

About nine percent of FSWs at the national level reported that they had their first sexual experience at the age of 14 years or younger. In Jharkhand (18%), Odisha (19%), West Bengal (37%), Assam (12%), Nagaland (15%), Tripura (11%) and Andhra Pradesh (11%), a relatively

larger proportion than national average, reported such early age at sexual debut. Among the remaining states the proportion of FSWs who had first sex at age of 14 or younger was similar or less than the national average (Table 3.5).

Overall, about a third of FSWs had sexual initiation between ages of 15 and 17 years and another 41% between the ages of 18 and 24 years. A sizeable proportion of FSWs in most of the central, eastern and northeastern states had sexual debut between 15 and 17 years, ranging between 23% and 53%. In a majority of the states in the north, west and south, FSWs who had sexual debut between 18 and 21 years, comprised a larger proportion (between 34% and 70%) of the sample (Table 3.5).

Nationally, seven percent of FSW reported that they had their sexual debut after 22 years, with the exception of Himachal Pradesh (15%), Punjab (10%), Manipur (18%) and Tripura (12%). In all the states in southern region the proportion of FSWs who had sexual debut after 22 years was higher national average with the exception of Andhra Pradesh (Table 3.5).

3.2.2 Age at first commercial sex

Commercial sex or sex work refers to having sex with a male in exchange for cash or kind. The median age at initiation of commercial sex work was 22 years at the national level and across states ranged between 19 years in Meghalaya and 28 years in Kerala and Tamil Nadu (Table 3.5). In the northern states, median age at first commercial sex among FSWs ranged between 20 years in Delhi and 25 years in Chandigarh. With the exception of Manipur and Tripura, median age at first commercial sex was equal to or lower than the national average in most of the eastern and northeastern states. About 1% of FSW at the national level reported first commercial sex at or before age of 14 years. In most of the states this proportion was similar or lower than national average, with the exception of Rajasthan, Odisha, West Bengal, and Nagaland where it ranged between 3% and 9%. About 8% of FSW at the national level reported that their first commercial sex took place between age 15 and 17 years. This proportion was higher in a number of states such as Delhi, Haryana, Rajasthan, Chhattisgarh, Jharkhand, Odisha, West Bengal, Assam, Manipur, Mizoram, Nagaland, and Karnataka, ranging between 9% and 21% (Table 3.5).

Nationally, more than one fourth (28%) of respondents reported age at first commercial sex between 18 and 21 years. Except for Delhi, Manipur, Tripura, Gujarat, Kerala, Tamil Nadu and Puducherry, in the remaining states around one fourth and more FSWs reported debut in commercial sex activities between 18 and 21 years.

Fifteen percent of FSW reported debut into commercial sex between the ages of 22 and 24 years while another 31% reported initiation into commercial sex work at 25 years or after. In a few states such as Madhya Pradesh, Uttar Pradesh, Assam, Manipur Gujarat, about one fifth of the FSWs reported age at first commercial sex between 22 and 24 years. The majority of FSWs in Himachal Pradesh (42%), Punjab (43%), Chandigarh (55%), Tripura (55%), Kerala (66%), Tamil Nadu (68%) and Puducherry (73%) reported age at first commercial sex at 25 years or after.

State	N	Age at First Sexual Intercourse	st Age at First Sexual se Intercourse* (%)				Age at first Commercial Sexual Intercourse	A	Age at First Commercial Sexual Intercourse* (%)			
		Median	<=14	15-17	18-21	22+	Median	<=14	15-17	18-21	22-24	25+
North												
Chandigarh	396	18.0	2.7	45.9	49.3	2.2	25.0	0.0	0.1	26.4	17.2	54.8
Delhi	800	18.0	2.9	29.4	38.1	6.8	20.0	0.6	10.5	23.5	11.3	12.4
Haryana	1,368	17.0	9.7	40.5	41.8	3.0	21.0	0.2	10.5	43.4	18.3	20.3
Himachal Pradesh	803	19.0	0.6	18.2	63.5	14.6	24.0	0.3	6.8	27.9	16.9	42.4
Punjab	396	18.0	1.9	17.8	69.5	10.2	23.0	0.0	5.5	30.8	18.6	43.2
Rajasthan	1,139	18.0	7.6	33.0	42.0	3.8	20.0	3.4	17.9	41.0	5.5	13.2
Uttarakhand	770	17.0	7.8	42.4	37.5	3.9	23.0	0.0	2.3	26.9	18.5	33.7
Central												
Chhattisgarh	1,140	17.0	7.5	49.5	33.3	6.3	21.0	0.8	9.7	41.7	18.6	23.6
Madhya Pradesh	1,186	18.0	5.7	43.2	47.8	2.5	21.0	0.5	7.7	41.0	20.8	22.6

Table 3.5 Age at initiation of sex and commercial sex, FSW National IBBS, India 2014-15

State	N	Age at First Sexual Intercourse	ļ	Age at Firs Intercour	st Sexual se* (%)		First Commercial Sexual Intercourse	Ą	Age at First Commercial Sexual Intercourse* (%)				
		Median	<=14	15-17	18- 21	22+	Median	<=14	15-17	18-21	22-24	25+	
Uttar Pradesh	1,586	18.0	7.2	37.5	39.8	6.7	22.0	0.2	3.3	28.9	22.1	31.5	
East													
Jharkhand	1,370	16.0	18.1	48.5	26.5	4.0	21.0	1.0	11.8	33.3	14.8	28.8	
Odisha	1,198	17.0	18.6	42.0	32.7	6.3	20.0	4.7	20.7	37.2	11.6	24.8	
West Bengal	965	15.0	37.0	31.7	19.7	2.4	20.0	9.4	14.7	30.3	12.9	20.2	
Northeast													
Arunachal Pradesh	1,173	17.0	3.4	23.0	18.2	2.7	20.0	0.2	3.6	27.2	9.8	3.7	
Assam	1,213	17.0	12.4	52.0	30.8	2.8	22.0	1.4	13.5	32.6	21.7	28.2	
Manipur	575	18.0	8.7	29.0	37.5	18.2	23.0	0.9	10.6	20.7	22.4	35.2	
Meghalaya	404	17.0	4.7	31.0	20.4	5.3	19.0	0.0	7.3	26.2	5.7	8.6	
Mizoram	354	17.0	4.5	47.0	45.9	2.0	22.0	1.3	9.0	37.2	18.4	32.7	
Nagaland	399	17.0	14.9	53.0	30.8	.5	22.0	3.4	13.3	31.5	17.9	32.9	
Tripura	677	18.0	10.5	25.7	50.8	11.6	25.0	1.6	3.3	18.0	18.3	54.9	
West													
Goa	766	18.0	4.7	21.6	48.9	7.8	22.0	0.2	3.5	30.7	18.5	25.3	
Gujarat	1,216	19.0	0.6	12.7	50.3	7.6	22.0	0.1	2.3	21.2	20.2	21.2	
Maharashtra	1,349	18.0	4.0	32.0	48.0	5.6	20.0	0.4	8.4	34.4	14.9	18.4	
South													
Andhra Pradesh	1,493	17.0	10.8	34.4	34.9	5.3	22.0	0.7	5.6	25.7	13.0	31.6	
Karnataka	1,534	17.0	2.7	47.0	36.5	8.8	22.0	0.2	11.2	29.8	18.6	25.2	
Kerala	871	19.0	7.6	23.2	43.9	19.6	28.0	0.3	2.0	9.3	14.1	66.4	
Puducherry	389	20.0	0.8	10.0	69.2	18.9	26.0	0.0	1.5	8.7	14.4	73.2	
Tamil Nadu	1,477	19.0	3.0	26.1	56.0	13.1	28.0	0.1	1.8	12.3	15.1	68.2	
India	27,007	18.0	8.6	33.8	41.4	7.0	22.0	1.4	8.4	28.2	15.4	31.0	

Table 3.5 Age at initiation of sex and commercial sex, FSW National IBBS, India 2014-15 (contd...)

* Total may not add up to 100% due to missing responses

3.2.3 Duration of sex work

Duration in sex work was calculated based on the age of FSWs and the age when they initiated sex work. Median duration in sex work was six years at the national level and ranged from 3 years in

Manipur and Mizoram to 13 years in Kerala (Table 3.6). In all other states, median duration of sex work ranged between 5 and 7 years except for Madhya Pradesh (8 years), Gujarat (9 years), Maharashtra (9 years) and Karnataka (9 years).

Table 3.6:	Duration of	^C Ommercial	Sex Work	FSW National	TRRS	India	2014-2	2015
Table 5.0.	Duration	commerciat	JCA WOIN,	1 SW Mational		India		-013

State	N	Median Duration in sex work (in	Nu	Number of years in Commercial Sex work* (%)					
		years)	<=1	2-3	4-9	10+			
North									
Chandigarh	396	5.0	7.1	19.6	43.1	28.5			
Delhi	800	6.0	6.7	9.7	21.5	20.5			
Haryana	1,368	7.0	3.2	16.4	44.3	28.8			
Himachal Pradesh	803	6.0	3.9	15.3	44.1	30.8			
Punjab	396	4.0	13.9	24.2	32.8	27.3			
Rajasthan	1,139	7.0	4.7	12.2	45.4	18.4			
Uttarakhand	770	6.0	5.3	14.2	36.4	25.4			
Central									
Chhattisgarh	1,140	6.0	7.0	17.8	42.8	26.5			
Madhya Pradesh	1,186	8.0	6.3	13.8	34.3	37.9			
Uttar Pradesh	1,586	5.0	4.5	18.9	41.3	21.2			
East									
Jharkhand	1,370	5.0	9.5	29.6	29.9	20.8			
Odisha	1,198	4.0	16.1	24.1	39.8	18.9			
West Bengal	965	6.0	10.1	15.6	29.0	32.8			
Northeast									
Arunachal Pradesh	1,173	5.0	2.5	10.4	28.4	3.3			
Assam	1,213	5.0	4.5	30.1	46.1	16.7			
Manipur	575	3.0	19.1	31.9	29.2	9.5			
Meghalaya	404	4.0	13.4	8.2	22.6	3.6			
Mizoram	354	3.0	24.1	33.1	35.0	6.4			
Nagaland	399	5.0	4.4	23.2	59.6	11.8			

State	N	Median Duration in sex work (in	Nu	mber of yea Sex wo	nercial	
		years)	<=1	2-3	4-9	10+
Tripura	677	5.0	6.1	32.8	39.8	16.8
West						
Goa	766	7.0	2.3	12.5	40.9	22.4
Gujarat	1,216	9.0	1.6	8.4	26.7	28.2
Maharashtra	1,349	9.0	1.9	7.1	32.9	34.0
South						
Andhra Pradesh	1,493	7.0	5.5	10.6	33.4	27.0
Karnataka	1,534	9.0	1.7	10.4	33.3	39.6
Kerala	871	13.0	1.9	5.4	23.3	61.3
Tamil Nadu	1,477	5.0	5.0	19.2	46.6	26.6
Puducherry	389	5.0	4.9	21.3	44.5	27.1
India	27,007	6.0	5.7	15.1	35.8	27.7

Table 3.6: Duration of Commercial Sex Work, FSW National IBBS, India 2014-2015 (contd...)

* Totals may not add up to 100% due to missing responses

About six percent of FSWs at the national level were in sex work for one year or less and about 15% were in sex work for 2 to 3 years (Table 3.6). The majority of FSWs had a duration of 4 to 9 years in sex work (36%), followed by 10+ years (28%). States like Punjab, Odisha, West Bengal, Manipur, Meghalaya and Mizoram had 10-24% FSWs who were found to be new into sex work. In a majority of the states in the north, central, west and south a higher proportion of FSWs were in sex work for more than four years; whereas in the east and northeast, more FSWs were in sex work for shorter duration (less than 9 years). Among all states, a higher proportion of FSWs in the southern states had longer duration in sex work compared to FSWs from any other regions.

3.2.4 Place of solicitation

The place where FSWs pick up or solicit their clients determines the typology of sex work.

All FSWs in IBBS were asked about where they primarily solicit/pick their clients. At the national level, the most frequently reported primary place of solicitation was home (33%), followed by rented room (20%), public places (16%), lodge / hotels (11%), brothels (10%), Highway (6%) and Bar/Night Club (0.7%), (Table 3.7). 'Others' places (including Dhaba and Vehicle) were reported as primary place of solicitation by 4% of the FSWs at the national level.

While state-wise variations were observed, the most predominant place of solicitation reported in most of the states was home followed by rented room (Table 3.7). The exceptions to this were West Bengal, Arunachal Pradesh, Manipur, Mizoram, Goa, Maharashtra and Kerala. In West Bengal, brothel based sex work was the most predominant typology. Brothel based sex work was also reported by a sizable proportion of FSWs in Delhi, Rajasthan and Maharashtra, ranging between 15 and 23%. In Arunachal Pradesh (43%), Manipur (36%), and Goa (52%) a significant proportion of FSW reported soliciting clients from lodges or hotels (Table 3.7).

The use of rented rooms as place of solicitation was very common and reported by 52% to 53% of FSWs in Punjab and Chandigarh. In a number of states such as Chhattisgarh, Madhya Pradesh, Manipur, Mizoram, Nagaland, Tamil Nadu and Kerala, less than 10% of FSW reported rented rooms as the predominant place of solicitation. In comparison with states in the south, a higher proportion of FSWs in the north, northeast and west predominantly reported rented room as primary place of soliciting clients (Table 3.7).

Compared to all other states, public places as place of solicitation were reported by a larger

proportion of FSW in the southern states of Tamil Nadu (51%), Kerala (36%), Puducherry (27%), Andhra Pradesh (26%) and Karnataka (20%). Other states with a relatively higher proportion of FSW who reported public places as predominant place of solicitation were Chhattisgarh (16%), Manipur (15%), Nagaland (15%), and Gujarat (14%). In all other states less than 10% of FSW reported public places as predominant place of solicitation (Table 3.7).

About 15% of FSWs in Nagaland, 8% in Arunachal Pradesh and 6% in Meghalaya reported bar or night club as their predominant place of solicitation. Highway was reported as the predominant place of solicitation by 27% of FSWs in Mizoram, 13% in Maharashtra, 12% in West Bengal and 11% in Tamil Nadu. In all other states, the proportion of FSW who reported either bar / night club or highway was largely in significant.

					Place of sol	icitation*	(%)			Use	Use Internet	
State	N	Home	Rented Room	Lodge/ Hotels	Brothel	Public Places	Bar / Night Club	Highway	Others**	mobile to contact clients	to contact clients	
North												
Chandigarh	396	31.7	53.4	14.7	0.2	0.0	0.0	0.0	0.0	85.4	4.7	
Delhi	800	23.5	39.4	6.6	20.5	4.7	1.7	2.6	1.0	69.5	3.9	
Haryana	1,368	36.8	25.2	13.5	8.8	5.4	4.9	2.1	3.3	88.0	15.0	
Himachal Pradesh	803	42.7	18.7	20.5	0.3	7.1	0.0	7.1	3.6	84.2	11.4	
Punjab	396	43.7	51.5	4.6	0.2	0.0	0.0	0.0	0.0	94.3	12.5	
Rajasthan	1,139	48.5	24.1	4.7	15.4	4.3	0.6	0.4	1.9	67.7	5.8	
Uttarakhand	770	47.8	39.1	5.2	1.7	2.2	0.7	1.3	0.7	82.4	6.0	
Central												
Chhattisgarh	1,140	59.3	9.0	2.2	0.9	16.3	0.0	6.3	5.9	60.5	0.6	
Madhya Pradesh	1,186	62.1	7.9	8.1	3.6	7.7	0.2	7.5	2.7	66.6	3.0	

Table 3.7: Places of Solicitation, FSW National IBBS, India 2014-15

					Place of sol	icitation*	(%)			Use	Use
State	N	Home	Rented Room	Lodge/ Hotels	Brothel	Public Places	Bar / Night Club	Highway	Others**	mobile to contact clients	to contact clients
Uttar Pradesh	1,586	35.6	31.5	21.3	1.1	6.5	0.0	3.1	0.7	70.4	2.5
East											
Jharkhand	1,370	53.2	15.1	16.4	1.0	5.0	0.2	2.4	6.2	67.8	2.0
Odisha	1,198	58.7	12.4	7.4	2.8	7.9	0.0	1.7	9.2	64.8	1.2
West Bengal	965	3.8	18.7	7.6	54.4	0.9	0.2	11.9	2.3	53.7	0.6
Northeast											
Arunachal Pradesh	1,173	17.0	23.8	43.1	0.1	3.0	8.4	0.5	3.9	91.7	19.2
Assam	1,213	52.3	28.4	17.7	0.0	0.9	0.0	0.0	0.7	82.7	1.7
Manipur	575	22.7	9.2	36.4	0.0	15.1	0.0	6.5	10.2	69.7	9.5
Meghalaya	404	33.0	25.1	21.1	0.1	3.3	6.0	1.9	9.6	62.7	3.5
Mizoram	354	15.9	8.9	29.7	1.4	0.0	0.0	27.2	16.9	84.1	22.6
Nagaland	399	27.6	7.7	27.1	0.0	14.8	15.1	7.1	0.2	88.3	12.4
Tripura	677	66.3	10.9	19.5	0.1	1.6	0.1	0.4	0.9	76.9	1.2
West											
Goa	766	18.1	22.4	52.0	0.4	3.6	0.5	1.4	1.6	90.8	8.1
Gujarat	1,216	34.4	15.9	20.9	5.0	13.6	0.1	7.1	2.7	75.9	8.3
Maharashtra	1,349	17.2	17.7	16.7	23.3	10.7	0.3	13.0	0.9	70.9	1.6
South											
Andhra Pradesh	1,493	44.2	9.8	11.4	2.0	25.8	0.0	4.1	2.6	74.6	5.9
Karnataka	1,534	42.4	17.0	16.7	1.1	20.1	0.4	1.2	1.2	83.5	1.7
Kerala	871	32.9	6.5	22.3	0.0	35.6	0.0	0.5	2.2	81.0	4.8
Puducherry	389	35.6	15.6	10.1	0.8	26.9	0.3	8.7	1.8	87.5	1.5
Tamil Nadu	1,477	10.1	9.2	5.1	0.2	50.7	0.1	10.9	13.6	84.4	4.7
India	27,007	33.0	19.6	11.2	10.1	15.7	0.7	5.5	4.0	74.3	4.7

Table 3.7: Places of Solicitation, FSW National IBBS, India 2014-15 (contd...)

* Totals may not add to 100% due to missing responses; ** Others include Dhaba & Vehicle reported as primarily place of soliciting/picking up of clients

Other places of solicitation such as dhaba, vehicle or others were reported by very low proportion of FSW in most states. However, in a few states such as Manipur, Meghalaya, Mizoram and Tamil Nadu this proportion ranged between 10% and 17%.

3.2.5 Mobile and Internet Use to Contact Clients

All FSWs in IBBS were asked if they use mobile phone and / or internet for contacting their clients. Use of mobile phone to contact clients was reported by majority of FSWs (74%) at the national level and was common in all states (Table 3.7). In a majority of states in the north, northeast, west and south, between 74% and 94% of FSWs reported using mobile phone for reaching their clients. In the central and eastern states, mobile phone use for solicitation was reported by a relatively lower proportion, ranging between 54% and 70%. Delhi (69%), Rajasthan (68%) and Meghalaya (63%) reported a lower proportion of use of mobile phone for contacting clients compared with FSWs in most of the other northern, north-eastern and western states.

In comparison to the above, the use of internet for solicitation was reported by fewer FSWs, by 5% at the national level and between 0.6% and 23% of FSWs across the states. States with relatively higher proportion of FSW using internet for solicitation were in the northeast, including Mizoram (23%), Arunachal Pradesh (19%) and Nagaland (12%). In Haryana (15%), Himachal Pradesh (11%) and Punjab (13%) a higher proportion of FSW, compared with other states, reported using internet for contacting clients. In all other states, use of internet for solicitation was reported by less than 10% of FSWs (Table 3.7).

3.2.6 Place of Entertainment

The place where FSWs take their clients after solicitation, where the actual sexual encounter occurs, is referred to as the place of entertainment. The patterns of predominant place of entertainment was largely similar to place of solicitation with 35% of FSW reporting entertaining clients at home, 30% in rented homes, 18% in Lodge/ hotels, about 9% in brothels and remaining in other places (Table 3.8).

Across states the pattern of predominant place of entertainment was largely similar to national scenario; the proportion of FSWs who reported home or rented room were reported by a majority of FSWs and ranged between 34% and 93%. Brothels were reported by a relatively higher proportion of FSWs in West Bengal (46%), Maharashtra (23%), Delhi (21%) and Rajasthan (15%). Whereas in Arunachal Pradesh, Mizoram, Manipur, Nagaland, Goa, Maharashtra and Kerala, relatively larger proportion of FSW (between 33% and 59%) reported lodge or hotels as predominant place of entertainment. Among states in the south where solicitation in public places was common, the predominant place of entertainment was home, rented room or lodge/ hotel. In Andhra Pradesh (19%), Odisha (11%) and Gujarat (11%) a higher proportion of FSW compared with other states, reported public place as the predominant place of entertaining clients. All other places of entertainment were reported by fewer than 7% of FSW across the states (Table 3.8).

Chata	NI			Locality of place of sex work practice* (%)								
State	N	Home	Rented Room	Lodge/ Hotels	Brothel	Public Places	Bar/Night Club	Highway	Others**	Rural	Urban	Both
North												
Chandigarh	396	24.3	55.6	19.8	0.3	0.0	0.0	0.0	0.0	0.4	93.0	6.4
Delhi	800	19.9	44.3	6.1	20.5	3.9	2.0	2.0	1.3	0.2	73.4	26.4
Haryana	1,368	35.6	33.3	20.2	8.2	1.1	0.7	0.4	0.5	1.8	66.5	31.7
Himachal Pradesh	803	40.3	25.2	29.0	0.6	1.6	0.0	1.7	1.1	6.5	36.1	57.3
Punjab	396	41.9	51.4	5.7	0.3	0.0	0.2	0.4	0.0	14.3	62.5	23.2
Rajasthan	1,139	47.3	28.6	5.1	14.9	1.2	0.5	0.5	1.9	12.4	45.4	42.1
Uttarakhand	770	47.3	46.8	4.6	0.3	0.4	0.0	0.2	0.3	5.5	37.8	56.7
Central												
Chhattisgarh	1,140	67.6	17.8	3.2	0.9	4.5	0.0	2.9	2.7	26.6	37.1	36.1
Madhya Pradesh	1,186	55.2	12.2	19.2	1.5	3.3	0.2	4.5	3.8	22.9	50.9	26.2
Uttar Pradesh	1,586	31.2	43.3	22.2	1.1	1.4	0.0	0.2	0.6	1.9	85.9	12.2
East												
Jharkhand	1,370	50.0	21.1	17.6	1.7	2.0	0.2	1.2	6.1	34.2	24.4	41.3
Odisha	1,198	49.6	14.0	9.1	4.4	10.8	0.1	1.4	10.5	59.3	7.7	33.0
West Bengal	965	7.5	34.3	10.5	45.6	0.4	0.0	0.7	0.8	24.3	70.4	5.3
Northeast												
Arunachal Pradesh	1,173	14.1	26.2	52.7	0.0	1.1	1.1	0.2	4.4	7.1	29.0	63.8
Assam	1,213	51.9	27.4	18.4	0.0	0.7	0.4	0.0	1.2	36.2	26.8	36.9
Manipur	575	27.8	14.2	43.8	0.0	1.1	0.0	1.7	11.3	30.1	30.0	39.7
Meghalaya	404	29.8	26.9	23.5	0.3	3.1	6.0	1.0	9.1	39.3	28.3	32.4
Mizoram	354	19.6	14.3	49.3	0.4	0.0	0.2	9.6	6.4	0.0	93.8	6.2
Nagaland	399	28.9	22.5	38.6	0.0	3.0	6.4	0.0	0.7	7.1	64.8	28.1
Tripura	677	61.5	21.1	16.3	0.0	0.0	0.0	0.0	1.0	64.6	3.8	31.3
West												
Goa	766	21.1	18.5	59.0	0.4	0.0	0.6	0.1	0.3	19.6	47.4	33.0
Gujarat	1,216	32.9	19.3	28.0	4.3	10.8	0.3	2.6	1.7	12.1	53.0	34.5

Table 3.8 Place of Entertainment and Locality of Sex Work Practice, FSW National IBBS, India 2014-15

					•		-		•		•		
State	Ν				Place of En	tertainmen	t* (%)			Locality of place of sex work practice* (%)			
State	N	Home	Rented Room	Lodge/ Hotels	Brothel	Public Places	Bar/Night Club	Highway	Others**	Rural	Urban	Both	
Maharashtra	1,349	14.6	26.9	32.7	22.8	0.3	0.4	1.8	0.4	6.4	70.6	22.9	
South													
Andhra Pradesh	1,493	41.9	16.7	16.4	1.9	18.8	0.0	1.9	2.3	27.3	30.8	41.9	
Karnataka	1,534	44.1	27.7	24.7	1.3	1.3	0.0	0.2	0.6	9.3	33.5	57.3	
Kerala	871	38.3	13.4	40.0	0.0	7.3	0.0	0.0	0.8	38.4	13.8	47.6	
Puducherry	389	48.2	24.9	20.8	0.6	1.5	0.0	2.1	1.7	12.4	33.0	54.3	
Tamil Nadu	1,477	33.1	41.8	19.8	0.1	3.1	0.0	0.2	1.4	5.7	77.3	16.9	
India	27,007	35.2	30.2	17.5	9.3	4.2	0.4	1.2	1.8	15.3	54.8	29.8	

Table 3.8 Place of Entertainment and Locality of Sex Work Practice, FSW National IBBS, India 2014-15 (contd...)

* Totals may not add to 100% due to missing responses; ** Others include Dhaba and Vehicle reported as primarily place of entertainment with clients

3.2.7. Locality of Sex work practice

All FSWs in IBBS were asked 'what is the type of place where you usually practice sex work'. Response options for the question was "Rural, Urban and Both". Overall 15% of FSW reported practicing sex work in rural areas, while 55% reported urban areas and another 30% reported both rural and urban areas as place where they usually practice sex work (Table 3.8).

States where a predominant proportion of FSW reported practicing sex work in rural areas were Odisha (59%) and Tripura (65%). Whereas in other states of Delhi, Haryana, Chandigarh, Punjab, Madhya Pradesh, Uttar Pradesh, West Bengal, Mizoram, Nagaland, Goa, Gujarat, Maharashtra and Tamil Nadu, a majority of FSW, ranging between 47% and 94%, reported practicing sex work in urban areas. In the states of Himachal Pradesh, Rajasthan, Uttarakhand, Jharkhand, Arunachal Pradesh, Manipur, Andhra

Pradesh, Karnataka, Kerala and Puducherry a majority of FSWs (between 40% and 64%) reported that they practiced sex work in both rural and urban places. Practice of sex work only in rural areas was reported the least by FSW in the northern and western states.

The locality of sex work practice was examined by the most common places of solicitation among FSWs. Home was the predominant place of solicitation irrespective of locality of sex work practice; however over fifty percent of FSWs who practiced sex work exclusive in rural areas were soliciting clients from home compared with one fourth who practice only in urban areas. Other common places of solicitation among FSWs who practiced in only rural areas were public places (14%) and rented room (14%). Among FSWs who practiced only in urban areas rented room (20%) was the second highest place of solicitation followed by brothel (15%) and public places (15%) (Table 3.8a).
	Rural	Urban	Both	Total
Home	53.6	25.4	36.8	33.1
Rented Room	14.4	19.7	21.9	19.6
Lodge/Hotels	7.8	11.7	12.1	11.2
Brothel	2.6	15.4	4.4	10.1
Public Places	13.9	15.8	16.6	15.7
Bar/Night Club	0.1	0.8	0.7	0.7
Highway	4.2	6.6	4.4	5.5
Others	3.4	4.6	3.2	4.0

Table 3.8a Locality of Sex Work Practice by Place of Solicitation, FSW National IBBS, India 2014-15

3.3 Sexual Partners and Condom Use Patterns

FSWs are at high risk for HIV as they have multiple sexual partners and the patterns of condom use with these partners vary considerably. All the FSWs in IBBS were asked about their sexual behaviors with different types of male partners including commercial partners who pay the FSW for having sex and non- commercial partners who do not pay FSW for having sex. In IBBS, sexual behavior with two types of commercial partners were investigated: occasional clients are those who the FSW does not recognize as client is unfamiliar, one time partners; while regular clients are those who the FSW recognizes, as they regularly or repeatedly visit the FSW for sexual transactions. Similarly information was collected about two types of non-commercial, non-paying sexual partners: regular male partner who is usually a husband or boyfriend of FSW; and casual male partner or some other lover or boyfriend of the FSW with whom she has a sexual relationship, but who is not her regular partner.

3.3.1. Occasional Clients

All FSW were asked about having sex with occasional clients. At the National level about 79% of FSWs reported having occasional clients. In a majority of states, across all regions, more than three fourth of FSWs reported having occasional clients. In some states such as Rajasthan, Chandigarh, Uttar Pradesh, Jharkhand, Meghalaya and Tripura the proportion of FSW who reported having occasional clients was lower ranging between 52% and 68% (Table 3.9).

3.3.1a Condom use with occasional clients

Condom use practices were examined among FSW who reported having an occasional client. Condom use during last sex act with an occasional client was reported by 94% of FSW at the national level. In the vast majority of states condom use at last sex with an occasion client ranged between 89% and 98%. In a few states of Jharkhand, Gujarat and Kerala, last time condom use was reported by 79% to 88% of FSW (Table 3.9).

State		Had Occasional	Condom use o occasiona	Condom use during sex with occasional clients (%)		Condom use during anal sex with occasional clients (%)	
State	N	(%)	At last sex act	Consistent condom use*	Occasional clients (%)	At last sex act	Consistent condom use*
North							
Chandigarh	396	62.3	93.7	87.4	39.8	99.1	98.3
Delhi	800	76.5	93.5	58.6	13.5	81.7	49.6
Haryana	1,368	87.1	96.8	66.2	19.3	89.6	61.9
Himachal Pradesh	803	78.8	95.8	59.3	8.9	96.0	58.7
Punjab	396	73.2	96.1	71.9	51.2	97.4	65.1
Rajasthan	1,139	52.6	89.3	62.6	17.1	85.4	39.9
Uttarakhand	770	79.5	97.0	61.0	27.6	84.9	36.0
Central							
Chhattisgarh	1,140	83.8	96.3	72.8	27.4	95.3	88.9
Madhya Pradesh	1,186	85.4	94.9	67.0	46.5	97.7	75.1
Uttar Pradesh	1,586	53.3	93.6	79.8	17.0	89.4	79.5
East							
Jharkhand	1,370	67.8	85.9	46.2	26.7	86.0	34.1
Odisha	1,198	96.8	92.2	60.6	60.4	90.7	54.0
West Bengal	965	89.2	98.7	95.7	2.3	48.5	45.1
Northeast							
Arunachal Pradesh	1,173	76.0	89.9	48.1	23.8	72.2	19.8
Assam	1,213	76.8	96.1	75.3	14.7	84.4	53.7
Manipur	575	75.2	91.9	54.4	21.7	77.3	18.7
Meghalaya	404	58.9	95.6	51.5	22.3	58.4	45.9
Mizoram	354	76.9	89.5	37.7	3.9	83.7	19.2
Nagaland	399	89.0	96.3	80.2	12.1	81.2	82.9
Tripura	677	52.2	97.3	54.7	15.1	87.5	63.6
West							
Goa	766	82.6	98.2	81.8	49.3	99.5	85.6

Table 3.9: Occasional Male Clients and Condom Use, FSW National IBBS, India 2014-15

State	N	Had Occasional clients (%)	Condom use during sex with occasional clients (%)		Anal sex with	Condom use during anal sex with occasional clients (%)	
			At last sex act	Consistent condom use*	Occasional clients (%)	At last sex act	Consistent condom use*
Gujarat	1,216	75.8	78.6	69.6	30.8	89.7	82.5
Maharashtra	1,349	82.3	94.9	80.1	16.8	83.4	55.1
South							
Andhra Pradesh	1,493	74.6	92.1	73.1	13.3	90.7	65.1
Karnataka	1,534	83.0	97.6	85.2	25.3	96.5	85.6
Kerala	871	74.0	87.9	67.3	20.6	82.4	46.2
Puducherry	389	88.1	97.4	68.8	17.0	89.4	48.8
Tamil Nadu	1,477	86.4	94.3	88.8	12.4	71.5	63.3
India	27,007	78.7	94.0	74.2	19.5	88.3	64.4

Table 3.9: Occasional Male Clients and Condom Use, FSW National IBBS, India 2014-15 (contd...)

*Consistent condom use was defined as condom use during every time of sex in last one month

Consistent condom use with occasional clients was defined as using condom every time when having sex in the last one month. Consistent condom use in the last month was reported by 74% of FSWs at the national level. Compared with other states, a higher proportion of FSWs reported consistent condom use with occasional clients in states such as West Bengal (96%), Chandigarh (87%), Tamil Nadu (89%) and Karnataka (85%). In comparison, lower proportion of FSWs reported consistent condom use with occasional clients in states such as Mizoram (38%), Arunachal Pradesh (48%), Jharkhand (46%) and Meghalaya (52%).

Among the northeastern states, higher levels of consistent condom use with occasional clients were reported by FSWs in Nagaland (80%) and Assam (75%), whereas in other states it ranged between 37% and 55%. Among the northern states, consistent condom use was reported by higher proportion of FSWs in Chandigarh (87%) but by less than 61% of FSWs in Himachal Pradesh, Delhi and Uttarakhand. In general, consistent condom use with occasional clients was reported by higher proportion of FSWs in most of the southern and western states (between 69% and 89%), and by a lower proportion of FSW in most of the northeastern states.

3.3.1b Anal Sex with Occasional Clients

FSWs who had occasional clients were asked if they ever had anal sex with their occasional clients. One fifth of FSW reported that they ever had anal sex with an occasional client (20%). The proportion of FSWs who reported ever having anal sex with occasional client was higher in states such as Punjab, Chandigarh, Madhya Pradesh, Odisha and Goa, ranging between 40% and 60% of FSWs. In a few other states such as Uttarakhand, Chhattisgarh, Jharkhand, Gujarat and Karnataka more than one fourth of FSWs reported that they ever had anal sex with occasional clients, larger than the national average. In the northeast between 20% and 24% of FSWs in Arunachal Pradesh, Manipur and Meghalaya reported ever having anal sex with occasional clients, higher than other states in the region. In general having anal sex with occasional clients was reported by relatively lower proportion of FSW (less than one fifth) in most of the southern and northern states (Table 3.9). The practice of anal sex with occasional clients was examined by age group of FSWs. Lower proportion of FSWs who were older than 45 years reported practicing anal sex with occasional clients. No other major differences in the pattern of anal sex by other age groups was apparent (Table 3.9a).

Table 3.9.a Anal sex with occasional clients byage group, FSW National IBBS, India 2014-15

Age group	Occasional clients
15-17	22.2%
18-24	19.1%
25-34	20.7%
35-44	18.7%
45+	13.9%
Total	19.5%

3.3.1c Condom use during anal sex with occasional clients

FSW who reported having anal sex with occasional clients, were asked about condom use practices during anal sex. Overall 88% of FSW reported condom use at last anal sex with occasional client; whereas 64% reported consistent condom use during anal sex with occasional client in the last one month. Last time condom use during anal sex was reported by higher proportion than the national average of

88% in about 13 states across the north, central, east, west and south. States with a relatively lower proportion of FSWs who had used condom at last anal sex with occasional client were Arunachal Pradesh, Meghalaya, West Bengal and Tamil Nadu ranging between 49% and 72%. In all other states a similar proportion as the national average reported last time condom use with their occasional client (Table 3.9).

Consistent condom use during anal sex with occasional client in the last month was reported by a higher proportion of FSWs than national average in states such as Chandigarh, all central states, Nagaland, Goa, Gujarat and Karnataka, ranging between 75% and 98%,. In a number of states such as Delhi, Rajasthan, Uttarakhand, Jharkhand, West Bengal, Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Kerala and Puducherry, less than half of the FSWs reported consistent condom use during anal sex in the last month. In all other states consistent condom use during anal sex with occasional client was similar to the national average.

3.3.2. Regular Clients

All FSW were asked about having regular clients. Overall 82% of FSWs reported having regular clients. Across states this proportion ranged between 46% in Meghalaya and 99% in Chandigarh. Out of all states, more than 80% of FSW in 17 states spread across all regions of the country reported having regular clients. In the states of Delhi, Rajasthan, Arunachal Pradesh, Mizoram, all western states except Maharashtra and southern states except Tamil Nadu, between 61% and 78% of FSW reported having regular clients (Table 3.10).

		Had Regular clients	Condom use male cli	Condom use with regular male clients (%)		Condom anal sex male cl	use during with regular ients (%)
State	N	(%)	At last Sex act	Consistent condom Use*	Regular clients	At last Sex act	Consistent condom use*
North							
Chandigarh	396	99.4	95.6	73.5	33.9	93.8	91.9
Delhi	800	61.2	92.6	55.5	8.9	86.6	61.8
Haryana	1,368	82.1	92.0	56.7	28.1	82.9	56.2
Himachal Pradesh	803	90.2	91.8	52.5	8.5	96.5	63.4
Punjab	396	85.4	97.0	74.2	45.3	95.9	67.1
Rajasthan	1,139	74.6	89.8	77.2	28.8	85.6	78.3
Uttarakhand	770	88.5	94.0	50.6	29.7	91.5	43.6
Central							
Chhattisgarh	1,140	84.2	91.1	61.9	28.5	90.7	76.5
Madhya Pradesh	1,186	93.9	91.6	54.7	50.6	90.4	56.4
Uttar Pradesh	1,586	85.9	89.4	78.2	20.4	91.5	84.7
East							
Jharkhand	1,370	90.4	87.0	47.2	25.4	88.7	32.3
Odisha	1,198	95.5	91.5	61.9	63.4	92.0	53.7
West Bengal	965	88.1	97.0	92.2	2.3	72.3	64.3
Northeast							
Arunachal Pradesh	1,173	71.3	77.0	42.1	25.7	78.3	15.0
Assam	1,213	94.3	92.0	52.8	10.4	87.8	54.0
Manipur	575	89.7	90.0	54.4	17.2	70.0	25.4
Meghalaya	404	46.1	94.9	53.5	28.1	65.0	38.0
Mizoram	354	73.9	85.6	31.8	5.6	84.7	35.2
Nagaland	399	94.8	95.7	65.8	25.1	92.0	68.3
Tripura	677	96.1	96.3	64.4	9.4	81.0	59.4
West							
Goa	766	75.6	99.3	82.7	57.4	99.2	85.1

Table 3.10: Regular Male Clients and Condom Use, FSW National IBBS, India 2014-15

State N		Had Regular clients (%)	Condom use with regular male clients (%)		Anal sex with	Condom use during anal sex with regular male clients (%)	
	N		At last Sex act	Consistent condom Use*	Regular clients	At last Sex act	Consistent condom use*
Gujarat	1,216	76.8	78.2	66.2	30.6	87.7	88.3
Maharashtra	1,349	83.5	91.7	70.5	24.0	82.6	48.4
South							
Andhra Pradesh	1,493	72.1	86.7	66.2	13.6	86.8	57.6
Karnataka	1,534	76.1	96.1	78.8	15.3	95.0	85.7
Kerala	871	78.0	89.2	65.4	16.4	69.4	46.3
Puducherry	389	70.8	92.5	50.9	20.0	90.9	50.5
Tamil Nadu	1,477	93.2	87.7	79.6	16.9	76.0	67.7
India	27,007	82.1	90.7	68.2	21.2	86.5	62.7

Table 3.10: Regular Male Clients and Condom Use, FSW National IBBS, India 2014-15 (contd...)

*Consistent condom use was defined as condom use during every time of sex in last one month

3.3.2a Condom use practices with regular clients

Questions on condom use were asked among FSW who reported having regular clients. Last time condom use was reported by more than 91% of FSW at national level and in the vast majority of the states more than 85% reported using condom at last sex with a regular client. In Arunachal Pradesh and Gujarat, less than 80% of FSW reported last time condom use with regular client.

Around 68% of FSWs at the national level reported that they consistently used condom with regular clients in the last one month ranging from 32% in Mizoram to 92% in West Bengal. Jharkhand, and Arunachal Pradesh were other states where consistent condom use was reported by less than 50% of FSW. In Punjab (74%), Rajasthan (77%), Chandigarh (74%), Uttar Pradesh (78%), Goa (83%), Maharashtra (71%), Karnataka (79%) and Tamil Nadu (80%), more than two thirds of FSW reported consistent condom use with regular clients. In most of other states/UTs, half to two thirds of respondents reported to use condom consistently with regular clients (Table 3.10).

3.3.2b Anal sex with regular clients

All FSW who had regular clients were asked about practice of anal sex with this client. About one fifth of FSW (21%) reported that they ever had anal sex with regular client, similar to practice with occasional clients. A higher proportion of FSW in Punjab, Madhya Pradesh, Odisha and Goa, ranging between 45% and 63%, reported ever having anal sex with regular client. Between one fourth and one third of FSWs in the states of Haryana, Rajasthan, Uttarakhand, Chandigarh, Chhattisgarh, Jharkhand, Arunachal Pradesh, Meghalaya, Nagaland and Gujarat reported that they ever had anal sex with a regular client. In all the southern states less than or equal to fifth of the FSWs reported having anal sex with regular clients. Less than 10% of FSW in Delhi, Himachal Pradesh, West Bengal, Mizoram and Tripura reported having anal sex with a regular client (Table 3.10). The practice of anal sex with regular clients was examined by age group of FSWs. Lower proportion of FSWs who were older than 45 years reported practicing anal sex with regular clients. Other than this there were no major differences in the pattern of anal sex by other age groups (Table 3.10a).

3.3.2c Condom use during anal sex with regular client

Overall 87% of FSW reported that they had used condom at last anal sex with a regular client. Across states this proportion ranged between 65 in Meghalaya and 99% in Goa. In most of the states over 80% of the FSWs reported last time condom use during anal sex with regular clients. In the states of West Bengal, Arunachal Pradesh, Manipur, Meghalaya, Kerala and Tamil Nadu between 65% and 78% of FSW reported last time condom use during anal sex with regular client,

Table 3.10.a Anal Sex with Regular clients by Age group, FSW National IBBS, India 2014-15

Age group	Occasional clients
15-17	22.5%
18-24	22.5%
25-34	22.1%
35-44	20.1%
45+	13.2%
Total	21.2%

lower compared with all other states (Table 3.10). At the national level, about 63% of FSW reported consistent condom use during anal sex with regular clients in the last one month. Over 70% of FSWs in some of the states/UTs such as Rajasthan, Chandigarh, Chhattisgarh, Uttar Pradesh, Goa, Gujarat and Karnataka reported consistent condom use during anal sex with regular clients. In four of the northeastern states of Arunachal Pradesh, Manipur, Meghalaya and Mizoram, between 15% and 38% of respondents reported consistent condom use regular clients during anal sex. Less than half of the FSWs in the states of Uttarakhand, Jharkhand, Maharashtra, and Kerala (between 32% and 48%) reported consistent condom use during anal sex with regular clients. In remaining states, between one half and two thirds of FSWs had used condoms consistently during anal sex with regular clients.

3.3.3. Regular Non Paying Partner

All FSWs were asked if they had a regular male partner such as spouse, lover, boyfriend or other live-in sexual partner. At the national level, 62% of FSW reported having such regular male partner (Table 3.11). There was considerable variation in proportion of FSW who reported having regular partner across states. A higher proportion of FSWs in Odisha (92%) and Haryana (82%) reported having regular male partner. In a number of states the proportion of FSWs with such a regular male partner ranged between 66% and 80%, including all northern states (except Rajasthan), Chhattisgarh, Madhya Pradesh, Jharkhand, Assam, Mizoram, Nagaland and Tamil Nadu. Relatively lower proportion of FSWs in Uttar Pradesh (39%), Rajasthan (35%), West Bengal (45%), Meghalaya (38%), Tripura (20%), Maharashtra (40%), Kerala (32%) and Puducherry (41%) reported having regular male partner (Table 3.11).

3.3.3a. Condom use with regular partner

All FSWs who reported having a regular male partner were asked about condom use practices with this partner. Last time condom use with this partner was reported by 55% of FSWs at

the national level and ranged between 19% in Tamil Nadu and 94% in Chandigarh (Table 3.11). In a majority of the northern, central, eastern and western states, (except for Chhattisgarh and West Bengal) the proportion of FSWs who reported condom use during last time sex act with regular partner was more than national average, ranging between 57% and 94%. In West Bengal, around 36% of FSWs and in Chhattisgarh about 48% of FSW reported the last time condom use with regular male partner. Among the northeastern states, respondents reporting use of condom in last sex act with regular partner ranged from 35% in Mizoram and 90% in Tripura. In the southern states between 19% in Tamil Nadu and 53% in Karnataka reported condom use in last sex act with regular partner.

Among FSWs with a regular partner, consistent condom use in the last three months with this partner was reported by 29% of FSW at the national level. States with a higher proportion of FSWs who reported consistent condom use with regular partners were Chandigarh (80%), Tripura (65%), Punjab (58%), Madhya Pradesh & Maharashtra (44%) and Gujarat (49%). Compared with all other states a lower proportion of FSWs (9%) reported consistent condom use with regular partner in Mizoram. Among other north-eastern states, between one fifth and one third of FSWs reported consistent condom use with their regular partner. Among the southern states the proportion of FSWs who reported consistent condom use with regular male partner was relatively lower in Tamil Nadu (14%), Puducherry (26%), Kerala (29%) and Andhra Pradesh (29%) but higher in Karnataka (39%).

State	Ν	Had Regular partners (%)	Condom use with Regular partner (%)		Had Anal sex with	Condom anal sex male pa	use during with regular artner (%)
	N		At last Sex act	Consistent condom Use*	Regular Partner (%)	At last Sex act	Consistent condom use*
North							
Chandigarh	396	67.7	93.5	79.5	37.0	100.0	96.6
Delhi	800	68.3	65.0	24.8	9.1	58.5	14.4
Haryana	1,368	82.2	63.2	21.7	27.5	71.0	44.7
Himachal Pradesh	803	70.1	71.7	21.4	8.6	77.2	21.5
Punjab	396	79.7	85.2	57.8	42.4	77.0	26.7
Rajasthan	1,139	34.5	57.4	40.3	20.9	67.6	53.8
Uttarakhand	770	77.2	84.0	37.5	29.6	82.0	35.9
Central							
Chhattisgarh	1,140	77.7	47.9	21.6	25.3	75.8	59.0
Madhya Pradesh	1,186	78.5	79.8	44.1	48.7	89.5	52.9

Table 3.11: Regular Male Partner and Condom Use, FSW National IBBS, India 2014-15

State	N	Had Regular partners	Condom use with Regular partner (%)		Had Anal sex with	Condom anal sex male pa	use during with regular artner (%)
	N	(%)	At last Sex act	Consistent condom Use*	Regular Partner (%)	At last Sex act	Consistent condom use*
Uttar Pradesh	1,586	38.8	67.2	40.3	24.8	58.8	45.3
East							
Jharkhand	1,370	66.1	74.3	26.7	26.4	75.2	15.3
Odisha	1,198	91.8	72.3	39.9	61.7	76.3	43.8
West Bengal	965	45.4	35.5	21.9	1.9	29.5	0.0
Northeast							
Arunachal Pradesh	1,173	50.1	76.0	20.1	29.7	80.1	11.0
Assam	1,213	78.4	58.0	24.2	16.3	29.9	21.1
Manipur	575	52.3	65.4	30.8	18.5	60.7	23.8
Meghalaya	404	37.6	68.9	22.6	26.8	45.5	24.1
Mizoram	354	69.7	34.8	8.6	3.8	37.3	9.1
Nagaland	399	76.0	58.4	25.0	28.5	98.7	63.7
Tripura	677	20.0	90.3	64.7	15.4	77.5	48.5
West							
Goa	766	55.5	58.9	30.4	53.7	65.6	22.8
Gujarat	1,216	61.5	60.4	49.3	18.9	73.7	61.2
Maharashtra	1,349	39.8	62.0	43.5	21.1	75.1	26.8
South							
Andhra Pradesh	1,493	59.3	51.2	28.7	15.5	76.3	50.3
Karnataka	1,534	62.4	52.7	38.9	33.9	54.2	47.5
Kerala	871	31.6	52.3	28.9	19.2	24.5	5.9
Puducherry	389	41.2	33.4	25.9	23.6	50.2	50.6
Tamil Nadu	1,477	69.1	19.1	13.7	17.8	29.3	19.3
India	27,007	62.2	54.9	28.9	22.3	66.3	38.8

Table 3.11: Regular Male Partner and Condom Use, FSW National IBBS, India 2014-15 (contd...)

*Consistent condom use was defined as condom use during every time of sex last three months

3.3.3b Anal sex with regular male partner

All FSWs with a regular male partner were asked about anal sex practice with this partner. About one fifth (22%) of FSWs reported that they ever had anal sex with their regular male partner. The proportion of FSWs who reported having anal sex with this partner was relatively higher in the states of Punjab, Chandigarh, Madhya Pradesh, Odisha, Goa and Karnataka, ranging between 34% and 62% (Table 3.11). In states such as Haryana, Uttarakhand, Chandigarh, Chhattisgarh, Uttar Pradesh. Jharkhand. Arunachal Pradesh, Meghalaya, Nagaland and Puducherry over one fourth of FSWs reported anal sex with their regular male partner. In other states such as Delhi, Himachal Pradesh, Assam, Manipur, Mizoram, Tripura, Andhra Pradesh and Tamil Nadu, the proportion of FSWs who reported anal sex with regular male partner was relatively lower, between 4% and 18% (Table 3.11).

3.3.3c Condom use during anal sex with regular male partner

FSWs who had anal sex with their regular male partner were asked about condom use practices with this partner. Overall 66% of FSWs at the national level reported using a condom at the last anal sex with the regular male partner. Last time condom use during anal sex with regular male partner was higher than this national average in all the states of the north (except Delhi), Chhattisgarh, Madhya Pradesh, Jharkhand, Odisha, Arunachal Pradesh, Nagaland, Tripura, Gujarat, Maharashtra and Andhra Pradesh. (Table 3.11).

In the states of Delhi, Uttar Pradesh, West Bengal, Assam, Meghalaya, Mizoram, Karnataka, Kerala, Tamil Nadu and Puducherry the proportion of FSW who reported last time condom use during anal sex with regular partner was lower than all other states and ranged between 25% and 59%.

FSWs who had anal sex with regular male partner were asked about consistent condom use in the last three months during anal sex. Overall 39% of FSW reported consistent condom use with this partner (Table 3.11). Across states this proportion ranged between 6% in Kerala and 97% in Chandigarh. Among states of Rajasthan, Chhattisgarh, Madhya Pradesh, Nagaland, Gujarat, Andhra Pradesh and Puducherry between 50% and 64% of FSWs reported consistent condom use during anal sex with their regular male partner.

In comparison, less than half the FSWs reported the consistent condom use during anal sex with their regular male partner in the vast majority of the states in the north, east, Goa and Maharashtra. In the northeast, except for Nagaland (64%) and Tripura (49%) consistent condom use during anal sex in last three months was reported by one fourth or lower proportion of FSWs. Among the southern states, consistent condom use during anal sex was reported by less than one fourth of FSWs in Tamil Nadu and Kerala (6% to 19%) while in other states it ranged from 48% and 51% (Table 3.11).

3.3.4. Other non-paying Casual Partner

All FSWs in IBBS were asked if they had a casual male partner, such as a lover, other than their regular male partner in the last one year. At the national level around about 18% of FSWs reported having such casual male partners. The proportion of FSWs having such casual partners was higher in Madhya Pradesh (50%) and Odisha (55%); in some other states such as Uttarakhand (32%), Chandigarh (30%), Jharkhand (29%), Arunachal Pradesh (28%), and Gujarat (26%) a slightly lower proportion of FSWs had such a partner (Table 3.12).

Between 20% and 25% of FSWs in Haryana, Punjab, Chhattisgarh, Manipur and Andhra Pradesh reported having a casual male partner. In all other states, one fifth of FSWs reported having a casual male partner, which was lower than the national average.

Table 3.12: Casual Male Partner and Condom Use	e, FSW National IBBS, India 2014-15
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*Consistent condom use was defined as condom use	Ν	Had Casual partners	Condom use with casual Partner (%)		Had Anal sex	Condom anal sex part	use during with casual ner (%)
during every time of sex in last three months	N	(%)	At last Sex act	Consistent condom use*	Partner (%)	At last Sex act	Consistent condom use*
North							
Chandigarh	396	30.1	97.1	92.0	74.6	100.0	100.0
Delhi	800	5.7	79.5	57.7	5.6	42.3	42.3
Haryana	1,368	24.9	95.5	49.5	32.8	80.5	50.1
Himachal Pradesh	803	6.0	81.5	64.1	7.7	100.0	30.0
Punjab	396	22.0	89.6	34.2	56.7	94.2	6.4
Rajasthan	1,139	13.7	81.4	40.5	53.2	35.2	24.1
Uttarakhand	770	31.7	84.6	35.1	43.0	86.7	34.6
Central							
Chhattisgarh	1,140	23.5	67.1	35.8	8.6	63.1	41.5
Madhya Pradesh	1,186	50.0	92.7	67.6	55.8	98.1	82.4
Uttar Pradesh	1,586	5.2	82.7	52.7	19.7	88.7	37.4
East							
Jharkhand	1,370	28.8	82.7	27.1	30.9	91.4	22.2
Odisha	1,198	55.0	92.4	51.6	76.4	92.3	56.4
West Bengal	965	2.7	76.9	72.1	0.0	0.0	0.0
Northeast							
Arunachal Pradesh	1,173	27.7	86.0	8.8	29.2	73.0	8.0
Assam	1,213	6.7	79.7	52.7	65.9	26.2	25.0
Manipur	575	23.0	73.6	35.0	15.4	77.3	10.5
Meghalaya	404	13.0	85.1	60.7	49.3	83.7	45.1
Mizoram	354	17.3	62.7	17.5	3.4	0.0	0.0
Nagaland	399	10.6	83.3	30.4	19.2	89.7	41.1

State N	Ν	Had Casual partners (%)	Condom use with casual Partner (%)		Had Anal sex	Condom anal sex parti	use during with casual ner (%)
	N		At last Sex act	Consistent condom use*	Partner (%)	At last Sex act	Consistent condom use*
Tripura	677	10.6	89.6	57.5	14.8	77.1	14.6
West							
Goa	766	6.8	89.4	26.3	13.0	46.5	78.2
Gujarat	1,216	26.4	79.9	54.6	24.6	86.1	71.3
Maharashtra	1,349	16.7	77.0	40.4	37.2	83.8	32.8
South							
Andhra Pradesh	1,493	23.0	80.3	50.2	28.5	87.0	45.0
Karnataka	1,534	14.8	82.3	54.9	32.0	87.0	67.0
Kerala	871	9.2	57.9	26.8	50.9	95.5	15.0
Puducherry	389	4.9	71.2	49.6	19.3	72.9	72.9
Tamil Nadu	1,477	17.6	60.1	44.0	24.6	49.9	34.6
India	27,007	17.9	80.8	49.4	36.1	82.0	51.2

Table 3.12: Casual Male Partner and Condom Use, FSW National IBBS, India 2014-15 (contd...)

*Consistent condom use was defined as condom use during every time of sex in last three months

3.3.4a Condom use with non-paying casual partners

Among FSWs with a casual partner last time condom use was reported by 81% of FSW at the national level. State wise, more than 81% of FSWs in a majority of the states who had a casual partner reported to use condom in the last sex act with this partner. In Delhi, Chhattisgarh, West Bengal, Assam, Manipur, Mizoram, Gujarat, Maharashtra, Andhra Pradesh and Tamil Nadu between 60% and 80% of FSWs reported condom use in last sex act with a casual partner. In Kerala about 58% reported the same.

Consistent condom use with casual male partner in the last three months was examined among those FSWs who reported having a casual male partner. Nationally, close to half of the FSW (49%) reported consistent condom with the casual partner in the last three months. State wise, the proportion ranged from 9% in Arunachal Pradesh and 92% in Chandigarh. In the northern states consistent condom use with casual partner ranged from 34% in Punjab and 58% in Delhi; in Himachal Pradesh over 64% of FSWs reported the same. In all of the central and eastern states, consistent condom use ranged between 52% and 72% in all states except Chhattisgarh (36%) and Jharkhand (27%).

Among the north-eastern states over 50% of FSWs in Assam, Meghalaya and Tripura reported consistent condom use with the casual male partner. In rest of the north-eastern states, consistent condom use with casual partner was lower than the national average. In the western state of Gujarat and southern state of Karnataka

about 55% of FSWs reported using condoms consistently with the casual partner while in all other western and southern states the proportion was similar or lower than the national average (Table 3.12).

3.3.4b Anal sex with casual male partner

Among those who had a casual partner, 36% of FSWs reported having anal sex with this partner (Table 3.12). Over fifty percent of FSWs in the states of Punjab, Rajasthan, Chandigarh, Madhya Pradesh, and Odisha (where more than 10% had casual male partner) reported having anal sex with this partner. In Chhattisgarh and Mizoram a lower proportion of FSWs (below 10%) reported having anal sex with a casual male partner. In Arunachal Pradesh, Manipur, Nagaland, Gujarat, Andhra Pradesh, and Tamil Nadu, a lower proportion than the national average (between 19% and 29%) reported anal sex with their casual male partner. In all other states the practice of anal sex with a casual partner was similar to the national average.

3.3.4c Condom use during anal sex with casual male partner

Among those FSW who had a casual partner and who reported anal sex with this partner 82% of FSWs at the national level reported last time condom use during anal sex with this partner. In most of the states, 80% or higher proportion of FSWs reported condom use during last anal sex act with casual partner. However, in states such as Delhi (42%), Rajasthan (35%), Chhattisgarh (63%), Goa (47%) and Tamil Nadu (50%), relatively lower proportion of FSW reported condom use at last anal sex act with a casual partner (Table 3.12).

Consistent condom use during anal sex in the last three months was practiced by half of the

FSWs (51%) who had reported anal sex with casual partners. State wise, a lower proportion of FSWs in all north-eastern states reported consistent condom use during anal sex with casual partner (between 8% and 45%). In Madhya Pradesh, Odisha, Gujarat and Karnataka, where a higher proportion of the FSWs had casual partner and had anal sex with this partner, between 56% and 82% of FSW reported consistent condom use, higher than the national average (Table 3.12).

3.4 Sources of condoms

All FSWs were asked 'the last time you obtained a condom where did you get it'. Around two-fifth (40%) of FSWs reported to obtain a condom from NGO peers, outreach workers or Drop In center (DIC) (Table 3.13) Another 21% of FSW reported that they got the condom from clients while about 12% had bought a condom from a drug store.

There was considerable variation in the pattern where condoms were obtained across states. In the north-eastern states the proportion of FSWs who had obtained condom from NGO workers/DIC was greater than 50%, except in Arunachal Pradesh (33%) and Meghalaya (20%). In majority of the states in the north, central and eastern regions, the proportion of FSWs who had obtained condom from NGO workers/ DIC was lower than the national average, ranging between 11% in Chandigarh to 36% in Uttar Pradesh; the exception were the states of Delhi, Punjab, Chhattisgarh and Odisha, where between 46% and 56% had obtained condom from NGOs (Table 3.13).

About 45% of FSWs in Goa, 42% in Gujarat and 25% in Maharashtra reported that they had obtained condom from NGO workers/DIC. More than 50% of FSW in Andhra Pradesh, Karnataka

and Puducherry had obtained condom from NGO workers, whereas it was lower in the other southern states (Table 3.13).

In most of the northern, central and eastern states the proportion of FSWs who reported that they had last obtained condom from a client, was higher than national average and ranged between 21% and 41%. More than one fifth of FSWs reported buying condom from drug store in Haryana, Meghalaya, Mizoram and Tamil Nadu (Table 3.13).

About 3% of FSWs obtained condoms from vending machines, nationally. However, in

Kerala and West Bengal, that proportion was significantly higher, at 16% and 20%, respectively.

In a few states such as Rajasthan, Chandigarh, West Bengal, Gujarat and Maharashtra, close to one third or more FSWs reported getting condom from other sources such as madam, friends, or from hotel, lodge, brothel or other places. The proportion of FSWs who had not obtained a condom was 1% or lower in most of the states, with the exception of Odisha where 9% of respondents reported never obtaining a condom (Table 3.13).

		Location from where obtained condom* (%)										
State	N	NGO outreach worker/ Peer educator/ DIC	Clients	Drug store/ Chemist	Vending stall/ machine	Health Facility	Others	Never obtained condom				
North												
Chandigarh	396	10.6	41.4	5.0	0.0	13.9	28.7	0.0				
Delhi	800	46.1	20.4	4.9	0.2	9.1	17.5	0.3				
Haryana	1,368	33.2	20.8	21.6	1.1	4.1	17.8	0.9				
Himachal Pradesh	803	24.2	29.7	12.3	0.4	12.5	18.4	0.6				
Punjab	396	46.6	11.9	4.7	2.1	11.0	22.9	0.5				
Rajasthan	1,139	27.0	25.6	4.8	0.7	4.0	35.3	1.3				
Uttarakhand	770	25.1	13.6	15.6	0.7	23.1	20.9	1.0				
Central												
Chhattisgarh	1,140	56.1	26.2	4.4	0.4	1.8	9.5	0.5				
Madhya Pradesh	1,186	26.4	32.7	4.9	2.4	12.3	18.8	1.3				
Uttar Pradesh	1,586	36.2	24.6	18.1	0.4	3.6	11.9	1.5				
East												
Jharkhand	1,370	21.1	41.7	7.5	0.2	10.7	17.1	1.4				

Table 3.13: Source of last Condom Obtained, FSW National IBBS, India 2014-15

		Location from where obtained condom* (%)										
State	N	NGO outreach worker/ Peer educator/ DIC	Clients	Drug store/ Chemist	Vending stall/ machine	Health Facility	Others	Never obtained condom				
Odisha	1,198	54.2	22.7	2.4	0.5	4.5	6.1	9.2				
West Bengal	965	36.3	1.6	9.1	19.9	4.8	27.5	0.5				
Northeast												
Arunachal Pradesh	1,173	32.5	38.6	18.4	0.0	0.1	5.1	1.0				
Assam	1,213	56.2	29.3	8.1	0.3	0.2	3.3	1.7				
Manipur	575	68.5	12.8	9.0	0.0	0.1	8.0	1.6				
Meghalaya	404	20.1	31.1	25.7	0.7	2.7	18.2	0.4				
Mizoram	354	50.2	15.1	21.1	4.7	6.1	1.3	1.3				
Nagaland	399	86.2	9.0	1.5	0.3	0.0	2.6	0.4				
Tripura	677	89.3	1.0	3.1	3.7	1.7	0.9	0.2				
West												
Goa	766	45.3	11.5	14.0	0.1	8.0	20.8	0.0				
Gujarat	1,216	42.2	12.8	0.9	0.6	8.7	25.1	0.4				
Maharashtra	1,349	25.4	16.5	10.5	0.1	3.5	39.6	2.0				
South												
Andhra Pradesh	1,493	52.0	13.8	10.2	3.8	7.3	10.5	1.2				
Karnataka	1,534	69.2	5.1	11.3	5.5	1.9	5.4	1.1				
Kerala	871	44.4	17.6	1.4	15.9	11.0	6.1	2.5				
Tamil Nadu	1,477	29.5	30.5	30.1	1.9	1.2	6.2	0.3				
Puducherry	389	56.7	21.9	11.5	0.1	1.0	8.4	0.3				
India	27,007	40.2	20.6	11.7	3.2	5.6	16.3	1.1				

Table 3.13: Source of last Condom Obtained, FSW National IBBS, India 2014-15 (contd...)

* Totals may not add to 100% due to missing responses

3.5 Substance Use among FSWs

The use of substances such as alcohol and drugs are associated with increased levels of sexual risk taking that are linked to risk of acquiring HIV. The use of alcohol is known to be common among FSWs based on available evidences. The risk of not using condoms is likely to be higher among FSWs who are under the influence of alcohol and therefore has relevance to HIV prevention programming. Injecting drug use, which has been found to be prevalent among FSW in some parts of the country, tends to further compound the vulnerability of FSWs. Therefore understanding the geographic patterns of alcohol and drug use can contribute to strengthening existing programme. All FSWs in IBBS were asked questions about consumption of alcohol in the reference period; those who said yes were asked if alcohol was consumed before having sex. Respondents were also asked about injecting drug use in the twelve months preceding the survey.

3.5.1. Consumption of Alcohol

Close to one third of FSWs (31%) reported consuming alcohol in the last 12 months. Alcohol consumption was higher among FSWs in the northeastern states of Mizoram (96%), Nagaland (88%) and Arunachal Pradesh (73%). In some other states such as West Bengal (62%), Manipur (61%), Odisha (51%), Puducherry (48%) Madhya Pradesh (44%), Meghalaya (43%) and Chhattisgarh (39%), the proportion using alcohol was lower, but higher than the national average. In all other states, the proportion of FSWs reporting alcohol consumption was similar to or lower than the national average (Table 3.14). Among FSWs who reported consuming alcohol in the last 12 months, 61% of them reported that they had consumed alcohol before or during sex. In a majority of the states between 50% and 90% of FSWs reported consuming alcohol before sex, from among the states where alcohol use was more common. States where lower proportion of FSWs had reported using alcohol before sex were Karnataka (47%), Assam (44%), Rajasthan (44%), Gujarat (39%) and West Bengal (24%).

3.5.2. Injecting Drug Use

All FSWs were asked about the use of injecting drugs for non-medical reasons in the 12 months preceding the survey. Nationally, injecting drug use was reported by about 2% of FSWs. More than one tenth of FSWs in Manipur (11%), Mizoram (16%), Puducherry (11%) and Gujarat (9%) reported that they had injected drugs for non-medical reasons in the reference period. Other states with a lower proportion of FSWs who injected drugs were Arunachal Pradesh (6%), Punjab (6%), Haryana (5%) and Nagaland (5%). In a few states such as Jharkhand, Odisha, Madhya Pradesh, Andhra Pradesh between 2% and 4% of FSWs reported injecting drug use. In all other states injecting drug use was less than 2% or nonexistent (Table 3.14).

State	Consumed N alcohol in last 12 months(%)		Consumed alcohol before sex(%)*	Injected drug for non-medical reasons in last 12 months(%)	Shared needle/ syringes when injected last time (%) ^
North					
Chandigarh	396	22.7	90.3	1.7	61.4
Delhi	800	23.3	62.3	0.3	68.3
Haryana	1,368	23.9	67.4	5.0	37.8
Himachal Pradesh	803	12.4	56.6	0.1	0.0
Punjab	396	16.4	78.2	5.9	56.5
Rajasthan	1,139	30.7	44.4	1.4	40.7
Uttarakhand	770	27.5	76.4	1.6	43.3
Central					
Chhattisgarh	1,140	39.4	68.8	0.6	46.9
Madhya Pradesh	1,186	43.9	78.4	2.7	63.6
Uttar Pradesh	1,586	9.4	68.7	1.3	54.4
East					
Jharkhand	1,370	33.9	71.1	3.7	39.1
Odisha	1,198	50.5	85.2	3.7	72.0
West Bengal	965	61.8	24.0	0.1	0.0
Northeast					
Arunachal Pradesh	1,173	73.2	73.1	6.1	68.6
Assam	1,213	28.2	43.5	0.0	0.0
Manipur	575	61.0	75.0	11.2	28.5
Meghalaya	404	43.2	60.2	1.2	40.2
Mizoram	354	96.4	90.3	15.6	43.0
Nagaland	399	87.5	91.4	5.0	0.0
Tripura	677	17.3	73.3	0.9	0.0
West					
Goa	766	16.5	57.7	0.1	10.5

Table 3.14: Alcohol and Injecting Drug Use, FSW National IBBS, India 2014-15

State	N	Consumed alcohol in last 12 months(%)	Consumed alcohol before sex(%)*	Injected drug for non-medical reasons in last 12 months(%)	Shared needle/ syringes when injected last time(%)^
Gujarat	1,216	8.3	39.4	8.7	67.7
Maharashtra	1,349	18.4	76.8	1.0	11.3
South					
Andhra Pradesh	1,493	30.8	67.4	2.2	56.7
Karnataka	1,534	35.0	46.4	0.7	32.5
Kerala	871	23.7	59.8	1.0	50.0
Puducherry	389	47.6	88.1	10.8	0.0
Tamil Nadu	1,477	36.6	74.6	0.6	17.3
India	27,007	31.4	60.7	1.8	48.5

Table 3.14: Alcohol and Injecting Drug Use, FSW National IBBS, India 2014-15 (contd...)

