

NATIONAL BASELINE
HIGH RISK AND BRIDGE
POPULATION BEHAVIOURAL
SURVEILLANCE SURVEY

2001

R E P O R T

P A R T 1

Female Sex Workers and their Clients



NATIONAL AIDS CONTROL ORGANISATION

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PREFACE

The key objectives of the National AIDS Control Program are the reduction of the spread of HIV infection in the country and strengthening India's response to HIV/AIDS on a long-term basis. To meet these objectives, data on the current situation in the country needs to be collected. Such information provides a backdrop for evidence based planning of strategic interventions for the control of HIV/AIDS. The impact of the interventions also needs to be periodically monitored through continuous surveillance.

Till recently surveillance systems only concentrated on tracking of AIDS cases and the spread of HIV virus. But such surveillance only documents the damage that has already been wrought on the individuals, families, communities and the country. This does not help in identifying factors like current behavior, which fuels the HIV pandemic. Documenting such behavior and documenting behavioral change, which predisposes to the spread of HIV/AIDS is of crucial importance for prevention of HIV/AIDS. Therefore a new framework for HIV surveillance has been developed. The Behavioral Surveillance Surveys, aptly called the Second Generation Surveillance System are based on tracking behavioral changes in the country.

A general population BSS was undertaken earlier and this was followed by BSS among high-risk groups and bridge populations. The present report highlights findings from Female Sex Workers across the country and their clients. The surveys have been contracted to ORG-CSR, so as to facilitate an independent evaluation of the existing situation. I appreciate the efforts of the ORG-CSR team in ensuring a high quality and for completion of the work in time.

I hope NACO and State AIDS Control Societies and all other concerned agencies will use the findings to plan effective interventions and to identify critical 'gray' areas, which need urgent attention. This wave of BSS is intended to furnish base line information and future waves will be undertaken over the next five years to monitor changes in behavioral parameters.

I wish to complement UNAIDS for their signal contribution in terms of financial and technical support to setting up the Baseline Behavioural indicators.

I thank the World Bank, APAC, DFID and FHI for supporting this endeavor. I thank Dr. Laxmi Bai (APAC), Ms. Stella Manoharan (FHI) for coordinating the Training of Trainers Workshop and contributing to standardization of the survey instruments.

I congratulate Dr. P.Salil (Joint Director) and Dr. GVS Murthy (Consultant) for successfully coordinating the survey and for ensuring a speedy compilation of this crucial report.

A survey of this magnitude would not have been possible without the unstinted cooperation and patience of thousands of female sex workers and their clients.

(MR. J V R PRASADA RAO)
Special Secretary (Health) &
Project Director, NACO

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LIST OF ABBREVIATIONS

AIDS	Acquired Immuno Deficiency Syndrome
APAC	AIDS Prevention And Control Project
BB/bb	Brothel based
BSS	Behavioural Surveillance Survey
DFID	Department for International Development
FHI	Family Health International
FSW	Female Sex Workers
HIV	Human Immuno Deficiency Virus
ISSA	Integrated System for Statistical Analysis
M&E	Monitoring & Evaluation
NACO	National AIDS Control Organisation
NACP	National AIDS Control Program
NBB/nbb	Non Brothel based
NE	North Eastern
NGO	Non Governmental Organisation
ORG-CSR	Operations Research Group – Center for Social Research
SACS	State AIDS Control Society
SD	Standard Deviation
SI	Sampling Interval
SPSS	Statistical Package for Social Sciences
STD	Sexually Transmitted Diseases
UNAIDS	Joint United Nations Program on HIV/AIDS
USAID	United States Agency for International Development
UT	Union Territory
WHO	World Health Organisation

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	Kothapeta Mahila Mandali (KMM) Kotapeta, Guntur
	Priya Darshani Service Organisation Akkayapalem, Vishakapatnam
	Parthasarathi Seva Samiti Tirupati, Chittoor
	ERISE, Rajahmundry, East Godavari
	CHANGES, Kakinada, East Godavari
ASSAM	AIDS Prevention Society Zoo Narengi Road, Guwahati
	Reiyukai Bandardewa, District – N. Lakhimpur
BIHAR	Helping Hand Foundation Patna
	Adithi Patna
	Janajagaran Bihar Sharif, District Gaya
DELHI	Sharan Safdarjung Development Area, Delhi
	Modi Foundation Daryaganj, Delhi
	Joint Women's Programme Jangpura, Delhi
GOA	Vasco Anti AIDS Association South Goa
	Desterro Eves Mahila Mandal South Goa
	Positive People South Goa

Contd ...

State	Name of NGO
GUJARAT	Jyoti Sangh Ahmedabad
	Vikas Jyot Vadodara
	YMCA Gandhi Dham, District – Kutch
	Vardan Trust Govind Nagar, District – Dahod
	Mahila Sangh Vadva Washing Ghat, District - Bhavnagar
HARYANA	Voice Bahadurgarh
JAMMU & KASHMIR	Society for Promotion of Youth and Masses (SPYM) Narwal, Jammu
KERALA	Saranik, Palarivattam, Cochin
	Soma Thampanur, Trivandrum
	Amakhara Vikasana Sangam (AVS) Kumali, District – Idukki
	Association for Care and Support Ayanthol, District – Thrissur
	CSRD Calicut
	Jeevana Samskruti Mancha Palam, Chalad, Kannur
	Sarang Cochin, District – Ernakulam
MAHARASHTRA	Asha Project of MDACS Mumbai
	Sathi Project of MSACS Thane
	Akhil Budhwar Peth Devdasi Sanstha Pune
	Manavya Pune
	Sangram Sangli
	Indian Red Cross Society Nagpur
	Amrapali Shakti Sangathan Nagpur
	Muslim Prabodhiniva Shikshan Sanstha Kolhapur

Contd ...

State	Name of NGO
MANIPUR	The Meetei Leimerol Sinnai Sang (MLSS) Khoyathong, Imphal
	MLSS (Women Health Clinic) Khuyatharg Bazar, Imphal
MADHYA PRADESH & CHHATTISGARH	Dr. B.R. Ambedkar Social Welfare Education & Research Society MP Nagar Bhopal
	Centre for Labour Education and Social Research Bilaspur, Chattisgarh
ORISSA	Jagrut Shramik Sangathan Khariar, District – Nuapada
	Universal Service Organisation Amalabhata, P.O. – Penta, District – Rayagada
	Association of Rural Upliftment & National Allegiances Nilachal Nagar, District – Ganjam
	Centre of Integrated Development & Research (CIDR) Sahadevkhunte, District – Balasore
	Orissa Patita Udhar Samiti Bhubaneswar
	RUSH Uppar Nua Sahi, District – Puri
NAGALAND	Akimbo Society Dunkan Basti, Dimapur
MIZORAM	Voluntary Community Mental Health (VOLCOMH) Sikiulpiwkan, Aizwal
	Community Health Action Network (CHAN) Aizwal
	SHALOM Bongkawn, Aizwal
	Grace Society Salem, Lunglei
SIKKIM	Voluntary Health Association in Sikkim Kothi Area, East Sikkim
	Arigaon Samaj Sudhar Mandali (Pelling) Arigaon, Gayzing
TRIPURA	Udiyaman Sangha Near Ramthakur Sangha, West Tripura, Agartala
RAJASTHAN	Institute of Human Help Bihari Ganj, Shiv Nagar, KK Villa, Ajmer
	Pragati and Prerana Sanstha Dholpur

Contd ...

