

Integrated Bio-behavioral Survey (IBBS) among MSM Population in Kathmandu Valley

Final Report

December 2005

**Integrated Bio-behavioral Survey (IBBS)
among MSM Population in Kathmandu
Valley**

Final Report

Submitted to

**Family Health International
HIV/AIDS Prevention and Control Program
Kathmandu, Nepal**

December 2005

**कपा
CREHPA**

**CENTER FOR RESEARCH ON ENVIRONMENT
HEALTH AND POPULATION ACTIVITIES (CREHPA)**

P.O. Box: 9626, Kathmandu, Nepal
Tel: 5546487 Fax: 5522724
E-mail: crehpa@crehpa.wlink.com.np

Acknowledgments

The successful accomplishment of this IBBS study is an outcome of the collective efforts of Blue Diamond Society, SACTS, Youth Vision and CREHPA and many other individuals and organizations.

The study team wishes to express its sincere gratitude to Dr. James L. Ross, the then Country Director, FHI Nepal, Ms. Aasha Basnet, Country Director (Present), FHI Nepal, Dr. Laxmi Bilas Acharya, Team leader, Surveillance, Research, Monitoring and Evaluation, FHI Nepal for entrusting this important study to CREHPA and providing active support and coordinating the research activities at various levels.

The team is also grateful to Mr. Philippe Girault, MSH Technical Officer, FHI, Asia and Pacific Division, Bangkok for providing technical support at various levels.

The support extended by Mr. Sunil Babu Pant, Director, BDS to facilitate the fieldwork implementation and Dr. Vijaya Lal Gurubacharya, Director, SACTS to facilitate clinical and laboratory procedures is sincerely acknowledged.

Last but not the least, the study team acknowledges the contribution of the MSM community and respondents who received the researchers with understanding and patience and who responded to the questions on very personal matters. The study would not have been possible without their voluntary participation.

THE STUDY TEAM

The Study Team

CORE TEAM

Mr. Anand Tamang	Study Coordinator
Mr. Dinesh Dhungel	Supervisor
Mr. Mahesh Shrestha	Supervisor

CLERK

Mr. Govinda Maskey	CREHPA
--------------------	--------

RECEPTIONIST

Mr. Umesh Shrestha	BDS
--------------------	-----

INTERVIEWER

Mr. Sanjeev Dhungel	CREHPA
Mr. Narendra Shah	CREHPA
Mr. Pitambar Koirala	CREHPA
Mr. Suman Nepal	BDS
Mr. Rabindra Silwal	BDS
Mr. Prakash Niraula	BDS

CLINICALTEAM

Mr. Ashok Shrestha	SACTS
Mr. Lalan Prasad Shah	SACTS

LAB TEAM

Mr. Janardan Kuinkel	
Mr. Binod Shrestha	SACTS
Mr. Ramesh Baidya	SACTS

HEALTH EDUCATOR

Mr. Dev Narayan Yadav	BDS
Mr. Sunil Sunuwar	BDS

MOTIVATOR

Mr. Suraj Koirala	CREHPA
Mr. Rabindra Karki	CREHPA
Mr. Suman Manandhar	BDS
Mr. Umesh Pandey	BDS

DATA PROCESSOR

Mr. Nagendra Luitel	CREHPA
Mr. Sanjeev Dhungel	CREHPA

HELPER

Mr. Prem Lama	CREHPA
Mr. Laxmi Bastola	CREHPA

PROJECT SUPPORT STAFF

Mr. Nagendra Luitel	Data Processor
Mr. Y.B Karki	Administration & Finance
Ms. Radhika Singh	Word Processor

Abbreviations and Acronyms

ABC	Abstinence Being-faithful and Consistent Condom Use
AIDS	Acquired Immunodeficiency Syndrome
BDS	Blue Diamond Society
BSS	Behavioural Surveillance Survey
C	Centigrade/Celsius
CREHPA	Centre for Research on Environment Health and Population Activities
CT	Chlamydia Trachomatis
DIC	Drop-In Centre
FHI	Family Health International
FSW	Female Sex Worker
GC	Neisseria gonorrhoea
GC/I	Gonococcal Infection
HA	Health Assistant
HIV	Human Immunodeficiency Virus
HSV-2	Herpes Simplex Virus -2
IBBS	Integrated Behavioural and Biological Survey
ID	Identification Card
IDU	Injecting Drug User
IEC	Information, Education and Communication
MSM	Male who have Sex with Male
MSW	Male Sex Worker
NCASC	National Centre for AIDS and STD Control
NFCC	Nepal Fertility Care Centre
NG	Neisseria Gonorrhoea
NHRC	National Health Research Council
NPHL	National Public Health Laboratory
PHSC	Protection of Human Subjects Committee
PLWHA	People Living with HIV/AIDS
PSI	Population Service International
QC	Quality Control
RDS	Respondent Driven Sampling
RPR	Rapid Plasma Reagin
SACTS	STD/AIDS Counseling and Training Service
STI	Sexual Transmitted Infections
TPHA	Treponema Pallidum Hamagglutination Assay
UNAIDS	Joint United Nations Programme on HIV/AIDS
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

Table of Contents

<i>Acknowledgements</i>	<i>i</i>
<i>The Study Team</i>	<i>ii</i>
<i>Abbreviations and Acronyms</i>	<i>iii</i>
<i>Table of Contents</i>	<i>iv</i>
Chapter 1: INTRODUCTION	1
1.1 Background	3
1.2 The Objectives	2
1.3 Study Design and Methodology	4
1.4 The Sample Performance	7
1.5 Ethical Considerations	9
1.6 The Study Team	9
1.7 Data Management and Analysis	10
1.8 Organization of the Report	10
Chapter 2: CHARACTERISTICS OF THE STUDY POPULATION 11	
2.1 Socio-Demographic Characteristics	11
2.2 Marital Status	12
2.3 Living with Sex Partner	13
2.4 Occupation	14
2.5 Monthly Income	14
2.6 Mobility	15
Chapter 3: ALCOHOL AND DRUG USE	16
3.1 Alcohol Consumption	16
3.2 Alcohol Consumption during Last Sex	16
3.3 Drug Use	17
Chapter 4 : SEXUAL BEHAVIOUR, TYPE OF PARTNER AND CONDOM USE	18
4.1 Sexual Experiences and Sexual Behavior	18
4.2 Sex with Non-commercial Partners	19
4.3 Types of Commercial Sex Partners	20
4.4 Sexual Relations with Male and Female Sex Workers	22
4.5 Commercial Sexual Relations	22
Chapter 5 : SEXUAL PRACTICE AND SEXUAL VIOLENCE	24
5.1 Sexual Practice	24
5.2 Physical Violence	25
5.3 Sexual Violence	25
5.4 Blackmail & Discrimination	26

Chapter 6 : KNOWLEDGE ABOUT AVAILABILITY AND USE OF CONDOM AND LUBRICANTS	27
6.1 Condom Availability	27
6.2 Condom Accessibility	28
6.3 Brand Preference	29
6.4 Ever Use of Lubricants	29
6.5 Use of Condoms during Last Sex with Different Partners	31
6.6 Extent of Consistent Condom Use with Female Partners	32
6.7 Extent of Consistent Condom Use with Male Partners	33
6.8 Awareness about Special Condom Lubricant	34
6.9 Use of Special Condom Lubricant	35
Chapter 7: KNOWLEDGE OF STIs AND HIV/AIDS	37
7.1 Knowledge of STIs	37
7.2 Exposure to STIs	38
7.3 Copying Strategy adopted for STI Symptoms	39
7.4 Knowledge of HIV/AIDS	40
7.5 Knowledge on ABC of HIV/AIDS Prevention	41
7.6 Misconceptions about HIV/AIDS Transmission	42
7.7 Adoption of HIV Preventive Measures	43
7.8 Perceived Risk of Contracting HIV	44
7.9 Reasons for Perceiving Little or No Risk of HIV	45
7.10 Knowledge about VCT Facilities	45
7.11 HIV Test	46
7.12 Attitudes towards HIV Positive Persons (PLWHs)	47
7.13 Clinical Test Results	48
Chapter 8: MULTIVARIATE ANALYSIS	49
8.1 Knowledge of HIV/AIDS	49
8.2 Knowledge of Signs and Symptoms of STIs	50
8.3 STIs Test (excluding HIV/AIDS)	52
8.4 Exposure to BDS Interventions	54
Chapter 9: SUMMARY AND CONCLUSIONS	56

Chapter 1

INTRODUCTION

1.1 Background

In Asia, new HIV infections are growing rapidly even though sub-Saharan Africa remains the region with the greatest HIV prevalence. Of the 4.8 million new HIV infections worldwide, Asia accounted for 25%. The diverse cultures, economies, and demographic trends of Asian countries continue to pose challenges to programs aimed at controlling the rapid spread of the virus. UNAIDS estimates that more than 7 million Asians are living with HIV, and that high-risk behaviors are fuelling the spread of the HIV (Thompson, 2005).

Nepal is currently experiencing a concentrated HIV/AIDS epidemic among selected high-risk population, majority of whom comprised of young adults (15-29 years). Most of those living with the virus became affected while injecting drugs with used or infected needles or while buying or selling sex without using condoms. According to the National Center for AIDS and STD Control (NCASC) of the Ministry of Health and Population, as of July 31, 2005, there were 5201 identified HIV positive cases in the country out of which 3790 were males and 1411 were females. Young adults (15-29 years of age) comprised 53% of the total identified HIV positive cases.

Report on the global AIDS 2004 (UNAIDS) states that there are as many as 61,000 people living with HIV/AIDS by the end of 2003 in Nepal. The vulnerability for rapid transmission of HIV/AIDS in Nepal has increased many folds by pervasive poverty coupled with low literacy, gender inequality, labor migration, girls trafficking and increasing sex trade. The current conflict has further exasperated vulnerability resulting into massive labor migration broken family and social structure, loss of income and access to productive assets. However, understanding of different sexual networks in the general population in Nepal is limited and impedes HIV control.

Most attention to date has been focused on heterosexual transmission of HIV. STIs infections are also commonly reported among the male population, particularly among migrant males (Garg *et al.*, 2001; Poudel *et al.*, 2003). However, understanding of different sexual networks in the general population in Nepal is limited and impedes HIV control (Furber *et al.*, 2002).

The existence of males having sex with males (MSM) in Nepal, their number, the extent of their sexual behaviors and its impact on the STI/HIV epidemic in the country is not known adequately. According to the *Blue Diamond Society* (an NGO working with MSM in Nepal), the number of accessible MSM in the country is increasing and they report considerable high-risk behavior. An ethnographic study among MSM populations in Kathmandu described the different sexual networks and identities/labels, and emphasized the high level of risky behaviors combined with low level of knowledge among these populations in Kathmandu (Boyce *et al.*, 2001).

In recent years, MSM in Nepal is emerging as a group at risk of HIV and other STI and are likely to bridge the infection to other people. The number of accessible MSM

in the country is increasing and they report considerable high-risk behavior (*BDS*). This population accounts for 5 – 10% of all HIV cases worldwide. In Indonesia, MSM represent 15% of reported AIDS; 29% in Singapore; 32% in Hong Kong and 33% in Philippines (*2004 Report on the global AIDS epidemic, UNAIDS*). Prevention program must take into account the fact that this group is highly stigmatized throughout much of the world. The percentage of urban adult males who are MSM in Nepal is conservatively assumed to be between 1-3%.

A special BSS 2002 was conducted among men having sex with other men (MSM) in the cities of Jakarta, Surabaya, and Batam. This BSS 2002 covered three types of MSM: 737 self identified bisexual/homosexual men (or gays as they prefer to call themselves), 651 *kucing* (men having sex with other men, and sometimes with other women, commercially), and 567 *waria* (transvestites, i.e. men cross-dressing as women and having sex with other men commercially). Gay men tend to be hidden and much more difficult to identify and approach since they tend not to work for commercial sex like *kucing* or *waria* groups. All of the respondents in BSS 2002 reported having more than one anal sex in the past month. More than half (57%) among gays reported having more than one partner in the past month, while among the commercially inclined respondents, most *kucing* (84%), and all *waria* reported had anal sex with more than one partner in the past month (*University of Indonesia & FHI, ASA Project, Jakarta 2002*). Although all MSM tend to have multiple partners and active anal sex, in most cases also the respondents do not consistently use condom when having sex with their male partners in the past month. Only around 20% among gays and *kucing* reported always used condom when having sex, while among *waria*, around 26% reported always used condom. Almost half of all the respondents reported never used condom when having sex in the past month.

Popular classification of MSM is largely oriented around perceptions of gendered sex roles among masculine- and feminine-identified men (*ta* and *meta*), some of whom are married. A rapid ethnographic study conducted in Nepal in 12 cruising sites in Kathmandu in 2001 (*Boyce and Pant FHI*). The study termed some MSM as "double deckers" (or "*dohori*" in Nepali) meaning "both ways" and was used to refer to men who are perceived to or identify themselves as enjoying both penetrative and receptive anal sex.

In 2003, *social mapping and size estimation study of MSM* was carried out for the first time in three urban municipalities of Kathmandu valley (Kathmandu, Lalitpur and Kirtipur) to explore the geographical locations/concentration sites of MSM and estimate their population (*FHI/CREHPA/BDS 2003*). The social mapping identified a total of 134 sites - 113 in Kathmandu, 10 in Lalitpur and 11 in Kirtipur. Of these, 52 were cruising sites and 82 were non-cruising sites. [Cruising sites are places where MSM visited more frequently to solicit their clients and non-cruising sites are places where MSM live and contact their clients through friends, telephone and email/internet]. The MSM community was usually seen in public places such as open ground, park, jungle, and temples and around public toilets and place of congregation such as discotheque, restaurants, and nightclubs.

The estimated number of MSM identified ranges from 6,000 at the minimum and 8,000 at the maximum. The study also attempted to categorize MSM into according to their sexual characteristics. BDS has defined seven categories of MSM. These are:

Meta, Ta, MSW-Meta, MSW-Ta, Transvestites (cross dressed), Dohori and Hijara. It is believed that approximately 80% of the MSM population is *Ta* (penetrative) and the remaining 20% belongs to other categories of MSM who are usually receptive. Of the seven different categories of MSM the estimated number of *Ta* in range were 4941-6292 followed by *Meta* 732-973, *MSW-Meta* 148-179, *Dohori* 96-147, *MSW-Ta* 68-73, *Transvestites* 54-65 and *Hijara* 8.

The current study of *Integrated Behavioral and Biological Survey (IBBS)* is the first study of this kind conducted in Kathmandu valley among the MSM population that have so far been neglected in Nepal's HIV/STI surveillance and research. Two sub groups formed the target of the IBBS. They are: male sex workers (MSW) and self recognized homo/bisexual males (labeled as MSM).

1.2 The Objectives

The overall objective of the study is to determine the levels of HIV and STI prevalence and risk behavior among MSM sub-population in Kathmandu and their behavioral links with general population or other groups with high-risk behaviors. The study will be useful to those, including FHI, seeking to design, monitor and evaluate the impact of their interventions and to advocate effective prevention and care interventions in MSM sub population.

1.2.1 General Objectives

1. To determine the prevalence of HIV, syphilis, HSV-2, *Chlamydia traachomatis (CT)* and *Neisseria gonorrhoea (GC)* among the MSM sub-population in Kathmandu;
2. To describe sexual behaviors among MSM sub-population in Kathmandu

1.2.2 Specific Objectives

1. To ensure the frequency of and the associations between risk behaviors and exposures to STI/HIV among MSM sub-population in Kathmandu;
2. To describe sexual networks of the MSM sub-population in Kathmandu;
3. To measure the percentage of the MSM sub-population that could be considered as a bridging group for HIV infection because they have high-risk sexual behavior and sexual links with a wider heterosexual population

Existing information on MSM indicates that they are more concentrated in the urban areas of Nepal mostly in the metropolitan cities like Kathmandu. There is no representative information about HIV and any STI prevalence among this group in Kathmandu. The information of their sexual behaviors and its impact on the HIV and STI epidemic in the country is inadequate. Therefore the data of this study will be useful to those, including FHI, seeking to design, monitor and evaluate the impact of their interventions and to advocate effective prevention and care interventions in groups that have so far been much neglected in Nepal's HIV and STI surveillance and research.

1.3 Study Design and Methodology

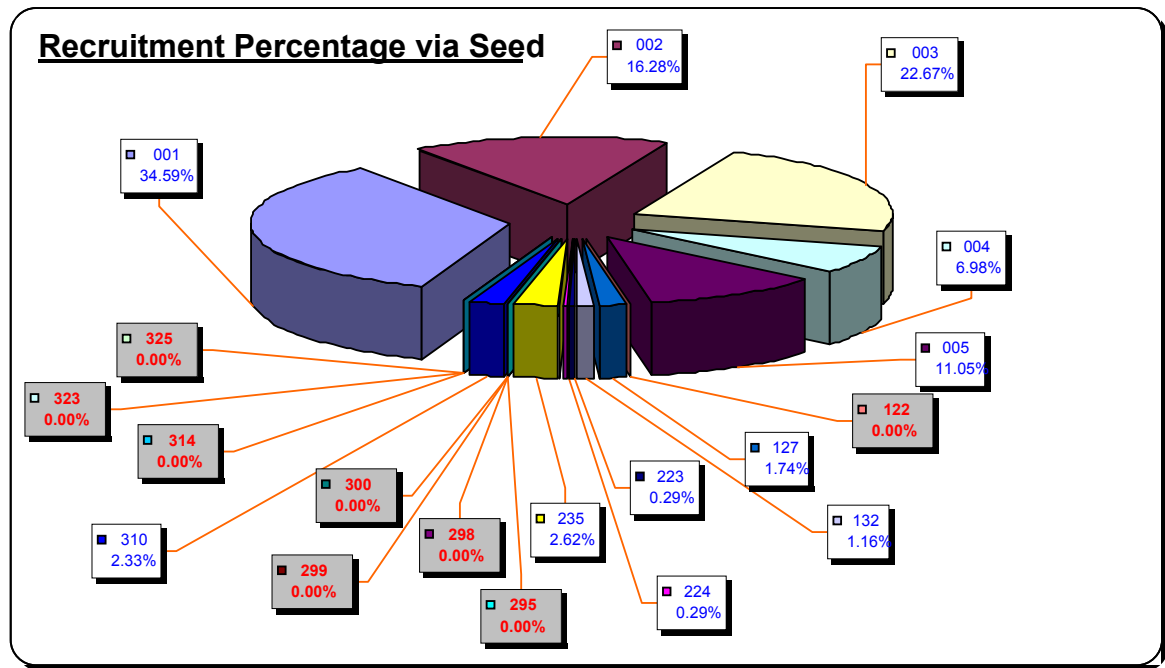
The study being collaborative in nature, a separate research site (field office) was established in Thamel, Kathmandu to enable the combined team of CREHPA, SACTS and BDS to receive the MSM respondents, undertake face to face interviews, conduct clinical examinations, collect blood, urine and rectal swab samples, and provide counseling service. Arrangements were made to send the samples to SACTS, NPHL and to ICDDR'B Bangladesh for *Gonorrhoea* and *Chlamydia* tests.

1.3.1 Recruitment of Respondents

A sample size of 400 MSM was designed out of which 135 were MSWs and 265 were MSMs . A *Respondent-Driven Sampling* (RDS) method was used to recruit the participants. RDS method is increasingly being used in many countries for behavioral and sero-prevalence surveys of hard to reach or 'hidden' population such as IDUs, and MSMs for which no sampling frame exists and for which public acknowledgment of membership is stigmatized. RDS is a kind of chain referral method that overcomes the main limitation of this procedure by generating a random sample that is representative of the population of interest. It takes advantage of the fact that the best way to access members of a hidden population is through their own peers (Heckathorn, 1997, 2002).

A total of 19 “seeds” were enrolled from different locations of Kathmandu to cover various cruising sites of MSM population. Different types of seeds were chosen to ensure the representation of both types of MSM (MSWs and MSMs) and also those representing *Ta*, *Meta*, *MSW-Meta*, *Dohori*, *etc*. Initially, the recruitment was started from first 5 seeds. The seeds were gradually increased to cover wider locations and desired representation of the sample.

Each seed was briefed about the objectives and nature of the study and referred to the “field office” on the same day of the recruitment. Upon successful completion of the interviews and clinical procedures at the field office, each study participant (including the seed) was required to recruit three other peers and refer them to the field office. The inclusion and exclusion criteria for recruitment were explained and three coupons each with coupon numbers were given to the each respondent. The new respondent when arriving at the field office presented the coupon to the study team. The recruitment through the RDS continued until the required sample size for both sub-populations was reached.



1.3.2 Consent Taking Process

A witnessed verbal consent was solicited by the research team from each study participant prior to enrolment in the study. Only those respondents who had voluntarily agreed to participate in the study were enrolled. Care was maintained to ensure privacy during interview, clinical examination, specimen collection and health education. Well being of the respondent was given appropriate attention during clinical examination and specimen collection. Participants were also fully ensured about confidentiality and informed about the process and the approximate duration for the process in each step. No identifying characteristics were collected.

1.3.3 The Interviews

A one-on-one interview was conducted in a private setting by trained interviewers of CREHPA and BDS using a structured questionnaire. The standard questionnaire for MSM developed for the study was adopted. The questionnaire solicited information on socio-demographic profile, presence of STI-related symptoms, sexual behavior and practices, numbers of sexual partners, condom use and risk perception about HIV/AIDS.

1.3.4 Clinical Procedures

The clinical procedures involved in this survey are standard medical procedures for clinical examination and clinical specimen collection. A separate medical team of SACTS stationed at the field office was involved in the execution of the clinical procedures with the participants enrolled in the survey. The steps followed in the clinical procedures were as follows:

→ *External examination*: inspection of the genital area and local lymph nodes looking for local changes: erythema, warts, abrasions, ulcers, swelling, and discharge. STI

management was consistent with the Nepal's national guidelines for the clinical management of STI. A symptomatic treatment of STI was also provided to the participants free of cost at the research site. Those suspected with syphilis were referred to the STI clinic at NFCC for further diagnosis and treatment.

→ *Collection of urine*: 20ml of first-catch urine, at least two hours since last void, for DNA amplification testing for gonorrhea and chlamydia. Urine was self-collected by the participant in a sterile plastic universal urine container or 20 ml screw cap tube. The urine container was put in zip bag and stored at 4 – 8° C and send to NPHL on the same day. The urine was saved in two different aliquots at minus 86° C, before testing.

→ *Rectal swabs for DNA amplification testing for gonorrhea and chlamydia*: rectal swab was either self-collected by the participants or by the medical team. All participants who agreed on self-collection method, was provided with simple pictorial instructions explaining how to collect the rectal swab. The 'female' swab from the Roche specimen collection kit was used for the collection of the rectal specimen. The rectal swab was collected by inserting the swab stick into the rectum to a distance of about 2.5 cm into the anal canal. The swab was rotated and moved gently from side to side for 10-12 seconds. The swab was then removed gently. If the swab was contaminated with fecal material, the collection procedure was repeated.