*Among those who consumed alcohol in last 12 months; ^Among those who injected drugs for non-medical reasons in last 12 months

Among those FSWs who reported injecting drug for non-medical reasons in last 12 months, the practice of sharing needle and syringe at the time of last injecting episode was reported by nearly half (49%) of FSWs at the national level. Among the states where injecting drug use was reported by 5% or more of respondents, the proportion of FSWs who reported sharing needle/syringe was relatively higher than the national average in the states of Punjab (57%), Arunachal Pradesh (69%) and Gujarat (68%). In states such as Haryana, Manipur and Mizoram a lower proportion of FSWs, between 29% and 38%, reported sharing needle or syringe at the last injecting episode (Table 3.14).

3.6 Experience of Physical and Sexual Violence

Female sex workers are a marginalized group and face considerable stigma and discrimination from different sections in the society. In particular, they are prone to face physical and sexual violence which further increases their vulnerability to HIV. Understanding the extent of such violence that FSW experience is important for programme so that appropriate advocacy or intervention strategies, can be incorporated to alleviate the problem of violence, which could further reduce risk of acquiring HIV.

3.6.1 Physical Violence

All FSWs in IBBS were asked if they had been hurt, hit, slapped, pushed, kicked, punched, chocked or burned by anyone in the previous 12 months. One fourth (25%) of FSWs reported that they had experienced physical violence in last 12 months. This proportion was higher than the national average in some states/UTs such as Haryana, Chandigarh, Uttarakhand, Punjab, Madhya Pradesh, all states in the east and in Manipur, Nagaland ranging between 27% and 47%. In general the experience of physical violence was relatively less common in most of the states in the south (excluding Karnataka), west and northeast (Table 3.15).

FSWs who experienced physical violence were asked to report one or more perpetrators of such violence. In general the most common perpetrators were those known to the FSW, such as husband, boyfriend/ lover. At the national level, 44% of FSW reported that their husband was the perpetrator of physical violence while 23% said clients, 18% said madam, broker or goondas, and 16% said boyfriend or other partners. Five percent of FSWs reported that law enforcement personnel were the perpetrators of physical violence. Another 28% of FSWs reported that others, such as strangers, or other sex workers were the perpetrators of physical violence.

In all the states in the north and central region, a higher proportion of FSWs reported that

their husband was a perpetrator of violence (between 48% and 79%) when compared with national average. In the states of Odisha, Assam and Tripura between 52% and 77% of FSWs reported physical violence by husband; whereas in the remaining states in the east, northeast and south this proportion was lower than the national average (Table 3.15).

Compared with the national average, a higher proportion of FSWs in states such as Madhya Pradesh, Jharkhand, Odisha, Meghalaya, Nagaland, Gujarat, Maharashtra, Karnataka, Kerala, Tamil Nadu and Puducherry, reported that their clients had physically beaten them (ranging between 27% and 41%). In a few states/UTs such as Delhi (24%), Chandigarh (29%), Arunachal Pradesh (56%), Mizoram (42%), and Andhra Pradesh (34%) a higher proportion of FSWs reported that they were beaten by boyfriends or other partners (Table 3.15).

		Experienced		Perpetra	ators of Physica	al Violence* ((%)		Informed
State	N	Physical Violence (%)	Clients	Husband	Boyfriend /Partner	Madam/ Broker/ Goondas	Police	Others	about physical violence** (%)
North									
Chandigarh	396	37.4	10.6	60.5	28.8	2.8	0.0	1.7	27.0
Delhi	800	25.4	16.0	63.9	24.3	19.3	4.4	19.4	71.3
Haryana	1,368	32.9	18.0	48.1	17.6	29.5	5.6	13.3	34.7
Himachal Pradesh	803	18.2	16.2	79.3	6.6	6.0	0.6	6.8	23.1
Punjab	396	36.7	7.3	65.9	20.8	11.6	3.1	10.5	66.6
Rajasthan	1,139	19.7	23.9	50.5	11.1	22.2	13.1	16.4	36.8
Uttarakhand	770	29.9	9.6	64.9	15.7	28.5	13.0	17.4	41.8
Central									
Chhattisgarh	1,140	21.9	12.4	65.2	11.7	15.1	4.3	8.5	46.2

Table 3.15: Experience of Physical Violence, FSW National IBBS, India 2014-15

		Fynerienced			Informed				
State	N	Physical Violence (%)	Clients	Husband	Boyfriend /Partner	Madam/ Broker/ Goondas	Police	Others	about physical violence** (%)
Madhya Pradesh	1,186	39.5	33.4	54.0	5.1	30.9	5.6	36.9	66.7
Uttar Pradesh	1,586	23.0	18.9	58.0	9.9	7.7	3.1	15.8	38.7
East									
Jharkhand	1,370	32.3	27.0	35.4	19.6	30.2	1.6	39.2	64.0
Odisha	1,198	46.9	32.1	51.8	17.4	15.2	0.8	28.6	64.2
West Bengal	965	38.2	16.0	42.2	20.1	5.6	0.1	28.0	36.6
Northeast									
Arunachal Pradesh	1,173	20.6	22.2	10.4	55.6	11.5	3.8	15.8	58.7
Assam	1,213	10.3	10.1	58.4	11.0	9.5	4.6	16.1	42.0
Manipur	575	32.1	10.5	12.6	9.7	9.3	18.1	53.0	50.7
Meghalaya	404	16.1	29.7	40.7	18.8	8.4	1.1	12.1	22.1
Mizoram	354	14.6	17.0	16.9	41.5	0.0	1.8	30.9	9.3
Nagaland	399	26.6	29.8	32.3	18.3	2.1	6.5	32.2	70.5
Tripura	677	20.0	3.3	76.6	4.8	5.4	0.9	63.5	23.1
West									
Goa	766	15.5	2.3	36.3	13.2	29.3	3.5	41.6	44.9
Gujarat	1,216	18.1	36.8	8.0	3.4	24.0	24.6	26.1	64.2
Maharashtra	1,349	17.9	40.8	28.2	13.3	33.7	7.0	27.9	27.7
South									
Andhra Pradesh	1,493	19.7	12.8	23.7	34.0	6.8	5.7	27.7	51.4
Karnataka	1,534	26.4	35.7	26.9	14.5	27.5	2.3	71.6	52.8
Kerala	871	19.4	33.0	41.6	6.1	8.5	2.4	33.2	19.1
Puducherry	389	25.4	33.4	32.4	11.5	31.3	13.4	16.7	52.2
Tamil Nadu	1,477	20.4	36.0	23.9	9.2	13.1	10.6	35.7	42.0
India	27,007	25.2	23.3	44.0	16.2	17.9	5.4	27.7	49.0

Table 3.15: Experience of Physical Violence, FSW National IBBS, India 2014-15 (contd...)

*based on multiple response option; **among those who experienced physical violence

Madam, brokers or goondas were reported as perpetrators of violence by somewhat higher proportion of FSWs in the states of Haryana (30%), Rajasthan (22%), Uttarakhand (29%), Madhya Pradesh (31%), Jharkhand (30%), Goa (29%), Gujarat (24%), Maharashtra (34%), Karnataka (28%) and Puducherry (31%). The proportion of FSWs reporting law enforcement personnel as a perpetrator of physical violence was largely similar to the national average in most of the states except Rajasthan, Uttarakhand, Manipur, Gujarat, Tamil Nadu and Puducherry where higher proportion reported so (between 11% and 25%). In some states such as Madhya Pradesh, Jharkhand, Manipur, Tripura, Goa, Karnataka and Tamil Nadu the proportion of FSW who reported that others (including strangers, or other FSWs) had beaten them, ranged between 36% and 72%, considerably higher than the national average. In general a higher proportion of FSWs in more of the eastern, southern and western states, compared with others, reported that these other perpetrators had beaten them (Table 3.15).

Nearly half of FSW (49%) reported that they had informed someone about their experience of physical violence. Between 59% and 71% of FSWs in the states of Delhi, Punjab, Madhya Pradesh, Jharkhand, Odisha, Arunachal Pradesh, Nagaland and Gujarat reported informing someone about the physical violence. Whereas this was reported by less than one fourth of the FSWs in Himachal Pradesh, Meghalaya, Mizoram, Tripura and Kerala. In most of other states more than one third of FSW had informed someone about the violence (Table 3.15).

3.6.2 Sexual Violence

FSWs are highly vulnerable to sexual violence. All FSWs in the IBBS were asked if they had been physically forced to have sexual intercourse with someone though they did not want to, in the last 12 months.

Compared with physical violence, fewer FSW (17%) reported experiencing sexual violence in last 12 months (Table 3.16). Sexual violence was more commonly reported in states such as Madhya Pradesh (41%) and Arunachal Pradesh (39%), compared with other states. Over one fourth of FSWs in the states of Haryana, Uttarakhand, Jharkhand, Odisha and Manipur reported experiencing sexual violence. In the southern and western states between 12% and 22% of FSWs reported experiencing sexual violence in the reference period. In most other states this proportion was below 10%, including the states of Himachal Pradesh, Chhattisgarh, Mizoram and Tripura (Table 3.16).

Among those who had experienced sexual violence, the commonly reported most perpetrators of such violence were clients (25%), brokers/ goondas (26%) or others including strangers etc (38%) followed by boyfriend / other partner (18%) and husband (17%). About three fourth of FSWs in Chandigarh reported sexual violence by clients; whereas in most other states such as Chhattisgarh, Jharkhand, Odisha, Assam, Arunachal Pradesh, Assam, Nagaland, Maharashtra, Kerala and Puducherry the proportion who reported clients as perpetrators was lower ranging between 30% and 44% (Table 3.16).

In Uttar Pradesh (58%) and Uttarakhand (40%) a higher proportion of FSWs, compared with all other states, reported that their husband was the perpetrator. Compared with the national average, more FSWs in the states of Delhi, Rajasthan, Madhya Pradesh, Tripura, Goa, Maharashtra and Kerala reported husband as a perpetrator of sexual violence (between 20% and 30%).

				Informed				
State	N	Experienced Sexual Violence (%)	Clients	Husband	Boyfriend / Partner	Broker/ Goondas	Others	about sexual violence** (%)
North								
Chandigarh	396	14.2	74.8	12.2	2.1	71.7	72.9	4.5
Delhi	800	12.6	29.4	25.4	7.2	41.3	36.3	18.9
Haryana	1,368	25.5	20.4	17.9	18.9	47.5	27.0	25.5
Himachal Pradesh	803	3.5	3.6	14.0	18.9	53.9	7.5	4.3
Punjab	396	17.9	16.3	6.5	1.5	22.0	73.6	6.2
Rajasthan	1,139	12.7	30.3	23.9	12.1	22.2	29.0	10.7
Uttarakhand	770	25.0	15.0	39.9	12.2	66.6	42.7	16.9
Central								
Chhattisgarh	1,140	9.2	35.4	15.5	8.0	16.7	23.5	8.6
Madhya Pradesh	1,186	40.8	21.8	28.3	7.9	37.8	50.0	44.0
Uttar Pradesh	1,586	11.0	11.1	58.0	15.0	9.4	13.3	6.0
East								
Jharkhand	1,370	24.9	39.6	12.3	27.2	19.5	48.3	39.8
Odisha	1,198	34.7	33.7	13.6	12.8	14.1	39.7	31.4
West Bengal	965	11.5	25.6	1.1	33.7	6.7	35.8	4.1
Northeast								
Arunachal Pradesh	1,173	38.7	36.1	3.1	54.4	11.5	17.0	17.3
Assam	1,213	16.5	44.1	25.7	17.8	18.2	17.3	18.2
Manipur	575	25.9	25.6	1.1	10.5	20.1	46.7	12.1
Meghalaya	404	11.0	27.0	11.6	45.8	16.2	11.0	5.4
Mizoram	354	7.8	17.6	2.2	0.0	8.0	61.5	3.5
Nagaland	399	17.3	42.2	7.9	29.1	3.4	13.9	19.5
Tripura	677	7.5	5.2	21.2	41.3	6.0	34.0	5.4
West								
Goa	766	9.5	20.8	26.5	3.3	7.6	42.2	20.2

Table 3.16: Experience of Sexual Violence, FSW National IBBS, India 2014-15

				Perpetrators	s of Sexual Violen	ce* (%)		Informed
State	N	Experienced Sexual Violence (%)	Clients	Husband	Boyfriend / Partner	Broker/ Goondas	Others	about sexual violence** (%)
Gujarat	1,216	20.1	18.3	9.8	9.5	29.6	31.0	19.6
Maharashtra	1,349	15.2	40.7	22.6	21.5	49.2	48.1	16.7
South								
Andhra Pradesh	1,493	20.6	5.3	5.5	23.8	8.5	50.6	14.2
Karnataka	1,534	11.7	24.7	17.1	33.3	19.6	46.8	13.7
Kerala	871	13.6	43.5	20.6	21.9	10.2	25.2	7.6
Puducherry	389	21.8	37.1	4.6	8.2	58.3	32.9	32.6
Tamil Nadu	1,477	16.7	24.8	8.6	25.5	12.3	29.6	11.4
India	27,007	17.4	24.8	16.9	18.3	25.5	38.1	17.3

Table 3.16: Experience of Sexual Violence, FSW National IBBS, India 2014-15 (contd...)

*based on multiple response option; **among those who experienced sexual violence

Boyfriend / other partners were reported more commonly as perpetrators of sexual violence, in a number of north-eastern states such as Arunachal Pradesh (54%), Meghalaya (46%) and Tripura (41%); whereas one third of FSWs in West Bengal and Karnataka reported the same. Other states where a sizeable proportion of FSWs (20-30%) who reported boyfriend as a perpetrator of sexual violence were Jharkhand, Nagaland, Maharashtra, Andhra Pradesh, Kerala and Tamil Nadu. In all other states, the proportion of FSWs reporting boyfriend/partner as perpetrator of sexual violence were similar or lower than the national average (Table 3.16).

Goondas were commonly reported as a perpetrator of sexual violence in many states across all regions. Among northern states between 40% and 72% of FSWs in all states except Punjab and Rajasthan, reported that Goondas had sexually violated them. In Madhya Pradesh, Maharashtra and Puducherry, more than one third of FSWs reported goondas as the perpetrators. In all the remaining states, the proportion of FSWs reporting goondas was similar or lower than the national average (Table 3.16).

Informing someone about the sexual violence was considerably less common (17%) than reporting of physical violence. In a majority of the states where more FSW experienced sexual violence, between 10% and 44% reported informing someone about the experience. In Madhya Pradesh (44%), Jharkhand (40%), Odisha (31%) and Puducherry (33%) a higher proportion of FSWs reported that they had informed someone about the sexual violence. In the vast majority of states, the proportion of FSWs who had informed someone was lower than the national average (Table 3.16).

3.7 Self-Reported Sexually Transmitted Infections (STI's)

FSWs are known to be at high risk of getting sexual transmitted infections (STIs) due to their sexual behaviors. Untreated STIs increases vulnerability of sex workers and their partners for acquiring HIV infection. One of the focus areas of the HIV prevention programme in the country includes screening and treatment for STIs on a regular basis. Therefore IBBS questionnaire included a section on STIs, to better understand FSWs' level of knowledge and awareness about STIs and the prevalence of self-reported STI.

All FSWs were asked about awareness regarding sexually transmitted infections, including: a) knowledge of one or more of the following STI symptoms: lower abdominal pain, foul smelling vaginal discharge, burning on urination, genital ulcer/ sore, swelling in the groin area, itching in the genital areas or others; b) occurrence of any of the following STI symptoms in last 12 months: discolored vaginal discharge, lower abdominal pain without diarrhea or menses, or genital ulcers or sores, in the twelve months preceding the survey; and c) treatment sought among those who had at least one STI symptoms in reference period.

3.7.1 Awareness about STI

Awareness about STIs among FSWs was high with 84% reporting that they had heard of diseases that can be transmitted through sexual intercourse (Table 3.17). In most of the states, over three fourth of respondents had heard of STIs; however in Rajasthan (65%), Arunachal Pradesh (72%), Manipur (64%), Meghalaya (64%) and Maharashtra (66%), a lower proportion of FSWs reported awareness about STIs. All FSW, who reported to had ever heard of diseases that can be transmitted through sexual intercourse, were asked to describe any symptoms of STIs in women. Nationally, almost all FSWs (98%) were able to describe at least one symptom of STIs. The same pattern was observed in almost all states except for West Bengal (89%) and Mizoram (77%) where fewer FSWs were able to describe any symptoms of STIs.

						Sought advice	e / treatmer	nt during the l	ast STI episode ^{@&} (ሃ	6)
State	N	Heard of STIs (%)	Aware of at least one STI symptom#* (%)	Had at least one STI symptom (%)^	NGO/ TI run clinic	Government Facility	Private Facility	Private Pharmacy	Traditional healer/ homeopath/ Unani/ Auyrvedic practitioners	Did Nothing
North										
Chandigarh	396	98.8	99.8	57.7	65.4	71.3	45.2	30.1	28.0	0.0
Delhi	800	88.5	98.3	55.1	75.1	46.8	11.4	4.7	5.5	6.3
Haryana	1,368	82.9	99.2	62.3	40.9	53.5	27.2	17.9	16.8	4.3
Himachal Pradesh	803	92.4	99.6	35.4	14.8	17.7	10.4	4.6	6.9	54.5
Punjab	396	96.3	97.8	53.2	92.5	71.4	31.7	11.9	11.5	0.0
Rajasthan	1,139	65.0	99.6	66.8	41.4	36.1	18.7	9.9	14.0	11.7
Uttarakhand	770	88.8	98.6	74.2	48.5	65.5	16.4	10.8	11.0	0.0
Central										
Chhattisgarh	1,140	86.6	99.3	40.2	38.4	42.6	22.1	12.2	8.2	13.8
Madhya Pradesh	1,186	86.8	99.1	49.4	26.5	46.3	27.7	13.6	28.0	2.7
Uttar Pradesh	1,586	75.2	98.1	37.7	41.1	52.5	22.6	7.1	3.7	4.9
East										
Jharkhand	1,370	77.3	99.7	52.7	22.0	59.0	23.4	14.5	18.6	7.2
Odisha	1,198	95.4	100.0	67.3	73.2	50.1	6.1	1.8	7.0	1.0
West Bengal	965	84.8	88.8	43.2	41.7	27.7	22.2	8.2	9.4	14.8
Northeast										
Arunachal Pradesh	1,173	72.2	98.4	36.6	33.7	38.2	45.5	30.6	3.8	15.7
Assam	1,213	92.8	99.8	48.4	41.2	38.0	17.0	13.4	4.8	9.3
Manipur	575	64.0	93.9	69.5	52.0	17.1	5.2	16.7	1.9	15.5
Meghalaya	404	64.4	93.0	43.2	21.4	33.0	30.3	3.3	1.9	29.8
Mizoram	354	97.9	77.4	30.3	12.2	17.1	2.4	1.0	0.0	44.4
Nagaland	399	91.2	100.0	83.9	59.9	16.9	7.3	12.4	0.7	15.7
Tripura	677	95.5	99.5	56.0	44.4	59.3	6.4	4.9	13.3	7.8

Table 3.17: Sexual Transmitted Infections, FSW National IBBS, India 2014-15

						Sought advice	/ treatmer	t during the l	ast STI episode ^{@&} (%	b)
State	N	Heard of STIs (%)	Aware of at least one STI symptom#* (%)	Had at least one STI symptom (%)^	NGO/ TI run clinic	Government Facility	Private Facility	Private Pharmacy	Traditional healer/ homeopath/ Unani/ Auyrvedic practitioners	Did Nothing
West										
Goa	766	83.9	100.0	57.7	51.3	48.3	47.5	12.2	15.7	0.3
Gujarat	1,216	75.8	99.9	80.0	29.0	42.6	26.9	24.7	57.6	0.6
Maharashtra	1,349	66.3	99.4	59.6	57.6	80.5	29.3	15.6	12.3	2.2
South										
Andhra Pradesh	1,493	87.7	97.4	42.0	35.1	65.1	10.5	9.8	9.9	3.0
Karnataka	1,534	90.7	99.6	55.4	62.9	88.2	22.5	5.5	14.0	0.4
Kerala	871	85.9	96.3	33.3	26.6	70.4	9.5	2.9	4.9	5.9
Puducherry	389	84.6	100.0	23.5	59.5	57.4	2.0	0.6	0.0	10.0
Tamil Nadu	1,477	88.3	100.0	30.9	56.2	60.2	14.6	12.8	6.5	0.5
India	27,007	84.4	98.2	49.2	48.7	53.5	19.6	11.2	13.4	5.9

Table 3.17: Sexual Transmitted Infections, FSW National IBBS, India 2014-15 (contd...)

Among those who ever heard of diseases that can be transmitted through sexual intercourse; * Includes those who described at least one of the following symptoms: lower abdominal pain, foul smelling vaginal discharges, burning on urination, genital ulcer/sore, swelling in groin area or itching in genital area; ^ Includes those who reported to suffer from at least one symptom in the last 12 months, either vaginal discharge, lower abdominal pain or genital ulcer / sore; @ Among those who had a STI symptom (either vaginal discharge, lower abdominal pain or genital ulcer / sore) in last 12 months; & based on multiple response option

3.7.2 Self-reported STI symptoms

All FSWs were asked about occurrence of one or more STI symptom in the last 12 months. Specifically, respondents were asked about occurrence of vaginal discharge (yellowish/ greenish discharge from vagina with or without foul smell), lower abdominal pain without diarrhea or menses and genital ulcers/sores. In the currentl analysis having /experiencing any one symptom was defined self-reported STI. Almost half the FSWs (49%) reported that they had at least one of the three STIs symptoms in the 12 months preceding the survey. About two third or more FSWs in the states of Haryana (62%), Rajasthan (67%) & Uttarakhand (74%), Odisha (67%), Manipur (70%) & Nagaland (84%) and Gujarat (80%) had one or more STI symptoms (Table 3.17).

Among others, the proportion of FSWs reporting an STI symptom was higher than the national average (but less than 62%) in all the northern states (excluding Himachal Pradesh), Jharkhand, Tripura, Goa, Maharashtra and Karnataka. In all the southern states (except for Karnataka), relatively lower proportion of FSWs than national average reported having at least one symptom of STI. Chhattisgarh, Uttar Pradesh, Arunachal Pradesh and Mizoram were other states where less than or close to two-fifth of FSWs reported having an STI symptom in the last year (Table 3.17).

3.7.3 Treatment seeking behavior for STI symptoms

FSWs who had experienced any STI symptoms in the last 12 months were asked about the actions they had taken to treat STI symptoms. FSWs could report multiple options of either treatment seeking or action taken. Over half of FSWs reported seeking advice or treatment from a Government clinic (54%) or from a NGO / targeted intervention clinic (49%). One fifth of those FSWs who reported that they had an STI symptom in the reference period sought treatment/advice from a private facility, while another 11% reported seeking advice from a private pharmacy. About 13% of FSWs with one or more symptoms reported seeking advice/ treatment from some type of alternative practitioners such as siddha, unani, homeopathy etc. A smaller proportion of FSWs (6%) reported that they did nothing about the STI symptom (Table 3.17).

Considerable state wise variations were observed in the action taken for STI symptoms. In the northern region, half or more of FSWs reported seeking advice/treatment from a government facility for the STI episode in all the states except Himachal Pradesh (18%) and Rajasthan (36%). In central and eastern states, between 43% and 59% of respondents reported seeking treatment in government facilities, except for West Bengal (28%) where it was lower. In the western and southern states, between 43% and 88% of respondents reported seeking treatment in government facilities for treatment of the last STI episode. Treatment seeking in government clinics (less than 40%) was relatively lower in the northeast with the exception Tripura (60%) where more FSWs reported seeking treatment in a government clinic (Table 3.17).

Treatment seeking for the last STI episode in an NGO clinic was reported by more than 40% of

respondents in most of the states in northern, central and eastern regions. Himachal Pradesh, Madhya Pradesh and Jharkhand were some of the states in these regions where less than 40% of FSWs reported seeking treatment at NGO clinics. Among the north-eastern states more than two-fifth of FSWs in Assam, Manipur, Nagaland and Tripura had sought treatment at an NGO clinic. Among the western and southern states, more than 50% of FSWs in Goa, Maharashtra, Karnataka, Tamil Nadu and Puducherry sought advice/treatment from an NGO clinic. In all the remaining states less than one third of respondents had sought advice /treatment in NGO clinics.

In Arunachal Pradesh, Chandigarh and Goa more than 45% of FSWs reported seeking treatment at private facility for their STI symptom, higher than all other states. In other states such as Haryana, Punjab, all states in central region, Jharkhand and West Bengal, between 22% and 32% of FSWs had sought treatment from a private facility. The proportion of FSWs who reported seeking treatment at a private facility was lower among the eastern and southern states, ranging between 2% in Mizoram and 23% in Karnataka (Table 3.17).

The proportion of FSWs who sought advice/ treatment at private pharmacy was relatively lower in most states and ranged between 1% in Puducherry and 30% in Chandigarh and Arunachal Pradesh. A higher proportion of FSWs in states of Gujarat (58%), Chandigarh (28%), Madhya Pradesh (28%) and Jharkhand (19%) reported seeking treatment for STIs from a traditional or alternative practitioners, higher than national average and all other states. Haryana, Punjab, Rajasthan, Uttarakhand, Tripura, Goa, Maharashtra and Karnataka were other states where a sizeable proportion of FSWs (10% to 15%) reported seeking advice/treatment from alternative systems of medicine. In the rest of the states, less than 10% of respondents reported seeking advice from alternative systems of medicine (Table 3.17).

Considerably larger proportion of FSWs in the states of Mizoram (44%), Himachal Pradesh (55%) and Meghalaya (30%) reported that had done nothing about the STI symptom, compared with all others states. In most of the north-eastern states (except for Assam and Tripura) the proportion of FSWs who did nothing for their last STI episode ranged between 15% and 45%, relatively higher than the national average. Rajasthan, Chhattisgarh, West Bengal and Puducherry were other states/UT where 10% to 15% of FSWs reported doing nothing for their last STI episode.

3.8 HIV/AIDS related knowledge and practice

Educational programmes under NACP have had a sustained focus on enhancing knowledge about HIV/AIDS and building behavioural skills to reinforce prevention practices. Information about the current levels of knowledge among FSWs, on the routes of HIV transmission, awareness about mother to child transmission, knowledge about HIV testing and practices and awareness about ART treatment, was collected from all FSWs in IBBS.

3.8.1 Knowledge of HIV/ AIDS

All FSWs interviewed were asked if they had ever heard of HIV or AIDS. Respondents who had heard of AIDS were then asked a series of questions to ascertain the extent of their knowledge, attitude and practices regarding HIV/AIDS. Overall 95% of FSWs at the national level reported that they had heard about HIV/ AIDS. In the vast majority of states, more than 90% of respondents were aware of HIV/ AIDS. In Rajasthan, Jharkhand, Meghalaya and Maharashtra a relatively lower proportion of FSWs (83%-88%) were aware about HIV/AIDS (Table 3.18).

All FSWs who were aware about HIV/ AIDS were asked about the routes of transmission and methods of prevention. Nationally, 95% of those FSW who were aware of HIV/AIDS reported awareness about transmission through unprotected sex, 92% through sharing infected needles, while 89% reported awareness about transmission through infected blood transfusion (Table 3.18).

Across the states awareness about transmission through unprotected sex ranged between 84% in Arunachal Pradesh and 99% in many states. Similarly awareness about transmission by sharing infected needles was high across most states and ranged between 75% in Gujarat to almost 100% in Punjab and Mizoram. Knowledge about transmission through infected blood transfusion was higher than 85% in most states; and in some states such as Rajasthan, Jharkhand, Arunachal Pradesh, Meghalaya, and Gujarat it ranged between 71% and 82% (Table 3.18).

National IBBS included guestions that would aid in assessing the prevalence of common misconceptions about HIV transmission. Respondents were asked whether a person can get HIV from mosquito bites or by sharing food with a person who has HIV. They were also asked whether they think that it is possible for a healthy looking individual to be infected with HIV. Nationally, more than one fourth of FSWs had some type of misconception (27%) about the routes of HIV transmission. The proportion of FSWs who had misconception about HIV/ AIDS transmission was higher than the national average in most of the northern states (except Delhi and Punjab), West Bengal, Assam, Manipur, Gujarat, Maharashtra and Andhra Pradesh, ranging between 27% and 43%. In all other states this proportion was similar or lower than the national average. In general, the proportion of FSWs who had misconceptions was lower in most of the southern states, when compared with many of the states in the northern, central and eastern regions (Table 3.18).

HIV/AIDS prevention programmes focus their efforts and messages on promoting behaviors that can reduce the chance of HIV infection. FSWs who were aware of HIV/AIDS were asked specific questions about the four prevention methods: preventing HIV infection by having sex with one uninfected partner who has no other sex partners, by always using a condom during every sex act, avoiding the use of shared needles and syringes while injecting and getting blood thoroughly tested before transfusion (Table 3.18).

Nationally, 80% or higher proportion of FSWs reported each of the four prevention methods. Knowledge about using condom during every sex act was relatively high (91%) at the national level. Knowledge about the prevention methods across most of the states/UTs was similar to the pattern seen at the national level. In most of the states more than 80% of FSWs reported that having just one uninfected sex partner as a prevention method, except for Rajasthan (78%), Jharkhand (79%), West Bengal (76%) and Assam (68%). Knowledge about using condom during every sex act was high and largely greater than 80% or 90% in all states except for Gujarat (62%).

Knowledge about avoiding sharing of needles/ syringes as a prevention method was more than 80% in all states except for Rajasthan (74%), Jharkhand (75%), Arunachal Pradesh (66%), Assam (67%), Meghalaya (60%) and Gujarat (67%). While knowledge about getting blood tested before transfusion was more than 80% in many states, it was also relatively lower in more number of states; the states with lower level of knowledge about this prevention method were Himachal Pradesh (79%), Rajasthan (67%), Madhya Pradesh (78%), Jharkhand (72%), West Bengal (63%), Arunachal Pradesh (60%), Assam (68%), Meghalaya (68%), Gujarat (56%) and Maharashtra (79%). In all the southern states/ UT more than 80% of the FSWs had knowledge of all the four methods of prevention (Table 3.18).

			Among those who had heard of HIV/AIDS								
		Heard	Awaren trai	ess about ro nsmission (9	utes of %)		Knowledge	e about meth	ods of preventio	on (%)	
State	N	HIV/ AIDS (%)	Un- protected Sex	Sharing infected needles	Through Infected blood trans- fusion	Had mis- conception *(%)	Having sex with one uninf- ected partner	Always use condoms during sex	Avoid sharing injections/ needles	Get blood tested before trans- fusion	Comprehensive Knowledge of HIV/AIDS^ (%)
North											
Chandigarh	396	100.0	98.9	99.2	95.3	27.6	87.8	97.9	93.5	95.1	50.9
Delhi	800	95.8	99.2	98.7	98.5	26.0	91.2	96.4	94.2	94.3	46.4
Haryana	1,368	96.0	98.5	96.4	92.5	30.4	95.3	95.6	86.5	86.6	49.1
Himachal Pradesh	803	99.3	92.4	91.4	87.3	28.8	91.2	95.1	83.0	78.7	43.3
Punjab	396	99.8	99.5	99.8	99.5	5.2	98.8	98.0	98.3	97.0	82.3
Rajasthan	1,139	86.1	87.2	80.7	82.2	29.6	77.5	88.9	73.5	67.1	33.9
Uttarakhand	770	97.7	99.5	97.7	89.7	28.4	97.3	95.9	93.8	90.6	48.6
Central											
Chhattisgarh	1,140	91.5	96.1	93.5	85.3	13.9	92.7	97.1	85.2	84.0	53.2
Madhya Pradesh	1,186	95.5	93.1	91.0	86.2	26.7	83.7	88.8	80.6	78.1	40.8
Uttar Pradesh	1,586	92.5	96.0	91.6	87.6	23.2	92.5	94.9	87.0	87.5	54.1
East											
Jharkhand	1,370	87.6	94.4	77.1	75.4	23.7	78.5	83.4	74.8	72.0	29.2
Odisha	1,198	99.0	98.4	93.3	92.4	20.1	89.6	90.5	85.4	83.8	58.1
West Bengal	965	97.7	88.7	89.0	80.1	43.1	76.1	94.0	82.5	62.9	21.6
Northeast											
Arunachal Pradesh	1,173	89.6	83.6	80.9	72.5	18.5	80.9	80.5	66.4	60.1	31.8
Assam	1,213	98.4	94.9	83.5	86.9	31.5	68.4	81.7	67.0	68.1	28.3
Manipur	575	96.4	92.2	95.8	97.1	35.9	86.3	86.9	92.0	88.5	23.5
Meghalaya	404	80.3	95.1	76.4	70.7	20.7	85.2	82.2	60.0	68.8	27.6
Mizoram	354	99.7	99.4	99.8	98.8	12.5	95.0	96.9	98.8	97.3	69.5
Nagaland	399	100.0	98.4	96.6	94.3	24.2	93.9	93.9	95.3	93.8	48.0
Tripura	677	98.7	98.7	96.7	85.9	25.2	91.6	94.2	88.1	82.2	46.1

Table 3.18: HIV/AIDS related Knowledge, FSW National IBBS, India 2014-15

			Among those who had heard of HIV/AIDS											
		Heard of	Awareno trai	ess about roi ismission (%	utes of %)		Knowledge	e about metho	ods of prevention	on (%)	Community			
State	N	HIV/ AIDS (%)	Un- protected Sex	Sharing infected needles	Through Infected blood trans- fusion	conception *(%)	Having sex with one uninf- ected partner	Always use condoms during sex	Avoid sharing injections/ needles	Get blood tested before trans- fusion	Knowledge of HIV/AIDS^ (%)			
West														
Goa	766	98.8	98.4	95.9	92.1	11.1	91.0	91.5	81.2	83.8	46.5			
Gujarat	1,216	94.2	94.7	75.3	72.1	36.8	84.5	61.4	66.9	56.1	14.5			
Maharashtra	1,349	83.4	94.8	92.7	90.0	36.2	86.9	88.8	82.9	79.2	36.2			
South														
Andhra Pradesh	1,493	96.1	97.3	94.4	95.0	31.5	92.5	95.0	88.4	86.7	47.1			
Karnataka	1,534	98.8	97.5	95.4	92.7	19.6	95.4	95.7	90.5	85.0	45.6			
Kerala	871	92.9	89.2	86.3	83.3	15.0	87.0	89.4	80.3	79.7	43.9			
Puducherry	389	99.3	98.5	99.0	95.8	20.7	93.7	98.3	96.0	95.4	56.5			
Tamil Nadu	1,477	97.2	94.0	91.9	90.3	19.6	90.6	88.2	84.2	82.2	46.7			
India	27,007	94.8	95.1	91.7	89.2	26.8	88.0	91.2	84.5	80.9	42.5			

Table 3.18: HIV/AIDS related Knowledge, FSW National IBBS, India 2014-15 (contd...)

*misconception was defined as believing that HIV can be transmitted through mosquito bite or by sharing a meal with someone who is infected; ^ Comprehensive knowledge of HIV/AIDS has been defined as (i) Knowing two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), (ii) rejecting two most common local misconceptions about HIV transmission and (iii) being aware that a healthy-looking person can be infected with HIV

3.8.2 Comprehensive Knowledge about HIV Transmission and Prevention

A composite indicator for comprehensive knowledge on HIV transmission routes and methods derived prevention was based on the information collected during IBBS. Comprehensive knowledge of HIV/AIDS was defined as (i) Knowing any two methods of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), (ii) rejecting two most common local misconceptions about HIV transmission and (iii) being aware that a healthy-looking person can be infected with HIV.

Overall 43% of FSWs had comprehensive knowledge about HIV /AIDS (Table 3.18). Chandigarh (51%), Punjab (82%), Chhattisgarh (53%), Uttar Pradesh (54%), Odisha (58%), Mizoram (70%) and Puducherry (57%) were some states where more than 50% of FSWs had comprehensive knowledge. Between 40% and 50% of FSWs in all the southern states, Delhi, Haryana, Himachal Pradesh, Uttarakhand, Madhya Pradesh, Goa, Nagaland, Tripura were found to have comprehensive knowledge on HIV/ AIDS. In the northeastern states of Arunachal Pradesh, Assam, Manipur and Meghalaya, less than one third of FSWs had comprehensive knowledge on HIV/ AIDS. States where a lower proportion of FSWs had comprehensive

knowledge (between 14% and 33%) were Rajasthan, Jharkhand, West Bengal and Gujarat.

3.8.3 Knowledge about Prevention of Parent to Child Transmission (PPTCT) of HIV

FSWs who were aware about HIV/ AIDS were asked questions related to parent to child transmission of HIV to assess their knowledge on the issue. At the national level, knowledge on parent to children transmission during pregnancy (77%) and delivery (72%) was higher than knowledge about transmission during breastfeeding (63%) (Table 3.19).

Across states the pattern was similar to the national scenario, wherein knowledge of transmission during pregnancy was higher, followed by knowledge of transmission during delivery and then knowledge of transmission during breastfeeding. In most of the states/UTs, 70% or higher proportion of respondents were aware of HIV transmission during pregnancy or delivery. However, in the states of Uttar Pradesh, Arunachal Pradesh, Meghalaya, and Kerala, a lower proportion of FSWs were aware of transmission during pregnancy and delivery (between 50% and 61%).

Knowledge about transmission of HIV through breastfeeding was higher than national average in states of Madhya Pradesh, all eastern states, Manipur, Mizoram, Nagaland, Tripura, Goa, Maharashtra, Andhra Pradesh, Karnataka and Puducherry, ranging between 67% and 89%. Less than 60% of FSWs in all of the northern states, Assam, Meghalaya, Gujarat, and Kerala (ranging from 37% and 59%) had knowledge of parent to child transmission through breastfeeding. Compared with all other states Uttar Pradesh (26%) and Arunachal Pradesh (26%) had lower proportion of FSWs who were aware of parent to child transmission of HIV through breastfeeding. In all other states, knowledge of parent to child transmission through breast feeding was similar or higher than the national average (Table 3.19).

Overall FSWs in the states of Rajasthan, Uttar Pradesh, Arunachal Pradesh and Meghalaya had lower levels of knowledge about all the three modes of parent to child transmission, compared with all other states (Table 3.19)

	N de	Aware of	Aware of PPTCT			
State	N^	Pregnancy	egnancy Delivery Breastfeeding		Prophylaxis	
North						
Chandigarh	396	94.4	94.4	45.3	37.3	
Delhi	758	77.2 70.9		56.1	42.2	
Haryana	1,314	71.8	68.0	37.0	49.1	
Himachal Pradesh	798	82.3	78.6	37.5	35.4	
Punjab	395	89.9	86.9	58.4	52.2	
Rajasthan	946	48.8	48.3	50.6	32.1	
Uttarakhand	742	70.4	72.9	53.0	46.3	

Table 3.19: Awareness of PPTCT, FSW National IBBS, India 2014-15

		Aware of				
State	N*	Pregnancy	Delivery	Breastfeeding	Prophylaxis	
Central						
Chhattisgarh	1,019	77.6	84.1	65.1	57.5	
Madhya Pradesh	1,132	73.1	67.7	70.1	53.3	
Uttar Pradesh	1,442	61.2	61.1	26.3	30.0	
East						
Jharkhand	1,193	75.3	84.2	71.9	56.0	
Odisha	1,188	90.6	87.2	86.4	87.7	
West Bengal	937	81.3	74.1	78.7	41.8	
Northeast						
Arunachal Pradesh	1,032	49.6	52.9	25.9	46.0	
Assam	1,190	83.1	71.8	55.3	19.8	
Manipur	555	73.0	60.5	82.9	59.2	
Meghalaya	325	59.7	51.9	41.6	36.8	
Mizoram	352	84.1	83.9	89.4	81.0	
Nagaland	399	92.8	74.0	76.3	58.6	
Tripura	660	95.9	95.9 76.0		77.6	
West						
Goa	758	81.8	73.6	66.5	62.5	
Gujarat	1,135	70.2	71.0	58.0	53.1	
Maharashtra	1,102	78.9	76.0	67.4	62.9	
South						
Andhra Pradesh	1,416	76.7	74.6	78.5	59.8	
Karnataka	1,507	91.3	66.9	81.2	83.4	
Kerala	826	57.0	60.6	58.2	30.7	
Puducherry	385	90.7	84.6	84.9	39.5	
Tamil Nadu	1,431	81.8	75.7	63.3	56.7	
India	25,333	76.9	72.2	62.7	51.2	

Table 3.19: Awareness of PPTCT, FSW National IBBS, India 2014-15 (contd...)

*N represents those who were aware of HIV or AIDS

Nationally, around half of the FSWs (51%) had knowledge about prophylaxis for prevention of parent to child transmission (PPTCT). Knowledge of prophylaxis was lower than the national average among FSWs in all the northern states (except Punjab), Uttar Pradesh, West Bengal, Arunachal Pradesh, Assam, Meghalaya, Kerala and Puducherry. In other states, knowledge about prophylaxis was similar or higher than the national average (Table 3.19).

3.9 HIV Testing related knowledge and practices

High risk groups such as FSWs are recommended to get regularly tested for HIV. HIV testing helps to ensure that positive individuals are identified as soon as possible and subsequently liked with care, support and treatment services. Improved knowledge about HIV testing services can contribute to increased update of HIV testing services, making it an important indicator to be monitored by HIV prevention programme.

All Respondents who had heard of HIV/AIDS were asked about the following: (i) awareness about places where one can get tested for HIV/AIDS, (ii) if they ever been tested for HIV, (iii) number of times tested for HIV in last 12 months (among those who had been ever tested for HIV) (iv) voluntary or referred testing when tested last for HIV, (v) facility where last tested for HIV and (vi) if the respondents had collected the test result after HIV test.

3.9.1 Awareness about places of HIV Testing

A vast majority of the FSWs (97%) were aware about places where one can get tested for HIV/ AIDS (Table 3.20). Across all states, 90% or higher proportion of respondents were aware of facilities where they can get tested for HIV, with the exception of West Bengal (80%) and Manipur (86%).

Nationally, government health facilities were reported by more than 91% of FSWs as a place where they can be tested for HIV (Table 3.20). Around one fourth of respondents reported awareness about availability of testing facilities at private hospitals (27%) and over one third were aware of availability of HIV testing services at NGO run clinics (38%).

State-wise patterns were similar to the national scenario described above. Government hospital were most commonly recognized as place for HIV testing by more than 80% of FSWs in all states except Manipur (66%) and Gujarat (49%). Awareness about the availability of HIV testing services at private hospitals was reported by more than one third of FSWs in Chandigarh, Punjab, Rajasthan, Madhya Pradesh, Jharkhand, Arunachal Pradesh, Mizoram, all western states, Karnataka and Puducherry. In eight states (Uttarakhand, Odisha, West Bengal, Assam, Meghalaya, Tripura, Andhra Pradesh and Kerala), less than 20% of FSWs were aware that HIV testing services were available at private hospitals. In six states (Chandigarh, Delhi, Manipur, Gujarat, Maharashtra and Karnataka), more than half of the respondents were aware that HIV testing services were available at an NGO run clinic (Table 3.20).

State	N*	Aware of place of HIV testing (%)	Places of Testing** (%)		Ever Tested	Among those who ever tested for HIV/ AIDS (%)			•	Aware of	
			Govt. Hospital	Pvt Hospital	NGO	for HIV/ AIDS (%)	Tested for HIV/AIDS in last 12 months (%)	Voluntary testing	Collected HIV Test Result	Aware of ART (%)	Place of ART^ (%)
North											
Chandigarh	396	99.3	99.4	53.2	64.2	89.5	100.0	45.0	96.7	40.1	99.3
Delhi	758	96.6	86.8	29.5	51.3	87.8	99.8	25.4	96.6	31.3	95.2
Haryana	1,314	99.3	91.9	29.9	36.6	72.0	97.0	29.3	92.5	49.9	99.3
Himachal Pradesh	798	99.5	94.7	19.8	25.8	89.4	95.0	35.1	95.0	51.5	99.1
Punjab	395	100.0	95.0	41.3	21.8	90.3	100.0	25.2	91.4	37.4	100.0
Rajasthan	946	98.1	86.1	41.3	32.4	66.5	100.0	55.6	78.8	41.4	99.2
Uttarakhand	742	99.3	99.4	12.2	17.7	78.1	99.4	38.1	84.8	27.6	97.2
Central											
Chhattisgarh	1,019	98.8	96.5	26.4	37.6	70.4	99.3	14.7	81.1	42.5	99.3
Madhya Pradesh	1,132	98.1	98.3	40.6	15.3	82.3	99.5	46.0	77.3	47.4	98.5
Uttar Pradesh	1,442	97.0	95.9	26.9	19.0	71.6	98.8	28.9	88.5	38.6	98.7
East											
Jharkhand	1,193	94.6	96.4	33.2	13.1	57.8	99.9	52.0	75.9	57.1	98.6
Odisha	1,188	99.2	98.1	12.0	31.7	89.1	99.9	12.1	76.6	50.3	99.1
West Bengal	937	79.7	85.6	11.6	37.9	92.4	96.7	41.2	93.5	39.0	78.6
Northeast											
Arunachal Pradesh	1,032	96.2	83.2	47.4	35.0	52.8	99.9	38.5	68.9	53.4	96.9
Assam	1,190	97.7	93.3	16.4	20.1	71.6	99.7	32.8	84.0	43.3	96.4
Manipur	555	86.3	65.7	21.0	74.2	71.4	95.5	49.2	83.5	65.7	79.7
Meghalaya	325	92.4	95.5	18.5	17.2	42.1	100.0	51.0	85.2	15.6	94.2
Mizoram	352	93.5	97.8	36.3	47.6	77.3	88.9	76.8	92.9	81.6	87.5
Nagaland	399	98.6	96.1	26.8	41.2	95.3	100.0	8.1	98.5	64.2	90.7
Tripura	660	97.7	97.7	8.2	18.3	95.0	100.0	15.1	91.9	58.5	97.0

Table 3.20: Knowledge and practices regarding HIV Testing and ART, FSW National IBBS, India 2014-15

State	N*	Aware of place of HIV testing (%)	Places of Testing** (%)			Ever Tested	Among those who ever tested for HIV/ AIDS (%)			0	Aware of
			Govt. Hospital	Pvt Hospital	NGO	for HIV/ AIDS (%)	Tested for HIV/AIDS in last 12 months (%)	Voluntary testing	Collected HIV Test Result	Aware of ART (%)	Place of ART^ (%)
West											
Goa	758	100.0	89.4	39.6	38.1	82.7	99.3	61.4	96.7	65.5	98.1
Gujarat	1,135	99.5	49.3	34.0	60.2	86.7	100.0	20.8	62.8	64.8	97.1
Maharashtra	1,102	98.0	87.6	47.1	70.3	83.5	100.0	69.2	77.8	61.8	97.8
South											
Andhra Pradesh	1,416	99.1	96.9	18.2	17.1	93.5	99.4	36.9	90.0	64.8	96.8
Karnataka	1,507	99.9	97.6	35.3	70.9	92.8	100.0	44.9	86.3	81.3	99.6
Kerala	826	90.4	98.0	12.8	7.6	79.9	98.9	62.3	94.8	35.5	96.1
Puducherry	385	99.5	95.8	44.1	40.1	91.2	99.8	24.4	69.3	44.7	99.5
Tamil Nadu	1,431	99.9	95.0	22.6	44.8	89.8	100.0	33.1	86.0	60.4	99.3
India	25,333	96.8	91.4	27.3	37.8	83.9	99.2	36.4	86.9	50.7	96.8

Table 3.20: Knowledge and practices regarding HIV Testing and ART, FSW National IBBS, India 2014-15 (contd...)

*N represents those who were aware of HIV or AIDS; ** based on multiple response option; ^ Among those who were aware of ART

3.10 HIV Testing Practice

At the national level 84% of FSWs reported that they had ever tested for HIV; among these FSWs almost all (99%) had tested in the last 12 months. More than one third (36%) of the FSWs who had ever tested for HIV reported that they voluntarily (went on their own) tested for HIV and 87% of FSWs reported that they had collected their test result when they last tested for HIV (Table 3.20).

Some state wise variations were observed in the proportion of FSWs who had ever tested for HIV. Among northern states, the proportion of FSWs who ever tested for HIV ranged between 67% in Rajasthan and 90% in Punjab. Among central and eastern states, between 70% and 92% of FSWs had ever tested for HIV in all states except Jharkhand (58%). Among northeastern states, the proportion of ever tested was lower in Arunachal Pradesh (53%) and Meghalaya (42%) while in all other states ranged between 71% and 95%. The proportion of ever tested was higher than 79% in all southern and western states. Among those who ever tested for HIV, nearly all FSWs in all a majority of states reported that they had tested for HIV in the last 12 months (between 95% and 100%), except in Mizoram where this proportion was lower (89%).

Among those who have been ever tested, the proportion of FSWs who reported that they had voluntarily tested for HIV was higher in the
states of Rajasthan (56%), Jharkhand (52%), Meghalaya (51%), Mizoram (77%), Goa (61%), Maharashtra (69%) and Kerala (62%), when compared with all other states. Voluntary testing was lower than the national average in states such as Delhi, Haryana, Punjab, Chhattisgarh, Uttar Pradesh, Odisha, Nagaland, Tripura, Gujarat and Puducherry. In all of remaining states, this proportion was similar or somewhat higher than the national average.

Nationally 87% of FSWs who had ever tested reported collecting their test result. This proportion was lower in the states of Rajasthan, Madhya Pradesh, Jharkhand, Odisha, Arunachal Pradesh, Gujarat, Maharashtra and Puducherry (between 63% and 79%). In all other states the proportion of FSWs who had collected the test result were similar to national average.

3.10.1 Antiretroviral Therapy (ART) related knowledge

FSWs who were aware of HIV/AIDS were asked if they had heard of ART / drugs that can help a person infected with HIV/AIDS to live longer. Those who said that they were aware of ART, were asked if they know any place where HIV infected persons can avail ART services. Half of the FSWs were aware about ART (51%). There were wide variations across the states in the level of awareness about ART, ranging from 16% in Meghalaya and 82% in Mizoram (Table 3.20). Awareness about ART was lower than the national average in all the states in the north (except Himachal Pradesh), states in the central region and West Bengal. In the northeastern states, awareness about ART was higher than national average in all states except Meghalaya (16%) and Assam (43%). In western and southern region, awareness of ART was higher than 60% in all states except for Kerala and Puducherry. Among those who were aware about ART, awareness

about places where ART is available was high (97%) (Table 3.20). In the vast majority of states more than 90% of FSWs were aware about places where ART treatment was available; the exceptions to this were the states of West Bengal (79%), Manipur (80%), and Mizoram (88%).

3.11 Stigma and Discrimination

Female sex workers face considerable marginalization and are discriminated against due to the nature of their sexual behaviors. Such discrimination prevents them from accessing services that they need and can also become a barrier to their adopting safer practices. To help with better understanding of the perceived stigma and discrimination that FSWs face, IBBS included questions on this issue. All FSWs were asked: if they had been treated disrespectfully by their family, friends or neighbor because of being an FSW; and if they had felt that they were being treated differently (such as received less care, attention) than others in health facilities because of being an FSW. Table 3.21 shows the percentage of FSWs who reported being treated disrespectfully or differently by their family and friends or at health facility because of being a commercial sex worker.

More than one fourth (27%) of FSWs reported that they had been treated disrespectfully by their family, friends or neighbor because of being an FSW. This proportion ranged between 40% and nearly 77% in states such as Haryana, Madhya Pradesh, Odisha, Arunachal Pradesh, Manipur, Nagaland, Tamil Nadu and Puducherry. Chhattisgarh, Jharkhand, Meghalaya, Andhra Pradesh and Kerala were the states where 30% to 39% of FSWs reported that they experienced general stigma. In the remaining states, proportion of FSW who reported experiencing general stigma was similar to or less than national average (Table 3.21). About one fifth (21%) of FSWs reported that they were treated differently in health facility because of being an FSW. In some states such as Madhya Pradesh, Odisha, West Bengal, Arunachal Pradesh and Tamil Nadu nearly one third or more FSWs reported feeling this way. In Haryana, Chhattisgarh, Jharkhand, Manipur, and Gujarat about 25 - 30% of FSWs had felt being treated differently in health care facilities because of being an FSW. In other states, proportion of FSWs who reported such stigma at health care facility was similar to or less than the national average (Table 3.21).

)	î.	
State	N	General Stigma* (%)	Stigma at Health Facility^ (%)
North			
Chandigarh	396	4.5	2.4
Delhi	800	9.5	4.2
Haryana	1,368	39.8	28.9
Himachal Pradesh	803	15.9	8.0
Punjab	396	10.9	8.6
Rajasthan	1,139	25.0	17.3
Uttarakhand	770	24.6	16.9
Central			
Chhattisgarh	1,140	32.0	24.1
Madhya Pradesh	1,186	46.3	39.9
Uttar Pradesh	1,586	8.3	5.1
East			
Jharkhand	1,370	35.4	24.8
Odisha	1,198	77.2	34.0
West Bengal	965	15.8	37.1
Northeast			
Arunachal Pradesh	1,173	41.0	36.1
Assam	1,213	13.8	5.1
Manipur	575	40.4	24.9
Meghalaya	404	30.3	11.2
Mizoram	354	20.9	3.9
Nagaland	399	59.6	15.5
Tripura	677	6.3	2.9

Table 3.21: Stigma and Discrimination, FSW National IBBS, India 2014-15

State	Ν	General Stigma* (%)	Stigma at Health Facility^ (%)
West			
Goa	766	23.6	10.9
Gujarat	1,216	19.3	25.9
Maharashtra	1,349	21.0	15.8
South			
Andhra Pradesh	1,493	31.1	20.0
Karnataka	1,534	24.6	15.4
Kerala	871	30.9	8.4
Tamil Nadu	1,477	41.6	32.2
Puducherry	389	41.9	15.0
India	27,007	27.2	20.9

Table 3.21 : Stigma and Discrimination, FSW National IBBS, India 2014-15 (contd...)

*General Stigma defined as : if FSW had been treated disrespectfully by their family, friends or neighbor because of being an FSW; ^Stigma at health facility defines as : if FSW had felt that they were being treated differently (such as received less care, attention) than others in health facilities because of being an FSW

3.12 Programme Exposure

The National AIDS Control Programme in India has seen sustained focus on programming for high risk groups, including FSW, over the years. Targeted interventions focusing on FSWs are being implemented in all states/UTs and aim at raising HIV/AIDS related awareness, promotion of safe behaviour including condom distribution, management of STI, promotion of HIV counseling and testing (HCT) services as well as advocacy for enabling environments. To estimate the coverage and intensity of these efforts, the IBBS included one section with comprehensive set of questions on exposure to HIV/ AIDS related services. All FSWs were asked about exposure to any of HIV/AIDS services in last 12 months. Services about which FSWs were asked questions included (i) Behaviour Change Communication (BCC) services, (ii) condom promotion including condom distribution and demonstration, (iii) STI management related services including

routine check-ups, counseling and treatment, (iv) referral to other related healthcare services including for HIV Counseling and Testing, (v) exposure to drop-in centres, and (vi) help and support when faced with physical or sexual violence as well as during trouble with law enforcement agencies. Those FSW who reported to be exposed to any of HIV/AIDS related services in reference period were asked more questions to understand the intensity of exposure to HIV/ AIDS related services. Table 3.22 provides the coverage of services as per IBBS data.

3.12.1 Exposure to HIV/AIDS related services

Nearly 90% of FSWs had been exposed to one or more HIV/ AIDS related services during the 12 months preceding the IBBS. Except for Rajasthan (74%), Arunachal Pradesh (63%), Meghalaya (56%) and Kerala (77%), over 80% of FSWs in all the states had been exposed to some HIV / AIDS related services (Table 3.22). Table 3.22 also presents the proportion of respondents exposed to each of the four core HIV/ AIDS related services during the reference period. Nationally, 79% of FSW had been exposed to BCC services through peer educator (PE) or outreach worker (ORW), 76% had been provided condoms by PE/ORW, 63% had received check-up and counseling for STI and 46% had received referral for HIV testing or other related services.

Exposure to BCC services through PE/ORW was reported by a large proportion of FSWs in many of states, ranging between 80% and 98%. In Haryana (70%), Himachal Pradesh (74%), Rajasthan (59%), Madhya Pradesh (78%), Uttar Pradesh (76%), Jharkhand (51%), West Bengal (75%), less than 80% of FSWs reported receiving BCC services from PE/ORW in the last one year. The northeastern states of Arunachal Pradesh (53%), Manipur (71%), Meghalaya (46%), Mizoram (77%); western state of Maharashtra (71%) and southern state of Kerala (63%) were other states where less than 80% of FSWs had received BCC services (Table 3.22).

State wise, the proportion of FSWs who reported to receiving condom from PE/ORW in the reference period ranged from 40% in Meghalaya to more than 90% in states/UT of Punjab, Chandigarh, Chhattisgarh, Nagaland, Tripura and Goa. Seventy percent or more of FSWs in the northern, eastern and central states/UTs reported that they had received condoms from PE/ORW, with the exception of Haryana (67%), Rajasthan (53%) and Jharkhand (65%). In the northeastern states of Arunachal Pradesh and Megahalaya, less than 60% of FSWs reported that they had received condoms from PE/ORW. In most western and southern states, more than 70% of respondents had received condoms from PE/ORW, except for Gujarat (59%), Maharashtra (67%) and Kerala (66%).

State	N	Exposure to HTV/	Receiv	ed the followi last 12	ng HIV/AIDS nonths (%)	services in	Among those who received any services in the last 12 months (%)			
		AIDS services in last 12 months* (%)	IEC	Condom	STI/RTI	Referral	Contacted at least 2 times in last one month	Received at least 40 Condoms in last one month	Received RMC in last three months	
North										
Chandigarh	396	99.6	95.0	96.0	86.8	47.3	87.8	11.2	69.4	
Delhi	800	86.6	83.3	83.7	79.6	64.8	61.2	29.7	65.5	
Haryana	1,368	82.8	70.0	66.8	51.9	42.8	76.5	9.5	65.0	
Himachal Pradesh	803	86.9	73.7	73.8	67.1	36.1	46.7	0.9	44.3	
Punjab	396	99.3	97.5	94.2	77.5	36.4	93.4	0.9	76.3	
Rajasthan	1,139	74.0	59.3	52.7	50.9	32.2	33.5	8.6	50.1	
Uttarakhand	770	98.7	88.6	74.2	54.2	39.6	70.8	21.6	47.3	
Central										
Chhattisgarh	1,140	97.0	83.1	90.5	62.7	33.0	78.1	23.2	57.2	
Madhya Pradesh	1,186	93.7	77.7	73.6	63.6	43.2	68.0	9.7	68.8	

Table 3.22: Exposure to HIV/AIDS related services, FSW National IBBS, India 2014-15

		Exposure to HTV/	Receiv	ed the followi last 12 r	ng HIV/AIDS nonths (%)	services in	Among those who received any services in the last 12 months (%)			
State	N	AIDS services in last 12 months* (%)	IEC	Condom	STI/RTI	Referral	Contacted at least 2 times in last one month	Received at least 40 Condoms in last one month	Received RMC in last three months	
Uttar Pradesh	1,586	91.6	75.9	73.8	65.9	42.9	65.1	22.2	42.7	
East										
Jharkhand	1,370	80.1	50.7	65.2	48.6	22.9	60.7	12.6	44.5	
Odisha	1,198	91.7	87.4	81.8	59.9	62.0	90.4	6.4	61.5	
West Bengal	965	87.1	75.3	73.4	58.3	31.0	86.7	9.7	60.6	
Northeast										
Arunachal Pradesh	1,173	63.0	53.3	53.4	34.5	30.0	39.1	18.2	38.5	
Assam	1,213	95.9	88.2	87.8	39.5	37.2	57.2	10.1	30.2	
Manipur	575	88.0	71.0	83.7	53.4	52.8	75.6	23.7	60.8	
Meghalaya	404	56.3	45.5	39.7	17.7	13.6	32.0	0.0	25.1	
Mizoram	354	84.8	77.3	71.8	42.4	18.1	79.7	13.9	26.0	
Nagaland	399	98.5	97.2	95.9	89.1	90.0	73.6	0.2	55.4	
Tripura	677	99.6	97.8	98.1	91.5	73.7	86.1	6.1	79.6	
West										
Goa	766	97.5	93.8	92.9	84.8	71.7	77.9	25.1	69.0	
Gujarat	1,216	99.5	93.9	59.2	38.6	42.8	41.6	0.6	60.1	
Maharashtra	1,349	86.5	71.2	66.6	65.7	48.1	71.4	51.6	61.0	
South										
Andhra Pradesh	1,493	93.7	84.7	83.3	68.5	55.0	80.2	19.6	74.2	
Karnataka	1,534	95.8	83.4	83.1	79.8	63.0	75.9	27.0	80.9	
Kerala	871	76.9	62.7	65.5	58.8	39.2	59.4	27.5	47.9	
Tamil Nadu	1,477	90.2	85.9	77.2	60.2	46.8	79.0	8.2	78.4	
Puducherry	389	92.3	88.7	86.5	76.3	65.4	93.1	23.9	88.9	
India	27,007	89.4	79.3	76.1	63.0	46.4	70.8	17.1	64.0	

Table 3.22: Exposure to HIV/AIDS relates services, FSW National IBBS, India 2014-15 (contd...)

* FSW were categorized as having received any HIV/ AIDS services from any NGO/programme/individual/group in the last 12 months if they reported that they had received one or more of the following services: IEC on STI/ HIV/AIDS, received condoms, seen condom demonstration, received checkups, counseling & free medicine for STI, visited drop-in-center, referred to other services, received free medicine for general health problems, received help and support for physical or sexual violence, and received help and support in case of experiences of trouble with law enforcement agencies

The proportion of FSWs who reported that they had received check-up and counseling for STIs ranged between 18% in Meghalaya and 92% in Tripura. In the northern states coverage of check up and counseling for STIs was higher than national average in all states except Haryana, Rajasthan and Uttarakhand, where it was less than 60%. Other than Meghalaya, other states in the northeast where a lower proportion of FSWs had received checkup and counseling for STIs were Arunachal Pradesh (35%) and Assam (40%). Two third or more of respondents in all the western and southern states had received STIs services, except for Gujarat (39%) and Kerala (59%) where it was lower (Table 3.22).

In general, between one third and two third of respondents in most of the states in the northern, central and eastern regions reported that they had received referral services for HIV testing, with the exception of Jharkhand (30%) where it was lower. Wide inter-state variation was noted coverage of referral services in the northeastern region ranging from 14% in Meghalaya and 90% in Nagaland. In the western and southern states coverage of referral services was similar or higher than the national average in all states except Gujarat (39%), Karnataka (59%) and Tamil Nadu (60%).

3.12.2 Contacts by Peer Educators

The targeted intervention guidelines under NACP recommend that peer educators meet with FSWs at least two times in a month. FSW who had received any HIV prevention services in the last year were asked about how many times a peer educator had met them in the last one month. At the national level 71% of FSWs reported that peer educators had met with them at least twice in the last month. In comparison, many states across all the regions of the country had a higher proportion of FSW who had been visited at least two times in the last month, ranging

between 74% in Nagaland and 93% in Punjab and Puducherry. States where this proportion was lower were Himachal Pradesh, Rajasthan, Arunachal Pradesh, Assam, Meghalaya and Gujarat and Kerala ranging between 32% and 59% (Table 3.22).

3.12.3 Received Condoms in the last month

All FSW who received any HIV related services were asked about the number of condoms they had received in the last month from the HIV prevention programmes. Based on available data from programmes, average number of condoms required by each FSW in a month was calculated to be about 40 condoms. Data from the IBBS was compared with this norm. On an average, less than one fifth of FSWs (17%) had received at least 40 condoms in the last month. States where this proportion was higher were Delhi (30%), Maharashtra (52%), Kerala (28%), Karnataka (27%) and Goa (25%). In all other states, less than one fourth of FSWs reported receiving condoms as per the norms (Table 3.22).

3.12.4 Received Regular Medical Checkup

A critical component of the HIV prevention interventions for FSWs is improvement of sexual health and this is primarily done through regular medical check-ups (RMC). All risk group members are encouraged to get RMC every three months so that they can be screened for STIs; at this time they are also provided counseling and treatment services for STIs as per need.

Close to two thirds of FSWs reported that they had received a RMC in the last three months (64%), nationally. This proportion was high in many states across all the regions of the country, ranging between 65% in Haryana and 89% in Puducherry. In the states of Meghalaya (25%) and Mizoram (26%) considerably lower proportion of FSWs reported getting an RMC in the last three months. Other states, where less than 50% of FSWs had received an RMC were Himachal Pradesh, Uttar Pradesh, Uttarakhand, Jharkhand, Arunachal Pradesh, Assam and Kerala. In all other states the proportion of FSWs who had received RMC was similar or higher than the national average (Table 3.22).

3.13 HIV Prevalence

The HIV epidemic in India is known to be a concentrated epidemic with FSWs being one of the core risk groups that are affected. The sexual risk behaviors of FSWs puts them at high risk for HIV and therefore information on the prevalence of HIV among them is important for supporting programme and refining strategies so as to prevent further transmission of HIV and link affected FSW to required care and support services. Data on HIV prevalence has been available through HIV sentinel surveillance across the country, but limited to the locations covered under TI programme, which have higher concentrations of FSW sites, largely in the southern states. One of the critical aspects of the national efforts to control the spread of HIV is a strengthened surveillance, which can provide representative HIV prevalence in many more areas of the country. The IBBS provides this critical information for the first time and representative HIV prevalence data among FSW is available from many more states and regions across the country.

As described earlier, a domain was considered as the sampling unit in the IBBS and a total of 73 domains across 28 states/UTs (comprising of individual and composite districts) were included in the sample. While HIV prevalence was tested among all FSWs sampled, the estimates of prevalence have been presented here at the regional level (in an aggregated manner), combining multiple domains or states, such that a sample size with sufficient power (80%) was available, to provide a reliable estimate of the HIV prevalence.

Table 3.23 State Groups for HIV Prevalence, FSW National IBBS, India 2014-15

Region	States grouped in region
Region 1	Arunachal Pradesh, Assam, Meghalaya, Tripura
Region 2	Chandigarh, Haryana, Himachal Pradesh, Delhi, Punjab, Rajasthan
Region 3	Chhattisgarh, Madhya Pradesh, Uttar Pradesh, Uttarakhand
Region 4	Gujarat, Goa
Region 5	Jharkhand ,Odisha, West Bengal
Region 6	Manipur, Mizoram, Nagaland
Region 7	Kerala ,Puducherry, Tamil Nadu,
State	Andhra Pradesh
State	Karnataka
State	Maharashtra

States were grouped if they were contiguous and or if they belonged in a group having similar level of HIV prevalence (based on available evidence). The states thus grouped were: Arunachal Pradesh, Assam, Meghalaya and Tripura; Chandigarh, Haryana, Himachal Pradesh, Delhi, Punjab and Rajasthan; Chhattisgarh, Madhya Pradesh, Uttar Pradesh, and Uttarakhand; Gujarat and Goa; Jharkhand, Odisha and West Bengal; Manipur, Mizoram and Nagaland; Kerala, Puducherry and Tamil Nadu. The states of Maharashtra, Karnataka and Andhra Pradesh were examined independently, as they belong to the high prevalence area and the final sample size available was sufficient to provide reliable state level HIV estimates for these states.

3.13.1 HIV prevalence by Region

HIV prevalence among FSWs at the national level was recorded as 2.2% (95% CI: 1.8 - 2.6). A number of states / group of states were recorded to have higher HIV prevalence compared with this national estimate. Among FSWs in Maharashtra, HIV prevalence was recorded as 7.4% (95% CI: 4.5 - 11.9). Following this, FSWs in Andhra Pradesh were recorded to have a HIV prevalence of 6.3% (95% CI: 4.1 - 9.5). Other states with higher than five percent prevalence were the state group of Manipur, Mizoram and Nagaland where prevalence recorded was 5.9% (95% CI: 4.0 - 8.6); followed by FSWs in Karnataka with HIV prevalence of 5.8% (95% CI: 4.0 - 8.2).