State	Name of NGO
TAMIL NADU	DESH Nandanam Ext., Chennai
	South India AIDS Action Programme (SIAPP) Adayar, Chennai
	Madras Christian Council Society (MCCS) Perambur, Chennai
	Protection of Women & AIDS Prevention Centre West Saidapet, Chennai
UTTAR PRADESH	Sarvajan Kalyan Samiti Katghar, Allahabad
	Sukriti Sewa Sanstha Brahmapuri, Meerut
	Global Science Academy Malviya Nagar, Basti
WEST BENGAL	Durbar Mahila Samanaya Committee Kolkata

EXECUTIVE SUMMARY

1.0 Introduction

- The National AIDS Control Program was launched in 1992. The increasing prevalence of HIV/AIDS in the country necessitated the launch of a second phase of the National Program in 1999 (NACP-II). The major objectives of NACP-II are reduction in spread of HIV infection in the country and strengthening the country's response to HIV/AIDS on a long-term basis. Specific objectives include interventions to change behaviour, especially among high-risk groups, decentralization of service delivery, protection of human rights, operational research and management reform.
- Monitoring and Evaluation has been given key importance in NACP-II. This is to facilitate evidence based planning for NACP. This will be done through a regular Computerized Management Information System and through conduct of a series of Behavioural Surveillance Surveys (BSS) in the general population, bridge populations and the high-risk groups.
- BSS in the general population and high-risk groups is proposed to be undertaken thrice during the period 2001 – 2005. To provide an independent evaluation of NACP-II activities, an external agency was contracted for BSS. ORG-CSR was identified for this purpose and will be involved in conducting a baseline, mid-term and end evaluation by BSS in the general population and the high-risk groups.
- The present report details the observations of the national baseline BSS survey among high risk and bridge groups, female sex workers and clients of female sex workers, which was conducted in 32 States and Union Territories of the country. This baseline provides basic information needed to strategize and prioritise programs under NACP-II during its five years of implementation.

2.0 Methodology and Sampling Design

- 32 States and Union Territories in the country were categorized into 21 sampling units for the purpose of the survey. The survey was not undertaken in Lakshadweep, Dadra and Nagar Haveli and Daman and Diu as the estimated number of FSW were insignificant. Bihar and Jharkhand was clubbed into one group, as were Madhya Pradesh and Chattisgarh, Tamil Nadu and Pondicherry, Uttar Pradesh and Uttaranchal, Punjab and Chandigarh and six North Eastern States of Meghalaya, Mizoram, Arunachal Pradesh, Nagaland, Tripura and Sikkim.
- A total of 5648 clients of sex workers and 5572 female sex workers were interviewed across all the sampling units. For each sampling unit, FSW were selected from the predominant type of sex work that was prevalent in that sampling unit. In addition, control groups of FSWs were surveyed in Delhi,

Mumbai, Kolkata and Andhra Pradesh covering 1087 respondents. These control groups were included to assess if any significant differences existed between brothel and non-brothel based FSW in these geographic locations. Thus in the main round of BSS, brothel based FSW were covered in Delhi, Kolkata and Mumbai and non brothel based in Andhra Pradesh, while for the control groups, non brothel based FSW were included in the three metros and brothel based FSW in Andhra Pradesh.

- A four-stage cluster sampling design was adopted for selecting respondents among brothel based sex workers and a three-stage cluster sampling design was adopted for non-brothel based sex workers and clients of sex workers.
- The survey was conducted between October 2001 and March 2002. The fieldwork was carried out in five phases, each phase covering five to six states/state groups simultaneously.
- Standardisation and uniformity in data collection for the survey was ensured by conducting a training of key trainers in Delhi, organised by the technical group at NACO. Extensive six-day training for supervisors and investigators were organised in each state/state group. Teams were briefed every morning and debriefed every evening during data collection. Schedules were back translated and tight quality control was maintained during data collection.
- Data entry was done using ISSA package at four locations in the country while the final analysis was done using the SPSS (10.0) software in Delhi. Adequate checks were built in at data entry and data analysis stages to ensure data quality.

3.0 RESULTS AND DISCUSSION

3.1 Female Sex Workers

3.1.1 Profile of the FSWs

- A total of 5572 FSWs were interviewed in the entire country. 82 per cent of the identified sample completed the questionnaire schedule.
- Nearly half the FSW (54%) were aged 20-29 years. 37% were above 30 years, while 8% were below 20 years. The median age of the FSWs was 27 years (Range: 11-49). In Tamil Nadu, Kerala, Uttar Pradesh, Haryana and Gujarat, a majority of the respondents were over 30 years.
- 61% FSWs were illiterate. Around a fifth had studied up to primary school (21%) and 17% had studied up to secondary school. Highest proportions of illiterates were observed in Uttar Pradesh (90%), Bihar (84%), Maharashtra (83%), Madhya Pradesh (81%), Assam (79%) and West Bengal (78%). Interestingly all these were brothel based FSW except in Assam.
- The proportions of brothel based FSWs and non-brothel based FSW who were illiterate was 77% and 51% respectively.
- A little over three-fifth of all respondents were ever married (62%). Nearly a third of these respondents were first married when they were below 15 years. For 65% the age at first marriage was between 15-21 years.
- Analysis of the marital status showed that 38% of the respondents were 'not currently married or living with a sexual partner' while 29% were

‘currently married and living with a spouse’ and 16% were ‘currently married but not living with spouse or other sexual partner’.

- The proportion of brothel based FSWs not currently married and not living with sexual partner was higher than non-brothel based FSWs (53% and 28% respectively). The same trend was reflected among brothel based FSW groups in Delhi (69%) and Mumbai (83%) and the corresponding non-brothel based control groups of Delhi (15%) and Mumbai (45%).
- Most of the FSWs interviewed lived in the city/town where the interview was carried out (90%) except Kerala where about 46% of the respondents did not live in the city/town where they worked.
- Nearly 32% of the respondents lived in the city/town, where the interview was conducted, since birth. This proportion was the highest in Madhya Pradesh (80%). It was low in West Bengal (2%), Goa (2%), Maharashtra (2%) and Delhi (1%).
- Nearly 25% of the respondents were engaged in this profession before they came to the city/town where the interview was carried out. Also, a third of the respondents travel to other places for sex work.
- Nearly a third of non-brothel based FSWs had additional sources of income. Varied sources of income were reported of which the proportion who had a petty business (6.2%) or worked as maidservants (6%) were the highest.
- Overall, 44% of the FSWs had ever consumed drinks containing alcohol. Of these, 22% reported that they consumed alcohol everyday in the last 4 weeks while those drinking at least once a week was 38%. Overall, around 15% of FSWs reported that they drink regularly before sex.
- Overall, 6% of FSWs had ever tried any addictive drugs. Among them, almost a third had injected drugs in the past 12 months. These proportions were significantly high in Manipur (64%), other North Eastern States (63%) and Karnataka (42%).

3.1.2 Awareness of HIV/AIDS

- Cumulative figures for the entire country show that 94% of FSW had heard of HIV/AIDS. The lowest rate was observed in Haryana (79%) while highest levels of awareness were observed in West Bengal, Tamil Nadu, Maharashtra, Kerala and Delhi, where 99 % respondents had heard of HIV/AIDS.
- Overall, 83% of FSWs interviewed were aware that HIV could be prevented through consistent condom use. Lowest awareness rates were observed in Haryana (60%).
- Overall, around 76% of the respondents were aware that having one, uninfected and faithful partner could prevent HIV.
- Among all respondents nearly 66% were aware of the two important prevention methods, i.e. consistent condom use and having one, uninfected and faithful partner.

