

Sexual Network Study of Female Sex Workers (FSWs) in Kathmandu, Jhapa and Kailali Districts

Final Study Report

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ABBREVIATIONS

CM	Community Mobilizer
DACC	District Aids Coordination Committee
DIC	Drop-in Center
FSW	Female Sex Worker
I/NGO	International/Non-Government Organization
IBBS	Integrated Biological Behavioral Surveillance
IDI	In-depth Interview
PWID	People Who Inject Drugs
MLM	Male Labor Migrants
NCASC	National Center for AIDS and STD Control
NHRC	Nepal Health Research Council
PHSC	Protection of Human Subject Committee
PWID	People who Inject Drugs
RDN	Right Direction Nepal
SRH	Sexual and Reproductive Health
SSP	Saath-Saath Project
STI	Sexually Transmitted Infections
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing

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EXECUTIVE SUMMARY

Female Sex Workers (FSWs) are a key population susceptible to acquiring HIV and sexually transmitted infections (STIs) as well as transmitting the virus to others. With this view, United States Agency for International Development (USAID)-funded Saath-Saath Project conducted this study to explore the sexual and drug injecting behavior of three types of FSWs (New FSWs, Established FSWs, and FSWs who inject drugs) in Kathmandu valley (Kathmandu, Bhaktapur and Lalitpur Districts), and Jhapa and Kailali districts of Nepal. This was a cross-sectional study and qualitative in nature with some quantitative information. Snowball sampling technique was employed to interview 58 FSWs from the three study districts.

Demographic Characteristic of FSWs

Half of the FSWs were below the age of 25 years. Among them, 20 percent were teenagers. Majority (87.9%) of the FSWs were literate. Among the literate, 80 percent of FSWs had some years of formal schooling. Most FSWs were hill Janajati (28%) followed by Chettri (22%). One fourth of them were not living with their husbands whereas equal percent (22% each) were living with their husbands, and living separately respectively. Similarly, 31 percent of FSWs were unmarried. Further, about two-third of FSWs were currently living with their family, 17 percent were living alone and 13 percent were living with their female friends.

Living Environment and Challenges faced by FSWs

The living situation of FSWs can be broadly classified into three categories: at home with family, in a hostel or hotel without family, and in rented rooms without family. FSWs living in family environments and FSWs living alone were mostly part-time sex workers who were also engaged in other occupations like waitress/dancer in dance restaurants, small clerks at private offices, peons, daily-wage labors, etc. They worked about three to four days in a week and served a few clients per day. The situation of FSWs living in hostels/hotels was different. They were full-time sex workers working seven days a week, and they served significantly more clients in a day. The key challenges faced by FSWs were condom negotiation with clients, forced anal and oral sex, clients paying less or fleeing without payment, and physical abuse. Normally, FSWs faced such problems from irregular clients, specifically army/police personnel and students.

Sexual Network

In general, FSWs were well-connected with other FSWs. Their network size ranged from a minimum of one to a maximum of twenty FSWs. Mostly the FSWs got to know each other in their work place, and occasionally pimps connected them to each other. FSWs often looked for new FSWs to connect with clients. The established FSWs charged half of the new FSW's income for fixing appointments with the clients. FSWs were also connected to hotel owners and caretakers. The hotel owners and caretakers were key mediums in connecting FSWs with clients. It was noted that clients also helped to find other clients for FSWs by calling them for sex with their friends or sharing FSW's numbers with their friends. Some clients were also found to take benefits from FSWs for making such arrangements.

Soliciting Clients

In general FSWs solicited their clients through middlemen like pimps, caretakers, hotel owners and other FSWs. These were mostly the FSWs living in hostel/hotel settlements. The FSWs also contacted their clients directly when they met them in cabins, bhattis, dance

restaurants, hotels, parks, discos and guesthouses. There were also FSWs who used mobile phones, webistes (facebook) to contact their clients. In Jhapa, most of the FSWs met their clients at/through a hotel whereas in Kailali most FSWs contacted their clients by themselves. Most sexual intercourse with clients took place in a hotel, at the home of an FSW house or at a friend's house, and in some instances at a client's home. There is also a trend of sexual activities in bhattis.

Characteritics of the clients

FSWs were asked to recall four of their regular sex partners with whom they had had sex in the previous two months. The findings from this section were very much in line with qualitative information about the FSW's regular sex partners' profile and their relationship with them. FSWs had knowledge about the occupation of their regular clients. They were mostly businessmen and service personnel (mostly from migrant populations not living with their spouses). Other clients were students, daily wage workers, contractors, army/police personnel, etc. The proportion of businessmen and job holders was 40 percent and 26 percent in Kathmandu, 42 percent and 33 percent in Jhapa, and 36 percent and 20 percent in Kailali respectively. Most of the regular sex partners of FSWs were reported to be educated and most of them belonged to the age range of 18-40 years. More than 50 percent of the regular sex partners of FSWs were married. They reported that they were close with their regular sex partners (80%). It was the regular clients who paid more to FSWs. It should be noted that businessmen paid them more money even though they might not be their regular partners.

Risk Behaviour

Majority of FSWs reported that they had not consumed alcohol when they had sex with their recalled sex partners on more than 70 percent of the instances; on the other hand, in more than 40 percent of the instances, their regular sex partner had consumed alcohol. The proportion of alcohol use by regular sex partners was relatively higher in Kathmandu (47%) than in Kailali (46%). FSWs had not taken any kinds of drugs in majority (82% in Kathmandu, 94% in Jhapa and 98% in Kailali) of the instances when they had last had sexual intercourse with their recalled regular partners. However, there were thirteen such instances where FSWs who inject drugs in Kathmandu had taken drugs.

Condom Use

Overall the FSWs used condoms habitually with their regular sex partners but consistent condom use was not followed while having sex with husbands, boyfriends and lovers. The quantative data shows that during the last sexual intercourse with their recalled partners, FSWs had used condoms in most of the instances. The condom use in Kathmandu was 86 percent, 96 percent in Jhapa and 80 percent in Kailali. When further probed about condom use during each sexual intercourse with their regular sex partners, the FSWs from Kathmandu reported that they had used condom every time with 85 percent of their recalled sex partners, while for those in Jhapa it was 85 percent, and 96 percent for those in Kailali. There were ten regular sex partners of FSWs in Kathmandu, six for those in Jhapa, and eleven for those in Kailali with whom FSWs used condoms most of the times/sometimes. Conversely, there was one sex partner for FSWs in Kathmandu, one for those in Jhapa and five for those in Kailali with whom FSWs never used condoms. In regard to multiple sex partners, six out of ten of the FSWs' regular sex partners had sex with other partners besides them in the past one year. The proportion of such cases was high in Kailali (80%). Most of the other sex partners were either wives or lovers/girlfriends in all study districts. Two regular partners of FSWs in Kathmandu were reported to be HIV positive. There were no reported cases of HIV positive sex partners from Jhapa and Kailali.

Injecting Behavior among FSWs

Most of the FSWs who inject drugs started with oral drugs like marijuana and brown sugar. On occasions, they also tried other oral drugs like spasmoproxy, nitrosun, valium, vet, etc., and gradually shifted to injecting drugs. Most of the FSWs who inject drugs reported they injected drugs twice a day. They were part of a group of injecting drug users with at least one male member who arranged for drugs. Once the drug was arranged and the composition of drugs was prepared for injecting, they went into a safer room to administer it. The group members kept on changing for various reasons. The members of different groups also visited one another and needle sharing among them was common. However, FSWs who inject drugs claimed that they never administered needles used by others (except for one FSW). The quantitative finding states that out of recalled 26 injecting partners with whom FSWs had administered drugs in last two months, 24 were between the age group of 18-40 years, and all of them had had some years of schooling except for one partner. Majority of these partners worked in business, had regular jobs, did sex work, or were students. At the time of the study, 17 of the recalled injecting partners were still injecting together, whereas the relationship had ended with eight injecting friends.

Recommendations

Based on our study findings, the following program implications are recommended:

1. Most (50%) FSWs are young (16-24 yrs.) and use mobile phones (97%). *Young and mobile phone using FSWs can be sent tailored message with prevention messages. Design tailored message for young FSWs who are using mobile phones.*
2. FSWs living in a hotel/hostel kind of environment without a family were full time sex workers working seven days a week. Most FSWs from these categories were from Kathmandu. *Full time sex workers serve higher number of clients as compared to others and difficult to outreach directly through current approach in hostel. Develop approach to reach FSWs staying in hostels and providing access to prevention and clinical services. Client reduction strategies among hostel based FSWs need to be emphasized as they are full time workers with greater number of clients.*
3. FSWs who lived alone operated sex work independently. *FSWs who live alone and operate independently may be relatively more empowered and vocal. Those FSWs can be used as role model/ promoter peer champion for other FSWs to promote HIV prevention and health seeking behavior, focusing to new FSWs who are in sex work for less than six months.*
4. Network size of established FSWs ranged from two to 15 members and for newer FSWs, network size range from one to five members. *Since established FSWs have a wider and stronger network, they can be mobilized for newer FSWs and peer network identification.*
5. Bhattis was identified as a common place for soliciting clients and having sex in Kathmandu. *Bhatti as the new hot spot to identify and approach FSWs and need to be enroll in prevention program. Strengthen efforts is need to reach FSWs in Bhatti as hot spots, especially in Kathmandu.*
6. The study found that Taxi drivers search clients for FSWs. *Taxi drivers could be the point of contact for the prevention messages, identifying network of FSWs and Clients. Promote attractive educational materials in taxis to promote safer practice.*

7. Uniformed personnel are involved in abuse and other activities such as non-payment after sex. *There is a need to sensitize them through current program activities.*
8. Almost half of the FSWs reached through this study knew that their regular partner also had other sexual partners but still they were not consistently using condoms with them. *Program should put further effort in increasing risk perception of having consistent and correct condom use condom with regular partner as well. Promote risk perception of condom less sex with regular partner and condom negotiation skills.*
9. The alcohol consumption during sex was high among regular sex partners. *Program should give more effort on behavior change communication and counseling focusing both clients and sex workers to avoid alcohol consumption during sex work.*
10. FSWs who inject drugs though reported that they had never administered used syringes. However, they have reported that they have given their used syringes to other drug users. Similarly, drug use during sex was prevalent among FSWs who inject drugs. *Intensified program should focus on discouraging such practices. Promote attractive SBC materials with prevention promote safer practice among drugs users.*

CHAPTER I

INTRODUCTION

1.1 Introduction

Sex work is defined as the exchange of sex for money. The kind and structure of sex work vary substantially around the world. Those who sell sex might work with or without a facilitator or controller (e.g. pimp, manager) through establishments such as bars, brothels, or saunas, or in more public spaces such as parks and streets (Baral et al., 2012). It is widely accepted that Female Sex Workers (FSWs) are a high-risk group susceptible to acquiring HIV and sexually transmitted infections (STIs) as well as transmitting the virus to others (Morris et al., 1996; NCASC, 2011; NCASC and ASHA, 2011a; NCASC and ASHA, 2011b). As many FSWs work in public areas such as on the streets and in bars, hotels, cabin restaurants, massage parlors, brothels etc. (also known as establishment-based FSWs), FSWs are considered as ‘bridge group’ that are a source of STIs and HIV infection to the general population, mainly as a result of unprotected sex with their clients (Morris et al., 1996; Morrison, 2001). Robert and Brewer (2006) previously argued that clients of FSWs are more elusive and are invisible within the general population. Clients are also thought to be the key in spreading of the infection from the commercial sex core to the general population (Morris et al., 1996; Morrison, 2001).

Evidence (e.g. different rounds of IBBS surveys carried out in Nepal) suggests that the HIV epidemic in Nepal is still concentrated among specific population groups, which include injecting drug users (IDUs), Men who have Sex with Men (MSMs), FSWs and male labor migrants (MLM) who work in Indian cities. For example, the most recent round of Integrated Biological Behavioral Surveillance (IBBS) surveys among FSWs conducted in three clusters Kathmandu, Pokhara and Terai highway districts shows HIV prevalence as: 1.7 percent in Kathmandu valley in 2011 (NCASC and ASHA, 2011a), 1.2 percent in Pokhara valley in 2011 (NCASC and ASHA, 2011b), and 1 percent in the 22 Terai highway districts in 2013 (NCASC, 2013). These studies have also documented that the HIV prevalence among Nepali FSWs is in a decreasing trend (2004-2011), although these studies still report that unsafe sex practices between FSWs and their clients are not uncommon. For example, the most recent IBBS among FSWs in Kathmandu, Pokhara and Terai highway districts revealed that consistent condom use with clients over past twelve months was 73.4 percent, 61.4 percent and 59 percent respectively (NCASC and ASHA, 2011a; NCASC and ASHA, 2011b, (NCASC, 2013). The consistent condom use with non-paying partners in Kathmandu and Pokhara was even lower i.e. 44.2 percent and 30.8 percent respectively (NCASC and ASHA, 2011a; NCASC and ASHA, 2011b).

Analysis of behavioral characteristics solely from an individual, population or even structural perspective has many limitations for understanding HIV transmission dynamics. There is also evidence that behavior analysis approaches generally fail to account for the complexities in the sexual relationships that ultimately underpin patterns of STI and HIV spread. Thus, an increased focus on sexual relationships of FSW with partners is needed in understanding sexually transmitted infections (STIs) and HIV transmission determinants.

Sexual network in this study is defined as a ‘group of persons who are connected to one another sexually’. In this study the sexual network consists of FSWs and their partners who are connected with each other sexually. Similarly, the drug injecting network of FSWs consists of their peers, friends or clients who are connected to each other through drug injecting behaviors.

1.2 Rationale of the Study

FSWs describe high numbers of sexual encounters every day with different categories of male partners. The complexity, quality and quantity of these sexual networks create a fertile ground for HIV transmission (Britton et al., 2007). The concurrent sexual relations with steady partners and short term and casual sexual relationships include several risk-enhancing factors that could contribute to maintaining high HIV prevalence, such as geographic and age mixing, inconsistent condom use and low risk perceptions. It is widely accepted that HIV or STIs can pass easily from sex workers to their clients and from infected clients to newly recruited/engaged FSWs or their non-regular and regular partners (e.g. wife). The situation may become more complex in case of drug abuse and needle sharing FSWs who are more prone to be infected with HIV and other STIs than non-users. Thus, focusing on risk behaviors alone does not explain this difference in HIV and STI transmission from FSWs to clients and from clients to general population. Previously, Aral and colleagues (2010), for example, argued that behavior analysis approaches generally fail to account for the complexities in the sexual networks that ultimately underpin patterns of the spread of STI and HIV.

In the context of Nepal, the study that focused on sexual network was carried out in 2002 in Kathmandu and Pokhara. Since then, there has been a huge gap in information about FSWs' sexual network as the dynamics of this population changes frequently. The most recent Integrated Biological and Behavioral Surveillance (IBBS) surveys conducted in Nepal provide evidence that the number of FSWs in Nepal is increasing. For example, the IBBS survey found that 40 percent of FSWs in Kathmandu and 47.4 percent of FSWs in Pokhara were 'new' to sex work as the duration of their time as a sex worker was less than a year (NCASC and ASHA, 2011a; NCASC and ASHA, 2011b). The number of FSWs in Nepal also varies with geographical setting. For example, the proportion of FSWs is extremely high in many urban areas such as Kathmandu and Pokhara and the Terai highway border areas (NCASC, 2011). Therefore, a study focusing on the sexual network of FSWs at high risk, such as those who inject drugs and vulnerable FSWs who are new to the profession, is important. Information on clients of FSWs is also very important for policy makers and program implementers to develop intervention programs.

Building upon more than two decades of support to the national HIV response in Nepal in partnership with the Government of Nepal, USAID-funded SSP provides HIV prevention to care, support and treatment services and family planning (FP) services through its outreach activities and from expanded integrated health services (EIHS) clinical sites. Initiated in 2011, this five year project operates in 33 districts across Nepal to directly serve key populations (KP) including female sex workers (FSWs) and their clients, migrant workers and spouses of migrant workers, and people living with HIV (PLHIV) and their families. All project activities are implemented in the districts through more than forty local NGO partners. USAID-funded SSP conducted the sexual network study of FSWs to help explore the partners of three types of FSWs (New, Established and FSW who inject drugs) and their relationships with their partners. It is expected that this study will help guide the policy makers and program managers through the relationships of these networks, which will allow them to identify useful points and areas for targeting and focusing interventions for different subgroups of FSWs and their partners (clients).

1.3 Objectives of the Study

The overall goal of this study is to generate a more comprehensive understanding of the types and sources of partners of FSWs in order to better target both FSWs and their partners with HIV prevention messages. Findings from this study will help in exploring the sexual partners of FSWs and the sexual mixing patterns of different types of FSWs (e.g. New or Established) and their partners, as well as the bridging population who are clients (partners).

The objectives of the study are as follows:

- To explore the sexual behaviors and drug injecting behaviors of FSWs
- To describe the range of sexual relationships and network in which FSW engage

The expected outcome of this study is that it will provide information on the sexual and drug injecting behavior of three subgroups of FSWs (New FSWs, Established FSWs and FSW who inject drugs), their sexual relationships, and their drug injecting relationship with partners.

