

**Integrated Biological and Behavioral
Surveillance (IBBS) Survey among Men who
have Sex with Men (MSM) and Transgender
(TG) in Pokhara Valley**

Round I

Final Report



**Ministry of Health
National Centre for AIDS and STD Control
Teku, Kathmandu
2017**

Field Work Conducted by:

The IBBS Surveys are part of the National HIV Surveillance Plan led by NCASC. The field work of the survey was carried out by Intrepid Nepal with quality assurance from National Public Health Laboratory and with technical and financial assistance from the Save the Children.

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The IBBS Surveys are part of the National HIV Surveillance Plan led by NCASC. The field work of the survey was carried out by Intrepid Nepal with quality assurance from National Public Health Laboratory and with technical and financial assistance from the Global Fund with Save the Children International.

Acknowledgement

This survey, conducted in accordance with the National Plan on HIV and STI Surveillance, aims to support evidence generation towards HIV/AIDS, STI, knowledge, related risk behavior, and prevalence trends through of Integrated Biological and Behavioral Surveillance (IBBS) survey. The survey was carried out by Intrepid Nepal Pvt. Ltd. (INPL) under the leadership of the National Centre for AIDS and STD Control (NCASC). Financial support for the survey was provided by the Global Fund

The NCASC team helped ensure the work was carried out efficiently and scientifically. Mr. Bir Bahadur Rawal, Statistical Officer, NCASC, Mr. Keshab Deuba, Strategic Information Specialist, Upendra Shrestha, M&E coordinator and Sagun Pant, M&E Officer primarily provided the technical support required to ensure proper planning and monitoring of the survey. The survey was successfully completed with support from stakeholder organizations and different individuals. From the outset, we received support from various NGOs and community experts working with MSM/TG namely – Blue Diamond Society, Parichaya Samaj and other stakeholders. We thank the staff of Nepal Public Health Laboratory (NPHL) for carrying out quality control assessments of serological tests from biological samples received during the study.

Nepal Health Research Council (NHRC) provided a professional review of the study proposal, which enabled improved study protocols. We are grateful to them for their support. We acknowledge the support provided by Nepal Police, and District Public Health Office (DPHO) of the study districts to ensure that the field survey took place safely and in a timely manner.

Furthermore, we highly appreciate members of SITWG and NPHL for their technical inputs. We are grateful to various national and international agencies that supported us directly and indirectly to complete this study.

We are confident that the findings of this survey will provide crucial evidence regarding the ground realities of HIV/AIDS, HCB/HCV and STIs in Nepal. Furthermore, we believe that the results will aid in framing policies for reducing prevalence of HIV/AIDS and improving HIV/AIDS related prevention stratagem.

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Abbreviation

AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-Retroviral Therapy
BDS	Blue Diamond Society
BSS	Behavioural Surveillance Survey
CC	Community Centres
CHBC	Community and Home Based Care
CI	Confidence Interval
CMs	Community Motivators/Mobilisers
DIC	Drop-in Centre
EQA	External Quality Assessment
EQAS	External Quality Assurance Scheme
FSW	Female Sex Worker
GFMAT	Global Fund for AIDS, Tuberculosis, and Malaria
GOs	Governmental Organizations
HIV	Human Immuno Deficiency Virus
HTC	HIV Testing and Counselling
IBBS	Integrated Biological and Behavioural Surveillance
IC	Information Centre
ID	Identifier
KAP	Key Affected Population
LSD	Lysergic acid diethylamide
MSM	Men who have sex with men
MSW	Male sex worker
NCASC	National Centre for AIDS and STD Control
NGO	Nongovernmental Organization
NHRC	Nepal Health Research Council
NPHL	National Public Health Laboratory
OE	Outreach Educator
PE	Peer Educator
PHCC	Primary Health Care Centre
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission of HIV

PPS	Probability Proportional to Size
PWID	People Who Inject Drugs
RDT	Rapid Diagnostic Test
RFP	Request for Proposal
RPR	Rapid Plasma Regain
SGS	Second Generation Surveillance
SITWG	Strategic Information Technical Working Group
SPSS	Statistical Package for the Social Sciences
STI	Sexually Transmitted Infection
SW	Sex worker
TG	Transgender
TPHA	Treponema Pallidum Hem agglutination Assay
TPPA	Treponema Pallidum Particle Agglutination
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
WHO	World Health Organization

Executive Summary

Introduction

HIV in Nepal is characterized as a concentrated epidemic. Nepal is categorized as a country facing concentrated HIV epidemic. IBBS surveys have been successfully conducted in various rounds in Nepal for the last about a decade among key populations at higher risk for HIV. This is the first round of IBBS surveys among MSM/TG of Pokhara Valley and carried out under the leadership of National Center for AIDS and STD control (NCASC) with financial and technical support from Save the Children-Global Fund.

Methodology

This cross-sectional study was conducted among MSM/TG from Pokhara Valley. This survey of MSM/TG is divided into two sub groups: MSM/TG involved in sex work vs. not involved in sex work.

Men who have Sex with Men (MSM): *Male aged 16 years and above who have had sexual relations (either oral or anal) with another male in the 12 months preceding the survey without receiving a cash payment or other commodities and self-identified MSM.*

Male Sex Workers (MSW): *"Male aged 16 years and above who have had sexual relations, (either oral or anal) with another male in the 12 months preceding the survey in exchange for money or other commodities".*

Transgender (TG): *"Biological Male aged 16 years and above who have had sexual relations (either oral or anal) with another male within 12 months preceding the survey and who identified themselves in a different gender than that assigned to them at birth or identified themselves belonging to a transgender community".*

Transgender Sex Worker (TGSW): *Biological male aged 16 years and above reporting have been paid in cash or kind for sex with male within 12 months and who identified themselves in a different gender than that assigned to them at birth or identified themselves belonging to a transgender community.*

The sample size for MSM, MSW and TGSW for IBBS survey in Pokhara Valley is 340. The respondent-driven sampling (RDS) methodology was adopted to recruit potential survey MSM/TG. The research was conducted in compliance with both ethical and human rights standards. Nepal Health Research Council permitted ethical approval for this survey. Informed consent was obtained from the MSM/TG in the presence of a witness who signed on their behalf before the interview and collection of blood samples. Survey centers with laboratories/clinics were set up at easily accessible location in the survey district. Individual interviews, clinical examinations, and blood collection were carried out in separate rooms at each of the survey centers. In order to avoid the duplication single survey center was setup.

Data analysis was done using the IBM® SPSS® Statistical Package for Social Sciences (SPSS) and Respondent Driven Sampling Analysis Tools (RDSAT) software.

Laboratory Methods

HIV testing was done using Determine HIV 1/2 as the primary method for detecting antibodies against HIV. If the first test presented a negative result, no further tests were conducted. However, if the first test was positive, a second and third test was performed using Uni-Gold and Stat Pack to determine HIV. Syphilis was tested using the Rapid Plasma Reagin (RPR) test card and confirmed using the Serodia Treponema Pallidum Particle Agglutination (TPPA) test. Serum samples that tested RPR positive with titer value above or equal to 1:8 were reported as active syphilis; titration less than 1:8 were reported as a case with the history of syphilis. The presence of Gonorrhoea and Chlamydia pathogens (*N. gonorrhoea* and *C. trachomatis*) was determined by multiplex PCR-based pathogen detection assay (Seegene, Korea) on syndromic cases confirmed by clinical observations.

Key Findings

Prevalence of HIV and Syphilis

HIV prevalence among MSM/TG was 2.2 percent (0.6 to 3.6 at 95% CI). The history of syphilis among MSM/TG was 0.3 percent, and one MSM/TG was tested positive for active Syphilis (0.3%).

Background Characteristics

The majority of the MSM/TG (92%) were below 35 years and had completed secondary level (57.9%). The representation of both disadvantaged Janajatis ethnic groups (31.5%) and upper caste groups was high (30.9%). Most of the MSM/TG (63.2%) gets attracted to Man/Mard whereas only 2 MSM (0.6%) were attracted to Hijara. More than 70 percent of the MSM/TG (73.2%) identified themselves as Man, and only 21.8 percent identified themselves as the third gender. Less than half of the MSM/TG (46.2%) were living in their own home. Only 14.7 percent of the MSM/TG were married, and among them, 92 percent had female as married sex partner. About 19 percent of MSM/TG were living with a regular sex partner. About 29.1 percent MSM/TG defined wage labor as their main occupation. In addition, four out of every ten of them earned money from sex work (41.1%).

Sexual Behaviors of MSM/TG

Majority of them had their first sexual intercourse before age 20 years (90.3%) and 51.5% of them had female as their first sexual partner. Majority of them (96.2%) reported their first sexual intercourse as consensual sex. About 93 percent (92.9%) had anal/oral sex with a male/*Meti* in the last 12 months and 91 percent of them had sex with them for money. Most of the MSM/TG (70.2%) have had sex with one or more than one nonpaying male sex partner, likewise 59 percent had had sex with one or more than one none paying female sex partner. Out of total involved MSM/TG, 46.2 percent revealed that they were not involved in any sexual encounter with male/*Meti* in the last one month.

Consistent Condom Use with Different Partners

In the last month, 68 percent of MSM/TG used condoms most of the time while they have had vaginal or anal sex with female client. Moreover, in the case of anal sex with a male sex partner, 52.9 percent used condom most of the time. Half of the MSM/TG (50%) refused to have sex with the male sex partner if they refused to use a condom.

Comprehensive knowledge on HIV

Less than half of the MSM/TG (37.2%) correctly identified all three ABCs (A. Abstaining from sex; B. Being faithful to one partner/avoiding multiple sex partners; C. Consistent condom use or use of condoms during every sex act) as HIV preventive measures. However, comprehensive knowledge and misconceptions related to HIV were comparatively lower among MSM/TG as only 28.3 percent correctly identified all five 'BCDEF'.

Knowledge of HIV testing centers and history of HIV testing

The majority of the MSM/TG (93.2%) knew about a confidential HIV testing facility in their community, while 90 percent of them knew the location of a confidential HIV testing centre. Among MSM/TG who ever knew HIV test, less than half of them (45.2%) had HIV test. MSM/TG who had HIV test, the majority of HIV tests taken were voluntarily (83%). Five (3.5%) MSM/TG from the survey were found to be HIV positive, after taking an HIV test.

Exposure to ongoing HIV Awareness Programs

About 44 percent of the MSM/TG had met a Peer Educator/Outreach Educators (PE/OE) in the last 12 months. In addition, the majority of the MSM/TG (76%) had visited a Drop-in Clinic (DIC) in the past year. Among those who had visited a DIC, the majority (78.1%) had visited only once. Only 15.1 percent of MSM/TG had visited an STI clinic, and 26.2 percent of them had visited an HTC center in last 12 months.

Knowledge of ART

Less than half of the MSM/TG (27.7%) reported having heard about antiretroviral therapy (ART) services.

Stigma

Most of the MSM/TG (97%) would buy food from an HIV positive shopkeeper. Similarly, 98.5 percent of MSM/TG agreed that children with HIV should go to school along with non- affected children.

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CHAPTER I: Introduction

1.1 Background

In Nepal, the spread of Human Immunodeficiency Virus (HIV) is concentrated among key populations (KPs) comprising of people who inject drugs (PWID), men who have sex with men (MSM), and Transgender (TG), labor migrants and their spouses, and Female Sex Workers (FSWs) and their clients. The transmission of HIV is largely driven by key populations and consequential health risk behaviors. The Integrated Biological and Behavioral Surveillance (IBBS) survey is a descriptive serial cross-sectional survey conducted to monitor trends in HIV and STI prevalence and to explore behavioral information from key populations. Behavioral surveillance is a systematic and ongoing collection of data about risk behaviors related to disease and health conditions, with the purpose of correlating trends in behavior with changes in disease over time. In biological surveillance, biological samples are collected and tested for HIV and other related illnesses. In Nepal, the National Center for AIDS and STD Control (NCASC) aims to track patterns of HIV prevalence, STI-related awareness, and risk behaviors among key populations. A standardized format of the questionnaire is used for each group, which is repeated with relevant modification in the following rounds of the survey to explore behavioral changes over time (NCASC, 2016).

As per previous IBBS surveys, the trend of HIV in MSM population is 3.9 percent (2004), 3.3 percent (2007), 3.8 percent (2009 and 2012) and 2.4 percent (2015) in Kathmandu valley. In addition to that, the prevalence of HIV among the MSM/TG population in the first round of IBBS in Terai Highway districts of Nepal is 8.2 percent in the year 2016. It is evident from this results that the information regarding the MSM/TG population of Pokhara is lacking.

The number of MSM populations in Nepal is on an increasing trend. There are only a few reliable studies that highlight the current situation of MSM population in Nepal. Their risk behaviors, number and the impact of such behaviors in STI/HIV epidemic is not adequately known. Although studies that have been carried out both inside and outside the country has revealed the risk and vulnerability of this population to HIV infection, the results are still not sufficient to trigger the preventive and primitive approaches targeting this population

IBBS surveys have been successfully conducted in various rounds in Nepal for the last about a decade among KPs at higher risk for HIV. Different round of IBBS surveys were successfully carried out under the leadership of NCASC with support from USAID, Global Fund and Pooled Fund. Nepal has conducted different rounds of IBBS surveys carried out among key population such as PWID FSW, MSM and Migrants. This is the first round of IBBS survey conducted among MSM/TG in Pokhara Valley.

1.2 Objectives of the Study

The primary objectives are:

- To determine the prevalence of HIV and STI infections among MSM/TG in Pokhara Valley.
- To determine the prevalence of Gonorrhoea and Chlamydia among MSM/TG in Pokhara Valley.
- To assess HIV and STI-related risk behavior among the MSM/TG in Pokhara Valley.

The secondary objectives are:

- To determine socio-demographic characteristics among MSM/TG in Pokhara Valley.
- To estimate the knowledge of HIV/STI as well as sexual and injecting behaviors among MSM/TG in Pokhara valley.
- To explore exposure to HIV and AIDS programs among MSM/TG in Pokhara Valley.
- To estimate the prevalence of STI syndromes among MSM/TG in Pokhara Valley.

1.3 Rationale of the Study

IBBS Surveys are a strong component of HIV surveillance whose findings are widely used in designing HIV response, monitoring HIV prevention, care and treatment programs and estimating and projecting HIV infections throughout the world. These are the major source of information used by donors, policymakers, program designers, implementers, academicians and civil society organizations to track the level of HIV epidemic and related risk behaviors in Nepal. As a key component of national HIV surveillance plan of Nepal, IBBS are conducted at a regular interval in Nepal. Data on National HIV Indicators (outcome and impact), as well as estimation and projection of HIV infections in the country, are heavily based on IBBS survey data. Likewise, IBBS surveys are a major source of information for understanding the HIV dynamics including behavior as well as the prevalence of HIV and STI among KPs. Similarly, key indicators of global reporting are also calculated and reported using the IBBS survey data.

The IBBS survey has established its reputation for quality and is the major set of surveillance data in Nepal. Therefore, with this evidence of importance, NCASC and Save the Children, through the support of Global Fund for AIDS, Tuberculosis, and Malaria (GFATM), has conducted the first round of IBBS Surveys among Men who have sex with men MSM/TG in Pokhara valley.

CHAPTER II: Methodology

2.1 Survey design

The survey was descriptive cross-sectional in design.

2.2 Survey Population

This survey of MSM and TG is divided into two sub groups: a) MSW and TG involved in sex work vs. not involved in sex work.

Men who have Sex with Men(MSM): *Male aged 16 years and above who have had sexual relations (either oral or anal) with another male in the 12 months preceding the survey without receiving a cash payment or other commodities and self-identified MSM.*

Male Sex Workers (MSW): *Male aged 16 years and above who have had sexual relations, (either oral or anal) with another male in the 12 months preceding the survey in exchange for money or other commodities".*

Transgender (TG): *Biological Male aged 16 years and above who have had sexual relations (either oral or anal) with another male within 12 months preceding the survey and who identified themselves in a different gender than that assigned to them at birth or identified themselves belonging to a transgender community".*

Transgender Sex Worker (TGSW): *Biological male aged 16 years and above reporting have been paid in cash or kind for sex with male within 12 months and who identified themselves in a different gender than that assigned to them at birth or identified themselves belonging to a transgender community.*

2.3 Survey Site

This survey was conducted in Pokhara Valley (Kaski district).