- Overall, around 63% of the FSWs were aware that a person could not get HIV by sharing a meal with an infected person, while 66% were aware that HIV could not be transmitted through a mosquito bite. The awareness that a healthy looking person could be suffering from HIV was 58% for the entire country. These awareness levels were low in Himachal Pradesh (26%), Jammu and Kashmir (32%) and Rajasthan (37%). In the entire country, 29% of the respondents had correct awareness on these three aspects. The lowest proportions of respondents with correct awareness on these three aspects were in Himachal Pradesh (8%), Haryana (12%), Madhya Pradesh (12%), Punjab (18%) and Gujarat (19%).

3.1.3 Awareness of STD, STD prevalence, and treatment seeking behavior

- About 83% of the respondents reported that they had heard of STD. The States with the lowest proportion of respondents who had ever heard of STD were Karnataka (48%) and Jammu and Kashmir (58%).
- In most States, a majority of the respondents (above 80%) could describe symptoms of STD among women and 76% among men.
- 46% of the respondents reported that they suffered from any one of the symptoms of STD in the last 12 months. The proportion suffering from more than one symptom was 31%. Overall, around 35% of the FSWs reported that they had genital discharge or genital ulcer or burning pain during urination.
- Overall, 14% of the FSWs did not undergo any treatment, while 14% took home-based remedies for their last episode of STD. About 5% borrowed prescriptions from friends or relatives, while another 5% took medicines already available at their homes and about 19% bought medicines, across the counter from a chemist shop. Overall, 35 % of the respondents went to a private hospital/clinic for treatment while 28 % visited a government hospital and 12 % went to the clinic run by NGOs. 5% of the FSWs went to traditional healers / quacks.
- During their last episode of STD, 43 % sought treatment from a health practitioner within a week of onset of symptoms, while an additional 36 % sought attention within a month but beyond a week.
- Overall, the proportion of brothel based FSWs who visited health practitioners within one week or less was 65% as compared with 35% for non-brothel based FSWs
- Most FSWs (78.9%) across the states had taken allopathic medicine for their last episode.
- Overall, about 46 % of the FSW would prefer a private hospital/clinic and about 37 % would prefer a government hospital for the treatment of future episodes of STD.
- More non-brothel based FSWs preferred to visit a government hospital (43%) as compared to brothel based FSWs (28%).

3.1.4 Sexual behavior and condom usage

- The age at first sex was less than 15 years for 27% of the FSWs. The median age at first sex was 17 years (Range: 7-31 years). The lowest median age at first sex was observed in West Bengal and Orissa.
- A higher proportion of brothel based FSWs (37%) experienced their first sex below the age of 16 years as compared with non-brothel based FSWs (21%).
- 65% respondents reported that they were between 16-21 years at the time they first sold sex. 10 % of the FSWs first sold sex below 15 years of age. Overall, the median age when sex was sold for the first time was 20 years (Range: 10-42 years).
- The proportion of brothel based FSWs (17%) who first started sex work below 16 was higher as compared with non-brothel based FSWs (5%)
- 39% of the respondents had less than 7 clients in last 7 days prior to survey while 35% had 8-14 clients and 17 % had 15-21 paying clients in last 7 days preceding the survey. Nearly 20% FSWs had over 22 clients in Delhi and Goa. The mean number of clients was 11 per week.
- Brothel based sex workers reported larger number of clients per week compared to non-brothel based sex workers.
- A higher proportion of non-brothel based FSWs (31%) had 1 paying client on the last working day as compared with brothel based FSWs (22%)
- More than half (54%) the FSWs had 2-3 clients on the last working day. The mean number of paying clients on the last working day was 2.6 clients.
- Three out of four respondents used a condom at last sex with paying clients.
- Overall, half of the respondents consistently used condoms with all paying clients in the last 30 days. Low rates were observed in other NE States (24%).
- A higher proportion of brothel based FSWs reported consistent condom use (57%) as compared with non-brothel based FSWs (46%).
- Overall, 56% of respondents did not have non-paying regular partners in last 7 days. Nearly, 40 % of the respondents had 1 non-paying regular partner. Overall, mean number of non-paying regular partners was 1 per week.
- The mean number of non-paying regular partners was 2 partners in last 7 days.
- 39% FSWs used condoms the last time they had sex with non-paying partners.
- Consistent condom use with non-paying partners in the last 30 days was reported by one-fifth of the respondents.
- Over half the FSWs (62%), reported that they suggested use of a condom at last sex with client. About 27 % of the respondents, reported that client had suggested the use of condom.

- Among brothel based FSWs, a higher proportion reported that the decision to use condoms at last sex was their own (79%) as compared with non-brothel based FSWs (51%).
- Two fifth of the respondents who used a condom at last sex used Nirodh brand both with the paying and non-paying partners. Deluxe Nirodh and Kamasutra were the other two commonly used brands.
- Nearly 43% non-brothel based FSWs obtained condoms from the person they had sex with and nearly 30% obtained it from a chemist shop/ pharmacy, as compared with brothel based FSWs where the proportions obtaining condoms from these two sources was lower.
- 83% of respondents did not have non-paying non-regular partners in last 7 days prior to the survey
- Nearly 43 % of the respondents reported that the suggestion to use a condom with a non-paying client was her own. About a fourth of the FSWs, reported that the suggestion to use a condom last time had been their partner's (25%) and about 31 % of the respondents reported that it was a joint decision.
- A third of FSWs who used condom at last sex with paying and non-paying partners obtained the condom from the client/partner. The other main sources for obtaining condoms were NGOs/ peer educators (21% and 16% for last sex with client and non-paying partner respectively) and chemist shops (20% and 22% respectively).
- Overall, partner objection was the main reason for non-use of condoms with paying and non-paying partners (68% and 52% respectively). Non-availability (27%) and that they did not think that it was necessary (20%) were other important reasons for non-use with clients. Main reasons for non-use with non-paying partners was that they did not think it necessary (52%) and that it decreased pleasure (33%).
- Among non-brothel based FSWs 40% reported non-availability as a reason for not using condom as compared with just 9% brothel based FSWs and 28% non-brothel based FSWs reported 'didn't think necessary' as a reason for not using condom as compared with 10% brothel based FSWs

3.1.5 *Other salient observations*

- Majority of the FSWs in all the States reported that they usually insist their clients to use a condom (81%). If client refused to use a condom, about 38% refused sex while 18% charged an extra amount.
- The proportion of brothel based FSWs insisting on the client using a condom was higher than non- brothel based FSWs. (92% and 73% respectively.
- Regarding risk perception, only 17% of the FSWs perceived that they were at very high risk of contracting HIV/AIDS. Over half of FSWs reported that they were at moderate/low risk of contracting HIV/AIDS (57%), while an additional 17% reported that they did not have any chance of contracting HIV/AIDS.

- A higher proportion of brothel based FSWs (21%) perceived that they were at a very high risk of contracting HIV as compared with non-brothel based FSWs (14%).
- Overall, nearly two-thirds of the respondents reported that it was possible to get a confidential HIV test (64%).
- Slightly over one-fourth of FSWs reported that they had an HIV test sometime in the past (28%). Of these, around three-fourths of the respondents got the test done voluntarily.
- Most of the respondents, who had an HIV test, also collected the result of the test (90%).
- Nearly 41% brothel based FSWs had ever had an HIV test as compared with 20% of non-brothel based FSWs.
- Nearly half the respondents reported that someone had approached them to educate them on the spread of STI/HIV/AIDS in the past one year (47%) and almost one-fourth of the respondents participated in some campaign or meeting on STI/HIV/AIDS.
- The proportion reporting that someone had approached them to educate them on the spread of STI/HIV/AIDS in the past one year was higher in case of brothel based FSWs (62%) as compared with non-brothel based FSWs (37%).