In all other state groups, the prevalence was similar or lower than the national estimate. In the northern states group of Chandigarh, Haryana, Himachal Pradesh, Delhi, Punjab, and Rajasthan, HIV prevalence among FSWs was recorded as 1.5% (95% CI: 0.6 - 3.9). HIV prevalence among FSWs in the state group of Jharkhand, Odisha and West Bengal was recorded as 1.2% (95% CI 0.8 -1.7); similar prevalence was recorded among FSWs in the state group of Gujarat and Goa (1.1%, 95% CI: 0.5-2.5). Among FSWs in the state group of Kerala, Puducherry and Tamil Nadu, HIV prevalence was recorded as 1% (95% CI: 0.5 – 1.9). HIV prevalence among FSWs in the state group of Chhattisgarh, Madhya Pradesh, Uttar Pradesh, and Uttarakhand was lower and recorded as 0.8% (95% CI: 0.5 – 1.3).

Region	States grouped in region	N	HIV Positive (%)	95%CI (Lower)	95%CI (Upper)
Region 1	Arunachal Pradesh, Assam, Meghalaya, Tripura	3,467	0.7	0.4	1.2
Region 2	Chandigarh, Haryana, Himachal Pradesh Delhi, Punjab, Rajasthan	4,902	1.5	0.6	3.9
Region 3	Chhattisgarh, Madhya Pradesh, Uttar Pradesh, Uttarakhand	4,682	0.8	0.5	1.3
Region 4	Gujarat, Goa	1,982	1.1	0.5	2.5
Region 5	Jharkhand ,Odisha, West Bengal	3,533	1.2	0.8	1.7
Region 6	Manipur, Mizoram, Nagaland	1,328	5.9	4.0	8.6
Region 7	Kerala ,Puducherry, Tamil Nadu	2,737	1.0	0.5	1.9
State	Andhra Pradesh	1,493	6.3	4.1	9.5
State	Karnataka	1,534	5.8	4.0	8.2
State	Maharashtra	1,349	7.4	4.5	11.9
National	India	27,007	2.2	1.8	2.6

Table 3.24: HIV Prevalence by states / group of states, FSW National IBBS, India 2014-15



Men who have Sex with men

Chapter 4 Men who have Sex with men

India has the largest number of HIV infections in Asia and the third highest total number of infected persons globally, and one of the most affected populations are men who have sex with men (MSM). MSM are one of the core groups at high risk for HIV who have been part of the targeted interventions since the beginning of NACP. The overall HIV prevalence among different population groups in 2011 continues to portray the concentrated epidemic, and with MSM having the second highest prevalence (4.43%) following IDU (7.14%) in the country². The National Behavioural Surveillance (NACO 2006) indicates that about 3% of the male population reported same sex behavior. With such a large population of sexually active MSM (estimated at 3.13 lakhs) and many pockets of high rates of HIV, maleto-male sexual transmission is a significant contributor to the overall HIV prevalence in the country.

MSM are known to have higher rates of unprotected anal sex, engage with large number of partners (both male and female), indulge in substance abuse and have poor health seeking behaviour, making them highly vulnerable to HIV infection. The National AIDS Control Organization has had increasing focus on MSM and scaling up targeted HIV prevention interventions among MSM across the country. These interventions have been aimed at raising HIV awareness, provision of sexual health services including condom distribution, treatment of STI and voluntary HIV counseling and testing. Data generated from IBBS will provide significant contribution towards better understanding the patterns of risk and HIV prevalence and strengthening programming among this core group.

4.1 Sample size achieved and Response Rates

MSM in IBBS were operationally defined as Men, aged 15 years or more, who had anal or oral sex with a male/ hijra partner in the last one month. Bio-behavioural data collection for MSM group in National IBBS was implemented in 61 domains across 24 states and UTs (Table 4.1).

A total of 23,081 MSM completed behavioural interview and also gave blood samples that were tested for HIV. Nationally the response rate was 85%. In almost all the states response rate was higher than 80%, with the exception of northern states of Chandigarh (59%), Haryana (75%), Himachal Pradesh (79%), Rajasthan (62%), Uttarakhand (78%), central state of Chhattisgarh (74%) and western state of Goa (77%) (Table 4.1).

Domains which were purposively selected at the design stage were not considered for the analysis presented in this report. The findings presented in this report are based on analysis of 23,081 valid bio-behavioural data.

² HIV Sentinel Surveillance 2012-13; A Technical Brief, Departement of AIDS Control, MoHFW, Govt of India

State	No. of Domains	Achieved Sample Size	Response Rate
North			
Chandigarh	1	398	58.7
Delhi	2	780	89.9
Haryana	4	1,548	75.3
Himachal Pradesh	1	287	78.8
Punjab	3	1,161	80.7
Rajasthan	3	956	62.1
Uttarakhand	2	785	78.1
Central			
Chhattisgarh	2	800	73.7
Madhya Pradesh	2	780	89.5
Uttar Pradesh	4	1,566	90.6
East			
Jharkhand	1	374	98.0
Odisha	2	796	95.9
West Bengal	3	1,037	88.5
Northeast			
Assam	2	791	95.9
Nagaland	1	400	99.1
Tripura	1	279	90.6
West			
Goa	2	797	77.2
Gujarat	3	1,157	90.8
Maharashtra	5	2,075	86.5
South			
Andhra Pradesh	3	1,099	84.9
Karnataka	5	1,950	90.4
Kerala	3	1,046	95.3
Tamil Nadu	5	1,843	94.2
Puducherry	1	376	98.7
India	61	23.081	85.1

Table 4.1: Sample Size and Response Rate, MSM National IBBS, India 2014-15

4.2 Respondent characteristics

HIV related risk and related behaviors are known to vary by the socio-demographic characteristics of the risk group, including factors such as age, marital status etc. Given the heterogeneous and fluid nature of the MSM behaviors, HIV prevention programme can benefit from deeper understanding of the variations in the characteristics of MSM across different geographies of the country, so that appropriate strategies, programming, and policies can be developed. Further, understanding the characteristics of the surveyed population can help with interpretation of other findings from the IBBS, such as which sub-groups are represented more or less and therefore the relevance of the findings.

This section presents the key characteristics of MSM surveyed in IBBS, including age, literacy, marital status, living status and primary occupation of the MSM surveyed.

4.2.1 Age Profile

As described above, MSM 15 years and older were eligible to be included in IBBS. Information on the age of MSM was collected from all respondents and during analysis age was considered as a primary variable to have a valid sample. Table 4.2 presents the computed median age as well as percentage distribution by five age categories.

Median age of respondents was 28 years nationally and ranged between 24 and 30 years across different states. States with high median age (30) among MSM were Goa, Gujarat, Karnataka and Tamil Nadu. In the majority of states in the north, central and eastern regions, median age was relatively lower (24 or 25). MSM between the ages 15 and 17 years were found to be less than one percent of the total sample. Overall most MSM surveyed were between the ages 25 to 34 years (45%) followed by the group 18 to 24 years (32%). MSM between the ages of 35 and 45 years (18%) and those over 45 years (6%), represented a smaller proportion of the overall sample (Table 4.2).

In a majority of the states, less than one percent of MSM were found to be in the 15 to 17 age group, with the exception of West Bengal (3%), Tripura (3%), Rajasthan (2%) and Uttarakhand (2%). Unlike at the national level, in a number of northern and central states, such as Haryana, Himachal Pradesh, Punjab, Uttarakhand, Chandigarh, Madhya Pradesh, Uttar Pradesh, Odisha and West Bengal, over 50% of the respondents were between the ages 18 and 24 years, comprising the largest proportion of the sample in these states.

Whereas in a few states such as Assam, Goa, Andhra Pradesh and Karnataka, the proportion of MSM in the 18 to 24 year age group was lower and in these states MSM between the ages 25 and 34 years comprised the largest proportion of the sample. In other states of Chhattisgarh and Rajasthan, MSM in the age group of 25 and 34 years represented more than half of the sample (Table 4.2).

	N	Age/	Prop	Literacy* (%)				
State	N	Median	15-17	18-24	25-34	35-44	45+	Literate
North								
Chandigarh	398	24.0	.3	59.6	31.2	8.8	.1	96.5
Delhi	780	25.0	.6	45.6	45.6	6.1	2.1	96.1
Haryana	1,548	24.0	.6	51.6	42.8	4.2	.8	98.5
Himachal Pradesh	287	24.0	.5	50.0	33.7	11.5	4.3	97.2
Punjab	1,161	24.0	.3	49.8	42.9	6.0	1.0	95.5
Rajasthan	956	25.0	1.6	37.2	55.7	5.1	.4	95.2
Uttarakhand	785	24.0	1.5	57.0	37.9	2.7	.8	85.4
Central								
Chhattisgarh	800	25.0	.1	40.3	53.9	4.3	1.4	97.5
Madhya Pradesh	780	24.0	.6	51.2	30.1	12.5	5.6	89.3
Uttar Pradesh	1,566	24.0	.6	54.1	37.8	6.9	.6	91.2
East								
Jharkhand	374	25.0	1.1	47.5	31.7	13.0	6.8	85.4
Odisha	796	24.0	1.0	54.8	33.6	8.8	1.8	96.1
West Bengal	1037	24.0	3.0	57.0	33.8	6.1	.1	92.6
Northeast								
Assam	791	27.0	.2	29.6	61.2	8.7	.3	95.2
Nagaland	400	26.0	.4	34.8	48.1	11.1	5.7	93.1
Tripura	279	24.0	2.8	49.1	42.9	4.9	.3	98.1
West								
Goa	797	30.0	0.0	16.6	55.5	24.2	3.7	82.3
Gujarat	1,157	30.0	0.0	21.9	36.5	33.9	7.8	90.2
Maharashtra	2,075	27.0	.4	34.1	49.6	11.9	4.0	88.6
South								
Andhra Pradesh	1,099	28.0	0.0	19.2	61.5	16.0	3.4	78.0
Karnataka	1,950	30.0	.2	18.5	46.1	22.4	12.8	71.5
Kerala	1,046	29.0	.1	24.5	48.1	16.7	10.7	95.0
Tamil Nadu	1,843	30.0	.4	26.1	44.2	22.1	7.2	87.0
Puducherry	376	25.0	.4	48.1	44.1	6.0	1.5	94.8
India	23,081	28.0	.5	31.5	44.7	17.5	5.8	88.4

Table 4.2: Respondent Age and Literacy, MSM National IBBS, India 2014-15

*Literate was defined as those who can read and write

In the southern states the pattern of distribution of MSM between 18 and 24 years and those between 25 and 34 years, was largely similar to the pattern at the national level. MSM between the ages 35 and 44 years were found to be a sizable proportion in some states such as Goa (24%) and Gujarat (34%); other states with more than one fifth of MSM in this age category were Karnataka and Tamil Nadu. The proportion of MSM older than 45 years was just over 10% in Kerala and Karnataka, and lower than ten percent in all other states.

4.2.2 Literacy

Literatacy was defined as being able to read and write. The proportion of literate MSM was 88% at the national level and in the vast majority of states the proportion of literate was more than 90% (Table 4.2). In some states such as Uttarakhand, Madhya Pradesh, Jharkhand, Goa, Maharashtra and Tamil Nadu, literate MSM comprised between 80% and 90% of the respondents. The exceptions were Andhra Pradesh (78%), Karnataka (72%) where literate MSM comprised a relatively lower proportion of MSM, in comparison to other states (Table 4.2).

4.2.3 Marital status

All respondents were asked about their marital status. The majority of MSM reported that they were never married (64%), while close to one third were currently married and less than 5% were widowed / divorced or separated. There was considerable variation across states in the patterns of marital status. The proportion of MSM who reported that they were never married was high in Puducherry, followed by West Bengal and Tripura (ranging between 81% and 92%). The proportion of MSM who reported that they were never married was more than 70% in some northern states such as Delhi, Haryana,

Chandigarh and Punjab, and other states such as Odisha, Nagaland and Kerala. Less than half of MSM in Goa, Gujarat, Andhra Pradesh and Karnataka reported that they were never married; while in most other states the pattern with respect to never married MSM was similar to the national average (Table 4.3).

Currently married MSM are an important subgroup due to the potential for male to female transmission of HIV. Around half of the MSM in Goa, Gujarat and Jharkhand (47%) were found to be currently married (Table 4.3). In comparison to the national average, other states with relatively higher proportion of currently married MSM (40% or more) were Himachal Pradesh, Andhra Pradesh and Karnataka. In the state of Uttarakhand and Madhya Pradesh, the proportion of MSM who reported being currently married was close to one third of the sample. Whereas among states in the northeast, the proportion of MSM who reported that they were currently married was less than one fourth of the sample. Other states where the proportion of currently married MSM comprised a lower proportion of the sample were Delhi (15%), West Bengal (16%) and Puducherry (8%).

MSM who reported that they were separated, widowed, or divorced comprised 4.5% of the sample at the national level and less than 5% in most of the states. In a few states this proportion was close to ten percent, including the states of Delhi, Assam, Andhra Pradesh and Karnataka (Table 4.3).

		Ν	larital status	* (%)	Living with* (%)					
State	N	Never Married	Currently Married	Separated/ Widowed/ Divorced	Family/Relative Alone without sexua partner		Female Partner	Male/ Hijra Partner	Others	
North										
Chandigarh	398	79.9	20.0	.1	27.6	42.7	14.5	.1	15.1	
Delhi	780	75.2	15.4	9.0	19.4	54.2	11.9	4.6	9.8	
Haryana	1,548	73.4	24.3	2.2	20.3	42.6	20.9	5.7	10.4	
Himachal Pradesh	287	60.2	39.6	.2	17.2	47.1	27.9	1.2	6.5	
Punjab	1,161	74.9	22.0	2.6	21.2	47.5	18.6	1.8	10.8	
Rajasthan	956	56.4	39.2	1.2	18.0	44.7	33.3	.4	3.7	
Uttarakhand	785	57.5	36.5	5.9	14.5	38.0	35.8	3.4	8.2	
Central										
Chhattisgarh	800	68.8	28.7	1.7	8.9	56.2	26.9	.5	7.4	
Madhya Pradesh	780	63.4	35.0	1.6	7.2	72.3	15.0	1.1	4.4	
Uttar Pradesh	1,566	56.4	28.3	2.3	15.3	44.3	25.4	7.6	7.1	
East	East									
Jharkhand	374	50.6	47.2	1.1	19.4	36.2	24.9	0.0	19.4	
Odisha	796	75.5	23.8	.2	3.1	74.8	14.6	2.2	5.3	
West Bengal	1,037	83.7	16.0	.2	9.2	72.4	8.1	1.5	8.9	
Northeast										
Assam	791	67.7	23.6	8.7	29.3	33.3	17.8	5.6	14.0	
Nagaland	400	79.2	17.6	3.2	34.4	31.0	14.0	3.1	17.3	
Tripura	279	81.0	18.5	.5	15.7	69.2	12.9	.2	2.0	
West										
Goa	797	41.3	51.7	6.7	10.4	24.9	45.7	8.3	10.7	
Gujarat	1,157	45.8	50.2	3.9	11.7	71.4	16.6	.0	.2	
Maharashtra	2,075	68.3	26.8	4.8	17.1	50.3	22.1	1.7	8.3	
South										
Andhra Pradesh	1,099	45.5	44.8	8.9	19.3	23.4	42.2	4.0	11.0	
Karnataka	1,950	48.0	43.7	8.4	20.0	31.0	35.9	4.2	8.9	
Kerala	1,046	70.7	21.9	7.3	19.8	53.3	18.1	1.3	7.6	
Tamil Nadu	1,843	67.5	29.4	3.0	15.0	61.9	16.1	2.3	4.5	
Puducherry	376	92.4	7.6	0.0	19.5	73.9	5.6	.5	.5	
India	23,081	64.1	31.0	4.5	15.8	55.4	19.9	2.3	6.4	

Table 4.3: Marital Status and Living arrangement, MSM National IBBS, India 2014-15

*Totals may not add up to 100% due to other or missing responses

4.2.4 Living Status

All respondents in IBBS were asked about their current living arrangement. Being a marginalized and stigmatized group, the living arrangement may contribute to the vulnerability of MSM and was therefore examined and presented here. About 16% of MSM were found to be living alone and fewer than 3% were found to be living with a male or hijra partner (Table 4.3). Over half of the MSM reported living with their family or relatives while close to one fifth of MSM reported living with a female partner (20%).

Wide variations were observed across states in the patterns of living arrangements among MSM. A relatively higher proportion of MSM, (over 24%) in Nagaland, Assam and Chandigarh reported living alone. Predominantly, the proportion of MSM who reported living alone in other states was less than one fifth of the sample in these states (Table 4.3).

The proportion of MSM living with relatives or family was nearly 70% or higher in a number of states including Madhya Pradesh, Odisha, West Bengal, Tripura, Gujarat and Puducherry. Whereas, a lower proportion of MSM (between 23% and 36%) reported living with family in the states of Andhra Pradesh, Karnataka, Goa, Nagaland, Assam and Jharkhand (Table 4.3). States where more than one third of MSM reported living with a female partner were Uttarakhand, Goa, Andhra Pradesh and Karnataka (between 34% and 46%). In general the proportion of MSM who reported living with a female partner was more than 10% or less than 30% in most of the remaining states, with the exception of West Bengal and Puducherry. MSM who reported living with male / hijra partner was not common and lower than 5% in a majority of the states. In a few states of Haryana, Uttar Pradesh, Assam and Goa this proportion ranged between 5% and 8%.

4.2.5 Occupation

All respondents were asked about their primary occupation. This indicator provides the closest proxy to the economic situation of the MSM surveyed. At the national level, the main occupation reported by a maximum proportion of MSM was some type of labourer (34%) including daily wage labourer, either agricultural or nonagricultural or skilled or unskilled labourer. A sizable proportion of MSM reported other types of occupations such as some type of business (11%) or public / private service (9%). A sizable proportion of MSM reported that they were students (12%) or that they were unemployed (11%). Sex work or being a masseur was reported by less than five percent of respondents; other occupations such as hotel staff (7%), transport worker (3%) and domestic servant (2%) were reported by relatively lower proportions of MSM.

The patterns of MSM occupation by state largely followed the national level scenario, with some variations. Generally labourer was the predominant occupation in most of the states except Delhi, where labourer's comprised less than ten percent of the sample. Whereas in some states/UTs of Himachal Pradesh, Odisha, Gujarat, Karnataka, Tamil Nadu and Puducherry the proportion of labourers was considerably larger (40% or more) than the national average for this occupation group (Table 4.4).

The proportion of MSM categorized into the other occupation category (comprising business or salaried occupations) was 40% or higher in state such as Madhya Pradesh, West Bengal and Chandigarh. In general the proportion of MSM who reported other occupations was lower than the national average in states of Tamil Nadu, Andhra Pradesh, Karnataka, Kerala, Puducherry, Rajasthan, Chhattisgarh and Odisha (between 15% and 24%). Compared to the national

average, more MSM in states such as Delhi, Haryana, Uttarakhand, and Andhra Pradesh reported sex work or Masseur (9% to 13%) as their main occupation. No significant patterns were observed with regard to main occupations such as domestic servant, transport worker or hotel staff; and predominantly the proportion of respondents who reported these was less than ten percent (Table 4.4).

			Types of Occupation* (%)										
State	N	Unemployed	Student	Labourer	Domestic servant	Transport Worker	Hotel Staff	Sex work/ Masseur	Others				
North													
Chandigarh	398	5.0	9.4	22.2	3.7	3.7 0.6		0.9	57.4				
Delhi	780	18.7	10.5	9.7	3.0	6.4	3.9	12.5	35.4				
Haryana	1,548	9.1	23.8	20.9	2.5	1.3	2.8	9.5	30.0				
Himachal Pradesh	287	6.1	8.2	40.3	1.6	4.7	4.7	0.5	34.0				
Punjab	1,161	15.2	9.5	25.5	2.7	2.0	4.9	3.7	36.5				
Rajasthan	956	11.3	27.6	26.2	2.3	2.6	3.1	3.1	23.9				
Uttarakhand	785	6.7	11.5	29.8	1.5	1.4	2.6	11.2	9				
Central													
Chhattisgarh	800	18.4	9.3	38.5	1.1	2.1	5.9	3.1	21.5				
Madhya Pradesh	780	14.4	16.6	16.8	2.3	2.5	1.9	2.9	41.3				
Uttar Pradesh	1,566	9.4	14.2	24.6	3.5	1.4	2.6	8.8	35.4				
East													
Jharkhand	374	11.9	14.5	27.0	0.3	11.4	4.0	2.0	29.0				
Odisha	796	10.5	10.0	42.9	3.5	2.5	5.5	2.3	22.8				
West Bengal	1,037	9.4	24.8	18.7	0.1	0.7	1.8	2.9	41.5				
Northeast													
Assam	791	22.8	12.2	19.5	1.1	3.3	3.9	0.1	36.9				
Nagaland	400	20.8	14.6	23.0	0.0	6.1	5.2	0.2	30.2				
Tripura	279	24.0	22.9	23.2	0.6	1.5	1.3	0.0	26.4				
West													
Goa	797	7.6	5.3	23.6	6.8	4.7	9.0	4.1	38.9				
Gujarat	1,157	10.1	5.8	52.7	1.0	0.4	0.5	0.9	28.2				

Table 4.4: Main Occupation of Respondents, MSM National IBBS, India 2014-15

	N		Types of Occupation* (%)											
State		Unemployed	Student	Labourer	Domestic servant	Transport Worker	Hotel Staff	Sex work/ Masseur	Others					
Maharashtra	2,075	11.2	22.1	17.2	4.9	2.5	7.3	5.0	29.3					
South														
Andhra Pradesh	1,099	13.5	5.2	37.3	2.5	3.9	6.6	9.2	21.6					
Karnataka	1,950	10.6	7.3	40.9	9.8	2.6	4.6	5.5	18.5					
Kerala	1,046	16.3	8.5	32.6	0.6	8.1	9.3	1.7	22.9					
Tamil Nadu	1,843	6.9	7.1	45.1	0.7	1.7	11.2	3.3	24.0					
Puducherry	376	18.0	12.8	43.3	0.1	0.1	4.7	3.9	17.1					
India	23,081	10.8	11.5	33.9	2.3	2.6	6.6	4.4	27.8					

Table 4.4: Main Occupation of Respondents, MSM National IBBS, India 2014-15 (contd...)

*Totals may not add up to 100% due to missing responses

There were wide variations by states in the proportion of MSM who reported main occupation as students. In Rajasthan more than one fourth of MSM reported that they were students; and in Haryana, West Bengal, Tripura and Maharashtra this proportion was close to one fourth of the sample. In other states such as Madhya Pradesh, Uttar Pradesh, Jharkhand and Nagaland, about 15% of MSM reported that they were students. Student as main occupation was found to be reported by a lower proportion of MSM in states such as Himachal Pradesh, Goa, Gujarat, Andhra Pradesh, Karnataka, Tamil Nadu and Kerala (5% to 9%). Unemployed MSM comprised one fourth or less of the sample in Assam, Nagaland and Tripura; whereas MSM who reported that they were unemployed was less common in states such as Goa, Chandigarh, Himachal Pradesh, Uttarakhand and Tamil Nadu. In most of the other states, the proportion of MSM who reported that they were unemployed comprised between 9% and 15% of the respondents (Table 4.4).

4.3 General Sexual behaviors

The first step to understanding MSM as a group requires knowledge about their sexual initiation and perceived self-identification. which are precursors to risk behaviors and contribute to setting the context for engaging in risky behaviors. MSM as a group are known to be highly complex as they may have multiple sexual identities, based on behavior and role in sexual act, and they may engage in sex with both male and female partners. Many MSM also engage in commercial sexual activities which put them at greater risk. The predominantly reported identities among MSM in India include; kothis who are the more effeminate men who more likely report receptive anal sex; panthis are masculine male sexual partners or any male who is masculine and take on a penetrative role during sex; double-deckers are those who penetrate as well as receive; and bisexuals are the MSM who do not have a specific identity related to their sexual orientation or behavior and may engage in sexual acts with both male and female partners.

In this section we present the findings related to onset of sexual experience, including first sex with a male, engagement in commercial sexual activity and duration, sexual self-identification, data on places where MSM entertain their partners.

4.3.1 Age of initiation of sexual activity

Nationally the median age at first sexual experience among MSM was 16 years. Over one third of MSM reported sexual debut between ages 15 and 17 years (36%) and a similar proportion had sexual debut between 18 and 24 years (33%). A sizable proportion of MSM reported sexual debut at 14 years or younger (19%). Across states, median age at first sex was lower in Delhi (14 years) and Odisha (15 years), but largely ranged between 16 and 18 years in the other states (Table 4.5).

There was considerable variation in the distribution of age at sexual debut across states. Over one third of MSM in Delhi and Odisha reported sexual debut at 14 years or younger. Other states where close to one fourth of MSM reported sexual debut before 14 years were Uttarakhand, Chandigarh, West Bengal and Tamil Nadu. In about 12 states, age at sexual debut was predominantly reported between the ages of 15 and 17 years followed by ages 18 and 24 years (Table 4.5).

4.3.2 Age of sexual initiation with male and duration of MSM behaviour

Median age at initiation of sex with a male was 17 years. Most of the MSM reported having their first sex with a male between 18 and 24 years (34%) and a similar proportion of MSM reported their first sex with a male between 15 and 17 years (33%) (Table 4.5). Median age at initiation of sex with a male was lower in Delhi (15 years) while in

most other states it ranged between 16 and 18 years. In a few states such as Himachal Pradesh, Goa and Karnataka, median age at first sex with a male was 20 years.

In states such as Delhi and Odisha, where a higher proportion of MSM reported early sexual debut, over one fourth of the MSM (27%) reported early age (<=14) at first sex with a male. In most of the states a larger proportion of MSM reported first sex with a male in the age group of 18 and 24 years compared to any other age groups. In some states such as Chandigarh, Uttar Pradesh, Odisha, West Bengal and Puducherry more than forty percent of MSM reported initiating sex with a male between the ages of 15 and 17 years (Table 4.5).

Close to two fifth of MSM in the states of Kerala, Tamil Nadu, Punjab, Tripura and Puducherry reported early age at first sex (15 to 17 years) with a male when compared with Karnataka and Andhra Pradesh, where 47% to 50% reported age at first sex with a male in 18 and 24 years.

The average duration of engagement in MSM related activities was ten years at the national level and ranged between 4 years in Himachal Pradesh and 14 years in Gujarat. Duration of engagement in MSM activities ranged between 8 and 12 years among all the southern and western states (other than Gujarat). With the exception of Delhi (11 years) in all other states, the average duration of engagement in MSM activities was 8 years or less (Table 4.5).

4.3.3 Experience of forced sex during initiation of MSM behaviour

All MSM were asked about the experience of coercion during their first sexual experience with a male. About one fourth of MSM (25%) reported that they were forced at the time they had first sex with a male. In the state of Kerala this was

reported by nearly one half of the MSM (47%) and by more than one third of MSM in Andhra Pradesh and Assam (35%-36%).

Other states with relatively higher proportion (about 25% to 30%) of MSM who reported that they had been forced during the first sex with

a male were Haryana, Uttarakhand, Gujarat, Tamil Nadu and Karnataka. In general, a larger proportion of MSM in the southern and western states reported force during the first sex with a male, compared to MSM from other regions (Table 4.5).

Table 4.5: Initiation of Sexual Behavior, MSM National IBBS, India 2014-15

State	N	Age at First Sexual Inter- course**	F 1	Age at Fir: Intercour	st Sexual rse* (%)		Age at First Sexual Intercourse with male/ hijra	Age at First Sexual Intercourse with male/hijra* (%)				Duration of MSM behavior**	Forced to have sex during first sex with male/ hijra(%)
		Median	<=14	15-17	18-24	25+		<=14	15-17	18-24	25+	Median	Yes
North													
Chandigarh	398	16.0	23.2	40.1	32.3	0.2	16.0	12.9	46.4	36.3	1.4	6.0	5.0
Delhi	780	14.0	33.6	23.1	9.7	0.2	15.0	26.7	24.0	14.1	0.3	11.0	9.0
Haryana	1,548	17.0	14.2	40.3	42.0	0.4	18.0	12.8	32.4	48.5	2.2	7.0	26.9
Himachal Pradesh	287	19.0	1.6	28.7	63.5	2.5	20.0	0.9	16.9	63.9	13.5	4.0	4.8
Punjab	1,161	17.0	16.4	40.2	33.9	0.8	17.0	13.3	39.7	36.0	1.4	7.0	19.9
Rajasthan	956	18.0	8.7	34.8	47.6	0.1	18.0	12.0	30.5	48.9	0.3	8.0	16.2
Uttarakhand	785	16.0	24.0	33.6	35.6	0.8	17.0	20.0	32.1	38.2	0.5	6.0	29.9
Central													
Chhattisgarh	800	18.0	3.9	35.0	58.3	1.6	19.0	3.8	19.1	71.6	4.2	6.0	8.9
Madhya Pradesh	780	17.0	14.0	38.6	41.8	3.8	18.0	12.0	33.8	45.0	5.3	7.0	8.2
Uttar Pradesh	1,566	16.0	16.7	47.6	29.9	0.5	17.0	12.8	42.5	38.6	1.2	7.0	16.4
East													
Jharkhand	374	17.0	14.4	38.0	40.5	6.3	18.0	11.3	33.4	45.5	8.5	8.0	15.5
Odisha	796	15.0	37.9	42.7	15.2	1.0	16.0	26.8	46.6	21.6	1.4	8.0	17.9
West Bengal	1,037	16.0	26.2	41.7	29.2	0.4	17.0	19.4	40.3	33.9	1.5	7.0	18.6
Northeast													
Assam	791	18.0	3.6	25.1	45.8	3.4	18.0	3.4	22.6	47.2	4.2	8.0	34.8

State	N	Age at First Sexual Inter- course**	Age at First Sexual Intercourse* (%)				Age at First Sexual Intercourse with male/ hijra	Age at First Sexual Intercourse with male/hijra* (%)				Duration of MSM behavior**	Forced to have sex during first sex with male/ hijra(%)
		Median	<=14	15-17	18-24	25+		<=14	15-17	18-24	25+	Median	Yes
Nagaland	400	17.0	13.6	40.5	39.1	2.5	17.0	13.3	36.5	39.7	3.7	8.0	21.0
Tripura	279	17.0	16.9	41.3	37.9	1.0	16.0	14.0	39.6	34.2	0.7	7.0	12.2
West													
Goa	797	19.0	0.8	19.7	57.2	5.5	20.0	0.9	11.1	51.2	13.2	8.0	21.7
Gujarat	1,157	16.0	16.2	37.8	32.8	2.2	16.0	15.3	34.4	29.6	5.7	14.0	24.2
Maharashtra	2,075	16.0	18.9	36.3	30.1	2.8	17.0	18.2	32.1	32.0	2.7	9.0	17.1
South													
Andhra Pradesh	1,099	18.0	5.3	22.3	48.4	2.7	19.0	4.8	15.3	50.0	4.2	9.0	36.5
Karnataka	1,950	19.0	4.3	20.3	49.7	5.5	20.0	5.0	15.5	47.6	8.8	10.0	25.7
Kerala	1,046	16.0	19.7	36.7	29.6	0.9	17.0	16.5	37.0	32.1	1.0	11.0	47.1
Tamil Nadu	1,843	16.0	22.3	40.5	30.4	5.1	16.0	20.5	39.4	31.3	6.4	12.0	29.1
Puducherry	376	16.0	19.0	50.5	28.6	1.5	16.0	18.9	42.3	36.5	1.6	8.0	12.4
India	23,081	16.0	18.8	35.7	32.5	3.0	17.0	16.7	33.1	33.9	4.3	10.0	24.8

Table 4.5: Initiation of Sexual Behavior, MSM National IBBS, India 2014-15 (contd...)

*Totals may not add up to 100% due to missing responses ; **in Years

4.3.4 Commercial sexual behavior and duration

MSM respondents in IBBS were asked if they had ever sold sex (in exchange for cash or gifts) to other men. Nearly one half of MSM reported that they had ever sold sex (48%) to another male. These respondents (who ever sold sex) were asked about the age at first commercial sex.

Median age of initiating commercial sexual activity was 19 years and largely between 18 and 20 years across most of the states. In a number of states median age at first commercial sex coincided closely with the age at first sex with a male. Close to half of MSM at the national level (46%) reported initiating commercial sex between 18 and 24 years and close to one fourth of MSM reported initiating commercial sex between ages 15 and 17 years (22%).

In Odisha (23%) and Jharkhand (17%) a higher proportion of MSM compared with other states reported initiating commercial sexual activity at or before the age of 14. Uttar Pradesh (44%) and Chandigarh (54%) were the other states with greater proportion of MSM who started commercial sexual activity between the ages of 15 and 17 years. In a majority of the remaining states, the proportion of MSM reporting early age (15 to 17 years) at initiation into commercial sex varied widely and ranged between 12% and 34% (Table 4.6).

Duration in commercial sex was calculated using age of the respondent at the time of survey and age at initiation of commercial sex. Median duration in commercial sexual activity was 8 years. At the national level, a little more than one third of the MSM were found to have 9+ years duration in sex work (38%). Close to one fourth of MSM had an average of 5 to 8 years duration is sex work (22%); and about one fifth had an average of 2 to 4 years duration in sex work (19%). Five percent of MSM had average duration of one year or less in sex work (Table 4.6). Some regional patterns were observed with regard to the duration in commercial sex. Between 38% and 48% of MSM in some of the southern and western states (excluding Goa, Gujarat, Maharashtra, Andhra Pradesh and Puducherry) were found to have 9+ years duration in sex work. MSM with shorter duration in sex work (2 to 4 years) comprised a larger proportion (between 26% and 35%) of the sample in northern states of Haryana, Himachal Pradesh, Punjab, Uttarakhand, Chandigarh, and in all states in the central region. MSM who were in sex work for one year or less comprised between 10% and 16% of the sample in states such as Himachal Pradesh, Madhya Pradesh, Odisha, West Bengal, Nagaland and Puducherry (Table 4.6).

State	N^	Age at first commercial Sexual with male**	Age Int	at First co tercourse	ommercial with male'	Sexual * (%)	Median Duration of selling	Duration of Selling Sex in years* (%)			
		Median	<=14	15-17	18-24	25+	sex**	<=1	2-4	5-8	9+
North											
Chandigarh	210	17.0	3.6	53.8	35.4	2.0	6.0	2.2	29.0	44.5	19.2
Delhi	225	18.0	13.0	12.0	32.1	0.4	7.0	2.2	17.4	18.2	19.7
Haryana	790	18.0	6.1	28.7	56.5	2.9	6.0	6.5	27.5	41.1	19.2
Himachal Pradesh	89	19.0	3.0	21.1	51.9	15.2	6.0	13.3	26.3	24.2	27.4
Punjab	504	18.0	1.9	30.8	42.1	7.2	5.0	6.1	26.4	31.1	18.3
Rajasthan	503	19.0	1.0	13.8	52.0	4.7	6.0	6.4	17.8	29.1	18.2
Uttarakhand	472	18.0	2.9	34.1	50.2	2.5	5.0	8.0	30.5	35.1	15.5
Central											
Chhattisgarh	347	20.0	0.4	13.1	78.2	3.9	5.0	4.9	35.0	32.9	21.6
Madhya Pradesh	394	19.0	2.7	20.7	66.5	9.6	5.0	15.7	31.5	20.1	32.2
Uttar Pradesh	890	17.0	6.7	43.8	40.8	1.2	5.0	5.5	32.5	32.7	21.6
East											
Jharkhand	104	18.0	16.5	17.1	42.8	8.5	5.0	5.3	28.9	22.1	28.6

Table 4.6: Initiation of Commercial Sex and Duration in Commercial Sex with Male, MSM NationalIBBS, India 2014-15

State	N^	Age at first commercial Sexual with male**	Age Int	at First c tercourse	ommercial with male ³	Sexual * (%)	Median Duration of selling	Duration of Selling Sex in years* (%)			
		Median	<=14	15-17	18-24	25+	sex**	<=1	2-4	5-8	9+
Odisha	585	16.0	23.1	36.5	30.3	2.3	7.0	10.1	21.6	21.7	38.6
West Bengal	483	18.0	7.3	28.8	51.4	5.1	5.0	12.1	28.5	28.9	23.0
Northeast											
Assam	297	20.0	0.3	5.0	45.6	4.8	5.0	4.8	18.3	19.8	12.8
Nagaland	140	20.0	1.4	9.1	52.3	12.0	6.0	10.3	20.6	14.9	29.1
Tripura	162	18.0	3.9	24.9	40.1	2.5	5.0	4.3	26.6	27.6	12.8
West											
Goa	204	21.0	0.0	9.0	66.6	10.2	7.0	3.2	13.4	40.8	28.2
Gujarat	289	18.0	8.4	11.6	42.0	7.2	12.0	2.5	5.9	14.9	45.6
Maharashtra	658	19.0	4.2	22.9	48.2	7.1	7.0	6.6	21.7	23.5	30.6
South											
Andhra Pradesh	603	20.0	2.3	7.4	43.3	9.2	8.0	3.7	9.0	21.7	27.7
Karnataka	768	21.0	4.1	11.0	38.9	15.9	10.0	2.5	12.7	13.2	40.7
Kerala	600	18.0	1.6	21.8	46.8	3.8	9.0	2.3	10.3	23.4	37.8
Tamil Nadu	1,189	19.0	7.0	25.9	46.1	16.5	8.0	4.9	21.8	21.2	47.5
Puducherry	327	19.0	2.3	20.0	72.4	4.6	5.0	13.7	30.3	28.5	26.8
India	10,833	19.0	5.9	21.9	46.0	10.5	8.0	5.2	19.2	22.2	37.5

Table 4.6: Initiation of Commercial Sex and Duration in Commercial Sex with Male, MSM National IBBS, India 2014-15 (contd...)

^ N represents MSM who have ever sold sex to another male; *Totals may not add up to 100% due to missing responses ; ** in years

4.3.5 Sexual orientation by self-identification

MSM respondents in IBBS were asked how they primarily identify themselves based on their sexual orientation. A majority of MSM self-identified as predominantly Kothi (51%), followed by double decker (24%) and Panthi (19%). About six percent of MSM self-identified as bisexual. The distribution of self-identification varied considerably across different parts of the country by states. In comparison to the national level, self-identification as Kothi was more prevalent in states such as Tamil Nadu (66%), Puducherry (76%), Gujarat (71%), Nagaland (59%) and Chandigarh (56%). In general, among the northern states, Kothi as self-identification was reported by lower proportion of MSM than the national average. In some states such as Himachal Pradesh, Madhya Pradesh, Assam and Andhra Pradesh, kothi self-identified MSM represented a relatively smaller proportion of the sample, between 27% and 28% (Table 4.7).

State	N	Predominantly Kothi (receive during anal sex) (%)	Predominantly Panthi (insert during anal sex)	AC/DC or Double decker	Bisexual (%)
North					
Chandigarh	398	56.4	30.9	12.7	0.0
Delhi	780	49.8	11.0	37.0	1.8
Haryana	1,548	47.7	19.4	20.3	12.3
Himachal Pradesh	287	26.7	21.9	29.1	22.1
Punjab	1,161	41.1	32.6	25.0	1.3
Rajasthan	956	42.2	17.9	39.7	0.1
Uttarakhand	785	31.9	26.9	40.9	0.2
Central					
Chhattisgarh	800	47.6	23.1	13.8	15.5
Madhya Pradesh	780	26.9	41.7	31.2	0.0
Uttar Pradesh	1,566	52.5	33.3	14.1	0.0
East					
Jharkhand	374	32.4	45.2	21.3	0.6
Odisha	796	47.7	21.1	22.2	9.1
West Bengal	1,037	44.4	22.7	19.0	14.0
Northeast					
Assam	791	26.5	25.4	34.3	13.7
Nagaland	400	58.5	11.9	28.8	0.4
Tripura	279	46.2	26.7	16.9	10.2
West					
Goa	797	42.3	32.1	21.8	3.8
Gujarat	1,157	71.3	17.5	9.7	1.5
Maharashtra	2,075	40.2	21.2	33.8	4.7
South					
Andhra Pradesh	1,099	27.7	23.5	22.5	26.0
Karnataka	1,950	38.1	25.2	29.8	6.3
Kerala	1,046	32.9	14.8	35.6	16.3
Tamil Nadu	1,843	65.6	12.7	19.1	2.4
Puducherry	376	76.2	12.3	11.5	0.0
India	23,081	51.2	18.6	24.0	6.1

Table 4.7: Self reported sexual orientation, MSM National IBBS, India 2014-15

*Totals may not add up to 100% due to missing or other responses

Panthi as self-identification was reported by a lower proportion of MSM (less than one fourth) in most states except in Madhya Pradesh and Jharkhand, where over 40% of the MSM self-identified as Panthi. Among other states, close to one third of MSM in Punjab, Chandigarh, Uttar Pradesh and Goa self-identified as Panthi (Table 4.7).

In some states the proportion of MSM who self-identified as double decker comprised a larger share, including states of Delhi (37%), Rajasthan (40%), Uttarakhand (41%), Himachal Pradesh (29%), Madhya Pradesh (31%),Assam (34%),Maharashtra (34%) and Kerala (36%). Less than one fifth of MSM in Chandigarh, Chhattisgarh, Uttar Pradesh, West Bengal, Tripura, Gujarat, Tamil Nadu and Puducherry selfidentified as double-decker, comprising a lower proportion of the MSM in these states (Table 4.7).

Bisexual self-identification was reported by the least proportion of MSM across the majority of the states. Self-identification as bisexual was relatively higher in Andhra Pradesh (26%) and Himachal Pradesh (22%) compared to all other states; and between 12% and 16% of MSM in Haryana, Chhattisgarh, West Bengal, Assam and Kerala self-identified as bisexual. In all other states bisexual self-identification was reported by 10% or less (Table 4.7).

4.3.6 Primary Place of entertainment

All respondents were asked about the primary place where they have sex with their partners. Close to half of the MSM reported that the primary place of entertaining their partners during sexual activity was at home or rented room (49%). A substantial 22% of MSM reported lodge or hotels, while other places such as public places or others were reported by about one fourth of MSM. Across a majority of the states, home/ rented homes or lodge / hotels were reported as the predominant place of entertainment. In Goa (40%) and Kerala (55%), MSM who reported lodge or hotel as place of having sex with partners comprised a greater proportion of the sample when compared with all other states (Table 4.8). In a few state such as Chandigarh, Delhi, Uttarakhand, Gujarat, Andhra Pradesh, between 7% and 10% of MSM reported highway as place for entertaining their partners. In a number of states such as Rajasthan, Odisha, Maharashtra, Andhra Pradesh, Tamil Nadu and Puducherry more than one fourth of MSM reported other places, including public places, massage parlors etc as a primary place of entertainment (Table 4.8).

	N	Ту	pes of places of en	tertainment	t (%)	
State	N	Home/ rented home	Lodge/ Hotels	Vehicle	Highway	Others
North						
Chandigarh	398	81.5	9.1	1.2	6.8	1.4
Delhi	780	73.0	8.6	2.9	7.3	8.2
Haryana	1,548	54.3	23.2	1.6	6.4	14.4
Himachal Pradesh	287	68.5	15.2	2.7	0.9	11.3
Punjab	1,161	68.8	23.6	0.8	2.9	3.9
Rajasthan	956	33.3	24.6	0.7	1.2	40.2
Uttarakhand	785	44.7	28.9	5.1	8.8	12.3
Central						
Chhattisgarh	800	65.7	13.4	0.7	1.5	18.5
Madhya Pradesh	780	67.4	25.3	0.9	0.4	5.7
Uttar Pradesh	1,566	65.8	15.7	0.6	6.3	11.5
East						
Jharkhand	374	68.5	22.3	1.5	5.3	2.4
Odisha	796	38.9	16.4	0.9	4.2	39.6
West Bengal	1,037	72.0	21.6	0.5	0.5	5.3
Northeast						
Assam	791	52.0	20.5	2.4	2.2	22.8
Nagaland	400	63.7	31.3	2.5	0.2	2.3
Tripura	279	60.1	21.3	0.1	0.2	18.3
West						
Goa	797	33.9	40.1	3.3	5.3	17.4
Gujarat	1,157	51.7	13.3	1.2	9.5	24.1
Maharashtra	2,075	34.2	33.9	1.8	2.3	27.7
South						
Andhra Pradesh	1,099	30.5	24.5	2.2	8.5	34.2
Karnataka	1,950	47.9	23.3	3.0	5.9	20.0
Kerala	1,046	35.0	55.0	2.3	0.2	7.3
Tamil Nadu	1,843	47.7	12.6	0.2	2.1	37.1
Puducherry	376	45.1	13.0	0.2	2.1	39.5
India	23,081	48.7	21.5	1.3	3.9	24.4

Table 4.8: Primary Place of Entertainment of Partners, MSM National IBBS, India 2014-15

*Totals may not add up to 100% due to missing responses

4.4 Types of Partners and Condom use

MSM do not form a separate or discreet sexual network but are part of the rest of the society. Male to male sex has been criminalized but at the same time men who self-identify as MSM often marry and have children. Therefore MSM are considered a diverse group who have sex with men and women, have multiple partners including regular and casual male partners, and may play different roles during sexual activity. In these different partnerships, MSM are well known to engage in unprotected anal sex or vaginal sex, putting them-selves and others at risk of acquiring HIV and other sexually transmitted infections. Since MSM may have sex with women, they also become a 'bridge' for HIV transmission from high risk group to general population of heterosexual women.

Given the importance of these issues, questions on different types of sexual partners (both male and female) and condom use practices with each partner type, was a significant component of the IBBS questionnaire. The following section covers the following partners of MSM: regular male or hijra partners, paying male partners, paid male partners, casual male or hijra partner, regular female partner, paid female partner and casual female partner. In each section the definitions of each partner type is provided along with proportion of MSM who reported having each partner type and on the condom use practices with each partner type.

4.4.1 Regular Male / hijra partner

This section focuses on regular male or hijra partners of MSM, defined as lover, boyfriend or live-in-partner, who is another male / hijra with whom the MSM are in a regular relationship. Questions on condom use practices were examined among those MSM who generally had penetrative sex with the regular male/ hijra partner. Last time condom use was defined as condom use at the last time of anal sex and consistent condom use was defined as condom use during every anal sex act with the regular male or hijra partner in the last one month.

4.4.1.1 Regular Male partner

All respondents were asked if they have a regular male partner. Over half of MSM reported having a regular male partner (54%). This proportion varied widely across states, ranging between a low of 26% in Delhi and 79% in Odisha. With the exception of Delhi, more than half of the MSM reported having regular male partner in all the northern states. No particular pattern was observed in the proportion of MSM having regular male partner in other regions. Other states with a relatively lower proportion of MSM who reported having a regular male partner were Chhattisgarh (32%), Jharkhand (43%), Gujarat (42%), Maharashtra (43%), and Kerala (37%). Among other states, the proportion of MSM who reported having a regular male partner ranged between 44% in Tripura and 73% in Tamil Nadu (Table 4.9).

MSM who had a regular male partner were asked about the type of sex (penetrative, oral or manual) that they generally practice with this regular male partner. Among those with regular male partner 95% of MSM reported that they generally have penetrative (either insertive or receptive) sex with this regular male partner. With the exception of Kerala (84%), in all other states the proportion of MSM who generally had penetrative sex with regular male partner ranged between 90% and 100% (Table 4.9).

State	N	Regular male partner (%)		Condo Reg partr	om use with ular male ner** (%)	Regular	Hijra partner (%)	Condom use with Regular Hijra partner** (%)		
		Have Partner	Had penetrative sex *	Last time use	Consistent use^	Have partner	Had Penetrative Sex*	Last time use	Consistent Use^	
North										
Chandigarh	398	54.8	99.8	89.4	65.1	17.2	99.3	94.1	65.1	
Delhi	780	26.1	97.2	87.0	56.0	12.4	97.4	78.6	38.7	
Haryana	1,548	53.7	99.1	84.6	41.5	31.0	100.0	86.0	48.9	
Himachal Pradesh	287	68.8	100.0	55.5	31.8	24.2	100.0	84.2	59.2	
Punjab	1,161	51.6	95.4	74.8	53.9	22.3	98.8	76.4	50.0	
Rajasthan	956	52.3	98.8	82.9	16.9	24.2	98.4	85.7	16.9	
Uttarakhand	785	61.4	97.2	86.1	48.2	28.4	92.6	86.9	59.2	
Central										
Chhattisgarh	800	32.1	99.3	84.2	50.3	26.4	99.1	87.9	55.0	
Madhya Pradesh	780	65.7	96.0	87.6	35.5	47.4	95.9	94.7	38.1	
Uttar Pradesh	1,566	54.2	99.1	91.1	40.9	13.1	95.1	88.1	42.7	
East										
Jharkhand	374	42.5	98.4	80.8	21.1	30.9	98.4	75.8	33.6	
Odisha	796	78.5	99.8	87.3	32.3	61.4	99.8	91.9	29.3	
West Bengal	1,037	61.7	95.8	67.3	33.5	24.7	95.6	60.6	27.5	
Northeast										
Assam	791	58.2	94.6	74.0	46.3	26.9	93.7	75.1	27.7	
Nagaland	400	66.5	99.1	90.0	62.6	14.3	100.0	66.8	42.0	
Tripura	279	44.0	96.1	61.4	26.9	20.5	97.2	68.2	23.1	
West										
Goa	797	52.7	97.5	82.9	70.7	37.3	97.2	69.5	70.0	
Gujarat	1,157	42.0	90.6	91.5	65.3	22.0	68.4	92.7	63.8	
Maharashtra	2,075	42.8	98.2	88.7	51.1	16.6	97.2	86.1	68.5	

Table 4.9: Sexual Behaviour with Regular Male or Hijra Partner, MSM National IBBS, India 2014-15

State	N	Regular male partner (%)		Condo Reg parti	m use with ular male 1er** (%)	Regular	Hijra partner (%)	Condom use with Regular Hijra partner** (%)		
		Have Partner	Had penetrative sex *	Last time use	Consistent use^	Have partner	Had Penetrative Sex*	Last time use	Consistent Use^	
South										
Andhra Pradesh	1,099	55.5	94.4	86.8	49.9	37.4	95.1	84.8	35.5	
Karnataka	1,950	51.0	93.6	92.1	65.6	37.7	91.4	90.2	67.9	
Kerala	1,046	37.4	84.4	62.0	38.8	11.9	88.7	60.3	33.8	
Tamil Nadu	1,843	72.9	95.9	79.8	51.6	18.8	96.3	84.2	67.5	
Puducherry	376	52.4	95.4	91.5	80.9	12.9	87.7	82.3	86.3	
India	23,081	54.3	95.2	82.1	50.4	21.8	92.3	83.3	54.3	

Table 4.9: Sexual Behaviour with Regular Male or Hijra Partner, MSM National IBBS, India 2014-15 (contd...)

*Among MSM who had sex with regular male or hijra partner as applicable; **Among MSM who had penetrative sex with male or hijra partner as applicable ^Consistent condom use was defined as condom use during every time of sex in last one month

4.4.1.1a Condom use with Regular male partner

Nationally 82% of MSM and across states between 56% in Himachal Pradesh and 92% in Karnataka reported last time condom use with their regular male partner. In a majority of states last time condom use was reported by more than 80% of MSM (Table 4.9). In comparison with this, states of Punjab, West Bengal, Assam, Tripura and Kerala had a lower proportion of MSM (between 60% and 75%) who reported last time condom use with their regular male partner.

Nationally 50% of MSM reported having consistent condom use in the last month with their regular male partner. Across the states, reported levels of consistent condom use with this partner varied considerably and ranged between a low of 17% (Rajasthan) and 81% (Puducherry). States with consistent condom use levels lower than the national average but higher than 40% were Haryana, Uttarakhand, Uttar Pradesh and Assam. Consistent condom use with regular partner was reported by a lower proportion of MSM in the eastern states, between 21% in Jharkhand and 34% in West Bengal and in Himachal Pradesh (32%) and Madhya Pradesh (36%). States where more than 60% of MSM reported consistent condom use with their regular male partner were Chandigarh, Nagaland, Goa, Gujarat, Karnataka and Puducherry. In other states such as Delhi, Punjab, Chhattisgarh, Maharashtra, Andhra Pradesh and Tamil Nadu, between 50% and 60% of MSM reported consistent condom use with regular male partner in the last month.

4.4.1.2 Regular hijra partner

Overall about 22% of MSM reported having a regular hijra partner. In nine states, across all regions, the proportion of MSM who reported having a regular hijra partner was lower and ranged between 12% in Delhi & Kerala and 21%

in Tripura (Table 4.9). Compared to all other states, Madhya Pradesh (47%) and Odisha (61%) had a higher proportion of MSM who reported having a regular hijra partner. In the remaining states, the proportion of MSM who reported having a regular hijra partner ranged between 22% and 38%.

MSM with a regular hijra partner were asked about the type of sex that they generally have with this partner. Nearly 92% of MSM at the national level and between 90% and 100% of MSM across a majority of the states reported that they have penetrative sex with their regular hijra partner. The exceptions to this were Gujarat (68%), Kerala (89%) and Puducherry (88%) where a slightly lower proportion of MSM reported having penetrative sex with the regular hijra partner (Table 4.9).

4.4.1.2a Condom Use with regular hijra partner

Last time condom use was reported by 83% of MSM at the national level. Across states the proportion of MSM practicing last time condom use with regular hijra partner, ranged from 61% (West Bengal) to 95% (Madhya Pradesh). In a majority of the states, at least three fourths of MSM reported practicing condom use at last sex; in states of Nagaland (67%), Tripura (68%),Goa (70%) and Kerala (60%) somewhat lower proportion of MSM reported practicing last time condom use with their regular hijra partner (Table 4.9).

Overall the proportion of MSM who consistently used condoms with regular hijra partner was 54%, similar to proportion described above for regular male partner. There were wide variations in the reported levels of consistent condom use with this partner, within the states in a region and between states across different regions. In Rajasthan (17%) consistent condom use was lower than in any other states. Among a number of states in the eastern and north-eastern region a lower proportion of MSM reported consistent condom use with regular hijra partner, including the states of Jharkhand (34%), Odisha (29%), West Bengal (28%), Tripura (23%) and Assam (28%). States with higher levels of reported consistent condom use with this partner were found among the southern (Puducherry-86%, Karnataka-68% and Tamil Nadu-68%) and western (Goa -70% and Maharashtra-69%) states. In the remaining states the levels of consistent condom use with regular hijra partner ranged between 34% and 65% (Table 4.9).

4.4.2 Commercial Partners and Condom Use

MSM in IBBS were asked about selling or buying sex from other men/ hijra. MSM who sold sex or ever received cash or gifts from other men in exchange for sex are referred to as having paying male partners; and MSM who bought sex or who paid cash or gifts to have sex with another man or hijra are referred to as having paid male partner. For each of these paying or paid partners, MSM were asked if they ever had sex with such partners, and if they had sex with these partners in the previous 12 months. Those who had sex with such partners were then asked if they had penetrative sex with these partners in the previous 12 months. Among the MSM who had these partners and practiced penetrative sex, the questions on condom use practices were examined. The practices examined were condom use at last penetrative sex act and consistent condom use, defined as condom use at ever sex act in the last one month with these partners.

4.4.2.1 Paying male/hijra partner (selling sex)

At the national level, about half of the MSM reported ever having a paying male partner (48%). Among those who ever had a paying partner, 81% of MSM reported having a paying

partner in the previous 12 months and the vast majority (95%) who had a paying partner in last 12 months reported practicing penetrative sex with this partner in the previous 12 months (Table 4.10).

Across states, MSM who ever had a paying partner ranged between 22% (Goa) and 86% (Puducherry). In a majority of the states the proportion of MSM who ever had a paying partner ranged between 30% and 60%. Close to one third of MSM in the states of Delhi and Nagaland reported ever having a paying partner. Among the remaining states where 60% or more of MSM reported having paying male partners were Uttarakhand (64%), Chandigarh (60%), Uttar Pradesh (60%), Odisha (75%), Kerala (62%) and Tamil Nadu (65%).

Among the MSM who ever had paying partner, at least 70% of MSM in majority of the states reported having such a partner in the last 12 months. States where a lower proportion of MSM reported having a paying partner in the last 12 months were Delhi (55%) and Jharkhand (64%). With the exception of Gujarat (72%) and Tripura (85%) in all other states, the vast majority of MSM (between 90% and 100%) who had a paying partner in last 12 months, reported having penetrative sex with this partner (Table 4.10).

		Paying male Partner (%)		Condom use with paying male partner^ (%)			Paid male partner (%)		Condom use with paid male partner^ (%)		
State	N	Ever had partner	Had partner in last 12 months*	Had Penetrative Sex**	Last time use	Consis- tent Use^^	Ever had partner	Had partner in last 12 months*	Had Penetrative Sex**	Last time use	Consis- tent Use^^
North											
Chandigarh	398	60.0	89.5	99.2	99.4	68.7	21.6	79.1	100.0	95.4	89.0
Delhi	780	31.1	54.8	93.6	88.9	42.2	14.8	56.0	82.0	80.7	48.3
Haryana	1,548	53.8	91.8	99.5	91.6	48.9	29.8	88.7	99.4	93.9	46.7
Himachal Pradesh	287	24.9	74.6	100.0	94.8	61.0	22.9	77.0	100.0	92.0	50.0
Punjab	1,161	47.5	84.8	94.4	92.8	55.1	26.2	79.4	98.9	90.2	66.7
Rajasthan	956	59.2	78.9	99.5	88.5	32.7	34.0	82.9	95.0	78.6	16.3
Uttarakhand	785	63.9	85.2	96.5	93.1	65.7	38.8	69.0	95.9	90.0	58.0
Central											
Chhattisgarh	800	46.3	89.4	99.4	87.3	29.0	17.6	82.0	99.2	81.3	41.5
Madhya Pradesh	780	49.4	78.4	97.4	91.7	39.6	46.6	84.5	97.2	83.7	28.2
Uttar Pradesh	1,566	60.4	70.4	99.5	89.7	40.8	30.7	67.6	97.5	92.7	47.8
East											
Jharkhand	374	24.9	64.2	97.5	87.0	32.9	33.5	65.7	99.5	82.2	17.4

Table 4.10: Sexual Behavior with Paying and Paid Male Partners, MSM National IBBS, India 2014-15

		Paying male Partner (%)		Condom use parti	Condom use with paying male partner^ (%)			le partner %)	Condom use with paid male partner^ (%)		
State	N	Ever had partner	Had partner in last 12 months*	Had Penetrative Sex**	Last time use	Consis- tent Use^^	Ever had partner	Had partner in last 12 months*	Had Penetrative Sex**	Last time use	Consis- tent Use^^
Odisha	796	74.9	96.5	99.7	90.4	31.5	63.2	98.0	99.8	85.7	21.5
West Bengal	1,037	47.2	72.4	97.4	78.8	42.4	30.4	62.9	97.5	76.1	58.8
Northeast											
Assam	791	44.1	77.4	97.8	86.8	33.8	45.2	72.7	97.1	77.3	22.9
Nagaland	400	35.3	76.8	100.0	89.7	69.9	12.9	80.2	95.4	91.2	61.5
Tripura	279	55.7	85.3	85.1	91.3	36.0	23.8	70.2	90.9	94.9	59.9
West											
Goa	797	22.4	70.1	98.5	90.1	73.4	16.9	70.9	99.6	84.9	70.0
Gujarat	1,157	29.4	81.7	71.6	94.2	79.1	16.2	82.5	46.3	95.7	68.6
Maharashtra	2,075	27.2	76.1	98.3	96.1	67.7	10.3	69.4	98.3	89.1	68.9
South											
Andhra Pradesh	1,099	53.5	72.2	95.9	91.7	52.0	39.1	83.4	97.9	93.6	47.4
Karnataka	1,950	45.9	70.9	95.8	93.5	67.4	33.1	69.6	96.0	90.9	63.3
Kerala	1,046	62.2	85.4	94.6	69.5	33.5	31.7	68.8	88.8	62.7	29.2
Tamil Nadu	1,843	64.6	87.6	97.0	90.7	59.5	32.0	70.6	90.8	91.3	53.2
Puducherry	376	85.8	81.0	98.2	97.5	85.9	45.4	71.9	97.6	95.8	89.8
India	23,081	48.4	80.8	95.0	88.8	55.3	26.5	72.6	89.9	87.1	50.7

Table 4.10: Sexual Behavior with Paying and Paid Male Partners, MSM National IBBS, India 2014-15 (contd...)

*Among MSM who ever had sex with paying or paid male partner as applicable; ** Among MSM who had sex with paying or paid male partner in last 12 months as applicable; ^Among MSM who had penetrative sex with paying or paid male partner as applicable; ^^Consistent condom use was defined as condom use during every time of sex in last one month

4.4.2.1a Condom use with paying male partner

lower proportion reported using condoms during the last penetrative sex act (Table 4.10).

Nearly ninety percent of MSM at the national level reported condom use during last penetrative sex with paying male partner. In a majority of states this proportion was relatively high and ranged between 87% and 95%. In the states of West Bengal (79%) and Kerala (70%) a

More than half of the MSM nationally (55%) reported consistent condom use with paying male partner in the last month. Lower level of consistent condom use, ranging between 29% and 34%, was reported in a number of states

such as Rajasthan, Chhattisgarh, Jharkhand, Odisha, Assam and Kerala. Somewhat higher proportion of MSM (36% to 55%) in a number of northern states such as Delhi, Haryana, Punjab and in states such as Madhya Pradesh, Uttar Pradesh, West Bengal, Tripura and Andhra Pradesh, reported consistent condom use with the paying partner. In all states in the western region higher proportion of MSM reported consistent condom use with paying partner, ranging between 68% and 79%. With the exception of Kerala (34%) levels of consistent condom use with paying partner reported in the southern states ranged between 52% in Andhra Pradesh and 86% in Puducherry (Table 4.10).

4.4.2.2 Paid male/hijra partner (buying sex)

Compared with paying partners, lower proportion of MSM at the national level, reported ever having a paid male partner (27%). Among the MSM who ever had paid male partner, 73% reported that they had a paid a male partner in the last 12 months; and a large proportion of them (90%) reported having penetrative sex with this paid male partner (Table 4.10).

In the states of Delhi, Chhattisgarh, Nagaland and all states in western region, the proportion of MSM who ever had paid male partners was lower than the national average and comprised less than one fifth of the sample. While in a majority of the states the proportion MSM who reported ever having a paid male partner ranged between 21% and 38%, in a few states such as Madhya Pradesh, Assam, Odisha, and Puducherry this proportion ranged between 45% and 63%. Among the respondents who reported ever having a paid partner, the proportion of MSM who reported having this partner in the last 12 months comprised over half of the sample (56%) in Delhi. In the all other states, proportion of MSM reported having paid male partner in

the last 12 months, ranged from 63% in West Bengal to 98% in Odisha. The vast majority of respondents who reported having paid male partner in the last 12 months (between 88% and 100%) had penetrative sex, except in the states of Gujarat (46%) where a significantly lower proportion reported penetrative sex in the last 12 months with the paid male partner (Table 4.10).

4.4.2.2a Condom use with paid male partner

Condom use at last penetrative sex with the paid male partner was 87% at the national level and across states ranged between 63% in Kerala and 96% in Gujarat and Puducherry (Table 4.10). In a few states such as Rajasthan, Assam, West Bengal and Kerala, between 63% and 80% of MSM reported last time condom use with paid partner. In all other states the last time condom use with this partner was higher than 80%.

Consistent condom use with paid male partner was reported by about 51% of MSM nationally. Across states there were wide variations in the proportion of MSM who reported consistent condom use with paid partner, ranging between 16% in Rajasthan and 90% in Puducherry. the northern states, consistent Amona condom use with paid partner was relatively higher in states of Chandigarh (89%), Punjab (67%) and Uttarakhand (58%). In states of Madhya Pradesh, Odisha and Assam, where the proportion of MSM with a paid partner was relatively higher, those who reported consistent condom use with this partner was lower (between 21% and 28%) than most other states. Among the states in the western region, consistent condom use with the paid partner was relatively higher, ranging between 69% and 70%. In the south, lower proportion of MSM in Kerala (29%) reported consistent condom use with paid male partner. Overall in about 13 states spread in all regions, consistent condom use with paid male partner comprised more than half of MSM who had penetrative sex with these partners (Table 4.10).

4.4.3 Casual Male / Hijra Partner

Other than the male partners described above, MSM in IBBS were asked if they had other casual male or hijra partners other than their regular male / hijra partner, who were a non-paying partner. Last time condom use and consistent condom use were defined the same as describe above for commercial partners.

About 37% of MSM nationally reported ever having sex with a casual male/hijra partner. Among those who ever had a casual male/hijra partner, 86% reported that they had sex with a casual male/hijra partner in the last 12 months; and among these MSM, the vast majority (89%) reported having penetrative sex with the casual male/hijra partner (Table 4.11). Around one fifth of MSM (20% to 22%) in Delhi and Gujarat reported ever having casual male/ hijra partners. Across other states this proportion largely ranged between 30% and 50%. In Chandigarh a higher proportion reported ever having a casual male/hijra partner (56%).

With the exception of Delhi (67%) and Tripura (62%), in the majority of states the proportion of MSM who reported having a casual male/ hijra partner in the last 12 months was between 73% and 98%. Among the MSM who reported having casual partner in the last 12 months, more than 80% of MSM in all states reported having penetrative sex with this partners, with the exception of MSM in Gujarat (50%).

4.4.3.1 Condom use with casual male partner

Condom use at last penetrative sex with a casual male partner was reported by 86% of MSM nationally. Except for MSM in states such as Himachal Pradesh (53%), West Bengal (27%), Assam (69%) and Tripura (31%) last time condom use with casual male partners was reported by at least three fourths of MSM (Table 4.11).

At the national level over one half of MSM who had penetrative sex with a casual male partner reported consistent condom use with this partner (54%). Consistent condom use was substantially lower in a number states including West Bengal (14%), Tripura (4%) and Kerala (13%). In some states such as Rajasthan, Madhya Pradesh, Jharkhand, Odisha and Assam between 23% and 35% of MSM reported consistent condom use with casual male partner. States with considerably higher levels of consistent condom use (over 80%) were Puducherry and Goa. In most other states consistent condom use with casual male partner ranged between 42% and 75%.

Shaha	N	Cas	sual male/hijra Partne	er (%)	Condom use with Casual male/hijra partner^ (%)		
State	N	Ever had partner	Had partner in last 12 months*	Had Penetrative Sex**	Last time use	Consistent Use^^	
North							
Chandigarh	398	55.7	97.6	100.0	99.5	75.5	
Delhi	780	21.9	67.4	91.6	92.0	71.5	
Haryana	1,548	47.8	86.3	98.8	89.7	49.2	
Himachal Pradesh	287	33.9	73.3	88.7	53.4	42.1	
Punjab	1,161	33.5	84.6	97.9	91.2	55.7	
Rajasthan	956	42.2	78.2	95.4	88.7	32.3	
Uttarakhand	785	49.2	78.9	95.3	88.1	70.1	
Central							
Chhattisgarh	800	48.2	87.1	99.4	88.8	42.1	
Madhya Pradesh	780	47.9	89.7	95.5	88.7	35.4	
Uttar Pradesh	1,566	50.0	85.0	99.4	91.8	48.2	
East							
Jharkhand	374	42.1	84.7	99.7	80.4	24.6	
Odisha	796	50.0	95.4	99.6	88.9	33.3	
West Bengal	1,037	37.6	82.4	93.2	27.3	14.0	
Northeast							
Assam	791	40.1	81.7	93.1	68.5	23.2	
Nagaland	400	50.0	79.7	99.2	80.5	58.3	
Tripura	279	34.0	62.3	82.1	30.9	4.4	
West							
Goa	797	32.2	92.6	96.2	93.6	88.0	
Gujarat	1,157	20.2	74.1	49.5	93.0	72.0	
Maharashtra	2,075	30.7	89.8	85.3	96.7	74.2	
South							
Andhra Pradesh	1,099	33.7	78.3	95.4	92.0	41.7	
Karnataka	1,950	39.4	89.9	93.9	87.2	66.8	
Kerala	1,046	43.2	87.8	81.4	76.8	15.0	
Tamil Nadu	1,843	46.2	88.2	90.8	90.6	62.4	
Puducherry	376	38.8	70.6	93.3	93.2	89.9	
India	23,081	37.2	85.5	88.6	85.7	54.3	

Table 4.11: Sexual Behavior with Casual Male/Hijra Partners, MSM National IBBS, India 2014-15

*Among MSM who ever had casual male partner; ** Among MSM who had casual male partner in last 12 months; ^ Among MSM who had penetrative sex with casual male partner in last 12 months; ^^Consistent condom use was defined as condom use during every time of sex in last one month

4.4.4 Female Partners

4.4.4.1 Regular Female partners

All MSM were asked if they ever had vaginal sexual intercourse with a female. Among those who reported ever having sex with female were asked about having regular female partner such as spouse, girlfriend, or live-in-partner. Close to half of the MSM across the country reported that they ever had vaginal sex with a female (48%) and 68% of these MSM reported currently having regular female partner (Table 4.12). Compared with the national average, states where a lower proportion of MSM reported ever having a female partner were Delhi (36%), Odisha (46%), Maharashtra (40%), and in the south, Kerala (38%), Tamil Nadu (39%) and Puducherry (29%). More than 80% of MSM in Madhya Pradesh and Jharkhand reported ever having a female partner whereas in Uttarakhand, Uttar Pradesh and Andhra Pradesh it was about 70% of MSM. In a majority of the other states the proportion of MSM who ever had a female partner was similar to or higher than the national average.