→ *Collection of 7cc of venous blood*: Blood samples were tested for HIV antibody, syphilis serology, and HSV-2. Blood was collected in sterile glass tube (Kahn's tube). After centrifuge the serum was separated and stored in a sterile disposable plastic serum vial.

1.3.5 Laboratory Procedures

a. Syphilis testing

The diagnosis of syphilis was made by Rapid Plasma Reagin (RPR) analysis with quantification and confirmed by *Treponema Pallidum Hemagglutination Assay* (TPHA). TPHA was performed on RPR non-reactive specimens to indicate past infection with syphilis. A case was diagnosed as a current syphilis if RPR was reactive in 1:8 or more titer and TPHA was positive. Similarly, a case was diagnosed as a past syphilis if the TPHA was positive. Treatment was prescribed for all clients who had current syphilis (RPR 1:8 or more and TPHA positive).

b. HIV and HSV- 2 testing

Detection of HIV infection was carried out by using the HIV testing algorithm which is based upon the National Guidelines for Voluntary HIV/AIDS Counseling and Testing (NCASC, 2003). An ELISA test was used for the detection of HSV-2 IgG antibodies in the serum of participants. Ten percent of randomly chosen sample was submitted for quality control testing for RPR, TPHA, HIV and HSV-2 to an independent laboratory.

c. GC and CT testing

All participants were requested to provide a self-collected urine specimen and a self-collected rectal swab for the detection of both CT and GC. The medical team present in the field office helped to draw rectal swab from those participants who felt uncomfortable on self-collection. The swab was placed in the Roche Amplicor transport tube. The team member then vigorously swirled or agitated in the liquid for 15 seconds. The liquid was expressed from the swab by pressing it against the side of the tube. The swab stick was discarded and the transport tube was recapped tightly. The tube was stored at 4-8 degrees Centigrade and sent to the NPHL. by the side of NPHL the specimen was kept in two aliquots at two aliquots at minus 86 degree Celsius.

One aliquot was transported back to ICDDR'B Dhaka, Bangladesh for NG/CT testing using Roche Amplicor NG/CT kit. Ten per cent of the randomly chosen specimens percentage to positive and negative samples were sent to Auroprobe laboratory in India for quality control (QC).

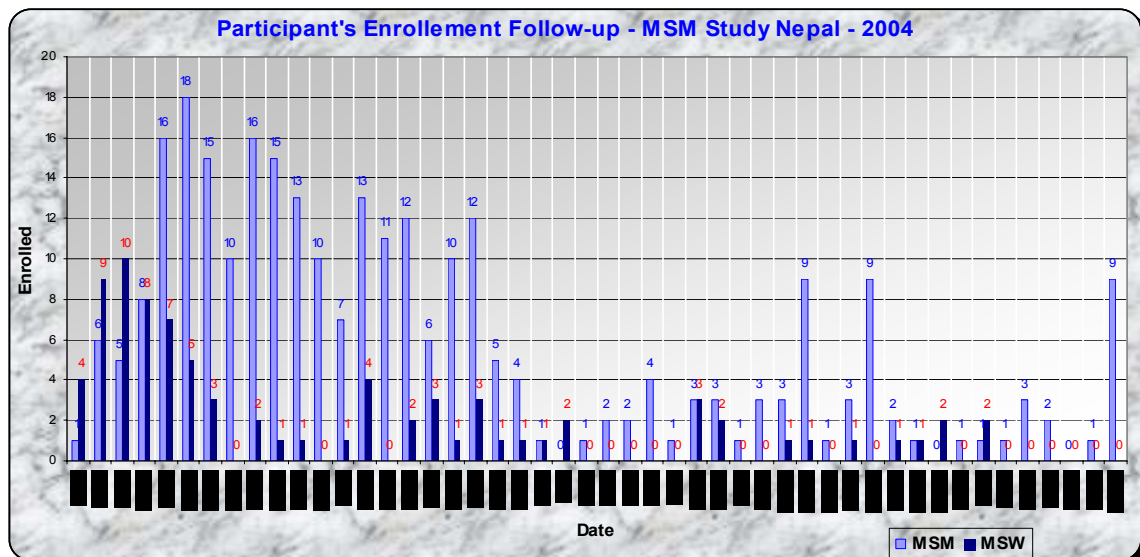
1.3.6 Procedures for Providing Test Results

Collection of test results was optional and up to the decision of the participants. Participants were given a option of collecting all the test results or only for the select infections. *Test results* were distributed to the study participants through the Youth Vision office (one of the BCI implementing partners of FHI based in Kathmandu) involved in HIV prevention, voluntary counseling and testing, and care and support. In order to ensure full confidentiality of the tests results, only those respondents who were able to retain the study ID card and produce the same at the Youth Vision office were given the results. Each of them was also required to recall their individual "Password" which was given to them at the time of the enrolment. The respondents receiving test results were provided post-test counseling by male counselor of youth vision. All unused tests results were returned to FHI.

1.3.7 Health Education

Health education on HIV and STIs was provided to all the study participants. Health education covered unsafe sex, use of condom, anal sex and oral sex and associated risk. Each of the respondents was also provided IEC materials on HIV/STI, three pieces of condom and one packet of lubricant.

1.4 The Sample PerformanceThe target sample was 400 respondents (135 MSW and 265 MSM). The fieldwork was launched on September 17, 2004 and continued till 20 November 2004. The original plan was to complete the fieldwork in six weeks but it had to be extended even after *Tihar (Deewali)* festival in order to achieve the desired sample. The study was able to recruit and successfully interview 358 respondents out of which 83 were MSW and 275 were MSM.



Inclusion and exclusion criteria were adopted to determine the enrolment of subjects (respondents). The inclusion criteria were: Nepalese citizen, above sixteen years in age and have had engaged in sexual relationship with a male at least once within the past 12 months preceding the interview date.

In all, 35 participants were rejected. Of these, 30 were rejected immediately after screening (before enrolment) and 5 during the process of the interview (after enrolment).

Reasons for the rejection of the participants were as follows:

a. Before Enrolment (thirty cases)

- Last sex with male was before 12 months (9 cases).
- Had no sex with male (9 cases).
- Not agreed for physical examination and taking anal swab (one case).
- Mentally disturbed and came for check-up only (one case).
- Had sex with cross-dressed male mistaking him to be a girl. Never thinks to have sex with male (5 cases).
- Had sex with a male once for experimentation only and do not like to have sex with male again (2 cases).
- Age below 16 years (3 cases).

b. After Enrolment (five cases)

- Had no sex with male (one case).
- Have sex with male before 12 months (4 cases).

1.5 Ethical Considerations

The present IBBS received technical and ethical approval from the Nepal Health Research Council (NHRC) – the national ethical body and also from the Protection of Human Subjects Committee (PHSC) of Family Health International. The research study was conducted in compliance with both the ethical and human rights standards. All the participants involved in the study were fully informed about the nature of the study, research objectives about confidentiality of the data, clinical examination, specimen collection and reference for obtaining results.

To ensure the confidentiality all forms and specimens were labeled with a study code number. Participants were given a identification card (ID) with code number, and was asked to give a password that the respondent will have to recall and will allow the participants to obtain their sexual infection test results. Each ID card had their ID number in one side and indicated the map of the site on its back where they could collect test results.

1.6 The Study Team

A combined team of CREHPA, SACTS and BDS consisting of 17 members was stationed at the field office to welcome and screen the participants, administer the questionnaire, undertake clinical examinations, collect blood and urine samples and rectal swabs, and provide counseling. The team stationed at the field office comprised of one supervisor, one clerk, one receptionist, six interviewers, two clinicians, two lab technicians, two health educators and two helpers. In addition, a separate team of 4 members (two each from BDS and CREHPA) was formed to visit the community (cruising sites) every day to advertise about the study and motivate those who had received the coupons to participate in the study.

In order to assure the quality of data collection, the supervisor reviewed each questionnaire immediately after the interview was complete and sought for correction/clarification immediately if required, from the interviewers before the respondents left the study site. The program managers from FHI, SACTS and CREHPA conducted routine monitoring visits to the field office and also held review meetings at regular intervals.

1.6.1 Training of the Research Team

Two days sensitization training was organized for all the team members of CREHPA, SACTS and BDS on the objectives, research design, management steps and role and responsibilities of each of the organization and the team formation. The senior officials from FHI, SACTS, BDS and CREHPA facilitated the sensitization training. Separate training was conducted by all the participating organizations to their staff recruited for the study.

BDS conducted three days intensive training to their Health Educator on HIV and STI focusing on MSM. Similarly, SACTS conducted two days training for their 2 Health Assistants (HA) and 2 Lab Technicians on the research protocol, procedures and roles and responsibilities. Separate session for HA on clinical examination, diagnosis and treatment focusing on STI was carried out. Likewise, separate session was carried out for the Lab Technicians on the laboratory procedure.

CREHPA carried out a 7 days training for its 6 interviewers (3 from BDS and 3 from CREHPA) on questionnaire administration. Separate training was also provided to the 4 field motivators (2 from CREHPA and 2 from BDS) on the identification of seeds and messages to be shared while advertising for the study at the cruising sites. Similarly, the Clerk identified for the study was briefed about the selection criteria, research procedure (steps), transaction management, maintaining logbooks and recording and reporting mechanism. A separate session for the Receptionist (BDS)

was also organized to brief him about receptions, selection criteria and the research procedure to be explained to each participant.

1.7 Data Management and Analysis

All completed questionnaires were manually coded and edited by the research TEAM of CREHPA. These were then entered into the computers using DBASE Software Program. Double entry of the questionnaires was carried out simultaneously and the data was compared using Epi-Info program for consistency checks. All cross tabulations, bivariate and multi-variate regression analysis was carried out through SPSS. Internationally standardized indicators of risk behavior (UNAIDS, 2000) was constructed separately for each group, among whom behavioral surveys have been conducted, using STATA 7 software. HIV test was estimated along with 95% confidence intervals. HIV results that are indeterminate on a Western Blot test were excluded from the analysis.

1.8 Organization of the Report

The present report is presented in eight chapters. The present chapter (Chapter 1) is the Introduction Chapter of this report. The demographic and socio-economic characteristics of the respondents are described in Chapter 2. In Chapter 3, the extent of alcohol and drug use among the respondents is presented. Respondents' sexual behavior, types of sexual partners and condom use has been discussed in Chapter 4. In Chapter 5, types of sexual practices and extent of sexual violence encountered by the respondents are analyzed. Respondents' knowledge about availability and use of condoms and lubricants is discussed. Similarly, in Chapter 7, respondents' knowledge about STIs and HIV/AIDS has been presented. The results of the multivariate Analysis on important predictors on key variables such as knowledge of HIV/AIDS, prevailing of STIs, knowledge of at least one sign and symptom of STIs and exposure to BDS intervention are analyzed in Chapter 8. The last chapter (Chapter 9) is the summary and conclusions of the present study report.

Chapter 2

CHARACTERISTICS OF THE STUDY POPULATION

The present chapter analyses the demographic and socio-economic characteristics of the 358 MSM population sampled in the present IBBS study. The key socio-demographic and socio-economic characteristics analyzed are: age, ethnicity, religion, education, and marital status. Whereas, the occupation and income distribution are the two economic characteristics presented in this chapter.

2.1 Socio-Demographic Characteristics

2.1.1 Age

The majority of the population representing both MSW (59%) and MSM (61%) categories in the present sample is young; below 25 years of age. The percentage of the adolescents (under 20 years of age) comprise approximately one fourth in both the categories of the respondents. Very few MSW (less than 4%) and MSM (9%) represent the elder age group (40 years and over). The age structure of both MSM and MSW are more or less similar as evident from the Table 2.1 (median age =24 years for each category).

2.1.2 Ethnicity/Caste

Brahmins and Chhetris together share the largest ethnic/caste group (36% among MSW and 40% among MSM). The share of the Mongoloid ethnic community (30%) including Newars (18%) among the total respondents is also considerable. Terai communities are significantly represented among the MSW (15.7%).

2.1.3 Religion

Over three quarters of the MSM population in the sample are Hindus (77%). Those following Buddhism comprised of roughly one fifth (19%). The percentages of MSM population belonging to other religions (Islam and Christianity) are negligible in the present sample.

2.1.4 Education

About a fifth of the MSW (20%) and one eighth of the MSM population (12%) in the sample have never been to school. The percentages of literates completing primary and lower secondary education levels for MSW are nearly evenly distributed (22 and 20%) while similar feature is observed among MSM completing lower secondary and secondary level of education (26% each). The percentage of those completing higher secondary and graduates are low in both the categories of respondents (Table 2.1).

Table 2.1 Percentage distribution of respondents according to their socio-demographic Characteristics

Socio-demographic characteristics	MSW	MSM	Total
Age group			
16-19	24.1	27.6	26.8
20-24	34.9	33.1	33.5
25-29	21.7	13.1	15.1
30-34	10.8	12.0	11.7
35-39	4.8	5.1	5.0
40 and above	3.6	9.1	7.8
Total	100.0	100.0	100.0
Median age	24.0	24.0	24.0
Caste			
Brahmin/chhetri	36.1	40.0	39.1
Newar	14.5	19.3	18.2
Magar/Tamang/Gurung/Rai/ limbu etc	30.1	29.5	29.6
Hill marginalized (Kami/Damai/Sarki)	1.2	3.3	2.8
Terai caste (general)	15.7	8.0	9.8
Muslim	2.4	-	0.6
Total	100.0	100.0	100.0
Religion			
Hindu	78.3	76.7	77.1
Buddhist	19.3	18.5	18.7
Muslim	2.4	-	0.6
Christian	-	4.4	3.4
Don't know	-	0.4	0.3
Total	100.0	100.0	100.0
Education			
No schooling	20.5	12.4	14.2
Primary level (Grade 1 to 5)	21.7	20.4	20.7
Lower secondary (Grade 6 to 8)	20.5	26.2	24.9
Secondary (Grade 9 and 10)	24.1	26.2	25.7
Higher secondary (Grade 11 and 12)	8.4	9.5	9.2
University level (Bachelor and above)	4.8	5.5	5.3
Total	100.0	100.0	100.0
N	83	275	358

2.2 Marital Status

Table 2.2 presents the marital status of the respondents. It is evident that the majority of the MSW (73%) and the MSM (57%) are unmarried. Only 26% of the MSW and 42% of MSM said that they are married (married with a female partner).

Table 2.2 Percentage distribution of the respondents by marital status and age

	MSW	MSM	Total
<i>Marital status</i>			
Unmarried	73.5	57.5	61.2
Married	26.5	42.5	38.8
Total	100.0	100.0	100.0
N	83	275	358
<i>Age group of married respondents</i>			
16-19	-	8.5	7.2
20-24	18.2	24.8	23.7
25-29	36.4	16.2	19.4
30-34	22.7	25.6	25.2
35-39	13.6	9.4	10.1
40 and above	9.1	15.4	14.4
Total	100.0	100.0	100.0
N	22	117	139

2.3 Living with Sex Partner

Over four-fifths of the married MSW (82%) and half of the married MSM said that they are living with their sex partners. Among the unmarried, only 13% of the MSW and even less this percentage (8%) of MSM said that they are living with their sex partners.

All unmarried MSW (13%) and MSM (8%) said that the sex partners with whom they live are males. Whereas, nearly three fourths of the married MSW said that their sex partners with whom they live are females. Similarly, the living partners of most married MSM (86%) are females. The percentages of married MSW (28%) and married MSM (14%) living with their male sex partners are also considerable (Table 2.3).

Table 2.3 Percentage distributions of respondents by living arrangements with sex partners and the sex of the sex partner they live with

	MSW			MSM		
	Unmarried	Married	Total	Unmarried	Married	Total
<i>Living with sexual partner</i>						
Yes	13.1	81.8	31.3	8.2	54.7	28.0
No	85.2	18.2	67.5	89.2	45.3	70.5
No Response	1.6	-	1.2	2.5	-	1.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
N	61	22	83	158	117	275
<i>Gender of sexual partner living with</i>						
Female	-	72.2	50.0	-	85.9	71.4
Male	100.0	27.8	50.0	100.0	14.1	28.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
N	8	18	26	13	64	77

2.4 Occupation

One fifth of the MSW (20%) and one-tenth of the MSM (10%) reported that they were unemployed. Of the remaining who are employed, daily wage labor comprised nearly a fourth of the MSW (24%) and over a third of the MSM (36%) respondents. Private companies (16%) and commercial organizations (13%) were two other places where MSW were employed in a significant number. Private companies (15%) and business (13%) were also the place of employment for a considerable percentage of the MSM respondents. Students comprised of 13% of the MSM as against 4% of MSW respondents. Very few respondents from both the categories cited other occupations (Table 2.4)

Table 2.4 Percentage distributions of respondents by their current occupation

<i>Occupation</i>	MSW	MSM	Total
Daily wage laborer	24.1	35.6	33.0
Private company staff	15.7	15.3	15.4
Businessman	9.6	13.5	12.6
Unemployed	20.5	9.8	12.3
Student	3.6	13.1	10.9
Organization Staff	13.3	1.5	4.2
Police	1.2	4.4	3.6
Artist	3.6	2.9	3.1
Driver	1.2	2.2	2.0
Other civil servant	2.4	1.5	1.7
Sex worker	4.8	.4	1.4
Total	100.0	100.0	100.0
N	83	275	358

2.5 Monthly Income

All the respondents were asked to state the amount of money they had earned during the past one month preceding the present survey. It is evident from Table 2.5 that slightly over one fifth of the MSW (23%) and MSM (22%) had not earned any income during the period under reference. On the other hand, a higher percentage of MSM (17%) than the MSW (11%) earned more than Rs 6,000 in the previous month while over one fourth of MSW (29%) and MSM (26%) had earned between Rs. 3001 and Rs 6,000 in the same period. The average income earned by a MSM was Rs. 5,059 which much higher than the average income of a MSW (Rs 3,412) during the past one month.

The sources of income for the previous month for roughly two fifths of the MSW (39%) was through commercial sex. Another about a third (34%) had earned the past month's salary from their regular jobs (formal jobs). While between one tenth and one sixth of the MSW said that they had earned either through their own business (other than sex), informal jobs, and remunerations from skilled labor jobs. Among the MSM respondents, more than a third (36%) said that they earned their past month's salaries from unskilled labor, another a third through salaries from their regular job (33%) and between 10 and 13 percent said that they earned their previous month's salary through their informal jobs and business (Table 2.5)

Table 2.5 Percentage distributions of respondents according to the amount of income earned by them in the past month and the sources of income

	MSW	MSM	Total
<i>Income in last month (NRs.)</i>			
No income	22.9	22.5	22.6
Up to 3000	28.9	39.6	37.2
3001-6000	28.9	26.2	26.8
6000 and more	16.9	11.6	12.8
Don't Know	2.4	-	0.6
Total	100.0	100.0	100.0
N	83	275	358
Average income	3412	5059	4684
<i>Sources of Income</i>	MSW	MSM	Total
Sold sex	39.1	-	9.1
Money from family	1.6	2.4	2.2
Salaried job (formal)	34.4	33.0	33.3
Own business other than sex	10.9	13.2	12.7
Salaried job (informal)	14.1	10.4	11.2
Unskilled labour	17.2	35.8	31.5
Skilled labour	1.6	2.8	2.5
Others	4.7	3.3	3.6
N	64	212	276

2.6 Mobility

Respondents' mobility or being away from home for more than a month in the past 12 months is shown in Table 2.6. As the table shows, about a quarter of the respondents in both the categories (26% among MSW and 28% among MSM) said that they had been away from home for more than a month's duration in the past 12 months preceding the survey (Table 2.6).

Table 2.6 Percentage distribution of respondents who had been away from home for more than one month in the past 12 months

Away from home for more than one month in the past 12 months?	MSW	MSM	Total
Yes	26.5	28.4	27.9
No	73.5	71.6	72.1
Total	100.0	100.0	100.0
N	83	275	358

Chapter 3

ALCOHOL AND DRUG USE

Alcohol consumption and drug use are global problems and major public health concerns. Studies have shown that alcohol consumption and injecting behavior are significant predictor of risky sexual activity leading to STIs and HIV/AIDS transmission among youths. The present chapter attempts to analyze the extent of alcoholism and drug use including drug injecting habits among the study population.

3.1 Alcohol Consumption

All the respondents were asked if they had consumed alcohol in the past four weeks preceding the survey. They were further asked to mention the type of alcohol consumed by them and the amount of alcohol consumed at the time of their last sex. It is apparent from Table 3.1 that the around a quarter of the MSW (29%) and MSM (24%) had not consumed alcohol in the past four weeks while the remaining large majority of the MSW (71%) and MSM (76%) had done so. In terms of the types of alcohol consumed, *Rakshi* (local liquor) was the most frequently cited drink among both categories of the respondents (59% of MSM and 49% of MSW). Beer, *Jarnd* (local beer) and whiskey were other drinks consumed by the respondent (Table 3.1).

Table 3.1 Percentage distribution of respondents by alcohol and substance use

	MSW	MSM	Total
<i>Alcohol consumption in the past 4 weeks</i>			
Every day	16.9	17.8	17.6
3-4 days a week	16.9	17.1	17.0
At least once a week	36.1	39.3	38.5
Did not drink alcohol in the last 4 weeks	28.9	24.0	25.1
At least once in 15 days	1.2	1.5	1.4
Can't remember	-	0.4	0.3
Total	100.0	100.0	100.0
N	83	275	358
<i>Types of alcohol</i>			
Raksi (country liquor)	49.2	59.3	57.1
Beer	18.6	13.9	14.9
<i>Jarnd</i> (local beer)	18.6	16.3	16.8
Whisky	11.9	9.6	10.1
Hard drinks	-	1.0	0.7
Don't know	1.7	-	0.4
Total	100.0	100.0	100.0
N	59	209	268

3.2 Alcohol Consumption During the Last Sex

The present survey solicited information on the use of alcohol at the time of last sexual encounter of the respondents. As Table 3.2 shows, consumption of alcohol during last sex was reported by less number of respondents. For instance, two-thirds of the MSW (64%) and over half of the MSM (54%) said that they did not take any alcoholic drink during last sex. Even among those who drank alcohol during last sex, the amount of alcohol consumed was low (Table 3.2).