3.2 Clients of FSWs

3.2.1 Profile of the Clients of FSWs

- At the national level, a total of 5684 interviews were completed. An overall response rate of 81 percent was observed in the country.
- Nearly half, (46%) of the respondents were between 26-35 years. 34% of the respondents were aged 20-25 years. 5% respondents were aged less than 20 years. The mean and median age of respondents for the entire country were 28 years (SD +/- 6.6) and 27 years (Range: 15-49 years) respectively.
- Overall, nearly two-fifths of the respondents had studied up to Grade VI-X, 18% respondents had studied up to primary school (Grade I-VI) and 21% respondents were illiterate. The proportion of illiterates was 43 % in Uttar Pradesh compared to only 7% in Kerala. Around 22% of them studied beyond secondary school.
- The proportion of ever-married respondents was around 54%. This proportion was highest in Punjab (71%) and lowest in Goa (26%). Among married respondents the highest proportion of respondents reported an age at marriage of 19-25 years (68%). 15% of ever-married respondents were married below 18 years.
- Nearly half the respondents were currently married (52%) and most of them were currently living with their spouses. The proportion of respondents who were not currently married and not living with any sexual partner was around 46%. The inter-state variation shows that the proportion of currently married varied from 71% in Punjab to 26% in Goa.

- Nearly a fifth of the respondents (21%) were local transport workers. Petty businessmen / small shop owners comprised 16% and non-agricultural / casual laborers, 12% of respondents.
- Most respondents lived in the city/town where the survey was carried out (81%). Across the country, 38% of respondents had been living in the city / town since birth. The proportion of respondents staying alone was around 15%. The state with the highest proportion of respondents staying alone was Delhi (43%). For the entire country, the proportion of respondents staying away from their regular residence was around 13%. Around 10% of respondents were away from home, either weekly or fortnightly, in the past 12 months (10% and 8% respectively).
- Nearly three fourths of the respondents reported ever consuming alcohol (73%). The proportion of respondents drinking at least once a week was 45% and the proportion of respondents drinking daily was nearly 23%. Nearly 13% of the respondents regularly consumed drinks containing alcohol before having sex with their commercial partners.
- It was observed that 18% of clients from brothel area regularly consumed alcohol before sex compared to 11% of clients from non-brothel area.
- Respondents who had ever tried any addictive drug were around 22%. The most commonly used drugs were Ganja (62%), Bhang (44%), Afim (13%) and Charas (12%). About one-tenth of these respondents reported that they injected drugs in the last 12 months. These proportions were significantly high in Other North Eastern States (33%), Madhya Pradesh (33%) and Manipur (30%).

3.2.2 Awareness of HIV/AIDS

- The proportion of respondents who had ever heard of HIV/AIDS was around 96%.
- 85% of the respondents in the country reported that consistent condom use could prevent HIV. Awareness levels varied from a low of 75% in Rajasthan to a high of 96% in Tamil Nadu.
- Nearly three fourths of the respondents were aware that having one faithful and uninfected partner could prevent HIV (74%). Awareness levels were relatively lower in Karnataka (58%) and Madhya Pradesh (51%).
- Nearly 68% of the Clients of sex workers were aware of the two methods of prevention i.e. consistent condom use and faithful sex partnership. In Madhya Pradesh (48%), Karnataka (48%), Haryana (52%), and Rajasthan (53%) this proportion was lower.
- Comparable proportions of respondents were aware that HIV couldn't be transmitted through sharing a meal with an infected person (67%) or through mosquito bites (70%). Those aware that a healthy person could be infected with HIV were around 64%. The proportion of respondents, who were aware that HIV cannot be transmitted through sharing a meal or by mosquito bites and also knew that a healthy looking person could be infected with HIV, was 39%.

3.2.3 Awareness of STD, STD prevalence, and treatment seeking behavior

- 76% respondents, in the country, had heard of STD. Most respondents in West Bengal, Orissa, Kerala, Tamil Nadu, Haryana and Himachal Pradesh had heard of STD (over 90%). States where the proportion was significantly lower were Karnataka (39%), Uttar Pradesh (47%) and Bihar (48%).
- Overall 9% respondents reported genital discharge during the past 12 months, 14% reported ulcer / sore and 24% of the respondents reported burning pain during urination. Nearly 30% respondents had at least one of the three symptoms in the past 12 months. 42.9% of them reported more than one symptom. 4.0% reported to have suffered either from genital ulcer/ sore or discharge during a 12- month recall period
- 18% of the respondents did not take any treatment during the last episode of STD. About 9% of the respondents took home-based remedy; another 20% purchased medicines, across the counter from chemist shops. The proportion of respondents who visited any private hospital/clinic and government hospital/clinic last time was 38% and 28% respectively.
- Nearly 45% of those respondents seeking medical attention visited a health practitioner within 1 week of onset of symptoms of STD and about 39% visited a health practitioner, beyond a week but within a month of onset of symptoms. Most respondents took allopathic treatment for the symptoms of STD (90%).
- Universally, respondents stated that they would prefer to seek treatment from a private or government hospital/clinic (91.2%). Respondents in most states preferred private hospital/clinic to a government hospital/clinic except in Assam, Jammu and Kashmir, Karnataka, Manipur, Orissa, the Other North Eastern States and Rajasthan.

3.2.4 Sexual behavior and condom usage

- A significant proportion of the respondents (68%) had their first sex at the age of 16-21 years. Nearly 18% of respondents were below 16 years at the time of first sex. The mean age at first sex was 20 years (SD: +/- 3.5), while the median age was 19 years (Range: 8-38 years).
- The mean age of first sexual partner was 19 years (SD: +/- 4.7). The age of first sexual partner had been reported as 16-18 years by 37% of the respondents. An unpaid female partner was the first sexual partner for nearly two-thirds of the respondents (65%) while a paid female partner was reported by 35%. 2% respondents reported male partners as the first sexual partner.
- 11% of the respondents reported ever having sex with a male partner. Of these, less than a third had sex with a male partner in the last 12 months (29%). Nearly one fourth used condoms at last sex (24%) and a lower proportion used condoms consistently over the last 12 months (15%).
- Cumulative estimates for the country revealed that around 17% of the respondents reported sex with an unpaid non-regular partner and nearly half (48%) had sex with their regular partners in the last 3months.