1.4 Review of Literature

Sexual networks consist of persons who are directly or indirectly sexually connected to one another. This is widely accepted that network study helps in understanding the transmission of STIs and HIV as they establish the paths through which infectious agents transmit from person to person. Morris (1997) and Doherty (2011) have argued that sexual networks connecting members of a population have important consequences for the spread of STIs including HIV. Since most infectious diseases spread by contact between infectious and susceptible individuals, the structure of the network plays an important role in the dynamics of the infectious disease propagation (Anderson et al., 1990; Potterat et al., 2000; Youm and Laumann, 2002). Network analysis also offers a statistical framework to evaluate the importance of an individual's characteristics from other people to whom the individual is connected in the network, be it directly or indirectly through sexual relationships. Moreover, network analysis produces statistics that describe the quality, density, position, and structure of relationships (Wohlfieler and Potterat, 2005).

The importance of sexual networks and relationships in HIV and STI epidemiology has widely been discussed in literatures and many network studies have successfully been conducted in different geographical settings to identify networks of individuals perceived to be at high risk of infection, including injecting drug users, sex workers and men having sex with men (e.g. Potterat et al., 2000; Rothenberg et al., 2001; Niccolai et al., 2009; Gorbach et al., 2009).

It is often argued that network study can highlight information on the mixing patterns (Anderson et al., 1990; Garnett et al., 1992), concurrency (Kretzschmar and Morris, 1996; Morris and Kretzschmar, 1997) and degree distribution (Watts and Strogatz, 1998; Schneeberger et al., 2004; Christley et al., 2005) and its effect on how quickly and how far a disease can spread through a network. Likewise, the likelihood of getting infected or of transmitting infection has been shown to be theoretically influenced by network position (Christley et al., 2005).

In Nepal, most studies among FSWs have been conducted from behavioral and biological perspectives. Although biological and behavioral surveys among FSWs and their clients (e.g. Truckers) have helped understand the risk behaviors at the individual level, these studies have not explored information on the structure and context of the sexual relationships and sexual

partnerships of FSWs and their clients. The information obtained from this study would help to identify programmatic areas or target groups for effective interventions for HIV prevention. The findings from the network study will be beneficial for the program to explore sexual behaviors, friendship networks, sexual relations and sexual partnerships of FSWs. Information sought helps to better understand the existing network of FSWs, their clients, their mobility, types of clients, approaches to find clients, support to find clients, served and the extent of condom network of FSWs which would be fruitful to design of health intervention of FSWs.

As there is a greater proportion of FSWs who are newly enrolled in sex work (NCASC and ASHA, 2011a; NCASC and ASHA, 2011b), it can be argued that they may be more vulnerable and possess different patterns compared to FSWs who are more experienced (established) in the profession. Similarly established FSWs exhibit different types of networks as they are more experienced and have engaged in sex work for longer periods of time. HIV transmission among FSWs is further exacerbated by the intersection of injection drug use (Medhi et al., 2012; Strathdee et al., 2008). FSWs with HIV-risk behaviors such as injection drug use exhibit two types of networks: sexual network and drug injecting network.

1.5 Limitations of the Study

The limitations of the study are:

1. This study was conducted in three districts including Kathmandu, Jhapa and Kailali. The analysis and results presented in this report are, therefore, confined to the above three districts, and may not be generalized to the other districts or any other parts of the country.
2. The study could not achieve the targeted number of interviews with FSWs who inject drugs in Kailali and Jhapa districts. The study team could interview a FSW with injecting drugs in Jhapa and Kailali. Therefore, the findings may not be generalized to the entire population.
3. The information about the FSWs' sexual partners' demographic and other sexual behavior was collected from the FSWs themselves and may not be entirely accurate.

CHAPTER II

METHODOLOGY

2.1 Study Design

This was a cross sectional study and qualitative in nature with some quantitative information.

2.2 Study Population

This study was carried out among three types of FSWs (New FSWs, Established FSWs, and FSWs who inject drugs). The definition of the FSWs used in the study was: Women aged sixteen years and above reported having been paid in cash or kind for sex with a male within the last six months.

The three types of FSWs meeting the eligibility criteria are furnished below:

New FSWs:

- FSWs aged 16 years and above years reported having been paid in cash or kind for sex for six months or less.
- FSWs who have begun sex work in past six months.

Established FSWs:

- FSWs aged 16 years and above years reported having been paid in cash or kind for sex.
- FSWs who have been in sex work for more than six months.

FSWs who inject drugs:

- FSWs aged 16 years and above, reported having been paid in cash or kind for sex for six months or less.
- FSWs who also inject drugs (duration of injection is at least six months and the respondents have at least tried injecting drugs twice).

2.3 Study Setting

This study was conducted in Kathmandu valley (which covers Kathmandu, Bhaktapur and Lalitpur Districts), Jhapa and Kailali districts of Nepal. These three districts were chosen purposively. The rationale behind selecting these districts was:

The recent size estimation (HIV-AIDS and STI Control Board, 2011) exercise found a considerably higher proportion of FSWs in the proposed study districts. The study site also represents the Eastern, Central and Far-Western regions of Nepal.



Figure 1: A map of Nepal showing Kathmandu Valley (Kathmandu, Bhaktapur and Lalitpur), Jhapa and Kailali Districts of Nepal

2.4 Sampling Method

Snowball sampling techniques that are commonly used in studies of hidden and hard to reach populations (Kruse et al., 2003) was employed. Probability sampling techniques are not feasible when studying hidden and hard to reach populations; therefore, targeted and snowball sampling was appropriate in our study context. Snowball sampling approach has successfully been applied to recruit FSWs in previous studies in Nepal (Ghimire and Teijlingen, 2009; Ghimire et al., 2011).

2.5 Sample Size

The study expected to interview 72 FSWs from the three study districts; however, 58 FSWs from the three study districts were interviewed. The sample achieved fell short of the targeted sample by eight FSWs who inject drugs in Kailali and Jhapa district. The study team could interview only one FSW who injected drugs in both districts. The remaining samples could not be achieved because the FSWs with injecting behavior were not available in the districts at the time of interview. In the case of Kailali, there were two reported cases of FSWs who inject drugs but one of them could not be located. The key information sources reported that the person had gone out of the district. In the case of Jhapa, the key stakeholders reported that they had come across four FSWs with injecting behavior but three of them could not be found in the district as they had gone to India during the study period.

Study Population	Study sites			Total (N=58)
	Kathmandu Valley	Jhapa	Kailali	
Established FSWs	8	8	8	24
New FSWs	8	8	8	24
FSWs who inject drugs	8	1	1	10

2.6 Data Collection Tools and Techniques

This study used in-depth interviews with FSWs to generate insights on sexual behaviors, sexual relationships and sexual partnerships of the three subgroups of FSWs. Similarly, a semi- structured questionnaire was administered among FSWs about their partners or clients that they had sex with in two months preceding the interview. The questionnaire used was adapted from the UNAIDS questionnaire for tracing sexual network (UNAIDS, 1998) and necessary modifications were made based on the local context. All data collection tools were developed in Nepali. Interviews were conducted in Nepali by the same sex researchers. The interview was tape recorded with the permission of the study participants to make sure that no information was missed during the transcription and analysis. All logistics were well prepared before the in-depth interviews.

2.7 Study Personnel

The study team comprising five core team members that included one project coordinator, a senior researcher, two researchers and a liaison personnel. The study team was involved in pretesting and finalization of tools, data collection, data processing and verification and report development.

2.8 Training of Field Team and Pretesting

A field team comprising two female researchers and a liaison staff were provided with a three- day training by Right Direction Nepal and staff from SSP. The training covered study protocol, sampling design, sampling procedure, recruitment process, consent taking procedures and interview skills. Additionally, the study objectives and the purpose of the study were explained along with the ethical consideration and role and responsibilities of the team members.

Prior to the actual field operation, all the tools developed by SSP were pretested by RDN in Kathmandu and SSP closely monitored the pretesting procedure. With the help of SSP implementing agencies (through their peer educators/outreach educators), FSWs were contacted and invited for the pretest exercise of the study tools. The pretest was carried out in a location agreed to by FSWs (SWAN office at Gwarko and DRISTI office in Lazimpat) and consent was taken from all the study participants. Four FSWs (two new, one established and one FSW with injecting drugs) were interviewed during the pretesting. The tools were finalized based on the findings of pretest report. However, the information collected during the pretest was not included in the main analysis.

2.9 Field Work

The actual field work of the study started from September 6, 2013 in Kathmandu. The field work in Kailali and Jhapa started on September 15, 2013. The field work in each district started with a consultation meeting attended by personnel from government line agencies, I/NGOs working with FSWs, PWIDs in the field of HIV and AIDS and other relevant stakeholders. The entire field work was completed on October 8, 2013.

Before the consultation meeting, the study team prepared a list of government agencies and stakeholders working with FSWs and IDUs in the field of HIV and AIDS. The focal persons from the organizations were contacted in person by the study team members and invited to attend the consultation meeting.

During the consultation meeting the lead researcher explained the purpose and objectives of the study, led the discussion towards the issues and challenges in the field work, and asked for their cooperation to make the study a success. During the meeting, participants shared their experiences and knowledge about different types of FSWs, their locations and sites, their sizes and leads for contacting them. During the meeting, the key stakeholders working with FSWs also provided the names and contact numbers of the Community Mobilizers (CMs) and FSW peers who could be used to reach the target population.

After the consultation meeting, the study team contacted the potential CMs and equipped them with good knowledge about the target population of this study. The study team, with the help of CMs, visited the key locations and sites where the target groups could be located, including hotels/guesthouses, busparks, parks, dance/cabin restaurants, bhattis and different sites and locations that drug users frequent.

During these visits the potential informants (Seeds) of target groups in those sites and locations were listed. The researchers started building rapport with these Seeds and asked them to fix an appointment with the target population for interviews, to provide their contact information, or to mobilize their network to find the target group. Both CMs and Seeds informed potential participants about the study and requested them to contact the study team if they wished to participate. When researchers reached a potential participant and when initial eligibility criteria for being the respondent was matched, the researcher built rapport with the respondent in person and over the phone, and then fixed an appointment for the interview.

All interviews were conducted by female researchers in a private room at the respondent's residence, their work place (hotels, restaurants) or local SSP implementing agency (private room) as agreed to by the study participants. No names were mentioned in the tools and notes. Only the participants' identity numbers were used in all stages of the study. Some of the other respondents were also recruited in the process.

In order to confirm the identity of the study participants, screening questions prior to the actual interview were asked verbally. Such questions were related to their sexual experience and behavior, the type of sex partners they had and their involvement in sex work. If they met the study requirements and if interviewers found their answers convincing enough to establish their identity as FSWs, then only they were listed as prospective respondents. For FSWs who inject drugs, screening questions were related to duration of injecting drugs and injecting behaviors. During this conversation, the potential study participants were clearly informed about the study purpose and their role in the study.

FSWs who satisfactorily answered all the screening questions were briefed about the purpose, objectives, and methodology of the study. An oral informed consent form was administered

by the interviewer and witnessed by another team member of the study to ensure that the study participants understood the information in the consent form and provided verbal consent. The respondents were enrolled after they gave their consent. Once the selected FSW had agreed to participate in the study, the researchers started the interview.

2.10 Refusals

There were no cases of refusals observed during the interviews. After consultation meetings where enough experiences about the sexual network of FSWs were shared, the field work was executed. During the field work, the researchers were vigilant about possible refusals. They were also assured of the interviews with FSWs who were interested to provide information. Due to this, there were no instances of refusals. However one of the respondents from Kathmandu was screened out as she was not able to provide adequate time required for the interview.

2.11 Field Work Supervision and Monitoring

The study team members from RDN and staff from the Research Unit of SSP supervised and monitored the study work throughout the study period. The core research team members visited the study sites on an ongoing basis for monitoring, supervision and assistance purposes. The supervisors used a monitoring check list to ensure that the researchers strictly followed the protocols like a) research study design and methodology followed; b) selected participants interviewed; c) ethical considerations followed; d) tools properly used and instructions followed.

Similarly, the quality of the data collected was maintained throughout the study period. The study team members from RDN and the Research Unit of SSP were involved in Quality Control from the initial stage of the field work. The monitoring team was mobile and visited one interview team after the other to ensure uniformity in data collection.

2.12 Data Management and Analysis

In-depth interviews and audio records were transcribed by RDN. Transcriptions of the in-depth interviews were made based on the original tape-recorded interview. The transcribed data/notes were shared with the Research Unit of SSP.

As the study tools also include a few semi-structured questions, the completed questionnaires were brought to the RDN office in Kathmandu, and were scrutinized by the study team to ensure completion before sending the questionnaire for coding and data entry. Immediately after mobilizing the field teams, software package (CS-Pro) for data entry (quantitative data) was developed. The data was entered using double entry approach for greater accuracy and the dataset was transferred into SPSS for statistical analysis. A number of quality check mechanisms such as range checks, logical checks and skip instructions were developed, which helped to detect the errors during the data entry stage. If any inconsistencies in the two data files were observed, it was verified with the data in the actual questionnaires and corrected and saved as a third data file.

To ensure confidentiality, each respondent was provided a participant code number in the interview sheets which was used only during the analysis. This number was not linked with any other information about the participant. Data coding and data entry was done by the

trained research organization staffs. All entered data was kept secure in password protected computers at the selected research organization.

All the qualitative data was analyzed based on the themes and appropriate quotes were also presented in the study report. Each transcript was read carefully and frequently, and researchers looked for particular patterns, themes, concerns or responses which were posed repeatedly by the participants. For the semi-structured questionnaire, simple descriptive analysis (frequency distributions) was performed.

All the analysis and calculation was carried out upon consultation and guidance of SSP's Research Unit. Both RDN and SSP agreed on the content of the analysis. Research Unit of SSP monitored the field work closely and guided the researchers regularly where needed. The preliminary results of the analysis were also shared with SSP's Research Unit and other stakeholders for their review and feedback before the finalization.

2.13 Ethical Considerations

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. The study protocol was submitted to the SSP ethical review body, the Protection of Human Subject Committee (PHSC) and Nepal Health Research Council (NHRC) for their review and approval.

Oral informed consent was obtained from all study participants prior to the interview. Since there was a risk of identifying the study participants through their signatures if written consent was used, the study demanded that only oral consent should be taken from the participants. The oral informed consent was taken in the presence of a witness (another member of the study team) who then signed the consent form. Study procedure was designed to protect participants' privacy allowing for anonymous and voluntary participation. No names and personal identifiers were used in the data collection. Prior to conducting the interview, the purpose and benefit of this study was explained to each participant. They were provided with information about the study risks, confidentiality and compensation. The participants were 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, it was made clear to the participants that they were free to refuse to participate and if they decided not to participate, they could stop at any time. 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 not to answer such questions and could also stop to participate in the study at any time. Best efforts were made to minimize risks associated with study participants.

During the analysis and presentation of the study findings, no names or addresses of the study participants was mentioned. In some situation, their quotes were presented in the study report; however, their names or other information which could identify them were not presented or linked. Analysis was done based on the key themes and sub themes.

CHAPTER III

DEMOGRAPHY AND CHARACTERISTIC OF FSW

This chapter narrates the demographic profile of the FSWs, which includes age group, education, type of FSW, ethnicity, marital status and assets owned. Besides that, it also covers the mobility status of the FSWs.

3.1 Socio-demographic characteristics

Age

The study involved 58 FSWs from Kathmandu, Jhapa and Kailali districts. Among them, half fall in the age range of 16-24 years and mostly in the age range of 20-24 years (29.3%).

The proportion of the FSWs decreases as the age group increases: 25-29 years (19%), 30-34 years (13.8%), 40–44 years (5.2%) and above 45 years (6.9%).

Education

Majority of the FSWs were literate i.e. 87.9 percent, and 79.3 percent had formal education. However, only few of them have higher level education i.e Higher Secondary (6.9%), and graduate or above (3.4%).

Type of FSWs

The FSWs involved in this study were mostly establishment based (62.1%) followed by street based FSWs (31%). The proportion of home based and call-girl FSWs is very low i.e. 5.2 percent and 1.7 percent respectively.

Ethnicity

In regard to caste/ethnicity of FSWs, 27.6 percent belonged to Hill/Janajati, 22.4 percent were Chhetris, followed by Newar and Tharus with 13.8 percent each. 10.3 percent were Dalits whereas the lowest proportion was of Brahmins (5.2%).

Marital Status

Nearly seven out of ten FSWs (68.9%) were married at least once, and among them 22.4 percent were currently living with their

Socio-demographic Characteristics	Number (N=58)	Percent (%)
Age Group (years)		
16-19 years	12	20.7
20-24 years	17	29.3
25-29 years	11	19.0
30-34 years	8	13.8
35-39 years	3	5.2
40-44 years	3	5.2
45+ years	4	6.9
Education		
Primary (1-5)	14	24.1
Lower secondary (6-8)	16	27.6
Secondary (9-10)	10	17.2
Higher secondary(11-12)	4	6.9
Graduate and above	2	3.4
Read and write only	5	8.6
Illiterate	7	12.1
Type of FSW		
Call Girl	1	1.7
Establishment Based	36	62.1
Home Based	3	5.2
Street Based	18	31.0
Cast/Ethnicity		
Brahmin	3	5.2
Chhetri	13	22.4
Newar	8	13.8
Hill Janajati	16	27.6
Tharu	8	13.8
Dalit	6	10.3
Others	4	6.9
Marital Status		
Living with married husband	13	22.4
Not living with married husband	14	24.1
Separated	13	22.4
Never married	18	31.0
Household Asset		
Radio	10	17.5
TV	26	45.6
Computer/Laptop	7	12.3
Mobile phone	55	97.5
Bicycle	18	31.6

husbands, 24.1 percent were not living with their husbands and 22.4 percent were separated. On the contrary, 31 percent of the FSWs involved in this study were never married.