Figure 2-1: Map of Nepal showing survey district

2.4 Survey Period

The fieldwork for the survey started on May 2017 and completed on June 2017.

2.5 Sample Design

Respondent driven sampling (RDS) method was used for selecting MSM/TG which is a form of a chain-referral sampling, specifically targeted for hard to reach populations was used to recruit MSM/TG. The RDS, unlike the “snowball” method, attempts to overcome biases such as masking, volunteerism, and oversampling of groups with large networks. Thus, gives rise to unbiased estimates of population parameters (Heckathorn, 1997) and provides more representative samples. Since it relies on social networks, RDS has the potential to reach individuals, who were hard to reach such as MSM, PWID, and MSW. In RDS, the sampling frame was created based on information collected from the MSM/TG during the sampling process itself.

The sampling process began with the selection of a set of people from the target population to serve as ‘seeds.’ A preliminary community consultation exercise prior to the field survey was carried out with help of local NGO partners to help acquaint the survey team with several MSM/TG, their gathering locations and their networks. This information helped to recruit a total four MSM/TG as "seeds" each from (1) Srijana chowk, (2) Lakeside (3) Chorepatan and (4) Lakhnath at Pokhara valley.

2.6 Sample Size

The same size of was determined by using a basic statistical formula, sample size of MSM, MSW and TGSW for IBBS surveys in Pokhara Valley is 340.

2.7 Seed selections and Recruitment

Based on RDS methodology the survey team in consultation with motivators and relevant stakeholders first, recruited four MSM/TG as ‘seeds’.

Selected "seeds" were demographically heterogeneous in age, ethnicity and geographical distribution. The "seeds" were informed of the survey protocol and procedures and were encouraged to recruit other eligible individuals from their local social networks in order to participate in the survey, local key informants helped in the "seed" recruitment process. After participating in the survey, each "seed" was provided with maximum of three recruitment coupons, which were used to recruit three subsequent MSM/TG within their networks. This process was repeated with each subsequent survey participant till the required sample size was achieved. The referral coupon consisted of a unique serial number that linked the recruiter to his recruit.

When MSM/TG arrived at the survey site center (which was set up nearby FEWA City Hospital), the new recruits presented their coupons to the survey team. Those eligible for the survey were further inducted as a new functional "seed". Each uniquely coded coupon was used to monitor recruitment and was also recorded in the questionnaires. Among the four seeds, the maximum and minimum completed waves were eight and two respectively.

Dual incentive was provided to the MSM/TG at two levels. Initially each MSM/TG was provided with an incentive for the participation in the Survey and an additional incentive for each individual recruited by them.

All MSM/TG participated voluntarily and consensually in the survey. An inclusion criterion was developed for participation in the survey. Those who failed to meet the criteria or unwilling to participate were not enrolled.

2.8 Data collection tools and techniques

Both biological and behavioral data was collected, including handling of biological data for external quality assurance. The survey used a structured questionnaire to assess background characteristics, injecting drug practices, sexual risk behaviors, use of condoms, knowledge and awareness of HIV/AIDS, STI, exposure to HIV/AIDS programs, stigma and discrimination. The questionnaire was developed with reference to the existing questionnaire used in the previous IBBS surveys among MSM/TG. Modifications were made to the questionnaire based on pretest. Data collection tools were developed in Nepali and the interviews were conducted in Nepali language.

2.9 Study Personnel

The study team comprised of a team leader, a research officer, a statistician, field researchers, lab technicians, STI clinician, counselors, community motivators and support staff.

2.10 Training of Field Team and Pretesting

The field team was provided with 5 days of training by Intrepid Nepal. The training was facilitated by the experts from NCASC, Save the Children, FHI 360, and Joint United Nations Programme on HIV/AIDS (UNAIDS). The training covered an overview of IBBS, HIV Epidemic and Surveillance System in Nepal, survey design and approaches, sampling approaches, behavioral interviews, interview process, administering informed consent/assent, data collection tools, and role(s) and responsibilities of the team members. The training was followed by mock interview exercises in pairs and large group reflection that involved a discussion of mock exercises. Additionally, experts from MSM/TG networks and organizations also shared their experiences on working with MSM/TG.

With the help of Blue Diamond Society (BDS, implementing agencies (through their peer educators⁷/outreach educators), MSM/TG were invited them for the pretest with the inclusion of the study tools. The pretest was carried out office of Blue Diamond Society and consent was taken from all the study MSM/TG. Four MSM/TG were interviewed during the pretesting. The tools were revised based on the pretest. Information collected during the pretest was not included in the main analysis.

2.11 Fieldwork

The actual fieldwork of the study started on 20th May 2017. Before the fieldwork, a stakeholder meeting was conducted among representatives from government organizations (GOs) and I/NGOs working with MSM/TG. During the meeting, MSM/TG shared their experiences and knowledge about different types of MSM/TG, and provided further support to the study. After the consultation meeting, the study team contacted the potential CMs and prepared them with

required information regarding the target population for the survey. The clinic site was centrally located specifically for the convenience of meeting and bringing the MSM/TG to the individual study sites. The field office had separate rooms for each activity such as welcome and registration, interviews, general physical and STI examinations, drawing blood and laboratory testing of blood, and pretest and posttest counseling. Before the interview, MSM/TG were informally asked a few questions in order to ensure that they met the eligibility criteria set for the study

Strict confidentiality was maintained throughout the study. All interviews were conducted by researchers in a private room. No names were mentioned in the tools or notes. Instead, MSM/TG were provided a unique ID number written on a card. The same number was marked on the questionnaire, on the medical record, and blood specimen of each respondent. This card was also used for the distribution of the test results. Only those MSM/TG who showed their ID card were provided the HIV, and syphilis test results along with posttest counseling. The entire work of fieldwork was completed on 8th June 2017.

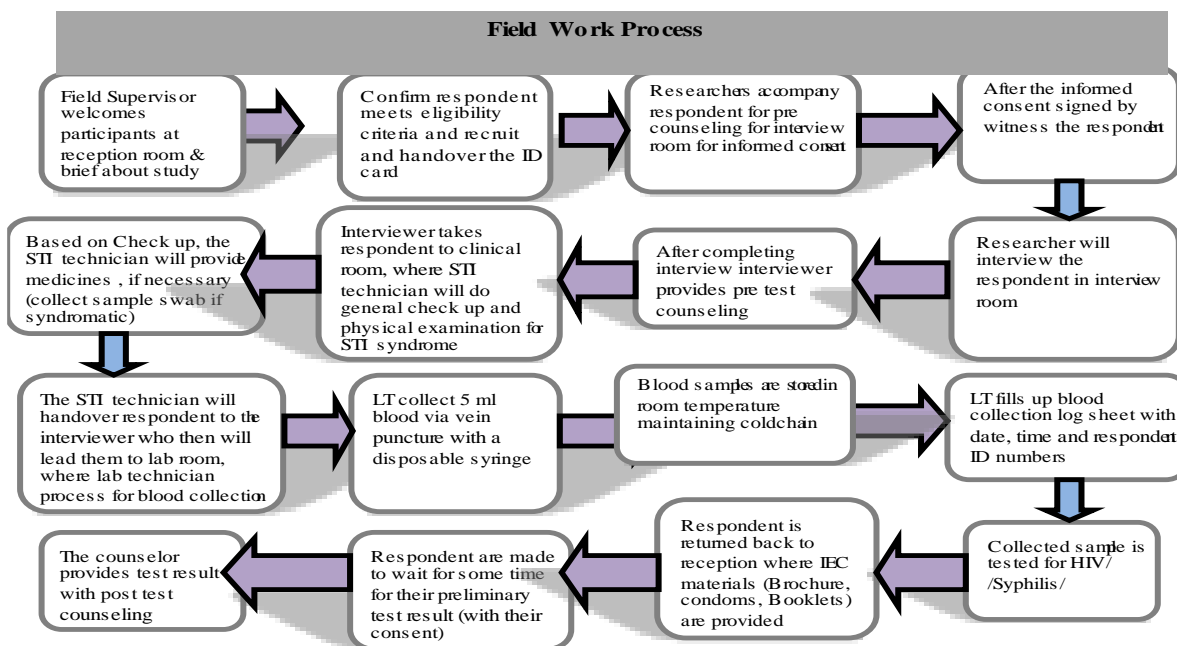


Figure 2-2: Fieldwork Process for IBBS Surveys

Control of Duplication

All recruited MSM/TG were screened by a supervisor before being enrolled in the survey. Each MSM/TG provided a unique ID number that was intended to identify his individual questionnaire, medical records, and blood specimen. By maintaining confidentiality, only unique ID number was used to each respondent's data set and for the dissemination of the test results. After completion, each participant was informed that the same person would not be able to take part in more than one instance of the survey and thus should avoid recruiting any person who had already received a coupon from others and/or had already participated in the survey or been inducted by another. To ensure that duplication and redundancy was avoided, the participant MSM/TG were asked several questions related to: their experience of having undergone blood tests, the part of the body from where the blood was extracted, their experience with HIV tests (and/or other tests), previous meetings with Intrepid staff and peer educators and;

session of ID card with survey number. Apart from that, the single survey site was setup to eliminate duplication

2.12 Refusal

All MSM/TG participated voluntarily in the survey and none of the MSM/TG approached by the survey team refused to participate in the survey.

2.13 Clinical and Laboratory Procedure

MSM/TG was checked for any clinical symptoms of STIs by a certified health assistant who also filled out a checklist of health information provided by each participant. The clinical examination included a simple health checkup (measuring blood pressure, body temperature, weight, and pulse) and a symptomatic examination for the presence of any STIs followed by any necessary syndromic treatment (NCASC, National guidelines on Case Management of sexually transmitted infections, 2014). Laboratory service entailed onsite rapid screening of HIV 1/2, and syphilis followed by a confirmation test.

Approximately 5 ml of whole blood was drawn from each of the MSM/TG using a disposable syringe. The blood sample was centrifuged to separate the blood cells from the serum. Each sample was labeled with the unique ID number correlating to an individual MSM/TG. Following collection, a lab technician used the serum to perform a rapid HIV test and RPR test. Universal precautions and safe waste management practices were followed properly. For external quality assurance of tests, all positive and 10 percent of negative samples were sent to the National Public Health Laboratory (NPHL) in Kathmandu for HIV and Syphilis.

HIV 1/2

The HIV screenings of serum samples were performed using rapid test kits following the national HIV testing algorithm. Determine HIV 1/2 (Abbot, Japan), Uni-Gold HIV 1/2 (Trinity Biotech, Ireland), and Stat Pak HIV 1/2 (Chembio diagnostics), as per the national Voluntary Counseling Testing (VCT) guidelines developed by NCASC in 2007, were followed. All the kits were based on the immune chromatography principle for detecting antibodies against HIV in serum or blood. Serum that tested reactive with the initial kit was confirmed with a second kit (A2) and Third Kits (A3). Samples that were found reactive on all three (A1, A2 and A3) tests were considered HIV positive. Samples that were non-reactive on the first test (A1) were considered HIV negative. Any sample that was reactive on the first (A1), second (A2) test and nonreactive on the third test (A3) then repeated all three test (A1, A2, and A3) with same individual sample and if retested were same then sample was considered HIV inconclusive. In that condition sample was suggested to repeat the test after 14 days. The internal quality of the assay was assured by the inbuilt control of each kit and external quality was assured by sending all positive cases and 10% of negative cases to reference lab (NPHL).

HIV Rapid Test Algorithm

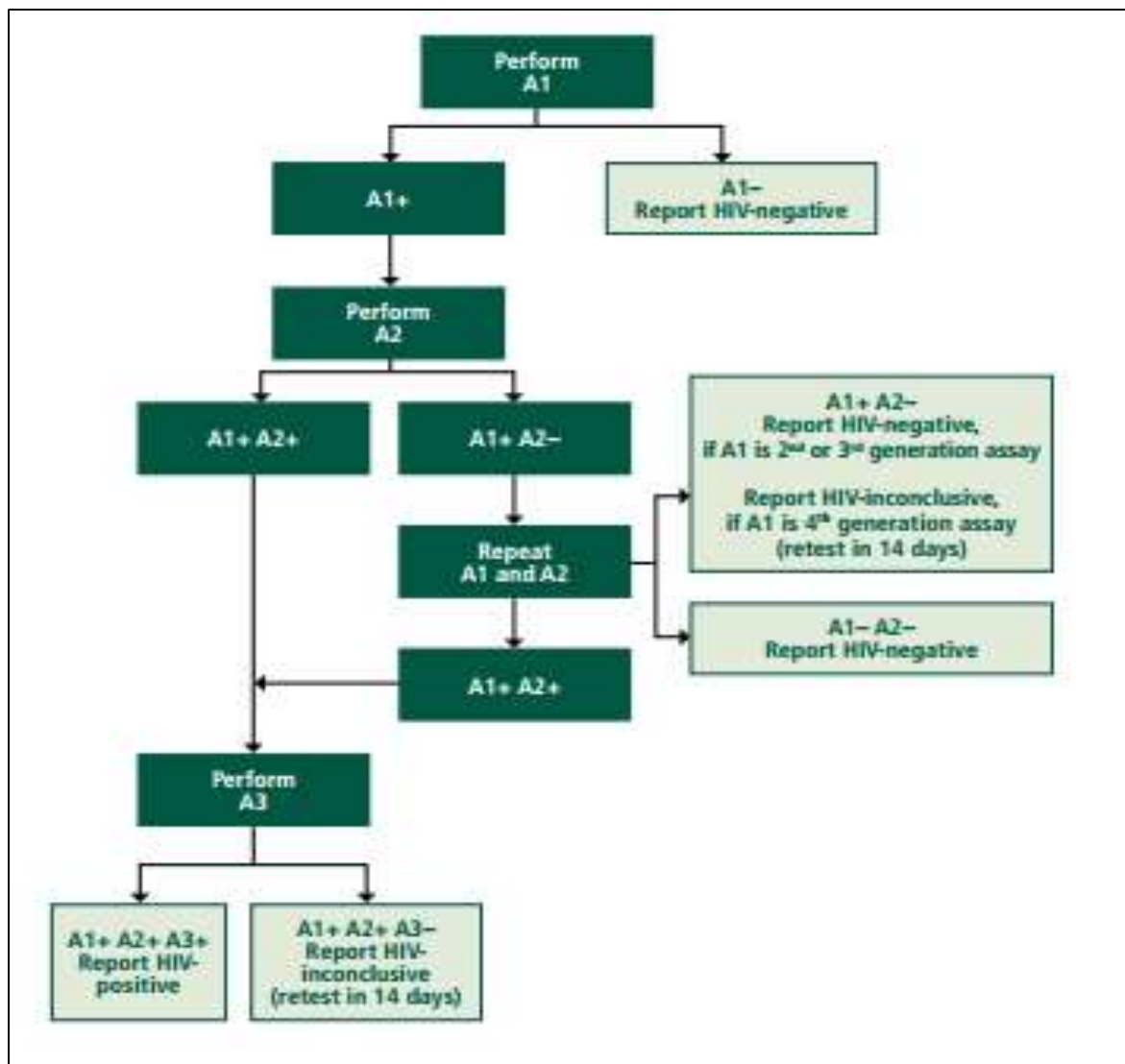


Figure 2-3: HIV Testing Algorithm

Syphilis

A syphilis diagnosis was conducted following the National Guideline on Case Management of Sexually Transmitted Disease (NCASC, 2009). The serum was tested for nonspecific and specific treponemal agents. A non-treponemal test, Rapid Plasma Reagin (RPR) [WAMPOLE Impact RPR card test, Alere], was used for both qualitative screening and semi-quantitative titration. All RPR reactive serum was confirmed using the specific Treponema Pallidum Particle Agglutination (TPPA) test (Fujirebio Inc.). Serum samples that tested RPR positive with titer value above or equal to 1:8 were reported as active syphilis; titration less than 1:8 were reported as cases with history of syphilis. The quality of reagents and test cards of the RPR test kits were assessed on the site daily using a set of strong and moderate positive and negative controls. As part of external quality assurance, internal controls (positive and negative) were used to ensure the kits were working accurately and that all reactive/positive samples and 10% of nonreactive/negative samples were sent to NPHL for retesting.