- Median age at first sex with any commercial or regular female partner was 22 years (Range: 11-31 years), as against 20 years (Range: 12- 45 years) with unpaid non-regular partners.
- The mean numbers of commercial, non-regular and regular female partners during a three- month recall period was reported as 3.9, 1.1 and 1.5 respectively. The mean number of commercial female partners varied from a low of 1.6 in Manipur to a high of 6.2 in Gujarat.
- Three-fourths of the respondents used a condom at last sex with commercial partners. This varied from 67% in West Bengal to 87% in Jammu & Kashmir. A third used a condom at last sex with any non-regular female partner as against 18% with their regular partners.
- More than half (57%) the clients consistently used condoms with commercial partners (Range: 35% in Assam to 77% in Maharashtra). About a fifth (22%) consistently used condoms with their non-regular partners and 7% with their regular partners.
- Three out of five (66%) respondents reported that they themselves suggested use of condoms at last sex with commercial partner. A fourth (24%) reported that the suggestion came from the FSW. Over half the respondents (54%) themselves suggested condom use at last sex with other non regular partners and 52.2% with regular partners.
- About 31% of clients from brothel areas reported that their partner had suggested use of condom last time with commercial partner as against 19% of the clients from non-brothel area.
- Overall, Nirodh, Deluxe Nirodh and Kamasutra were three most commonly used brands. About one-third (32%) of the respondents used Nirodh and a fourth (25%) used Deluxe Nirodh with commercial partners. These three brands were also commonly used with other non-regular and regular partners.
- A significant proportion (43%) of the respondents cited chemist shop as source of condoms used at last sex with commercial partners and a third (33%) obtained condoms from the person they had sex with. Nearly three-fifths obtained condoms from a chemist shop at last sex with non-regular partners or regular partners.
- Whereas 27% of the clients from brothel area reported 'chemist shops' as source of condom used with commercial partners, 52% of the clients from non-brothel area reported the same source.
- The main reasons for not using condoms with commercial partners were that it decreased pleasure (51%), they did not like condoms (38%), or that they did not think it was necessary (37%).
- The main reasons for not using condom with non-regular partners were the decrease of pleasure and that they didn't think it was necessary (48%), or that they did not like condoms (38%). Over half the respondents did not think it necessary to use condoms with their regular partners (52%).

3.2.5 *Other salient observations*

- Around one-third (35%) of the respondents perceived that they had no chance of getting infected with HIV. Over half perceived a moderate/low risk (51%), while only 13% perceived themselves to be at a very high risk of getting infected.
- Around two-third (69%) felt it was possible to get a confidential test to find out if they were infected with HIV. Overall, 10.4% of the respondents had ever undergone an HIV test. Of these most got it done voluntarily (82%) and most received the result of the HIV test (95%).
- A fifth (22%) were approached by someone who wanted to educate them on the spread of STI/HIV/AIDS. This varied from a low 4.4% in Assam to a high of 42% in Delhi.

3.2.6 *Conclusions*

Almost all FSW had heard of HIV/AIDS but many did not have adequate information on prevention and risk of transmission. Overall, non- brothel based sex workers were more disadvantaged in terms of awareness, condom usage and access to NGOs. Brothel based FSW were able to negotiate better for condom usage compared to non brothel based FSW.

Information available can be used for planning need based interventions for control of HIV/AIDS in the country.

There were no significant differences between clients of brothel based and non-brothel based FSW in terms of awareness and condom usage. Contact with NGOs was less commonly reported by clients of non-brothel based FSW.

SOME KEY INDICATORS

Figure 1: Socio-Demographic characteristics of FSW

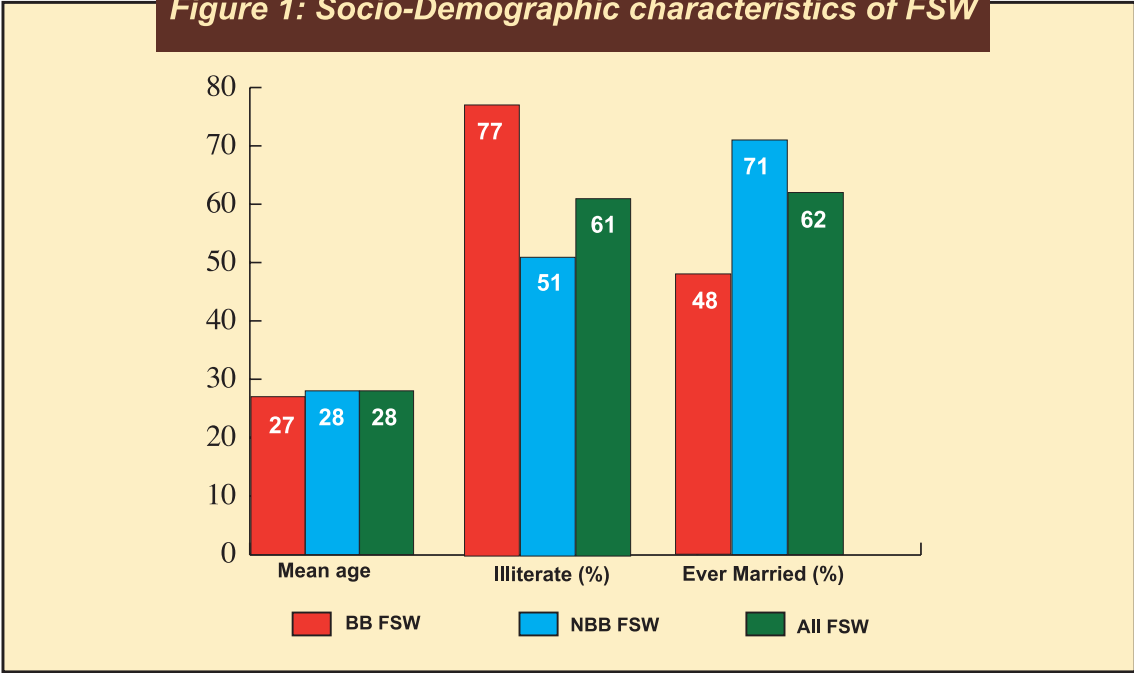


Figure 2: Sexual Mobility of FSW (%)

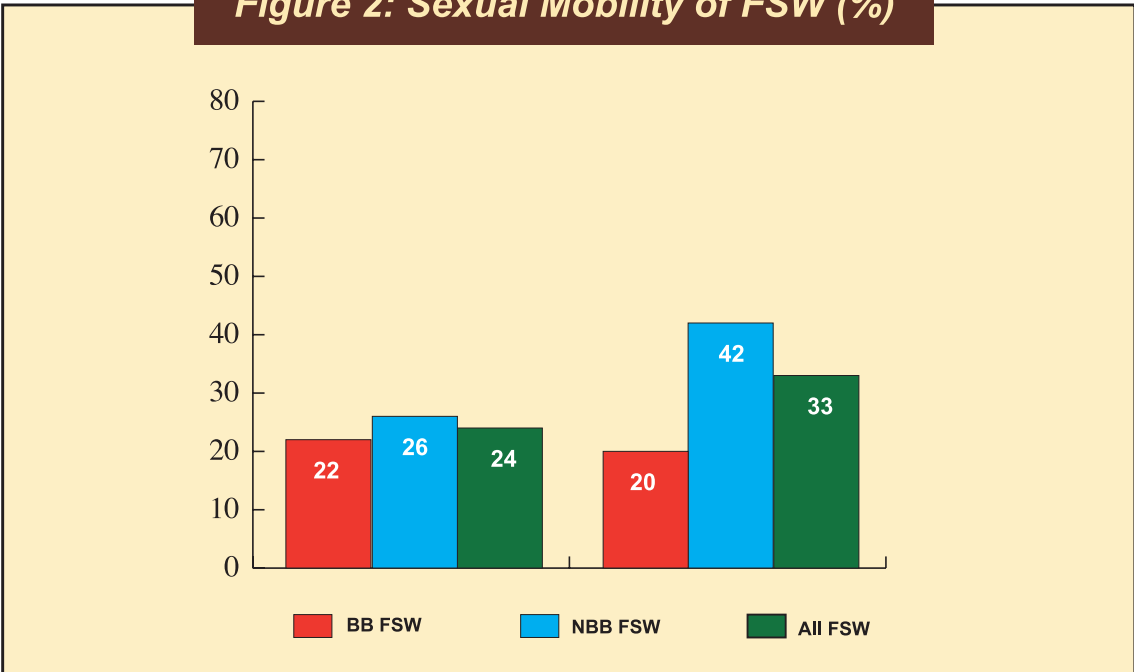


Figure 3: Alcohol Consumption in FSW (%)