Assets owned

It was interesting to note that the large majority (97.5%) owned mobile phones. Additionally, about one half had television (45.6%), followed by radio (17.5%), computer/laptop (12.3%) and bicycle (31.6%).

3.2 Mobility Status of FSWs

In order to better understand the mobility pattern of FSWs, the study tried to investigate their current living status, duration of stay, current working district, etc.

Current living place

Overall, nearly half of the FSWs (44.8%) were found to be living in rented houses/apartments. This figure is most concentrated among FSWs in Kathmandu, where out of twenty four FSWs, eighteen were found to be living in rented apartments/houses, and four were living in their own houses and two at their relatives' houses.

Currently living with family

Although most of them lived in apartment/rented houses, the majority of FSWs (62.7%, i.e. 36) lived with their families, ten FSWs lived alone, eight FSWs lived with female friends and three FSWs with relatives and one with a male partner. Reportedly, the majority of them were living in their current residence for more than a year (77.6%, i.e. 45).

The FSWs in Jhapa were prone to greater mobility than those in the other two districts. Most FSWs in Jhapa resided in hotel/lodges and previously worked outside Jhapa. Their duration of stay in the current place also suggests that they had not been tethered to a particular place. Besides this, most of them also expressed their inclination towards moving to other districts/places. On the other hand, FSWs in Kailali were less likely to migrate to other places. Most of them lived in their own houses with their families and most of them were, in fact, from Kailali itself. Their length of stay at their current place was also higher than those in other two districts (data not shown).

Table 3 Mobility Status of Respondent		
Mobility status	Number (N=58)	Percent (%)
Current living place		
Own house	21	36.2
Rented house	26	44.8
At relative's house	3	5.2
Hotel/lodge	8	13.8
Currently living with		
With family	36	62.1
Alone	10	17.2
Male partner	1	1.7
Female friend	8	13.8
Relatives	3	5.2
Duration of Stay		
Less than a year	13	22.4
1 - 5 years	28	48.3
6 - 10 years	3	5.2
10+ years	14	24.1

CHAPTER IV

FSW LIVING ENVIRONMENT AND CHALLENGES

This chapter sheds light on the FSWs' living environment in terms of their day-to-day activities and work schedule. It also talks about the key reasons cited by FSWs for joining sex professions, including the key challenges they faced during sex work.

4.1 FSW'S Living Environment

The FSWs can be broadly classified into three groups: ones who live in a family environment with their family, others who live in a hostel/hotel kind of environment without family and those living alone without a family in a rented room.

A new FSW who lived in a hostel in Kathmandu told us, *"There are three of us, another one like me and a mum. We have rented a flat. No one knows about this place and profession"*.

An FSW from Kathmandu living alone remarked, *"My husband has gone abroad and my child lives at my mother's house. We meet sometimes but I live alone"*.

An FSW living with family said, *"There are four members in my family. My husband is a daily wage worker, my daughter studies in class 10 and my son studies in class four"*.

4.1.1 Typical Day of Life

FSWs living with family

Those who lived in a family environment spent their typical day doing chores like cleaning, cooking, washing clothes, taking care of their children, knitting, and watching TV. Most of them were part-time FSWs involved in other works like working in dance restaurants, and as small clerks at private offices, waiters, peons, and daily-wage labors.

An FSW from Kailali said, *"Besides sex work, I also worked at the Salt trading factory where I packed salt packets. I do sex work to earn extra money"*.

FSWs Living in Hostel/hotel

Those living in a hostel/hotel type of environment did not have to be engaged in household works and were full-time sex workers. There was a person to cook, wash clothes and do other chores.

An FSW from Kathmandu told us, *"We have one maid to work for us. We also do household chores sometimes but when the guest arrives we have to serve him"*.

An FSW from Kailali said, *"Normally I spend my time cooking, washing clothes, watching TV, and working in the fields while sometimes I go outside"*.

There was one FSW in Jhapa who normally lived in a hotel but had also rented a room to escape from police during hotel raids.

She said *"Normally I live in a hotel, but sometimes when there are police raids I go to a room that I have rented for those situations"*.

FSWs Living Alone

Among the FSWs who lived alone, two were from Kailali and one was from Kathmandu; one had a part-time occupation as a garment worker while the other was not engaged in any part time work. The FSW in Kathmandu also did knitting work at home.

New FSWs: Among the new FSWs, most of them lived in a hostel/hotel type of environment. The proportion of new FSWs living in family environment and hostel/hotel environment was fifty-fifty in Kathmandu, whereas in Jhapa the majority of new FSWs lived in a hotel/hostel. The majority of new FSWs in Kailali lived with their families, especially with their children.

Established FSWs: In the case of established FSWs, most of them lived in a family environment except in Jhapa, where about half of them lived in a hostel/hotel environment.

FSWs who inject drugs: Among FSWs who injected drugs, most of them were living with their families, apart from one FSW who injected drugs in Jhapa, who was constantly switching between Indo-Nepal borders and staying in hotels. In Kailali, the FSW who injected drugs lived alone in a rented room.

4.1.2 Leisure Time

In general FSWs spent their leisure time watching television, gossiping with friends (especially FSWs), and going out with their boyfriends and family. FSWs like to spend more time with other FSWs because they can share their profession related problems and understand each other well. Spending time with other FSW friends is true for established FSWs, FSWs who inject drugs and FSWs who lived in hostel/hotel settlement.

An FSW from Jhapa said, *“Most of my friends are in the same profession as I am; we do the same work and we understand each other well. If I make a non-FSW my friend, then society may know about our work and there will be no privacy and confidentiality”*.

New FSWs

New FSWs spent their leisure time with their FSW friends, boyfriends and family. New FSWs who lived in a family environment with undisclosed status maintained friendship with non-FSW friends and family members who were in their constant touch.

A new FSW from Kathmandu said, *“Some of my friends study in colleges, and I chat with them on facebook and sometimes over phone. They do not know about my work and I have more of these friends than other FSW friends”*.

FSWs who were currently living with their family but did not maintain a good relationship with other FSWs spent their time with their husbands, children, etc. Those who were not living with husbands or were single spent their leisure time with a person (usually a boyfriend) with whom they exchanged their personal sentiments.

4.1.3 Schedule

On average FSWs who lived in a hostel/hotel worked seven days a week and handled more clients. Most of these FSWs reported that they handled about 4-5 clients per day. Those who did not live in hotels but spent their working hours at a hotel and returned home at night worked on average 3-4 days a week and handled 4-5 clients a day.

An FSW from Jhapa said, *“We are only two here. Most of the times there are lots of clients. Normally we work 7 days a week but 4-5 days are crowded, like 4-5 clients per day”*.

An FSW from Kailali remarked, *“I work at a garment factory, so I can do sex work only for 3-4 days a week. Normally there are 3-4 clients per day”*.

An FSW from Kathmandu said, *“I live with my mother and a toddler, so I do not get to serve clients every day. I have 3-4 regular partners who come around 3-4 times a month”*.

FSWs who inject drugs worked less frequently on a need-basis and didn't have a defined schedule of work or number of clients served; their work depended entirely on their cash-crunch for drugs. However, in case of Kathmandu, some FSWs who injected drugs worked about 2-3 days a week, serving 1-2 clients a day, whereas another group of FSWs worked twice a month or less frequently. In Kailali the FSWs who injected drugs worked consecutively for about 2-3 weeks and rested for another two weeks. She served about 2-3 clients per day. She rented a room in Lamki and used to travel about 80 kilometers to Dhangadhi for work. The FSW who injected drugs from Jhapa did not have a defined work schedule or place. She used to work in a hotel for a month and would go cross-border to India for weeks and return to work in another hotel when she ran out of money.

An FSW who injected drugs from Kathmandu remarked, *“We have to take ‘maal’ (drugs). When we have no money we go to guesthouse, hotel or cabin restaurants and from that money we buy ‘maal’ (drugs)”*.

An FSW who injected drugs from Jhapa remarked, *“If I travel frequently then people in the society might know about my work, so I stay at my room for few weeks and go only if the clients call and go at night if the customer pays more money”*.

An FSW who injected drugs from Kailali said, *“I don't stay at a particular place. I work till I have enough money. I go to the border side and sometimes over a place called ‘pani tanki’. I don't have a fixed schedule of number clients or days of work”*.

4.2 Reasons for Becoming FSWs

When asked about reasons for coming to this profession, in general all FSWs, regardless of their type, reported that they had to join this profession because their husbands had abandoned them with no financial support. Most of their husbands had gone abroad or were living separately, and were not providing them with any financial support. Some of the FSWs also reported that their husbands were alcoholics/drug users and spent their earnings on alcohol/drugs so they were obliged to take care of their dependents by themselves. Other key personal problems that pushed them into this profession were husbands/fathers being unemployed, handicapped, imprisoned, or dead.

An FSW from Kailali said *“My husband was in the army; he abandoned me and our son to marry someone else. I started working as a daily-wage labor but the contractor usurped my wages. I also worked as a domestic helper at a woman's house. She knew about my situation and offered me employment as a sex worker. I was going through very difficult time, so I accepted it and became a sex worker”*.

Another FSW from Kailali said, *“My husband is a daily-wage labor. He squanders all his wages on alcohol. My son studies in a boarding school and in absence of financial support from husband, I was obliged to do this”*.

A case from Jhapa

I am from Dhading district. When I was just a girl, a meat shop owner lured me into his room and raped me. My parents did not speak up for me because they feared the conservative society. They may have some weaknesses, I guess. After a while, my father was convicted for a crime and at the same time my mother had to be hospitalized due to an illness. I was the eldest of my siblings; my sisters and brother were too small to work. With the help of my friends, I travelled to Narayanghat in search of work. I knew that they were sex workers. They insisted on staying there that night. Their customers arrived. I also needed money, so I had sex for money. I thought that I would have to take care of my family even if I have to do this dreadful work.

- *Kalpana (Name changed)*

There were two FSWs who came to this profession because they had to settle their financial burden, repay loans and payables.

An established FSW from Kathmandu said, *“My husband left me at a rented room in Kathmandu. He did not return. I came to know that he had borrowed some money from a nearby local grocery shop. I had to pay the rent as well, and son’s school fees. I had no money. There was a woman in the neighborhood who offered me to enter sex-work after I confided my problems to her. I agreed and started this work”*.

In some cases, the FSWs’ mother had passed away and the step-mother had tortured them, so they had to escape, which led them to become FSW to earn a living.

A new FSW from Kathmandu remarked, *“I haven’t seen my real mother yet; I was brought up by my step-mother. She used to beat me all the time. After I had had enough, I ran away. I lived with my friends for some days and I was in the streets on other days. Then one day my friends, who were also sex workers, introduced me to this aunt (established sex worker). I had nothing else to do, so I started doing this kind of work”*.

In some cases in Jhapa and Kathmandu, the FSWs first arrived in these cities in search of jobs. Being uneducated they could not find other jobs, so they landed in this profession.

A New FSW from Kathmandu remarked, *“I came to Kathmandu with my friends in search of a job. I was uneducated and had no skills, so I could not find a job. My friends were sex workers and earned a lot of money. Watching them, I started to work as a sex worker”*.

A case in Jhapa

I came to Nepal with my husband just to visit. We ran out of money when it was time to return back. My husband said that he knew of a hotel where we could spend the night. We stayed there even though we had not money. The next day my husband had run away. The hotel owner asked for money and forced me to have sex with him. In the evening he bought me some new clothes and make up. During the night a man came and asked me to have sex with him. He said that he had paid money to the hotel owner to have sex with me. I had no choice. That’s how I started this profession. Now I live in Birtamod. I found my husband later and divorced him”.

- *Bina (Name Changed)*

4.3 Problems from Clients

In general, the common problem faced by the FSW as reported are condom negotiation with clients, clients forcing to have oral and anal sex, clients paying less than agreed before, fleeing without payment, physical/verbal abuse, clients demanding sex in different postures, client demanding naked sex, masturbation, group sex and blackmailing. Some FSWs also accounted that few clients stole their money and mobile phones in the morning while they were still asleep.

An FSW from Kathmandu said, *“I always have problems with clients not using condoms; they argue that they have paid money and often throw away worn condoms. When I give them another one, they retort that the condom is of low quality and will break”*.

Generally, these problems do not vary by the types of FSWs or by districts. In fact, such challenges are faced by any FSW when serving a non-regular client such as police and army personnel and young clients. However, in most situations the victims are the new FSWs who have little experience in handling such problems. The FSWs who generally serve a fixed number of regular clients do not encounter any problems.

An FSW from Jhapa said, *“Older clients are more understanding whereas the younger ones, especially between 25-35 years, are badly-behaved”*.

An FSW from Kathmandu said, *“Police personnel often harass us in front of their friends, call us “bhaalu (whore)” and demand free sex. Sometimes they even ask for money instead”*.

An FSW from Kailali remarked, *“I only have three fixed sex partners. It has been a while since the relationship started. They take care of my expenses and also give money when I need. I have not faced any problem with them”*.

CHAPTER V

SEXUAL NETWORK

This chapter clarifies the network size of FSWs and the different methods they use to solicit their clients. It also highlights the places they have sex with their clients and their work schedule. Besides that, it also illustrates the profile of their regular sex partners and relationships with them.

5.1 FSW Network

It is interesting to note that the interviewed FSWs did not work in isolation; all FSWs had connection with other FSWs. The maximum size of the network of a FSW was found to be 20 and the minimum was found to be one. In general, the network size of new FSWs was relatively small, ranging from one to five. The network size of established FSWs and FSWs who inject drugs was bigger, ranging two to fifteen. However, one of the new FSWs from Kathmandu reported that she knew fifteen other FSWs. Overall, the range of network size was similar across all three study districts among new and established FSWs and FSWs who inject drugs.

5.1.1 Relation with other FSWs

FSWs came to know about other FSWs through different channels. The FSWs living in hostel/flats came to know about other FSWs who lived with them in that environment. Besides the ones who were situated in one location, there were other floating FSWs who visited certain places regularly to serve their clients. These floating FSWs were contacted by the hotel owners or hostel caretakers as per the demand of the clients.

A FSW living in a hostel settlement disclosed, *“We are only two now but if any client demands new girls then the caretaker (called as ‘mum, mom’) here can contact other FSWs from different places like Pokhara. We often get to meet those FSWs”*.

The FSWs also came to meet other FSWs in the organizations from where they received services like VCT, STI clinics, information centers, Drop-in Centers (DICs), etc. The FSWs had connections with other FSWs with whom they had worked together in previous stations like cabin restaurants, hotels, parks, dance restaurants, and guest houses. They also had connections with FSWs through the people who brought them into this profession, like pimps/FSWs.

An FSW from Kathmandu said, *“We don’t just go looking for them but usually when we go to our previous work stations, we meet new sex workers there”*.

Those living in home environments got connected to the FSW network through the places where they work. In situations where clients demanded more FSWs or FSWs with specific criteria, the FSWs from one network got connected with FSWs from another network.

An FSW from Jhapa said, *“Sometimes when there are multiple clients, they ask us to bring my friends. So, I have to find other FSWs and sometimes when I cannot go for service I send other FSWs. That’s how I meet new FSWs”*.

New FSWs

The new FSWs did not have wide network, but in most of the cases the first client of new FSWs was arranged by established FSWs. The established FSWs often look for new FSWs because it is one of their sources of income. However, new FSWs did not prefer to spend most of their time with other FSWs unlike established FSWs. In Jhapa, since all types of FSWs solicited their clients through hotel, they were quite acquainted with each other.

Established FSWs

Established FSWs preferred to spend most of their time with other FSW friends because they can share work related issues and they collectively also approach/look for new FSWs to give entertainment to their clients.

FSWs who inject drugs

FSWs who inject drugs had a closed network with other drug using FSWs because of their common injecting behavior. They did not prefer to spend time with other non-injecting FSWs. They only come across each other when finding clients.

5.1.2 Soliciting clients through FSWs

As mentioned earlier, FSWs do not work in isolation; they help each other find clients, for which they generally take a service charge (which is normally half of the total payment from client). However, in some cases FSWs searched clients for other FSW friends without charging any commission. In a few cases, there were instances where FSWs compensated for favors of other FSWs by babysitting their children, providing rooms for sex, doing their household chores and sometimes recharging their mobile phone balance.

An FSW from Kathmandu remarked, *“If I help my friends in finding clients then they return the favor by babysitting my children when I am at work or help with my chores”*.

New FSWs in general did not find clients for other FSWs. There is a common practice in Kathmandu among established FSWs to find clients for new FSWs, which is not so common in Jhapa and Kailali.. There was a particular case in Kailali where the established FSWs used to find clients for other FSWs.

An FSW from Kailali said, *“I have a grocery shop. Clients come to look for sex workers and sometimes sex workers also come to find clients”*.

In Kathmandu, a few FSWs who injected drugs reported that they share drugs purchased from the income from sex work with other FSWs who find clients for them.

An FSW who injected drugs from Kathmandu remarked, *“We don’t take money from each other. If I find clients for my friends then she serves the client, earns some money and we buy and share the drugs from that money”*.

5.2 Sexual Network with Hotelowners/Caretakers

Hotelowners and caretakers were some of the key mediums to connect FSWs with clients. In general, these middlemen were reported to keep some FSWs in their hotel/hostel for sex

work. They then fix the deal with clients who contact them for sex. The hotel owner/caretaker pays FSWs with a fixed amount per client, which is usually NRs 500-1000.

A hotel FSW from Jhapa remarked, *“Normally hotel owners are responsible for bargaining with clients; we just serve the clients. If the clients pay NRs 1000 then we get around 500”*.