In a majority of states, the proportion of MSM who currently have a regular female partner was higher than 70%. In some states such as Punjab, Uttar Pradesh, Assam, Maharashtra, Kerala and Tamil Nadu between 60% and 70% of MSM reported having a female partner currently (Table 4.12). In other states such as Delhi, West Bengal, Nagaland, Tripura and Puducherry, the proportion of MSM who reported having a current female partner ranged between 33% and 58%.

4.4.4.1a Condom use with Regular female partner

Questions on condom use were examined among the MSM who currently have a regular female partner. Nationally about 45% of MSM reported using condom at last sex with their regular female partner whereas one fourth reported consistent condom use (25%) in the last 12 months with this partner (Table 4.12). A relatively lower proportion of MSM reported practicing last time condom use (between 20% and 40%) in states such as Rajasthan, Chhattisqarh, Tripura, Karnataka, Kerala and Tamil Nadu. Whereas in states such as Delhi, Punjab, and Chandigarh a higher proportion of MSM reported last time condom use with regular female partner, ranging between 70% and 85%. In all other states the proportion of MSM who reported last time condom use with regular female partner was similar to or higher than the national average.

Consistent condom use with regular female partner ranged between 4% in Tripura & Kerala and 62% in Chandigarh (Table 4.12). Among all northern states (except Rajasthan and Uttarakhand), Nagaland, Goa, Gujarat and Puducherry the proportion of MSM who reported consistent condom use with regular female partner was higher than the national average (between 30% and 62%). In comparison consistent condom use was reported by a lower proportion of MSM in Chhattisgarh, Rajasthan, Madhya Pradesh, Jharkhand, Odisha, West Bengal, Tripura, Maharashtra, Andhra Pradesh, Kerala and Tamil Nadu, ranging between 4% and 22%.

4.4.4.2 Paid female partner

All MSM who reported ever having sex with a female were also asked if they ever paid a female for having sexual intercourse. Nationally, one fourth of MSM (25%) reported having paid sex with a female; and among those who reported paying a female for sex, nearly three fourth (72%) reported doing so in the last 12 months (Table 4.13). In all of the states in central and
western regions and in Nagaland the proportion of MSM who had paid sex with a female was lower than the national average and ranged between 8% and 21%. In the remaining states more MSM reported paying a female for sex, ranging between 29% in Assam and 52% in Jharkhand. The proportion of MSM who had paid a female for sex in the last 12 months was relatively lower in states such as Kerala (42%) and Nagaland (48%). In a majority of the other states, 60% or higher proportion of MSM reported having a paid female partner in the last 12 months.

		Female p	artner (%)	Condom use with regular female partner** (%)		
State	Ν	Ever had female sexual partner	Currently have regular female partner*	Last time use	Consistent Use^	
North						
Chandigarh	398	56.5	72.5	84.6	62.3	
Delhi	780	35.7	57.5	69.9	35.8	
Haryana	1,548	50.5	71.6	67.0	30.2	
Himachal Pradesh	287	68.8	81.8	50.5	33.2	
Punjab	1,161	63.1	63.4	72.4	45.1	
Rajasthan	956	59.5	78.7	40.3	9.2	
Uttarakhand	785	72.9	80.2	65.0	24.7	
Central						
Chhattisgarh	800	49.5	78.2	39.3	14.9	
Madhya Pradesh	780	80.2	77.5	49.2	15.2	
Uttar Pradesh	1,566	70.6	64.3	62.9	24.5	
East						
Jharkhand	374	81.9	86.8	62.8	20.9	
Odisha	796	46.0	80.4	53.7	14.0	
West Bengal	1,037	50.5	58.3	42.1	19.7	
Northeast						
Assam	791	63.6	61.4	63.2	25.5	
Nagaland	400	54.0	47.2	53.8	33.0	
Tripura	279	48.5	43.4	24.5	4.2	
West						
Goa	797	66.2	76.8	55.3	51.6	

Table 4.12: Sexual	Behavior with	Regular Female	Partner, MSM	National IBBS,	India 2014-15

		Female p	artner (%)	Condom use with regular female partner** (%)		
State	N	Ever had female sexual partner	Currently have regular female partner*	Last time use	Consistent Use^	
Gujarat	1,157	58.9	72.1	62.7	45.5	
Maharashtra	2,075	39.7	66.7	42.2	22.0	
South						
Andhra Pradesh	1,099	70.7	74.8	45.3	18.7	
Karnataka	1,950	65.0	74.6	38.7	25.7	
Kerala	1,046	37.5	62.5	20.3	3.6	
Tamil Nadu	1,843	38.7	63.8	29.5	17.9	
Puducherry	376	29.4	32.8	64.4	56.7	
India	23,081	48.2	67.6	44.9	24.7	

Table 4.12: Sexual Behavior with Regular Female Partner, MSM National IBBS, India 2014-15 (contd..)

*Among MSM who ever had female partner; **Among MSM who currently have a regular female partner; ^Consistent condom use was defined as condom use during every time of sex in last twelve months

State	N*	Paid female partner (%)		Condom use with Paid female partner^ (%)		Casual female partner (%)		Condom use with casual female partner^ (%)	
		Ever had partner	Had partner in last 12 months**	Last Time condom use	Consistent Condom use^^	Ever had partner	Had partner in last 12 months**	Last Time condom use	Consistent Condom use^^
North									
Chandigarh	260	40.2	87.5	99.2	86.6	32.8	81.4	98.4	83.5
Delhi	255	35.5	60.4	95.3	74.0	8.5	33.6	88.1	76.9
Haryana	878	41.2	77.9	95.8	42.7	40.6	75.4	84.7	38.1
Himachal Pradesh	226	27.5	59.7	91.8	79.8	30.0	42.4	77.7	65.9
Punjab	746	24.0	77.1	90.6	68.9	20.4	56.8	90.4	72.9
Rajasthan	584	32.9	74.2	72.3	30.2	30.4	69.8	68.0	32.2
Uttarakhand	565	36.4	52.9	86.8	52.5	32.6	52.5	74.8	38.6

Table 4.13: Sexual behavior with Paid and Casual Female Partners, MSM National IBBS, India 2014-15

		Paid female partner (%)		Condom use with Paid female partner^ (%)		Casual female partner (%)		Condom use with casual female partner^ (%)			
State	N*	Ever had partner	Had partner in last 12 months**	Last Time condom use	Consistent Condom use^^	Ever had partner	Had partner in last 12 months**	Last Time condom use	Consistent Condom use^^		
Central											
Chhattisgarh	455	8.4	67.9	79.2	59.3	18.5	74.7	86.9	54.3		
Madhya Pradesh	614	20.9	65.8	84.5	31.7	14.9	58.0	76.4	24.5		
Uttar Pradesh	1,054	18.8	58.4	72.4	20.4	17.0	54.0	78.9	37.8		
East											
Jharkhand	307	51.9	82.7	88.5	26.2	28.1	73.6	75.3	19.5		
Odisha	388	37.6	93.5	94.3	16.3	28.3	89.9	81.0	14.3		
West Bengal	515	27.4	80.7	73.7	51.1	11.8	64.1	81.5	39.5		
Northeast											
Assam	471	29.0	69.6	73.3	18.9	33.1	70.2	64.6	28.8		
Nagaland	208	10.1	48.3	60.7	58.4	12.9	38.9	50.8	47.5		
Tripura	134	22.1	73.9	95.3	61.5	6.8	97.1	100.0	15.8		
West											
Goa	456	18.6	70.9	79.9	64.7	21.7	71.7	63.5	45.7		
Gujarat	748	8.0	73.8	83.5	85.6	8.1	61.2	98.4	77.3		
Maharashtra	940	12.5	53.0	89.0	87.1	12.4	55.3	80.6	77.0		
South											
Andhra Pradesh	785	48.3	78.5	83.0	45.9	33.0	78.7	80.7	27.0		
Karnataka	1,276	28.0	80.4	91.8	59.4	26.5	83.1	87.2	49.2		
Kerala	398	27.4	41.7	79.8	36.4	16.8	57.3	63.0	27.3		
Tamil Nadu	762	26.1	77.9	90.2	63.1	21.1	72.4	83.2	63.5		
Puducherry	103	46.7	81.3	88.6	89.5	30.0	68.6	78.6	82.5		
India	13,128	24.5	72.2	86.2	56.9	18.5	69.2	82.1	50.1		

Table 4.13: Sexual behavior with Paid and Casual Female Partners, MSM National IBBS, India 2014-15 (contd...)

*N represents those MSM who ever had a female sexual partner; **Among MSM who had paid or casual female partner as applicable; ^Among MSM who had paid or casual female partner in the last 12 months as applicable; ^^ Consistent condom use was defined as condom use during every time of sex in last twelve months

4.4.4.2a Condom use with paid female partner:

Overall, condom use at last sex with a paid female partner was reported by 86% of MSM (Table 4.13). Almost in all states, 80% or more of MSM reported to use condom in last sex act with a paid female partner except for Rajasthan (72%), Uttar Pradesh (72%), West Bengal (74%), Assam (73%) and Nagaland (61%).

Consistent condom use with paid female partner in the last 12 months was reported by 57% of MSM at the national level. In the states of Uttar Pradesh, Odisha, and Assam, this proportion was reported by 20% or lower proportion of MSM. In a majority of states more than 50% and less than 80% of MSM reported consistent condom use with the paid female partner. Among all states in the western region (except Goa), Chandigarh and Himachal Pradesh, consistent condom use with paid female was at least 80%. In general the pattern of consistent condom use varied considerably with some states in each region having relatively low levels of consistent condom use with paid female partner (Table 4.13).

4.4.4.3 Casual Female partners

All MSM who reported ever having sex with a female partner were also asked if they had ever had sexual intercourse with a casual female partner, such as lover, other than their regular male partner. Overall less than a one fifth of MSM (19%) reported having sex with a casual female partner; and among them about 69% of MSM reported having such a casual female partner in the last 12 months (Table 4.13).

Sex with a casual female partner was less common in many states, including Delhi, states in the central region, West Bengal, Nagaland, Tripura, Gujarat, Maharashtra and Kerala ranging between 7% and 19%. In other states, across all regions, the proportion of MSM who ever had casual female partner ranged between 20% and 41%. Among those MSM who had sex with a casual female partner, at least three fourths of MSM reported having such partner in the last 12 months in the states of Haryana, Chandigarh, Chhattisgarh, Odisha, Tripura, Andhra Pradesh and Karnataka. Whereas in most of the other states, a lower proportion of MSM reported sex with casual female partner in the last 12 month, ranging between 34% and 74% (Table 4.13).

4.4.4.3a Condom use with casual female partner

As with other partner types, condom use at last sex (82%) was higher than consistent condom use (50%) with casual female partner. In most states last time condom use was reported by three fourth or more of the respondents except Rajasthan, Assam, Nagaland, Goa and Kerala (Table 4.13).

Consistent condom use with casual female partner ranged between 14% in Odisha and 84% in Chandigarh. Delhi, Himachal Pradesh and Punjab compared with other states in the north had higher proportion of MSM practicing consistent condom use with casual female, ranging between 66% and 77%. Among states in the east and northeast consistent condom use with casual female partner was 30% or less, with the exception of West Bengal (40%) and Nagaland (48%). Among all states in the west (except Goa) consistent condom use levels were higher than 70% and among southern states it was lower than 50% in Andhra Pradesh, Karnataka and Kerala.

4.4.5 Sources of Condom

All MSM were asked about the source of condoms the last time when they obtained a condom.

While around two fifths of MSM had obtained condom from NGO/ TI outreach workers or peer educators (39%), another one fourth bought

condoms from drug store / chemist (26%) (Table 4.14).

			Source thro	ugh which obtair	ned new cond	om last tim	e * (%)	
State	N*	NGO outreach worker/ Peer educator/ DIC	Sexual Partner	Apothecary/ Drug store/ Chemist	Vending stall/ machine	Health Facility	Others	Never obtained a condom
North								
Chandigarh	398	52.2	12.2	29.9	0.1	2.5	3.0	0.1
Delhi	780	43.5	15.9	27.8	2.5	1.3	7.9	0.2
Haryana	1,548	32.0	20.8	32.8	1.3	3.9	6.1	2.6
Himachal Pradesh	287	18.7	3.3	50.5	0.6	0.0	17.9	8.7
Punjab	1,161	31.4	14.0	36.9	0.9	0.8	13.2	1.2
Rajasthan	956	6.6	20.4	54.2	4.2	3.7	9.8	0.5
Uttarakhand	785	23.0	25.0	37.9	0.6	2.2	8.7	1.7
Central								
Chhattisgarh	800	11.0	10.2	37.6	0.0	4.4	35.8	0.4
Madhya Pradesh	780	32.4	6.8	37.4	2.4	3.1	14.9	1.0
Uttar Pradesh	1,566	28.5	19.8	36.9	1.2	3.4	7.4	2.5
East								
Jharkhand	374	4.8	9.6	60.4	0.0	2.5	18.0	4.6
Odisha	796	31.2	22.2	13.4	1.0	2.2	20.0	7.9
West Bengal	1,037	21.3	4.2	23.8	10.8	7.4	20.7	9.4
Northeast								
Assam	791	41.7	12.6	15.8	0.1	1.4	21.7	6.3
Nagaland	400	67.0	8.8	12.5	0.0	0.6	9.9	0.6
Tripura	279	28.6	6.7	17.3	8.4	2.4	33.0	1.4

Table: 4.14 Sources of Condoms, MSM National IBBS, India 2014-15

			Source throu	ugh which obtair	ned new cond	om last tim	e * (%)				
State	N*	NGO outreach worker/ Peer educator/ DIC	Sexual Partner	Apothecary/ Drug store/ Chemist	Vending stall/ machine	Health Facility	Others	Never obtained a condom			
West											
Goa	797	62.9	4.8	16.9	4.2	1.8	9.1	0.2			
Gujarat	1,157	55.8	1.8	10.4	7.3	16.7	7.2	0.7			
Maharashtra	2,075	41.6	10.2	21.0	6.5	0.9	18.7	0.3			
South											
Andhra Pradesh	1,099	53.3	3.8	19.8	4.2	8.2	8.3	1.2			
Karnataka	1,950	53.8	6.4	17.4	6.7	3.1	6.0	3.4			
Kerala	1,046	32.9	20.3	5.9	14.3	3.7	8.6	12.0			
Tamil Nadu	1,843	32.6	7.0	37.6	4.2	5.9	10.2	1.9			
Puducherry	376	42.2	17.3	23.9	0.0	10.8	5.0	0.7			
India	23,081	38.8	8.9	25.7	5.8	5.7	11.4	2.7			

Table: 4.14 Sources of Condoms, MSM National IBBS, India 2014-15 (contd...)

*Totals may not add up to 100% due to missing responses

Across states the proportion of MSM who had obtained condom from NGO ranged between 5% in Jharkhand and 67% in Nagaland. In states such as Delhi, Chandigarh, Assam, Goa, Gujarat, Maharashtra, Andhra Pradesh, Karanataka and Puducherry, more than 40% of MSM reported getting condom from NGO workers. In states where the proportion of MSM obtaining condoms from NGO workers was low, a higher proportion of MSM had bought condoms from drug store/ chemist, ranging between 38% in Chhattishgarh and 60% in Jharakhand. In general the proportion of MSM who had bought condoms from a drug store was higher in many more of the northern and central states, comapared with states in other regions. In some states such as Haryana, Rajasthan, Uttarakhand,

Odisha, and Kerala, 20% to 25% of MSM reported that condom was obtained from their sexual partners (Table 4.14).

4.4.6 Condom Breakage and Lubricant Use

Since MSM engage in high risk anal sex there is an increased chance of condom breakage due to the friction during the sex act. Condom breakage leads to an increased risk of acquiring STIs and / or HIV. The use of water based lubricants reduces the friction and helps to prevent condom breakage during the sex act and therefore expected to be used during anal sex by all MSM. All MSM in IBBS were asked about any experience of condom breakage in the previous one month and about the use of lubricant during anal sex.

4.4.6.1 Condom Breakage

Close to one fifth of MSM at the national level reported that they had experienced condom breakage in the last month (17%). Fewer than 10% of respondents in Chhattisgarh and Kerala reported experiencing condom breakage. Between 25% and 35% of MSM reported condom breakage in states such as Uttarakhand, Uttar Pradesh, Jharkhand, Odisha and Karnataka, which was higher than the national average.

In general condom breakage was reported by more than 20% of respondents in all southern states, except in Kerala and Puducherry; whereas in all the northeastern and western states condom breakage was reported by a lower proportion of MSM ranging between 11% and 15%.

4.4.6.2 Lubricant Use

Lubricant use was reported by over half of the MSM (53%) nationally. There were wide variations across states in the reported levels of lubricant use, ranging between 24% in Puducherry and 72% in Uttarakhand and Assam. Among the other states, less than half the MSM in Haryana, Himachal Pradesh, Chandigarh, Madhya Pradesh, Jharkhand, West Bengal, Tripura and Tamil Nadu reported using any lubricants. Lubricant use was relatively higher in a number of states such as Rajasthan, Uttarakhand, Uttar Pradesh, Odisha, Assam, Nagaland and Kerala and ranged between 61% and 72%.

MSM who reported using lubricants were asked about the type of lubricant they used in the last one month during anal sex with their male/hijra sexual partners. The recommended lubricant K-Y jelly, a water-based lubricant, was reported by about 13% of MSM. Less than 10% of MSM in a number of states such as Chandigarh, Himachal Pradesh, Uttarakhand, in all the eastern states, Nagaland, Gujarat and Kerala reported using KY Jelly. In a few states such as Chhattisgarh, Madhya Pradesh and Andhra Pradesh, close to one fourth were found to use KY Jelly. In comparison with all other states, higher proportion of MSM in Goa (49%) and Assam (34%) reported using KY Jelly.

State	N	Experience of condom breakage (%)	Used Lubricant (%)	Used KY Jelly* (%)
North				
Chandigarh	398	15.8	48.4	2.9
Delhi	780	13.4	55.5	21.5
Haryana	1,548	21.5	48.2	20.2
Himachal Pradesh	287	15.8	48.2	6.0
Punjab	1,161	19.9	56.0	13.6
Rajasthan	956	22.8	64.2	19.3
Uttarakhand	785	29.5	72.0	7.0

Table 4.15: Condom breakage and Lubricant Use, MSM National IBBS, India 2014-15

State	N	Experience of condom breakage (%)	Used Lubricant (%)	Used KY Jelly* (%)
Central				
Chhattisgarh	800	8.0	58.1	29.7
Madhya Pradesh	780	14.7	42.9	26.9
Uttar Pradesh	1,566	25.4	61.5	14.1
East				
Jharkhand	374	27.3	33.3	8.7
Odisha	796	35.0	61.8	3.3
West Bengal	1,037	17.7	48.1	3.0
Northeast				
Assam	791	15.1	72.0	34.2
Nagaland	400	11.8	60.9	0.3
Tripura	279	12.3	42.6	10.4
West				
Goa	797	12.7	57.1	48.8
Gujarat	1,157	10.6	56.7	3.5
Maharashtra	2,075	13.7	53.8	11.2
South				
Andhra Pradesh	1,099	22.7	52.4	28.1
Karnataka	1,950	25.1	55.1	18.0
Kerala	1,046	4.9	65.1	8.3
Tamil Nadu	1,843	21.6	48.1	10.5
Puducherry	376	13.5	23.9	13.4
India	23,081	17.3	53.1	12.6

Table 4.15: Condom breakage and Lubricant Use, MSM National IBBS, India 2014-15 (contd...)

*Among those who used lubricants

4.5 Substance use patterns

Use of substances such as alcohol and drugs are associated with increased levels of engagement in risk behaviours that are linked to HIV. Alcohol in particular is known to be prevalent among MSM, based on available evidences. The risk of not using condoms is likely to be higher among those who are under the influence of alcohol or other drugs, and therefore has relevance to programming for MSM. One of enquiry areas in IBBS was about alcohol and drug use and its use before or during the sexual act.

4.5.1 Alcohol use (Consumption in last 12 months and before/during last sex act)

All MSM were asked if they had consumed any alcohol in the last 12 months and those who reported 'Yes' were asked if they had consumed it before or during sex with any of their partners. Overall 51% of MSM reported consuming alcohol in the last 12 months. In some states such as Delhi (30%), Gujarat (16%) and Maharashtra (28%) a substantially lower proportion of MSM reported alcohol use. In a number of states/ UTs such as Chandigarh, Punjab, Chhattisgarh, Odisha, West Bengal, Assam, Tripura and Andhra Pradesh between 60% and 70% of MSM reported consuming alcohol. Whereas, in Tamil Nadu (75%) and Nagaland (87%) higher proportion than this had consumed alcohol.

Among those who consumed alcohol, 56% reported using it before or during sex with a partner. Lower proportion of MSM, between 30% and 46% in Kerala, Gujarat, Tripura, West Bengal and Madhya Pradesh had used alcohol before or during the last sex. In the vast majority of states, between 51% and 67% of MSM and higher proportion in Nagaland (81%) reported consuming alcohol before or during sex during the last sex act with a partner.

4.5.2 Injecting Drug Behaviour (Consumption in last 12 months and needles/syringes sharing)

All MSM were asked if they had injected drugs for non-medical reasons in the previous 12 months. About 3% of MSM nationally reported injecting drugs in the last 12 months. In a majority of states this proportion was less than 3%. Between 5% and 10% of MSM reported injecting drugs in a number of states such as Haryana, Punjab, Uttarakhand, Uttar Pradesh, Jharkhand, Goa and Karnataka. Over 10% of MSM in Andhra Pradesh (12%) and Chandigarh (18%) reported injecting drug use in last 12 months, higher than in any other state.

MSM who injected drugs were asked if they had shared needle and syringe with someone when they last injected drugs. At the national level close to one half of the MSM who had injected drugs reported sharing needle and syringe (47%). Among the states with higher level of injecting use, sharing needle and syringe was highly prevalent in Andhra Pradesh (78%) but not in Chandigarh (2%). Sharing needle and syringe was also reported to be practiced by a sizable proportion of MSM in Karnataka (61%) and Goa (52%).

State	N	Consumed alcohol in last 12 months (%)	Consumed alcohol before or during sex* (%)	Injected drugs for non-medical reasons in last 12 months (%)	Shared needle/ syringes when injected last time^ (%)					
North										
Chandigarh	398	65.3	57.5	17.5	1.9					
Delhi	780	30.1	51.8	2.6	37.0					
Haryana	1,548	45.2	56.1	6.4	29.9					
Himachal Pradesh	287	50.7	51.1	3.1	8.5					
Punjab	1,161	60.9	54.0	9.2	14.6					
Rajasthan	956	42.8	61.1	1.3	18.6					
Uttarakhand	785	48.6	64.2	6.2	20.3					
Central										
Chhattisgarh	800	59.9	67.2	1.5	6.5					
Madhya Pradesh	780	53.2	46.3	0.8	71.6					
Uttar Pradesh	1,566	44.9	54.1	5.1	28.6					
East										
Jharkhand	374	57.2	59.7	9.7	19.3					
Odisha	796	63.6	63.8	1.9	67.8					
West Bengal	1,037	71.3	45.3	1.5	24.0					
Northeast										
Assam	791	63.9	56.4	2.5	17.9					
Nagaland	400	86.7	80.6	0.0	0.0					
Tripura	279	64.1	36.4	0.5	100.0					
West										
Goa	797	59.1	66.0	5.1	51.8					
Gujarat	1,157	16.1	30.0	0.7	41.2					
Maharashtra	2,075	27.7	50.9	1.6	20.1					
South										
Andhra Pradesh	1,099	70.3	67.4	11.8	77.9					
Karnataka	1,950	48.5	57.2	6.4	61.4					
Kerala	1,046	40.2	44.4	1.1	60.3					
Tamil Nadu	1,843	75.3	61.2	0.8	21.2					
Puducherry	376	50.0	58.1	0.0	0.0					
India	23,081	51.3	56.2	2.5	46.9					

Table 4.16: Alcohol and Drug Use, MSM National IBBS, India 2014-15

* Among those who consumed alcohol; ^ Among those who injected any drugs

4.6 Experiences of Physical and Sexual Violence

MSM being a stigmatized and marginalized group are at high risk of facing difference forms of violence, including physical and sexual harassment. This can make them highly vulnerable to injury, emotional trauma and or HIV and other STIs. Understanding the extent of such violence faced by MSM is important for both programming and development of advocacy strategies, which can help to alleviate the problem of violence.

4.6.1 Physical Violence

All MSM were asked if they had been beaten, hurt, hit, slapped, pushed, kicked, punched, choked or burned, in the last 12 months. About 15% of MSM reported experiencing such physical violence one or more times in the last 12 months. In Chhattisgarh, Assam, Tripura, all the western states and Puducherry, 10% or lower proportion of MSM reported experiencing such violence. Nearly 30% of MSM in northern states such as Himachal Pradesh, Uttarakhand and in Andhra Pradesh reported experiencing physical violence. In some states such as Delhi, Punjab, Chandigarh, Haryana, Uttar Pradesh, Jharkhand, West Bengal, Nagaland, Tamil Nadu and Kerala between 15% and 21% of MSM had experienced physical violence (Table 4.17).

MSM who experienced violence were asked to report about one or more perpetrators of the violence. Overall, more than one fourth of MSM reported that family or relatives (28%), followed by clients (19%) and regular partners (9%) as the main perpetrators during 12 months preceding the survey. A larger proportion (75%) reported others such as strangers, law enforcement personnel, goondas or other MSM were responsible for the violence they experienced. The distribution of perpetrators across states followed a similar pattern seen at the national level. Among states with the higher prevalence of violence, Himachal Pradesh had a larger proportion of MSM who reported family and relatives (46%) whereas in Uttarakhand is was lower (27%). In Andhra Pradesh about similar proportion (35% to 38%) of MSM reported clients or family and relatives as the perpetrators. In these states a larger proportion of MSM, between 63% and 83%, reported others (described above) were responsible for the violence (Table 4.17).

MSM were also asked if they had reported or informed someone about the violence they had experienced. About 56% of MSM nationally had informed someone about the violence. Among the states with the greater proportion of violence reported, Himachal Pradesh and Uttarakhand had the lower proportion of MSM who informed someone about the violence (about 60%), whereas a higher proportion of MSM in Andhra Pradesh (82%) had informed someone.

Other states where a lower proportion of MSM had informed someone about the violence were Haryana (44%), Chhattisgarh (29%), Madhya Pradesh (31%), Jharkhand (27%), West Bengal (36%) and Nagaland (26%). More MSM in Punjab and Odisha (70-71%) informed someone about the violence, when compared with most other states (Table 4.17).

		Experienced Physical Violence (%)	Perpetrators of Physical Violence*^ (%)								
State	N		Beaten by Clients	Beaten by Regular Partner	Beaten by Family Member/ Relatives	Beaten by Others	Informed someone for physical violence^				
North											
Chandigarh	398	18.0	5.6	5.2	5.9	91.8	62.7				
Delhi	780	21.0	16.4	3.6	48.0	76.5	68.1				
Haryana	1,548	15.6	21.0	7.1	33.1	69.2	44.6				
Himachal Pradesh	287	28.2	8.4	6.4	45.9	63.1	59.4				
Punjab	1,161	17.3	10.5	2.8	18.0	78.9	71.1				
Rajasthan	956	12.0	22.9	7.1	21.0	79.9	60.2				
Uttarakhand	785	29.0	20.0	8.4	27.3	69.0	59.8				
Central											
Chhattisgarh	800	10.6	25.0	11.8	26.1	58.9	29.4				
Madhya Pradesh	780	13.4	6.3	9.5	18.4	72.2	31.0				
Uttar Pradesh	1,566	16.9	10.0	2.8	25.1	79.1	65.0				
East											
Jharkhand	374	16.8	5.0	12.3	37.1	53.0	26.7				
Odisha	796	12.3	21.2	9.0	29.8	77.6	69.6				
West Bengal	1,037	21.5	3.4	6.9	38.7	59.2	35.9				
Northeast											
Assam	791	8.3	7.2	7.2	24.2	78.9	80.7				
Nagaland	400	18.7	3.2	1.7	13.4	88.3	25.5				
Tripura	279	6.2	0.0	20.9	24.4	80.3	16.5				
West											
Goa	797	9.2	17.7	12.6	15.4	85.1	46.7				
Gujarat	1,157	6.8	7.5	9.1	26.5	81.6	38.4				
Maharashtra	2,075	9.3	19.6	7.5	18.0	89.3	68.1				
South											
Andhra Pradesh	1,099	30.6	35.2	6.2	38.1	82.7	81.6				
Karnataka	1,950	10.7	24.1	18.8	26.6	89.4	55.9				
Kerala	1,046	15.3	13.1	6.3	40.6	58.5	38.9				
Tamil Nadu	1,843	17.6	22.1	11.6	19.1	73.2	53.0				
Puducherry	376	8.7	27.8	9.7	21.4	57.8	53.8				
India	23,081	15.4	19.0	8.7	28.2	75.1	56.0				

Table 4.17: Experience of Physical Violence, MSM National IBBS, India 2014-15

*Based on multiple response option; ^ Among those who had experienced violence

4.6.2 Sexual Violence

All respondents were asked if they were physically forced to have sexual intercourse with someone even though they did not want to. About 12% of MSM reported that they were forced to have sex with someone in the last 12 months (Table 4.18). MSM who experienced sexual violence also reported one more perpetrators of such sexual violence. At the national level about one fourth of respondents reported that family member or relatives were responsible, followed by clients (19%) and regular partner (9%).

Table 4.18: Experience of Sexual Violence, MSM National IBBS, India 2014-15

			Perpetrate	ors of Sexual Violer	ıce*^ (%)	Informed
State	N	Experienced sexual Violence (%)	Clients	Regular Partner	Family Member/ Relatives	someone about sexual violence^ (%)
North						
Chandigarh	398	5.3	5.3	0.0	5.1	28.7
Delhi	780	8.4	23.1	8.9	41.4	48.0
Haryana	1,548	19.6	15.0	12.9	32.3	35.0
Himachal Pradesh	287	7.2	27.0	34.2	9.9	24.2
Punjab	1,161	12.2	14.4	2.8	16.8	29.9
Rajasthan	956	14.4	24.3	7.1	13.4	59.9
Uttarakhand	785	24.0	12.7	12.5	10.5	54.7
Central						
Chhattisgarh	800	12.3	14.9	5.3	2.9	35.3
Madhya Pradesh	780	6.6	7.5	2.7	11.8	35.8
Uttar Pradesh	1,566	19.5	6.1	11.6	16.4	43.5
East						
Jharkhand	374	14.4	8.5	13.5	24.3	30.4
Odisha	796	18.1	10.1	22.3	2.9	54.1
West Bengal	1,037	14.4	4.5	18.9	15.0	28.6
Northeast						
Assam	791	23.0	23.0	20.1	25.2	47.6
Nagaland	400	7.9	1.1	12.3	3.2	22.7
Tripura	279	11.6	5.3	34.4	9.9	17.1

			Perpetrate	ors of Sexual Violer	nce*^ (%)	Informed
State	N	Experienced sexual Violence (%)	Clients	Regular Partner	Family Member/ Relatives	someone about sexual violence^ (%)
West						
Goa	797	11.9	12.1	8.9	60.7	15.8
Gujarat	1,157	5.0	6.2	1.4	24.9	45.9
Maharashtra	2,075	7.1	22.3	7.3	29.1	49.4
South						
Andhra Pradesh	1,099	25.0	38.5	4.7	39.1	83.7
Karnataka	1,950	25.1	22.3	19.6	32.0	47.0
Kerala	1,046	11.5	14.8	3.4	21.2	30.4
Tamil Nadu	1,843	11.3	17.6	4.9	15.5	36.9
Puducherry	376	10.6	18.2	0.0	25.0	39.7
India	23,081	11.9	19.1	8.7	24.2	45.5

Table 4.18: Experience of Sexual Violence, MSM National IBBS, India 2014-15 (contd...)

*Multiple response option ; ^ Among those who had experienced violence

In states such as Chandigarh, Delhi, Himachal Pradesh, Madhya Pradesh, Nagaland, Gujarat and Maharashtra, less than 10% of MSM reported sexual violence. In a number of states such as Uttarakhand, Assam, Andhra Pradesh and Karnataka close to one fourth of MSM reported sexual violence; and in other states the proportion ranged between 10% and 20%. It is to be noted that Uttarakhand and Andhra Pradesh had higher proportion of MSM reporting both physical and sexual violence when compared with all the other states (Table 4.18).

The distribution of reported perpetrators of the sexual violence across states was largely similar to the pattern seen at the national level. In most states where sexual violence was higher than national average, a similar proportion of MSM

reported family member/ relatives or clients as the perpetrators of sexual violence. In Odisha, Assam and Karnataka between 20% and 22% of MSM who had experienced sexual violence reported that their regular partner was the perpetrator. No other apparent pattern by state or regions could be observed in the distribution of perpetrators of sexual violence (Table 4.18).

Compared with physical violence, lower proportion of MSM at the national level reported that they had informed someone about the experience of sexual violence (46%). In most states where sexual violence was relatively higher (more than national average), between 34% and 62% reported informing someone; whereas in Andhra Pradesh this proportion was 84%, substantially higher than any other state (Table 4.18).

4.7 STI knowledge and treatment seeking

Due to the sexual risk behaviors of MSM, they are at high risk of getting sexual transmitted infections (STIs). These STIs particularly when untreated, can make the MSM and their male and female partners vulnerable to HIV infection. A key focus of programming for core groups such as MSM includes screening for and treatment of STIs regularly. In order to understand the level of knowledge and awareness about STIs among MSM, a series of questions on STIs were included in the IBBS. Questions on occurrence of certain key symptoms of STIs were also elicited from all MSM; while self-report of STI symptoms has certain limitations it does provide some information which can be used as a close proxy for STI prevalence, when biological tests are not available.

4.7.1 Awareness and Knowledge about STIs

All respondents were first asked if they had ever heard of diseases that can be transmitted through sexual intercourse. About 78% of MSM across the country reported awareness of STIs. Knowledge about specific STI symptoms was asked among MSM who were aware of STIs. The vast majority of MSM (98%) could report at least one symptom of STI. Across states, awareness about STI was largely equal to or higher than the national average, except for states of Delhi, Himachal Pradesh, Rajasthan, Uttarakhand and West Bengal where it ranged between 63% and 75%. Among those with awareness about STI, predominantly more than 80% of MSM across all states could report at least one STI symptom. The exception was Jharkhand where knowledge was substantially lower and 58% could report at least one symptom of STI (Table 4.19).

					Sought advice/treatment from (%)^							
State	N	Heard of STIs (%)	Aware of at least one STI symptom* (%)	Had at least one STI symptom (%)	NGO/ TI run clinic	Government Facility	Private Facility	Private pharmacy	Traditional healer/ homeopath/ Unani/ Auyrvedic practitioners	۲		
North												
Chandigarh	398	84.5	92.5	9.7	54.4	79.5	13.8	4.4	5.3			
Delhi	780	63.3	98.3	32.5	51.2	55.2	18.8	19.8	23.4			
Haryana	1,548	86.6	98.4	31.3	27.8	51.7	14.8	16.0	7.8			
Himachal Pradesh	287	74.6	90.1	40.2	47.1	46.5	30.8	35.0	48.9			
Punjab	1,161	79.6	87.0	29.9	68.4	60.4	23.7	8.5	9.5			
Rajasthan	956	65.7	95.7	21.0	28.0	56.6	9.6	2.3	9.6			
Uttarakhand	785	63.0	98.4	51.5	56.4	45.8	37.7	11.4	12.0			

Did othing

0.0 1.1 1.8

11.2

2.2 4.7 3.4

						Sou	ght advice/	treatment fro	m (%)^	
State	N	Heard of STIs (%)	Aware of at least one STI symptom* (%)	Had at least one STI symptom (%)	NGO/ TI run clinic	Government Facility	Private Facility	Private pharmacy	Traditional healer/ homeopath/ Unani/ Auyrvedic practitioners	Did Nothing
Central										
Chhattisgarh	800	81.8	98.8	17.4	43.1	29.0	9.4	2.5	6.8	9.1
Madhya Pradesh	780	76.2	82.8	14.3	43.5	36.3	15.3	1.4	11.0	6.8
Uttar Pradesh	1,566	79.8	99.8	25.1	64.1	24.5	16.7	12.9	10.3	7.1
East										
Jharkhand	374	88.5	58.4	25.1	34.1	70.7	8.1	2.2	7.1	9.5
Odisha	796	90.4	99.5	31.9	52.7	41.4	19.9	20.1	8.9	2.3
West Bengal	1,037	73.1	91.7	14.2	21.5	38.5	16.3	9.1	4.5	24.9
Northeast										
Assam	791	84.3	99.0	45.8	33.6	61.1	17.5	19.9	30.3	0.8
Nagaland	400	88.0	99.3	21.3	31.3	13.3	14.4	9.5	0.0	29.0
Tripura	279	93.0	80.6	6.4	45.9	61.5	4.6	0.0	3.7	4.5
West										
Goa	797	81.1	99.8	31.0	73.3	43.3	23.0	23.0	44.8	0.3
Gujarat	1,157	77.5	100.0	30.0	37.6	36.2	29.2	12.7	19.4	3.2
Maharashtra	2,075	75.9	99.4	25.2	62.5	57.8	23.9	12.1	12.3	4.4
South										
Andhra Pradesh	1,099	85.0	98.8	43.5	58.8	64.1	19.8	21.5	32.0	2.7
Karnataka	1,950	78.5	99.1	31.7	50.9	59.3	25.8	12.3	24.3	1.7
Kerala	1,046	79.8	92.8	13.7	20.5	67.8	11.8	7.2	0.8	7.2
Tamil Nadu	1,843	80.5	99.3	7.6	25.7	47.7	11.2	7.2	13.9	16.7
Puducherry	376	92.0	98.9	3.4	64.9	55.0	32.1	35.7	32.1	9.3
India	23,081	77.8	97.7	20.9	46.0	51.7	20.9	13.2	17.9	5.7

Table 4.19: Sexually Transmitted Infections, MSM National IBBS, India 2014-15 (contd...)

*Among those who have heard of STI; ^Among those who had a STI symptom , multiple response question

4.7.2 Self-reported symptoms in last 12 months

All MSM, regardless of their knowledge of STIs, were asked about the presence or occurrence of each of the following STI symptoms in the previous 12 months: genital ulcer / sore, anal ulcer/sore, discharge from rectum, urethral discharge, swelling in groin/ scrotal area, and genital and anal warts. Over one fifth of MSM nationally (21%) reported having at least one of the above mentioned STI symptoms in the last 12 months. There were some states with less than 10% of MSM reporting any STI symptom including Chandigarh, Tripura, Tamil Nadu and Puducherry (Table 4.19).

In a few states the proportion was higher than 10% but less than the national average including Chhattisgarh, Madhya Pradesh, West Bengal and Kerala. Self-reported STI symptom was higher than national average and close to one third among MSM in states such as Delhi, Haryana, Odisha, Goa, Gujarat and Karnataka. In a few states such as Himachal Pradesh, Uttarakhand, Assam and Andhra Pradesh, the levels were higher at least 40% of MSM reported experiencing an STI symptom in the last 12 months (Table 4.19).

4.7.3 Action taken for STIs

MSM who had one or more symptoms were asked what actions they took the last time they had a STI symptom. About half of the MSM reported visiting a government facility (52%); over two fifth reported taking advice from NGO clinics (46%) and one fifth reported visiting private facility (21%). About 13% reported seeking the help of a pharmacy/ drug store and 18% reported seeking advice from some type of traditional healer or AYUSH practitioner. About 6% reported that they did not take any action for the STI symptom (Table 4.19). The proportion of MSM visiting NGO or TI run clinics ranged between 20% and 73% across the states. In the states/UTs of Chandigarh, Delhi, Punjab, Uttarakhand, Uttar Pradesh, Odisha, Goa, Maharashtra and all of southern states (except Kerala and Tamil Nadu), 50% or more of MSM reported seeking treatment or advice from NGO or TI clinics for the last STI episode (Table 4.19).

The proportion of MSM visiting government clinics ranged between 13% and 80%. In general the proportion of MSM visiting government facilities was lower (less than 40%) among the states in the central region, West Bengal, Nagaland and Gujarat. Across states, between 5% and 38% reported visited private clinics. States where close to or more than one third of the MSM sought treatment in private facilities were Himachal Pradesh, Uttarakhand, Gujarat and Puducherry (Table 4.19).

Close to one fifth of MSM in Delhi, Odisha, Assam, Goa and Andhra Pradesh had visited a pharmacy for advice about STIs; whereas in Himachal Pradesh this was reported by 35% of MSM with a STI symptom. Seeking advice from traditional/ AYUSH practitioners was considerably higher than national average in Himachal Pradesh (49%) and in Delhi, Assam, Goa, Andhra Pradesh, Karnataka and Puducherry and ranged between 23% and 45%. The proportion of MSM who reported doing nothing about the STI symptom was higher in West Bengal (25%), Nagaland (29%) and Tamil Nadu (17%) compared with all other states (Table 4.19).

4.8 HIV/AIDS related knowledge and practice

Being aware about HIV/ AIDS and having knowledge about routes of HIV transmission and prevention methods are important pre-requisites

for practicing behaviors that can be protective against HIV infection. Similarly incorrect understanding and knowledge that is not comprehensive can act as barriers to practicing protective behaviors. Therefore a primary aim of HIV prevention is to ensure that core groups such as MSM have awareness and correct knowledge about HIV/AIDS.

4.8.1 *Awareness of HIV and Knowledge about transmission*

In IBBS all MSM were asked if they had heard about HIV or AIDS. Among those who reported hearing about HIV or AIDS, were asked questions on ways in which a person can get HIV and how it can be prevented. Nearly all MSM (95%) nationally and across the vast majority of states reported that they have heard about HIV/ AIDS. Knowledge about the three main routes of transmission, unprotected sex (97%), sharing infected needles (95%) and infected blood transfusion (94%) was high. The proportion of MSM who had knowledge about each of these three methods was high (more than 90%) in most of the states. In Assam and Jharkhand relatively lower proportion of MSM reported knowledge of transmission through shared needle (76% and 87% respectively) and through infected blood transfusion (77% and 85% respectively) (Table 4.20).

4.8.2 Misconceptions

MSM who reported that HIV can be transmitted through mosquito bite and / or sharing a meal with an infected person, were defined as having a misconception about HIV transmission. Overall 21% of MSM were found to have a misconception. The proportion of MSM who had misconception was marginally higher (between 24% and 29%) than the national average in states of Himachal Pradesh, Rajasthan, Odisha, Nagaland, Tripura, Maharashtra and Andhra Pradesh. Around one third or more MSM had some misconception in a few states such as Jharkhand, West Bengal, Assam, Goa, Karnataka and Puducherry. A higher proportion of MSM in all eastern and northeastern states had misconception (between 24% and 42%), when compared with the national average (Table 4.20).

4.8.3 Awareness of prevention methods

MSM, who reported hearing about HIV or AIDS, were asked about their knowledge of the four methods of HIV prevention. A vast majority of MSM reported knowledge about the four methods: having one uninfected sexual partner who has no other sexual partner (90%), by always using condom while engaging in sex (91%), by avoiding use of shared injection needles and syringe (88%), and by getting blood screened before getting transfusion (87%). Knowledge of each of the four methods of prevention was generally close to national average or higher in a majority of states. Fewer MSM in Jharkhand (71%), Assam (70%) and Nagaland (64%) had knowledge about having one only one uninfected partner as a prevention method. Similarly three fourths of MSM in Assam and Nagaland reported knowledge about always using condom during sex as a method of preventing HIV. Compared to other states, knowledge about sharing needle/ syringe as a prevention method was lower among MSM in Jharkhand (60%) and Assam (65%). Knowledge about getting blood tested before transfusion was lower among MSM in Himachal Pradesh, Assam, Gujarat, Chhattisgarh, Jharkhand and Nagaland, ranging between 62% and 77% (Table 4.20).

4.8.4 Comprehensive knowledge of HIV/AIDS prevention and transmission

Comprehensive knowledge was defined and calculated as (i) Knowing any two methods

of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), (ii) rejecting two most common local misconceptions about HIV transmission and (iii) being aware that a healthy-looking person can be infected with HIV. Close to one half of the MSM (46%) were found to have comprehensive knowledge about HIV/ AIDS. Comprehensive knowledge was relatively lower in the states of Himachal Pradesh (20%), Jharkhand (32%), all northeastern states (27% to 36%), Goa (39%), Andhra Pradesh (35%) and Puducherry (27%). In comparison comprehensive knowledge was higher than 50% in most of the states in the north and central regions. States with a relatively larger share of MSM having comprehensive knowledge about HIV/ AIDS were Chandigarh (65%), Uttar Pradesh (71%) and Odisha (60%) (Table 4.20).

Table 4.20: HIV/AIDS related knowledge, MSM National IBBS, India 2014-15

			Awaren tran	ess about ro smission* (utes of %)	Lad mic	Knowle	dge about me ('	ethods of Pre %)	evention*	Compre-
State	N	Heard of HIV/ AIDS	Un- protected Sex	Sharing infected needles	Through Infected blood trans- fusion	conception about trans- mission*# (%)	Having sex with one un-infected partner	Always use condoms during sex	Avoiding sharing injection needles	Getting blood thoroughly tested before trans- fusion	hensive Knowledge of HIV/ AIDS* (%)
North											
Chandigarh	398	99.8	99.6	99.8	99.0	13.6	95.4	97.0	96.1	95.7	64.7
Delhi	780	94.7	91.7	95.2	93.4	12.2	91.7	93.9	92.4	91.4	43.7
Haryana	1,548	98.8	96.3	96.3	95.5	21.2	89.9	95.9	92.6	91.4	53.3
Himachal Pradesh	287	90.6	85.6	89.5	84.5	28.8	86.1	93.1	91.7	76.5	19.8
Punjab	1,161	97.6	98.1	97.3	92.6	19.7	87.3	95.2	86.4	89.7	57.9
Rajasthan	956	89.6	96.3	90.5	94.0	24.6	93.1	93.0	87.3	89.5	53.2
Uttarakhand	785	95.3	97.4	93.9	93.6	18.3	86.7	87.2	82.9	81.8	53.4
Central											
Chhattisgarh	800	99.5	93.7	91.9	87.9	9.7	90.7	90.6	74.8	75.3	57.6
Madhya Pradesh	780	97.1	95.2	95.3	90.0	30.0	92.9	94.6	87.4	84.1	51.2
Uttar Pradesh	1,566	98.6	98.3	97.4	97.1	12.6	96.1	96.9	95.8	94.0	71.2
East											
Jharkhand	374	97.5	92.9	87.4	84.6	42.0	71.4	89.0	60.3	76.5	32.0
Odisha	796	95.9	98.7	95.2	94.7	24.3	89.8	92.8	87.3	92.6	59.5
West Bengal	1,037	95.7	91.9	89.3	87.9	30.8	84.3	90.2	84.5	84.9	42.1
Northeast											
Assam	791	96.9	92.1	75.6	76.9	37.8	69.9	74.6	64.5	62.4	27.1
Nagaland	400	100.0	96.2	96.9	99.0	27.4	64.0	75.8	79.7	73.7	30.5

			Awaren tran	ess about ro smission* (utes of (%)	Us durate	Knowle	evention*	Compre-		
State	N	Heard of HIV/ AIDS	Un- protected Sex	Sharing infected needles	Through Infected blood trans- fusion	conception about trans- mission*# (%)	Having sex with one un-infected partner	Always use condoms during sex	Avoiding sharing injection needles	Getting blood thoroughly tested before trans- fusion	hensive Knowledge of HIV/ AIDS* (%)
Tripura	279	95.0	98.6	98.0	92.4	28.3	96.4	98.0	90.6	84.5	36.2
West											
Goa	797	96.4	99.0	97.3	97.4	41.1	85.1	96.7	97.0	92.7	38.5
Gujarat	1,157	90.2	97.1	95.3	92.5	13.2	84.1	79.6	74.2	69.1	41.4
Maharashtra	2,075	96.0	98.1	97.2	96.8	26.4	90.7	91.2	89.4	88.6	49.1
South											
Andhra Pradesh	1,099	97.8	91.7	91.5	89.8	24.5	86.8	86.8	80.0	77.8	34.7
Karnataka	1,950	92.2	94.9	93.1	89.8	31.6	92.9	93.1	88.0	86.9	41.6
Kerala	1,046	92.9	97.5	93.1	93.2	17.3	89.1	90.0	87.5	88.1	50.5
Tamil Nadu	1,843	97.4	98.9	97.6	96.4	17.5	91.2	95.0	94.5	93.8	45.2
Puducherry	376	99.4	99.5	99.1	99.1	48.3	96.8	97.7	95.6	96.4	26.7
India	23,081	95.4	96.6	95.3	93.8	20.9	89.5	91.2	88.2	87.0	45.5

Table 4.20: HIV/AIDS related knowledge, MSM National IBBS, India 2014-15 (contd...)

*Among those who have heard of either HIV or AIDS; #misconception was defined as believing that HIV can be transmitted through mosquito bite or by sharing a meal with someone who is infected; ^ Comprehensive knowledge was defined and calculated as (i) Knowing any two methods of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), (ii) rejecting two most common local misconceptions about HIV transmission and (iii) being aware that a healthy-looking person can be infected with HIV

4.9 HIV Testing (Awareness & practices)

Core groups such as MSM at greater risk for HIV infection are recommended to get tested for HIV multiple times in a year. HIV testing can ensure that infected persons are referred for treatment and counseled on safe sexual practices to avoid transmission to their partners/ others. Improved knowledge about HIV and higher selfrisk perception can contribute to increase in voluntary HIV testing, making it an important indicator to be monitored by HIV prevention programme.

4.9.1 Awareness of Place of Testing

To help assess awareness about HIV testing all MSM, who had heard of either HIV/ or AIDS, were asked if they were aware of any places where one can get tested for HIV. Nearly all MSM (98%) reported that they were aware about places where HIV testing is available. More than 90% of MSM in all states were aware about places where HIV testing is available except for West Bengal (84%) (Table 4.21).

At the national level a majority of MSM were aware that HIV testing services was offered in Government hospitals (94%) while some MSM were aware about HIV testing in private clinics (25%) and through non-profit organizations (30%) working in HIV prevention. In all states, except Gujarat (80%), between 88% and 99% of MSM were aware that HIV testing was available in a government hospital (Table 4.21).

Knowledge about availability of HIV testing services in a private clinic ranged from 6% in Puducherry to 60% in Delhi. States where more than one third of MSM reported being aware of HIV testing at private clinics were Delhi, Rajasthan, Uttarakhand, Chhattisgarh, Jharkhand, Tripura, Maharashtra and Karnataka. Knowledge about availability of HIV testing at NGO clinic ranged between 9% in Odisha and 63% in Delhi & Uttarakhand. In the states of Rajasthan, Uttarakhand, Uttar Pradesh, West Bengal, Nagaland, Goa, Maharashtra, Andhra Pradesh and Karnataka more than one third of MSM were aware about HIV testing being available through NGOs (Table 4.21).

4.9.2 Ever tested for HIV

MSM in IBBS were asked if they had ever been tested for HIV and those who ever tested were asked if they had been tested for HIV in the last 12 months. More than three fourths of MSM (78%) at the national level reported that they ever tested for HIV. Among them almost all MSM (99%) reported testing in the last 12 months. States with considerably lower proportion of MSM who reported ever testing for HIV were found in the north and east, including Himachal Pradesh (49%), Rajasthan (44%), Jharkhand (32%), Assam (59%), Tripura (57%) and Kerala (57%). In most the of remaining states the proportion of MSM who ever tested comprised a larger proportion of the sample, ranging between 78% in Uttar Pradesh and 96% in Puducherry. In all states except West Bengal (90%), the proportion of MSM who had tested for HIV in the last 12 months comprised more than 95% of MSM who were ever tested for HIV (Table 4.21).

		Aware	Aware a availa	bout HIV test ability at^ (%	ing)	Among tho	r HIV (%)	ART			
State	N*	of place of HIV testing (%)	Govt. Hospital	Private Hospital	NGOs	Ever Tested for HIV	Tested for HIV/ AIDS in last 12 months	Voluntary Testing	Collected HIV Test Result	Aware of ART (%)	Aware of Place of ART ^s (%)
North											
Chandigarh	396	99.2	97.3	6.9	24.0	86.3	99.8	19.0	96.3	75.3	94.1
Delhi	733	99.3	96.6	59.7	63.3	80.7	99.9	38.2	94.7	44.8	99.5
Haryana	1,515	98.5	98.4	21.0	15.5	72.7	98.6	47.4	94.2	65.0	98.6
Himachal Pradesh	269	96.2	96.7	18.5	21.8	48.6	95.0	60.7	84.9	47.6	93.4
Punjab	1,124	98.5	96.4	28.0	24.3	73.7	99.8	33.7	91.7	50.4	99.2
Rajasthan	889	98.1	90.3	35.5	45.0	43.0	99.9	41.2	88.1	38.0	97.5
Uttarakhand	741	94.9	88.0	37.2	63.1	81.6	99.9	54.1	93.0	59.7	97.1

Table 4.21: Knowledge and Practices about HIV testing and ART, MSM National IBBS, India 2014-15

		Aware	Aware a availa	bout HIV test ability at^ (%	ing)	Among tho	r HIV (%)	ART			
State	N*	of place of HIV testing (%)	Govt. Hospital	Private Hospital	NGOs	Ever Tested for HIV	Tested for HIV/ AIDS in last 12 months	Voluntary Testing	Collected HIV Test Result	Aware of ART (%)	Aware of Place of ART ^s (%)
Central											
Chhattisgarh	798	99.1	99.3	58.2	28.3	72.2	99.4	44.2	87.1	53.3	98.8
Madhya Pradesh	757	98.7	95.9	27.4	15.3	67.1	99.8	43.2	80.9	32.6	99.1
Uttar Pradesh	1,540	99.8	96.9	15.1	35.2	78.2	99.6	46.3	92.1	54.4	99.7
East											
Jharkhand	363	92.1	98.8	35.4	13.1	31.8	100.0	45.8	90.7	24.6	95.6
Odisha	763	98.1	98.8	10.1	9.4	80.3	99.4	30.1	93.7	82.0	99.7
West Bengal	988	83.5	93.2	22.9	33.7	61.3	90.2	34.6	91.6	43.5	91.9
Northeast											
Assam	753	98.6	92.5	31.7	12.1	58.9	98.8	53.1	83.9	38.3	96.3
Nagaland	400	97.5	98.1	19.0	33.7	88.4	99.9	33.7	92.5	29.8	93.5
Tripura	265	95.2	98.1	34.2	18.0	57.1	97.4	46.0	79.5	43.9	92.3
West											
Goa	772	99.6	94.7	28.5	52.7	84.7	99.8	42.4	96.5	70.4	99.1
Gujarat	1,052	97.2	79.5	12.7	28.2	83.9	99.8	30.9	67.5	70.8	99.5
Maharashtra	1,962	99.2	90.7	33.4	57.9	88.2	99.1	42.4	94.9	70.5	99.5
South											
Andhra Pradesh	1,071	99.1	90.3	24.8	32.6	90.1	98.4	37.7	77.6	56.9	98.8
Karnataka	1,836	99.7	92.2	35.6	40.0	75.1	99.7	36.5	94.7	65.4	99.1
Kerala	957	95.5	94.4	20.6	16.2	57.4	96.8	68.9	94.6	30.5	95.7
Tamil Nadu	1,784	99.5	99.1	15.8	11.4	80.1	99.4	46.0	90.3	56.9	99.1
Puducherry	372	99.6	93.5	6.1	23.9	95.7	99.1	59.1	59.8	44.4	97.6
India	22,100	97.7	93.5	24.6	30.1	78.1	98.8	42.2	88.1	56.5	98.7

Table 4.21: Knowledge and Practices about HIV testing and ART, MSM National IBBS, India 2014-15 (contd...)

*N represents those who are aware of HIV or AIDS; ^Among those who are aware of HIV testing places, multiple response question; \$Among those who were aware of ART

4.9.3 Voluntary HIV Testing

MSM who had ever tested were asked if they went to get tested on their own or if they were referred by a health professional or NGO, at the last time when they got tested for HIV. About 42% of MSM at the national level reported voluntary testing. Voluntary testing was reported by a lower proportion of MSM (between 30% and 40%) in a number of states such as Delhi, Punjab, Odisha, West Bengal, Nagaland, Gujarat, Andhra Pradesh and Karnataka. In Chandigarh about 19% of MSM reported going voluntarily, lower than most other states. Whereas in states of Himachal Pradesh, Uttarakhand, Assam, Kerala and Puducherry voluntary testing was reported by higher proportion of MSM, ranging between 53% and 69% (Table 4.21).

4.9.4 Collection HIV test result

MSM, who were ever tested for HIV, were asked if they had collected the test result the last time when they got tested. Nearly 88% of MSM at the national level reported that they had collected the test result. The proportion of MSM who collected test result was lower than the national average in Puducherry (60%), Gujarat (68%), Andhra Pradesh (78%), Tripura (80%), Madhya Pradesh (81%), Assam (84%) and Himachal Pradesh (85%). In majority of other states more than 90% of MSM reported collecting the HIV test result (Table 4.21).

4.9.5 ART awareness

MSM who were aware about HIV were asked if they had ever heard about Anti-retroviral Therapy (ART) which can help an HIV infected person live longer. Over half of the MSM were aware about ART (57%). In states of Delhi, Himachal and Rajasthan in the north, Madhya Pradesh, Jharkhand, West Bengal, all northeastern states, and in Kerala and Puducherry, less than 50% of MSM were aware of ART. Among all states in the west, ART awareness was higher (70%). Other states with higher proportion (>60%) of MSM aware of ART were Haryana, Chandigarh, Odisha and Karnataka. The vast majority of MSM who were aware about ART reported that they knew about places where ART can be availed. Overall 99% of MSM reported this at the national level and across states awareness about where ART is available was high and ranged between 92% and 99% (Table 4.21).

4.10 Stigma and Discrimination

MSM as a group are often marginalized due to their same sex behaviors. They face considerable stigma and discrimination in society from family, employers, services providers and others. These conditions can act as a barrier for MSM to adopt safe sexual practices or to access services that they need. MSM in IBBS were asked if they were treated disrespectfully by family, friends or neighbors, because of being an MSM. Close to one fifth of MSM (17%) perceived that they were treated differently by those known to them due to their MSM status (Table 4.22).

In the states of Punjab (28%), Chandigarh (34%), Chhattisgarh (26%), Delhi (22%) Uttar Pradesh (31%), Andhra Pradesh (32%), Karnataka (21%) and Puducherry (22%) higher proportion of MSM felt that they were treated differently. Among all other states the proportion of MSM experiencing stigma from family, friends or neighbor's was less than or close to the national average (Table 4.22).

MSM were also asked whether they had felt that they were treated differently (with less care or attention) compared to others in health facilities, if their MSM status was known. About 13% of MSM across the country reported feeling stigmatized or discriminated in a health facility (Table 4.22). This proportion was higher in a number of states including Delhi (29%), Chhattisgarh (21%), Goa (19%), Gujarat (19%), Andhra Pradesh (23%), Karnataka (23%) and Puducherry (26%). Whereas in other states fewer MSM (less or close to national average) reported feeling stigmatized or discriminated in a health facility (Table 4.22).

Table 4.22: Stigma and Discrimination, MSM National IBBS, India 2014-15

State	N	General Stigma* (%)	Stigma at Health Facility^ (%)
North			
Chandigarh	398	34.0	10.1
Delhi	780	21.5	28.7
Haryana	1,548	19.6	12.0
Himachal Pradesh	287	18.5	14.4
Punjab	1,161	27.5	14.5
Rajasthan	956	9.5	13.0
Uttarakhand	785	15.4	13.3
Central			
Chhattisgarh	800	25.5	20.8
Madhya Pradesh	780	10.2	8.3
Uttar Pradesh	1,566	31.3	15.4
East			
Jharkhand	374	15.0	10.1
Odisha	796	18.6	15.7
West Bengal	1,037	17.8	14.8
Northeast			
Assam	791	11.4	10.3
Nagaland	400	8.7	4.5
Tripura	279	9.8	16.7
West			
Goa	797	19.9	19.3
Gujarat	1,157	17.6	18.6
Maharashtra	2,075	9.3	5.2

State	N	General Stigma* (%)	Stigma at Health Facility^ (%)		
South					
Andhra Pradesh	1,099	32.3	23.5		
Karnataka	1,950	20.6	23.2		
Kerala	1,046	17.5	10.4		
Tamil Nadu	1,843	12.9	6.7		
Puducherry	376	21.6	26.3		
India	23,081	16.5	12.9		

Table 4.22: Stigma and Discrimination, MSM National IBBS, India 2014-15 (contd...)

*General Stigma defined as : if MSM felt that they had been treated disrespectfully by their family, friends or neighbor because of being an MSM ^Includes those MSM who had felt that they were being treated differently (such as received less care, attention) than others in health facilities because of being an MSM

4.11 Programme Exposure

Since NACP III there has been an increasing focus on programming for the specific needs of MSM populations in India. A number of programme for MSM have been implemented which were aimed at raising HIV awareness through behavior change communication (BCC), provision of sexual health services including condom distribution, treatment of STI and voluntary HIV counseling and testing. To estimate the reach and coverage of such efforts, the IBBS included one section with a comprehensive set of guestions on exposure to HIV/ AIDS related services. MSM were asked about exposure to Information Education and Communication (IEC) through outreach services, receipt of condoms and lubricants from outreach, regular medical checkups, counseling and treatment for STIs, or referrals to STIs or HIV testing etc, in the last one year.

4.11.1 Exposure to any of HIV/AIDS related services in last 12 months

About 78% of MSM at the national level reported that they had received one or more HIV/ AIDS

services in the last 12 months. Among the states in the north and central regions of the country, such as Himachal Pradesh, Rajasthan and Madhya Pradesh, exposure was reported by lower proportion of MSM, ranging between 66% and 75%. In Jharkhand less than half of MSM (47%) reported receiving one or more HIV / AIDS services in the last 12 months. Among states in the south, about 70% of MSM in Tamil Nadu and Kerala reported any exposure compared to a higher proportion in Andhra Pradesh (88%) and Karnataka (81%). In the states of Chandigarh, Uttarakhand, Odisha, Nagaland, Goa, Maharashtra and Puducherry nearly 90% or more MSM reported being exposed to HIV/ AIDS services in the last year. In the remaining states exposure was similar to that of the national level (Table 4.23).

4.11.2 IEC Services

Exposure to information on STI/HIV/AIDS from a peer educator (PE) or an outreach worker (ORW) from the NGO/ Programme through outreach was reported by 71% of MSM at the national level. Across states exposure to IEC ranged between 31% in Jharkhand and 95% in Chandigarh. In the

states of Himachal Pradesh, Chhattisgarh and Kerala, exposure to IEC was lower than national average, ranging between 52% and 63%. In some other states such as Uttarakhand, Odisha, Nagaland, Goa, Maharashtra, Andhra Pradesh and Puducherry between 80% and 90% of MSM reported exposure to IEC services. In all other states, 64% to 78% of MSM had been exposed to BCC services (Table 4.23).

4.11.3 Condoms

About 69% of MSM nationally reported that they had received condoms from peer educators, as part of HIV prevention services in the last 12 months. Relatively lower proportion (65% or less) of MSM compared to the national average reported that they had received condoms in states of Delhi (65%), Himachal Pradesh (42%), Rajasthan (56%), Jharkhand (34%), Gujarat (63%), and Kerala (59%). Whereas, in states of Punjab, Chandigarh, Uttarakhand, Odisha, Nagaland, Goa, Maharashtra, Andhra Pradesh and Puducherry, between 77% and 92% of MSM had received condoms in the last 12 months. In remaining states this proportion was close to or equal to the national average (Table 4.23).

4.11.4 STI services

At the national level about 47% of MSM reported that they had received check-up and counseling for STI. In comparison with BCC or condoms, lower proportion of MSM had received STI services. STI services were reported by less than two fifths of MSM in Himachal Pradesh (23%), Rajasthan (28%), Chhattisgarh (39%), Madhya Pradesh (31%), Jharkhand (20%), Assam (23%), Kerala (40%) and Tamil Nadu (34%). A relatively higher proportion of MSM (more than 55%) had received STI checkup and counseling in Chandigarh, Haryana, Punjab, Uttarakhand, Nagaland, Goa, Maharashtra, Karnataka and Puducherry. In other states, the proportion of MSM who reported receiving check up and counseling for STIs ranged between 41% and 54% (Table 4.23).

4.11.5 Referrals

MSM were asked if they had been provided any referrals to other types of services such as STI clinic or to ICTC for HIV testing. Compared to IEC and Condoms, a lower proportion of MSM reported receiving referrals (39%) at the national level. Less than 30% of MSM had reported to receive referrals in Rajasthan, Chhattisgarh, Jharkhand, Assam, Kerala, Tamil Nadu and Puducherry. In many of the northern states, more than 48% of respondents reported that they had received referral services. Nagaland, Goa, Maharashtra and Karnataka were other states where a higher proportion of MSM, ranging between 53% and 68%, had received referral services (Table 4.23).

Exposure to any			Received t	he following 12 mor	HIV/AIDS serv oths (%)	vices in last	Among those who received any services in the last 12 months (%)			
State	N	to any HIV/AIDS services* (%)	IEC	Condom	Referral	STI/RTI	Contacted at least 2 times	Received at least 40 Condoms	Received RMC	
North										
Chandigarh	398	96.8	94.7	95.1	64.4	86.9	83.0	59.7	53.5	
Delhi	780	80.7	66.8	65.2	54.5	50.4	23.5	66.7	20.9	
Haryana	1,548	77.2	73.4	68.8	56.3	59.8	65.5	40.8	67.2	
Himachal Pradesh	287	73.5	56.9	42.4	33.8	22.9	50.2	26.1	32.3	
Punjab	1,161	82.7	78.3	77.1	56.2	67.8	65.3	51.1	52.2	
Rajasthan	956	66.2	52.4	55.6	27.2	28.2	40.4	37.9	48.9	
Uttarakhand	785	93.9	82.0	89.9	48.2	65.2	64.8	26.9	52.4	
Central										
Chhattisgarh	800	83.2	62.5	69.4	28.1	39.4	32.4	30.4	44.2	
Madhya Pradesh	780	74.5	63.6	65.6	38.0	31.3	81.9	13.9	40.1	
Uttar Pradesh	1,566	77.8	71.8	70.9	39.7	54.2	58.9	36.5	47.8	
East										
Jharkhand	374	47.2	30.8	33.9	14.5	19.6	72.4	7.2	50.6	
Odisha	796	90.1	81.8	77.9	38.3	53.8	54.1	39.0	56.6	
West Bengal	1,037	80.1	69.2	71.4	39.5	46.7	60.2	19.4	38.2	
Northeast										
Assam	791	87.0	74.4	68.7	16.0	23.1	38.2	51.4	33.3	
Nagaland	400	93.9	82.9	92.1	68.2	65.6	45.2	23.1	24.4	
Tripura	279	80.1	75.3	70.1	43.3	44.7	59.6	36.6	30.3	
West										
Goa	797	93.4	89.3	88.5	66.9	80.2	74.2	54.0	53.3	
Gujarat	1,157	78.0	68.3	62.7	43.2	43.6	55.7	41.2	50.0	
Maharashtra	2,075	90.4	82.6	77.7	60.4	68.3	60.8	52.3	71.4	

Table 4.23: Exposure to HIV/AIDS related services, MSM National IBBS, India 2014-15

	E		Received t	he following 12 mor	HIV/AIDS ser hths (%)	Among those who received any services in the last 12 months (%)			
State	N	to any HIV/AIDS services* (%)	IEC	Condom	Referral	STI/RTI	Contacted at least 2 times	Received at least 40 Condoms	Received RMC
South									
Andhra Pradesh	1,099	88.4	82.8	78.0	35.5	53.6	70.5	18.0	49.8
Karnataka	1,950	81.4	71.4	70.7	53.3	60.8	62.3	36.7	52.6
Kerala	1,046	70.3	62.3	59.3	19.5	39.7	37.8	60.3	39.7
Tamil Nadu	1,843	69.5	66.2	66.0	23.1	33.7	76.6	20.6	67.9
Puducherry	376	97.6	90.7	92.0	23.3	59.1	86.6	15.5	76.4
India	23,081	78.0	70.6	68.7	38.5	46.8	61.4	36.6	55.0

Table 4.23: Exposure to HIV/AIDS related services, MSM National IBBS, India 2014-15 (contd...)