Table 3.2 Percentage distribution of respondents who have consumed alcohol at the time of last sex by amount of alcoholic drinks consumed

<i>Quantity of alcohol at last sexual relation</i>	MSW	MSM	Total
A lot (more than 6 small beers or three glass of local raksi)	4.8	6.9	6.4
Some (3-4 small beers or 1-3 glasses of wine)	14.5	18.2	17.3
A little (1-3 small beers or 1 glass of wine)	15.7	16.7	16.5
No alcohol	63.9	56.4	58.1
Can't remember	1.2	1.8	1.7
Total	100.0	100.0	100.0
N	83	275	358

3.3 Drug Use

A low percentage of MSW (12%) and twice this percentage of MSM respondents (24%) have ever tried drugs. This differences is statistically significant ($p < .05$). Among the different forms of drugs tried, *ganja* (Marijuana) was relatively common substance. About 12 of the MSW and 23% of the MSM respondents said that they had also used this substance in the past 12 months preceding the present survey. Other drugs ever used by the respondents, though by negligible percentages, include *charas*, heroin, and Nitrosun etc.. Use of intravenous drugs (injecting drugs) was not reported by any of the MSW interviewed. Only a negligible percentage of the MSM respondents reported that they had tried intravenous drugs in the past 12 months (4%) (Table 3.3).

Table 3.3 Percentage distribution of respondents according the types of drug used in the past 12 months

	MSW	MSM	Total
<i>Drug used during past 12 month*</i>			
Yes	12.0	24.0	21.2
No	88.0	76.0	78.8
Total	100.0	100.0	100.0
<i>Types of drugs used</i>			
Ganja	12.0	23.3	20.7
Charas	1.2	5.1	4.2
Tablets/Nitrosun	2.4	4.7	4.2
Glue/Dendrite	-	0.4	0.3
Heroin	-	1.5	1.1
Others(Proxybon/Phensidyle)	-	0.7	0.6
<i>Ever used intravenous drugs?</i>			
Yes	-	4.4	3.4
No	92.8	95.6	95.0
Don't remember	7.2	-	1.7
Total	100.0	100.0	100.0
N	83	275	358

Note * $P < 0.05$

Chapter 4

SEXUAL BEHAVIOUR, TYPE OF PARTNER AND CONDOM USE

This chapter discusses the sexual debut and type of sex partner at first sexual encounter, bi-sexual relationship, condom use and types of commercial sex partners of the respondents.

4.1 Sexual Experiences and Sexual Behavior

4.1.1 *Age at First Sexual Intercourse*

Most MSW (79%) as against over a half of the MSM respondents had their sexual debut at a very young age (16 years and below). One in ten MSM (10%) said that their first sexual experience was after crossing 20 years of age. The rest of the MSM (38%) had their first sexual experience when they were between 17 and 20 years of age. The corresponding percentage among the MSW was low; 14%. The mean age at first sexual debut for MSW was 14.2 years, which is lower than that of the MSM (mean = 16.4 years).

4.1.2 *First Sex Partner*

The person or sex partner with whom most MSW had their first sexual encounter was a male (78%), whereas, for the majority of the MSM, the first sex partner was a female (58%) and only about two fifths (41%) of the MSM said that their first sexual partner was a male. The association between the gender of first sexual partner and respondents' categories is highly statistically significant.

Use of condom during the first sexual encounter was low; only 14% of MSW and 18% of the MSM remembered using a condom during their first sexual encounter.

4.1.3 *Bi-sexual Relationship*

Less than a half of the MSW (45%) and over two thirds of the MSM (67%) said that they had sexual relations with female sex partner in the past 12 months preceding the survey. In other words, the percentage of MSM (67%) maintaining sexual relations with both male (anal sex) and female partners (vaginal sex) in the past 12 months is much higher than those of MSW (45%) (Table 4.1).

Table 4.1 Percentage distribution of respondents by their sexual history

Sexual history	MSW	MSM	Total
<i>Age at first sexual intercourse</i>			
16 years and below	79.5	52.0	58.4
17-20	14.5	37.8	32.4
21 and above	4.8	9.8	8.7
Can't remember	1.2	0.4	0.6
Total	100.0	100.0	100.0
Mean age at first sexual intercourse	14.2	16.4	15.9
<i>Gender of first sexual partner***</i>			
Female	21.7	58.5	50.0
Male	78.3	41.5	50.0
Total	100.0	100.0	100.0
<i>Condom used during first sexual intercourse</i>			
Yes	14.5	18.5	17.6
No	85.5	81.5	82.4
Total	100.0	100.0	100.0
<i>Sexual relation with female within 12 months</i>			
Yes	44.6	66.9	61.7
No	54.2	33.1	38.0
No response	1.2	-	.3
Total	100.0	100.0	100.0
<i>Had vaginal and anal sex with male and female within 12 months</i>			
Yes	44.6	66.9	61.7
No	55.4	33.1	38.3
Total	100.0	100.0	100.0
N	83	275	358

Note *** P<0.001

4.2 Sex with Non-commercial Partners

The majority of the MSW (69%) and MSM (55%) reported that they have at least one non-commercial male sex partner in the past one month. Comparatively, the percentage of MSW having 2-5 male partners (31%) and even more than 5 such male partners (20%) are much higher than those of the MSM respondents (23% and 3% respectively).

A higher percentage of MSW (65%) than the MSM (37%) reported of having anal sex with multiple non-commercial sex partners in the past one month. On the other hand, those saying anal sex with only one non-commercial sex partner in the past one month was high among the MSM (55%) than among the MSW (30%).

Close to one sixth of MSW (16%) and MSM (18%) mentioned that they had sex with at least one female non-commercial sex partner in the past one month. The percentage of those having sex with more than one female non-commercial sex partner during the reference period was very low for both the categories of respondents (2 to 5%). (Table 4.2).

Table 4.2 Percentage distributions of respondents by number of non-commercial sexual partners in the past month

	MSW	MSM	Total
<i>Non commercial male partners</i>			
None	31.3	44.7	41.6
One partner	16.9	29.1	26.3
2-5 partner	31.3	23.3	25.1
More than 5 partners	20.5	2.9	7.0
Total	100.0	100.0	100.0
N	83	275	358
<i>Anal sex with non commercial male partners</i>			
None	5.6	7.7	7.2
One partner	29.6	54.8	48.3
More than one partners	64.8	37.4	44.5
Total	100.0	100.0	100.0
N	54	155	209
<i>Non commercial female partners</i>			
None	81.9	77.1	78.2
One partner	15.7	17.8	17.3
More than one partners	2.4	5.1	4.5
Total	100.0	100.0	100.0
N	83	275	358

4.3 Types of Commercial Sex Partners

The present study showed a various types of sex partners of MSM. These comprise of non-commercial male, non-commercial female, one time male client, regular male client, male sex worker (MSW), female sex worker and female client.

4.3.1 One Time Male Client

None of the MSM mentioned about having sex with one time male clients in the past one month preceding the survey. On the other hand, majority of the MSW (64%) reported of having sex with their one time (casual or irregular clients) and regular clients in the past one month.

One in ten MSW reported that they had sex with just one casual male client while another about one third (31%) had sex with 2-5 non regular male clients in the past one month. Those MSW reporting about having sex with more than 5 casual male clients in the past one month was notably high (22%).

A very high percentage of MSW (79%) had anal sex with more than one casual client in the past one month. Those who said that they had anal sex with just one casual client in the past one month comprised the remaining one fifth (21%).

4.3.2 Regular Male Client

Again, none of the MSM respondents reported of having a regular male client. Among the MSW, over half of them said that they do not have any regular male client. Those MSW saying that they have 2-5 regular male clients comprised about one fourth (24%) while additional one tenth of the MSW (10%) said that they have more than five regular male clients.

The percentage of MSW reporting anal sex with more than one male regular client in the past month was more than two thirds (69%). The remaining about one third (31%) of the MSW had anal sex with one regular partner in the past one month.

Oral sex with regular client was reported by every two out of five MSW (41%). The majority of the MSW (59%) denied of having oral sex with their regular male clients in the past one month. The percentage of MSW reporting of having oral sex with just one regular client was low; 13%.

Female client paying for having sex with the respondents in the past one month was reported to be very low. Just one MSW and one MSM mentioned that a female client approached them for having sex with her in the past one month (Table 4.3).

Table 4.3 Percentage distributions of respondents by number of one time (casual) and regular male and female clients in the past one month

	MSW	MSM	Total
<i>One time male clients in the past month</i>			
None	36.1	100.0	85.2
One partner	10.8	-	2.5
2-5 partner	31.3	-	7.3
More than 5 partners	21.7	-	5.0
Total	100.0	100.0	100.0
N	83	275	358
<i>Anal sex with one time male clients</i>			
One partner	20.8	-	20.8
More than 1 partners	79.2	-	79.2
Total	100.0	-	100.0
N	48	-	48
<i>Regular male clients</i>			
None	53.0	100.0	89.1
One partner	13.3	-	3.1
2-5 partner	24.1	-	5.6
More than 5 partners	9.6	-	2.2
Total	100.0	100.0	100.0
N	83	275	358
<i>Anal sex with regular male clients</i>			
One partner	30.6	-	30.6
More than one partner	69.4	-	69.4
Total	100.0	-	100.0
N	36	-	36
<i>Oral sex with regular male clients</i>			
None	59.0	100.0	90.5
One partner	13.3	-	3.1
More than one partner	27.7	-	6.4
Total	100.0	100.0	100.0
N	83	275	358
<i>Paid by a female to have sex</i>			
No one	98.8	99.3	99.2
One partner	1.2	0.4	0.6
More than one partner	-	0.4	0.3
Total	100.0	100.0	100.0
N	83	275	358

4.4 Sexual Relations with Male and Female Sex Workers

Table 4.4 presents the sexual relationship of the respondents with male sex workers (MSW) and female sex workers (FSW) in the past one month preceding the survey.

Very few respondents (13-15%) in both the categories mentioned that they have sexual relations with male sex workers (MSW) in the past one month. The percentage of both MSW (8%) and MSM (7%) saying that they had sexual relations with more than one MSW in past one month was also low.

Among the MSW respondents who had sex with another MSW in past one month, more than half of them had anal sex with more than one MSW partner (58 among MSW and 59 among MSM).

Sexual relations by the respondents with female sex workers (FSW) were quite rare, especially among the MSW respondents (4%). Among the MSM, only about one eighth said that they had sexual relations with a FSW in the past one month (12%) and that too mostly with one FSW partner (Table 4.4).

Table 4.4 Percentage distributions of respondents by number of Male and Female Sex workers they have sexual relations with in the past month

	MSW	MSM	Total
<i>Sexual relation with MSW</i>			
None	85.5	87.3	86.9
One partner	6.0	5.5	5.6
More than 1 partners	8.4	7.3	7.5
Total	100.0	100.0	100.0
N	83	275	358
<i>Anal sex with MSW</i>			
One partner	41.7	41.2	41.3
More than one partner	58.3	58.8	58.7
Total	100.0	100.0	100.0
N	12	34	46
<i>Sexual relation with FSW</i>			
None	96.4	87.6	89.7
One partner	2.4	8.4	7.0
More than one partner	1.2	4.0	3.4
Total	100.0	100.0	100.0
N	83	275	358

4.5 Commercial Sexual Relations

Over three fourths of the MSW (76%) and none among the MSM respondents said that they sold sex to a male client in the past one month. The percentage of the MSW (1%) and MSM (0.7%) had sold sex to a female client during the period is also negligible.

The percentage of those saying that they bought sex from males during the past one month was about 14% among MSW and 13% among the MSM respondents. The percentage of MSM (13%) buying sex from a female was three times higher than

those of MSW (4%). None among the MSM and about 71% among the MSW reported that they sold anal sex with a male client. However, most MSM (88%) and MSW (85%) had bought anal sex from male clients (MSW) in the past one month preceding the survey (Table 4.5).

Table 4.5 Percentage distributions of respondent by their sexual behavior in the past month

	MSW	MSM	Total
<i>Sold sex to male</i>			
Yes	75.9	-	17.6
No	24.1	100.0	82.4
Total	100.0	100.0	100.0
<i>Sold sex to female</i>			
Yes	1.2	0.7	0.8
No	98.8	99.3	99.2
Total	100.0	100.0	100.0
<i>Bought sex from male</i>			
Yes	14.5	12.7	13.1
No	85.5	87.3	86.9
Total	100.0	100.0	100.0
<i>Bought sex from female</i>			
Yes	3.6	12.4	10.3
No	96.4	87.6	89.7
Total	100.0	100.0	100.0
<i>Sold anal sex with male</i>			
Yes	71.1	-	16.5
No	28.9	100.0	83.5
Total	100.0	100.0	100.0
<i>Bought anal sex from male</i>			
No	85.5	87.6	87.2
Yes	14.5	12.4	12.8
Total	100.0	100.0	100.0
N	83	275	358

Chapter 5

SEXUAL PRACTICE AND SEXUAL VIOLENCE

5.1 Sexual Practice

Nearly all MSW respondents (94%) and less than half of the MSM (46%) reported that they had oral sex with their male sex partners in the past one month preceding the survey. Likewise, almost all MSW (96%) and over half of the MSM respondents had anal intercourse in the last one month. The types of male partners (penetrative, receptive or both) with whom the respondents had oral and anal intercourse are described below.

5.1.1 Oral Sex and Types of Male Partners

Over a half of the MSW (55%) said that the sex partners with whom they had oral sex during the past one month were all penetrative males. Another about one sixth of the MSW mentioned that their partners were equally penetrative and receptive males. The partners of one in ten MSW (10.3%) were all receptive males. On the other hand, the majority of the partners with whom MSM had oral sex were all receptive partners (51.2%). About one tenth were all penetrative partners while one in four partner was equally receptive and penetrative males

5.1.2 Anal Sex and Types of Male Partners

The large majority of the MSW (59%) reported that in the past one month they had anal sex with penetrative males only. Those MSW having anal sex with receptive males were few in percentages. In contrast, the majority of the sex partners with whom MSM respondents had anal sex was receptive males. One in eight MSM respondents said that the partner for anal sex was penetrative men. Comparatively, a higher percentage of MSM (24%) than MSW (17%) had anal sex with males who were equally penetrative and receptive type (Table 5.1).

Table 5.1 Percentage distribution of the respondents by types of male partners and type of sex acts experienced in the past one month

	MSW	MSM	Total
<i>Type of male partners for oral sex</i>			
All receptive	10.3	51.2	35.6
All penetrative	55.1	11.0	27.8
Mostly receptive	3.8	6.3	5.4
Mostly penetrative	14.1	3.9	7.8
Equally receptive and penetrative	16.7	27.6	23.4
N	78	127	205
<i>Type of male partners for anal sex</i>			
All receptive	7.5	54.0	38.6
All penetrative	58.8	12.4	27.8
Mostly receptive	6.3	5.6	5.8
Mostly penetrative	10.0	3.7	5.8
Equally receptive and penetrative	17.5	24.2	22.0
N	80	161	241

5.2 Physical Violence

All the survey respondents were asked if they encountered physical violence because of their sexual orientation. More than a third of the MSW respondents replied that they were beaten up because of the sexual orientation. The percentage of MSM who said that they were beaten up was very low; below 3%. The difference in percentages of respondents experiencing physical violence was statistically significant ($p < .001$). It is evident from Table 5.2 that the types of persons or perpetrators who beat up respondents in the past 12 months were police, army personnel, gangs, clients etc. Of these, police was cited by the majority of the MSW (58%) and about a fourth of the MSM (29%). Nearly a half of the MSW and by one fourth of MSM reported that they were beaten by a gang (hooligans). Over two fifths of the MSM respondents identified their clients as the persons who beat them up (43%). Some MSM reported that they were also beaten up by their sex partners (Table 5.2).

Table 5.2 Percentage distribution of respondents exposed to physical violence during past 12 months due to their sexual orientation and the type of perpetrators

	MSW	MSM	Total
<i>Ever beaten because of sexual orientation***</i>			
Yes	37.3	2.5	10.6
No	62.7	97.5	89.4
Total	100.0	100.0	100.0
N	83	275	358
<i>If yes, who beat you</i>			
Police	58.1	28.6	52.6
Army	19.4	-	15.8
Clients	19.4	42.9	23.7
Sexual partner	-	14.3	2.6
Gang	48.4	28.6	44.7
N	31	7	38

Note *** $p < 0.001$

5.3 Sexual Violence

About one in three MSW (37.3%) had experienced sexual violence in the past 12 months (forced to have sex against will). Among the MSM, a small percentage (2.5%) said that they had experienced sexual violence. Compared to MSM, significantly higher percentage of MSW have experience of sexual violence ($p < .001$).

The main perpetrators of sexual violence among MSW community were the gangs (47%), followed by clients (33%) and police (30%). Army as the perpetrators was identified by about one eighth of the MSW respondents (13%). Very few MSW said that their sex partners had coerced them to have sex (7%). On the contrary, sex partner as the perpetrators was cited quite frequently among the MSM respondents (43%) followed by gang (29%). Few MSM identified army and clients and none had identified police as perpetrators of sexual violence (Table 5.3).

Table 5.3 Percentage distribution of respondents according to their exposure to sexual violence in the past 12 months and types of persons as perpetrators

	MSW	MSM	Total
<i>Were you forced to have sex against your will?***</i>			
Yes	37.3	2.5	10.6
No	62.7	97.5	89.4
Total	100.0	100.0	100.0
N	83	275	358
<i>If yes, who forced to you?</i>			
Police	30.0	-	24.3
Army	13.3	14.3	13.5
Clients	33.3	14.3	29.7
Sexual partner	6.7	42.9	13.5
Gang	46.7	28.6	43.2
N	30	7	37

Note *** p<0.001

5.4 Blackmails & Discrimination

Intimidation to or blackmail of MSM population just because of their sexual orientation is not uncommon. Some of them have also experienced discrimination at place of work or in their daily life because of this fact. It is evident from Table 5.4 that roughly one in four MSW (23%) had been intimidated by someone in the past 12 months. Likewise, about one in six MSW (17%) said that they had experienced some form of discrimination at their place or work, job opportunities or in their daily life in the past 12 months just because of their sexual orientation. In comparison to MSW, very few MSM respondents have experienced intimidation and/or discrimination. This difference is statistically significant (p<.001) (Table 5.4).

Table 5.4 Percentage distribution of respondents who were intimidated and discriminated in job or daily life in the past 12 months because of their sexual orientation

	MSW	MSM	Total
<i>Experienced any form of blackmail because of sexual orientation?***</i>			
Yes	22.9	2.2	7.0
No	77.1	97.8	93.0
Total	100.0	100.0	100.0
N	83	275	358
<i>Experienced any form of discrimination in job or daily life because of sexual orientation?***</i>			
Yes	17.1	2.2	5.6
No	82.9	97.8	94.4
Total	100.0	100.0	100.0
N	82	275	357

Note *** p<0.001

Chapter 6

KNOWLEDGE ABOUT AVAILABILITY AND USE OF CONDOM AND LUBRICANTS

6.1 Condom Availability

In this study, all the respondents were asked if they have heard about condoms and carrying one with them. At the time of the interview, each respondent was shown one unopened piece of male condom (*No 1 Condom –one of the popular brand of condoms available in Kathmandu valley*) and had asked if he knows what it is. Each of them was further asked about the places from where they have been obtaining condoms and if they are carrying a condom with them now. Excepting five respondents (1.4%), all the respondents were able to identify a condom (98-99%). On the day of interview, over a third of the MSW (35%) and only a tenth of the MSM (11%) had carried condoms with them. The brand of condoms being carried by the respondents varied and they included *No 1 Condom, Panther, Dhal, Kohinoor, Jodi, Kamasutra* etc.

The respondents had obtained condoms from various sources. The last time they obtained a condom, a fifth of the MSW (21%) and a third of MSM (34%) had visited a pharmacy shop. A quarter of the MSW (24%) but only about a tenth among the MSM had obtained from BDS field staff. The BDS Drop-in Center had been the source for about one third of MSW' last condom supply (33%). Friends were the last condom source for about one eighth of the MSW (13%) and roughly twice this percentage among the MSM (26% of MSM).

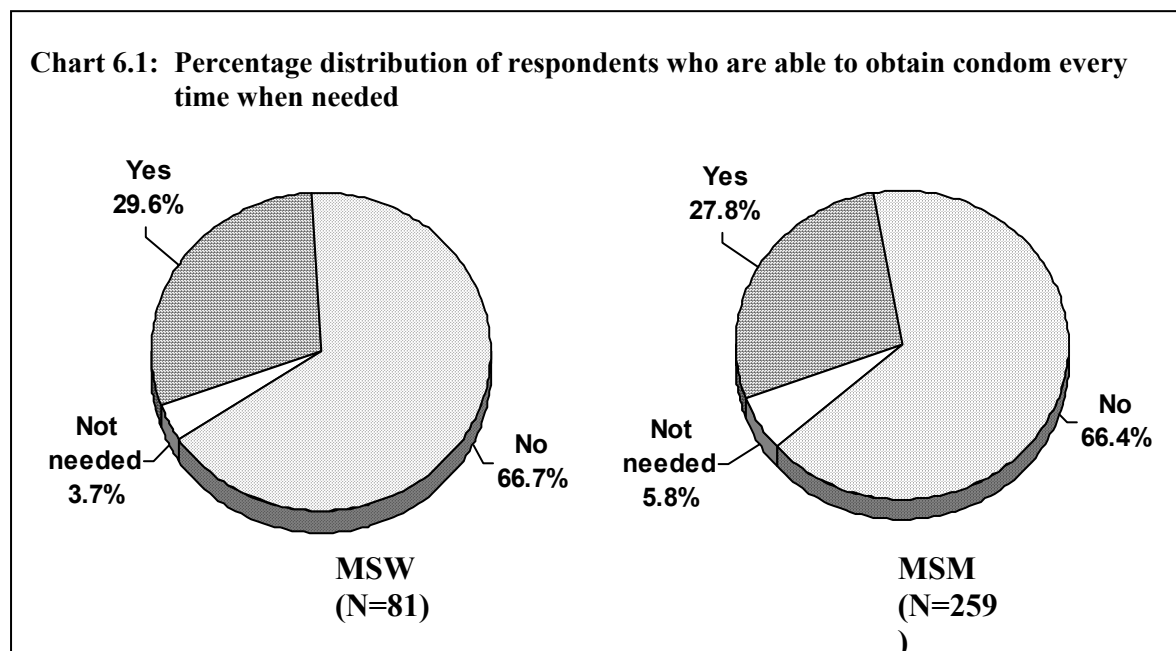
About one in seven MSM (15%) and less than half this percentage among MSW (6%) said that they had never obtained a condom. Very few respondents (1% of MSW and 5% of MSM) said that the last time when they needed condoms, they had been to a health facility (Table 6.1).

Table 6.1 Percentage distribution of respondents by Identification of condom

	MSW	MSM	Total
Identification of condom			
Can identify condom	98.8	98.5	98.6
Cannot identify condom	1.2	1.5	1.4
Total	100.0	100.0	100.0
Do you have a condom with you now?			
Can show a condom	34.9	10.5	16.2
Can't show a condom	65.1	89.5	83.8
Total	100.0	100.0	100.0
N	83	275	358
Sources of condoms obtained last time			
Pharmacy	20.5	33.8	30.7
Friends	13.3	25.8	22.9
BDS field worker	24.1	9.5	12.8
BDS Drop-in center	32.5	2.9	9.8
Health facility	1.2	5.1	4.2
Shop	1.2	1.8	1.7
Clients	-	1.5	1.1
NGOs	-	1.5	1.1
Bar/Guest House/Hotel	-	0.4	0.3
Never obtained a condom	6.0	14.9	12.8
Don't know	1.2	2.9	2.5
Total	100.0	100.0	100.0
N	83	275	358

6.2 Condom Accessibility

Over a fourth of the MSW (30%) and almost an equal percentage of MSM respondents (28%) reported that they could obtain condoms every time as needed. The remaining majority of the respondents cited several reasons for not being in a position to obtain condoms whenever they needed one (Chart 6.1).