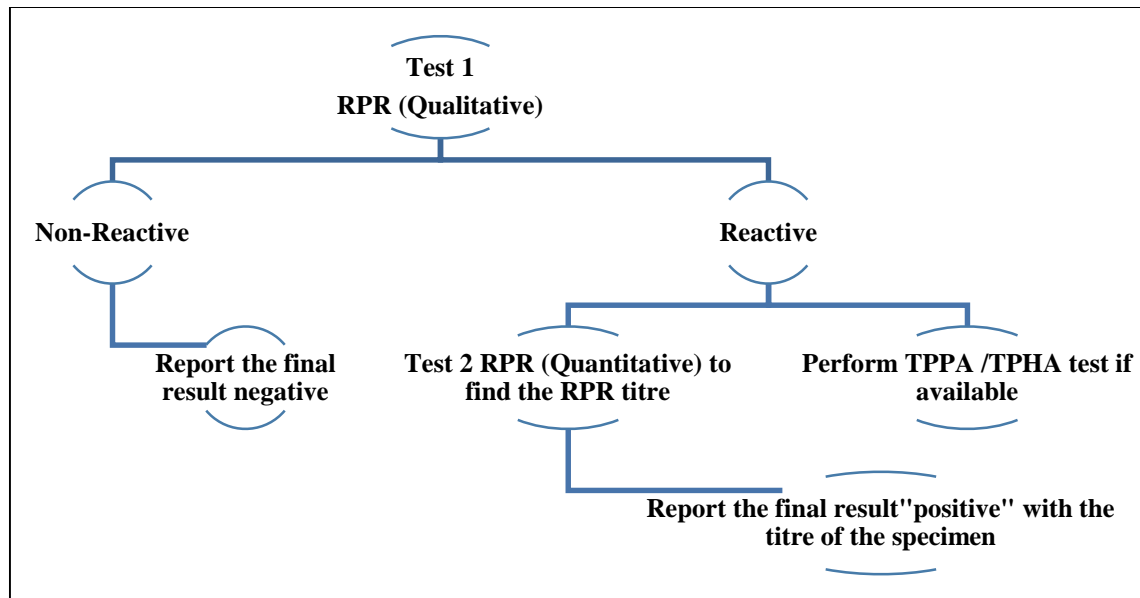


Figure 2-4: Syphilis Testing Algorithm

Syphilis RPR and TPPA test:

The combination of RPR Qualitative, RPR titer and TPPA test results was used for interpretation of the status of syphilis in the clients as follows:

- RPR positive with more than or equal to 1:8 titre value and positive TPPA test confirms active Syphilis cases.
- RPR positive with less than 1:8 titre values with positive TPPA test confirms the history Syphilis cases.
- RPR positive with greater than, or lower than, or equal to 1:8 titre with negative TPPA test is considered negative syphilis cases. (This may be due to unspecific syphilis RPR positive scenarios.)

Gonorrhea and Chlamydia diagnosis

The presence of Gonorrhea and Chlamydia pathogens (*N. gonorrhoea* and *C. trachomatis*) was determined by multiplex PCR-based pathogen detection assay (Seegene, Korea) on syndromic cases confirmed under clinical observation. DNA extraction followed by PCR test was carried out at NPHL. The result are not presented here, and it will be presented when the report will be uploaded online.

Swab Collections

For detection of Gonorrhea and Chlamydia pathogens, vaginal swabs were collected from the cases found to be symptomatic for STIs during the clinical observation. Collected swab samples were preserved in vials containing a sterile transport medium, and maintained in cold chain for transport to Intrepid Nepal Pvt Ltd laboratory. Tests were performed in the NPHL Lab.

2.14 Precautions, Disposal Mechanism and Post-Exposure Management

Universal precautions and post-exposure management were followed as per the recommendations of the Center for Disease Control (CDC, USA) and Nepal's national guidelines. In order to minimize the possible spread of infection to clinical personnel and the local community, a strict disposal procedure was implemented. Color coded disposable plastic bags were inserted in a thick leak-proof container with a tight seal. All materials were decontaminated by disinfecting or incinerating before disposal. Contaminated materials including specimens of bodily fluids, cotton gauze, broken glassware, and used needles were decontaminated in 0.5% Sodium Hypochlorite on a daily basis. The plastic material, papers and cotton were incinerated. The used Sodium Hypochlorite was poured down the drain or in a flush toilet.

2.15 Quality Control of Laboratory Tests and External Quality Assurance Scheme

Quality control was strictly maintained throughout the process of specimen collection, as well as during the handling and testing stages. All the tests were performed using internal controls. Built in controls for the Rapid Diagnostic Test (RDT) and known external controls (positive and negative) for RPR and TPPA were used to ensure the validity of the tests. These controls were recorded with all of the laboratory data. For external quality control assurance, all positive, and a 10 percent sample of the negative serum collected were submitted to the NPHL to test for HIV and Syphilis. Aliquots of selected serum specimens were prepared in the field and sent to NPHL within a week maintaining cold chain system.

2.16 Fieldwork Supervision and Monitoring

The progress of the fieldwork was closely monitored throughout the survey period. The study team visited survey sites on an ongoing basis to monitor, supervise, and assist the field staff. A tracking sheet was developed to document the number of interviews conducted per day at each site.

Similarly, quality of the collected data was maintained throughout the study period. The team leader and research officer were both involved in monitoring controlling quality from the initial stage of the fieldwork. They reviewed forms to ensure that: 1) the correct clusters had been surveyed; 2) the correct number of MSM/TG had been interviewed, and 3) the correct administration of the tablets for data collection had been carried out. External monitors from NCASC, Save the Children and IBBS consultant also monitored the fieldwork.

2.17 Data management

Tablet based data collection forms were used in survey. The tablet-based data collection form was developed by Pathways. The electronic data was extracted into MS Excel for verification and transferred into Statistical Package for the Social Sciences (SPSS) and RDSAT. Some quality check mechanisms including range checks, logical checks, and skip instructions were developed to detect the errors during the data entry stage.

To ensure confidentiality, each MSM/TG was given a unique identity number. The numbers were coded in each questionnaire. The numbers, however, did not correspond to the names, contact numbers or addresses of the MSM/TG of the study. All entered data was kept secure in

encrypted, password protected computers at the Intrepid Nepal to ensure anonymity of the MSM/TG.

2.18 Data analysis

Raw data was prepared using SPSS. This included generating new variables and recoding missing values. Datasets were then converted to Microsoft Excel files and then to RDS files (Tab Delimited Text Format). Prevalence estimates of key indicators were performed in RDSAT. With RDSAT the pull-in outlier option was used to eliminate extremely small and large outliers in the reported network sizes. When the program encountered an individual whose network size was considered to be outside of the specified bounds, their network size was set to the value of the nearest lower or upper bound (by percentage) with the help of the pull-in outliers' options. RDSAT analysis for this Survey used 5% pull-in outliers of network size. The reported minimum network size was 3 and maximum was 20 while adjusting the pull – in outliers. Based on the reporting, the not adjusted parameters were minimum 2 and maximum 60 pull–in outliers. Simple statistical tools-frequency distribution, percentages, range, and proportion, mean and median, were used to analyze the results of the survey. Both clinical and behavioral data were used to examine the relationship between the socio-demographic characteristics, HIV status, and sexual behaviors.

Output values that have been analyzed using RDSAT are the estimated population proportions. Descriptive analysis of background characteristics, drug injecting behaviors, sexual behavior and sexual intercourse history, HIV-risk related behaviours and knowledge of HIV/STIs, use and availability of condoms, knowledge of HIV and AIDS awareness programs were explored.

2.19 Ethical Considerations

Nepal Health Research Council (NHRC) approved the protocol of the study. The study was conducted in compliance with all human rights and ethical standards required by health researchers conducting studies in human subjects on sensitive issues, such as HIV and AIDS.

Informed consent was obtained from MSM/TG before the interview. There might be a risk of identifying the MSM/TG through their signatures if written consent was used. The informed consent was taken in the presence of a witness (community motivators or another member of the study team) who then signed the consent form. The procedure of the study was designed to protect the privacy of the MSM/TG' allowing for anonymous and voluntary participation. Names and personal identifiers were not used during the collection of the required data before the interview, the purpose and benefit of the study was explained to each participant. They were provided with information about the risks, confidentiality, and compensation. The MSM/TG was given the opportunity to ask questions about the study and to decide whether they would like to participate in the study. During the consent process, the MSM/TG was told that they were free to refuse or decline to participate at any stage during the study. Although the risk of participating in this study was minimal, there were some questions that could make the study subjects uncomfortable. They were clearly informed that in such a situation they were free to decline to answer such questions and could also withdraw from the study at any time. Best efforts (confidential, free to withdraw form study any time) were made to minimize risks associated to study MSM/TG. During the analysis and presentation of the study findings, the names or addresses of the MSM/TG were not mentioned.

2.20 Post-Test Counselling and Distribution of Test Result

All MSM/TG who were tested obtained their test results. All of the MSM/TG, who wanted their test results and showed their ID card, was given access to their HIV, and syphilis test results along with posttest counseling. Posttest counseling and individual report dissemination was conducted for the MSM/TG on the same day of the interview. The counseling session was provided by trained counselors and focused on high-risk behaviors and other aspects related to STIs and HIV. Some MSM/TG was also referred to other health facilities for further services.

2.21 Limitations of the survey

- This survey was conducted in Pokhara Valley in Nepal. The analysis and results presented in this report are, therefore, confined to Pokhara valley, and may not be generalised to other districts or any other parts of the country.
- There may be a possibility of biased response. MSM/TG are expected to provide honest responses to the survey questions asked; however, in some circumstances, this assumption may be reached due to factors such as social desirability or recall bias.

CHAPTER III: Socio-Demographic Characteristics

In this survey, the socio-demographic characteristic of MSM/TG in Pokhara valley was assessed, and this chapter analyzes about the same.

3.1 Demographic Characteristics

The study explored the socio-demographic characteristics of MSM/TG in Pokhara valley. Most of the MSM/TG belonged to the age group 20-24 years (42.9%) and 16-19 years (22.6%). Also, a larger number of MSM/TG were identified to be Hindu (85.9%) followed by Buddhist (8.2%), Christian (5.6%) and Muslim (0.3%). About half of the MSM/TG had a secondary level of education (57.9%), and 21.2 percent were of intermediate and further background. Likewise, while assessing the ethnicity of the MSM/TG, the study explored that most of them (31.5%) belonged to disadvantaged Janajatis group, followed by 30.9 percent belonging to upper caste groups and around 0.3 percent belonged to a minority group (religious minorities) (Table 3-1).

Table 3-1: Demographic Characteristics

	N = 340	%
Age of MSM/TG		
16-19 years	77	22.6
20-24 years	146	42.9
25-29 years	67	19.7
30-34 years	23	6.8
35-39 years	15	4.4
40 years and above	12	3.5
Follow Religion		
Hindu	292	85.9
Buddhist	28	8.2
Muslim	1	.3
Christian	19	5.6
Level of education		
Illiterate	16	4.7
Literate	3	.9
Primary Level (1-5)	21	6.2
Some Secondary (6-10)	197	57.9
SLC	31	9.1
IA and more	72	21.2
Caste/Ethnicity		
Dalit	63	18.5
Disadvantage Janajatis	107	31.5
Disadvantage non-Dalit Terai cast groups	21	6.2
Religious Minorities	1	.3
Relatively advantaged Janajatis	43	12.6
Upper caste groups	105	30.9

3.2 Kind of person get attracted to

The table below represents the findings regarding the kind of person MSM/TG gets attracted. More than half of them revealed getting attracted to Man/Mard (63.2%), followed by Women (38.2%), Gay (27.9%), Third Gender (18.2%) and Ta (14.7%). The other type of person such as Dohori, Top, Bottom, Intersexual, Meti, Hijara and Transgender were also reported as the types to which MSM gets attracted (Table 3-2).

Table 3-2: Kind of person do you get attracted to

	N=340	%
Kind of person do you get attracted to*		
Dohori	7	2.1
Ta	50	14.7
Top	29	8.5
Bottom	8	2.4
Intersexual	3	.9
Third gender	62	18.2
Man/Mard	215	63.2
Homosexual	9	2.6
Gay	95	27.9
Meti	4	1.2
Woman	130	38.2
Hijara	2	0.6
Trans gender(TG)	20	5.9

* Percentage total may exceed to 100 due to multiple responses

3.3 Self-identifying

In the table below, the identity of the MSM/TG on the basis of Sexual orientation/behavior had been depicted. About 44.4 percent of them identified themselves as Man/Mard, 26.8 percent of them identified them as “Gay”, and 20.0 percent identified them as Third gender women. The rest identified them as Ta, Dohori, Women, Pinkyta etc. Likewise, their identification on the basis of gender was also done and most of them identified themselves as Man (73.2%) while 21.8 percent identified themselves as the Third gender, and 4.4 percent identified themselves as Women (Table 3-3).

Table 3-3: Self-identified based on sexual orientation/behavior and Gender

	N=340	%
Identify on the basis of Sexual orientation/behavior		
Third gender women	68	20.0
Dohori	2	0.6
Ta	7	2.1
PinkyTa	1	0.3
Man/Mard	151	44.4
Homosexual	6	1.8
Gay	91	26.8
Meta/Meti	1	0.3
Woman	13	3.8
Identify on the basis of gender		
Third gender	74	21.8
Man	249	73.2
Woman	15	4.4
Don't Know	2	0.6

3.4 Living situation

Most of the MSM/TG was currently residing in rented apartment/room (51.5%) and their own home (46.2%). The rest were living in a residential hotel (2.1%). Similarly, they were also asked whether the landlord or male partner forced any eviction in the last three years and most of them (68.9%) responded “Never” while 28.4 percent of them faced such incident once. The rest 2.2 percent reported facing it three to five times, and around 0.5 percent faced it more than five times (Table 3-4).

Table 3-4: Current living situation

	N=340	%
Best describes your current living situation		
Living in own home	157	46.2
Living in a residential hotel	7	2.1
Rented apartment/room	175	51.5
No response	1	0.3
Number of times the landlord or male partner forced eviction in the last 3 years (n=183)		
Never	126	68.9
Once/twice	52	28.4
Three to five times	4	2.2
More than five times	1	0.5

3.5 Marital status

The table below presents the findings related to the marital status of the MSM/TG. About 15 percent of the MSM/TG were married, and the majority of them had female as their married sex partner (92.0%). Among the married MSM/TG, about 7.1 percent were forced to marry with a female, while a high majority (92.1%) denied about such force from family. Also, a large number of MSM (80.6%) were identified to be living separately rather than with their regular sexual partner. 35.4 percent identified Male/Meti as their regular sex partner, 35.4 percent identified Wife as their regular sex partner and the rest 23.1 percent and 10.7 percent identified other female partner and transgender as their regular sex partner respectively (Table 3-5).

Table 3-5: Marital Status

	N=340	%
Currently married		
Yes	50	14.7
No	290	85.3
Married Sex Partner (n=50)		
Male/Meti	3	6.0
Female	46	92.0
No Response	1	2.0
Family force marriage with female		
Yes	24	7.1
No	313	92.1
No response	3	0.9
Currently living with regular sexual partner		
Yes	65	19.1

No	274	80.6
No response	1	.3
Regular sex partner male/female (n=65)		
Male/Meti	20	30.8
Wife	23	35.4
Other female	15	23.1
Trans gender(TG)	7	10.7

3.6 Occupation and Income

The study also assessed the occupation and income of the MSM/TG. About 29 percent of the MSM/TG stated Laborer/wage labor as their main occupation and 19.4 percent of them listed their main occupation as sex worker. Other occupations such as Student, Driver, and Businessman etc. were also identified as the main occupation of MSM. Similarly, 29.4 percent of them were found to have salary of range 20,001 - 40,000 and 31.2 percent were found to have salary of range 10,001 - 20,000. Around 2.6 percent even reported to have salary of more than 40,000. However, while assessing the way of earning that amount of salary, about 41.1 percent identified sex work as the main medium followed by works such as salaried job (28.6%), wage labor (28.6%), own business (17.4percent) and money from family (14.1%) (Table 3-6).

Similarly, the results reveal that in most of the cases (45.1%), the income supports less than five members of the family. While in 31.3 percent and 23.7 percent cases, the income supports none and 5 and more members respectively (Table 3-6).