*MSM were categorized as having received any HIV/ AIDS services from any NGO/programme/individual/group in the last 12 months if they reported that they had received one or more of the following services: IEC on STI/ HIV/AIDS, received condoms, received lubricants, seen condom demonstration, received checkups, counseling and free medicine for STI, visited drop-in-center, referred to other services, received free medicine for general health problems, received help and support for physical or sexual violence, and received help and support in case of experiences of trouble with law enforcement agencies

4.11.6 Contacts by Peer Educators

MSM who had received any services in the last one year were asked about the number of times a peer educator or outreach worker had contacted them in the last one month. Sixty one percent of MSM nationally reported that a peer / outreach worker had visited them twice in the last month. In Delhi (24%) and Chhattisgarh (32%) the proportion of MSM who had been visited twice in the last month was lower than all other states. In some other states such as Rajasthan, Assam, Nagaland and Kerala, less than half of MSM had been visited twice, ranging between 38% and 45%. States where relatively large proportion of MSM (70% to 87%) reported two visits by peer educators were Chandigarh, Madhya Pradesh, Jharkhand, Goa, Andhra Pradesh, Tamil Nadu and Puducherry. In all other states between 50% and 65% of MSM had been visited twice by peer educators in the last month (Table 4.23).

4.11.7 Received Condoms in the last month

All MSM who received any HIV related services were asked how many condoms they had received in the last month. Based on programme information, the minimum number of condoms required for an MSM in a month was calculated to be about 40 condoms. The reported number of condoms received by MSM from IBBS data was compared against this norm.

Overall 37% of MSM reported that they had received 40 condoms or more in the previous month (Table 4.22). In general, the proportion of MSM who received 40 or more condoms was lower than the proportion of MSM who had reported receiving any condoms (described earlier above) in all states. In many states the proportion of MSM who had received 40+ condoms was lower than proportion of MSM who had been visited twice by peer educators. In Madhya Pradesh, Jharkhand, West Bengal, Andhra Pradesh, Tamil Nadu and Puducherry less than or close to one fifth of MSM had received 40 or more condoms. Whereas in the states of Chandigarh, Delhi, Punjab, Assam, Goa, Maharashtra and Kerala, more than half of MSM had received 40 or more condoms. In all other states this proportion ranged from 25% to 40% (Table 4.23).

4.11.8 Received Regular Medical Check-up (RMC)

One of the critical aspects of the HIV prevention interventions is regular medical check-ups (RMC) for all the core risk groups. All risk group members are encouraged to get RMC every three months so that they can be screened for STIs/ RTIs and counseled.

In IBBS, all MSM, who received any HIV related services in 12 months preceding the survey, were asked if they had undergone an RMC in the last three months. Over half of the MSM (55%) reported getting a RMC in the last three months. Across states there were wide variations, ranging between 21% in Delhi and 76% in Puducherry. Among other states, Himachal Pradesh, all states in the central and north-eastern region, West Bengal and Kerala, a lower proportion of MSM (between 24% and 48%) had undergone RMC in the last three months. In all other states over half of the MSM had received RMC in the last three months (Table 4.23).

4.12 HIV Prevalence

India is known to have a concentrated HIV epidemic and MSM are one of the most affected core risk group. Given the risk behaviors practiced by MSM, data on the prevalence of HIV among this population is critical to programme to help prevent further transmission and control of HIV. HIV prevalence among MSM have been available through National Sentinel Surveillance in India. During NACP III the expansion of MSM sentinel sites was a key priority and the number of sites increased from 40 in 2007 to 93 across 23 states in 2010-11. However information on HIV prevalence among MSM has been available from limited geographic areas and information from many areas was not available. One of the critical aspects of the national efforts to control the spread of HIV is a strengthened surveillance, which can provide representative estimate of HIV prevalence in many more areas of the country. The IBBS provides this critical information for the first time and HIV prevalence data among MSM will be available from states and regions which are considered to have both low and high prevalence.

As explained in the methodology, the sampling unit in the IBBS was a domain and a total of 61 domains across 24 states (comprising of individual and composite districts) were included as part of sample for MSM group. While HIV was tested among all MSM sampled, the estimates of prevalence have been presented in an aggregated manner, combining multiple domains or states, such that a sample size with sufficient power (80%) was available, in order to provide a precise estimate of the HIV prevalence. Domains and states were grouped if they were contiguous and or if they belonged in a group having similar level of prevalence (low or high). The states thus grouped were presented in box below.

Box 4.1: State / State Groups for HIV Prevalence among MSM

State / State Groups	States
Group 1	Assam, Nagaland and Tripura
Group 2	West Bengal, Odisha and Jharkhand
Group 3	Uttar Pradesh and Uttarakhand
Group 4	Madhya Pradesh and Chhattisgarh
Group 5	Punjab, Himachal Pradesh and Chandigarh
Group 6	Delhi and Rajasthan
Group 7	Gujarat and Goa
Group 8	Tamil Nadu, Puducherry and Kerala
State	Haryana
State	Maharashtra
State	Karnataka
State	Andhra Pradesh

4.12.1 Prevalence of HIV by Region/ States

Prevalence of HIV among MSM in India was recorded to be 4.3% (95% CI: 3.7 - 5.1) (Table 4.24); by states HIV prevalence ranged between 1.7% (95% CI: 1.0-2.9) in Haryana and 10.1% (95% CI: 7.4 - 13.8) in Andhra Pradesh. Among the state groups, MSM in Gujarat and Goa recorded a combined prevalence of 6.8% (95% CI: 4.2-10.9) and among MSM in West Bengal, Odisha, Jharkhand the combined HIV prevalence was 6.7% (95% CI: 3.7-12.0). HIV prevalence in Maharashtra was (4.9%: 95% CI: 3.3-7.4), In Karnataka was 4.1% (95% CI: 2.9-5.8) and among the group of states in the south, Tamil Nadu, Puducherry, Kerala, the prevalence of HIV among MSM was 2.9% (95% CI: 2.1 - 4.0) (Table 4.24).

Table 4.24: HIV Prevalence by State/State Groups, MSM National IBBS, India 2014-15

State / State Groups	N	Positive	95% CI	
Group 1: Assam, Nagaland and Tripura	1,470	1.8	1.1 - 3.0	
Group 2: West Bengal, Odisha, Jharkhand	2,207	6.7	3.7 - 12.0	
Group 3: Uttar Pradesh and Uttarakhand:	2,351	2.9	1.9 - 4.5	
Group 4: Madhya Pradesh and Chhattisgarh	1,580	1.9	1.0 - 3.6	
Group 5: Punjab, Himachal Pradesh, Chandigarh	1,846	2.0	1.3 - 3.0	
Group 6: Delhi and Rajasthan	1,736	2.4	1.5 - 2.8	
Group 7: Gujarat and Goa	1,954	6.8	4.2 - 10.9	
Group 8: Tamil Nadu, Puducherry and Kerala	3,265	2.9	2.1 - 4.0	
Haryana	1,548	1.7	1.0 -2.9	
Maharashtra	2,075	4.9	3.3 - 7.4	
Andhra Pradesh	1,099	10.1	7.4 - 13.8	
Karnataka	1,950	4.1	2.9 - 5.8	
India	23,081	4.3	3.7 - 5.1	

State groups of Uttar Pradesh, Uttarakhand (2.9%; 95% CI: 1.9 - 4.5), Delhi, Rajasthan (2.4%; 95% CI: 1.5 - 2.8), Punjab, Himachal, Chandigarh (2.0%; 95% CI: 1.3 - 3.0), Assam, Nagaland, Tripura (1.8%; 95% CI: 1.1 - 3.0) and Madhya Pradesh, Chhattisgarh (1.9%; 95% CI: 1.0 - 3.6) were recorded to have lower HIV prevalence compared with other states.



Injecting Drug Users

Chapter 5 Injecting Drug Users

Injecting Drug Users (IDUs) are one of HRG population considered to be the drivers of concentrated HIV epidemic in India. Among the identified HRG in India, HIV Sentinel Surveillance (HSS) 2010-11 estimates HIV prevalence among IDU at 7.14%, in comparison to 2.67% among FSW and 4.43% among MSM. As epidemic continues to be concentrated, prevention through targeted interventions among IDU is core component of controlling HIV epidemic in India. These targeted interventions provide HRGs with the information, means and skills needed to prevent HIV transmission and improve their access to care, support and treatment services. These programme also focus on improving sexual and general health of high-risk population.

With an estimated population of 1.77 lakhs, IDUs are third largest HRG in India, after FSW (8.68 lakhs) & MSM (3.13 lakhs), covered under NACP. Specifically, IDUs interventions focuses on distribution of clean needles & syringes, abscess prevention & management, counseling, Opioid Substitution Therapy, linkages with detoxification/ rehabilitation services, referral to other services like ICTC, ART, social protection schemes, etc. Data generated from IBBS will provide significant contribution towards better understanding the patterns of risk and HIV prevalence and strengthening programming among this core group.

5.1 Sample size achieved and Response Rate

IDU in IBBS were operationally defined as Men, aged 15 years or more, who has used

any psychotropic (addictive/mind altering) substance or drug for recreational or nonmedical reasons through injections, at least once in the last 3 months. Bio-behavioural data collection for IDU group in National IBBS was implemented in 53 randomly selected domains across 29 states & UTs in India.

Table 5.1: Sample Size and Response Rate, IDU National IBBS, India 2014-15

State	No. of Domains	Sample Size	Response Rate			
North						
Delhi	2	790	93.4			
Haryana	4	1437	76.7			
Himachal Pradesh	1	403	79.5			
Jammu & Kashmir	1	359	84.1			
Punjab	3	1,087	85.7			
Rajasthan	1	273	69.0			
Uttarakhand	1	411	95.4			
Central						
Chhattisgarh	2	764	67.7			
Madhya Pradesh	3	1,175	91.2			
Uttar Pradesh	4	1,587	98.0			
East						
Jharkhand	1	393	95.0			
Odisha	1	391	96.8			
West Bengal	2	596	86.5			
Bihar	1	288	81.5			

State	No. of Domains	Sample Size	Response Rate			
Northeast						
Arunachal Pradesh	1	397	88.6			
Assam	2	805	95.5			
Manipur	4	1,594	96.3			
Meghalaya	1	396	92.1			
Mizoram	3	1,084	93.4			
Nagaland	3	1,198	98.0			
Tripura	1	286	92.9			
Sikkim	1	385	95.3			
West						
Goa	1	380	92.2			
Gujarat	1	394	97.1			
Maharashtra	1	383	96.7			
South						
Andhra Pradesh	2	768	95.2			
Karnataka	1	364	89.2			
Kerala	3	1,113	92.0			
India	53	19,902	89.6			

Table 5.1: Sample Size and Response Rate, IDU National IBBS, India 2014-15 (contd...)

Response rate among IDUs ranged between 68% in Chhattisgarh and 98% in Nagaland. In a majority of the states in the north east, west and south, response rate among IDUs was close to or higher than 90%. Among the northern states, response rate was higher than 90% in Delhi and Uttarakhand, but it was lower among IDUs (between 69% and 86%) in all other states.

5.2 Respondent characteristics

HIV related risk and behaviors are known to vary by the socio-demographic characteristics

of the risk group, including factors such as age, marital status etc. Accordingly, HIV prevention programme can benefit from deeper understanding of the variations in the characteristics of IDU across different geographies of the country, so that appropriate strategies, programming, and policies can be developed. Further, understanding the characteristics of the surveyed population can help with interpretation of other findings from the IBBS, such as which sub-groups are represented more or less and therefore the relevance of the findings.

This section presents the key characteristics of IDU surveyed in IBBS, including age, literacy, marital status, living status and primary occupation of the IDU surveyed.

5.2.1 Age Profile

As described earlier, participants had to be at least 15 years of age to be eligible for recruitment in IBBS. Accordingly, information on age of IDU was collected from all respondents and during analysis was considered as a primary variable to define a sample as a valid one. Table 5.2 presents the computed median age as well as percentage distribution by age categories.

The median age of respondents was 30 years nationally and ranged between 24 and 35 years across different states (Table 5.2). States with high median age (35 years) among IDU were Gujarat and Uttar Pradesh. Median age of IDU was lower in north eastern states of Sikkim (24), Arunachal Pradesh (25), and Mizoram (25), and followed by states such as Punjab (26), Chhattisgarh (26) and Karnataka (27).

Overall around half (47%) of the IDUs surveyed were between ages 25 to 34 years followed by those who were 35 to 44 years group (23%). Around one-fifth (21%) of respondents were

between the age groups 18 to 24 years while those over 45 years represented a smaller proportion (8%) of the overall sample. IDUs between the ages 15 and 17 years comprised less than one percent of the total sample.

In most of the states, the pattern of age distribution was similar to that observed at national level. In a majority of states, less than one percent of IDU were between the 15 to 17 year age group, except for Bihar, Meghalaya, Rajasthan and Uttar Pradesh (1.3% and 2.4%). In four of the north-eastern states (Arunachal Pradesh, Meghalaya, Mizoram and Sikkim), more than one third of the respondents were between 18 and 24 years. Goa, Himachal Pradesh, Punjab, Odisha and Karnataka were other states where one third or more respondents were between the ages of 18 and 24 years. Whereas in the state of Gujarat, more than 40% of the recruited IDUs

were older than 35 years. In general a larger proportion of IDUs in more of the north-eastern states were younger (between 15 and 34 years), whereas in states of the other regions a higher proportion of IDUs were older than 34 years.

5.2.2 Literacy

IBBS enquired about the literacy status of all respondents. Literacy was defined as being able to read and write. Nationally the proportion of literate IDUs was higher and comprised over four-fifth of the sample (84%) (Table 5.2). Similarly across a majority of the states literate IDUs represented a larger proportion of the sample, except in the states of Delhi, Rajasthan, Madhya Pradesh, Uttar Pradesh, Bihar, Andhra Pradesh and Karnataka where a lower proportion of IDUs were literate (between 58% and 75%).

Age Literacy State Proportional Distribution (%) in age group Ν Median Literate (%)* Age 15-17 18-24 25-34 35-44 45+ North Chandigarh 26.7 401 30 0.0 9.7 55.2 8.4 86.4 Delhi 790 33 0.0 14.6 37.6 32.0 15.7 71.2 Haryana 1,437 29 0.1 22.7 47.0 22.2 8.0 86.3 Himachal Pradesh 403 27 0.0 34.0 41.7 20.6 3.7 92.3 Jammu & Kashmir 30 0.0 16.0 17.5 17.1 79.7 359 49.4 Punjab 26 0.4 33.9 12.5 79.8 1.087 47.8 5.4 Rajasthan 273 34 1.3 11.1 38.0 34.0 15.6 59.4 Uttarakhand 411 30 0.0 16.2 54.8 24.7 4.3 82.8 Central Chhattisgarh 764 26 0.0 32.0 55.5 10.6 1.9 94.1 Madhya Pradesh 1,175 28 0.8 29.4 42.9 16.5 10.4 66.5

Table 5.2: Respondent Age and Literacy, IDU National IBBS, India 2014-15

	N	Age				Literacy		
State		Median Age	Proportional Distribution (%) in age group					
			15-17	18-24	25-34	35-44	45+	Literate (%)*
Uttar Pradesh	1,587	35	1.5	10.5	36.0	36.7	15.4	58.2
East								
Bihar	288	28	2.4	32.1	40.8	14.1	10.5	74.8
Jharkhand	393	28	0.7	30.5	40.2	18.9	9.6	91.0
Odisha	391	27	0.2	33.2	42.8	21.0	2.7	82.0
West Bengal	596	30	0.0	27.8	38.9	19.6	13.7	76.0
Northeast								
Arunachal Pradesh	397	25	0.1	42.6	56.1	1.3	0.0	99.1
Assam	805	28	0.2	25.3	60.0	12.0	2.4	95.5
Manipur	1,594	32	0.4	13.7	46.2	32.0	7.7	93.2
Meghalaya	396	26	1.5	33.0	59.1	5.8	0.5	87.7
Mizoram	1,084	25	1.2	34.2	57.7	6.7	0.2	100.0
Nagaland	1,198	30	0.1	21.9	52.0	23.0	3.0	92.1
Sikkim	385	24	0.7	49.7	40.3	7.1	2.2	96.3
Tripura	286	28	0.2	23.4	56.6	19.6	0.2	91.9
West								
Goa	380	28	0.0	32.4	43.5	14.0	10.1	84.3
Gujarat	394	35	0.0	6.8	41.1	42.1	10.0	82.4
Maharashtra	383	31	0.0	13.2	51.1	28.9	6.8	91.2
South								
Andhra Pradesh	768	30	0.0	11.5	66.1	19.6	2.8	73.1
Karnataka	364	27	0.4	38.7	43.6	14.8	2.6	67.1
Kerala	1,113	31	0.1	16.6	44.7	24.6	13.9	96.0
India	19,902	30	0.4	21.4	46.5	23.4	8.2	84.2

Table 5.2: Respondent Age and Literacy, IDU National IBBS, India 2014-15 (contd...)

*Defined as those who reported that they can read and write

5.2.3 Marital status

All respondents were asked about their marital status. Married IDUs are an important sub-group due to potential for spousal transmission of HIV. Nationally, 43% of IDUs reported that they were currently married and a larger proportion of forty eighty percent were unmarried (Table 5.3). There was considerable variation across states in the distribution of marital status. In the north east, a larger proportion of IDUs were unmarried, ranging between 50% and 77%, in all states except Manipur and Tripura. Whereas married IDUs comprised a larger proportion (more than 50% and less than 73%) in all states except Delhi, Himachal Pradesh and Punjab where less than two fifth of IDUs were married. In Odisha about two third of IDUs reported that they were unmarried and two third or more of IDU in the eastern state of Bihar were married at the time of survey. In general the proportion of unmarried IDUs represented less than one half of the sample in most of the states of the north, central and southern states.

In comparison to the national average, other states/UTs with somewhat higher proportion of currently married IDU were Chandigarh, Haryana, Rajasthan, Uttrakhand and Jammu & Kashmir in north, Chhattisgarh, Madhya Pradesh & Uttar Pradesh in the center, Jharkhand in east, Tripura in the northeast, Maharashtra in the west and Andhra Pradesh & Kerala in the south. Nationally, about 8% of IDUs reported that they were widowed / divorced or separated. However, in the states of Delhi, Goa, Gujarat and Mizoram, between 18% and 35% of respondents reported that they were widowed, divorced, or separated.

5.2.4 Living Status

All IDUs recruited in IBBS were asked about their current living arrangements, to understand the

patterns of with whom they lived with. Being a marginalized and stigmatized group, the living arrangements can contribute to the vulnerability of IDUs and was therefore examined. One third of the respondents at the national level reported that they were living with their spouses while another one half of IDUs reported that they were living with family/relatives (without sexual partner) (Table 5.3). Nationally 10% of respondents reported they were living alone.

Similar patterns were observed across all the states; about 75% or more of respondents living with either family/relative or spouses except for Delhi, Jammu & Kashmir, Uttar Pradesh, Sikkim, Goa, Gujarat, Maharashtra and Andhra Pradesh (Table 5.3). Slightly more than half of the respondents in Delhi and around 46% in Gujarat reported living alone in contrast with the national average of 10%. Uttar Pradesh (22%), Madhya Pradesh (22%), Goa (22%), Maharashtra (20%) and Andhra Pradesh (16%) were other states where a sizeable proportion of respondents reported living alone.
State		Marita Dis	l status (Prop stribution in S	ortional %)*	Living S	tatus (Proportiona	l Distributi	on in %)*
State	N	Never married	Currently married	Widowed / Divorced/ Separated	Living Alone	With family/ relatives without sexual partner	With spouse	With Others^
North								
Chandigarh	401	33.6	59.1	7.0	11.5	34.6	51.1	2.9
Delhi	790	44.3	31.6	24.0	52.5	9.0	19.4	19.1
Haryana	1,437	29.4	64.4	5.8	4.8	28.5	59.5	7.1
Himachal Pradesh	403	37.4	42.8	2.5	7.8	45.7	28.7	17.8
Jammu & Kashmir	359	35.8	56.9	3.2	18.3	38.1	31.8	11.8
Punjab	1,087	52.1	45.2	1.6	4.7	54.9	34.2	6.2
Rajasthan	273	31.2	65.7	3.1	8.3	22.2	61.6	7.9
Uttarakhand	411	24.1	73.4	2.5	5.0	20.5	59.3	15.0
Central								
Chhattisgarh	764	42.9	54.8	1.3	4.6	54.9	36.7	3.8
Madhya Pradesh	1,175	44.8	52.2	2.7	7.8	51.0	37.1	3.9
Uttar Pradesh	1,587	35.7	53.2	10.2	22.3	25.4	46.1	6.1
East								
Bihar	288	34.0	65.2	0.8	6.3	29.7	59.3	4.7
Jharkhand	393	46.4	53.0	0.4	2.1	45.4	49.0	3.5
Odisha	391	63.9	35.9	0.2	6.2	65.8	26.6	1.4
West Bengal	596	51.4	43.3	5.3	12.2	53.1	30.0	4.8
Northeast								
Arunachal Pradesh	397	69.7	25.2	5.1	9.8	57.2	22.1	10.7
Assam	805	61.9	36.8	1.3	6.4	61.9	29.7	2.0
Manipur	1,594	49.2	41.3	8.5	2.0	61.7	29.3	7.1
Meghalaya	396	76.6	17.5	5.8	11.6	66.8	12.6	9.1
Mizoram	1,084	64.6	17.5	17.5	2.4	84.9	12.3	0.4
Nagaland	1,198	52.4	40.7	4.8	4.7	59.9	34.3	1.0
Sikkim	385	71.8	23.3	4.9	11.9	59.8	8.4	19.9

Table 5.3: Marital Status and Living arrangement, IDU National IBBS, India 2014-15

		Marital Dis	l status (Prop stribution in 9	ortional %)*	Living S	tatus (Proportiona	l Distributi	on in %)*
State	N	Never married	Currently married	Widowed / Divorced/ Separated	Living Alone	With family/ relatives without sexual partner	With spouse	With Others^
Tripura	286	34.1	60.0	5.9	4.7	33.2	60.4	1.6
West								
Goa	380	57.5	24.2	18.3	21.9	28.6	21.1	28.3
Gujarat	394	38.6	26.3	34.8	46.1	31.0	14.6	8.2
Maharashtra	383	38.4	59.5	2.1	20.2	17.8	47.1	14.9
South								
Andhra Pradesh	768	39.1	55.1	5.5	16.3	23.2	49.2	11.3
Karnataka	364	49.3	50.2	0.4	3.8	34.3	52.4	9.5
Kerala	1,113	43.3	49.2	7.0	10.2	44.7	42.2	2.9
India	19,902	48.3	43.2	7.8	10.4	50.0	33.4	6.2

Table 5.3: Marital Status and Living arrangement, IDU National IBBS, India 2014-15 (contd...)

*Total may not add up 100% due to missing/other response; ^ Others include those living with friends or sexual partner other than spouse

5.2.5 Occupation

IBBS enquired about the main occupation of the IDUs as understanding of the occupation provides the closest proxy to the economic situation of the IDU being surveyed. Close to one fifth of IDUS (19%) reported that they were unemployed and four-fifth (39%) were labourers (agricultural/non-agricultural including daily wage labourers). Nearly 10% of IDU were engaged in petty business/ small shop while another 12% were engaged in other income generation activities including those of service, large business, hotel staff, drug dealers, petty crimes etc. Four percent of the respondents reported to be students (Table 5.4).

In most of the states, the pattern of occupation was similar as the national level. In most of the states a majority of IDUs reported that they were labourers, except in the eastern state of Jharkhand, north-eastern state of Arunachal Pradesh, Assam, Mizoram, Nagaland, Sikkim and Western state of Goa. In Jharkhand, close to one third of respondents reported "Other" as main occupations including 16% reported some type of service. Goa was another state where one third of respondents reported "Other" as their main occupation. In the north-eastern states of Arunachal Pradesh, Mizoram, Nagaland and Sikkim, between one third and one half of the respondents were unemployed, higher than any other states. In Arunachal Pradesh, more than one fourth (29%) of the IDUs reported they were students. Meghalaya and Sikkim were other states where between 14% and 15% of the IDUs were students. In Delhi, more than one fifth (21%) of respondents reported that they were engaged in scrap or garbage collection. Uttar Pradesh (17%) and Gujarat (12%) were other states where more than 10% of the respondents reported that they were engaged in scrap/ garbage collection (Table 5.4).

			(Occupation Ca	itegory (Pro	portional Dist	ribution in %	»)	
State	N	Un- employed	Student	Labourer	Skilled/ Semi- skilled worker	Petty business/ Small shop	Transport Worker	Scrap or garbage collection	Others**
North									
Chandigarh	401	16.7	0.7	30.9	9.5	12.1	7.9	6.3	15.9
Delhi	790	15.0	0.8	46.3	1.9	3.5	4.7	20.8	5.1
Haryana	1,437	8.7	4.5	47.2	6.9	13.2	4.6	2.4	12.5
Himachal Pradesh	403	10.4	9.6	35.9	4.8	11.0	8.9	0.2	19.2
Jammu & Kashmir	359	16.5	1.9	35.0	1.7	21.0	10.9	0.8	11.5
Punjab	1,087	10.5	5.4	56.0	4.4	11.9	2.5	1.4	8.0
Rajasthan	273	2.3	0.0	59.5	12.9	13.7	0.0	7.1	4.5
Uttarakhand	411	10.1	3.5	38.8	5.2	23.8	2.5	5.2	11.0
Central									
Chhattisgarh	764	12.6	2.5	38.8	8.1	14.0	8.7	0.5	14.6
Madhya Pradesh	1,175	11.3	1.8	42.4	7.3	15.5	7.1	2.5	12.1
Uttar Pradesh	1,587	7.5	0.7	42.4	5.9	8.3	5.8	17.2	12.3
East									
Bihar	288	2.7	5.6	40.7	8.0	15.6	3.1	2.7	21.3
Jharkhand	393	3.2	2.8	11.9	17.8	17.2	7.3	4.6	35.0
Odisha	391	18.2	1.4	27.8	13.5	19.2	2.9	0.0	17.1
West Bengal	596	15.9	3.4	28.2	7.7	10.0	11.2	6.9	16.4
Northeast									
Arunachal Pradesh	397	41.2	28.8	3.8	1.7	12.3	7.8	0.0	4.3
Assam	805	10.2	9.0	24.3	1.3	29.2	12.7	0.0	13.2
Manipur	1,594	21.5	5.3	40.6	10.4	8.1	2.5	0.3	11.4
Meghalaya	396	20.6	15.0	24.4	1.9	8.7	8.1	0.1	19.8
Mizoram	1,084	48.2	6.7	29.2	2.0	4.3	4.3	0.0	5.3
Nagaland	1,198	39.7	2.8	32.3	1.2	10.8	2.8	0.0	10.3
Sikkim	385	34.3	13.7	12.5	4.1	4.2	2.2	0.0	29.0
Tripura	286	19.1	4.7	67.5	0.3	5.8	0.7	0.0	1.9

Table 5.4: Main Occupation of Respondents, IDU National IBBS, India 2014-15

				Occupation Ca	tegory (Pro	portional Dist	ribution in %	b)	
State	N	Un- employed	Student	Labourer	Skilled/ Semi- skilled worker	Petty business/ Small shop	Transport Worker	Scrap or garbage collection	Others**
West									
Goa	380	18.4	9.6	12.2	6.0	12.5	1.7	4.5	33.7
Gujarat	394	28.4	0.0	32.8	9.4	3.8	1.6	12.1	11.6
Maharashtra	383	13.8	0.1	45.7	9.1	13.9	2.1	8.2	7.1
South									
Andhra Pradesh	768	5.9	2.0	35.5	5.4	7.6	5.9	4.2	32.8
Karnataka	364	13.1	3.8	49.6	3.6	12.1	3.1	0.0	14.7
Kerala	1,113	5.9	6.8	43.0	13.5	11.2	2.4	1.1	15.9
India	19,902	18.7	4.4	38.8	6.5	10.4	4.8	4.2	12.0

Table 5.4: Main Occupation of Respondents, IDU National IBBS, India 2014-15 (contd...)

*Total may not add up 100% due to missing/no answer; **Others include those engaged in other income generation activities including those of service, large business, hotel staff, drug dealers and petty crimes

5.3 Drug Use Practices

IBBS enquired about the injecting and sharing practices among respondents in order to provide a deeper understanding of transmission risk among IDU. Areas of enquiry included various aspects of injecting and sharing practices such as initiation of drug use, types of drugs used, volume of injection, needle/syringe sharing as well as needle/ syringe disposal practices. Understanding such practices are important for strengthening the prevention interventions among the IDU group. In this section we present the findings related to injecting drugs and sharing practices among IDUs.

5.3.1 Age at initiation of drug use

Nationally the median age at initiation of drug use among IDU was 19 years. Over one fourth (29%) of IDUs reported first drug use before the age of 18 years while another two fifth (38%) started their first drug use between 18 to 21 years (Table 5.5). Nationally, around 6% of IDU reported that they had their first drug use experience by 14 years of age. There were considerable state-wise variations in initiation of drug use. In Jharkhand more than one fourth (27%) of IDUs reported debut into drug use before 15 years of age. Other states were more than 10% of IDUs had initiated drug use before 15 years of age were Punjab, Madhya Pradesh, Bihar, Odisha, West Bengal, Mizoram, Tripura and Maharashtra (Table 5.5). While nationally 29% of respondents had their drug use debut before 18 years, there were many states where at least one third of respondents had their debut by 18 years. Nearly two third of respondents in Jharkhand, one half in Mizoram, close to two fifths in Punjab, West Bengal and close to one third in Himachal Pradesh, Uttarakhand, Madhya Pradesh, Uttar Pradesh & Kerala reported debut into drug use before attaining 18 years of age (Table 5.5).

			Age at	initiatio	on of drug	g use		First Form of Drug Use (Proportional Distribution				
State	N		Pro	portiona	al Distrib	oution (%)*			%)*		
		Median	<=14	15-17	18-21	22-24	25+	Oral	Smoking	Sniffing/ Chasing	Injecting	Others
North												
Chandigarh	401	19.0	5.7	28.6	39.6	12.9	13.0	32.4	38.9	9.4	19.3	0.0
Delhi	790	19.0	3.6	26.7	40.2	9.4	13.1	15.6	51.4	21.2	10.7	1.2
Haryana	1,437	20.0	2.3	18.2	43.3	10.7	19.3	28.7	27.2	9.3	34.3	0.2
Himachal Pradesh	403	19.0	2.9	25.1	41.7	13.3	16.9	35.7	25.1	10.2	28.6	0.0
Jammu & Kashmir	359	19.0	3.5	18.0	47.2	7.5	9.5	28.0	44.2	4.1	22.8	0.9
Punjab	1,087	18.0	5.1	28.3	44.1	8.5	11.1	28.3	28.1	17.0	25.7	0.8
Rajasthan	273	18.0	14.6	27.0	32.8	3.8	21.9	29.4	40.1	9.9	18.1	2.5
Uttarakhand	411	23.0	1.5	8.2	28.1	15.6	45.3	4.0	5.3	2.5	88.2	0.0
Central												
Chhattisgarh	764	20.0	3.1	14.5	42.7	16.0	22.1	5.1	19.2	5.5	69.4	0.5
Madhya Pradesh	1,175	19.0	12.3	20.6	31.2	8.6	21.2	22.9	12.0	25.3	39.6	0.2
Uttar Pradesh	1,587	20.0	8.3	22.8	33.9	10.6	18.9	40.1	34.2	17.5	8.0	0.1
East												
Jharkhand	393	16.0	27.1	36.0	28.9	2.8	4.4	32.9	30.5	16.4	20.1	0.0
Odisha	391	19.0	2.5	15.5	48.0	13.8	13.6	17.4	5.9	2.8	68.3	5.5
West Bengal	596	18.0	11.2	33.5	30.8	9.0	12.3	24.3	36.4	18.8	16.2	4.3
Bihar	288	18.0	11.8	19.1	47.6	5.8	15.5	15.2	22.0	23.8	38.7	0.3
Northeast												
Arunachal Pradesh	397	19.0	0.6	19.6	42.4	2.0	2.0	30.3	20.7	8.4	39.4	0.7
Assam	805	20.0	1.8	17.3	52.4	16.8	7.9	32.7	37.9	9.2	20.2	0.0
Manipur	1,594	21.0	2.9	17.0	33.5	16.4	28.5	44.2	13.8	19.1	22.3	0.6
Meghalaya	396	19.0	1.3	17.5	45.3	10.9	5.7	11.3	7.3	74.6	5.7	1.1
Mizoram	1,084	17.0	12.5	42.7	31.7	7.5	4.7	52.8	4.4	12.4	30.0	0.3
Nagaland	1,198	19.0	2.7	19.6	50.5	11.8	12.0	70.9	7.2	4.6	17.3	0.0
Tripura	286	19.0	4.6	17.3	51.2	12.7	7.7	43.1	0.9	0.4	55.1	0.3

Table 5.5: Age at first drug use and form of drug at first drug use, IDU National IBBS, India 2014-15

			Age at	initiatio	on of drug	j use		First	Form of Dru	ıg Use (Prop	ortional Dist	tribution
State	N		Pro	oportiona	al Distrib	ution (%)*			%)*		
		Median	<=14	15-17	18-21	22-24	25+	Oral	Smoking	Sniffing/ Chasing	Injecting	Others
Sikkim	385	18.0	12.4	34.9	43.7	6.4	1.3	46.3	45.9	3.0	4.8	0.0
West												
Goa	380	19.0	2.8	14.4	33.5	5.0	13.1	10.0	58.3	23.0	7.6	1.0
Gujarat	394	20.0	3.6	6.5	34.8	8.0	18.2	6.7	14.6	24.5	53.3	1.0
Maharashtra	383	18.0	14.9	23.3	36.9	9.4	6.4	15.4	30.2	47.5	5.6	1.1
South												
Andhra Pradesh	768	22.0	6.0	14.9	26.6	17.0	32.8	12.3	52.3	2.1	31.9	1.3
Karnataka	364	20.0	0.1	16.7	47.9	26.6	7.4	6.7	9.7	15.8	67.7	0.0
Kerala	1,113	18.0	8.0	24.8	38.6	10.0	6.5	15.0	65.4	6.8	12.6	0.3
India	19,902	19.0	5.9	22.9	38.1	11.8	16.7	35.1	25.7	15.6	22.8	0.8

Table 5.5: Age at first drug use and form of drug at first drug use, IDU National IBBS, India 2014-15 (contd...)

*Total may not add up 100% due to missing/don't remember/no answer

5.3.2 Form of drug at first use

Nationally, close to three fourth (71%) of IDUs started drug use by means of non-injecting forms of drug use; more than half (61%) reported to start with oral drug use or smoking form while another 16% started with sniffing/chasing. In contrast, nearly one fourth (23%) reported that their drug use debut was through injecting method (Table 5.5).

To a large extent a similar pattern was observed across all states with the majority of the respondents reporting drug use debut through oral or smoking form. The exceptions were Uttarakhand (88%), Chhattisgarh (69%), Odisha (68%), Tripura (55%), Gujarat (53%) and Karnataka (68%), where more than one half of the respondents reported that their drug debut was via injecting method. Haryana (34%), Madhya Pradesh (40%), Bihar (38%) and Arunachal Pradesh (39%) were other states where a predominant proportion of IDUs reported injecting drug use at drug use debut. In Meghalaya (75%) and Maharashtra (48%), sniffing/chasing was reported by a predominant proportion of respondents as form of drug use at the time of debut into drug use (Table 5.5).

5.3.3 Age at initiation and duration of engagement in injecting drug use

While median age of drug use debut was 19 years nationally, same for debut for injecting drug use was 22 years (Table 5.6). Less than 2% of IDUs reported initiating injecting drug use before age of 15 years. While one tenth of respondents reported initiating injecting drug between 15-17 years, another 34% reported that they had initiated injecting drug use between ages 18-21 years. The remaining respondents (over one half) reported that they had initiated injecting drug after the age of 22 years (Table 5.6). Most of the states had similar pattern of age at initiation of injecting drug use, with IDUs in the 18-21 years age group being the predominant age for initiation into injecting drug use. Notable exceptions included Haryana, Rajasthan, Uttarakhand, Chandigarh, Madhya Pradesh, Uttar Pradesh, Manipur and Andhra Pradesh where 25+ years age group was predominant age group for initiation of injecting drug use practices (Table 5.6).

While nationally 12% of respondents initiated injecting drug by 17 years, there were certain state where 21-30% of respondents reported initiation of injecting drug practices before age of 18 years. In Jharkhand, Mizoram & Maharashtra, more than one fourth of respondents reported to initiate injecting drug before 18 years of age. Madhya Pradesh and West Bengal were the other states where around one fifth of respondents reported that they had initiated injecting drug before age of 18 years.

Duration of engagement in injecting behavior among respondents was calculated based on reported age of respondent at the time of survey and age at initiation of injecting drug. Median duration of engagement in injecting behavior was six years at the national level. Accordingly, by distribution of duration of injecting behaviors, more than 60% of respondents had been injecting for more than five years. About nine percent of respondents were new injecting drug users at the national level. State-wise, Delhi, Rajasthan, Chandigarh, Jammu & Kashmir, Jharkhand, Tripura, Gujarat, Maharashtra and Kerala had a higher proportion of IDUs (more than 60%) who had engaged in injecting drug use for more than five years and the median duration of injecting behavior in these states was 8 years or higher.

		Ag	je at initi	iation of	injecting	drug use		Dura	tion of Inj	ecting Drug	g Behavio	ur
State	N	Madtau	Pr	oportion	al Distrib	ution (%)*	Madlau	Propor	tional Dist	ribution	(%)*
		Median	<=14	15-17	18-21	22-24	25+	Median	<=1	2-4	5-9	10+
North												
Chandigarh	401	23.0	0.0	5.3	31.1	24.9	38.7	8.0	5.2	13.9	40.4	40.3
Delhi	790	21.0	1.1	11.0	33.6	11.8	32.3	10.0	4.7	13.7	25.3	45.9
Haryana	1,437	22.0	0.4	6.3	33.2	20.1	34.7	5.0	13.8	28.8	28.4	23.3
Himachal Pradesh	403	21.0	1.5	11.6	38.4	22.9	24.4	5.0	11.0	33.7	28.6	25.4
Jammu & Kashmir	359	22.0	1.8	6.9	31.4	21.3	20.7	8.0	1.1	15.9	29.6	35.5
Punjab	1,087	20.0	1.9	12.7	44.0	17.7	20.1	5.0	11.5	30.7	32.1	22.1
Rajasthan	273	22.0	2.2	12.7	29.4	12.7	42.9	9.0	3.3	14.2	37.4	45.1
Uttarakhand	411	24.0	1.2	7.7	23.9	17.8	48.2	6.0	4.1	29.1	44.4	20.8
Central												
Chhattisgarh	764	21.0	1.5	9.8	40.7	19.8	26.7	5.0	12.2	30.5	38.2	17.7

Table 5.6: Initiation and Duration of Injecting Drug Use, IDU National IBBS, India 2014-15

		Ag	e at initi	ation of	injecting	drug use		Duration of Injecting Drug Behaviour				ur
State	N	Madlau	Pr	oportion	al Distrib	ution (%)*	M - 11	Propor	tional Dist	ribution	(%)*
		Median	<=14	15-17	18-21	22-24	25+	Median	<=1	2-4	5-9	10+
Madhya Pradesh	1,175	21.0	8.2	11.8	29.3	10.8	33.5	6.0	9.0	25.5	29.9	28.9
Uttar Pradesh	1,587	25.0	1.6	5.9	19.8	14.3	53.6	7.0	4.9	22.5	33.9	33.7
East												
Bihar	288	19.0	2.6	13.6	47.4	9.9	26.3	5.0	10.3	27.7	30.3	31.5
Jharkhand	393	19.0	2.8	26.8	45.0	9.9	15.0	8.0	2.3	25.4	26.2	45.7
Odisha	391	20.0	2.6	13.4	48.1	16.6	18.8	6.0	5.9	30.1	36.9	26.4
West Bengal	596	20.0	2.6	18.6	34.4	14.9	27.5	7.0	8.4	26.1	24.7	38.6
Northeast												
Arunachal Pradesh	397	19.0	0.0	4.3	64.9	4.1	1.6	6.0	3.3	23.3	28.9	18.8
Assam	805	22.0	1.1	4.2	37.6	31.9	22.4	5.0	7.3	37.7	35.0	17.0
Manipur	1,594	24.0	0.8	6.0	27.5	18.2	46.0	5.0	10.1	32.8	25.1	30.2
Meghalaya	396	21.0	0.9	3.9	40.5	24.7	14.5	3.0	18.8	34.5	21.0	9.1
Mizoram	1,084	19.0	3.6	24.7	43.9	18.1	8.9	5.0	13.5	31.0	24.0	30.7
Nagaland	1,198	22.0	0.9	5.8	37.5	24.6	25.8	6.0	9.2	24.3	31.6	29.6
Tripura	286	20.0	0.6	16.8	47.0	14.0	13.2	8.0	5.0	15.6	36.1	34.9
Sikkim	385	20.0	2.0	13.9	56.4	17.2	8.8	4.0	17.2	36.8	30.0	14.4
West												
Goa	380	22.0	0.9	6.4	25.6	10.2	25.0	5.0	5.8	26.5	18.7	16.0
Gujarat	394	22.0	0.7	1.9	33.6	14.4	22.3	10.0	0.4	9.6	22.2	40.6
Maharashtra	383	20.0	4.6	22.2	32.8	18.4	15.9	10.0	1.8	12.2	28.1	51.8
South												
Andhra Pradesh	768	24.0	2.3	5.1	21.5	22.5	45.5	5.0	4.8	40.5	32.9	18.7
Karnataka	364	20.0	0.1	16.1	47.5	27.3	8.1	6.0	5.9	28.4	37.4	27.3
Kerala	1,113	21.0	0.1	6.5	42.4	23.2	19.5	8.0	4.8	18.4	26.1	42.5
India	19,902	22.0	1.7	9.7	33.9	18.3	32.0	6.0	8.7	27.4	28.6	30.8

Table 5.6: Initiation and Duration of Injecting Drug Use, IDU National IBBS, India 2014-15 (contd...)

*Total may not add up 100% due to missing/don't remember/no answer

5.3.4 Types of drugs Injected

Respondents were asked about the type of drug (that was no prescribed) that they injected most often during the past 3 months. Nationally over one third of the respondents reported that they most often injected Heroin (34%) followed by Buprenorphine (24%). Between 7% and 11% of IDU reported that they had injected Pentazocine, Spasmoproxyvyon or Brown Sugar in the last three months. One tenth of respondents reported that they had injected sedatives such as Diazepam/ Calmpose, Nitrazepam/ Clonazepam/ Avil/ Phenargan; a less than one percent reported that they had used Amphetamine or Cocaine (Table 5.7).

Region specific pattern was observed on the most common type of drug injected. Among the northeastern states, Heroin and Spasmoproxyvyon were the predominant types of drugs that were injected. In Manipur, Meghalaya and Mizoram, between 82% and 97% reported using Heroin; whereas in Arunachal Pradesh, Nagaland, Sikkim and Tripura, between 61% and 94% reported using Spasmoproxyvyon. In Assam close to two fifth reported using each of these two drugs.

In most of the northern states, Brown sugar Buprenorphine or Diazepam/ Calmpose, Nitrazepam/ Clonazepam/ Avil/ Phenargan were most commonly injected drugs, except in Punjab, where nearly half the IDUs reported using Buprenorphine followed by Heroin. In the central states of Chhattisgarh, Madhya Pradesh and Uttar Pradesh, buprenorphine was the predominant type of drug that was injected. In Madhya Pradesh about one fifth of IDUs also reported injecting Brown sugar.

In the eastern states of Bihar, Jharkhand, Odisha and West Bengal, the most common type of drugs injected were opioid pharmaceuticals, Buprenorphine and Pentazocine. Some 10 % to 15% of respondents in Bihar, Jharkhand and West Bengal reported injecting sedative drugs (Table 5.7).

In the western states, Heroin and Brown Sugar were most common type of drugs injected. About two fifth of the respondents in Gujarat reported that they most commonly injected sedatives (Diazepam/ Calmpose, Nitrazepam/ Clonazepam/ Avil/ Phenarganetc).

In the southern states of Andhra Pradesh and Karnataka, more than half of respondents reported injecting Pentazocine; in addition Cocaine was reported as a common drug that was injected by 4-5% of respondents. In Kerala, Brown sugar and Buprenorphine were the most common type of drug injected.

		Types of Drugs used in last three months* (%)									
State	N	Heroin	Brown Sugar	Buprenor phine	Penta- zocine	Spasmo- proxyvyon	Ampheta- mine	Cocaine	Diazepam/ Calmpose, Nitrazepam/ Clonazepam/ Avil/ Phenargan	Pethidine	Others
North											
Chandigarh	401	2.8	3.4	74.5	0.6	0.0	0.0	0.1	17.3	0.0	1.2
Delhi	790	1.0	31.4	26.3	3.0	0.5	3.2	0.4	16.3	0.3	11.8
Haryana	1,437	1.0	3.1	31.7	13.6	1.4	0.9	1.2	41.0	1.3	2.3
Himachal Pradesh	403	9.9	34.6	21.3	8.9	0.6	0.6	3.3	5.8	3.8	3.1
Jammu & Kashmir	359	5.0	18.8	38.7	15.1	4.7	0.4	3.9	6.2	0.0	1.1
Punjab	1,087	28.4	5.8	46.7	1.9	0.6	0.7	0.8	14.6	0.1	0.4
Rajasthan	273	0.0	47.4	8.5	2.0	1.0	1.1	1.3	36.7	0.0	0.0
Uttarakhand	411	0.3	0.3	48.4	3.8	0.0	0.0	0.8	44.9	0.0	0.4
Central											
Chhattisgarh	764	0.8	2.4	71.1	5.1	0.7	0.9	0.9	9.5	0.1	6.4
Madhya Pradesh	1,175	1.3	18.9	35.6	10.7	0.4	0.0	0.2	23.2	0.3	7.4
Uttar Pradesh	1,587	0.5	0.6	69.7	6.4	0.4	0.1	0.6	18.6	0.0	0.8
East											
Bihar	288	1.8	1.6	38.8	33.2	4.4	0.6	0.0	12.0	0.5	3.1
Jharkhand	393	0.3	0.0	33.3	53.7	0.2	0.0	0.0	11.6	0.0	0.5
Odisha	391	0.1	0.1	0.4	96.7	0.0	0.0	0.0	0.8	0.0	0.6
West Bengal	596	3.7	11.7	52.7	4.9	7.0	0.8	0.0	15.0	0.0	4.1
Northeast											
Arunachal Pradesh	397	0.6	0.0	3.4	6.1	85.1	0.2	0.0	4.4	0.1	0.1
Assam	805	45.3	4.9	0.5	0.8	37.5	0.1	0.6	9.0	0.0	0.0
Manipur	1,594	97.4	0.1	0.0	0.0	1.7	0.0	0.2	0.0	0.0	0.4
Meghalaya	396	82.9	4.7	0.2	0.0	5.9	0.0	1.9	0.0	0.2	2.6
Mizoram	1,084	84.4	0.0	0.1	0.1	12.5	0.2	0.0	0.3	0.0	2.5
Nagaland	1,198	4.0	1.5	0.1	20.9	61.0	0.1	0.1	3.4	0.0	7.7

Table 5.7: Type of drugs injected in the last three months, IDU National IBBS, India 2014-15

					Types	of Drugs used	in last three	months* (%	6)		
State	N	Heroin	Brown Sugar	Buprenor phine	Penta- zocine	Spasmo- proxyvyon	Ampheta- mine	Cocaine	Diazepam/ Calmpose, Nitrazepam/ Clonazepam/ Avil/ Phenargan	Pethidine	Others
Tripura	286	0.5	0.1	0.2	1.2	93.9	3.0	0.0	0.0	0.0	0.8
Sikkim	385	0.2	3.9	1.8	2.0	90.1	0.2	0.0	0.4	0.0	0.9
West											
Goa	380	59.1	29.1	3.3	1.0	0.0	0.0	6.0	0.0	0.1	1.1
Gujarat	394	15.9	27.8	1.9	0.4	0.0	0.0	3.8	45.4	0.0	1.3
Maharashtra	383	17.7	66.4	1.6	0.0	0.0	0.0	7.0	6.8	0.0	0.2
South											
Andhra Pradesh	768	2.8	2.9	1.6	58.6	1.0	0.0	3.9	9.1	1.8	6.6
Karnataka	364	23.0	13.7	1.5	46.2	0.0	0.5	5.4	1.9	7.7	0.0
Kerala	1,113	3.8	41.7	38.2	3.6	0.4	2.2	0.3	1.1	4.9	0.0
India	19,902	34.1	8.6	23.5	7.3	10.7	0.5	0.6	9.8	0.5	2.8

Table 5.7: Type of drugs injected in the last three months, IDU National IBBS, India 2014-15 (contd...)

*Total may not add up 100% due to missing/don't remember/no answer

5.3.5 Frequency of drug injection and Needle/ Syringe Sharing practices

Respondents in IBBS were asked about frequency of injecting on the last day when they injected and about the practice of sharing of injection paraphernalia. Median number of times of injected on last day was 2 times. Over one third of IDUs had injected once or twice whereas close to one fourth (24%) reported that they had injected three times or more on the last day they injected (Table 5.8).

State wise, IDUs in north-eastern states of Manipur, Mizoram, Nagaland, Sikkim and Tripura and in western state of Maharashtra had injected frequently, and one third or higher proportion of respondents reported injecting three or more times on the last day. In contrast, fifty percent or more of respondents in the states/UT of Chandigarh, Haryana, Himachal Pradesh, Punjab, Jammu & Kashmir, Chhattisgarh, Jharkhand, West Bengal and Arunachal Pradesh reported that they had injected once on the last day of injection (Table 5.8).

5.3.6 Needle / Syringe sharing practices

All IDUs were asked if they had borrowed or lent a needle / syringe during the last episode of injecting or in the last three months. Nationally 15% of IDUs reported sharing a used needle / syringe at the time of last injecting episode and 20% reported that they had shared a used needle/syringes in last three months (Table 5.8). Sharing of used needle / syringe at the last time of injecting was reported by more than one fourth of IDUs in the states of Jammu & Kashmir, Madhya Pradesh, Uttar Pradesh, Gujarat, Maharashtra and Karnataka. Among the northeastern states, the proportion of IDU who had shared a used needle /syringe during last episode of injection ranged between 6% in Sikkim and 20% in Nagaland. The pattern of sharing a used needle / syringe in the last three months was similar to the pattern of sharing at the last injecting episode. In the states of Uttar Pradesh, Mizoram, Gujarat, Maharashtra and Karnataka, one third or more of respondents reported sharing of used needle/syringes either at last injecting episode or in last three months preceding the survey.

The vast majority of respondents at the national level reported using a new needle/ syringe (85.7%) at the last injecting episode (Table 5.8). The pattern was similar in all states except for Goa, Maharashtra and Karnataka where relatively lower (70% or lower) proportion of respondents reported using a new needle/syringes at last injecting episode.

5.3.7 Sources of Needle/ Syringe

Respondents were asked about source from where they obtained new unused needles & syringes at the last time. Almost every one reported to obtain new unused needles & syringes. Nationally, close to half the IDUs reported that they had obtained a new needle/ syringe from drop-in-center (DIC) or NGO peer/ outreach worker (46.3%). Another 30% reported that they had obtained new needle/ syringe from chemist/ hospital and 5% reported to obtain it from friends or fellow drug users (Table 5.9).

DIC or NGO out-reach worker/peer educator remain the main source of obtaining new needles & syringes in most of the states. Among the northeastern states, a higher proportion of IDU reported obtaining needle / syringe from a Drop in center/NGO out-reach worker/peer educator (more than one fourth) in all states except Assam.

		Numbe	er of times i injecti	njected in la on* (%)	st day of	Sharing of	used needles/syri	nges (%)
State	N	Median	Once	Twice	Three or more times	borrowed or lent used needle /syringe at last injecting episode	borrowed or lent used needle syringe in the last three months	Used new needle at last injecting episode
North								
Chandigarh	401	1.0	63.7	27.4	8.5	8.0	14.8	94.8
Delhi	790	2.0	33.8	38.6	19.0	5.4	6.8	90.8
Haryana	1,437	1.0	62.2	23.4	9.8	18.3	27.1	90.7
Himachal Pradesh	403	1.0	53.3	42.8	3.1	23.9	29.6	92.8
Jammu & Kashmir	359	1.0	56.1	33.2	3.4	27.4	22.8	90.9
Punjab	1,087	1.0	64.5	26.3	7.6	18.7	26.2	86.7
Rajasthan	273	2.0	42.2	48.0	8.2	5.5	8.7	92.2
Uttarakhand	411	2.0	39.3	46.9	10.4	14.5	18.9	93.2
Central								
Chhattisgarh	764	1.0	50.7	40.4	7.7	9.7	11.0	92.3

Table 5.8: Injecting practices, IDU National IBBS, India 2014-15

		Numbe	er of times i injecti	njected in la ion* (%)	st day of	Sharing of	used needles/syri	nges (%)
State	N	Median	Once	Twice	Three or more times	borrowed or lent used needle /syringe at last injecting episode	borrowed or lent used needle syringe in the last three months	Used new needle at last injecting episode
Madhya Pradesh	1,175	2.0	36.3	44.0	18.0	25.7	26.9	85.7
Uttar Pradesh	1,587	2.0	30.9	38.0	30.2	32.4	38.7	82.6
East								
Bihar	393	2.0	27.6	50.4	21.3	7.1	6.8	96.6
Jharkhand	391	1.0	56.9	27.7	15.2	15.2	15.8	95.0
Odisha	596	2.0	28.1	45.4	25.8	15.7	10.2	87.3
West Bengal	288	1.0	60.3	33.6	5.9	13.5	13.6	94.6
Northeast								
Arunachal Pradesh	397	1.0	52.0	30.3	7.1	13.4	15.7	87.9
Assam	805	2.0	46.3	41.7	7.6	8.9	8.8	87.6
Manipur	1,594	2.0	24.3	39.8	35.6	7.9	16.9	82.8
Meghalaya	396	2.0	27.8	43.7	15.0	8.2	10.6	76.9
Mizoram	1,084	2.0	32.2	30.6	35.9	12.4	31.9	79.5
Nagaland	1,198	2.0	23.2	40.7	33.2	19.8	14.3	87.9
Sikkim	286	2.0	27.0	37.8	34.1	5.6	2.7	89.7
Tripura	385	2.0	20.0	31.6	45.0	16.0	11.9	84.2
West								
Goa	380	2.0	24.9	27.2	15.2	14.5	16.7	62.7
Gujarat	394	2.0	24.3	50.0	6.8	45.8	53.1	79.4
Maharashtra	383	2.0	24.2	32.6	38.2	36.7	38.2	70.4
South								
Andhra Pradesh	768	2.0	47.8	42.1	9.2	3.6	8.1	90.3
Karnataka	364	1.0	48.0	28.2	12.4	41.0	49.8	69.6
Kerala	1,113	1.0	49.7	30.5	12.2	10.4	16.4	88.7
India	19,902	2.0	35.9	37.3	24.1	15.4	20.0	85.5

Table 5.8: Injecting practices, IDU National IBBS, India 2014-15 (contd...)

*Total may not add up 100% due to missing/don't remember/no answer

		Source of New Needle / Syringes* (%)							
State	N	Chemist/ Hospital	NGO out-reach worker/ Peer educator/ Drop-in-center	Friends/Other Drug Users	Others				
North									
Chandigarh	401	29.4	65.8	1.2	2.6				
Delhi	790	23.8	53.8	0.7	2.9				
Haryana	1,437	48.6	15.8	12.9	17.7				
Himachal Pradesh	403	32.9	35.5	5.7	19.2				
Jammu & Kashmir	359	23.7	17.5	5.5	25.5				
Punjab	1,087	25.2	41.1	7.9	14.0				
Rajasthan	273	65.7	22.7	0.4	0.4				
Uttarakhand	411	14.7	49.9	6.7	20.1				
Central									
Chhattisgarh	764	18.5	48.1	5.6	4.8				
Madhya Pradesh	1,175	42.2	19.9	3.2	22.7				
Uttar Pradesh	1,587	42.0	26	3.7	14.1				
East									
Bihar	288	70.8	9.4	4.4	9.6				
Jharkhand	393	64.5	7.4	8.6	7.8				
Odisha	391	41.5	40.3	6.5	5.7				
West Bengal	596	30.0	51.4	1.1	3.2				
Northeast									
Arunachal Pradesh	397	47.5	33	1.0	0.0				
Assam	805	68.3	14.7	2.7	5.0				
Manipur	1,594	18.7	69.1	1.1	7.5				
Meghalaya	396	8.5	68.7	4.3	2.2				
Mizoram	1,084	26.9	55.7	1.1	11.1				
Nagaland	1,198	24.9	63.8	2.9	1.0				
Sikkim	286	39.6	48.5	0.5	2.0				
Tripura	385	22.6	68.5	0.9	0.7				
West									
Goa	380	5.8	41.2	6.2	9.6				

Table 5.9: Sources of New Needles / Syringes, IDU National IBBS, India 2014-15

		Source of New Needle / Syringes* (%)							
State	N	Chemist/ Hospital	NGO out-reach worker/ Peer educator/ Drop-in-center	Friends/Other Drug Users	Others				
Gujarat	394	11.7	59	6.2	6.1				
Maharashtra	383	17.3	25.2	24.6	21.0				
South									
Andhra Pradesh	768	11.7	59.4	3.7	6.1				
Karnataka	364	23.6	22.5	22.1	9.7				
Kerala	1,113	28.8	14.1	22.0	10.5				
India	19,902	29.5	46.3	4.6	8.9				

Table 5.9: Sources of New Needles / Syringes, IDU National IBBS, India 2014-15 (contd...)

*Total may not add up 100% due to not applicable/ missing/don't remember/no answer

Chemist / Hospitals were reported as predominant source by more than two fifth of IDUs in the states of Haryana, Rajasthan, Odisha, Madhya Pradesh, Uttar Pradesh, Bihar, Jharkhand, Arunachal Pradesh and Assam. NGO outreach / peer workers were reported by the predominant source by 45% to more 64% of IDUs in states such as Delhi, Chandigarh, Chhattisgarh, Meghalaya, Gujarat and Andhra Pradesh. In Maharashtra, Karnataka and Kerala close to one fourth of IDUs reported that they last obtained needle/ syringe from friends or other drug users.

5.3.8 Common places of injecting drugs

All IDUs in IBBS were asked 'which is the most common location / place where you have been injecting over the last three months'. At the national level two fifth of IDUs reported that they had injected in their homes, while one fifth reported injecting in streets/ park locations in the last three months. About 11% reported injecting in abandoned buildings and close to 15% reported that they had injected in other public locations such as hospital, cinema hall, bus terminus, etc. and other places (Table 5.10). In the vast majority of the northeastern states the common location/ place where IDUs had injected in the last three months was home, ranging between 28% in Assam and 86% in Nagaland. The most commonly reported place of injection by IDUs in Arunachal Pradesh was abandoned buildings whereas in Sikkim it was other places.

Among IDUs in the northern states, the most commonly reported places of injecting in the last three months were streets/ parks, reported by 22% to 68%, and other places, reported by 18% to 48% of IDUs. In other regions the patterns were varying by states. In Chhattisgarh, one third of IDUs reported streets / parks and another 28% reported public toilets as location of injecting. In Uttar Pradesh, more than one third reported streets/ park whereas in Madhya Pradesh, between 20% and 25% reported either home or other places as the common place of injecting in last three months.

Among the eastern states, more IDUs in Jharkhand reported other places (65%) whereas

in Bihar, between 25% and 40% reported home or abandoned buildings as common place of injecting. In the state of West Bengal, home (24%) and other places (26%) were the most common places of injecting, while abandoned buildings (42%) were the most common place of injecting among IDUs in the state of Odisha. Among the southern states, close to one third reported streets/parks or other places in Andhra Pradesh; whereas in Karnataka close to half the IDUs reported abandoned buildings (44%) and in Kerala between 20% and 25% reported that home, abandoned buildings or streets/parks were the most common place where they injected in the last three months.

			Most common places of drug injection over last 3 months* (%)									
State	N	Home	Abandoned Buildings	Religious places	Public toilet	Street/ Park	Shop/ cafe/ bar	Workplace/ college	Others^			
North												
Chandigarh	401	12.3	3.7	3.9	0.5	29.5	1.4	0.6	48.0			
Delhi	790	12.0	1.0	1.0	11.9	68.3	2.0	1.2	1.7			
Haryana	1,437	15.4	11.2	7.0	6.0	32.9	3.4	3.4	18.7			
Himachal Pradesh	403	16.5	4.1	4.1	5.3	27.3	8.8	5.6	27.2			
Jammu & Kashmir	359	16.6	15.3	4.3	10.2	22.1	6.2	3.5	19.6			
Punjab	1,087	16.0	15.2	4.9	1.6	37.5	2.8	3.1	18.8			
Rajasthan	273	15.9	22.4	7.4	6.4	22.1	0.5	3.9	21.4			
Uttarakhand	411	13.4	3.0	8.2	16.5	34.9	7.7	3.4	12.4			
Central												
Chhattisgarh	764	12.9	6.4	9.3	27.5	33.3	2.1	1.8	6.3			
Madhya Pradesh	1,175	20.5	12.2	11.5	9.3	15.7	1.6	3.2	25.7			
Uttar Pradesh	1,587	8.6	13.1	7.3	12.2	36.9	1.3	4.8	15.5			
East												
Bihar	288	25.4	39.8	2.4	2.0	12.3	0.7	2.8	14.3			
Jharkhand	393	1.4	4.3	2.4	5.3	20.5	0.0	1.3	64.5			
Odisha	391	13.4	41.6	3.9	2.3	13.9	2.9	3.2	18.4			
West Bengal	596	23.5	17.1	1.6	9.6	16.8	1.8	3.0	26.4			
Northeast												
Arunachal Pradesh	397	16.6	44.9	0.4	0.0	31.4	1.2	1.8	3.2			

Table 5.10 Common Places of Injecting Drugs, IDU National IBBS, India 2014-15

		Most common places of drug injection over last 3 months* (%)									
State	N	Home	Abandoned Buildings	Religious places	Public toilet	Street/ Park	Shop/ cafe/ bar	Workplace/ college	Others^		
Assam	805	28.5	22.9	1.1	1.9	16.8	7.8	0.7	19.5		
Manipur	1,594	74.6	3.5	0.0	4.4	4.3	0.4	0.8	11.9		
Meghalaya	396	69.6	2.9	0.0	1.9	9.0	1.6	1.1	11.8		
Mizoram	1,084	67.3	11.5	0.0	2.5	12.7	0.1	1.7	4.1		
Nagaland	1,198	85.7	4.4	0.0	1.3	3.7	0.5	0.3	3.9		
Tripura	286	58.2	3.0	0.0	6.8	9.8	4.0	0.6	16.7		
Sikkim	385	7.3	38.8	0.0	3.5	6.6	0.0	0.0	43.5		
West											
Goa	380	53.6	10.9	1.2	3.3	12.4	4.5	5.1	9.0		
Gujarat	394	26.4	25.8	7.6	31.3	1.3	1.9	0.5	4.4		
Maharashtra	383	16.1	7.1	0.4	22.2	19.7	12.8	3.8	17.5		
South											
Andhra Pradesh	768	3.4	13.0	1.6	5.1	32.6	2.3	5.5	35.0		
Karnataka	364	9.0	43.6	3.5	7.6	11.1	1.2	6.7	17.3		
Kerala	1,113	25.1	21.6	0.3	2.5	22.0	5.1	4.5	18.1		
India	19,902	40.2	11.4	2.6	6.2	20.2	2.0	2.3	14.8		

Table 5.10 Common Places of Injecting Drugs, IDU National IBBS, India 2014-15 (contd...)

*Totals may not add to 100% due to missing/ don't know/ don't remember responses; ^Others include public places like hospital, cinema hall, bus terminals etc.

5.3.9 Other Injection Behaviours

IBBS also enquired about other injection behaviors such as the practice of injecting in groups, being in prison for drug related activity, and whether female regular partner inject or not. Nationally, 83% of IDUs reported that they had injected in group during last injecting episode. About 11% of IDU had been to prison for drug use related activity in the last year and about 8% reported that their female regular partner (spouse/ girlfriend/live-in partner) also injected drugs (Table 5.11). Experiences of injecting in group have been reported by most of the respondents in a majority of states ranging between 80% in Manipur and 97% in Sikkim. In some states such as Delhi, Meghalaya, Mizoram, Goa, Gujarat, Karnataka and Arunachal Pradesh, less than three fourth of IDUs reported that they had injected in a group at last injecting episode (Table 5.11).

A higher proportion of IDUs compared with the national average had been to prison for drug use related activity in the states of Gujarat (31%),

West Bengal (21%), Sikkim (21%), Rajasthan (18%), Nagaland (17%), Chandigarh (16%), Madhya Pradesh (16%), Mizoram (15%) and Maharashtra (15%).

While drug injecting behavior among female regular partners had been reported in every state, over one fifth of respondents in Odisha and

Gujarat (22% each) reported that their female partner inject drugs (Table 5.11). Haryana, Madhya Pradesh, West Bengal, Mizoram, Sikkim, Goa, and Maharashtra were other states where a sizeable proportion of respondents (11-13%) reported that their female regular partner injected drugs.

State	N	Injected in group at last injecting episode (%)	Been in prison for drug use related activity in last 12 months (%)	Female Partners Injecting Drugs (%)
North				
Chandigarh	401	84.6	15.7	1.7
Delhi	790	66.0	9.6	4.8
Haryana	1,437	88.9	7.8	12.2
Himachal Pradesh	403	94.7	2.5	8.9
Jammu & Kashmir	359	80.2	4.7	5.0
Punjab	1,087	95.5	10.5	6.6
Rajasthan	273	85.2	18.4	3.6
Uttarakhand	411	86.3	7.7	6.1
Central				
Chhattisgarh	764	81.2	6.7	1.5
Madhya Pradesh	1,175	89.5	16.2	12.8
Uttar Pradesh	1,587	88.6	10.0	10.2
East				
Bihar	288	91.0	9.8	3.3
Jharkhand	393	95.6	3.1	2.9
Odisha	391	92.2	11.5	21.9
West Bengal	596	88.4	20.5	10.9
Northeast				
Arunachal Pradesh	397	58.5	5.1	9.1
Assam	805	92.5	3.1	4.7
Manipur	1,594	79.8	4.6	5.8
Meghalaya	396	63.2	5.0	5.6
Mizoram	1,084	67.9	15.3	11.4

Table 5.11: Other Injecting Behaviors, IDU National IBBS, India 2014-15

State	N	Injected in group at last injecting episode (%)	Been in prison for drug use related activity in last 12 months (%)	Female Partners Injecting Drugs (%)
Nagaland	1,198	82.8	16.9	5.8
Tripura	286	76.0	6.0	3.4
Sikkim	385	97.3	21.0	12.8
West				
Goa	380	50.5	9.2	13.1
Gujarat	394	59.6	30.8	21.6
Maharashtra	383	84.4	15.1	11.5
South				
Andhra Pradesh	768	94.6	7.4	8.9
Karnataka	364	50.4	4.6	6.6
Kerala	1,113	82.6	8.1	3.1
India	19,902	82.9	10.5	7.7

Table 5.11: Other Injecting Behaviors, IDU National IBBS, India 2014-15 (contd...)