The major impeding factors as mentioned by both categories of the respondents were: closure of shops/pharmacies during night time (47% of MSW 'vs' 37% MSM); shop/pharmacy selling condoms are located too far away (22% 'vs' 22%) and shy to buy condoms (24% 'vs' 22%). One in five MSM stated that they do not want to carry condom (21%). Likewise, one in ten respondents from both the categories also said that 'condom costs too much' (12% 'vs' 12%) (Table 6.2).

Table 6.2 Percentage distribution of respondents by reason for not obtaining condom as needed

Reason for not obtaining condom as needed	MSW	MSM	Total
Cost too much	11.8	12.3	12.2
Shop/pharmacy too far away	21.6	22.2	22.1
Shops pharmacy closed (Shop pharmacy closed at night)	47.1	37.2	39.5
Shy to buy condom	23.5	22.2	22.5
Don't know where to obtain	2.0	5.6	4.7
Don't want to carry them ⁺	3.9	21.0	16.9
Forget ⁺⁺	9.8	8.6	8.9
No enjoyment in using condom/ Don't like to use	-	7.4	5.6
No knowledge about diseases	-	.6	.5
Others (Client & sex partner cheat)	2.0	-	.5
Total	100.0	100.0	100.0
N	51	162	213

⁺ Don't like to carry/Police misbehaves if find condom in checking

⁺⁺ Forget and careless due to hurry/ Forget to carry condom/ Due to sudden sexual relation/Forget at home/ No time to buy

[Note: 18 respondents saying don't know and no responses are excluded]

6.3 Brand Preference

Information was solicited on the brand of condoms those are preferred by the respondents. Of the various brands of condoms available in the Kathmandu market, the most preferred brand as identified by the larger majority of the respondents was *Number One Condom* which is marketed by PSI. More than two thirds of the MSW (68%) and over half of the MSM (57%) identified *Number One Condom* as their preferred brand. Other brands of condoms such as *Jodi* and *Kamsutra* were preferred by 13% each of the MSW but much less this percentage among MSM respondents. On the other hand, between 11-13% of the MSM respondents identified *Dhal* and *Panther* as their most preferred condom brands (Table 6.3).

Table 6.3 Percentage distribution of respondents according to their most preferred choice of condom brand

<i>Condom brand</i>	MSW	MSM	Total
Number One	68.1	57.1	60.3
Kamasutra	12.5	9.7	10.5
Panther	2.8	12.6	9.7
Dhal	2.8	11.4	8.9
Jodi	12.5	2.3	5.3
Others	1.4	6.9	5.3
Total	100.0	100.0	100.0
N	72	175	247+

+ Respondents, who never obtained condom and don't know the condom brand have been excluded

For the majority of the MSW (53%) and a quarter of MSM (25%) paid one rupee for the last condom. Over a third of the MSM (37%) and an eighth of the MSW had obtained for free. About 30 to 31 percent of the respondents in both the categories had paid two to five rupees for the condoms they bought last time. The percentage of those paying six rupees and higher was negligible (Table 6.3a)

Table 6.3a Percentage distribution of respondents by cost of one piece last time bought condom

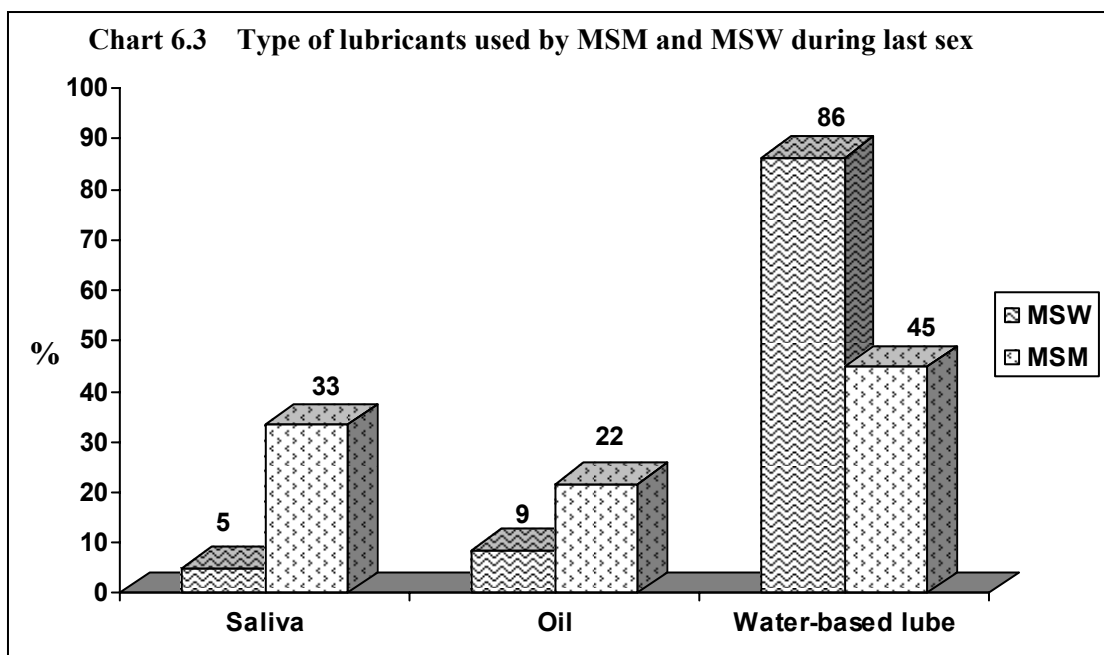
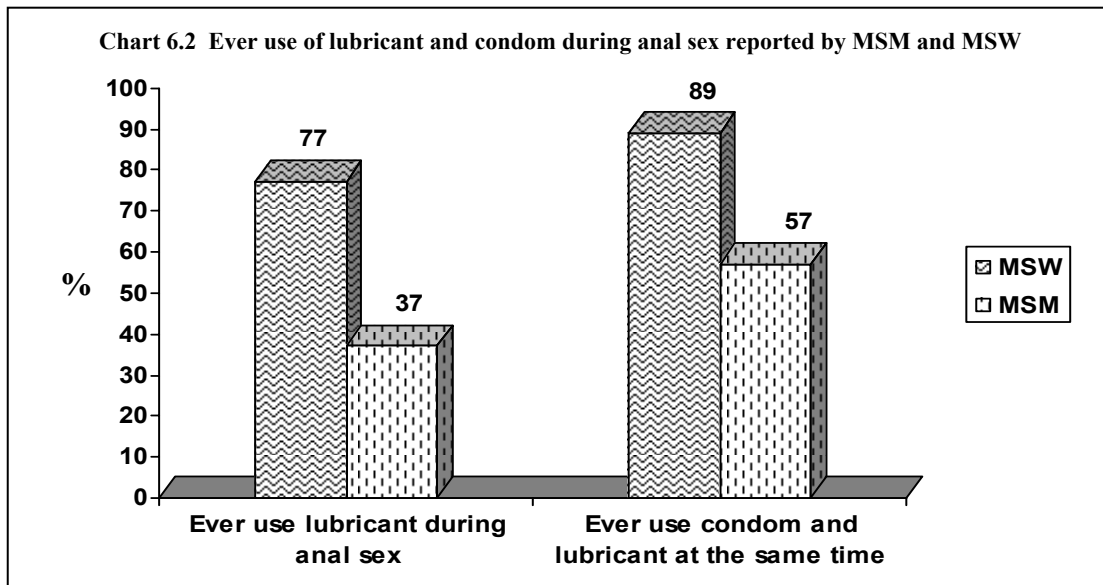
<i>Cost of one piece last time bought condom</i>	MSW	MSM	Total
Free	13.2	36.6	30.4
NRe. 1	52.6	24.9	32.2
NRs. 2 to 5	30.3	31.0	30.8
NRs. 6 to 10	3.9	5.2	4.8
NRs. 11 and more	-	2.3	1.7
Total	100.0	100.0	100.0
N	76	213	289+

+ Respondents those who never obtained condom (Table 5.2) or don't know the cost of last time bought condom (Table 5.3), have been excluded

6.4 Ever Use of Lubricants

All respondents were asked if they ever used lubricants during anal sex and if so, what type of lubricant was used. As shown in Chart 6.2, a high percentage of MSW (77%) than MSM responded (37%) saying that they had used lubricants during anal sex. The differences in percentage is statistically significant ($p < .001$). Of the different forms of lubricants used, water-based lubricant was the most popular one. Over four-fifths of the MSW (86%) and close to half the MSM (45%) had used water-based lubricants.

Other forms of lubricants ever used by MSM were saliva (33%) and oil (22%). Very few MSW cited these two forms of lubricants (Chart 6.3).



Use of condom and lubricants at the same time was practiced by most of the MSW (89%) but only by roughly half of the MSM (57%). The preferred place among MSM for obtaining condom and lubricants was a pharmacy shop (71%) and general store (19%), whereas, MSW had three preferred sources – Pharmacy shop (38%), BDS-DIC (31%) and BDS field worker (23%) (Table 6.4).

Table 6.4 Percentage distribution of respondents by types of lubricants used and ever use of condoms and lubricants

	MSW	MSM	Total
<i>Preferred place to buy condom and lubricant</i>			
Pharmacy (medical shop)	38.0	71.4	63.4
General store (Shop)	5.6	18.8	15.6
BDS field worker	22.5	8.5	11.9
BDS drop-in center	31.0	0.9	8.1
Bar/guest house/hotel	2.8	0.4	1.0
Total	100.0	100.0	100.0
N	71	224	295+

+Note: Respondents giving "don't know" answer have been excluding

6.5 Use of Condoms during Last Sex with Different Sex Partners

6.5.1 Condom Use during Last Sex with Non-commercial Male and Female Partners

Use of condoms during last sex with a non-commercial male partner was much higher than with a non-commercial female partner for both MSW and MSM. Relatively, a higher percentage of MSW reported that they had used condoms during their last sex with a non-commercial male partner (83%) and with female non-commercial partner (47%) than the MSM respondents (56% and 35% respectively). The difference in the percentage of respondents using condom during last sex with non commercial male partner in the two categories is statistically significant ($p < .001$).

6.5.2 Condom Use During Last Anal Sex with One Time 'vs' Regular Male Client by MSW

Among the MSW who had sex with one time male partners in the last one month, more than four-fifths of them (85%) said that they had used condom during last anal sex with such male clients. In contrast, only two thirds of the MSW having regular male clients (67%) had said that they had used condom during last anal sex with a regular male partner.

6.5.3 Condom Use During Last Anal Sex with MSW

Twelve MSW and 34 MSM had said that they had sex with MSW in the past one month. Of them, a higher percentage of the MSW (64%) than the MSM (56%) respondents mentioned that they had used condoms during last anal sex with MSW.

6.5.4 Condom Use During Last Sex with Female Clients and Female Sex Workers

There were only 3 respondents – 2 MSM and 1 MSW who had reported that they had sex with female clients in the last one month. Of them, only one MSM reported that he had used condom during last sex with a female client.

Similarly, 2 out of the 3 MSW who had sex with commercial female sex workers (FSW) in the last one month had used a condom during their last sex with the FSW.

Likewise, over a half (59%) of the 34 MSM respondents who had sex with FSW in the last one month had used a condom during their last sex (Table 6.5).

Table 6.5 Percentage distribution of respondents according to the extent of condom use with different sex partners in the past one month

Condom Use Behavior	MSW	MSM	Total
% using condom during last sex with non commercial male partner ***	83.3	55.7	63.4
N	54	140	194
% using condom during last sex with non commercial female partner	46.7	34.9	37.2
N	15	63	78
% using condom during last anal sex with one time male client	85.4	-	85.4
N	48	-	48
% using condom during last anal sex with regular male client	66.7	-	66.7
N	36	-	36
% using condom during last sex with female client	-	50.0	33.3
N	1	2	3
% using condom during last anal sex with MSW	63.6	55.9	57.8
N	12	34	46
% using condom during last sex with commercial female partner	66.7	58.8	59.5
N	3	34	37

*Note ***p<.001*

6.6 Consistent Condom Use with Female Partners

Amongst the 15 MSW and 63 MSM who had non-commercial female partners in the past one month, about half in each category (53% MSW and 49% MSM) mentioned that they did not use condom consistently at all during sex with such female partners. Only two fifths of the MSW (40%) and about one eighth of the MSM (14%) said that they had used condom consistently with non-commercial female partners. Between 17 to 19 percent of the MSM respondents reported that they had used condom consistently for most of the times or sometimes only.

None of the three respondents (1 MSW and 2 MSM) who had sex with female clients in the last one month had used condom consistently. Similarly, among the three MSW who said that they had sex with FSW in the last one month, one each (33%) said that he had used condom either sometimes or most of the times and the third respondent had never used condom consistently. In comparison, among the 34 MSM having sex with FSW in the last one month, only about two fifth (41%) has used condom consistently and about one eighth (12%) had used most of the times. Those who said that they never used a condom consistently during sex with FSW comprised of over a third (33-35%) of the respondents in both the categories (Table 6.6).

Table 6.6 Percentage distribution of respondents by consistent condom use with different female partners in the last month among respondents having at least one sexual partner

	MSW	MSM	Total
<i>Use of condom with non commercial female partner</i>			
Never	53.3	49.2	50.0
Some times	-	19.0	15.4
Most of the times	6.7	17.5	15.4
Always	40.0	14.3	19.2
Total	100.0	100.0	100.0
N	15	63	78
<i>Use of condom with female client</i>			
Never	100.0	50.0	66.7
Most of the times	-	50.0	33.3
Total	100.0	100.0	100.0
N	1	2	3
<i>Use of condom with FSW</i>			
Never	33.3	35.3	35.1
Some times	33.3	11.8	13.5
Most of the times	33.3	11.8	13.5
Always	-	41.2	37.8
Total	100.0	100.0	100.0
N	3	34	37

6.7 Consistent Condom Use with Male Partners

The majority of MSW irrespective of the type of male sex partners had used condom consistently. In the case of MSM, less than half have said that they had used condom consistently with their male sex partners. It is evident from Table 6.7 that among the 54 MSW who had sex with non commercial male partners in the past one month, more than half (57%) had used condom consistently. Similarly, among the 48 MSWs who had sex with one time male client in the past one month, more than two thirds (69%) had used condom consistently, while among the 36 MSW who said that they had sex with regular male clients, half (50%) had used condom consistently. Likewise, more than half (58%) of those who had anal sex with MSW in the last one month had used condom consistently.

In comparison, less than two fifth of the 140 MSM who had sex with non commercial male partner in the last one month, had used condom consistently. Likewise, among the 34 MSM who had anal sex with MSW, less than half (47%) said that they used condom consistently and about two fifths had never used condom consistently (Table 6.7).

Table 6.7 Percentage distribution of respondents by consistent condom use with different male partners in the last month among respondents having at least one sexual partner

	MSW	MSM	Total
<i>Use of condom with non commercial male partner in the last month</i>			
Never	5.6	30.0	23.2
Some times	13.0	15.0	14.4
Most of the times	24.1	15.7	18.0
Always	57.4	39.3	44.3
Total	100.0	100.0	100.0
N	54	140	194
<i>Use of condom with one time male client during last month</i>			
Never	8.3	-	8.3
Some times	8.3	-	8.3
Most of the times	14.6	-	14.6
Always	68.8	-	68.8
Total	100.0	-	100.0
N	48	-	48
<i>Use of condom with regular male client in the last month</i>			
Never	11.1	-	11.1
Some times	19.4	-	19.4
Most of the times	19.4	-	19.4
Always	50.0	-	50.0
Total	100.0	-	100.0
N	36	-	36
<i>Use of condom with MSW during anal sex in the last month</i>			
Never	25.0	41.2	37.0
Some times	8.3	5.9	6.5
Most of the times	8.3	5.9	6.5
Always	58.3	47.1	50.0
Total	100.0	100.0	100.0
N	12	34	46

6.8 Awareness about Special Condom Lubricant

Nearly half of the MSW (49%) and only about a fifth of the MSM respondents have heard about condom lubricant. Of these, more than half of the respondents in both the categories knew at least one brand name of the lubricant. Brand name No.1 was the widely known lubricant among the respondents. Almost all MSW (92%) and most of the MSM (84%) could recall this brand name. ID Guide was known to about 13% of the MSM and only to 8% of MSW. KY Jelly was the least known brand name of the condom lubricant among the respondents (Table 6.8)

Table 6.8 Percentage distribution of respondents by ever heard and use of special 'condom-lubricant'

	MSW	MSM	Total
<i>Heard about 'condom-lubricant'</i>			
Yes	49.4	20.7	27.4
No	48.2	74.2	68.2
Don't know	2.4	5.1	4.5
Total	100.0	100.0	100.0
N	83	275	358
<i>Could you tell me the brand name of Condom-lubricant?</i>			
Yes	61.0	54.4	57.1
No	39.0	45.6	42.9
Total	100.0	100.0	100.0
N	41	57	98
<i>If Yes, Name of the 'Condom-lubricant'</i>			
No 1	92.0	83.9	87.5
ID Glue	8.0	12.9	10.7
KY jelly	-	3.2	1.8
Total	100.0	100.0	100.0
N	25	31	56

6.9 Use of Special Condom Lubricant

Regular use of special condom lubricant is low. Less than half of the MSW (44%) and about a quarter of the MSM (25%) said that they used the lubricant every time they had sex in the past one month. Nearly a fifth of the MSW (20%) had used most of the times and about the same percentage amongst them had never used at all during the past month. Among the MSM, less than half (44%) had never used the lubricant during the past one month. The remaining about a quarter of the MSM (26%) and about a sixth of the MSW (17%) said that they had used the lubricant sometimes only (Chart 6.4).

In the present IBBS, the reasons for not using condom lubricant were solicited among the respondents who never used condom lubricant at all or had used sometimes only. Various reasons have been cited by these respondents. Ignorance about the sources of obtaining the lubricant was mentioned by roughly a third of the MSW (32%) and slightly less than this percentage among the MSM (29%). Roughly one in eighth MSM (12%) and none of the MSW said that they were ignorant of such a product. On the other hand, did not felt the need to use was cited by over a quarter of MSW (27%) and MSM (29%). Forget to carry one or unaware that stock was empty as an excuse of not using lubricant regularly was given by more than a fourth of the MSW (27%) but by very few MSM (7%). Price (cost of the lubricant) did not seem to be an impeding factor for non-use of lubricant since less than 10% of the respondents of both the categories cited about cost.

The main purpose of using special condom lubricant as perceived by almost all MSW (92%) and nearly three-fourths of the MSM (71%) was for decreasing pain or prevent inflammations. That lubricant will help prevent condom breakage was mentioned by about a third of the MSW (35%) and a quarter of the MSM (26%). Less than a fifth of the respondents perceived that lubricant helps increase pleasure and stamina. Only about one sixth of the MSW and half this percentage among the MSM also believed that lubricant helps to prevent HIV/AIDS and STI transmission (Table 6.9).

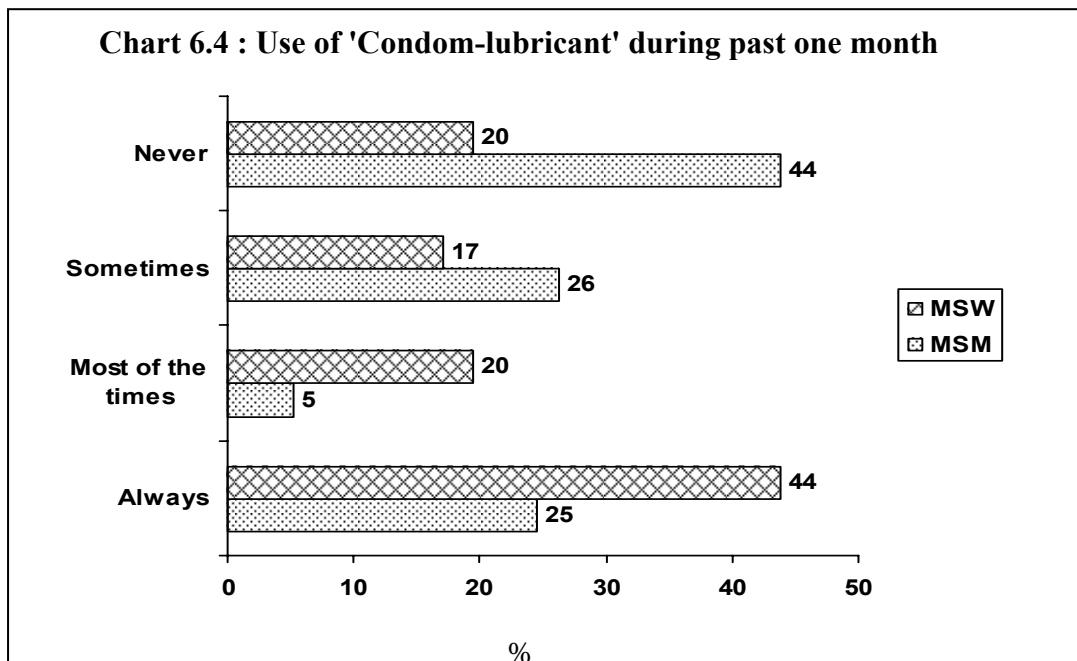


Table 6.9 Percentage distribution of respondents by reasons for using or not using special lubricant

	MSW	MSM	Total
<i>Why do you sometimes not use special condom lubricant, or never use it?</i>			
Costs too much	9.1	9.8	9.5
Shy to buy lubricant	-	2.4	1.6
Don't know where to obtain	31.8	29.3	30.2
I do not need to use	27.3	29.3	28.6
I use other cream	-	9.8	6.3
Not aware of such products	-	12.2	7.9
No easy available	4.5	14.6	11.1
Forget to carry/unaware of stock empty	27.3	7.3	14.3
N	22	41	63
<i>Purpose for using special-lubricant</i>			
To decrease pain/inflammation	91.9	71.4	81.0
Increase feeling/stamina	10.8	19.0	15.2
Decrease risk of condom breakage	35.1	26.2	30.4
To prevent HIV/AIDS infection /STI	18.9	9.5	13.9
N	37	42	79

Chapter 7

KNOWLEDGE OF STIs AND HIV/AIDS

Sexually transmitted infections (STIs) are responsible for a considerable burden of reproductive ill-health worldwide, both directly through their ability to enhance the risk of transmission or acquisition of the human immunodeficiency virus (HIV). According to the World Health Organization (WHO), some 340 million curable STIs are estimated to occur worldwide each year, and many millions of incurable viral STIs occur annually, including an estimated five million new HIV infections (*WHO Annual Technical Report 2003*). Since the HIV pandemic, prevention and early treatment of STIs has been identified as one of the key approaches of controlling HIV/AIDS.