This network was very prominent in case of Jhapa and also available in Kathmandu. The practice of sex work through hotels was very common in Jhapa whereas in case of Kathmandu the practice was through caretakers i.e. hostels. Such practices were not common in Kailali.

5.3 Client Network

This section details the key findings in regard to different methods the FSWs used to meet their clients and the places where the sexual activities took place. It also highlights facts about the different types of clients, the FSWs’ relationship with them, and their trends in payment..

5.3.1 Soliciting clients

In general FSWs solicited their clients through pimps, other FSWs, clients and on their own. They found clients on their own by visiting cabin/bhatti and dance restaurants, hotels, parks, disco and guest houses. Besides, the FSWs also hovered around crowded/high mobility places like bus stations, hospital areas, and cinema halls. This is commonly practiced by established FSWs. There were other segments of FSWs who directly contacted their clients through mobile phones. The contact numbers of the clients were mainly provided by other FSWs. This practice was seen to be adopted by all types of FSWs, especially new FSWs who do not solicit their clients from a fixed place (establishment, streets).

An FSW from Kathmandu said, *“We pay our way to discos; we dance and look for clients there. If we find clients, we agree on some terms and find a guest house”*.

An FSW from Jhapa recalled, *“I stand on a crowded street and ask for directions and then I wink at them and ask them to go somewhere together”*.

Another FSW from Jhapa said, *“Even If I dial wrong numbers sometimes I try my best to make the receiver a client. ‘Why waste a call?’”*.

Additionally, the FSWs maintained the contact numbers of potential clients in their first meeting and then kept them for future dealings. The FSWs also had a few clients who contacted them regularly and vice-versa. A similar trend was observed among FSW who injected drugs, but their channels also included drug dealers and IDU friends. One FSW who injected drugs in Kathmandu solicited only foreign clients, who were located by a taxi driver. One of the new FSWs in Kathmandu reported that she searched for clients by dialing random numbers on her cell phone.

An FSW from Kathmandu said, *“I only serve foreign clients. There’s a taxidriver who helps me to find clients. If the client pays NRs 15000 then I have to give 5000 to the taxi driver”*.

Another FSW from Kathmandu said, *“I do have friends who can find clients for me but I usually dial random numbers. I have found that usually 7 out of 10 receivers are male. I talk to them and if the person is interested then I arrange a place to meet”*.

Kathmandu: All types of methods of soliciting clients discussed above are applied in case of FSWs from Kathmandu. There is an increasing trend of soliciting clients through bhatti and hostel-based environments in Kathmandu.

Jhapa: The trend of finding clients by FSWs in Jhapa was through hotels, which harbored FSWs where clients made frequent visits. FSWs who were not stationed at hotels took the help of their other FSWs friends to find clients. They used mobile phones to arrange meeting places. One FSW only contacted familiar clients via mobile phone; she did not go out with unknown clients.

She stated, *“If customer calls me then I tell them to send money first. If there are multiple clients then I call some other sex workers that I know but I don’t go when they call me”*.

One FSW from Jhapa reported searching clients through Facebook: *“Sometimes I find customers while chatting with different people in facebook,” she said.*

Kailali: In general, most FSWs in Kailali contacted their clients by themselves. These clients were usually people they knew from their village, their colleagues from work, neighbors and people from nearby villages. They fixed appointment in hotels at urban areas and also at their own houses. Some FSWs also got their clients through their FSW network from where they get the numbers of the clients. They regularly visited hotels and lodges where prospective clients were usually found.

An FSW from Kailali said, *“I don’t have clients outside my village. My husband has gone abroad. My neighbor is my regular partner; when there is no one in his house then we have sex”*.

5.3.2 Place of Sex

There were primarily two places where FSWs had sexual intercourse with their clients: hotel/guest house or hostel and someone’s house. In six out of ten (59.5%) situations where FSWs in Kathmandu had sexual intercourse with clients, they did so in a hotel/guest house/bhatti. However, among new FSWs, most of their sexual intercourse with clients took place at someone’s house (58.3%). One of the FSWs reported that she had sex in a massage parlor.

In Kathmandu, there is an increasing trend of having sexual activities in bhattis. Normally FSWs wait for their clients in a bhatti. When the FSWs meet their clients they take some time to finalize their deal over some drinks and snacks. Upon finalization of deal, they go to the adjoining room near a bhatti where the sexual activity takes place.

A FSW from Kathmandu reported, *“We wait for customers in a bhatti. When some prospective customers come, we chat and if everything is fixed we go to my room near the bhatti and do our thing”*.

In Jhapa, FSWs sit in a restaurant where random clients come and meet them. However, the final price dealing for sex is done by the hotel owner. The procedure of having sexual soliciting is similar to that at a bhatti; the only difference in a hotel is that the dealing is done by the hotel owner.

An FSW from Jhapa said, *“Customers come in the hotel and talk with us. If he is interested then someone will tell him to talk to the hotel owner. After the deal is fixed, we are summoned to a room with the customer”*.

Kathmandu: The quantitative section reveals that the place of sex at someone's house is 39.2% in Kathmandu, which can be further elaborated through qualitative information. The 'someone's house' normally includes hostel settlement, the FSW's house and the client's house. The hostel environment was found only in Kathmandu where in a rented flat/house there is a main lady who keeps about 3-4 FSWs. The lodging and fooding of FSWs is managed by the main lady without any charges. The main lady keeps contact with clients and does the dealing. The clients visit the place for sex with the FSWs available there. In situations when the demand of FSWs is more or the criteria of demanded FSWs are different, the main lady calls other floating FSWs in her network. Additionally, the regular clients also make appointments through the phone with the main lady for every visit, alone or with friends. They spend some time with the FSWs available there and select an FSW for sex. However, the final price dealing is done by the main lady. It was reported that the FSWs in such house environments keep on changing quite frequently in order to maintain the constant flow of their clients.

Table 4 Place of Last Sexual Intercourse		
District	Total	
	Number (N=74)	Percent (%)
Kathmandu		
Hotel/Guesthouse/bhatti	44	59.5
Someone's house	29	39.2
Massage	1	1.4
Jhapa	Number (N=52)	Percent (%)
Hotel/Guesthouse/Restaurant	44	84.6
Dance, club, park	4	7.7
Someone's house	3	5.8
Massage	1	1.9
Kailali	Number (N=50)	Percent (%)
Hotel/Guesthouse/Restaurant	39	78
Someone's house	9	18
Others	2	4

The 'FSWs house' includes both the house of FSWs and their friends.

An FSW from Kathmandu remarked, "If my room is not available then I serve a client in my friend's house. If the customer pays 500-1000 NRs then I give some of it to the friend".

Jhapa: In Jhapa most FSWs had sexual intercourse with their clients in hotels/guesthouses as evident from forty four instances out of fifty two. Established FSWs reported that they had sex with their clients at an entertainment place for four times, three times at someone's home and one time at a massage parlor.

Kailali: Most of the FSWs from Kailali reported that their sexual activities took place in a hotel/guest house and only eighteen percent of such activities took place in someone's house.

5.3.3 Payments

In all three districts, the payment depended on the client-soliciting method. In cases where FSWs came in contact with clients through middlemen like caretakers and pimps, they did not get the actual amount of money paid by clients. In general, a client paid about NRs 1000-3000 per sitting and the FSWs received about NRs 500 to 1000. In case the middleman was an FSW friend, they shared equal proportion of the received amount. In case of irregular clients who were directly contacted by FSWs, they earned around NRs 1000-1500. Such dealings normally take place in of cash. There were also some regular clients of FSWs who visited them frequently and payed them in both cash and kind (clothes, ornaments). In general, they did not pay on a per sitting basis. Some paid them on need basis, some on a monthly basis, and some took care of their rent, food and other expenses.

An FSW from Jhapa said, *“The customer talks to the hotel owner and we don’t know how much he pays at the counter. We only get NRs 500 and sometimes some customers do tip us 2-3 hundred rupees”*.

An FSW from Kathmandu mentioned, *“It is profitable to find your own clients, why should we give money to others? We manage friend’s room for sex. We can earn around 1500 rupees”*.

An FSW from Kailali reported, *“He gives money when I ask, if not he brings in rations and also gives money during festivals”*.

In general, businessmen paid more whereas students and army/police personnel were likely to pay less. Even though the businessmen are not regular clients and fix the link from middlemen, FSWs get more benefits from them in the form of tips. The payment received by FSWs in Kailali and Jhapa is slightly lower than that of FSWs working in Kathmandu. The FSWs reported that they sometimes sit for the whole night with clients when they are paid more, normally NRs 2000 to 5000.

An FSW from Kathmandu said, *“Businessmen collect money almost every day and they are easy customers too. Usually students do not have enough money but I do understand their condition”*.

An FSW from Kathmandu opined, *“The Army/police do not tend to pay; instead they take our money. We cannot do anything: neither can we not sleep with them nor say ‘no’ to them”*.

5.3.4 Soliciting Clients through Clients

It was interesting to know that clients also helped FSWs find other clients. Such system existed in all study districts. The clients called the FSWs to have sex with their friends or they gave numbers of FSWs to their friends who called them to fix the appointment.

The clients also took some benefits for fixing these appointments with other clients. Normally such benefits were free sex, cash money, or mobile recharges. However, there were some clients who found other clients for FSWs free of cost. There was a new FSW who reported of serving a closed circuit of clients comprising of four friends. One of them connected her with the other three.

An FSW from Kailali said, *“If I serve a client and he likes me then he will also call me later requesting to solicit his friends”*.

5.3.5 Client Occupation

Most of the FSWs were unaware of the profession of their one-time or irregular clients. However, they had knowledge about the occupation of their regular clients; among them, more of their clients were businessmen and service personnel. On the other hand, the migrant populations who do not live with their spouses who are potential clients of FSWs included goldsmiths, Indian garment suppliers, teachers, and government employees.

An FSW from Jhapa said, *“We don’t give much care about the one-timers. They don’t tell us the truth. We only care about money”*.

An FSW from Kathmandu said, *“Before, one of my senior FSWs used to find clients for me but I do it now. One of my clients’ works in share market, another two are businessmen from Newroad and one of my other clients works in a Bank”*.

An FSW from Kathmandu said, *“Some Bengalis, both old and young, who work in Kathmandu come to me often. One of them gave me a gold ring”*.

Other clients included students, daily wage workers, contractors, and army/personnel.. In general, businessmen clients included jewelers, garment shop-owners, grocery store owners, rice-mill owners, and transports businessmen.. A greater number of jewelers and rice mill owners were found in Kathmandu and Jhapa whereas in case of Kailali it was transport businessmen and dish shop owners. The service personnel were mainly from private sectors like the banking sector, education sector, health sector, hotel sector and airline sector.

An FSW from Jhapa remarked, “*One of my clients is a goldsmith. He visits everyday at 4:30 and gives me 2000 per sitting*”.

The qualitative information collected through IDI is in line with the quantitative information on the demographic profile of any four regular sex partners that the FSWs could recall with whom they had had sex in the last two months.

Kathmandu: With regard to the occupation of the regular sex partners of FSWs, most of those in Kathmandu were businessmen (40.5%) followed by job holders (25.7%), 6.8 percent each were daily wage workers and students, 4.1 percent were contractors, 2.7 percent were drivers and 1.4 per cent were police/army personnel. After businessmen and job holders, new FSWs in Kathmandu catered more to daily wage workers (16.7%), established FSWs catered more to contractors (10.3%) and FSWs who inject drugs catered more to students (14.3%).

Jhapa: Similar to Kathmandu, the regular sex partners from Jhapa mostly comprised of businessmen and job holders (42.3% and 32.7%). Other FSW clients were students (5.8%), contractors (5.8%), and 1.9 percent each were daily wage workers, drivers, police/army personnel, sex workers and foreigners.

Kailali: By profession, most regular sex partners in Kailali were businessmen (36%), job holders (20 %), daily wage workers (14%) and drivers (10%). Other professions of clients included police/army personnel (6%), students (4%), pimps (2%), contractors (2%) and others (6%). The proportion of businessmen was higher among new FSWs (44.4%) and the proportion of job holders was higher in established FSWs (26.3%) whereas FSWs who inject drugs only served businessmen.

5.3.6 Types of Relationship with Sex Partner

Most of the sex partners of FSWs were regular clients. In case of Kathmandu, both new and established FSWs had more regular clients. This situation was similar in case of Kailali. But in Jhapa, most of the new FSWs did not have regular sex partner whereas established FSWs

Table 5 Client Profession		
Kathmandu	Number (N=74)	Percent (%)
Business man	30	40.5
Job Holder	19	25.7
Daily wage worker	5	6.8
Student	5	6.8
Contractor	3	4.1
Driver	2	2.7
Police/Army	1	1.4
Jhapa	Number (N=52)	Percent (%)
Business man	22	42.3
Job holder	17	32.7
Student	3	5.8
Contractor	3	5.8
Driver	1	1.9
Daily wage worker	1	1.9
Police/Army	2	3.8
Foreigner (Indian and others)	1	1.9
Don't know	2	3.8
Kailali	Number (N=52)	Percent (%)
Business man	18	36
Job holder	10	20
Daily wage worker	7	14
Driver	5	10
Police/Army	3	6
Student	2	4
Contractor	1	2
Pimps	1	2
Others	3	6

had a higher numbers of regular clients. The FSWs who inject drugs did not have any regular clients.

An FSW living in a hotel settlement said, “*We don’t have regular customers as we don’t go out much and customers do not come searching for us either. Moreover, it is not necessary that one customer come every day*”.

Kathmandu: Out of 74 reported regular sex partners of FSWs in Kathmandu, nearly half (45.9%) were regular clients. This was very true among new FSWs (62.5%) followed by established FSWs (48.3%), except for FSWs who inject drugs. In case of FSWs who inject drugs the number of friends/male partners/lovers was higher than the regular clients followed by ‘male partner who doesn’t live with respondent’. Among established FSWs in Kathmandu, the proportion of one-time partners was higher (31%).

Jhapa: Out of 52 recalled regular sex partners of FSWs in Jhapa, more than three-quarters (78.8%) of them were regular clients followed by friend/casual acquaintance (11.5%) and one-time partner (5.8 %). There were no reported regular clients and friend/casual acquaintance in cases of FSWs who inject drugs.

Kailali: There were 50 reported regular sex partners of FSWs and among them, the majority (70%) were regular clients. It was followed by friend/male partner/lover (28.0%). In case of FSWs who inject drugs, all of their recalled regular sex partners were regular clients.

5.3.7 Intimacy with Regular sex partner

Kathmandu: When FSWs were asked about intimacy with their regular sex partner, the findings stated that most FSWs in Kathmandu reported being close with their partners (close= 56.8 percent, very close=21.6 percent) There were 16 regular sex partners of FSWs i.e. 21.6 percent with whom FSWs were not close. This percentage can be largely attributed to established FSWs and FSWs who inject drugs.

Jhapa: The majority of FSWs in Jhapa revealed that they were close with their regular sex partner; 50 percent reported to be close and 30.8 percent to be very close with their regular sex partner. On the other hand, there were 10 regular sex partners with whom the FSWs were not close,

Table 6 Type of Relationship with Sex Partners		
Kathmandu	Number (N=74)	Percent (%)
Regular client	34	45.9
Husband/lover	15	20.3
One-time client	14	18.9
Friend/Casual acquaintance	6	8.1
Boyfriend but not living together	5	6.8
Jhapa	Number (N=52)	Percent (%)
Regular client	41	78.8
Friend/ Casual acquaintance	6	11.5
One-time client	3	5.8
Boyfriend but not living together	1	1.9
Husband/lover	1	1.9
Kailali	Number (N=50)	Percent (%)
Regular client	35	70.0
Husband/lover	14	28.0
One-time client	1	2.0

Table 7 Closeness with Regular sex partner		
Kathmandu	Number (N=74)	Percent (%)
Very close	16	21.6
Close	42	56.8
Not close	16	21.6
Jhapa	Number (N=52)	Percent (%)
Very close	16	30.8
Close	26	50.0
Not close	10	19.2
Kailali	Number (N=50)	Percent (%)
Very close	26	52
Close	14	28
Not close	10	20

mainly the regular sex partners of new FSWs (8 regular sex partners).

Kailali: Similar to Kathmandu and Jhapa, the majority of FSWs in Kailali were close with their regular sex partner, but in this case the proportion of them as being very close with their client was higher i.e. 52 percent compared to 28 percent who defined their relation with regular sex partner as close. The remaining 20 percent termed their relation as not close. The FSW who injected drugs was not close with any of her four regular sex partners.

5.4 Demographic Profile of Regular Sex Partners

This section includes the key demographic profile of regular sex partners like age, marital status and education.

5.4.1 Age of Sex Partner

Kathmandu: More than half (51.4%) of the FSWs' regular sex partners in Kathmandu were aged between 26-40 years. Most of them were regular sex partners of established FSWs (72.4%) whereas the new FSWs and FSWs who inject drugs served younger regular sex partners whose age range was 18-25 years (41.7 percent among new FSWs and 57.1 percent among FSWs who inject drugs). Together, older regular sex partners in the age range of 40 plus were exclusively served by established and new FSWs (25.7 percent among new FSWs and 20.7 percent among established FSWs).

Jhapa: The regular sex partners of FSWs in Jhapa were between 18-40 years. Specifically, the majority (69.2%) of them belonged to the age group of 26-40 years whereas the remaining 30.8 percent belonged to the 18-25 years age group.