5.3.10 Needles/Syringes disposal practices

Needle Syringe Exchange Programme (NSEP) is a key component of the TI intervention and involves distribution of new needles/syringes to the IDUs as well as taking back used needle/ syringe from them after they inject. Respondents in National IBBS were asked how they disposed the used needle and syringe at the last time of injecting, in order to understand the practices related to disposal among IDUs.

Nationally, the most common disposal method was throwing in a dustbin (30%) or around the injecting sites (26%); combined this represented more than half (57%) of respondents (Table 5.12). About one fifth of respondents reported that they had returned the used needle/syringe to NSEP; and 13% of the respondents reported that they had buried or burnt the needle/syringe used last.

In all states of the northern, central and eastern India, throwing of used needle/syringes (either around the injecting locations or in dustbin) was the predominant method of disposal among IDUs, representing more than three fourth of the sample. Among the north-eastern states, six out of every 10 respondents in Meghalaya reported that they had returned the used needle/syringe to NSEP. In all other states (except for Assam & Arunachal Pradesh), a sizable proportion of respondents (29-40%) reported that they had returned the used needle/syringe to NSEP. Among the northern state of Delhi, western states of Goa & Gujarat and southern state of Andhra Pradesh, between 28% and 48% of respondents reported that they had returned the used needle/syringe to NSEP (Table 5.12).

			Methods of dis	sposal of Nee	dles / Syringes	* (%)	
State	N	Gave it back in NSEP	Threw it at the injecting location	Buried/ Burnt	Threw it in dustbin	Kept it for re-use	Others
North							
Chandigarh	401	18.7	42.4	13.3	22.7	2.5	0.5
Delhi	790	38.9	18.3	8.9	30.2	1.4	1.7
Haryana	1,437	4.3	35.4	11.2	41.7	2.9	3.7
Himachal Pradesh	403	1.9	26.8	16.2	41.5	8.0	3.8
Jammu & Kashmir	359	2.5	51.6	7.8	27.4	7.3	1.6
Punjab	1,087	7.1	46.4	9.2	29.9	6.3	0.8
Rajasthan	273	5.7	60.0	10.5	20.8	0.5	2.1
Uttarakhand	411	11.6	53.1	15.9	17.9	1.1	0.4
Central							
Chhattisgarh	764	5.6	20.1	17.7	46.2	8.3	0.9
Madhya Pradesh	1,175	2.8	57.8	9.8	21.9	3.7	3.8
Uttar Pradesh	1,587	6.9	37.6	7.0	37.1	6.9	2.7
East							
Bihar	288	4.0	32.8	7.7	54.3	0.6	0.5
Jharkhand	393	0.1	68.9	1.6	27.1	1.6	0.6
Odisha	391	17.1	44.0	15.1	19.9	1.9	1.8
West Bengal	596	21.3	23.6	8.3	36.5	4.2	5.0
Northeast							
Arunachal Pradesh	397	12.7	46.7	28.7	9.3	0.5	0.4
Assam	805	5.0	13.5	34.3	44.3	1.2	0.2
Manipur	1,594	30.2	17.1	13.2	24.5	7.9	6.9
Meghalaya	396	61.4	2.5	13.6	14.7	3.2	1.6
Mizoram	1,084	32.0	20.2	3.4	32.2	10.3	1.8
Nagaland	1,198	35.6	10.2	17.1	29.9	5.0	1.4
Tripura	286	29.3	23.7	24.9	16.1	1.0	3.3
Sikkim	385	39.2	35.9	12.2	11.6	0.0	0.7

Table 5.12: Needles / Syringes Disposal Practices, IDU National IBBS, India 2014-15

		Methods of disposal of Needles / Syringes* (%)								
State	N	Gave it back in NSEP	Threw it at the injecting location	Buried/ Burnt	Threw it in dustbin	Kept it for re-use	Others			
West										
Goa	380	47.6	7.1	3.4	14.4	2.3	19.3			
Gujarat	394	28.1	27.5	19.2	18.5	3.5	2.0			
Maharashtra	383	7.2	39.1	11.5	27.1	7.6	3.3			
South										
Andhra Pradesh	768	31.2	15.3	5.3	45.8	1.2	0.2			
Karnataka	364	0.1	12.8	17.2	56.6	12.7	0.0			
Kerala	1,113	9.8	35.5	25.8	20.6	2.5	2.2			
India	19,902	20.7	26.4	12.9	30.3	5.4	3.3			

Table 5.12: Needles / Syringes Disposal Practices, IDU National IBBS, India 2014-15 (contd...)

*Totals may not add up to 100% due to missing/ don't know/ don't remember/ no answer

5.4 Sexual Behaviors

As with other HRGs. the programme interventions for IDU group also focuses on safe sexual behavior practices. While the risk of acquiring HIV among IDU is higher through injecting behaviors, their sexual risk behaviors are also important due to the possibility of transmission of HIV through unprotected sex. IDUs may also engage in sex with multiple partners, including female and male partners, so understanding the patterns and practices in this regard becomes important for programme working with this core group. A number of questions related to sexual behaviors, types of partners and condom use with different partners were included in the questionnaire for IDU in IBBS.

5.4.1 Sexual intercourse/behaviors with female

All respondents were asked if they had ever had sexual intercourse with a female. Over 80% of IDUs at the national level reported ever having sex with a female. In some states such as Delhi, Jammu & Kashmir, Arunachal Pradesh, Assam, Meghalaya, Goa, Gujarat, Karnataka and Kerala, a lower proportion between 47% and 69% reported ever having sex with a female. In a number of other states including Haryana, Himachal Pradesh, Rajasthan, Jharkhand, Bihar, Mizoram, Nagaland, and Maharashtra, more than 90% of IDU reported having sex with a female. In all other states this proportion was close to or similar to the national average (Table 5.13).

Age at First sex

The median age at first sex among IDUs was 20 years, and ranged between 17 years in Arunachal Pradesh & Mizoram and 23 years in Kerala (Table 5.13). In all of the southern states, Assam and Manipur, median age at first sex was between 21 and 23, higher than most other states in the country.

At the national level, majority of IDUs had their first sex between 18 and 24 years (61%) or between 15 and 17 years (20%). Another 17% had their first sex at 25 years or after, and a small proportion (3%) had sex before 15 years. In a few states such as Bihar, Meghalaya, Mizoram and Sikkim, 5% - 10% of IDUs reported having their first sex before the age of 15 years.

In most of the states, the pattern of first sex by age was similar to the national level scenario. Among the northeastern states, with the exception of Assam and Manipur, the proportion of IDU who had first sex between 15 and 17 years comprised more than one fourth of the sample and in some states such as Arunachal Pradesh was as high as 54%. In Assam and Manipur, the pattern was different from other states and between 55% and 60% of the IDU had their first sex between 18 and 24 years and another 30% to 35% had their first sex at age of 25 years or later. In the majority of states in all other regions, a large majority of IDUs, between 60% and 83% had their first sex between the ages of 18 and 24 years.

		Ever had sex with a		A	ge at First Sexua	l Intercourse* (%	6)
State	N	female (%)	Age at first sex	<=14	15-17	18-24	25+
North							
Chandigarh	401	89.5	19.0	0.9	16.2	74.8	8.1
Delhi	790	64.8	20.0	1.3	16.9	64.1	17.7
Haryana	1,437	91.3	19.0	1.7	22.1	70.3	5.9
Himachal Pradesh	403	93.0	20.0	2.2	21.4	63.1	13.3
Jammu & Kashmir	359	61.8	20.0	0.0	14.2	78.8	7.0
Punjab	1,087	87.5	18.0	2.8	25.6	64.6	7.1
Rajasthan	273	91.6	18.0	2.0	28.1	62.6	7.3
Uttarakhand	411	80.3	20.0	0.4	11.8	71.5	16.4
Central							
Chhattisgarh	764	86.5	20.0	1.6	8.6	80.0	9.8
Madhya Pradesh	1,175	89.1	18.0	2.9	26.8	63.0	7.2
Uttar Pradesh	1,587	82.0	20.0	2.3	15.2	70.1	12.4
East							
Bihar	288	95.5	18.0	6.1	24.3	64.4	5.2
Jharkhand	393	95.5	19.0	1.3	27.0	65.2	6.4
Odisha	391	82.2	20.0	1.6	15.2	62.3	20.9
West Bengal	596	86.6	19.0	3.8	24.2	60.0	12.0

Table 5.13: Initiation of Sexual Behaviour, IDU National IBBS, India 2014-15

		Ever had	Median	Ą	ge at First Sexual	l Intercourse* (%	6)
State	N	female (%)	Age at first sex	<=14	15-17	18-24	25+
Northeast							
Arunachal Pradesh	397	69.1	17.0	0.0	54.2	44.5	1.3
Assam	805	59.7	22.0	2.2	6.5	59.8	31.5
Manipur	1,594	73.7	22.0	1.2	8.7	54.7	35.5
Meghalaya	396	69.6	18.0	5.3	40.3	47.8	6.6
Mizoram	1,084	92.3	17.0	8.2	46.2	45.0	0.6
Nagaland	1,198	92.9	18.0	2.4	28.9	60.9	7.8
Tripura	286	80.3	19.0	1.2	23.3	64.9	10.5
Sikkim	385	84.0	18.0	5.6	35.8	53.9	4.6
West							
Goa	380	47.2	20.0	0.0	19.0	58.3	22.7
Gujarat	394	65.6	20.0	0.0	7.7	80.3	12.1
Maharashtra	383	92.8	20.0	1.1	6.2	83.4	9.3
South							
Andhra Pradesh	768	87.0	22.0	2.6	8.3	63.3	25.8
Karnataka	364	61.1	22.0	0.0	0.4	83.6	16.0
Kerala	1,113	68.2	23.0	0.1	4.4	55.7	39.9
India	19,902	80.2	20.0	2.5	19.5	60.8	17.2

Table 5.13: Initiation of Sexual Behaviour, IDU National IBBS, India 2014-15 (contd...)

*Total may not add up to 100% due to missing/don't remember/no answer

Regular Female Partner

All IDUs who reported that they ever had sexual intercourse with a woman were asked if they have a regular female sexual partner. Regular female partners were defined as spouse or a girlfriend of IDUs with whom they have a steady relationship. Among those who ever had sexual intercourse with a woman, around seventy percent had regular female sexual partner (Table 5.14). Except for the state of West Bengal, in all other states in the north, central and east, a higher proportion of IDUs reported having regular female partners, ranging between 75% and 92%. In four of northeastern states of Manipur, Meghalaya, Mizoram and Sikkim, the proportion of IDUs who reported having a regular female partner was lower than 70%. A similar pattern was seen in the states of Goa, Gujarat, Andhra Pradesh and Kerala, where the proportion of IDUs who reported having a regular female partner was less than 70%.

Condom Use with Regular Female Partner

Condom use questions were asked to IDUs who had regular female partner. Condom use at last sex with a regular female partner was reported by 41% of IDUs nationally (Table 5.14). In seven states of Uttarakhand, Arunachal Pradesh, Assam, Manipur, Sikkim, Goa and Gujarat, at least half of the respondents reported that they had used condom during last sex act with their regular female partner. In the central state of Uttar Pradesh, eastern states of Bihar, Jharkhand & West Bengal, northeastern state of Mizoram, western state of Maharashtra and all southern states, less than one third of IDUs reported using of condom during last sex act with their regular female partners, lower than the national average.

Consistent condom use with regular female partner was defined as using condom at every time of sexual intercourse with the partner in the last 12 months. Consistent condom use with regular female partner was reported by less than one fifth (16%) of IDUs at the national level. This proportion was higher than one fifth in the states of Delhi, Punjab, Chhattisgarh, Madhya Pradesh, Odisha, and Meghalaya whereas in Goa and Gujarat more than 45% of IDUs reported consistent condom use with regular female partner, higher than all other states. In most of the other states, consistent condom use with the regular partner was similar to this national average or lower.

Paid Female Partner

Paid female partners were those whom IDU had paid cash in exchange for sexual intercourse. Among those who ever had sexual intercourse with a woman, slightly less than one third of IDU had ever paid a female for sexual intercourse (32%) at the national level (Table 5.14). In all the northern, central, eastern and southern states, except for Jammu & Kashmir, Chhattisgarh and Uttar Pradesh, between 38% and 68% of the IDUs reported that they had ever paid a female for sex.

Among the northeastern states, between 9% and 24% of IDUs in most of the states had ever paid a female for sex; however in Arunachal Pradesh and Sikkim a higher proportion, between 30% and 40%, reported the same. In the western states, a lower proportion of IDUs in Goa had ever bought sex from a female (20%), but this proportion was higher than the national average in the other states in the region.

Condom use with Paid Female Partner

Questions on condom use were asked of IDU who reported having a paid female partners. Over three fourth of IDUs reported using condom at last sex with a paid female partner (77%) (Table 5.14). In many states, condom use at last sex was higher than national average, ranging between 80% and 90%. In a few states such as Himachal Pradesh, Uttarakhand, Jammu & Kashmir, Uttar Pradesh, Bihar, Meghalaya, Goa and Karnataka, a relatively lower proportion of IDU (less than two thirds), reported condom use at last sex with the paid female partner.

Half of the IDUs reported consistent condom use with the paid female partner in the last 12 months (Table 5.14). More than 70% of IDUs in states of Jharkhand, Gujarat and Andhra Pradesh reported that they had consistently used condom with their paid female partner in the last 12 months. In most of the northeastern states consistent condom use was similar to or higher than the national average, with the exception of Sikkim (29%) and Meghalaya (20%). Among the northern states, the proportion of IDUs who reported consistent condom use with their paid female partners was lower than national average in the states of Delhi, Himachal Pradesh, Rajasthan, Uttarakhand, and Jammu & Kashmir (between 26% and 39%). Other states where a relatively lower proportion of IDUs had reported consistently using condom with this partner were Uttar Pradesh, Bihar, Karnataka and Kerala.

Casual Female Partner

Casual female partners were partners other than the regular / steady female partner such as a lover, with whom the IDU had sexual intercourse in last 12 months. All IDUs who ever had sexual intercourse with a female, were asked if had a casual sexual partner in the last 12 months. Nationally over one fourth of IDUs (28%) reported having a casual female partner (Table 5.14). In most states of the northeast and all states in the east, between 30% and 57% of IDUs reported having casual female partners, except in Assam, Manipur and Tripura. In the states of Delhi, Rajasthan, Jammu & Kashmir, Chhattisgarh, Uttar Pradesh, Assam, Manipur, Tripura, Goa & Kerala, one-fifth or lower proportion of IDUs reported having sex with casual female partners.

Condom use with casual female partner

Nationally more than half of the IDUs reported condom use at last sex with their casual female partner (Table 5.14). Last time condom use was reported by a fewer proportion (less than 40%), in the states of Uttar Pradesh and Maharashtra. With the exception of Mizoram, in all of other states in the northeast between 61% and 93% of IDUs reported last time condom use with their casual female partner. Among other states, over 70% of IDUs in Uttarakhand and Gujarat reported last time condom use with this partner. In all other states last time condom use with this partner was similar to the national average. Consistent condom use with casual partner was practiced by less than one third of IDU nationally (29%) (Table 5.14). In the states of Himachal Pradesh, Uttar Pradesh, West Bengal, Sikkim and Maharashtra, less than one fifth of IDUs reported that they practiced consistent condom use with their casual female partner in the last 12 months, considerably lower than the national average. In a few states such as Chhattisgarh, Jharkhand and Gujarat, between 50% and 82% of the IDUs had practiced consistent condom use with their casual female partner. In all other states consistent condom use was similar to or higher than the national average.

		Currently have	Cond regu	om use with ılar female partner	Ever had	Condo paid fe	om use with male partner	Had a casual female	Condom casual fen	use with Tale partner
State	N^	regular female partner	At last sex	Consistent use in last 12 months*	paid female partner	At last sex	Consistent use in last 12 months*	sexual Partner in last 12 months	At last sex	Consistent use in last 12 months*
North										
Chandigarh	370	83.7	35.6	15.3	37.5	82.1	64.5	20.2	64.6	35.1
Delhi	507	74.7	45.3	23.1	39.3	65.0	35.0	11.5	60.1	41.2
Haryana	1,315	82.6	35.6	15.3	41.8	77.8	53.6	38.2	50.4	32.4
Himachal Pradesh	366	87.9	35.4	17.6	51.2	61.3	36.3	29.9	43.1	18.3
Jammu & Kashmir	224	79.7	43.3	8.7	32.2	47.7	25.9	14.2	55.1	27.4
Punjab	976	81.8	46.4	20.9	38.9	90.0	64.6	22.1	48.5	35.6
Rajasthan	243	74.5	35.3	2.5	40.9	82.6	38.7	11.4	63.1	22.8
Uttarakhand	337	85.0	53.9	3.2	43.0	62.9	28.0	22.3	70.9	31.0
Central										
Chhattisgarh	658	91.5	35.5	23.5	18.7	86.3	67.1	10.3	62.9	54.8
Madhya Pradesh	1,062	80.0	46.3	28.0	46.6	68.3	41.3	26.2	55.7	22.0
Uttar Pradesh	1,297	70.6	28.6	6.1	25.7	53.4	18.7	18.8	36.2	14.9
East										
Bihar	276	75.0	26.0	7.4	47.7	64.6	35.4	29.7	47.6	24.0
Jharkhand	374	79.7	25.4	17.5	68.6	88.7	75.1	41.2	64.9	62.0
Odisha	323	82.1	47.0	25.6	42.6	89.0	63.9	40.3	69.1	38.3
West Bengal	496	60.2	27.9	10.3	58.0	85.4	62.0	40.4	41.3	13.7
Northeast										
Arunachal Pradesh	283	71.4	59.9	17.3	38.7	94.8	62.5	47.1	93.3	32.8
Assam	466	76.0	49.5	9.8	16.5	86.9	48.9	17.2	78.6	43.9
Manipur	1,086	65.5	53.8	17.1	23.6	81.4	53.2	13.7	60.9	40.7
Meghalaya	262	41.3	34.8	22.8	13.7	62.0	19.7	42.9	61.7	34.3
Mizoram	978	48.5	25.4	10.3	8.6	80.9	53.1	44.7	40.9	22.8
Nagaland	1,143	79.8	47.0	19.6	14.9	89.1	53.0	56.6	73.5	35.4

Table 5.14: Female Partners and Condom Use, IDU National IBBS, India 2014-15

		Currently have	Condom use with regular female partner		Ever had	Condom use with paid female partner		Had a casual female	Condom use with casual female partner	
State	N^	regular female partner	At last sex	Consistent use in last 12 months*	female partner	At last sex	Consistent use in last 12 months*	sexual Partner in last 12 months	At last sex	Consistent use in last 12 months*
Tripura	223	75.7	43.1	11.2	21.1	79.4	60.9	19.5	74.7	38.2
Sikkim	322	54.5	51.4	6.5	32.9	76.9	28.6	41.2	67.1	10.3
West										
Goa	182	65.1	54.2	47.8	19.9	54.7	48.3	19.9	45.2	31.7
Gujarat	255	51.0	60.1	46.3	40.4	80.9	74.6	26.2	76.3	82.1
Maharashtra	356	75.2	25.6	16.6	35.7	74.1	48.2	35.9	24.7	14.1
South										
Andhra Pradesh	651	65.1	32.9	12.9	53.0	88.0	72.1	36.5	51.3	35.3
Karnataka	210	71.2	25.1	10.1	52.5	56.8	27.8	28.2	49.6	24.6
Kerala	688	64.8	11.7	3.8	44.8	64.8	35.2	15.7	50.6	24.8
India	15,929	70.3	40.6	15.9	31.6	77.4	50.0	27.8	55.2	29.2

Table 5.14. Female Partners and Condom Use, IDU National IBBS, India 2014-15 (contd...)

^N represents those IDU who ever had sex with a female

*consistent condom use was defined as condom use at every sex act in the reference period

5.4.2 Sexual behaviors with Male/ Hijra Partners

All IDUs were asked if they ever had anal sex with a male or hijra. Nationally about 7% of IDUs reported that they ever had anal sex with a male/ hijra (Table 5.15). The practice of anal sex with a male / hijra was reported by a higher proportion of IDUs in the northern states. With the exception of Delhi and Jammu & Kashmir, between 13% and 19% of IDUs in the states of Haryana, Himachal Pradesh, Punjab, Rajasthan, Uttarakhand and Chandigarh reported ever having anal sex with a male/ hijra. Other states where a relatively higher proportion of IDUs reported ever having anal sex with male/ hijra were Madhya Pradesh (12%), Uttar Pradesh (11%), West Bengal (13%), Gujarat (13%) and Maharashtra (19%). In general the practice of anal sex by IDU was reported more among IDUs in the northern states, than in the northeast or south.

Among those who ever had anal sex, 37% reported having anal sex with the male/ hijra in the last 12 months (Tale 5.15). The pattern of distribution of IDUs who had anal sex varied considerably between the states. In the northern and eastern states where more IDUs had engaged in anal sex (i.e. more than 10%), the proportion who had anal sex in last 12 months varied widely and ranged between 14% and 56%. In Maharashtra, around 22% of IDUs who ever had anal sex with a male/hijra, reported that they had anal sex with such a partner in the last 12 months.

Condom use with Male/ Hijra Partner

All IDUs who engaged in anal sex with a male / hijra in last 12 months preceding the survey were asked about condom use with these partners. Slightly less than half of the IDUs reported condom use at last sex with a male / hijra (45%) partner (Table 5.15).

Question on consistent condom use with male/ hijra partner during anal sex in the last 12 months was asked of all respondents who had anal sex with male/ hijra in last year. Nationally 36% of IDUs reported practicing consistent condom use with this partner (Table 5.15).

There were wide variations across state for condom use with male/hijra partners. However, as the proportion of IDUs who reported anal sex with male/hijra partner in last 12 months was very low in most states, reported condom use in last sex act as well as consistent condom use with male partners at state level shall be interpreted with caution.

		Had sex with male/ hij	ra partner (%)	Condom use with male / hijra partner (%)*			
State	N	Ever had sex	Had sex in last 12 months^	At last sex	Consistent Condom use in last 12 months**		
North							
Chandigarh	401	18.6	14.0	34.0	23.9		
Delhi	790	4.1	30.7	62.3	44.1		
Haryana	1,437	19.1	37.4	58.3	36.1		
Himachal Pradesh	403	15.2	47.4	32.1	2.0		
Jammu & Kashmir	359	5.9	39.0	70.5	0.0		
Punjab	1,087	16.0	39.8	56.5	46.1		
Rajasthan	273	14.2	56.7	38.1	29.1		
Uttarakhand	411	13.0	15.3	55.2	51.0		
Central							
Chhattisgarh	764	1.8	30.4 31.7		12.2		
Madhya Pradesh	1,175	11.8	20.9	42.3	33.3		
Uttar Pradesh	1,587	11.1	42.0	34.4	29.4		
East							
Bihar	288	7.3	19.9	45.1	24.3		
Jharkhand	393	9.4	80.6	86.1	86.1		
Odisha	391	9.4	53.2	78.1	54.4		
West Bengal	596	12.8	46.2	19.5	19.3		

Table 5.15: Male partners and Condom Use, IDU National IBBS, India 2014-15

	N	Had sex with male/ hij	ra partner (%)	Condom use with male / hijra partner (%)*		
State		Ever had sex	Had sex in last 12 months^	At last sex	Consistent Condom use in last 12 months**	
Northeast						
Arunachal Pradesh	397	0.9	20.9	100.0	100.0	
Assam	805	1.0	19.9	0.0	0.0	
Manipur	1,594	2.4	17.4	52.9	52.9	
Meghalaya	396	0.8	21.4	100.0	100.0	
Mizoram	1,084	2.2	52.4	43.5	32.7	
Nagaland	1,198	0.9	63.7	100.0	40.7	
Tripura	286	0.5	52.1	100.0	61.2	
Sikkim	385	2.3	26.1	0.0	26.8	
West						
Goa	380	4.6	13.4	100.0	100.0	
Gujarat	394	13.1	62.5	100.0	87.5	
Maharashtra	383	19.0	21.7	46.4	38.9	
South						
Andhra Pradesh	768	4.3	54.8	83.9	79.9	
Karnataka	364	1.2	10.6	100.0	100.0	
Kerala	1,113	4.4	43.8	21.1	17.6	
India	19,902	6.8	37.4	45.4	35.9	

Table 5.15: Male partners and Condom Use, IDU National IBBS, India 2014-15 (contd...)

^ Among those who ever had anal sex with male/Hijra; * Among those who ever had anal sex with male/Hijra in last 12 months; **Condom use during ever sex act in the last 12 months

5.5 Experience of Physical Violence

IDU population are most often alienated and marginalized in society due to their risk behaviors / injecting drug use practices. They are vulnerable and prone to face violence from different sections of society, including those know to them. This vulnerability is another cause to make IDU to be hidden from society, which becomes a barrier for interventions to reach them. Having information about the extent of the violence faced by IDU is therefore important for bringing the issue to light and help bring about programming and advocacy strategies for dealing with the issue. Keeping this in mind, questions on experience of physical violence, on the perpetrators of such violence, and action taken were included in the IBBS questionnaire for IDU.

All IDUs were asked if they had been physically beaten, hurt, hit, slapped, pushed, kicked,

punched, choked or burned by someone in the last 12 months. Over one third of IDUs reported that they had experienced physical violence in the last 12 months (37%) (Table 5.16). Compared with this national average, relatively higher proportion of IDUs in Bihar (70%), Mizoram (67%), and Gujarat (60%) reported that they had faced violence. In some states such as Uttar Pradesh, West Bengal, Sikkim and Maharashtra, close to or nearly half the IDUs reported that they had facing violence. Close to one fifth or lower proportion of IDUs in the states of Assam, Jharkhand, Odisha, Tripura and Karnataka reported experience of violence, lower than national average and all other states. In most remaining states between one fourth and two fifth of IDUs had experienced violence.

5.5.1 Perpetrators of Violence

All IDUs who reported facing physical violence were asked to report one or more perpetrators of such violence. Nationally, 38% of IDU reported that they were beaten by a family member, while another 31% reported being beaten by strangers (Table 5.16). Over one fourth of IDUs reported that fellow IDU had beaten them (26%) and 5% reported goondas as the perpetrator. Another 24% of IDU reported that they were beaten by others, including of drug peddlers and law enforcement personnel.

There were considerable state wise variations in the distribution of perpetrators reported by the IDUs. In many states in the north, such as Delhi, Haryana, Punjab and Uttarakhand about one half or higher proportion of IDUs reported that family members had beaten them. Other states where a relatively high proportion of IDUs reported that they had faced violence by family members were Uttar Pradesh, Bihar, Jharkhand, Arunachal Pradesh, Manipur and Karnataka, ranging between 49% and 75%. In a few states goondas were reported as perpetrators by more than one fifth of IDUs; these states were Jammu & Kashmir (27%), Uttar Pradesh (13%), Arunachal Pradesh (13%) and Maharashtra (10%). In all other states this proportion was similar to the national average. Fellow IDUs were reported as perpetrators by less than 15% of IDU in the northeast states of Arunachal Pradesh, Manipur, Meghalaya and Mizoram, but in Nagaland, Tripura and Sikkim between 40% and 56% reported that fellow IDU were the perpetrators.

In most states stranger was the second most commonly reported perpetrator of violence by IDUs after family members. There were variations within states in a region and between regions. Among northern states, about 11% reported strangers as perpetrators in Jammu & Kashmir whereas in Chandigarh 53% reported the same. In the northeast, with the exception of Tripura, in all other states between 30% and 52% of IDU reported that they were beaten by strangers.

		Experienced		Informed					
State	N	Violence (%)	Family Member (%)	Goondas (%)	Fellow IDU (%)	Stranger (%)	0thers** (%)	someone about physical violence (%)^	
North									
Chandigarh	401	37.0	29.2	3.7	21.6	52.9	26.9	34.9	
Delhi	790	41.3	50.7	6.0	29.0	27.4	25.4	75.7	
Haryana	1,437	36.7	47.7	6.4	24.5	38.7	19.6	45.0	
Himachal Pradesh	403	34.1	33.4	0.5	14.2	44.6	13.7	46.0	
Jammu & Kashmir	359	29.6	31.1	27.0	39.4 10.7 14.9		14.9	45.2	
Punjab	1,087	39.4	50.0	2.3	36.5	25.9	15.8	54.8	
Rajasthan	273	30.8	30.7	2.5	39.9	22.4	26.1	52.2	
Uttarakhand	411	45.9	63.6	2.3	11.0	38.6	8.9	34.5	
Central									
Chhattisgarh	764	23.9	41.5	2.1	20.9	49.1	14.5	54.3	
Madhya Pradesh	1,175	34.4	22.1	17.7	33.1	30.8	20.0	75.0	
Uttar Pradesh	1,587	46.8	49.2	13.0	25.0	31.8	22.8	60.5	
East									
Bihar	288	70.2	65.4	4.0	36.2	22.2	24.4	48.0	
Jharkhand	393	22.4	56.6	0.8	18.0	24.2	9.9	67.5	
Odisha	391	22.2	37.9	1.3	22.9	4.1	37.4	74.9	
West Bengal	596	47.9	39.1	4.6	38.7	22.9	25.0	50.9	
Northeast									
Arunachal Pradesh	397	24.5	48.2	12.5	9.5	39.9	18.8	78.6	
Assam	805	21.6	41.8	1.4	33.9	29.5	6.0	41.3	
Manipur	1,594	27.9	50.4	3.1	11.4	31.3	30.3	53.7	
Meghalaya	396	24.8	24.0	3.3	14.0	52.0	25.1	42.3	
Mizoram	1,084	67.4	6.7	0.2	7.0	30.4	18.8	78.2	
Nagaland	1,198	35.5	25.0	3.4	41.1	34.4	20.9	56.7	
Tripura	286	18.3	31.7	5.2	55.9	7.7	17.4	52.3	
Sikkim	385	52.6	36.9	4.4	40.8	50.5	26.6	44.8	

Table 5.16: Physical violence experiences, IDU National IBBS, India 2014-15

	N	Experienced		Informed				
State		Violence (%)	Family Member (%)	Goondas (%)	Fellow IDU (%)	Stranger (%)	0thers** (%)	someone about physical violence (%)^
West								
Goa	380	22.2	43.8	9.8	17.8	49.5	28.3	32.4
Gujarat	394	59.8	25.3	1.0	19.9	57.3	40.4	64.4
Maharashtra	383	48.0	45.3	10.2	37.9	30.0	41.0	43.1
South								
Andhra Pradesh	768	33.0	39.2	3.7	37.5	34.5	21.6	61.2
Karnataka	364	13.4	75.8	2.0	5.3	30.0	18.8	39.6
Kerala	1,113	29.1	23.5	8.3	37.2	40.1	38.9	67.5
India	19,902	37.3	38.4	5.4	26.2	31.3	23.7	59.3

Table 5.16: Physical violence experiences, IDU National IBBS, India 2014-15 (contd...)

*Multiple response question; ** Others include violence by drug peddlers and law enforcement personnel

^Among those who reported to experience physical violance in reference period

Other perpetrators were reported by a considerable proportion of IDUs, more than one fourth, in the states/UT of Delhi, Rajasthan, Chandigarh, Odisha, West Bengal, Manipur, Meghalaya, Sikkim, all western states and Kerala, reported that others had perpetrated violence they faced.

5.5.2 Informed someone about violence

Nearly sixty percent of IDUs who faced some physical violence reported that they had informed someone about the violence they faced (Table 5.16). In states such as Delhi, Madhya Pradesh, Odisha, Uttar Pradesh, Jharkhand, Andhra Pradesh, Arunachal Pradesh, Mizoram, Gujarat and Kerala, between 60% and 78% of IDUs who faced violence had informed someone, higher than the national average. However in a number of states in the north (Chandigarh, Haryana, Himachal Pradesh, Uttarakhand and Jammu & Kashmir) and in northeast (Assam, Meghalaya and Sikkim), Goa and Maharashtra lower proportion of IDU, between 30% and 45%, had informed someone about the violence. In all other states, the proportion who informed someone was similar to the national average.

5.6 Sexually Transmitted Infections

IDUs are at risk of acquiring sexually transmitted infections and untreated STIs makes IDU and their partners vulnerable to HIV infection. One of the focus areas of the HIV prevention programme in the country includes screening and treatment for STIs on a regular basis. To understand the levels of knowledge and awareness about STIs, questions on STIs were included in the IBBS. All IDUs were asked about awareness regarding sexually transmitted infections, including: a) knowledge of one or more of the following STI symptoms: genital ulcer/sore, urethral discharge, or genital warts; b) occurrence of any of the following STI symptoms in last 12 months: genital ulcer/sore, urethral discharge, or genital warts and c) treatment sought among those who had at least one STI symptoms in reference period.

5.6.1 Awareness and Knowledge about STI

Nationally, three fourth of IDUs had heard about STI and by state it ranged between 55% in Goa and 97% in Mizoram (Table 5.17) Eighty percent or more IDU in the states of Himachal Pradesh, Chandigarh, Chhattisgarh, Bihar, Jharkhand, West Bengal, Assam and Mizoram were aware of STIs. Awareness about STIs was reported by less than 70% of IDU in the states of Rajasthan, Uttarakhand, Jammu & Kashmir, Madhva Pradesh, Uttar Pradesh, Odisha, Meghalaya, Goa, Gujarat and Karnataka. Among those who had heard of STI, knowledge of at least one symptoms was reported by 89% of IDUs at the national level (Table 5.17). In the vast majority of the states, knowledge was similar or higher than the national average. In some states such as Jharkhand (17%), Madhya Pradesh (70%), Arunachal Pradesh (55%) and Himachal Pradesh (73%) a relatively lower proportion of IDUs could describe at least one symptom of STI.

5.6.2 Symptoms of STI

All IDUs in IBBS were asked about the occurrence of one or more STI symptoms (i.e. Genital ulcer/ sore, Urethral discharge, and Genital warts) in the last 12 months. Overall about 16% of IDU had some STI symptoms at the national level (Table 5.17).

In the states of Delhi, Haryana, Uttarakhand, Jammu & Kashmir and Gujarat, between one fourth and two fifth of IDUs reported having had one or more STI symptom in the last 12 months. In a few other states/UT such as Punjab, Chandigarh, Chhattisgarh, Bihar, Nagaland, Goa, Andhra Pradesh and Karnataka, between 17% and 23% of IDUs had some STI symptom. In all other states the proportion of IDUs who reported that they had experienced one or more STI symptoms was close to or lower than the national average.

5.6.3 Treatment seeking for STI

IDUs who had an STI symptom in the last 12 months were asked about one or more actions that they had taken for the STI symptom, including seeking treatment. Nationally close to two third of IDUs had sought treatment in either an NGO run clinic (34%) or Government facility (30%) (Table 5.17). The proportion of IDUs who had sought treatment at an NGO / TI run clinic was considerably higher than the national average in the states of Delhi (83%), Rajasthan (43%), Chhattisgarh (50%), Nagaland (50%), Tripura (58%) and Andhra Pradesh (56%). In many states, a considerable proportion of IDUs (more than one third) reported seeking treatment for the STI episode at government facilities; such states/UT were Punjab, Jammu & Kashmir, Uttarakhand, Chandigarh, Odisha, West Bengal, Arunachal Pradesh, Assam, Meghalaya, Goa, Maharashtra and all states in the south. In Jharkhand and Tripura, treatment seeking in government hospitals was reported by less than 10% of IDU.

Treatment seeking at private clinics was reported by 14% of IDUs nationally and by one fourth or more of IDUs in the states of Punjab, Rajasthan, Jammu & Kashmir, Bihar and Gujarat. In general, the proportion of IDUs who had sought treatment in private clinics was lower than one fifth of the sample in the south and central states; whereas in other regions some states such as Haryana, Arunachal Pradesh and Assam had higher proportion (over one fifth) of IDUs who sought treatment for last STI episode at a private clinic.

Nationally 9% of IDUs reported that they had sought treatment from private pharmacy for STI symptoms. About 23% of IDUs in Haryana and 25% in Himachal Pradesh reported seeking advice for the STI symptom from a private pharmacy, higher than in any other state (Table 5.17). Treatment seeking from traditional or alternative practitioners was reported by 12% of IDUs nationally and in most states this proportion was less than this national average. In the states of Punjab (28%), Madhya Pradesh (52%) and Gujarat (60%), a substantially larger proportion of IDUs had sought treatment from alternative practitioners. About 17% of IDUs at the national level reported that they had not taken any action for the last STI symptom. In general, the proportion of IDUs who had not taken any action for the STI symptom was higher in many states of the northeast including Manipur, Mizoram, Sikkim and Tripura. Around 20-30% of IDUs in the states of Bihar, West Bengal and Kerala had not taken any action for the last STI episode (Table 5.17).

Table 5.17: Sexually	<pre>/ Transmitted Infections.</pre>	IDU National IBBS	. India 2014-15
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			Aware of at least one STI symptom* (%)	Had at least one STI symptom^ (%)	Sought Treatment from [@] (%)						
State	N	Heard of STIs (%)			NGO/ TI run clinic	Govern- ment Facility	Private Facility	Private Pharmacy	Traditional/ Homeopath/ Unani/ Auyrvedic practitioners	Did Nothing	
North											
Chandigarh	401	88.2	81.0	17.0	11.6	57.2	16.2	4.1	3.1	12.2	
Delhi	790	72.3	99.8	34.9	83.2	21.0	7.3	7.8	7.7	0.8	
Haryana	1,437	74.1	85.1	27.3	11.5	30.7	23.3	22.7	18.2	13.8	
Himachal Pradesh	403	80.3	72.8	14.7	3.0	29.5	2.2	25.1	10.3	17.7	
Jammu & Kashmir	359	65.6	77.3	27.3	30.0	35.2	31.8	14.9	3.2	10.3	
Punjab	1,087	72.7	91.3	23.1	31.3	35.1	30.8	8.7	27.6	16.8	
Rajasthan	273	58.7	98.1	15.1	43.3	23.6	28.9	12.9	0.0	5.8	
Uttarakhand	411	60.7	82.6	40.7	24.6	42.6	8.1	2.4	9.7	2.6	
Central											
Chhattisgarh	764	89.4	81.8	19.4	50.1	29.2	11.3	1.8	6.8	1.7	
Madhya Pradesh	1,175	66.4	70.3	15.4	8.5	18.6	12.8	10.9	51.9	15.1	
Uttar Pradesh	1,587	58.8	86.4	14.0	14.5	23.2	12.1	8.0	8.5	14.0	
East											
Bihar	288	81.4	93.2	19.1	24.6	13.0	28.0	18.0	3.9	29.6	
Jharkhand	393	89.8	17.0	2.5	0.0	8.7	38.4	27.8	3.4	18.5	
Odisha	391	62.6	97.9	12.8	9.4	68.3	11.7	0.9	11.8	6.1	
West Bengal	596	80.2	84.9	13.7	25.9	39.0	11.9	3.4	7.1	25.6	

			Aware of at least one STI symptom* (%)	Had at least one STI symptom^ (%)	Sought Treatment from [@] (%)					
State	N	Heard of STIs (%)			NGO/ TI run clinic	Govern- ment Facility	Private Facility	Private Pharmacy	Traditional/ Homeopath/ Unani/ Auyrvedic practitioners	Did Nothing
Northeast										
Arunachal Pradesh	397	73.6	55.0	4.7	41.6	50.1	24.4	12.5	5.6	0.0
Assam	805	90.6	97.3	4.4	17.0	70.1	20.8	10.1	0.0	1.4
Manipur	1,594	78.4	88.8	11.3	27.6	25.7	9.1	10.7	1.7	35.8
Meghalaya	396	67.4	92.9	2.7	24.4	63.2	24.9	0.0	7.3	6.2
Mizoram	1,084	96.5	86.0	7.2	18.7	17.6	4.3	1.0	0.0	26.1
Nagaland	1,198	77.9	94.5	18.5	49.5	22.9	10.0	9.2	4.6	14.8
Tripura	286	70.2	98.3	6.1	57.8	7.9	6.6	10.5	2.6	26.5
Sikkim	385	73.9	97.5	15.9	21.9	11.3	0.0	0.8	1.2	56.7
West										
Goa	380	54.8	92.2	19.0	38.3	53.0	11.8	2.2	0.7	0.9
Gujarat	394	56.9	99.8	39.4	31.0	18.1	28.2	17.0	60.4	0.0
Maharashtra	383	75.7	82.2	8.4	8.5	79.1	17.7	5.1	5.1	4.5
South										
Andhra Pradesh	768	74.6	99.0	17.7	56.4	76.5	4.4	2.7	0.3	1.0
Karnataka	364	62.8	100.0	17.2	11.0	71.3	11.5	8.6	12.3	0.8
Kerala	1,113	79.6	97.6	10.0	23.4	41.6	18.2	11.8	0.4	19.3
India	19,902	76.1	89.3	15.6	34.2	29.8	14.2	9.3	11.7	16.9

Table 5.17: Sexually Transmitted Infections, IDU National IBBS, India 2014-15 (contd...)

*Among those who had heard of STIs ; ^ Includes those who reported to had at least one of the following symptoms: genital ulcer/sore, urethral discharge, or genital warts; @ among those who had a STI symptom in reference period ; multiple response question

5.7 HIV/AIDS related knowledge and practices

Being aware about HIV/AIDS and having knowledge about routes of HIV transmission and prevention methods are important pre-requisites for practicing behaviors that can be protective against HIV infection. Similarly incorrect understanding and knowledge that is not comprehensive can act as barriers to practicing protective behaviors. Therefore a primary aim of HIV prevention is to ensure that core groups such as IDUs have awareness and correct knowledge about HIV/AIDS. Information about the current level of knowledge among IDU, about the routes of HIV transmission, knowledge about HIV testing and practice and awareness about ART treatment, were asked in IBBS.

5.7.1 Awareness of HIV and Knowledge about transmission

Awareness about HIV/ AIDS was high and reported by 96% of IDU nationally and across the vast majority of states. In states of Arunachal Pradesh, Tripura, Goa, Gujarat and Karnataka, 80-88% of IDUs were aware about HIV/ AIDS (Table 5.18). Over 90% of IDUs had knowledge about the three main routes of transmission: Unprotected sex (95%), sharing needles (96%) and through infected needle (93%). Across the states, knowledge about the three routes of transmission was similar to or higher than the national average for each route. There were a few exceptions, such as Maharashtra, where between 76% and 89% reported awareness about these three routes of transmission. In some states such as Rajasthan (68%), Uttar Pradesh (81%), Arunachal Pradesh (82%), Goa (74%) and Maharashtra (80%), knowledge about transmission through infected blood transfusion was somewhat lower compared with other states.

5.7.2 Misconceptions

All IDUs who reported that HIV can be transmitted through mosquito bite and / or sharing a meal with an infected person, were defined as having a misconception about HIV transmission. About 26% of IDUs were found to have misconception about HIV/ AIDS routes of transmission. In states such as Haryana, Himachal Pradesh, Punjab, Uttarakhand, Jammu & Kashmir, Uttar Pradesh, Madhya Pradesh, Meghalaya, Jharkhand, Odisha, Nagaland and Maharashtra, more than one third IDUs were found to have misconceptions. Among other states the proportion of IDUs who had misconception of HIV transmission was similar or lower than the national average.

5.7.3 Awareness about Prevention methods

HIV/AIDS prevention programmes focus their efforts and messages on promoting behaviors that can reduce the chance of HIV infection. IDUs who were aware of HIV/AIDS were asked specific questions about the four prevention methods: preventing HIV infection by having sex with one uninfected partner who has no other sex partners, by always using a condom during every sex act, avoiding the use of shared needles and syringes while injecting and getting blood thoroughly tested before transfusion

A vast majority of IDUs reported knowledge of each of prevention method: having one uninfected partner who has no other partner (89%), always use condom while engaging in sex (91%), avoid use of shared injection needles and syringe (88%), and get blood tested before getting transfusion (87%) (Table 5.18). In the majority of states, knowledge about these four methods of prevention was similar or higher than the national average. In some states however there were variations. Awareness about having one uninfected partner as a prevention method was high (more than 80%) in most states except in Rajasthan, Uttar Pradesh, Arunachal Pradesh, Assam, Goa and Maharashtra, where it ranged between 55% and 78%.
		Heard	Among t awaren	those who h ess of route	ave heard o es of transm	f HIV/AIDS, ission (%)	Amon awar	g those who l eness of met	have heard of hods of prevei	HIV/AIDS, ntion(%)	Among those who have heard of HIV/AIDS
State	N	Heard of HIV/ AIDS (%)	Un- protected Sex	Sharing infected needles	Through Infected blood trans- fusion	Having mis- conception* about route of transmission	Having sex with one partner	Always using condoms during sex	Avoid use of shared injection needles	Getting blood thoroughly tested before trans- fusion	Comprehensive knowledge of HIV/ AIDS** (%)
North											
Chandigarh	401	98.4	98.7	99.4	99.0	24.1	94.0	97.7	97.5	98.5	62.7
Delhi	790	91.8	99.0	98.9	98.4	30.8	84.5	95.2	94.2	95.0	45.2
Haryana	1,437	94.8	96.8	95.2	85.7	37.1	84.2	93.0	85.3	81.0	28.8
Himachal Pradesh	403	96.9	91.2	94.5	89.1	40.2	88.7	91.3	82.9	86.1	28.1
Jammu & Kashmir	359	96.1	88.8	91.5	87.6	37.6	82.2	83.7	84.8	79.7	28.5
Punjab	1,087	96.9	96.3	96.5	92.5	38.1	80.0	86.3	84.6	81.6	33.4
Rajasthan	273	89.6	90.2	82.2	67.7	24.9	71.3	82.1	71.8	62.4	33.5
Uttarakhand	411	96.8	97.0	98.4	97.5	41.8	85.8	94.8	94.3	91.5	34.0
Central											
Chhattisgarh	764	99.6	95.8	96.2	90.2	26.8	90.1	94.2	80.8	87.7	44.3
Madhya Pradesh	1,175	95.0	92.8	92.7	90.7	35.3	85.0	92.1	86.3	86.1	39.3
Uttar Pradesh	1,587	90.1	89.2	90.3	81.2	35.7	72.3	83.2	73.1	71.1	20.0
East											
Bihar	288	94.4	93.6	94.8	92.9	19.7	87.2	95.7	94.6	87.8	26.3
Jharkhand	393	97.9	94.0	94.9	94.1	56.7	87.5	95.4	93.4	93.3	28.9
Odisha	391	96.4	95.4	97.2	95.0	35.5	91.9	94.5	94.6	90.8	47.6
West Bengal	596	93.9	91.9	89.1	89.9	25.5	84.8	95.0	86.6	79.7	50.7
Northeast											
Arunachal Pradesh	397	86.6	99.3	96.8	81.5	12.1	72.5	86.5	83.8	58.2	35.6
Assam	805	97.5	94.6	95.9	93.5	19.4	65.7	90.4	81.0	84.5	39.9
Manipur	1,594	98.4	97.0	98.8	98.8	17.3	92.8	96.6	96.1	98.0	52.1
Meghalaya	396	94.7	91.2	91.1	85.7	51.3	80.7	85.3	87.3	82.3	20.8
Mizoram	1,084	99.9	98.4	96.1	99.4	14.8	92.4	87.0	98.1	96.1	61.3

Table 5.18: HIV/AIDS related knowledge, IDU National IBBS, India 2014-2015

		Heard	Among those who have heard of HIV/AIDS, awareness of routes of transmission (%)				Amon awar	Among those who have heard of HIV/AIDS			
State	N	of HIV/ AIDS (%)	Un- protected Sex	Sharing infected needles	Through Infected blood trans- fusion	Having mis- conception* about route of transmission	Having sex with one partner	Always using condoms during sex	Avoid use of shared injection needles	Getting blood thoroughly tested before trans- fusion	Comprehensive knowledge of HIV/ AIDS** (%)
Nagaland	1,198	98.6	95.7	97.4	96.7	36.7	83.9	85.2	81.9	80.5	32.4
Tripura	286	88.3	94.6	90.1	90.9	26.2	82.0	90.2	86.8	89.5	40.6
Sikkim	385	95.8	98.3	99.6	96.7	28.8	89.0	97.0	93.7	92.8	55.0
West											
Goa	380	80.4	86.2	87.2	74.1	30.4	55.1	69.4	65.3	59.6	24.6
Gujarat	394	88.0	95.0	93.8	84.2	23.4	82.5	74.1	83.3	76.4	28.1
Maharashtra	383	94.6	88.5	75.9	80.3	43.0	78.1	83.1	75.3	76.2	18.9
South											
Andhra Pradesh	768	97.6	94.0	96.1	95.4	10.8	88.5	89.7	87.6	85.2	67.3
Karnataka	364	86.7	97.8	90.5	85.2	11.0	84.4	90.1	88.2	77.3	30.6
Kerala	1,113	98.5	98.6	96.9	94.5	9.5	91.3	93.1	89.5	87.5	51.4
India	19,902	96.0	95.4	95.5	93.4	26.1	88.5	91.1	88.0	86.8	42.6

Table 5.18: HIV/AIDS related knowledge, IDU National IBBS, India 2014-2015 (contd...)

*misconception was defined as believing that HIV can be transmitted through mosquito bite or by sharing a meal with someone who is infected; **Comprehensive knowledge of HIV/AIDS has been defined as (i) Knowing two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), (ii) rejecting two most common local misconceptions about HIV transmission and (iii) being aware that a healthy looking person can be infected with HIV

Knowledge about always using condoms as a prevention method was found to be relatively low in western states of Goa and Gujarat (69% and 74% respectively). Less than three fourth of IDUs in the states of Rajasthan, Uttar Pradesh and Goa had knowledge about avoiding the use of shared injection needle/ syringe as a HIV prevention method. The pattern was similar in these same states and additionally in Arunachal Pradesh, regarding knowledge about getting blood tested before getting transfusion, ranging between 58% and 71%.

5.7.4 Comprehensive Knowledge about HIV/ AIDS

A composite indicator for comprehensive knowledge on HIV transmission routes and prevention methods was derived based on the information collected during IBBS. Comprehensive knowledge of HIV/AIDS was defined as (i) Knowing any two methods of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), (ii) rejecting two most common local misconceptions about HIV transmission and (iii) being aware that a healthy-looking person can be infected with HIV. Over two fifth of the IDUs were found to have comprehensive knowledge (43%) about HIV/ AIDS. In some states more than half the IDUs had comprehensive knowledge including Chandigarh, West Bengal, Manipur, Mizoram, Sikkim, Andhra Pradesh and Kerala. Around 20% of IDUs in the states of Uttar Pradesh, Meghalaya and Maharashtra had comprehensive knowledge, lower than all other states. In general the proportion of IDUs who had comprehensive knowledge was lower or similar to the national average in most of the states.

5.8 HIV testing Practices and ART related knowledge

IDUs are greater risk for HIV infection and are recommended to get tested for HIV periodically in a year. HIV testing can ensure that infected persons are referred for treatment and counseled on safe injection practices as well as safe sexual practices in order to avoid potential transmission to their partners/ others. Improved knowledge about HIV and self-risk perception can increase in voluntary HIV testing, making it an important indicator to be monitored by HIV prevention programme.

5.8.1 Awareness of Place of Testing

All IDUs, who had heard of HIV/AIDS, were asked if they were aware about a place where they can get tested for HIV. A high proportion of IDUs were aware about place of HIV testing (91%) at national and across most of the states (82% to 100%). In states of Rajasthan, Uttar Pradesh and Jharkhand, a lower proportion of IDUs were aware about place of HIV testing, ranging between 59% and 80% (Table 5.19).

Among those who were aware of place where HIV testing is available, 91% reported that HIV testing was available in government hospitals, 38% reported that HIV testing was available through NGOs and 23% said that it was available at a private facility. Across the states, awareness about HIV testing availability in government hospitals was high in majority of states ranging between 77% in Meghalaya and 100% in Jharkhand. In the states of Rajasthan (69%) and Gujarat (59%) a lower proportion of IDUs were aware about HIV testing availability in government hospitals.

Knowledge about availability of testing in private hospitals was lower than the national average of 23% in all states of the north, central and east, except for Chandigarh (30%), Punjab (28%) and Bihar (42%). With the exception of Andhra Pradesh, the proportion of IDUs who were aware of testing availability at private hospitals in the southern and western states was higher than national average, ranging between 30% and 57%. In the northeast, in most of the states, between 22% and 38% of IDUs were aware about testing at private hospital, except for states of Assam, Mizoram, Nagaland and Tripura where it was lower than 20%. Knowledge about HIV testing availability at NGOs was higher among the IDUs in the northeastern states, ranging between 39% and 71% in most states (Table 5.19).

5.8.2 Testing for HIV

Overall 65% of IDU reported that they had been tested for HIV in their lifetime; and among them 92% reported getting tested in the last 12 months (Table 5.19). In the northeastern states of Manipur (79%), Meghalaya (87%), Mizoram (92%) and Nagaland (80%), considerably higher proportion of IDUs than in any other state had ever been tested for HIV. In some other states/UT such as Andhra Pradesh and Chandigarh between 84% and 88% of IDU had been ever tested. The proportion of IDUs who were ever tested, was lower in states of Himachal Pradesh (33%), Uttar Pradesh (30%) and Bihar (29%). Other states where somewhat lower proportion of IDUs had ever been tested for HIV, between 35% and 41%, were the states of Haryana, Jharkhand, Sikkim, Karnataka and Kerala (Table 5.19).

Among those who had been ever tested, the proportion of IDUs who tested in the last 12 months across the different states was largely similar to the national scenario, ranging between 95% and 100% in a majority of states. This proportion was lower in some states such as Himachal Pradesh (78%), Jammu & Kashmir (86%), Uttar Pradesh (89%) and Manipur (81%).

5.8.3 Voluntary HIV Testing

About 40% of IDUs reported that they had tested for HIV on their own (voluntarily) and were not referred by anyone. In a number of the states the proportion of IDUs who had voluntary tested was considerably higher than national average; these states were Maharashtra (67%), Karnataka (53%), Chhattisgarh (63%),

Mizoram (60%), Assam (59%), Haryana (58%), Chandigarh (54%), Nagaland (53%) and Jammu & Kashmir (51%). States where voluntary testing was relatively lower compared with national average, ranging between 15% and 32%, were Delhi, Rajasthan, Uttarakhand, Madhya Pradesh, Jharkhand, West Bengal, Arunachal Pradesh, Meghalaya, Tripura, Sikkim and Gujarat (Table 5.19).

5.8.4 HIV Test Result collection

Nationally 87% of IDU who had been ever tested for HIV reported that they had collected their HIV test result. In the vast majority of states this proportion was similar or higher; however in some states the proportion of IDUs who had collected test result was lower than three fourth of the sample, including in states such as Himachal Pradesh (67%), Uttar Pradesh (69%), Bihar (72%), Tripura (60%), Goa (56%), Karnataka (56%) and Kerala (71%). In general, collection of test result was reported by a higher proportion of IDUs in more states in northern, central, eastern and northeastern regions, rather than in southern and western states.

State		Aware of place	Aware about testing availability at** (%)			Ever Tested	Among t	hose who were for HIV/AIDS(Aware of Place of ART	
	N*	of HIV testing (%)	Govt. Hospital	Pvt Hospital	NGO	for HIV/AIDS (%)	Tested for HIV/ AIDS in last 12 months	Voluntarily tested	Collected HIV Test Result	Aware of ART	(among those aware about ART) (%)
North											
Chandigarh	394	98.6	95.0	29.5	61.0	84.3	99.6	53.5	88.0	53.9	98.2
Delhi	737	95.2	86.9	9.6	35.4	69.3	98.9	17.4	94.0	29.0	97.4
Haryana	1,350	95.2	94.1	21.9	18.8	40.3	93.7	57.6	84.9	32.1	97.6
Himachal Pradesh	392	82.3	89.4	3.6	19.8	32.6	78.0	42.6	66.8	22.1	92.2
Jammu & Kashmir	349	93.5	92.2	19.3	22.0	55.8	86.2	50.6	79.1	35.9	98.5
Punjab	1,057	90.5	94.3	27.9	31.9	54.9	98.2	43.9	79.3	29.7	92.0

Table 5.19 Knowledge and practices regarding HIV testing and ART, IDU National IBBS, India 2014-15

		Aware of place	Aware availa	e about testi bility at** (ng %)	Ever Tested	Among ti	hose who were for HIV/AIDS (ever tested %)		Aware of Place of ART (among those aware about ART) (%)
State	N*	of HIV testing (%)	Govt. Hospital	Pvt Hospital	NGO	for HIV/AIDS (%)	Tested for HIV/ AIDS in last 12 months	Voluntarily tested	Collected HIV Test Result	Aware of ART	
Rajasthan	240	80.0	68.7	5.8	34.7	52.1	91.6	15.6	82.5	19.0	97.4
Uttarakhand	396	97.4	94.3	19.1	29.9	75.4	97.1	27.1	83.4	45.6	98.5
Central											
Chhattisgarh	758	98.2	92.0	15.1	17.4	69.1	98.1	63.0	85.4	49.3	97.7
Madhya Pradesh	1,107	84.5	88.5	21.3	19.1	52.1	98.8	27.6	82.0	44.7	94.3
Uttar Pradesh	1,424	74.4	93.7	13.4	18.8	30.3	89.1	41.8	69.1	20.8	94.1
East											
Bihar	273	82.5	99.6	41.9	26.6	29.2	92.2	34.6	71.5	9.7	97.9
Jharkhand	381	59.5	100.0	8.3	7.3	38.6	94.9	24.7	96.1	3.8	97.7
Odisha	382	98.1	96.2	8.8	11.6	66.5	95.2	37.7	87.7	50.7	97.0
West Bengal	543	88.5	86.3	11.5	29.2	79.7	95.9	22.9	86.8	42.5	87.5
North east											
Arunachal Pradesh	331	93.2	92.7	38.3	63.6	48.4	100.0	23.6	86.7	34.7	98.0
Assam	769	94.0	96.3	15.0	28.5	47.3	99.8	59.4	96.5	56.0	95.0
Manipur	1,545	94.3	95.1	37.0	45.8	79.2	81.2	37.0	87.6	90.2	78.0
Meghalaya	351	97.6	77.1	22.1	42.2	87.2	97.6	27.8	90.3	30.9	97.2
Mizoram	1,081	98.0	80.8	16.2	70.6	91.6	95.0	59.5	90.9	81.3	83.3
Nagaland	1,182	86.1	76.9	12.0	63.9	80.4	95.4	53.0	92.1	57.2	82.5
Tripura	265	87.9	95.8	11.8	15.4	66.6	95.8	31.5	60.0	38.3	93.9
Sikkim	373	95.4	98.4	30.4	37.5	41.8	99.0	25.3	76.4	41.0	98.0
West											
Goa	298	99.6	84.6	29.8	49.9	58.4	100.0	35.0	56.3	32.7	99.6
Gujarat	358	91.8	59.1	32.3	14.5	77.2	100.0	14.5	80.6	63.7	98.1
Maharashtra	360	89.9	96.2	52.3	24.8	70.0	100.0	67.3	88.2	47.8	82.0
South											
Andhra Pradesh	747	96.2	97.8	16.4	23.3	88.4	99.6	36.3	97.5	47.2	97.2
Karnataka	326	95.0	95.1	56.6	36.5	37.7	100.0	53.0	56.3	39.9	100.0
Kerala	1,095	95.6	95.8	32.0	28.9	34.7	92.9	44.1	70.7	36.7	99.7
India	18,864	90.9	90.5	23.4	37.8	64.8	91.9	40.4	86.5	53.7	85.7

Table 5.19 Knowledge and practices regarding HIV testing and ART, IDU National IBBS, India 2014-15 (contd...)

*N represents those who were aware of HIV or AIDS; ** based on multiple response question

5.8.5 Awareness about ART

Over half of IDU were aware about ART (54%). Awareness about ART was higher in some of the states in the northeast, east, central and western regions (Table 5.19). Among northeast states of Assam, Manipur, Mizoram, Nagaland between 56% and 90% were aware of ART, whereas in the states of Chandigarh, Uttarakhand, Chhattisgarh, Gujarat and Odisha, between 46% and 54% of IDU reported the same. Less than two fifth of IDUs had awareness about ART in all northern states except Uttarakhand and Chandigarh, Uttar Pradesh, Jharkhand, Bihar, Arunachal Pradesh, Meghalaya, Tripura, Goa and Kerala.

Awareness about places where ART is available was high among IDUs who were aware about ART and reported by 86% of respondents nationally (Table 5.19). In a majority of states, more than 90% of IDUs were aware of places where ART is available. In a few states such as Manipur, Mizoram, Nagaland, Maharashtra and West Bengal; between 78% and 84% of IDUs were aware about places of ART availability.

5.9 Stigma and Discrimination

IDUs are known to be marginalized due to their injecting behaviours. They experience considerable stigma and discrimination in society from family, friends, employers, service providers and many other sections. This often forces them to be hidden which prevents them from accessing the services that they need. To assess the level of stigma and discrimination faced, all IDU in IBBS were asked if they were treated disrespectfully by family, friends or neighbors, and if they had felt that they were treated differently (with less care or attention) compared to others in health facilities, because of being an IDU. Over two fifth (46%) of IDUs perceived that they were treated disrespectfully by family, friends, neighbors etc, nationally (Table 5.20). Such stigma was perceived by a higher proportion of IDUs in a number of northern states such as Delhi (45%), Rajasthan (48%), Jammu & Kashmir (55%), and in northeastern states such as Arunachal Pradesh (54%), Manipur (56%), Nagaland (51%) and Sikkim (55%). Among other states, higher proportion of IDUs in West Bengal (50%), Uttar Pradesh (46%) and Maharashtra (48%) had perceived this type of stigma. Compared to other regions of the country, lower proportion of IDUs from southern states (about one third or less) perceived that they were treated disrespectfully by those known to them.

One fourth of IDUs perceived that they had been treated differently in a health facility because of being an IDU. Similar to above, higher proportion of IDUs in the northern states of Delhi, Haryana, Punjab, Rajasthan, and Jammu and Kashmir (between 28% and 44%) perceived that they were treated differently in a health facility (Table 5.20). Among other regions, between 25% and 48% of IDUs in the states of Uttar Pradesh, West Bengal, Bihar, Arunachal Pradesh, Nagaland, Sikkim, Gujarat and Maharashtra perceived that they were treated differently in a health facility. Less than or close to 10% of IDUs in the states of Chhattisgarh, Jharkhand, Assam, Tripura and Karnataka perceived that they were treated differently in health facilities. In all other states similar proportion as the national average had perceived that they were treated differently in health facilities.

State	N	General Stigma*	Stigma at health facility^
North			
Chandigarh	401	34.3	22.5
Delhi	790	45.4	40.4
Haryana	1,437	43.7	27.5
Himachal Pradesh	403	24.0	15.3
Jammu & Kashmir	359	55.9	43.6
Punjab	1,087	41.0	30.8
Rajasthan	273	48.3	33.9
Uttarakhand	411	26.3	21.8
Centre			
Chhattisgarh	764	14.0	9.0
Madhya Pradesh	1,175	44.3	22.5
Uttar Pradesh	1,587	46.2	32.2
East			
Bihar	288	45.4	37.8
Jharkhand	393	32.7	6.1
Odisha	391	42.4	13.0
West Bengal	596	49.6	25.4
Northeast			
Arunachal Pradesh	397	53.8	47.7
Assam	805	44.8	10.2
Manipur	1,594	54.5	20.0
Meghalaya	396	37.1	15.9
Mizoram	1,084	45.0	20.7
Nagaland	1,198	51.2	37.2
Tripura	286	22.4	7.3
Sikkim	385	55.0	29.0
West			
Goa	380	26.3	21.5
Gujarat	394	40.1	38.3

Table 5.20: Stigma and Discrimination, IDU National IBBS, India 2014-15

State	Ν	General Stigma*	Stigma at health facility^
Maharashtra	383	48.0	28.9
South			
Andhra Pradesh	768	33.0	23.1
Karnataka	364	30.5	11.7
Kerala	1,113	32.3	21.2
India	19,902	46.0	25.6

Table 5.20: Stigma and Discrimination, IDU National IBBS, India 2014-15 (contd...)

*General Stigma defined as : if IDU had felt that they were treated disrespectfully by their family, friends or neighbor because of being an IDU ^Stigma at health facility defines as : if IDU had felt that they were being treated differently (such as received less care, attention) than others in health facilities because of being an IDU

5.10 Programme Exposure

National AIDS Control Programme (NACP) offers a comprehensive package of services for IDU through targeted interventions. Outreach, needle-syringe exchange (NSEP), opioid substitution therapy (OST), abscess management, condom distribution and HIV Testing are key component of comprehensive services offered to IDU under NACP. IBBS enquired respondents about exposure to HIV/ AIDS related services from any NGO/programme/ individual/ group.

5.10.1 Exposure to HIV/AIDS related services

Nationally, over four fifth (81%) of respondents had been exposed to at least one of HIV/AIDS related services during 12 months prior to the survey. About seventy three percent of IDUs reported that they had received new needles/ syringes from PE or ORW while 58% reported to receive information on STI/HIV during 12 month prior to survey. Around 32% reported that they received OST services; 35% reported that they had received referral services to ICTC, detox center etc and around 25% of respondents reported to receive abscess management services during the reference period. State wise, three fourth or more respondents across most states reported that they were exposed to HIV/AIDS related services during 12 months preceding the survey (Table 5.21). However, there were some states in north (Haryana, Himachal Pradesh, Rajasthan & Jammu & Kashmir), all central states, the northeastern state of Assam and southern state of Karnataka, where relatively lower (60% to 70%) proportion of IDUs were exposed to HIV/ AIDS services during reference period. In the western states of Goa and Maharashtra, less than sixty percent of respondents (56% and 57% respectively) were exposed to any services; while 53% of respondents in southern state of Kerala reported that they were exposed to any of HIV/ AIDS related services during reference period.

Table 5.21 presents the state wise proportion of respondents exposed to each of the five core HIV/ AIDS related services in the last 12 months. Overall, about 58% of respondents reported being exposed to STI/HIV related IEC services. However, in all the states of northern India (except for Rajasthan and Jammu and Kashmir), between 40% and 57% of respondents reported that they had received IEC services. In the states of Uttar Pradesh, Assam, Goa, Maharashtra, Karnataka and Kerala less than two fifth of IDUs reported exposure to IEC services. Close to three fourth of IDUs reported being exposed to NSEP (73%) (Table 5.21). Among northern states, except for Haryana, Himachal, Rajasthan, Jammu & Kashmir, a higher proportion of IDUs than the national had been exposed to NSEP. Similarly in northeast, except for Assam, over three fourth of IDUs in all other states were exposed to NSEP. Seventy three percent of IDUs in Odisha and 89% in Andhra Pradesh were exposed to NSEP. In all other states this proportion was lower than the national average.

Close to one third of IDUs reported that they had received OST services in the last year (Table 5.21). In north-eastern state of Meghalaya, 71% of respondents reported receiving OST services, while close to two-third of respondents in Chandigarh reported the same. In north-eastern state of Arunachal Pradesh and southern state of Andhra Pradesh, less than 10% of respondents reported exposure to OST services. In the states of Haryana, Himachal Pradesh, Uttar Pradesh, Bihar, Odisha, Mizoram, Sikkim, Maharashtra and Karnataka, between 10% and 21% of respondents had availed OST services.

One fourth of the IDUs reported that they had received abscess management services in the last year (Table 5.21). In the northeastern state of Meghalaya, 68% of respondents reported receiving abscess management services. In Chandigarh and Nagaland, between 55% and 60% of IDUs reported that they had received abscess management services. Less than 10% of IDUs in states such as Himachal Pradesh, Arunachal Pradesh, Assam, and Karnataka, reported that they had received abscess management services.