Table 3-6: Occupation and Income

	N=340	%
Main Occupation		
Laborer/wage labor	99	29.1
Sex worker	66	19.4
Student	54	15.9
Private company staff	47	13.8
Unemployed	36	10.6
Businessman	18	5.3
Driver	16	4.7
Others (<i>Army, other civil servant, actor, politician</i>)	4	1.2
Income (NRs.) of last month		
None	36	10.6
Up to 5,000	22	6.5
5,000 -10,000	67	19.7
10,001 - 20,000	106	31.2
20,001 - 40,000	100	29.4
More than 40,000	9	2.6
How did you earn that money* (n=304)		
Sex work	125	41.1
Salaried job	87	28.6
Wage labour	87	28.6
Own business	53	17.4

Money from family	43	14.1
Number of people supporting with your income now (n=304)		
None	95	31.3
Less than 5	137	45.1
5 and more	72	23.7

* Percentage total may exceed to 100 due to multiple responses

3.7 Family attitude

The table below shows the findings related to family attitude/behavior faced by the MSM/TG. When asked if they have been forced to live outside by the family because of their sexual orientation, around 11.8 percent said yes and most of them said “No” (87.6%). Likewise, in only 22.1 percent cases, the MSM/TG admitted that at least someone from their immediate family could talk openly about their homosexual/bisexual behavior (Table 3-7).

Table 3-7: Family attitude because of sexual orientation/behavior

	N=340	%
Family forced to live outside of home because of the sexual orientation/ behaviors		
Yes	40	11.8
No	298	87.6
No response	2	0.6
At least someone in your family that you can talk openly with about your homosexual/bisexual behavior		
Yes	75	22.1
No	263	77.4
No response	2	0.6

CHAPTER IV: Prevalence of Biological Test

4.1 Prevalence of HIV, Syphilis

The table below presents the biological results of MSM/TG from Pokhara Valley. The estimated prevalence of HIV-positive among the MSM/TG in Pokhara was reported as 2.2 percent. Similarly, the prevalence of active syphilis among the MSM/TG was revealed as 0.3 percent, with the equal percentage i.e. 0.6 percent reporting history of syphilis.

Table 4-1: Prevalence of HIV, Syphilis ,

	N=340	%	Estimated Proportion*	CI
HIV				
Positive	10		2.2	0.6 – 3.6
Negative	330		97.8	96.4 – 99.4
Active Syphilis				
Yes	1	0.3	**	
No	339	99.7	**	
History Syphilis				
Yes	1		0.6	0.0 – 7.0
No	339		99.4	99.3 – 100.0

* Estimated weighted values using RDSAT /** RDSAT unable to estimate

CHAPTER V: Sexual and Condom using Behavior

5.1 Sexual History

A series of questions were asked to MSM/TG regarding their sexual history for assessing the risky sexual behaviors that they exhibit. It was found that 57.1 percent of them had their first sex at the age of 16-19 years and 33.2 percent had their first sex at the age below 15 years. Likewise, it was reported that out of those MSM/TG who had sexual encounters, 51.5 percent had their first encounter with female, 45.0 percent had their first sexual encounter with Male/Meti and 2.9 percent cases had their first sexual encounter with Third gender, Homosexual. In high majority of cases (96.2%), the first sexual act happened in mutual understanding, while in 2.6 percent cases it even happened forcefully (Table 5-1).

Table 5-1: Sexual History

	N=340	%
Age at first sex		
Below 15 years	113	33.2
16 - 19 years	194	57.1
20 and above	29	8.5
Can't recall	4	1.2
Gender of first sexual partner		
Male/Meti	153	45.0
Female	175	51.5
Third gender, homosexual	10	2.9
No response	2	0.6
First sexual act was happened as		
Forcefully	9	2.6
With understanding	327	96.2
Don't know	1	0.3
No response	3	0.9

5.2 Sexual Behavior with different partners

While assessing the sexual behavior of MSM/TG, nearly half of them had vaginal, anal or oral sex with female in the last 12 months (49.7%) and the same equal percent (49.7%) also denied of having such encounters in the last 12 months. Furthermore, they were also asked if they had anal/oral sex with Male/Meti in the last 12 months and majority responded “Yes” (92.9%) (Table 5-2).

The study also assessed if they had sex with Male/Meti in exchange for money or any other commodities, and more than half responded “No” (56.0%) while 43.4 percent reported “Yes”. Around 90.9 percent of the MSM/TG also revealed having sex with Mae/Meti for money purposes. Out of those with such sexual encounter, 54.5 percent cases started doing such activity before the age of 20 years while 44.1 percent cases started doing it at 20 or after the age of 20 years. However, in 60.1 percent cases, such sexual encounter for money purpose happened in the last 7 days. Along with that, 95.1 percent cases revealed about having a sexual encounter with a male partner in the last six months and in 91.2 percent of those cases condom was used (Table 5-2).

Table 5-2: Sexual Behaviour with different partners

Had vaginal, anal or oral sex with a female in the last 12 months		
Yes	169	49.7
No	167	49.1
Don't remember	2	0.6
No response	2	0.6
Had anal/oral sex with a male/Meti in the last 12 months		
Yes	316	92.9
Don't remember	5	1.5
No response	4	1.2
Quit Interview session *	15	4.4
Had sex with a male/Meti in exchange for money or any other commodities (n=325)		
Yes	141	43.4
No	182	56.0
Don't remember	2	0.6
Had sex with a male/Meti for money in the last 12 months (n=143)		
Yes	130	90.9
No	13	9.1
Age of first sex with a male/Meti for money (n=143)		
Below 20 years	78	54.5
20 years and above	63	44.1
No response	2	1.4
Last sex with a male/Meti for money (n=143)		
Today	12	8.4
Within last 7 days	86	60.1
Within last two weeks	7	4.9
Within the last month	14	9.8
Within the last two months	13	9.1
Before two months	11	7.7
Had anal (receptive, insertive or both) sexual intercourse in the last six months with a male partner (n=143)		
Yes	136	95.1
No	7	4.9
Use condom the last anal sex in the last six months (n=136)		
Yes	124	91.2
No	12	8.8

* All total, 15 study MSM/TG didn't continue interview but participated in biological test. While asked about quitting the interview, they reported that due to lack of time and not feeling comfortable to response on questions related to sexual behaviour.

5.3 Sexual behavior with non-paying Male sex partner

The MSM/TG were also asked about their sexual behavior with non-paying male sex partner. The results show that around 26.2 percent of the MSM/TG had sex with three or more partners in past one month where no payment was involved. In the same way, 29.8 percent of MSM/TG had no any such sexual encounter while 24.6 percent had sexual encounter with two partners and

19.4 cases had sex with one partner. Along with that, 34.6 of them had anal sex with two partners, 32.0 percent had with one partner and 25.9 percent of them had anal sex with three and more partners respectively. In 81 percent of the MSM/TG, condom was used during the sexual encounter. While assessing the frequency of condom use, more than half (52.7%) used it, most of the time and 6.1 percent of MSM/TG reported that they never use condom. The use of condom and safe sexual behaviors is necessary in MSM/TG particularly because they exhibit unnatural mediums of sexual intercourse (Table 5-3).

Likewise, 17.5 percent of the MSM/TG each reported meeting the non-paying sex partner in Internet cafe and Home. Other areas such as Restaurants, Road, Bus station, Dance Restaurants, Park, and Massage Parlor etc. were also identified as the sites where they met their non-paying male sex partner (Table 5-3).

Table 5-3: Sexual behavior with non-paying male sex partner

	N=325	%
Number of male sex partners you had sex with where no payment was involved in the past one month		
None	97	29.8
One	63	19.4
Two	80	24.6
Three and more	85	26.2
Number of partners had anal sex (n=228)		
None	17	7.5
One	73	32.0
Two	79	34.6
Three and more	59	25.9
Condom use with non-paying male sex partner (n=211)		
Yes	171	81.0
No	40	19.0
Condom use in anal sex with non-paying male sex partner in the last month (n=228)		
Always	62	27.2
Most of the time	120	52.7
Sometimes	32	14.0
Never	14	6.1
Place to meet the last non-paying male sex partner (n=228)		
Internet café	40	17.5
Home	40	17.5
Restaurant	38	16.7
Road	36	15.9
Bus Station	22	9.6
Dance Restaurant	16	7.0
Park	14	6.1
Massage Parlor	5	2.2
Cinema Hall	4	1.8
Community program	3	1.3
Other Places (<i>Bhatti pasal, forest, shopping centre, public toilet, nearby</i>)	10	4.4

<i>army barracks, sauna/steam bath, swimming pool/sports centre)</i>		
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5.4 Sexual behaviour with non-paying Female sex partner

The table below highlights the findings regarding the sexual behavior of MSM/TG with non-paying female sex partner. Out of total MSM/TG, around 41.0 percent weren't involved in any types of sexual encounter with female sex partners in the past one month where no money was involved. However, 32.9 percent revealed being involved with one partner, 19.2 percent were involved with two partners and 6.9 percent cases were involved with three or more partners. Along with that, the use of condom was reported in only 69.6 percent of the cases while the rest (30.4%) revealed that they didn't used condom during such sexual encounters. Likewise, the frequency of condom use was also assessed and the results shows that 54.9 percent of the cases use it most of the time, 17.6 percent each use it always and sometimes and 9.8 percent used it never (Table 5-4).

Table 5-4: Sexual behaviour with non-paying FEMALE sex partner

	N=169	%
Number of female sex partners you had vaginal, anal or oral sex with where no payment was involved in the past one month		
None	71	41.0
One	57	32.9
Two	33	19.2
Three and more	12	6.9
Condom use with non-paying female sex partner (n=102)		
Yes	71	69.6
No	31	30.4
Condom use when you had vaginal, oral or anal sex with non-paying female sex partner in the last month (n=102)		
Always	18	17.6
Most of the time	56	54.9
Sometimes	18	17.6
Never	10	9.8

5.5 Sexual behaviour with Regular Male Client

The MSM/TG enrolled in this study was asked a series of question regarding their sexual behavior with regular male client. Out of total MSM/TG, 46.2 percent revealed that they weren't involved in any sexual encounter with Male/Meti in the last one month while 16.0 percent reported being involved with one, 10.8 percent were involved with two, 10.8 percent were involved with three and 16.3 percent were involved with three or more male/Meti clients respectively. Likewise, the frequency of anal sex with Male/Meti clients was also assessed and the results show that 26.9 percent of the MSM/TG was involved in anal sex with one client, 25.7 percent cases were involved with four and more clients and 22.9 percent cases were involved with two clients (Table 5-5).

Similarly, the use of condom was found among 74.5 percent of the MSM/TG and 62 percent of them used it most of the time. In addition, one (20.6%) and two (25.1%) were the maximum number of clients that the MSM/TG had oral sex with in the last month. Likewise, majority mentioned 100-500 as the amount that they were paid by the client (40.6%). The other amount ranges as 501-1000 (20.6%), 1000+ (38.7%) (Table 5-5).

Table 5-5: Sexual behavior with Regular Male/Meti Client

	N=325	%
Number of regular male/Meti clients you had sex in the past one month		
None	150	46.2
One	52	16.0
Two	35	10.8
Three	35	10.8
Four and more	53	16.3
Number of regular male/Meti clients you had anal sex in the last month (n=175)		
None	14	8.0
One	47	26.9
Two	40	22.9
Three	29	16.6
Four and more	45	25.7
Condom use in the last sex with regular male/Meti clients (n=161)		
Yes	120	74.5
No	41	25.5
Condom use in anal sex with regular male/Meti client (n=161)		
Always	35	21.7
Most of the time	100	62.1
Sometimes	19	11.8
Never	6	3.7
Don't remember	1	0.6
Number of regular male/Meti clients you had oral sex in the last month (n=175)		
None	27	15.4
One	36	20.6
Two	44	25.1
Three	34	19.4
Four and more	34	19.4
Brought any male/Meti client to orgasm without penetration in the past month, (n=175)		
Yes	100	57.1
No	74	42.3
No response	1	0.6
Payment from last male/Meti client (n=155) (In NRs.)		
100 - 500	63	40.6
501-1000	32	20.6
1000+	60	38.7

5.6 Meeting place and occupation of last male/Meti regular client

Out of total MSM/TG, 22.2 percent of MSM/TG met their Meti/male clients at home, 16.3 percent met them at restaurant, 13.8 percent met them at road, 12.6 percent met them at dance restaurant and 11.4 percent met them at bus station respectively. Other various sites such as Park, cinema hall, massage parlor etc. were also mentioned. Furthermore, the most common occupation of the clients was identified as student (48.3%), Businessman (42.8%), laborer (40.3%), civil servant (22.8%) and driver (5.5%) (Table 5-6).

Table 5-6: Meeting place and occupation of last male/Meti regular client

	N=175	%
Meet your last male/Meti client		
Restaurant	34	19.4
Road	33	18.9
Dance Restaurant	28	16.0
Bus Station	27	15.4
Home	14	8.0
Internet /café	11	6.3
Park	14	8.0
Other places (<i>Shopping Centre, disco, public toilets, , Bhattipasal, forest, massage parlour, cinema hall</i>)	14	8.0
Most common occupations of clients (n=175) *		
Businessman	95	54.3
Laborer	90	51.4
Student	89	50.9
Civil servant	59	33.7
Unemployed	35	20.0
Driver	11	6.3
Police/Military	8	4.6
Others	1	.6
Don't know	1	.6

* Percent total may exceed to 100 due to multiple responses

5.7 Condom using behaviour with female client

In the table below, (Table 5-7), the condom using behavior of the female clients has been indicated. About 74 percent of the MSM/TG who were enrolled in this study weren't involved in any sexual services with women in the past one month whereas 13.3 percent of MSM/TG reported being involved with one female client, 6.4 percent were involved with two clients, 4.0 percent were involved with three clients and 2.3 percent were involved with more than four clients respectively.

Majority of the MSM/TG used condom during their last sexual encounter with female client (91.1%) while the remaining 8.9 percent didn't used condom. The study also assessed the

frequency of condom use and the results show that 68.3 percent used condom most of the time, 24.4 percent used it always while the remaining 7.3 percent used it only sometime (Table 5-7).

Table 5-7: Condom using behavior with female client

	N=173	%
Number of women you paid for sexual services in the past one month		
None	128	74.0
One	23	13.3
Two	11	6.4
Three	7	4.0
Four+	4	2.3
Condom use in last vaginal or anal sex with a female client (n=45)		
Yes	41	91.1
No	4	8.9
Condom use in vaginal or anal sex with female clients in the last month (n=41)		
Always	10	24.4
Most of the time	28	68.3
Sometimes	3	7.3

5.8 Condom using behaviour with paid male/Meti sex partner

Out of total study MSM/TG, most of them didn't tried to lure any men/Meti clients with money/commodity for sexual activity (89.5%) whereas the rest 5.8 percent did try to lure one client, 3.4 percent tried to lure 2 clients and 1.2 percent tried to lure three clients for sex (Table 5-8).

However, 61.8 percent were found to have paid one male/Meti partners for anal sex within the last month followed by 35.3 percent paying two clients and 2.9 percent paying three clients. The use of condom on sexual encounter with paid male partner was reported on 77.1 percent of the cases. Moreover, 23.5 percent revealed using condom always with paying male sex partner and about 52.9 percent reported using it most of the time (Table 5-8).

The MSM/TG were also asked about what they would do in case client refuses to use condom and the responses recorded includes; Refuses to have sex with the client (50.0%), Forces the client to use a condom (29.4%), Explains the advantages of condoms (2.9%), Still has sex with the client (11.8%) and Oral sex (5.9%) (Table 5-8).

The results also show that more than half of the MSM/TG had sex with regular/one time clients without using condom (58.8%) and the events of sexual encounter without using condom was reported to happen most of the time in 20.6 percent of the cases, sometimes in 61.8 percent of the cases and always in 8.8 percent of the cases (Table 5-8).