In recent years, MSM in Nepal is emerging as a group at risk of HIV and other STI and are likely to bridge the infection to other people. According to Blue Diamond Society (BDS) the number of accessible MSM in the country is increasing and they report considerable high-risk behavior. This population accounts for 5 – 10% of all HIV cases worldwide. In Indonesia, MSM represent 15% of reported AIDS; 29% in Singapore; 32% in Hong Kong and 33% in Philippines (*2004 Report on the global AIDS epidemic, UNAIDS*). Prevention program must take into account the fact that this group is highly stigmatized throughout much of the world. A rapid ethnographic study among MSM population in Kathmandu (FHI/CREHPA 2001) revealed a high prevalence of unprotected anal sex amongst MSM, high incidence of sexual partner change combined with low level of knowledge about HIV/AIDS and STDs, safer sex and other sexual health issues among these populations in Kathmandu.

7.1 Knowledge of STIs

Knowledge about STIs is high among MSW respondents. About two third of the MSW (63%) was able to cite at least one symptom of STIs as against two fifths of MSM (41%). Those who were able to cite at least two symptoms comprised about half of the MSW (49.5%) as against a quarter among the MSM category (25%). Likewise, the percentage of MSW who were able to cite at least three symptoms of STIs were three times higher the percentage of MSM.

Genital ulcers/sore was relatively the most commonly known STIs among MSW and MSM respondents. Comparatively, a higher percentage of MSW (47.0%) perceived genital ulcer/sores as STI symptom than the MSM (32%). About two-fifths of the MSW (40%) and half this percentage among MSM (20%) identified burning pain on urination as STI symptom. Similarly, penis discharge as STI symptom was mentioned by two fifths of the MSW (40%) and about one sixth of the MSW (17.5%) (Table 7.1).

Table 7.1 Percentage distribution of respondents by knowledge about STIs

	<i>MSW</i>	<i>MSM</i>	<i>Total</i>
<i>Number of STIs symptoms mentioned</i>			
At least one symptom	62.7	40.7	45.8
At least two symptoms	49.5	25.1	30.7
At least three symptoms	30.1	10.2	14.9
None	37.3	59.3	54.2
<i>Total</i>	100.0	100.0	100.0
<i>N</i>	83	275	358
<i>Types of STIs</i>			
Genital ulcers/sores*	47.0	31.6	35.2
Burning pain on urination***	39.8	20.4	24.9
Penis discharge***	39.8	17.5	22.6
Anal ulcer/sores***	19.3	5.5	8.7
Swellings in groin area**	9.6	2.5	4.2
Anal discharge**	9.6	1.8	3.6
<i>N</i>	83	275	358

Note *** p<0.001, ** p<0.01, * p<0.05

7.2 Exposure to STIs

In order to assess respondents' exposure to various forms of STIs, each of them were asked whether or not they had experienced urethral discharge genital ulcers or sores, anal discharge and anal sores in the past 12 months. It is evident from Table 7.2 that about 31 percent of MSW and 29 percent of MSM reported of experiencing at least one of these STIs symptoms in the past 12 months.

Among those who had experienced the symptoms, about a sixth in both the categories of respondents had genital ulcers/sores (17% of MSW and 18% of MSM). Urethral discharge was reported by a slightly higher percentage of MSM (14%) than the MSW (11%) respondents. Similarly, anal ulcers/sores and anal discharge were more frequently mentioned by MSW respondents (24% and 10% respectively) than MSM (5% and 2%) and this difference is statistical significant (Table 7.2).

Table 7.2 Percentage distribution of respondents by extent of exposure to STI symptoms in the past 12 months preceding the IBBS

<i>Experienced STI symptoms</i>	<i>MSW</i>	<i>MSM</i>	<i>Total</i>
<i>Experienced at least one STI symptom</i>	31.3	28.7	29.3
Genital ulcer/sores	16.9	17.8	17.6
Urethral discharge	10.8	14.2	13.4
Anal ulcer/sores***	24.1	5.5	9.8
Anal discharge**	9.6	1.8	3.6
<i>N</i>	83	275	358

Percentages total do not add up to hundred due to independent responses

Note *** p<0.001, ** p<0.01

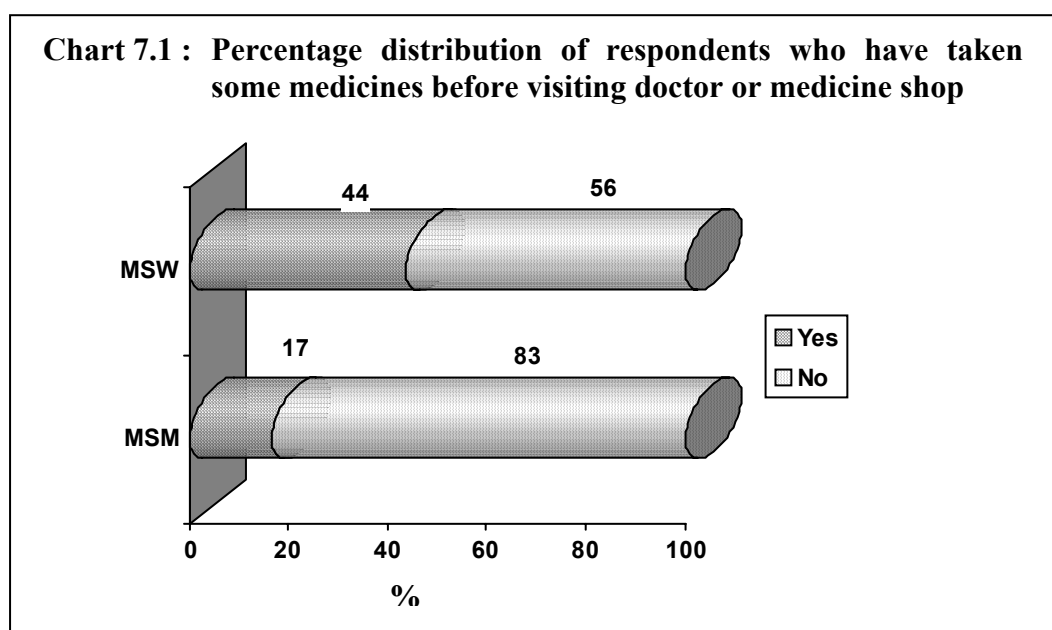
7.3 Copying Strategy Adopted for STI Symptoms

Those respondents who had experienced at least one symptom of STIs were further asked about their coping strategies, i.e., the first thing they did when they began experiencing the symptoms. As evident from Table 7.3, less than a third of the MSW (31%) and close to half of the MSM (46%) said that they did nothing. Among the MSW, over two fifths (42%) visited the BDS clinic, another one eighth had sought treatment from medicine shops (11.5%) and very few had visited the NFCC clinic. Only about 8% had resorted to self-medication. On the other hand, a very small percentage of MSM (4%) had visited BDS clinic for treatment. About 14% had sought treatment from hospital and 10% each from medicine shop and private clinic. Less than this percentage (9%) had resorted to self medication (Table 7.3)

Table 7.3 Percentage distribution of respondents according to the coping strategy adopted when they experienced STI symptoms in the past 12 months

<i>First thing you did when had STI symptoms</i>	MSW	MSM	Total
<i>Nothing</i>	30.8	46.2	42.3
Treatment from BDS clinic	42.3	3.8	13.5
Treatment from hospital	3.8	14.1	11.5
Treatment from medicine shop	11.5	10.3	10.6
Self medication	7.7	9.0	8.7
Treatment from private doctor/clinic	-	10.3	7.7
Treatment from herbal medicine	-	6.4	4.8
Treatment from NFCC	3.8	-	1.0
Total	100.0	100.0	100.0
N	26	78	104

Among those respondents with STI symptoms who had sought treatment from private doctor/clinic or from medicine shops, more than two fifths of MSW (44%) and only a sixth among the MSM said that they took some medicines before visiting these places for treatment with a belief that the medicines would help in curing the disease (Chart 7.1).



7.4 Knowledge of HIV/AIDS

Knowledge about HIV/AIDS and the type of behaviors that puts a person at risk of contracting the HIV virus are crucial in modifying high risk behavior among high risk groups and the acceptance of voluntary counseling and testing services by them. Several studies undertaken in the country have documented a very high level of awareness about HIV/AIDS and its mode of transmission among young population and especially among the population at risk (intravenous drug users, female sex workers, clients of female sex workers and migrant males).

Knowledge about HIV/AIDS is widespread among the MSM population also. More than four fifths of MSW (87%) and about this percentage among the MSM (80%) have heard about HIV/AIDS.

Among those who had heard of HIV/AIDS, over three-fourths (78%) was aware of someone who was infected with HIV and died of the AIDS. A very high percentage of the MSW (90%) than the MSM (74%) was aware of this fact (Chart 7.2).

However, very few respondents (3-4%) in both the categories said that their close relative was infected with HIV or has died of AIDS. However those who said that one of their close friends was infected with HIV or died of AIDS was quite considerable – about 12% each (Table 7.4)

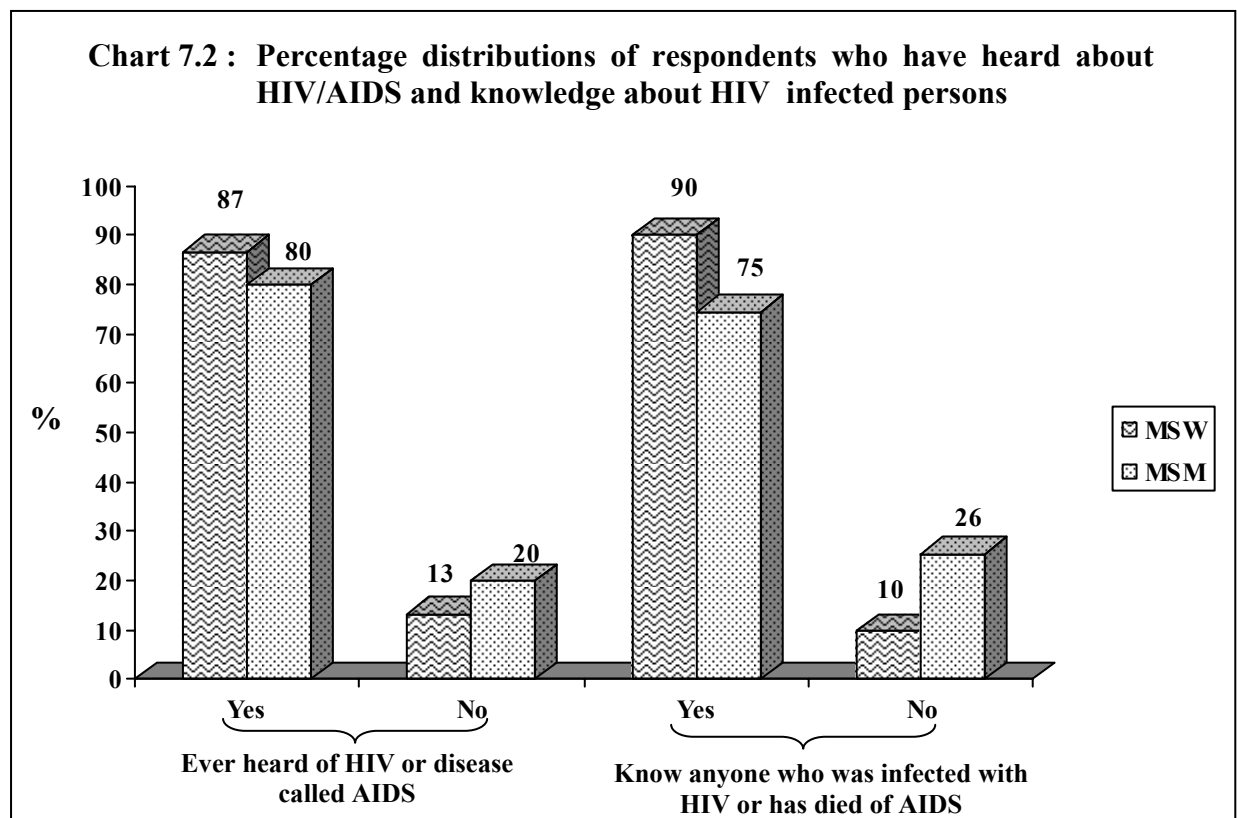


Table 7.4 Percentage distributions of respondents who have heard about HIV/AIDS and knowledge about HIV infected persons

Any close relative or close friend who is infected with HIV or has died of AIDS?	MSW	MSM	Total
Yes a close relative	4.2	3.2	3.4
Yes a close friend	12.5	11.8	12.0
No	83.3	85.0	84.6
Total	100.0	100.0	100.0
N	72	220	292

7.5 Knowledge on ABC of HIV/AIDS Prevention

Among the respondents who have heard about HIV/AIDS, their knowledge and perceptions about the effectiveness of ABC of HIV/AIDS prevention (A= abstinence; B= being faithful and C = consistent condom use) was solicited. It is evident from Table 7.5 that most respondents (89% MSW and 91% MSM) perceived that people could reduce their risk of HIV by using a condom correctly every time they have sex. However, only about four fifths of the MSW and less than two thirds of the MSM believed that people can reduce risk of HIV by avoiding anal sex.

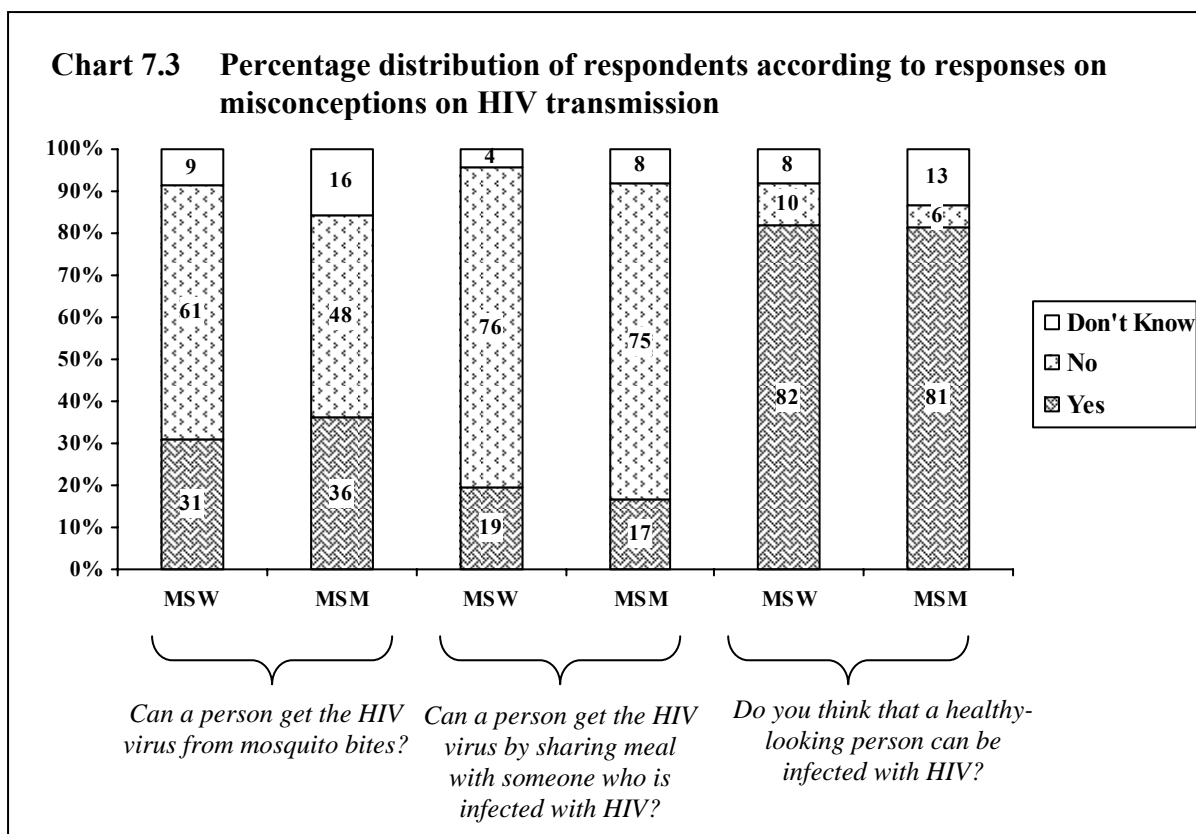
That correct use of condom every time a person has anal sex can reduce the risk of HIV was agreed by most of the respondents of both the categories (87% MSW and 89% MSM). A higher percentage of the MSM (84%) than the MSW (78%) believed that having sex with only one infected partner can reduce the risk of HIV. On the other hand, about a quarter of the respondents in both the categories (24-25%) did not believe that people can protect themselves from HIV by abstaining from sexual intercourse. Less than 70% of the MSM and 74% of MSW agreed to this view. Almost all MSW (96%) and the MSM respondents (91%) perceived people can contract HIV virus if they use injecting equipments already used by someone else.

Table 7.5 Percentage distributions of respondents according to their knowledge about ABC of HIV/AIDS prevention

	MSW	MSM	Total
<i>Can people reduce their risk of HIV by using a condom correctly every time they have sex?</i>			
Yes	88.9	90.9	90.4
No	6.9	3.6	4.5
Don't know	4.2	5.5	5.1
Total	100.0	100.0	100.0
<i>Can people reduce their risk of HIV by avoiding anal sex?</i>			
Yes	77.8	63.2	66.8
No	18.1	19.1	18.8
Don't know	4.2	17.7	14.4
Total	100.0	100.0	100.0
<i>Can people reduce their risk of HIV by using a condom correctly every time they have anal sex?</i>			
Yes	87.5	89.1	88.7
No	6.9	2.3	3.4
Don't know	5.6	8.6	7.9
Total	100.0	100.0	100.0
<i>Can people protect themselves from HIV by having one uninfected faithful sex partner?</i>			
Yes	77.8	83.6	82.2
No	18.1	10.9	12.7
Don't know	4.2	5.5	5.1
Total	100.0	100.0	100.0
<i>Can people protect themselves from HIV by abstaining from sexual intercourse?</i>			
Yes	73.6	69.5	70.5
No	23.6	25.5	25.0
Don't know	2.8	5.0	4.5
Total	100.0	100.0	100.0
<i>Can a person get HIV virus by getting injections with needle that was already used by someone else?</i>			
Yes	95.8	90.9	92.1
No	2.8	4.1	3.8
Don't know	1.4	5.0	4.1
Total	100.0	100.0	100.0
N	72	220	292

7.6 Misconceptions about HIV/AIDS Transmission

A considerable percentage of the MSW (31%) and MSM (36%) had the misconceptions that a person can acquire HIV virus from mosquito bites. Moreover, roughly a sixth of the MSM (15%) and about half this percentage among MSW were unsure (did not know) about mosquito bites can transmit HIV virus. About three fourths of respondents in both the categories denied that the virus can be transmitted while shaking hands with a person infected with HIV. Most of them (81-82%) also believed that a healthy-looking person can be infected with HIV (Chart 7.3).



7.7 Adoption of HIV Preventive Measures

In the present IBBS, the respondents were asked about things they do to avoid themselves from contracting HIV. Close to nine-tenth of the MSW (87%) and over a half of the MSM (57%) answered saying that they use condom always. The differences are statistically significant ($p < .001$). In addition, about a sixth of the MSM (18%) and half this percentage of the MSW (9%) said that they have safe sex. On the other hand, more than one quarter of the MSM (28%) and a tenth of the MSW said that they do nothing to protect themselves from contracting HIV. Very few respondents cited other measures (Table 7.7).

Table 7.7 Percentage distribution of respondents according to the various measures being taken to avoid getting HIV

<i>Do you yourself do anything to avoid getting HIV</i>	MSW	MSM	Total
Always use condoms***	87.1	57.3	64.7
Safe sex	8.6	17.8	15.5
Use Safe Syringe/blade	7.1	9.4	8.8
Wash	4.3	2.8	3.2
Use Safe Blood	2.9	2.8	2.8
Take medicine	-	-	-
Others	5.7	2.3	3.2
Nothing	10.0	28.2	23.7
Total	100.0	100.0	100.0
N	70	213	283+

+Respondents giving "don't know" responses have been excluded

Note *** $p < 0.001$

7.8 Perceived Risk of Contracting HIV

Majority of the respondents perceived themselves to be a little or *no risk* of contracting HIV. Comparatively the percentage of the respondents believing so was higher among the MSM (65%) than the MSW (55%). On the other hand, about a sixth of the MSW (17%) and roughly half this percentage of MSM (9%) perceived that they are at *high risk* of acquiring HIV. Those who said that they were at *some risk* comprised of 28 among the MSW and 26% among MSM respondents (Table 7.8)

Large number of sex partners and irregular use of condoms comprised the two most often cited reasons among the respondents for perceiving themselves to be at risk of HIV. Half of the MSW (50%) as against a third of the MSM (34%) gave the first reason (high number of partners) while the percentages of those citing 'irregular condom use' are more or less equal (43% vs 40%). Close to quarter of the MSW (23%) and about a sixth of the MSM (16%) felt that since they do not use condom they are at risk of HIV. Frequent anal sex as the reason for risk perception of HIV was mentioned by every third MSW (33%) but only by 7% of MSM. Moreover, about one eighth of the MSW (13%) as against very few MSM (4%) believed that their drug injecting habits (requiring sharing of injecting equipments) have put them at risk of HIV while another one eighth of the MSW (13%) and about half this percentage of MSM (7%) perceived that they are at risk of HIV due to their risky job (Table 7.8).