Over one third of IDUs reported that they had received referral services (35%) in the last 12 months. Similar to the above services, referrals were reported by a higher proportion of IDU in Chandigarh and Meghalaya (more than 60%). Except for Arunachal Pradesh, Assam and Mizoram, the proportion of IDUs who had received referral services in all other northeastern states was higher than the national average (Table 5.21).

5.10.2 Contacts by Peer Educators

IBBS enquired about exposure to HIV/AIDS related services during the month preceding the survey. Peer based outreach is core to HIV/AIDS programme delivery through TIs under NACP and at least two contacts by PE/ORW is expected every month as per the norm. Similarly IDU covered through TIs are expected to receive a minimum of 30 new N/S and 10 condoms every month to facilitate safe behaviors.

Among those who had been exposed to any HIV/ AIDS services, eighty percent of the respondents reported that they had been contacted at least twice by PE/ORW in the last month (Table 5.21).

State wise, two or more contacts by PE/ORW was reported by 70% or higher proportion of respondents in most of the states. In north-eastern state of Arunachal Pradesh and southern states of Karnataka and Kerala, between 49% and 57% of respondents reported that they were contacted by PE/ORW twice in reference period. In northern state of Jammu & Kashmir, northeastern state of Assam and western state of Gujarat, around two third of the respondents reported the same.

5.10.3 Received Needle/syringe in the last month

Thirty percent of IDUs had received 30 new needle / syringe (N/S) in the last month preceding the survey (Table 5.21). About

one-third to one half (30-51%) of the respondents in ten states/UT (Chandigarh, Delhi, Rajasthan, Chhattisgarh, Madhya Pradesh, Jharkhand, West Bengal, Manipur, Mizoram and Andhra Pradesh reported that they had received at least 30 N/S from the NGO/programme/ individual/group in the last one month. In all other states, 27% or lower proportion of respondents reported that they received 30 N/S in the month preceding the survey.

5.10.4 Received Condoms in the last month

Less than one third of IDUs reported to receive at least 10 condoms (31%) in last one month preceding the survey (Table 5.21). Less than one third of respondents in Delhi, Uttarakhand, Jammu and Kashmir, Uttar Pradesh, Arunachal Pradesh, Assam, Meghalaya, Goa, Gujarat, Maharashtra and Kerala had received at least 10 condoms in the last month. Among other states in the northern, central, and eastern region, one third or more of IDUs had received 10 or more condoms.

		Exposure	Receiv	ved the follo	wing HIV/ months	AIDS services in (%)	last 12	Among those who received any services in the last 12 months			
State	N	to any HIV/AIDS services^	New N/S	IEC	OST	Abscess Management	Referral	Contacted at least 2 times in last month	Received at least 30 new N/S in last month	Received at least 10 condoms in last month	
North											
Chandigarh	401	96.6	90.6	88.6	62.0	59.6	62.3	89.4	51.0	57.3	
Delhi	790	82.5	79.3	45.5	28.9	26.8	34.0	81.7	46.5	13.1	
Haryana	1,437	65.2	46.9	38.3	17.3	18.6	26.2	70.4	11.8	38.6	
Himachal Pradesh	403	68.0	58.3	41.7	10.1	8.0	16.0	71.8	6.7	36.5	
Jammu & Kashmir	359	52.0	46.3	35.8	44.1	16.9	35.0	60.9	1.8	19.8	
Punjab	1,087	85.4	74.5	57.6	36.8	24.4	23.0	84.6	10.4	34.3	
Rajasthan	273	61.9	57.8	33.9	28.4	29.4	21.6	76.5	36.3	39.5	
Uttarakhand	411	94.9	87.0	74.8	41.7	17.9	17.3	73.6	27.2	28.0	
Centre											
Chhattisgarh	764	69.1	66.8	56.7	35.4	25.3	30.2	85.7	39.8	39.4	
Madhya Pradesh	1,175	68.5	61.9	52.4	40.8	23.8	31.9	89.5	32.3	44.9	
Uttar Pradesh	1,587	61.1	50.6	31.6	13.8	10.8	13.0	79.7	23.5	7.6	
East											
Bihar	288	81.9	60.0	56.5	14.6	11.7	36.6	76.1	4.5	32.1	
Jharkhand	393	74.9	66.6	56.5	31.0	12.5	26.7	71.7	31.2	45.1	

Table 5.21: Exposure to HIV/AIDS related services, IDU National IBBS, India 2014-15

		Exposure	Receiv	ved the follo	wing HIV/ months	AIDS services in (%)	last 12	Among those who received any services in the last 12 months			
State	N	to any HIV/AIDS services^	New N/S	IEC	OST	Abscess Management	Referral	Contacted at least 2 times in last month	Received at least 30 new N/S in last month	Received at least 10 condoms in last month	
Odisha	391	81.6	73.3	57.5	18.0	22.7	40.6	79.9	25.4	47.2	
West Bengal	596	81.3	68.9	61.1	39.6	28.1	49.0	88.5	41.5	40.6	
Northeast											
Arunachal Pradesh	397	88.8	84.5	57.0	8.5	8.3	18.5	56.6	0.3	16.2	
Assam	805	70.5	66.0	35.9	29.4	3.2	28.7	65.3	9.1	20.1	
Manipur	1,594	93.7	90.5	75.2	38.1	25.9	53.4	83.9	47.0	30.5	
Meghalaya	396	77.4	72.9	72.2	71.4	68.4	67.8	84.6	2.3	27.7	
Mizoram	1,084	91.1	81.1	70.3	19.5	24.1	12.3	78.4	49.0	49.6	
Nagaland	1,198	93.3	86.1	78.8	45.5	55.3	45.1	76.8	14.1	36.3	
Tripura	286	91.8	75.4	74.0	49.6	23.8	58.0	79.1	2.6	45.8	
Sikkim	385	92.6	89.2	49.1	11.0	29.9	38.0	85.6	19.1	43.2	
West											
Goa	380	55.8	49.6	38.1	24.5	16.0	16.4	70.4	12.1	8.4	
Gujarat	394	95.9	70.9	52.5	42.8	37.8	43.3	66.4	15.0	5.4	
Maharashtra	383	56.9	37.5	34.5	21.4	19.7	24.7	77.9	11.5	27.1	
South											
Andhra Pradesh	768	92.5	89.3	75.9	7.9	14.5	44.6	89.5	31.2	43.8	
Karnataka	364	61.9	45.0	29.6	16.9	1.7	11.3	49.4	8.6	32.0	
Kerala	1,113	53.0	45.2	36.9	25.3	13.7	16.3	54.1	6.3	6.2	
India	19,902	80.6	72.8	58.2	31.8	24.8	35.0	80.0	30.6	30.8	

Table 5.21: Exposure to HIV/AIDS related services, IDU National IBBS, India 2014-15 (contd...)

^ IDU were categorized as having received any HIV/ AIDS services from any NGO/programme/individual/group in the last 12 months if they reported to receive one or more of the following services: received new needle/ syringe from PE, IEC on STI/ HIV/AIDS, received condoms, received OST, received abscess management services, seen condom demonstration, received checkups, counseling & free medicine for STI, visited drop-in-center, referred for overdose management and other services, received free medicine for general health problems, received help and support for violence, and received help and support in case of experiences of trouble with law enforcement agency

5.11 HIV Prevalence

India is known to have a concentrated HIV epidemic and IDUs are one of the most affected core risk group. Given the injecting drug use practices among IDUs, data on the prevalence of HIV among this population is critical to programme working among IDUs to help prevent further transmission and control of HIV. Till date, information on HIV prevalence among IDUs has been largely available from geographic areas known to have high concentrations of the risk group, such as in some of northeastern states. Previous rounds of HSS data and programme data have suggested that there may be some emerging pockets of high prevalence among IDUs. During IBBS, more districts were included as part of the fifty three domains. A total of 90 districts across the country were included as a part of different domains in the IBBS. There were many new districts, especially in states of Uttar Pradesh, Uttarakhand, Madhya Pradesh, Chhattisgarh and Bihar, where HIV surveillance among IDUs was done for the first time under IBBS. In above mentioned states, overall 23 districts were covered in IDU IBBS; only six districts of these were included in last round of HSS among HRGs. The IBBS had made it possible to realize the critical focus of the national efforts to strengthen surveillance among IDUs to generate representative estimates of HIV prevalence in other areas of the country, including those that have been less covered under HIV sentinel surveillance. Data from IBBS thus provides HIV prevalence data among IDUs from states and regions which have been considered to have both low and high HIV epidemic among IDUs.

As explained in the methodology, the sampling unit in the IBBS was a domain and a total of 53 domains across 29 states (comprising of individual and composite districts) were included as part of sample for IDU group. While all blood specimen were tested for HIV, the estimates of prevalence have been presented in an aggregated manner, combining multiple domains or states, such that a sample size with sufficient power was available, in order to provide a reliable estimate of the HIV prevalence.

Domains and states were grouped if they were contiguous and/or if they belonged in a group having similar level of prevalence (low or high). The states thus grouped are show in table below.

Table 5.22 : State Groups for HIV Prevalence, IDU National IBBS, India 2014-15

Region	States
Region 1	Assam, Meghalaya, Tripura, Arunachal Pradesh & Sikkim
Region 2	Odisha, Jharkhand & West Bengal
Region 3	Bihar, Uttar Pradesh & Uttarakhand
Region 4	Chhattisgarh & Madhya Pradesh
Region 5	Punjab & Chandigarh
Region 6	Haryana, Himachal Pradesh & Jammu & Kashmir
Region 7	Delhi & Rajasthan
Region 8	Gujarat, Goa & Maharashtra
Region 9	Andhra Pradesh, Kerala & Karnataka
State	Nagaland
State	Manipur
State	Mizoram

The prevalence of HIV recorded among IDU at the national level was 9.9% (95% CI: 9.0-10.9) (Table 5.23). With the exception of some states, HIV prevalence was high in most of the states/ state groups.

5.11.1 HIV Prevalence by Region

In the state group of Bihar, Uttar Pradesh and Uttarakhand, the recorded HIV prevalence among IDUs was 27.2% (95% CI: 23.6 - 31.2),

higher than all other independent states or group of states (Table 5.23). Closely following this was the state group of Delhi and Rajasthan, where HIV prevalence recorded among IDU was 21.8% (95% CI: 15.7-29.4). It is to be noted here that recorded prevalence for Delhi-Rajasthan state group is a better reflection of the situation in Delhi than that of Rajasthan; however as the sample size for these individual states did not have sufficient power, the result has not been provided at the state level.

Other states/ state groups had HIV prevalence similar to the national average. The state group of Chhattisgarh and Madhya Pradesh recorded HIV prevalence of 13.6% (95% CI: 10.5–17.5); state of Manipur recorded HIV prevalence of 12.1% (95% CI: 9.7 – 15.0). HIV prevalence recorded among IDUs in the state of Mizoram was 10% (95% CI: 7.2 - 13.8), and was followed by the state group of Odisha, Jharkhand and West Bengal where HIV prevalence recorded was 9.7% (95% CI: 6.2-14.8) and state group of Punjab and Chandigarh where prevalence of HIV recorded was also 9.7% (95% CI: 6.6-14.2).

Other state group with HIV prevalence below the national level but higher than five percent was among IDUs in the state group of Haryana, Himachal Pradesh and Jammu & Kashmir (7.3%; 95%CI: 5.4-9.7).

Among other northeastern states, Nagaland (3.2%; 95% CI: 2.2-4.7) and state groups of Assam, Meghalaya, Tripura, Arunachal Pradesh and Sikkim (1.9%; 95% CI: 1.1-3.1), HIV prevalence recorded among IDUs was lower than most of other states or state groups. Compared with all states / state group, HIV prevalence recorded among IDUs in the state group of Gujarat, Goa and Maharashtra (1.5%; 95% CI: 0.9-2.6) and state group of Andhra Pradesh, Kerala and Karnataka (0.8%; 95% CI: 0.5-1.4) were lower than all other states/ state groups (Table 5.23).

			HTV Prevalence	95% Confidence interval		
Region	States	N	(%)	Lower %	Upper %	
Region 1	Assam, Meghalaya, Tripura, Arunachal Pradesh & Sikkim	2,269	1.9	1.1	3.1	
Region 2	Odisha, Jharkhand & West Bengal	1,380	9.7	6.2	14.8	
Region 3	Bihar, Uttar Pradesh & Uttarakhand	2,286	27.2	23.6	31.2	
Region 4	Chhattisgarh & Madhya Pradesh	1,939	13.6	10.5	17.5	
Region 5	Punjab & Chandigarh	1,488	9.7	6.6	14.2	
Region 6	Haryana, Himachal Pradesh & Jammu & Kashmir	2,199	7.3	5.4	9.7	
Region 7	Delhi & Rajasthan	1,063	21.8	15.7	29.4	
Region 8	Gujarat, Goa & Maharashtra	1,157	1.5	0.9	2.6	
Region 9	Andhra Pradesh, Kerala & Karnataka	2,245	0.8	0.5	1.4	
State	Nagaland	1,198	3.2	2.2	4.7	
State	Manipur	1,594	12.1	9.7	15.0	
State	Mizoram	1,084	10.0	7.2	13.8	
India	Total	19,902	9.9	9.0	10.9	

Table 5.23: HIV Prevalence by state/groups of states, IDU National IBBS, India 2014-15



Annexures

I Composition of Technical Advisory Group (TAG) on National IBBS

- 1. Dr. Neeraj Dhingra, DDG (M&E), NACO (Chairperson)
- 2. Dr. DCS Reddy, Former HoD, Dept of PSM, IMS, BHU & Ex-NPO (Surveillance), WHO
- 3. Dr. Arvind Pandey, Director, NIMS, New Delhi
- 4. Dr. Raman Gangakherkar, In-Charge Director, NARI, Pune
- 5. Dr. Shashikant, Professor, Centre for Community Medicine, AIIMS, New Delhi
- 6. Dr. M. Bhattacharya, Former Head, Dept. of CHA, NIHFW, New Delhi
- 7. Dr. Sanjay Mehendale, Director, NIE, Chennai
- 8. Dr. Rajesh Kumar, Head, School of Public Health, PGIMER, Chandigarh
- 9. Dr. Manihar Singh, Head, Dept. of Epidemiology, RIMS, Imphal
- 10. Dr. Samiran Panda, Scientist-F, NICED, Kolkata
- 11. Dr. Bitra George, Director, FHI360 India, New Delhi
- 12. Dr. Rajat Adhikary, Associate II, Population Council
- 13. Dr. B. M. Ramesh, Project Director, UP-TSU, Bill & Melinda Gates Foundation
- 14. Dr. Pauline Harvey, Director, CDC-DGHA India, New Delhi
- 15. Dr. Taoufik Bakkali, Sr. SI Adviser, UNAIDS India, New Delhi
- 16. Dr. Niranjan Saggurti, Senior Programme Officer, Bill & Melinda Gates Foundation
- 17. Dr. A S Rathore, DDG (CST), NACO

II Composition of National Working Group (NWG) on National IBBS

- 1. Dr. Neeraj Dhingra, DDG (M&E), NACO, Chairperson
- 2. Dr. DCS Reddy, Former HoD, Dept of PSM, IMS, BHU & Ex-NPO (Surveillance), WHO
- 3. Dr Yujwal Raj, Former National Programme Officer (Strategic Information), NACO
- 4. Dr Pradeep Kumar, Programme Officer (Surveillance), NACO
- 5. Dr Bhavna Sangal, Technical Officer (Surveillance), NACO
- 6. Dr Kuru Dindi, Former Technical Officer (Surveillance), NACO
- 7. Ms. Lakshmi Ramakrishnan, Independent Consultant
- 8. Mr. Prabuddhagopal, Associate Director, FHI360
- 9. Mr. Bidhubhushan Mahapatra, Former Senior Programme Officer, Pop Council
- 10. Ms. Deepika Joshi, Public Health Analysis, CDC India
- 11. Mr. Gay Thongomba, Former Senior Programme Officer, FHI360
- 12. Dr Devendra Singh, Former Research Specialist, PHFI
- 13. Dr L B Chavan, Consultant, Strategic Information, WHO India
- 14. Mr Ugra Mohan Jha, Programme Officer (Statistics), NACO
- 15. Dr Chinmoyee Das, Former Epidemiologist, NACO
- 16. Dr Daniel Rosen, Chief, Strategic Information, CDC India

III List of Domains by HRG Group

C 11	~ .	DT	c , ,		D	istrict Covered Un	ider Domain	
5.NO	турогоду	RI	State	Name of Domain	District 1	District 2	District 3	District 4
1	FSW	AIIMS	Jharkhand	Dhanbad	Dhanbad			
2	FSW	AIIMS	Jharkhand	Latihar	Latehar	Garhwa	Palamu	
3	FSW	AIIMS	Jharkhand	Paschim Singhboom	Pashchimi Singhbhum	Saraikela- Kharsawan		
4	FSW	AIIMS	Jharkhand	Sahibganj	Sahibganj	Godda		
5	FSW	AIIMS	Uttar Pradesh	Gorakhpur	Gorakhpur	Deoria	Mau	Azamgarh
6	FSW	AIIMS	Uttar Pradesh	Jhansi	Jhansi	Jalaun	Hamirpur	
7	FSW	AIIMS	Uttar Pradesh	Jyotiba Phule Nagar	Jyotiba Phule Nagar	Bijnor		
8	FSW	AIIMS	Uttar Pradesh	Kanpur Nagar	Kanpur Nagar			
9	FSW	AIIMS	Uttarakhand	Hardwar	Hardwar			
10	FSW	AIIMS	Uttarakhand	Udham Singh Nagar	Udham Singh Nagar			
11	FSW	NARI	Goa	North Goa	North Goa			
12	FSW	NARI	Goa	South Goa	South Goa			
13	FSW	NARI	Gujarat	Bhavnagar	Bhavnagar			
14	FSW	NARI	Gujarat	Sabarkantha	Sabar Kantha			
15	FSW	NARI	Gujarat	Surat	Surat	Тарі		
16	FSW	NARI	Karnataka	Bagalkot	Bagalkot			
17	FSW	NARI	Karnataka	Dakshina Kannada	Dakshina Kannada			
18	FSW	NARI	Karnataka	Kolar	Kolar			
19	FSW	NARI	Karnataka	Raichur	Raichur			
20	FSW	NARI	Maharshtra	Jalna	Jalna			
21	FSW	NARI	Maharshtra	Nagpur	Nagpur			
22	FSW	NARI	Maharshtra	Nandurbar	Nandurbar	Dhule		
23	FSW	NARI	Maharshtra	Pune	Pune			
24	FSW	NICED	Assam	Goalpara	Goalpara			
25	FSW	NICED	Assam	Jorhat	Jorhat	Golaghat		

					D	istrict Covered Ur	nder Domain	
S.No	Typology	RI	State	Name of Domain	District 1	District 2	District 3	District 4
26	FSW	NICED	Assam	Karimganj	Karimganj	Hailakandi		
27	FSW	NICED	Meghalaya	Jaintia Hills	Jaintia Hills	Ribhoi	East Khasi Hills	South Garo Hills
28	FSW	NICED	Nagaland	Dimapur	Dimapur	Wokha		
29	FSW	NICED	West Bengal	24 Paraganas (S)	South Twenty Four Parganas			
30	FSW	NICED	West Bengal	Burdwan	Barddhaman			
31	FSW	NICED	West Bengal	Jalpaiguri	Jalpaiguri			
32	FSW	NIE	Andhra Pradesh	Adilabad	Adilabad			
33	FSW	NIE	Andhra Pradesh	Chittoor	Chittoor			
34	FSW	NIE	Andhra Pradesh	Mahabubnagar	Mahbubnagar			
35	FSW	NIE	Andhra Pradesh	Nellore	Sri Potti Sriramulu Nellore			
36	FSW	NIE	Kerala	Kozhikode	Kozhikode			
37	FSW	NIE	Kerala	Pathanamthitta	Pathanamthitta			
38	FSW	NIE	Kerala	Thrissur	Thrissur			
39	FSW	NIE	Puducherry	Puducherry	Puducherry	Karaikal		
40	FSW	NIE	Tamil Nadu	Chennai	Chennai			
41	FSW	NIE	Tamil Nadu	Erode	Erode	Tiruppur		
42	FSW	NIE	Tamil Nadu	Madurai	Madurai			
43	FSW	NIE	Tamil Nadu	Thiruvarur	Thiruvarur	Nagapattinam		
44	FSW	NIHFW	NCT Of Delhi	Central	Central			
45	FSW	NIHFW	NCT Of Delhi	West	West			
46	FSW	NIHFW	Rajasthan	Ajmer	Ajmer	Tonk		
47	FSW	NIHFW	Rajasthan	Ganganagar	Ganganagar			
48	FSW	NIHFW	Rajasthan	Kota	Kota	Bundi		
49	FSW	NIMS	Chhattisgarh	Bilaspur	Bilaspur			
50	FSW	NIMS	Chhattisgarh	Dantewada	Dakshin Bastar Dantewada			
51	FSW	NIMS	Chhattisgarh	Mahasamund	Mahasamund			
52	FSW	NIMS	Madhya Pradesh	Balaghat	Balaghat			
53	FSW	NIMS	Madhya Pradesh	Indore	Indore	Ujjain		

				District Covered Under Domain				
S.No	lypology	RI	State	Name of Domain	District 1	District 2	District 3	District 4
54	FSW	NIMS	Madhya Pradesh	Shivpuri	Shivpuri	Guna		
55	FSW	NIMS	Odisha	Jajpur	Jajapur	Kendrapara		
56	FSW	NIMS	Odisha	Nabarangpur	Nabarangapur	Koraput	Malkangiri	
57	FSW	NIMS	Odisha	Sundargarh	Sundargarh			
58	FSW	PGIMER	Chandigarh	Chandigarh	Chandigarh			
59	FSW	PGIMER	Haryana	Faridabad	Faridabad	Palwal		
60	FSW	PGIMER	Haryana	Jind	Jind			
61	FSW	PGIMER	Haryana	Kaithal	Kaithal			
62	FSW	PGIMER	Haryana	Rohtak	Rohtak			
63	FSW	PGIMER	Himachal Pradesh	Shimla	Shimla	Kullu		
64	FSW	PGIMER	Himachal Pradesh	Una	Una	Hamirpur		
65	FSW	PGIMER	Punjab	Punjab_All_FSW	Firozpur	Hoshiarpur	Moga	Barnala
66	FSW	RIMS	Arunachal Pradesh	Lohit	Lohit			
67	FSW	RIMS	Arunachal Pradesh	Papum Pare	Papum Pare			
68	FSW	RIMS	Arunachal Pradesh	West siang	West Siang	East Siang		
69	FSW	RIMS	Manipur	Imphal East	Imphal East			
70	FSW	RIMS	Manipur	Senapati	Senapati (Excluding 3 Sub-Divisions)			
71	FSW	RIMS	Mizoram	Aizwal	Aizawl	Lunglei		
72	FSW	RIMS	Tripura	Dhalai	Dhalai			
73	FSW	RIMS	Tripura	North Tripura	North Tripura			
74	MSM	NIE	Andhra Pradesh	East Godavari	East Godavari			
75	MSM	NIE	Andhra Pradesh	Anantapur	Anantapur			
76	MSM	NIE	Andhra Pradesh	Warangal	Warangal			
77	MSM	NICED	Assam	Golaghat	Golaghat	Sibsagar		
78	MSM	PGIMER	Chandigarh	Chandigarh	Chandigarh			
79	MSM	NIMS	Chhattisgarh	Durg	Durg	Bilaspur		
80	MSM	NIMS	Chhattisgarh	Raipur	Raipur			

				District Covered Under Domain				
S.No	lypology	RI	State	Name of Domain	District 1	District 2	District 3	District 4
81	MSM	NIHFW	NCT Of Delhi	North	North			
82	MSM	NIHFW	NCT Of Delhi	West	West			
83	MSM	NARI	Goa	North Goa	North Goa			
84	MSM	NARI	Goa	South Goa	South Goa			
85	MSM	NARI	Gujarat	Kheda	Kheda			
86	MSM	NARI	Gujarat	Vadodara	Vadodara	Anand		
87	MSM	NARI	Gujarat	Banaskantha	Banaskantha			
88	MSM	PGIMER	Haryana	Ambala	Ambala	Panchkula		
89	MSM	PGIMER	Haryana	Faridabad	Faridabad	Gurgaon		
90	MSM	PGIMER	Haryana	Hisar	Hisar	Jind		
91	MSM	PGIMER	Haryana	Sonipat	Sonipat	Jhajjar	Rohtak	
92	MSM	PGIMER	Himachal Pradesh	Una	Una	Sirmour	Shimla	
93	MSM	AIIMS	Jharkhand	Bokaro	Bokaro	Dhanbad		
94	MSM	NARI	Karnataka	Tumkur	Tumkur			
95	MSM	NARI	Karnataka	Banglore Rural	Banglore Rural	Chickbulapur		
96	MSM	NARI	Karnataka	Belgaum	Belgaum			
97	MSM	NARI	Karnataka	Gulbarga	Gulbarga	Bidar		
98	MSM	NARI	Karnataka	Dakshina Kannada	Dakshina Kannada			
99	MSM	NIE	Kerala	Ernakulam	Ernakulam			
100	MSM	NIE	Kerala	Kasargode	Kasargode			
101	MSM	NIE	Kerala	Kollam	Kollam			
102	MSM	NIMS	Madhya Pradesh	Jabalpur	Jabalpur			
103	MSM	NIMS	Madhya Pradesh	Gwalior	Gwalior	Morena		
104	MSM	NARI	Maharshtra	Yavatmal	Yavatmal	Buldhana		
105	MSM	NARI	Maharshtra	Aurangabad	Aurangabad	Jalna		
106	MSM	NARI	Maharshtra	Thane	Thane			
107	MSM	NARI	Maharshtra	Nashik	Nashik	Ahmadnagar		
108	MSM	NARI	Maharshtra	Solapur	Solapur			
109	MSM	NICED	Nagaland	Dimapur	Dimapur			

6 11			District Covered Under Domain					
S.No	lypology	RI	State	Name of Domain	District 1	District 2	District 3	District 4
110	MSM	NIMS	Odisha	Angul	Angul			
111	MSM	NIMS	Odisha	Kalahandi	Kalahandi	Balangir		
112	MSM	NIE	Puducherry	Puducherry	Puducherry			
113	MSM	PGIMER	Punjab	Jalandhar	Jalandhar	Ludhiana		
114	MSM	PGIMER	Punjab	Mohali	Mohali	Patiala		
115	MSM	PGIMER	Punjab	Gurdaspur	Gurdaspur	Amritsar		
116	MSM	NIHFW	Rajasthan	Jaipur	Jaipur	Jhunjhumum		
117	MSM	NIHFW	Rajasthan	Jodhpur	Jodhpur			
118	MSM	NIHFW	Rajasthan	Udaipur	Udaipur	Dungarpur		
119	MSM	NIE	Tamil Nadu	Thanjavur	Thanjavur			
120	MSM	NIE	Tamil Nadu	Tiruvannamalai	Tiruvannamalai			
121	MSM	NIE	Tamil Nadu	Sivaganga	Sivaganga			
122	MSM	NIE	Tamil Nadu	Dindigul	Dindigul	Theni		
123	MSM	NIE	Tamil Nadu	Namakkal	Namakkal			
124	MSM	RIMS	Tripura	West Tripura	West Tripura	North Tripura		
125	MSM	AIIMS	Uttar Pradesh	Lucknow	Lucknow	Kanpur Nagar		
126	MSM	AIIMS	Uttar Pradesh	Etah	Etah	Agra		
127	MSM	AIIMS	Uttar Pradesh	Ghaziabad	Ghaziabad	Aligarh		
128	MSM	AIIMS	Uttar Pradesh	Allahabad	Allahabad			
129	MSM	AIIMS	Uttarakhand	Hardwar	Hardwar	Dehradun		
130	MSM	AIIMS	Uttarakhand	Udham Singh Nagar	Udham Singh Nagar	Nainital		
131	MSM	NICED	West Bengal	Hoogly	Hoogly	Burdwan		
132	MSM	NICED	West Bengal	Darjeeling	Darjeeling			
133	MSM	NICED	West Bengal	24 Paraganas (S)	24 Paraganas (S)	Howarh		
134	MSM	NICED	Assam	Assam_West_MSM	Kamrup (Urban)	Barpeta	Nalbari	
135	IDU	NIE	Andhra Pradesh	Nellore	Nellore	Visakhapatnam	Krishna	
136	IDU	NIE	Andhra Pradesh	Hyderabad	Hyderabad	Warangal		
137	IDU	RIMS	Arunachal Pradesh	Papum Pare	Papum Pare	East Siang		

6 11			e		District Covered Under Domain				
S.No	lypology	RI	State	Name of Domain	District 1	District 2	District 3	District 4	
138	IDU	NICED	Assam	Karbianglong	Karbianglong	Golaghat			
139	IDU	NICED	Assam	Kamrup (Urban)	Kamrup (Urban)	Nagaon			
140	IDU	PGIMER	Chandigarh	Chandigarh	Chandigarh				
141	IDU	NIMS	Chhattisgarh	Bilaspur	Bilaspur	Durg			
142	IDU	NIMS	Chhattisgarh	Surguja	Surguja	Korba	Koriya		
143	IDU	NIHFW	NCT Of Delhi	North	North				
144	IDU	NIHFW	NCT Of Delhi	South-West	South-West				
145	IDU	NARI	Goa	North Goa	North Goa				
146	IDU	NARI	Gujarat	Surat	Surat	Ahmedabad			
147	IDU	PGIMER	Haryana	Panchkula	Panchkula	Ambala	Kurukshetra		
148	IDU	PGIMER	Haryana	Faridabad	Faridabad	Gurgaon			
149	IDU	PGIMER	Haryana	Jind	Jind	Kaithal			
150	IDU	PGIMER	Haryana	Rohtak	Rohtak	Jhajjar			
151	IDU	PGIMER	Himachal Pradesh	Kangra	Kangra	Una			
152	IDU	PGIMER	Jammu & Kashmir	Srinagar	Srinagar	Jammu			
153	IDU	AIIMS	Jharkhand	Purbi Singhbhum	Purbi Singhbhum	Dhanbad			
154	IDU	NARI	Karnataka	Bangalore Urban	Bangalore Urban				
155	IDU	NIE	Kerala	Ernakulam	Ernakulam				
156	IDU	NIE	Kerala	Kozhikode	Kozhikode				
157	IDU	NIE	Kerala	Alappuzha	Alappuzha				
158	IDU	NIMS	Madhya Pradesh	Bhopal	Bhopal	Sehore			
159	IDU	NIMS	Madhya Pradesh	Jabalpur	Jabalpur				
160	IDU	NIMS	Madhya Pradesh	Rewa	Rewa	Sidhi			
161	IDU	NARI	Maharshtra	Mumbai	Mumbai	Thane			
162	IDU	RIMS	Manipur	Senapati	Senapati				
163	IDU	RIMS	Manipur	Chandel	Chandel				
164	IDU	RIMS	Manipur	Imphal East	Imphal East				
165	IDU	RIMS	Manipur	Thoubal	Thoubal				
166	IDU	NICED	Meghalaya	East Khasi Hills	East Khasi Hills	Jaintia Hills			

C No.	Turalama	DT	Chata	No	District Covered Under Domain			
5.NO	турогоду	ĸı	State	Name of Domain	District 1	District 2	District 3	District 4
167	IDU	RIMS	Mizoram	Aizawl	Aizawl			
168	IDU	RIMS	Mizoram	Mamit	Mamit			
169	IDU	RIMS	Mizoram	Lawngtlai	Lawngtlai	Saiha		
170	IDU	NICED	Nagaland	Kiphire	Kiphire			
171	IDU	NICED	Nagaland	Mokokchung	Mokokchung			
172	IDU	NICED	Nagaland	Dimapur	Dimapur			
173	IDU	NIMS	Odisha	Baragarh	Baragarh	Debagarh	Sambalpur	
174	IDU	PGIMER	Punjab	Kapurthala	Kapurthala			
175	IDU	PGIMER	Punjab	Bathinda	Bathinda	Mansa		
176	IDU	PGIMER	Punjab	Gurdaspur	Gurdaspur			
177	IDU	NIHFW	Rajasthan	Ajmer	Ajmer	Kota	Bikaner	
178	IDU	NICED	Sikkim	East	East	South District		
179	IDU	RIMS	Tripura	North Tripura	North Tripura			
180	IDU	AIIMS	Uttar Pradesh	Kanpur Nagar	Kanpur Nagar			
181	IDU	AIIMS	Uttar Pradesh	Jalaun	Jalaun	Hamirpur	Mahoba	
182	IDU	AIIMS	Uttar Pradesh	Bareilly	Bareilly	Sahajanpur		
183	IDU	AIIMS	Uttar Pradesh	Allahabad	Allahabad	Varanasi		
184	IDU	AIIMS	Uttarakhand	Udham Singh Nagar	Udham Singh Nagar	Nainital		
185	IDU	NICED	West Bengal	Darjeeling	Darjeeling			
186	IDU	NICED	West Bengal	Kolkata	Kolkata	24 Parganas (N)		
187	IDU	AIIMS	Bihar	Bihar_All_IDU	Kaimur	East Champaran	Muzaffarpur	

IV List of Testing Labs

S. No.	Designated Labs	State
4	All India Institute of Medical Criences (ATTMS) New Dellei	Jharkhand
I	All findra firstitute of Medical Sciences (AllMS), New Defin	Rajasthan
2	Maulana Azad Medical College (MAMC), New Delhi	Haryana
2	National Centre for Diseases Control (NCDC) New Delhi	Delhi
5	National Centre for Diseases control (NCDC), New Defin	Uttar Pradesh
4	Lady Hardinge Medical College (LHMC) New Delhi	Bihar
•	Ludy hardinge Medical college (Enne), new beam	Uttar Pradesh
		Chandigarh
5	Post-Graduate Institute of Medical Education and Research (PGIMER), Chandigarh	Punjab
		Himachal Pradesh
6	National Institute of Mental Health and Neuro-Sciences (NIMHANS), Bangalore, Karnataka	Karnataka
7	School of Tropical Medicine (STM), Kolkata, West Bengal	West Bengal
8	Institute of Preventive Medicine (IPM), Hyderabad, Andhra Pradesh	Odisha
9	Gandhi Medical College, Hyderabad, Andhra Pradesh	Andhra Pradesh
		Assam
10	National Institute of Cholera and Enteric Diseases (NICED), Kolkata, West Bengal	Nagaland
	,,	Chhattisgarh
		Arunachal Pradesh
		Manipur
11	Regional Institute of Medical Sciences (PIMS) Imphal Maninur	Meghalaya
	Regional Institute of Medical Sciences (REMS), Impliat, Mampur	Mizoram
		Tripura
		Sikkim
12	Christian Medical College (CMC), Vellore, Tamil Nadu	Kerala
13	Tamil Nadu Dr. MGR Medical University (TNMGR), Chennai, Tamil	Tamilnadu
13	Nadu	Puducherry

S. No.	Designated Labs	State
14	Seth GS Medical College & King Edward Memorial Hospital (KEM), Mumbai	Maharashtra
45	Lokmanya Tilak Municipal General Hospital & Medical College	Madhya Pradesh
15	(SION), Mumbai	Maharashtra
16	Creat Medical College & Sig 77 Creans of Hearitals (77) Mumbri	Gujarat
	Grant Medical College & Sir JJ Group of Hospitals (JJ), Mumbai	Goa

V(a) Informed consent and assent form

Informed Consent / Assent from Eligible Respondent Aged 15 Years and Over (Part A)

Introduction: My name is ______ (name), and I work with (______). We are collecting data on risk behaviours for HIV for a programme called Integrated Biological and Behavioural Surveillance (IBBS) which is conducted by The Department of AIDS Control (DAC), India.

Background of the Study: Government of India, through DAC, conducts HIV surveillance survey periodically among different population groups who may be at risk of HIV to know how HIV is progressing in the country. This survey will explore the HIV related knowledge, behaviors, practices and HIV status among these groups in this district. The government will use results of this survey to develop and improve programmes to prevent HIV/AIDS in India.

We will be collecting information from 400 randomly selected members of your community who are 15 years or older and you happen to be one among them. This consent form gives you information about IBBS. You are being asked to think about whether you want to participate in this survey. It is necessary for you to understand and receive complete information about this survey before you decide to participate. Therefore, you have to read this form or somebody will read it out to you. If you want to participate in this survey, you will put today's date and sign this consent form. If you cannot sign, you can put your thumb impression and a witness can sign it.

What will be done in this Survey?

If you agree to participate in this survey, our investigators will ask you some personal questions about your life, sexual behavior, substance use and sexually transmitted infections, services you have received etc. in a setting ensuring complete privacy for you. After you answer the questions we will collect a few drops of your blood by finger prick. This will take about one to two minutes and will be done by our trained lab technician. Your blood sample will be tested for HIV prevalence, incidence and CD4. Our lab technicians will use disposable, clean and completely safe equipments for the collection of samples.

Your name and address will not be recorded either on data form or on blood specimen. Accordingly, the results of the HIV test cannot be tracked and therefore cannot be told to you. There is an Integrated Counseling and Testing Center (ICTC) which has facilities to counsel, test and provide results for HIV AND can guide for TREATMENT. If you wish to know your HIV status, we will refer you to a nearby ICTC WHERE YOU CAN BE counseled and TESTED free of cost.

In all, your participation will require about an hour. At the end of this form (which we will take about five minutes to run you through), we will request you to give consent for interview and sample collection. You may participate, only if you are willing to. There is no right or wrong answer to any of the questions. You do not have to answer any questions that you do not want to.

Risks and Benefits of Participating in the Study

If included in survey, we will ask you some personal questions, including sexual behaviors. You may feel embarrassed or shy when discussing sexual behaviors; however our trained staff member will help you deal with any feelings or questions you have. Our trained lab technician will collect a few drops of blood by finger prick using a safe and sterile needle. Yet, you may feel some discomfort when your finger is pricked for collecting blood.

We will make every effort to protect your privacy and confidentiality in IBBS. However, it is possible that others may learn of your participation may treat you unfairly or discriminate against you. In very rare situation, the law enforcement may come to know of your communities work leading to the possibility for harassment.

This survey will be of no direct benefit to you. However, you and other members of your community may benefit in the future from information learned. We will refer you to HIV prevention services as well as counseling and testing for HIV. This survey cannot directly provide you with other medical care, but we can refer you to other available sources of care.

YOU MAY CHOOSE NOT TO ANSWER ANY OF THE QUESTIONS AND ALSO MAY REFUSE TO PROVIDE BLOOD SAMPLES. EVEN IF YOU DECIDE NOT TO ANSWER SOME QUESTIONS OR PROVIDE SAMPLES

YOU WILL CONTINUE TO RECEIVE THE SERVICES YOU DO FROM YOUR LOCAL INTERVENTION PROGRAMME. YOU MAY WITHDRAW FROM THE SURVEY AT ANY TIME. EVEN IF YOU WITHDRAW, YOU WILL CONTINUE TO RECEIVE THE SERVICES FROM YOUR LOCAL INTERVENTION PROGRAMME, AS USUAL.

Confidentiality We will not record your name and address either on data forms or on blood specimen. Except for the consent form all other forms and blood specimen will only have a code number. As neither name nor address will be recorded on data forms/blood specimen, the HIV test results cannot be linked to any respondent. The consent form, having your name and age will be kept under lock and key at regional institutes of Dept of AIDS Control and will not be shared with anybody else.

Compensation for Your Participation

There is no cost to you to participate in the study. You will be compensated for your time and effort. (Rs. 100/). Additionally your travel to study site will be reimbursed. No other compensation will be provided to you.

Do you have any questions?

PART B: Statement to be Made By A Participant Willing to participate in the Study

I, ______, aged ______yrs have read this consent form completely / this consent form has been read out to me and have understood this . I willingly agree to respond to the questions asked and to give my blood sample for HIV and CD4 under this survey. I have been told about the risks and benefits from my participation in the survey. All my questions have been answered. I can withdraw my participation anytime, for any reason. I also know that the information collected from me will be used by the DAC , Government of India and will be kept confidential.

Signature/ thumb impression:		_Date:	
(This is the left thumb impression of		.•	
Name of witness: (Signature of witness is required if the respond researchers.)	Signature:	s should be literd	Date: ate and not related to
Investigators/ Designate's			

Name:	Signature:	Date:
	- J	

V(b) Informed consent and assent form

Informed Consent from Guardian/ Care-Giver of Eligible Respondent Aged 15-17 Years (Part A)

Introduction: My name is ______ (name), and I work with (______). We are collecting data on risk behaviours for HIV for a programme called Integrated Biological and Behavioural Surveillance (IBBS) which is conducted by The Department of AIDS Control (DAC), India.

Background of the Study: Government of India, through DAC, conducts HIV surveillance survey periodically among different population groups who may be at risk of HIV to know how HIV is progressing in the country. This survey will explore the HIV related knowledge, behaviors, practices and HIV status among these groups in this district. The government will use results of this survey to develop and improve programmes to prevent HIV/AIDS in India.

We will be collecting information from 400 randomly selected members of high risk groups and migrants community in this district who are 15 years or older and your ward happen to be one among them. This consent form gives you information about IBBS. You are being asked to think about whether you want your ward to participate in this survey. It is necessary for you to understand and receive complete information about this survey before you give consent for your ward to participate. Therefore, you have to read this form or somebody will read it out to you. If you want your ward to participate in this survey, you will put today's date and sign this consent form. If you cannot sign, you can put your thumb impression and a witness can sign it.

What will be done in this Survey?

If you agree to participate in this survey, our investigators will ask your ward some personal questions about his/her life, sexual behavior, substance use and sexually transmitted infections, services he/she have received etc. in a setting ensuring complete privacy for him/her. After you answer the questions we will collect a few drops of him/her blood by finger prick. This will take about one to two minutes and will be done by our trained lab technician. His/her blood sample will be tested for HIV prevalence, incidence and CD4. Our lab technicians will use disposable, clean and completely safe equipments for the collection of samples.

Your ward name and address will not be recorded either on data form or on blood specimen. Accordingly, the results of the HIV test cannot be tracked and therefore cannot be told to your ward. There is an Integrated Counseling and Testing Center (ICTC) which has facilities to counsel, test and provide results for HIV AND can guide for TREATMENT. If your ward wish to know his/her HIV status, we will refer him/her to a nearby ICTC WHERE he/she CAN BE counseled and TESTED free of cost. In all, your ward participation will require about an hour. At the end of this form (which we will take about five minutes to run you through), we will request you to give consent for interview and sample collection from your ward. Your ward may participate, only if you are willing to. There is no right or wrong answer to any of the questions. Your ward do not have to answer any questions that he/she do not want to.

Risks and Benefits of Participating in the Study

If included in survey, we will ask your ward some personal questions, including sexual behaviors. Your ward may feel embarrassed or shy when discussing sexual behaviors; however our trained staff member will help your ward deal with any feelings or questions he/she have. Our trained lab technician will collect a few drops of blood by fin finger prick using a safe and sterile needle. Yet, your ward may feel some discomfort when finger is pricked for collecting blood.

We will make every effort to protect your ward privacy and confidentiality in IBBS. However, it is possible that others may learn of your ward participation may treat him/her unfairly or discriminate against your ward. In very rare situation, the law enforcement may come to know of your ward communities work leading to the possibility for harassment.

This survey will be of no direct benefit to your ward. However, your ward and other members of your ward community may benefit in the future from information learned. We will refer your ward to HIV prevention services as well as counseling and testing for HIV. This survey cannot directly provide your with other medical care, but we can refer him/her to other available sources of care.

YOUR WARD MAY CHOOSE NOT TO ANSWER ANY OF THE QUESTIONS AND ALSO MAY REFUSE TO PROVIDE BLOOD SAMPLES. EVEN IF YOUR WARD DECIDE NOT TO ANSWER SOME QUESTIONS OR PROVIDE SAMPLES, YOUR WARD WILL CONTINUE TO RECEIVE THE SERVICES HE/SHE DO FROM LOCAL INTERVENTION PROGRAMME. YOUR WARD MAY WITHDRAW FROM THE SURVEY AT ANY TIME. EVEN IF YOUR WARD WITHDRAW, YOUR WARD WILL CONTINUE TO RECEIVE THE SERVICES FROM LOCAL INTERVENTION PROGRAMME, AS USUAL.

Confidentiality

We will not record your ward name and address either on data forms or on blood specimen. Except for the consent form all other forms and blood specimen will only have a code number. As neither name nor address will be recorded on data forms/blood specimen, the HIV test results cannot be linked to any respondent. The consent form, having your ward name and age will be kept under lock and key at regional institutes of Dept of AIDS Control and will not be shared with anybody else.

Compensation for Your Participation

There is no cost to your ward to participate in the study. Your ward will be compensated for his/her time and effort. (Rs. 100/). Additionally your ward travel to study site will be reimbursed. No other compensation will be provided to your ward.

Do you have any questions?

PART B: Statement to be Made By A Participant Willing to participate in the Study

I,	, aged	yrs have
read this consent form completely / this consent form h	has been read out to me an	d have understood
this . I willingly agree to allow my ward to respond to the	e questions asked and to give	ve blood sample for
HIV and CD4 under this survey. I have been told about the	e risks and benefits from my	ward participation
in the survey. All my questions have been answered.	My ward can withdrawpart	ticipation anytime,
for any reason. I also know that the information colle	cted from my ward will be	e used by the DAC,
Government of India and will be kept confidential.		
Signature/ thumb impression:	Date:	

(This is the left thumb impression of ______.

Name of witness:______ Signature: ______ Date:______ Date: ______ (Signature of witness is required if the respondent is illiterate. Witness should be literate and not related to researchers.)

Investigators/ Designate's

Name:_____ Date:_____ Signature:_____ Date:_____

VI(a) - FWS Questionnaires

Operational Definition:

Female Sex Worker (FSW): Women, aged 15 years or more, who engaged in consensual sex in exchange of money/payment in kind in the last one month

BLOCK I: IDENTIFICATION AND CONSENT STATUS							
#	Question	Response categories	Code	Skip to			
101	Name and code of the state	State					
102	Name and code of the domain	Domain					
103	Name and code of the district	District					
104	Type of domain	Independent Composite	01 02				
105	Name and code of the city/town/ village	City/town/ village					
106	Name and code of the cluster	Cluster					
107	Date of interview	Day	Month	Year			
108	Name and code of the interviewer	Name					
109	Language of interview	Language					
110	Already participated in IBBS in the last 2 months?	Yes No	01 02	► END			
111	Consent status	Agreed Refused	01 02	► END			
112	CASE ID	(Domain Code) (Sub-Do	main No.) (Sa	mple No.)			
113	Completion status	Interview completed and blood sample given Only interview completed Interview partially completed	01 02 03				

BLOCK II: DEMOGRAPHIC CHARACTERISTICS							
#	Question	Response categories	Code	Skip to			
201	How old are you?	Age in completed years					
202	Can you read and write?	Can read and write Can read only Cannot read and write	01 02 03				
203	What is the highest grade/class you have completed?	Highest grade/class completed Never attended school	96				
204	Type of domain	Independent Composite	01 02				
204	Apart from sex work, what other work do you do to earn income? If yes, please mention the main activity. DO NOT READ RESPONSES CIRCLE ONLY ONE	None Non-agricultural labour Agricultural labour Petty business/vendor Maid servant Bar girl Beauty/massage parlour Service (Govt/Private) Small scale industries Hotel staff Others (Specify)	01 02 03 04 05 06 07 08 09 10 97				
205	Are you or your family currently under debt?	Yes No	01 02				
206	What is your current marital status? For traditional sex workers use the local term	Never married Currently married Widowed Divorced Separated Others	01 02 03 04 05 97				
207	NWith whom do you currently live?	Living alone Living with spouse Living with sex worker Living with other male partner Living with other female friend Living with family Living with others	01 02 03 04 05 06 97				
208	Do you have children? If Yes: how many?	Do not have a child Number of children	00				
209	Are you using any birth spacing methods? If Yes: What are those? MULTIPLE RESPONSES POSSIBLE. DO NOT READ RESPONSES, BUT "ASK ANY OTHER"	Not using Pill Condom/Nirodh Loop/Copper-T Female sterilization Male sterilization Rhythm/safe period Withdrawal Other (Specify) Don't know	A B C D E F G H X Z				

BLOCK III: MIGRATION AND MOBILITY						
#	Question	Response categories	Code	Skip to		
301	Do you currently live in this district?	Yes No	01 02	► 303		
302	Which district/state do you currently live in? ASK ABOUT STATE AND DISTRICT	DISTRICT STATE On the move (Does not stay in particular district/state)	96			
303	How long have you been living in this district?	a. Years b. Months Don't remember	98			
	IF RESPONSE Q301 IS "01", THEN ASK Q304, ELSE SKIP TO Q305					
304	Have you travelled outside this district (current place of residence)in the last 12 months?	Yes No	01 02	► BLOCK IV		
305	How many times have you travelled outside the district you currently live in the last 3 months	Number of times Did not travel Don't remember	00 98	► 307		
306	How many such places have you travelled in the last 3 months?	Number of places travelled_ Don't remember	98			
307	How many days did you stay in the place you visited last?	Number of days stayed Don't remember	998			
308	Did you have sex with a client in the place you visited last?	Yes No	01 02			

BLOCK IV: GENERAL SEXUAL BEHAVIOUR						
#	Question	Response categories	Code	Skip to		
401	How old were you when you had sexual intercourse for the first time? IF THE RESPONDENT MENTIONS HE HAD FIRST SEX ACT "XX" NUMBER OF YEARS AGO, THEN SUBTRACT IT FROM THE CURRENT AGE (Q201) AND CONFIRM WITH THE RESPONDENT	Age in completed years Don't know	98			
402	How old were you when you started sex work? IF THE RESPONDENT MENTIONS HE HAD FIRST SEX ACT "XX" NUMBER OF YEARS AGO, THEN SUBTRACT IT FROM THE CURRENT AGE (Q201) AND CONFIRM WITH THE RESPONDENT	Age in completed years Don't know	98			
403	Where do you primarily solicit/ pick-up most of your clients? DO NOT READ RESPONSES CIRCLE ONLY ONE RESPONSE	Home Rented Room Lodge/Hotels Dhaba Brothel Bar/Night club Vehicle Highway Public place Other (Specify)	01 02 03 04 05 06 07 08 09 97			
404	What are the other places, where you generally solicit/pick-up most of your clients? MULTIPLE RESPONSES POSSIBLE. PROBE FOR OTHER PLACES	Home Rented Room Lodge/Hotels Dhaba Brothel Bar/Night club Vehicle Highway Public place No other place Other (specify)	A B C D E F G H I X Z			
405	Do you use cell phone to contact/get clients?	Yes No	01 02			
406	Do you use internet to contact/get clients?	Yes No Not aware of internet	01 02 03			
407	What is the type of place where you usually practice sex work?	Rural Urban Both	01 02 03			
408	How often do you take help of brokers/ pimps to solicit clients? READ ALL RESPONSES	Always Most of the times Sometimes Never	01 02 03 04			
BLOCK IV: GENERAL SEXUAL BEHAVIOUR (CONTD)						
--	--	---	--	---------	--	
#	Question	Response categories	Code	Skip to		
409	Where do you primarily have sex with most of your clients? DO NOT READ RESPONSES CIRCLE ONLY ONE RESPONSE	Home Rented Room Lodge/Hotels Dhaba Brothel Bar/Night club Vehicle Highway Public place Other (specify)	01 02 03 04 05 06 07 08 09 97			
410	How many days did you practice sex work in the last one week?	Number of days/week Don't know	98			
411	How many clients you entertained in the last working day?	Number of clients/day Don't know	98			
	Now, I am going to as	k you some questions related to condom u	se practices			
412	The last time you obtained a condom, where did you get it? READ ALL RESPONSES AND CIRCLE THE ONE SELECTED BY RESPONDENT	Peer educator/Outreach worker Paan shop Apothecary/Drug store/Chemist Client Vending stall Vending machine Health facility Bar/Guest House/Hotel Friend Madam Mobile van/NGO office/Drop-In Centre Never obtained a condom Others (specify) Don't remember	01 02 03 04 05 06 07 08 09 10 11 96 97 98			
413	Did the client you entertained last use a condom?	Yes No	01 02			
414	Did you have an instance in the last one month where you had sexual intercourse with a client – <i>occasional or regular</i> - without using condoms?	Yes No Don't remember	01 02 98	► 416		
415	What was the main reason for NOT using a condom in that instance? DO NOT READ RESPONSES	Client refused Client paid more for sex without a condom Condom was not available Condom costs too much Was afraid of violence Too embarrassed to ask him to use a condom Had forced sex He was a trusted partner Do not like using condoms Other (specify)	01 02 03 04 05 06 07 08 09 97			

BLOCK IV: GENERAL SEXUAL BEHAVIOUR (CONTD)						
#	Question	Response categories	Code	Skip to		
416	In the last one month have you had the experience of a condom breaking while it is being used?	Yes No Didn't use condom in last month	01 02 03			
417	In the last one month , was there an instance when you wanted to use a condom while having sexual intercourse with a client but could not use it?	Yes No Didn't want to use condom Don't remember	Yes No Didn't want to use condom Don't remember			

BLOCK V: COMMERCIAL SEXUAL PARTNERS						
#	Question	Response categories	Code	Skip to		
(CLIENTS	OCCASIONAL MALE CLIENTS (CLIENTS WHO CAME TO YOU ONLY ONCE OR A FEW TIMES MORE BUT YOU DO NOT REMEMBER THEIR FACES OR DO NOT KNOW THEM)					
501	Do you have occasional clients? CLIENTS WHO CAME TO YOU ONLY ONCE OR A FEW TIMES MORE BUT YOU DO NOT REMEMBER THEIR FACES OR DO NOT KNOW THEM	Yes No	01 02	▶ 510		
502	How many occasional clients you had sex with in the last one week?	Number of clients Don't know	98			
503	How many times you have sexual intercourse with your occasional clients in the last one week?	Number of sex acts Don't know	98			
504	The last time you had sexual intercourse with an occasional client, did he use a condom?	Yes No	01 02			
505	In the last one month , how often have you used condoms with your occasional clients? READ ALL RESPONSES	Every time Most of the time Sometimes Never	01 02 03 04	► 507		
506	How long have you been using condoms "every time" with your occasional clients? IF < 1 WEEK RECORD IN DAYS IF >1 WEEK AND < 1 MONTH RECORD IN WEEKS IF > 1 MONTH AND < 1 YEAR RECORD IN MONTHS IF => 1 YEAR RECORD IN YEARS	Days Weeks Months Years Don't remember	01 02 03 04 98	Unit:		
507	Have you ever had anal sex with your occasional clients in the last one month?	Yes No	01 02	▶ 510		
508	The last time you had anal intercourse with an occasional client did he use a condom?	Yes No	01 02			
509	In the last one month , how often have you used condoms while having anal sex with your occasional clients? READ ALL RESPONSES	Every time Most of the time Sometimes Never	01 02 03 04			
	REGULAR MALE CL (CLIENTS YOU RECOGNIZE WELL, WHO COME TO YOU	IENTS J REPEATEDLY AND YOU KNOW THEN	1)			
510	Do you have regular clients? CLIENTS YOU RECOGNIZE WELL, WHO COME TO YOU REPEATEDLY AND YOU KNOW THEM	Yes No	01 02	► 519		
511	How many regular clients you had sex with in the last one week?	Number of clients Don't know	98			

BLOCK V: COMMERCIAL SEXUAL PARTNERS (CONTD)					
#	Question	Response categories	Code	Skip to	
512	How many times you have sexual intercourse with your regular clients in the last one week?	Number of sex acts Don't know	98		
513	The last time you had sexual intercourse with a regular client, did he use a condom?	Yes No	01 02		
514	In the last one month , how often have you used condoms with your regular clients? READ ALL RESPONSES	Every time Most of the time Sometimes Never Didn't have sex in last one month	01 02 03 04 96	► 516	
515	How long have your regular clients been using condoms every time they have sexual intercourse with you? IF < 1 WEEK RECORD IN DAYS IF >1 WEEK AND < 1 MONTH RECORD IN WEEKS IF > 1 MONTH AND < 1 YEAR RECORD IN MONTHS IF => 1 YEAR RECORD IN YEARS	Days Weeks Months Years Don't remember	01 02 03 04 98	Unit:	
516	Have you ever had anal sex with your regular clients in the last one month?	Yes No	01 02	▶ 519	
517	The last time you had anal intercourse with a regular client did he use a condom?	Yes No	01 02		
518	In the last one month , how often have you used condoms while having anal sex with your regular clients? READ ALL RESPONSES	Every time Most of the time Sometimes Never	01 02 03 04		
519	In the last one month, have you turned away clients when they refused to use a condom during sex?	Yes No No clients refused to use a condom	01 02 03		

BLOCK VI: NON-COMMERCIAL SEXUAL PARTNERS							
#	Question	Response categories	Code	Skip to			
	OCCASIONAL MALE CLIENTS (SPOUSE, LOVER, BOY-FRIEND AND LIVE-IN SEXUAL PARTNERS)						
601	Do you have a regular male sexual partner who is your main partner and does not pay to have sex with you?	Yes No	01 02				
	BY MAIN REGULAR PARTNER, I MEAN, SPOUSE, LOVER, BOY- FRIEND OR LIVE-IN PARTNERS			▶ 611			
602	How do you describe your relationship with this person?	Spouse (Husband) Lover/Boy friend Live-in partner Other (specify)	01 02 03 97				
603	How long have you been having sexual relations with this partner? QUESTION IS OPEN-ENDED LISTEN TO RESPONSE	a. Years b. Months Don't remember	— — 98				
	IF < 1 MONTHTHEN PUT "00" MONTHS						
604	How many times you had sexual intercourse with your regular non-paying partner in the last one week?	Number of sex acts Don't know	98				
605	The last time you had sexual intercourse with you main regular non-paying partner, did he use a condom?	Yes No	Yes No				
606	In the last 3 months , how often have you used condoms with your main regular non-paying partner? READ ALL RESPONSES	Every time Most of the time Sometimes Never Didn't have sex in last 3 months	01 02 03 04 96	► 608			
607	How long have you and your main regular partner been using condoms "every time" you have sexual intercourse? IF < 1 WEEK RECORD IN DAYS IF >1 WEEK AND < 1 MONTH RECORD IN WEEKS IF > 1 MONTH AND < 1 YEAR RECORD IN MONTHS IF => 1 YEAR RECORD IN YEARS	Days Weeks Months Years Don't remember	01 02 03 04 98	Unit:			
608	Have you ever had anal sex with your main regular non- paying partner in the last 3 months?	Yes No	Yes No	► 611			
609	The last time you had anal intercourse with your main regular partner, did he use a condom?	Yes No	01 02				
610	In the last 3 months , how often have you used condoms while having anal sex with your regular partners? READ ALL RESPONSES	Every time Most of the time Sometimes Never	01 02 03 04	► BLOCK VII			

BLOCK VI: NON-COMMERCIAL SEXUAL PARTNERS (CONTD)							
#	Question	Response categories	Code	Skip to			
	OTHER NON-PAYING NON-REGULAR MALE PARTNER (ANY CASUAL PARTNER)						
611	Have you had any other partner, who was not a regular partner and did not pay to have sex with you, in the last 12 months other than the regular partners we just talked about? THIS CAN INCLUDE ANY CASUAL PARTNERS	Yes No	01 02	► BLOCK VII			
612	How many such partners have you had in the last 12 months?	# of other non-paying partners Don't know	98				
613	Among the listed types of partners/men, who visited you most frequently in the last 12 months?	Other boy friends Pimps Local goons Police Others (Specify)	01 02 03 04 97				
614	How many times you had sexual intercourse with your other non-paying male partners in the last one week?	Number of sex acts Don't know	98				
615	The last time you had sexual intercourse with a non-paying non-regular partner, did he use a condom?	Yes No	01 02				
616	In the last 3 months, how often have you used condoms with your non-paying non-regular partners? READ ALL RESPONSES	Every time Most of the time Sometimes Never Didn't have sex in last 3 months	01 02 03 04 96	► 618			
617	How long have you and your non-paying non-regular partner been using condoms "every time" you have sexual intercourse? IF < 1 WEEK RECORD IN DAYS IF >1 WEEK AND < 1 MONTH RECORD IN WEEKS IF > 1 MONTH AND < 1 YEAR RECORD IN MONTHS IF => 1 YEAR RECORD IN YEARS	Days Weeks Months Years Don't remember	01 02 03 04 98	Unit:			
618	Have you ever had anal sex with your non-paying non- regular partner in the last 3 months?	Yes No	01 02	► BLOCK VII			
619	The last time you had anal intercourse with a non-paying non-regular partner, did he use a condom?	Yes No	01 02				
620	In the last 3 months, how often have you used condoms while having anal sex with your non-paying non-regular partners? READ ALL RESPONSES	Every time Most of the time Sometimes Never	01 02 03 04				

BLOCK VII: ALCOHOL AND DRUG USE PRACTICES						
#	Question	Response categories	Code	Skip to		
	OTHER NON-PAYING NON-REGULAR MALE PARTNER (ANY CASUAL PARTNER)					
701	Have you consumed alcohol in the last 12 months?	Yes No	01 02	► 704		
702	How many days did you consume alcohol in last one week?	Number of days				
703	The last time you had sex with your client; did you consume alcoholic drinks before sex?	Yes No	01 02			
704	Have you consumed drugs such as Ganja, Heroine for pleasure in the last 12 months?	Yes No	01 02	► 706		
705	How many days did you consume drugs for pleasure in last one week?	Number of days				
706	Have you ever injected drugs for non-medical reasons in the last 12 months? EXPLAIN THAT 'INJECTED DRUGS' MEAN THOSE TAKEN FOR INTOXICATION	Yes No Don't know	01 02 98∫	► BLOCK VIII		
707	Have you shared needles/syringes with someone when injected drugs last time?	Yes No Don't know	01 02 98			

BLOCK VIII: EXPERIENCE OF PHYSICAL AND SEXUAL VIOLENCE				
#	Question	Response categories	Code	Skip to
801	Are you treated disrespectfully by your family/friends/ neighbours because you are an FSW?	Yes No	01 02	
802	Do you feel you are treated differently (such as receive less care/attention) than other persons in health facilities/ hospitals because you are an FSW?	Yes No	01 02	
803	In the last 12 months, how many times would you say someone has beaten (hurt, hit, slapped, pushed, kicked, punched, choked or burned) you?	Never Once 2 – 5 times 6 – 10 times More than 10 times Don't remember	01 02 03 04 05 98	▶ 816
804	In the last 12 months , who was the person (or people) who have beaten you? MULTIPLE RESPONSES POSSIBLE. DO NOT READ RESPONSES, BUT 'ASK ANY OTHER?'	Stranger Madam Broker Police Client Goondas Other sex workers Husband Boyfriend or partner Other (Specify)	A B C D E F G H I Z	
805	The last time you were beaten by someone, whom did you inform? MULTIPLE RESPONSES POSSIBLE. DO NOT READ RESPONSES, BUT 'ASK ANY OTHER?'	Did not tell anyone Fellow sex worker(s) Friend/Relative/Family member who is not a sex worker NGO worker Police Pimps/Madam Don't remember Other (Specify)	A B C D E F X Z	
806	In the last 12 months , were you physically forced to have sexual intercourse with someone even though you didn't want to?	Yes No	01 02	► BLOCK IX
807	In the last 12 months , who was the person (or people) who physically forced you to have sexual intercourse against your will? MULTIPLE RESPONSES POSSIBLE. DO NOT READ RESPONSES, BUT 'ASK ANY OTHER?'	Stranger Broker Police Client Goondas Husband Boyfriend or partner Other (Specify)	A B C D E F G Z	
808	Whom did you inform when last time you were physically forced to have sexual intercourse against your will? MULTIPLE RESPONSES POSSIBLE. DO NOT READ RESPONSES, BUT 'ASK ANY OTHER?'	Did not tell anyone Fellow sex worker(s) Friend/Relative/Family member who is not a sex worker NGO worker Police Pimps/Madam Don't remember Other (Specify)	A B C D E F X Z	

	BLOCK IX: SELF-REPORTED SEXUALLY TRANSMITTED INFECTIONS (STIs)					
#	Question	Response categories		Code	Skip to	
901	Have you ever heard of diseases that can be transmitted through sexual intercourse?	Yes No		01 02	▶ 903	
902	Can you describe any symptoms of STIs in women? DON'T READ RESPONSES CIRCLE ALL THAT ARE MENTIONED	Lower Abdominal pain Foul-smelling vaginal discharge Burning on urination Genital ulcer / sore Swelling in groin area Itching in genital area Others:		A B C D E F Z		
903	During the last 12 months did you suffer from:	A	No	Don't know		
	903a. vaginal discharge (Yellowish/ greenish discharge from vagina with or without foul smell)	01	02	98		
	903b. lower abdominal pain without diarrhoea or menses	01	02	98		
	903c. genital ulcers or sores	01	02	98		
	CHECK FOR NUMBER OF SYMPTOMS IN Q903a, Q903b AND Q903c AND CIRCLE	At least one symptom No symptoms		01 02		
904	The last time when you had any of these symptoms, what did you do? MULTIPLE RESPONSES POSSIBLE. DO NOT READ REASPONSES, BUT 'ASK ANY OTHER?' Ask the respondent to recall what she did first and then report the other actions sequentially IF RESPONSE I	Sought advice/medicine from NGO or TI run clinic Sought advice/medicine from a government clinic/ hospital Sought advice/medicine from a private clinic/ hospital Sought advice/medicine from a private pharmacy Sought advice/medicine from a traditional healer Sought advice/medicine from a homeopathic doctor Sought advice/medicine from a Unani practitioner Sought advice/medicine from an Ayurvedic doctor Took medicine I had at home Sought advice/medicine from friend/family/ fellow FSW Told my sexual partner about the STI Stopped having sex when I had symptoms Used condoms Did nothing Other (Specify)		A B C D E F G H I J K L M N Z	▶ BLOCK X 1 st 2 nd 3 rd 4 th 5 th	
905	The last time you suffered from one of these symptoms, how long did you wait before seeking treatment?	Number of days Don't remember		998		

BLOCK X: KNOWLEDGE OF HIV / AIDS AND RISK PERCEPTION					
#	Question	Response cate	gories	Code	Skip to
1001	Have you ever heard of HIV before this interview?	Yes No		01 02	
1002	Have you ever heard of AIDS before this interview?	Yes No		01 02	
	IF ANSWERS TO Q10	001 AND Q1002 IS "N	0", THEN SKIP TO BL	.0СК ХІ	
1003	Can a person get HIV/AIDS?	Yes	No	Don't know	
	1003a. By having unprotected sex with an infected person	01	02	98	
	1003b. By sharing infected needles	01	02	98	
	1003c. By infected blood transfusion	01	02	98	
	1003d. Through mosquito bites	01	02	98	
	1003e. By sharing a meal with someone who is infected	01	02	98	
1004	Can a person prevent getting infected with HIV/AIDS?	Yes	No	Don't know	
	1004a. By having only one uninfected sex partner who has no other sex partners	01	02	98	
	1004b. By always using condom while engaging in sex	01	02	98	
	1004c. By avoiding the use of shared injection needles and syringes	01	02	98	
	1004d. By getting blood thoroughly checked/ tested before transfusion	01	02	98	
1005	What are the sources from where you have come to know about HIV/AIDS? MULTIPLE ANSWERS POSSIBLE DO NOT READ REASPONSES, BUT 'ASK ANY OTHER?'	Radio Television Newspaper Magazine Poster/Billboards/Wall writing/ Hoarding Electronic board Pamphlets/booklets Public announcements Street play/Drama/ Friends/Relatives/Colleagues NGO worker Health worker Other (Specify)		A B C D E F G	
				I J K L Z	
1006	Do you think that a healthy looking person can be infected with HIV, the virus that causes AIDS?	Yes No		01 02	

BLOCK X: KNOWLEDGE OF HIV / AIDS AND RISK PERCEPTION				
#	Question	Response categories	Code	Skip to
1007	To what extent do you feel yourself at risk to being infected with HIV/AIDS?	High Moderate Low No risk	01 02 03 04	
1008	Do you know any place where one can get tested for HIV/AIDS? If yes, which are those places? MULTIPLE RESPONSES POSSIBLE. DO NOT READ REASPONSES, BUT 'ASK ANY OTHER?' IF THE NAME OF THE FACILITY IS GIVEN, PROBE WHETHER IT IS GOVERNMENT / PRIVATE / NGO CLINIC, ETC. AND RECORD	Government hospital Private hospital NGO run clinic Health camp Mobile clinic Don't know Others (Specify)	A B C D E X Z	
1009	Have you ever been tested for HIV/AIDS?	Yes No	01 02	▶ 1014
1010	In the last 12 months, how many times you were tested for HIV/AIDS?	Number of times Yes, tested but don't remember number of times	98	
1011	The last time you were tested for HIV/AIDS, did you go on your own or referred by health professional or NGO?	On my own Referred by health professional Referred by NGO Referred by others	01 02 03 04	
1012	The last time you were tested for HIV/AIDS, where did you get tested? IF THE NAME OF THE FACILITY IS GIVEN, PROBE WHETHER IT IS GOVERNMENT / PRIVATE / NGO CLINIC, ETC. AND RECORD	Government hospital Private hospital NGO run clinic Health camp Mobile clinic Others (Specify) Don't remember	01 02 03 04 05 97 98	
1013	I don't want to know the test result, but did you collect the HIV test result?	Yes No	01 02	
1014	Have you heard of ART (Anti-retroviral treatment) that can help person infected with HIV/AIDS to live longer?	Yes No	01 02	▶ 1016
1015	Do you know any place where HIV infected persons can avail ART? If yes, which are those places? MULTIPLE RESPONSES POSSIBLE. DO NOT READ REASPONSES, BUT 'ASK ANY OTHER?'	Government hospital Private hospital NGO run clinic Health camp Mobile clinic Don't know Others (Specify)	A B C D E X Z	
1016	Can HIV be transmitted from an HIV infected mother to her unborn baby during pregnancy?	Yes No Don't know	01 02 98	

BLOCK X: KNOWLEDGE OF HIV / AIDS AND RISK PERCEPTION (CONTD)					
#	Question	Response categories	Code	Skip to	
1015	Do you know any place where HIV infected persons can avail ART? If yes, which are those places? MULTIPLE RESPONSES POSSIBLE. DO NOT READ REASPONSES, BUT 'ASK ANY OTHER?'	Government hospital Private hospital NGO run clinic Health camp Mobile clinic Don't know Others (Specify)	A B C D E X Z		
1016	Can HIV be transmitted from an HIV infected mother to her unborn baby during pregnancy?	Yes No Don't know	01 02 98		
1017	Can HIV be transmitted from an HIV infected mother to her unborn baby during delivery?	Yes No Don't know	01 02 98		
1018	Can HIV be transmitted from an HIV infected mother to the new born child through breastfeeding?	Yes No Don't know	01 02 98		
1019	Are you aware of any special medications that a doctor or a nurse can give to a woman infected with HIV/AIDS to reduce the risk of transmitting HIV to the baby?	Yes No	01 02		
1020	If you come to know that one of your friend is HIV positive, would you continue interacting with him/her?	Yes No	01 02		
1021	Would you access healthcare services from a provider/facility that also treats HIV positive persons?	Yes No	01 02		

	BLOCK XI: PROGRM EXPOSURE AND COMMUNITY MOBILIZATION					
#	Question	Response cat	egories	Code	Skip to	
1007	Have you received any of the following services	from any NGO/prog	ramme/ individual/	group during the l	ast 12 months?	
		Yes	No	Don't remember		
	1101a. Received information on STI/HIV/AIDS from a peer educator or an outreach worker from the NGO/ Programme	01	02	98		
	1101b. Received condoms from the peer educator or outreach workers of the NGO/ Programme	01	02	98		
	1101c. Seen a demonstration on correct condom use by a peer educator/NGO outreach worker	01	02	98		
	1101d. Received check-up and counselling for STIs	01	02	98		
	1101e. Received free medicine for STIs	01	02	98		
	1101f. Visited drop in centre	01	02	98		
	1101g. Referred to other services (STI clinic, HIV testing, detox centre etc.) from the NGO/ Programme	01	02	98		
	1101h. Received free medicine for general health problems	01	02	98		
	1101i. Received help and support when faced with physical or sexual violence	01	02	98		
	1101j. Received help and support when faced with trouble from police	01	02	98		
	IF RESPONSES FOR ALL QUESTIONS IN Q1101 IS "NO" OR "DK", SKIP TO Q1107					
1102	When was the first time you received any service from these NGOs? IF < 1 WEEK RECORD IN DAYS IF >1 WEEK AND < 1 MONTH RECORD IN WEEKS IF > 1 MONTH AND < 1 YEAR RECORD IN MONTHS IF => 1 YEAR RECORD IN YEARS	Days Weeks Months Years Don't remember		01 02 03 04 98	Unit:	
1103	During the last one month, how many times have you been visited/ contacted by an outreach worker or peer educator?	Number of times Never contacted Don't remember	contacted	00 98		
1104	Approximately, how many condoms were given to you freely in the last one month	Number of condo Don't remember	ms	998		

BLOCK XI: PROGRM EXPOSURE AND COMMUNITY MOBILIZATION (CONTD)					
#	Question	Response catego	ories	Code	Skip to
1105	During the last 3 months, have you undergone a routine medical check-up?	Yes No		01 02	
1106	Are you registered with any of these NGOs?	Yes No Don't know		01 02 98	► 1108
1107	Have you heard of any NGO / programme/ individual/group providing services such as HIV prevention, condoms, treatment for STIs in this district?	Yes No		01 02	
1108	Are you a member of a self-help group formed?	Yes No		01 02	
1109	Are you a member of any sex worker collective?	Yes No		01 02	
1110	If there is a problem that affected all or some of the sex worker community, how many sex worker would work together to deal with the problem: All, most, some or no one?	All Most Some None Don't know		01 02 03 04 98	
1111	In the last 12 months, have you negotiated		Yes	No	
ord	with or stood up against the following in order to help a fellow FSW?	1111a. Police	01	02	
		1111b.Goons/local leaders	01	02	
		1111c. Fellow FSW	01	02	
		1111d. Madam/ brokers	01	02	

Thank you very much for your time, and for providing the information. I assure you again that none of the information you have given us will be shared with anyone else, and your responses will remain completely confidential.