Table 5-8: Condom using behavior with paid male/Meti sex partner

	N=325	%
Number of different men/Meti you give money or any commodities for sex with you in past month		
None	291	89.5
One	19	5.8
Two	11	3.4
Three	4	1.2
Number of male/Meti partners you pay for anal sex in the last month (n=34)		
One	21	61.8
Two	12	35.3
Three	1	2.9
Use condom in last anal sex with a paid male sex partner (n=34)		
Yes	26	76.5
No	7	20.6
Don't remember	1	2.9
Use of condom in anal sex with paying male sex partners in the last month (n=34)		
Always	8	23.5
Most of the time	18	52.9
Sometimes	8	23.5
Usually do if a client (regular or casual) refuses to use a condom (n=34)		
Refuses to have sex with the client	17	50.0
Forces the client to use a condom	10	29.4
Explains the advantages of condoms	1	2.9
Still has sex with the client	4	11.8
Oral sex	2	5.9
Have you ever had sex with regular/one time clients without using condom (n=34)		
Yes	20	58.8
No	14	41.2
Frequency of sex with regular and casual clients without condom to make more money within 6 months(n=34)		
Always	3	8.8
Most of the time	7	20.6
Sometimes	21	61.8
Don't know	1	2.9
No response	2	5.9

CHAPTER VI: Knowledge about HIV and STI

6.1 Comprehensive knowledge of HIV and AIDS

The knowledge regarding ways to avoid HIV/AIDS is assessed through the ABCDEF terminology; [A] Abstinence from sexual contact, [B] Being faithful to one partner, [C] Condom use during each sexual contact, [D] A healthy-looking person can be infected with HIV, [E] A person cannot get the HIV virus from mosquito bite and [F] Sharing a meal with an HIV infected person do not transmit HIV. Majority of the MSM/TG demonstrated excellent knowledge regarding D, E and F of avoiding HIV/AIDS. However, the knowledge regarding A, B and C portion was shown by around half of the MSM/TG. Though the knowledge on certain aspects of ABCDEF is good, complete knowledge on the ABCDEF of avoiding HIV/AIDS is low, with the overall knowledge of ABC and BCDEF standing at 37.2 and 28.3 percent respectively. Increased awareness and education to vulnerable groups like MSM/TG should be helpful to enhance the knowledge on HIV/AIDS and other STI (Table 6-1).

Table 6-1: Comprehensive knowledge of HIV and AIDS

	N=325	Estimated Proportion*	CI
[A] Abstinence from sexual contact	164	50.5	45.8 – 57.6
[B] Being faithful to one partner	190	58.1	52.7 – 65.1
[C] Condom use during each sexual contact	184	56.5	51.1 – 64.4
[D] A healthy-looking person can be infected with HIV	268	81.3	75.3 – 86.4
[E] A person cannot get the HIV virus from mosquito bite	255	77.9	72.6 – 82.7
[F] Sharing a meal with an HIV infected person does not transmit HIV	305	94.2	90.5 – 96.4
Right knowledge of all three ABC	121	37.0	31.7 – 44.1
Right knowledge of all five BCDEF	92	25.8	19.9 – 30.6

* Estimated weighted values using RDSAT

6.2 Knowledge about HIV testing facilities and HIV test

The knowledge about HIV testing facilities and HIV test is very important bringing changes in the behavioural aspects. Out of total MSM/TG, most of them (70.2%) considered themselves at some risk for HIV infection while around 14.5 percent thought they were at a very high risk of HIV infection. Likewise, the majority of them were found to have known a confidential HIV testing place (93.2%). In the same way, 89.8 percent knew where to go for an HIV test, and only 45.2 percent had done the HIV test (Table 6-2).

Out of total MSM/TG, 83 percent did the test voluntarily, and 97.3 percent received the test results too. Out of those who conducted the test, 3.5 percent were positive, 93.7 percent were negative, and 2.8 percent did not know clearly about the result. Besides that, 80 percent of the MSM/TG who were tested positive went HTC for HIV care while the rest 20 percent did not. The reason for not going to HTC was outlined as “Others might know” (Table 6-2).

Table 6-2: Knowledge about HIV testing facilities and HIV test

	N=325	%
To what extent do you think that you are at risk of HIV infection		
High risk	47	14.5

Some risk	228	70.2
Little or no risk	47	14.5
Don't know	3	.9
Knowledge on confidential HIV test in your community	N	%
Yes	303	93.2
No	22	6.8
Knowledge of place where to go for HIV test		
Yes	292	89.8
No	33	10.2
Ever had an HIV test		
Yes	147	45.2
No	178	54.8
Take the test yourself, or someone else asks you to have the test (n=147)		
Voluntarily	122	83.0
Someone else asked to have the test	25	17.0
Duration of last HIV test (n=147)		
Within last 12 months	116	78.9
Within last 13-24 months	26	17.7
Last 25-48 months	2	1.4
Last 49 months or above	3	2.0
Receive of result of HIV test (n=147)		
Yes	143	97.3
No	2	1.4
No response	2	1.4
Result of your last HIV test (n=143)		
Positive	5	3.5
Negative	134	93.7
Not clear	4	2.8
Visited HTC for HIV care once when knew you were HIV positive (n=5)		
Yes	4	80.0
No	1	20.0
Reason got not going to HTC for HIV care even after knowing you were HIV positive (n=1)		
Others might know	1	100.0
Reason for not receiving the test result (n=4)		
Fear of result	1	25.0
Other	1	25.0
No response	2	50.0

6.3 Stigma and discrimination

The table below highlights the findings regarding stigma and discrimination. The MSM/TG were asked if they would buy food from a shopkeeper or food seller who is HIV positive and the results show a very high majority responding positively saying “yes” (97.2%). While about 2.5 percent responded “No” indicating the certain level of stigma and discrimination that still exists

in our society. Along with that, they were also asked if a child with HIV should go to school with non-affected children or not and the response recorded shows a very high majority answering “Yes” (Table 6-3).

Table 6-3: Stigma and discrimination

	N=325	%
Buy food from shopkeeper or food seller who had HIV		
Yes	316	97.2
No	8	2.5
Don't know	1	0.3
Children with HIV should go to school along with non-affected children		
Yes	320	98.5
No	5	1.5

6.4 Knowledge of STI

Knowledge of STI is an important predictor of HIV/AIDs transmission. Out of total MSM/TG, 65.8 percent of them had heard about STI and while the rest 34.2 percent have never heard about it. Also, they were asked about the symptoms and most of them (88.8%) listed “Penis discharge” as the major symptom, followed by symptoms such as Burning pain during urination (73.4%), Genital ulcers/sores (56.1%), Swellings in groin area (26.6%), Anal discharge (9.3%) and Anal ulcer/sores (4.2%) respectively.

Table 6-4 : Knowledge of STI

	N=325	%
Have you heard about STI		
Yes	214	65.8
No	111	34.2
Could you tell me about any symptoms of STIs in men (n=214)*		
Penis discharge	190	88.8
Burning pain during urination	157	73.4
Genital ulcers/sores	120	56.1
Swellings in groin area	57	26.6
Anal discharge	20	9.3
Anal ulcer/sores	9	4.2
Other	2	.9
Don't know	1	.5

** Percentage total may exceed to 100 due to multiple responses*

CHAPTER VII: Program Exposure to HIV/AIDs

7.1 Exposure to HIV/AIDs Program

The exposure of MSM/TG in the ongoing HIV/AIDS awareness program is important in bringing changes in their behavioral aspects. The MSM/TG enrolled in this study were asked a series of questions to analyze their participation in those activities. In the last 12 months, an estimated proportion of 39.7 percent of MSM/TG met or interacted with PE/OE/CM/CE. Along with that the activity that majority of them participated were on the discussion of how HIV/AIDS is/isn't transmitted. Likewise, more than half of them had visited the outreach center only once (58.7%), while around 37.8 percent visited 2-3 times and 2.1 percent visited 4-6 times (Table 7-1).

The survey also found that of 74 percent of MSM/TG visited to DIC center in the last 12 months. Out of those who visited the outreach center, most of them identified "Went to collect condom" as the main activity that they took part in. The other activities that were identified were; went to learn the correct way of using condom (47.8%), went to watch film on HIV/AIDS (18.6%) and participated in a discussion on HIV transmission (22.3%). Around 78 percent of the MSM/TG had been to DIC centers only once (Table 7-1).

In addition to that, 13.7 percent of MSM/TG had visited STI clinic and the majority took part in blood test for STI (71.4%). Out of total, 71.4 percent of MSM/TG had been there only once. Likewise, an one fourth of MSM/TG (25%) had visited any HTC center and they identified "Blood sample taken for HIV/AIDS test" as the activity that majority took part in (94.1%). In this case to, a high majority (94.1%) cases had been there only once (Table 7-1).

Table 7-1: Different program exposure in the past 12 months

	N=340	%	Estimated proportion*	CI
Met or interacted with PE/OE/CM/CE in the last 12 months				
Yes	143		39.7	30.7 – 42.1
No	197		60.3	57.9 – 69.3
Activities you participate with PE /OE/CE/CM (n=143)**				
Discussion on how HIV/AIDS is/isn't transmitted	123	86.0		
Discussion on how STI is/isn't Transmitted	84	58.7		
Regular/non-regular use of condom	47	32.9		
Demonstration on using Condom correctly	13	9.1		
Number of times you visited by PE, OE, CM and/or CE in the last 12 months (n=143)				
Once	84	58.7		
2-3 times	54	37.8		
4-6 times	3	2.1		
7-12 times	2	1.4		
Visited any outreach center (DIC, IC or CC) in the last 12 months (N=325)				
Yes	247		68.5	60.3 – 72.9

No	93		31.5	27.1 – 39.7
Activities you take part when you went to the outreach center (DIC, IC or CC), (N=247)**				
Went to collect condoms	187	75.7		
Went to learn the correct way of using condom	118	47.8		
Went to watch film on HIV/AIDS	46	18.6		
Participated in discussion on HIV transmission	55	22.3		
Other	2	0.8		
Number of times you visited outreach centers (DIC, IC or CC) in the last 12 months (N=247)				
Once	193	78.1		
2-3 times	39	15.8		
4-6 times	11	4.5		
7-12 times	2	0.8		
More than 12 times	2	0.8		
Visited any STI clinic in the last 12 months (N=325)				
Yes	49		12.9	8.4 – 15.6
No	291		87.1	84.4 – 91.6
Activities you were involved when you visited such STI (n=49)**				
Blood tested for STI	35	71.4		
Physical examination conducted for STI identification	34	69.4		
Discussed on how STI is/isn't transmitted	20	40.8		
Discussed on regular/non-regular use of condom	6	12.2		
Took a friend with me	4	8.2		
Number of times you visited STI clinic in the last 12 months (n=49)				
Once	35	71.4		
2-3 times	13	26.5		
More than 12 times	1	2.0		
Visited any HTC centers in the last 12 months (n=325)				
Yes	85		23.8	17.4 – 27.7
No	255		76.2	72.3 – 82.6
Activities you were involved when you visited HTC center in the last 12 months (n=85)**				
Received pre-HIV/AIDS test counseling	11	12.9		
Blood sample taken for HIV/AIDS test	80	94.1		
Received post HIV/AIDS test counseling	6	7.1		
Received HIV/AIDS test result	3	3.5		

Received counseling on using condom correctly in each sexual intercourse	2	2.4		
Number of times you visited HTC center in the last 12 months (n=85)				
Once	80	94.1		
2-3 times	3	3.5		
4-6 times	1	1.2		
More than 12 times	1	1.2		

** Estimated weighted values using RDSAT | **Percentage total may exceed to 100 due to multiple responses*

7.2 Knowledge about ART

Out of total MSM/TG, only 72.3 percent of MSM/TG had heard about programs that provide essential services for people with HIV, ART services and that which gives information on ART. The remaining 27.7 percent lacked such type of knowledge and information (Table 7-2).

Table 7-2: Knowledge about ART

	N=325	%
Heard about programs that provide essential services for people with HIV, ART services and that which gives information on ART		
Yes	90	27.7
No	235	72.3

Chapter VIII: Conclusion and Program Implication

Based on the findings from this survey, the following program implications and recommendations are mentioned as below.

- HIV prevalence among MSM/TG was found to be 2.2 percent. To maintain a low level of HIV prevalence, the program should promote safe sexual behaviours through the implementation of different behavioral interventions.
- Consistent condom use with different partners is considerably low. *Programs should focus on promotion of consistent condom use with all types of partners*
- Comprehensive knowledge of HIV and AIDS is considerably low. *Therefore, comprehensive knowledge, education, and awareness regarding HIV and AIDS should be promoted through multiple channels including social media.*

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Annexes

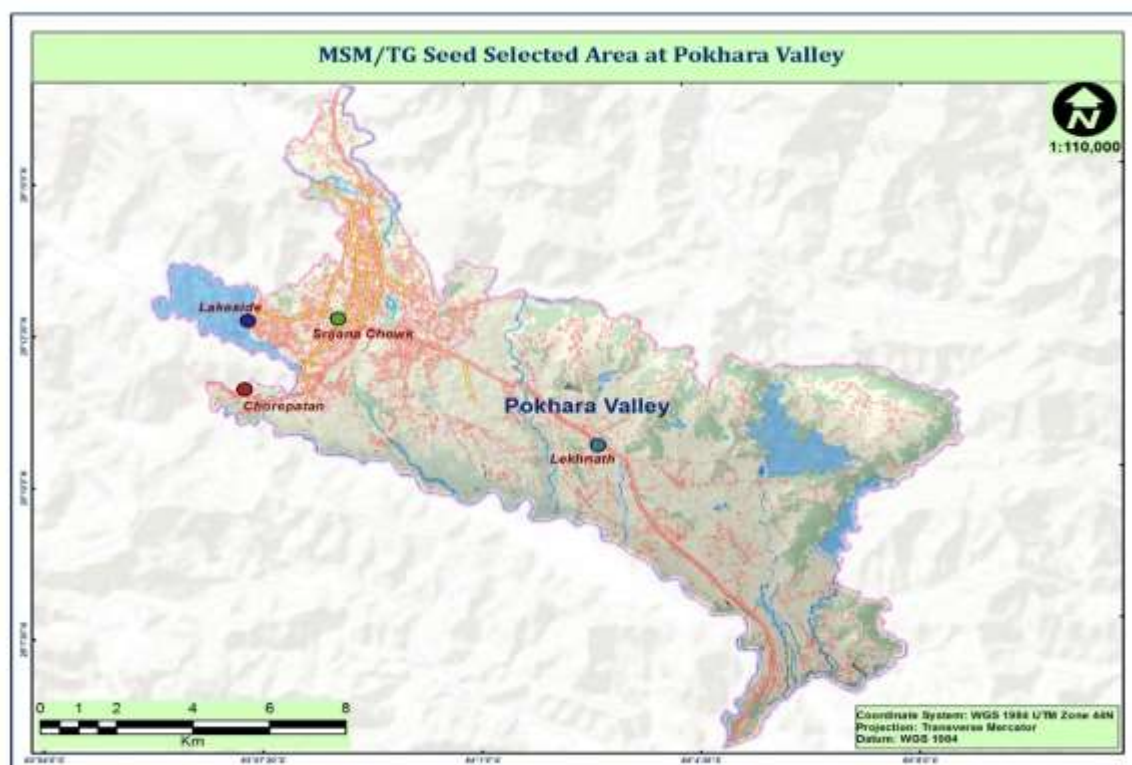
Annex 1: Distributed RDS Coupons

Number of RDS coupon distributed	Person	Total Coupons
3 Coupons	259	777
2 Coupons	0	0
1 Coupon	0	0
<i>No coupon</i>	81	0
Total:	340	777