Kailali: As observed in Kathmandu and Jhapa the majority of regular sex partners in Kailali fell in the age range of 26-40 years. However, the proportion of those above 40 years was higher in Kailali comparison in to Kathmandu and Jhapa. The clientele included a smaller proportion of young regular sex partners (12.0%) between the age group of 18-25 years.

5.4.2 Marital Status of Sex Partners

Kathmandu: About six out of ten sex partners of FSWs were married (58.1%) followed by 32.4 percent sex partners who were single. The proportion of married sex partners was higher among established FSWs (75.9%). Similarly, proportion of sex partners of single status was relatively higher among new FSWs (37.5%) and FSWs who inject drugs (38.1%).

Kathmandu	Number (N=74)	Percent (%)
18 - 25 yrs	24	32.4
26 - 40 yrs	38	51.4
Above 40 yrs	12	16.2
Jhapa	Number (N=52)	Percent (%)
18 - 25 yrs	16	30.8
26 - 40 yrs	36	69.2
Kailali	Number (N=50)	Percent (%)
18 - 25 yrs	6	12.0
26 - 40 yrs	31	62.0
Above40 yrs	13	26.0

Kathmandu	Number (N=74)	Percent (%)
Married	43	58.1
Divorced/Separated/ Widower	1	1.4
Single	24	32.4
Don't know	6	8.1
Jhapa	Number (N=52)	Percent (%)
Married	29	55.8
Divorced/Separated/ Widower	1	1.9
Single	18	34.6
Don't know	4	7.7
Kailali	Number (N=50)	Percent (%)
Married	38	76
Divorced/Separated/ Widower	2	4
Single	8	16
Don't know	2	4

Jhapa: The majority of sex partners of FSWs in Jhapa (55.8%) were married followed by 34.6 percent who were single and 1.9 percent who were divorced.

Kailali: More than three quarters (76%) of sex partners of FSWs in Kailali were married and 16 percent were single. The proportion of married sex partners was higher among established FSWs and the proportion of single sex partners was higher among new FSWs.

5.4.3 Education of Sex Partners

Kathmandu: A major proportion of FSWs' regular sex partners were reported to be educated. More than half of them had higher education (52.7%) followed by secondary education (14.9%) and primary education (4.1%). Only 6.8 per cent were reported as illiterate by respective FSWs whereas the FSWs were unaware of the education of 21.6 percent of their regular sex partners. In case of FSWs who inject drugs, four regular sex partners of FSWs were illiterate compared to one in new and none in established FSWs.

Jhapa: When asked about their regular sex partners' education level, nearly half (48.1%) revealed that the regular sex partners had higher education, that 34.6 percent had secondary education and 5.8 percent had primary education. About 11.5 of FSWs were not aware of the educational status of clients.

Kailali: Like Kathmandu and Jhapa, the majority of FSWs' regular sex partners were reported to be educated, but the proportion of regular sex partners with secondary education was higher than regular sex partners with higher education in Kailali: 44 percent versus 26 percent. Nonetheless, the sex partners with primary education were also relatively higher in Kailali than Kathmandu and Jhapa i.e. 20 percent.

Table 10 Client Education		
Kathmandu	Number (N=74)	Percent (%)
Primary	3	4.1
Secondary	11	14.9
Higher	39	52.7
None/Illiterate	5	6.8
Don't know	16	21.6
Jhapa	Number (N=52)	Percent (%)
Primary	3	5.8
Secondary	18	34.6
Higher	25	48.1
None/Illiterate	6	11.5
Kailali	Number (N=50)	Percent (%)
Primary	10	20
Secondary	22	44
Higher	13	26
None/Illiterate	1	2
Don't know	4	8

CHAPTER VI

FSWS WHO INJECT DRUGS

This chapter explores the drug using behavior of FSWs, their needle sharing behaviors, group size, the demographic characteristics of their injecting partners and their relationship with them. The study covers ten interviews, out of which eight are from Kathmandu. Therefore, the findings give an overview of Kathmandu rather than Jhapa or Kailali districts.

6.1 Drug Using Behavior among FSWs

The FSWs who inject drugs reported that they started the drug using behavior with oral drugs such as marijuana and brown sugar. On occasion, FSWs who inject drugs had also tried other oral drugs like spasma-proxy, nitrosun, nitrovate, and valium before shifting to injecting drugs.. One of the most prominent reasons for the shift was the unavailability of brown sugar and adulterated brown sugar and its high cost. Some of the FSWs said that they shifted to injecting to have a stronger trip.

An FSW who inject drugs from Kathmandu said, *“I used to live in a place called Bangemuda. My brother and I used to smoke marijuana together. There was a couple who used to live in rent in the same house. One day they saw smoking and they offered us to take brown sugar. Then we started to take brown sugar with our friends. Our friends used to inject drugs (ample) if they could not find brown sugar. Soon we also learned to inject”*.

An FSW from Kathmandu remarked, *“I started with alcohol and marijuana. I learned to take brown sugar with my friends. I got addicted to it. I could not stand the addiction of white sugar though. My friends advised me to take “ample” to assuage the addiction. I tried it”*.

6.1.1 Precession of Sex Work and Drug Use

In general, FSWs who inject drugs were injecting drugs before entering into the sex profession. They began trading sex exclusively in order to acquire money to buy drugs. They also had barter sex with drug peddlers in exchange for drugs. However, there were two FSWs who inject drugs, one from Kathmandu and another one from Kailali, who were already in the sex trade before injecting drugs.

An FSW who inject drugs

I used to study in class ten. I was overweight. Some of my friends said that I should take brown sugar to reduce weight. I used to live in Thamel where plenty of drug users were my friends. I started taking brown sugar with them. After a while I was addicted to it. I squandered all my money, sold my mother’s jewellery, and emptied my bank balance. After some time, brown sugar became expensive and rare. Before, my friends used to provide for free but after I got used to it I needed more. I then traded sex for money. Even after then I could not sustain and then I switched to injecting drugs (TT) because it was cheaper than brown sugar.

- Mina (Name changed)

6.1.2 Frequency of Drug Use

Most of the FSWs who inject drugs reported that they injected drugs twice a day. The frequency of drug intake depended on availability of cash. One FSW injected drugs at intervals of 2-3 hours i.e. 4-5 doses per day.

An FSW who injected drugs from Kathmandu said, *“If I have enough drugs and limited syringe then I clean the syringes regularly and inject in an interval of 2-3 hours.”*

In Jhapa, the FSW injected 2-3 times a day. The FSW brought the injecting drugs from India. In Kailali, the FSW who injected drugs had just started injecting drugs. She had only injected twice in past six months. Her FSW friends had coaxed her into injecting drugs.

6.2 Injecting Group and Needle Sharing Behavior

Generally the FSWs had a group of injecting drug users. There were usually 4-5 members in the group who were often male; only in Kathmandu was there a group that consisted of two female members only. The male members were usually responsible for managing drugs. When the group received drugs, they carried their drugs to a separate room and administered them there. Among the married FSWs who injected drugs, their husbands were also injecting drugs users, so they would inject together.

An FSW recalled, *“We ask our friends to bring the drugs. He’s got contact with dealers. He charges small amount of money and also shares the drugs”*.

An FSW from Kathmandu remarked, *“We regularly inject drugs but we don’t share needles. My husband and I inject together but we don’t share our needles. I don’t like to do it”*.

Most of the groups seemed to be quite old. However, some of the members in the group kept on changing because some went to other groups, went to rehabilitation centers, some died and/ or had left due to constant quarrels in the group.

An FSW from Kathmandu remarked, *“We were six members at first. I started injecting drugs with them. Two of them died of blasted veins and another two were a couple. They married and left the group because of a quarrel. One of them is HIV positive now. So, we are only two members now. No new members have joined the group”*.

Another FSW from Kathmandu said, *“I joined this group when I was searching for drugs. Some were there for two years and some for five. Now two of them have gone to India and now we are 3 regular members. People come and go but there are no regular members besides us”*.

FSWs reported not sharing needles with anyone. According to them, needle sharing could lead to contracting HIV AIDS. One of the FSWs reported having shared needles before and suspected of being HIV positive. She stopped sharing needles immediately after that.

An FSW in Kathmandu stated, *“I don’t use used needles; I either go to an institution or buy one at a pharmacy if I don’t have a syringe”*.

One of the repeated syringe users from Kathmandu said, *“I re-use my needles. I clean them with distilled water and make sure no blood stains are left”*.

An FSW said, *“I used to share needles before and I was unaware about HIV. Once during a check-up, I was diagnosed with HIV. After then I didn’t much care about needle sharing, I injected without any care or thought. I went for another check-up after I learned that the first diagnosis was false. I never shared needles after that and was alert not to do so”*.

The FSWs used either new syringes or sterilized needles. Most of the other members in the group shared needles, especially male members; they shared needles even with members of other groups.

An FSW in Kathmandu stated, *“It has been a long time since I started injecting in this group. Some of us also go to other groups to inject when we run out of syringes”*.

Another FSW from Kathmandu said, *“I am scared of sharing needles. Who knows what disease they are carrying; I have seen them doing it if they run out of syringes. The boys even go to other groups and share needles most of the times”*.

6.2.1 Acquaintance with Injecting Partner

The majority of FSWs had been friends with other injecting people for more than a year. Among 26 injecting friends, 14 injecting friends had known the FSWs for one to five years and five had known the FSWs for more than five years. In regard to their relationship, 13 of them were their boyfriends who were not living with them, six were live-in partners, and four had been friends just recently and two were other FSWs. One was a husband of an FSW.

About 21 FSWs injected drugs at someone’s house, followed by guesthouse/restaurants with three friends and with one friend at a lonely place.

Acquaintance and relation with injecting partners	Number (N=26)	Percent (%)
Duration of acquaintance		
From 1 month to 12 months	5	18.2
More than a year	14	53.8
More than five years	7	26.9
Relation with injecting partners		
Boy friend but not living together	13	50
Live-in partner	6	23.1
Friend just known	4	15.4
FSW	2	7.7
Husband	1	3.8
Place of injecting drugs		
Someone's house	21	80.8
Hotel/guest house/restaurant	3	11.5
Lonely place	2	7.7
Location of injecting drugs		
Same urban area	24	92.3
Other urban area	2	7.7

6.2.2 Current Status of Injecting with Injecting Partners

Out of 26 injecting friends, the injecting relation had ended with eight of them while with the rest they had continued. Regarding the information of 17 active injecting friends, FSWs in the past one month had injected eleven or more times with four friends, 6-10 times with two friends, 1-5 times with five friends and had not injected with three friends.

Status of injecting	Number (N=26)	Percent (%)
Still injecting	17	65.4
Ended	8	30.8
Missing	1	3.8
Frequency of use in past month	Number (N=17)	Percent (%)
1 -5 times	5	29.4
6 - 10 times	2	11.7
11 and more times	4	23.5
None	6	35.9
Frequency of use in past six months	Number (N=17)	Percent (%)
1 -5 times	6	35.3
11 and more times	2	11.7
None	9	53

6.3 FSW who Injects Drugs in Jhapa (Case study)

One FSW with injecting behavior from Jhapa was enrolled in this study. She is an uneducated single woman from Pokhara (Baglung Bus Park). She works now in Birtamod. It was five years ago that she started taking drugs. She started with brown sugar and then switched to nitrosun and fencidil and then to injection. She used diazepam and buprenorphine as injecting drugs, which she learned to do from a friend. They asked her to try it once and it soon became a habit. After brown sugar became short in the market, she and her friends switched to injecting drugs but she sniffed brown sugar whenever she got her hands on it. It has been 3 years since her friend died. After a while her family was tired of her ways and made her leave her home. She came to Jhapa for her work as one of her friends suggested.

Now, she injects drugs every day. She cannot sleep or eat if she does not take drugs. She also injects in a group in Jhapa. She has never shared needles in her group. There are some irregular members in her group including her, so she thinks that there is a chance of contracting HIV by sharing needles. Her one or two friends sometimes share needles after cleaning them when they do not have money; they are usually male. The male friends also injected in other groups. She has never visited any other injecting groups. Other members in her group follow her because she earns money working as a sex worker. It has been 4-5 years since she started out as an FSW.

She says, *“If you don’t have a home, you have to work on your own. I inject drugs too. If I work at someone’s house then I will get NRs 2000-3000 a month, but if I work as a sex worker then I can get 2000 in one sitting, and I can arrange for drugs, food and lodging”.*

The other members beg her for syringes and she has no option but give it to them. Sometimes, one syringe is used by three other group members. There is a place called ‘*panitanki*’ where a businessman provides her with drugs. All of her friends use the same kind of drugs. There are no new members right now in the group and no one has left the group, either.

6.4 FSW who Injects Drugs in Kailali (Case Study)

From Kailali, one FSW with injecting behavior was included in the study. Originally from Musooriya, she used to live in Sukkhad with her aunt. She had no father or brother, only a mother and a sister. One day due to some school functions it was late at night when she returned home. Her aunt thrashed her and called her mother. Her mother told her not to come home, so she went to Dhangadhi. She stayed with her friend for a while. Her friend offered her work as an escort in a hotel. She had no money so she did it.

She worked at a hotel for some time. She met other FSWs there and some of them became her friends. They were injecting drug users too. One day some of those friends came to her room to inject drugs. They insisted that she also try it. She tried the drugs because she had lots of frustrations.

She said, *“One day I was just sitting at this hotel that I started out where there were other sex workers like me. I had heard that they used drugs. They came to me and asked me to try it out. I was going through a tough time and decided to try it. After then I went to my room and slept. However, I don’t feel like wasting hard earned money in these types of things”.*

After then, she also started taking other drugs like Hashish, apart from which she said that she took nothing. One of her friends named Maya, who was travelling in Dhading, was the one who injected regularly. Her group consisted of 5-6 members. She was involved in sex work

before she began injecting drugs. Her group members went to other groups as well. They did not share needles as far as she knows; in any case, they did not tell her. She thought that people contract HIV and AIDS by sharing needles while injecting drugs. She reported taking it irregularly and that she had injected twice in the past six months.

6.5 Demographic Characteristics of Injecting Partners

The FSWs who inject drugs were asked to recall their last four injecting partners and were also asked some information about their injecting friends.

Out of 26 injecting friends of FSWs, 14 fell in the age group of 26-40 years, 10 in the age group of 18-25 years and two in forty plus group. The injecting friend of the FSW in Jhapa was in the age range of 18-25 years. Among three injecting friends of FSWs in Kailali, two belonged to the age range of 18-25 and one in the 26-40 years group.

About 12 out of 26 injecting friends of FSWs were married and 11 were single.

Out of 26 injecting friends of FSWs who inject drugs, 10 were sex workers, seven were job holders, five were businessmen, and one was a student, while the occupation of the remaining three was not known.

The injecting partner of the FSW in Jhapa was a job holder whereas all three injecting friends of the FSW in Jhapa were sex workers.

Most of the injecting friends had formal education, mostly up to the primary level (9 friends), followed by secondary education (9 friends) and higher education (4 friends).

Demographic of injecting friends	Number (N=26)	Percent (%)
Age		
18 - 25 years	10	38.5
26 - 40 years	14	53.8
40 years and above	2	7.7
Marital Status		
Married	12	46.2
Divorced/Separated/Widowed	2	7.7
Unmarried	11	42.3
Don't know	1	3.8
Occupation		
Sex worker	10	38.5
Job Holder	7	26.9
Business man	5	19.2
Student	1	3.6
Don't know	3	11.5
Education		
Primary	9	34.6
Secondary	9	34.6
Higher	4	15.4
None/Illiterate	3	11.5
Don't know	1	3.8

CHAPTER VII

RISK BEHAVIOR OF FSWs AND THEIR REGULAR SEX PARTNERS

This chapter explores the alcohol and drug using behavior of the FSWs and their regular partners. It also highlights facts about multiple partners and consistent condom use with different types of sex partners.

7.1 Alcohol Use During Sex

7.1.1 Alcohol use during Sex by FSWs

Overall the intake of alcohol during sex among FSWs was not that common. Out of the total instances of sex with their recalled regular sex partners, they reported having consumed alcohol in about fourth quarter of the time.

Kathmandu: Out of 74 different regular sex partners, 21 FSWs (28.4%) had consumed alcohol when they had last had sexual intercourse. The rate of consuming alcohol was found to be high among FSWs who inject drugs (12 times) followed by established FSWs (7 times) and new FSWs (2 times) (data not shown).

Jhapa: Similarly, out of 52 different regular partners of seventeen FSWs from Jhapa with whom they had last had sexual intercourse, in fourteen instances, they had consumed alcohol. The incidence of such instances was higher among established FSWs (9 times) compared to new FSWs (5 times).

Kailali: In Kailali, out of a total of 50 previous sexual intercourses with regular sex partners, the FSWs had consumed alcohol on thirteen instances; established FSWs reported having done so in seven instances and news FSWs six instances.

7.1.2 Alcohol Use during Sex by Regular Sex Partners

Further, the FSWs were asked whether their regular partners had consumed alcohol during their last sexual intercourse with them. The practice of consuming alcohol was found to be more prominent among regular sexual partners of FSWs. On more than four out of ten occasions, the regular partners had consumed alcohol.

Kathmandu: Thirty five out of seventy four (47.3%) regular sex partners had consumed

Kathmandu	Number (N=74)	Percent (%)
Yes	21	28.4
No	53	71.6
Jhapa	Number (N=52)	Percent (%)
Yes	14	26.9
No	38	73.1
Kailali	Number (N=50)	Percent (%)
Yes	13	26
No	37	74

Kathmandu	Number (N=74)	Percent (%)
Yes	35	47.3
No	39	52.7
Jhapa	Number (N=52)	Percent (%)
Yes	21	40.4
No	31	59.6
Kailali	Number (N=50)	Percent (%)
Yes	23	46.0
No	26	52.0
Don't know	1	2.0

alcohol. The proportion of alcohol consumption by regular sex partners during last sexual intercourse was similar across all types of FSWs.