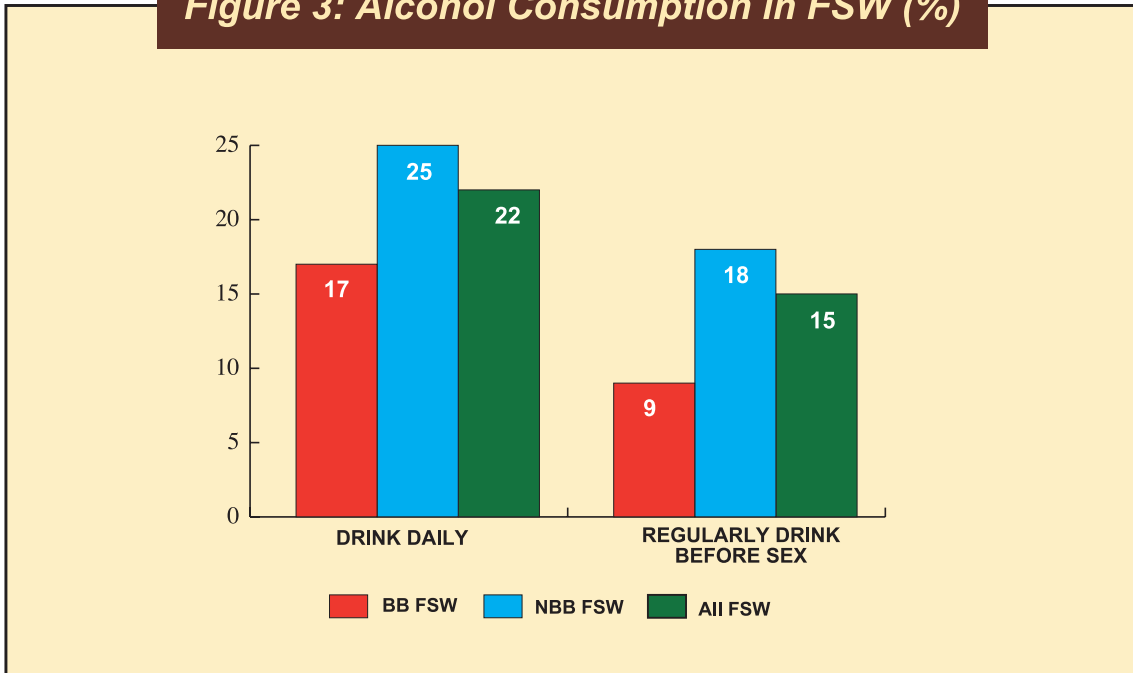


Figure 4: HIV Awareness related parameters among FSW (%)

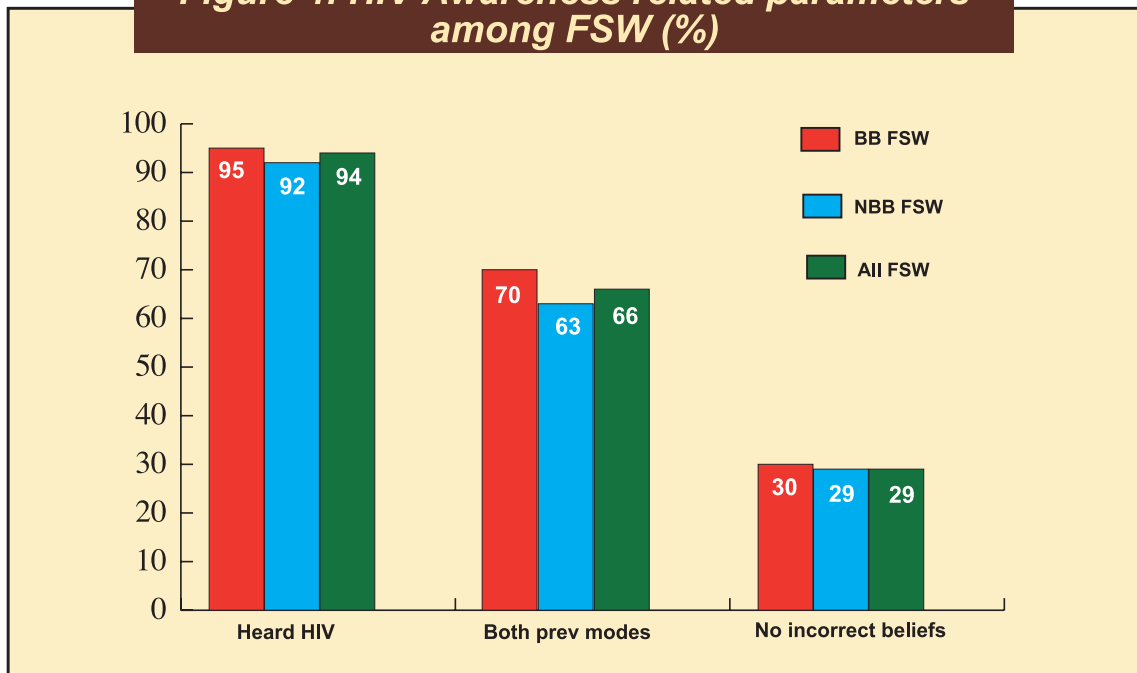


Figure 5: Sexual behavior of FSW

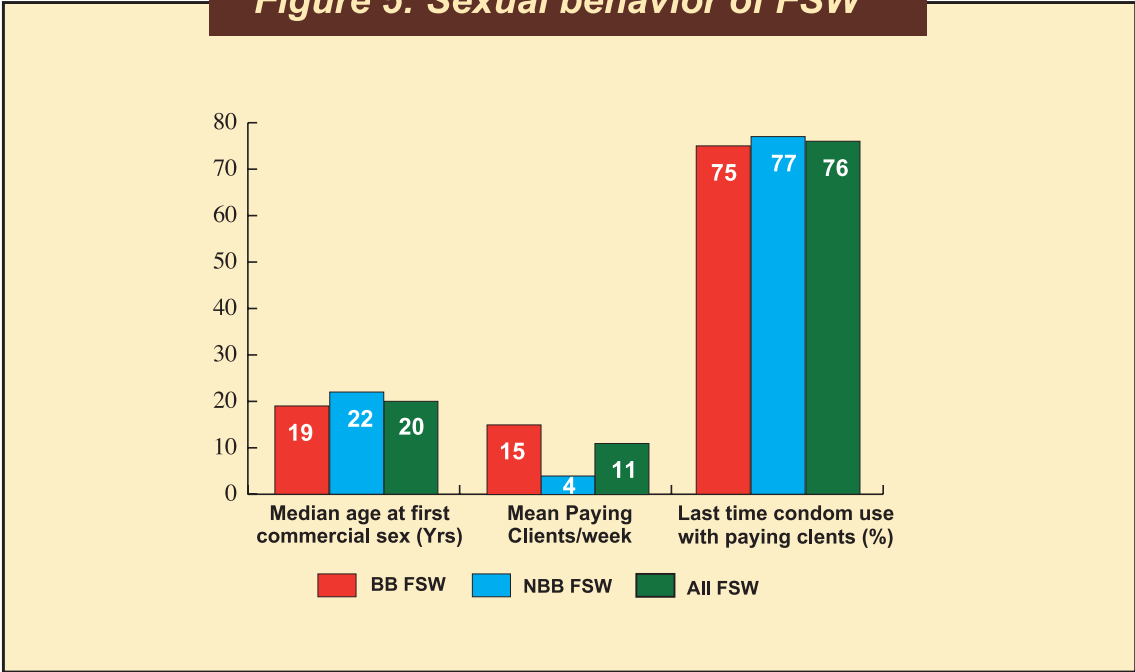


Figure 6: Source of Condoms used with Commercial and Non Paying Partners (%)