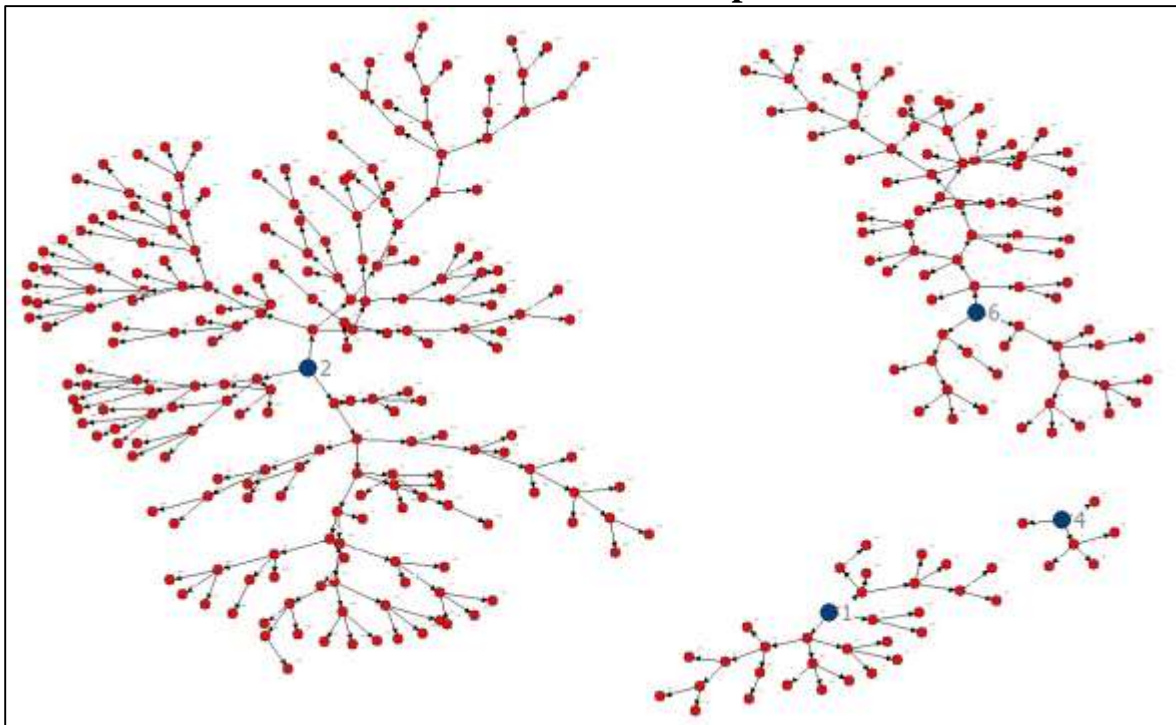
Annex 2: Characteristics of Seed

Seed	Recruits	Number of Wave	Age	Sexual orientation on the basis of sexual behavior	Self-identify on the basis of gender
Seed 1	30	5	49	Homosexual	Women
Seed 2	216	10	48	Gay	Man
Seed 3	6	2	20	Gay	Man
Seed 4	84	10	40	Gay	Man
Total:	336				

Annex 3: Geographical Location of Seed selection



Annex 4: Network Map of Seed



Annex 5: Sample Size Estimate Formula

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

- n = required minimum sample size per survey round
 D = Design effect (assumed in the following equations to be the default value of 2)
 P_1 = The estimated proportion at the time of the first survey.
 P_2 = The target population at some future date, so that $(P_2 - P_1)$ is the magnitude of change of change you want to be able to detect.
 \bar{P} = $(\bar{P}_1 + P_2)/2$
 $Z_{1-\alpha}$ = The Z-score corresponding to the level of significance
 $Z_{1-\beta}$ = The Z-score corresponding to the level of power

* Guidelines for repeated behavioral surveys in populations at risk of HIV, Page 47, FHI-2000.

Annex 6: Questionnaire

Government of Nepal
Ministry of Health and Population (MoHP)
National Center for AIDS and STD Control (NCASC)

Integrated Biological and Behavioral Surveillance Survey (IBBS) among Men who have Sex with Men/Transgender people in Pokhara Valley - 2017
(MSM Questionnaire)

Namaste! My name is..... I am here from to collect data for a research study being conducted under the leadership of **National Centre for AIDS and STD Control (NCASC), Ministry of Health and Population, Government of Nepal**. During this data collection, I will ask you some personal questions that will be about sexual behavior, use and promotion of condoms, STI/HIV/AIDS and drugs. We will also take your blood, anal swab and urine sample for testing HIV, syphilis, *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoea* (GC). If it is determined that you have any STI symptoms, we will provide treatment free of charge. The information given by you will be strictly treated as confidential. Nobody will know whatever we talk about because your name will not be mentioned on this form and collected samples. All the mentioned information will be used only for the study purpose. This survey will take about 40 to 60 minutes.

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

Would you be willing to participate?

1. Yes 2. No

Signature of the interviewer: _____ Date: _____/_____/2069

Operational definition of respondent:

Inclusion definition for MSM: *'biological males who have engaged in sexual relationship (oral and/or anal sex) with another biological male at least once within the past 12 months prior to the date of survey'*

Male Sex Workers (MSWs)/ TG who involved in sex work: "regardless of their identity or label if one male has had sold anal and/or oral sex to another male in exchange for money or any other commodities in the 12 months preceding the study".

Code Respondent: (circle)

MSW: 1

Non-MSW : 2

IDENTIFICATION NUMBER: (Write "0" for seed)

Coupon number of Respondent (If respondent is seed write "0")

Coupon number given: 1) 2) 3)

Ask the respondent to mention number of MSM/metis who is/are in his/her contact or are known to him in the past one year

Did the interviewee abandon the interview?

1. Yes (**Precise the number of the last question completed: Q ____**) 2. No

Name of Interviewer: _____ Code No. of Interviewer:

Date of Interview: ____/____/2069

Checked by the supervisor: Signature: _____ Date: ____/____/2069

001. Has someone interviewed you from Intrepid Nepal PVT Ltd with a questionnaire in last few weeks?

1. Yes 2. No (**Continue Interview**)



When?
_____ Days ago (**End Interview**)

MSM/TG ID No.

Respondent referred by coupon no.

Interviews Starting Time: _____ hrs. _____ min.

Interviews Completion Time: _____ hrs. _____ min.

1.0 PERSONAL INFORMATION

Q. N.	Questions	Coding Categories	Skip to
101	How old are you?	Age <input type="text"/> <input type="text"/> (Write the completed years)	
102	What is your caste?	Ethnicity/Caste _____ (Specify) Code No. <input type="text"/> <input type="text"/>	
103	Do you follow any religion?	Yes 1 No 2	→ 104
103.1	What is your religion? (Only one response)	Hindu 1 Buddhist 2 Muslim 3 Christian 4 Others (Specify) _____ 96 Don't remember/know 98 No Response 99	
104	What is your educational status? (Circle '0' if illiterate, '19' for the literate without attending the school, and write exact number of the passed grade)	Illiterate 0 Literate 19 Grade <input type="text"/> <input type="text"/> (Write the grade completed)	
105	What kind of person do you get attracted to? (Multiple answer possible)	Dohori 1 Ta 2 Pinky ta 3 Man/mard 4 Homosexual 5 Gay 6 Meta/meti 7 Pinky meta 8 Woman 9 Hijara 10 Others (Specify) _____ 96 Don't remember/know 98 No Response 99	
106	How would you identify yourself on the basis of your sexual orientation/behavior? (Only one answer)	Dohori 1 Ta 2 Pinky ta 3 Man/mard 4 homosexual 5 Gay 6 Meta/meti 7 Pinky meta 8 Woman 9 Hijara 10 Others (Specify) _____ 96 Don't remember/know 98 No Response 99	

Q. N.	Questions	Coding Categories	Skip to
106.1	How do you identify yourself on the basis of gender (Only one answer)	Tesro Lingi. 1 Man 2 Woman 3 Don't Know 98 No Response 99	
106.2	Which of the following best describes your current living situation? (Select only one option)	Homeless on the street.....1 Living in own home.....2 Living in a residential hotel.....3 Rented apartment/room.....4 Other (specify).....96	→ 107
106.3	How often your landlord or male partner forced you to vacate the rented room or apartment in the last 5 years?	Never.....1 Once/twice.....2 Three to five times.....3 More than five times.....4 Do not remember98	
107	Are you currently married?	Yes 1 No 2 No response 99	} 107.2
107.1	Who is your married sex partner? (Multiple answer possible)	Male 1 Female 2 Others (Specify) 96	→ 108
107.2	Does your family force you for marriage with female?	Yes.....1 No.....2	
108	Are you currently living with a regular sexual partner?	Yes 1 No 2 No response 99	} 110
109	Is your regular sexual partner who you live with male or female? (If female, confirm if she is wife or other female partner)	Male 1 Wife 2 Other female 3 No response 99	
110	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 98 No response 99	
111	What is your main profession? (Only one response)	Student 1 Driver 2 Police 3 Military 4 Other civil servant 5 Businessman 6 Private company staff 7 Unemployed 8 Laborer/wage labor 9 Sex worker 10 Others (Specify) 96 Don't know 98 No response 99	
112	What was your total income in last month?	NRs _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Q. N.	Questions	Coding Categories	Skip to
	(Write total income from one or more than one professions)	<input type="checkbox"/> <i>If response is "00" go to Q.201</i> Don't remember/don't know 98 No response 99	115
113	How did you earn that money? (Record all. If the MSM/TG says "work" or "my job" probe for whether formal salaried job or informal sector) (Multiple answer possible)	Sex work 1 Money from family 2 Salaried job 3 Own business 4 Wage labor 5 Other work (Specify) _____ 96 Don't remember/know 98 No response 99	115
114	How many people are you supporting with your income now?	Number of people <input type="checkbox"/> <input type="checkbox"/> Don't remember/don't know 98 No response Own business 99	
115	Does your family force you to live outside of home because of your sexual orientation/ behaviours?	Yes.....1 No.....2 No response 99	
116	Is there at least someone in your immediate family that you can talk openly with about your homosexual/bisexual behaviour?	Yes.....1 No.....2 No response 99	

2.0 INFORMATION ON SEXUAL BEHAVIOR

Q. N.	Questions	Coding Categories	Skip to
201	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="checkbox"/> <input type="checkbox"/> (Completed years) Never had oral, vaginal or anal sex 1 Don't know/Can't recall 98 No response 99	→ Stop interview
202	Was your first sexual partner male or female?	Male/meti 1 Female 2 Don't know 98 No response 99	
203	Have you had vaginal, anal or oral sex with a female in the last 12 months? (Check with answer in Q No. 109)	Yes 1 No 2 Don't remember 98 No response 99	
204	Have you had anal/oral sex with a male/meti in the last 12 months?	Yes 1 No 2 Don't remember 98 No response 99	→ Stop interview
205	Have you ever had sex with a male/meti in exchange for money or any other commodities?	Yes 1 No 2 Don't remember 98 No response 99	→ 301
206	In the last 12 months have had sex with a male/meti for	Yes 1	

Q. N.	Questions	Coding Categories	Skip to
	money?	No 2 Don't remember 98 No response 99	
207	How old were you when you had sex with a male/meti for money for the first time? (In Completed years)	Year's old <input type="text"/> <input type="text"/> Don't remember 98 No response 99	
208	When did you last have sex with a male/meti for money? (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 98 No response 99	
209	Have you had anal (receptive, insertive or both) sexual intercourse in the last six months with a male partner?	Yes 1 No 2 Don't remember 98 No response 99	
210	If yes in Q209 Did you or your partner use a condom the last time you had anal sex (in the last six months)?	Yes 1 No 2 Don't remember 98 No response 99	

3.0 USE OF CONDOM WITH SEX PARTNERS

CONDOM USE WITH NON-PAYING MALE SEX PARTNER

Non-paying male sex partner: Male partners with whom you may have had sex without paying any cash or without exchanging gifts. When answering these questions please think about your "meti" or "ta" as well as other male partners.

Q. N.	Questions	Coding Categories	Skip to
301	In the past one month, how many male sex partners have you had sex with where no payment was involved?	Number <input type="text"/> <input type="text"/> No one 0 Don't remember 98 No response 99	} 306 → 304
302	With how many of those partners did you have anal sex?	Number <input type="text"/> <input type="text"/> No one 0 Don't remember 98 No response 99	
303	How often did you use condom while you had anal sex with non-paying male sex partner in the last month?	Always 1 Most of the time 2 Sometimes 3 Never 4 Don't remember 98 No response 99	
304	The last time you had anal sex with a non-paying male sex partner, did you use a condom?	Yes 1 No 2 Don't remember 98	

Q. N.	Questions	Coding Categories	Skip to
		No response 99	
305	Where did you meet your last non-paying male sex partner?	Park 1 Discothèque 2 Restaurant 3 Dance Restaurant 4 Massage Parlor 5 Street 5 Pub/Café 7 Temple 8 Bus Station 9 Public Toilets 10 Cinema Hall 11 Near Army barracks 12 Internet café 13 Sauna/Steam Bath 14 Swimming Pools/sports center 15 Home 16 <i>Bhatti Pasal</i> 17 Forest 18 Saloon 19 Shopping center 20 Others (Specify) _____ 96 Don't remember 98	

CONDOM USE WITH NON-PAYING FEMALE SEX PARTNER

Non-paying female sex partner: Female partners with whom you may have had sex without paying in cash or without exchanging any gifts.

If no in Q. 203 go to Q.N. 309

Q. N.	Questions	Coding Categories	Skip to
306	In the past one month, how many female sex partners have you had vaginal, anal or oral sex with where no payment was involved? (Including your wife if married as well as other women)	Number <input type="text"/> <input type="text"/> No one 0 Don't remember 98 No response 99	} 309
307	How often did you use condom while you had vaginal, oral or anal sex with non-paying female sex partner in the last month?	Always 1 Most of the time 2 Sometimes 3 Never 4 Don't remember 98 No response 99	
308	The last time you had vaginal, anal or oral sex with a non-paying female sex partner, did you use a condom?	Yes 1 No 2 Don't remember 98 No response 99	

CONDOM USE WITH ONE-TIME MALE CLIENT

One-time male clients: Men who paid or gave other commodities to you for sex as client and you have never had sex with him before

Q. N.	Questions	Coding Categories	Skip to
309	In the past one month, how many one-time male clients have you had sex with you? (Include oral, anal sex partner)	Number <input type="text"/> <input type="text"/> No one 0 Don't remember 98 No response 99	} 315
310	How many one-time male clients did you have anal sex with in the last month?	Number <input type="text"/> <input type="text"/> No-one 0 Don't remember 98 No response 99	→ 314
311	Did you ask them to use condoms?	All of them 1 Some of them 2 None of them 3 Don't remember 98 No response 99	
312	How often did you use condom while you have had anal sex with a one-time male client in the last month?	Always 1 Most of the time 2 Sometimes 3 Never 4 Don't remember 98 No response 99	
313	The last time you had anal sex with a one-time male client, did he use a condom?	Yes 1 No 2 Don't remember 98 No response 99	
314	How many one-time male clients did you have oral sex with in the last month?	Number <input type="text"/> <input type="text"/> No-one 0 Don't remember 98 No response 99	

CONDOM USE WITH REGULAR MALE CLIENTS

Regular male clients: Men who paid or gave other commodities to you for sex as client and you have had sex with him more than once

Q. N.	Questions	Coding Categories	Skip to
315	In the past one month, how many regular male/meti clients have you had sex with you?	Number <input type="text"/> <input type="text"/> No one 0 Don't remember 98 No response 99	} 320
316	How many regular male/meti clients did you have anal sex with in the last month?	Number <input type="text"/> <input type="text"/> No on 0 Don't remember 98 No response 99	→ 319
317	How often did you use condom while you have had anal sex with regular male/meti client in the last month?	Always 1 Most of the time 2 Sometimes 3	

Q. N.	Questions	Coding Categories	Skip to
		Never 4 Don't remember 98 No response 99	
318	The last time you had anal sex with a regular male/meti client, did you use a condom?	Yes 1 No 2 Don't remember 98 No response 99	
319	How many regular male/meti clients did you have oral sex with in the last month?	Number <input type="text"/> <input type="text"/> No-one 0 Don't remember 98 No response 99	
320	In the past month, have you brought any male/meti client to orgasm without penetration? (Any male client: Regular or one-time)	Yes 1 No 2 Don't remember 98 No response 99	
321	How much did your last male/meti client pay you? (Regular or one time client)	Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't remember 98 No response 99	
322	Where did you meet your last male/meti client? (Regular or one time client)	Park 1 Discotheque 2 Restaurant 3 Dance Restaurant 4 Massage Parlor 5 Street 5 Pub/Café 7 Temple 8 Bus Station 9 Public Toilets 10 Cinema Hall 11 Near Army barracks 12 Internet /café 13 Sauna/Steam Bath 14 Swimming Pools 15 Home 16 Bhatti Pasal 17 Forest 18 Saloon 19 Shopping center 20 Others (Specify) _____ 96 Don't remember 98 No response 99	
323	What are the most common occupations among your clients? (Do not read options. Probe for up to three)	Student 1 Police/Military 2 Civil servant 3 Businessman 4 Laborer 5	