Table 7.8 Percentage distribution of respondents by their levels of risk perceptions of HIV and reasons for perceiving themselves to be at risk

	MSW	MSM	Total
<i>Do you think that you are at high risk, some risk or little risk for HIV</i>			
High risk	16.9	8.8	10.8
Some risk	28.2	26.5	26.9
Little or no risk	54.9	64.7	62.2
Total	100.0	100.0	100.0
N	71	215	286
<i>Why do you think you are at risk for HIV?</i>			
Irregular condom use	43.3	40.0	41.0
High number of partners	50.0	34.3	39.0
Don't use condoms	23.3	15.7	18.0
Frequent anal sex	33.3	7.1	15.0
High risk job	13.3	7.1	9.0
Have STI symptom	6.7	8.6	8.0
Needles sharing	13.3	4.3	7.0
Others+	3.3	7.1	6.0
N	30	70	100++

+Because of weight loss/ Doubt that own sex partner might have relation with others too/Body itching/Due to regular weight loss, may some diseases occurred that might be HIV/Condom is not fully dependable

++ Respondents giving "don't know" answers have been excluded

7.9 Reasons for Perceiving Little or No Risk of HIV

As mentioned above, more than half of the MSW (55%) and about two thirds of the MSM (65%) perceived themselves to be little or no risk of contracting HIV. These respondents were asked to state the reasons for not perceiving themselves to be at risk of contracting HIV. Most of the MSW (89%) and the large majority of MSM (71%) answered saying that they use condom always. More than a fourth of the MSW (28%) and MSM (30%) said that they do not share injecting equipments hence they were confident of not being at risk of HIV. Only about a sixth of the MSW (17%) and a fourth of the MSM answered saying that they have only one partner. Those who gave reasons such as partners are healthy (7%) or clean (6%), have not developed any symptoms of STIs (4%), etc., were very few (Table 7.9)

Table 7.9 Percentage distribution of respondents by perceived reasons for feeling little or no risk of HIV

	MSW	MSM	Total
Always use condoms	88.9	71.1	75.2
Never share injections	27.8	29.8	29.3
Only one partner	16.7	25.6	23.6
Partners are healthy	5.6	7.4	7.0
Partners are clean	2.8	6.6	5.7
No Symptoms of STI	2.8	4.1	3.8
Others++	2.8	5.0	4.5
N	36	121	157+

+ Respondents giving "don't know" answers have been excluded

++Not born from HIV infected mother/ Never taken blood from others/Blood test report was safe/ Less intercourse during sexual activity/Body, chest aching/ Avoid meal sharing with HIV infected

7.10 Knowledge about VCT Facilities

In this study respondents' knowledge about any other HIV testing facilities (which provides confidential testing) in Kathmandu including voluntary counseling and testing centers (VCT) was solicited among those who have heard of HIV/AIDS. The large majority of the respondents were not aware of any place in the city (Kathmandu), where they could obtain confidential HIV tests. Less than a fourth of the MSW (23%) and about one sixth of the MSM (16%) said that they know of such facilities in the city.

Knowledge about VCT center in the city is also low among the respondents. Only about 30% of the MSW and 16% of the MSM were aware of VCT center in the city. The percentage differences are statistically significant ($p < .01$). Among those who were aware of VCT center, only a quarter in both the categories of the respondents said that they have visited such a facility (VCT center) (Table 7.10).

Table 7.10 Percentage distribution of respondents according to their knowledge about confidential place for HIV testing and about VCT center in Kathmandu city

	MSW	MSM	Total
<i>Besides this study, do you know any place in Kathmandu city, where you can get confidential test to find out if you are infected with HIV</i>			
Yes	23.2	16.1	17.8
No	63.8	75.3	72.6
Don't know	13.0	8.5	9.6
Total	100.0	100.0	100.0
N	69	223	292
<i>Ever heard about the VCT centre in Kathmandu where you can go voluntarily and get counseled and tested for HIV?***</i>			
Yes	30.4	15.7	19.2
No	69.6	84.3	80.8
Total	100.0	100.0	100.0
N	69	223	292
<i>If yes, Have you ever visited a VCT center?</i>			
Yes	25.0	25.0	25.0
No	75.0	75.0	75.0
Total	100.0	100.0	100.0
N	20	36	56

Note ***p<0.01

7.11 HIV Test

Very few MSM (7%) and about a sixth of the MSW participating in the present IBBS had undergone HIV test previously. The differences in percentages of the respondents who had ever had HIV test are statistically significant ($p<.01$). Majority of those who had undergone HIV tests had done so voluntarily (69% MSW and 56% MSM). That counseling was providing at the time of undergoing HIV test was mentioned by over three fourths of the MSW (77%) and close to two thirds of the MSM respondents (61%) only. However, all of them obtained the results of the tests.

As regards the time for undergoing HIV tests, most of the MSW (85%) and nearly three fourths of the MSM (72%) had done so within the past one year. The remaining respondents had sought HIV tests more than a year ago (Table 7.11).

Table 7.11 Percentage distribution of respondents who have undergone HIV Tests

	MSW	MSM	Total
<i>Have you ever had HIV test**</i>			
Yes	16.0	6.6	8.8
No	84.0	93.4	91.2
Total	100.0	100.0	100.0
N	81	273	354 +
<i>Did you yourselves request the test or did someone else require you to have the test?</i>			
Voluntary	69.2	55.6	61.3
Required	30.8	44.4	38.7
Total	100.0	100.0	100.0
<i>When you have been tested for HIV, have you received counseling</i>			
Yes	76.9	61.1	67.7
No	23.1	38.9	32.3
Total	100.0	100.0	100.0
<i>Did you yourself received the result of your HIV test</i>			
Yes	100.0	100.0	100.0
Total	100.0	100.0	100.0
<i>When did you have the most recent HIV test?</i>			
With in the past year	84.6	72.2	77.4
More than a year ago	15.4	27.8	22.6
Total	100.0	100.0	100.0
N	13	18	31

+ Respondents giving "don't know" answers have been excluded

Note ** p<0.01

7.12 Attitudes towards HIV Positive Persons (PLWHA)

HIV/AIDS being the most stigmatised of diseases, the persons living with HIV (PLWHA) continue to face extreme HIV/AIDS – related stigma, thereby creating barriers that keep them and others who are vulnerable to infections from coming forward to access the information and care and support that they require (NCASC/Policy Project 2004). Stigmatic and discriminatory behaviors against PLWHA by all sections of the society need to be changed. In the present IBBS, respondents' attitudes towards PLWHA has been assessed by asking them a series of questions pertaining to care and support for PLWHA.

It is encouraging to find that all MSW (100%) and almost all MSM respondents (97%) would provide care and support to anyone in their relatives if s/he contracts HIV. Almost all the MSW (94%) and most of the MSM (87%) said that they would not hesitate from purchasing any items from a HIV positive shopkeeper or food seller. In terms of the extent of care and support required by PLWHA, over half of the respondents in both the categories (51% MSW and 60% MSM) perceived that such person deserve the same health attentions as any person with chronic illness. The percentage of those saying that PLWHA deserve greater health attention than any other person with chronic illness was 43% among the MSW and 35% among the MSM. Very few respondents said 'less health care" for PLWHA. The large majority of the respondents in both the categories (71%) also opined that PLWHA colleagues should be allowed to continue working if they are not sick.

Table 7.12 Percentage distribution of respondents according to their attitudes towards PLWHA

	MSW	MSM	Total
<i>If one of your relative become ill with HIV, would you be willing to care for him</i>			
Yes	100.0	97.3	97.9
No	-	2.7	2.1
Total	100.0	100.0	100.0
N	70	219	289+
<i>If you knew a shopkeeper or food seller had HIV would you buy food from them</i>			
Yes	94.4	86.9	88.8
No	5.6	13.1	11.2
Total	100.0	100.0	100.0
N	71	214	285+
<i>Do you think a person with HIV should get the same or less health care than someone with any other chronic disease?</i>			
Same	51.5	59.8	57.8
More	42.6	35.4	37.2
Less	5.9	4.8	5.1
Total	100.0	100.0	100.0
N	68	209	277+
<i>If a colleague who is working with you has HIV but he is not sick, should he be allowed to continue working?</i>			
Yes	71.6	70.4	70.7
No	28.4	29.6	29.3
Total	100.0	100.0	100.0
N	67	199	266+

+Respondents giving "don't know" answers have been excluded

7.13 Clinical Test Results

In the present IBBS, respondents' blood and urine samples and rectal swabs were taken by qualified lab technicians of SACTS following standard protocols. The results of the laboratory tests provided by SACTS shows a HIV prevalence of 4.8 % among the MSW and 3.6% among the MSM respondents. Over half of the MSW (54%) and less than a fifth of the MSM (19%) were currently exposed to at least one form of STIs.

Among the MSW, over a fourth (29%) were presented with HSV-2 (Herpes), a fifth had Chlamydia (20%), 14% had historical Syphilis, 12% Gonorrhoea (anal) and 2.4% current Syphilis. The presence of each of these specific STIs were very low among MSM respondents (1.5-8%) (Table 7.13)

Table 7.13 Percentage distribution of respondents presenting HIV and STIs

	MSW	MSM	Total
HIV	4.8	3.6	3.9
HSV-2 (Herpes)	28.9	8.4	13.1
Current syphilis	2.4	1.5	1.7
Past syphilis	14.5	7.3	8.9
Chlamydia (anal)	20.5	1.5	5.9
Chlamydia (urethral)	1.2	2.2	2.0
Gonorrhoea (anal)	12.0	3.6	5.6
Gonorrhoea (urethral)	1.2	2.2	2.0
N	83	275	358
At least one STI	54.2	19.3	27.4

Chapter 8

MULTIVARIATE ANALYSIS

In the multivariate analysis, logistic regression model was used to assess the net effect of each of the selected socio-demographic and other conceptually important predictors on key variables such as *knowledge of HIV/AIDS, prevalence of STIs, knowledge of at least one sign and symptom of STIs* and *exposure to BDS intervention*. During the process of analysis, multicollinearity between the variables was assessed and the least important variables were removed from the logistic model. Results are presented in tables 8.1 to 8.4.

8.1 Knowledge of HIV/AIDS

It was found that those predictors which were significant in crude odds ratio has also retained the significance in adjusted odds ratio but the level of estimated odds ratios were different. The reduction of the odd ratio in education, exposed to BDS, knowledge about at least on sign and symptom of STI after inclusion of other background variables indicate that the other variables were also important predictors for having knowledge of HIV/AIDS. Among the different conceptual importance variables, education, exposure to BDS, knowledge of at least one sign and symptom of STIs and drug used in the past 12 months were significant at 95 percent confidence interval.

The higher the level of education, the more likely for a respondent to have knowledge of HIV/AIDS is seen. For example, the odds of those respondents who have completed primary/lower secondary level of education were 2.59 times than those who are illiterate. Similarly, secondary and higher secondary educated respondents were 5.79 times more likely to have knowledge of HIV/AIDS compared to the reference category (illiterates). Those respondents who were exposed to BDS were 2.5 times more likely than those who were not exposed to BDS to have knowledge of HIV/AIDS. Respondents who were able to mention at least one sign and symptom of STIs were 2.44 times more likely for having knowledge of HIV/AIDS. Similarly, those who have used drug during the past 12 months were more likely to have knowledge of HIV/AIDS compared to their counterparts (odd ratio 3.4).

Respondents' caste, income in the past month, marital status, religion, and mobility in the past 12 month were not significant. This indicates that these predictors didn't play an important role for in enhancing knowledge of HIV/AIDS among the respondents (Table 8.1).

Table 8.1 Estimated odds ratios (and 95% confidence interval) for having knowledge of HIV/AIDS among MSM by selected predictors

<i>Predictors</i>	Crude		Adjusted	
	Odds Ratio	95% CI	Odds Ratio	95% CI
Age				
<20 (ref)	1.0	-	1.0	
20-34	1.65	0.87 - 3.16	1.32	0.57 - 3.04
35+	1.25	0.53 - 2.96	1.17	0.40 - 3.42
Education				
Illiterate (ref)	1.0		1.0	
Primary/lower secondary	3.37*	1.73 - 6.57	2.59*	1.16 - 5.80
Secondary /higher secondary	15.11*	6.14 - 37.18	5.79*	2.04 - 16.43
Caste				
Brahmin/Chhetri (ref)	1.0	-	1.0	0.40 - 4.59
Newar	2.0	0.72 - 5.59	1.36	0.22 - 1.21
Mangolian	0.51	0.27 - 0.98	0.52	0.17 - 1.17
Others	0.36	0.16 - 0.77	0.44	
Income in the last month (in RS)				
No income (Ref)	1.0		1.0	
Below 3000	0.11	0.04 - 0.32	0.17	0.05 - 0.60
More than 30001	0.31	0.10 - 0.93	0.42	0.12 - 1.51
Married	0.71	0.42 - 1.22	0.93	0.48 - 1.83
Exposed to BDS	3.51*	1.73 - 6.84	2.54*	1.10 - 5.85
Non-Hindu	0.82	0.45 - 1.53	1.28	0.54 - 3.06
Mobile in the past 12 month	0.02	0.13 - 0.41	0.29	0.15 - 0.57
Knows at least one sign and symptoms of STIs	6.24*	3.07 - 12.72	2.44*	1.09 - 5.49
Drug used during in past 12 months	3.15*	1.31 - 7.61	3.40*	1.21 - 9.53
Not experienced any signs and symptoms of STIs	0.97	0.54 - 1.74	0.90	0.43 - 1.84
	Number of observation = 358 LR chi2 (16) = 104.72 Log likelihood = - 118.74 Psedo R2 = 0.3060			

* Significant at 95 percent confidence interval

8.2 Knowledge of Signs and Symptoms of STIs

The results of the logistic regression suggest that some important predictors were significantly associated with knowledge of signs and symptoms of STIs. Among many selected predictors, only three predictors were significantly associated with having knowledge of at least one signs and symptoms of STIs. These three variables retained the same significance level after adding the other predictors. Respondents who have secondary and above education were 5.7 times more likely to know about signs and symptoms of STIs compared to illiterate. Similarly, those respondents who were exposed to BDS interventions in the past 12 months were 4.08 times more likely to have knowledge of signs and symptoms of STIs compared to their counterparts.

Not surprisingly, respondents who have heard of HIV/AIDS are more likely to report having knowledge of at least one sign and symptom of STIs compared to those who haven't heard of HIV/AIDS (odd ratio, 2.65).

In this study, the other important variables such as respondents' age, caste/ethnicity, income in the last month, mobility in the past 12 month, marital status, religion were not statistically significant with knowledge of signs and symptoms of STIs (Table 8.2).

Table 8.2 Estimated Odd Ratios (95% Confidence Interval) for having knowledge of at least one signs and symptoms of STIs among MSM by selected Predictors

Selected variables	Crude		Adjusted	
	Odds Ratio	95% CI	Odds Ratio	95% CI
Age in years				
<20 (Ref)	1.0	-	1.0	-
20-34	1.15	0.66 – 1.98	1.02	0.53 - 1.97
35+	0.80	0.39 - 1.65	0.77	0.33 - 1.80
Education				
Illiterate (Ref)	1.0	-	1.0	-
Primary/lower secondary	2.01	0.96 - 4.21	1.98	0.85 - 4.63
Secondary and above	7.05*	3.33 - 14.94	5.72*	2.32 - 14.12
Caste/ethnicity				
Brahmin/Chhetri (Ref)	1.0	-	1.0	-
Newar	1.9	1.04 – 3.46	1.64	0.82 - 3.32
Mangolian	0.78	0.47 - 1.30	1.20	0.60 - 2.42
Others	0.74	0.38 - 1.45	1.03	0.45 - 2.36
Income in the last month (in RS)				
No income (Ref)	1.0	-	1.0	-
Below 3000	0.40	0.23 - 0.70	1.02	0.51 - 2.05
More than 3001	0.69	0.40 - 1.19	0.97	0.50 - 1.88
Exposed to BDS interventions in the past 12 month	4.68*	2.94 – 7.45	4.08*	2.36 – 7.07
Mobile in the past 12 month	0.37	0.23 - 0.61	0.58	0.32 - 1.03
Married	0.84	0.55 - 1.29	1.11	0.65 - 1.88
Non-Hindu	0.80	0.48 - 1.31	0.81	0.41 - 1.62
Drug use in the past 12 months	1.24	0.75 – 2.06	1.32	0.70 - 2.49
Experience of at least one signs and symptoms of STIs in the past in months	1.12	0.71 - 1.77	01.06	0.62 – 1.81
Tested positive for any STI excluding HIV	1.41	0.89 – 2.25	1.22	0.68 – 2.19
Heard of HIV/AIDS	6.25*	3.07 – 12.72	2.65*	1.16 – 6.04
	Number of Obs. = 358 LR Chi2 (2) = 1.52 Prob > Chi2 = 0.469 Pseudo R2 = 0.003			

* Significant at 95 percent confidence interval

8.3 STIs Test (excluding HIV/AIDS)

Several characteristics of the respondent were associated with positive STIs test. It was found that some predictors which were statistically significant in crude odd ratio have lost their significance level in the adjusted odds ratio. For example, the predictors such as 'drug used during the past 12 months', 'having commercial male

partner in the past month, *commercial sex with male or female in the past month* which were significant in crude odd ratio have lost their significant level in adjusted with other predictors. The reduction of odds ratio after inclusion of other variables indicates that the effect of other predictors were important for being tested +ve for at least one STIs. The result also showed that married respondents had significantly elevated odds (odd ratio= 2.16) of positive STIs tested, compared with their counterparts. Against expectation, those MSM who have unprotected sex with non commercial male or female partners in the past month were 53 percent less likely of test positive STIs as compared to those who had protected sex with non-commercial male or female partner. Similarly, MSM who had vaginal and anal sex in the past 12 months were 59 percent less likely to test positive STIs as compared to those who had not had vaginal and anal sex in the past 12 month. The odds of having positive STIs test results were more than twice (odd ratio 2.61) high among those who had receptive anal sex in the past month as among those who had not.

Some predictors such as respondents' age, education level, caste/ethnicity, income in the last months, and vaginal sex with multiple non or commercial partners in the past 12 months were not statistically significant for being tested positive for at least one STIs among the respondents in this study (Table 8.3).

Table 8.3 Estimated Odd Ratios (95% Confidence Interval) for tested any STIs (excluding HIV) among MSM by selected predictors

Predictors	Crude		Adjusted	
	Odds Ratio	95% CI	Odds Ratio	95% CI
Age				
<20 (ref)	1.0	-	1.0	-
20-34	0.96	0.53 – 1.74	0.99	0.50 - 1.92
35+	0.79	0.35 – 1.78	0.97	0.39 - 2.39
Education				
Illiterate (ref)	1.0	-	1.0	-
Primary/lower secondary	0.59	0.31 - 1.14	0.78	0.37 - 1.61
Secondary /higher secondary	0.46*	0.23 - 0.91	0.64	0.28 – 1.43
Caste/ethnicity				
Brahmin/Chhetri (ref)	1.0	-	1.0	-
Newar	1.10	0.56 – 2.17	1.34	0.62 - 2.87
Mongolian	1.48	0.84 - 2.58	1.21	0.56 - 2.47
Others	1.19	0.56 - 2.51	0.71	0.31 - 1.64
Income in the last month				
No income (Ref)	1.0		1.0	
Below 3000	1.45	0.77 - 2.73	1.46	0.69 - 3.12
More than 3001	1.28	0.68 – 2.40	1.30	0.62 - 2.71
Married	1.19	0.74 - 1.91	2.16*	1.15 - 4.61
Non-Hindu	1.52	0.90 – 2.60	1.18	0.59 - 2.36
Drug used during in the past 12 months	0.38*	0.19 – 0.75	0.60	0.27 - 1.33
Anal sex with multiple non or commercial male in the past month	1.92*	1.19 – 3.09	0.95	0.49 – 1.87
Had commercial male partners in the past month	2.61*	1.60 – 4.29	2.27	0.43 – 12.05
Commercial sex with male or female in the past month	1.87*	1.16 – 3.01	0.75	0.15 – 3.80
Any unprotected sex with non commercial male or female partners in the past month	0.65	0.40 – 1.04	0.47*	0.26 – 0.86
Vaginal sex with multiple non or commercial partners in the past month	0.46	0.15 – 1.37	0.72	0.21 – 2.50
Had vaginal and anal sex in the past 12 month	0.38*	0.24 – 0.61	0.41*	0.22 – 0.76
Receptive anal sex in the past month	3.09*	1.91 – 4.99	2.61*	1.40 – 4.88
	Number of observation = 358 LR Chi2(19) = 56.75 Pro > Chi2 = 0.000 Pseudo R2 = 0.135			

* Significant at 95 percent confidence interval

8.4 Exposure to BDS Interventions

Logistic regression was also performed to assess the net effect of each of the knowledge, attitude, and behavior related predictors on exposure to BDS interventions in the past year. Seventeen explanatory variables were run in 17 separate logistic regression models by controlling key socio-demographic variables. It was found that almost all explanatory variables were statistically significant with exposure to BDS interventions.

The table has presented the results of odd ratio of the explanatory variables from separate logistic regression model after controlling basic socio-demographic variables. Among the knowledge predictors, the variable 'no misconception about HIV transmission' was highly significant ($p < .001$) and the other two predictors 'know prevention modes for MSM (condom use and avoid anal sex)', and 'high level of knowledge about preventive measure of HIV for MSM' were statistically significant at 95 percent confidence interval.

It was found that those respondents who did not have misconceptions about HIV transmission were 2.75 times more likely to exposure to BDS intervention in the past year compared to those who have misconception about it. Similarly, those MSM who know prevention modes (condom use and avoid anal sex) for MSM and those who have high knowledge about preventive measures of HIV for MSM were 1.71 times and 1.76 times respectively more likely to be exposed to BDS intervention. The odds of having exposure to BDS intervention were more than twice high (odd ratio 2.17) among those who had positive attitude towards PLWHA as among those who had not.

Regarding health seeking behavior variables, those respondents who sought services for sexual health care last year was 42.15 times more likely to be exposed to BDS intervention. Similarly respondents who seek medical care after discovering STI symptoms had higher odds (odd ratio, 5.34) of being exposed to BDS intervention. Respondents who have access to condom when needed were 1.86 times more likely to be exposed to BDS interventions compared to their counterparts.

In term of behaviors variables, those who used condom during the last sexual relation with casual male partner in the past month, who used condom consistently with casual male partners in the past month, who used condom during the last oral sex and use of condom and water base lube at last anal sex were highly significant to exposure to BDS intervention in the past year. For example, respondents who have used condom during the last sexual relation with casual male partner in the past month were 3.51 times more likely to be exposed to BDS intervention in the past year compared to those who did not use condom. Similarly, those respondents who used condom consistently were 2.45 times more likely to be exposed to BDS interventions. Respondent who used condom and water base lube during last anal sex had very high (odd ratio, 22.75) odds of having exposure to BDS intervention (Table 8.4).