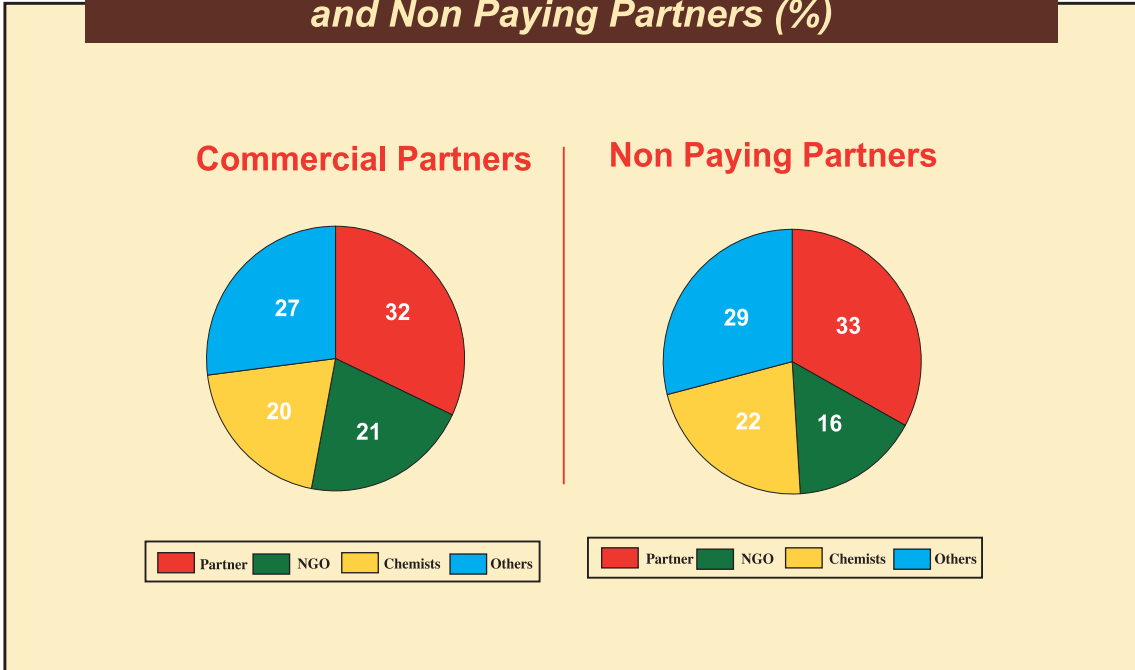


Figure 7: Socio demographic characteristics of Clients of FSW

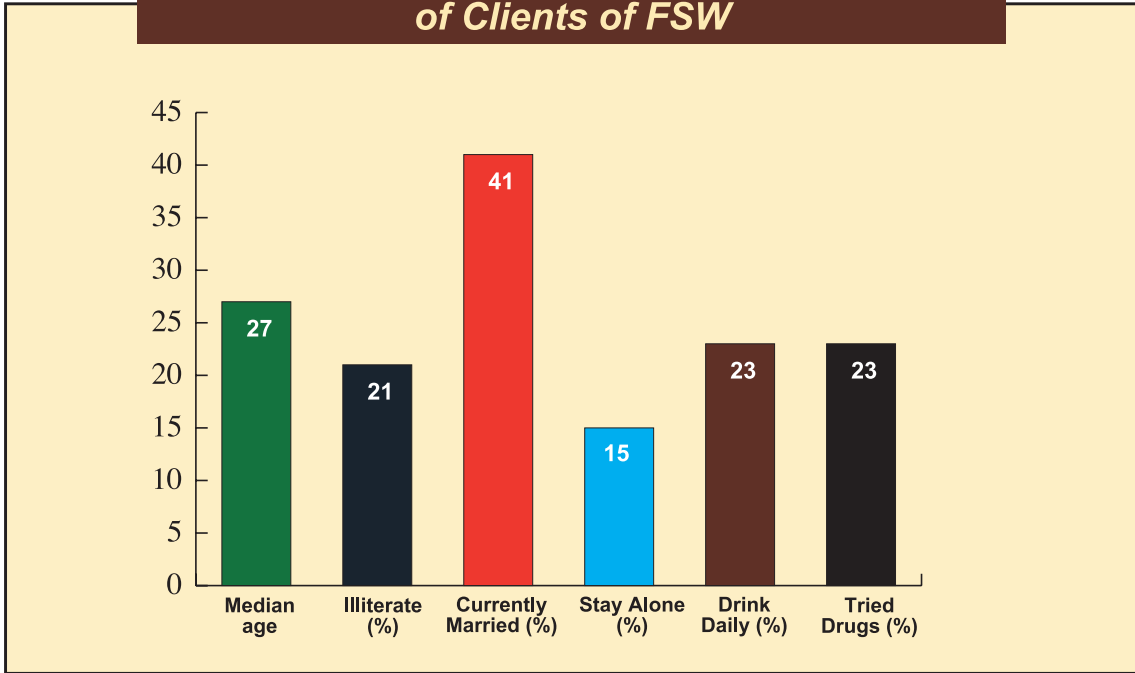


Figure 8: HIV Awareness parameters among Clients of FSW (%)

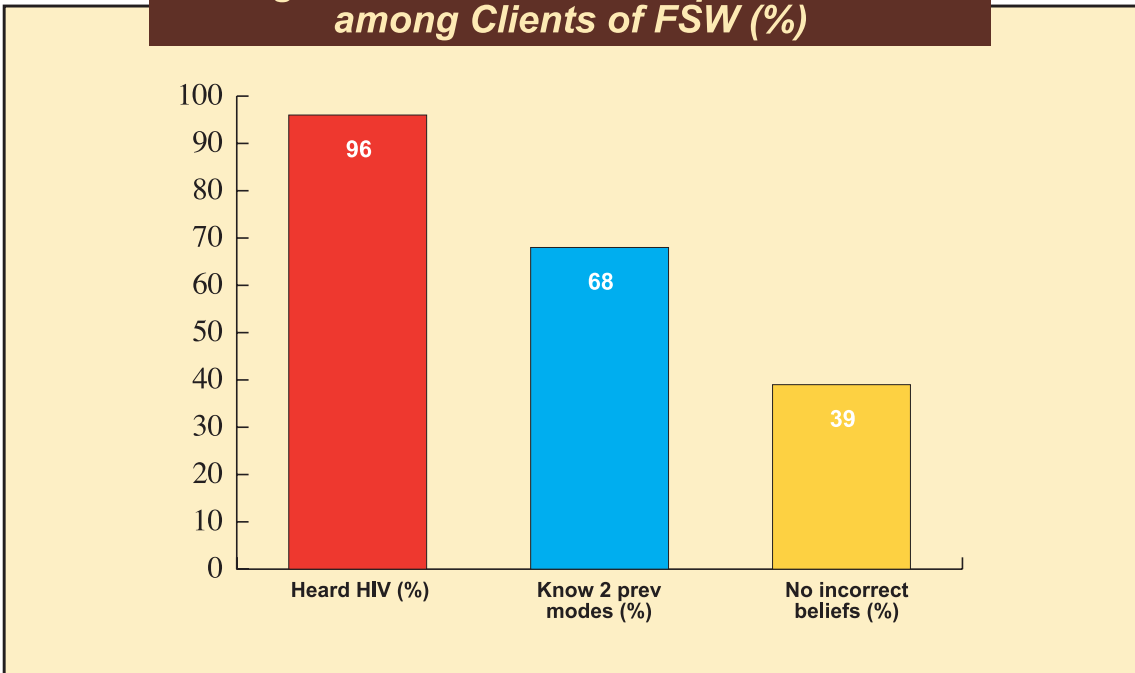


Figure 9: STD related parameters (Clients of FSW)