Q. N.	Questions	Coding Categories	Skip to
		Unemployed 6 Driver 7 Private office staff 8 Others (Specify) _____ 96 Don't know 98 No response 99	

CONDOM USE WITH FEMALE CLIENTS

Female clients: women who paid you for sexual services

Q. N.	Questions	Coding Categories	Skip to
324	In the past one-month, how many women have paid or gave other commodities to you for sexual services?	Number <input type="text"/> <input type="text"/> No one 0 Don't remember 98 No response 99	} 327
325	How often did you use condom while you have had vaginal or anal sex with female clients in the last month?	Always 1 Most of the time 2 Sometimes 3 Never 4 Don't remember 98 No response 99	
326	The last time you had vaginal or anal sex with a female client, did you use a condom?	Yes 1 No 2 Don't remember 98 No response 99	

CONDOM USE WITH PAID MALE/ METI SEX PARTNER

Paying male sex partner: Men to whom you have paid in cash or gave some commodities for sex

Q. N.	Questions	Coding Categories	Skip to
327	In the past one month, how many different men/meti did you give money or any other commodities so that they would have sex with you?	Number <input type="text"/> <input type="text"/> No one 0 Don't remember 98 No response 99	} 331
328	How many male/meti partners did you pay to have anal sex with in the last month?	Number <input type="text"/> <input type="text"/> Not paid 0 Don't remember 98 No response 99	
329	How often did you use condom while you have had anal sex with paying male sex partners in the last month?	Always 1 Most of the time 2 Sometimes 3 Never 4 Don't remember 98 No response 99	
330	The last time you had anal sex with a paid male sex partner, did you use a condom?	Yes 1 No 2 Don't remember 98 No response 99	

Q. N.	Questions	Coding Categories	Skip to
330.1	If a client (regular or casual) refuses to use a condom, what do you usually do?	Refuses to have sex with the client.....1 Forces the client to use a condom.....2 Explains the advantages of condoms.....3 Still has sex with the client.....4 Only takes medication/treatment after sex.....5 Other (Specify) 96 Don't know.....98	
330.2	How often do you have sex with regular and casual clients without condoms to make more money within 6 months?	Always.....1 Most of the time.....2 Sometimes.....3 Never.....4 Don't know.....98 No response.....99	

CONDOM USE WITH PAID FEMALE SEX PARTNER (FEMALE SEX WORKERS)

Paid female sex partner: Women to whom you have paid in cash or gave some gifts for sex

Q. N.	Questions	Coding Categories	Skip to
331	In the past one-month, how many female sex workers did you pay or give other commodities to for sexual contact?	Number <input type="text"/> <input type="text"/> No one 0 Don't remember 98 No response 99	} 334
332	The last time you had vaginal or anal sex with a paid female sex partner, did you use a condom?	Yes 1 No 2 Don't remember 98 No response 99	
333	How often did you use condom while you have had vaginal or anal sex with paying female sex partners in the last month?	Always 1 Most of the time 2 Sometimes 3 Never 4 Don't remember 98 No response 99	
334.	With whom did you have the first sexual intercourse (vaginal or anal)? (Check with answer in Q 202)	Non-paying male partner 1 Non paying female partner 2 Male client 3 Female client 4 Paid male sex worker 5 Paid female sex worker (FSW) 6 Don't Know 98 No response 99	
335.	Did you use a condom in the first sexual intercourse?	Yes 1 No 2 Don't remember/don't know 98 No response 99	
336	With whom did you have the last sexual intercourse (anal or vaginal)?	Non-paying male partner 1 Non paying female partner 2	

Q. N.	Questions	Coding Categories	Skip to
		Male client 3 Female client 4 Paid male sex worker 5 Paid female sex worker (FSW) 6 Don't Know 98 No response 99	
337	Did you use a condom in the last sexual intercourse (anal or vaginal)?	Yes 1 No 2 Don't remember/don't know 98 No response 99	
338	Who was your last male anal sexual partner? (Check the answer given in Q 336)	Non-paying male partner 1 Male client 2 Paid male sex worker 3 No anal sexual intercourse in Last 12 months 4 Don't Know 98 No response 99	→ 401
339	Did you use a condom in the last anal sexual intercourse with male sex partner?	Yes 1 No 2 Don't remember/don't know 98 No response 99	
340	How many different sex partners you had in the last six months (count all types of partners: paid, not-paid, regular, one time among all male, female and <i>tesro lingis</i> also)	Number <input type="text"/> <input type="text"/> <input type="text"/> No-one 0 Don't remember 98 No response 99	

4.0 SEXUAL PRACTICES AND VIOLENCE

Q. N.	Questions	Coding Categories	Skip to
401	Among all your male sexual partners with whom you had 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 Didn't have oral sex in the last month 6 Don't remember 98 No response 99	
402	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/don't know 98 No response 99	
403	Among all your male sexual partners with whom you had also anal 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 Didn't have anal sex in the last month 6 Don't remember 98 No response 99	

Q. N.	Questions	Coding Categories	Skip to					
404	In the past 12 months, were you ever beaten because of your sexual behavior?	Yes 1 No 2 Don't remember/don't know 98 No response 99	} 406					
405	Who was/were the people who beat you? (Multiple answers possible don't read possible answer)	Police 1 Military 2 Client 3 Regular Partner 4 Sexual Partner 5 Hooligans group 6 Others (Specify) _____ 96 Don't remember 98 No response 99						
406	In the past 12 months, were you forced to have sex with someone against your wishes?	Yes 1 No 2 Don't remember/don't know 98 No response 99	→ 408					
407	Who were these people who forced you to have sex against your will? (Multiple answer possible)	Police 1 Military 2 Client 3 Regular Partner 4 Sexual Partner 5 Hooligans group 6 Others (Specify) _____ 96 Don't remember 98 No response 99						
408	In the past 12 months, have you been cheated /threatened because of your sexual behavior?	Yes 1 No 2 Don't remember 98 No response 99						
409	In the past 12 months, have you faced any kind of discrimination in your job or every day activities because of your sexual behavior?	Yes 1 No 2 Don't remember 98 No response 99						
409.1	Were you ever fired from the job or forced to leave the job due to your sexual orientation/ behavior?	Yes.....1 No.....2 Don't remember 98 No Response.....99						
410	Have you ever faced any problems because of your sexual identity?	Yes 1 No 2 Don't remember 98 No response 99						
410.1	Have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your sexual orientation?							
Response/ frequency	At school	Getting hired or getting a job	At work	Getting housing (renting or	Getting medical care	Getting service in a store or restaurant	On a street or in a public setting	From the police/ other security

				buying)			(park)	personnel
Response	Yes= 1 No= 2 Never= 3	Yes= 1 No= 2 Never= 3	Yes= 1 No= 2 Never= 3	Yes= 1 No= 2 Never= 3	Yes= 1 No= 2 Never= 3	Yes= 1 No= 2 Never= 3	Yes= 1 No= 2 Never= 3	Yes= 1 No= 2 Never= 3
QN 410.2. If yes, How many times did this happen?	Never= 0 Once= 2 2 / 3 times= 3 4≥ times= 4	Never= 0 Once= 1 2 / 3 times= 2 4≥ times= 3	Never= 0 Once= 1 2 / 3 times= 2 4≥ times=3	Never= 0 Once= 1 2 / 3 times= 2 4≥ times= 3	Never= 0 Once= 1 2 / 3 times= 2 4≥ times=3	Never= 0 Once= 1 2 / 3 times= 2 4≥ times= 3	Never= 0 Once= 1 2 / 3 times= 2 4≥ times= 3	Never= 0 Once= 1 2 / 3 times= 2 4≥ times= 3
QN 410.3	When you are treated unfairly because of your sexual orientation, what is your reaction? Accept it/keep to self= 0 Do something/keep to self= 1 Do something/talk to others= 2							

411. Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the past week.				
SCORING: zero for answers in the first column, 1 for answers in the second column, 2 for answers in the third column, 3 for answers in the fourth column.	Rarely on none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or moderate of the time (3-4 days)	Most or all the time (5-7 days)
I1. I was bothered by things that usually don't bother me				
I2. I did not feel like eating; my appetite was poor.				
I3. I felt that I could not shake off the blues even with help from my family or friends.				
I4. I felt I was just as good as other people				
I5. I had trouble keeping my mind on what I was doing.				
I6. I felt depressed				
I7. I felt that everything I did was an effort.				
I8. I felt hopeful about the future.				
I9. I thought my life had been a failure.				
I10. I felt fearful.				
I11. My sleep was restless				
I12. I was happy				
I13. I talked less than usual				
I14. I felt lonely.				
I15. People were unfriendly				
I16. I enjoyed life.				
I17. I had crying spells.				
I18. I felt sad.				

I19. I felt that people dislike me.				
I20. I could not get “going.”				

412	<p>The following questions ask about people in your environment who you provide you with help and support. Each question has two parts. For the first part, list all the people you know, excluding yourself, whom you can count on for help or support in the manner described. Give the persons initials, their relationships to you. <u>Do not list more than one person next to each of the numbers beneath the question.</u></p> <p>For the second part, circle how satisfied you are with the overall support you have. If you have no support for a question, check the words “No one”, but still rate your level of satisfaction. Do not list more than 9 persons per question</p>
H1.	<p>Whom can you really count one to be dependable when you need help?</p> <p>No one 1) 2) 3) 4) 5)</p> <p>6) 7) 8) 9)</p>
H2.	<p>How satisfied? 6- very satisfied, 5- fairly satisfied, 4- a little satisfied, 3- a little dissatisfied, 2- fairly dissatisfied 1- very dissatisfied</p>
H3.	<p>Whom can you really count on to help you feel more relaxed when you are under pressure or tense?</p> <p>No one 1) 2) 3) 4) 5)</p> <p>6) 7) 8) 9)</p>
H4.	<p>How satisfied? 6- very satisfied, 5- fairly satisfied, 4- a little satisfied, 3- a little dissatisfied, 2- fairly dissatisfied 1- very dissatisfied</p>
H5.	<p>Who accepts you totally, including both your worst and your best points?</p> <p>No one 1) 2) 3) 4) 5)</p> <p>6) 7) 8) 9)</p>
H6.	<p>How satisfied? 6- very satisfied, 5- fairly satisfied, 4- a little satisfied, 3- a little dissatisfied, 2- fairly dissatisfied 1- very dissatisfied</p>
H7.	<p>Whom can you really count on to care about you, regardless of what is happening to you?</p> <p>No one 1) 2) 3) 4) 5)</p> <p>6) 7) 8) 9)</p>
H8.	<p>How satisfied? 6- very satisfied, 5- fairly satisfied, 4- a little satisfied, 3- a little dissatisfied, 2- fairly dissatisfied 1- very dissatisfied</p>
H9.	<p>Whom can you really count on to help you feel better when you are feeling generally down-in-the dumps?</p> <p>No one 1) 2) 3) 4) 5)</p> <p>6) 7) 8) 9)</p>
H10.	<p>How satisfied? 6- very satisfied, 5- fairly satisfied, 4- a little satisfied, 3- a little dissatisfied, 2- fairly dissatisfied 1- very dissatisfied</p>
H11.	<p>Whom can you count on to console you when you are very upset?</p> <p>No one 1) 2) 3) 4) 5)</p> <p>6) 7) 8) 9)</p>
H12.	<p>How satisfied? 6- very satisfied, 5- fairly satisfied, 4- a little satisfied, 3- a little dissatisfied, 2- fairly dissatisfied 1- very dissatisfied</p>

Q. N.	Questions	Coding Categories	Skip to
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413	Did you ever feel so low you thought a lot about committing suicide?	Yes 1 No	501
414	How often did you have any thoughts about ending your own life in last 12 months?	Many times.....1 A few times..... ...2 Once or twice.....3 No response..... oo	
414.1	Have you ever made a plan to commit suicide?	Yes 1 No	
415	Did you ever attempt suicide?	Yes 1 No	

5.0 ACCESSIBILITY OF CONDOM AND LUBRICANT

Q. N.	Questions	Coding Categories	Skip to
501	SHOW CONDOM Can you tell me what this is?	Can identify as condom 1 Cannot identify as condom 2 No response 99	
502	Do you have condoms with you at this moment? Please show me	Can show condoms 1 Cannot show a condom 2 No response 99	
502.1	In the last 12 months have you been given condoms? (e.g. through an outreach service, drop-in centre or sexual health clinic)	Yes 1 No 2 Don't remember 98 No response 99	
503	Last time, from where did you get condom? (Multiple answers. DO NOT READ the possible answers)	Shop 1 Pharmacy 2 Health facility 3 Bar/Guest House/Hotel 4 Friends 5 Clients 6 BDS drop-in center 7 BDS field workers 8 Parchaya Samaj 9 Cruiseaids 10 Never received condom 11 Other (Specify) _____ 96 Don't know 98 No response 99	} 505 → 505

Q. N.	Questions	Coding Categories	Skip to
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504	How much did you pay for one piece of condom the last time you got one?	NRS <input type="checkbox"/> <input type="checkbox"/> Free 1 Don't know 98 No response 99	
505	Can you obtain a condom every time you need it ?	Yes 1 No 2 Don't need one 3 Don't remember 98 No response 99	→ 507 } 507
506	Why can't you get a condom every time you need it? (Multiple answers. DO NOT READ the possible answers)	Cost too much 1 Shop/pharmacy too far away 2 Shops/pharmacies closed 3 Shy to buy condom 4 Don't know where to obtain 5 Don't want to carry condom 6 Other (Specify) _____ 96 Don't know 98 No response 99	
507	Which is your most preferred condom brand?	Dhal 1 Panther 2 Number one 3 Jodi 4 Kamasutra 5 Other (Specify) _____ 96 Don't know 98 No response 99	
508	Have you ever used lubricant when having anal sex? (Lubricants: Something to make your or your partner's penis slippery so it is easier to insert without pain)	Yes 1 No 2 Don't remember 98 No response 99	
509	What types of lubricant did you used during last anal sex?	Saliva 1 Oil 2 Water based lube 3 Antiseptic/antibiotic cream 4 Ghee 5 Cream/lotion 6 Other (Specify) _____ 96 Don't know 98 No response 99	
510	Were you using a condom that time?	Yes 1 No 2 Don't know 98 No response 99	
511	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 remember 98 No response 99	} 513
512	Could you tell me the brand name of such a product?	Yes, (Name) _____ 1 No 2 Don't remember 98 No response 99	

513	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	→ 515
514	Why do you sometimes not use special condom lubricant, or never use it?	Cost 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 (Specify) _____ 96 Don't remember 98 No response 99	
515	If the respondent is 4 in Q.N. 510 go to Q.N. 513 For you, what are the purposes of using special lubricant with condoms during sex? (Multiple answers. DO NOT READ the possible answers)	Decrease pain/inflammation 1 Increase feeling/stamina 2 Decrease risk of condom breakage 3 Prevent HIV/AIDS infection 4 Other (Specify) _____ 96 Don't know 98 No response 99	
516	Have you faced any problems while using lubricants?	Condom slippage 1 Irritation or burning sensation 2 Condom breakage 3 No problem 4 Other (Specify) _____ 96 Don't know 98 No response 99	
517	What is your convenient/preferred place to buy condoms and lubricants? (Multiple answers. DO NOT READ the possible answers)	Shop 1 Pharmacy/Medical hall 2 Bar/Guest House/Hotel 3 BDS drop-in center 4 BDS field workers 5 Parichaya Samaj 6 CruiseAids 7 Other (Specify) _____ 96 Don't know 98 No response 99	
518	In the last month, was there such instance when your condom broke while you were using it?	Yes 1 No 2 Condom never used/didn't use last month 3 Don't know 98 No response 99	} 601
519	If you have experienced condom breakage, what do you think caused such breakage?	Use of oil based lubricant 1 Improper use of condom 2 Other (Specify) _____ 96 Don't know 98 No response 99	

