Integrated Biological and Behavioral Surveillance Survey among Female Sex Workers in Kathmandu Valley – Round III
June - August 2008

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SUMMARY

This fact sheet summaries the findings of the third round of the Integrated Biological and Behavioral Surveillance (IBBS) survey conducted among 500 female sex workers (FSWs). Sample included both street and establishment based sex workers. The study shows HIV prevalence among FSWs is 2.2 percent. HIV infection is higher among street based FSWs (2.5%) than among establishment based FSWs (1.3%). Only street based FSWs were infected with syphilis (2.5 %). HIV prevalence remains same throughout the years 2004, 2006 and 2008. Seventy-five percent of the FSWs had used condom in the last sex. Consistent condom use with non-paying partners and partners other than clients, husband and male friends is low. Sixty percent of the FSWs are reached by peer educators (PEs) or outreach educators (OEs) and about 30 percent FSWs have used VCT and STI services.

WHAT IS THIS STUDY AND WHY WAS IT DONE

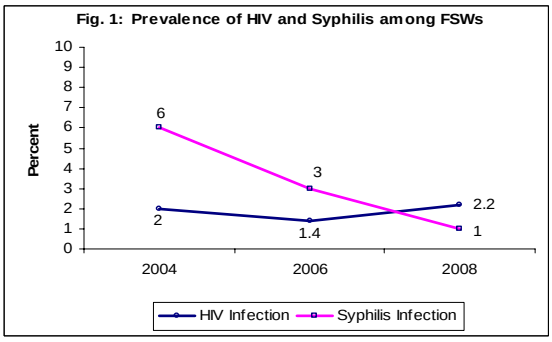
This study was conducted as per the Second Generation Surveillance Plan of the National Center for AIDS and STD Control (NCASC) for generating strategic information needed for monitoring the national HIV/AIDS program in Nepal. Moreover the study was part of the Monitoring and Evaluation plan of FHI/Nepal, which uses such information for monitoring, and evaluation of the FHI/USAID supported HIV/AIDS programs in Kathmandu Valley.

METHODS

A cross-sectional study was designed to measure the prevalence of HIV and syphilis infection among FSWs in Kathmandu Valley. FSWs who reported to sell sex in cash or kind and who had been involved in such sexual activities for at least six months prior to the date of interview were eligible for the study. Blood sample was collected from all the study participants and were tested for HIV and syphilis. HIV was detected by using Determine HIV 1/2 test, Uni-Gold test and SD Bioline HIV 1/2 test; and syphilis by RPR and TPHA tests. National guidelines were followed in performing these tests in SACTS laboratory at Kathmandu. A total of 200 street FSWs and 300 establishments based FSWs were sampled separately. Demographic and sexual behavior data were collected through a structured questionnaire by trained female interviewers. Study participants were interviewed after the witnessed oral consent and blood samples were collected with a pre-test counseling. Ethical approval was obtained from Nepal Health Research Council and Protection of Human Subject Committee, USA. The study participants who were willing to know the test results were provided with a post-test counseling. Syndromic treatment of STIs was provided at the time of interview by a staff nurse.

MAJOR FINDINGS

HIV prevalence among FSWs has not changed significantly since 2004: HIV prevalence rate among FSWs (2% in 2004, 1.4% in 2006 and 2.2% in 2008) has not changed significantly through the years. However, Syphilis infection (6% in 2004, 3% in 2006 and 1% in 2008) has decreased significantly over the years (Fig. 1).



Condom use with last client is high: In 2008 reported condom use with last client is 75 percent and consistent condom use with clients in the past year is 54 percent. Consistent condom use with non-paying partners has decreased significantly over the years among street (17% i.e. 24/138 in 2004, 6% i.e. 6/99 in 2006 and 7% i.e. 7/95 in 2008) and establishment based FSWs (19% i.e. 35/187 in 2004, 8% i.e. 12/151 in 2006 and 4% i.e. 5/129 in 2008) Furthermore, consistent use of condom with partner other than client, husband and male friend has decreased significantly among the establishment based FSWs (60% i.e. 86/144 in 2006 and 38% i.e. 24/63 in 2008).