Table 8.4 Estimated Odds Ratios (95% Confidence Interval) for exposure to BDS interventions in the past year among MSM by selected predictors

Explanatory Variables	Crude			Adjusted		
	Odds Ratio	95% CI	P value	Odds Ratio	95% CI	P value
Knowledge						
Know prevention means for MSM (condom use and avoid anal sex)	2.11	1.35 – 3.26	0.001	1.71	1.06 – 2.76	0.03
No misconceptions about HIV transmission	.10	1.96 -4.92	0.00	2.75	1.68 – 4.49	0.000
Know ABC as means of HIV transmission and prevention	1.50	0.92 – 2.31	0.07	1.19	0.74 – 1.90	0.48
Know a lot about preventing from HIV for MSM	2.21	1.42 – 3.44	0.00	1.76	1.09 – 2.84	0.02
Self perceived risk	1.99	0.95 – 4.18	0.07	1.59	0.72 – 3.51	0.25
Attitude						
Report positive attitude towards PLWHA	2.53	1.62 – 3.92	0.00	2.17	1.36 – 3.50	0.001
Health seeking behavior						
Seek for sexual health care last year	37.41	19.70 – 71.04	0.00	42.15	21.01 – 84.21	0.00
Seek medical care after discovering STI symptoms	4.8	1.99 – 11.58	0.00	5.34	1.98 – 14.39	0.001
Ever been tested and got results	3.23	1.24 – 8.44	0.016	2.93	1.09 – 7.91	0.03
Tested for HIV last year and got results	4.20	1.27 – 13.92	0.019	3.19	0.94 – 10.88	0.063
Access condom when needed	2.01	1.24 – 3.26	0.004	1.86	1.13 – 3.06	0.015
Behavior						
Condom use at last sexual relation with causal male partner in the past month	3.27	1.74 – 6.17	0.00	3.51	1.74 – 7.06	0.000
Consistent condom use with causal male partners in the past month	2.75	1.57 – 4.23	0.00	2.45	1.46 – 4.11	0.001
Condom use with causal female partner in the past month	1.22	0.47 – 3.11	0.68	1.35	0.46 – 3.92	0.58
Consistent condom use with causal female partners in the past month	1.30	0.88 – 1.90	0.19	1.38	0.89 – 2.13	0.15
Condom use at last oral sex	2.85	1.76 – 4.62	0.00	2.61	1.55 – 4.40	0.00
Condom use and water base lube at last anal sex	23.02	11.46 – 46.21	0.00	22.75	11.07 – 46.76	0.00

* Total number of cases may vary from one explanatory variable to another.

Chapter 9

SUMMARY AND CONCLUSIONS

This is the first integrated bio-behavioral survey (IBBS) of the MSM population conducted in Kathmandu with technical assistance from FHI/Nepal with the objectives of determining the levels of HIV and STI prevalence and risk-taking behaviors of this population that have so far been neglected in Nepal's HIV/STI surveillance and research. Altogether 358 respondents (83 MSW and 265 MSM) were recruited in the study using *Respondent-Driven Sampling* (RDS) method. A combined team of CREHPA, SACTS and BDS conducted the interviews and clinical examinations, collected blood and urine samples and rectal swabs. Youth Vision [please confirm] extended counseling services and provided test results in strict confidentiality to the study participants

The majority of the MSM population represented by the respondents was young; below 25 years of age and unmarried. Most of the sex partners of married respondents are females but not all of them said that they live with their sex partners. The percentages of married MSW and MSM who are living with their male sex partners are found to be quite considerable.

The sex partner with whom most MSW had their first sexual debut was a male while those of the MSM was a female. Use of condom was low during their first sexual debut. A higher percentage of MSM than MSW have been maintaining sexual relations with both male (anal sex) and female partners (vaginal sex) in the past 12 months preceding the survey. Anal sex in the past one month with multiple non-commercial sex partners was reported by the large majority of MSW but only by about a third of the MSM respondents. Anal sex with more than one male regular client in the past month was common in MSW. They have also had anal sex with another MSW in past one month.

Most MSW and none in MSM reported of selling sex to a male client in the past one month. However, most MSM and MSW had bought anal sex from male clients in the past one-month preceding the survey.

More among the MSW than among the MSM experienced physical violence. The perpetrators were police, army personnel, gangs, and some times the clients. Some MSM also reported about being beaten up their sex partners. Sexual violence was quite frequently encountered by MSW only. The main perpetrators of sexual violence were the gangs, clients and police personnel.

Exposure to intimidation or blackmail of MSW because of their sexual orientation is not uncommon. Some of them have also experienced discrimination at place of work or in their daily life because of this fact. In comparison to MSW, very few MSM respondents have experienced intimidation and/or discrimination.

Knowledge about condoms is nearly universal in both the categories of the respondents. In terms of condom accessibility, less than a third said that they could obtain condoms every time as needed. Use of lubricants during anal sex was high among the MSW only. Of the different forms of lubricants used, water-based lubricant was the most popular one. Use of condom and lubricants at the same time was practiced by most of the MSW but only by half of the MSM. The preferred place for obtaining condom and lubricants was a pharmacy shop, general store, BDS-DIC and BDS field worker.

Although the number of the respondents indulging in sex with a commercial female sex worker (FSW) was low, the majority of them said that they had used a condom during their last sex with FSW. On the contrary, consistent use of condom during sex with a non-commercial female sex partners was low in both the categories of respondents. While on the other hand, the majority of MSW irrespective of the type of male sex partners had used condom consistently. In the case of MSM, less than half have said that they had used condom consistently with male sex partners.

The widely known condom lubricant among both the categories of respondents was No.1. Other brands of lubricants, such as ID Guide and KY Jelly, were known by few respondents only. Regular use of special condom lubricant is also low. Less than half of the MSW and about a quarter of the MSM said that they used the lubricant every time they had sex in the past one-month. The reasons given for non-use of condom lubricants were '*ignorance about the source*' '*ignorant of such a product*' and '*did not felt the need to*'

Knowledge about STIs was higher among MSW than the MSM respondents. The large majority of the MSW was able to cite at least one symptom of STIs as against only two in five MSM. Similarly, every second MSW as against every fourth MSM respondent was able to cite at least two STI symptoms.

Roughly every third MSW and slightly less than this percentage of MSM had experienced at least one of the STIs symptoms in the past 12 months. Genital ulcers/sores, urethral discharge, anal ulcers/sores and anal discharge were the common symptoms of STIs experienced by the respondents.

Knowledge about HIV/AIDS is also widespread among the respondents. Most of those who have heard of HIV/AIDS were also aware of someone who was infected with HIV and died of the AIDS. Safety measures taken by the respondents to avoid contracting HIV were 'regular use of condom' and 'safer sex practice'. However a significant number of MSM as against one tenth of MSW said that they do nothing to protect themselves from contracting HIV.

Despite having multiple sex partners and inconsistent use of condoms, the majority of the respondents in the both the categories perceived themselves to be a little or *no risk* of contracting HIV. Among those who perceived themselves to be at risk, the reasons behind saying so was based on their having multiple sex partners and irregular or non-use use of condoms. The large majority of the respondents were not aware of any place in the city (Kathmandu), where they could obtain confidential HIV tests or about VCT center where they can obtain counseling, information and HIV test. As

such, very few MSM and MSW respondents participating in the present IBBS had said that they had undergone HIV test previously.

HIV prevalence is 4.8 % among the MSW and 3.6% among the MSM participating in the present IBBS. Those who are currently exposed to at least one form of STIs account for 54% among the MSW and 19% among the MSM participants. The presence of specific STIs was very low among the MSM (2-8%) while a considerable percentage of MSW were presented with HSV-2 (29%), Chlamydia (20%), historical Syphilis (14%), Gonorrhea (anal) (12%) and Syphilis (8%)

Multivariate regression analysis revealed that the higher the level of education, the more likely for a respondent to have knowledge of HIV/AIDS. Similarly, secondary and higher secondary educated respondents were 5.7 times more likely to have knowledge of HIV/AIDS and signs and symptoms of STIs as compared to the illiterate. Similarly, those respondents who were exposed to BDS were 2.5 times more likely to have knowledge about HIV and 4.08 times more likely to have knowledge about signs and symptoms of STIs than those who were not exposed to BDS. Likewise, respondents who were able to mention at least one sign and symptom of STIs were 2.44 times more likely for having knowledge of HIV/AIDS. Those who have used drug during the past 12 months were more likely to have knowledge of HIV/AIDS compared to their counterparts.

Against the expectation, those MSM who have unprotected sex with non commercial male or female partners in the past month were 53 percent less likely of presenting positive STIs test compared to those who had protected sex with a non-commercial male or female partner. Similarly, MSM who had vaginal and anal sex in the past 12 months were 59 percent less likely to test positive STIs as compared to those who had not had vaginal and anal sex in the past 12 month. The odds of having positive STIs test were more than twice (odd ratio 2.61) high among those who had receptive anal sex in the past month than those who had not.

The multivariate regression analysis further revealed that those respondents who did not have misconceptions about HIV transmission were 2.75 times more likely to have been exposed to BDS programs as compared to those who have misconceptions. Similarly, those who sought services for sexual health care last year was 42.15 times more likely to be exposed to BDS intervention. Similarly, respondents who have access to condom when needed and who have used condom during the last sexual relation with casual male partner in the past month were more likely to be exposed to BDS interventions compared to their counterparts. Likewise, those respondents who used condom consistently and use water base lube were more likely to be exposed to BDS interventions.

In conclusion, the integrated bio-behavioral survey (IBBS) reveals high knowledge on HIV/AIDS and STI of the MSM population. Despite the high knowledge on STIs, a considerable percentage of the respondents had experienced STIs. Similarly knowledge on condom is universal while consistent use of condom with non-commercial female sex partners was very low. High knowledge on HIV/AIDS, STIs and increase in access to condom can be attributed to the intervention programs of BDS that were effective in demystifying rumors about HIV/AIDS.

Policy Implications

The sexual networks of MSM population are highly diverse and not limited to male partners only. This diverse network poses a big challenge in program interventions (STI/VCT/Care and treatment program). Therefore, unless program coverage is increased through BDS and other support partners, it will not be easy to encompass the diverse groups of MSM network in the effective prevention and care interventions in MSM population. Periodic IBBS with this sub-population will help to monitor and evaluate the changes in diversity of sexual networks and effectiveness of the interventions in controlling the epidemic.

Questionnaire

Behavioral Questionnaire
Men who have Sex with Men

Kathmandu, Nepal, 2004

Operational definition of respondent:

Male sex workers (MSWs) will be included regardless their identity or label and if they have sold anal and/or oral sex to another male in the 12 months preceding the study.

MSM will be included regardless their identity or label and if they have had anal and/or oral sex with another male in the 12 months preceding the study and Not sold sex to another male in the previous 12 months.

Men under the age of 16 will be excluded.

Code Respondents: (circle)

MSW: 1

MSM: 2

Seed: **Yes**

No

IDENTIFICATION NUMBER: _____

Coupon number given: 1) _____ 2) _____

3) _____ 4) _____

Did the interviewee abandon the interview?

Yes (Precise the number of the last question completed: Q ----)

No

Interviewer Name: _____ Code Interviewer: _____

Date Interview: -- / -- / 2004

Checked by the supervisor: Signature: _____ Date: -- / -- / 2004

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

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

Section 1: Background Characteristics

Q. No.	Questions	Coding categories	Skip to
Q101	What is your age? (in completed years)	Years..... <input type="text"/> <input type="text"/>	
Q102	How many years of education have you completed up to now?	# Years Completed <input type="text"/> <input type="text"/> Less than one year 88 Don't remember / know..... 97 No response..... 98	
Q103	What is your ethnicity? (Only one response)	Specify ethnicity.....	
Q104	Where are you living now? (Do not ask the exact address)	Record the name of the district: Record the name of the municipality Record the Ward number Don't remember / know..... 97 No response 98	
Q 105	For how long have you been living in this district?	Number of Years <input type="text"/> <input type="text"/> Record 00 if less than 1 year Don't remember / know..... 97 No response 98	
Q106	Which district did you live in before here?	Record the name of the district: Record the name of the municipality Record the Ward number Don't remember / know..... 97 No response 98	
Q107	In the last 12 months, have you been away from your home for more than one-month altogether?	Yes 1 No..... 2 Don't remember / know 97 No response..... 98	
Q108	What religion are you? (Only one response)	Hindu 1 Buddhist..... 2 Muslim..... 3 Christian..... 4 Any Other 5 Specify..... Don't remember / know 97 No response..... 98	

No.	Questions	Coding Categories	Skip to
Q109	What is your main work? READ OUT (Only one response)	Student 01 Driver..... 02 Police..... 03 Military 04 Other civil servant..... 05 Businessman..... 06 Private company staff 07 Organization Staff 08 Unemployed..... 09 Laborer 10 Other..... 11 Don't know..... 97 No response..... 98	
Q 110	What is your total income from last month? (If no income code 00)	NRs..... Don 't remember / know..... 97 No response 98	
Q111	How did you earn that money? Any other ways? (Record all. If the respondent says "work" or "my job", probe for whether formal salaried job or informal sector)	Sold sex..... 1 Money from family..... 2 Salaried job..... 3 Own business other than sex 4 Other work..... 5 Don't remember / know 97 No response..... 98	
Q 112	How many people are you supporting with your income now?	Number of people <input type="text"/> <input type="text"/> Don't remember / know 97 No response..... 98 Not applicable..... 99	
Q 113	During the last 4 weeks how often have you had drinks containing alcohol? Would you say READ OUT (Only one response)	Every day 1 3-4 days a week..... 2 At least once a week..... 3 Did not drink alcohol in the last 4 weeks..... 4 Don't know / remember..... 97 No response 98	→Q115
Q 114	Normally what type of drinks do you use?	Local Raksi..... 1 Bear..... 2 Jand..... 3 Whisky..... 4 Others (specify)..... 5 Don't know / remember..... 97 No response..... 98	

No.	Questions	Coding Categories	Skip to
Q 115	Last time you had sex, how much alcohol did you drink? READ OUT (Only one response)	A lot (more than 6 small beers or 3 glass of local raw whisky)..... 1 Some (3-4 small beers or 1-3 glasses of wine)..... 2 A little (1-3 small beers or 1 glass of wine) 3 No alcohol 4 Don't know / remember..... 97 No response..... 98	
Q 116	Some people have tried a range of different types of drugs. Which of the following have you ever tried in the last 12 months? READ OUT	Ganja..... 1 Charas..... 2 Tablets..... 3 Glue..... 4 Heroine 5 Other:..... 6 Not used..... 7 Don't Know 97 No response..... 98	
Q 117	Some people have tried injecting recreational drugs using a syringe. Have you injected drugs recreationally in the last 12 months DO NOT COUNT DRUGS INJECTED FOR MEDICAL PURPOSES OR TREATMENT OF AN ILLNESS	Yes..... 1 No 2 Don't remember / know..... 97 No response 98	
Q118	In the past 12 months, have you received any medical injections?	Yes..... 1 No..... 2 Don't know..... 97 No response..... 98	

READ OUT TO THE INTERVIEWEE

The following section deals with information on your sexual behavior / practice. The information obtained from you shall be treated as confidential. The more truthful you are, the better we can do at providing services that MSM need. If you feel uncomfortable and do not want to answer any question truthfully, please just tell us that you would rather not answer, and we will go on to the next question. If you want to stop the interview completely, that is fine too. You just have to tell me.

Section 2: Marriage and Partnership and Sexual History

No.	Questions	Coding categories	Skip to
Q 201	Are you currently married to a woman? READ OUT (Only one response)	Yes, Currently married with a woman 1 Not married 2 No response..... 98	
Q202	Are you currently living with a regular sexual partner?	Yes 1 No..... 2 No response..... 98	
Q203	Is your sexual partner who you live with male or female?	Male 1 Female 2 No response..... 98 Not applicable 99	
Q204	At what age did you first have sexual intercourse? (I mean any type of anal and or vaginal sex even if you were forced to have it)	Age in Years: <input type="text"/> <input type="text"/> Only oral sex..... 95 Never had oral, vaginal or anal sex... 96 Don't remember / know..... 97 No response..... 98	→ If 96, stop interview
Q205	Was your first sexual partner male or female?	Male..... 1 Female..... 2 Don't remember / know..... 97 No response..... 98	
Q 206	Was a condom used during this first time you had sexual intercourse?	Yes..... 1 No..... 2 Don't remember..... 97 No response..... 98	
Q206	Have you had vaginal sex or anal sex with a woman in the last 12 months?	Yes..... 1 No..... 2 Don't remember..... 97 No response..... 98	
Q207	Have you had anal sex with a man in the last 12 months?	Yes..... 1 No..... 2 Don't remember..... 97 No response..... 98	

Section 3: Type of partner and sexual behavior

Now I would like to ask you about recent sex with different types of partners. Let's talk first about male partners with whom you may have had sex where no payment was involved. When answering these questions I want you to think about "meti" or "ta" as well as other male".

No.	Questions	Coding categories	Skip to
Q301	In the past one month , how many male partners have you had sex with where no payment was involved?	Zero..... 0 Number..... <input type="text"/> <input type="text"/> 97 Don't remember..... 98 No response.....	Q306 Q306 Q306
Q302	With how many of those partners did you have anal sex?	Zero..... 0 Number..... <input type="text"/> <input type="text"/> 97 Don't remember..... 98 No response.....	
Q303	The last time you had anal sex with a non-commercial male partner, did you use a condom?	Yes..... 1 No..... 2 Don't remember 97 No response..... 98	
Q304	Of all times you had anal sex with a non-commercial male partner in the last month, did you use a condom... (Read out options 1-4)	Always 1 Most of the time..... 2 Sometimes..... 3 Never..... 4 Don't remember..... 97 No response..... 98	
Q305	Where did you meet your last non-commercial sexual partner?	Park..... 01 Discotheque..... 02 Dance Restaurant..... 03 Massage parlor 04 Street..... 05 Pub/Cafe 06 Temple..... 07 Bus Station..... 08 Public Toilets..... 09 Cinema Hall 10 Near Army barracks 11 Internet 12 Sauna/Steam bath 13 Swimming Pools 14 Home..... 15 Other (specify)..... 16 Don't remember 97 No response..... 98	

Now I'd like to ask about the times you have sex with a woman where no payment is involved.
Please talk only about born women.

No.	Questions	Coding categories	Skip to
Q306	In the past one-month , how many female partners have you had vaginal or anal sex with where no payment was involved? I mean including your wife (if married) as well as other women	Zero..... 0 Number..... <input type="text"/> <input type="text"/> Don't remember..... 97 No response..... 98	Q309 Q309 Q309
Q307	The last time you had vaginal or anal sex with a non-commercial female partner, did you use a condom?	Yes 1 No..... 2 Don't remember..... 97 No response..... 98	
Q308	Of all times you had vaginal or anal sex with a non-commercial female partner in the past one month, did you use a condom... (Read out options 1-4)	Always..... 1 Most of the time 2 Sometimes 3 Never 4 Don't remember..... 97 No response 98	

Now I would like to ask you about any males who have paid you for sex (client)

No.	Questions	Coding categories	Skip to
Q309	In the past year, have you been paid by a male to have sex?	Yes 1 No..... 2 Don't remember..... 97 No response..... 98	
Q310	How old were you when you were first paid by a man to have sex?	Age In Years _____ Don't remember..... 97 No response 98	
Q311	How many days, weeks, or months ago, was the last time another male paid you to have sex? " I mean any kind of sex, including oral sex, etc"	Days..... <input type="text"/> <input type="text"/> Weeks..... <input type="text"/> <input type="text"/> Months..... <input type="text"/> <input type="text"/> Don't remember..... 97 No response..... 98	

No.	Questions	Coding categories	Skip
Q312	To make the questions shorter, I am going to refer to the men who paid you for sex as clients. I would like to ask you first about your one-time male clients: later I will ask about regular clients and other types of partners. In the past month, how many of the men who paid you for sex were one-time clients (I mean clients you have never had sex with before)?	Zero..... 0 Number... <input type="text"/> <input type="text"/> Don't remember..... 97 No response..... 98	Q 318
Q313	How many one time male clients did you have anal sex with in the last month (where he put is penis into your anus?)	Zero..... 0 Number... <input type="text"/> <input type="text"/> Don't remember..... 97 No response..... 98	
Q314	The last time you had anal sex with a one time male client, did you use a condom?	Yes..... 1 No..... 2 Don't remember 97 No response..... 98	
Q315	Of all the times you have had anal sex with a one-time male client in the last month, did you use a condom... (Read out options 1-4)	Always..... 1 Most of the time..... 2 Sometimes..... 3 Never..... 4 Don't remember..... 97 No response..... 98	
Q316	Did you ask them to use condoms? (Read options 1-3)	All of them 1 Some of them..... 2 None of them 3 Don't remember..... 97 No response..... 98	
Q317	How many one-time male clients did you have oral sex with in the last month?	Zero..... 0 Number..... <input type="text"/> <input type="text"/> Don't remember 97 No response..... 98	
Q318	Now I want to ask about your regular clients. In the last month, how many of the men who paid you for sex have been regular clients (I mean clients you have had sex with more than once)?	Zero..... 0 Number..... <input type="text"/> <input type="text"/> 97 Don't remember 98 No response.....	Q326
Q319	How many regular male clients did you have anal sex with in the last month?	Zero..... 0 Number..... <input type="text"/> <input type="text"/> 97 Don't remember 98 No response.....	

No.	Questions	Coding categories	Skip
Q320	The last time you had anal sex with a regular male client, did you use a condom?	Yes..... 1 No..... 2 Don't remember 97 No response..... 98	
Q321	Of all the times you have has sex with a regular male client in the last month, did you use a condom... (Read out options 1-4)	Always..... 1 Most of the time..... 2 Sometimes 3 Never 4 Don't remember..... 97 No response 98	
Q322	How many regular male clients did you have oral sex with in the last month?	Zero..... 0 Number..... <input type="text"/> <input type="text"/> Don't remember 97 No response..... 98	
Q323	In the last month, have you brought any male client to orgasm without penetration? I mean any type of client, regular or one-time.	Yes..... 1 No..... 2 Don't remember 97 No response..... 98	
Q324	How much did your last client pay you?	Rs... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't remember..... 97 No response 98	
Q325	Where did you meet your last client?	Massage Parlor..... 01 Park..... 02 Street..... 03 Salon 04 Bar/Disco/Café..... 05 WC/toilet..... 06 Mall..... 07 Sport center/ swimming pool.... 08 Other _____ 09 Don't remember..... 97 No response 98	
Q326	Now I would like to ask something about your clients. You may not know this information, and if you do not know that is fine, just say so. What are the most common occupations among your clients? Any others? <i>(DO NOT read options. Probe for up to three)</i>	Student..... 01 Police / Military 02 Civil servant..... 03 Businessman 04 Laborer..... 05 Unemployed..... 06 Other..... 07 Don't know 97 No response..... 98	

I just want to ask quickly now about **female clients**, if you have had any. It mean a woman who paid you for sexual services.