6.0 USE OF ALCOHOL AND DRUGS

Q. N.	Questions	Coding Categories	Skip to
601	Have you ever had any drinks containing alcohol?	Yes 1 No 2 No response 99	→ 604
601.1	During the last 4 weeks how often have you had drinks containing alcohol?	Every day 1 3-4 days a week 2 At least once a week 3 Did not drink alcohol in the last week 4 Don't know / remember 98 No response 99	
602	Normally what type of drinks do you take?	Local <i>raksi</i> 1 Beer 2 <i>Jand</i> 3 Whisky 4 Other (Specify) _____ 96 Don't know / remember 98 No response 99	
603	Last time you had sex, how much alcohol did you drink? (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 98 No response 99	
604	Some people have tried different types of drugs. Which of the following have you ever tried in the last 12 months? READ OUT ANSWERS	Yes No Ganja 1 2 Chares 1 2 Tablets 1 2 Glue/dendrite 1 2 Heroin 1 2 Other (Specify) _____ 96	
605	Some people try injecting drugs using a syringe. Have you injected such drugs 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/don't know 98 No response 99	

Q. N.	Questions	Coding Categories	Skip to
606	In the past 12 months, have you received any medical injections?	Yes 1 No 2 Don't know 98 No response 99	

7.0 SEXUALLY TRANSMITTED INFECTIONS (STI)

Q.N.	Questions	Coding Categories	Skip to
701	Could you tell me about any symptoms of STIs in men? DO NOT READ OUT (Multiple responses possible)	Penis discharge 1 Burning pain during urination 2 Genital ulcers/sores 3 Swellings in groin area 4 Anal discharge 5 Anal ulcer/sores 6 Other (Specify) _____ 96 Don't know 98 No response 99	
702	Have you had a urethral discharge during the past 12 months?	Yes 1 No 2 Don't know 98 No response 99	
703	Have you had anal discharge during the last 12 months?	Yes 1 No 2 Don't know 98 No response 99	
704	Have you had a genital ulcer / sore during the past 12 months?	Yes 1 No 2 Don't know 98 No response 99	
705	Have you had an anal ulcer / sore during the past 12 months?	Yes 1 No 2 Don't know 98 No response 99	
706	Have you had genital ulcer / discharge / sore (penis and or anal) during the past 12 months (Check consistency with previous questions 702, 703, 704, 705 and 706)	Yes 1 No 2 Don't know 98 No response 99	→ 801
707	What was the first thing you did when you had those symptoms? DO NOT READ OUT	Sought treatment from hospital 1 Sought treatment from chemist 2 Sought treatment from private doctor/ clinician 3 Sought treatment from BDS clinic 4 Sought treatment from Parichaya Samaj 5	

Q.N.	Questions	Coding Categories	Skip to
		Sought treatment from Cruse Aids 6 Received treatment from friend 7 Took medicine available at Home 8 Nothing 9 Other (Specify) _____ 96 Don't remember/know 98 No response 99	} 801
708	Before going to see the doctor or the drug seller, did you take any drugs that you thought would treat your STI?	Yes 1 No 2 Don't know 98 No response 99	
709	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 0 Don't remember/ know 98 No response 99	→ 801
710	Last time you sought treatment for 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 98 No response 99	

8.0 HIV/AIDS KNOWLEDGE AND ATTITUDES

Q. N.	Questions	Coding Categories	Skip to
801	Have you ever heard of HIV or AIDS?	Yes 1 No 2 No response 99 Don't know 98	→ 901
802	Do you know anyone who is infected with HIV or has died of AIDS?	Yes 1 No 2 No response 99	→ 804
803	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 99	
804	Can people reduce their risk of HIV by using a condom correctly every time they have sex?	Yes 1 No 2 Don't know 98 No response 99	
805	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 98 No response 99	
806	Can a person get the HIV virus from mosquito bites?	Yes 1 No 2 Don't know 98	

Q. N.	Questions	Coding Categories	Skip to
		No response 99	
807	Can people protect themselves from HIV by having one uninfected faithful sex partner?	Yes 1 No 2 Don't know 98 No response 99	
808	Can people protect themselves from HIV by abstaining from sexual intercourse? (This means abstaining from anal as well as oral sex)	Yes 1 No 2 Don't know 98 No response 99	
809	Can a person get the HIV virus by sharing meal with someone who is infected?	Yes 1 No 2 Don't know 98 No response 99	
810	Can a person get the HIV virus by using a needle that is used by someone else?	Yes 1 No 2 Don't know 98 No response 99	
811	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 98 No response 99	
812	Can a person get HIV by shaking hand with an HIV infected person?	Yes 1 No 2 Don't know 98 No response 99	
813	Can blood transfusion from an infected person to the other transmit HIV?	Yes 1 No 2 Don't know 98 No response 99	
814	Can a pregnant woman infected with HIV transmit the virus to her unborn child?	Yes 1 No 2 Don't know 98 No response 99	→ → 816 816
815	What can a pregnant woman do to protect her unborn child against the risk of HIV transmission?	Take medication 1 Others (Specify) _____ 96 Don't know 98	
816	Can women with HIV transmit the virus to her newborn child through breast-feeding?	Yes 1 No 2 Don't know 98 No response 99	
817	What have you done for yourself to avoid getting HIV? (Multiple response possible)	Take medicine 1 Nothing 2 Always use condoms 3 Others (Specify) _____ 96 Don't know 98 No response 99	} 819
818	What medicine have you taken?	Name _____ 1	

Q. N.	Questions	Coding Categories	Skip to
		Don't know 98 No response 99	
819	To what extent do you think that you are at risk of HIV infection?	High risk 1 Some risk 2 Little or no risk 3 Don't know 98 No response 99	821 822
820	Why do you think you are at risk of getting HIV? Multiple answers possible (DO NOT READ OUT)	High risk job 1 Multiple sex partners 2 Frequent and regular anal sex 3 Don't use condoms 4 Irregular condom use 5 Needles sharing 6 Other (Specify) _____ 96 Don't know 98 No response 99	822
821	Why do you think you are at little or no risk of HIV? Multiple answers possible (DO NOT READ OUT)	Always use condoms 1 Only one sex partner 2 Partners are clean 3 Partners are healthy 4 Never share injections 5 Share injections sometime only 6 Other (Specify) _____ 96 Don't know 98 No response 99	
822	Apart from this study center, do you know any such place in Kathmandu valley where you could have a confidential HIV test? 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 98 No response 99	
822.1	Do you know where you can go for HIV test?	Yes 1 No 2	
823	I don't want to know the result, but have <i>you</i> ever had an HIV test?	Yes 1 No 2 Don't know 98 No response 99	901
824	Did you yourself take the test or did someone else ask you to have the test?	Voluntarily 1 I was asked 2 Don't know / remember 98 No response 99	
825	When you were tested for HIV, did you received counseling? (I mean proper information about HIV infection and prevention, the reason for taking HIV test and post test counseling)	Yes 1 No 2 Don't know 98 No response 99	

Q. N.	Questions	Coding Categories	Skip to
826	When did you have your HIV test?	Within past one year 1 One year before 2 Don't know 98 No response 99	
827	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 98 No response 99	

9.0 STIGMAS AND DISCRIMINATION

Q. N.	Questions	Coding Categories	Skip to
901	If a male relative of yours gets HIV, would you be willing to take care of him?	Yes 1 No 2 Don't know 98 No response 99	
902	If a female relative of yours gets HIV, would you be willing to take care of her?	Yes 1 No 2 Don't know 98 No response 99	
903	If a member of your family gets HIV, would you want it to remain a secret?	Yes 1 No 2 Don't know 98	
904	If you knew a shopkeeper or food seller had HIV, would you buy food from them?	Yes 1 No 2 Don't know 98 No response 99	
905	In your opinion, a person with HIV should get the same, more or less health care than someone suffering from some other chronic disease?	Same 1 More 2 Less 3 Don't know 98 No response 99	
906	If a colleague who is working with you has HIV but he is not very sick, should he/she be allowed to continue working?	Yes 1 No 2 Don't know 98 No response 99	

10.0 KNOWLEDGE AND PARTICIPATION IN STI AND HIV/AIDS PROGRAMS

Q. N.	Questions	Coding Categories	Skip to
1001	Have you met or interacted with Peer Educators (PE) or Outreach Educators (OE) or Community Mobilisers (CM) or Community Educators (CE) in the last 12 months?	Yes 1 No 2 No response 99	1005
1002	What kind of activities did you participate in with such PE /OE/CE/CM? (Multiple answers. DO NOT READ the possible answers)	Discussion on how HIV/AIDS is/isn't transmitted.. 1 Discussion on how STI is/isn't Transmitted... 2 Regular/non-regular use of Condom 3 Demonstration on using Condom correctly 4	

Q. N.	Questions	Coding Categories	Skip to
		Others (Specify) _____ 96	
1003	Do you know which organization were they from? (Multiple answers possible)	BDS 1 Parichaya Samaj 2 Cruiseaids 3 Others (Specify) _____ 96 Don't know 98	
1004	How many times have you been visited by PE, OE, CM and/or CE in the last 12 months?	Once 1 2-3 times 2 4-6 times 3 7-12 times 4 More than 12 times 5	
1005	Have you visited or been to any out reach center (DIC, IC or CC) in the last 12 months? Drop-In Center (DIC), Information Center (IC), Counseling Center (CC)	Yes 1 No 2	→ 1009
1006	When you went to the out reach center (DIC,IC or CC), which activities did you take part in? (Multiple answers. DO NOT READ the possible answers)	Went to collect condoms. 1 Went to learn the correct way of using condom. 2 Went to watch film on HIV/AIDS. 3 Participated in discussion on HIV transmission... 4 Other (Specify) _____ 96	
1007	Do you know which organizations run those out reach center (DIC,IC or CC)? (Multiple answers possible)	BDS 1 Parichaya Samaj 2 Cruiseaids 3 SACTs 4 NFCC 5 CAC 6 Others (Specify) _____ 96 Don't know 98	
1008	How many times have you visited out reach centers (DIC, IC or CC) in the last 12 months?	Once 1 2-3 times 2 4-6 times 3 7-12 times 4 More than 12 times 5	
1009	Have you visited any STI clinic in the last 12 months?	Yes 1 No 2	→ 1013
1010	When you visited such STI clinic in what activities were you involved? (Multiple answers. DO NOT READ the possible answers given below)	Blood tested for STI 1 Physical examination conducted for STI identification. 2 Discussed on how STI is/isn't transmitted 3 Discussed on regular/non-regular use of condom 4 Took a friend with me 5 Other (Specify) _____	

Q. N.	Questions	Coding Categories	Skip to
		96	
1011	Do you know which organizations run those STI clinics? (Multiple answers possible)	BDS 1 Parichaya Samaj 2 Cruiseaids 3 SACTs 4 NFCC 5 CAC 6 Others (Specify) _____ 96 Don't know 98	
1012	How many times have you visited STI clinic in the last 12 months?	Once 1 2-3 times 2 4-6 times 3 7-12 times 4 More than 12 times 5	
1013	Have you visited any Voluntary Counseling and Testing (VCT) centers in the last 12 months?	Yes 1 No 2	→ 1017
1014	When you visited such VCT center in what activities were you involved? (Multiple answers. DO NOT READ the possible answers)	Received pre-HIV/AIDS test counseling 1 Blood sample taken for HIV/AIDS test 2 Received post HIV/AIDS test counseling 3 Received HIV/AIDS test result 4 Received counseling on using condom correctly in each sexual intercourse 5 Took a friend with me 6 Received information on HIV/AIDS window period 7 Other (Specify) _____ 96	
1015	Do you know which organizations run those VCT centers? (Multiple answers possible)	BDS 1 Parichaya Samaj 2 Cruiseaids 3 SACTs 4 NFCC 5 CAC 6 Others (Specify) _____ 96 Don't know 98	
1016	For how many times have you visited VCT center in the last 12 months?	Once 1 2-3 times 2 4-6 times 3 7-12 times 4 More than 12 times 5	
1017	Have you ever participated in HIV/AIDS awareness raising program or community events in the last 12 months?	Yes 1 No 2	→ 1021

Q. N.	Questions	Coding Categories	Skip to
1018	When you participated in such events, what activities did you participate in? (Multiple answers. DO NOT READ the possible answers)	Street drama 1 AIDS Day 2 Condom Day 3 Video Shows 4 Group discussions 5 Talk programs 6 HIV/AIDS related training 7 HIV/AIDS related Workshops 8 Condom use demonstrations 9 Others (Specify) _____ 96	
1019	Do you know which organizations organized those activities? (Multiple answers. DO NOT READ the possible answers given below)	BDS 1 Parichaya Samaj 2 Cruiseaids 3 Others (Specify) _____ 96 Don't know 98	
1020	How many times have you participated in such activities in the last 12 months?	Did not participate in last 12 months 0 Once 1 2-3 times 2 4-6 times 3 7-12 times 4 More than 12 times 5	
1021	Have you heard about Community Home Based Care (CHBC) services that are provided to people with HIV?	Yes 1 No 2	
1022	Have you heard about programs that provide essential services for people with HIV, ART services and that which gives information on ART (Community Care Support Treatment Program)?	Yes 1 No 2	

11.0 GENERAL INFORMATION

Q. N.	Questions	Coding Categories	Skip to
1101	Where were you born?	District _____ VDC/Municipality _____	
1102	Where do you live now? (Do not ask the exact address)	Districts: _____ VDC/Municipality: _____ Don't remember/know 98 No response 99	
1103	For how long have you been living in this district?	Number of Months <input type="checkbox"/> <input type="checkbox"/> (Record "00" if less than 1Month) Since Birth 95 Don't remember/know 98 No response 99	} 1201
1104	Before you moved here, where did you live?	Districts: _____ VDC/Municipality: _____	

Q. N.	Questions	Coding Categories	Skip to
		Don't remember/know 98 No response 99	

12.0 INFORMATION ON BDS AND MSM NETWORK

Q. N.	Questions	Coding Categories	Skip to
1201	Have you ever heard about Blue Diamond Society in Kathmandu city?	Yes 1 No 2 Don't know 98 No response 99	
1202	Do you have friends who have also sexual relationship with males from other district or cities than Kathmandu Valley?	Yes 1 No 2 No response 99	} 1204
1203	Which districts /cities ? (Multiple answer possible)	<u>District</u> <u>City</u> 1. _____	
1204	How many other MSM do you know (who also knows you well)? (Knowing someone is defined as being able to contact them, and having had contact with them in the past 12 months)	Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know 98 No response 99	
1205	Among those people, please try to estimate their number by their age group:	Less than 15 years old <input type="text"/> <input type="text"/> <input type="text"/> 15-20 years old <input type="text"/> <input type="text"/> <input type="text"/> 21-30 years old <input type="text"/> <input type="text"/> <input type="text"/> 31-40 years old <input type="text"/> <input type="text"/> <input type="text"/> > 41 years old <input type="text"/> <input type="text"/> <input type="text"/> Don't know 98 No response 99	
1206	Again, among those guys, please try to estimate their number by religion:	Hindu <input type="text"/> <input type="text"/> Buddhist <input type="text"/> <input type="text"/> Muslim <input type="text"/> <input type="text"/> Christian <input type="text"/> <input type="text"/> Others (Specify) _____ <input type="text"/> <input type="text"/> Don't know 98 No response 99	
1207	How are you related with the person who gave you the coupon for taking part in the study?	A close friend 1 A friend 2	

Q. N.	Questions	Coding Categories	Skip to			
	(Do not ask this to the seed)	You sex partner 3 A relative 4 A stranger 5 Other (Specify) _____ 96 Don't know 98 No response 99				
1208	In the past 6 months, how often have you been to the following locations to meet male sexual partners: (Ask for all the items proposed and probe for other locations, as well)		Very Often	Often	Some-time	Never
	Park	1	2	3	4	
	Disotheque	1	2	3	4	
	Dance Restaurant	1	2	3	4	
	Massage parlor	1	2	3	4	
	Street	1	2	3	4	
	Pub/Cafe	1	2	3	4	
	Temple	1	2	3	4	
	Bus Station	1	2	3	4	
	Public Toilets	1	2	3	4	
	Cinema Hall	1	2	3	4	
	Near Army barracks	1	2	3	4	
	Internet (chat room)	1	2	3	4	
	Personal Add (web site)	1	2	3	4	
	Personal Add (magazine or other)	1	2	3	4	
	Sauna/Steam bath	1	2	3	4	
	Swimming Pools	1	2	3	4	
	Home	1	2	3	4	
	Telephone	1	2	3	4	
	Other (Specify) _____	1	2	3	4	