Jhapa: Out of total 52 recalled sex partners of FSWs in Jhapa, 21 regular sex partners (40.4%) had consumed alcohol during the last sexual intercourse with them. The proportion of alcohol consumption between the regular sex partners of both established and new FSWs was similar.

Kailali: Similarly, out of 50 regular sex partners of 17 FSWs from Kailali, twenty three (46%) regular sex partners were under the influence of alcohol during their last sexual encounter with them. Out of twenty three, eleven regular sex partners were each of new and established FSWs and one sex partner was of the FSW who injected drugs.

7.2 Drug Use during Sex

7.2.1 Drug Use during Sex by FSW

The respondents were asked if they had used any drugs during their last sexual intercourse with regular sex partners. They reported that they had consumed some kind of drug in more than ninety percent of the time.

Kathmandu: None of the new or established FSWs accounted for drug using experiences whereas the FSWs who inject drugs had used drugs thirteen out of twenty-one times during the last sex encounter with their regular sex partners.

Jhapa: In Jhapa, there was only one FSW who injected drugs. She reported not using drugs during the last sexual intercourse with her regular sex partner. However, new FSWs and established FSWs reported using drugs during their last sexual intercourse with their regular sex partners, one time and two times respectively.

Kailali: All FSWs in Kailali said that they did not use any drugs during their last sexual intercourse with a regular sex partner except for one new FSW.

Kathmandu	Number (N=74)	Percent (%)
Yes	13	17.6
No	61	82.4
Jhapa	Number (N=52)	Percent (%)
Yes	3	5.8
No	49	94.2
Kailali	Number (N=50)	Percent (%)
Yes	1	2
No	49	98

7.2.2 Drug Use during Sex by Regular Sex Partners

The FSWs were further inquired about drug use by their regular sex partners. Overall only seven regular partners had used drugs during their last sexual intercourse.

Kathmandu: The FSWs from Kathmandu reported that four of their regular sex partners had used drugs during the last sexual encounter. Among them, two were regular sex partners of FSWs who inject drugs, one

Kathmandu	Number (N=74)	Percent (%)
Yes	4	5.4
No	68	91.9
Don't know	2	2.7
Jhapa	Number (N=52)	Percent (%)
Yes	1	1.9
No	51	98.1
Kailali	Number (N=50)	Percent (%)
Yes	2	4
No	45	90
Don't know	3	6

of a new FSW and one of an established FSW.

Jhapa: In Jhapa, only one established FSW reported that their regular sex partners had used drugs during their last sexual encounter.

Kailali: In Kailali, regular sex partners of one new and one established FSW used drugs during their last sexual encounter.

7.3 Condom Use

According to FSWs, a regular partner is a frequently-visiting paying client, husband or boyfriend/lover. The consistent condom use may not be true when it comes to affectionate sexual relationship. The FSWs were found to be quite inconsistent in condom use while having sexual relationship with their husbands and boyfriends.

An FSW from Kathmandu remarked, *“We went together for HIV check up, nothing came up. It has been a long time. He will not have sexual relation with anyone but I also won’t do it with others. Therefore, we don’t use condoms”*.

Another FSW from Kathmandu said, *“My husband and I are separated, but he visits me once a month. If I ask to use condom he accuses me of sleeping with other men, so I don’t use condom with him so that he stops complaining”*.

Another one from Kathmandu said, *“My boyfriend asks not to use condoms and I can’t deny him”*.

An FSW from Kailali said, *“My boyfriend has promised me that he will marry me. I trust him so I don’t use condom with him”*.

The relationship between an FSW and a boyfriend normally evolves in such a manner that a regularly visiting client who is most liked by the FSW is considered to be their boyfriend. With these boyfriends they start to have unpaid and unsafe sex. Another situation of boyfriends is the denial of a formal relationship but provision by the client of financial support for the FSW’s living costs and visits at intervals of a month or two for a week to ten days. In this case, he FSW maintains sexual relations with other regular sex partners in his absence. While having sex with the boyfriends they do not use condoms and while having sex with other regular sex partners they use condoms.

An FSW in Kathmandu recalled, *“Normally I use condoms but if someone pays me enough money then I am ready to do anything. I will not do it for less money”*.

There are certain regular sex partners of FSWs with whom the FSWs feel comfortable to spend the night. During such situations, in the morning when the FSW is still asleep, the client has sex with the FSW without using condoms.

Another FSW in Kathmandu recalled, *“I went for a whole night with a client once. We used condom during the night but in the morning while I was asleep he had sex with me without a condom”*.

7.3.1 Condom Use during Last Sex with Regular Partners

The information regarding condom use was collected through structured interviews in which where we solicited information on the use of condoms during the last sexual intercourse with the regular sex partners in addition to probing the FSWs on the consistency of condom use with them. The findings from the qualitative data also go well with the quantitative

information. Overall, more than 85 percent of the FSWs stated that they had used condoms during their last sexual intercourse with the recalled regular sex partners.

Kathmandu: In Kathmandu, when asked about the use of condom during the last sexual intercourse with their recalled regular sex partners, the finding states that the FSWs had used condoms in most of the instances (86.5%) whereas in 13.5 percent instances they had not used a condom. The practice of not using a condom applies to all the FSWs (FSWs who inject drugs four times, new FSWs three times and established FSWs three times).

Jhapa: In Jhapa, out of a total of fifty two instances of their last sexual intercourse with regular sex partners, only in one instance a new FSW and an established FSW had not used condoms.

Kailali: Similarly in Kailali, during ten out of fifty instances of last sexual intercourse with regular sex partners, the FSWs did not use condoms (five new and five established FSWs).

Table 18 Condom Use during Last Sex		
Kathmandu	Number (N=74)	Percent (%)
Yes	64	86.5
No	10	13.5
Jhapa	Number (N=52)	Percent (%)
Yes	50	96.2
No	2	3.8
Kailali	Number (N=50)	Percent (%)
Yes	40	80
No	10	20

7.3.2 Condom Use during every Sexual intercourse with Regular Partners

Further, the FSWs were inquired about whether they had used condoms in every sexual intercourse with their recalled regular sex partners. More than 80 percent FSWs were confident that they had used condoms during every sexual intercourse with their regular sex partners.

Kathmandu: It was reported that the FSWs had used condoms every time with sixty three regular sex partners (85.1%) whereas with six regular sex partners they had used condom sometimes only, with four regular sex partners most of the time and with one regular sex partner they had never used condoms.

Jhapa: Similarly in Jhapa, on an aggregate level, out of the 52 regular sex partners that FSWs recalled, they used condom every time with 50 regular sex partners (96.2%). There were six regular sex partners with whom they used a condom sometimes and one other regular sex partner with whom they had never used a condom.

Kailali: Inconsistency in condom use was observed in FSWs in Kailali. They used condoms every time with only 68 percent of their recalled regular sex partners and sometimes with nine regular sex partners. However, there were five regular sex partners with whom they had never used a condom.

Table 19 Condom Use during Every Sex		
Kathmandu	Number (N=74)	Percent (%)
Everytime	63	85.1
Most time	4	5.4
Sometimes	6	8.1
Never	1	1.4
Jhapa	Number (N=52)	Percent (%)
Everytime	50	96.2
Some times	6	8.1
Never	1	1.9
Kailali	Number (N=50)	Percent (%)
Everytime	34	68
Most time	2	4
Some times	9	18
Never	5	10

7.4 Sex Regime of Regular Sex Partners of FSWs

7.4.1 Other Sex Partners of Regular Sex Partners

FSWs were asked whether their regular sex partners had other sex partners, to which nearly seventy percent of FSWs confirmed that their regular partners had other sex partners besides them.

Kathmandu: The FSWs opined that 59.5 percent of their sex partners had sexual relations with other regular partners apart from them in the past year whereas 16.2 percent of their regular sex partners did not have any other regular partners.

Jhapa: A similar trend was observed in Jhapa where FSWs reported that 63.5 percent of their sex partners had other regular sex partners in the past year.

Kailali: In Kailali the proportion of regular sex partners having other regular partners was high (80%).

Kathmandu	Number (N=74)	Percent (%)
Yes	44	59.5
No	12	16.2
Don't know	18	24.3
Jhapa	Number (N=52)	Percent (%)
Yes	33	63.5
No	10	19.2
Don't Know	9	17.3
Kailali	Number (N=50)	Percent (%)
Yes	40	80
No	3	6
Don't Know	7	14

7.4.2 Number of Other Sex Partners of Regular Partners

FSWs were further asked about the number of sex partners with whom their regular sex partners had sex in the past twelve months. Nearly half of the FSWs reported that their regular sex partners had two or more sex partners besides them.

Kathmandu: The FSWs from Kathmandu believed that the majority (63.5%) of their recalled regular sex partners in the past twelve months had sex with two or more sex partners. About 12 percent of regular sex partners had sex with one sex partner and 24.3 percent of regular sex partners did not have sex with any other regular partner.

Jhapa: In Jhapa, FSWs believed nearly half (44.2%) of regular sex partners in the past twelve months had no other sex-partners while 42.5 percent had sex with two or more regular partners and 13.5 percent of regular sex partners reportedly had sex with one partner.

Kailali: In Kailali, FSWs believed that more than half (52%) of regular sex partners had sex with two or more sex partners in the past twelve months, nearly a quarter (24%) of regular sex partners had sex with no other sex partners and an equal proportion had sex with one regular partner.

Kathmandu	Number (N=74)	Percent (%)
None	18	24.3
One	9	12.2
2 or more	47	63.5
Jhapa	Number (N=52)	Percent (%)
None	23	44.2
One	7	13.5
2 or more	22	42.3
Kailali	Number (N=50)	Percent (%)
None	12	24
One	12	24
2 or more	26	52

7.5 Types of Sex Partners of Regular Sex Partners

When asked about the type of sex partners of their regular sex partners in the past twelve months, 42 percent of FSWs said they were wives, followed by girlfriends/lovers, other FSWs and casual acquaintances.

Kathmandu: Most of the FSWs from Kathmandu recalled that their regular partners had sex with their wives (41.9%) followed by other sex workers (39.2%), girlfriends/lovers (36.5%), casual acquaintances (28.4%) and others (1.4%). However, it was also noted that about a half of the regular sex partners of established FSWs (48.3%) had sex with other sex workers and one-third of the regular sex partners (33.3%) of FSWs who inject drugs had sex with girlfriends/lovers in the past twelve months.

Jhapa: A similar trend was observed in Jhapa. Most of the regular partners had sex with wives (34.6%) and girlfriends/lovers (32.7%). However, the proportion of their regular sex partners having sex with other sex workers and casual acquaintances was low in comparison to Kathmandu.

Kailali: In Kailali, in the past twelve months nearly three-quarters (74%) of regular sex partners of FSWs were reported to have sex with their wives followed by other FSWs (56%), girlfriends/lovers (50%), casual acquaintance (44.0%), while 4 percent had sex with other type of partners.

7.6 HIV Status of Regular Sex Partners

The respondents were inquired if they knew the HIV status of their regular sex partners. Overall, more than half of the FSWs were unaware about the HIV status of their regular sex partners. Only two FSWs confirmed that their regular sex partners were HIV positive.

Kathmandu: Out of 32 regular sex partners, two regular sex partners were reported to be HIV infected. Both of them were the regular sex partners of FSWs who inject drugs. The HIV status of 42 regular sex partners was unknown, whereas 30 regular sex partners were reported as not being infected with HIV.

Kathmandu	Number (N=74)	Percent (%)
Wife	31	41.9
Girlfriend/lover	27	36.5
Casual Acquaintance	21	28.4
FSW	29	39.2
Others	1	1.4
Don't know	14	18.9
Jhapa	Number (N=52)	Percent (%)
Wife	18	34.6
Girlfriend/lover	17	32.7
Casual acquaintance	3	5.8
FSW	5	9.6
Don't know	9	17.3
Kailali	Number (N=50)	Percent (%)
Wife	37	74
Girlfriend/lover	25	50
Casual acquaintance	22	44
FSW	28	56
Don't know	8	16

Kathmandu	Number (N=74)	Percent (%)
HIV infected	2	2.7
Not infected	30	40.5
Don't know	42	56.8
Jhapa	Number (N=52)	Percent (%)
Not infected	15	28.8
Don't know	37	71.2
Kailali	Number (N=50)	Percent (%)
Not infected	35	70
Don't know	15	30

Jhapa: None of the regular sex partners in Jhapa were reported as HIV-infected by FSWs. However, the HIV status of 37 regular sex partners was unknown to FSWs, followed by 35 regular sex partners who were confirmed as not being infected with HIV by FSWs.

Kailali: The FSWs in Kailali mentioned that most of their regular sex partners (35 partners) were not infected with HIV and another 15 regular sex partners' HIV status was unknown to the FSWs.

CONCLUSION AND RECOMMENDATION

This chapter provides conclusions of the key chapters and some key recommendations based on the findings.

Demographic Profile

More than half of the FSWs were quite young, i.e. below the age of 25 years. There were 20 teenagers altogether. About 31 percent of FSWs were single, whereas among the ever married one fourth of them were not currently living with their spouses and about 22 percent were either living with their husbands or were permanently separated from them. However, two thirds of FSWs were currently living with their family members.

Living Environment of FSWs

The findings broadly classify FSWs into three groups: FSWs who lived in a family environment with their family those who lived alone in a rented room and those who live in a hotel/hostel kind of environment without their family. The first two types of FSWs were part-time sex workers who were also engaged in other works. They worked about 3-4 days in a week and served fewer clients in a day. The remaining FSWs were full time sex workers working seven days a week. They were mostly new FSWs from Kathmandu.

Reason for being FSW

FSWs come to this profession because they were abandoned by their husbands with no financial support. Among those who lived with their husbands, their husbands depended on the income of FSWs. In both the cases they were the primary source of income to support the dependents.

Challenges faced by FSWs

The key challenges faced by FSW were condom negotiation with clients, enforced anal and oral sex, clients paying less or fleeing without payment and in some cases, physical violence. Normally new FSWs face such problems with irregular clients, especially when they are men-in-uniform or younger clients like students.

Sexual Network of FSWs

Within their networks, FSWs searched for clients for new FSWs (and vice versa), for which they were compensated in terms cash and kind. In general, it was half of the amount paid by the client. Some FSWs solicited their clients through other middle men like pimps, caretakers, and hotel owners, whereas others waited for their clients in places like cabins, bhattis, dance restaurants, hotels, parks, and discos. There were also some FSWs who used only mobile phones to contact their clients. Most of the sexual activities with clients took place in a hotel, an FSW's house, in their friend's house, or in the client's house. There is also an increasing trend of having sexual activities in bhattis.

Profile of FSW's Regular Sex Partners

All FSWs had regular sex partners. Most of the regular sex partners were educated and were between the ages of 18-40 years. The FSWs were close with 80 percent of their regular sex partners out of which 46 percent, 78 percent and 70 percent were regular sex partners from Kathmandu, Jhapa and Kailali respectively. With regard to profession, most of them were businessmen and job holders while a large proportion were also migrant workers who did not live with their spouses. These regular sex partners paid FSWs more, especially businessmen.

Risk Behavior of FSWs and their Clients

The FSWs had not consumed alcohol in more than 70 percent of the instances when they had sex with their recalled regular sex partners. On the other hand, in 40 percent of such instances their regular sex partners had consumed alcohol. There were 15 instances when the FSWs had taken some kind of drugs; thirteen such instances were with FSWs who inject drugs from Kathmandu, and one each among new FSWs in Jhapa and Kailali. In regard to their regular sex partners, there were four instances in Kathmandu, two instances in Kailali and one instance in Jhapa when the regular sex partner had used drugs during the last sexual intercourse.

Most of the time, the FSWs claimed to have used condoms with their regular sex partners but condom use is not regular while having sex with their husbands, boyfriends and lovers. The condom use during the last intercourse with their regular sex partner was 86 percent among FSWs from Kathmandu, 96 percent for FSWs from Jhapa and 80 percent among FSWs in Kailali.

In regard to multiple sex partners, six out of ten of the FSWs' regular sex partners had sex with other sex partners besides them in the past one year. They were mostly their wives and girlfriends. Besides that, thirty nine percent, fifty six percent and nine percent of the regular partners of FSWs from Kathmandu, Jhapa and Kailali had sex with other sex workers respectively.

FSWs Who Inject Drugs

FSWs who inject drugs reported that they had started with oral drugs like marijuana and brown sugar. Initially, they occasionally tried non-injecting medical drugs before shifting into injecting drugs. Most of them injected in a group or with their IDU husbands. The member of one group also visited other groups. Sharing needles among users is quite common, especially among male IDUs. However, the FSWs who inject drugs reported that they had never administered the needles used by others except for one FSW. She stopped sharing needles after she was suspected of being infected with HIV.