No.	Questions	Coding categories	Skip
Q327	In the past month , how many women have paid you for sex?	Zero..... 0 Number... <input type="text"/> <input type="text"/> Don't remember..... No response..... 97 98	
Q328	The last time you had vaginal or anal sex with a female client, did you use a condom?	Yes..... 1 No..... 2 No vaginal/anal 3 Don't remember..... 97 No response..... 98	
Q329	Of all the times you have had anal or vaginal sex with a female client in the last month, did you use a condom... <i>(Read out options 1-4)</i>	Always..... 1 Most of the time..... 2 Sometimes 3 Never 4 Don't remember..... 97 No response..... 98	

Now I want to ask whether you have yourself **paid any men for sex**. For now, I want you to think only of **male**

No.	Questions	Coding Categories	Skip
Q330	In the past month , how many different men did you give money so that they would have sex with you?	Zero..... 0 Number... <input type="text"/> <input type="text"/> Don't remember..... 97 No response..... 98	Q334
Q331	How many of those partners did you have anal sex with?	Zero..... 0 Number... <input type="text"/> <input type="text"/> Don't remember..... 97 No response..... 98	
Q332	The last time you paid for anal sex with another man that you paid for sex, did you use a condom?	Yes 1 No..... 2 Don't remember 97 No response..... 98	
Q333	Of all the times you paid a man for anal sex in the last month, did you use condom... <i>(Read out options 1-4)</i>	Always..... 1 Most of the times..... 2 Sometimes..... 3 Never 4 Don't remember..... 97 No response 98	

You must be getting tired... There is just one more type of partner I want to ask about. Is it okay with you? I would like to ask about **any women you have given money to have sex (female sex workers)**

No.	Questions	Coding Categories	Skip
Q334	In the past month, how many different women have you paid to have sex with you?	Zero..... 0 Number... <input type="text"/> <input type="text"/> Don't Remember..... 97 No response..... 98	Q337
Q335	The last time you paid a woman for vaginal or anal sex, did you use a condom?	Yes..... 1 No..... 2 No vaginal/anal..... 2 Don't remember..... 3 No response..... 97 98	
Q336	Of all the times you paid a woman for vaginal anal sex in the last month, did you use condom... <i>(Read out options 1-4)</i>	Always..... 1 Most of the time..... 2 Sometimes..... 2 Never..... 3 Don't remember..... 4 No response..... 97 98	

Now I'd like to ask a few general questions about sexual practices and violence

No.	Questions	Coding Categories	Skip
Q337	Among all your male sexual partner with whom you had also oral sex last month, <u>were your partners (not you):</u>	All receptive 1 All insertive 2 Mostly receptive..... 3 Mostly insertive..... 4 Equally receptive and insertive... 5 Don't remember..... 97 No response..... 98	
Q338	I am still talking about oral sex. Did you use a condom with your last male partner with whom you had oral sex?	Yes..... 1 No..... 2 Don't remember..... 97 No response..... 98	
Q339	Among all your male sexual partners with whom you had anal sex in last month, <u>were your partners (not you):</u> <i>(Only one possible answer)</i>	All receptive 1 All insertive 2 Mostly receptive..... 3 Mostly insertive..... 4 Equally receptive and insertive... 5 Don't remember..... 97 No response..... 98	
Q340	In the past 12 months, were you ever beaten because of your sexual orientation?	Yes..... 1 No..... 2 Don't remember..... 97 No response..... 98	Q342
Q341	Who was/ were the person(s) who beat you? Do not read out	Police 1 Military..... 2 Client..... 3 Regular partner..... 4 Sexual partner..... 5	

	Anyone else?	Gang 6 Other 7 Specify Don't remember..... 97 No response..... 98	
Q342	In the past 12 months, were you physically forced to have sex with someone even though you did not want to?	Yes..... 1 No..... 2 Don't remember..... 97 No response..... 98	Q344
Q343	Who was/ were the person(s) who physically forced you to have sex against your will? Do not read out Anyone else?	Police 1 Military..... 2 Client..... 3 Regular partner..... 4 Sexual partner..... 5 Gang 6 Other 7 Specify Don't remember..... 97 No response..... 98	
No.	Questions	Coding Categories	Skip
Q344	In the past 12 months, have you been blackmailed because of your sexual orientation	Yes..... 1 No..... 2 Don't remember..... 97 No response..... 98	
Q345	In the past 12 months, have you experienced discrimination in your job or daily life because of your sexual orientation?	Yes..... 1 No..... 2 Don't remember..... 97 No response..... 98	

Section 4: Male Condom and Lubricant

No.	Questions and Filters	Coding categories	Skip to
Q401	SHOW CONDOM Can you tell me what this is?	Can identify as condom 1 Cannot identify as condom..... 2 No response..... 98	
Q402	Do you have a condom with you now? Please show me	Can show a condom..... 1 Cannot show a condom 2 No response..... 98	
Q403	Last time you obtained a condom, where did you get it? Do not read out	Shop..... 1 Pharmacy..... 2 Health facility..... 3 Bar/Guest House/Hotel..... 4 Friends..... 5 Clients..... 6 BDS Drop-in center..... 7 BDS field worker..... 8 Other..... 9 Never obtained a condom..... 10 Don't know..... 97 No response..... 98	
Q404	How much did you pay for a condom last time you bought one?	Rs..... Free..... 0 Don't know..... 97 No response..... 98	
Q405	Can you obtain a condom every time you need one?	Yes..... 1 No..... 2 Don't need one..... 3 Don't know..... 97 No response..... 98	
Q406	Why can't you get a condom every time you need one? Anything else? Do not read out	Cost too much..... 1 Shop/pharmacy too far away... 2 Shops pharmacy closed..... 3 Shy to buy condom..... 4 Don't know where to obtain..... 5 Don't want to carry them..... 6 Other..... Don't know..... 97 No response..... 98	
Q407	Which is your most preferred condom brand?	Dhaal..... 1 Panther..... 2 Number One..... 3 Jodi..... 4 Kamasutra..... 5 Others specify..... 6 Don't know..... 97 No response..... 98	

No.	Questions	Coding Categories	Skip
Q408	Have you ever used lubricant when having anal sex? I mean something to make your or your partner's penis slippery so it is easier to insert (with no pain)	Yes..... 1 No..... 2 Don't remember..... 97 No response..... 98	Q 411
Q409	What lubricant did you use during last anal sex?	Saliva..... 1 Oil..... 2 Water-based lube..... 3 Antiseptic/antibiotic cream..... 4 Ghee..... 5 Cream/lotion..... 6 Other: _____ 7 Don't know..... 97 Not response..... 98	
Q410	Were you using a condom that time?	Yes..... 1 No..... 2 Don't know..... 97 No response..... 98 Not applicable 99	
Q411	Have you faced any problems while using lubricants?	Condom slippage..... 1 Irritation or burning sensation... 2 Condom breakage..... 3 Other: specify..... 4 No problem..... 5 Don't know..... 97 Not response..... 98	
Q412	What is your convenient /preferred place to buy condoms and lubricants?	General store (Shop)..... 1 Pharmacy (medical shop)..... 2 Bar/guest house/hotel..... 3 BDS drop-in center..... 4 BDS field worker..... 5 Other specify ----- 6 Don't know..... 97 Not response..... 98	
Q413	Some people use a lubricant product made especially for using with condom. Have you heard of such a product?	Yes..... 1 No..... 2 Don't know..... 97 No response..... 98	
Q414	Could you tell me the brand name of such a product?	Yes..... 1 Record Name _____ No..... 2 Don't know..... 97 No response..... 98	

No.	Questions	Coding categories	Skip
Q415	In the past 30 days, how often have you used a special lubricant for condoms together with a condom during anal sex?	Always..... 1 Most of the time..... 2 Sometimes..... 3 Never..... 4 Don't remember..... 97 No response..... 98	
Q416	Why do you sometimes not use special condom lubricant, or never use it? Anything else?	Costs too much..... 1 Shy to buy lubricant..... 2 Don't know where to obtain... 3 I do not need to use..... 4 I use other cream..... 5 Not aware of such products... 6 Other _____ 7 I don't remember..... 97 No response..... 98	
Q417	For you, what are the purposes of using special lubricant with condoms during sex? Anything else?	Decrease pain / inflammation... 1 Increase feeling / stamina..... 2 Decrease risk of condom breakage 3 Prevent HIV/AIDS infection..... 4 Other _____ 5 Specify: Don't know..... 97 No response..... 98	
Q418	In the last month, have you used a condom that broke while you were using it?	Yes..... 1 No..... 2 Don't know..... 97 No response..... 98	
Q419	If experienced condom breakage, what reason do you think cause breakage?	Use of oil based lubricant..... 1 Improper use of condom..... 2 Other: specify..... 3 Don't know..... 97 No response..... 98	

Section 5: STI

No.	Questions and filters	Coding categories	Skip to	Code
Q501	Could you describe any symptoms in men of diseases that can be transmitted by having sex? Any other? DO NOT READ OUT Circle 1 when mentioned Circle 2 when not mentioned (Multiple responses possible)	Penis discharge 1 2 Burning pain on urination 1 2 Genital ulcers/sores 1 2 Swellings in groin area 1 2 Anal discharge 1 2 Anal ulcer/sores 1 2 Other:..... 1 2 Don't know..... 97 No response..... 98		
Q502	Have you had a urethral discharge during the past 12 months?	Yes..... 1 No..... 2 Don't know..... 97 No response..... 98		
Q503	Have you had anal discharge during the last 12 months?	Yes..... 1 No..... 2 Don't know..... 97 No response..... 98		
Q504	Have you had a genital ulcer / sore during the past 12 months?	Yes..... 1 No..... 2 Don't know..... 97 No response..... 98		
Q505	Have you had an anal ulcer / sore during the past 12 months?	Yes..... 1 No..... 2 Don't know..... 97 No response..... 98		
Q506	Had genital ulcer / discharge / sore (penis and or anal) during the past 12 months (Check consistency with previous questions)	Yes..... 1 No..... 2 Don't know..... 97 No response..... 98		Q601
Q507	What was the first thing you did when you had those symptoms? DO NOT READ OUT	Treatment from hospital..... 1 Treatment from drug seller..... 2 Treatment from private doctor/clinic... 3 Treatment from BDS clinic..... 4 Treatment from friend..... 5 Took medicine you had at home.... 6 Nothing..... 7 Other..... 8 Don't remember / know..... 97 No response..... 98		Q508 Q508

No.	Questions	Coding Categories	Skip
Q508	Before going to see the doctor or the drug seller, have you taken some drugs that you thought good to treat your STI?	Yes..... 1 No..... 2 Don't know..... 97 No response..... 98	
Q509	Last time you had one of those symptoms that you just told me about, how many days did you wait between discovering symptoms and going for treatment (If the same day, code 1)	Number of days <input type="text"/> <input type="text"/> No treatment at all..... 99 Don't remember/ know..... 97 No response 98	Q601
Q510	Last time you had those symptoms, how much did the treatment cost you, including the medicine and the fees for the service?	Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't remember / know..... 97 No response 98	

Section 6: HIV/AIDS Knowledge and Attitudes

No.	Questions and filters	Coding categories	Skip to
Q601	Have you ever heard of HIV or the disease called AIDS?	Yes..... 1 No..... 2 No response..... 98	Q701
Q602	Do you know anyone who is infected with HIV or has died of AIDS?	Yes..... 1 No..... 2 Don't know..... 97 No response 98	
Q603	Do you have a close relative or close friend who is infected with HIV or has died of AIDS	Yes, a close relative..... 1 Yes, a close friend..... 2 No..... 3 No response..... 98	
Q604	Can people reduce their risk of HIV by using a condom correctly every time they have sex?	Yes..... 1 No..... 2 Don't know..... 97 No response 98	
Q605	Can people HIV reduce their risk of by avoiding anal sex?	Yes..... 1 No..... 2 Don't know..... 97 No response 98	
Q606	Can people reduce their risk of HIV by using a condom correctly every time they have anal sex?	Yes..... 1 No..... 2 Don't know..... 97 No response 98	
Q607	Can a person get the HIV virus from mosquito bites?	Yes..... 1 No..... 2 Don't know..... 97 No response 98	
Q608	Can people protect themselves from HIV by having one uninfected faithful sex partner?	Yes..... 1 No..... 2 Don't know..... 97 No response 98	
Q609	Can people protect themselves from HIV by abstaining from sexual intercourse?	Yes..... 1 No..... 2 Don't know..... 97 No response 98	
Q610	Can a person get the HIV virus by sharing a meal with someone who is infected?	Yes..... 1 No..... 2 Don't know..... 97 No response 98	
Q611	Can a person get the HIV virus by getting injections with a needle that was already used by someone else?	Yes..... 1 No..... 2 Don't know..... 97 No response..... 98	
Q612	Do you think that a healthy-looking person can be infected with HIV, the virus that causes AIDS?	Yes..... 1 No..... 2 Don't know..... 97 No response 98	

No.	Questions	Coding Categories	Skip
Q613	Do you yourself do anything to avoid getting HIV? What?	Nothing..... 1 Wash 2 Always use condoms. 3 Take medicine..... 4 Other..... 5 Don't know..... 97 No response..... 98	
Q614	What medicine do you take?	Name..... Don't know..... 97 No response 98 Not applicable..... 99	
Q615	I would like to ask you whether you think you are at risk for HIV infection. Do you think that you are at high risk, some risk or little or no risk?	High risk..... 1 Some risk..... 2 Little or no risk 3 Don't know 97 No response 98	Q617
Q616	Why do you think you are at risk for HIV? Multiple answers possible (DO NOT READ OUT) (Circle 1 if mentioned) (Circle 2 if not mentioned)	High risk job..... 1 2 High number of partners.... 1 2 Frequent anal sex..... 1 2 Don't use condoms..... 1 2 Irregular condom use..... 1 2 Needles sharing..... 1 2 Other..... 1 2 Don't know..... 97 No response..... 98	
Q617	Why do you think you are at little or no risk of HIV? Multiple answers possible (DO NOT READ OUT) (Circle 1 if mentioned) (Circle 2 if not mentioned)	Always use condoms... 1 2 Only one partner 1 2 Partners are clean 1 2 Partners are healthy..... 1 2 Never share injections 1 2 Sometimes share injections 1 2 Other..... 1 2 Don't know..... 97 No response..... 98	
Q618	Apart from participating in this study, do you know anywhere in Kathmandu city you could go if you wanted to get a confidential test to find out if you are infected with HIV? By confidential, I mean that no one will know the result if you don't want them to know it.	Yes..... 1 No..... 2 Don't know..... 97 No response 98	
Q619	Have you ever heard about the VCT center in Kathmandu where you can go voluntarily and get counseled and tested for HIV?	Yes..... 1 No..... 2 Don't know..... 97 No response 98	Q627 Q627 Q627
Q620	If Yes, have you ever visited a VCT center?	Yes..... 1 No..... 2 Don't know..... 97 No response 98	Q625 Q625 Q625

No.	Questions	Coding Categories	Skip
Q621	If Yes, where is that VCT centers?	Name of the place Don't know..... 97 No response 98	
Q622	Do you think that this center is located at the convenient place for MSM?	Yes..... 1 No..... 2 Don't know..... 97 No response 98	Q624 Q623 Q623 Q623
Q623	If No, where should such VCT center be located?	Name of the place..... Don't know..... 97 No response 98	
Q624	How do you rank the services provided in the VCT center you visited last time?	Highly satisfactory..... 1 Satisfactory..... 2 Not satisfactory..... 3 Don't know..... 97 No response 98	
Q625	If you have not visited a VCT center, can you tell me the reason for this?	Do not feel the need..... 1 Due to stigma & discrimination 2 Financial reason..... 3 Privacy concerns..... 4 Lack of care & support services... 5 Lack of follow up services..... 6 Others (specify)..... 7 Don't know..... 97 No response 98	
Q626	In your opinion where should be a HIV counseling and testing center be established?	In government hospitals..... 1 In a separate place..... 2 In private hospitals/clinics..... 3 Other (specify)..... 4 Don't know..... 97 No response 98	
Q627	I don't want to know the result, but have you ever had an HIV test?	Yes..... 1 No..... 2 Don't know..... 97 No response..... 98	Q632 Q632 Q632
Q628	Did you yourself request the test or did someone else require you to have the test?	Voluntary..... 1 Required..... 2 Don't know / remember..... 97 No response 98	
Q629	When you have been tested for HIV, have you received counseling, I mean proper information about HIV infection and prevention, the meaning of the HIV test and of being HIV positive and negative?	Yes..... 1 No..... 2 Don't know..... 97 No response..... 98	
Q630	Please do not tell me the result, but did you yourself find out the result of your test?	Yes..... 1 No..... 2 Don't know..... 97 No response..... 98	
Q631	When did you have the most recent HIV test?	Within the past year 1 More than a year ago..... 2 Don't remember / know..... 97 No response..... 98	

No.	Questions	Coding Categories	Skip
Q632	If one of your relative becomes ill with HIV, would you willing to care for him?	Yes..... 1 No..... 2 Don't know..... 97 No response..... 98	
Q633	If you knew a shopkeeper or food seller had HIV, would you buy food from them?	Yes..... 1 No..... 2 Don't know..... 97 No response..... 98	
Q634	Do you think a person with HIV should get the same, more or less health care than someone with any other chronic disease?	Yes..... 1 No..... 2 Don't know..... 97 No response 98	
Q635	If a colleague who is working with you has HIV but he is not sick, should he be allowed to continue working?	Yes..... 1 No..... 2 Don't know..... 97 No response 98	

Section 7: Miscellaneous

No.	Questions	Coding categories	Skip
Q701	What do you do during your leisure time (Multiple answers possible)	Listen to radio..... 1 Watch TV..... 2 Go to cinema..... 3 Play game..... 4 Gossip with friend..... 5 Look for partner..... 6 Go to night club/bar/restaurant..... 7 Other (specify)..... 8 Don't know..... 97 No response..... 98	
Q702	When you are looking for information related to sexual health, which media (based in Nepal) do you most like?	TV..... 1 Radio..... 2 Newspaper..... 3 Magazine..... 4 Other (specify)..... 5 Don't know..... 97 No response..... 98	
Q703	Depending on response of above question: If radio/TV, Which program in the TV/Radio you mostly watch/listen If newspaper/magazine which newspaper magazine you like most	Please, specify:	
Q704	Have you ever heard about Blue Diamond Society in Kathmandu city?	Yes..... 1 No..... 2 Don't know..... 97 No response 98	Q711
Q705	What are the services that you have used at BDS in the past 12 months DO NOT READ OUT (1 if mentioned; 2 if not)	Buy condoms/lubricant 1 2 STI clinic 1 2 Psychosexual counseling 1 2 Psychological support 1 2 Legal advises/support 1 2 HIV and STI Information 1 2 Informal discussion 1 2 Entertainment 1 2 Resource center 1 2 In crisis Support 1 2 Other: Specify Don't know..... 97 No response..... 98	

No.	Question	Coding categories	Skip
Q706	During the last twelve months, how often have you been contacted by BDS peer educator or field worker to discuss how men who have sex with other men can protect themselves and their partners from HIV/AIDS and STDs?	Very Often..... 1 Often..... 2 Sometimes..... 3 Never..... 4 Don't know..... 97 No response..... 98	
Q707	During the last twelve months, how often have you attended social events or educational sessions at BDS's DCI, to discuss how men who have sex with other men can protect themselves and their partners from HIV/AIDS and STDs?	Very Often..... 1 Often..... 2 Sometimes..... 3 Never..... 4 Don't know..... 97 No response..... 98	
Q708	During the last 12 months, how often have you received from BDS' outreach workers leaflets or brochures (...) explaining HIV/AIDS infection and prevention, and/or about how men who have sex with other men can protect themselves and their partners from HIV/AIDS and STDs?	Very Often..... 1 Often..... 2 Sometimes..... 3 Never..... 4 Don't know..... 97 No response..... 98	
Q709	During the last 12 months, how often have you been referred by a BDS outreach workers to a STI clinic for a general sexual health screening (not for STI symptoms or some other reasons)?	Never..... 0 One time..... 1 Two times..... 2 Three times..... 3 Four times..... 4 More than four times, precise: [] 5 Don't know / remember..... 97 No response..... 98	
Q710	During the last 12 months, how often have you spontaneously (you decided yourself) been to the STI clinic because you wanted a general sexual health screening (not for STI symptoms or some other reasons)?	Never..... 0 One time..... 1 Two times..... 2 Three times..... 3 Four times..... 4 More than four times, precise: [] 5 Don't know / remember..... 97 No response..... 98	
Q711	Now try to remember the last 3 months... Estimate how many times have you been contacted by BDS peer educator or field worker to discuss how men who have sex with other men can protect themselves and their partners from HIV/AIDS and STDs?	How many times: [] If never code 00 Don't know / remember..... 97 No response..... 98	
Q712	During the last three months, how often have you attended social events or educational sessions at BDS's DCI, to discuss how men who have sex with other men can protect themselves and their partners from HIV/AIDS and STDs?	How many times: [] If never code 00 Don't know / remember..... 97 No response..... 98	

No.	Questions	Coding Categories	Skip
Q713	How would you identify or label yourself because of your sexual orientation? (Only one answer)	Man..... 1 Ta..... 2 Dohari..... 3 Meta..... 4 Pinky Ta..... 5 Pinky Meta..... 6 Hijras 7 Women..... 8 Gay 9 Homosexual/bisexual..... 10 Other: Precise: 11 Don't know..... 97 No response..... 98	
Q714	Do you have friends who have also sexual relationship with other males in other district or cities than Kathmandu?	Yes..... 1 No..... 2 Don't know 97 No response..... 98	Q715 Q715 Q715
Q715	Which districts /cities	
Q716	How many MSM do you know and also know you? Knowing someone is defined as being able to contact them, and having had contact with them in the past 12 months – knowing each other	# _____ Don't know 97 No response..... 98	
Q717	Among those persons, please try to estimate the number of people by range of age:	Less than 15 years old <input type="text"/> 15-20 years old <input type="text"/> 20-30 years old <input type="text"/> 30-40 years old <input type="text"/> > 40 years old <input type="text"/> Don't know..... 97 No response 98 Not applicable..... 99	
Q718	Again, among those guys, please try to estimate the number of people by religion:	Hindu <input type="text"/> Buddhist <input type="text"/> Muslim <input type="text"/> Christian <input type="text"/> Other: Precise..... <input type="text"/> Don't know..... 97 No response 98 Not applicable..... 99	
Q719	With regard to the person who gives you the coupon to come here, was he....	A close friend..... 1 A friend 2 You partner 3 A relative..... 4 A stranger..... 5 Other 6 Specify: _____	

		Don't know..... 97 No response..... 98	
No.	Questions	Coding Categories	Skip
Q720	In the past 6 months, how often have you been to the following locations to recruit / meet male sexual partners: (Ask for all the items proposed and code as follow) 1. Very Often 2. Often 3. Sometimes 4. Never Probe for other locations, as well.	Park..... Discotheque..... Dance Restaurant..... Massage parlor Street..... Pub/Cafe Temple..... Bus Station..... Public Toilets..... Cinema Hall Near Army barracks Internet (chat room)..... Personal Add (web site) Personal Add (magazine or other) Sauna/Steam bath Swimming Pools Home..... Telephone..... Other (specify).....	
Q721	Give me the names of the 3 mostly visited locations in Kathmandu Valley where you have been to recruit male sexual partners in the past 6 months:	1) 2) 3) Don't know..... 97 No response..... 98	

Thanks so much for your kind participation

Family Health International
HIV/AIDS Prevention, Control and Care Program
Nepal Country Office
PO Box 8803, Gairidhara, Kathmandu, Nepal
Tel: 977-1-4427540, 4437173, Fax: 977-1-414063
E-mail: fhinepal@fhi.org.np, Web: www.fhi.org