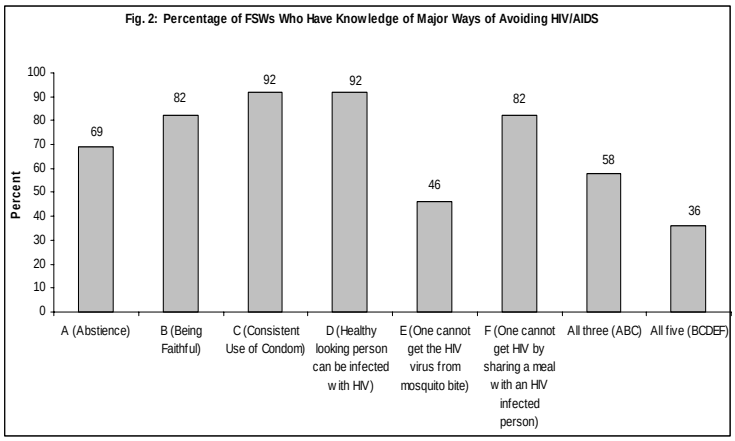
New and teenage girls are entering into sex trade: The median age of the establishment based sex workers was 21 years and that of street based sex workers was 27 years. Overall 28 percent of the respondents were less than 20 years of age. Percentage of new establishment based FSWs (56%) is much higher compared to street FSWs (36%) who have joined sex trade less than a year (6-12 months) before the survey. Illiteracy among FSWs was 34 percent. Seventy percent of FSWs were married at least once.

More than half FSWs have businessmen as regular clients: The FSWs' clients belonged to a wide variety of profession, such as businessmen (55%), police/army personnel (51%), transport workers/drivers (42%), service holders/professionals (38%), migrant workers/wage laborers (23%), and others. Mean number of clients served by

FSWs per day was 1.6. Weekly clients severed by street based FSWs was higher (6.6 clients) than by establishment based FSWs (4.6 clients).

FSWs have easy access to condoms: Ninety percent of FSWs could get condoms within ten minutes from the place of their work. More than half (59%) of the FSWs had access to free condoms, which they mostly obtained from clients and NGO/health workers. The three most popular brands of condoms among them were Number One, Panther and Kamasutra.

Proper knowledge about HIV/AIDS is low: Knowledge of HIV was universal among the FSWs. Though, all of the respondents had heard about HIV/AIDS, only 58 percent were aware of HIV preventive 'ABC' measures and 36 percent had comprehensive knowledge on HIV/AIDS transmission i.e. 'BCDEF' (Fig. 2).



Forty-two percent FSWs reported having STI symptoms: Around 42 percent of the FSWs (49% street based and 38% establishment based) had at least one reported symptom in the preceding year. Forty-two percent out of 212 respondents who experienced the STI symptoms in the past did not seek the treatment.

Sixty percent FSWs are reached by PEs/OEs: FSWs had mostly interacted with PEs/OEs while visiting to Voluntary Counseling and Testing (VCT) centers, STI clinic and Drop-in-Centers (DIC) were not so common among them. During the preceding year, 60 percent of FSWs had met/discussed with PEs/OEs, 22 percent of FSWs had visited a DIC, 28 percent had visited an STI clinic and 33 percent had visited a VCT centre at least once. The participation of FSWs in different STI/HIV/AIDS awareness raising program was seven percent in the preceding year.

IBBS Key Indicators among FSWs		Results		
		Street (N=200)	Establishment (N=300)	Total (N=500)
HIV Prevalence	%	3.5	1.3	2.2
Syphilis Infection	%	2.5	0	1.0
Age <20 years	%	14	37	28
Median age at first sexual intercourse	years	16	16	16
Mean duration of FSWs involved in sex work	months	35	19	25
Average clients per day		2	2	2
Average clients in the past week		7	5	5
Average income from sex works in the past week	Rs.	2,3000	3,600	3,100
Condom use with last client	%	73	77	75
Consistent condom use with clients in the past year	%	52	55	54
Knowledge of HIV preventive measures 'ABC'	%	57	59	58
Comprehensive knowledge on HIV 'BCDEF'	%	28	42	36
Reported STI symptoms in the past year	%	49	38	42
FSWs reached by PEs/OEs in the past year	%	62	58	60
Visited DIC in the past year	%	27	18	22
Visited STI clinic in the past year	%	33	25	28
Visited VCT centers in the past year	%	40	28	33
FSWs reached with targeted HIV prevention (BCC with OE/PE or DIC or STI Clinics or VCT or community events/trainings or drug treatment or rehabilitation)	%	67	62	64
FSWs reached with HIV prevention program (Knows where to receive HIV test result and received condom)	%	41	41	41
FSWs that have received an HIV test in the last 12 months and who know their results	%	35	39	32

PROGRAM IMPLICATIONS

- The data indicate that new and young girls are entering the sex trade every year. Hence, HIV/AIDS awareness campaigns should target youth and adolescent groups.
- Consistent condom use was decreasing over the years. Low condom use was particularly common with their steady partners (husband, male friends) Therefore, prevention programs should focus more on the need for consistent condom use with all kinds of partners. Information campaigns should focus on changing attitudes that create barriers to regular use of condom.
- Outreach and other intervention efforts should be expanded further to include comprehensive and complimentary program as well as to increase coverage to all high risk populations including clients of FSWs. The quality of these programs should be evaluated, and where necessary, strengthened.

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For more information, please contact:
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