RECOMMENDATIONS

Some of the prominent recommendations that can be generated from this study are:

1. Most (50%) FSWs are young (16-24 yrs.) and use mobile phones (97%). *Young and mobile phone using FSWs can be reached through tailored message with prevention messages. Design tailored message for young FSWs who are using mobile phones. Mobile games/applications with prevention messages can be developed to promote safe practice among this group.*
2. FSWs living in a hotel/hostel kind of environment without a family were full time sex workers working seven days a week. Most FSWs from these categories were from Kathmandu. *Full time sex workers serve higher number of clients as compared to others and difficult to outreach directly through current approach in hostel. Develop approach to reach FSWs staying in hostels and providing access to prevention and clinical services. Such places and FSWs can be brought under the coverage of outreach and hotspots. Web SMS can be promoted targeted to those groups. Client reduction strategies among hostel based FSWs need to be emphasized as they are full time workers with greater number of clients.*
3. FSWs who lived alone operated sex work independently. *FSWs who live alone and operate independently may be relatively more empowered and vocal. Those FSWs can be used as role model/ promoter peer champion for other FSWs to promote HIV prevention and health seeking behavior, focusing to new FSWs who are in sex work for less than six months.*
4. Network size of established FSWs ranged from two to 15 members and for newer FSWs, network size range from one to five members. *Since established FSWs have a wider and stronger network, they can be mobilized for newer FSWs and peer network identification.*
5. The study found that one of the major reasons for starting sex work was abandonment by their husbands, financial burden and search for jobs. *SSP is currently carrying out leveraging and referral/linkages activity and need to be strengthen. As new FSWs in sex work are comparatively in higher risk and prone to violence, need to focus on first six months when they are new. Linkaging on income generation activity and alternative life choices is needed. However, they would more likely be ready for alternative lifestyle if given a choice. So, the current activity of identifying FSWs during the first six months need to be strengthened with referral package.*
6. Bhatti was identified as a common place for soliciting clients and having sex in Kathmandu. *Bhatti as the new hot spot to identify and approach FSWs and need to be enroll in prevention program. Strengthen efforts is need to reach FSWs in Bhatti as hot spots, especially in Kathmandu. Innovative ideas to reach these types of FSWs can be developed (Stickers/SBC materials with prevention messages can be used in Bhatti. Also, distribution of condoms to the Bhatti owner can be a possible strategy.)*
7. The study found that Taxi drivers search clients for FSWs. *Taxi drivers could be the point of contact for the prevention messages, identifying network of FSWs and Clients. Promote attractive educational materials in taxis to promote safer practice. (Stickers/SBC materials with prevention messages can be used in Taxis) Explore and reach unreached networks through taxi drivers.*
8. Uniformed personnel are involved in abuse and other activities such as non-payment after sex. *There is a need to sensitize them through current program activities.*

9. Almost half of the FSWs reached through this study knew that their regular partner also had other sexual partners but still they were not consistently using condoms with them. *Program should put further effort in increasing risk perception of having consistent and correct condom use condom with regular partner as well. Promote risk perception of condom less sex with regular partner and condom negotiation skills.*
10. The alcohol consumption during sex was high among regular sex partners. *Program should give more effort on behavior change communication and counseling focusing both clients and sex workers to avoid alcohol consumption during sex work.*
11. FSWs who inject drugs though reported that they had never administered used syringes. However, they have reported that they have given their used syringes to other drug users. Similarly, drug use during sex was prevalent among FSWs who inject drugs. *Intensified program should focus on discouraging such practices. Promote attractive SBC materials with prevention promote safer practice among drugs users.*

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ANNEX

ANNEX I: STUDY TEAM

The team members involved in this study are:

Name	Designation
Nischal Basnet	Coordinator
Bishnu Prasad Nepal	Senior Researcher
Shova Dangol	Researcher
Rashmi Batala	Researcher
Sanjeev Dhungel	Data Manager
Bishnu Sharma	Liaison Officer
Namrata Banskota	Finance Advisor
Bharat Mohan Bhattarai	Administrative officer

ANNEX III: ORAL INFORMED CONSENT

Oral Informed Consent Form for Sexual Network Study of Female Sex Workers in Kathmandu, Jhapa and Kailali Districts

Title: Sexual Network Study of Female Sex Workers (FSWs) in Kathmandu, Jhapa and Kailali Districts

Sponsor: FHI 360 Nepal and USAID Nepal

Principal Investigator/s: Satish Raj Pandey, FHI 360 Nepal
Pramod Raj Regmi, FHI360 Nepal

Address: GPO Box 8803, Gopal Bhawan, Anamika Galli,
Ward No. 4, Baluwatar, Kathmandu, Nepal
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Introduction

My name isI am working for (Right Direction Nepal) on USAID funded Saath-Saath Project (SSP). We are conducting this study to explore sexual behaviours of female sex workers (FSWs) of Kathmandu, Jhapa and Kailali. This study will also explore range of sexual relationships and network in which FSW engage. We hope that findings from this study will help the design of HIV programs for FSWs and clients.

Information about the study and your role

You have been asked to voluntarily participate in research study on sexual network study of female sex workers (FSWs) in Kathmandu, Jhapa and Kailali districts. You recall being interviewed to determine if you were eligible participant for this study. However the final decision to take part is solely based on your choice. We will mainly collect information about your sexual partners, sexual behaviors and drug injecting behaviors. We will explain about the purpose of this research study and your responsibilities before you decide if you want to participate in the study. You can ask questions about this study before you decide to participate. You can ask us to explain any words or information that you may not understand.

Once you agree to participate in the study, we will interview you. This study will recruit up to 72 study participants from Kathmandu, Jhapa and Kailali districts. With your permission we are hoping to audio tape this interview so we do not miss anything you say. The interview will take about 1 hour. This is a research study and not health care provision service.

Confidentiality

We will conduct the interview with you in a private place so that no one can hear the discussion. The information you tell us will be used only for this study. We will protect the information you provide and we will not write your name in any reports or other publications

and presentations. We will not ask you to put your name or sign on this consent form. We only ask you to agree to take part in this study verbally (with spoken words) in front of a witness. We would like to tape record the conversation with your permission so that we remember all the information that you provide us. However, if you do not want the conversation to be recorded, it will not be recorded. Afterwards, we will listen to the recording and write down the discussion. The information from this interview may be presented at professional meetings or in written articles but we will not mention your name in any presentations or written papers. We will store the recordings in a safe place at the FHI 360 Nepal country office during the transcription process and destroyed once the recordings are transcribed.

Possible Risks

The risk of participating in this study is minimal. But some questions could make you feel uncomfortable. You are free not to answer such questions and also to stop the interview at any time you want to do so, without penalty. There is a small risk of being socially discriminated if people know that you have participated in a HIV prevention related study. Other information you provide related to your sexual practices and drug use (if any), will be kept confidential. We will do everything we can to keep your information confidential, but there is a small chance that others will find out or will ask you what you have told us.

Possible Benefits

There may be no direct benefit to you for participating in this study, but you will be provided with educational materials on HIV and STI prevention, family planning, safe sex behaviors and condoms. In addition, the information you provide will be very useful to design better programs on HIV prevention and services for FSWs and their clients. If you require counseling, testing or any other services related to STIs and HIV, we will tell you about the nearest available service sites.

Payment

We will not pay you for your participation. We will provide you some money (NRs 250) to cover your transportation/meal cost.

If You Decide Not to Be in the Study

You are free to decide whether to take part in this study. There is no penalty for refusing to take part in this research study. It will not affect the services that you receive from agencies providing sexual and reproductive health services.

Leaving the Research

You may leave the research at any time. If you do, it will not change the health services you normally receive.

If you have a questions about the study

If you have any questions about this study, please call:

Satish Raj Pandey, FHI 360 Nepal, Saath-Saath Project, Baluwatar, Kathmandu 01-4437173
OR

Pramod Raj Regmi, FHI 360 Nepal, Saath-Saath Project, Baluwatar, Kathmandu

Phone: 01-4437173

You are Rights as a Participant

This study has been reviewed and approved by the Protection of Human Subject Committee (PHSC) of FHI 360 and Nepal Health Research Council (NHRC). If you have any questions about how you are being treated by the study or your rights as a participant you may contact: NHRC, Phone: 01-4254220/4227460 Email: nhrc@healthnet.org.np;

PHSC, Phone: 1-919-405-1445 Email: phsc@fhi360.org

You can have a copy of this form, if you want it.

Do you agree to be in the study? Yes No (Thank study participant and end session)

Do you agree to be recorded? Yes No

VOLUNTEER AGREEMENT

I was present when the benefits, risks and procedures were explained to the volunteer. All questions were answered and the volunteer understands what they are being asked to do as a participant in this study. They have agreed to take part in the study.

Signature of witness

Date

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this study had been explained to the above individual.

Signature of person who obtained consent

Date



ANNEX IV: INTERVIEW GUIDELINE

In-depth Interview Guideline for Female Sex Workers

Sexual Network Study of Female Sex Workers (FSWs) in Kathmandu, Jhapa and Kailali Districts

Female Sex Workers (FSW) in this study has been defined as “women aged 16 years and above reporting having been paid in cash or kind for sex with a male within the last 6 months”.

New FSWS: FSWS aged 16 years and above who have begun sex work in past six months

Established FSWS: FSWS aged 16 years and above who have been in the sex work for more than six months

FSWS with IUDs: FSWS aged 16 years and above who have begun sex work and also inject drugs (duration of injection is at least six months and at least should have injected twice in that period)

Planning phase:

- a. Coordination/invitation for the interview on time
- b. Arrive 5-10 minutes before schedule
- c. Ensure interview site (preferred by the interviewee), is clean and confidential
- d. Pre-test tape recorder (batteries, tape)
- e. Arrange for refreshments (if necessary),
- f. Arrange for transportation fee for participant (if applicable),
- g. Note book/pen, consent form

Before starting the Interview:

- Introduce briefly about yourself and study and ask for the interviewees introduction
- Obtain Informed consent – read out the informed consent clearly and slowly in Nepali to the interviewee. Obtain the verbal consent from the interviewee before proceeding with the interview.
- Use the guideline to guide the interview process and only ask the sub-questions to probe for further information. The order of the interview for the sub-questions need not be as in the guideline.
- Start with an ice-breaker and proceed with the interview session

Date: YYYY / MM/ DD

District: Kathmandu Jhapa Kailali

Kathmandu	1	Jhapa	2	Kailali	3
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Name of moderator:

Place of Interview:

Start time.....

1. Respondent Type: Establishment Street House Settlement
2. Ethnicity.....
3. Education:

Completed Grade		Illiterate		Can read/write only	
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4. Marital status:

Marital		Not living together with Husband	
Unmarried		Separated	
Living together with Husband		Divorced	

5. Place of origin (Where were you born?)

District _____

VDC/Municipality _____

Ward No.

Village/Tole _____

6. Where do you live now?

Own House	1	Hotels/Lodge	4
Rented House	2	Massage/Parlors	5
Relatives House	3	Friend's House	6
Others (Specify)	96		

7. Who are you living with now?

Family		Female Friends	
Alone		Relatives	
Male friends		Others (Specify)	

8. How long have you been living continuously at this location?

9. Before you moved here, where did you live?

District: _____

VDC/Municipality: _____

Ward No.

Village/Tole: _____

10. Name of Current Place of Work (Where do you work?)

District: _____

VDC/Municipality: _____

Ward No.

Village/Tole: _____

11. If you want to change your work place, where do you want to work?

District: _____

VDC/Municipality: _____

12. What property do you have with you?

Radio		Mobile	
TV		Cycle	
Computer/Laptop		Bike/Scooter	
Others (Specify)			

Interview Guidelines:

1. Female Sex Workers

Key Questions	Probe Questions
Whom do you like to spend your free time with?	Whom do you talk to about personal issues?
How many friends do you have?	Who are your close friends? Do you also know your friend's friends? What do your friend's friends do?
Do you meet up with your friends?	How do you meet up with them? Where do you generally meet each other? E.g. restaurants, room, haat bazar, cinema etc.
What do you generally do apart from this profession?	E.g. work in hotel, restaurants etc. What is your title of this work? How many staffs are there in your working places?
In your opinion, are there other female staffs at your place who do the same work like you?	Could you share how many of such friends are there at your work place?
How long have you been involved in this	E.g. duration of sex work-

Key Questions	Probe Questions
profession?months.....years
Why did you come to this profession?	What are the reasons for choosing this profession?
How many other female sex workers do you know? How do you know them?	In your opinion, how many FSWs are there in this area/district?
Do you meet other FSWs? Where do you meet? Why do you meet them? Probe reasons	
How do you generally find your clients?	<p>Who are the people who help you find/contact clients? e.g. Role of friends, role of other FSWs, broker, hotel owner</p> <p>How do they benefit from finding partners for you? Do you need to pay them? Do you also need to do anything for this?</p> <p>Can you remember how you found a client the first time you entered this business?</p> <p>Could you share how your friends find/contact their partners? Please tell us in detail.</p> <p>Do you use mobile phone/email/internet for contacting your clients?</p>
Do you also help your other FSWs friends to find clients for them?	<p>If yes, ?</p> <p>How do you help?</p> <p>If no, what are the reasons not to help her? Probe reasons</p> <p>Which medium you find most easy?</p> <p>Do you charge money for findings clients for your FSW friends?</p>
Do your clients also help you finding other clients? How?	Do they charge for it? How much do they charge for per client?
Do you also contact clients by yourself?	How do you generally contact them?

Key Questions	Probe Questions
Where do you go for finding/contact clients?	e.g. call directly, use of phone/text, email, other
What kind of problems you encounter while soliciting clients?	Are these problems differing for different types of clients?
Who are your clients?	Can you please share about their profession?
Do you have any regular clients?	How many of your clients visit you regularly? Who are your regular clients? (types, their profession)
How many days in a week work you as a sex worker?	Do you also work during day?
How many clients do you serve per day?	
Where do you go for sex with your clients?	Who decides the places? In your opinion which places are more suitable and safer? Why?
How much money do you get from each client?	Do your clients give goods instead of money? Could you please elaborate, what kind of goods do they offer? Is there any difference on payment between regular or irregular clients? Do regular clients pay less? Does this also differ for different types of clients? What types of clients pay more/less?
In your opinion, what types of clients (e.g. profession) pay more money?	How much can they pay?
What types of problems do you generally encounter from clients?	E.g. refuse to pay, refuse to use condoms Are these problems different for different types of clients?
How often do you use condom with your regular partners?	E.g. probe for reasons. Why do you or do you not use condoms every time?
(if married) How often do you use condom with your regular partners like husband?	E.g. probe for reasons
Are there any members in your group who are infected with HIV? Could you share	How do you know that your friends are infected with HIV? Probe

Key Questions	Probe Questions
how many of them are infected with HIV?	

The following questions will only be asked to the FSW who inject drugs.

3. FSWs with drug injecting behaviors

Key Questions	Probe Questions
What types of drugs do you use?	Oral Drugs, Injecting Drugs Why do you use drugs? How did you start taking drugs? Did you start using drugs with Oral Drugs or Injecting drugs?
How often do you use any recreational (or Nepali term) drugs? And how often do you inject drugs? Do you sometimes inject drugs with friends or acquaintances? If yes, do you sometimes share injecting drugs or needle?	For example: daily, one to three times per week, once or twice per month, less than once a month. For example: daily, one to three times per week, once or twice per month, less than once a month. If yes, ask about how often they share drugs or works—every time, sometimes, rarely. If yes, ask about how often do they share?—every time, sometimes, rarely.
How many members in your group typically share the injecting drugs/needle?	Do you also share the drugs in the same group?
How long have you been taking injecting drugs in the same group?	
Do you know if the friends from your group go to the other groups for taking injecting drugs?	Ask for needle and drugs sharing behavior in the other group. Probe for the number of groups
Do you go to other groups for taking drugs?	Ask for sharing behavior of both needle and drugs
Can you tell me the details of drugs sharing behavior?	Probe for Drugs and syringe.

Key Questions	Probe Questions
Do your friends always use a new syringe?	Do they also use used syringe?
Do you also use an old syringe?	In what situation? Why? How often do you inject with the same syringe?
How many regular members are there in your group in the last one month?	Can you give us some information?
Since how long this group is meeting together?	
If it has been a year or less, has any member left the group in the last month?	If yes, how many left? What are the reasons?
Any new member joined this group?	If yes, how many? Since when? How did they find you/your group?
Were you involved in sex work before or after you started using drugs?	Why did you do that? Probe reasons.

Interview instructions:

Explain to the participant that for this part of the interview, you will be asking about specific sexual partners and therefore will need the participant to distinguish each partner using a distinct id as 1, 2 , 3 and 4 or name starting from first letter of their name. Please request participant to focus on the past two months before today’s interview. Show them the days on the calendar and enter their responses on the calendar data entry form. Use the following script:

Read: Now I want you to think about the last four partners you have had. Let me put a letter to remember them by, maybe the first letter of their name or id number. So partner 1 will be called [woman tells you first letter] and partner 2 will be called [woman tells you first letter].” Then I will proceed with asking each question for partner 1. Then I will ask same information for partner 2 and so on.