THANK YOU

VI(b) - MSM Questionnaires

Operational Definition:

Men who have sex with Men (MSM): Men, aged 15 years or more, who had anal or oral sex with a male/ hijra partner in the last one month

BLOCK I: IDENTIFICATION AND CONSENT STATUS				
#	Question	Response categories	Code	Skip to
101	Name and code of the state	State		
102	Name and code of the domain	Domain		
103	Name and code of the district	District		
104	Type of domain	Independent Composite	01 02	
105	Name and code of the city/town/ village	City/town/ village		
106	Name and code of the cluster	Cluster		
107	Date of interview	Day	Month	Year
108	Name and code of the interviewer	Name		
109	Language of interview	Language		
110	Already participated in IBBS in the last 2 months?	Yes No	01 02	► END
111	Consent status	Agreed Refused	01 02	► END
112	CASE ID	(Domain Code) (Sub-Do	main No.) (Sa	Imple No.)
113	Completion status	Interview completed and blood sample given Only interview completed Interview partially completed	01 02 03	

	BLOCK II:	DEMOGRAPHIC CHARACTERISTICS		
#	Question	Response categories	Code	Skip to
201	How old are you?	Age in completed years		
202	Can you read and write?	Can read and write Can read only Cannot read and write	01 02 03	
203	What is the highest grade/class you have completed?	Highest grade/class completed Never attended school	96	
204	Type of domain	Independent Composite	01 02	
204	What is your main occupation? DO NOT READ RESPONSES CIRCLE ONLY ONE	Unemployed Student Agricultural labour/cultivator Non-agricultural labour Daily wage labourer Domestic servant Skilled/Semi-skilled worker Petty business/ Small shop Large business/ self employed Service (private/government) Transport worker Hotel staff Sex work Masseur Other (Specify)	01 02 03 04 05 06 07 08 09 10 97	
205	What is your current marital status?	Never married Currently married Widowed Divorced Separated Others (Specify)	01 02 03 04 05 97	
206	With whom do you currently live?	Living alone Living with spouse/regular (main) female partner Living with other female partner Living with regular (main) male/hijra sexual partner Living with other male/hijra partner Living with friends Living with friends Living with family/relatives without sexual partner Others (Specify)	01 02 03 04 05 06 07 97	
207	I don't want to know your number, but could you please tell me if you have a cell phone?	Yes No	01 02	

	BLOCK III: MIGRATION AND MOBILITY					
#	Question	Response categories	Code	Skip to		
301	Do you currently live in this district?	Yes No	01 02	▶ 303		
302	Which district/state do you currently live in? ASK ABOUT STATE AND DISTRICT	DISTRICT STATE On the move (Does not stay in particular district/state)	96			
303	How long have you been living in this district?	a. Years b. Months Don't remember	98			
	IF RESPONSE Q	301 IS "01", THEN ASK Q304, ELSE SKIP TO	Q305			
304	Have you travelled outside this district (current place of residence) in the last 12 months?	Yes No	01 02	► BLOCK IV		
305	How many times have you travelled outside the district you currently live in the last 3 months?	Number of times Did not travel Don't remember	00 98	► 307		
306	How many such places have you travelled in the last 3 months?	Number of places travelled_ Don't remember	98			
307	How many days did you stay in the place you visited last?	Number of days stayed Don't remember	998			
308	Did you have sex with a client in the place you visited last?	Yes No	01 02			

BLOCK IV: GENERAL SEXUAL BEHAVIOUR				
#	Question	Response categories	Code	Skip to
401	How old were you when you had sex for the first time? CONSIDER ANY TYPE OF SEX IF THE RESPONDENT MENTIONS HE HAD FIRST SEX ACT "XX" NUMBER OF YEARS AGO, THEN SUBTRACT IT FROM THE CURRENT AGE (Q201) AND CONFIRM WITH THE RESPONDENT	Age in completed years Don't know	98	
402	How old were you when you had your first sex with a male/hijra? CONSIDER ANY TYPE OF SEX IF THE RESPONDENT MENTIONS HE HAD FIRST SEX ACT "XX"NUMBER OF YEARS AGO, THEN SUBTRACT IT FROM THE CURRENT AGE (Q201) AND CONFIRM WITH THE RESPONDENT	Age in completed years Don't know	98	
403	Were you forced to have sex during the first sexual encounter with a male/hijra?	Yes No	01 02	
404	How do you primarily identify yourself, based on sexual orientation?	Predominantly Kothi (receive during anal sex) Predominantly Panthi (insert during anal sex) AC/DC or Double decker Bisexual Others (Specify)	01 02 03 04 97	
405	Where do you primarily have sex with your male/hijra sexual partners? DO NOT READ RESPONSES CIRCLE ONLY ONE RESPONSE	Home/ rented home Lodge/Hotels Vehicle Highway Public place Massage parlours Other (Specify)	01 02 03 04 05 06 97	
	Now, I am going to ask you	some questions related to condom use pr	actices	
406	The last time you obtained a condom, where did you get it? READ ALL RESPONSES AND CIRCLE THE ONE SELECTED BY RESPONDENT	Peer educator/Outreach worker Paan shop Apothecary/Drug store/Chemist Sex partner Vending stall Vending machine Health facility Bar/Guest House/Hotel Friend Mobile van/NGO office/Drop-In Centre Never obtained a condom Others (specify) Don't remember	01 02 03 04 05 06 07 08 09 10 96 97 98	
407	Did you use a condom the last time you had anal sex with your male/hijra partners?	Yes No Never had anal sex	01 02 96	► BLOCK 5

BLOCK IV: GENERAL SEXUAL BEHAVIOUR (CONTD)					
#	Question	Response categories	Code	Skip to	
408	How often do you take help of brokers/ pimps to solicit clients? READ ALL RESPONSES	Always Most of the times Sometimes Never	01 02 03 04	Block 5	
408	Did you have an instance in the last one month where you had anal sex with your male/hijra sexual partners without using condoms?	Yes No Didn't have anal sex in last one month Don't remember	01 02 03 98	► 410 ► BLOCK V ► 410	
409	What was the main reason for NOT using a condom in that instance? DO NOT READ RESPONSES	Partner refused Paid more for sex without a condom Condom was not available Condom costs too much Was afraid of violence Too embarrassed to ask him to use a condom Had forced sex He was a trusted partner Do not like using condoms Other (specify)	01 02 04 05 06 07 08 09 97		
410	In the last one month have you had the experience of a condom breaking while it is being used during anal sex with your male/ hijra sexual partners?	Yes No No condom use in last month	01 02 03		
411	In the last one month , was there an instance when you wanted to use a condom while having anal sex with your male/hijra partners but could not use it?	Yes No Didn't want to use condom Don't Remember	01 02 03 98		
412	Have you used a lubricant in the last one month while having anal sex with your male/ hijra sexual partners? (Something that could make your penis or your partner's penis more slippery and easier to insert into the anus?)	Yes No	01 02	► BLOCK V	
	BLOCK IV: GEN	NERAL SEXUAL BEHAVIOR (CONTD)			
413	Which lubricants have you used in in the last one month during anal sex with your male/ hijra sexual partners? DO NOT READ RESPONSES MULTIPLE RESPONSES POSSIBLE	Baby Oil Butter Cooking Oil Coconut oil Hand Lotion KY Jelly Vaseline Saliva Don't know Other (specify)	A B C D E F G H X Z		
414	The last time you used a lubricant in the last month while having anal sex with your male/ hijra sexual partners, where did you obtain it from? READ ALL RESPONSES AND CIRCLE THE ONE SELECTED BY RESPONDENT	Peer educator/Outreach worker Apothecary/Drug store/Chemist Client Sex partner Health facility Bar/Guest House/Hotel Friend Mobile van/NGO office/Drop-In Centre Never obtained lubricant Others (specify) Don't remember	01 02 03 04 05 06 07 08 96 97 98		

	BLOCKV: SEXUAL BEHAVIOUR WITH MALE/HIJRA PARTNERS					
#	Question	Response categories	Code	Skip to		
	REGULAR M (MALE SEXUAL PARTNER SL	I ON-PAYING MALE PARTNERS ICH AS LOVER/BOYFRIEND, LIVE-IN-	PARTNER)			
501	Do you have a regular male sexual partner who is your main partner and does not pay to have sex with you (such as live-in partner/ lover/ boyfriend/spouse)?	Yes No	01 02	► 510		
502	How long have you been having sexual relations with this partner?	a. Years b. Months Don't remember	 98			
503	Generally what type of sex do you have with this partner? MULTIPLE RESPONSES POSSIBLE	Anal penetrative Anal receptive Oral Manual Others (Specify)	A B C D Z			
	IF NEITHER "A"	NOR "B" IS MARKED IN Q503, THEN SKIP TO	D Q508			
504	How many times did you have anal sex with this main regular male partner in the last one week?	Number of sex acts Don't know	98			
505	The last time you had anal sex with main regular male partner, was a condom used?	Yes No	01 02			
506	In the last one month, how often have you used condoms when you had anal sex with your main regular male partner? READ ALL RESPONSES	Every time Most of the time Sometimes Never Didn't have anal sex in last one month	01 02 03 04 96	► 508		
507	How long have you been using condoms "every time" with your main regular male partners? IF < 1 WEEK RECORD IN DAYS IF >1 WEEK AND < 1 MONTH RECORD IN WEEKS IF > 1 MONTH AND < 1 YEAR RECORD IN MONTHS IF => 1 YEAR RECORD IN YEARS	Days Weeks Months Years Don't remember	01 02 03 04 98	Unit:		
508	Do you have any other regular male sexual partners who do not pay to have sex with you (such as live-in partner/ lover/ boyfriend)?	Yes No	01 02	► 510		
509	How many such partners you had in the last 12 months	Number of partners Don't remember	98			

	BLOCK V: SEXUAL BEHAVIOUR WITH MALE/HIJRA PARTNERS (CONTD)						
#	Question	Response categories	Code	Skip to			
	REGULAR NON-PAYING HIJRA PARTNERS (HIJRA SEXUAL PARTNER SUCH AS LOVER/BOYFRIEND, LIVE-IN-PARTNER)						
510	Do you have a regular hijra sexual partner who is your main partner and does not pay to have sex with you (such as live-in partner/ lover/ boyfriend/ spouse)?	Yes No	01 02	► 519			
511	How long have you been having sexual relations with this partner? QUESTION IS OPEN-ENDED LISTEN TO RESPONSE IF < 1 MONTHTHEN PUT "OO" MONTHS	a. Years b. Months Don't remember	<u>–</u> <u>98</u>				
512	Generally what type of sex do you have with this partner? MULTIPLE RESPONSES POSSIBLE	Anal penetrative Anal receptive Oral Manual Others (Specify)	A B C D Z				
	IF NEITHER	"A" NOR "B" IS MARKED, THEN SKIP TO Q5	17				
513	How many times did you have anal sex with this main regular hijra partner in the last one week?	Number of sex acts Don't know	98				
514	The last time you had anal sex with main regular hijra partner, was a condom used?	Yes No	01 02				
515	In the last one month , how often have you used condoms when you had anal sex with your main regular hijra partners? READ ALL RESPONSES	Every time Most of the time Sometimes Never Didn't have sex in last one month	01 02 03 04 96	► 517			
516	How long have you been using condoms "every time" with your main regular hijra partners? IF < 1 WEEK RECORD IN DAYS IF >1 WEEK AND < 1 MONTH RECORD IN WEEKS IF > 1 MONTH AND < 1 YEAR RECORD IN MONTHS IF => 1 YEAR RECORD IN YEARS	Days Weeks Months Years	01 02 03 04	Unit:			
517	Do you have any other regular hijra sexual partners who do not pay to have sex with you (such as live-in partner/ lover/ boyfriend)?	Yes No	01 02	► 519			
518	How many such partners you had in the last 12 months	Number of partners Don't remember	98				

	BLOCK V: SEXUAL BEHAVIOUR WITH MALE/HIJRA PARTNERS (CONTD)						
#	Question	Response categories	Code	Skip to			
	PAYING MALE PARTNER (SELLING SEX) (COMMERCIAL MALE PARTNERS WHO PAID YOU TO HAVE SEX WITH HIM)						
519	Have you ever received cash or gifts from other men in exchange for sex?	Yes No	01 02	► 533			
520	How old were you when you first started receiving cash/gifts from men in exchange for sex?	Age in completed years Don't know	98				
521	Have you received cash or gifts from other men in exchange for sex in the last 12 months?	Yes No	01 02	► 533			
522	Where do you primarily solicit/ pick-up most of the paying male partners (male partners who paid to have sex with you)? DO NOT READ RESPONSES CIRCLE ONLY ONE RESPONSE	Home Rented Room Lodge/Hotels Dhaba Kothee Bar/Night club Vehicle Highway Public place Other (specify)	01 02 03 04 05 06 07 08 09 97				
523	Where do you primarily have sex with most of your paying male partners? DO NOT READ RESPONSES CIRCLE ONLY ONE RESPONSE	Home Rented Room Lodge/Hotels Dhaba Kothee Bar/Night club Vehicle Highway Public place Other (specify)	01 02 03 04 05 06 07 08 09 97				
524	Do your paying male partners contact you using cell phone for sex?	Yes No	01 02				
525	Do your paying male partners contact you through internet for sex?	Yes No Not aware of internet	01 02 03				
526	Generally what type of sex do you have with your paying male partners? MULTIPLE RESPONSES POSSIBLE	Anal penetrative Anal receptive Oral Manual Others (Specify)	A B C D Z				
	IF NEITHER "A"	NOR "B" IS MARKED IN Q526, THEN SKIP TO	D Q533				
527	How many paying male partners you had anal sex in the last one week?	Number of partners No partner Don't know	00 98	► 529			

	BLOCK V: SEXUAL BEHAVIOUR WITH MALE/HIJRA PARTNERS (CONTD)					
#	Question	Response categories	Code	Skip to		
528	How many times did you have anal sex with your paying male partners in the last one week?	Number of sex acts Don't know	98			
529	The last time you had anal sex with a paying male partner, was a condom used?	Yes No	01 02			
530	In the last one month , have you turned away a paying male partner when he refused to use a condom during anal sex?	Yes No No clients refused to use a condom	01 02 03			
531	In the last one month , how often have you used condoms when you had anal sex with your paying male partners? READ ALL RESPONSES	Every time Most of the time Sometimes Never Didn't have anal sex in last one month	01 02 03 04 96	► 519		
532	How long have you been using condoms "every time" with your paying male partners? IF < 1 WEEK RECORD IN DAYS IF >1 WEEK AND < 1 MONTH RECORD IN WEEKS IF > 1 MONTH AND < 1 YEAR RECORD IN MONTHS IF => 1 YEAR RECORD IN YEARS	Days Weeks Months Years Don't remember	01 02 03 04 98	Unit:		
	PAID (MALES OR HIJRA	MALE/HIJRA PARTNER (BUYING SEX) S WHOM YOU HAVE PAID TO HAVE ANAL SE	(WITH)			
533	Have you ever given cash or gifts to have sex with a male or hijra?	Yes No	01 02	► 543		
534	Have you given cash or gifts to have sex with a male or hijra in the last 12 months?	Yes No	01 02	► 543		
535	Do you use cell phone to contact your paid male/hijra partners (male/hijra partners to whom you give cash or gift to have sex)?	Yes No	01 02			
536	Do you use internet to contact your paid male/hijra partners?	Yes No Not aware of internet	01 02 03			
537	What type of sex do you normally have with paid male/hijra partners? MULTIPLE RESPONSES POSSIBLE	Anal penetrative Anal receptive Oral Manual Others (Specify)	A B C D Z			

BLOCK V: SEXUAL BEHAVIOUR WITH MALE/HIJRA PARTNERS (CONTD)						
#	Question	Response categories	Code	Skip to		
	IF NEITHER "A" NOR "B" IS MARKED IN Q537, THEN SKIP TO Q543					
529	The last time you had anal sex with a paying male partner, was a condom used?	Yes No	01 02			
538	How many paid male/hijra partners did you have anal sex with in the last one week?	Number of partners No partner Don't know	00 98	► 540		
539	How many times did you have anal sex with paid male/hijra partners in the last one week?	Number of sex acts Don't know	98			
540	The last time you had anal sex with a paid male/hijra partner, was a condom used?	Yes No	01 02			
541	In the last one month , how often have you used condoms when you had anal sex with your paid male/hijra partners? READ ALL RESPONSES	Every time Most of the time Sometimes Never Didn't have anal sex in last one month	01 02 03 04 96	► 543		
542	How long have you been using condoms "every time" with your paid male/hijra partners? IF <1 WEEK RECORD IN DAYS IF >1 WEEK AND < 1 MONTH RECORD IN WEEKS IF > 1 MONTH AND < 1 YEAR RECORD IN MONTHS IF => 1 YEAR RECORD IN YEARS\	Days Weeks Months Years Don't remember	01 02 03 04 98	Unit:		
	OTHER CA (MALE/HIJRA PARTNE	SUAL NON-PAYING MALE/HIJRA PARTNERS SRS OTHER THAN THE REGULAR NON-PAYING	G PARTNERS)			
543	Have you ever had sex with a casual male/ hijra partners other than the regular non- paying partners we talked about?	Yes No	01 02	► BLOCK VI		
544	Have you had sex with a casual male/hijra partners in the last 12 months?	Yes No	01 02	► BLOCK VI		
545	What type of sex do you normally have with these casual partners? MULTIPLE RESPONSES POSSIBLE	Anal penetrative Anal receptive Oral Manual Others (Specify)	A B C D Z			

BLOCK V: SEXUAL BEHAVIOUR WITH MALE/HIJRA PARTNERS (CONTD)					
#	Question	Response categories	Code	Skip to	
	IF NEITHER "A" NO	DR "B" IS MARKED in Q545, THEN SKIP TO E	BLOCK VI		
546	How many casual male/hijra partners you had anal sex in the last one week?	Number of partners No partner Don't know	00 98	► 548	
547	How many times did you have anal sex with this casual male/hijra partner in the last one week?	Number of sex acts Don't know	98		
548	The last time you had anal sex with these partners, was a condom used?	Yes No	01 02		
549	In the last one month , how often have you used condoms when you had anal sex with your casual male/hijra partners? READ ALL RESPONSES	Every time Most of the time Sometimes Never	01 02 03 04	► BLOCK VI	
550	How long have you been using condoms "every time" with your casual male/hijra partners? IF < 1 WEEK RECORD IN DAYS IF >1 WEEK AND < 1 MONTH RECORD IN WEEKS IF > 1 MONTH AND < 1 YEAR RECORD IN MONTHS IF => 1 YEAR RECORD IN YEARS	Days Weeks Months Years Don't remember	01 02 03 04 98	Unit:	

BLOCK VI: SEXUAL BEHAVIOR WITH FEMALE SEXUAL PARTNERS					
#	Question	Response categories	Code	Skip to	
601	Have you ever had vaginal intercourse with a female?	Yes No	01 02	► BLOCK VI	
602	How old were you when you first had vaginal intercourse? IF THE RESPONDENT MENTIONS HE HAD FIRST SEX ACT "XX" NUMBER OF YEARS AGO, THEN SUBTRACT IT FROM THE CURRENT AGE (Q201) AND CONFIRM WITH THE RESPONDENT	Age in completed years Don't know	98		
	REGULAR (FEMALE SEXUAL PARTNERS)	NON-PAYING FEMALE PARTNER SUCH AS SPOUSE, GIRL FRIEND, LIVE-IN-P	ATNER)		
603	Do you currently have a regular female sexual partner (Spouse/ Lover/Girlfriend)?	Yes No	01 02	► 610	
604	How long have you been having sexual relations with this regular female partner? QUESTION IS OPEN-ENDED LISTEN TO RESPONSE	a. Years b. Months Don't remember			
605	Does this regular female partner know that you have sex with men?	Yes No	01 02		
606	How many times did you have sexual intercourse with this regular female partner in the last one month?	Number of sex acts Don't know	98		
607	The last time you had sexual intercourse with your regular female partner, was a condom used?	Yes No	01 02		
608	In the last 12 months, how often have you used condoms while having sexual intercourse with your regular female partner? READ ALL RESPONSES	Every time Most of the time Sometimes Never Didn't have sex in last 12 months	01 02 03 04 96	► 610	
609	How long have you been using condoms "every time" with your regular female partner? IF < 1 WEEK RECORD IN DAYS IF >1 WEEK AND < 1 MONTH RECORD IN WEEKS IF > 1 MONTH AND < 1 YEAR RECORD IN MONTHS IF => 1 YEAR RECORD IN YEARS	Days Weeks Months Years Don't remember	01 02 03 04 98	Unit:	

BLOCK VI: SEXUAL BEHAVIOR WITH FEMALE SEXUAL PARTNERS (CONTD)						
#	Question	Response categories	Code	Skip to		
PAID FEMALE PARTNERS (BUYING SEX) (FEMALE SEXUAL PARTNERS WHOM YOU PAID TO HAVE SEX WITH)						
610	Have you ever paid to have sexual intercourse with a female?	Yes No	98	► 617		
611	Have you had sexual intercourse with a paid female partner in the last 12 months?	Yes No	01 02	► 617		
612	How many paid female partners have you had in the last 12 months?	# of paid female partners Don't know	98			
613	How many times did you have sexual intercourse with paid female partners in the last one month?	Number of sex acts Don't know	98			
614	The last time you had sexual intercourse with a paid female partner, was a condom used?	Yes No	01 02			
615	In the last 12 months, how often have you used condoms when you had sexual intercourse with your paid female partners? READ ALL RESPONSES	Every time Most of the time Sometimes Never	01 02 03 04	► 617		
616	How long have you been using condoms "every time" with your paid female partners? IF < 1 WEEK RECORD IN DAYS IF >1 WEEK AND < 1 MONTH RECORD IN WEEKS IF > 1 MONTH AND < 1 YEAR RECORD IN MONTHS IF => 1 YEAR RECORD IN YEARS	Days Weeks Months Years Don't remember	01 02 03 04 98	Unit:		
OTHER CASUAL NON-PAYING FEMALE PARTNERS (FEMALE PARTNERS OTHER THAN THE REGULAR NON-PAYING PARTNERS)						
617	Have you ever had sexual intercourse with a female other than the regular female partners or the paid female partners we talked about?	Yes No	01 02	► 617		
618	Have you had sexual intercourse with a casual female partner in the last 12 months?	Yes No	01 02	► BLOCK VII		
619	How many such casual partners have you had in the last 12 months?	# of casual female partners Don't know	98			
620	How many times did you have sexual intercourse with casual female partners in the last one month?	Number of sex acts Don't know	98			

BLOCK VI: SEXUAL BEHAVIOR WITH FEMALE SEXUAL PARTNERS (CONTD)					
#	Question	Response categories	Code	Skip to	
621	The last time you had sexual intercourse with a casual female partner, was a condom used?	Yes No	01 02		
622	In the last 12 months, how often have you used condoms when you had sexual intercourse with your casual female partners? READ ALL RESPONSES	Every time Most of the time Sometimes Never	01 02 03 04	► BLOCK VII	
623	How long have you been using condoms "every time" with your casual female partners? IF < 1 WEEK RECORD IN DAYS IF >1 WEEK AND < 1 MONTH RECORD IN WEEKS IF > 1 MONTH AND < 1 YEAR RECORD IN MONTHS IF => 1 YEAR RECORD IN YEARS	Days Weeks Months Years Don't remember	01 02 03 04 98	Unit:	

BLOCK VII: ALCOHOL AND DRUG USE PRACTICES					
#	Question	Response categories	Code	Skip to	
701	Have you consumed alcohol in the last 12 months?	Yes No	01 02		
				▶ 704	
702	How many days did you consume alcohol in the last one week?	Number of days			
703	The last time you had sex with any of your sexual partners; did you consume alcoholic drinks before or during sex?	Yes No	01 02		
704	Have you consumed drugs such as Ganja, Heroine for pleasure in the last 12 months?	Yes No	01 02		
705	Have you injected drugs for non-medical reasons in the last 12 months? EXPLAIN THAT 'INJECTED DRUGS' MEAN THOSE TAKEN FOR INTOXICATION	Yes No Don't know	01 02 98	► BLOCK VIII	
706	Have you shared needles/syringes with someone when injected drugs last time?	Yes No Don't know	01 02 98		

BLOCK VIII: EXPERIENCE OF PHYSICAL AND SEXUAL VIOLENCE				
#	Question	Response categories	Code	Skip to
801	Are you treated disrespectfully by your family/friends/neighbours because they know you are an MSM?	Yes No No one knows	01 02 03	
802	Do you feel you are treated differently (such as receive less care/attention) than other persons in health facilities/ hospitals because they know you are an MSM?	Yes No No one knows	01 02 03	
803	In the last 12 months, how many times would you say someone has beaten (hurt, hit, slapped, pushed, kicked, punched, choked or burned) you?	Never Once 2 – 5 times 6 – 10 times More than 10 times Don't remember	01 02 03 04 05 98	▶ 806
804	In the last 12 months , who was the person (or people) who have beaten you? MULTIPLE RESPONSES POSSIBLE. DO NOT READ RESPONSES, BUT 'ASK ANY OTHER?'	Family member/ Relative Stranger Police Client Goondas Other MSM/TG Regular partner Other (Specify)	A B C D E F G Z	
805	The last time you were beaten by someone, whom did you inform? MULTIPLE RESPONSES POSSIBLE. DO NOT READ RESPONSES, BUT 'ASK ANY OTHER?'	Did not tell anyone Fellow MSM/TG Friend/Relative/Family member who is not an MSM/TG NGO worker Police Don't remember Other (Specify)	A B C D E X Z	
806	In the last 12 months , were you physically forced to have sexual intercourse with someone even though you didn't want to?	Yes No	01 02	► BLOCK IX
807	In the last 12 months , who was the person (or people) who physically forced you to have sexual intercourse against your will? MULTIPLE RESPONSES POSSIBLE. DO NOT READ RESPONSES, BUT 'ASK ANY OTHER?'	Family member/ Relative Stranger Police Client Goondas Other MSM/TG Regular partner Other (Specify)	A B C D E F G Z	
808	Whom did you inform the last time when you were physically forced to have sexual intercourse against your will? MULTIPLE RESPONSES POSSIBLE. DO NOT READ RESPONSES, BUT 'ASK ANY OTHER?'	Did not tell anyone Fellow MSM/TG Friend/Relative/Family member who is not an MSM/TG NGO worker Police Don't remember Other (Specify)	A B C D E X Z	

	BLOCK IX: SELF-REPORTED SEXUALLY TRANSMITTED INFECTIONS (STIs)					
#	Question	Response categ	ories	Code	Skip to	
901	Have you ever heard of diseases that can be transmitted through sexual intercourse?	Yes No		01 02	► 903	
902	Can you describe any symptoms of STIs in men? DON'T READ RESPONSES CIRCLE ALL THAT ARE MENTIONED	Genital ulcer/sore Anal ulcer/sore Discharge from rectu Urethral discharge Swelling in groin/sc Genital warts Anal warts Others (Specify)	um rotal area	A B C D E F G Z		
903	During the last 12 months did you suffer from:	Yes	No	Don't know		
	903a. Genital ulcer/sore	01	02	98		
	903b. Anal ulcer/sore	01	02	98		
	903c. Discharge from rectum	01	02	98		
	903d. Urethral discharge	01	02	98		
	903e. Swelling in groin/scrotal area	01	02	98		
	903f. Genital warts	01	02	98		
	903g. Anal warts	01	02	98		
	CHECK FOR NUMBER OF SYMPTOMS IN Q903a- Q903g AND CIRCLE	At least one sympton No symptoms	At least one symptom No symptoms		► BLOCK X	

BLOCK IX: SELF-REPORTED SEXUALLY TRANSMITTED INFECTIONS (STIS)					
#	Question	Response categories	Code	Skip to	
904	The last time when you had any of these symptoms, what did you do?	Sought advice/medicine from NGO or TI run clinic	A	1 st	
	MULTIPLE RESPONSES POSSIBLE.	Sought advice/medicine from a government clinic/ hospital	В	2 nd	
	OTHER?' Ask the respondent to recall what he did	Sought advice/medicine from a private clinic/ hospital	С	3 rd	
sequentially	Sought advice/medicine from a private pharmacy	E	4 th		
		Sought advice/medicine from a traditional healer Sought advice/medicine from a	F G	5 th	
		homeopathic doctor Sought advice/medicine from a Unani practitioner	H	► BLOCK X	
		Sought advice/medicine from an Ayurvedic doctor	J		
		Sought advice/medicine from friend/ family/fellow MSM/TG	L K		
		Told my sexual partner about the STI Stopped having sex when I had symptoms	M		
		Used condoms Did nothing Other (Specify)	Z		
	IF RESPONSE IN Q904	' IS EXCLUSIVELY I, J, K, L, M, N, Z; THEN SKI	P TO BLOCK X		
905	The last time you suffered from one of these symptoms, how long did you wait before seeking treatment?	Number of days Don't remember	998		

BLOCK X: KNOWLEDGE OF HIV / AIDS AND RISK PERCEPTION						
#	Question	Response categ	ories	Code	Skip to	
1001	Have you ever heard of HIV before this interview?	Yes No		01 02		
1002	Have you ever heard of AIDS before this interview?	Yes No		01 02		
	IF ANSWERS TO Q	1001 AND Q1002 IS "	'NO", THEN SKIP TO B	LOCK XI		
1003	Can a person get HIV/AIDS?	Yes	No	Don't know		
	1003a. By having unprotected sex with an infected person	01	02	98		
	1003b. By sharing infected needles	01	02	98		
	1003c. By infected blood transfusion	01	02	98		
	1003d. Through mosquito bites	01	02	98		
	1003e. By sharing a meal with someone who is infected	01	02	98		
1004	Can a person prevent getting infected with HIV/AIDS?	Yes	No	Don't know		
	1004a. By having only one uninfected sex partner who has no other sex partners	01	02	98		
	1004b. By always using condom while engaging in sex	01	02	98		
	1004c. By avoiding the use of shared injection needles and syringes	01	02	98		
	1004d. By getting blood thoroughly checked/tested before transfusion	01	02	98		
1005	What are the sources from where you have come to know about HIV/AIDS? MULTIPLE ANSWERS POSSIBLE DO NOT READ REASPONSES, BUT 'ASK ANY OTHER?'	Radio Television Newspaper Magazine Poster/Billboards/Wall writing/ Hoarding Electronic board Pamphlets/booklets Public announcements Street play/Drama/ Friends/Relatives/Colleagues NGO worker Health worker Other (Specify)		A B C D F G H I J K L Z		
1006	Do you think that a healthy looking person can be infected with HIV, the virus that causes AIDS?	Yes No		01 02		

BLOCK X: KNOWLEDGE OF HIV / AIDS AND RISK PERCEPTION					
#	Question	Response categories	Code	Skip to	
1007	To what extent do you feel yourself at risk to being infected with HIV/AIDS? READ ALL RESPONSES	High Moderate Low No risk	01 02 03 04		
1008	Do you know any place where one can get tested for HIV/AIDS? If yes, which are those places? MULTIPLE RESPONSES POSSIBLE. DO NOT READ REASPONSES, BUT 'ASK ANY OTHER?' IF THE NAME OF THE FACILITY IS GIVEN, PROBE WHETHER IT IS GOVERNMENT / PRIVATE / NGO CLINIC, ETC. AND RECORD	Government hospital Private hospital NGO run clinic Health camp Mobile clinic Don't know Others (Specify)	A B C D E X Z		
1009	Have you ever been tested for HIV/AIDS?	Yes No	01 02	▶ 1014	
1010	In the last 12 months, how many times you were tested for HIV/AIDS?	Number of times Yes, tested but don't remember number of times	98		
1011	The last time you were tested for HIV/ AIDS,did you go on your own or referred by health professional or NGO?	On my own Referred by health professional Referred by NGO Referred by others	01 02 03 04		
1012	The last time you were tested for HIV/AIDS, where did you get tested? IF THE NAME OF THE FACILITY IS GIVEN, PROBE WHETHER IT IS GOVERNMENT / PRIVATE / NGO CLINIC, ETC. AND RECORD	Government hospital Private hospital NGO run clinic Health camp Mobile clinic Others (Specify) Don't remember	01 02 03 04 05 97 98		
1013	I don't want to know the test result, but did you collect the HIV test result?	Yes No	01 02		
1014	Have you heard of ART (Anti-retroviral treatment) that can help person infected with HIV/AIDS to live longer?	Yes No	01 02	► 1016	
1015	Do you know any place where HIV infected persons can avail ART? If yes, which are those places? MULTIPLE RESPONSES POSSIBLE. DO NOT READ REASPONSES, BUT 'ASK ANY OTHER?'	Government hospital Private hospital NGO run clinic Health camp Mobile clinic Don't know Others (Specify)	A B C D E X Z		
1016	Can HIV be transmitted from an HIV infected mother to her unborn baby during pregnancy?	Yes No Don't know	01 02 98		

BLOCK X: KNOWLEDGE OF HIV / AIDS AND RISK PERCEPTION					
#	Question	Response categories	Code	Skip to	
1017	Can HIV be transmitted from an HIV infected mother to her unborn baby during delivery?	Yes No Don't know	01 02 98		
1018	Can HIV be transmitted from an HIV infected mother to the new born child through breastfeeding?	Yes No Don't know	01 02 98		
1019	Are you aware of any special medications that a doctor or a nurse can give to a woman infected with HIV/AIDS to reduce the risk of transmitting HIV to the baby?	Yes No	01 02		
1020	If you come to know that one of your friend is HIV positive, would you continue interacting with him/her?	Yes No	01 02		
1021	Would you access healthcare services from a provider/facility that also treats HIV positive persons?	Yes No	01 02		

	BLOCK XI: PROGRM EXPOS	URE AND COMM	IUNITY MOBIL	IZATION					
#	Question	Response cat	egories	Code	Skip to				
1101	Have you received any of the following services from	1 any NGO/program	me/ individual/ gr	oup during the last 1	2 months?				
		Yes	No	Don't remember					
	1101a. Received information on STI/HIV/AIDS from a peer educator or an outreach worker from the NGO/ Programme	01	02	98					
	1101b. Received condoms from the peer educator or outreach workers of the NGO/Programme	01	02	98					
	1101c. Received lubricants from the peer educator or outreach workers of the NGO/Programme	01	02	98					
	1101d. Seen a demonstration on correct condom use by a peer educator/NGO outreach worker	01	02	98					
	1101e. Received check-up and counselling for STIs	01	02	98					
	1101f. Received free medicine for STIs	01	02	98					
	1101g. Visited drop in centre	01	02	98					
	1101h. Referred to other services (STI clinic, HIV testing, detox centre etc.) from the NGO/ Programme	01	02	98					
	1101i. Received help and support when faced with physical or sexual violence	01	02	98					
	1101j. Received help and support when faced with trouble from police	01	02	98					
	IF RESPONSES FOR ALL QUESTIONS IN Q1101a-Q1101j IS "NO" OR "DK", SKIP TO Q1107								
1102	When was the first time you received any service from these NGOs? IF <1 WEEK RECORD IN DAYS IF >1 WEEK AND <1 MONTH RECORD IN WEEKS	Days Weeks Months Years Don't remember		01 02 03 04 98	Unit:				
	IF > 1 MONIH AND < 1 YEAR RECORD IN MONIHS IF => 1 YEAR RECORD IN YEARS								
1103	During the last one month, how many times have you been visited/ contacted by an outreach worker or peer educator?	Number of times contacted Don't remember		98					
1104	Approximately, how many condoms were given to you freely in the last one month	Number of condo Don't remember	ms	998					
1105	During the last 3 months, have you undergone a routine medical check-up?	Yes No		01 02					
BLOCK XI: PROGRM EXPOSURE AND COMMUNITY MOBILIZATION (CONTD)									
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#	Question	Response cat	egories	Code	Skip to				
1106	Are you registered with any of these NGOs?	Yes No Don't know	Yes No Don't know		► 1108				
1107	Have you heard of any NGO / programme/ individual/group providing services such as HIV prevention, condoms, treatment for STIs in this district?	Yes No		01 02					
1108	Are you a member of a self-help group formed?	Yes No		01 02					
1109	Are you a member of any MSM collective?	Yes No		01 02					
1110	If there is a problem that affected all or some of the MSM community, how many MSM would work together to deal with the problem: All, most, some or no one?	All Most Some None Don't know		01 02 03 04 98					
1111	In the last 12 months , have you negotiated with or stood up against the following in order to help a fellow MSM?		Yes	No					
		1111a. Police	01	02					
		1111b.Goons/ local leaders	01	02					
		1111c. Fellow MSM	01	02					

Thank you very much for your time, and for providing the information. I assure you again that none of the information you have given us will be shared with anyone else, and your responses will remain completely confidential.

THANK YOU

VI(c) - IDU Questionnaires

Operational Definition:

Men, aged 15 years or more, who has used any psychotropic (addictive/mind altering) substance or drug for recreational or non-medical reasons through injections, at least once in the last 3 months

NOTE: The term 'addictive substances/ drugs' has been used in this questionnaire to refer to substances/ drugs used for recreational and non-medical reasons, only for the sake of easy communication. It does not convey any pejorative or negative notion about the drug users.

	BLOCK I. IDENTIFICATION AND CONSENT STATUS							
#	Question	Response categories	Code	Skip to	Code Boxes			
101	Name and code of the State	Name						
102	Name and code of domain	Domain Name						
103	Name and code of district	District Name						
104	Type of domain	Independent Composite	01 02					
105	Name and code of the city/ town/ village	City/town/ village						
106	Name and code of the cluster	Cluster						
107	Date of interview	Date	Day	Month	Year			
108	Name and code number of Interviewer	Name						
109	Language of interview	Language						
110	Already participated in IBBS in the last 2 months?	Yes No	01 02	► END				
111	Consent status	Agreed Refused	01 02	► END				
112	CASE ID							
		(Domain Code) (Sub-Do	omain No.) (S	Sample No.)				
113	Completion status	Interview completed and blood sample given Only interview completed Interview partially completed	01 02 03					

	BLOCK II. DEMOGRAPHIC CHARACTERISTICS						
#	Question	Response categories	Code	Skip to	Code Boxes		
201	How old are you now?	Age in completed years:					
202	Can you read and write?	Can read and write Can read only Cannot read and write	01 02 03				
203	What is the highest grade/ class you have completed?	Highest grade/class completed Never attended school	96				
204	What is your main occupation? DO NOT READ RESPONSES	Unemployed Student Agricultural labour/cultivator Non-agricultural labour Daily wage labourer Domestic servant Skilled/Semi-skilled worker Petty business/ Small shop Large business/ self employed Service (private/government) Transport worker Hotel staff Drug dealer Scrap/Garbage collection/ Rag picking Petty crime Other(Specify) No answer	00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 97 99				
205	What is your current marital status?	Never married Currently married Widower Divorced Separated Others (Specify)	01 02 03 04 05 97				
206	With whom do you currently live?	Living alone Living with spouse Living with sexual partner other than spouse Living with friends Living with family/relative without sexual partner Others (Specify)	01 02 03 04 05 97				

	BLOCK III: MIGRATION AND MOBILITY							
#	Question	Response categories	Code	Skip to	Code Boxes			
301	Do you currently live in this district?	Yes No	01 02	▶ 303				
302	Which district/state do you currently live in? ASK ABOUT STATE AND DISTRICT	DISTRICT STATE On the move (Does not stay in particular district/state)	96					
303	How long have you been living in this district?	a. Years b. Months Don't remember	98					
	IF n	esponse in Q301 is '01' then ask Q304 ELS	E skip to Q305					
304	Have you travelled outside this district (current place of residence) in the last 12 months?	Yes No	01 02	▶ 401				
305	How many times have you travelled outside the district you currently live in the last 3 months	Number of times Did not travel Don't remember	00 98	▶ 307				
306	How many such places outside this district have you travelled in the last 3 months?	Number of places travelled_ Don't remember	98					
307	How many days did you stay in the place you visited last?	Number of days stayed Don't remember	98					
308	Did you inject drugs in the place you visited last?	Yes No	01 02	▶ 401				
309	Did you share (lend or borrow) needle/syringe with other injecting drug users in the place you visited last?	Yes No	01 02					

	BLOCK IV. Drug use Practices					
#	Question	Response categories	Code	Skip to	Code Boxes	
401	How old were you when you first took drugs? I am NOT asking you about cigarette, bidi, khaini, alcohol etc. IF THE RESPONDENT MENTIONS HE HAD TAKEN DRUG FOR THE FIRST TIME "XX" NUMBER OF YEARS AGO, THEN SUBTRACT IT FROM THE CURRENT AGE (Q201) AND CONFIRM WITH THE RESPONDENT	Age in completed years Don't remember No answer	98 99			
402	How (In which form) did you use it first time?	Oral Smoking Sniffing Chasing Injecting Others(Specify) Don't remember	01 02 03 04 05 97 98	▶ 404		
403	How old were you when you first injected drugs? IF THE RESPONDENT MENTIONS HE HAD FIRST INJECTED DRUG "XX" NUMBER OF YEARS AGO, THEN SUBTRACT IT FROM THE CURRENT AGE (Q201) AND CONFIRM WITH THE RESPONDENT	Age in completed years Don't remember No answer	98 99			
404	Which drug did you most often inject over the last 3 months? Probe referring to coloqual / locally known names of the drugs	Heroin (Number 4) Brown Sugar/ Smack Buprenorphine (Tidigesic, Lupigesic, Norphine, Bupin etc.) Pentazocine (Fortwin) Spasmoproxyvon Amphetamine Cocaine/ Crack Diazepam/ Calmpose, Nitrazepam/ Clonazepam/ Avil/ Phenargan Pethidine Others (Specify) No Response	01 02 03 04 05 06 07 08 09 97 99			
405	Which is the most common location/place where you have been injecting over the last 3 months? Allow respondent to give a spontaneous answer. Read out options only when the respondent requires assistance.	In my house In my injecting partner's house In my dealer's/peddler's house Any abandoned building Religious places (temple/church/ mosque etc.) Public toilet Street/park Shop/café/bar Workplace/college Other public places (hospital, cinema hall, bus terminus, etc.) Other (Specify) No answer	01 02 03 04 05 06 07 08 09 10 97 99			

	BLOCK IV. Drug use Practices (Contd)					
#	Question	Response categories	Code	Skip to	Code Boxes	
406	When did you inject last?	Number of days ago Dont know / don't remember No answer	98 99			
407	On the last day you injected drugs, how many times did you inject?	Number of times No answer	99			
408	When you injected last time, did you lend needle/syringe already used by you to a fellow injecting drug user?	Yes No Don't remember No answer	01 02 98 99			
409	In last 3 months, was there an instance when you lent needle/ syringe already used by you to a fellow injecting drug user?	Yes No Don't remember No answer	01 02 98 99			
410	When you injected last time, did you borrow needle/syringe from a fellow injecting drug user, already used by him?	Yes No Don't remember No answer	01 02 98 99			
411	In last 3 months, was there an instance when you borrowed needle/syringe from a fellow injecting drug user, already used by him?	Yes No Don't remember No answer	01 02 98 99			
412	When you injected last time, did you draw up drug solution from a common container?	Yes No Don't remember No answer	01 02 98 99			
413	When you injected last time, did you inject with a completely fresh new needle/syringe?	Yes No Don't remember No answer	01 02 98 99			
414	When you injected last time, how many injecting drug users were present at the place of injection, excluding yourself?	Number of IDUs present Don't remember No answer	98 99			
415	Have you injected drugs in groups in the last 3 months?	Yes No Don't remember	01 02 98	 ▶ 418 ▶ 418 		
416	What have been the reasons for you to inject in a group? Allow the respondent to give spontaneous answer. Probe. Write the answer verbatim and then match it with the options.	Not having drugs Not having a needle & syringe Not having other injecting equipments Bought drugs from pooled funds For getting injected by experienced injectors Scared of being overdosed if injected alone Opportunity to socialise with friends Opportunity to have sex after injection Other (Specify) No answer	A B C D F G H Z Y			

	BLOCK IV. Drug use Practices (Contd)					
#	Question	Response categories	Code	Skip to	Code Boxes	
417	How often have you injected drugs in a group in the last one week?	No. of times Dont know / don't remember No answer	98 99			
418	Did you repeatedly use needle/ syringe before you disposed it off in last one month?	Yes No Don't remember	01 02 98			
419	How did you dispose off your needle & syringe last time? CIRCLE ONE (Do not read)	Gave it back in NSEP to get a new set Sold/gave it on rent to others Threw it around the injecting locations Buried it Burnt it Threw it in dustbin Kept it for re-use Others (Specify) Don't know/ don't remember No answer	01 02 03 04 05 06 07 97 98 99			
420	Do you know any person or place from where you can obtain new, unused needles and syringes when you need them?	Yes No No Response	01 02 99	▶ 422 ▶ 422		
421	Where did you obtain new, unused needles and syringes last time? DO NOT READ OUT LIST	Pharmacist / chemist Any other shop Drop-in-centre Hospital NGO out-reach worker/ Peer educator Sex partners Friends Other drug users Drug dealer Buy on streets Never obtained Others (Specify) No Response	01 02 03 04 05 06 07 08 09 10 11 97 99			
422	Have you ever been in prison for any activities related to drug use in last 12 months?	Yes No No Response	01 02 99	▶ 425 ▶ 425		
423	Did you inject drug when you were in the prison last time?	Yes No No Response	01 02 99	► 425 ► 425		
424	Was sterile needle/syringe available when you were in the prison last time?	Yes No No Response	01 02 99			
425	Does your female regular partner (spouse/ girl friend/ live-in partner) also inject drugs?	Yes No No Response	01 02 99			

	BLOCK V.	SEXUAL HISTORY – FEMALE SEXU	JAL PARTNER	S	
#	Question	Response categories	Code	Skip to	Code Boxes
501	Have you ever had sexual intercourse with a woman?	Yes No No Response	01 02 99	▶ 601 ▶ 601	
502	How old were you when you first had penetrative sex with a female sexual partner? IF THE RESPONDENT MENTIONS HE HAD FIRST SEX "XX" NUMBER OF YEARS AGO, THEN SUBTRACT IT FROM THE CURRENT AGE (Q201) AND CONFIRM WITH THE RESPONDENT	AGE IN COMPLETED YEARS Don't remember No answer	98 99		
	(Spouse	A. Regular/Steady Female Partner or girlfriend with whom you have a stead	ly relationship)		
503	Do you have a regular female sexual partner (spouse/ girlfriend)?	Yes No No Response	01 02 99	► 507 ► 507	
504	How many times did you have sexual intercourse with this regular female partner in the last month?	Number of sex acts Don't remember	98		
505	The last time you had sexual intercourse with your regular female partner, did you use condom?	Yes No Don't remember No Response	01 02 98 99		
506	In last 12 months , how often did you use condom when you had sexual intercourse with your regular female partners? READ ALL RESPONSES AND CIRCLE THE ONE SELECTED BY RESPONDENT	Every time Most of the times Sometimes Never No answer	01 02 03 04 99		
		B. Paid female sex partner (whom you have paid in cash to have sex	with)		
507	Have you ever paid to have sexual intercourse with a female sex worker?	Yes No No Response	01 02 99	 ▶ 513 ▶ 513 	
508	How old were you when you first had sexual intercourse with a female sex worker?	AGE IN COMPLETED YEARS Don't remember No answer	98 99		
	IF THE RESPONDENT MENTIONS HE HAD FIRST SEX "XX" NUMBER OF YEARS AGO, THEN SUBTRACT IT FROM THE CURRENT AGE (Q201) AND CONFIRM WITH THE RESPONDENT				
509	With how many female sex workers did you have sexual intercourse in last 12 months?	Number of FSWs Don't remember No Response	98 99		

	BLOCK V. SEXUAL HISTORY – FEMALE SEXUAL PARTNERS (Contd)					
#	Question	Response categories	Code	Skip to	Code Boxes	
510	How many times did you have sexual intercourse with female sex workers in the last month?	Number of sex acts Don't remember	98			
511	Was a condom used the last time you had sexual intercourse with a female sex worker?	Yes No Don't remember No Response	01 02 98 99			
512	In last 12 months , how often did you use condoms when you have intercourse with female sex workers? READ ALL RESPONSES AND CIRCLE THE ONE SELECTED BY RESPONDENT	Every time Most of the times Sometimes Never No answer	01 02 03 04 99			
	·	C. Non-paid Casual Female Partner		^		
513	Did you have sexual intercourse with a non-paid casual female partner in last 12 months?	Yes No No Response	01 02 99	▶ 601 ▶ 601		
514	How many such casual female partners did you have in last 12 months?	Number of casual female partners No answer	99			
515	How many times did you have sexual intercourse with these casual female sex partners in the last month?	Number of sex acts Don't remember	98			
516	The last time you had sexual intercourse with this partner, did you use condom?	Yes No Don't remember No Response	01 02 98 99			
517	In last 12 months , how often did you use condom when you had sexual intercourse with any of these non-paid casual sex partners? READ ALL RESPONSES AND CIRCLE THE ONE SELECTED BY RESPONDENT	Every time Most of the times Sometimes Never No answer	01 02 03 04 99			

	BLOCK VI. SEXUAL HISTORY – MALE/HIJRA SEXUAL PARTNERS						
#	Question	Response categories	Code	Skip to	Code Boxes		
601	Have you ever had anal sex with a male/Hijra?	Yes No No Response	01 02 99	▶ 701▶ 701			
602	How old were you when you first had anal sex with a male/hijra? IF THE RESPONDENT MENTIONS HE HAD FIRST SEX "XX" NUMBER OF YEARS AGO, THEN SUBTRACT IT FROM THE CURRENT AGE (Q201) AND CONFIRM WITH THE RESPONDENT	AGE IN COMPLETED YEARS Don't remember No answer	98 99				
603	Did you have anal sex with a male/hijra sexual partner in the last 12 months?	Yes No No Response	01 02 99	▶ 701▶ 701			
604	How many male and hijra partners you had anal sex with, in the last 12 months?	a. Number of male partners b. Number of Hijra partners			a		
605	Was a condom used the last time you had anal sex with male/hijra sexual partners?	Yes No Don't remember No Response	01 02 98 99				
606	In last 12 months , how often was a condom used when you had anal sex with male/hijra partners? READ ALL RESPONSES AND CIRCLE THE ONE SELECTED BY RESPONDENT	Every time Most of the times Sometimes Never	01 02 03 04				

	BLOCK VII: EXPERIENCE OF PHYSICAL VIOLENCE					
#	Question	Response cat	tegories	Code	Skip to	Code Boxes
701	Are you treated disrespectfully by your family/friends/neighbours because you are an IDU?	Yes No		01 02		
702	Do you feel you are treated differently (such as receive less care/attention) than other persons in health facilities/ hospitals because you are an IDU?	Yes No	Yes No			
703	In the last 12 months , how many times would you say someone has physically beaten (hurt, hit, slapped, pushed, kicked, punched, choked or burned) you?	Never Once 2 – 5 times 6 – 10 times More than 10 times		01 02 03 04 05	▶ 801	
704	Who did this to you? MULTIPLE RESPONSES POSSIBLE. DO NOT READ RESPONSES, BUT 'ASK ANY OTHER?'	Family member Stranger Police Drug peddlers Goondas Fellow IDUs Other (Specify) No answer		A B C D E F Z Y		
705	Whom did you inform when last time you were beaten by someone? MULTIPLE RESPONSES POSSIBLE. DO NOT READ RESPONSES, BUT 'ASK ANY OTHER?'	Did not tell anyone Fellow IDU Friend/Relative/Family member NGO worker Police Don't remember Other (Specify)		A B C D E X Z		
801	Have you ever heard of diseases that can be transmitted through sexual intercourse?	Yes No		01 02	▶ 803	
802	Can you describe any symptoms of STIs in men? DON'T READ RESPONSES MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL THOSE ARE MENTIONED	Genital ulcer/so Urethral dischar Genital warts Others (Specify)	Genital ulcer/sore Urethral discharge Genital warts Others (Specify)			
803	During the last 12 months did you suffer from:	Yes	No	Don't know		
	803a. Genital ulcer/sore (Ulcer on the penis)	01	02	98		
	803b. Urethral discharge (Discharge of Pus while urinating)	01	02	98		
	803c. Genital warts	01	02	98		
	CHECK FOR NUMBER OF SYMPTOMS IN Q803a-Q803c AND CIRCLE (To be checked by the interviewer)	At least one sym No symptoms	ptom	01 02	▶ 901	

	BLOCK VII: EXPERIENCE OF PHYSICAL VIOLENCE						
#	Question	Response categories	Code	Skip to	Code Boxes		
804	What did you do last time when you had any of these symptoms?	Sought advice/medicine from NGO or TI run clinic	A		1 st		
	MULTIPLE RESPONSES POSSIBLE.	government clinic/ hospital Sought advice/medicine from a	В		2 nd		
	DO NOT READ REASPONSES, BUT 'ASK ANY OTHER?' Ask the respondent to recall what	private clinic/ hospital Sought advice/medicine from a private pharmacy	C		3 rd		
	he did first and then report the other actions sequentially	Sought advice/medicine from a traditional healer	D		4 th		
		Sought advice/medicine from a	E				
		Sought advice/medicine from a	F		5		
		Unani practitioner Sought advice/medicine from a	G				
		Ayurvedic doctor	н				
		Took medicine I had at home	I				
		Sought advice/medicine from friend/family/fellow IDU	J				
		Told my sexual partner about the	К				
		Stopped having sex when I had	L				
		symptoms	М				
		Used condoms	N				
		Other (Specify)	Z				
	IF RESPONSE IN (THEN SKIP TO Q	901	·			
805	The last time you suffered from one of these symptoms, how long did you wait before seeking treatment?	Number of days Don't remember	998				

BLOCK IX: KNOWLEDGE OF HIV / AIDS AND RISK PERCEPTION						
#	Question	Response categories		Code	Skip to	Code Boxes
901	Have you ever heard of HIV before this interview?	Yes No		01 02		
902	Have you ever heard of AIDS before this interview?	Yes No		01 02		
	IF ANSWERS	FO BOTH Q901 AND	Q902 IS "NO", THE	N SKIP TO Q1001		
903	Can a person get HIV/AIDS?	Yes	No	Don't know		
	903a. By having unprotected sex with an infected person living with HIV	01	02	98		
	903b. By sharing infected needles/ syringes	01	02	98		
	903c. By infected blood transfusion	01	02	98		
	903d. Through mosquito bites	01	02	98		
	903e. By sharing a meal with someone who is infected with HIV	01	02	98		
904	Can a person prevent getting infected with HIV/AIDS?	Yes	No	Don't know		
	904a. By having only one uninfected sex partner who has no other sex partners	01	02	98		
	904b. By always using condom while engaging in sex	01	02	98		
	904c. By avoiding the use of shared injection needles and syringes	01	02	98		
	904d. By getting blood thoroughly checked/tested before transfusion	01	02	98		
905	What are the sources from where you have come to know about HIV/AIDS? MULTIPLE ANSWERS POSSIBLE DO NOT READ REASPONSES, BUT 'ASK ANY OTHER?'	Radio Television Newspaper Magazine Poster/Billboards/Wall writing/ Hoarding Electronic board Pamphlets/booklets Public announcements Street play/Drama/ Friends/Relatives/Colleagues NGO worker Other (Specify)		A B C D F G H I J K Z		
906	Do you think that a healthy looking person can be infected with HIV, the virus that causes AIDS?	Yes No		01 02		

BLOCK IX: KNOWLEDGE OF HIV / AIDS AND RISK PERCEPTION (Contd)						
#	Question	Response categories	Code	Skip to	Code Boxes	
907	To what extent do you feel yourself at risk of being infected with HIV/ AIDS? READ ALL RESPONSES	High Moderate Low No risk	01 02 03 04			
908	Do you know any place where one can get tested for HIV/AIDS? If yes, which are those places? MULTIPLE RESPONSES POSSIBLE. DO NOT READ REASPONSES, BUT 'ASK ANY OTHER?' IF THE NAME OF THE FACILITY IS GIVEN, PROBE WHETHER IT IS GOVERNMENT / PRIVATE / NGO CLINIC, ETC. AND RECORD	Government hospital Private hospital NGO run clinic Health camp Mobile clinic Don't know Others (Specify)	A B C D E X Z			
909	Have you been ever tested for HIV/ AIDS?	Yes No	01 02	▶ 914		
910	In the last 12 months , how many times you were tested for HIV/AIDS?	Number of times Yes, tested but don't remember number of times	98			
911	The last time you were tested for HIV/AIDS, did you go on your own or referred by health professional or NGO?	On my own Referred by health professional Referred by NGO Referred by others	01 02 03 04			
912	The last time you were tested for HIV/AIDS, where did you get tested? IF THE NAME OF THE FACILITY IS GIVEN, PROBE WHETHER IT IS GOVERNMENT / PRIVATE / NGO CLINIC, ETC. AND RECORD	Government hospital Private hospital NGO run clinic Health camp Mobile clinic Others (Specify) Don't remember	01 02 03 04 05 97 98			
913	Did you collect the HIV test result? Explain that the interviewer does not want to know the test result	Yes No	01 02			
914	Have you heard of ART (Anti- retroviral treatment) that can help person infected with HIV/AIDS to live longer?	Yes No	01 02			
915	Do you know any place where HIV infected persons can avail treatment? If yes, which are those places? MULTIPLE RESPONSES POSSIBLE. DO NOT READ REASPONSES, BUT 'ASK ANY OTHER?'	Government hospital Private hospital NGO run clinic Health camp Mobile clinic Don't know Others (Specify)	A B C D E X Z			
916	Can HIV be transmitted from an HIV infected mother to her unborn baby during pregnancy?	Yes No Don't know	01 02 98			

BLOCK IX: KNOWLEDGE OF HIV / AIDS AND RISK PERCEPTION (Contd)						
#	Question	Response categories	Code	Skip to	Code Boxes	
917	Can HIV be transmitted from an HIV infected mother to her unborn baby during delivery?	Yes No Don't know	01 02 98			
918	Can HIV be transmitted from an HIV infected mother to the new born child through breastfeeding?	Yes No Don't know	01 02 98			
919	Are you aware of any special medications that a doctor or a nurse can give to a woman infected with HIV/AIDS to reduce the risk of transmitting HIV/AIDS to the baby?	Yes No	01 02			
920	If you come to know that one of your friend is HIV positive, would you continue interacting with him/her?	Yes No	01 02			
921	Would you access healthcare services from a provider/facility that also treats HIV positive persons?	Yes No	01 02			

BLOCK X : PROGRAMME EXPOSURE AND COMMUNITY MOBILIZATION						
#	Question	Response ca	tegories	Code	Skip to	Code Boxes
1001	Have you received any of the following s	llowing services from any NGO/programme/ individual/ group during the last 12 m				
		Responses				
	SERVICES	Yes	No	Don't remember	No response	
	A. Received new needles and syringes from the peer educator or outreach workers	01	02	98	99	
	B. Received condoms from the peer educator or outreach workers	01	02	98	99	
	C. Received information on STI/ HIV/AIDS by a peer educator or an outreach worker	01	02	98	99	
	D. Received Oral Substitution Therapy (OST)	01	02	98	99	
	E. Received abscess management services	01	02	98	99	
	F. Referred for overdose management	01	02	98	99	
	G. Referred to other services (ICTC, detox centre etc.)	01	02	98	99	
	H. Received check-up and counseling for STIs	01	02	98	99	
	I. Received free medicine and counseling for STI	01	02	98	99	
	J. Seen a demonstration on correct condom use by a peer educator/NGO outreach worker	01	02	98	99	
	K. Received help and support when faced with physical violence	01	02	98	99	
	L. Received help and support when faced with trouble from police	01	02	98	99	
	IF RESPONSES FOR ALL QUESTIONS 1	IN Q1001 IS "NO"	OR "Don't rememb	per" OR "No resp	onse", SKIP TO Q1	009
1002	When was the first time you received any of the above services from any NGO/programme/ individual/ group? IF < 1 WEEK RECORD IN DAYS IF >1 WEEK AND < 1 MONTH RECORD IN WEEKS IF > 1 MONTH AND < 1 YEAR RECORD IN MONTHS IF => 1 YEAR RECORD IN YEARS	a. Days b. Weeks c. Months d. Years Don't remember		01 02 03 04 98		
1003	During the last one month, how many times have you been visited/ contacted by an outreach worker or peer educator?	Number of times Never contacted Don't remember	contacted	00 98		

BLOCK X : PROGRAMME EXPOSURE AND COMMUNITY MOBILIZATION						
#	Question	Response categories	Code	Skip to	Code Boxes	
1004	How many needles/syringes did you receive from the NGO/programme/ individual/group in the last one month?	No. of needles/syringes Don't remember No answer	00 98			
1005	How many needles/syringes did you exchange from the NGO in the last one month?	No. of needles/syringes Don't remember No answer	98 99			
1006	Approximately, how many free condoms were given to you in last one month?	No. of condoms Don't remember No answer	98 99			
1007	During the last 3 months, have you undergone a routine medical check-up?	Yes No	01 02			
1008	Are you registered with any of the NGOs providing the services mentioned above?	Yes No Don't know	01 02 98	1010		
1009	Have you heard of any NGO / programme/ individual/group providing any of the services mentioned above in this district?	Yes No				
1010	Do you know any place where you can get OST (Opioid Substitution Therapy) service? If yes, which are those places? MULTIPLE RESPONSE POSSIBLE	NGO clinic/Detoxification centre Government hospital Private hospital Others (specify) Don't know No response	A B C Z X Y			
1011	Are you currently under Opioid substitution therapy (OST)?	Yes No No Response	01 02 99			
1012	Are you a member of a self-help group or community-based organization?	Yes No No Response	01 02 99			
1013	Are you a member of any IDU collective?	Yes No No Response	01 02 99			
1014	If there is a problem that affected all or some of the IDU community, how many IDUs would work together to deal with the problem: All, most, some or no one?	All Most Some None Don't know	01 02 03 04 98			

BLOCK X : PROGRAMME EXPOSURE AND COMMUNITY MOBILIZATION							
#	Question	Response categories	Code	Skip to	Code Boxes		
1015	1015 In the last 12 months, have you negotiated with or stood up against the following in order to help fellow IDUs? a. Police b. Local Goons/Leaders c. Fellow IDU		Yes	No			
		a. Police	01	02			
		b. Local Goons/Leaders	01	02			
		c. Fellow IDU	01	02			

Thank you very much for your time, and for providing the information. I assure you again that none of the information you have given us will be shared with anyone else, and your responses will remain completely confidential.

THANK YOU



National AIDS Control Organisation

India's voice against AIDS Ministry of Health & Family Welfare, Government of India www.naco.gov.in

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