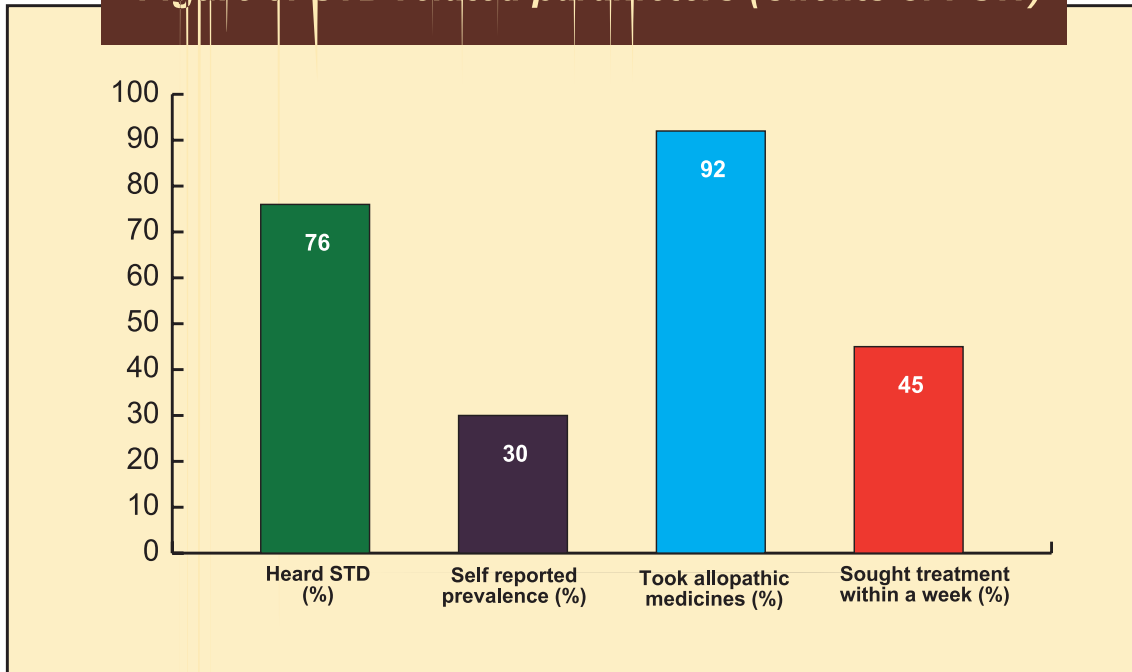
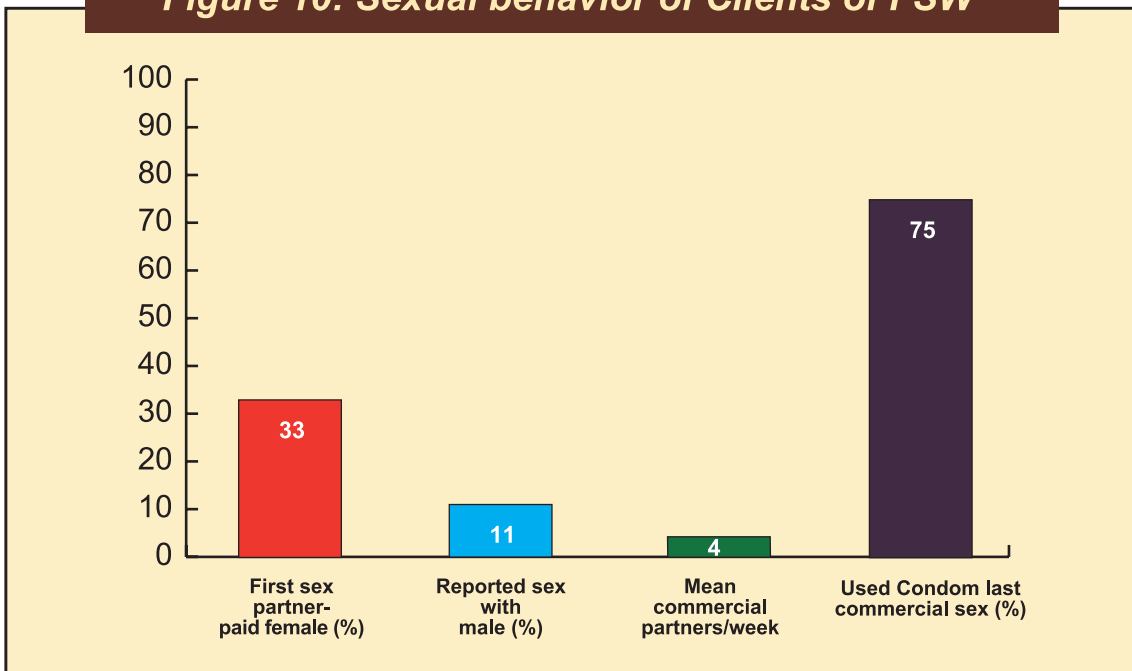


Figure 10: Sexual behavior of Clients of FSW



Study on Monitoring and Evaluation of National AIDS Control Project, Phase II

NATIONAL HIV/AIDS RISK BEHAVIOURAL SURVEILLANCE SURVEY (BSS)
2001-2002

FOR USE WITH CLIENTS OF FEMALE SEX WORKERS

Operational Definition of the respondent

Men who have bought sex in the past one month

Introduction: “My name is..... I’m working for a social research organization. We’re interviewing people here in [name of city, region or site] in order to find out about the present health scenario in your (State/UT). We are trying to understand peoples’ common health problems, health seeking behavior and their knowledge, attitude, opinion and practice regarding some specific diseases. Importantly, the results of this study would help us in designing appropriate strategies for the future. Have you been interviewed in the past few weeks for this study? **IF THE RESPONDENT HAS BEEN INTERVIEWED DURING THIS ROUND OF BSS, DO NOT INTERVIEW THIS PERSON AGAIN.** Tell him you cannot interview him a second time, thank him, and end the interview. If he has not been interviewed before, continue:

Confidentiality and Consent: I’m going to ask you some very personal questions that some people find difficult to answer. Your answers are completely confidential. Your name will not be written on this form, and will never be used in connection with any of the information you tell me. You do not have to answer any questions that you do not want to answer, and you may end this interview at any time you want to. However, your honest answers to these questions will help us better understand what people think, say and do about certain kinds of behaviors. We would greatly appreciate your help in responding to this survey. The survey will take about 30 minutes. Would you be willing to participate?

I certify that the nature and purpose, the potential benefits and possible risks associated with participating in this research have been explained to the volunteer.

Signature of interviewer

Date