2. Now I would like to ask few questions about your last 4 clients.

Q.N.	Questions and filters	Categorization for Coding	Sexual partners (s)			
			1	2	3	4
201	What is your relationship to this partner?	<i>Boyfriend Not living with respondent</i>	1	1	1	1
		<i>Friend/Casual Acquaintance</i>	2	2	2	2
		<i>Regular client</i>	3	3	3	3
		<i>One time client</i>	4	4	4	4
		<i>Sex worker</i>	5	5	5	5
		<i>Others (Specify)</i>	96	96	96	96
		<i>Don't know</i>	98	98	98	98
202	How close are you with the partners?	<i>Very close and very comfortable</i>	1	1	1	1
		<i>Close and comfortable</i>	2	2	2	2
		<i>Not close, uncomfortable</i>	3	3	3	3
203	Where were you when you had sex last time with partner?	<i>Massage</i>	1	1	1	1
		<i>Hotel/ Guesthouse/Restaurants</i>	2	2	2	2
		<i>Entertainment (Dance club, Cinema)</i>	3	3	3	3
		<i>Someone home</i>	4	4	4	4
		<i>Other (Specify)</i>	96	96	96	96
		<i>Don't know</i>	98	98	98	98
204	How old is he?	<i>18-25 years</i>	1	1	1	1
		<i>25- 40 years</i>	2	2	2	2
		<i>Above 40 years</i>	3	3	3	3
		<i>Don't know</i>	98	98	98	98
205	Is he married, divorced, separated, widowed, or single?	<i>Married</i>	1	1	1	1
		<i>Divorced/Separated/Widowed</i>	2	2	2	2
		<i>Single</i>	3	3	3	3
		<i>Don't Know</i>	98	98	98	98
206	What ethnic group does he belong to?	<i>Brahmin</i>	1	1	1	1
		<i>Chhetri</i>	2	2	2	2
		<i>Newar</i>	3	3	3	3

Q.N.	Questions and filters	Categorization for Coding	Sexual partners (s)			
			1	2	3	4
		<i>Gurung</i>	4	4	4	4
		<i>Rai</i>	5	5	5	5
		<i>Dalit</i>	6	6	6	6
		<i>Muslim</i>	7	7	7	7
		<i>Other foreign caste</i>	8	8	8	8
		<i>Others</i>	—	—	—	—
		<i>Don't know</i>	98	98	98	98
207	What educational level has he completed?	<i>Primary</i>	1	1	1	1
		<i>Secondary</i>	2	2	2	2
		<i>Higher</i>	3	3	3	3
		<i>None/Illiterate</i>	4	4	4	4
		<i>Don't Know</i>	98	98	98	98
208	What is his occupation?	<i>Taxi, Bus, truck etc driver</i>	1	1	1	1
		<i>Rickshaw/thela puller</i>	2	2	2	2
		<i>Industrial/wage worker</i>	3	3	3	3
		<i>Police/Soldier/Army</i>	4	4	4	4
		<i>Student</i>	5	5	5	5
		<i>Sex workers</i>	6	6	6	6
		<i>Service holder</i>	7	7	7	7
		<i>Businessmen</i>	8	8	8	8
		<i>Pimps</i>	9	9	9	9
		<i>Restaurant/cabin staff members</i>	10	10	10	10
		<i>Migrant worker/lahurey</i>	11	11	11	11
		<i>Contractor</i>	12	12	12	12
		<i>Foreigner (Indian and other nationals)</i>	13	13	13	13
		<i>Others (Specify)</i>	96	96	96	96
		<i>Don't know</i>	98	98	98	98
209	Had you had any alcohol when you had sex with [partner] the last time?	<i>Yes</i>	1	1	1	1
		<i>No</i>	2	2	2	2
		<i>Don't know</i>	98	98	98	98

Q.N.	Questions and filters	Categorization for Coding	Sexual partners (s)			
			1	2	3	4
210	Had your partner had any alcohol when you had sex on this day?	<i>Yes</i> <i>No</i> <i>Don't know</i>	<i>1</i> <i>2</i> <i>98</i>	<i>1</i> <i>2</i> <i>98</i>	<i>1</i> <i>2</i> <i>98</i>	<i>1</i> <i>2</i> <i>98</i>
211	Were you using any kind of drugs when you had sex in this day?	<i>Yes</i> <i>No</i> <i>Don't know</i>	<i>1</i> <i>2</i> <i>98</i>	<i>1</i> <i>2</i> <i>98</i>	<i>1</i> <i>2</i> <i>98</i>	<i>1</i> <i>2</i> <i>98</i>
212	Was your partner using any kind of drugs when you had sex in this day?	<i>Yes</i> <i>No</i> <i>Don't know</i>	<i>1</i> <i>2</i> <i>98</i>	<i>1</i> <i>2</i> <i>98</i>	<i>1</i> <i>2</i> <i>98</i>	<i>1</i> <i>2</i> <i>98</i>
213	Where is the place located when you had sex with him for the first time?	<i>Same city</i> <i>Other urban area</i> <i>Rural area</i>	<i>1</i> <i>2</i> <i>3</i>	<i>1</i> <i>2</i> <i>3</i>	<i>1</i> <i>2</i> <i>3</i>	<i>1</i> <i>2</i> <i>3</i>
214	How long did you know him before having sexual relation?	<i>Less than a day</i> <i>Less than a month</i> <i>Between a month and a year</i> <i>More than a year</i> <i>More than five years</i>	<i>1</i> <i>2</i> <i>3</i> <i>4</i> <i>99</i>	<i>1</i> <i>2</i> <i>3</i> <i>4</i> <i>99</i>	<i>1</i> <i>2</i> <i>3</i> <i>4</i> <i>99</i>	<i>1</i> <i>2</i> <i>3</i> <i>4</i> <i>99</i>
215	Are these sexual relations currently going on or has the sexual relationship ended?	<i>Relationship going on</i> <i>(Skip to 215.3) Relationship ended</i> <i>(Skip to 215.3) Do not know</i>	<i>1</i> <i>2</i> <i>98</i>	<i>1</i> <i>2</i> <i>98</i>	<i>1</i> <i>2</i> <i>98</i>	<i>1</i> <i>2</i> <i>98</i>
215.1	[If current relation] How many times in the last month did you go with this person for..	<i>Dating</i> <i>Trips</i> <i>Hotels</i> <i>Restaurants Dance restaurants</i> <i>Movies</i> <i>Other places</i>				
215.2	[If current relation] How many times in the last month did you have sex with this person?					

Q.N.	Questions and filters	Categorization for Coding	Sexual partners (s)			
			1	2	3	4
215.3	[If end or don't know] How many times did you have sex with him in the last six months?					
215.4	[If ended] How many months ago did the relationship end?					
216	How long did the relationship last? (I mean how long it was between the first time you had sex together and the last time?)	<i>Days</i> <i>Months</i>				
217	In your last sexual intercourse with him, did you use a condom?	<i>Yes</i> <i>No</i>	<i>1</i> <i>2</i>	<i>1</i> <i>2</i>	<i>1</i> <i>2</i>	<i>1</i> <i>2</i>
218	Usually did you use a condom with him?	<i>Always</i> <i>Most of the time</i> <i>Rarely</i> <i>Never</i>	<i>1</i> <i>2</i> <i>3</i> <i>4</i>	<i>1</i> <i>2</i> <i>3</i> <i>4</i>	<i>1</i> <i>2</i> <i>3</i> <i>4</i>	<i>1</i> <i>2</i> <i>3</i> <i>4</i>
219	Did you receive money in exchange for sex with him?	<i>Yes always</i> <i>Yes often</i> <i>Never</i>	<i>1</i> <i>2</i> <i>3</i>	<i>1</i> <i>2</i> <i>3</i>	<i>1</i> <i>2</i> <i>3</i>	<i>1</i> <i>2</i> <i>3</i>
220	Did you receive kind/materials in exchange for sex with him? 3	<i>Yes always</i> <i>Yes often</i> 2 <i>Never</i>	<i>1</i> <i>2</i> <i>3</i>	<i>1</i> <i>2</i> <i>3</i>	<i>1</i> <i>2</i> <i>3</i>	<i>1</i> <i>2</i> <i>3</i>
221	Do you think that over the last year, apart from you, he has sex with <i>Steady partner:</i> <i>Casual partner:</i> <i>Others with exchange of money</i>	<i>Yes</i> <i>No</i> <i>Don't Know</i>	<i>1</i> <i>2</i> 98	<i>1</i> <i>2</i> 98	<i>1</i> <i>2</i> 98	<i>1</i> <i>2</i> 98

Q.N.	Questions and filters	Categorization for Coding	Sexual partners (s)			
			1	2	3	4
221.1.	In your opinion, over the last year, he had sex with a person of general acquaintance?	<i>Yes</i> <i>No</i> <i>Don't Know</i>	<i>1</i> <i>2</i> <i>98</i>	<i>1</i> <i>2</i> <i>98</i>	<i>1</i> <i>2</i> <i>98</i>	<i>1</i> <i>2</i> <i>98</i>
221.2	In your opinion, over the last year he had paid sex with other FSWs?	<i>Yes</i> <i>No</i> <i>Don't Know</i>	<i>1</i> <i>2</i> <i>98</i>	<i>1</i> <i>2</i> <i>98</i>	<i>1</i> <i>2</i> <i>98</i>	<i>1</i> <i>2</i> <i>98</i>
222	If you took a guess, how many partners do you think he has had sex with in the last 12 months (apart from you)?					
223	What types of partners he had in last 12 months? (Read out the options, Multiple answers are possible.)	<i>Wives</i> <i>Girlfriend/Casual Acquaintance</i> <i>Regular client/Sex workers</i> <i>Others (Specify)</i> <i>Don't know</i>	<i>1</i> <i>2</i> <i>3</i> <i>96</i> <i>98</i>	<i>1</i> <i>2</i> <i>3</i> <i>96</i> <i>98</i>	<i>1</i> <i>2</i> <i>3</i> <i>96</i> <i>98</i>	<i>1</i> <i>2</i> <i>3</i> <i>96</i> <i>98</i>
224	You don't have to tell me, but if you are willing, what is [partner]'s HIV status?	<i>Positive</i> <i>Negative</i> <i>Don't know</i> <i>No response</i>	<i>1</i> <i>2</i> <i>98</i> <i>99</i>	<i>1</i> <i>2</i> <i>98</i> <i>99</i>	<i>1</i> <i>2</i> <i>98</i> <i>99</i>	<i>1</i> <i>2</i> <i>98</i> <i>99</i>
225	How did you come to know [partner]'s HIV status?	<i>Partner told me</i> <i>I suspected partner's HIV status</i> <i>I found out through someone else</i> <i>Tested together/was present for results</i> <i>Don't know</i> <i>No response</i>	<i>1</i> <i>2</i> <i>3</i> <i>4</i> <i>98</i> <i>99</i>	<i>1</i> <i>2</i> <i>3</i> <i>4</i> <i>98</i> <i>99</i>	<i>1</i> <i>2</i> <i>3</i> <i>4</i> <i>98</i> <i>99</i>	<i>1</i> <i>2</i> <i>3</i> <i>4</i> <i>98</i> <i>99</i>

Note: If respondent reported to have no injecting partners, then the interview ends here.

4. Now I would like to ask few questions about your partners. Explain to the participant that for this part of the interview, you will be asking about specific injecting partners and therefore will need the participant to distinguish each partner using a distinct id as 1, 2 , 3 and 4 or name

starting from first letter of their name. Please request participant to focus on the past two months before today’s interview. Show them the days on the calendar and enter their responses on the calendar data entry form. Use the following script:

Read: Now I want you to think about the last four injecting partners you have had. Let me put a letter to remember them by, maybe the first letter of their name or id number. So partner 1 will be called [woman tells you first letter] and partner 2 will be called [woman tells you first letter].” Then I will proceed with asking each question for partner 1. Then I will ask same information for partner 2 and so on.

Q.N.	Questions and filters	Categorization for Coding	Sexual partners (s)			
			1	2	3	4
401	Where were you when you had injected drugs with partner(mention the name of the injecting partner)..... on exact date?	<i>Massage</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
		<i>Hotel/Guesthouse/Restaurants</i>	<i>2</i>	<i>2</i>	<i>2</i>	<i>2</i>
		<i>Entertainment (Dance club, Cinema)</i>	<i>3</i>	<i>3</i>	<i>3</i>	<i>3</i>
		<i>Someone home</i>	<i>4</i>	<i>4</i>	<i>4</i>	<i>4</i>
		<i>Quiet place</i>	<i>5</i>	<i>5</i>	<i>5</i>	<i>5</i>
		<i>Other (Specify)</i>	<i>96</i>	<i>96</i>	<i>96</i>	<i>96</i>
		<i>Don't know</i>	<i>98</i>	<i>98</i>	<i>98</i>	<i>98</i>
402	What is your relationship to this partner?	<i>Husband</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
		<i>Live-in-partner</i>	<i>2</i>	<i>2</i>	<i>2</i>	<i>2</i>
		<i>Boyfriend Not living with respondent</i>	<i>3</i>	<i>3</i>	<i>3</i>	<i>3</i>
		<i>Friend/Casual Acquaintance</i>	<i>4</i>	<i>4</i>	<i>4</i>	<i>4</i>
		<i>Regular client</i>	<i>5</i>	<i>5</i>	<i>5</i>	<i>5</i>
		<i>One time client</i>	<i>6</i>	<i>6</i>	<i>6</i>	<i>6</i>
		<i>Sex worker</i>	<i>7</i>	<i>7</i>	<i>7</i>	<i>7</i>
		<i>Others (Specify)</i>	<i>96</i>	<i>96</i>	<i>96</i>	<i>96</i>
		<i>Don't know</i>	<i>98</i>	<i>98</i>	<i>98</i>	<i>98</i>
403	How old is he/she?	<i>18-25 years</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
		<i>25- 40 years</i>	<i>2</i>	<i>2</i>	<i>2</i>	<i>2</i>
		<i>Above 40 years</i>	<i>3</i>	<i>3</i>	<i>3</i>	<i>3</i>
		<i>Don't know</i>	<i>98</i>	<i>98</i>	<i>98</i>	<i>98</i>
404	Is he/she married, divorced, separated, widowed, or single?	<i>Married</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
		<i>Divorced/Separated/Widowed</i>	<i>2</i>	<i>2</i>	<i>2</i>	<i>2</i>

Q.N.	Questions and filters	Categorization for Coding	Sexual partners (s)			
			1	2	3	4
		<i>Single</i>	3	3	3	3
		<i>Don't Know</i>	98	98	98	98
405	What ethnic group does he belong to?	<i>Brahmin</i>	1	1	1	1
		<i>Chhetri</i>	2	2	2	2
		<i>Newar</i>	3	3	3	3
		<i>Gurung</i>	4	4	4	4
		<i>Rai</i>	5	5	5	5
		<i>Dalit</i>	6	6	6	6
		<i>Muslim</i>	7	7	7	7
		<i>Other foreign caste</i>	8	8	8	8
		<i>Others</i>	—	—	—	—
		<i>Don't know</i>	98	98	98	98
406	What educational level has he completed?	<i>Primary</i>	1	1	1	1
		<i>Secondary</i>	2	2	2	2
		<i>Higher</i>	3	3	3	3
		<i>None/Illiterate</i>	4	4	4	4
		<i>Don't Know</i>	98	98	98	98
407	What is his/her occupation?	<i>Taxi, Bus, truck etc driver</i>	1	1	1	1
		<i>Rickshaw/thela puller</i>	2	2	2	2
		<i>Industrial/wage worker</i>	3	3	3	3
		<i>Police/Soldier/Army</i>	4	4	4	4
		<i>Student</i>	5	5	5	5
		<i>Sex workers</i>	6	6	6	6
		<i>Service holder</i>	7	7	7	7
		<i>Businessmen</i>	8	8	8	8
		<i>Pimps</i>	9	9	9	9
		<i>Restaurant/cabin staff members</i>	10	10	10	10
		<i>Migrant worker/lahurey</i>	11	11	11	11
		<i>Contractor</i>	12	12	12	12

Q.N.	Questions and filters	Categorization for Coding	Sexual partners (s)			
			1	2	3	4
		<i>Foreigner (Indian and other nationals)</i> <i>Others (Specify)</i> <i>Don't know</i>	13 96 98	13 96 98	13 96 98	13 96 98
408	Where is the place located when you injected drugs with him for the first time? <i>Same city 1</i> <i>Other urban area 2</i> <i>Rural area 3</i>	<i>Same city</i> <i>Other urban area</i> <i>Rural area</i>	1 2 3	1 2 3	1 2 3	1 2 3
409	How long did you know him before injecting drugs?	<i>Less than a day</i> <i>Less than a month</i> <i>Between a month and 12 months</i> <i>More than a year</i> <i>More than five years</i>				
410	Are these relations (drug injecting) currently going on or has the relationship ended?	<i>Relationship going on</i> <i>Relationship ended</i>	1 2	1 2	1 2	1 2
410.1	[If current relation] How many times in the last month did you go with this person for:: (Read out the answers)	<i>Dating</i> <i>Trips</i> <i>Hotels</i> <i>Restaurants Dance restaurants</i> <i>Movies</i> <i>Other</i> <i>places</i>				
410.2	[If current relation] How many times in the last month did you inject drugs with this person?					
410.3	[If relation ended or don't know] How many times did you have injected drugs with him in the last six months?					

Q.N.	Questions and filters	Categorization for Coding	Sexual partners (s)			
			1	2	3	4
410.4	[If relation ended] How many months ago did it finish?	<i>Days</i> <i>Months</i>				
411	How long did the relationship last? (I mean how long it was between the first time you injected drugs together and the last time?)	<i>Days</i> <i>Months</i>				
412	If you took a guess, how many partners do you think he has had injected drugs with in the last 12 months (apart from you)?					
413	What types of partners he/she had in last 12 months?	<i>Wives</i> <i>Girlfriend/Casual Acquaintance</i> <i>Regular client/Sex workers</i> <i>Others (Specify)</i> <i>Don't know</i>	<i>1</i> <i>2</i> <i>3</i> <i>96</i> <i>98</i>	<i>1</i> <i>2</i> <i>3</i> <i>96</i> <i>98</i>	<i>1</i> <i>2</i> <i>3</i> <i>96</i> <i>98</i>	<i>1</i> <i>2</i> <i>3</i> <i>96</i> <i>98</i>

Interview End Time:



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